

3rd International Conference and Expo on

Physiotherapy

October 13-15, 2016 Kuala Lumpur, Malaysia

Multidisciplinary team approach in stroke rehabilitation in developing countries

Muhammad Naveed Babur

Isra University, Islamabad Campus, Pakistan

The rehabilitation is complex and dynamic goal oriented approach to provide an optimal functional status and independence in patients. It is not possible to manage this process alone and there is significant need of development of a rehabilitation professional team. Teamwork is the key factor in rehabilitation to achieve holistic goal regarding the problems of patients. This team approach facilitates to acquire the possible and best outcome in rehabilitation. The comprehensive rehabilitation has widespread areas and to manage the person with limited function is challenge for professional. The health care profession is progressing very fast and new innovations are included in the management. The world is moving towards the concept of collaboration and coordination to get context specific objectives. The different professional in rehabilitation field can come together and provide best expertise to enhance the quality life of patients. The definition of MDT states that "This refers to activities that involve the efforts of individuals from a number of disciplines. These efforts are disciplinary-orientated and, although they may impinge upon clients or activities dealt with by other disciplines; they approach them primarily through each discipline relating to its own activities". The MDT in stroke include the neurologist, physiatrists, physical therapist, speech and language pathologist, occupational therapist, clinical psychologist and prosthetic & orthotics. This is the group of specialists who discuss the problems of patients and set a common goal to provide quality care. There is dire need to develop a MDT approach in stroke rehabilitation in Pakistan. The MDT is the standard and effective approach to provide a platform used for the professional to place patient centered goal with detail discussion and consensus. Every person in MDT have same ultimate purpose of providing the best and evidence based treatment to patients, but this can only possible with cooperation and appropriate communication with each other for the benefit of patient care.

naveedphysio@gmail.com

Kinesio taping as an adjunct to end range mobilization in treatment of adhesive capsulitis of shoulder: A randomized controlled trial

Sanil S Koyili

VSPM'S College of Physiotherapy, India

Shoulder pain is one of the commonest causes for patient visiting rehabilitation clinic. The term adhesive capsulitis of shoulder has been used for the patients with shoulder pain and mobility deficits. The prevalence of shoulder pain has been reported to be 26%, with greater prevalence among females. Adhesive capsulitis will be used to describe both primary (idiopathic) and secondary adhesive capsulitis. The primary is associated with medical conditions like DM, hyperthyroidism, IHD, etc. and secondary is associated with extended mobilization, cumulative trauma or surgical trauma. Studies have demonstrated the benefits of manual therapy for improvement in mobility and pain measure. Recently new advances for the treatment of adhesive capsulitis are the use of Kinesio tape (KT), which is a safe technique that has minimal side effects that facilitates musculoskeletal rehabilitation by reducing discomfort. However minimal evidences exist to support the use of KT in the treatment of adhesive capsulitis. 30 subjects diagnosed with adhesive capsulitis (stage II) within the age of 45 to 65 years were randomly selected and were grouped as "A" and "B" with equal representation by random sampling using lottery method. Subjects of group B were given KT in addition to end range mobilization (Grade IV) 3 sessions per week for 6 weeks. Outcome measures were pain on VAS, range of motion and UCLA score. The collected data was analyzed using one way repeated measure ANOVA and Wilcoxon Rank Sum test. Over day 1 to end of 6 weeks the average reduction of pain in group A was 2.53+1.35 and in group B was 3.33+1.11. Comparison of UCLA score shows a difference of 5.06+3.23 in group A and 5.73+3.06 in group B at the end of 6 weeks. There was significant improvement in global range of motion in both the groups with marked increase in group B as compared to group A at the end of 18 sessions. The randomized controlled trial shows that Kinesio tape has an adjunct effect on pain, range of motion and function along with end range mobilization in the of adhesive capsulitis of shoulder.

sanukoyili@gmail.com