



THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS

WEST BENGAL BRANCH

REGISTERED UNDER (i) PUBLIC TRUST NO. F1335(ii) SOCIETIES ACT.XXI OF 1860 NO. 3376 OF 1955-56

NEWS LETTER

JUNE 2015



Welcome
to Burdwan
State
Convention
2015



(Free circulation among all the members of the I.A.P. W.B. Branch)

For details visit our website : www.physiotherapywb.org

INDIAN ASSOCIATION OF PHYSIOTHERAPISTS (WEST BENGAL BRANCH)

EXECUTIVE BODY 2014-2017



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website : www.physiotherapywb.org

If any member is having any objection regarding views on matter printed in this news letter it should be given in writting to Branch Secretariat within 15 days.

DISCLAIMER

Please Note : The Convener of Indian Association of Physiotherapists (W.B. Branch) disclaim any responsibilities or liability towards the statement made, opinion expressed in this news letter.



From Convener's Desk



Dear Member,

I feel proud as Physiotherapist, as many patients are really benefitted from physiotherapy. Hopwever, through out my professional life I ever treated a patient with proper assessment and treatment plan/ prescription either in Govt. Hospitals or in my private clinic, so I request to my all beloved physiotherapists to do the same where ever they are practicing.

In the past, I was associated with various problem of Physiotherapy Science and profession and tried and succeeded after great effort like uplift of DPT to BPT at SPM, present pay scale of Physiotherapist of Govt. of W.B., starting of condensed BPT in private institution, sanction and commencement of study leave for physiotherapist for higher education like condensed BPT, MPT etc. change of previous recruitment rule for Govt. service in W.B. and G.O. for duties & responsibilities of PT. Formation of students Union at SPM, opening of IAP branch in West Bengal and foundation of State Government physiotherapists Association(SGPA) etc. All we achieved by support of active members of the association in the leadership of all conveners.

From the very beginning, IAP WB Branch has been working for development of physiotherapy science & profession through physiotherapy camps even in the villages for public awareness and benefit of poor patients. To get updated knowledge exchange & publicity of the science & profession, IAP WB Branch has been organizing Annual conferences, seminars, workshops for last 30 years. IAP W.B. Branch were strongly fighting against quackism in this field from very beginning. It was surprised to note quacks had been recruited in different renowned Sports Clubs and Organizations; IAP WB branch strongly launched protest against these organizations and succeeded. All credit should go for all conveners, E.C members and all general members of IAP WB Branch and also all physiotherapy college authorities, teachers and students for such activities and achievements.

In the past I had sent the mass petition from WB physiotherapists in favour of central PT & OT council to the IAP central body. Unfortunately IAP central body not accepted and granted our demand at that time , if demand was granted, the national council for PT & OT could have been formed about 20 years back. The decision of the IAP central body was so unfortunate that the National Council for PT and OT, could not be formed even after 20 years of sincere effort.

We have been demanding for our state council for physiotherapists only in West Bengal for last 30 years. However about 4 years back we demanded it to the present WB government also. On this context the present WB government was going to form a paramedical council in the state level for health related all professional. Though it was difficult still we were able to convince the members of the high power committee that, Physiotherapists are not paramedical. After that, the nomenclature of the council has been as " The WB Allied Medical & Paramedical Council. So far we know, after crossing so many hurdles the draft for the council is ready and due

to lack of time it could not be listed in the current Assembly Session. We hope it will be listed in the next Assembly Session. So we appeal to everybody, keep alert so that we should not loss our dignity and avoid any rumor in this regard and we can get the council with an proper prestige & dignity.

It is very unfortunate that all WB Government Physiotherapists are deprived of regarding the gradation / promotion for last 20 years and also unemployed physiotherapists are not getting government service in clinical & teaching posts for last 16 years. We have been demanding to DHS, DME, principal secretary of health, Health Minister of State, Health Minister, Chief Minister for last 4 years for solving the above matters including different designated posts with proper pay scales for Physiotherapists, unfortunately there is no result.

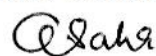
On behalf of IAP WB Branch, we had a prescheduled meeting with Dr. B. R. Satpathi The DHS Govt. of West Bengal on 13th May 2015 at his chamber in Swasthya Bhawan, Kolkata for early solving of our legitimate demands. In the meeting he was very much co-operative and agreed with our demands indeed and also directed the guidelines for fast solving the matters and asked for our co-operation in this regard. He told that Govt. is going to create designated posts for Physiotherapists in the Government service like, Junior Physiotherapists, Senior Physiotherapists and Supervisor Physiotherapists with different pay scales.

As a result of the above mentioned meeting with DHS, he issued an order on 15.05.2015 to every superintendents, CMOH & MSVPS for the cadre strength of Physiotherapists in the respective hospitals. However, DHS in that meeting requested for our help & cooperation for pursuing the reply from every hospitals. For which we are all E.C. Members of IAP WB Branch and some responsible active members are collecting the reply of that order from every hospitals in W.B. by our physical appearance or by phone to the Physiotherapists of that hospital or by other agents. Because without having the total cadre strength of Physiotherapists in W.B., the Government will not be able for any gradation and without having the number of vacant posts in W.B. Govt. will not be able to create more posts of Physiotherapists and also issue the order for the new recruitment of physiotherapists in the Government service. So we appeal to all members for extending their cooperation in this regard. We take the opportunity to thanks to all the Physiotherapists (Member or Non Member of IAP), who have put their effort sincerely in this regard.

Come, look forward go ahead and hope for the best I do believe passion, commitment and continuous work will bring the success, always unity is the strength, if all together travel an inch ahead today then our inches will make mile tomorrow, mind it tomorrow is more important than today.

Thanks & warm regards.

Yours faithfully



(ARUP KANTI SAHA)

Convener

The IAP West Bengal Branch

Definition of Physiotherapy According to WHO...

