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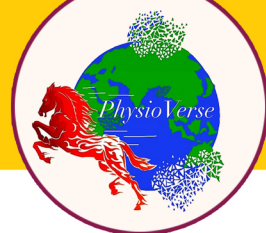
Physiotherapy
Newsletter



SRI RAMACHANDRA
FACULTY OF PHYSIOTHERAPY

PhysioVerse

Let's Evolve Together



From the Editor's Desk...



Welcome to the latest edition of our physiotherapy newsletter! As we continue to navigate the ever-evolving landscape of physiotherapy, we're excited to bring you valuable insights, research updates, and practical tips to enhance your practice.

In this issue, you'll find articles on a range of topics, including innovative treatment approaches, patient success stories, and evidence-based practices. Whether you're a practitioner or a student just starting your journey, we hope you'll discover something meaningful within these pages.

As always, we encourage your feedback and contributions. If you have a story to share, a research study to highlight, or a topic you'd like us to explore, please reach out (physioverse@gmail.com). Our goal is to create a vibrant community where knowledge flows freely and collaboration thrives.

Thank you for being part of our physiotherapy family. Let's continue to learn, grow, and make a positive impact on the lives of our patients.

Wishing you health and success,

Regards

Dr. Antony Leo Aseer

Editor-in-chief, PhysioVerse

Professor & Principal

Sri Ramachandra Faculty of Physiotherapy
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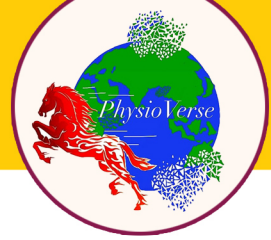
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GET INSPIRED TODAY

Vimala Thiruvengadam, PT, MPT, PRPC
Alumna of BPT(1993-1994 Batch)

Supervisor/Senior Physical Therapist
New York Spine and Sport Rehabilitation Medicine
Bronx, New York

NUTRITIONAL CONSIDERATIONS IN PELVIC HEALTH

A fast-paced lifestyle leads to high stress, reliance on modern conveniences, lack of downtime, and lack of appreciation for factors affecting immune function. The changes in nutritional demands and hormonal changes across the lifespan including processes of fertility, pregnancy, postpartum, menopause, and osteoporosis, play a major role. The processes of systemic inflammation, gluten sensitivity, and the gut/brain connection and their role in multiple disorders (CVS, Musculoskeletal, Neurologic) and autoimmune disorders, need more attention in optimizing systemic nutrition

The gut, sometimes referred to as the "second brain", may use the same type of neural network as the central nervous system, suggesting why it could have a role in brain function and mental health.

The composition of human gut microbiota changes over time, when the diet changes, and as overall health changes. Diets higher in processed foods and unnatural chemicals can negatively alter the ratios of these species, while diets high in whole foods can positively alter the ratios. Additional health factors that may skew the composition of the gut microbiota are antibiotics and probiotics. Antibiotics have severe impacts on gut microbiota, ridding of both good and bad bacteria. Without proper rehabilitation, it can be easy for harmful bacteria to become dominant. Probiotics may help to mitigate this by supplying healthy bacteria into the gut and replenishing the richness and diversity of the gut microbiota. There are many strains of probiotics that can be administered depending on the needs

Optimization of microbiota/gut flora is essential to help normalize neurologic, immune, and endocrine systems, to augment the body's chemical messenger system. Optimization of axoplasmic flow which is dependent upon fatty acids for proper function supports enzymatic production by avoidance of antinutrients and consumption of enzyme-rich foods. Proper food preparation is important in the neutralization of antinutrients and preservation of enzymatic function.

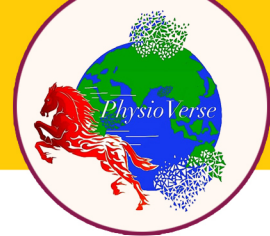
Oxidative stress in dysfunction - a chronic or overwhelming amount of oxidative stress leads to free radicals and peroxide production, damages cellular proteins, lipids, and DNA, disrupts the normal mechanism of cellular aging, implicated in many systemic and neurodegenerative diseases.

