BULLETIN OF
INDIAN ASSOCIATION OF PHYSICAL MEDICINE AND REHABILITATION

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Dr Bidhan Chandra Roy
(1st July 1882 - 1st July 1962)

Editor : Dr Saumen K. De **July- September, 2020** **Volume : 10 Issue :2**

Editorial

It gives me immense pleasure to inform you that we are going to publish the July - September, 2020 issue of IAPMR Bulletin. This is the second issue for the year 2020-2021. I am conveying my sincere gratitude and regards to all the members of IAPMR. In this issue, we have tried to cover activities and achievements of our esteemed members during the period of July - September, 2020. During this period, we have observed a few important days like Doctor's Day (1st July), Teacher's Day and SCI Day (5th September). I have tried to include these too.

We have lost two stalwarts, Dr Ambar Ballav and Dr L. Jaishankar. We are expressing our deep respect for the departed. May their souls rest in peace. I am thankful to Dr Dilip Kumar Khatua, Secretary, WBIAPMR and Dr Madhushree Sengupta for writing the obituary of Dr Ambar Ballav and I am thankful to Dr P. Thirunavukkarasu for writing the obituary of Dr L. Jaishankar.

All of you know that we are passing through a condition which we have never faced before, the COVID-19 pandemic situation. I want to thank all the frontline warriors including our own. I am thankful to Dr Ushnish Mukherjee, Medical Officer (Physical Medicine and Rehabilitation) at M.R.Bangur Superspeciality Hospital, Kolkata, a COVID Warrior, who has written "COVID-19 : My feelings as a doctor, as a patient".

I am grateful to Dr Ratnesh Kumar, Dr George Joseph, Dr Mrinal Joshi, Dr Raji Thomas for enriching our Bulletin with their articles for this issue. We have requested more of our respected seniors for their write-ups and we are hopeful that we will get for our next issues. All these articles will definitely enrich our Bulletin.

In this new normal situation, we are being compelled to become virtual to maintain physical distance. In this scenario, it is obvious to have a lack of activities. I have tried to include whatever events, activities (online/offline) or achievements on the part of our esteemed members. We were hopeful about meeting in person in Patna during MID-TERM CME and were also planning to handover copies of the Bulletin there. We couldn't do so as the COVID-19 Pandemic scenario compelled us to defer the MID-TERM CME and to make it a virtual one, which is supposed to be held on 31st October and 1st November, 2020.

I am grateful to all the members of our beloved organization for their support. We will publish the October-December, 2020 issue in due time. I am requesting you to share activities and achievements generously via e-mail (E-mail address: **drsaumen16@yahoo.com** and **editorofiapmrbulletin@gmail.com**), or WhatsApp: **94331 24596**.

We request you to maintain the required safety measures. Stay safe, stay healthy. Long live IAPMR!, Jai Hind!!

Dr Saumen K. De

President IAPMR

Dear Friends, I am very glad to convey my greetings and share an important piece of information that IAPMR was officially registered under the Society's Registration Act of 1860 at New Delhi on **6 July 1972**. Members have expressed on a couple of occasions that we are small in numbers, not so well known or well recognized. Celebration of this important day with full vigor in all possible ways will help greatly. We can organize several events such as CME Programmes, Seminars, Lectures, Conferences, Workshops, etc. on this day in our respective departments, Institutions, States, and nation-wide! We can spread the message through print and electronic media, social media etc.

This issue of IAPMR Bulletin is rich in content and I am not going to repeat that here.

In my limited capacity, I am trying to do my bit whenever and wherever I get the opportunity at different platforms but much more needs to be done urgently and many more need to join hands.

You may contact me at **iapmrpresident@gmail.com** or wadhwadr@gmail.com if needed.

I request you all to take utmost care and stay safe., Jai Hind! Long live IAPMR!

Dr Sanjay Wadhwa

Hony Secretary IAPMR

Yet another issue of IAPMR Bulletin and I am very happy to write this message.

I would like to congratulate Dr Saumen K. De for working non-stop and for bringing out quarterly issues of the bulletin in time inspite of the pandemic.

This time IAPMR Midterm CME is going to be held in Patna, Bihar on 31st Oct and 1st Nov, 2020. It is unique as this will be the first Virtual CME of IAPMR. I would like to congratulate Prof Ajit Verma and Dr Sanjay Pandey and their team who agreed to bring out this form of CME and are working very hard to make it an academic feast for all of us. The theme of the CME is "**Rehabilitation Redefined**", which is very apt looking at the current scenario. The Pandemic has taught us new aspects of Rehabilitation including Telerehabilitation and Covid Rehabilitation. I am very sure that these are included in the scientific program.

As promised, the association is ready with Dynamic Website with individual log in for members and online poll system. We already have our face book page, twitter handle and you tube channel for increasing our visibility on social media platform.

I would like to welcome everyone for IAPMR Midterm CME and wish this event to be a huge success.

Long Live IAPMR!!, Jai Hind!!

Dr Navita Vyas

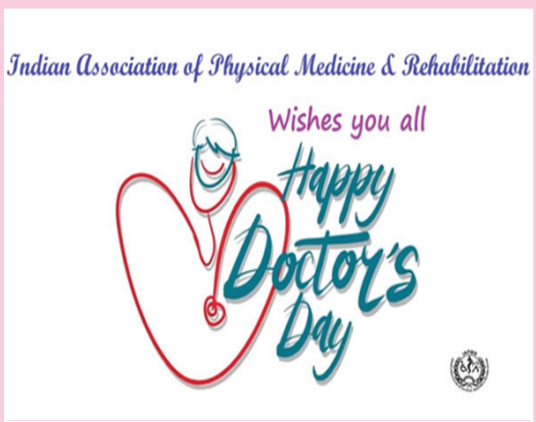
Sept. 5, 2020 – Spinal Cord Injury Day

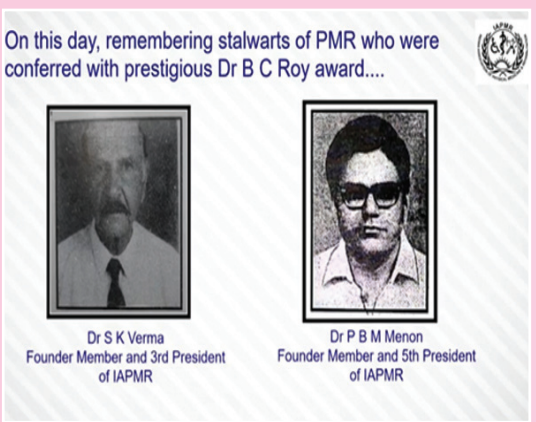
"International Days" are celebrated to mark important aspects of human life and history. On the suggestion of its Prevention Committee, International Spinal Cord Society (ISCoS) has decided to observe 'Spinal Cord Injury Day' on 5th September every year since 2016 with the intention of increasing awareness amongst the general public. It is presumed that the awareness would facilitate an inclusive life for persons with disability and ensure greater chances of success of prevention programs.

This year, our focus will be on the prevention of Covid-19 for persons with spinal cord injury, with the slogan **"Covid-19 and SCI: Staying well"**. The Covid-19 pandemic has been an unprecedented time for all, with or without disability. Persons with spinal cord injury are more vulnerable than others, and were left to fear severe complications and poor disease outcome. When confronted with protective measures and a lockdown, the physical, psychological and social needs of those persons in a wheelchair cannot be overstated.

The way we are going to deal with the Covid-19 pandemic and its aftermath will most certainly pave the way for the future of persons with spinal cord injuries and other disabilities. Let's hope it is for the best.

Dr R.N.Haldar, Immediate Past President





Obituary : Dr Ambar Ballav (26.04.1949 - 19.07.2020)

Dr Ambar Ballav was born in April 1949 to Mr Samir Kumar Ballav and Smt. Arati Rani Ballav. On completion of his schooling from Scottish Church School, Dr Ballav opted for a life of academics, thus moving beyond the comfort zone of familial establishments and completed his MBBS from NRS medical College. Although he started his journey as a Gynaecologist and then a specialist in Tropical Medicine, it is in PMR that he found his calling and joined in SSKM PMR Dept in 1985 as a PGT (5th Batch).His contemporaries remember him as a sincere, studious and humble man who hailed from that mansion in Shyambazar, very respectful of all. Under the tutelage of Dr Sanat Sarkar , Dr Ballav Completed his post-graduation in 1988. Thus began his journey in PMR sequentially from NRS Medical College, Bankura Sammilani Medical College, Calcutta Medical College and then SSKM , Kolkata as HOD in PMR in 2000. Dr Ambar Ballav created history in the years that followed creating a department thrilling with enthusiasm, enriched with knowledge. More than 20 post graduate trainees blossomed under his guidance and have made their presence felt in the state, national and international platforms. He has been the examiner of MD (PMR) , DNB (PMR) , Dip. PMR, BPT, BOT, MPT, DPT in various centres and today his students are present in every possible domains of rehabilitation. His illustrious career has seen him in multiple posts of important academic importance like moderator, thesis guide and adjudicator, convener, governing body member, inspection team in the state governing as well as educational bodies. Dr Ambar Ballav has been the President of IAPMR West Bengal chapter. Two national conferences and one mid-term CME was held in Kolkata during his tenure in SSKM and he has served variously as chairman of scientific committee and organising committee. With multiple publications in national and international journals, his illustrious career bears testimony to his dedication and leadership qualities.Dr Ballav let the foundation of the Indoor building of PMR, SSKM and retired from SSKM in 2011 as an enviable stature of respect and popularity. A born teacher , Dr Ballav was not one to live a quiet retired life. He soon joined NILD Kolkata as the Professor Consultant to DNB trainees in PMR , thus heralding the brightest phase of the Institute. Dr. Ballav encouraged Inter-Institute collaboration for the upliftment of the subject and insisted on combined classes. He inspired the students to visit conferences to learn as well as make their presence felt. Like a true guru, he knew the strength as well as the weakness of all the birds in his nest and nurture them to spread their wings and fly in the right direction. He encouraged students to explore other Institutes as well as grab every educational opportunities. His students unanimously remember him as an approachable yet stern storehouse of knowledge who was friendly, never rude. A true guide and A true mentor. He applauded every achievement, critically analysed every venture and protected from impending danger. His hearty laugh will be missed by all. Dr Ballav is survived by his wife who like a true GuruMa has nurtured every student in all gathering through her loving presence and tasty cooking. Dr Chitrabhanu Ballav, his son practices Medicine in UK. All his students have seen the twinkle in his eyes whenever he mentioned his grand daughter. With a heavy heart we wish him goodbye and take solace in the fact that like a guardian angel he will - continue to be a part of our lives.

