2024

Documentations for Doctors, Nurses and for Physiotherapists



Physiotherapy Record

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Patient Details

Patient history

In this page patients' history for physical status can be done. This will help in diagnosis and treatment of patients which include long and short term goals, proposals for further action etc. These all details can be recorded electronically in pdf or jpg format or can be printed out.

Provide your primary care and give him or her a better understanding of patient health. It allows your medical practitioner to identify patterns and make more effective decisions based on your specific health needs.

This allows your practitioner to assess your risk for certain diseases or conditions.

It can also help prevent the onset of certain health problems. For example, if you have a family history of diabetes, your doctor will know to look closely for prediabetes. Or, your practitioner may order tests or screenings if you have a higher risk for a certain type of chronic complications.

Your practitioner will work with you to establish a plan to stay healthy and decrease your risk or prevent certain diseases.

Document your medical history and share this information with your practitioner. • name, address, date of birth, referring practitioner

Chief physical complaints

Social status

- Occupation, family, daily function, ... Medical history
 - 1. a) Family illnesses parents, siblings, children
 - 2. b) Prior illnesses in chronological order. Duration, treatment, complications
 - 3. c) Present illnesses onset, symptoms, course of symptoms, present status
 - Upper extremities
 - Lower extremities

Force

Muscle force over joints:

Shoulders, elbows, fist, hip, knee, ankle Coordination Normal sensibility for pain, touch and Temperature Balance and walking Normal walk, stand on heels and toes, rise up

Full Name Patient Name			
Number			
Number			
Choose your gender: Male ○ Female ○			
Date			
dd.mm.yyyy			
	Date	Treatment from	
	Date	Treatment from	
Diagonsis	Physiotherapist Name	Referal Details	
Diagonsis	Physiotherapist Name	Referal Details	
Treatment start date	Last Treatment	Total Treatment	
Referal Details	Referal Details	Referal Details	
Physical Function Sit up in bed	Can manage ○Yes ○No	With a little help ○ Yes ○ No	
Cannot OYes ONo	Notice O Yes O No		
Swing legs outside Bed edge	○Yes ○No	○Yes ○No	
○Yes ○No	○Yes ○No		
Stand / sit At bedtime	○Yes ○No	○Yes ○No	
○Yes ○No	○Yes ○No		
View	OOK OIMPAIRED	Walker	
		○Yes ○No	
Hearing	OOK OIMPAIRED	Pulpit	

		○Yes ○No
Language	OK OAffected	Wheelchair
		○Yes ○No
Gait	○OK ○Reduced	Elevator
		○Yes ○No
The Neck	Movement	Reduced
	○Yes ○No	○Yes ○No
Stiff	Note	
○Yes ○No	○Yes ○No	
Shoulder	○Yes ○No	○Yes ○No
○Yes ○No	○Yes ○No	
Elbow	○Yes ○No	○Yes ○No
○Yes ○No	○Yes ○No	
Wrist Joint	○Yes ○No	○Yes ○No
○Yes ○No	○Yes ○No	
The back	○Yes ○No	○Yes ○No
○Yes ○No	○Yes ○No	
Hip	○Yes ○No	○Yes ○No
○Yes ○No	○Yes ○No	
Knee	○Yes ○No	○Yes ○No
○Yes ○No	○Yes ○No	
Ankle	○Yes ○No	○Yes ○No
○Yes ○No	○Yes ○No	
Short term Goal:	Long Term Goal:	Proposals for further action:
Referal Details	Referal Details	Referal Details
Comment:		
Comme		

PATIENT SHORT DETAILS

History should be Focus on physical examination which include

- Present illness.
- Patient past medical history
- Previous or present medications and allergies
- Family background social history
- Finally occupational history
- If any pathological investigation done if yes notify in short

Presentation of patient Case

- Describe the case in a narrative form.
- Demographics of patients (age, sex, height, weight, race, occupation).
- Avoid patient date of birth, initials and father name.
- Describe a short patient's complaint.
- Present illness as well as medical history must be listed
 - 1. Include the important details of your current problem.
 - 2. Share your past medical history
 - 3. Include your social history.
 - 4. Write out your questions and expectations.

Three Types of Patients

- 1. The patient depends on your decision.
- 2. The patient's want problem must be resolved without thinking of another alternative
- 3. Patient want to avoid surgery

Full Name	
Name	
Number	
Number	
Choose your gender:	
Male O Female O	
Date	
dd.mm.yyyy	
Patient Identity(aadhar card):	
Patient Identity (aadhar card)	
Doctor's Name	
Doctor's Name	
Number of Treatment given	
Number of Treatment given	
Diagnosis	
○ Yes ○ No	
Epikrise(What is the treatment?/What is the plan of the treatment?)	
Epikrise Epikrise	
Reference Date	
First treatment Date:	
First treatment Date	
Last treatment Date	
Last treatment Date	
Total treatment(s)	
Total treatment(s)	
Doctor Comment	

Patient Feedback

In this page patients feedback can be done. This will help to **record in short progress reports of patients**. These all details can be recorded electronically in pdf or jpg format or can be printed out.