GI microbiota helps maintain intestinal peristalsis, and mucosal integrity, control pH balance, protect against invading pathogens, and modulate the HPA axis. GI microbiota is linked to IBD, necrotizing enterocolitis, type 2 diabetes, CHF, chronic liver disease, Obesity, Parkinson's disease, ALS, Alzheimer's, Autism spectrum disorders, depression, anxiety, stress fatigue Leaky gut syndrome, SIBO - systemic inflammation.

Low or no intake of fermented/cultured foods (Probiotics), overconsumption of refined sugars/starches, underconsumption of healthy animal fats/fatty acids, under consumption of easily digestible, high protein a common causes of systemic inflammation.

Probiotics + Prebiotics = Synbiotics a process that creates Postbiotics (metabolites that improve host health such as SCFA's) from natural sources to help alleviate most symptoms

OAB, Urge, Stress incontinence - Pelvic floor specialists emphasize strategically reducing bladder irritants, Vitamin D supplementation, Normalize gut flora, Heal the leaky gut, Stress management, and Exercise/movement for a better prognosis.



Prabu Raja G PhD
Batch 2001-2002

Assistant Professor - Dept of Exercise and Sports Sciences
Co-ordinator - Interdisciplinary centre for myofascial pain research
Manipal college of health professions
Manipal Academy of Higher education
Manipal

Not all Chest Pain is related to the heart

In the United States, around 6% of patients visiting the emergency room complain of chest pain. Over half of these cases involve non-cardiac chest pain (NCCP), which is caused by issues unrelated to the heart. Almost 80% of patients who report chest pain during primary care visits are simply experiencing NCCP. However, the National Institutes of Health estimates that up to 25% of emergency room patients with chest pain are diagnosed with acute coronary syndrome.

Musculoskeletal chest pain accounts for 21-49% of non-cardiogenic chest pain (Ayloo et al., 2013). It can be caused by issues with the musculoskeletal components such as muscles, bones, cartilage, and fascia. The pain can also be referred from the shoulders, cervical, and thoracic spine or the intrathoracic viscera such as the lungs and esophagus since these structures share the same efferent nerve. It is important to rule out cardiogenic causes since musculoskeletal components may overlap with cardiogenic causes and alter the pain distribution pattern. Most often, musculoskeletal chest pain is caused by trauma, repetition of activities, and overstretching of the muscles. With a good history and a clinical diagnosis aided by imaging technology, the causative factor can be identified and treated accordingly. We will focus on individual structures and the pathologies that cause musculoskeletal chest pain.

A. Bony and cartilaginous origin

1. Costochondritis

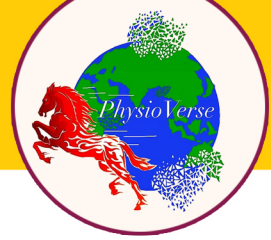
Costochondritis is a prevalent condition that affects the musculoskeletal system and often results in chest pain. It involves the tenderness of the chest junctions without any inflammation. In contrast, Tietze's syndrome occurs when inflammation arises at the corresponding joints. It is worth noting that Costochondritis has also been linked with coronary artery disease.

2. Slipping Rib Syndrome

Injuries to the lower costal cartilage, usually caused by trauma, can lead to the displacement of the false ribs (8th to 10th ribs). This displacement causes the rib tips to curl up and compress the intercostal nerve by overriding the inner aspect of the rib above. This medical condition is commonly known as slipping rib syndrome or rib tip syndrome. Women are more prone to this condition due to joint laxity resulting from hormones, and it is also commonly found in children. (Ayloo et al., 2013; Gress et al., 2020)

3. Rib Pain

Rib pain is a type of pain that occurs along the entire length of the rib cage. It can be caused by various factors, including trauma to the rib cage or even something as simple as coughing in older individuals. The ribs most commonly affected are the 4th to 8th ribs on the left side. Pain is typically worse with deep breathing and movement of the thoracic spine



B. Sternal origin

1. Arthritis of sternoclavicular and manubriosternal joints

Arthritis in the sternoclavicular joint can be attributed to less common ailments such as condensing osteitis of the clavicle and sternocostoclavicular hyperostosis. These conditions can lead to swelling, discomfort, and audible cracking in the chest wall. Additionally, manubriosternal arthritis may result as a secondary complication, causing pain in the upper sternal region that may extend to the shoulder (Sng et al., 2004).