 "Physiotherapists assess, plan and implement rehabilitative programs that improve or restore human motor functions, maximize movement ability, relieve pain syndromes, and treat or prevent physical challenges associated with injuries, diseases and other impairments. They apply a broad range of physical therapies and techniques such as movement, ultrasound, heating, laser and other techniques. They may develop and implement programs for screening and prevention of common physical ailments and disorders".

(Ref- WHO website: http://www.who.int/hrh/statistics/Health_workers_classification.pdf)

The International Labour Organization (ILO) & International Standard Classification Of Occupations (ISCO) Defines Physiotherapy As..

 **Physiotherapists** and related associate professionals treat disorders of bones, muscles and parts of the circulatory or the nervous system by manipulative methods, and ultrasound, heating, laser or similar techniques, or apply physiotherapy and related therapies as part of the treatment for the physically disabled, mentally ill or unbalanced.

 World Health Organization (WHO) has classified physiotherapists as a separate professional group (ISCO Code 2264) and paramedical professionals have been classified as ISCO code 2240. There by giving separate individual position for Physiotherapy Profession and clearly distinguishes physiotherapy professionals from paramedical professionals.

(Ref- WHO website : <http://www.ilo.org/public/english/bureau/stat/isco/isco88/3226.htm>)

In India

Ministry of Law /Legal Affairs

stated that the profession of Physiotherapy should not be covered or equated within the term paramedical in 2001.

✍ Physiotherapy was excluded from the then “proposed Para-Medical Council Bill” and converted to “separate central physiotherapy council bill” under “The Para-Medical and Physiotherapy Council Bill-2007” with independent professional status.

✍ Presently the NCHRH Bill-2011 is rejected by the Parliamentary Health Standing Committee and the committee has recommended to the union health ministry to reform the bill with their suggestions to concentrate on the submissions of various stakeholders including Physiotherapy as a separate and independent profession.

The Delhi Council for Physiotherapy and Occupational Therapy Act, 1997 (Delhi Act No. 7 of 1997)

✍ **Definition :** "Physiotherapy means, physiotherapeutic system of medicine which includes examination, treatment, advice and instructions to any person preparatory to or for the purpose of or in connection with movement dysfunction, bodily malfunction, physical disorder, disability healing and pain from trauma and disease, physical and mental conditions using physical agents including exercises, mobilization, manipulation, mechanical & electrotherapy, activity and devices for diagnosis, treatment and prevention".

Maharashtra State Council for Occupational Therapy and Physiotherapy Act, 2002 (Mah. Act No. II of 2004)

✍ **Definition :** "Physiotherapy means, “ a branch of modern medical science which includes examination, assessment, interpretation, physical diagnosis, planning and execution of treatment and advice to any person for the purpose of preventing, correcting, alleviating and limiting dysfunction, acute and chronic bodily malfunction including life saving measures via chest physiotherapy in the Intensive Care Units curing physical disorders or disability promoting physical fitness, facilitating healing and pain relief and treatment of physical and psychosomatic disorders through modulating psychological and physical response using physical agents, activities and devices including exercises, mobilization, manipulations, therapeutic ultrasound, electrical and thermal agent and electrotherapy for diagnosis, treatment and prevention”.

Activity report September 2014 to June 2015

Educational field :

Organised 3 workshops in tenure

1. The Indian Association of Physiotherapists West Bengal Branch in Collaboration with Calcutta Medical Research Institute Hospital organised a workshop on “Recent Advances in Management of Post Stroke Spasticity & Botulinum Toxin Injection” on 14th September, 2014 for the celebration of World Physiotherapy Day. The workshop intended to focus on Multidisciplinary interaction among the neurologists, Physician and Physiotherapists; keeping view on this Resource persons are Dr. S.S. Nandi (Neurologist), Dr. Sankar Loharuka (Stroke Neurologist), Dr. Abhijit Das (Consultant Neurologist and Neuro Rehab Specialist), Dr. Souvanik Mondal (P.T.), Dr. Shuvro Shankar Chakraborty (P.T.), Dr. Pradyut Das (P.T.), Mr. Mrinmoy Karmokar (Occupational Therapist). The 50 physiotherapists and some doctors and few nursing professional attend the program.

2. A Preconference workshop on “Neuro Developmental Therapy in Adult Hemiplegia” by Dr. Harpreet Singh Sachdev, M.P.T. (Neuro), C/ NDT (NDTA, USA), trained in PNF (USA), Physiotherapist of AIIMS, New Delhi, on 10th February, 2015 at Seminar Hall, Institute of Neuro Sciences, Kolkata. About 40 participants took part on the program. Eminent Neuro Surgeon Dr. R.P. Sengupta, Movement Disorder Specialist Dr. Hrishikesh Kumar was present at inauguration of program. We are thankful to Dr. Soumendra narayan Kar (PT) and all other physiotherapists of INK.



Dr. Arup Kanti Saha (P.T.) Convener IAP WB Branch delivering speech and Facilitating to Dr. R.P. Sengupta



Participants of Workshop with Dr. Harpreet Singh Sachdev (PT)

3. IAP WB Branch in collaboration with AMRI, Mukundapur organised a Workshop On 'Advance Management of Parkinson's Disease' on 17th May, 2015 at AMRI Mukundapur. The Resource Persons of the workshop were Dr. Amlan Mondal, Consultant Neurologist, Dr. KausikDey (P. T.), Neuro Physiotherapist, AMRI, Dr. Veena Sisodia (P.T.), Assoc. Prof, BIMLS. About 50 participants took part in the program.



Inaugural Ceremony at AMRI, Mukundapur

4 IAP WB Branch conducted workshop on 'Physiotherapy in Critical Care' in association with Medica Superspeciality Hospital on 27th June 2015, at Conference Hall of Medica Superspeciality Hospital. Dr. Arindam Kar, consultant critical Care specialist along some Cardiologists and other critical care specialist talk about medical

part and Dr. Shabnam Agarwal, Monoj Hembram, Tahmina Islam Amin, Timur Ali talk about the physiotherapy in critical care. The workshop aimed to train the participant on practical based solution for critical care. About 30 participated in the workshop.



