Maharashtra University of Health Sciences, Nashik
Inspection Committee Report for Academic Year 2022 - 2023
Attendance Details/ Research Details/ Welfare Scheme Details

Faculty: PHYSIOTHERAPY
Name of College/Institute: DHOLE PATIL COLLEGE OF PHYSIOTHERAPY

1	Attendance	]	Month-wise Biometric attendance to be uploaded by the college on College Website (No hard copies of attendance to be submitted to the University)
	Teaching Staff		
	Non teaching staff		
	Hospital Staff		
	UG & PG Students		
2	Project		
	Research Articles/Publications	23 Twenty Three	
	Research Award (Student/Teacher)	Nil	
3	**Utilization of Student Welfare Schemes :-**		
	Earn and Learn Scheme	Yet to be applied	
	Dhanwantri Vidyadhan Scheme	Yet to be applied	
	Sanjivani Student Safety Scheme	Yet to be applied	
	Student Safety Scheme	Yet to be applied	
	Book Bank Scheme	Yet to be applied	
	Savitribai Phule Vidyadhan Scheme	Yet to be applied	
	Bahishal Shikshan Mandal Scheme	Yet to be applied	
4	**Sport participants/Other Activities:**		
	i) Information of Student(s) who participated University level & State level Avishkar Competition.	Nil	
	ii) Information of Student(s) who participated in Regional Sport Competition & State level Sports Competition.	Nil	
	iii) Information of Student(s) who participated in Cultural Activities.	Yes	
	iv) Does the college have NSS Unit?	No	
5	Whether "Swaccha Bharat Abhiyan" implemented in college	Yes	

Dhole Patil College of Physiotherapy DPES Wagholi,Pune

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Dhole Patil College of Physiotherapy

Dean/Principal Stamp & Signature

1284, Near Kharadi, EON IT Park,
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Wagholi, Pune-412207

DHOLE PATIL EDUCATION SOCIETY's
DHOLE PATIL COLLEGE OF PHYSIOTHERAPY
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1284, Near Eon IT Park Kharadi, Dhole Patil College Road, Wagholi, Pune-412207
Website:https://dpcop.inE-mail: dholepatilphysiotherapy@gmail.com, Phone:020-66059900

Physiology Department-wise Attendance

Batch:2021-2022

Sr.no	Name of The Student	Ist Quarter		IInd Quarter		IIIrd Quarter	
		Th	Pr	Th	Pr	Th	Pr
1	ANSARI MANZAR RAMZANALI	91	100	100	100	100	100
2	BANDIKOLLA NANDINI YEDUKU	100	100	100	100	100	100
3	BAVISKAR SUNISHA SUNIL	55	78	79	100	100	40
4	BHANDARI PRATHAMESH NITIN	93	100	76	100	55	100
5	BOTRE NEHA SURESH	91	67	100	100	92	80
6	CHAVAN SAYALI SATISH	98	78	100	50	94	20
7	DEOKATE KOMAL RAMESH	95	78	100	100	92	100
8	DHAPATE AISHWARYA ASHOK	73	100	89	100	96	100
9	GAIKWAD SHREYAS RAJENDRA	91	100	68	100	86	100
10	GHADGE KANCHAN VIJAY	100	100	92	100	73	100
11	GORE SHRUTI VIKAS	100	100	100	100	100	100
12	GUPTA VISHAL	100	100	92	100	88	60
13	KADAM KUNAL RAJENDRA	95	100	100	100	94	60
14	KALE KALYANI NARENDRA	86	100	92	75	90	100
15	KAMBLE SRUSHTI RAJU	86	100	100	100	100	100
16	KAMBLE SHRADDHA BHAGWAN	91	67	76	100	96	100
17	KURAPATI GIRIJA SIDRAM	98	100	92	100	88	100
18	LENDE RESHMA VITTHAL	100	100	100	100	100	100
19	LONDHE AKANSHA RUPCHAND	100	78	97	100	100	100
20	MOHITE SAMRUDDHI ISHWAR	98	78	79	75	92	100
21	NADAF MUSKAN JAFAR	95	100	95	100	90	100
22	NADGAM OMKAR	98	100	61	100	61	60
23	PARDESHI PRANJAL DINESH	95	100	97	100	86	100
24	PARHAR VAISHNAVI NAVNATH	100	100	92	100	96	100
25	PAWAR HARSHADA TANAJI	77	67	79	100	73	40

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Sr.no	Name of The Student	Ist Quarter		IInd Quarter		IIIrd Quarter		Ist Quarter	
		Th	Pr	Th	Pr	Th	Pr	Th	Pr
26	PINGLE RIYA NITIN	95	100	100	100	96	100	95	93
27	POTE DAKSHA KALIDAS	95	100	100	100	100	100	87	100
28	PUJARI ABHISHEK HANUMANTRAYA	95	78	97	100	100	100	80	67
29	RAUT SHRUTI KISAN	75	100	89	100	90	100	78	93
30	ROHIDA KANCHI VIJAY	93	100	97	100	94	60	79	100
31	SALVI SANKET SURENDRA	68	44	89	100	100	100	28	20
32	SANCHETI YASH ABHAYKUMAR	100	78	61	100	80	100	84	100
33	SAPA VAISHNAVI RAJENDRA	100	100	100	100	86	100	86	100
34	SARODE RADHIKA	100	100	100	100	96	100	80	100
35	SATAV PRAJWAL SANJAY	89	100	100	100	94	60	89	80
36	SHAH RIYA AMIT	98	100	100	100	100	100	91	93
37	SHARMA ADITI	100	100	100	100	94	100	92	100
38	SHEGURI RUTIKA ANITA	95	100	89	100	96	100	98	93
39	SHINDE GARGI SHAILESH	100	100	97	100	94	100	97	100
40	SHINDE BHAVIKA GAJANAN	100	100	100	50	100	100	91	87
41	SHIRADHONKAR ROHINI RAJABHAU	100	78	100	100	100	100	84	100
42	SOLANKE ANUSHKA BABAN	82	67	95	100	80	100	57	87
43	TAKE AKANKSHA ASHOK	91	67	82	100	76	20	47	87
44	TANDALE TEJAS NAMDEO	100	78	100	100	84	20	100	100
45	THORAT SWAPNIL SANTOSH	100	78	100	100	88	100	81	100
46	TIDKE SAKSHI	100	100	100	100	86	100	78	100
47	VIBHUTE GAYATRI BHARAT	100	100	100	100	100	100	77	93
48	WADE NIHARIKA SANJAY	73	67	68	100	47	0	61	93
49	WAGHMARE SUSHMA KISHOR	89	100	92	100	96	100	82	100
50	YADAV MRUNAL	100	100	100	100	86	100	98	100

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Electrotherapy Department-wise Attendance

Batch:2021-2022

Sr.no	Name of The Student	Ist Quarter		IInd Quarter		IIIrd Quarter	
		Th	Pr	Th	Pr	Th	Pr
1	ANSARI MANZAR RAMZANALI	84	60	75	100	83	100
2	BANDIKOLLA NANDINI YEDUKU	86	100	98	100	100	100
3	BAVISKAR SUNISHA SUNIL	56	47	55	89	70	83
4	BHANDARI PRATHAMESH NITIN	80	93	77	100	91	83
5	BOTRE NEHA SURESH	79	67	95	100	96	67
6	CHAVAN SAYALI SATISH	73	67	77	100	78	83
7	DEOKATE KOMAL RAMESH	74	67	89	89	96	83
8	DHAPATE AISHWARYA ASHOK	84	87	70	67	87	67
9	GAIKWAD SHREYAS RAJENDRA	91	93	70	78	61	83
10	GHADGE KANCHAN VIJAY	92	87	82	89	100	100
11	GORE SHRUTI VIKAS	96	100	93	100	91	100
12	GUPTA VISHAL	56	100	100	100	87	100
13	KADAM KUNAL RAJENDRA	84	100	100	100	91	100
14	KALE KALYANI NARENDRA	80	100	77	78	74	67
15	KAMBLE SRUSHTI RAJU	61	93	95	67	87	83
16	KAMBLE SHRADDHA BHAGWAN	70	100	89	67	78	50
17	KURAPATI GIRIJA SIDRAM	65	100	91	100	91	100
18	LENDE RESHMA VITTHAL	88	100	100	100	100	100
19	LONDHE AKANSHA RUPCHAND	89	100	95	67	91	100
20	MOHITE SAMRUDDHI ISHWAR	66	93	82	89	100	100
21	NADAF MUSKAN JAFAR	75	100	86	100	96	100
22	NADGAM OMKAR	65	47	55	78	52	33
23	PARDESHI PRANJAL DINESH	89	93	95	89	96	100
24	PARHAR VAISHNAVI NAVNATH	77	73	77	89	83	83
25	PAWAR HARSHADA TANAJI	23	53	82	89	70	100