C. Spinal origin

1. Thoracic spine pathology

Calcification of the thoracic disc results in thoracic back pain which can radiate to the anterior chest wall. Posterolateral thoracic disc protrusion results in nerve root compression which results in unilateral dermatomal or midline chest wall pain which is radiating in nature. Pain is found to increase with coughing, sneezing as well as specific movements of the thoracic spine. The pain follows an atypical pattern while the management is usually conservative (Kato et al., 2016).

D. Muscular and myofascial origin

1. Common muscle strains

The characteristic of this kind of musculoskeletal chest pain is that it is often acute in onset and caused by the sudden eccentric contraction following the maximum lengthening of the muscle. Intercostal muscle strains are the most common cause during upper body activities. Pectoralis muscle injury is caused by direct or indirect trauma from the forced abduction with extension or external rotation during heavy lifting or falls (Ayloo et al., 2013).

2. Pectoralis muscle trigger point

Pseudo-angina pectoralis is a type of chest pain that is caused by a trigger point in the pectoralis muscle. The pain is felt in the front part of the chest wall and can radiate to the inner part of the arm. The pain increases when the pectoralis major (Lawson et al. 2011).

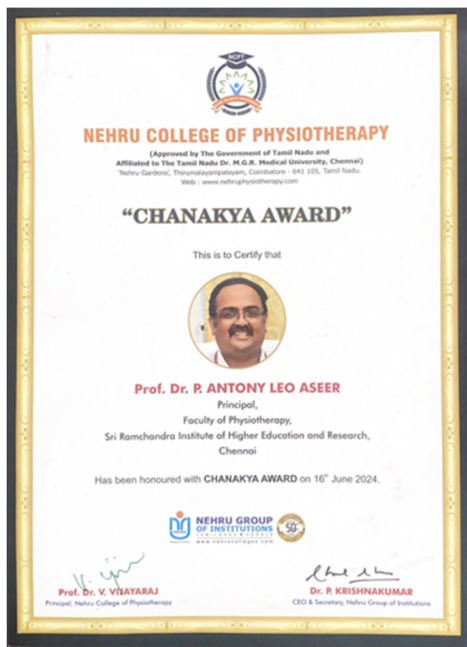
E. Neural origin

Inter-coastal neuralgia is neuropathic pain caused by an injury to the intercostal nerves, leading to inflammation along the chest, ribs, and back.

References

1. Ayloo, A., Cvengros, T., & Marella, S. (2013). Evaluation and Treatment of Musculoskeletal Chest Pain. In Primary Care - Clinics in Office Practice (Vol. 40, Issue 4). <https://doi.org/10.1016/j.pop.2013.08.007>
2. Gress, K., Charipova, K., Kassem, H., Berger, A. A., Cornett, E. M., Hasoon, J., Schwartz, R., Kaye, A. D., Viswanath, O., & Urits, I. (2020). A Comprehensive Review of Slipping Rib Syndrome: Treatment and Management. In Psychopharmacology bulletin (Vol. 50, Issue 4).
3. Kato, K., Yabuki, S., Otani, K., Nikaido, T., Ootoshi, K. I., Watanabe, K., Kikuchi, S. I., & Konno, S. I. (2016). Unusual chest wall pain caused by thoracic disc herniation in a professional baseball pitcher. Fukushima Journal of Medical Science, 62(1). <https://doi.org/10.5387/fms.2015-25>
4. Sng, K. K., Chan, B. K., Chakrabarti, A. J., Bell, S. N., & Low, C. O. (2004). Condensing osteitis of the medial clavicle - An intermediate-term follow-up. In Annals of the Academy of Medicine Singapore (Vol. 33, Issue 4).
5. Gordon E. Lawson DCa, Laurie Y. Hung DCb, Gordon D. Ko MDc, Michelle A. Laframboise DCd, A case of pseudo-angina pectoris from a pectoralis minor trigger point caused by cross-country skiing Journal of Chiropractic Medicine (2011) 10, 173-178
6. F.Dalton, D. Fazekas, B. Doroshenko, intercoastal neuralgia, August 14, 2013)

