

MISCELLANEOUS

Postgraduate Forum

BOOK AND ARTICLE NEWS

Book News

1. Physical Medicine and Rehabilitation Q & A Review, 2nd ed, by Lyn D., MD Weiss, Harry J., MD Lenaburg, Jay M., MD Weiss. Publisher: Demos Medical; May 2017.
2. Traumatic Brain Injury Rehabilitation, An Issue of Physical Medicine and Rehabilitation Clinics of North America, (The Clinics: Orthopedics) by Blessen C Eapen and David X. Cifu. Publisher: Elsevier; April 2017.
3. Musculoskeletal Ultrasound Cross-Sectional Anatomy 1st ed by John C., MD Cianca, Shounuck I. and DO Patel. Publisher: Demos Medical; August 2017).
4. Systemic Disease Manifestations in the Foot, Ankle, and Lower Extremity First, 1st ed by Rock G. Positano, Jeffrey Borer, Christopher DiGiovanni, et al. Publisher: Wolters Kluwer Health; April 2017.
5. Pelvic Pain, An Issue of Physical Medicine and Rehabilitation Clinics of North America, 1e (The Clinics: Orthopedics) by Kelly Scott MD. Publisher: Elsevier; August 2017.

Article News

1. Hospital-Based Health Care After Traumatic Brain Injury. David B. Salisbury, Simon J. Driver, Megan Reynolds, Monica Bennett, Laura B. Petrey, Anne Marie Warren. Archives of Physical Medicine and Rehabilitation. March 2017 Volume 98, Issue, p425–433.
2. Lap-tray and triangular sling are no more effective than a hemi-sling in preventing shoulder subluxation in those at risk early after stroke: a randomized trial. Louise ADA *, Anchalee Foongchomcheay, Birgitta Langhammer, Elisabeth Preston, Rosalyn Stanton, John Robinson, Serene Paul, Colleen Canning European Journal of Physical and Rehabilitation Medicine 2017 February;53(1):41.
3. Safety of Intra-Articular Oxygen-Ozone Therapy Compared to Intra-Articular Sodium Hyaluronate in Knee Osteoarthritis: A Randomized Single Blind Pilot Study. Invernizzi M, Stagno D, Carda S, Grana E, Picelli A, Smania N, Cisari C and Baricich A. Int J Phys Med Rehabil 2017, 5: 385 Volume 5, Issue 1.
4. Factors in the Efficacy, Safety, and Impact on Quality of Life for Treatment of Drooling with Botulinum Toxin Type A in Patients with Cerebral Palsy. Gonzalez-L, Maria D.; Martinez, Carmen; Bori y Fortuny, Inma; American Journal of Physical Medicine & Rehabilitation . 96(2):68-76, February 2017. February 2017 - Volume 96 - Issue 2.
5. Effects of Functional Electrical Stimulation on Reducing Falls and Improving Gait Parameters in Multiple Sclerosis and Stroke. Elisa Gervasoni, Riccardo Parelli, Marcin Uszynski, Alessandro Crippa, Alberto Marzegan, Angelo Montesano, Davide Cattaneo. PM&R. April 2017 Volume 9, Issue 4, p339–347.