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Sr.no	Name of The Student	Ist Quarter		IInd Quarter		IIIrd Quarter	
		Th	Pr	Th	Pr	Th	Pr
26	PINGLE RIYA NITIN	95	93	100	100	87	100
27	POTE DAKSHA KALIDAS	87	100	98	100	96	100
28	PUJARI ABHISHEK HANUMANTRAYA	80	67	89	100	78	83
29	RAUT SHRUTI KISAN	78	93	70	78	70	100
30	ROHIDA KANCHI VIJAY	79	100	98	100	91	100
31	SALVI SANKET SURENDRA	28	20	80	89	78	100
32	SANCHETI YASH ABHAYKUMAR	84	100	59	78	83	83
33	SAPA VAISHNAVI RAJENDRA	86	100	100	100	83	83
34	SARODE RADHIKA	80	100	91	89	83	100
35	SATAV PRAJWAL SANJAY	89	80	93	100	91	83
36	SHAH RIYA AMIT	91	93	100	100	100	100
37	SHARMA ADITI	92	100	100	100	96	100
38	SHEGURI RUTIKA ANITA	98	93	93	100	87	50
39	SHINDE GARGI SHAILESH	97	100	86	89	96	100
40	SHINDE BHAVIKA GAJANAN	91	87	89	78	96	100
41	SHIRADHONKAR ROHINI RAJABHAU	84	100	91	78	96	100
42	SOLANKE ANUSHKA BABAN	57	87	57	67	87	83
43	TAKE AKANKSHA ASHOK	47	87	89	89	57	33
44	TANDALE TEJAS NAMDEO	100	100	100	100	96	100
45	THORAT SWAPNIL SANTOSH	81	100	95	100	96	83
46	TIDKE SAKSHI	78	100	100	100	87	100
47	VIBHUTE GAYATRI BHARAT	77	93	98	100	100	100
48	WADE NIHARIKA SANJAY	61	93	55	78	48	17
49	WAGHMARE SUSHMA KISHOR	82	100	86	89	87	100
50	YADAV MRUNAL	98	100	100	100	91	100

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Kinesiotherapy Department-wise Attendance

Batch:2021-2022

Sr.no	Name of The Student	Ist Quarter		IInd Quarter		IIIrd Quarter	
		Th	Pr	Th	Pr	Th	Pr
1	ANSARI MANZAR RAMZANALI	87	89	90	83	85	89
2	BANDIKOLLA NANDINI YEDUKU	88	100	100	94	91	100
3	BAVISKAR SUNISHA SUNIL	22	61	60	67	74	81
4	BHANDARI PRATHAMESH NITIN	84	94	95	84	85	86
5	BOTRE NEHA SURESH	77	86	100	98	76	78
6	CHAVAN SAYALI SATISH	71	83	100	89	91	81
7	DEOKATE KOMAL RAMESH	70	89	100	92	94	84
8	DHAPATE AISHWARYA ASHOK	85	97	45	64	100	89
9	GAIKWAD SHREYAS RAJENDRA	93	94	70	84	68	73
10	GHADGE KANCHAN VIJAY	96	94	80	85	91	97
11	GORE SHRUTI VIKAS	89	97	100	92	94	86
12	GUPTA VISHAL	57	100	100	99	91	97
13	KADAM KUNAL RAJENDRA	87	100	100	99	85	89
14	KALE KALYANI NARENDRA	83	92	80	85	85	86
15	KAMBLE SRUSHTI RAJU	64	81	95	92	79	81
16	KAMBLE SHRADDHA BHAGWAN	70	89	75	90	82	76
17	KURAPATI GIRIJA SIDRAM	73	97	95	94	88	95
18	LENDE RESHMA VITTHAL	89	100	100	98	91	100
19	LONDHE AKANSHA RUPCHAND	86	94	90	94	82	78
20	MOHITE SAMRUDDHI ISHWAR	69	94	95	81	74	81
21	NADAF MUSKAN JAFAR	59	97	95	93	88	97
22	NADGAM OMKAR	65	64	50	55	62	57
23	PARDESHI PRANJAL DINESH	93	83	100	94	85	81
24	PARHAR VAISHNAVI NAVNATH	58	92	80	82	82	95

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Sr.no	Name of The Student	Ist Quarter		IInd Quarter		IIIrd Quarter	
		Th	Pr	Th	Th	Pr	Th
25	PAWAR HARSHADA TANAJI	26	36	85	77	65	54
26	PINGLE RIYA NITIN	97	86	100	99	91	97
27	POTE DAKSHA KALIDAS	88	94	90	93	88	92
28	PUJARI ABHISHEK HANUMANTRAYA	73	89	95	90	88	78
29	RAUT SHRUTI KISAN	77	100	50	82	74	62
30	ROHIDA KANCHI VIJAY	78	97	85	97	88	97
31	SALVI SANKET SURENDRA	23	58	85	94	85	92
32	SANCHETI YASH ABHAYKUMAR	84	92	95	63	85	89
33	SAPA VAISHNAVI RAJENDRA	88	97	100	100	79	70
34	SARODE RADHIKA	79	100	95	88	94	86
35	SATAV PRAJWAL SANJAY	91	89	100	95	91	84
36	SHAH RIYA AMIT	69	100	100	98	85	97
37	SHARMA ADITI	95	97	100	100	94	86
38	SHEGURI RUTIKA ANITA	100	97	85	101	88	78
39	SHINDE GARGI SHAILESH	98	100	85	95	97	89
40	SHINDE BHAVIKA GAJANAN	83	100	100	100	94	89
41	SHIRADHONKAR ROHINI RAJABHAU	83	100	90	93	94	86
42	SOLANKE ANUSHKA BABAN	58	92	65	67	91	95
43	TAKE AKANKSHA ASHOK	45	72	100	92	91	81
44	TANDALE TEJAS NAMDEO	99	100	100	96	91	100
45	THORAT SWAPNIL SANTOSH	52	100	100	95	32	43
46	TIDKE SAKSHI	81	100	95	100	88	89
47	VIBHUTE GAYATRI BHARAT	75	97	95	96	88	84
48	WADE NIHARIKA SANJAY	48	69	90	52	62	70
49	WAGHMARE SUSHMA KISHOR	86	94	75	81	94	100
50	YADAV MRUNAL	100	97	100	99	74	76

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Anatomy Department-wise Attendance

Batch:2021-2022

Sr.no	Name of The Student	Ist Quarter		IInd Quarter		IIIrd Quarter	
		Th	Pr	Th	Pr	Th	Pr
1	ANSARI MANZAR RAMZANALI	91	100	95	100	100	100
2	BANDIKOLLA NANDINI YEDUKU	100	100	98	100	67	100
3	BAVISKAR SUNISHA SUNIL	55	100	70	100	33	100
4	BHANDARI PRATHAMESH NITIN	93	100	65	100	100	100
5	BOTRE NEHA SURESH	91	100	100	100	100	100
6	CHAVAN SAYALI SATISH	98	100	93	100	67	100
7	DEOKATE KOMAL RAMESH	95	100	93	100	33	100
8	DHAPATE AISHWARYA ASHOK	73	100	86	100	33	100
9	GAIKWAD SHREYAS RAJENDRA	91	100	60	100	83	100
10	GHADGE KANCHAN VIJAY	100	100	83	100	83	100
11	GORE SHRUTI VIKAS	100	100	93	100	100	100
12	GUPTA VISHAL	100	100	95	100	83	100
13	KADAM KUNAL RAJENDRA	95	100	98	100	67	100
14	KALE KALYANI NARENDRA	86	100	82	100	100	100
15	KAMBLE SRUSHTI RAJU	86	100	98	100	67	100
16	KAMBLE SHRADDHA BHAGWAN	91	100	71	100	100	100
17	KURAPATI GIRIJA SIDRAM	98	100	87	100	100	100
18	LENDE RESHMA VITTHAL	100	100	100	100	100	100
19	LONDHE AKANSHA RUPCHAND	100	100	95	100	50	100
20	MOHITE SAMRUDDHI ISHWAR	98	100	82	100	83	100
21	NADAF MUSKAN JAFAR	95	100	88	100	33	100
22	NADGAM OMKAR	98	100	52	100	67	100
23	PARDESHI PRANJAL DINESH	95	100	88	100	83	100
24	PARHAR VAISHNAVI NAVNATH	100	100	78	100	50	100
25	PAWAR HARSHADA TANAJI	77	100	70	100	83	100