Through this page patient treatment effectiveness can be recorded. Further treatment is needed or not needed?

Chief physical complaints and importance feedback

- 1. Always date and sign your notes, whether written or on the computer. Don't change them. If you realize later that they are factually inaccurate, add an amendment.
- 2. Appropriate record-keeping is recognised as an important component of professional standards If any alteration is done clearly give your name and date. .
- 1. Give in detail all decisions made, any discussions, information given, relevant history, clinical findings, patient progress, investigations, results, and referrals.
- 2. Medical records can contain a wide range of equipment used and correspondence material.
- 3. Do not write such comments eg, racist, sexist or ageist remarks. except relevant to the health record.
- 4. Remember patients have a right to access their own medical records
- 5. Good record-keeping helps to maintain best practice, aiding clear communication between professionals, and demonstrates that best practice has been followed.

Full Name		
Name		
Number		
Number		\$
Choose your gender:		
Male ○ Female ○		
Date		
dd.mm.yyyy		
Long term goal Short term goal ○ Yes○ No ○ Yes○ No		
SYMPTOMS	FUNCTIONS	FORM OF TREATMENT
☐ Without symtoms	□ Normal function	☐ Passive/Active excercise
☐ Extremely better	 Extremely better 	 Stretching/Manipulation
☐ Little better	☐ Little better	☐ Excersises to train with ADL
☐ No change	☐ No change	☐ Electrotherapy
□ Worse	□ Worse	☐ Advice for home treatment
Patient should continue treatment?	○ Yes ○ No ○ Doctor's decision	Physiotherapist Short opinion to Doctor if needed
		Physiotherapist Short opinion to Doctor if ne
Comment:		
Comment		

SHORT NURSING CARE FEEDBACK

This page help how to access database

Provides an overview of the more commonly the signs and symptoms and corresponding diagnostic findings.

Nursing

Establishes a general ranking of needs and concerns on which the Nursing Diagnoses are ordered in constructing the plan of care which can be altered according to the individual client situation.

Goal to Discharge

Identifies short-term and intermediate goals to be achieved by the client before being "discharged" from nursing care. They may also provide guidance for creating long-term goals for the client to work on after discharge.

Nursing Diagnosis

The general need or problem (diagnosis) is stated without the distinct cause and signs and symptoms, which would be added to create a client diagnostic statement when specific client information is available. For example, when a client displays increased tension, apprehension, quivering voice, and focus on self, the nursing diagnosis of Anxiety might be stated: severe Anxiety related to unconscious conflict, threat to self-concept as evidenced by statements of increased tension, apprehension; observations of quivering voice, focus on self.

In addition, diagnoses identified within these guides for planning care as actual or risk can be changed or deleted and new diagnoses added, depending entirely on the specific client information.

Possible evidence

These lists provide the usual or common reasons (etiology) why a particular need or problem may occur with probable signs and symptoms, which would be used to create the "related to" and "evidenced by" portions of the client diagnostic statement when the specific situation is known.

When a risk diagnosis has been identified, signs and symptoms have not yet developed and therefore are not included in the nursing diagnosis statement. However, interventions are provided to prevent progression to an actual problem. The exception to this occurs in the nursing diagnosis risk for Violence, which has possible indicators that reflect the client's risk status.

Nursing Interventions

Nursing Interventions Classification (NIC) labels are drawn from a standardized nursing language and serve as a general header for the nursing actions that follow.

Division of Nursing actions are independent—those actions that the nurse performs autonomously; and collaborative— those actions that the nurse performs in conjunction with others, such as implementing physician orders. The interventions in this book are generally ranked from most to least common. When creating the individual plan of care, interventions would nor- mally be ranked to reflect the client's specific needs and situation. In addition, the division of independent and collaborative is arbitrary and is actually dependent on the individual nurse's capabilities and hospital and community standards.

This abbreviated plan of care or care map is event- or task-oriented and provides outcome-based guidelines for goal achieve- ment within a designated length of stay. Several samples have been included to demonstrate alternative planning formats.

		Number		
Patient Name		Number		
Choose your gender: Male O Female O		Date		
		dd.mm.yyyy		
Related To:[Check those that apply] Threat or perceived threat to physical and er Intrusive diagnosis and surgical tests and pr Threat or perceived threat to self-concept Situational and maturtional crises Changes in role function	• •			
As evidenced by:[Check those that apply] Physiology Increase in blood pressure,pulse and respirations Frequent urination Dizziness,light-headedness Flushing Perspiration Dyspnoea	Behavioural Expressions of helpless Difficulty concentrating Feelings of inadequacy Rumination Crying Inability to problem-solv			

PATIENT CARE

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 - Lower extremities

Force

Muscle force over joints:

Shoulders, elbows, fist, hip, knee, ankle Coordination

Normal sensibility for pain, touch and temperature Balance and walking

o Normal walk, stand on heels and toes, rise up

Full Name			Number			
Patient Name			Number			
Choose your gender:			Date			
Male ○ Female ○			dd.mm.yyyy			***
Past Medical History						
Chronic Health History	Family Histo	ry	Surgical History		Other Pertinent Informa	ation
Medication List						
Medication1			Medication2			
Risk Factors						
Idea1			Idea2			
Current History						
Date Of Admission		History of Present Illn	ess	Chief Comp	olaint	
Diagnostics						
□ Labs	Radiology					
Assessment						
Diagnosis1						
Comment:						
Comment						



Knee Joint Exercise

Exercise 4	

Starting Position: Standing firmly, with trunk bent forwards, and both arms hanging Loose.

