

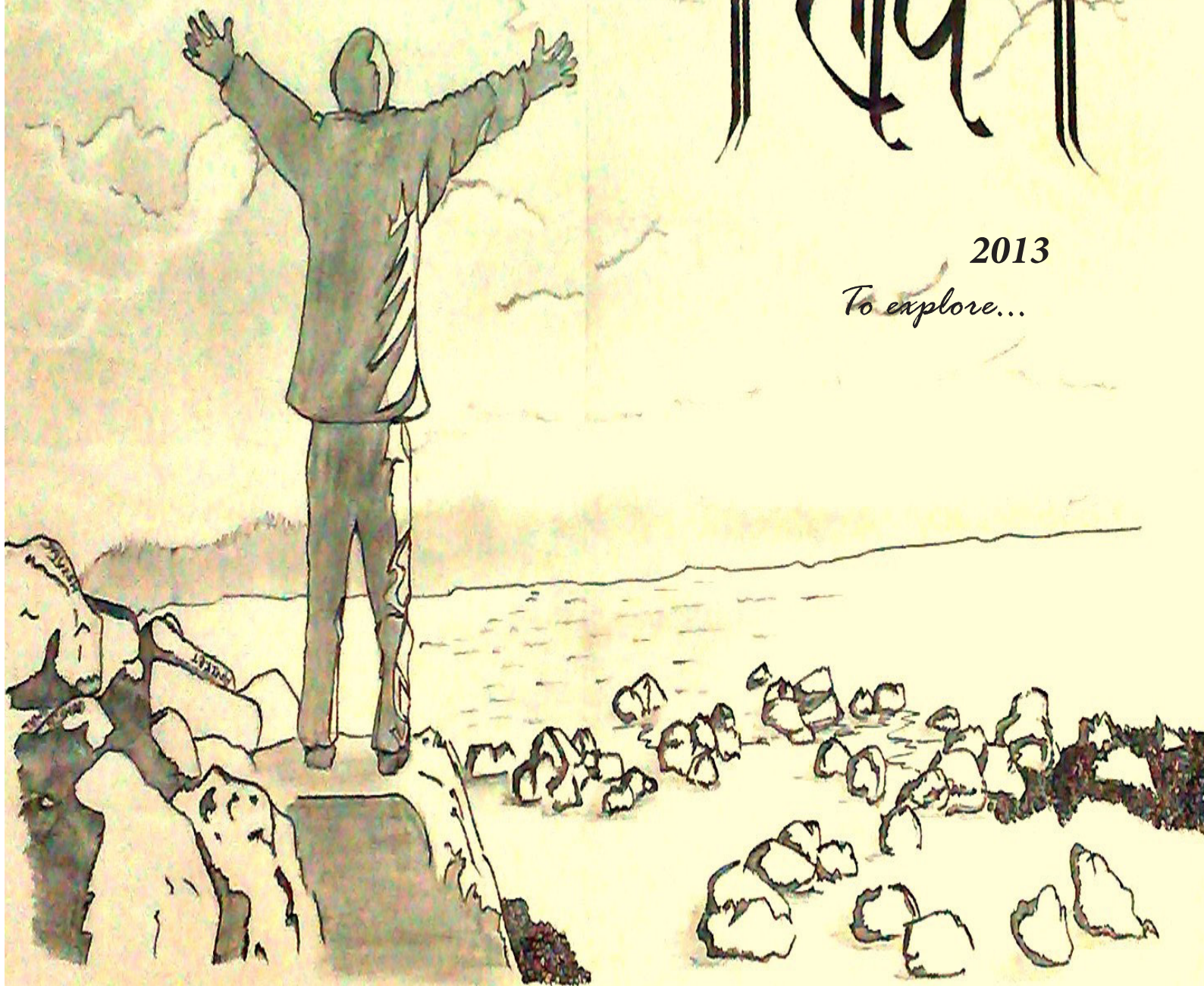
# MGM PHYSIOTHERAPY

*Presents...*

|| शोध ||

2013

*To explore...*



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I congratulate the entire M.G.M. Physiotherapy Team on having completed another successful year. The magazine definitely speaks about achievements that the Physiotherapy branch of our institute has achieved. We hope Physiotherapy keeps growing in the same way. I wish you good luck for the upcoming year.

- Dr. S. N. Kadam  
(Vice Chancellor)



Hearty congratulations to the entire Physiotherapy Team on the occasion of publication of the second edition of your magazine. Physiotherapy is growing year after year and as an integral unit of our Institute. I wish you all the best for all future academic as well as cultural endeavours.

- Dr. S. K. Kaul  
(Hon'ble Pro Vice Chancellor)



This is my first contact with the magazine of Physiotherapy Institutes named "Shodh". It is the second edition of "Shodh". This magazine projects untiring efforts of Physiotherapy Institutes since 2008 in various academic events and health related services carried out throughout the year. I would like to congratulate the faculty and students of MGM Physiotherapy Institutes for their meritorious and commendable input in bringing out this magazine.

Students & faculty are doing a commendable job to bring MGM Physiotherapy Institutes' at par with global merit of the profession.

I wish you all the best for many more achievements in the coming years. Let it grow bigger and brighter.