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Sr.no	Name of The Student	Ist Quarter		IInd Quarter		IIIrd Quarter	
		Th	Pr	Th	Pr	Th	Pr
26	PINGLE RIYA NITIN	95	100	90	100	67	100
27	POTE DAKSHA KALIDAS	95	100	95	100	100	100
28	PUJARI ABHISHEK HANUMANTRAYA	95	100	95	100	83	100
29	RAUT SHRUTI KISAN	75	100	80	100	100	100
30	ROHIDA KANCHI VIJAY	93	100	86	100	100	100
31	SALVI SANKET SURENDRA	68	100	93	100	67	100
32	SANCHETI YASH ABHAYKUMAR	100	100	66	100	100	100
33	SAPA VAISHNAVI RAJENDRA	100	100	98	100	50	100
34	SARODE RADHIKA	100	100	77	100	100	100
35	SATAV PRAJWAL SANJAY	89	100	95	100	100	100
36	SHAH RIYA AMIT	98	100	100	100	100	100
37	SHARMA ADITI	100	100	100	100	33	100
38	SHEGURI RUTIKA ANITA	95	100	95	100	100	100
39	SHINDE GARGI SHAILESH	100	100	98	100	100	100
40	SHINDE BHAVIKA GAJANAN	100	100	98	100	67	100
41	SHIRADHONKAR ROHINI RAJABHAU	100	100	88	100	83	100
42	SOLANKE ANUSHKA BABAN	82	100	82	100	50	100
43	TAKE AKANKSHA ASHOK	91	100	88	100	67	100
44	TANDALE TEJAS NAMDEO	100	100	100	100	17	100
45	THORAT SWAPNIL SANTOSH	100	100	100	100	100	100
46	TIDKE SAKSHI	100	100	100	100	100	100
47	VIBHUTE GAYATRI BHARAT	100	100	95	100	67	100
48	WADE NIHARIKA SANJAY	73	100	34	100	100	100
49	WAGHMARE SUSHMA KISHOR	89	100	83	100	100	100
50	YADAV MRUNAL	100	100	100	100	100	100

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Research Article

Assessing hand grip strength and screening of performance related upper limb injuries experienced by Indian musicians

Ajay Malshikare[1*], Tushar Palekar[2], Parag Narayankar[3]

[1]MPT, [2]Professor and Principal, [3]B.P.Th., Padmashree. Dr. D. Y. Patil College of Physiotherapy, Pimpri, Pune, 411018, Maharashtra, INDIA.
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Abstract

The objective of this study were to assess Hand Grip Strength and screen for performance related upper limb injuries experienced by Guitar, Sitar, Keyboard, Harmonium, and Tabla players.100 Musicians from age group of 20-60 years participated in this survey. Every musician was given a questionnaire to fill as per their experience about performance related symptoms and problem faced in past or present in upper limb. After this, Hand grip strength (B/L) was measured in sitting position with elbow flexed in 90^0, shoulder adducted, forearm in mid prone position with wrist in neutral position and cuff of Modified Mercurial type Adult Sphygmomanometer inflated to 20 mmHg. Every participant musician was told to press the cuff as hard as possible for 3 times. Rest period of 5 minutes was given in-between every trail. The Mean score among 3 trails was recorded. The result showed, 66 Musicians out of 100 were having performance related symptom or problem experienced in upper limb. The information about musician`s hand grip strength, showed significant difference between the dominant and non-dominant hand grip strength ($p = 0.034$). Musicians participated in survey experienced symptoms like significant pain in musculoskeletal system, abnormal sensations in finger tips, weakness in muscles and loss of sensation in fingers. Assessment of grip strength is an essential evaluation method and it's useful to keep normative data of hand grip strength for musicians and also for physiotherapist.

Keywords: Modified Mercurial type Adult Sphygmomanometer, Hand grip strength, Significant pain.

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INTRODUCTION

Many aspiring peoples of any age are interested in playing any musical instrument, but they don`t know a silent side of various performance related upper limb injury which comes as the side effect of their passion. To play any musical instrument good muscle memory is required. Muscle memory is best achieved by consistent repetition of the intended task, by asking the muscles to perform. Hand is the most important and key body part involved to create sound from any musical instrument. Thus upper limb is more exposed to injuries due to over practice or because of performing professionally for many years and for much of the time. These injuries result when a biological tissue (e.g., muscle, bone, tendon, ligament) is stressed beyond its physiological limit. Also included under the umbrella of overuse injuries are specific diagnoses such as lateral epicondylitis, De Quervain's syndrome or tenosynovitis, carpal tunnel syndrome, thoracic outlet syndrome (TOS), focal hand dystonia, neuritis, and bursitis.[1] Musician's hands are vital to their musical performance. Musicians often have to perform to the limit of their abilities physically, emotionally, and spiritually. They utilize rapid, complex, coordinated movements. Sometimes they are required to play in less than ideal environments and usually they do not have a medical team to support them in the way sports medicine supports athletes.[2] Musician is assessed on and off their instrument and, once a diagnosis has been made, a short and long-term treatment plan can be established. The focus of performing arts medicine is to prevent injury.

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Comparative Study of Conventional Tens Versus Phonophoresis Along With Exercises in Lateral Epicondylitis

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ABSTRACT:

The estimated annual incidence in the general population is 1-3% among them most patients are between the ages 30 and 55 years. In clinical practice the condition is found more often in non-athelets than atheletes; probably less than 5% of patients with epicondylitis are golf or tennis players.There is scant data available regarding the relative efficacy of TENS, Phonophoresis and Exercises in the management of Lateral Epicondylitis. So this study was design to compare the effectiveness of TENS versus Phonophoresis along with Exercises in Lateral Epicondylitis.60 subjects were selected according to inclusion criteria and VAS, ROM and Grip Strength were measured on Day1 pre-treatment, Day6 and Day12 post-treatment. Patients were divided randomly into two groups by simple random sampling. Group A received Phonophoresis and exercises & Group B received Conventional TENS and exercises. Exercises included static stretching and eccentric strengthening. Each group was treated 6days a week for 2weeks.Results of this study showed significant improvement in Group A when compared to Group B with significant p value<0.0001

Keywords: *Lateral epicondylitis, Phonophoresis, Conventional TENS, Grip Strength.*

INTRODUCTION:

Lateral epicondylitis, also known as tennis elbow, is a condition in which the outer part of the elbow that attaches the Extensor Carpi Radialis Brevis (ECRB) sore and tender[1].In addition, the anterior edge of the origin of the Extensor Digitorum Communis is involved in 30% of cases and rarely, the underside of the Extensor Carpi Radialis Longus or the origin of the Extensor carpi ulnaris is involved. Dr R. Nirschl and Pettrone was the first to describe this condition as a degenerative more than inflammatory process involving primarily the Extensor Carpi Radialis Brevis. Cyriax stated that the Extensor Carpi Radialis Brevis is involved at the tenoperiosteal insertion at the humeral lateral epicondyle at the body of the tendon or at the muscle belly[2].

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A Study on Hand Arm Vibration Syndrome in Body Shop Workers in Pune Area

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ABSTRACT

Background: Vibration is defined as oscillatory motion. Oscillatory movements involves velocity in the opposite direction alternate velocity in one direction and then a velocity in the opposite direction. This change of velocity means that the object is constantly accelerating, first in one direction and then in the opposite direction.The oscillatory motion from a source, e.g., a vehicle or a tool, may be simple harmonic sine wave or a multiple wave complex differing in frequency and acceleration; or a random non-repeating series of complex waves. The human response of vibration depend on the part of the body that is exposed. There are two broad types of vibrations that workers are exposed to i.e vibration transmitted to the whole body (whole-body vibration or WBV) through a supporting surface, for example, the feet of a standing person or the buttocks of a seated person and vibration applied to a part of the body, i.e. segmental vibration. vibration is applied to the hand, it is called as 'hand-arm vibration' or HAV.

Objective: To find out the effect of HAVS on hand of car mechanics using vibration machines. To find how many car mechanics are affected with HAVS .

Materials And Methods: Age group:20-40. Only males Work experience of more than 1 years.. Workers using hand arm vibratory tools . Working hours: 8hours per day with 2hrs minimum of vibration exposure.Questionnaire, Jamar., Aesthesiometer were used. Visual analogue scale, Stockholm scale, Quick DASH and Patient Specific Functional Scale. Two point discrimination,. Superficial and deep sensations, Grip strength were assessed.