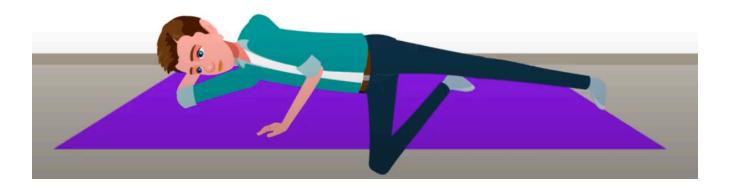
Method: Swing the arms forwards and backwards vigorously several times.



Exercise B Lying on the side 2

Starting Position: Lying on the right side, with right arm tucked under the neck, right leg bent double and left leg stretched out along the body-axis.

Method: Bent the left knee over the chest and then stretch the leg out towards the back of the body, on the floor.



The Knee Joint - Exercise 1

Starting Position: Lying on the back with both legs stretched out straight.

Method: Pressing the knee down firmly on the floor, pull the toes in towards the body. In the beginning it is advisable to do the exercise with both legs simultaneously.



The Knee Joint - Exercise 2

Starting Position: Lying on the back with both legs stretched out straight.

Method: Pull the toes inwards towards the body, press the knee firmly against the floor and then raise the leg to the maximum level possible. Revert to starting position and repeat the exercise with other leg.



The Knee Joint - Exercise 3

Starting Position: Lying on the back with both legs stretched out straight.

Method: Pull the toes inwards towards the body, press the knee against the floor and then raise the leg diagonally inwards over the other leg. Revert to starting position and repeat the movement with other leg.



The Knee Join - Exercise 4 With Diagonal

Starting Position: Lying on the back with both legs stretched out straight.

Method: Pull the toes inwards towards the body, press the knee against the floor and then raise the leg diagonally outwards.

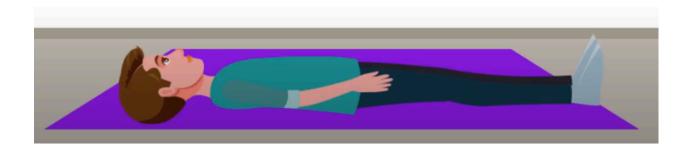
Revert to starting position and repeat the movement with other leg.



The Knee Joint - Exercise 5

Starting Position: Lying on the back with both legs stretched out straight.

Method: Bending the knee, bring the leg upwards over the chest. Then raise the leg upwards to the maximum level possible. Revert to starting position by doing the movement in the inverse direction.



The Knee Joint - Exercise B

Starting Position: Lying on the affected side, lower arm tucked under the neck, lower leg bent slightly at the knee, upper leg bent double, over the lower leg and touching the floor.

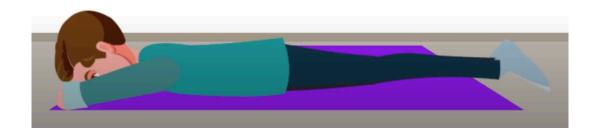
Method: Bend the lower leg and then stretch it to its full length.



The Knee Joint - Exercise C

Starting Position: Lying face downwards, legs stretched out, hand under the forehead.

Method: Without moving the left leg, raise the right leg upwards from the knee at right angle to the thigh. Repeat with the other leg.



The Knee Joint - Exercise D - Seated upon a table

Starting Position: Sitting upon a table, legs dangling.

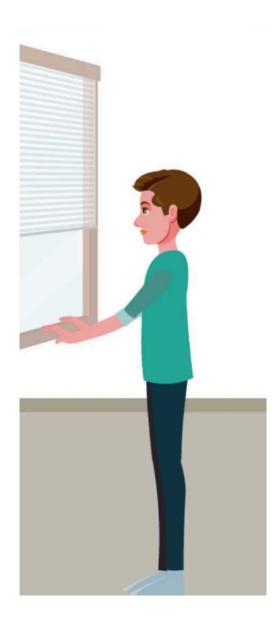
Method: Raise the leg slowly stretching the knee. Repeat the exercise picking up a weight of upto 3 kgs. with the foot.



The Knee Joint - Exercise E - Standing

Starting Position: Standing both feet together, holding on tightly to a window-frame, or any other fixed point.

Method: Bend both legs, as if to sit, and lower yourself to the maximum, without losing your balance.



Shoulder Joint Exercise

The Shoulder Joint - Standing Exercise

Starting Position: Standing firmly, trunk bent forwards, with both arms hanging Loose.