- Dr. Chander Puri  
( Research Pro Vice Chancellor)



M.G.M. Physiotherapy as an integral part of our institute and I congratulate the entire team on this occasion of the inauguration of second edition of Shodh. This edition of the magazine also speaks about the various areas in which Physiotherapy Team of our institute has grown and achieved a lot. I wish you all the best and hope physiotherapy achieves more in all academic and cultural fields in the upcoming years.

- Dr. Z. G. Badade  
(Registrar )



It gives me immense pleasure to see my students & faculty members bringing out our second edition of magazine “Shodh”. It has been quite a journey since the establishment of Physiotherapy Institute within MGM Institute of Health sciences, a deemed to be University. This year, the magazine projects the amalgamation of efforts of students from both MGM Physiotherapy Institutes i.e. School of Physiotherapy (MGMIHS) & College of Physiotherapy (MUHS). The efforts of students & faculty members of both the Institutes are projected in all aspects namely research projects, cultural & academic activities.

I congratulate our Institute for every activity undertaken with sincere efforts by faculty members & students right from the organizing first seminar on Cerebral Palsy- to creating the first ever support group in Navi Mumbai for Parkinson’s Disease & Spinal Cord Injuries. The various outreach camps & our recent collaboration with Yusuf Meheraly Centre, Tara will give different dimensions to the clinical training for our students of the Institutes’. Our efforts to collaborate with various Institutes abroad will take our Institute wider on global map.

I extend my best wishes to everyone associated with the Physiotherapy Institutes’ & wish every success in future.

- Dr. Rajani Mullerpatan  
(Director MGM Physiotherapy)



‘It gives me great pleasure to see yet another issue of ‘Shodh’. It is good to see the same amount of contribution by the students; as they make the best of the opportunity provided to them to make way for their extracurricular as well as academic merit. It gives the student and staff body to showcase their talents & interests. I hope every issue of the magazine is brought together with growing enthusiasm every year.

I wish ‘Shodh’ all the very best.

- Dr. Bharati. Bellare  
(Professor)



My hearty congratulations to all students and faculty members who have contributed to second edition of “Shodh”, college magazine of MGM Physiotherapy Institute, Navi Mumbai. It provides a brilliant platform for students and faculty to explicate their excellence in curricular, extracurricular and research activities. I hope everyone cherishes and get to the most of this opportunity. I wish all the very best to everyone who put in tremendous efforts to make our college magazine a grand success.

- Dr. Anila Paul (PT)  
(I/C Principal,  
MGM School of Physiotherapy,)





‘It gives me immense pleasure to pen down words of appreciation for ‘Shodh’. The magazine allows the students and faculty to portray their academic and extra curricular talents using this platform. It is great to see an outlet being provided to various ideas. My gratitude goes to the teachers who served on the committee to choose what would be published

in this edition, and to teachers who encouraged their students to contribute towards the magazine. I am sure the magazine will keep the readers well entertained & updated with recent

developments in our field. Wishing success & good luck to ‘Shodh’.

- Dr. Vrushali Panhale (PT)

(Principal MGMUHS)

## Editor’s note

Physiotherapy for me is a dream, a dream to touch lives. to reach out to people and do the best I can. MGM Physiotherapy is taking me closer to this dream of mine. In this journey toward my aim I was offered the opportunity to challenge my boundaries & try my hand at something new. I was given a chance to be the editor for the annual magazine. Am I grateful for this chance? Absolutely.! It has been a roller coaster ride for sure. I must Admit though that ‘Shodh’ would never have been possible without my Committe and the valuable insight from the faculty members guiding me. It gives me great pleasure to put forth this edition of the annual magazine which is a compi

# Meet The Faculty



Dr. Rajani. Mullerpatan



Dr. Bharati. Bellare Dr. Dhruv. Mehta Dr. Shreeraj. S. R.



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# *Hall Of Fame...*

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- 2. Dwhani Sheth*
- 3. Khadija Dholkawala*

#### *FIRST YEAR PART 2*

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- 2. Rohini Gawali*
- 3. Heena Bhanushali*

### *SECOND YEAR*

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- 2. Reema Talankar*
- 3. Panneri Jethwa*

#### *THIRD YEAR PART 1*

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- 2. Prajakta Gaokar*
- 3. Archana Kulkarni*

#### *THIRD YEAR PART 2*

- 1. Khushboo Kapuria*
- 2. Sneha Vishwanath and Nidhi Sanghavi*
- 3. Komal Shah*

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2. *Aishwarya. Bajaj*
3. *Sanika. Shahde*

### 1<sup>st</sup> YEAR CASUAL

1. *Shradha. Kadam*
2. *Shivika. Maskara*

### 2<sup>nd</sup> YEAR REGULAR

1. *Jagruti. Patel*
2. *Disha. Savla*
3. *Shweta. Nahar*

### 2<sup>nd</sup> YEAR CASUAL

1. *Reema. D'almeida*
2. *Kausar. Wangde*
3. *Karishma. Gavli*

### 3<sup>RD</sup> YEAR REGULAR

1. *Reema. Parmar*
2. *Agnes.Robin and Karishma. Jain*
3. *Shrutii. Shah and Riddhi. Shroff*

