PHYSIOTHERAPY



Physiotherapy is concerned with the assessment, maintenance, and restoration of the physical function and performance of the body. It is a distinct form of care which can be performed either in isolation or in conjunction with other types of medical management.

Physiotherapy can be useful in the diagnosis and management of a

wide range of injuries, disease processes, and other conditions, including:



1. Musculoskeletal Disorders

Musculoskeletal disorders (MSDs) can affect the body's muscles, joints, tendons, ligaments and nerves. The treatment for various underlying MSDs is available including:

- Shoulder Pain (Frozen shoulder)
- (2) Tennis Elbow
- (3) Osteoarthritis
- (4) **Ankylosing Spondylitis**
- (5) Stiffness after Fracture Healing
- (6) Rheumatoid Arthritis
- (7) Cervical Spondylsis
- (8) Lumbar Spondylsis
- (9) Slip Disc (PIVD)
- Backache (10)
- (11) Sports injuries (Ankle Sprain, Ligament & Tendon Injury)

2. Neurological Disorders

Neurological physical therapy is a field focused on working with individuals who have a neurological disorder or disease. The treatment for various underlying Neurological Disorders is available including:

- Paraplegia, Hemiplegia, Hemiparesis.
- (2) Radiculopathies.
- (3) Facial Palsy.
- (4) Sciatica
- (5) Wrist Drop, Claw Hand, Foot Drop
- Cerebral Palsy, Down's syndrome, DMD. (6)
- Parkinsonism, Multiple Sclerosis, GBS (7)
- (8) Alzheimer's disease.
- (9) Torticollis.
- (10) Spinal Cord Injury.
- (11) Polio
- (12) Peripheral Nerve Injuries

3. Geriatrics

For elderly patients, the main focus is on allowing them to perform basic functions and daily activities without having to rely on others' assistance. It allows them to live an independent life. The treatment for various underlying Geriatric Disorders is available including:

- Arthritis
- Total Hip Replacement (THR) (2)
- Total Knee Replacement(TKR) (3)
- Post operative Fracture
- (5) Osteoporosis
- Degenerative disease
- Yoga & Medication

4. Specialised Physiotherapy

- 1) Obesity
- 21 ANC/PNC Exercises
- Stress urinary incontinence

Stress urinary incontinence (Males/Females)

- Stress Urinary Incontinence is seen in 16 million people, commonly seen in females but also seen in males, especially after prostate surgery, between age group of 18-80 years.
- Symptoms include involuntary loss of urine during physical exertion with increased intra-abdominal pressure such as with coughing, sneezing, laughing, exercise, Lifting light to moderate heavy weights.
- Two muscles are involved in control of urine flow are The Sphincter and The Detrusor.
- In stress urinary incontinence, the sphincter muscles and pelvic muscle, which support the bladder and urethra, are weakened. The sphincter is not able to prevent urine flow when there is increased pressure from abdomen.
- Stress urinary incontinence may occur as a result of weakened pelvic muscle that support bladder and urethra or because of a malfunction of urethral sphincter.

Role of Physiotherapy in Stress urinary incontinence

- Pelvic muscle training exercises (called Kegel exercises) help control urine leakage. These exercises improve the strength and function of the urethral sphincter.
- Electrical stimulation therapy uses low-voltage electrical current to stimulate and contract the correct group of muscles.

The Various Physiotherapy Treatments at Healthcare are:

- Short Wave Diathermy (S.W.D)
- Lumbar Traction (Digital)
- Cervical Traction (Electronic)
- Ultrasound Therapy (U.S. Digital)
- Laser Therapy
- Paraffin Wax Bath (P.W.B)
- Cryotherapy
- Group Yoga & Meditation
- Swiss Ball Exercises
- Mulligan & Kaltenbourne Mobilisation & Manipulation
- Crutch walking & Gait training
- Theraband exercise
- Stretching & Strengthening Exercise
- Weight Training



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PHYSIOTHERAPY





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