CONFERENCE ALBUM

13th IAP State Conference organised in new dimension in Hotel Indismart at Salt Lake, Kolkata and completed with great success. About 160 participants even from Assam and Orissa were present and with some excellent scientific papers, quiz and cultural program.

Prof (Dr.) Bhabatosh Biswas, Vice Chancellor of The West Bengal University of Health Sciences was present in Inauguration ceremony of the Conference and delivered an inspirational speech and also Physiotherapist from AIIMS; New Delhi Dr. Harpreet Singh Sachdev (PT) was present in the inaugural ceremony.

The scientific session were composed of some excellent paper by Dr. Suman Mukhopadhyay, Associate Professor, Dept of Ergonomics & Human Factors Engineering, NITIE, Mumbai on Ergonomics Perspective in Health, Stress and Life Style Management, Dr. Amrit Biswas (PT), Principal of IPTST, Durgapur stressed on recent advance in Pain Management and some other speakers like Dr. Saumendra Narayan Kar (PT), Dr. Anwesh Pradhan (PT), Dr. Subhanjan Das (PT), Dr. Kazi Arifat Basir (PT), Dr. Tahmina Islam Amin (PT) stressed Recent advancement in specific



Release of souvenir

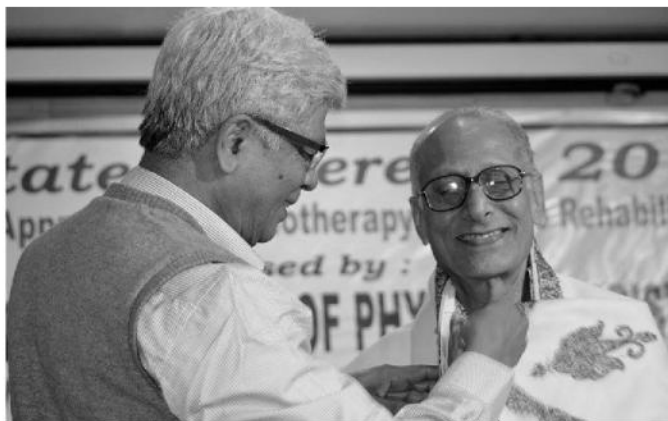


Inaugural Ceremony : Lightening of Lamp



Inaugural Ceremony : Opening Song





Facilitation of Dr. Alope Nath Mallick (PT), 1st Convener of IAP WB Branch





neurological disorders. In Theme symposium Dr. Amit Halder DM (Neuro), Dr. Kaushik Sil, Mch (Neurosurgery) were present and address on early rehabilitation in neurological disorders. Dr. Ahana Chakraborty PhD an Educationist, Councillor & Social worker was talked on importance of mental counselling in stroke rehabilitation.

Conference had 3 special sessions on Cardiac Rehabilitation (Speakers were Dr. Atanu Saha, consultant Cardiac Surgeon of NHRTIICS, Dr. Bodhottam Banerjee, PT and Dr. Souvik Roy, PT Physiotherapists of NHRTIICS), Sports Injury : Shoulder Perspective (Speakers were Dr. Vikash Kapoor and Dr. Monoj Hembram, PT) and Neural Control of Locomotion (Speaker was Dr. Bodhisatwa Maity, PT Neuro Physiotherapist of INK).

Students of the Various Physiotherapy College participated and exhibit their skill in Model and Poster presentation and Cultural events; Priyanka Sharma, Krishendu Laha, Avisikata Kabasi from VIMS, Bahni Sikha Roy from NIOH, Subhadip Bera Shyama Singh from NIHS really needs special appreciation.

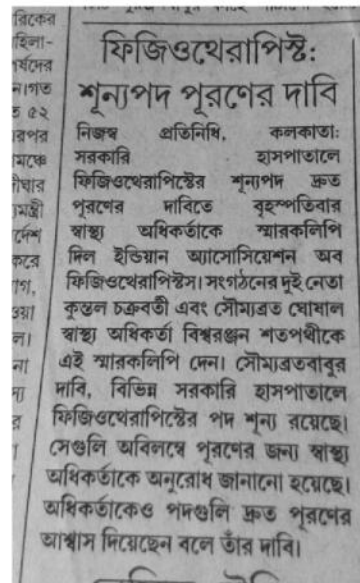
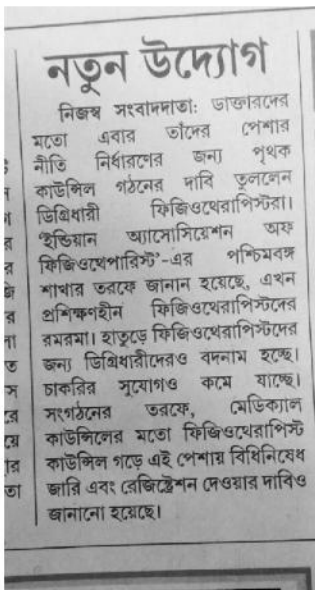
ORGANIZATIONAL/PROFESSIONAL FIELD :

1. Conducted 6 (Six) E.C. meeting
2. Conducted 3 (Three) General Body Meeting including AGB on 24.05.2015
3. Charge hand over meeting on 21.11.2014
4. Conducted 5 (Five) conference Committee meeting of 13th State Conference
5. I had sent annual report along with Auditor's report of the financial year 2013 2014 and our Branch's Bank statement to Central Committee in time to Dr. K. Bhatikar (PT) & Dr. A. Mishra (PT). Unfortunately we have not got any branch share as last few years.
6. We placed our demand to V.C. of WB University of Health Sciences for introduction of faculty of Physiotherapy profession as officer in charge for BPT & MPT course instead of PMR Specialist.
7. We placed our demand to VC of WBUHS for introduction of PhD during our 13th state Conference. He was agreed to do this.
8. We placed our demand to the different departments of WB Government including C.M. for recruitment of Physiotherapists in clinical and teaching posts.
9. We placed our demand for early solving our long standing demand gradation for government physiotherapists and also it was on physical persuasion.
10. We are negotiating and in touch for formation of Allied Health and paramedical council bill.
11. We had a meeting with DHS, Govt. W.B. and other official regarding the gradation of PTs, New recruitment, State Council, transfer rule & guideline, antiquackism etc. We are all satisfied with the meeting. We should expect for positive result by our assistance with the Government particularly for gradation and new recruitment. WB Govt.; going to introduce designated posts for Physiotherapists such as Jr. Physiotherapists, Sr. Physiotherapists and Supervisor Physiotherapists with proper pay scale.