Fueled by Ambition/Community Impact Award – Faculty Accomplishments



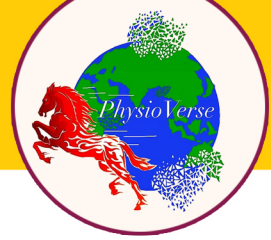
Prof & Dr. Antony Leo Aseer
Principal, Sri Ramachandra Faculty of Physiotherapy
has been honored with the **"Chanakya Award"**
from Nehru Group of Institutions,
Coimbatore on 16/06/2024.



Mrs. M. Rajeswari,
Associate Professor
Sri Ramachandra Faculty of Physiotherapy
Department of Neuroscience, Physiotherapy
has been awarded as the **"Best Academician"**
from Nehru Group of Institutions,
Coimbatore on 16/06/2024.



Mr. C.R. Praveen Kumar
Assistant Professor of Sri Ramachandra Faculty of Physiotherapy
Department of Neuroscience, Physiotherapy
has been awarded as the **"Best Academician"**
from Tamil Nadu Physiotherapy Doctors Association (TNPDA),
Physio Shine- 24 at Tindal Erode Hotel Turmeric on 26/04/2024.



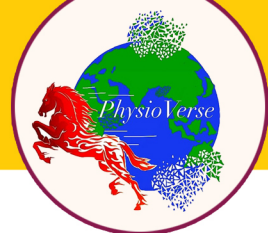
PHYSIOTHERAPY RIDDLES

1. **I help you stand tall and walk straight, with muscles strong and a gait that's great. Who am I?*
2. **I'm a tool often used to ease your strain, with soft rolling pressure to manage pain. What am I?*
3. **I'm a type of tape that's colorful and bright, I support your muscles day and night. What am I?*
4. **I'm a routine that helps you flex and bend, improving your range of motion in the end. What am I?*
5. **I'm a big blue ball, quite firm and round, I help with balance when you're on the ground. What am I?*
6. **I measure the angles of your joints and bones, to ensure your movement isn't overblown. What am I?*
7. **I'm an aquatic exercise that's gentle and cool, I help rehabilitate using a pool. What am I?*
8. **I'm used to applying pressure deep and strong, to release tight muscles and where they belong. What am I?*
9. **I'm a handheld device that uses sound waves to treat, helping your tissues to feel less beat. What am I?*
10. **I'm a type of resistance that's stretchy and flat, I come in various colors, just imagine that. What am I?*

VICTORY LAP OF OUR STUDENTS!!!



Celebrating Excellence: Our Physiotherapy Cricket Team Shines in Sheikh Trophy! Reaching the semi-finals was a remarkable achievement, with Mr. Jonathan Reeves Joseph securing Man of the Match in the quarter-finals and Mr. S.Sriccharan earning Man of the Tournament honors!



THE INNOMASTERS 24



Thrilled to share that 6th semester BPT students have formed "The Peopleeco" team and have secured the 3rd prize with a cash prize of Rs. 10,000 at hashtag#InnoMasters 24 National Level Business Model Competition! conducted by Vel Tech Technology Incubator (Vel Tech TBI) on 23/04/2024.

