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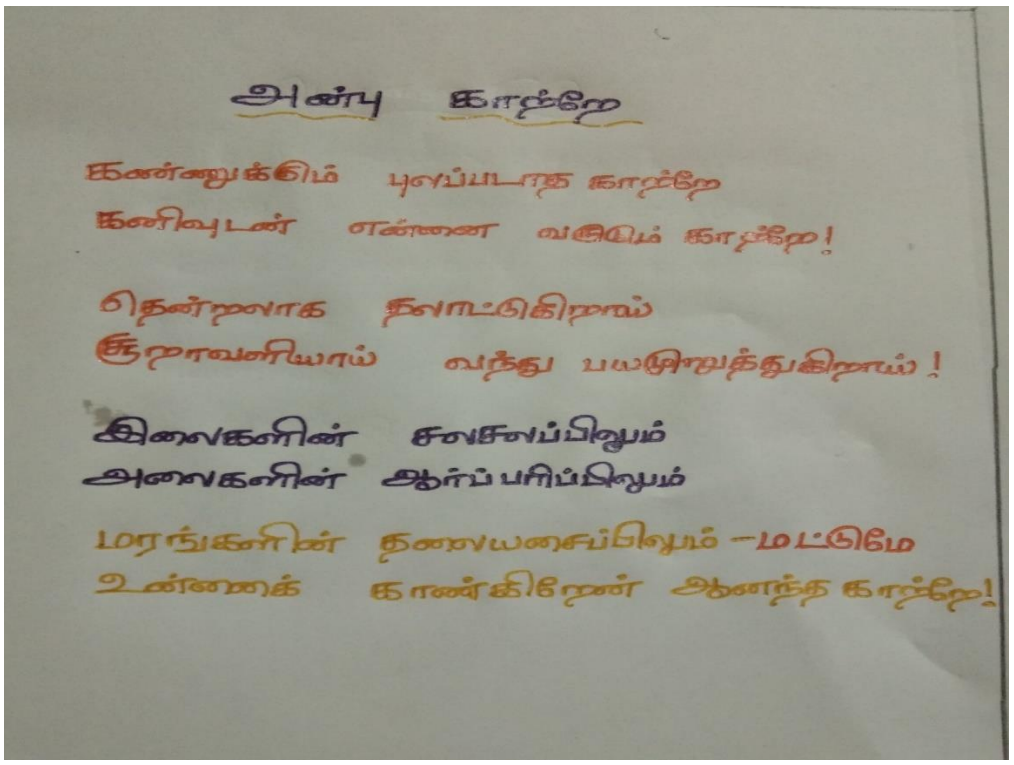


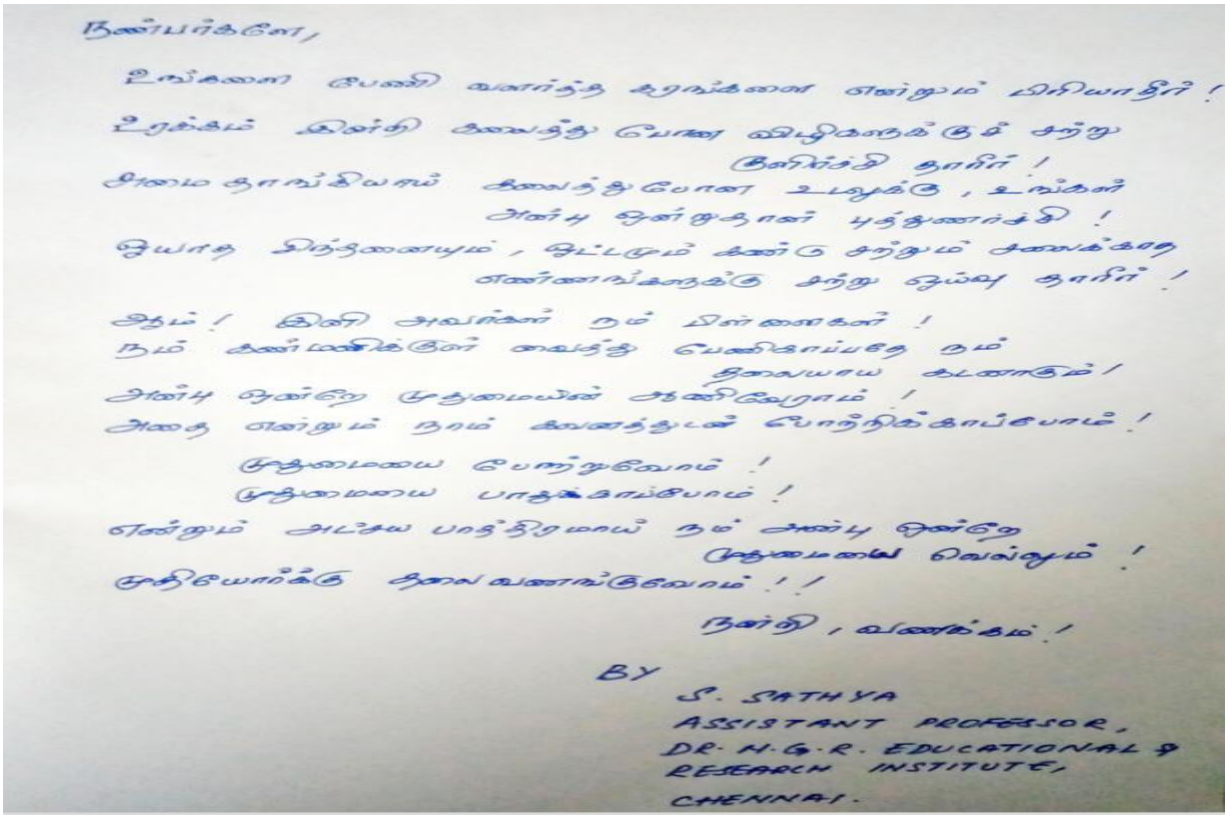
அன்பு காற்றே

கண்ணுக்கிங்கு புலப்படாத காற்றே
கனிவுடன் என்னை வருடும் காற்றே!

தென்றலாக தவழ்ந்திடுகிறாய்
சூறாவளியாய் வந்து பயமுறுத்துகிறாய்!

இலைகளின் சலசலப்பிலும்
அலைகளின் ஆர்ப்பரிப்பிலும்

மரங்களின் தலையசைப்பிலும் -மட்டுமே
உன்னைக் காண்கிறேன் அனைந்த காற்றே!



நண்பர்களே,

உங்களை பேணி வளர்த்த கரங்களை என்றும் பிரியாதீர்!
உரக்கம் தின்று கலைத்து போன விழிகளுக்குச் சற்று
தனிச்சி தாரீர்!
சோம்பி தூங்கியதால் கலைத்து போன உடலுக்கு, உங்கள்
அன்பு ஒன்றுதான் புத்துணர்ச்சி!
தியாத பிந்தனையும், தூட்டமும் கண்டு சற்றும் கலைக்காத
எண்ணங்களுக்கு சற்று ஒய்வு தாரீர்!

ஆம்! இனி அவர்கள் நம் பிள்ளைகள்!
நம் கண்மணிக்குள் வைத்து பேணிகாப்பதே நம்
தலையாய கடமையும்!
அன்பு ஒன்றே முதுமையின் ஆணிவேராம்!
அதை என்றும் நாம் கவனத்துடன் போற்றிக்காப்போம்!

முதுமையை போற்றுவோம்!
முதியோரை பாதுக்காப்போம்!

என்றும் அட்சய பாத்திரமாய் நம் அன்பு ஒன்றே
முதுமையை வெல்லும்!
முதியோர்க்கு தலை வணங்குவோம்!!

நன்றி, வணக்கம்!

BY
S. SATHYA
ASSISTANT PROFESSOR,
DR. M.G.R. EDUCATIONAL &
RESEARCH INSTITUTE,
CHENNAI.

POETRY

THEME : LOVE AND RESPECT TOWARDS OLD AGE

தமிழ்

முதுமை ஒரு வரம்,
அதை அழியா காப்பது
அன்பு எனும் எங்கள் கரம்!

முதிர்ந்த வயது உங்கள் அனுபவம்
சோர்ந்த உடல் உங்கள் உழைப்பின் வெளியாடு
முகத்தில் உள்ள சுறுக்கங்கள் நீங்கள் கடந்து வந்த பாதைகள்.
நடையில் உள்ள தளர்வுகள் உங்கள் நீண்ட பயணத்தின்
இளைப்பாறல்.
பேச்சின் தடுமாற்றம் உங்கள் ஓயாத எண்ணத்தின்
இடைவெளி.
வளைந்த முதுகு உங்கள் வாழ்க்கைச் சுமையின் அடையாளம்.
நீண்களின் கருவளையம் உங்கள் உழைப்பின் மணிவளையம்.
தலையின் நரைமுடிகள் நீங்கள் சிந்திய வியர்வையின்
முத்துக்கள்.
மனமுடைப்பங்கள் உங்கள் மனச்சோர்வின் வெளி.
முதுமை கோலம் உங்கள் வெற்றிகரமான வாழ்க்கைப்
பயணத்தின் மணிமகுடம்!!

தாய்மை

தாய்மை அது பெண்மையின் முழுமை
உள்ளத்தின் தூய்மை
உணர்வுகளின் மேன்மை
பாசத்தின் உண்மை
மானிட பிறவியின் மகிமை.

தாய்மை தொப்புள் கொடி பந்தம்
அது ஒரு நிரந்தரமான சொந்தம்.
உணர்வுகளின் உன்னதமான அற்புதம்.
ஆன்மாக்களில் ஓர் அதிசயம்.

அதம், தாய்மை – ஒரு அதிசயத்தில் எதிர்பாராத ஓர் அதிசயம்.

தாய்மை – நான் தூங்க நீ எத்தனை உறக்கமில்லாத இரவுகள்!
நான் உண்ண நீ எத்தனை நாட்கள் விரதம்!
உன் வலியை மறந்து என் சிரிப்பில் ஆனந்தம் அடைந்தாய்.

தாய்மை – உடல், பொருள், அதி என எத்தனை
எத்தனை தியாகங்கள்
– தியாகத்தின் திருவுருவம் தாய்மை.

தாய்மை – என்றுமே ஓர் வரம்
அதன் தாய்மையை யாராலும் பரிசோதிக்க முடியாது;
அதன் அரவணைப்பை யாராலும் கொடுக்க முடியாது.

ஆம் இப்பூவுலகில் எதிலும் என்றென்றும்
ஈடு இணையற்றது தாய்மை
தாய்மை மட்டும்தான்.

நன்றி.

கி. சரஸ்வதி. MPT, MIAP.
LECTURER
FACULTY OF PHYSIOTHERAPY.

ROLE OF PHYSIOTHERAPY IN CANINE REHABILITATION - AN EXPERIMENTAL STUDY

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Dr MGR Educational and Research Institute(Deemed to Be University),Carlin Jersha Rachel J
Abel Sam Abraham
Faculty of Physiotherapy
Dr M.G.R Educational and Research Institute (Deemed to Be University)

INTRODUCTION:

CANINE:

Canines are known as dogs and animals that belong to the dog family (canidae). The domestic dog is a mammal, a member of the genus canis. Canine derives from the word canis, the Latin word for dog. Wolves, foxes, jackals and coyotes are often called canines owing to the common feature of 4 pointed canine teeth which are especially prominent in dogs. These canine teeth are situated one on either side of the jaw (upper and lower) respectively, next to the incisors. Canines are carnivores that prey on a wide variety of animals; large or small, though some also eat carrion and vegetable matter. Highly intelligent and easily trained, canines were probably the first animals to be domesticated.