### 4<sup>TH</sup> YR REGULAR

1. *Nuzhat. Jahan*
2. *Priyanka. Ambetkar*

## *Student Committee*



*From Left to Right : Samrin Siddiqui (General Secretary), Priyadarshani Katalkar (Treasurer) Priyanka Sharma (Academics), Moses Nadar (Sports) Shrutika Kotian (Cultural)*



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THE GREAT RARITIES



# Research Articles

**Title:**Prevalence of Respiratory Symptoms among Local Flour Mill Workers.

**Authors:**Anisha Bedi,Janvi Bhadra,Manali Bhanushali,Zarine Bilimoria,Priyanka Burmekar,Darshita Dand(Final B.P.Th)

**Guide:**Dr. Pothiraj.P

**Introduction:**As a large number of workers are engaged in flour mills in Mumbai,and as this population is at high risk for developing respiratory symptoms,it is important for us to know what are the symptoms produced and the severity of these symptoms.There is also a need to know the availability of the safety measures to control these symptoms and if they are available, then are they used by these workers or not.

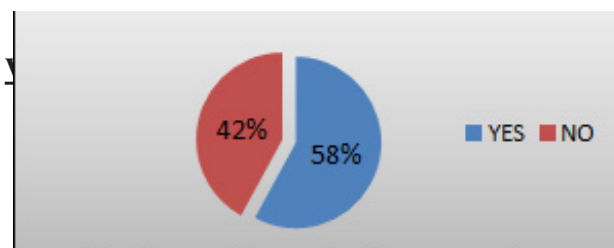
**Study Design:** cross sectional study.

**Method:**The study was conducted in the premises of local flour mills of Navi Mumbai, Mumbai and Thane. A semi structured questionnaire was prepared and translated into Hindi. 200 workers fulfilling the inclusion and exclusion criteria were taken and were explained about the procedure and the importance of the study conducted. The questionnaire was filled through an interview based method.

**Discussion and conclusion:** There is prevalence of respiratory symptoms among local flour mill workers. Cough and sputum are the most prevalent respiratory symptoms followed by breathlessness & wheezing. Most of the subjects were aware of the benefits of safety measures but were not using it due to discomfort.

**Aims & Objectives:**To find the prevalence of respiratory symptoms among local flour mill workers,the most prevalent respiratory symptom ,find the duration of working period that causes the symptoms to occur and find the availability of safety measures,what are those safety measures and the percentage of subjects using those safety measures in the flour mills.

**Results:** Out of 200 subjects, 58% complains of at least one respiratory symptom and 42% did not complain of any respiratory symptoms because they were using safety measures( cloth and masks ). 99 subjects complaint of cough ,69 of sputum ,30 of wheezing , and 56 of breathlessness. Majority of them had an onset of cough after 4 to 6 years,onset of sputum after 4 to 6 years,onset of wheezing after 7 to 10 years & onset of breathlessness after 7 to 10 years of joining because of various environmental factors which shows the severity of the symptoms .Only 83.5% were aware of the availability of the safety measures and its benefits.



**Workers with respiratory symptoms**

**Key words:** flour mill workers,respiratory symptoms, safety measures.



**Title-** Prevalence of stress urinary incontinence in postnatal women upto one year.

**Authors:-**Dipti Patel, PoojaVytheeswaran,VarshaRao , Shailaja Reddy, ReshmaRamachandran, ChelesaSajani.

**Guide:-**Dr.BharatiBellare.

**Introduction:-**

There is a striking dearth of prospective studies regarding the relationship of pregnancy and delivery to the problem of urinary incontinence among women.

The effect of normal pregnancy on the physiology of the lower urinary tract remains largely not investigated, in spite of common pronouncements on this subject in the obstetrical literature.

**Methodology:-**

**Type of study:** Descriptive study

**Target population:** postnatal women

**Sample population:** postnatal women visiting MGM Kamboli Baby Friendly Hospital

**Sampling technique:** Convenient Sampling

**Sample Size:**315

**Tool used:** Interviewed through a validated questionnaire.

**Aims:-**

To study the prevalence of Stress urinary incontinence of post natal women within their first year reporting for immunization of their babies at the mother & child care centre in Navi Mumbai through a semi-structured interview.

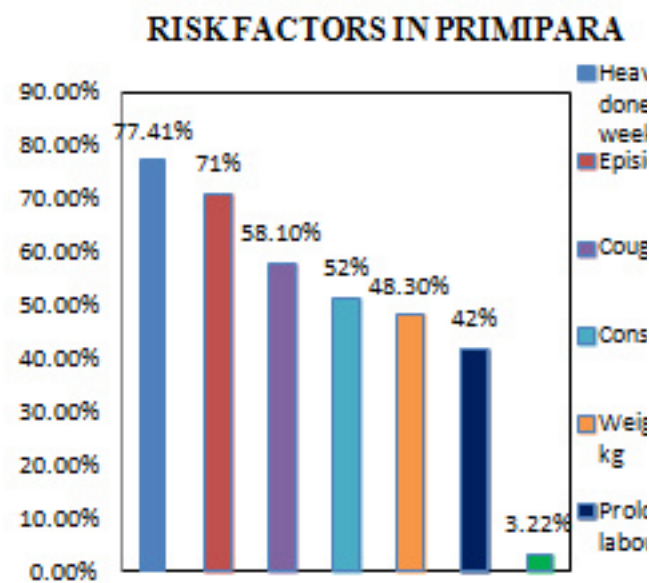
**Objective:**

- Prevalence of stress urinary incontinence their first year of postnatal period
- Prevalence of possible risk factors among the primiparous women within their first year of postnatal period
- Prevalence of possible risk factors among the multiparous women within their first year of postnatal period