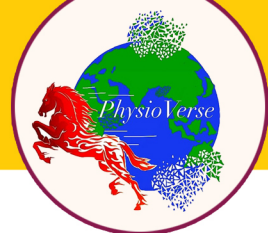
THE PEOPLE ECO - 3RD PRIZE

CATEGORY: ENVIRONMENT AND SUSTAINABILITY

SRI RAMACHANDRA INSTITUTE OF HIGHER EDUCATION AND RESEARCH



Students From the 4th Semester S. Shree Lalitha & E.V.S.N Sri Divya Have Secured The 1st Prize and G Shanmathi from the 6th semester with second prize in Poster Presentation On The Theme IP And SDGs: Building Our Common Future With Innovation And Creativity On The Topic "Geographical Indications - And Treasures Of Incredible India" Organized By Tamil Nadu State Council For Science And Technology On April 23rd, 2024



Students from Sri Ramachandra Faculty of Physiotherapy have brought honor with their significant contribution to "ChetPhysiocon 2024" an International Physiotherapy Conference on the theme "Exploring Innovative Ways in Physiotherapy Practice" on 01/06/2024 by securing the top places in poster and paper presentations.

PG CATEGORY

Poster Presentation

1st place- Apoorva. H.T

2nd place-Sarath. P

Paper presentation

1st place

1. Raja Shri. R

2. Priyanga.S

3. Sweatha Nathan. R

4. Delphin Kavya. D

5. Vijayalakshmi.G

2nd place

1. Nitharshini. A.P

2. Denis Christopher Juma

UG CATEGORY

Paper presentation

1st place

Sowmya R

Paper presentation

2nd place

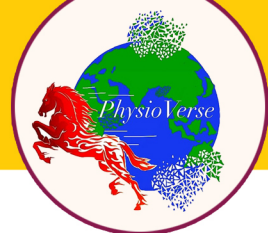
Poornima S

Poster presentation

2nd place

Sabharish R.B and Vishwashree H





Students participated in Physio Conclave'24 held on 07th & 08th June 2024 at Shri Sathya Sai Medical College and Research Institute, Chennai. Ms. Yuvashree (BPT 7th semester) won 1st prize in paper presentation and Ms. A.S.Ponni Priyanka (MPT 2nd semester) won 2nd prize in poster presentation.

Students from Sri Ramachandra Faculty of Physiotherapy excelled at Physiobeast 2024, a national intercollegiate meet hosted by Nehru College of Physiotherapy on June 15-16. With 100 students participating in academic, sports, and cultural events, they secured the overall academic champion trophy and the overall runner-up trophy. Mr. Theivaseelan Suwarnnasabaesan, BPT Final year student has been honored with "The Medal of Distinction".

Paper presentation

1st place

Theivaseelan Suwarnnasabaesan

Poster presentation:

2nd place

T.Sri Pavithra and Kailashram A.D

Physiopreneur:

2nd place

Sheena Suresh and Swatheeswari.S

Solo Singing:

3rd place

Snehaa.T - 6th Semester

Reels:(2nd place)

1) Sri Pavithra.T

2) Kailashram. A. D

3) Sheena Suresh

4) Swatheeswari. S

Basketball men:1st place Team-

1.Jefrin Immanuel.P -4th sem

2. Jonathan Reeves Joseph -2nd sem

3. Daniel Abishek.A - 8th sem

4.Badrinath.G -4th sem

5.Solomon.M - 2nd sem

6.Aniruddh Subramanian P S- 2nd sem

7. Issaiah Issac - 2nd sem

8.Arjun Gopalakrishnan- 4th sem

Athletics:

***800m men* - Rahul. H(1st place) -4th sem**

***400m women* - Dushitha. A(2nd place) -4th sem**

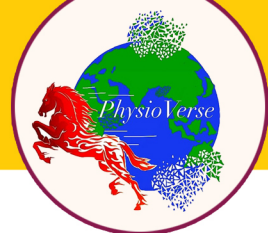
Men relay - 2nd place

1. Daniel Abishek. A-8th sem

2.Jayagaran.S - 6th sem

3.Madhanagopal.S -6th sem

4.Ajay Kumaar.G - 6th sem



Tug of war men list- (1st place)

