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## Orthopaedics and Rheumatology for Physiotherapists

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### Original Article

#### The effect of a rehabilitational sliding machine and conventional neurological physical therapy on the balance of patients with hemiplegia

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**Abstract.** [Purpose] The purpose of this study was to investigate the effects of exercise using a rehabilitational sliding machine and conventional neurological physical therapy on the balance of stroke patients. [Subjects] Forty patients with hemiplegia resulting from stroke were divided into a rehabilitational sliding machine exercise group (STG group, n=20) and a conventional neurological physiotherapy group (CG group, n=20). [Methods] The STG underwent training with a rehabilitation sliding machine for 30 minutes per day, five times per week for eight weeks. The CG underwent training with a conventional neurological physiotherapy for 30 minutes per day, five times per week for eight weeks. [Results] The balance ability of both groups significantly improved. Although there were significant differences between the groups, the CG showed weight bearing on the affected side, an anterior range within the stability limits standing, and a posterior range within the stability limits standing. [Conclusion] The results of this study suggest that conventional neurological physiotherapy is a more dedicated, effective intervention than rehabilitational sliding training methods.

**Key words:** Hemiplegia, Rehabilitational sliding machine training, Conventional neurological physical therapy

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### INTRODUCTION

A stroke is a very serious disease and is accompanied by motor disturbance, sensory disturbance, perceptual disturbance, language disturbance, cognitive disorder, and urinary incontinence according to the area of the brain lesions<sup>[1]</sup>. Hemiplegia is commonly associated with a decrease in balance ability. The balance of stroke is an important factor that can impede standing or gait, and their postural sway is twice as high as that of healthy people in their age range<sup>[2]</sup>. The limit of stability (LOS) of stroke patients is defined as a decrease in the maximal distance to the center of gravity while maintaining balance without detaching the feet from the ground<sup>[3]</sup>.

Among the rehabilitation treatment methods for stroke patients, exercise is essential for functional recovery. There are many conventional treatments, such as neurodevelopmental treatment and sensory stimulation, which are designed to make patients shift their weight to the affected side. Currently, the exercise treatment that makes patients conduct diverse functions by stimulating normal exercise modes is performed in physical therapy rooms, and exercise treatment programs include a range of motion exercises,

extension exercises, and muscle strengthening exercises<sup>[4]</sup>. Moreover, a lot of equipment is available to improve the functions of stroke patients. In order to improve the muscle strength of the lower extremities of stroke patients, weight equipment<sup>[5]</sup>, elastic bands<sup>[6]</sup>, and isometric equipment<sup>[7]</sup> have been employed. Using a tilt table composed of a rail system and a carriage with wheels, Trees et al.<sup>[8]</sup> applied a weight load exercise to four patients with burns who had difficulty with weight load training in a standing position. They reported improvement in lower extremity muscle strength of the patients. Byun et al.<sup>[9]</sup> applied a rehabilitational sliding machine to the treatment of patients with hemiplegia resulting from stroke and reported that their muscle strength, spasticity, gait ability, balance ability, and daily activities improved.

Therefore, many treatment methods for reduction of problematic factors and improvement of balance and gait ability have been studied and developed. There are diverse methods for treatment of patients with hemiplegia resulting from stroke, and although many efforts have been made to improve the effect of each treatment method, research has not shown whether one treatment method is superior to others<sup>[10]</sup>. Few studies have applied and compared treatment method using different equipment and existing neurological rehabilitation exercise. Therefore, it is necessary to compare the effects of exercises using equipment and one-on-one therapeutic exercises in stroke patient therapy.

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### Research Article



#### Chest physiotherapy techniques in neurological intensive care units of India: A survey

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**Abstract** Context: Neurological intensive care units (ICUs) are a rapidly developing sub-specialty of neurosciences. Chest physiotherapy techniques are of great value in neurological ICUs. Aim: To evaluate the use of chest physiotherapy techniques in neurological ICU and to compare the use of these techniques in neurological ICU with general ICUs. Also, to evaluate the use of various respiratory support devices in neurological ICUs in India. Settings and Design: A tertiary care hospital in Bangalore, India, cross-sectional survey. Subjects and Methods: A questionnaire was formulated and distributed online to assess the current chest physiotherapy practices in neurological ICUs of India. The questionnaire was completed online and a link was distributed via Email to 185 physiotherapists working in neurological ICUs across India. Statistical Analysis Used: Descriptive statistics. Results: The response rate was 44.5% (n = 83). 31% of the respondents used chest physiotherapy techniques such as clapping, vibration, postural drainage, aerosol therapy, humidification, and suctioning were used commonly used in neurological ICUs. 20% of the respondents used mechanical ventilators and 10% used AC techniques such as flutter, Aspera, and standard positive expiratory pressure devices were used less frequently for AC. Techniques such as autogenic drainage and active cycle of breathing exercises were used more frequently. 10% of the respondents used lung expansion therapy techniques such as breathing exercises, incentive spirometry exercises, and positioning/preoperative neuromuscular facilitation of breathing are used by majority of physiotherapists. 20% of the respondents in this study were using continuous chest physiotherapy techniques more frequently in comparison to the devices available for AC. Keywords: Cardiorespiratory physiotherapy critical care units, cross-sectional survey, India, neurological intensive care unit, online survey