Obituary : Dr L. Jaishankar (12.07.1948 - 13.07.2020)

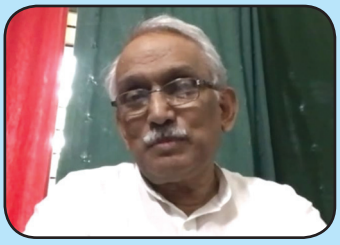
Dr. L Jaishankar completed his MBBS at Chenglepet Medical College, Tamilnadu. He Joined PMR course in 1978 to 1980 at Government Institute of Rehabilitation Medicine, KK Nagar Chennai, under Madras Medical College. Prior to the PG he had already joined the Tamilnadu Medical service and after Post graduation he joined the spinal cord injury Rehabilitation unit at Govt General Hospital in Madras Medical College. He later served as Assistant Professor in Government institute of Rehabilitation Medicine under Madras Medical College. Later he was promoted as Professor of PMR to Trichy Medical College, Tamilnadu from where he retired voluntarily. Post retirement he served as Professor of PMR cum Principal in Saveetha college of Physiotherapy and Senior Administrator in star Health Insurance until few months back. He was an excellent teacher. He was a guiding figure for the PG students in PMR and Physiotherapy students attached to college of Physiotherapy at Government Institute of Rehabilitation Medicine.

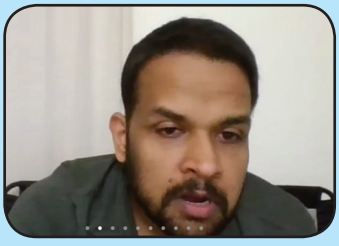
He was a very kind hearted person, very adjustable, and jovial. He never hurt anyone. In Tamilnadu Chapter of IAPMR, he held the post of President in the year 2002. The untimely loss of his beloved wife in his middle age shook him and then on he was more towards service to poor and needy. He was awarded the "life time Achievement award for Doctor for serving differently abled" during the Disability day Celebration in December 2013 conducted at Government Institute of Rehabilitation Medicine, Chennai presided by the Director of Medical Education, Govt of Tamilnadu. We lost him to heaven on July 13, 2020. May his soul rest in peace.

SCI DAY(5th. September)

Dept of PMR, AIIMS, Gorokhpur and CMC Ludhiana; in association with UP Chapter of IAPMR observed SCI Day (on 5th September, 2020). A CME on "SCI amidst COVID-19" was successfully arranged.

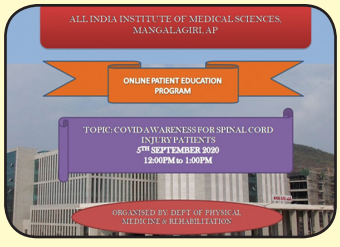
Dr Amit Ranjan gave the welcome address. Dr Surekha Kishore, Director, AIIMS Gorakhpur inaugurated the webinar (CME). Dr Sanjay Wadhwa, President, IAPMR gave the key note address. A smooth and very informative lecture from doyen of PMR, Dr Suranjan Bhattacharjee. Dr Ratnesh Kumar, President, UP Chapter of IAPMR, talked on SCI Management then and now: changing concepts over decade which was very informative which was followed by a session on SCI and COVID-19 perspectives. The speakers were Dr Henry Prakash, Dr Anand Viswanathan, Mr Justin Jesudas, International Para-swimming Champion. Mr Justin, who is a C6 Quadruplegic, delivered a motivational and inspiring talk. He explained and demonstrated how he single handedly managed to live in a rented flat (without any modification) during lockdown period, how he chalked out his nutritional plan, his bladder and bowel management plan and also how he managed an emergency situation due to blocked catheter on his own. His talk was quite motivational. He presented a video to show how he was managing these days single-handedly. This is a good document for peer-counselling. This was followed by a talk on acute management of SCI by Dr Tarun Goyal. Dr Suranjan Bhattacharjee, has given an overview on Management of Chronic SCI: Pearls of Wisdom on young Physicians. Dr Manoj Prithviraj talked on Mental Health perspectives of SCI patients in COVID-19 Pandemic. The entire session was chaired by Dr A.K.Agarwal, Ex HOD, Dept of PMR, KGMU, Luckhnow and Dr Anil Gupta, HOD, Dept of PMR, KGMU, Luckhnow. The CME (Webinar) was conclued with vote of thanks by Dr Abhimanyu Vasudeva.





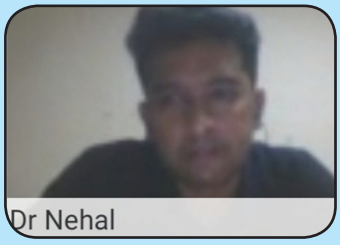
CMC Ludhiana observing SCI Day: Shared by Dr Santosh

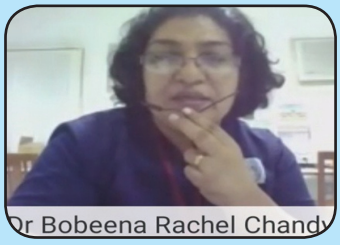
As part of SCI day, AIIMS, Mangalagiri had organized online patient education program on COVID 19 for SCI patients. Shared by Dr Chetan C.

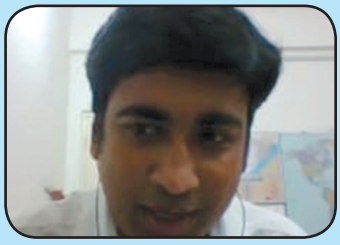


SCI Week

Dept of PMR, SVNIRTAR in association with Odisha Branch of IAPMR observed "Spinal Cord Injury Week" by organizing a webinar on SCI on 11.09.2020 which started on 8.00 p.m.. Dr Bobeena Rachel Chandy, Associate Professor, Dept of PMR, CMC, Vellore elaborately discussed on "Need of Urodynamics in SCI" and Dr Nehal, 3rd year Resident, Dept of PMR, SVNIRTAR talked on "Pressure Ulcer Staging and evidence based treatment. Dr Sakti Prasad Das, Director, SVNIRTAR and Dr Virendra Singh Gogia, HOD, Dept of PMR, Dr RML, IMS, Lucknow, were the Panel Members. The whole Webinar was moderated by Dr Pabitra Kumar Sahoo, HOD, Dept of PMR, SVNIRTAR and co-ordinated by Dr Abhisekh Sanyal, SVNIRTAR.







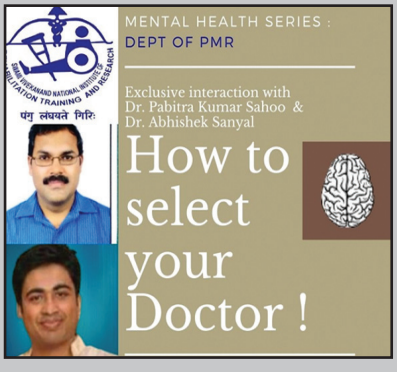
Teacher's day celebration

Teacher's day celebration at RIMS, Imphal

Teacher's day celebration at IPGMER, Kolkata

First group discussion for second phase of National CP Hip Surveillance project & IAPMR is an official partner in this project. Shared by Dr Anand Verma on 13.09.2020

ODISHA



SCI Management- Then & Now, A Changing Concepts.

-Dr Ratnesh Kumar,

D. Orth, MS (Ortho), DNB (PMR), Ex. Director, NIOH, Kolkata

Spinal Cord Injured are cases who had suffered from injury (primary/ secondary, stable/unstable) to their spine with spinal cord, resulting locomotor &/ or neurological permanent disability of varying degree. In general terms, SCI refers to traumatic paraplegic or quadriplegic and therefore falls under severe category of disability usually with high support need. Spinal cord injury is usually caused by heavy trauma in spine due to fall from trees, rooftop, electric poles, direct violence or high energy road traffic accidents (RTA).They are usually young in their active phase of life and bread earner for their family. Thus, SCI is devastating for the individual and their family.To understand changing concept in the management of SCI during past many decades, a historical background need to be discussed in brief.