IAP Delegates with DHS Dr. B. R. Satpathi and ADHS (Admin.), Govt. of WB

12. IMA WB was going to start two years diploma course in Physiotherapy but by our objection and interference we were able to stop this venture by IMA WB.
13. A team of only 12 participants from West Bengal was participated the 53rd National Conference in Shimla. During that time in the G.B. meeting I raise the matter regarding our inability to reinvest our matured fixed deposit in the bank due to lack of PAN no. in the name of IAP West Bengal Branch, I asked for their suggestion in this regard, unfortunately I could not get the satisfactory solution/suggestion from them, hence still we are in the same problem. In the said G.B. meeting I ask for holding National Conference in Kolkata in 2017, but sorry to say the demand was not granted not even in 2018.
14. Dr. Arup Kanti Saha (P.T.) personally told to Dr. V. Anandh (P.T.) the Convener Branch coordinator to organise convener's meeting at least once in a year on the previous day of the national conference where we can place different demands & problems at a time for fruitful early solving & also to introduce again the Best Branch Award which is not being awarded for last few years. Though personally Dr. V. Anandh (P.T.) told Dr. Saha (P.T.) that our activities during 2013-14 was such that we deserve the Best Branch Award and was also selected for that but unfortunately it was not matured as it was not discussed and finalized in CEC meeting.
15. We the elected EC members selected Dr. Tahmina Islam Amin (P.T.) & Dr. Rishi Raj (P.T.) the two enthusiast and energetic Physiotherapists as Co opt members in the IAP WB governing body for work more and smooth running of our branch.
16. We decided to Felicitated to our most senior members and ex convenor of IAP WB branch Dr. Aloke Nath Mallick (PT) Dr. Radha Ranjan Roy (PT) during 13th State Conference. Happy to say we had felicitated Dr. Aloke Nath Mallick (PT) only,



unfortunately Dr. Radha Ranjan Mallick (PT) was ill at that time, so we could not felicitate him.

17. IAP membership examination was held on 7th June, 2015 at RKMSP Hospital, Kolkata 29. Maximum candidate test success.

18. Award (During 13th State Conference)

Kusum Dishpandey Award, IPGME& R topper in BPT	Shriya Das
University Topper in BPT	Ashrifi Gazmer, NIHS, Kolkata
University Topper in MPT	Ruchika Iqbal, NIOH, Kolkata



Member of the IAP, WB Branch on 16 July 2015, along with Hooghly District Physiotherapists Welfare Association and Basberia Bayamnagar Primary School organised a free Physiotherapy camp where 102 patients were attend the camp for Physiotherapy. Dr. Sudipto Nag (PT), Dr. Prabal Kr Saha (PT), Dr S. Ghosal (PT), Dr. Sukalyan Sarkar (PT), Dr. Avijit Maji (PT) were present on that occasion.

Minutes of the AGB on 24.05.2015

1. Minutes of the last GB accepted.
2. Convener's report accepted with thanks. On question answer on this report, convenor told our assistance require by the West Bengal Govt. In respect of gradation and new recruitment of the physiotherapist on response the letter dated 15.05.2015 from DHS Govt. of West Bengal regarding the cadre strength for the Superintendent of different Govt Hospitals. Hence every Govt. Physiotherapists of different hospitals should be informed by us for persuasion of the answer of that letter from different Superintendent individually. In this regard the distribution of work to carry forwarded the matter among the EC members of IAP West Bengal Branch has been done. In this regard official expenses and TA, DA will be paid by IAP West Bengal Branch Fund to the messenger or delegates for the fruitful achievement.
3. Treasurer report accepted and passed.
4. Proceeding for registration of IAP in WB should be stored under societies registration act in West Bengal to avoid the difficulties for Bank Operations due to absence of our individual PAN Number.
5. Different Subcommittee has been formed for smooth running of the work of our branch in every aspect.

A. Govt. Affairs Sub Committee

Dr. Soumyabrata Ghosal (PT)

Dr. Rishi Raj (PT)

B. Scientific Sub Committee

Dr. Kuntal Chakraborty (PT)

Dr. Tahmina Islam Amin (PT)

C. State Physiotherapy Council Sub Committee

Dr. Ajit Kmar Gupta (PT)

Dr. Hirendra Nath Das (PT)

NOTICE

STATE CONVENTION ON “FORMATION OF STATE PHYSIOTHERAPY COUNCIL AND RECRUITMENT IN VACANT POST OF PHYSIOTHERAPISTS IN GOVT HOSPITAL”

Dear Members,

It gives me immense pleasure to inform all the members that The Indian Association of Physiotherapists, West Bengal Branch is going to organise state **Convention on “Formation Of State Physiotherapy Council & Recruitment In Vacant Post of Physiotherapists In Govt Hospital”** at Angikar Hall, Burdwan Zilla Parishad, Court Compound, Burdwan on the eve of World Physiotherapy Day, on 13th September, 2015 from 11 am to 2 pm. Dr. Partho Chatterjee, MIC of Education, Govt of West Bengal, DR Rabi Ranjan Chattopadhyaya MIC (Science & Technology), Govt of West Bengal, Sri Swapan Debnath MOS (MESE, Textile & A.R.D), Govt of West Bengal, Mr Onkar Singh Meena IAS, Joint Health Secretary (M.A.) kindly consented to present at the convention. We solicit your kind presence.

NB :

Date & Time of Convention:

13th September, 2015; 11 am to 2 pm.