VETERINARY REHABILITATION:

Veterinary rehabilitation uses many of the same modalities and techniques for animals as physical therapy does for humans; the two are similar in almost all ways. The veterinary rehabilitation offers a good portion by working on building strength, flexibility, proprioception, range of motion and in pain management.

The idea of applying rehabilitation techniques and principles to animals, although not new, has grown appreciably since the mid-1990s. Although many of the treatment protocols for humans were developed and continue to be developed using animal models, a growing number of research studies are being conducted in universities and private practices that look specifically at the benefits of different methods of rehabilitation in animals, especially dogs. Higher owner expectations combined with increased sophistication and technical abilities of veterinary clinicians have resulted in greater interest in physical therapy and rehabilitation

CANINE PHYSICAL THERAPY:

Physical therapy for canines adapts human physical therapy techniques to increase function and mobility of joints and muscles in animals. Physical therapy can reduce pain and enhance recovery from injury, surgery, degenerative diseases, age related diseases and obesity.

Canine rehabilitation is also practiced by general veterinarians and physical therapists with specialized training.

The American Veterinary Medical Association(AVMA) in a section titled " The Model Practice Act(Act). The Act has been periodically updated and revised, and in the current version(2012, section 2.16); the physical therapist may perform physical therapy on the domestic canine upon receiving a referral letter from a licensed, practicing veterinary physician.

The goal of physical therapy is to improve the quality of life ,decrease pain and to improve the functional independence on every canine.

QUALITY OF LIFE:

Quality of life does not have an operational definition but is judged individually based on dogs values and preferences. Each and every pet has certain needs that should be recognized and respected. Quality of life is a way to refer to and discuss the day to day life and lifestyle of a dog reaching the end of its life, if we can feel confident that our efforts in preserving life are justified.

AIM OF THE STUDY

The aim of the study is to achieve the highest level of function, independence and quality of life as possible in domestic canines, by applying various land based exercises.

BACKGROUND AND NEED OF STUDY

The need of the study is to achieve the highest level of function, independence and quality of life as possible in domestic canine, by applying various land based exercises and to create bridging the gap between physical therapy and veterinary medicine.

To access the efficacy of rehabilitation program on improving behavior and welfare of pet dogs. In this study, a rehabilitation protocol including training to improve the functional ability of domestic canine.

HYPOTHESIS

NULL HYPOTHESIS

There is no significant difference in the improvement of functional independence and quality of life in domestic canine by applying land based exercises.

ALTERNATE HYPOTHESIS

There is significant difference in the improvement of functional independence and quality of life in domestic canine by applying land based exercises.

METHODOLOGY

STUDY DESIGN :An experimental study.

STUDY SETTING :M. K. Vet. Clinic, Villupuram.

STUDY DURATION: 3 sessions per week for about 4 weeks(1 month).

SAMPLE SIZE : 15 subjects.

STUDY TYPE :Pre and Post type.

STUDY SAMPLING:Random sampling method.

INCLUSION CRITERIA

Domestic canines.

Been in owner's possession for at least 2 weeks.

Age group above 2 years of age.

All breeds irrespective of gender.

Duly vaccinated.

EXCLUSION CRITERIA

Below 2 years of age.

Canines with skin pathology.

Musculoskeletal disorders.

Open wounds.

Neurological disorders.

Rabies.

Behavioural complaints.

Uncooperative canines.

Pregnant domestic canines.

MATERIALS USED

Stopwatch.

Chalk.

Measuring tape.

Skipping rope

Rocker board.

Resistance band.

Swiss ball

ASSESSMENT FORM

Name of the dog :

Age :

Gender :

Breed :

Referring veterinarian :

Associated health problems :

If vaccinated for rabies : Yes / No

Physical examination :

Name of the dog's owner :

Address for communication :

OUTCOME MEASURE

CTUG TEST (CANINE TIMED UP AND GO TEST)

Canine Timed Up and Go Test is a simple test used to assess a canine's mobility. It uses the time that a canine takes to rise from a start position, walk 6 meters, turn around, walk back to the position and sit down.

General Rules:

Materials: basic stopwatch, marking tape or chalk/ paint.

Participants: dog, owner/motivator, tester.

2 discrete subtasks: stand up & gait(lie down found to be invalid).

Timing begins with movement in the appropriate direction rather than with command.

Practical trial unnecessary.

Interrater reliabilities for both components.

Test-retest reliabilities(mean of 2 trials) Validity.

CTUG PROTOCOL- STANDUP COMPONENT

Start position- lying down with lower abdomen in contact with ground and 4 limbs outstretched.

Timing starts when dog initiates upward movement.

Timing stops when limbs are extended to the dog's habitual stance position. Timing continues to completion even if several tries are required to achieve standing.

For this event, the average of 2 trials per session is recommendned for test- retest reliability.

CTUG PROTOCOL- GAIT COMPONENT

A narrow, non-slippery track consists of taped lines at 1,7,10 mt mark. Actual distance timed is 6 mts.

Start position- tester holds standing dog behind 1 mt mark.

Owner stands behind the 10 mt mark. This prevents deceleration before 7 mt mark.

Owner chooses communication- verbal, hand gestures, incentive treats- as long as consistent.

Timing starts when dog initiates self-paced, forward movement. Unleashed or slack leash.

Timing stops when 1st paw crosses the 7 mt mark.

For this event, only 1 trial per session is necessary for test- retest reliability.

TRIALS	TIME TAKEN(in seconds)
Trial 1	
Trial 2	
Quickest trial	

PRE TEST SCORE	POST TEST SCORE

PROCEDURE

Subjects which were referred from M.K Vet Clinic, Villupuram were selected randomly from all breeds irrespective of their genders. The domestic canines were treated for about 4 weeks(1 month) and is screened by both inclusion and exclusion criteria to participate in this study. The purpose of the study was explained to the owner of the pet. The study begun after obtaining an informed consent in writing and the standardized history of the subject.

The subjects participated in the CTUG test to measure the functional ability before the commencement of the training and the values were recorded.

The CTUG test was done to evaluate the pre-test score and check out their ability to perform the activity.

Based on the criteria mentioned earlier, the 15 subjects were randomly assigned for land based exercise training . The total duration of the training session were about 15- 30 mins/ hours per day and 3 sessions per week for about 4 weeks/ 1 month. The dogs were motivated by verbal, hand gestures and incentive treats- as long as they were consistent, to participate actively in the training in order to improve the functional independence and their quality of life.

INTERVENTION

ENDURANCE TRAINING

Building endurance is equally important in canine population. This is to create a stronger and healthier body.

Running was encouraged and was performed by the dogs for a distance of 100 mts for about 3-4 rounds.

Skipping was performed for about 10-15 counts each session.

PROPRIOCEPTION

Many, canine rehabilitation patients struggle with awareness of body position or proprioception.

Assisted standing, progressing to standing with addition of gentle perturbation, using Swiss ball for about 5-10 mins.

Dog stands on the rocker board and was encouraged to resist this movement to maintain the balance.

STRENGTH TRAINING

The emphasis in strength training is primarily on resistance.

The training started with simple movements from lying down to a sit and a sit to a stand. Gravity was the only resistance considered. Number of repetitions is 10 for 5 mins.

External resistance such as Thera band exercises were added as the progressive exercise for both the forelimbs as well as for the hind limbs.

STATISTICAL ANALYSIS & DATA INTERPRETATION

The collected data were tabulated and analyzed using both descriptive and inferential statistics. All the parameters were assessed using statistical package for social science (SPSS) version 24. Paired t-test was adopted to find the statistical difference within the groups.

TABLE 1

DEMOGRAPHIC STATISTICS					
	N	**MINIMUM**	**MAXIMUM**	**MEAN**	**STD DEVIATION**
AGE	**15**	**3.00**	**5.00**	**3.8667**	**.83381**
GENDER	**15**	**MALE - 60%**		**FEMALE- 40%**	

TABLE - 2

COMPARISON OF CANINE TIMED UP & GO TEST WITHIN GROUP BETWEEN PRE & POST TEST VALUES

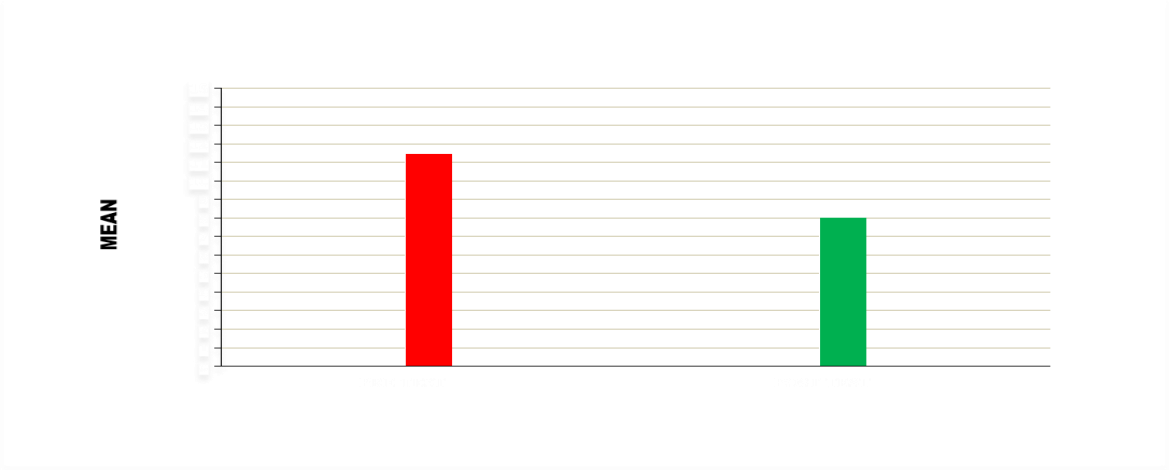
#CTUG	POST TEST		PRE TEST		t- TEST	SIGNIFICANCE
	S.D	MEAN	S.D	MEAN		
EXP. GROUP	8.00	.755	.990	11.46	9.903	.000***

(***- P ≤ 0.001)

The above table reveals the Mean, Standard Deviation (S.D), t-value and p-value between pre-test and post-test within Group.

There is a statistically highly significant difference between the pre test and post test values within Group (***- P ≤ 0.001).

COMPARISON OF CANINE TIMED UP & GO TEST WITHIN GROUP BETWEEN PRE & POST TEST VALUES



RESULTS

On comparing Canine Timed Up and Go Test Score between Pre test 11.46 and Post test 8.00 Mean values within group shows highly significant difference between Pre test & and Post test Mean values at P ≤ 0.001

CONCLUSION

This study concludes that the Role of Physiotherapy in Canine Rehabilitation is very much important to improve their functional independence and their quality of life. The study reveals that there is a significant difference among the

domestic canines which participated in the exercise management.