Result: , out of 217 subjects 142 subjects had no discomfort and were working healthily. on the other side 50 subjects had pain in hand while working, 22 subjects suffered from tingling during work and only 3 subjects showed symptom of numbness during work.. 156 doesn't have pain on activity and 181 doesn't have pain on rest. no significant difference is seen in grip strength when compared right and left.. on dash scale 167 subjects had no difficulty , 28 subjects had mild , 3 subjects had moderate and 3 were unable to perform any activity.

Conclusion: The study concludes that there is very less prevalence of hand arm vibration syndrome in body shop workers using hand arm vibratory machines in pune area.

Keywords: Havs, Body Shop Wokers.

I. INTRODUCTION

Vibration is defined as oscillatory motion. Oscillatory displacement involves alternate velocity in one direction and then a velocity in the opposite direction. This change of velocity means that the object is constantly accelerating, first in one direction and then in the opposite direction.[1] The oscillatory motion from a source, e.g., a vehicle or a tool, may be simple harmonic sine wave or a multiple wave complex differing in frequency and acceleration; or a random non-repeating series of complex waves.[2]

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To Check 10% Rule of Dominance in Hand Grip Strength of Physiotherapy Students

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ABSTRACT

The objective of this study was to check whether the dominant hand has 10% more grip strength than the non-dominant hand and provide normative data of hand grip strength in physiotherapy students. 100 students between 18-25 years participated in this survey. After obtaining written consent from the students they were asked to sit on the chair with straight back, with armrest with the feet flat on the floor, shoulder adducted and neutrally rotated, elbow flexed at 90°, forearm resting on the arm rest in mid prone position and wrist without support between 0° – 10° of ulnar deviation. Then the handle of dynamometer was set at setting of 3.8 cm apart and kept constant for all. Subjects were asked to hold the dynamometer first in the dominant hand in above said position and were instructed to squeeze for 3 seconds or less to initiate the optimal handgrip strength. Three attempts for each subject were conducted, alternating right and left hands with 30 seconds rest between two attempts to overcome the fatigue.100 students (72 females & 28 males) were provided with their normative data of hand grip strength. We concluded after obtaining results that there is an overall 9.10**%** difference between the dominant and the non-dominant hand which is approximately 10%. Thus our study supports the 10% rule of hand dominance of physiotherapy students.

Keywords: *10% rule of hand dominance, Physiotherapy students, Jamar dynamometer*

INTRODUCTION

Human beings have been unable to construct a machine which can be more perfectly balance and coordinated than human hand. The hand is a complex, multiple organ. The hand is irreplaceable when it comes to performing any kind of movement, may it be gross or skilled. Human hand is a complex instrument that has many aims. Only the hand is capable of making distinctions about external characteristics because it combines strength and accuracy. The hand has a central role in many activities of daily life like eating, writing, typing etc. the list is endless. Loss of optimal hand function does not merely hamper practical tasks such as personal hygiene it affects other areas of life.[1]

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Figure 1

Many daily activities involve interaction with objects that are grasped in the hand. The manipulative ability of the human hand requires effective force and dexterity.[2]

Metacarpo Phalangeal flexors, abductors and adductors i.e. introssei helps in strong grip as same as

Effect of Passive Stretching v/s Myofascial Release in Improving Piriformis Flexibility in Females – A Comparative Study

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Abstract

Study Design: Comparative Study Design.

Background: Piriformis, a key internal rotator of the hip which develops muscular imbalance due to overuse and pressure. The eccentric contraction lead to loading of the piriformis muscle when the hip is excessively abducted and internally rotated causing over lengthening and compression on the muscle, which in turn causes several disabling conditions like low back pain, sciatica and much more.

Objective: Hence, the present study was conducted to see the prevalence of Piriformis tightness in young adult females, to compare the effects between two definitive forms of treatments which are passive stretching (STR) and myofascial release (MFR) on improving the flexibility of Piriformis muscles.

Procedure: In this study, 30 individuals were assessed for tightness and then recruited on the basis of inclusion and exclusion criteria. Individuals were sorted into two groups A and B. Pre and post assessment was taken by Range of Motion.

Result: Significant improvement in flexibility of Piriformis muscle was found post intervention compared to pre-intervention in both the groups ($p<0.001$). However greater improvement in flexibility was seen in group B (Myofascial Therapy) when compared to group A (passive stretching).

Conclusion: The effect of Myofascial release on piriformis flexibility is a more effective than passive stretching.

Keywords: *Flexibility, Internal Rotator, Myofascial Release (MFR), Piriformis, Passive Stretching (STR), Range of Motion (ROM).*

Introduction

Piriformis muscle is flat muscle which lies below and parallel to the posterior border of the gluteus medius. The muscle originates of the from the pelvic surface of the middle three pieces of the sacrum, by three digitations and upper margins of the greater sciatic notch and insertion of the rounded tendon occurs at the apex of the greater trochanter of the femur.[1] It acts as external rotator of the hip below 60 degrees and internal rotator above 60 degrees, thus making it a key internal rotator of the hip joint.[2]

Piriformis muscle tightness is often confused with Piriformis Syndrome which is defined as neuritis of sciatic never caused by an injured or irritated piriformis muscle[3] whereas tightness is simply the shortening of the length of the muscle due to sedentary lifestyle. There are various disabling conditions caused due to a simple tightness of Piriformis muscle like low back pain, sciatic nerve pain through muscle hypertrophy or a nearby anomaly due to its anatomically closeness to the sciatic nerve, pain and allesthesia in hip, thigh, calf and foot are symptoms that commonly occur in Piriformis

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Original Research Article

Comparison of Yoga versus Swiss Ball Activity Training in Peri Menopausal Females with Low Back Ache

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ABSTRACT

Purpose- Low back ache has found to be the most common and highly susceptible condition; prevalence is higher in females than males. As estrogen level tends to drop down with age rendering the bones to become more osteoporotic. Measures must be taken to improve the quality of life after menopause to avoid risk for further complication of ageing by the most beneficial treatment. Yoga helps more in improving the flexibility of the muscles whereas exercising on Swiss ball provides dynamic and immediate activation and strengthening of muscles. The study can give us the knowledge of which of the treatment is more beneficial and effective. This study can help us design a standard treatment protocol with the above techniques for low back ache females transiting towards menopause. Subjects were randomly allotted into two groups of 15 each. One group underwent yoga training whereas the other group underwent Swiss ball training exercises. Pre and post outcome measured was administered -NPRS, MENQOL questionnaire and lumbar range of motion.

Results: Significant improvement in pain relief and physical component of MENQOL scale was seen in the Swiss ball activity group compared with the group who underwent yoga training. Whereas increase of lumbar ranges of motion was seen in yoga group.

Conclusion: The result of this study showed that Swiss ball training holds the advantage of reducing pain in peri menopausal women with improvement in the physical component of MENQOL scale as well. Whereas, when it comes to improving lumbar range of motion, yoga outperformed owing to its own nature of performance.

Keywords: Menopause, Surya Namaskar, Swiss ball, low back ache.

INTRODUCTION

Low back pain is the most common and important clinical, social, economic, and public health problem affecting the population indiscriminately across the world. Low back pain is known to be one of multi-factorial causes, employment and workplace factors, both physical and psychological, such as heavy lifting, pushing, pulling, vehicle driving, and prolonged walking or standing. These were also found to be predictors of low back pain and there are similar associations with stressful and monotonous work and dissatisfaction with work. This condition has been reported consistently in a higher proportion of females than males. The overall prevalence of low back pain is higher in women than in men. That post-menopausal woman has higher incidence of

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Correlation Between Hand Grip Strength and Scapular Muscle Strength of Affected Upper Extremity in Female Breast Cancer Survivors Post Modified Radical Mastectomy

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ABSTRACT

Background: Proximal joint stability is required to perform distal movements. Good grip strength might require adequate shoulder stability which will be dependent upon its musculature.
Purpose: To find the relation of hand grip strength with scapular muscle strength in breast cancer survivors post modified radical mastectomy (MRM).
Methodology: An observational cross sectional study was conducted in a tertiary care hospital. A total of 33 breast cancer survivors who underwent MRM before 6 months or more were included. Their affected side hand grip strength along with serratus anterior muscle strength and strength of upper, middle and lower fibers of trapezius was measured using hand held dynamometer.
Results: Karl Pearson's correlation coefficient was used to find the correlation between hand grip strength and scapular muscle strength. Strong positive correlation was found between hand grip strength and serratus anterior muscle ($r = 0.848$) as well as lower trapezius ($r = 0.868$) strength. Whereas moderate positive correlation was found between hand grip strength and upper trapezius ($r = 0.665$) as well as middle trapezius ($r = 0.444$) muscle strength which was statistically significant ($p<0.05$).
Conclusion: Hand grip strength was significantly correlated with the scapular muscle strength in breast cancer survivors post MRM.