Speakers of Convention :

- DR. Partho Chattopadhyaya, MIC (Education), WB Govt.
- DR Rabi Ranjan Chattopadhyaya, MIC (Science & Technology), WB Govt.
- Sri Swapan Debnath, MOS (MESE, Textile & A.R.D), WB Govt.
- Mr. Onkar Singh Meena, IAS, Joint Health Secretary (M.A.), WB Govt.
- Sri Debu Tudu, Sabhadipati, Burdwan Zilla Parishad.
- Dr. Swarup Dutta, Chairman, Burdwan Municipality
- Dr. Pranab Roy, CMOH, Burdwan.
- Dr. Sukumar Basak, Principal, Burdwan Medical College & Hospital
- Dr Utpal Dan, MSVP, Burdwan Medical College & Hospital
- Dr. Mamta Sanghamita, Honorable MP
- Dr. Debasish Biswas, Secretary, Burdwan District Progressive Doctors Association
- Dr. Arup Kanti Saha (PT) Convener IAP WB Branch
- Dr. Tapan Kanti Biswas (PT) Vice President , IAP & Others

Convention fee: **100/- only**

(Buffet Lunch and Tea will be provided, Two Luxury buses will start at 7.30 a.m. from Esplanade to Burdwan and back on the same day.)

Contact Persons:

Arup Kanti Saha

Mob. 9433117547

Rajkumar Adhikary (Convention coordinator)

Mob:9333510989

Arindam Seth

Mob. 9830515002

Arup Kanti Saha

(ARUP KANTI SAHA)

Convener , The IAP West Bengal Branch

THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS
WEST BENGAL BRANCH, KOLKATA

12/8/1, Bharat Roy Path (Ganguli Para), P.O: Shyamnagar, North 24 Parganas,
West Bengal.

AUDITORS REPORT AND STATEMENT OF ACCOUNT FOR THE
PERIOD ENDED 31ST MARCH, 2015

M/s A. Guha & Associates
Chartered Accountants,
A-9/401, Kalyani,
Dist – Nadia, Pin – 741235
Phone- (033) 2582 8918
E-Mail – abir.guha@icai.org



AUDITORS' REPORT

We have audited the attached Balance Sheet as at 31st March, 2015 of "The Indian Association of Physiotherapists, West Bengal Branch, Kolkata", 12/8/1, Bharat Roy Path (Ganguli Para), P.O.-Shyamnagar, Dist-24 Pgs North, W.B, along with the Income & Expenditure Account for the year ended on that date. These financial statements are the responsibility of the management. Our responsibility is to express an opinion on these financial statements on our audit.

We have conducted the audit in accordance with auditing standards generally accepted in India. These standards requires that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material statement. An audit includes examining, on attest basis, evidence supporting the amounts and disclosure in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by the management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

We further report that:-

- a) We have obtained all the information and explanation, which to the best of our knowledge and belief were necessary for the purpose of the audit.
- b) The Balance Sheet and Income and Expenditure Account dealt with the report are in agreement with the books of account.
- c) In our opinion and to the best of our information and according to the explanations given to us, the statements give a true and fair view.
 - i) In the case of Balance Sheet of the state of affairs as at 31st March 2015.
 - ii) In the case of Income and Expenditure Account, of the Excess of Expenditure Over Income for the year ended on that date.

for A Guha & Associates
Chartered Accountants
FRN: 327751E



Dated : 29th May, 2015.
Place : A-9/401, Kalyani
Nadia

Abir Guha
Partner
(M. No. 302314)

THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS
WEST BENGAL BRANCH

CO:

TREASURER

THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS
WEST BENGAL BRANCH, KOLKATA
12/8/1, Bharat Roy Path (Ganguli Para), P.O: Shyamnagar, North 24 Parganas, West Bengal.

Balance Sheet

As at 31/03/2015

Liabilities	Amount	Amount	Assets	Amount	Amount
	Rs	Rs		Rs	Rs
<u>General Fund Account</u>			<u>Fixed Deposits with Bank</u>		540433.00
As per last A/c	616980.15		As per last A/c		
Less: Deficit	18981.00				
		597999.15	<u>Amount Receivable</u>		
<u>Liabilities for Expenses</u>			As per last A/c	5000.00	
As per last A/c	6000.00		Add: During the year	4000.00	9000.00
Add: Accounting Charges	2500.00				
Add: Audit Fees	1500.00		<u>Cash at Bank</u>		73482.15
		10000.00	Indian Overseas Bank, Bhawanipore		
<u>Loan from Treasurer</u>			Branch, Savings A/c No: 657		
As per last A/c		4293.00	<u>Cash in hand</u>		3377.00
<u>Other Programme Loan</u>					
As per last A/c		14000.00			
		626292.15			626292.15

for A Guha & Associates
Chartered Accountants



A. Guha
Abir Guha
Partner
M. No.- 302314
Place - A - 9/401
Kalyani, Nadia

THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS
WEST BENGAL BRANCH

CONVENER

Anindam Chatterjee
TREASURER

THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS
WEST BENGAL BRANCH, KOLKATA
12/8/1, Bharat Roy Path (Ganguli Para), P.O: Shyamnagar, North 24 Parganas, West Bengal.

