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KKMT[®] mobilization: Peripheral joints

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Krishna's Kinetikinetic Manual Therapy[®] (KKMT[®]) is the latest school of thought in manual therapy founded by Dr. Krishna N Sharma, a Physiotherapist from India. KKMT[®] Joint Mobilization is a part of KKMT[®] as a whole. The KKMT[®] protocol includes assessment, mobilization and prevention. The mobilization techniques are based on the following principles: 1) Proper arthrokinematic motion and homeostatic kinetic forces are essential for proper and smooth osteokinematic motion. 2) Homeostatic kinetics of the joint is important to maintain static and dynamic alignment of a joint. The homeostatic kinetic forces help the joint come back in its proper alignment after a motion. The factors that produce and govern the homeostatic kinetics of joint are: a) Local/Intrinsic factors: e.g. ligament, cartilage, meniscus, etc. b) Global/Extrinsic factors: e.g. muscles, fascia, gravity, etc. 3) Limitation or restrictions in the arthrokinematic motion can be restored by facilitating homeostatic kinetics of the intrinsic and extrinsic factors. The techniques to be covered during the 2 days of hands on workshop shall be Joint Gaping[®], Functional Articular Rolling[®] and 3D Gliding[®] of the peripheral joints. The students will be certified by the Academy of Krishna's Kinetikinetic Manual Therapy, India.

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Hospital outreach rehabilitation following hip fracture repair for nursing home residents improves mobility outcomes: A single blind randomized control trial

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Question: Does "Home Rehabilitation" following hip fracture repair improve mobility for nursing home residents?

Design: Previously walking nursing home residents (n=240) with hip fractures received 4 weeks of home rehabilitation in their nursing home or usual care. In parallel, families and nursing home staff for the first 30 participants were invited to share their perceptions of the journey for residents at interviews/focus groups.

Intervention: Physiotherapy (minimum 3 sessions week for 4 weeks) focused on restoration of transfers and limited mobility.

Outcome Measures: The nursing home life space diameter (NHLSD), mobility status including level of independence and qualitative data organized as a thematic analysis with the assistance of NVivo 10 were collected.

Results: Nursing home residents who received "Home Rehabilitation" mobilized further and more frequently as assessed by the NHLSD (p<0.0001). More "Home Rehabilitation" participants were reported to have regained independent mobility with a lower burden of care compared to usual care participants. Acute care staff struggled to provide people with dementia mobility retraining and nursing home staffs were ill-equipped to provide post-operative care including mobility retraining and pain management on their return home.

Conclusion: Following hip fracture surgery, "Home Rehabilitation" for nursing home residents was feasible and improved independence with mobility was achieved.

Key Practice Points: 1) Strategies need to be developed to engage people who have dementia in early rehabilitation in the acute setting; and 2) mobile nursing home residents with dementia who fractured their hips can improve their mobility levels in response to outreach physiotherapy.

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