SL. NO.	SUBJECT'S NAME	GENDER/AGE (ABOVE 2 YEARS)	PRE TEST- CTUG TEST (CANINE TIMED UP AND GO TEST)	POST TEST- CTUG TEST(CANINE TIMED UP AND GO TEST) IN SECONDS (BETWEEN 7 & 10 SECONDS)
1	TOMMY	3/F	12	7
2	JOHNY	3/M	13	7
3	JACKEY	3/F	11	8
4	ROBIN	3/M	10	8
5	CUFFY	4/M	12	9
6	SHADOW	4/M	12	8
7	POLO	4/M	11	8
8	TYSON	5/M	12	9
9	VINNEE	4/F	10	8
10	ALEX	5/M	12	7
11	DEORA	5/F	12	7
12	DUKE	4/M	11	9
13	BLACKY	3/F	13	9

CONSENT FORM TITLE: "Role of physiotherapy in canine rehabilitation- an experimental study"

I, the pet owner ---------- hereby volunteer to involve my pet in the above mentioned study. The nature and purpose of this research project have been described and explained to me and I am aware of it.
I understand it completely and hereby give my full consent to use my pet's information and images as part of this study.

Therapist's signature Pet Owner's signature

Date:

Place:

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THE EFFECTIVENESS OF STRENGTHENING EXERCISE AND MASSAGE MANOEUVER FOR ORBICULARIS OCULI AND TRAPEZIUS MUSCLE FOR COMPUTER VISION SYNDROME AMONG COMPUTER WORKERS ALONG WITH CORRECTIVE MEASURES

- HEMAMALINI M
MPT I YEAR (2021-2022)

ABSTRACT

AIM: *The Aim of the present study is to find the effectiveness of strengthening exercise and Massage manoeuvre for orbicularis oculi and trapezius muscle for computer vision syndrome among computer workers along with corrective measures.* ***BACKGROUND:*** *Computer Vision Syndrome (CVS) is a condition resulting from focusing the eyes on a computer for protracted, uninterrupted periods of time and the eye muscles being unable to recover from strain due to a lack of adequate sleep. The prevalence of CVS is 54 to 90 percent. Mark R et al stated that there is increased orbicularis oculi muscle activity and increased blood supply to trapezius due to direct glare. Hence, this study was intended to show that Strengthening exercise and massage manoeuvre for these muscles increases the muscle strength and reduce the intensity of the pain and the corrective measures to correct and prevent the Computer Vision Syndrome.* ***METHODOLOGY:*** *This study is an experimental study of pre and post comparative type. The 30 individuals comprising both the sexes of age group between 25 - 40 years were selected after the initial assessment based on questionnaire for Computer Vision Syndrome. The pain was assessed by Visual Analog Scale (VAS). This study duration was about 12 weeks. Individuals with non-specific neck pain, postural deformity, eye infection and persons with corona symptoms were excluded from this study.* ***PROCEDURE:*** *Group of 20 subjects received combined therapy planned for 60 minutes daily with 25 minutes of Strengthening exercise and 25 minutes of massage manoeuvre with 10 minutes interval in between them along with corrective measures. Outcome Measures are Computer Vision Syndrome questionnaire, Visual Analog Scale.* ***RESULT:*** *On Comparing the mean values within Group (strengthening exercise, massage manoeuvre and corrective measures) on VAS and CVS-Q showed the significant difference in the mean values and the post-test value is decreased when compared to pre-test values.* ***CONCLUSION:*** *This study concluded that there was significant improvement in reduction of the symptoms by the effects of strengthening exercise, massage manoeuver and corrective measures in Computer Vision Syndrome for Computer workers.*

KEYWORDS: Computer Vision Syndrome, strengthening exercise, Massage manoeuvre, corrective measures.

INTRODUCTION:

Computer has become a popular device and an essential toll in every office. Moreover, actions like

shopping, learning or spending free time take place in front of the display of a computer or smartphone, which is inseparably linked to the reduction of physical activity. It causes stress to build-up and brings new unknown threats to the health of a modern human.[1] As the number of mobile device users is increasing constantly, it is estimated that by the end of 2018, almost 85% of the world's population will use telephones, laptops or computers. Health consequence resulting from working with a computer are the consistencies of the incorrect position during use on the one hand and electromagnetic field emitted by screens on the other hand.[2] The definition of the Computer Vision Syndrome was referred to the American Optometric Association (AOA) which defined the CVS as a complex of eye and vision problems resulting from the activities which stress the sight during the utilization of the computers and digital screens. Vision affection results from interaction with digital screens, computer screen or their environment.[3] The prevalence of CVS among computer user ranges from 32% - 90%. The incidence is directly related to the number of hours spent in front of the computer or "visual display terminal". In a survey, optometrists reported that 14.25% of their patients presented with symptoms primarily associated with use of the bright screens.[4] One or more factors might be liable for the event of CVS. These factors are infrequent blinking, uncomfortable sitting position, prolonged continuous watching of the digital screens, improper lightening conditions, ametropia, glare and incorrect distance between the attention and therefore the computer.[5] The eyes and neck are known to be closely connected and this indicates an important role of neck muscles in normal visual performance and glare stabilization.[6] Establishing correct workstation criteria such as eye height, monitor height from desk level and sitting elbow to eye height dimension are very important. This can develop preventive measures for reducing symptoms of CVS.[6] The Massage with strengthening exercise were more effective regarding a clinically meaningful improvement in pain intensity.[7] Prevention or corrective measures is the most important strategy in managing Computer Vision Syndrome. Modification within the ergonomics of the working environment, patient education and proper eye care are crucial in managing CVS.[8] Hence, this study was intended to show that Strengthening exercise and massage manoeuvre for these muscles increases the muscle strength and reduce the intensity of the pain and the corrective measures to correct and prevent the Computer Vision

METHODOLOGY:

This study is an experimental study of pre and post comparative type. The 30 individuals comprising both the sexes of age group between 25 - 40 years were selected after the initial assessment based on questionnaire for Computer Vision Syndrome. The pain was assessed by Visual Analog Scale (VAS). This study duration was about 12 weeks. Individuals with non-specific neck pain, postural deformity, eye infection and persons with corona symptoms were excluded from this study.

OUTCOME MEASURE: CVS Questionnaire- The CVS can be potentially be used in clinical trials and outcome research for identification of CVS. It consists of 16 items; we have to measure the frequency of occurrence as well as intensity of each item. Frequency of the occurrence was graded using

the rating scale of 0-2 where 0-never, 1-occasionaly (once a week) and 2-often (two or three times per week) and the intensity of the 16 items will be graded using similar scale of 1-2 points where moderate-1, intense-2. CVS questionnaire: severity (frequency x intensity) rating scale. The scores obtaining on from the symptom questioning ranged from 0-24 who obtain a score of 6 or more on the symptom questionnaire are defined as having CVS. **VAS Scale-** Instruct the patient to point to the position on the line between the faces to indicate how much pain they are currently feeling. The far-left end indicates "no pain" and the far-right end indicates "worst pain ever".

INTERVENTION-Total 20 subjects fulfilling the inclusion criteria were selected in the study. After completing the initial assessment, the subjects had asked to complete CVS-Q (identification of computer vision syndrome). The pain score was identified by using VAS scale. The subjects had received strengthening exercise, massage manoeuver and corrective measures for 7 times per week for 12 weeks. After the completion of 12 weeks of intervention period the post-test values were obtained from the subjects.

PROCEDURE -The subjects were asked to perform only the strengthening exercise, massage maneuver and corrective measures for 12 weeks and were instructed not to perform any other exercise during this intervention period. subjects were trained for the following exercise.

PROTOCOL-FREQUENCY: 60 minutes daily with 25 minutes of strengthening exercise and 25 minutes of massage maneuver with 10 minutes interval in between them along with corrective measures. Each set of exercises consists of 15 to 30 repetitions and 1-minute rest interval between each set.

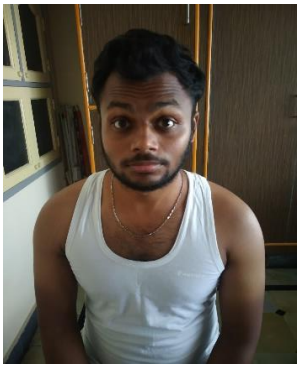
(i) STRENTHENING EXERCISE

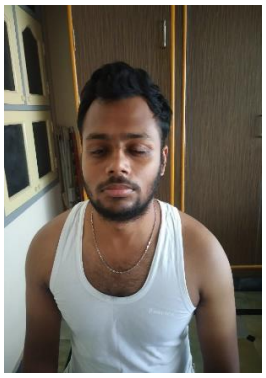
Orbicularis Oculi Strengthening Exercise

1. The lid squeeze, 2. Surprise exercise, 3. Look around, 4. The partial wink

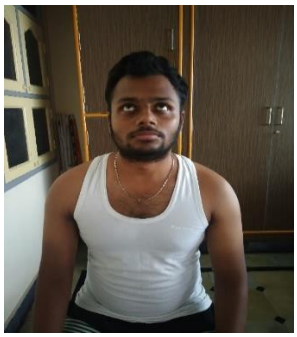
1.The lid squeeze-The subjects were asked to sit or stand with their feet about shoulder -width apart. Instructed them to close their eyes and place the heels of their hands over their eyes and pressed against their forehead. Then, instructed them to inhale and tightly squeeze their eyes closed as hard as they can while feeling eyelids working to overcome the resistance of their hands and to hold for five seconds and relax. Asked them to repeat it for 15-30 times. **2. Surprise exercise** -The subjects were asked to sit in a comfortable chair with their feet together and their shoulders in neutral position. Then, instructed them to raise their eyebrows and eyelids as far as if they were trying to touch the top of their head with their eyelids and eyebrows. Asked them to repeat it for 15-30 times **3. Look around**-The subjects were asked to sit or stand and look up as far as they can while keeping their heads as still as possible and hold this position for 5 seconds Then, to look down as far as they can without moving their

head and hold this position for 5 seconds and repeat while looking first to the left, then to the right. Asked them to repeat it for 15-30 times. **4. The partial wink**- The subjects were asked to sit or stand comfortably and then to do partial winking of one eye at a time and holding the position for 5 second. Asked them not to close their eyes. Ask them repeat it for 15-30 times.



Lid squeeze surprise exercise Partial wink




look aroud

Trapezius Strengthening Exercise

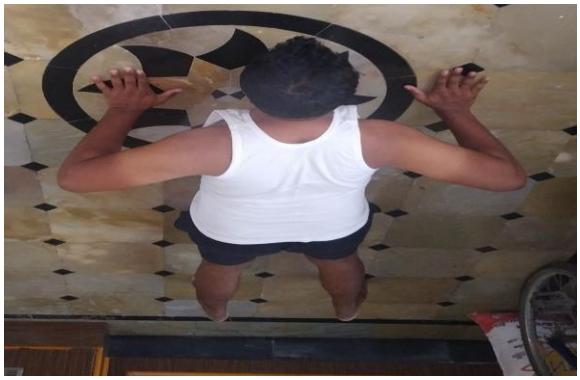
1. The shoulder blade squeeze, 2. Shrug, 3. Push up, 4. Upright row

1. The shoulder blade squeeze-The subjects were asked to stand in good posture and slowly squeeze the shoulder blades together and hold for 5 seconds. Then, asked them to release the shoulder blades back to their relaxed positions. Instructed them repeat it for 15-30 times. **2. Shrug-**The subjects were asked to stand in a good posture and raise their shoulder as high as they can get them, as if attempting to touch their ears with their relaxed positions and hold for 5 seconds. Then, asked them to release back to their relaxed positions. Instructed them to repeat it for 15-30 times. **3. Push up-**The subjects were asked to put their hands flat on the floor or the wall. Then, asked them to lower their body toward their hands while keeping their back straight and their stomach tight and they do not let their head drop; keeping their neck in line with the rest of their spine. Asked them to lower their body until they were close to the floor or the wall, and then push back into an upright position. Asked them to inhale as they go down and exhale as they push up. Instructed them to repeat it for 15-30 times. **4. Upright row-**The subjects were instructed to stand up straight with their fists clenched, pull up their fists as high as they can while bending their elbows, keeping their hands close to the front of their body. Then, asked them to hold it for 5seconds and ask them to release their arms back into a relaxed position, fists still clenched.