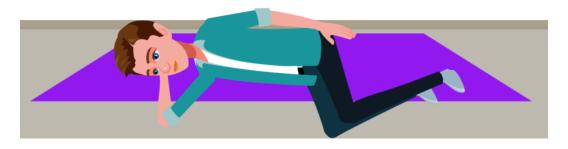
Method: Swing the arms sideways, crossing them when they meet in front of the body.



The Shoulder Joint Exercise 1

Starting Position: Lying down on the healthy side.

Method: Raise the upper arm, moving it sideways in semi-circular direction, while resting your head on the other arm, touching your ear. Revert to starting position.

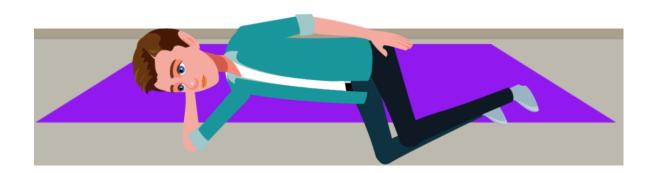


The Shoulder Joint Exercise 2

Starting Position: Lying down on the healthy side.

Method: 1- Resting your head on the one arm, raise the other arm sideways vertically, then bring it to touch the nape of the neck.

2- Stretch it out vertically again and revert to starting position.



The Shoulder Joint Exercise 3

Starting Position: Standing firmly, trunk bent forwards, both arms hanging loose.

Method: Move the arms in a circular movement on the sides.

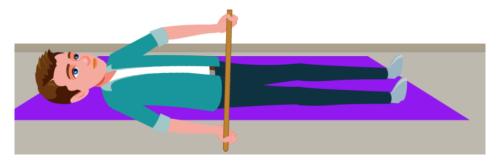


The Shoulder Joint Exercise 3a

Starting Position: Lying on the back, arms extended over body, holding a stick at both ends, along the width of the shoulders.

Method 1-Stretch the body by raising the arms with the stick, till the hands touch the floor beyond the head,

- 2- Move the stick down to touch the head.
- 3 Revert to the starting position, moving arms in the inverse direction.



The Shoulder Joint Exercise 4a

Starting Position: Lying on the back with arms extended sideways at shoulder level

Method: 1- Raise arms up vertically, then slowly cross them so that the right hand touches left shoulder and left hand touches right shoulder.

2- Bring arms back to a vertical position and revert to starting position.

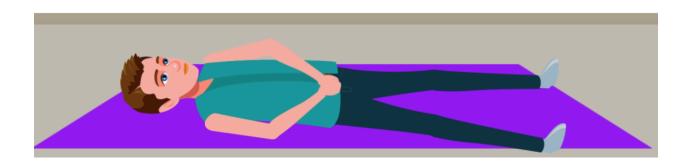


The Shoulder Joint Exercise 5

Starting Position: Lying on the back with hands joined over stomach.

Method: 1- Raise the arms extending them beyond the head, stretching the body, without unlocking the hands.

2 - Move the joined hands under the nape of the neck, and revert to starting position, moving hands in an inverse direction.

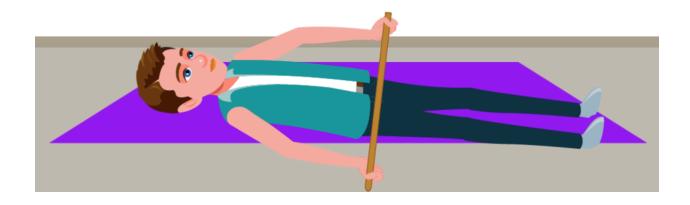


The Shoulder Joint Exercise B -1

Starting Position: Lying on the back, arms extended over body, holding a stick at both ends, along the width of the shoulders.

Method 1 Move forearms at right angles to the arms keeping elbows on the floor.

- 2 Still holding the stick, raise arms vertically upwards.
- 3- Bring stick down towards chest and revert to original position.

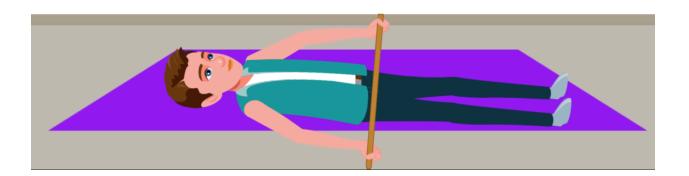


The Shoulder Joint Exercise B - 2

Starting Position: Lying on the back, arms extended over body, holding a stick at both ends, along the width of the shoulders.

Method 1 - Holding the stick, raise the arms till they touch the floor beyond the head, stretching the body.

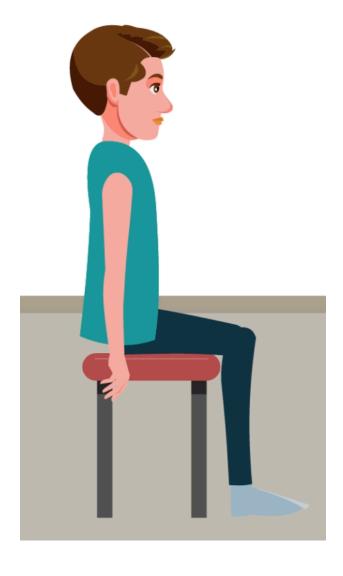
2 - Return to the original position by moving the arms in the inverse direction.