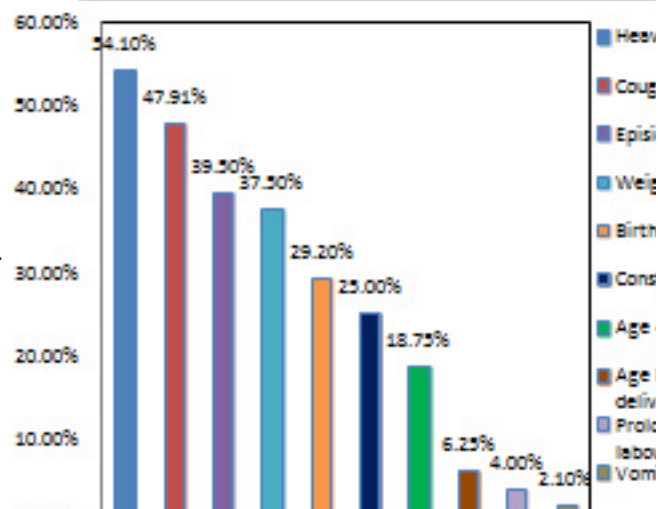
**Results:-**

Out of 315 subjects, 25.4% complained of stress urinary incontinence [SUI]

**RISK FACTORS IN MULTIPARA**



**RISK FACTORS IN MULTIPARA**



**Title:** Quality of life of Cerebral Palsy (CP) caretakers in comparison with caretakers of normal children.

**Authors:** Priyanka Shetty, Kashmira Shinde, Saloni Thakkar, Meera Thanawala, Gauri Tulsankar,

Vibisha Viswanathan.

**Guided by:** Dr. Jyoti Parle(PT)

**Introduction:** Cerebral Palsy (CP) is a heterogeneous CNS disorder, with disturbances of sensation, cognition, communication, perception and behaviour along with epilepsy and secondary musculoskeletal disorders. Thus primary caretakers are under constant stress to maintain child's health and well-being. They have more physical, psychological, and financial burdens than the caretakers of normal children. The physical and psychological well-being of a caretaker is important for the well-being of the person receiving care. Adverse health status of the primary caretaker interferes with the ability to meet the needs of the child and affect the child's rehabilitation. An assessment of the Quality of Life of the primary caretaker is therefore important, for interventions targeted at rehabilitation of children with disabilities.

**Aim:-** To assess the quality of life of caretakers of children with cerebral palsy in comparison with caretakers of healthy children (control group) using World Health Organization Quality Of Life- BREF in the area of Navi Mumbai.

**Objective:-**

1. To assess the quality of life of cerebral palsy caretakers using WHOQOL-BREF in comparison with normal children's caretakers.

2. To analyze the inter-domain relationship of the domains of the WHOQOL-BREF scale in CP caretakers.

**Result:**

The test showed remarkable results as follows:

Level of :

Physical health functioning- control group > CP caretakers (**p=0.000**).

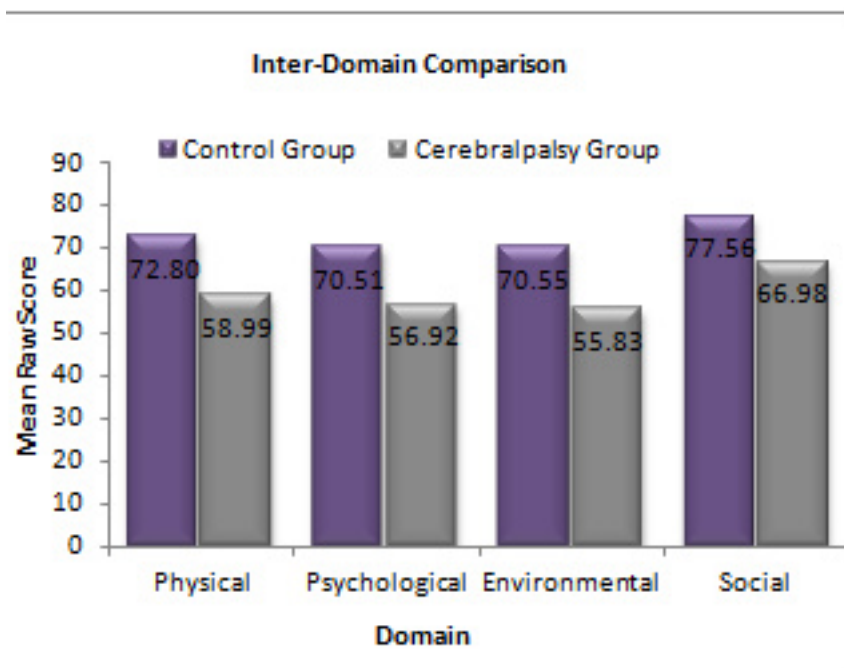
Psychological level- control group > CP caretakers (**p=0.000**).

