

3<sup>rd</sup> International Conference and Expo on

# Physiotherapy

October 13-15, 2016 Kuala Lumpur, Malaysia

## Mouth exercising device adjunct to local medicaments or surgical treatment helps reducing the mucosal burning sensation in oral submucous fibrosis: A randomized controlled trial

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**Objectives:** This study aims to evaluate the effect of ice-cream stick exercise regimen with or without a mouth exercising device (MED) in association with local and surgical treatment on mucosal burning sensation in oral submucous fibrosis (OSMF).

**Methods:** Total 282 OSMF patients irrespective of the subgroup were treated with topical corticosteroid and oral antioxidant and Icecream-stick exercise regime. Subgroup A1,A2,A3 patients were additionally given a new mouth exercising device (MED). The patients with the subgroup A1,B1 with inter-incisal distance (IID) of 20-35mm were managed without any additional therapy; the subgroup A2,B2 with IID of 20-35mm were additionally managed with intra-lesional injections; and the subgroup A3,B3 with IID<20mm were managed surgically. Subjective evaluation of decrease in the oral mucosal burning sensation was measured on Visual Analogue Scale. ANOVA and Tukeys multiple post hoc analysis was carried out to present the results.

**Results:** Patients using the MED, subgroup- A1,A2,A3 were showing reduction in burning sensation from 64.8-71.1% to 27.8-30.9% while in subgroup B1,B2,B3 reduction in burning sensation was from 64.7-69.9% to 29.3-38.6% after 6 months. The 2-way-ANOVA indicated statistically significant results in change in Initial to 6 monthly VAS scores between the MED users and non-MED users. The subgroup B1 against the subgroup A1,A2, and A3 indicated statistically significant results in VAS score changes indicating reduction in burning sensation.

**Conclusion:** The MED helps enhancing the rate of reduction of mucosal burning sensation in addition to conventional ice-cream stick regime adjunct to local ointment application, intra-lesional drug administration as well as surgical treatment.

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## Cardiopulmonary exercise testing (CPET) and exercise prehabilitation for elderly patients presenting for major cancer surgery

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CPET is considered the gold standard for the evaluation of cardiopulmonary reserves. This technology is increasingly becoming available to hospitals undertaking major surgery. Although CPET has been traditionally used as a risk evaluation and risk stratification tool in the pre-op period, it is now being used to inform exercise prescriptions as a part of multimodal prehabilitation programs. These programs are designed to optimize the patient's condition prior to commencing surgery, and are in contrast to rehabilitation, which is undertaken after the insult of surgery. This is an innovative approach to the use of exercise in these patients and has special appeal in the care of the elderly, sedentary patient presenting for major cancer surgery. This presentation will attempt to explain the principles of CPET to physiotherapists who are not familiar with the test. Also, the audience will be given a review of the current literature and recommendations on how to perform prehabilitation in these patients in order to improve their surgical outcomes.

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