Instructed them to repeat it for 15-30 times.

Shoulder blade squeeze

shrug



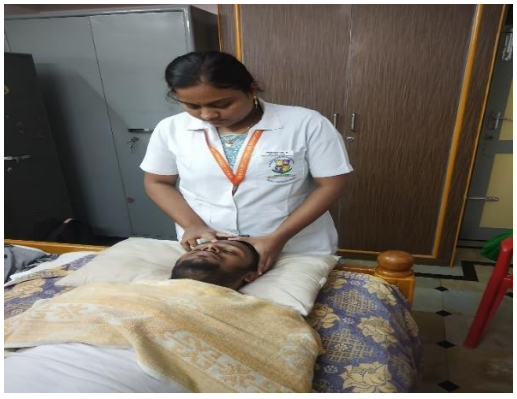
Push up

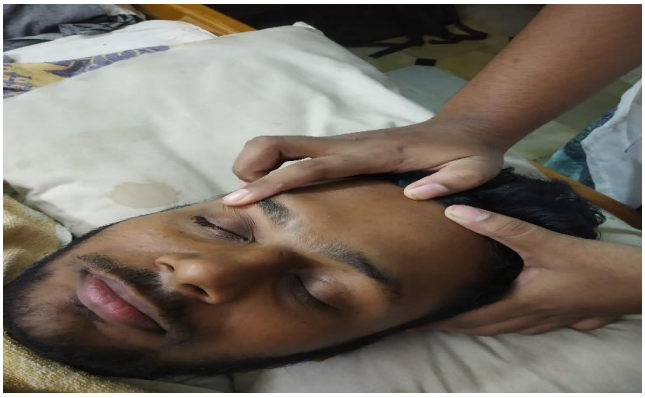
Upright now

(ii). MASSAGE MANEUVER

1. Massage for orbicularis oculi muscle & 2. Massage for trapezius muscle.

1. Massage for orbicularis oculi muscle- The subjects were asked to lie in supine lying, the effleurage was performed for orbicularis oculi muscle (above and below eyebrow and below eyes).

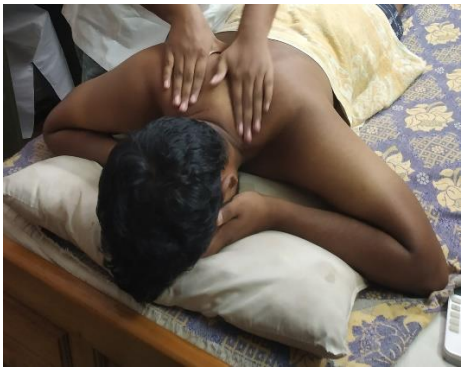




Massage for orbicularis oculi

2. Massage for trapezius muscle- The subjects were asked to lie in prone lying and the effleurage,

kneading, ironing were performed for trapezius muscle (neck and upper trunk).



Massage for trapezius

(iii). CORRECTIVE MEASURES

1. 20-20-20 rule, 2. Blink more often, 3. Use proper lighting,4. Minimizing glare 5.Positioning

1. 20-20-20 rule -For every 20 minutes asked them to look away from their screen and fix their eyes on something at least 20 feet away for at least 20 minutes. **2. Blink more often -**Trained themselves to blink after reading every two or three paragraphs on their screen. **3. Use proper lighting**-Asked them position their computer like windows are to their side, instead of being in front of or behind their screen. Generally, "soft white" LED light bulbs was comfortable for their eyes advised to used. Asked them to avoid bright fluorescent lights. **4. Minimize glare -**Asked them to install anti-glare screen protector. **5. Positioning of eye and display -**Asked them to follow Viewing angle =15 degree (below) & Viewing distance = 45-75 cm.

DATA ANALYSIS : The collected data were tabulated and analysed using both descriptive and inferential statistics. All the parameters were assessed using statistical package for social science (SPSS) version 24. Paired t-test was adopted to find the statistical difference within the groups.

RESULTS

On comparing Pre-test and Post-test within Group (Strengthening exercise, massage manoeuver and corrective measures) on Visual Analogue Scale have shown post-test mean value 2.00 which is decreased when compared to pre-test value 6.25 at $P \leq 0.001$ Hence Null Hypothesis is rejected. On comparing Pre-test and Post-test within Group (Strengthening exercise, massage manoeuver and corrective measures) on computer vision syndrome questionnaire score have shown post-test mean value 5.65 which is decreased when compared to pre-test value 13.20 at $P \leq 0.001$ Hence Null Hypothesis is rejected.

DISCUSSION:

Now a days, a modern lifestyle shifted the whole world to the side of modern technology for the work, lectures and for reading with the digital screens are the masterpiece of this life. One of the Contemporary health issues in today's society is work-related disorders. Therefore, Rehabilitation for effects of glare on Orbicularis oculi and Trapezius muscles for Computer Workers was a most needed area of research exploring on muscle strengthening, relaxation and ergonomic corrections. Hence, this

study is intended to determine whether a rehabilitation protocol consists of strengthening exercise, massage maneuver and corrective measures leads effects on muscle relaxation and reduced symptoms in subjects with CVS. About 40 computer workers between the age group 25-40 years of individuals who works for more than 4 hours in computer per day were selected after the initial assessment by Computer vision syndrome questionnaire and VAS scale and at last only 20 participants were selected and the remaining were removed from the study mainly due to COVID-19 pandemic situation and due to inconvenient of time, distance and not interested participants.In all 20 participants, 80% of the participants were male and remaining 20% were female. Participants who used computer for >6hours per day were 2 times more likely to develop CVS compared to workers who used computer for > 6 hours. Head pain, Eye burning, Eye pain and Blurred vision were the most commonly reported symptoms by 90% of the participants. Other than these symptoms of CVS most of the participants reported the back pain and female computer workers reported that they are having irregular menstrual cycle During this study we found that few participants also underwent little difficulty in concentrating and following the corrective measures at some times in their busy works. The findings of this study suggested that there is reduction of the symptoms of the computer vision syndrome. **Vestnik Oftalmologi** (2013) stated that the Eyelid Massage and Eyelid hygiene procedures were showed to be effective in management of the clinical signs of chronic blepharitis including coexisting Computer Vision Syndrome [(10)]. **Cheu RA** stated that Long sessions without proper work breaks are associated with increased incidence CVS. The preventive measures like frequent breaks are recommended from work and Looking away from the terminal at a distant object at least twice an hour was sufficient to prevent the symptoms. [(9)] . Thus, the result of this study reveals that there is significant improvement in the reduction of the symptoms and intensity of the pain by Strengthening exercise, Massage maneouver and corrective measures for Orbicularis culi and Trapezius muscles by Strengthening exercise, Massage manoeuver and corrective measures.

CONCLUSION:

The statistical analysis done from the data collected using CVS-Q and VAS scale, it concluded that there was significant improvement in reduction of the symptoms by the effects of strengthening exercise, massage manoeuver and corrective measures in Computer Vision

Syndrome for Computer worker. Hence, this study rejects the Null hypothesis and accepts alternate hypothesis.

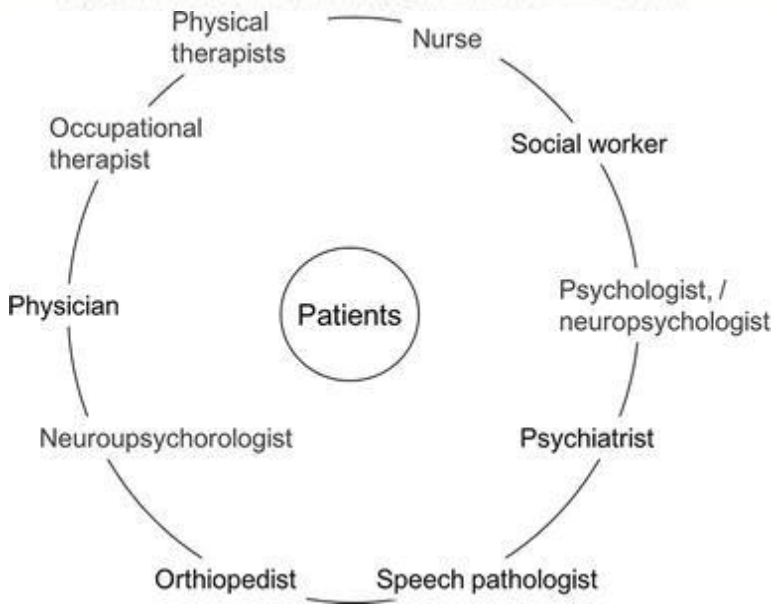
ACKNOWLEDGEMENT: We thank Dr.M.G.R Educational and Research Institute for granting permission for doing this research work at ACS medical college and hospital. Our sincere thanks to Dr.C.V. SenthilNathan, Principal, Faculty of physiotherapy for his support and guidance in completion of this work.