Receipts & Payments Accounts
For the Year ended 31/03/2015

Receipts	Amount	Amount	Payments	Amount	Amount
To, Opening Balance					
Cash	973.00		By, Election Expenses		13597.00
Bank	94867.15				
		95840.15	By, Printing Charges		9000.00
To, Membership Subscription		8100.00			
To, Interest on Fixed Deposit		22223.00	By, Expenses for World P.T. Day		34350.00
To, Interest on Savings Bank		3821.00	Celebration		
To, Souvenir Collection		19000.00			
To, Member Contribution for		14000.00	By, Pre- conference workshop Exp		42302.00
World Physiotherapy Day					
workshop			By, Expenses for 13th Conference		316763.00
To, Sponsorship for		25000.00			
World Physiotherapy Day			By, General Administrative		28113.00
workshop			Expenses		
To, Member Contribution for		54000.00	By, Accounting Charges		2500.00
pre- conference workshop on					
NDT					
To, Stall Hire Charges for		94000.00	By, Audit Fees		1500.00
13th Conference					
To, Physiotherapists Registration		106600.00			
fees for 13th Conference			To, Closing Balance		
To, Students Registration		82000.00	Cash	3377.00	
fees for 13th Conference			Bank	73482.15	
					76859.15
To, Misc Receipts		400.00			
		524984.15			524984.15



for A Guha & Associates
Chartered Accountants

A. Guha

Abir Guha
Partner
M. No.- 302314
Place - A - 9/401
Kalyani, Nadia

THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS
WEST BENGAL BRANCH

CONVENER

Arindam Das
TREASURER

THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS
WEST BENGAL BRANCH, KOLKATA
12/8/1, Bharat Roy Path (Ganguli Para), P.O: Shyamnagar, North 24 Parganas, West Bengal

Income & Expenditure Accounts

For the Year ended 31/03/2015

Expenditure	Amount	Amount	Income	Amount	Amount
	Rs	Rs		Rs	Rs
To, Election Expenses		13597.00	By, Membership Subscription		8100.00
To, Printing Charges		9000.00	By, Interest on Fixed Deposit		22223.00
To, Expenses for World P.T. Day Celebration Annx - 1		34350.00	By, Interest on Savings Bank		3821.00
To, Pre- conference workshop Exp Annx-2		42302.00	By, Souvenir Collection		19000.00
To, Expenses for 13th Conference Annx-3		316763.00	By, Member Contribution for World Physiotherapy Day workshop		14000.00
To, General Administrative Expenses Annx-4		28113.00	By, Sponsorship for World Physiotherapy Day workshop		25000.00
By, Accounting Charges		2500.00	By, Member Contribution for pre- conference workshop on NDT		54000.00
By, Audit Fees		1500.00	By, Stall Hire Charges for 13th Conference		94000.00
			By, Physiotherapists Registration fees for 13th Conference		106600.00
			By, Students Registration fees for 13th Conference		82000.00
			By, Misc Receipts		400.00
			By, Deficit c/d (Excces of Expenditure over Income)		18981.00
		448125.00			448125.00

for A Guha & Associates
Chartered Accountants



A. Guha
Abir Guha
Partner
M. No.- 302314
Place - A - 9/401
Kalyani, Nadia

THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS
WEST BENGAL BRANCH

CONVENER

Anindam Laha
TREASURER

THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS
WEST BENGAL BRANCH, KOLKATA
12/8/1, Bharat Roy Path (Ganguli Para), P.O: Shyamnagar, North 24 Parganas, West Bengal

Expenses for World P.T. Day Celebration
Annexure -1

S.L. No	Particulars	Amount	Amount
		Rs	Rs
1	Momentoes		7000.00
2	Food		16000.00
3	Travel for Resource Persons		5100.00
4	Stationery and others expenses		3000.00
5	Refreshments for Resource Persons		2000.00
6	Printing		1250.00
			34350.00

Pre- conference workshop Exp
Annexure -2

S.L. No	Particulars	Amount	Amount
		Rs	Rs
1	Honorium for Resource Persons		15000
2	Food for Participants		8400
3	Train Fair for Resource Persons		4200
4	Educational Kits		992
5	Xerox		290
6	Flower		900
7	Gift		500
8	Printing & Stationery		300
9	Travelling Expenses		2400
10	Resource Persons Fooding & Lodging		5150
11	Standee & Flex		3300
12	Certificate Printing		870
			42302



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WEST BENGAL BRANCH, KOLKATA

12/8/1, Bharat Roy Path (Ganguli Para), P.O: Shyamnagar, North 24 Parganas, West Bengal

Expenses for 13th State Conference

Annexure -3

S.L. No	Particulars	Amount	Amount
		Rs	Rs
1	Hotel Indismart Fooding, Hall Hire & Room Rent		232867
2	Hotel Indismart Decorator		10000
3	Hotel Indismart Tips		1500
4	Printing		22130
5	Momentoes		12970
6	Flex		2000
7	Kits		15840
8	Flowers		960
9	Xerox & Stationery		1050
10	Conference Meeting		1100
11	Hall Searching & Invitation Convence		760
12	Various expenses & Convence Incurred by Convenor for Conference		7686
13	Various expenses & Convence Incurred by Treasurer		2600
14	Misc. Expenses		3300
15	Photography		2000
			316763

General Administrative Expenses

Annexure -4

S.L. No	Particulars	Amount	Amount
		Rs	Rs
1	General Body Meeting on 29.11.2014 at R.K.M.S.P.H		649
2	Advertise at Bartamaan daily newspaper on 12/02/2015		17000
3	Facilitation of A.N. Mallick		2242
4	Gift for University Topper		150
5	Stationary & Xerox		160
6	Postage & Courier		4578
7	Stamp Making		400
8	Various expenses incurred by Convenor		1124
9	E.C Meeting & other Meeting Expenses		500
10	Others Expenses		1310
			28113



THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS
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CONVENER

Anindam Das
TREASURER

Comparing two Manual Therapy techniques in the treatment of low back pain with Flexion Dysfunction

Souvik Bhattacharjee, MPT (Ortho), Central Hospital, SE Railway, Gardenreach

INTRODUCTION

Back pain is a commonest problem human body suffers with second only to common cold, second leading symptomatic cause for surgical procedure and fifth most common cause for hospitalization. Everybody suffers with back pain sometime or the other during his/her lifetime. Back pain leads to loss of productivity, increase health care costs, financial compensation and various psycho-social problems. Thus, back pain one of the most expensive ailment in the 30-to 60-year-old age group.