Till early 19th century, the SCI was considered as 'an ailment not to be treated' and common thought was that 'nothing can be done' and they have to die irrespective, 'surgery or no surgery', 'to treat or no treat'. The death of individual with SCI was taken granted. Till mid of nineteenth century, the mortality rate after spinal cord injury was very high and hardly 20% of cases live for two years after injury. High mortality irrespective of the then management done provoked to intervene. Subsequently, with the improved sepsis, hygiene, diagnostic x-rays, antibiotic developed during this period, the prevailing concept of 'no cure' was shifted to 'care' and the life span of such SCI was increased.

Recently in January,2020, a much before the gravity of 'Covid-19' pandemic was realised and national lockdown declared in March,20, the 'Spinal Foundation', an NGO for/of SCI approached the government to declare them in the category of most vulnerable under disaster victims. Accordingly, SCI were placed in the most vulnerable group of Covid-19 victims and a separate guidelines to address their needs were issued. This shows the management shift and outcome status of SCI decades back and now.

As there was no registry of SCI, their exact numbers SCI in the country is available. The cause of death in SCI was infection mainly due to UTI or bed sores. With the improved knowledge of hygiene, sepsis, infection causative organism and introduction of antibiotics, the management protocols were changed. As a result, the life span of SCI victims was increased but the quality of life remained pitiable.

In 1971, International Year for Disabled Persons(IYDP) issues of persons with disability including of SCI were addressed in national policy framework. The numbers of disabled including SCI (under locomotor & neurological category) was known first time after the national census of disabled in 1981,

With a sudden increase in SCI victims due to 1962 and 1971 wars, a need for the development of management facilities was felt. By this time, neither facilities nor medical resource to deal with SCI was available. In 1979, some focus on specialized medical manpower was laid and training in PMR(MD) was first started at Calcutta. There were a few centres to manage SCI namely at Pune of Armed forces, CMC, Vellore of missionary, Traumatic Paraplegia unit in Ortho Deptt, KGMC etc. Very few doctors, mainly from orthopedics namely Dr. B. Mukhopadhyaya, Dr Balushankaran, Major Gen.A.S Chahal of AFMC, Dr M.K.Goel & Dr Sarla Varma of Lucknow etc. came forward and took interest in management of SCI. During mid 80's an ambitious project of Ministry of Welfare (now MSJE), GOI- 'DRC Scheme' was launched to address rehabilitation issues of disabled including SCI. During this time CBR was more emphasized and low cost aids including bamboo wheel chair was developed by Dr Banerjee of Allahabad. With this, modern and scientific approach in the management of SCI was conceptualized and Indian Spinal Injury Centre (ISIC), New Delhi under Major Ahluwalia with five satellite centres was established. The National Institutes (NIRTAR, NIOH) for rehabilitation of disabled including SCI were established. In late 70's, Dr Balushankaran conceptualized and established ALIMCO, Kanpur under Ministry of Welfare, GOI with the aim to manufacture and provide assistive aids/appliances including wheel chair/tricycle for SCI. For the comprehensive rehabilitation services for the disabled the Rehabilitation and Artificial Limb Centre (RALC), Lucknow was established .There was a Paraplegia ward with 50 beds. Besides medical/surgical management, facilities for the orthotic, physio /occupational therapy, the recreational therapy and vocational training were also available.

By this period, we were getting good nos. of SCI cases usually reporting late with multiple bone deep pressure sores (in sacral, greater trochanter, ischeal and heel areas) and UTI invariably. We used to manage them in Traumatic Paraplegia Unit in ortho. department of KGMC in their acute stage and subsequently in RALC. They were kept admitted for many months, lying in bed managing bed sores and exercises to prevent contractures, deformities, pulmonary complications. We used to spend hours and days in dressing the bed sores and bladder wash. SCI management was focused to care through prevention of bed sores & infection. Improvements in care have been accompanied by increased life expectancy of people with SCI; survival times have improved by many times.

In fact, the credit to comprehensive rehabilitation which changed lives of SCI goes to policy decision of government and it's international commitment. In 1995, the landmark act for disabled-'Persons with Disabilities Act (Equal Opportunities,

Protection of Rights & Full Participation), 1995' was introduced. This led all round development of facilities for disabled and changed the Scenario. The earlier efforts to increase life span of SCI have now further expanded to their social inclusion and equal participation in all sphere of life, through reservations and concessions for them in the government schemes and programs. The ADIP scheme of MSJE and its camp approach in providing wheel chair/Tricycle under the scheme gave them mobility in and outside the home. This in-fact gave them access to the society and their visibility in market, workplace, playground, tourist places, railway station and airport. With the time, the earlier 'charity' and 'to care; approach for SCI shifted to reservations/concessions and ultimately to 'access to all sphere of life' based on equal human rights (UNCRPD).

In the 21st century, with all round development, better understanding of neurology, newer diagnostic tools (MRI), increased resources with specialized and multidisciplinary approach in management, situation has changed. Now, a SCI not only lead full productive life but compete with others in all spheres of life with equal rights. In the Rights to Persons with Disabilities Act, 2016, 'SCI' has been given separate identity under locomotor category requiring high support need.

By now, their issues as bladder control, spasticity management, better pain relief and their sexual issues were also addressed in their management. Few specialists like Dr Ghosh and Capt. (Dr) S.S Jha had initiated focused SCI management at their private set ups at Kolkata and Patna respectively. The services for SCI were expanded in CMC, Vellore, RIMS, Imphal, NIOH, Kolkata and NIRTAR, Cuttack etc.

National Health Mission has significantly contributed in developing medial & rehabilitation infrastructure for SCI, country wide. The initiative of Dr R. K Srivastava, ex DGHS to establish PMR department in medical colleges under NHM can not be forgotten as it played a significant role in management for SCI through specialized services of PMR. All new AIIMS are being established with the department of PMR also. Spine injury has been identified as super-specialty in orthopedics and KGMU is first to develop a separate department for Spine surgery and likely to start post PG training/M.Ch. Improved road conditions, transport and 'National Ambulance Service' of NHM, Highway Trauma Services, First Aid service have all contributed in early reach of SCI cases to the hospital and thus timely intervention (early surgical decompression with in 24 hrs and stabilization of spine fractures) giving better outcome and reduced disability. This has significantly reduced the long immobilization and likely complications.

Other specialty namely Orthopedics, Neurosurgery, Neurology, Urology, Plastic Surgery etc. have shown a keen interest in the SCI. Few centres including department of PMR, CMC, Vellore initiated research in neural regeneration using stem cells. Now, multispecialty approach, technology (Artificial Intelligence & Robotics) and researchers through hopes of neural regeneration and stem cell therapy have developed hopes of cure in SCI. The research into neural regeneration and other cutting-edge techniques may someday help the spinal cord heal itself.

Thus the management change (then and now) contributors are improved asepsis, antibiotics, newer diagnostic tools (MRI/ Urodynamics), orthotics, increased literacy, transport, national ambulance service under NHM, better understanding of neurology, availability of specialized medical services and use of technology in all spheres of life by a common man.

COVID -19 and Spinal Cord Injury

-Dr Raji Thomas, Prof. & HOD, Dept of PMR, CMC, Vellore

Introduction

Patients with spinal cord injury have been uniquely impacted by the COVID 19 pandemic.The physical, psychological and social challenges for these patients during this period have been overwhelming. It is hence important to reflect on the direct and indirect effects of the pandemic on these individuals who not only face increased risks of contracting the illness, but also the consequences of social distancing and reduced access to medical care.

Effect of SCI on the course of COVID 19

Higher rates of chronic medical comorbidities, dependence on care givers, difficulties with hand hygiene as well as disinfecting wheelchairs and assistive devices contribute to increased vulnerability of SCI patients to COVID 19infection. Due to temperature dysregulation and impaired cough, the typical COVID-19 symptoms may be lacking with risk of delayed/missing diagnosis, poor outcomes and difficulty in infection control. Instead, hypoxia, tachypnea, difficulty to clear secretions and worsening spasticity may be the early symptoms and hence aclose supervision is recommended to identify these. Compromised pulmonary function, systemic immunosuppression and coexisting comorbidities may worsen their prognosis with increased risk of pulmonary infection, especially in the elderly. A greater risk of Acute Respiratory Distress Syndrome, the inherent risk of autonomic dysreflexia and an increased risk of venous thromboembolism(1)in SCI patients with COVID 19 have also been highlighted. Prophylactic/ Therapeutic anticoagulation will be required based on the severity of the disease. On the other hand, there have also been reports of fewer symptoms with good outcomes compared to the general population(2)

Effect of COVID 19 and its treatment on SCI patients and their care givers

There have been fewer admissions with acute spinal cord injury possibly due to reduced accidents. People with chronic SCI have been hesitant for follow up mostly due to lack of public transport and fear of coming to the hospital. Many of them are now presenting with complications of pressure sores, worsening spasticity, deep vein thrombosis, urinary tract infections and neuropathic pain. Patients with spinal cord injuries especially at the cervical levelneed close contact and daily assistance from care givers for the administration of medication, bladder and bowel care, position change, transfers and for various therapies.To avoid the risk of contracting the illness, many patients stopped their professional carers,instead depending on the family for the same whenever possible, with associated physical and emotional strains. Many have been living with fear of being infected, having complications and a poor outcome, fear of the need to go alone to quarantine centres which may be inaccessible, fear of reduced availability of essential supplies and care takers, and the anxiety of getting optimal care in case of complications. Social isolation and lack of peer support make staying positive difficult leading on to depression and even increased risk of suicide.There have been several other challenges including acquiring of food and other essential items. Economic loss from inability to pursue their vocation has only added on to this predicament.