PHYSIOTHERAPY IN ONCOLOGY

NAME - Cijoy samuel
CLASS - BPT IV YEAR D SECTION

Abstract

Physical therapists often treat cancer patients. Cancer treatment includes chemotherapy, radiotherapy, and surgery, which are being continuously developed and thus increase survival of patients with each cancer diagnosis. More specifically, 5-year survival rates increase with each cancer diagnosis. Cancer patients have many problems including muscle weakness, pulmonary dysfunction, fatigue, and pain. In the end, patients with cancer tend to have a decline in activities of daily living (ADL) and quality of life (QOL). Additionally, cancer patients often have progressive disease, depression, and anxiety. Physical therapy often helps patients regain strength and physical function and improve their QOL and independence of daily living that they may have lost due to cancer or its treatment. Physical therapy has an important role in increasing physical function of cancer patients, cancer survivors, and children with cancer. In the future, physical therapy may be progressively needed for management of cancer patients



Introduction

Cancer and its treatments can result in impairments, which can affect multiple body systems. These impairments restrict physical functioning and participation in activities of daily living and life roles of many patients, consequently limiting their quality of life. Many such impairments are amenable to physiotherapy interventions. Numerous studies have shown beneficial effects of physiotherapy interventions – including exercise programs – on joint pain and range of motion, physical functioning, physical fitness, fatigue, and health related quality of life.1 However, the integration of physiotherapy services into cancer care continues to languish.2,3 Recently, the Clinical Oncology Society of Australia acknowledged the importance of exercise in the cancer continuum by issuing a guideline recommending that exercise prescription be embedded as part of standard practice in cancer care, with patients referred to exercise professionals with experience in cancer care, including physiotherapists.4 Additionally, the National Cancer Policy Forum in the United States published recommendations for better integration of rehabilitation services into cancer care, including physiotherapy, ideally starting at the point of cancer diagnosis, in order to reduce long-term,

treatment-related adverse effects and disability.5 Clearly, physiotherapy has an important role to play in cancer care. Are we up to this task, or do we need to step up our game? This manuscript provides international perspectives on these questions; they were obtained using an interactive plenary discussion at the first

International Conference on Physiotherapy in Oncology

International Conference on Physiotherapy in Oncology 2018 The first International Conference on Physiotherapy in Oncology (an open congress) took place in Amsterdam, June 2018. There were 280 physiotherapists representing 30 countries from African, Asian, European, and North and South American regions. The objective was to present scientific and professional developments in the field of oncology physiotherapy and enable international collaboration and idea exchange. The conference program included an interactive, plenary panel discussion with subject matter experts, representing Australia, Canada, Chile, Denmark, the Netherlands, Spain, and the United States. Panellists were queried for input on their nation's experiences and asked to identify successes and challenges in the field of oncology rehabilitation. The audience participates via an interactive Audience Response Systems . Clear themes and relative agreement became apparent regarding the current state of affairs, challenges, and future directions for physiotherapy in oncology. The current status of physiotherapists in oncology Participants agreed that education for entry level to practise already enables physiotherapists to play a role in the detection and management of many cancer-related impairments (eg, pain and reduced range of motion or physical fitness) that may preclude patients from engaging in activities of daily functioning and participating in life roles. Most physiotherapists can manage these impairments and help patients adapt to functional loss or chronic symptom burden by teaching coping strategies, maximising compensation capacity, and improving ergonomics of (alternative) movement strategies. Yet, more specialised knowledge about cancer treatments and their side effects, as well as advanced skills, are desirable to support individuals with cancer in their specific needs throughout the cancer care continuum. This includes, but is not limited to, the management of lymphoedema,6,7 peripheral neuropathy,8 and cancer-related fatigue.9 The panel representatives identified existing, and the ongoing development of, postgraduate educational programs and Master programs to advance oncology-specific knowledge and skills. This includes board specialty examinations and accompanying credentialing. In addition, the national physiotherapy associations of several countries – including Australia, Canada, Chile, Denmark, Netherlands, and USA – have established dedicated oncology sections. There was also strong agreement that the growing

evidence base for the effectiveness of physiotherapy interventions in the oncology population has helped to improve integration of rehabilitation services into cancer care.

Challenges for broader implementation and further advancement of oncology

physiotherapy During the panel discussion, it became clear that there are three major challenges to successful implementation of physiotherapy in cancer care, which were shared and generally agreed upon among representatives from all 30 countries. These were: costs associated with access to physiotherapy care; insufficient awareness of benefits of and lack of referral pathways to physiotherapy services for individuals with cancer; and the need for capacity building of the physiotherapy workforce - including specialisation.

Costs

In many countries, access to physiotherapy services in cancer care is inadequate or even absent. Services provided within public healthcare systems are limited (ie, Canada, UK, and USA) or there is little third-party insurance coverage for services in other private healthcare systems. Legislative efforts have yielded marginal success, usually targeting one specific population or disease type (eg, the USA Women's Health and Cancer Rights Act) but fail to address the needs of the greater population, especially as they move beyond active medical disease treatment. Moreover, legislation does not always keep up with the rapid changes in the field of cancer care. For example, in the Netherlands, basic insurance partially covers physiotherapy-supervised exercise during adjuvant chemotherapy, based on the preceding hospital admission. However, since neoadjuvant therapy has become the standard treatment for some cancers (eg, breast cancer), patients can no longer apply for reimbursement for the same intervention, as they have not yet been hospitalised. While the evidence base underpinning the effectiveness of physiotherapy interventions for individuals with cancer is growing, cost effectiveness data are currently limited to a few studies.10–12 Cost containment is foremost among governments, regulators, and healthcare insurers. Physiotherapy interventions have great potential for cost mitigation through prospective rehabilitation services, and through mitigation of functional decline during and after cancer treatments. However, in the absence of

evidence that demonstrates this economic benefit, payers have limited incentive to improve reimbursement for physiotherapy in cancer care.

Awareness and referral

The lack of referral pathways that engage physiotherapists in cancer care is likely a result of limited awareness of the benefits that physiotherapy can offer individuals with cancer, and of the importance of the timing of physiotherapy interventions. The limited time available in an oncology consultation may push the dialogue on rehabilitation or supportive care to the background, in favour of discussing the likelihood of survival, medical treatment planning, and pharmaceutical symptom control. Panellists asserted and participants agreed that embedding physiotherapists in cancer care clinical pathways allows easy and timely referral to physiotherapy services. Participants at the conference from a variety of countries (Qatar, USA, Iran, etc) provided examples of this model of care being implemented with great success. In addition to increasing referrals, this approach encourages a move from reactive to more proactive physiotherapy. In a traditional model of supportive care, referral or self-referral to a physiotherapist is at the discretion of the physician or the patient, and happens only once an impairment has been identified and often when it has already led to a disabling state. Adopting a more proactive approach has the potential to improve supportive cancer care.13 Impairments – in particular declines in exercise capacity – and symptoms such as fatigue or pain can be prevented or minimised by timely interventions. Several studies have shown that supervised exercise during active cancer treatment can reduce negative side effects, and may even improve medical treatment fidelity and survival.14,15 Prehabilitation and prospective surveillance are a promising area for physiotherapy, where early physiotherapeutic intervention – including exercise and routine monitoring of impairments – may lead to improved functional status and health service benefits, including reductions in length of stay and health-related expenditure 1,16 This may be particularly valuable for individuals at risk of a poor functional outcome due to poor baseline health status, and those with low self-efficacy, the elderly, and those who lack social support or have low health-literacy.17 Engaging physiotherapists throughout the trajectory of cancer care enables ongoing assessment of changes in physical function that will occur due to the disease or its treatment. Functional gains and losses necessitate ongoing surveillance and guidance to manage impairments that arise, as well as to accommodate exercise prescription. This will only be achieved by incorporating physiotherapy as a standard part of the workflow of a cancer centre, and having dedicated physiotherapy staff who can provide consultative assessment and triage to the appropriate setting of care. The

physiotherapist provides a unique role that complements the cancer team by providing insights on functional movement. Capacity building and specialisation Panellists and the audience agreed that in order to provide safe and effective interventions, physiotherapists working with individuals with cancer need to have an understanding of the mechanisms of anti-cancer therapy and how these affect physiological systems involved in human movement.18 In addition, since the majority of individuals with cancer also have one or more comorbidities, a high level of clinical reasoning is required.19 A cancer diagnosis often comes with a high psychosocial and existential burden, and many patients have anxiety or depressive symptoms, which need to be recognised and accounted for during physiotherapy treatment. Managing these issues requires high-level communication skills. Therefore, additional education in oncology is a prerequisite for physiotherapists who want to be fully capable of providing high quality care to people with cancer. This supposition is supported by the US Institute of Medicine report Delivering High-Quality Cancer Care, which identifies the need for the healthcare workforce to have advanced education and training in oncology in order to optimise the quality of care for this population.20 In physiotherapy practice, specialisation commonly has several levels. High-level specialists or the most advanced practice-trained individuals may primarily practise within a specialised cancer care setting, but also act as consultants to physiotherapists with lower levels of specialisation who see cancer patients in a more general inpatient medical or outpatient setting. These physiotherapists, who are capable of treating the majority of health problems associated with cancer, can consult or refer to the specialists in specific, complex cases. In the Netherlands, there are accredited Master-level postgraduate programs in oncology to advance the clinical specialty skills needed for this complex population, as well as entry-level and intermediate-level postgraduate courses. Several other countries (ie, the USA) are currently developing such programs.

Recommendations for Action

The discussions at the International Conference on Physiotherapy in Oncology demonstrated that the challenges for physiotherapy in oncology care are quite similar across international boundaries. Also, they provided a starting point for improving the quality and availability of

physiotherapy services for individuals with cancer. First, it is important to develop professional practice guidelines and standards for physiotherapy in oncology. Such an effort would improve awareness among physiotherapists and other healthcare providers regarding optimal care standards, and will improve consistency in care delivery and reduce unwanted practice variation. Second, physiotherapy associations should engage in advocacy to highlight inequity in healthcare services and to encourage payment schemes that support physiotherapy for individuals with cancer throughout the disease and treatment continuum. Third, addressing oncology-related problems explicitly in entry level physiotherapy education, and showing physiotherapy students how the basic principles of physiotherapy apply to issues in oncology, would create a strong foundation for advanced clinical practice and catalyse interest towards postgraduate pursuit of specialty practice in oncology. The panel further recommended that physiotherapy researchers should consider approaches to health services research that can study cost and healthcare utilisation mitigation through physiotherapy interventions. On the levels of research and practice, enhanced international collaboration and communication between physiotherapists working Editorial 187 in oncology are desirable. This could be facilitated by the continuation of the International Conference on Physiotherapy in Oncology as well as through the World Confederation for Physical Therapy (WCPT) international subgroup IPT-HOPE . At a national level, physiotherapy associations need to make an effort to increase awareness of the potential of physiotherapy among other healthcare professionals in oncology, and develop and implement care models that are suited to their individual in-country system constraints. The World Health Organization's Vision 2030 also offers an opportunity for international collaboration to coalesce around goals that target reducing cancer-related disability in an equitable and sustainable way. In conclusion, physiotherapists have strong foundational knowledge and skills in oncology and they are playing an increasingly important role in the management of individuals with cancer. As this field grows and matures, international collaborations towards shared goals in clinical practice, education, and research could significantly enhance the integration of physiotherapy services in the cancer care continuum and ultimately improve functional outcomes and quality of life for cancer survivors

Rehabilitation for Cancer Patient

Stages of Cancer

Stage	Characteristics
Stage 1	Cancer is relatively small and contained within the organ it originated from. This stage describes cancer in situ, which means "in place." Stage 1 cancers have not spread to nearby tissues. This stage of cancer is often highly curable, usually by removing the entire tumor with surgery
Stage 2	Cancer has not started to spread into surrounding tissue but the tumor is larger than in Stage 1. Sometimes, Stage 2 means that cancer cells have spread into lymph nodes close to the tumor. At this stage, cancer or tumor is relatively small and has not grown deeply into the nearby tissues. It also has not spread to the lymph nodes or other parts of the body. It is often called an early-stage cancer
Stage 3	Cancer is larger. It may have started to spread into surrounding tissues, and cancer cells may be present in the lymph nodes of the area. This stage indicates larger cancers or tumors
Stage 4	Cancer has spread from where it started to another organs or parts of the body. This is also called a secondary, advanced, or metastatic cancer

Four Cancer Rehabilitation Stages.

Stage
(1) Preventive
Intervention focused on improving the patient's level of function prior

to the onset of the effects of the cancer and its treatment, patient education, and psychological support
(2) Restorative rehabilitation
Intervention focused on returning the patient to a previous level of function and addressing impairments from cancer and its treatment
(3) Supportive rehabilitation
Intervention is meant to assist the cancer patient to function at the highest level within the context of his or her impairments, activity limitations, and participation restrictions
(4) Palliative rehabilitation
Intervention focused on minimizing complications such as pressure ulcers, contractures, and muscle deconditioning ensuring adequate pain control and emotional support for the family

Quote

"Yesterday is history, tomorrow is a mystery, but today is a gift – that's why it's called 'the present.'"