Cervical Column - Exercise 1

Starting Position: Sit up straight on a stool, feet together, arms on the side keeping the mouth closed.

Method: Bend the head and let it fall forwards till the chin touches the chest, and then slowly bend the head back as far as it goes.



Starting Position: Sit up straight on a stool, feet together, arms on the side keeping the mouth closed.

Method: Sitting straight up, bend the head first to the left and then towards the right, keeping the gaze fixed straight ahead during the exercise.



Cervical Column - Exercise 3

Starting Position: Sit up straight on a stool, feet together, arms on the side keeping the mouth closed.

Method: In an upright position, turn the head alternately, first towards the left and then to the right, with eyes looking back over the shoulder.



Starting Position: Sit up straight on a stool, feet together, arms on the side keeping the mouth closed.

Method: Rotate the head round slowly as if describing a circle.



Cervical Column - Exercise 5

Starting Position: Sit up straight on a stool, feet together, arms on the side keeping the mouth closed.

Method: Extend the arms straight ahead of you, then swing them backwards and forwards in a circular movement.



Starting Position: Sit upright on a stool.

Method: Stretch the arms out sideways in level with the shoulder.

Without bending your arms, turn the body, waist upwards first towards the left, then to the right, balancing the arms simultaneously in opposite directions, without moving the head and gaze fixed in front.



Cervical Column - Exercise 7

Starting Position: Sitting upright on a stool, hands resting on knees.

Method: Stretch right arm in front at shoulder level.

Slowly turn the body, trunk upwards to the right till outstretched arm goes back in a semi-circular movement, eyes following the arm.



Starting Position: Sitting upon a stool, with both arms raised in front at shoulder level. **Method:** Swing both arms together first towards the left and then towards the right, turning the body in the same direction, and eyes following arm movement



Cervical Column - Exercise 9

Starting Position: Sitting on a stool, both arms raised sideways at shoulder level.

Method: Vigorously move the arms three times backwards and forwards in a flapping movement.

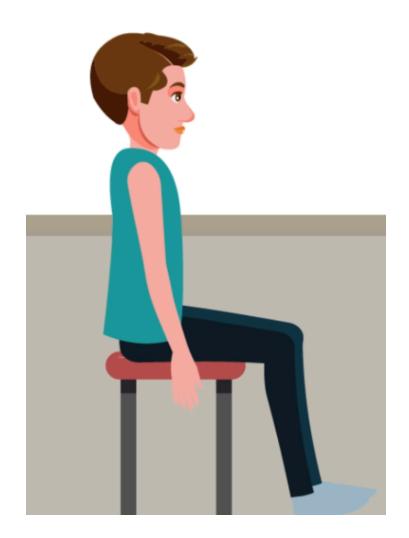
Raise arms above the head at an angle of 45 degree and repeat above movement, then do the same with arms stretched straight up in a vertical position.



Starting Position: Sitting on a stool, arm raised straight above the head.

Method: 1- Turning the body at the waist, take the raised arm backwards, eyes following movement.

2- Then bend forwards at the waist, till right hand touches left toes and forehead touches left knee. Repeat the same movement with the left hand



Group 4

Exercise 1

Starting Position: Sitting straight upon a stool, arms by your side.

Method: Raise both arms sideways at shoulder level, move them backwards vigorously three

times then repeat the movement with arms at an

angle of 45 degree above the head, & then with the arms parallel to the head.



Exercise 2

Starting Position: Sitting upon a stool, with both arms meeting across the chest at shoulder level, both the hand touching.

Method: Turn the body sideways, trunk upwards and move the elbows backwards without separating the arms.



Exercise 3

Starting Position: On your knees, with head and arms extending downwards, hand touching the floor.

Method: 1 - Bring the chest down several times as if to touch the floor.

2 - Come back to the position of standing on all-four for few seconds and then repeat chest movement.



Exercise 3a

Starting Position: Sitting upon a stool, with both hands joined behind the head, the feet 50 cms. Apart.

Method: Bend the body, trunk upwards, first to the right side & then to the left.



Exercise 4

Starting Position: On your knees, with head and arms slanting downwards, hands touching the floor.

Method: Raise the arms up alternately, without moving the chest



Exercise 4a

Starting Position: Sitting upon a stool, facing the wall, arms extended above the head, hands and toes touching the wall.

Method: Bend forward and try to touch the chest to the wall.



Exercise 5

Starting Position : Sitting upon a stool, facing the wall, arms extended above the head, hands and toes touching the wall.

Method: Bend the chest forward and in this position take the hands off the

wall alternately



Exercise 6

Starting Position: Sitting upon a stool, facing the wall, arms extended above the head, hands touching the wall.

Method: Bend the chest forward and in this position take both the arms off the wall simultaneously.



Hips Exercise

Hips - lying face downwards on table - Exercise

Starting Position: Lying face downwards, upper part of the body on table or bed, legs stretched out, feet touching the floor.