Keywords: Breast cancer survivors, hand grip strength, hand held dynamometer, Modified Radical Mastectomy, Scapular muscle.

INTRODUCTION

Cancer describes the abnormal growth of cells that results in a large mass known as a tumour. Worldwide, Breast Cancer (BC) is the most common cancer in women, other than non melanoma skin cancer. Over 100,000 new breast cancer subjects are estimated to be diagnosed annually in India.[1] Over the last 10 years or so, breast cancer has been rising steadily.

Most women with early-stage breast cancer have 3 surgical options: (1) breast-conserving therapy (BCT), (2) mastectomy, or (3) mastectomy with breast reconstruction (immediate or delayed).[1]

There are no survival differences between BCT followed by radiation therapy or mastectomy alone. However, the number of women electing mastectomy is increasing with an estimated 39% mastectomy rate in women with early stage breast cancer [2,3,4].

Mastectomy is a surgery to remove one or both breasts; there are many types of mastectomy, such as simple mastectomy, subcutaneous mastectomy, skin-sparing mastectomy, nipple-sparing mastectomy,

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Correlation between Shoulder Range of Motion, Upper Extremity Disability and Quality of Life in Female Breast Cancer Survivors Post Modified Radical Mastectomy: A Pilot Study

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ABSTRACT

Background: Many complications may occur after modified radical mastectomy (MRM) such as restricted shoulder mobility, wound infection, seroma formation, pain and lymph edema.
Purpose: To find the correlation between shoulder flexion and abduction range of motion (ROM) with upper extremity disability and quality of life in female post MRM.
Methodology: A cross section observation study was conducted in a tertiary care hospital. A total of 20 breast cancer survivors who underwent MRM before 6 months or more were included. Their affected side shoulder flexion and abduction ROM was measured using universal goniometer, upper extremity disability was assessed using Upper Extremity Functional Index (UEFI) and Quality of Life was assessed using WHOQoL-BREF questionnaire.
Results: Karl Pearson's correlation coefficient was used to find the correlation. Strong positive correlation was found between shoulder flexion ROM and UEFI score, physical, psychological and environmental domains, whereas moderate positive correlation was found between shoulder flexion ROM and overall QoL, these were statistically significant ($p<0.001$). But there was weak positive correlation found between shoulder flexion ROM and social domain of WHOQoL-BREF which was statistically not significant ($p>0.001$). Further strong positive correlation was found between shoulder abduction ROM and UEFI score, overall QoL, physical and psychological domain and moderate positive correlation was found between shoulder abduction ROM and environmental domain whereas again weak positive correlation found with social domain which was statistically not significant ($p>0.001$).
Conclusion: Decreased shoulder ROM can increase upper extremity disability and affect overall QoL in breast cancer survivors post MRM.

Key words: Breast cancer survivors, Modified Radical Mastectomy, Quality of Life, Shoulder ROM, Upper extremity disability.

INTRODUCTION

According to World Health Organization "Cancer is a group of diseases involving abnormal cell growth with the potential to invade or spread to other parts of the body." Worldwide, Breast Cancer (BC) is the most common cancer in women, other than non melanoma skin cancer.[1,2] Asia has 44% of world's BC deaths with 39% of overall new BC cases diagnosed.[3]

The primary treatment for BC may include Breast conserving treatment (BCT), Mastectomy, Radiation therapy, Induction chemotherapy, adjuvant chemotherapy, hormonal therapy and targeted therapy.[4] Through the years, the management of BC

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Original Article Open Access

Effect of Mobilization/Manipulation Directed At Cervical Spine & Thoracic Spine in Patients with Mechanical Neck Pain

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Abstract: *Mechanical neck pain is a major health problem in modern society. Intervertebral joint dysfunctions are defined as a reduction of mobility of cervical segment and if identified on clinical examination, is often the focus of treatment of mobilization/ manipulation. The purpose of this study is to compare the effects of conventional treatment alone with added effect of cervical mobilization/ manipulation with conventional treatment and cervical and thoracic spine mobilization /manipulation in patients with mechanical neck pain. Methods: 60 participants of mechanical neck pain were selected by purposive sampling method and randomly allocated to three groups, 6 treatment sessions over a period of 2 weeks were given. The Numerical Pain Rating Scale and the Neck Disability Index score was considered in pre and post assessment Statistical comparison amongst the groups was made using the one way ANOVA & POST Hoc analysis. Result: The present experiments indicate that both mobilization/ manipulation were equally effective as compared to conventional treatment.*

Background: Neck pain is a major health problem in modern society [1]. One of the most common causes of neck pain is related to mechanical dysfunction of the cervical spine [2]. Intervertebral joint dysfunctions are defined as a reduction of mobility of cervical segment [3] and if identified on clinical examination, is often the focus of treatment of mobilization /manipulation [4].

Normal functioning of the cervical spine depends on normal biomechanics of the upper thoracic spine. If there is any functional disturbance in the upper thoracic spine, the capacity of the muscles decreases and the range of motion of the cervical spine is impaired[5].

While several randomized clinical trials have examined the effectiveness of thoracic spine thrust manipulation (TSM) for patients with neck pain, patients in these studies also received cervical manipulation [6, 7, 8]. Due to the biomechanical relationship between the cervical and thoracic spine perhaps disturbance in joint mobility in the thoracic spine, serve as an underlying contributor to the development of neck disorders [9].

Hence the purpose of this study is to compare the effects of conventional treatment alone with added effect of cervical mobilization/ manipulation with conventional treatment and cervical and thoracic spine mobilization/manipulation in patients with mechanical neck pain.

Aim: To compare the effects of conventional treatment with mobilization/ manipulation directed at cervical & thoracic spine in patients with mechanical neck pain

Methods/Design: The study has received ethical approval from the Ethics Committee. Enrollment and eligibility criteria: An experimental trial done on group of 60 participants of mechanical neck pain who were selected by purposive sampling technique from physiotherapy opd with inclusion criteria as- presence of acute or sub acute neck pain; aged 20-40 years; Baseline Neck Disability index score of 10% or greater; no previous manual therapy applied to the thoracic spine; and interested in participating in the study. Disc prolapsed, spinal stenosis, history of severe trauma; spasmodic torticollis; frequent migraine headaches; osteoporosis; and previous cervicothoracic surgery were excluded from the study.

60 participants of mechanical neck pain randomly divided into three groups.

Group A: - includes 20 participants who had received conventional treatment.

Group B: - includes 20 participants who had received conventional treatment with cervical mobilization/manipulation

Group C: - includes 20 participants who had received conventional treatment with cervical & thoracic mobilization/manipulation.

At baseline the participant fill out the Numerical Pain Rating Scale[14] and the Neck Disability Index (NDI) [15]. There were 6 treatment sessions over a period of 2 weeks for each group.

- **Conventional exercise program** consist of following exercises.
  - Hot packs
  - Isometric neck exercises (10 REP X 5 times)
  - Stretching to trapezius & pectorals(10 REP X 5 times)
  - Active neck exercises(10 REP X 5 times)
  - Upper back extension exercises(10 REP X 5 times)

  The number of repetitions and amount of resistance were started on a pain free level and were increased throughout the treatment period. These exercises were intended to reduce pain and discomfort, to improve cervical mobility and to promote relaxation through active movements. Ergonomic advice was also given.
- **Starting position for cervical and thoracic manipulations:-**

Impact of Menopausal Symptoms on Quality of Life in Indian Women

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Abstract

Menopause is a normal physiologic process, defined as the permanent cessation of menses for 12 months or more due to cessation of ovarian hormone production. The age at natural menopause is between 45 years and 50 years. Early menopause is defined as menopause occurring before the age of 45 years, while premature menopause occurs before the age of 40 years. Around 20% of the patients suffer from severe menopausal symptoms, 60% suffer from mild symptoms and 20% may have no symptoms at all. Health workers are searching for different ways to manage menopause to minimize discomfort and inconvenience during menopausal transition, so as to improve the quality of life of these women. The aim of the study was to study the impact of menopausal symptoms on quality of life using MRS scale, HFRDIS scale, WHO-BRFE scale. In Western India very few studies have been done on menopause and no published literature has been found among these females. Thus, the present study focuses on the various climacteric symptoms on quality of life using the Greene climacteric scale and Menopause Specific Quality Of Life Scale among females of Pune Maharashtra.