Environmental level- control group > CP caretakers (**p=0.000**).

Social relationships- control group > CP caretakers (**p=0.005**).

Results of the Intra-domain comparison within the group of cerebral palsy caretakers showed that:

There is no significant difference amongst the physical, psychological and environmental domains (**p=1.000**). The social and physical domains also do not differ significantly (**p=0.91**). However the social domain is higher as compared to psychological domain (**p=0.14**) and to environmental domain (**p=0.05**).





## Neck Pain



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## QUALITY OF LIFE IN SUBJECTS WITH NECK PAIN

**AUTHOR:** Karishma Jain

**GUIDED BY:** Dr. Reshma Gurav(PT)

### ABSTRACT

**Introduction:** Neck pain, a common public health problem, affects 67-71% of general population including all age group. Neck pain has significant ramifications for emotional and psychosocial health and is believed to impact on one's general health and Health related quality of life (HrQOL). Quantifying the potential impact of neck pain and disability on QOL in variant age group will provide an insight to physiotherapist towards providing palliative neck pain therapy.

**Aims and objectives:** This study was aimed to find the disability in subjects with neck pain and its correlation with their QOL in younger, middle and older adults. The objectives were to measure the disability and assess the quality of life in subjects with neck pain in all 3 age group and then correlate the neck pain and disability with QOL in younger, middle and older adults respectively.

**Study design:** This cross-sectional study was conducted on 75 subjects having neck pain since 1 month in the age group of 18-60 which were selected through purposive sampling and then divided into 3 age group: young adult (18-25), middle adult (26-40) and older adult (41-60) which were selected through purposive sampling. Subjects with traumatic neck pain and already taking treatment for neck pain were excluded from the study. The outcome measures were:

- NORTHWICK NECK PAIN QUESTIONNAIRE
- SF 36 QUESTIONNAIRE
- KARL PEARSON CORRELATION TEST

**Results:** There was tangible disability present and affection of QOL among all 3 age group in subjects with neck pain but was highly significant in older adult group;  $P=0.002$  ( $P>0.05$ ). Also, there was moderate negative correlation between their disability and affected QOL in all age group through Karl Pearson correlation test, ( $r=-0.58$ ).

**Discussion and conclusion:** The finding indicated tangible disability and affection of QOL in all age group which was because of the altered biomechanics and scapulothoracic instability. The affection was highly significant in older adult group because of the degenerative changes and the reduction in pain threshold leading to greater disability and poorer QOL.

**Keywords:** Neck pain, Quality of life, Disability, Correlation.



## **Awareness of Epilepsy in Rural and Urban School Teachers in Mumbai-Thane District**

<sup>1</sup>Shruti Shah, <sup>2</sup>Sreeraj S R

1. Intern, MGM College of Physiotherapy, Navi Mumbai
2. Professor, MGM College of Physiotherapy, Navi Mumbai

### **Abstract**

**Introduction:** Teachers knowledge about and attitudes toward epilepsy can have a direct impact on students with epilepsy in terms of school performance, social skill development, and post school success in the areas of employment, social skills, and social network development. Comparison between the rural and urban areas can make us understand the impact of factors like level of education and influence of society on the level of awareness and understanding about epilepsy.

**Aims and objectives:** This study was aimed to find the awareness of epilepsy in urban school teachers and the awareness of epilepsy in rural school teachers. The Objectives were to find the Familiarity with epilepsy, Understanding about epilepsy, Preparedness towards epilepsy and Level of awareness in both the areas

**Study design:** This observational study was conducted on 50 rural and 50 urban school teachers who were teaching in secondary or primary section of schools in Mumbai-Thane district who were selected through convenient sampling. Teachers who were having a history of or are currently suffering from epilepsy and in direct relation to anyone suffering from epilepsy were excluded from the study. A simple self-administered questionnaire was to be filled by the teachers. The questionnaire contains items related to familiarity, understanding and preparedness towards epilepsy.

**Result:** On comparison,  $P > 0.05$  ( $P=0.18$ ), therefore null hypothesis is accepted.

**Discussion and conclusion:** The findings indicate a generally favorable level of awareness and knowledge of epilepsy among school teachers without any significant difference in the levels of awareness among rural and urban areas but some lack understanding and most are not prepared for first-aid seizure management. This higher level of awareness towards epilepsy by teachers both in urban and rural may be attributed to their higher level of education but their readiness to handle a seizure situation needs to be addressed.

**Key words:** epilepsy, awareness, schoolteachers.

**Title:** Correlation between Post-stroke mobility variables and Activities & Participation: A cross-sectional study.

**Authors:** Dr. Neelam Nayak, Pranali Mahajan

**INTRODUCTION:** Post stroke, mobility impairments generally develop, including, but not limited to: decreased gait speed, decreased walking capacity, balance impairment, altered balance self-efficacy, and worry about falls

**Aim:** To study the correlation between various mobility variables and their impact on Activities & Participation in Chronic stroke patients.