Steps to reduce risks of SARS-CoV-2 transmission between patients and rehabilitation staff

Outpatient appointments have been staggered to avoid crowding in waiting areas. During the lockdown, elective admissions and procedures were delayed to reduce the likelihood of infections unless clinically indicated. All patients are screened for COVID-19 and are tested with a nasopharyngeal swab to detect SARS-CoV-2 before being admitted as they have to participate in therapy in common therapy areas. If Covid-19 infection is confirmed, the patient is sent to the Covid-19 inpatient area where they should get the same optimal treatment as any other patient without disability, depending on the medical condition. All staff use personal protective equipment, according to the risk of the related procedures. There is high risk of droplet transmission during swallowing and speech therapy, and chest physical therapy. It has been recommended to replace nebulisers with alternatives such as inhalers where possible. Symptomatic staffare tested and if positive, admitted in the COVID inpatient ward and appropriate contact tracing is done.

Among inpatients, if there is unwarranted low-grade fever, worsening respiratory function, increased spasticity or an increase in dysreflexia or neuropathic pain, a possible SARS-CoV-2 infection is considered. People who use a manual wheelchair or other assistive technology are advised to take extra precautions such as wearing gloves when pushing wheelchair and cleaning their devices. Sufficient distance is maintained between patients in therapy areas and equipments are sanitized between patients. Other measures include minimizing no of caregivers, stopping visitors and removing attendants suspected as having COVID-19. Multidisciplinary staff meetings have been reduced to the extent possible and informal gathering of patients has been discouraged.

Steps to provide safe and effective rehabilitation

As the spread of COVID-19 increases, guidelines to provide access to acute care and rehabilitation in a safe manner to the SCI community are required. Adequate treatment must be guaranteed for patients with acute spinal cord injury.Telemedicine consultations through video or phone calls have helped patients who have been unable to travel long distances for follow up, to get medical opinion, follow up on the results of investigations, as well as to obtain medical reports and prescriptions through email, while staying safe at home. Patients are reassured that emergency consultations are available at any time. Virtual home visits replacing the outreach visits have helped to stay connected with the multidisciplinary team and have helped to identify several problems and take necessary steps to promote physical as well as mental health. Educational videos and follow up guidelines will be useful for preventing various complications. Patients are encouraged to stay active, communicating with friends and family through the use of teleconferences and phone calls and to network with other patients to alleviate the effects of isolation. Such networking has helped to distribute medications and ICC kits to the patients. When a safe and effective vaccine is found, patients with SCI should be prioritized for access to the vaccine.

Conclusion

In summary, the COVID-19 pandemic has been challenging for patients with SCI. It is our responsibility to ensure the care of these patients and their carers. Prevention of COVID-19 infection and ensuring adequate treatment in this group should be of utmost priority considering their vulnerability to infection.

References

1. Pattanakuhar, Sintip MD, PhD; Tangvinit, Chatchai MD; Kovindha, Apichana . A Patient With Acute Cervical Cord Injury and COVID-19, A First Case Report. American Journal of Physical Medicine & Rehabilitation. 2020 - Volume 99 (8) :674-676.
2. Elisa López-Dolado and Angel Gil-Agudo Lessons learned from the coronavirus disease 2019 (Covid-19) outbreak in a monographic center for spinal cord injury. Spinal Cord. 2020 Apr 28 : 1–3.
3. Judith Sánchez-Raya, Júlia Sampol. Spinal cord injury and COVID-19: some thoughts after the first wave. Spinal Cord (2020) 58:841–843.

COVID-19 Spread started around December in Wuhan, China and the outbreak co sumed all countries with rapid dissemination, later WHO declared it as a pandemic on March 11,2020.

The health delivery system took a heavy toll with profound adverse impact on health services, health workers as well as general population alike. Rehabilitation services for the disabled unfortunately have always been marginalized. And in current pandemic got more deteriorated, as it has had not been in the list of acute medicine, thus not a priority to strengthen under disaster management.

The core services to the disabled like inpatient, outpatient, community services were either closed or adversely affected. Extended lockdowns, lack of public transport, poor access and physical distancing has increase incidences of social withdrawal and isolation among persons with special needs. Thus, making direct hospital visits difficult, leading to compromised health and quality of life. People with long term rehabilitation care, e.g., TBI, SCI, stroke, amputation, etc., are the worst affected. They have not been able to take neither medical advice nor a prescription for wheelchair, callipers or other assistive devices.

But adversities always push us to create innovations and design new ideas to overcome the obstacle.

Telemedicine has been around for many years now. Still, it could not find acceptance neither among health professionals nor the patients. It is synonymous with "remote medical care". It refers to providing medical care and health advice through electronic technologies rather than through in-person consultation. Previously it was limited to voice calls only. But better access to high-end technology, it has progressed to video calls and face to face interaction.

Rehabilitation doctors may use telehealth/telerehabilitation to deliver care to populations with chronic neurological and musculoskeletal disorders. And people with impaired mobility and those living in remote areas may benefit most. The current technology can facilitate video conferencing among multiple users; it can help to develop inter-professional care plans.

During this pandemic, many countries, including India, have taken unprecedented steps to provide more flexibility for the healthcare system and regulations have been imposed for the delivery of telehealth. Electronic prescriptions and free medicines for a longer duration have been allowed through various ordinances by the state government, particularly in Rajasthan. Telemedicine consultations over voice have also been in place over government portals though with some limitations.

People with disabilities have always faced challenges to access not only essential health services but also specialist rehabilitation services. Specialist rehabilitation services have remained centralized and have failed to expand even at medical colleges or at district levels. In 2006 the United Nations Convention on the Right of Persons with Disabilities had outlined the need. Still, it has remained challenged due to lack of political will, economic constraints, undersupply and inequitable distribution of rehabilitation workers.

It is thus not only desirable but prudent to expand telerehabilitation services. It can improve specialist access, enhance patient satisfaction/education, improve health outcome, a better quality of care/life and enhanced social support. Many a time it is disheartening to me when I see patients spend thousands of rupees to come at our tertiary hospitals for a specialist advise with prescription of medicine amounting to a few hundred rupees. The disabled are not only physically challenged, but they also face economic hardship. We can reduce the specialist consultation bill by providing telerehabilitation/teleprescription, thereby providing significant socio-economic benefit. We understand, out of pocket health expenditure pushes many to below poverty line status (BPL).

Specialist guidance and care through teleconsultation can guide the care according to the patient's need. It offers tailor-made treatment as per the socio-psycho-economic circumstances of their own local vocational environment, which might lead to better outcome and integration.

It can also compensate for a shortened length of stay in an acute rehabilitation centre where there is a shortage of beds or service capacity. It has the potential to optimize interventions that will be most beneficial to provide the most significant functional outcome for the patient.

WHO has also affirmed the telerehabilitation intervention as useful health delivery model and has concluded: "Growing evidence on the efficacy and effectiveness of telerehabilitation shows that telerehabilitation leads to similar or better clinical outcomes when compared with conventional interventions".

It is an exciting opportunity to integrate and transform current practices by adopting this new technology. Specialist units can act as a catalyst to enhance capacity building for the broader community.

I would urge the specialists to spare at least 2-3 free teleconsultations every day in these difficult times for those who have various physical, mental and economic challenges, who are also placed in remote areas with poor access to rehabilitation services. This small step will go a long way to empower our less fortunate compatriots.

I will end this by quoting Justice Ruth Bader Ginsburg "If you want to be a true professional, you will do something outside yourself. Something to repair tears in your community. Something to make life a little better for people less fortunate than you. That's what I think a meaningful life is – living not for oneself, but for one's community".

Dr *Mrinal Joshi,* *MBBS MD DNB MNAMS GCMskMed.,Director, Rehabilitation Research Center & Senior Professor, Dept of Physical Medicine & Rehabilitation, SMS Medical College & Associated Hospitals, Jaipur.*

PMR in the Covid-19 Background

-**Dr. George Joseph N,** *Professor and HOD, PMR, AIMS Kochi*

As we know, Covid 19 pandemic is likely to linger on for another few months at least, and the strategy of patient care and postgraduate training in PMR needs some drastic changes as is in other specialties. After the initial hesitancy and uncertainly, we have come to certain modifications in our approach. Here I present the general approach we adopt in PMR in Kerala.