Keywords: *MRS scale, HFRDIS scale, WHO-BRFE scale, Menopause, Premenopausal, perimenopausal.*

Introduction

Etymologically, the origin of the word menopause lies in the Greek words, "meno" (menses, month) and "pause" (stop, cease)[1]

Menopause is a normal physiologic process, defined as the permanent cessation of menses for 12 months or more due to cessation of ovarian hormone production. According to the World Health Organization (WHO) classification, premenopausal women are those who have experienced regular menstrual bleeding within the last 12 months, perimenopausal women are defined as those women who have experienced irregular menses within the last 12 months or the absence of menstrual bleeding for more than 3 months but less than 12 months, and postmenopausal women are those who have not experienced menstrual bleeding for 12 months or more. The age at natural menopause is between 45 years and 50 years. Early menopause is defined as menopause occurring before the age of 45 years, while premature menopause occurs before the age of 40 years[2]

Menopause is a critical period in a woman's life that not only marks the end of reproductive ability but is also associated with multiple physical, vasomotor, psychological, and sexual complaints [3]

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A Comparative Study of Incidence of Musculoskeletal Injuries in Amateur and Professional Boxers

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Abstract

Boxing is the physical skill of fighting with fists.Boxing involves fusion of coordinated fast paced movements of hands and feet, dodging skill, muscular strength and high aerobic capacity. Boxing is similar to other physical activities in that there is a presumed risk of injury through participation. Previous literature suggests that 27.1-93.4 % of injuries involve the head in which most injuries are minor, with lacerations and contusions being most common.In the opinion of the authors that head and hand/wrist related injuries should be considered an inherent risk to boxing, caused by impact and equipment related factors. Thus, the present study focuses on injuries in boxers during training sessions.

Keywords: *Boxers, Amature, Professional, Injuries.*

Introduction

Boxing is the physical skill of fighting with fists. It is believed to have originated as a sport around 800BC[3], with the first historical reference being an account from the 23rd Ancient Olympic Games in 688BC[5]. The modern day sport has developed from rules and standards established since this time. Boxing involves fusion of co-ordinated fast paced movements of hands and feet, dodging skill, muscular strength and high aerobic capacity.

Boxing has two participation forms: Professional & Amateur. Each has its own rules, and analysis of the injuries in each is important, as different injury patterns may exist[1] For both forms of boxing, a win is achieved by scoring more points than an opponent by delivering more blows to the designated scoring regions of the body (trunk and head), or by an opponent being unable to complete a bout[7]. Boxing is similar to other physical activities in that there is a presumed risk of injury through participation.

Previous literature suggests that 27.1-93.4 % of injuries involve the head in which most injuries are minor, with lacerations and contusions being most common. There is paucity of literature about risk factors associated with the development of injuries in either professional or amateur boxers. Scientific data is limited due the fact that most studies have used retired participants rather than currently participating boxers as well as amateur competitors.

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Original Research Article

Effect of Steam Inhalation Versus Combination of Steam Inhalation and Various Yoga Postures on Chronic Sinusitis Patients: An Interventional Study

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ABSTRACT

Aim: The aim of this paper is to study the effect of steam inhalation versus the combination of steam inhalation and various yoga postures on chronic sinusitis patients. The need of the interventional study is to find out the efficacy of steam inhalation alone and steam inhalation with yoga posture effectiveness in chronic sinusitis individuals. Yoga posture given in this study is anatomically significant in quadruped position. This study also investigates the productiveness of steam inhalation when given in quadruped position.

Hypothesis: ***Null Hypothesis***- There is no difference between the effect of steam inhalation alone and steam along with yoga postures on patients with chronic sinusitis.

Alternate Hypothesis: There is a difference between the effect of steam inhalation alone and steam along with yoga postures on patients with chronic sinusitis.

The **Objective** of this study are as follows:

1. To clinically diagnose the patient with chronic sinusitis according to the Rhino sinusitis task force and to evaluate and find the severity of the same; comparing the effects of chronic sinusitis using SNOT20.
2. To treat the patients in Group I with steam inhalation and group 2 with yoga postures alone for 6 weeks.
3. To compare the effects between steam inhalation with different yoga postures and steam inhalation alone according to SNOT 20 in 6 weeks intervention period.

Conclusion: In Conclusion, it was found that steam inhalation alone and steam inhalation with yoga postures are equally effective in chronic sinusitis patients; there is no statistical difference between these 2 groups.

Keywords: Steam inhalation, combination of steam inhalation and yoga postures, chronic sinusitis

INTRODUCTION

Chronic sinusitis is an inflammatory process involving the mucosa of the nose and one or more sinuses, it is multifactorial. The prevalence of allergic rhinitis is around 30% in adults and 45% in children[1,2]. In India, studies estimated that more than 120 million Indians suffer from at least one episode of acute sinusitis every year.

Sinuses grow during childhood and early adult life. Radiologically maxillary sinuses can be identified at 4-5 months, ethmoid at 1 year, frontals at 6 years and sphenoid at 4 years[8]. The pathophysiology of acute infection destroys normal ciliated epithelium impairing drainage from the sinus. Pooling and stagnation of secretions within the sinus invites infection; it becomes

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Original Research Article

Effectiveness of Foam Rolling Versus Static Stretching on Pain, Hip Adduction ROM in ITB Tightness in Athletes

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ABSTRACT

Background: Foam rolling is a relatively new technique in improving ranges and reduction in pain so its effectiveness has to be studied.
Study Design: 1week interventional comparison study
Objectives: To assess & compare the pre and post interventional results of a 1week Static Stretching programme in one group versus Foam Rolling programme in other group on ITB tightness in athletes.
Methods: Forty male subjects were enrolled in study out of which forty male subjects (age group 19-25 years) having ITB tightness defined by active hip adduction test, nobles test and Ober's test were included and randomly assigned to foam rolling and static stretching groups (20each). Active hip adduction, VAS values measurements pre, mid and post-intervention were taken. Foam rolling: Subject did continuous rolling of ITB on the foam roller, from the ischial tuberosity to the lateral knee for 1minute.
Static stretches: For the static stretch the subjects placed their leg behind normal leg with their knee extended and their ankle neutral in standing posture. Subjects were then instructed to lean sideways from the hip, with their spine in neutral until a stretch was felt in the lateral thigh in ROM which were highly significant on analysis
Results: Unpaired t-test for comparison of one week findings of both static stretching and foam rolling group showed significant changes with p=0.00, there is significant variation in mean observed for static stretching and foam rolling
Conclusion: This study revealed that both foam rolling and Static stretching were effective techniques for increasing hip adduction ROM and reducing pain showing improvement but Foam rolling produced more significant results as compared to static stretching group over a week intervention plan

Keywords: Myofascial release; active hip adduction; autogenic inhibition; Foam Rolling; Static Stretching

INTRODUCTION

Iliotibial Band (ITB) is one of the most common overuse muscles among runners. ITB arises from the proximal end from the tendon of tensor fascia lata and gluteus muscle and travels along the lateral side of thigh and crosses the knee joint, inserting on the lateral condyle of tibia. The action of ITB is to extend, abduct and laterally the hip and stabilize knee while running. ITB tightness does not only involve pain but also reduces performance in many other athletes.

Tightness results in increase in tension from active and passive mechanism. Actively muscle can become shorter due to spasm or any contraction, passively muscle

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"ADDED EFFECTS OF PROPRIOCEPTIVE TRAINING ON DYNAMIC POSTURAL STABILITY IN MALE KHO-KHO PLAYERS (AMATEURS) USING STAR EXCURSION BALANCE TEST"

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ABSTRACT

Background: Kho-Kho is a traditional, active Indian team sport which is heavily based on athletic training requiring optimum use of all the sensorimotor skills in their possession like agility, speed, postural stability, strength, quick reaction time, proper peripheral vision, endurance and neuromuscular coordination. Proprioception is defined as awareness of posture, movement, position and changes in equilibrium, tension, and resistance and is relayed by the proprioceptors. Dynamic postural stability plays the most important role in the player's performance and is affected by the accurate functioning of Proprioceptors.
Inaccurate proprioception functioning leads to reduction in dynamic postural stability and increases the risk of injuries in the players. Proper assessment of the dynamic postural stability in Kho-Kho players is a necessity for prevention of injuries.