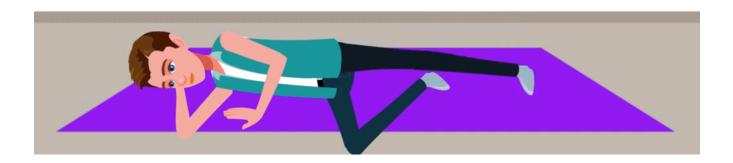
Method: Raise the legs alternately at a horizontal level with the body.



Hips - lying on floor - Exercise 1

Starting Position: Lying on the side, lower arm tucked under the neck, lower knee bent, the upper leg stretched out, with toes touching the floor.

Method: Raise the upper leg straight to the highest possible level.



Hips - lying on floor - Exercise 2

Starting Position : Lying on the side, lower arm tucked under the neck, lower knee bent double, the upper leg stretched out with toes touching the floor.

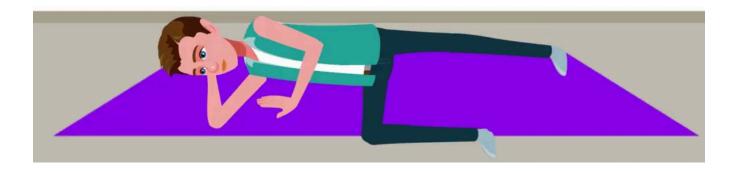
Method: Raise the upper leg, bend the knee upwards towards the chest and then stretch the leg out backwards. Revert to starting position.



Hips - lying on floor - Exercise 3

Starting Position: Lying on the side, lower arm tucked under the neck, the lower leg stretched out straight, upper leg bent double on the floor.

Method: Bring the lower leg, knee bent, towards the chest and then stretch it out backwards.



Hips - lying on floor - Exercise 4

Starting Position: Lying on the side, the lower arm tucked under the neck, lower leg bent double, and the upper leg stretched out in front.

Method: Raise the upper leg upwards vertically and lower it to floor behind the body. Repeat the movement in the inverse direction.



Hips - lying on the back - Exercise A-1

Starting Position: Lying on the back with legs stretched out straight.

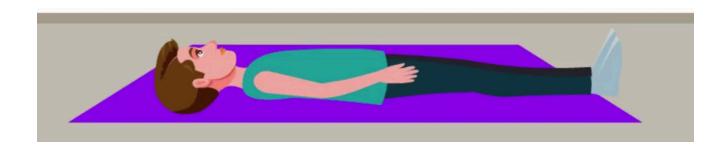
Method: Without lifting the left leg from the floor, bend the right leg and bring it over the chest. Return to starting position and repeat the same movement with the left leg.



Hips - lying on the back - Exercise A-2

Starting Position: Lying on the back with legs stretched out straight.

Method: Without lifting the left leg from the floor, bend the right leg and bringing it over the chest, then take it upwards vertically, lower it slowly to starting position. Repeat the exercise with the other leg.



Hips - lying on the back - Exercise A-3

Starting Position: Lying on the back with legs stretched out straight.

Method: Without lifting the left leg from the floor, move the right leg outwards to the side. Revert to starting position and repeat the exercise with the other leg.



Hips - lying on the back - Exercise A-4

Starting Position : Lying on the back, with legs stretched out at a sight distance from each other.

Method: Move both legs simultaneously, first outwards and then inwards



Hips - lying on the back - Exercise A-5

Starting Position: Lying on the back with knees drawn up, feet resting on the floor.

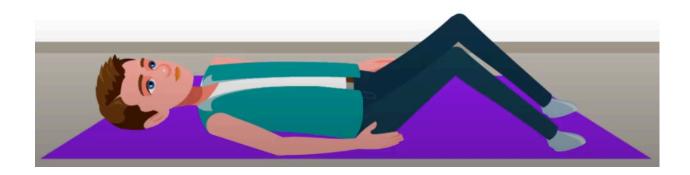
Method: Keeping the arms on the floor, raise the buttocks to the maximum possible level.



Hips - lying on the back - Exercise A-6

Starting Position: Lying on the back, knees bent, legs drawn up.

Method: Lower one knee sideways, trying to touch the floor. Revert to starting position. Repeat the movement with the other knee.



Hips - lying on the back - Exercise A-7

Starting Position: Lying on the back, legs stretched out straight.

Method: Sit up and try and touch your toes with your hands.

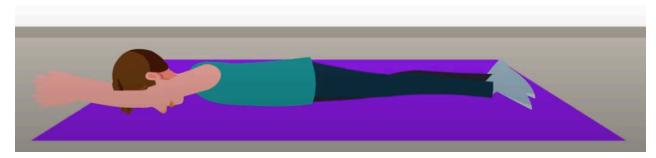


Spinal Column Exercise

Spinal Column exercise A-3

Starting Position: Lying face downwards, arms extended upwards by the side of the head.