### Introduction

Neurological intensive care units (ICUs) is a rapidly developing sub-specialty of neurosciences. Intensive care management includes vigilant nursing care, medical care and physiotherapy, irrespective of their specialty such as neurological ICU, cardiac ICU, or trauma ICU.<sup>[1]</sup>

Various cardiorespiratory complications may be encountered in severely head injured patients due to inability to maintain airway, hypoxia, ventilation and direct injuries to the chest. Pneumonia can occur in about 60% of the patients with severe head injuries due to prolonged intubation, mechanical ventilation and inability to maintain airway.<sup>[2]</sup>

The physiotherapist has an important and a diverse role within the ICU as a member of the multidisciplinary team in managing the cardiorespiratory complications and to maintain the functional abilities.<sup>[3]</sup> Chest physiotherapy has conflicting data about its effect on intracranial pressure (ICP) in neurological patients with

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## Neuro Physiotherapy Assessment

[ KENNETH STUDIOS ]  
Authored by Gibson D  
Physiotherapy

### The Extent and Quality of Evidence in Neurological Physiotherapy: An Analysis of the Physiotherapy Evidence Database (PEDro)

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Evidence-based practice involves the use of evidence from systematic reviews and randomised controlled trials. The extent of this evidence in neurological physiotherapy has not previously been explored. The aim of this study was to describe the quantity and quality of randomised controlled trials and systematic reviews relevant to neurological physiotherapy. PEDro (the Physiotherapy Evidence Database) was searched for trials and reviews relevant to neurological physiotherapy (adult and paediatric). The quality and quantity of trials were analysed, and the topics and conclusions of reviews were synthesised. A total of 22 trials and 27 systematic reviews were identified. Since the first trial was published in 1958, the number of trials has expanded exponentially. Fifty-four percent of trials were categorised as being of moderate to high quality rating five or more out of ten. The first review was published in 1991. Many of the reviews have been unable to reach firm conclusions due to the paucity of available trials. The results suggest a substantial body of evidence is available relevant to neurological physiotherapy. However, there remains scope for improvements in the quality of the conduct and reporting of clinical trials. There is an urgent need for more randomised controlled trials and systematic reviews.

Three advances in the field of rehabilitation have been highlighted in a recent review (Wade & de Jong, 2000). Firstly, the international classification of impairments, disabilities and handicaps (ICIDH) developed by the World Health Organization has provided an illness model that has been used to

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Does physiotherapy help nerve damage. How to become a neurological physiotherapist. How to do a neurological physiotherapy assessment. Full neurological assessment physiotherapy.

Bloem and Munneke [37] A recognised that Parkinson's is a condition where patients require long term support to manage, hence described the benefits of a model of integrated care incorporating a network of specialists. ParkinsonNet is a scheme established in the Netherlands to tackle problems such as inadequate interdisciplinary collaboration and communication, lack of specific training and expertise in PD, treatment focus on the suppression of symptoms via drugs, and that referrals to allied health professionals such as physiotherapy being arbitrary. This model developed regional networks of inspiring, motivated, specialist health professionals to whom patients are referred for treatment long term [37]. Parkinson's and the Parkinson's Service have been advocating the ParkinsonNet model, however as highlighted by the NHS Lothian Neurological Care Improvement Plan 2014-2017 [26], this model has yet to be established in Scotland. In 2014, the Chair of the Lothian Parkinson's Service Advisory Group, Dr Conor Maguire sought approval for the appointment of a Specialist Parkinson's Physiotherapist to lead the development of a multidisciplinary model such as ParkinsonNet to help decrease geographical inequalities and standardise the provision of multidisciplinary care within Lothian. This process is ongoing currently [26], meaning the patients with Parkinson's in Scotland are not receiving the benefits of this model. Due to the long waiting period between diagnosis and referral to physiotherapy, as highlighted in table 12 above, private physiotherapy can aid in reducing shortfalls in early therapeutic and preventative interventions. Bhanu Ramaswamy, a consultant physiotherapist in Bedfordshire, shared the significance of early referral to physiotherapy in the treatment of Parkinson's to help avoid complications such as falls. She reiterated the importance of early intervention stating: "A [32] Private physiotherapy mu agibra m@Abmat knilourenA, aroh 1 ed sair'Aid sejAsses ©Ata riutrsnec ed ovitejbo o moc sadasu etnemlanrom@As sanig@Am sas@.sanilusavoidraci sadnameco e arneP o@Aarab uo@anrep ed odmcenr002-TR o@,odatnes otnameg@o@Aarab uo@anrep ed omsilic o@dmtnimrep 003-TR o@,sanrep saud s@Avarta etneil mu ed oproc od lautnecrep osep ed etroc ed edadicapac a ratnemu ed ovitejbo o moc .006-TR o@odnlucn acir@ale o@As@alumite ed saniqu@Am sedharg ed eir@As amu asu knilouren O\_o@As@areg amit@A ed sothepmapique marpmos sadavirp sacin@le satiuM megassam ed aiparet e laossep otmenaniert, oruen setalip ,SEF saniqu@Am ed osu o@ ouren aiparetosif ed o@As@anibmoc amu ed s@Avarta oazp ognol a@o@Assergorp e o@As@Anetunam arap etnemataidemi adun ooc@etneile mn@ed oazp arap ed sothepmapique marpmos sadavirp sacin@le satiuM megassam ed aiparet e laossep otmenaniert, oruen setalip ,SEF saniqu@Am ed osu o@ ouren aiparetosif 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