Aim: The aim of the study is to see the added effects of Proprioceptive Training on Dynamic Postural Stability in male Kho-Kho players (amateurs) using Star Excursion Balance Test.

Method: Thirty (30) male, amateur Kho-Kho players of age ranging from 17-24 will beselected for the purpose of study. Subjects will be randomly categorized into Group A (Control) and Group B (Experimental) with 15 in each group. Pre-interventional assessment will be done using the SEBT on both the legs. Group A will undergo conventional balance exercises and Group B will perform agility-based proprioceptive training along with conventional balance exercises alternatively. Post-interventional assessment will be taken after 4 weeks using the SEBT.

Outcome measures: Star excursion balance test is the outcome measure used to measure the prior and after intervention differences.

Result: Out of 30 participants taken, the 15 participants present the Experimental group (Group B) which performed the combination of proprioceptive exercises and conventional balance exercises, showed clinical and Statistical significance interms of SEBT outcome with higher mean difference values resulting in [p=0.001]

Conclusion: It is concluded that a treatment protocol comprising the combination of agility-based Proprioceptive balance exercises and the conventional balance exercises has a good reliability in terms of rehabilitation and balance. The exercise training protocol will eventually lead to a significant overall improvement in sports performance of the player.

Key words: Kho-Kho, Amateurs, Proprioception, Dynamic postural stability, Star excursionbalance test (SEBT)

I. INTRODUCTION

Throughout history, there has been a greater emphasis on maintaining one's physical health to lead a healthier life. The younger generation is understanding the value of playing a sport in order to achieve physical fitness and are startingto play sports while laying proper emphasis on the skillsets required as well.

Kho-Kho is a traditional, active Indian team sport which is heavily based on athletic training. The nature of the game is such that it forces the player to persistently use all the skills in their possession in the most optimal way. Being constantly on the move requires skills like speed, agility, higher neuromuscular coordination, dynamic postural stability, good vision and perception,and overall greater muscular strength.[7] The game lasts for a total game time of 36 mins having 4 halves of 9 minutes each. The runner's job is to consistently save themselves from getting tagged by the chaser for as long as they can within the boundaries of ground.[7] Hence, if a player possesses these highly developed skills, the player is said to be of a greater caliber than others.[1]

Postural control is defined as the ability to maintain a certain posture for a given amount of time without any external assistance. It is an essential body function which helps in maintaining the equilibrium and the balance of the body. It is of 2 types, Static and Dynamic Postural Control.[1]

Dynamic Postural Control is defined as maintaining a certain body posture while in motion or performing any particular task. It is the ability of the body to maintain equilibrium of muscular forces while in motion and perform smoother and effective body movements.[6] Both Static and Dynamic Postural Control of the body are important aspect regardingeffective performance of an individual in sports.

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Effects of Practice Conditions in Improving Motor Performance in Neurorehabilitation: A Narrative Review

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ABSTRACT: Learning motor skills is an important aspect of life that requires practice to obtain an optimal level of performance. Structured practice leads to improvement in function, quality of skill performed, and response timing, which in turn results in neuroplastic changes in the brain. In whole or part, the practice can be varied in order (blocked or random) and in scheduling (massed or distributed). Application of these principles of motor learning to the learning of new skills may enhance performance. Hence, the present review was conducted to observe the effects of various practice conditions in motor rehabilitation. We used a comprehensive systematic search of 5 databases (PubMed, CINHAL, Scopus, Cochrane, Clinical Key) using predefined MeSH terms. Randomized controlled trials comparing the effects of different practice conditions published between 2003 and 2018 were considered. We independently examined titles and abstracts based on inclusion criteria and selected 9 for data synthesis. The studies compared the effects of random and blocked and massed and distributed practice conditions on continuous and discrete skills among healthy, stroke, and Parkinson's disease populations. They reported that blocked practice improved continuous tasks in the acquisition phase and random practice improved performance in retention tests. Massed practice and distributed practice had similar effects on learning and performance in most of the studies, but distributed practice had the added effect of reduced participant fatigue. Evidence gained from the present review suggests that varying practice conditions produce high-performance gains through the application of motor learning principles.

KEY WORDS: practice, schedule, motor learning, neurorehabilitation

I. INTRODUCTION

Motor learning (ML) is a set of internal processes, related to practice, leading to a relatively permanent change in the ability to perform a motor skill.[1] ML progresses from the verbal cognitive phase, where learners gain knowledge about the task, to the skill acquisition phase, involving an accumulation of procedural knowledge, to the final automatization phase in which the skill has become automatized, routine, and the learner is barely aware of its execution.[2] ML demands the use of cognitive functions such as decision making involving anticipation, planning, regulation, and interpretation of performance.[3] It is a problem-solving process involving the encoding of information available during and after performance of a task.[4] There is a distinction between learning and performance wherein motor learning is concerned with relatively permanent changes

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A Comparative Study of Physical Fitness Level among Municipal Corporation and Semi-Private School Going Adolescent Male Students

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ABSTRACT

Background and Objective: Physical fitness is the overall capacity or capability to perform any form of physical activity. Aim of this study is to find out the level of physical fitness of adolescent male studentsamong Municipal Corporation and semi-private school.

Method: A sample size of 100, aged (12-17) was taken into consideration. The samples were divided into two groups. Group A (n=50, selected from municipal corporation) and Group B (n=50, selected from semi-private school) in Pune. The author assessed muscular fitness, speed/agility, flexibility and cardiorespiratory fitness using different performance tests are as follows, handgrip, standing long jump, 4 by 10 meter shuttle run, back saver sit and reach and 20 meter shuttle run test.

Result: The author compared the values of each test between Group A and Group B by using ANOVA statistical method. The result showed that the P value of standing long jump test and 20 meter shuttle run test is much better in semi-private school as compared to Municipal Corporation.

Conclusion: This study concludedthat the subjects in Group B have better results in the 20 meter shuttle run test and standing long jump test with a P value of 0.000 and 0.001 respectively as compared to Group A.

Keywords: *Physical Fitness Level, Adolescent, Semi-private School, Municipal Corporation School*

INTRODUCTION

Physical fitness is defined as an ability to perform occupational, recreational and daily activities without becoming unduly fatigue[1]. It is an overall measure of body function which is involved in daily physical activity and also an important health marker affected by level of physical activity and other lifestyle factors.[2,3,4,5] Physical fitness level should be maintained as it helps a person to reduce injury risk, work efficiently and participate in various physical activities. A level of physical fitness determines the onset of various diseases and associated musculoskeletal problems which occur commonly because of lack of activity.[3,6-8]Physical fitness is very important physical wellness marker in childhood and adolescent as well, a high fitness level results in decreasing the risk of obesity, cardiovascular disease, musculoskeletal and mental health.[9,10]

Physical activity is defined as any body movement produced by a muscle action that increases energy expenditure. The physical activity pattern which is practiced during childhood period forms a basis for habits of activity in future life. [11,12,13,14,15]There are many benefits of physical activity for child and youth such as reduction of risk from various chronic ailments or diseases, obesity, enhanced cognitive function and academic performances.

The basic components of physical fitness are cardio-respiratory fitness, muscular fitness, speed/agility and flexibility.

Cardiorespiratory fitness, otherwise known as maximal aerobic power is the overall capacity or capability of cardiovascular and respiratory system and the ability to carry out, less strenuous exercise over prolonged period of time.

A Prevalence Study of Depression among Physiotherapy Students in Pune

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ABSTRACT

Background and Objective: Depression is a common but serious mental illness typically marked by sad or anxious feelings. According to WHO by 2020 Depression would be 2nd most prevalent condition world wide.2 There is considerable evidence that rates of Depression and suicide are high in medical students.

Method: A sample size of 400, Undergraduate Physiotherapy students and interns were taken into consideration. All the sampleswere asked to complete the Beck's Depression Inventory (BDI) scale.

Result: Using ANOVA statistical method, The result showed the prevalenceof 21.4% with varying severity of depression amongPhysiotherapy students.

Conclusion: This study concludes that the prevalence of depression is considerable i.e. 21.4% in undergraduate physiotherapy students, and are gradually increasing from first year to Internship course.