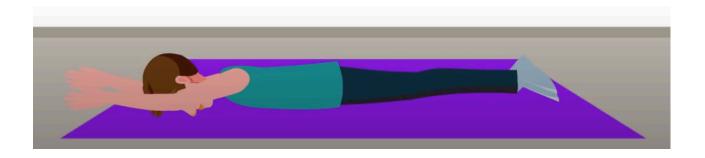
Method: Raise the arms alternately without moving the head.



Spinal Column exercise A-4

Starting Position: Lying face downwards with both arms extended in line with the head, forehead resting on the floor.

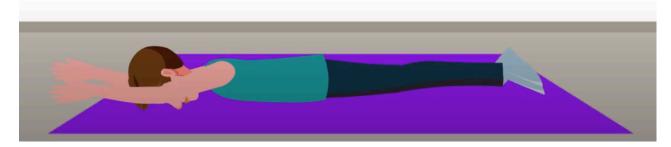
Method: Raise both arms simultaneously without moving the head.



Spinal Column exercise A-5

Starting Position: Lying face downwards with both arms extended in front in line with the head.

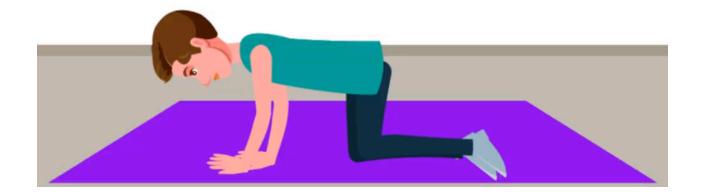
Method: Slowly raise both arms, the head and the upper part of chest.



Spinal Column exercise D-1

Starting Position: Standing on all-fours, back straight, arms at right angles to the body.

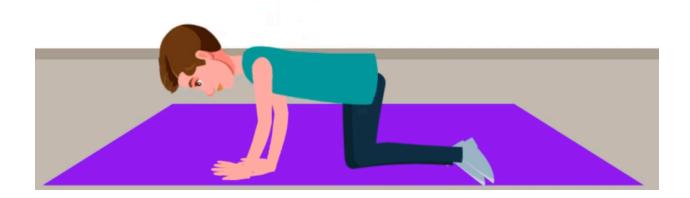
Method: Raise the right arm upwards turning the head and upper part of the body in the same direction. Return to starting position and repeat the action with the other arm.



Spinal Column exercise D-2

Starting Position: Standing on all-fours, back straight, arms at right angles to the body.

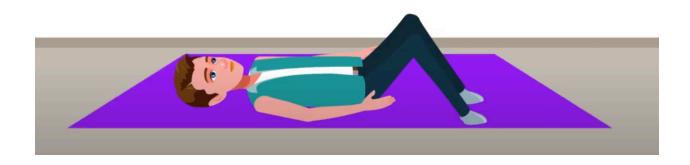
Method: Raise the right arm above the head and describe a semi-circle moving the arm down towards the back, with the eyes following the movement of the arm. Bring the arm back to starting position in the semi-circular movement. repeat the action with the other arm.



Spinal Column Exercise E-1

Starting Position: Lying on back, legs drawn up, knees bent, feet touching foot, arms alongside body.

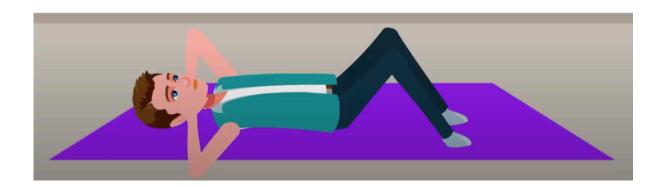
Method: 1- Breath in, raising both arms, stretching them beyond the head on the floor. Bring arms down extending them sideways to the floor at shoulder level while breathing out, then revert to starting position. After several sessions, the exercise should be performed with a weight of 0.5-1.0 kg. in each hand.



Spinal Column Exercise E-2

Starting Position: Lying on back, legs drawn up, knees bent, feet touching floor, arms folded under the nape of the neck.

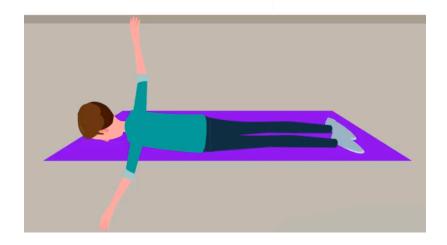
Method: While breathing in, press the elbows against the floor and relax them while breathing out.



Spinal Column Exercise G-1

Starting Position: Lying face downwards, arms extended on either side at shoulder level. (In case of a bent spine or pronounced lumber raise, place a small cushion under the stomach).

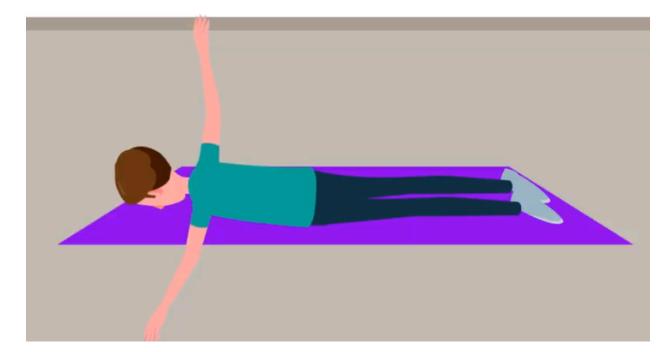
Method: Raise stretched out arms without moving the head.