Patient care

We cannot totally abstain from close proximity or body contact from our patients as we have to assess their neurological or musculoskeletal status to diagnose the basic issues and decide on the treatment protocol. In all major PMR centres, we have resumed outpatient and inpatient services, though we have restricted the number of patients. All the necessary precautions for patient care are being taken. Apart from the standard protocol. I think we can adopt one method which I have personally adopted and think is quite efficient. Arrange a wall fan or a table fan behind your chair when you see patients and direct the airflow away from you, a sort of laminar air flow. Switch off AC and ceiling fan and keep windows open. This, along with mask and shield will protect you reasonably well.

Postgraduate training

Many postgraduate Institutions ask half of the PGs and junior staff to take duty off on alternate cays to reduce contact risk. This interferes with acquiring clinical experience and attending teaching programme. Also the number of inpatients are kept at minimum, and only few attend and outpatient department. This also seriously affect the quality of PG training. We hope that the situation passes off in another few months, but we should be prepared for the worst. One method to compensate for this is online classes as is practiced throughout the world. Online classes may be effective for topic presentation and Journal reviews, but can never compensate fully for clinical discussion with the real patient. For example, the training a student gets when examines a patient with a peripheral nerve lesion and discusses with his/her teachers can never be obtained by an online discussion. One method to improve the training is to include photographs and videos as required along with demonstration of physical examination using colleagues as models. Also we may have to repeat the discussion on the same clinical situation on many occasions to improve the training effect. I am happy to note that the Kerala Chapter of IAPMR is arranging regular online programmes twice a week for all the PMR students in the state, in addition to Institution-wise programme. Similar programmes are conducted by other state chapters as well, and is well appreciated.

Postgraduate examination

I had attended MD / DPMR examination in three Institutions and DNB examination in one Institution during past 4 months. In one centre, we conducted the examination in the conventional method with real patients. In the second centre, it was a combination of real patients and simulated scenarios. In the last two, it was simulation plus demonstration of physical findings in volunteers. We cannot claim that this is a perfect method of evaluation but we have no other choice. What we can do is to evolve a reasonably effective protocol for this. During the recent examinations, I came across two ideas; one is to give a scenario describing a particular situation with minimal details and the second by giving more details to suggest a particular diagnosis. I preferred the first option which will allow the student to think about a few differential diagnoses, assume the most possible one and develop the appropriate history and physical findings to substantiate his / her diagnosis as well as relevant negative points to rule out other DDs. Of course, this requires some imaginative skills for the student, along with subject knowledge, but a student, after three years of training in the specialty, should be able to do this. I have started training my PGs on this line so that they will be well experienced in this mode of examination by next year. I am sure all our teachers are following the same or similar practice now.

Let us hope that the present situation will change soon and we will be able to resume the conventional teaching methods one again, but online based approach may have to be integrated with conventional teaching more and more in the future.

From a COVID Warrior

COVID-19 : My feelings as a doctor..as a patient:

Dr Ushnish Mukherjee, *Medical Officer (Physical Medicine and Rehabilitation), M.R.Bangur Superspeciality Hospital, Kolkata*

2020 came with a happy note - we were happy, celebrating the first anniversary of our Dept. of PMR, M.R.Bangur Superspeciality Hospital on the New Years Eve. But the scenario was changing rapidly from the third week of March and finally in the first week of April our hospital has been transformed into a dedicated COVID hospital. I felt heartbroken, as we lost our department, and at the same time had some fearful excitement too, as I was allotted duties to treat COVID-19 patients. COVID-19, the term was familiar at that time but other than

that everything was on predictions and trials. But within a week both fear and excitements evaporated along with my sweat, thanks to the PPEs. Through my foggy eye-glasses, I was euphoric to see those admitted COVID-19 patients enjoying their hospital stay as most of them were asymptomatic at that time. Along with the other supportive measures, we from PMR initiated awake proning, breathing maneuvers to counteract 'Happy Hypoxia' among them. Only the patients with co-morbid complications were serious, overall the ward was cool till the second week of May.

It was almost two months then, I was out of my home town Bankura. Communicating only through video calls, but the sad part was that every call with my family ended with the tear of my three year old daughter. But due to gradual rise in number of seriously ill patients, I was allotted duties in newly formed quick response team (QRT) with more responsibilities. Fortunately by that time the natural history of COVID-19 and supportive treatment guidelines were to some extent formulated and within two weeks we were able to lower down the death rate at our hospital. I got a prize- my leave was granted. Again I was happy, very happy, as I was ready to go home, but I was physically feeling unwell then, mostly due to low grade fever, malaise and G. I. symptoms. After two days, RTPCR report came as positive. Initially I was tensed; a bit depressed, but thanks to my senior colleague of PMR and my family members, I never felt worried about my health during that tough period.

My recovery was uneventful and I joined the battlefield again in the first week of July. But this time I felt the trend has changed from 'Happy Hypoxia' to 'Cytokine Storm'. Despite our all out efforts, more and more young, middle aged patients without any co-morbidity were dying, sometimes within a few hours of onset of respiratory symptoms. Even today predictors like old age, co-morbidities are not always helpful to assess the prognosis. But now recovery rate is increasing, that's our ray of hope. With the increasing number of cases day by day, our battle is more tough now, but now we are more equipped and organized ...everyone is with us… "we shall overcome".

Inauguration of Post Covid Rehab Centre at PMR Dept.of Govt. Kilpauk Medical College

Post Acute COVID Pulmonary Rehabilitation

Post covid-19 survivors suffer from pulmonary, constitutional and psychological sequelae. The role of PMR is mandatory to rehabilitate these patients. Department of Physical medicine and Rehabilitation -Government Kilpauk Medical college, Chennai has taken initiative inthe form of Standard operating procedures for evaluation and rehabilitation of post covid sequelae based on the past experience in various regions of the world and evidence based scientific literatures.

Standard operating procedures of Pulmonary rehabilitation based on the classification of the patients into various categories from 0 to 4 based on the factors like Oxygen saturation measured by finger pulse oximetry, respiratory and endurance parameters. For each category defined, the activities to improve the pulmonary status, mobility and ADL as well as an adjuvant to the psychological management is considered.

So here with the protocol is given in the form of algorithm and activities for each category are given in poster and pamphlet form with detailed description for individual exercise for better understanding of post covid survivors and their caregivers.

The scheme of of rehabilitation consists of initial Physiatric consultation and evaluation by PMR medical consultant with categorisation and description of exercise, demonstration of exercise by physiotherapist with prior to therapy and post therapy recording of parameters.Patients are advised to review daily or weekly as required with periodical evaluation of respiratory and endurance parameters in each review.

PMR Consultation

History taking with respect to present complaints,relevant past history and comorbids, details regarding covid 19 swab status, radiological signs of covid pneumonia, date of admission in code word. Assessment of vitals, respiratory parameters- single breath count, breath holding time, respiratory rate, borg scale of dyspnoea at rest and after exertion, Dyspnoeic index, endurance assessment like 6 minutes walk test / one minute walk test, sit to stand.

Physical Therapy

Breathing techniques- Relaxed diaphragmatic breathing, alternate nostril breathing, pursed lip breathing, costal expansion exercises, segmental breathing exercises, incentive spirometry, balloon blowing exercises.

Aerobic exercises- less than 3 METS- level walking at low pace, guarded treadmill walking, conditioning exercises to both upper limb and lower limbs in lying position for category 3 patients and category 2 patients not tolerating 6 minutes walktest;

3 to 6 METS activities- brisk walking, low pace stair claiming and slope walking, conditioning exercises to both upper and lower limbs in sitting and standing positions for category 0, 1, 2.

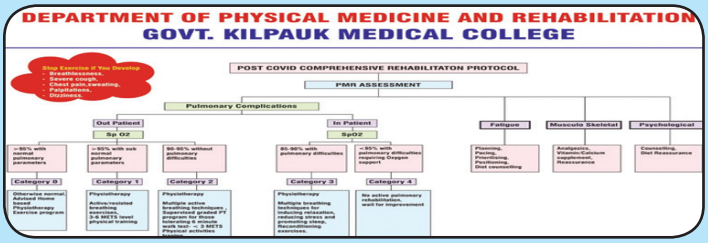
Musculoskeletal

Post covid musculoskeletal tissues like joint paints, low back pain etc. are evaluated as per pain rehabilitation norms and treated with modalities, topical analgesics, nutraceuticals and appropriate reconditioning with diet and exercises.

Fatigue

Fatigue assessment and evaluation is done with the help of modified fatigue impact scales and visual analogue fatigue scales and managed with general reconditioning and motivation with reassurance.

Hence we provide comprehensive rehabilitation and follow up for post-covid survivors improving their musculoskeletal conditioning, functional status, ADL and quality of life.



Government Kilpauk Medical College Post-COVID Rehabilitation team is working under the guidance of Dean- Dr P .VASANTHAMANI M.D., DGO., MNAMS, DCPSY, MBA.