Keywords: *Depression,Physiotherapy Students*

INTRODUCTION

Depression is a very common but serious mental illness typically marked by sad or anxious feelings and an emotion, characterized by "sadness", crying, withdrawal from others, and feelings of inadequacy. In this computer era, stress is the most common psycho-somatic disorder which equally affect each and every individual irrespectively. The term stress can be defined as "an Internal state which can be caused by physical demands on the body or by environmental and social situations which are evaluated as potentially harmful, uncontrollable, or exceeding our responses for coping." On other hand, stress resulting from number of physical and bodily responses.[1]According to WHO by 2020 Depression would be the 2nd most prevalent condition world wide.[2] In 2009 the American College Health Association-National College Health Assessment (ACHA-NCHA)- a nationwide survey of college students at 2 and 4 year institutions found that nearly 30 percent of college students reported feeling "so depressed that it was difficult to function"[3],and also it affects the academic performance in college.[4] There is considerable evidence that rates of Depression and suicide are high in medical students and that these rates continue to remain elevated when these students become practioners.[5] Many Studies have shown a high prevalence of depression in medical students.[6] This high level of stress has a negative effect on the academic curriculum, by reducing concentration, problem solving, decision making, completion of work and other abilities necessary for student learning.[7] A study among Medical students of a private Medical College in India revealed that 49.1% of them were suffering from Depression.[8] In Chinese medical students, nearly half of them were depressed with 2% having severe Depression.[9] Although some degree of stress is a normal part of medical training and can be a motivator for some individuals, not all students find stress constructively.[10] For many individuals, stress arouses feelings of fear, incompetence, uselessness,

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Study of Prevalance of Musculoskeletal Problems amongest Classical Versus Western Dancers

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ABSTRACT

Aim: To study the prevalence of musculoskeletal problems in classical versus western dancers

Objective: To find out the musculoskeletal pain in classical and western dancers by using the Nordiac pain questionnaire.

Method: One hundred and eighty subjects participated in the study. All subjects were asked to fill the consent form, demographic details, and a questionnaire which included a year of dance experience, use of protective device, adherent to warm up and cool down exercises and a detailed explanation was given to them about the Nordiac pain questionnaire, they were asked to fill it without any mistakes.

Results: The study found out that the prevalence of musculoskeletal problem encountered by classical and western dancers has involved different percentage at various anatomical site. Percentage of sites involved in classical and western dancers are, Ankle 31% & 16%; Lower back 29% & 26%; Knee 16% & 14%; Hip / Thigh 14% & 13%; Shoulder 7% & 9%; Upper back 1% & 4%; Neck 1% & 11%; Elbow 1% & 4% respectively, and there was no wrist pain respectively. Nordiac pain questionnaire, which consists of discomfort, ache, pain, numbness with difficulty in doing normal work in 12 months and with difficulty in doing normal work in 7 days, has shown a weak positive correlation.

Conclusion: The study concludes that there is higher rate and prevalence observed in western dancers as compared with classical dancers.

Keywords: *musculoskeletal pain, western dancers, classical dancers, nordiac pain questionnaire.*

INTRODUCTION

Dance involves combination of complete body, emotions and mind together with physical activity and also a means of expression and communication. Different type of dance involves movement of the various segments or joints. Dance is described as a conscious effort to create different visual designs and imaginations over space by continuous movement of the body through a series of different poses and pattern in symmetry and should follow a particular rhythm. Though practiced over centuries, Indian classical dance has undergone many changes with change in times. In today's time, it is facing new challenges in order to meet the demands of the present world. Injuries have become a more prominent threat to the dancers as in the case of athletes and sports persons [1]. Classical and western dance groups are commonly accepted under dance studies [2]. In relation to this transition of the dancing style, while dancing, more complex movements are introduced may overload some of the weak zone which may get injured. As a beginner lack of flexibility of different muscle groups may lead to produce early muscle fatigue or alter the normal joint movements leading to injury. The demands placed on dancer's lower extremities leave them at risk of musculoskeletal injuries. Approximately 64 to 80% of ballet dancers injured their lower extremity such as muscles strain and tear and about 64 - 75% of these injuries affect the muscles and soft tissues. Apart from lower extremities, dancers also have a high number of lumbar spine, knees, ankle, and foot injuries. 28%

Psychological Skills Training to Adolescence Footballers – Today's Perspective, Guide to Plan and Conduct

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Abstract

Background: The relationship between athletic peak performance and psychological training is well studied in various literatures on sports psychology. Insufficient awareness of the practical application of psychological skills training to athletes may not effective in handling psychological barriers. **Methods**: To encourage the benefit of sports players, a study may consist of all possible aspects of evaluation and a unique approach to address the psychological factors, such as stress, anxiety, etc. The purpose of this article is to fill the gap in the field of sport psychology and to meet the demand of sports players. This presented guidelines and suggestions could be useful for the researchers to import knowledge of psychological skill training to improve the mental skills of adolescent footballers. **Conclusion:** The practical application involves a systematic approach applied in a progressive manner in terms of the type of skills, volume of training, working intensity, specific need, and its recovery pattern.

Keywords: Psychological skill training, mental training, adolescence, football

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1. Introduction:

In recent days sports and its participation has been given a lot of importance by children to the geriatric population and all genders, due to various health benefits and improvement in the quality of life [(1)]. Players of various levels of competition are working with their trainers, coaches, team players, and family members, to enhance their performances during and prior to the competition [(2)]. Many studies have pointed out that more emphasis on physical skills training such as sprint, jump, etc, which results in overtraining leading to mild to severe injuries and may interfere and deteriorate athletic performances [(2,3)]. According to Dr. Max Gerson, a successful combination of training requires synchrony of the physiological and psychological functions of the body to achieve restoration in its entirety. Psychological skill training is defined as a set of approaches addressing the mental, physical and psychological aspects of a person which causes an increase in performance during practice sessions and competition. It is a unique program consisting of well organized mental strategies by systematic training of different psychological skills, such as progressive relaxation, mental imagery, motivational self-talk, etc [(4)]. Physical trainingis more beneficial if it could be combined with psychological skill training (PST),which may enhance the recovery process, and enhances performance, which includes progressive relaxation training by Jacobson, mental imagery training. All these techniques are of applied psychology help athletes to cope up with stressful situations and reduce arousal and anxiety.[(5, 6)]. Researchers in sports psychology has revealed that mental skills strategies are used to enhance athletic performance by

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Research Article

Effectiveness of physical activity promotion programme on quality of life for old people

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ABSTRACT

Background: The purpose is to evaluate the effectiveness of the Physical Activity Promotion Programme (PAPP) on quality of life for old people.
Methods: A total of 43 subjects of both genders participated in the experimental study with convenient sampling; all were aged 55-70 years from Dhanori road, Pune. Participants received the PAPP for 50 minutes daily. The effectiveness of PAPP was measured by short-form 36 questionnaire.
Results: This experimental study had a significant impact on quality of life (P = 0.001), in both gender, which was increased. The overall changes improved to 82.3% from 47.8% and mainly in physical functioning & general health by 12.5% and 12% respectively after PAPP and pain was reduced to 26%.Thus, quality of life improved significantly for old people who carried out the PAPP.
Conclusion: Quality of life measured with SF- 36 in the group of old people were improved after PAPP.

Keywords: Physical activity promotion programme, Quality of life, Short form-36

INTRODUCTION

An essential public health goal is to reduce age-related disabilities in the elderly. Regular exercise and increased aerobic fitness are associated with a decrease in all-cause mortality and morbidity, and are proven to reduce disease and disability, and improve quality of life in older persons.[1] Observational studies have suggested that inactive people have more death risk due to no specific cause and from specific diseases (e.g., cardiovascular disease, diabetes, obesity and others) associated with physical inactivity.[2] There is evidence that regular physical activity contributes to the primary and secondary prevention of several chronic diseases and is associated with a reduced risk of premature death.[3] Non-pharmacological interventions, such as physical exercise may have a great impact on the quality of life, but this remains poorly studied. In particular, the studies carried out have used very heterogeneous exercise programmes, have evaluated quality of life in very different ways and have reported inconsistent results.[4] Exercise and physical activity have been suggested as effective means to maintain independent living in old age.Epidemiological studies have showed that physical activity has a protective effect towards cardiovascular disease. The physical activity helps to regulate the blood pressure. There are previous studies about the physician's role in promoting physical activity. However, it is necessary to clarify the power of promoting physical activity for inactive people. An essential public health goal is to reduce age-related disabilities in the elderly. Inactivity is an important contributor to impaired functioning and disability with age. Although many of the chronic conditions plaguing older populations are preventable through appropriate lifestyle interventions such as regular physical activity, persons in this age group represent the most sedentary segment of the adult population. The recommended intensity of aerobic activity takes into