Spinal Column Exercise G-2

Starting Position: Lying face downwards, arms extended on either side, at shoulder level.

Method: Raise the head, the outstretched arms and the upper part of the chest.



Elbow exercise

Starting Position : Sitting upon a stool, arms by the side, each hand holding a maximum weight of 2 kgs.

Method: Flex and extend the forearms over the arms.



Wrist & Finger exercise A-1

Starting Position: Sitting, with forearms and hands resting on a table.

Method: Raise the hands without moving forearms.



Starting Position: Sitting with forearms and hands resting on a table.

Method: 1 - Move the hands along the table from side to side from wrist, without moving the forearms.

2 - Carry out the same exercise, raising hands from the table, wrist upwards making a semi-circular movement.



Wrist & Finger exercise A-3

Starting Position: Sitting at table with the hand over the edge.

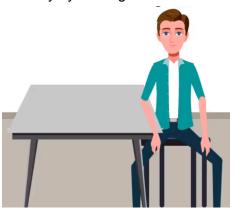
Method: Bend and extent the hand from the wrist. Continue the same exercise by holding a maximum weight of 2kgs in each hand.



Starting Position: Sitting at the table with the hand going beyond the edge.

Method: 1- Rotate the hand in circular motion in both directions.

2 - Continue the exercise alternately by holding in each hand a weight not exceeding 2 kgs.



Wrist & Finger exercise A-5

Starting Position: Sitting at the table with the hand over the edge. **Method:** 1 - Rotate the forearm, making the palm face upwards, & then repeat the movement in the inverse direction, palm facing the floor.

2 - Continue the same exercise alternately with a weight in each hand, preferably holding an empty bottle.



Starting Position: Hands and forearms resting on a table.

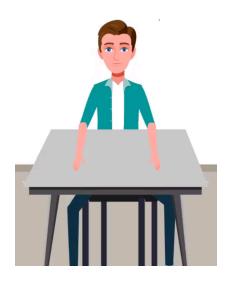
Method: Spreading the fingers and thumbs, separating each one.



Wrist & Finger exercise A-7

Starting Position: Forearms and outer sides of palms resting on a table.

Method: Bending the arms at the elbows, bringing forearms up, open and close fists; revert to starting position.



Starting Position: Sitting at the table with palm together.

Method: Without separating the palms, direct the fingers first towards the floor and then towards the chest.



Wrist & Finger exercise A-11

Starting Position : Standing, hands turned inwards supporting yourself on a table. **Method:** Bend downwards, letting the chest touch the table, straighten the arms and then repeat the movement again.



Foot Exercise

Exercises D with foot exercise 1

Starting Position: Stand on foot-stool and support the weight of the body upon the healthy leg while leaving the other foot hanging in air.

Method: Swing the leg forwards and backwards.



Exercises D with foot exercise 2

Starting Position: Standing before a low foot-stool. (Practical exercise: climb up and down the stairs)

Method: Step on the stool by putting the affected leg up first and then climb down on the other side by putting the healthy leg forward. Repeat the exercise by practicing on a staircase.

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Exercises D with foot exercise 3

Starting Position: Standing with the stool placed just behind you, (Practical exercise: Sitting down and getting up)

Method: Sit down and then get up(in the beginning and in order to make the exercise easy, cushion should be put upon the stool)



Exercises D with foot exercise 4

Starting Position: Standing in front of a stool, upon which you will rest the foot of the sick leg.(Practical exercise: to wear shoes and tie shoe laces).

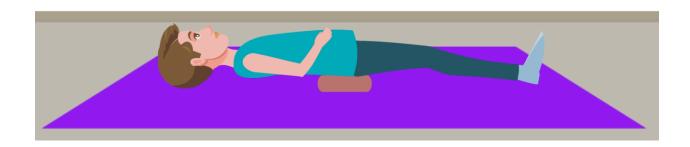
Method: Bend forwards in front and try touching the foot simultaneously with both the hands.



Exercises E posture which help in extending the hip

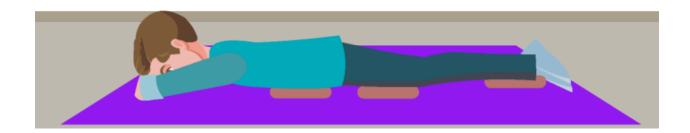
Method: The bust slightly raised, legs extended, a hard cushion is placed or a double folded blanket is placed under the buttocks.

There should be nothing under the thighs. Remain in this position for 10 to 30 minutes per day.



Exercises E - 2 lying on stomach - posture which help in extending the hip

Method: Place a cushion under the stomach, another cushion under the thighs and third cushion under the feet. The region of the groin should have no support. Remain in this position for 10 to 30 minutes per day.





Advice us to be better in my next issue if needed

Published by
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This book is written to clear all questions by my website visitors.
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