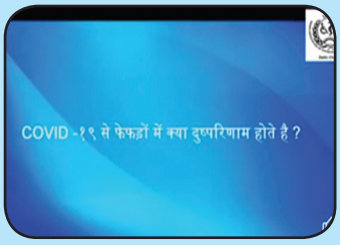
PMR Team:

Professor and HOD -Dr P. Thirunavukkarasu, MD (PM&R), D. Phys Med, D. Ortho, DNB (PM&R)
Dr S. Jawahar Rajarathnam (Associate Professor), Dr K. Chitrarasu (Assistant Professor), Dr R. Shanmugapriya (SR), Dr Padma Rani, Dr Sisha, Dr Jagath Janani, Dr Anu Priyadharshini (Post Graduate Trainees),
Senior Physiotherapist – Mrs G. Vidya. Shared by Dr Thirunavukkarasu on 25.09.2020.

Telemedicine based Post-Covid 19 Pulmonary Rehabilitation Clinic has been inaugurated by MS, Safdarjung hospital, New Delhi on 24th September 2020. This clinic is purely being conducted and run by Physiatrist without involvement of paramedics. So far, enrolled 14 patients of Post-Covid19 illness for telemedicine based rehab programme. Dr Ranjan Wadhava, HOD PMR extends his strong support. As informed by Dr R K Srivastava, few startups with business model has been launched for Post-Covid19 rehabilitation. This is a good opportunity for Physiatrist of both Government and Private sector to contribute in this pandemic through our clinical skills and knowledge. Shared by Dr Harshanand.

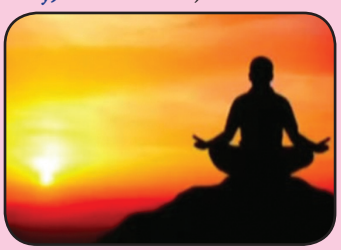
Post-COVID Pulmonary Rehabilitation on Social Media by Dr Harshanand and Dr Harleen Uppal

Indraprastha Association of Rehabilitation Medicine - Delhi Chapter of IAPMR shared a video explaining about home based pulmonary rehabilitation program for treated COVID 19 patients in Hindi language.



Dr Sanjay Wadhwa on DD News!

Yoga helps in strengthening the immunity to reduce the risk of Corona Virus infection.Shared by Dr S.Wadhwa on 12.07.2020. (**https://youtu.be/hjJDhbiw9A4**)



Dr Sanjay Wadhwa on Electronic Media

Dr Sanjay Wadhwa and National TV, encouraging children to develop fitness through regular Exercises & Sports! Shared by Dr Sanjay Wadhwa.

PMR BUZZ

Preface

In line and success of first edition of our PMR buzz, an abstract review in an electronic form comprising inputs from well-known current journals covering various fields in rehabilitation medicine.

This is second edition, and we hope we will continue it for as long as the current contributors continue their efforts and more contributors volunteer to carve it in better shape. There will always be flaws, and scope of improvement, so keep us posted with suggestions, and we will grab the most feasible and bright.

We have selected one abstract from each volume of these journals published in the first quarter of the year. It does not mean that the others are any less in originality or quality, but we picked only those appearing to be practice-changing in Indian clinical scenario. Moreover, like any medley, there might be bias in the overture, but we are only humans.

Keep buzzing with "PMR Buzz".

- Dr. Mrinal Joshi

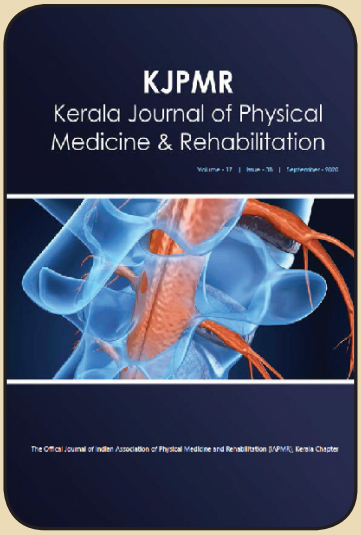
Contributors:

- Dr Ravi Gaur, Associate Professor, Department of PMR, AIIMS, Jodhpur.
- Dr Navin BP, Assistant Professor, Department of Neurorehabilitation, NIMHANS, Bengaluru.
- Dr Mahima Agrawal, Assistant Professor, Department of PMR, JLN Medical College, Ajmer.

Edited and Published By:

- Dr. Mrinal Joshi, Department of PMR, RRC, SMS Medical College & Hospital, Jaipur.

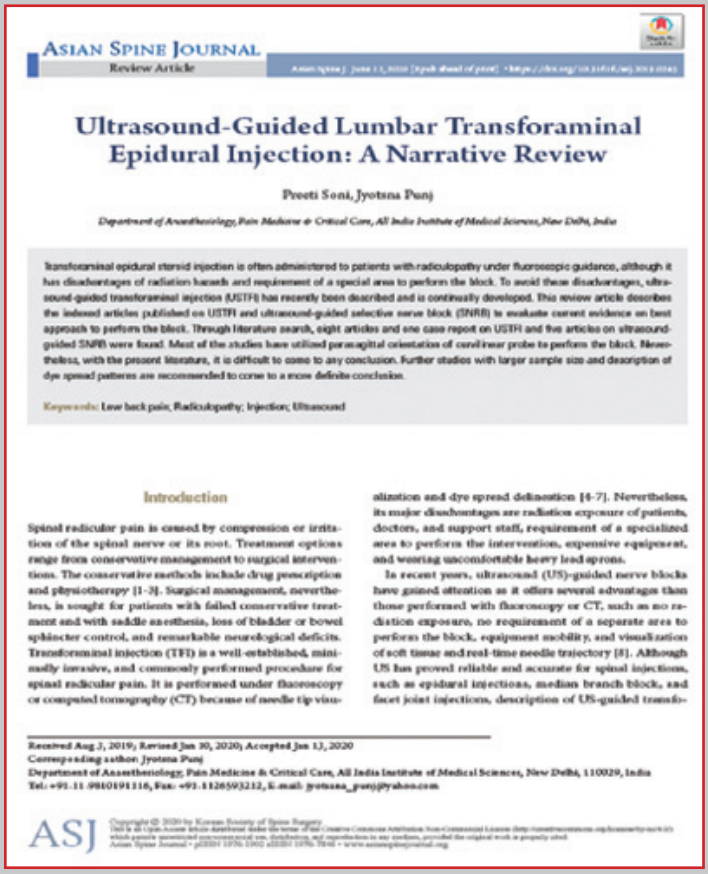
KJPMR



Happy to share that KJPMR (Kerala Journal of Physical Medicine & Rehabilitation, the Official Journal of Kerala Chapter of IAPMR) Volume-17, Issue 3B, September-2020, has been published. They have plan to develop this into a full fledged journal.

Shared by Dr PC Muralidharan on 17.09.2020.

Publication by Members



ASIAN SPINE JOURNAL
Review Article

Ultrasound-Guided Lumbar Transforaminal Epidural Injection: A Narrative Review

Preeti Soni, Jyotsna Punj

Department of Anaesthesiology, Pain Medicine & Critical Care, All India Institute of Medical Sciences, New Delhi, India

Transforaminal epidural steroid injection is often administered to patients with radiculopathy under fluoroscopic guidance, although it has disadvantages of radiation hazards and requirement of a special area to perform the block. To avoid these disadvantages, ultrasound-guided transforaminal injection (USTFI) has recently been described and is continually developed. This review article describes the indexed articles published on USTFI and ultrasound-guided selective nerve block (SNRB) to evaluate current evidence on best approach to perform the block. Through literature search, eight articles and one case report on USTFI and five articles on ultrasound-guided SNRB were found. Most of the studies have utilized parasagittal orientation of curvilinear probe to perform the block. Nevertheless, with the present literature, it is difficult to come to any conclusion. Further studies with larger sample size and description of dye spread patterns are recommended to come to a more definite conclusion.

Keywords: Low back pain; Radiculopathy; Injection; Ultrasound

Introduction

Spinal radicular pain is caused by compression or irritation of the spinal nerve or its root. Treatment options range from conservative management to surgical interventions. The conservative methods include drug prescription and physiotherapy [1-3]. Surgical management, nevertheless, is sought for patients with failed conservative treatment and with saddle anesthesia, loss of bladder or bowel sphincter control, and remarkable neurological deficits. Transforaminal injection (TFI) is a well-established, minimally invasive, and commonly performed procedure for spinal radicular pain. It is performed under fluoroscopy or computed tomography (CT) because of needle tip visualization and dye spread delineation [4-7]. Nevertheless, its major disadvantages are radiation exposure of patients, doctors, and support staff, requirement of a specialized area to perform the intervention, expensive equipment, and wearing uncomfortable heavy lead aprons.

