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To compare the effectiveness of low frequency electrical simulation and manual therapy in the treatment of chronic plantar fasciitis for functional improvement in patients with chronic planter fasciitis

Atul Kumar Singh

JNU Hospital & Medical College (JNUIMSRC), India

Aim: To compare the effectiveness of low frequency electrical simulation and manual therapy in the treatment of chronic plantar fasciitis for functional improvement in patients with chronic planter fasciitis.

Methods: Thirty patients with diagnosed chronic plantar fasciitis and fulfilling the inclusion criteria were randomly allocated into two equal groups namely group A and group B with 15 patients each. LFES (low frequency electrical stimulation) protocol was given to group A and Manual therapy protocol to group B. Patients in both the groups were treated 2 times per week for 2 weeks, followed by one time per week for 2 weeks, for a total of 6 visits over 4 weeks. Visual analogue scale (VAS) and Foot and ankle ability measures (FAAM) were used to find out the effectiveness of the treatment between the two groups.

Results: The findings from the present studies showed that significant difference in means of VAS-right now, VAS –past one week when compared post intervention means between the groups and there is a statistically significant difference in means of FAAM when compared post intervention means between the groups.

Conclusion: There is a statistically significant improvement in means of VAS-right now, VAS –past one week and FAAM scores when compared from pre intervention to post intervention in both the groups but although low frequency electrical simulation brings better results on Foot and ankle ability measures (FAAM) scale, Manual therapy is more effective in reducing pain as scored using Visual Analog Scale (VAS).

atul.singh13@gmail.com

Regional interdependence criterion movers and the framework for skill specific treatment progression for the elite thrower

Carlos J Berio

Spark Physiotherapy, USA

Regional interdependence is a well-known and mostly understood concept in physical therapy. It's used to differentially diagnose movement efficiency issues in areas of the body distant from a client's main complaint of pain or restriction. Originated by Gray Cook et al, the SFMA is among the most popular tools to analyze the impact of regional interdependence issues as they relate to pain and movement. Sports and orthopedic physical therapists can greatly improve their pattern recognition with tools such as the SFMA but some of the PT-pt communication about the links between 'top tier movement pattern' findings and the applicability for return to sport are less clear. Therapeutic exercise, as it is taught in physical therapy programs, is severely lacking in the movement pattern recognition and the foundational knowledge to assign appropriate movement pattern introduction or hardening for the competitive or semi-competitive athlete. Sports and orthopedic physico treat athletes of many ability levels and a variety of sports. It is not important that you, as a physical therapist, have a deep understanding of every sport injury/restriction you will treat. Where there is a criterion mover (CM) in a sport, the physical therapist is the ideal health care professional to assess how their patient's movement differs from said CM and to design sport skill/movement specific treatment and exercise protocols for a full and restriction free return to play. We will discuss the framework for optimal treatment experience, from eval to full sport hardening, for the elite thrower as well as other competitive mover subsets.

cjberio@sparkphysio.com