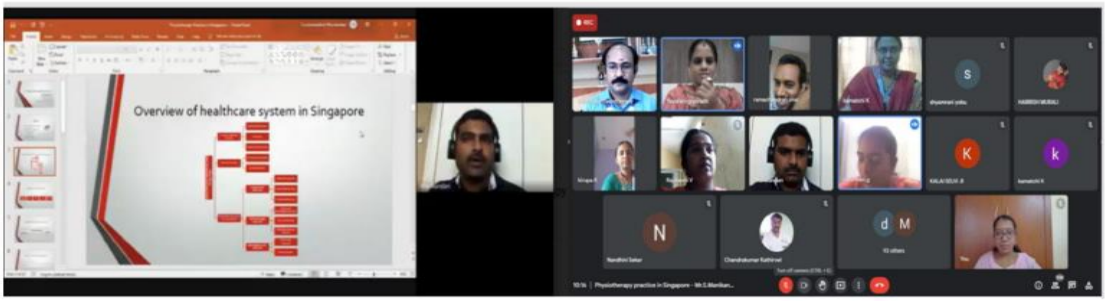
– Bill Keane

FACULTY OF PHYSIOTHERAPY

EVENTS

TITLE OF THE EVENT: PHYSIOTHERAPY PRACTICE IN SINGAPORE.

DATE: 16.06.2021 SPEAKER: Dr.S.Manikandan,MPT(Sports) senior physiotherapist, AWWA Ltd ,AWWA School MODE: Google meet, virtual platform NO OF PARTICIPANTS: 150 SUMMARY OF THE EVENT: Faculty of Physiotherapy, Dr. M.G.R. Educational and Research Institute, Chennai organized Guest Lecture on " Physiotherapy Practice In Singapore " by Dr.S.Manikandan,MPT (Sports) senior physiotherapist, AWWA Ltd ,AWWA School,on 16/06/2021 at 10.00 AM- 12.00PM in Google Meet. Around 150 participants attended the program. The program began with tamil thai vazhthu, following which Dr.G.Yuvarani, Associate Professor delivered welcome speech. Then our Principal Dr.C.V.Senthil Nathan gave a special address to the participants. That was followed by introduction of the speaker by Dr.K.Kirupa, Assistant Professor . Then the resource person started his presentation by explaining the health care system and physiotherapy Singapore. He gave a clear explanation regarding the fulfilment of registration and examination process for practicing as physiotherapist in Singapore. Dr.K.Kamatchi ,Assistant Professor proposed the vote of thanks. Then, the session was concluded with National Anthem. Feedback link was posted in the chat box to the participants for receiving E-certificate.



TITLE OF THE EVENT: Brief Insight into Polycystic ovarian Syndrome DATE: 15.07.2021 SPEAKER: Ms.P.Ponmathi MPT OBG Assistant professor Faculty of physiotherapy SriRamachandra College of Physiotherapy and Ms.Jenifer Augustina MPT OBG Assistant professor Faculty of Physiotherapy Saveetha College of Physiotherapy MODE: Google meet, virtual platform NO OF PARTICIPANTS: 130 SUMMARY OF THE EVENT: Faculty of Physiotherapy, Dr. M.G.R. Educational and Research Institute, Chennai organized Online OBG Symposium in association with IAP Women Cell by the guest speakers Ms.P.Ponmathi MPT OBG Assistant professor Faculty of physiotherapy SriRamachandra College of Physiotherapy on “Brief insight into Polycystic ovarian Syndrome” and Ms.Jenifer Augustina MPT OBG Assistant professor Faculty of Physiotherapy Saveetha College of Physiotherapy on " Role of A Physiotherapist during labour" 15/07/2021 at 10.00 AM- 1.00PM in ZOOM virtual platform Around 130 participants attended the program. The program was also live streamed in our YoutTube channel The program began with Tamil Thai Vazhthu, following which Dr.Meena Assistant Professor delivered welcome speech. Then our Principal, Dr. C.V Senthil Nathan sir gave a special address to the participants. Then Dr.K.Kamatchi, Assistant Professor Faculty of Physiotherapy and IAPWC Thiruvallur district, introduced our Special Invitee Dr. Ruchi Varshney, IAPWC National Head. Then Dr. Ruchi Varshney explained evolution of IAP women cell and its contribution to the public during this pandemic situation to the participants. That was followed by introduction of the speakers by Dr.RNV.Deepthi , Assistant Professor. Then the resource person started her presentation by explaining the brief description about PCOS , causes , risk factors and FACULTY OF PHYSIOTHERAPY its management. She also gave a clear explanation regarding insulin resistance. Then the next session was started by Ms. Jenifer Augustina with the definition , stages , mechanism and management of labour. She also gave a clear explanation on the role of Physiotherapy during labour.Then, Dr.G.Omana Shinuja , Assistant Professor proposed the vote of thanks. Finally, the session was concluded with National Anthem. Feedback link was posted in the chat box to the pa

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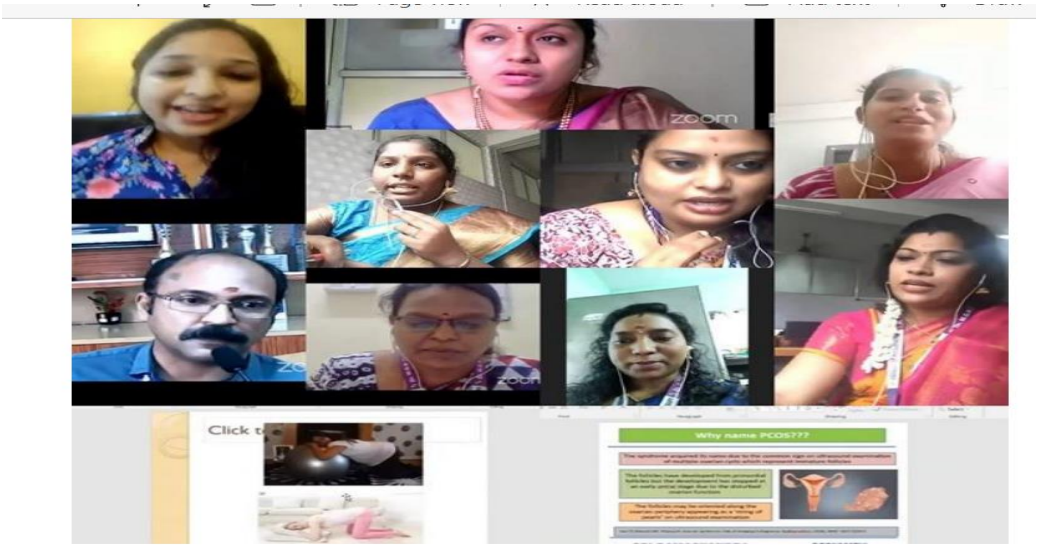
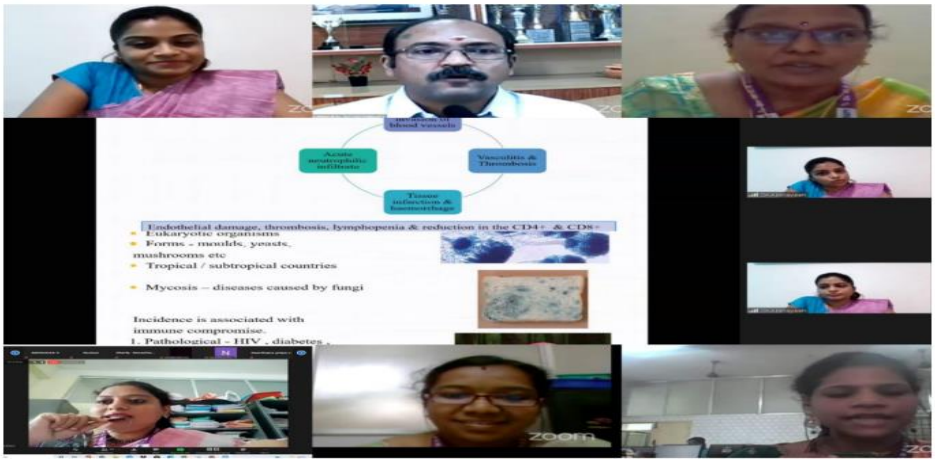


TITLE OF THE EVENT: Post - COVID associated Mucormycosis DATE: 23.07.2021 SPEAKER: Ms.P.Ponmathi MPT OBG Assistant professor Faculty of physiotherapy SriRamachandra College of Physiotherapy and Ms.Jenifer Augustina MPT OBG Assistant professor Faculty of Physiotherapy Saveetha College of Physiotherapy MODE: Google meet, virtual platform NO: OF PARTICIPANTS: 250 SUMMARY OF THE EVENT: Faculty of Physiotherapy, Dr. M.G.R. Educational and Research Institute, Chennai organized an online webinar on "Post - COVID associated Mucormycosis" by our invited guest speaker Dr. abinayaah, associate professor, ENT, Sri Muthukumaran Medical College And Hospital And Research Institute 23/07/2021 at 10.30 AM- 11.30 AM in ZOOM virtual platform. Around 250 participants attended the program. The program was also live streamed in our YoutTube channel The program began with Tamil Thai Vazhthu, following which Dr.K.Kamatchi gave an introductory speech. Then, Dr.R.Jayabharathi, Assistant Professor welcomed the gathering. Then our Principal, Dr.C.V Senthil Nathan sir gave a special address to the participants. That was followed by introduction of the speaker by Dr.G.Tharani, Assistant Professor. Then the resource person started her presentation by explaining the brief description of Mucormycosis, its incidence in Post COVID patients and explained the various treatment options including surgical and medical management. She also cleared the doubts of the participants in the Q and A session. Dr.RNV Deepthi, Assistant Professor proposed the vote of thanks. Finally, the session was concluded with National Anthem. Feedback link was posted in the chat box to the participants for receiving E-certificate.



Title of the Event :"SWARAJAY @ 75 for the INDEPENDANCE DAY" TITTLE OF THE EVENT: Webinar on "SWARAJAY @ 75" DATE: 07.08.2021 SPEAKER: Mr.SRI JATAAYU, Electronics and Technology Professional MODE: ZOOM VIRTUAL PLATFORM NO: OF PARTICIPANTS: 250 SUMMARY OF THE EVENT: In view of Independence day , Faculty of Physiotherapy organized a webinar on "SWARAJAY @ 75" in associated with DISHA BHARAT AND MYBHARAT by our invited guest speaker Mr.SRI JATAAYU, Electronics and Technology Professional, on 07/08/2021 at 10.00 AM- 11:30 AM in Zoom Meeting. Around 250 participants attended the webinar in zoom meeting and around 1500 witnessed the live event on YouTube. The program began with tamilthai vazhthu, following which Dr.S.M.Divya Mary, Assistant professor gave an introductory speech .Then Dr.I Deepa, Assistant Professor welcomed the gatherings. Then our Vice Principal Dr.S.Veena @ Kirthika addressed the participants. That was followed by introduction of the speaker by Dr.K.Kirupa. Then our speaker Mr. SRI JATAAYU, gave a wonderful presentation on our history of freedom struggle –Swadeshi . He said that Indian nationhood is not just constitutional, not just territorial but it is civilization .which made an Irish lady called Margaret to became a disciple of Swami Viveganantha and changed her name to nivedhitha meaning offering to India. He made the participants to remember our Former president Dr.A.P.J. Abdul Kalam and his vision and mission about our nation. Our speaker enlighten the participants about the history and struggles we faced during the time of getting our freedom. Dr.R.Nithyanisha, Assistant Professor proposed the FACULTY OF PHYSIOTHERAPY vote of thanks. At last the session concluded with National Anthem. Feedback link was posted in the chat box to the participants for the e-certificate.