In recent years, ultrasound (US)-guided nerve blocks have gained attention as it offers several advantages than those performed with fluoroscopy or CT, such as no radiation exposure, no requirement of a separate area to perform the block, equipment mobility, and visualization of soft tissue and real-time needle trajectory [8]. Although US has proved reliable and accurate for spinal injections, such as epidural injections, median branch block, and facet joint injections, description of US-guided transfo-

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Dr Preeti Soni

Role of rehabilitation during COVID-19 pandemic: An Indian Perspective

Harleen Uppal, Siddharth Rai

Published online by Cambridge University Press on 2nd September 2020
Accepted for publication on 5th August 2020
Submitted on 9th June 2020

Disaster Medicine and Public Health Preparedness

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Accepted manuscript September 2020 , pp. 1-11

Access Aa Aa

Role of Rehabilitation during COVID-19 pandemic: An Indian Perspective

Harleen Uppal [a1] and Siddharth Rai [a2]

[a1] Assistant Professor, Department of Physical Medicine and Rehabilitation, Dr Baba Saheb Ambedkar Medical College and Hospital, Rohini, New Delhi, India
[a2] Department of Physical Medicine and Rehabilitation, Apex Trauma Centre, Sanjay Gandhi Post graduate Institute of Medical Sciences, Lucknow, India

DOI: https://doi.org/10.1017/dmp.2020.316 Published online by Cambridge University Press: 02 September 2020

Abstract:
It has been noted that as high as 20.3% of patients hospitalized for Coronavirus Disease 2019 (COVID-19) require Intensive Care Unit (ICU) admission. This has most commonly been attributed to the development of Acute Respiratory Distress Syndrome. These patients require prolonged periods of ICU stay, averaging about 20 days. As people recover and are discharged, there will be a new pandemic of critical illness survivors. These patients would present with impairments and disabilities arising due to prolonged ICU stay as well as consequences of severe respiratory illness. The longer the duration of ICU stay, the higher is the risk for long term physical, cognitive, and emotional impairments needing comprehensive and early rehabilitation. The article focuses on the indispensable role of early and interdisciplinary rehabilitation in effective disaster management, restoring functions, and improving quality of life in COVID survivors. It outlines how to practically expand rehabilitation services in a resource limited country like India and enlists the limitations being faced which prevent the uniform application of rehabilitation services in India. This would help to deal with the rapid increase in demand of post-acute care facilities, be it in hospital services, in the form of inpatient or outpatient rehabilitation or home care facilities including telemedicine.

Link to abstract: https://www.cambridge.org/core/journals/disaster-medicine-and-public-health-preparedness/article/role-of-rehabilitation-during-covid19-pandemic-an-indian-perspective/6D519B5206837F8679F615A4F8BD698D
Link to full text: https://www.cambridge.org/core/services/aop-cambridge-core/content/view/6D519B5206837F8679F615A4F8BD698D/S193578932000316Xa.pdf/role_of_rehabilitation_during_covid19_pandemic_an_indian_perspective.pdf

Dr Harleen Uppal & Dr Siddharth Rai

First Batch of MD Student at ABVIMS & Dr RML Hospital

First batch of MD student have joined PMR Department at ABVIMS & Dr RML Hospital.

Shared by Dr Sipra Chowdhury on 3.07.2020.

AIIMS, New Delhi got 5 new PGs (MD-PMR)! From different parts of the country!

Shared by Dr Sanjay Wadhwa on 18.08.2020

Second MD candidate and under graduate from Kozikode, Govt Medical College, admited in PMR, AIIMS Jodhpur.

Shared by Dr Ravi Gaur on 18.08.2020.

Dr Satyaranjan Sethi and Dr Arvind got selected in AIIMS, Raebareli in the post of Assistant Professor, Dept of PMR. Shared by Dr Anil Gupta

Dr Harshanand got selected in AIIMS, Nagpur in the post of Assistant Professor, Dept of PMR.

ON ELECTRONIC MEDIA

Desh Deshantar : How will the poor get healthcare - SC (www.youtube.com)

Dr R.K Srivastava on National Medical Commission (RStv). Shared by Dr R.K. Srivastava

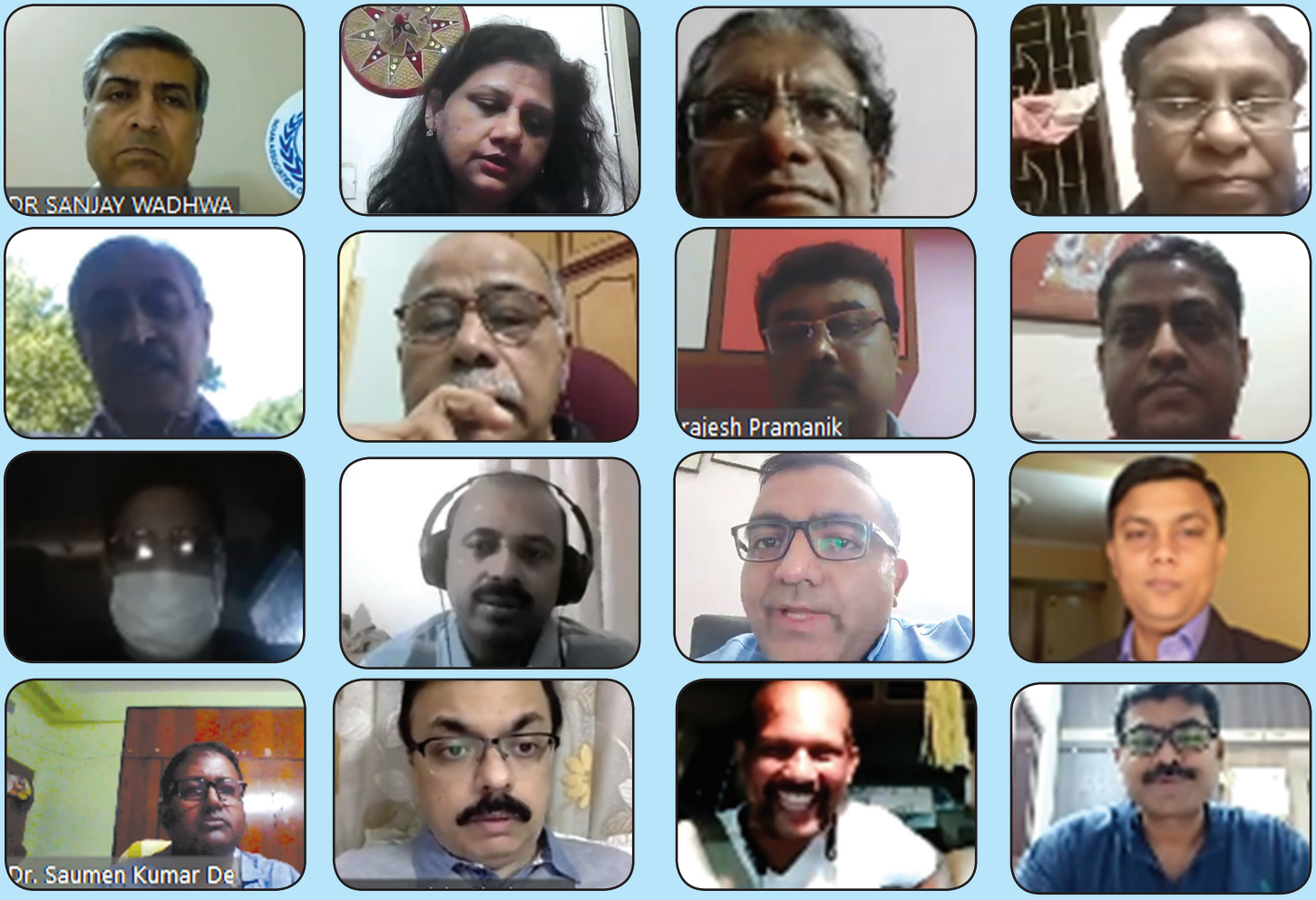
Dr. R. K. Srivastava
Former Chairman
BOG, MCI

Dr R.K.Srivastava on Social Media

Discussion on Access to health and CSR funding. Dr R K Srivastava emphasized priority to primary care on prevention and promotion. Shared by Dr R K Srivastava on 22.08.2020

EC Meeting

EC Meeting held on 04.09.2020 online. It started on 6.30 pm evening and ended at about 10.30 p.m. Almost all the EC Members were present. Dr Prem Anand and Dr Chella were also present as invitee. Different issues were discussed there for the betterment of our esteemed organization and organizational functions. Long live IAPMR.

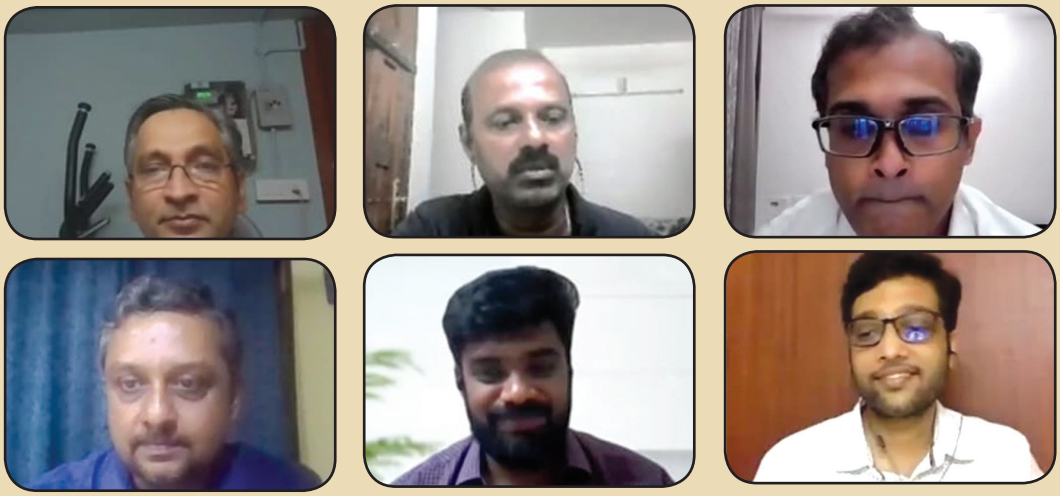


KERALA

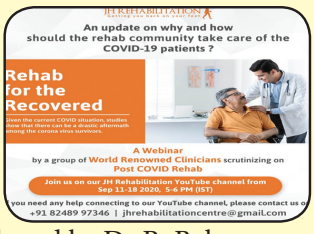
IAPMR Kerala Initiative

Due to the uncertainties associated with regular classes and discussions due to Covid, the Kerala Chapter introduced on-line classes on Zoom platform for the benefit of PMR residents in the state. Shared by Dr Muraleedharan PC on 08.08.2020.

