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Myofascial modulation for the management of Upper-Crossed Syndrome**Subhanjan Das**

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Upper-Crossed Syndrome, described by Vladimir Janda is a consistent pattern of alternating tightness and weakness that produces a forward head and rounded shoulder posture. It is a common condition caused by poor postural habits or activities (like swimming) that produce muscle imbalance. The various therapeutic approaches directed towards restoring tensegrity and regaining unconscious, automatic control of the myofascia to reduce pain, improve function and posture are collectively termed myofascial modulation. For UCS (Upper-Crossed Syndrome) it involves postural correction, ergonomics, corrective exercises and manual therapy techniques. While patients expect a quick fix and indeed lot of symptomatic relief can be obtained in a manual therapy session, UCS returns unless posture/ergonomics guidelines are followed. Exercises focusing on shoulder/head posture (e.g. Slouch-overcorrect), strategies (imagery, cueing), taping (initial few days), a McKenzie roll or a raised seat (as advised by Mulligan) are all essential for effective posture control and it takes about 3 weeks. Treatment of tight and weak structures involves trigger point release (direct pressure, stretch and needling) and stretching the tight structures (MET, MFR) before activating weak muscles. Large muscles like pectoralis major have several sets of fibers which should be stretched separately. Cervical and thoracic joints (C0-C1, C4-C5, C7-T1 and T4-T5) need to be addressed. McKenzie retraction and/or Mulligan's Reverse NAGs are useful. Strengthening is a matter of debate but gentle activation of weak muscles facilitates proprioception and help in learning the corrected posture. Additionally, a core stabilization and/or scapular stabilization program may be helpful. Nutritional considerations should not be overlooked.

subhanjan_82@yahoo.com**Role of physiotherapist in disaster management****Sunil Pokhrel**

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There are only some international articles where the role of physiotherapy in disaster management is highlighted. It is important to go through those articles and learn how the Physiotherapist contribute in activities before and after disaster. Having the advance knowledge in possible roles and responsibilities in disasters is called individual preparedness. The individual preparedness can be done through referring the resource articles available in internet. In fact, disaster preparedness starts from personal, family, community and the country level. Nepal faces the disasters like floods and landslide in every monsoon mainly due to the complex topographical structures. Various studies in previous years ranked Nepal as one of the prone country for seismic hazards. With these prior predictions, Nepal faced catastrophic earthquakes on 25th April and 12th May 2015. 8789 people were dead and 22309 were injured. Proper injury management and rehabilitation is one of the important priority now and this is not possible without the physiotherapist. With the live experience of recent earthquakes, it has been realized that the working scenario for physiotherapist during the disaster time is completely different than the usual scenario due to following reasons: Unpredictable occurrence of disasters disturbs the person emotionally and brings lots of mental stress that includes physiotherapist too; high caseloads may not fulfill the overwhelming injury management and rehabilitation needs, it induces heavy work load; mental stress is prevalent in addition to the physical injury on all survivors. Therefore management should be always coupled with the psychosocial first aid. In less resource setting like ours, it's equally important to build up the capacity of physiotherapist in disaster preparedness and management. Though, disasters and its associated damage are always catastrophic, it is also an opportunity to flourish and prove the impact of services so that the national health system owns it appropriately.

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