A significant finding in patients with recurrent back pain is a decrease in segmental flexion motion. Gardiner stated that three group of people could develop stiffness due to immobilization: (1) those who cannot bend forward due to pain, (2) those who are advised not to bend forward for the injury/disease /disorder to resolve or as a prophylaxis measure and (3) those who do not bend forward as a protective measure or their activities / occupation do not demand it. Immobility due to any reason gives rise to fibroblastic proliferation, resulting into loss of biological properties of the connective tissues & loss of flexibility. Therefore the spinal mobility is lost due to the tightness of thoraco-lumbar fascia, loss of flexibility of Para spinal muscles, fibrous shortening of the periarticular connective tissue of the apophyseal joints & other ligamentous structures. It progresses gradually resulting into a stiff spine interfering with the activities of daily living.

The purpose of this study was to determine the relative efficacy of conventional spinal flexion mobilisation compared to Mulligan's flexion mobilisation in the treatment of patients with low back pain.

Materials and Methods: 30 patients, 20 males & 10 females aged 22 to 50 years (36.53 ± 9.35) with chronic low back pain (more than 6 months) and difficulty in forward bending were recruited from the outpatient department at Central hospital, Gardenreach, South Eastern Railway.

Subjects with back pain radiating to lower limb, neurological deficits, trauma, elderly patients above 50 years and history of smoking, advanced age and weight loss increasing the likelihood of malignancies were excluded from the study. The subjects were made to sign an informed

consent and then randomly allocated to following groups:

Group I-Conventional upper trunk flexion mobilization+Traction (7M + 3 F), 22-50 years

Group II-Mulligan's flexion mobilization + Traction (7M+3F), 22-50 years.

Group III- Traction (6M+4F), 25-50 years.

All the patients were asked to apply hot fomentation & perform spinal flexion exercises as home based exercise programme. Lumbar traction was applied in semi-fowler's position by Enraf Nonius Eltrac-471 with half of the body weight as tractive force for 15 minutes following mobilization.

DATA COLLECTION

Dependent Variables(1) Intensity of pain by VAS, (2) flexibility of lumbar spine by Modified Schober's method and (3) mobility of lumbar spine & sacral inclination by X-rays LS spine lateral view while bending forward maximally in standing & erect standing position respectively.

Pre-treatment measurements were made on Friday. Treatment started from the next week for five days a week (Monday to Friday) for three weeks consecutively. Post-treatment measurement I was taken after completion of the treatment for 3 weeks and Post treatment measurement II was taken one week after completion of the treatment session to observe the follow up effect. Data analysis was done by using 3 X 3 ANOVA, where there is one between factor(treatment group) & one within factor(time) having 3 levels. A 0.5 level of significance was used for all comparisons.

Instrumentation

 **Visual analogue scale**

 **X-Rays LS spine lateral view** by using SIMENS were be taken in standing position and in maximum forward bend position with the pelvic fixed. Evacuation of the bowel by giving laxative on the previous night for clarity of the X-rays will be done. Flexion angle is the angle at the meeting point of the straight lines along the upper border of L1 and lower border of L5 vertebral bodies. Sacral inclination is the line drawn along the upper border of S1 vertebra with the horizontal.

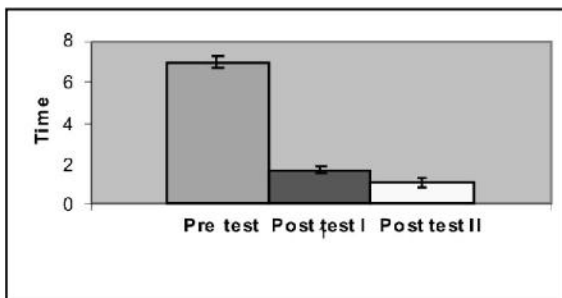
 Clinically Lumbar spinal flexion was measured by Modified Schober's method.



Mobilization Techniques, Traction in Semi Fowler's Position and Modified Schober's method

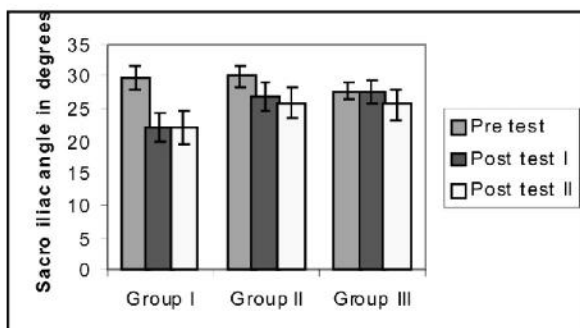
RESULTS:

VISUAL ANALOG SCALE



Subjects in all groups reported a decrement in pain scores with treatment when compared to the initial assessment. This improvement was sustained over a follow-up period during which no treatment was given.

SACRO-ILIAC ANGLE

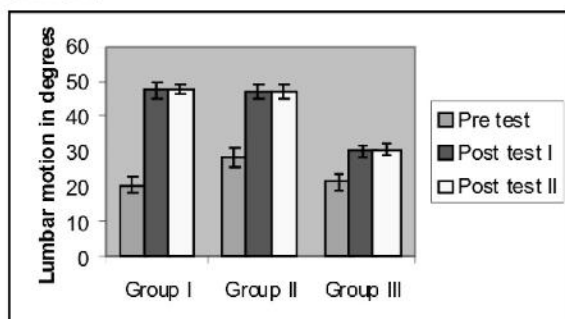


The decreased SI angle improved to a greater extent with conventional spinal mobilization techniques than Mulligan's mobilisation techniques and Control group. This effect was sustained in both the groups for one week after stopping the therapy.

Post hoc analysis shows that both the Conventional group and the Mulligan group improved from the pre to post I and Post II when compared with the control group.

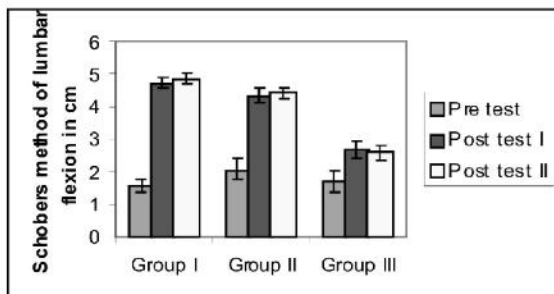
However, the group that received conventional mobilization therapy improved to a greater extent than both the Mulligan's as well as Control group.