IAPMR Kerala Chapter organized a Digital Webinar on "Spasticity Management" on 28.8.2020 from 7pm to 8:15 pm. Dr Nitin Menon and Dr Noufal Ali were the speakers. Shared by: Dr PC Muralidharan, President IAPMR Kerala and Dr Selvan P, Secretary IAPMR Kerala Chapter.



Dr Babu Varghese and team got an Artificial Limb Fitting centre for PMR dept in Trissur Medical College. This was being inaugurated on 29.07.2020. Shared by Dr PC Muralidharan

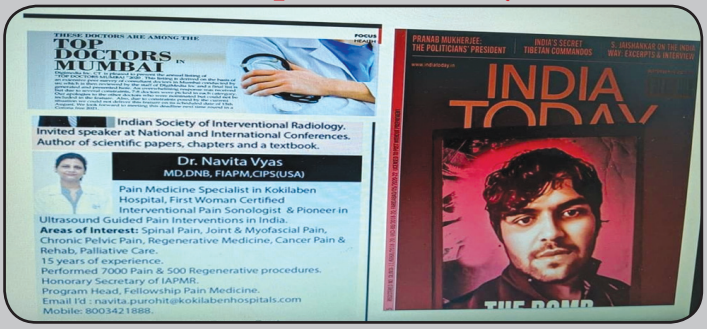


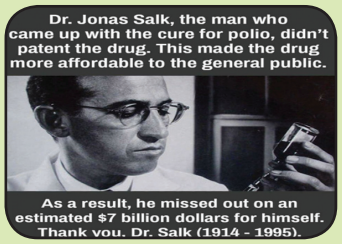
Shared by Dr R. Balamurugan on 11.09.2020

AIIMS Raipur

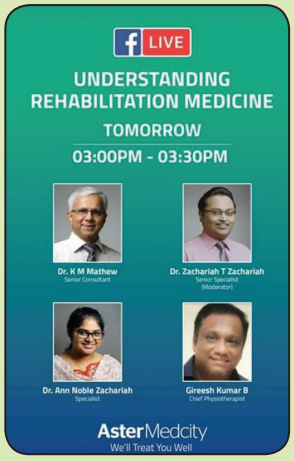
AIIMS Raipur, got P and O workshop machineries delivered. Shared by Dr Jaydeep Nandy on 14.08.2020.

Our Hony. Secretary, Dr Navita Purohit's name among top doctors in Mumbai as per India Today, 2020





Amazing Science Facts

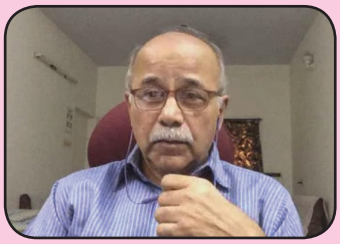


Activity of Dept of PMR, Aster Medicity

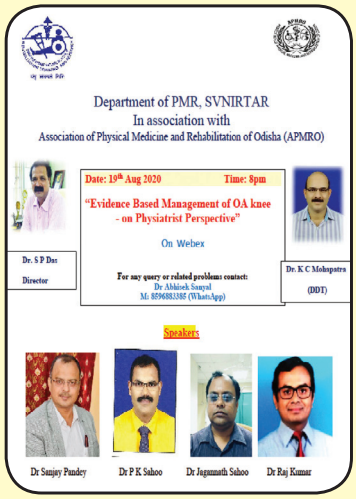
Shared by Dr Dharmendra

ODISHA

Dept of PMR, SVNIRTAR organized a Webinar on "Cerebral Palsy Care – made easier " on 2nd August,2020 from 5 p.m. onwards. The Speaker was Dr M. Feroz Khan, Chairman, Scientific Committee, IAPMR. Dr S.P. Das, Director, SVNIRTAR attended the Webinar by his gracious presence.



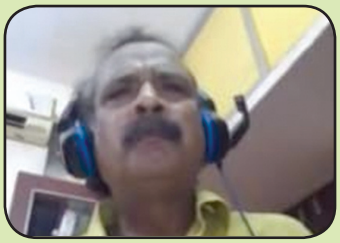
Dept of PMR, SVNIRTAR in association with Odisha chapter of IAPMR organized a Webinar on "Evidence based management of OA Knee: on Physiatrist perspective" on 19th August,2020 from 8 p.m. onwards. The Speakers were Dr Sanjay Kumar Panday, HOD, Dept of PMR, AIIMS, Patna; Dr P.K.Sahoo, HOD, Dept of PMR, SVNIRTAR; Dr Jagannath Sahoo, HOD, Dept of PMR, AIIMS, Bhubaneswar; Dr Raj Kumar, HOD, Dept of PMR, IGIMS, Patna. Dr S.P.Das, Director, SVNIRTAR and Dr K.C. Mohapatra, DDT, SVNIRTAR attended the Webinar by their gracious presence. The Webinar was well conducted by Dr Abhishek Sanyal.

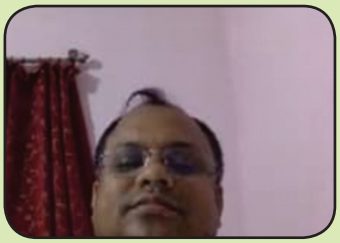


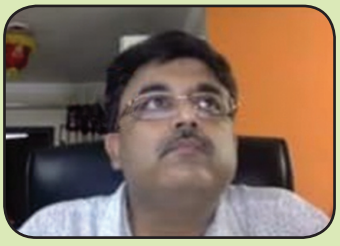
Webinar on Shoulder Rehabilitation

On 31st August, 2020 SVNIRTAR in association with Odisha Branch of IAPMR, organized a Webinar on "Shoulder Rehabilitation". Dr Pabitra Kumar Sahoo, HOD, Dept of PMR, SVNIRTAR discussed on "Shoulder Rehabilitation beyond Glenohumeral Joint" and Dr Rajesh Pramanik, Chief Editor, IJPMR discussed on "Interventions in Shoulder Rehabilitation". Dr Sanjay Das, President, Odisha Branch of IAPMR; Dr Jagannath Sahoo, Secretary, Odisha Branch of IAPMR; and Dr Anil Gupta, HOD, Dept of PMR, KGMU, Lucknow were the Panel Members.

Dr S. P. Das, Director, SVNIRTAR and Dr K.C. Mohapatra, DDT, SVNIRTAR were also present in the webinar. Dr Abhisek Sanyal coordinated the whole webinar.







On 21st September, Dept of PMR, SVNIRTAR in association with Odisha Branch of IAPMR organized a Webinar on Shoulder Rehabilitation. Dr S.P. Das, Director, SVNIRTAR was the speaker and Dr P. K. Sahoo, HOD, Dept of PMR, SVNIRTAR was the moderator. Shared by Dr Nehal on 21.09.2020.

Inauguration of New PMR Building at IGIMS, Patna

Unveiling of Silapat / Inaugration of PMR (Physical Medicine & Rehabitation) building dedicated for Pain, Sports Injury Medicine, Musculoskeletal Ultrasound & Divyangjans treatment by Central Minister Shri Ravishankar Prasad, in Chairmanship of Health Minister, Sri Mangal Pandey and Special Presence of Dr Sanjeev Chourasia (MLA). Thanks to Director Prof N R Biswas, Dr Sanjay Wadhwa (Prof Dept. of PMR, AIIMS and President IAPMR), M.S, Dr Manish Mandal, Principal, Engineers, respected faculty Members and other employees. Its a memorable day. Hope to serve our people best. Shown a small video presentation and highlighted the treatment done by PMR Dept. Selling Points were Sports Injury Pain & Arthitis Divyangjan Rehab (Brain /spinal Injuries) Post Covid Pulmomary Rehab MSK Ultrasound highlighted. As reported by Dr Raj Kumar.








Dr Sanjay Wadhwa, President, IAPMR on Inaugration

A Historic Day indeed!

My heartiest Congratulations to PMR, IGIMS, Patna. I was invited by the Director, IGIMS to witness the inauguration of new Building by Shri Ravi Shankar Prasad Ji.

IAPMR MID-TERM CME

Appeal

From the Desk of Editor

To all Members and

Branch Secretaries

Please don't forget to share your activities, achievements and events for inclusion in the IAPMR Bulletin regularly to enrich all members!

You may please send your contributions to me via **Whatsapp on 94331 24596** or write to me at

editorofiapmrbulletin@gmail.com

or

drsaumen16@yahoo.com

You are also welcome to send us other relevant print materials by post to the following address:

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