**Objectives:**

(1) Examine relationships between Post- stroke mobility variables (gait speed, walking capacity, balance, balance self-efficacy, and falls self-efficacy) and activity and participation

(2) Determine which Post- stroke mobility variables are independently associated with activity and participation.

**Material & Methodology:**

Study-design: Cross-sectional, Co- relational study

Sample size: 40

Duration of Study: 1 month

**Inclusion criteria:**

1. Clinical diagnosis of first or recurrent Stroke
2. More than 3 months of onset
3. Capable of understanding and following instructions
4. Score of more than 24 on MMSE

**Exclusion criteria:**

1. Acute Stroke
2. Stroke associated with any Psychiatric illness
3. Cognitive deficits & Aphasia

**Methodology:** Patients were selected, informed consent was taken, and patients were graded for - gait speed (10mWT), walking capacity (6MWT), Balance (BBS) balance self-efficacy (ABC Scale) and falls self-efficacy (MFES). Patients' level of Activity & Participation was graded on validated ICF Measure of Participation and Activities (IMPACT) .

**Data Analysis:** Data analysis was done by using Karl Pearson's co-relational coefficients.

**Results:** Walking capacity( $r = -0.749$ ) and self-efficacy( $r = -0.702$ ) were the most significantly associated components with activity limitations and participation restriction.

**Discussion:** Post stroke walking capacity was most strongly associated with activity limitation and participation restriction than other mobility variables, balance confidence and falls efficacy. . Participation restriction was more affected than activity limitation.

**Conclusion:** Post stroke walking capacity & MFES was most strongly associated with activity limitation and participation restriction

## *Camps & Events...*

### *Rasayani Camp*

*March 2013 witnessed a camp visit in honour of 'Women's Day Celebration.' The motive of this camp being an awareness session about various problems & resolving misconceptions of various doubts among women.*



### *Gondavale Camp*

*5 July 2013, a 2 day treatment session was planned for assessment & treatment for the pediatric population.*









# *B.B.I.A.P*

The glory of our students at BBAIP as they bagged prizes as winners of various events...



*Research Group at BBAIP - The Winners...*



*Cultural Winners...*





# Creative Corner...

व्याधमुक्ती

मान दुखते, हात दुखतो, पाठ दुखते  
दोपर पण दुखते, माझे काय करू ?  
सांग जरा - सांगा जरा, मेका हो...!  
कष्ट कसा तुम्ही ताकून - ताकून किती वेळ बरं !  
ध्या विझाती क्षणभर ताठ उभे रहा,  
बघा वृद्ध - ढग - पक्षी - डोंगर जरा  
रात्री अद्यून मद्यून आकाशातील चंद्र ताऱ्यांचे  
दर्शन घ्या - दर्शन घ्या  
जड वजन उचला हीन्ही हातांनी,  
पण हात ठेवा जवळ तुमच्या जरा.  
वाका गुडघ्यातून कंबरचा कणा ठेवा ताठ  
उचलणे होईल सहज  
तासा तासाने बदला शरीरस्थिती  
दुखणे शरिरात येईल कसे ?  
-चालणे, दगड फांदीवर बसणे  
फेर बदल करत राहा - करत राहा  
शरीर हे मंहीर स्नायु सांघ्यांचे, जतन करा - जतन करा  
बदला मन तर बदलेल तन स्थिर रहा गतिमान व्हा !  
फु - फुसला विडी - सिगरेट नको,  
सृष्टीच्या सुगंधाने हीर्घ श्वास भरा, श्वास भरा.  
हारुचा सैतान करेल आरोग्याचे नुकसान  
हा मंत्र जपा, मंत्र जपा.  
दुखलं आपलं काय चुकलं हे, ध्यानी घ्या ध्यानी घ्या,  
सर्व स्नायु सांघे दुखरे कसे करू, शोध-संशोधन सगळे  
होतील सुखी स्वस्थ कसे  
संगतिने करू सोपे उपाय, था देह मंहीरास करू सहाय्य  
जगू निरोगी, जगू तंदूरस्त, नवा विचार- नवी वाणी- वर्तणुकीत  
विवेक बरा. जीवन शैलीचा हाच मार्ग तो खरा !

## Being Human.

I remember my first day of Clinical Postings....Feel of the apron, the excitement, the curiosity and the anxiety...the idea that you are going to treat patients independently one day in future...I was worried about many things- how will I talk to them? Being a student whether they will prefer talking to me about their problems? Coming from various social and economical strata, will they understand what I want to know? All these thoughts were clouding my mind all the while on my way to the clinic.

I remember my first patient and her description of her “Journey to pain”. She recited all her feelings about the agony of pain, how it affected all her routine and how difficult it was for to reach the hospital for treatment; but keeping aside the obstacles, she religiously continued her treatment every day. Soon, she got relief and expressed her gratitude saying “Thanks for understanding my pain....it felt so better”. I was surprised because nowhere I thought I am helping her in any way, as a beginner!! That was the day I learned one important principle of patient handling....‘Empathy’.