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FACULTY OF PHYSIOTHERAPY
In association with
DISHA BHARAT AND MYBHARAT CAMPAIGN

On the occasion of
'75th YEAR OF INDEPENDENCE
SWARAJYA 75
Online Lecture Program in Colleges And Schools

Welcomes you to

" SWARAJAY@75 webinar for INDEPENDENCE DAY"

By

Sri JATAAYU
ELECTRONICS AND TECNOLOGY
PROFESSIONAL

VIRTUAL PLATFORM – ZOOM
https://us06web.zoom.us/j/89362372995?pwd=Z21oNDVQZHh2dTNOZjMxSTBuU2crQT09

Date - 07th August 2021
Time: 10:00 - 11:00am

Dr. G. Tharani
Association Convener

Dr. C. V. Senthil Nathan
Principal and Organising Secretary

TITTLE OF THE EVENT: Skilling youth for progress post covid -19 in transforming food system DATE: 12.08.2021 SPEAKER: Ms. Nagashalini.S.K., M. Sc (clinical nutrition), External lecturer, GRT college of nursing, thiruvallur district MODE: Google Meet NO: OF PARTICIPANTS: 250 SUMMARY OF THE EVENT: Faculty of Physiotherapy, Dr. M.G.R. Educational and Research Institute in association with NSS unit -VI organized an online webinar on topic "Skilling youth for progress post covid -19 in transforming food system" for International youth day on 12.08.2021 at 11-12pm by our invited guest speaker Ms. Nagashalini.S.K., M. Sc (clinical nutrition), External lecturer, GRT college of nursing, thiruvallur district through google meet virtual platform. Around 80 participants attended the program. The program began with Tamil Thai Vazhthu, following which Dr. P. Anu preethi, Assistant Professor gave an introductory speech. Then, Ms. C. Srileka, Tutor welcomed the gathering. Then our Principal, Dr.C.V Senthil nathan sir wished the speaker for the best presentation. That was followed by introduction of the speaker by Dr.G.Thiruloguchandar, Assistant Professor. Then the resource person started her presentation by explaining the brief description and struggle we faced after covid -19 in food management. She also mentioned about the diet chart and explained that even more. She enlightened us with the facts about nutrition and foods. Towards the end of the program Ms. Gladia, Tutor proposed the vote of thanks Finally, the session was concluded with National Anthem.

TITLE OF THE EVENT: Skill development program on how to crack virtual interview DATE: 21.07.2021 ORGANIZER - Faculty of Physiotherapy in association with i4 change NO: OF PARTICIPANTS: 1200 Faculty of Physiotherapy, Dr. M.G.R. Educational and Research Institute, Chennai in association with *i4 change* is organised a "Skill development program on how to crack virtual interview for BPT and MPT Students on 21.07.2021 through Google meet. The i4 change team conducted around 5 meetings at a time and enriched the students about virtual interview process and the soft skills and personality development required to crack virtual interview. The program was organized in view of how to attend the interview and develop our personality skills while entering the new world of opportunities. Final year and MPT Students mentioned it as a really useful webinar for their career development .

TITTLE OF THE EVENT: Technology Talk on Exercise Prescription DATE: 27.08.2021 SPEAKER: Dr. SURESH FRANKLIN Sports Physiotherapist, Founder of Synergy Physio Care and Centre, Chennai MODE: Zoom virtual Meet NO: OF PARTICIPANTS: 215 SUMMARY OF THE EVENT: Faculty of Physiotherapy, Dr. M.G.R. Educational and Research Institute, Chennai organized a Technology Talk on Exercise Prescription by our invited guest speaker Dr. Suresh Franklin Sports Physiotherapist, Founder of Synergy Physio Care and Centre, Chennai on 27/08/2021 at 11.00 AM- 12.00 PM in ZOOM virtual platform. Around 215 participants attended the program. The program was also live streamed in our YouTube channel The program began with Tamil Thai Vazhthu, following which Dr. Anu Preeethi gave an introductory speech. Then, Dr. Divya Mary, Assistant Professor welcomed the gathering. Then our Vice Principal, Dr.V.Rajalaxmi gave a special address to the participants. That was followed by introduction of the speaker by Dr.G.Thirulogachandar, Lecturer. Then the resource person started her presentation by explaining the brief description of Exercise Prescription regards National Sports day. He also cleared the doubts of the participants in the Q and A session. Dr. Divya Mary, Assistant Professor proposed the vote of thanks. Finally, the session was concluded with National Anthem. Feedback link was posted in the chat box to the participants for receiving E-certificate.

TITLE OF THE EVENT: "Research Funding Opportunities and Proposal Preperation for Academicians" DATE: 02.09.2021 SPEAKER: Dr. Salman Shaik, PhD, Incubation head, ISTA, Pune, and Dr. Bernard Ebenezer, Assistant Professor Faculty of Physiotherapy, Dr. M.G.R. Educational and Research Institute MODE: Google Meet NO: OF PARTICIPANTS: 28 SUMMARY OF THE EVENT: Faculty of Physiotherapy, Dr. M.G.R. Educational and Research Institute, Chennai in association with Academic Staff College, organized a 2 days online Faculty Development Program- Refresher course on "Research Funding Opportunities and Proposal Preperation for Academicians" by our invited guest speaker Dr. Salman Shaik, PhD, Incubation head, ISTA, Pune, and Dr. Bernard Ebenezer on Day 1 - 02/09/2021 at 10:30AM- 12 PM in Google Meet virtual platform. Around 28 participants attended the program. The program began with an introductory speech by Dr.S. Sathya, and our Respected Principal Sir. Prof. Dr. C. V. Senthil Nathan addressed the gathering. That was followed by introduction of the speaker by Dr.R. Jayabharathi, Assistant Professor. Then Dr. Bernard Ebenezar Cyrus, started his presentation by explaining the brief description of thoughts to Reality. Session 2 followed by introduction of the speaker Dr. Salman Shaik, by Dr.S. M. Divya Mary, Assistant Professor . Then the resource person started his presentation by explaining the concept of Bringing Ideas to Reality. The Day 2 program began with an introductory speech by Dr.S. Sathya. Then the resource person started his presentation by explaining the Research areas and funding opportunities. Vote of thanks was proposed by Dr. V. Pavithralochini.

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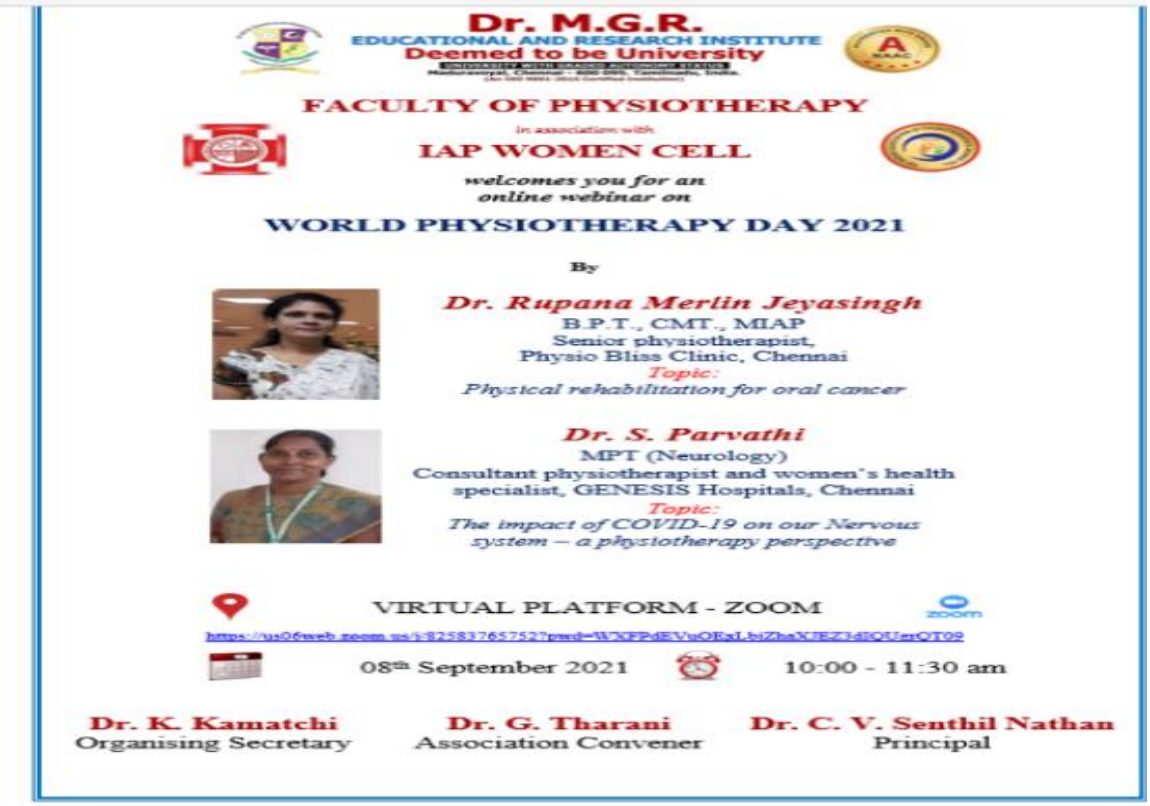
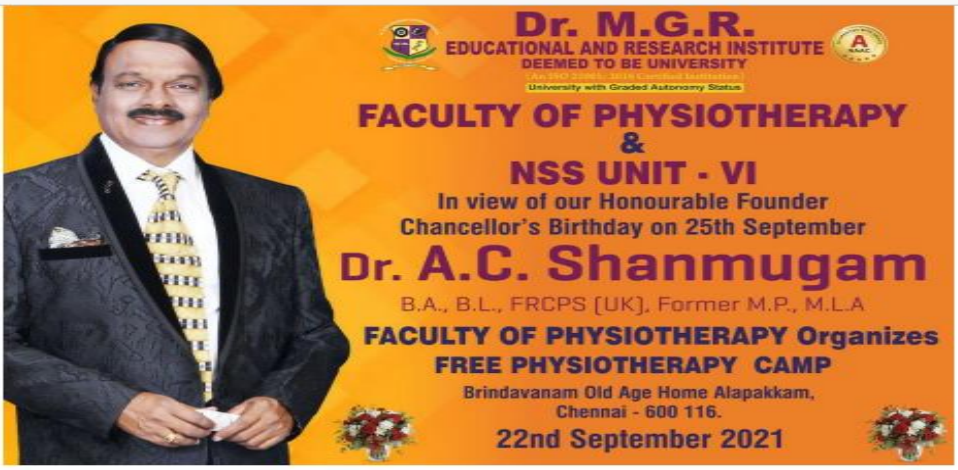
TITLE OF THE EVENT: TEACHERS DAY CELEBRATION DATE: 06.09.2021 NO: OF PARTICIPANTS: 35 VENUE: Seminar Hall -1, faculty of physiotherapy, ACS campus Current BPT internship students of Faculty of Physiotherapy celebrated Teacher's day on 6th September 2021 between 1 pm - 2 pm in our college. Around 35 teaching staffs participated in the program.The program was compered by Sathish kumar and Jayashree. Welcome speech was given by Brightlin. The following games were conducted. WORD CHAIN for 10 MINUTES, DEBATE for 20 MINUTES,BALLOON IN THE CUP for 10 MINUTES.Then DUM CHARADE for 10 MINUTES, ANTHAKSHARI for 10 MINUTES . That was a fullfilled and refreshing session for all the staffs. Finally, the vote of thanks was proposed by Hemamalini.