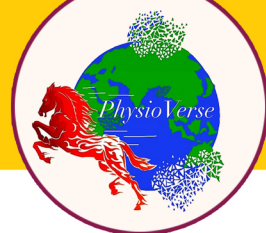
1. Deepak Kumar H - 6th sem
2. Preeth Balaji - 6th sem
3. Yeshwanth S S - 6th sem
4. Roshan K R N - 8th sem
5. Jeet Isaac Abraham - 6th sem
6. Vishwa.M - 6th sem
7. Adharsh K.S - 6th sem
8. Sriccharan s - 6th sem
9. Shravan Singh N -4th sem
10. Jagan D - 4th sem
11. Praveen Kumar - 3rd sem
12. Madhanagopal .S - 6th sem
13. Ajay kumaar G - 6th sem



Tug of war (Women) -(2nd place)

- 1.Nithiyasree P -8th sem
2. Benito V - 8th sem
- 3.Lavanya R - 8th sem
4. Ashwathy P - 6th sem
- 5.Shifa Sulthana D - 6th sem
- 6.Padmalochni K R - 7th sem
7. Sowmiya D - 8th sem
8. Hanshika Reddy - 6th sem
- 9.Subasree.K - 6th sem
10. Anitha A - 8th sem





"Seamless care coordination: A team effort that patients appreciate!"

Mrs. Shantha

My 80-year-old mother underwent total hip replacement surgery at SRMC on 17.05.2024 successfully. She was assessed by the physiotherapy team before surgery suggested simple exercises on the previous day. The next day after surgery, the physiotherapy team visited us and helped her get on her feet and take a few steps with the help of a walker. With their daily visits, she progressed well and before discharge, was able to walk confidently with walker support. She has been advised to continue the strengthening and balance exercises. The physiotherapy team members were very compassionate towards her explained the exercises she was doing and encouraged her. Now after 2 weeks of surgery, we are pleased with her progress and place on record our sincere thanks and appreciation to the physiotherapy team.

----- Mrs. Sumathy (Daughter)

Mrs. Shakkiriya Bee

Dear Dr. Praveen thanks for all over work you have done so far. I am writing this letter because you have done an excellent job so far. Your expertise and dedication have made a significant impact on my mother's recovery and overall well-being. Each session was conducted with professionalism and care, making the sometimes challenging exercise more confident. Furthermore, your friendly behavior and positive attitude created a welcoming environment that made each visit possible. The supportive atmosphere of your clinic, fostered by both of you and your team, contributed greatly to my mother's healing process. Thank you once again for your exceptional service and dedication to your patients. I am deeply grateful for your help and would not hesitate to recommend your service to anyone.

Wishing you continued success in your practice.

----- Hidayathullah Amanullah

Mr.Senthil Kumar

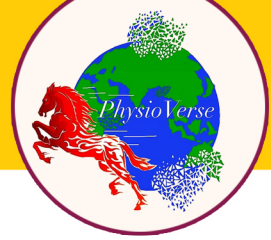
I am Senthil Kumar 57-year-old stroke patient, I was admitted to SRRC after completing 3 months of Rehab in South Africa. Mr.Praveen is my Physiotherapist. He perfectly understands the psychology of a stroke patient respects our pain and explains the importance of physiotherapy. He gives counseling to us when we are emotionally down. In South Africa, they told me it would take one year to start walking, but because of Praveen sir's continuous effort I started walking in 8 months. I was surprised once I started walking in 8 months. All credit goes to Praveen sincerely. Thanks, Praveen sir, and SRRC as well.

Mr. John Cyril

Hello!

I am John Cyril,

I came to SRMC after an unexpected fall from the stairs with my head facing down, I was unable to move my hands and legs even after an operation on my neck initially. Slowly with Physiotherapy Now, I am able to walk back with support given. Now I am able to feed on my own. I am really thankful for the support I got at SRMC Physiotherapist.



Our deepest condolences

Mr. Vasanth BPT Alumnus (1996-1997 batch)

who passed away on 02/07/2024 due to cardiac arrest
may his soul rest in peace



Answers to the Riddles

1. Posture exercises
2. Foam roller
3. Kinesiology tape
4. Stretching exercises
5. Swiss ball (or exercise ball)
6. Goniometer
7. Hydrotherapy
8. Deep tissue massage
9. Ultrasound therapy
10. Resistance bands