Till the end of my Internship, I came across many patients and I could see one common factor in all of them...their need to be understood and related to. I am not saying getting to know them on a personal level or you need to give them sympathy. But as Physical Therapists, strictly in a Professional sense, developing a rapport and empathising with our patients is one of the building blocks of our eclectic treatment approach. All of them come to us crossing all their physical, emotional & financial barriers to seek relief...Someone having so much faith in you is an honour itself ! And that’s why it matters to them, the way you listen, the way you talk to them!

We do our duties properly, we even achieve excellence in it...but with years of studying, hard work, and increasing number of patients...the overload at times makes us forget that our patients are not only “cases”....they are not just “Parki’s”, “Stroke” or “ Arey wo PA shoulder acchha hai”; But they are humans first. They all have names, their journey till pain and disability!

Specially being in a Teaching Hospital, we tend to forget that we need to be thankful to them, as practically everything we get to see and learn is because of them.

As a Physical Therapist, we are an integral part of it, they look up to us as someone who give them back their lost/impaired can function....you are a Scintilla of hope for them!

Imagine yourself in their place for a second...may be the pain while walking or simply bending...or the pangs needed to accept that you won't be able to use your Right hand for life time. (Most of you must be holding the magazine now while reading...) or the mother getting to know her child's difficulty to stand. And then imagine yourself crowded by people; the same pain & problem is being discussed by 4-5 Doctors in front of you, clearing their doubts about your symptoms or classifying you on some “grade” ...or the way you will feel when your Doctor is engrossed in his phone when you are there lying on the hospital bed. And then answer this simple question to yourself-

Would you be able to trust them...though they are the best qualified people to treat you?

- Dr. Neelam Nayak (PT) (Lecturer)



## *Reawakening To Vivekananda: A Model of Inspiration for the Young*

“Lives of great men all-remind us, we can make our lives sublime, and departing leave behind us, Footprints on the sands of time.”

Swami Vivekananda represents the eternal youth of India. India though possessing a hoary and ancient civilisation is not old and effete, as her detractors would hold but Swami Vivekananda believed that she was young, ripe with potentiality and strong at the beginning of the twentieth century. Swami Vivekananda belonged to the 19th century, yet his message and his life are more relevant today than in the past and perhaps, will be more relevant in future because people like Swami Vivekananda do not cease to exist with their physical death. Their influence and their thought, the work which they initiate, go on gaining momentum as years pass by, and ultimately, reach a fulfillment which these people envisaged. The world is on the brink of total annihilation, and it is the message of Swami Vivekananda which can save humanity from a disastrous end. Swami Vivekananda appeared in 1893, on the platform of the parliament of religious conference held at Chicago, as an unknown person, when he was less than thirty years of age. “And this I will do or die.” Then again he says, “My faith is in the younger generation, the modern generation, out of them will become my workers they will work out the whole problem. They will spread my message from centre to centre until we cover the whole of India.” It will not be out of place here to give quotations from some of the most eminent thinkers of the world, both past and present, which have understood and appreciated Vivekananda’s influence in the sphere of thought and action.

### **Following Vivekananda: What can today’s youth do for the country?**

Let us face it. Our whole country is in ruins, most public systems are corrupt, no faith can be placed in the government (a front for business tycoons & the underworld!), morals/ethics/human values are slowly disappearing, all the good people seem to be silent and there is no salvation in sight. In other words, we are on the verge of becoming a banana republic! How can development take place in these conditions? Let us reconsider once more the most important problems that we, as a nation, are facing. Water and sanitation, Literacy, Equitable distribution of food, Unemployment, Violence, Slowly degrading Environment, Population growth, Pseudo-democracy, Corruption in most public systems, Very limited opportunities for youth to pursue Higher Education, Highly inefficient/inadequate Public Health system, Need to pay high price even for essential commodities and so on. Let us now try to develop a template for solving above problems based on Vivekananda’s teachings. To solve the problems, we need to not only look at them from the National perspective, but also consider how they have to be implemented at the grass-roots level (i.e what needs to happen at the level of villages if it concerns a Taluk, at the level of localities if it is a city, at the level of families/households, at the level of ordinary people). Consider a grass-roots level project such as the building of a Hospital or the implementation of a modern curriculum for children in a remote village. It’s implementation will involve the following phases: (1) A satisfactory and feasible solution has to be designed considering all



details (2)The Government must frame policies that are fair to all. Then, it must authorize the project. Then, It must promptly dispatch money, raw material, resources and expertise to the work-spot (3)The ordinary people and community involved in the project have to play their role by following Vivekananda's teachings (i.e, display the spirit of service, show due regard for divinity of fellow Atman, perform an unselfish action, etc.). The project will be implemented if all phases proceed quickly & smoothly. Hence, it should be clear from the above template that any grass-roots level project can be successfully implemented if everyone thinks pure thoughts and plan & discharge all their duties with a pure heart. Indeed, this is what all our leaders – Rabindranath Tagore, Pt. Madan Mohan Malaviya, Sarojini Naidu, Mahatma Gandhi, Maulana Abul Kalam Azad, Jawaharlal Nehru, Lal Bahadur Shastri – strived to achieve. They worked for the eradication of caste barriers, spread of education, socioeconomic development, emancipation of the weak & suffering, the nurturing of Public works & industries and for the building of a strong, vibrant nation. Why are we then a “developing nation” even today? Are all of us working selflessly and unitedly for the common good, performing only pure actions with the spirit of service, with compassion and with due regard for the divinity of fellow atmans, as taught by Swami Vivekananda?