REHAB QUIZ

1. All are effects of laser except
 - a. Increases ATP synthesis
 - b. Increases cellular pH
 - c. Decreases sensory latency
 - d. Increase microcirculation
2. Q angle is increased in
 - a. Genu varum
 - b. Inetrnal tibial torsion
 - c. Tight lateral retinaculum
 - d. Decreased femoral antevrsion
3. Causes of bilateral LMN facial palsy are all except:
 - a. Gullein Barre syndrome
 - b. Myaesthesia gravis
 - c. Mononeuritis multiplex
 - d. Sarcodosis
4. Features of Torticollis
 - a. Chin rotated to affected side
 - b. Flattening of ipsilateral occipital protuberance
 - c. Ipsilateral lateral flexion
 - d. It is always painless lbut associated with difficulty in swallowing
5. Differetial diagnosis of DISH is all except
 - a. Ankylosing Spondylitis
 - b. Retinoid arthropathy
 - c. Fluorosis
 - d. Hypervitaminosis D
6. Which of the following plastics is commomly used as a top cover
 - a. Platizote
 - b. Polyethelene
 - c. Orfilite
 - d. Polypropylene thermoplastics (PPT)
7. What type of plastic is plastizote
 - a. low temperature thermoplastics
 - b. High temperature thermoplastics
 - c. Closed foam cell polyethylene foam
 - d. High foam cell polyethylene foam
8. True about subtalar joint
 - a. In OKC, movement occurs in both distal and proximal to subtalar joint
 - b. In CKC, pronation is calcaneal eversion, , talar adduction and dorsiflexion
 - c. OKC, pronation is calcaneal eversion, talar adduction and dorsiflexion
 - d. Pronation cases varus deformity on knee
9. Wearer cause of of circumducted gait on the following side is all except
 - a. Abductor contracture
 - b. Lack of confidence due to weak muscles
 - c. Habit
 - d. Poor balance
10. Which of the following is not a potential complication of tracheostomy ventilation
 - a. Increased respiratoty tract infection
 - b. Treacheal stenosis
 - c. Paralysis of posterior aspect of palate
 - d. Tracheoesophageal fistula

Answers of March 2017

1. d, 2. a, 3. b, 4. b, 5. b, 6. c, 7. b, 8. a, 9. d, 10. b

REHAB CHALLENGE

A Right handed literate aged male from middle socio economic status of urban area, known hypertensive for last three years and Parkinson's disease presented with severe right hip pain and inability to walk due to sub capital fracture right femur (Figure 1) after a fall in bathroom three months ago. Thereafter patient was deteriorating and was confused due to metabolic encephalopathy and dyselectrolytemia. Patient was unfit for surgery due to his long standing poor mobility secondary to Parkinson's disease and previous stroke complicated with encephalopathy. That's why a decision was taken for conservative care with skeletal traction with a plan of reconditioning followed by gradual mobilisation with or without orthosis.

Thereafter patient was transferred to rehabilitation ward. Bladder control and self feeding were established. Rigidity and negative symptoms were improved after topping up of anti parkinsonian medication. Subsequently patient achieved independent bed mobility, sitting balance. His DEXA scan showed severe osteoporosis and he was then treated with injection teriparatide, calcium and vitamin D. Revision skiagram showed little bit of resolution of femoral head and shifting of rest of femur which is a common phenomena favouring the future outcome of spontaneous Girdle stone like pseudoarthrosis.

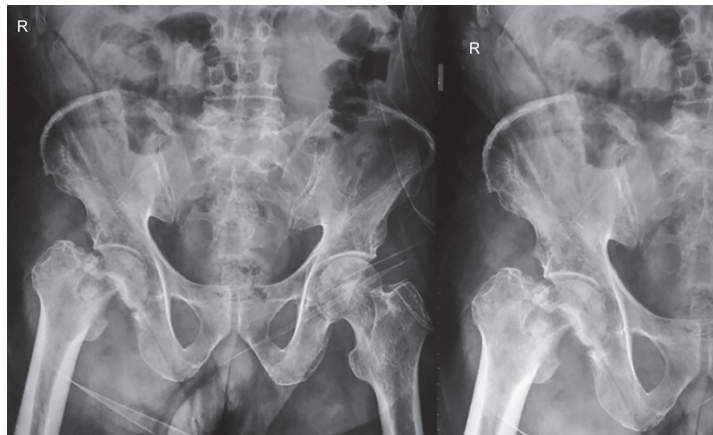


Fig. 1: Right femur fracture



Fig. 2: Gait training with walker

Patient was keen to go home but complaining of severe pain at right hip while standing with support and gait training with walker (Figure 2). Please opine for appropriate further rehabilitation plans including orthotic support.