LUMBAR MOTION



Lumbar mobility improved to a greater degree with conventional spinal mobilization therapy than Mulligan's techniques and Control group. This effect was sustained after one week of no therapy period. Post hoc analysis demonstrates that the Conventional group and the Mulligan group improved from the pre to post I and Post II when compared with the control group. However, the group that received conventional therapy improved to a greater extent than both the Mulligan's as well as Control group. Though the mulligan therapy group also improved, it was to a lesser extent when compared to the conventional therapy group.

MODIFIED SCHOBER'S METHOD OF INTERVERTEBRAL MOTION



The inter-vertebral motion improved to a greater amount with conventional spinal mobilization techniques when compared to the other groups. Post hoc analysis demonstrates that the conventional group improved to a larger extent than the Mulligan group, when compared with the control group.

DISCUSSION

Overall, the results of this study demonstrate that patients with pain localized to the low back and with current hypo-mobility of the lumbar spine can benefit from physiotherapy treatment. More importantly, it was found that conventional spinal mobilisation techniques were more efficacious than Mulligan's techniques and traditional physiotherapy consisting of spinal traction etc. in improving spinal mobility. However, all the techniques led to a decrease in the perception of pain as measured by the VAS score. There was reduction in VAS scores in all the groups. All the subjects had decreased range of flexion of the lumbar spine, where the shortened posterior structures could have contributed to the pain. This reduction in VAS scores could be attributed to the traction, which was given to all the subjects. Lumbar traction in semi fowler's position elongates the posterior soft tissue structures, restricting the spinal flexion, relieving the pain.

Back pain may occur secondary to cumulative trauma that maybe caused by the accumulative effects of months or even years of micro injuries due to repeated forward bending, lifting or sitting in a slumped, forward-bent position. So clinicians emphasize more on the extension exercises and caution against the flexion of the lumbar spine. Loss spinal flexion due to prolonged avoidance of forward bending in- turn could give rise to chronic back pain. So as demonstrated in this study flexion exercises could be used for back pain with flexion dysfunction. Lumbar motion and Sacro-iliac angle as measured by X-ray and Lumbar flexion as measured by Schober's' method showed similar results, that subjects who underwent Conventional therapy and Mulligan's' lumbar mobilization improved to a greater extent when compared to a control group.

But the subjects in Mulligan group improved to a lesser extent than the conventional therapy. Historically Williams' flexion based exercises have been used for facet disease, spondylosis, flexion dysfunction, stenosis and certain type of derangement, which may worsen with extension exercise. McKenzie's auto spinal flexion mobilization has been used for spinal flexion dysfunction. Paris advocated spinal flexion exercises to reduce pressure over the spinal nerve. Spinal extension reduces intervertebral foramen size, whereas flexion increases its size relieving pressure over the nerve root. A flexible spine with movements in all directions attenuates energy and prevents damage due to any stress, whether occupational or traumatic. The results of this study provide support for the above theoretical rationale and in-turn the use of flexion mobilisation techniques.

In humans given that man can stand erect, there are excessive compression forces that need to be dealt with. Thus, in contrast to quadrupeds who have to deal with only strong extension strains, humans have to deal with repeated flexion strains as well as compressive and shear forces, in addition to extension forces. Consequently, by assuming an erect posture the spine and its supportive structures have to deal with these additional forces which, in reality they have not been designed to withstand. With both repeated flexion and compression, the annulus, capsule-ligamentous structures, posterior back muscles; begins to suffer from minor trauma due to overstretching. It heals with little consequences. However, minor but recurring micro trauma and repair eventually leads to loss of elasticity, extensibility and mobility. With the reduction of mobility, one experiences discomfort or pain at the limited end range of flexion. With the loss of disc height, and thickened, fibrosed and adherent capsule-ligamentous structures it results in spinal stenosis; characterized by low back pain which is aggravated in standing and spinal extension and relieved in sitting and spinal flexion.

CONCLUSION

Avoidance of forward bending and spinal extension exercises are most often recommended for the treatment of low back pain. In contrast, the results of this study have clearly shown that flexion mobilization techniques have beneficial effects in patients with low back pain, both with regards to pain decrement and an improvement in range of motion. Thus, clinicians should differentially recommend and implement treatment techniques that are specific to the patient's condition. Both the conventional therapy and Mulligan therapy showed significant improvement that the control group Patients with back pain except PIVD can do spinal flexion exercises, and should not be strictly advised to avoid forward bending, although repeated forward bending activities must be modified. One of the limitations of this study could be the small sample size and non inclusion of functional outcome measurement.

Key words: Low back pain, Conventional spinal Mobilization, Mulligan, McKenzie.

Upcoming Events

Dear Physios,
IAP WB Branch is going to organize a series of pre and Post Conference workshops for students and Professional both, you are requested to enrol your name for Workshops,
for details follow : www.physiotherapywb.org

5th and 6th December, 2015 :

Workshop on : **DYNAMIC STABILITY AND MUSCLE BALANCE
OF THE CERVICAL SPINE**

A Concept Of Dynamic Balance Of The Sensory Motor System

Resource Person : **Dr. Shabnam Agarwal**, PhD (Australia), MSc. PT (UK)

January: 2016

Pre conference Workshop by Dr. Sanjib Jha (PT) on 14th and 15th January, 2016 on Pelvic Mobilization

State Conference on 16th and 17th January 2016

Post Conference Workshop on
"Introduction of Management of Lymph Edema"
by Dr. Kallol K. Halder (PT) and Dr. Dibyendu Roy (PT)

February: 2016

Post Conference Workshop on "Dry Needling"
by Dr. Subhanjan Das (PT), Asst. Prof. BIMLS

Dignity for Physios

Prefix “Dr.” Suffix “PT”

Dr. Ketan Bhatikar, PT

**Edited &
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Dr. Einstein
Jerome, PT

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Dr. Umasankar
Mohanty



All you need
to know about
Physiotherapy
in India

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