TITLE OF THE EVENT: Webinar for World Physiotherapy day -2021 DATE: 08.09.2021 SPEAKER: Dr. Rupana Merlin Jeyasingh BPT Senior Physiotherapist,Physio bliss Synergy Physio , Chennai and Dr. S.Parvathi MPT consultant physiotherapist and women's health specialist, Genesis hospital, Chennai MODE: ZOOM virtual platform NO: OF PARTICIPANTS: 310 SUMMARY OF THE EVENT: Faculty of Physiotherapy, Dr. M.G.R. Educational and Research Institute,Chennai in association with IAPWC Thiruvallur District organized a Webinar for World Physiotherapy day -2021 on Physical rehabilitation for oral cancer by our invited guest speaker Dr. Rupana Merlin Jeyasingh BPT Senior Physiotherapist,Physio bliss Synergy Physio , Chennai and The impact of COVID-19 on our nervous system- a physiotherapy perspective by Dr. S.Parvathi MPT consultant physiotherapist and women's health specialist, Genesis hospital, Chennai on 08/09/2021 between 10.00 AM-12.00 PM in ZOOM virtual platform. Around 310 participants attended the program. The program was also live streamed in our YouTube channel The program began with Tamil Thai Vazhthu, following which Dr. C.Ishwarya gave an introductory speech. Then, Dr. S Sathya, Assistant Professor welcomed the gathering. Then our Principal, Dr.C.V.Senthil Nathan gave a special address to the participants. That was followed by introduction of the speaker by Dr.K.Kamatchi, Assistant professor. Then the speaker of the first session started her presentation by explaining the brief description of the role of physiotherapy in oral cancer rehabilitation. Second session began with the introduction of the next speaker by Dr R.N.V Deepthi which was followed by the presentation of the speaker of the second session on role of Physiotherapy in post COVID-19 and neurological complications. Then, Dr. J.Arunselvi, Assistant Professor proposed the vote of thanks. Finally, the session was FACULTY OF PHYSIOTHERAPY concluded with National Anthem. Feedback link was posted in the chat box to the participants for receiving E-certificate.



EVENT : PHYSIOTHERAPY CAMP DATE : 22.09.2021 VENUE : Brindavanam Old Age Home, Alapakkam, Chennai -116 ORGANIZER: Faculty of Physiotherapy, Dr M.G.R. Educational And Research Institute. SUMMARY OF THE EVENT: We the Faculty of Physiotherapy in association with NSS wing VI conducted camp at Brindavanam Old Age Home, Alapakkam Chennai -116. A team of internee was accompanied by our Principal and Faculty members to the camp. The inmates of the old age home actively participated in the camp and nearly 20 inmates received the Physiotherapy treatment for their various Musculoskeletal and Neurological ailments. Our interns also taught the exercises based home programme to each individual according to their needs. The interns also planted two trees in the old age home premises in view of our Founder Chancellor's Birthday and National NSS day. The inmates expressed their heartfelt thanks to all the volunteers and blessed them to continue more such camps to other old age homes in future



EVENT: PHYSIOTHERAPY CAMP DATE : 01.10.2021 VENUE: ST.Thomas Old Age Home, Poonamalle, Chennai -56 ORGANIZER: Faculty of Physiotherapy, Dr M.G.R. Educational and Research Institute. SUMMARY OF THE EVENT: We the Faculty of Physiotherapy conducted Physiotherapy Camp at ST.Thomas Old Age Home, Poonamalle, Chennai 56. A team of interns was accompanied by our Faculty members to the camp. The inmates of the old age

home actively participated in the camp and nearly 10 inmates received the Physiotherapy treatment for their various Musculoskeletal and Neurological ailments. Our interns also taught the exercises based home programme to each individual according to their needs. The inmates expressed their heartfelt thanks to all the volunteers and blessed them to continue more such camps to other old age homes in future

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TITTLE OF THE EVENT: Technological advancement in physiotherapy – Alumini conclave DATE: 5/10/2021 SPEAKER: Dr.S.ANAND ,Clinical manager Nsight solutions pvt ltd , Dr. S. Janani ,B.P.T.,FIMT.,B.Sc.,(Psy),M.Sc.,(Yoga) Proprietor Janani's Health Zone, Dr.C.J.Jayson , Mpt (cardiorespiratory), senior PHYSIOTHERAPIST, MGM Hospital, Dr. N.Nabeena ,Associate exercise expert,Freedom from diabetes ,Pune MODE: ZOOM virtual platform NO: OF PARTICIPANTS: 225 SUMMARY OF THE EVENT Faculty of Physiotherapy, Dr. M.G.R. Educational and Research Institute, Chennai in association with MGR alumni association organised MGR ALUMNI CONCLAVE 2021 (25Days-25Depts-25 Conclaves-25k Participants) in attempting the World Book of Records. In continuation with this, Faculty of Physiotherapy organized Alumini Conclave DAY 11 – 05th October 2021 @ 10.30 a.m on "Technological advancement in Physiotherapy" in Zoom . Around 200 participants attended the program. Master of ceremony was done by G.Vaishnavi, Assistant professor, Alumni coordinator Faculty of physiotherapy, Dr.G.YUVARANI, Associate Professor delivered welcome speech. Followed by

which , our Principal Prof.Dr.C.V.Senthil Nathan addressed the Forum. We express our heartfelt thanks to Prof.Dr. S.GeethaLakshmi our Vice Chancellor madam for delivering the inaugural address. Dr.K.Kamatchi, Assistant Professor who the alumini speakers . Then the session was taken over by the moderator G.Tharani ,Assistant professor. The session was made interactive and informative by the moderator and the alumni speakers Dr.S.ANAND ,Clinical manager Nsight solutions pvt ltd (1998-2004 Batch),Dr. S. Janani ,B.P.T.,FIMT.,B.Sc.,(Psy),M.Sc.,(Yoga) Proprietor Janani's Health Zone (2003-2008 Batch),Dr.C.J.Jayson , Mpt FACULTY OF PHYSIOTHERAPY (cardiorespiratory), senior PHYSIOTHERAPIST, MGM Hospital (2004 - 2010 Batch),Dr. N.Nabeena ,Associate exercise expert,Freedom from diabetes ,Pune (2013-2018 Batch). Dr.K.Kirupa Assistant Professor proposed the vote of thanks. Feedback link was posted in the chat box to the participants for receiving E-certificate.

TITLE OF THE EVENT: FACTS AND MYTHS ABOUT DIABETES DATE: 15.11.2021 MODERATOR: Prof. Dr. Jibi Paul, Faculty of Physiotherapy, Dr.MGR Educational and Research Institute, MODE: Google Meet NO: OF PARTICIPANTS: 8 SUMMARY OF THE EVENT Faculty of Physiotherapy, Dr. M.G.R. Educational and Research Institute, Chennai organized an online debate competition on "FACTS AND MYTHS ABOUT DIABETES" in view of

WORLD DIABETES day on 15.11.2021 between 2.30 - 3.30 pm by our invited competition judge Prof. Dr. Jibi Paul, Faculty of Physiotherapy, Dr.MGR Educational and Research Institute, through google meet virtual platform. Around 8 students participated in the competition. The program began with Tamil Thai Vazhthu, following which Dr. Pavithralochani V, Assistant Professor gave an welcome speech. Dr.Nandhini, Lecturer , proposed vote of thanks a Finally, the session was concluded with National Anthem. the participants received E-certificate.

TEACHER'S DAY CELEBRATION

TITLE OF THE EVENT: How to handle disabled DATE: 03.12.2021 SPEAKER: Dr. R. Raja ACIM., MPT (Ortho)., MIAP., CVA., CCAM., CLM., F.O.R., PGDYN., DVMS., M.D.(Acu)., Ph.D., DMT., DAT.,Founder and President – Royal Health Care and Charitable Trust ,Director : ROYAL MULTICARE , Mogapair, Chennai VENUE : Seminar hall 1, Faculty of Physiotherapy NO: OF PARTICIPANTS: 80 SUMMARY OF THE EVENT: Faculty of Physiotherapy, Dr. M.G.R. Educational and Research Institute, Chennai organized an Guest Lecture on "How to handle disabled" by our invited guest speaker Dr. R. Raja ACIM., MPT (Ortho)., MIAP., CVA., CCAM., CLM., F.O.R., PGDYN., DVMS., M.D.(Acu)., Ph.D., DMT., DAT.,Founder and President – Royal Health Care and Charitable Trust ,Director : ROYAL MULTICARE , Mogapair, Chennai,on 3.12.2021 between 11.00am to 12.00pm in Seminar hall 1, Faculty of Physiotherapy , Around 80 students participated. The program was hosted by Dr.R.Nithyanisha began with Tamilthai vazhthu followed by welcome speech by Dr.G.Mohankumar. Then Dr.Veena,Joint registrar and Vice Principal,Faculty of Physiotherapy, Dr MGR Educational and Research Institute gave a special address to the participants. That was followed by the introduction of the speaker by Dr.G.Yuvarani. Then the resource person started his presentation by explaining the methods to handle disabled . He also cleared the doubts in the Q and A session. Dr.R.Sathyaraj proposed the vote of thanks.

TITLE OF THE EVENT: EMPLOYMENT IN OVERSEAS FOR PHYSIOTHERAPISTS DATE: 06.12.2021 SPEAKER: Dr.S.Manikandan,MPT (SPORTS) senior physiotherapist, AWWA Ltd, AWWA School MODE: ZOOM virtual platform NO: OF PARTICIPANTS: 250 Faculty of Physiotherapy, Dr. M.G.R. Educational and Research Institute, Chennai organized "Alumini Talk Series" on “ Employment In Overseas For Physiotherapists ” By Dr.S.Manikandan,MPT (SPORTS) senior physiotherapist, AWWA Ltd ,AWWA School,on 6/12/2021 at 10.30 AM- 11.30AM in Zoom virtual platform. Around 250 participants attended the program. The program began with tamil thai vazhthu, following which Dr.K.Kirupa, Assistant Professor delivered welcome speech. Then followed by, our vice Principal Dr.V.Rajalaxmi addressed the gathering. That was followed by the Dr.Monesh, Lecturer Introduced the speaker of the day. Then the resource person started his presentation . He gave a clear explanation and experience in Employment in overseas for physiotherapist . Dr.G.Vaishnavi ,Assistant Professor proposed the vote of thanks. Then, the

session was concluded with National Anthem. Feedback link was posted in the chat box to the participants for receiving E-certificate.