I said before that our country is near ruins. I'd like to conclude by suggesting how things can be turned round. I will mention two recent examples that highlight the power of Public rallies, Satyagraha and Social movements. Anna Hazare's call for “Anti-corruption Satyagraha” received widespread support from thousands of people all across India, forcing the Government of India to table the Lokpal Bill (Anti-corruption Bill) in Rajya Sabha. International reaction and nationwide protests demanding justice and more protection for women in the wake of the death of Damini, the Delhi gang-rape victim, prompted Central and several State Governments to immediately announce several steps to ensure more safety of women. In India today, Public rallies and Satyagrahas are the most effective ways of raising awareness and mobilizing support for social causes. Hence, more such social movements, public demonstrations and Satyagrahas are needed to create awakening among people on the basic issues/problems that we are facing. More and more Indian youth must enthusiastically organize and participate in Satyagrahas. More and more youth must volunteer to work in NGOs. The present time is the time for action for all Indians! In Swami Vivekananda's words: “Go, all of you, wherever there is an outbreak of plague or famine, or wherever the people are in distress, and mitigate their sufferings..... Die you must, but have a great ideal to die for and, it is better to die with a great ideal in life..... On you lies the future hope of our country. Set yourselves to work – to work!”. There is a lot of work to do and the ball is squarely in the court of India's young men and women. If all we were to follow Vivekananda's teachings, if all were to serve the country in this time of its need, what goal surely, would be impossible?

- Ancy Vincent

(TYBPTh – II )

## CRIMES BY JUVENILES IN INDIA

**‘Teens attack step-dad’, ‘Creator of ‘Kill Obama’, ‘poll-a kid’, ‘Teenager stabs mother in the heart’, ‘3 teens set another on fire’** .....these have become the most common headlines in news. Evidently, there has been a spurt in the rate of crimes committed by juveniles in India. Reports say that since 2008, the rate has increased by **9.2%** and has been rising ever since.

What is the main reason for the tremendous increase rate in this dangerous trend of youngsters??. Psychological disturbances, social disorganization, stressful environment at home, lavish lifestyles, lack of adequate supervision by parents and mere curiosity also leads to the danger of criminal behavior of teenagers. These factors propel the juveniles from lower strata of the society as well as from the well-to-do families into stepping into the world of crimes.

Now-a-days, the joint family system is being replaced by nuclear family system. There is a lack of supervision as both the parents are working. The feeling of helplessness tends to grow within young adults and soon they end up resorting to crimes including pick-pocketing, burglaries and murders. It is necessary for the parents to spend quality time with their children so that there is no communication or relationship gap.

Media is also a factor that has led to such results. The exposure to violence in television shows and programs makes them rebellious.

The rich-poor divide has also resulted in the juveniles stepping into the crime world. Unemployment and no source of income instigate them to choose the wrong path.

The government had announced an act in the year 2000 in order to discuss the crimes by juveniles in India. But, as always, they were unable to look into the matter completely, resulting in the alarming rate of increase in the statistics.

Prevention is better than cure. In this case, the only cure is to help the youth lead a



new life with a fresh start. The juvenile delinquents are just misled youths and all they require is time and understanding. It is the society which influence them. They need to be given a nurturing and stress free environment both at home and society. Only then will the ever-rising rates be mitigated.

**JAYESH BELLARA**  
**(FY BPTH PART-II)**



*Painting...*

- *Vedant Baliga*  
*(8Y BPTH)*

## *Happiness.*

The laughter of a baby, the smell of the first rains every monsoon, the taste of our favorite dish cooked by our mother, wow... there are so many such things that make our lives special in their own little way and help us curve our lips in that way... which we call a smile.

Why do we still complain of no happiness in our lives? We are surrounded by so many things that add so much meaning to our lives and gives us so much happiness. These things add so much joy to our lives but we happily ignore them. Things that we have are not valued as much as the things that we don't have, and it's a sad fact.

It definitely makes me very happy see the sun rise when I wake up every morning, I consider myself to be blessed with another day of life bestowed on me. The way our mothers come and wake us up with a kiss, is a gift that many like us may never get. That moment when you start with an argument on a chocolate with your sibling and end up giving her the larger piece. Having siblings to share your childhood with is the greatest gift our parents can give us. And it is again not something that every modern family has today.

Happiness does not always mean having big things in life. Of course getting a new smart phone makes us all very happy, but the happiness your dad gets after see you grinning at the site of your new phone is incomparable. The happiness when earn your first salary is obvious, but taking your parents for a treat with that few bucks will definitely make you all the more satisfied.

"Gratitude is another name of happiness", "giving happiness is another way to gain happiness"... so many such things are heard and forgotten in the name of philosophical terms and their apparent lack of being applied in life. Maybe its true, but doesn't it always feel special when a old friend texts 'miss u', or when your classmate call u and thanks u for saving him from the teacher at class, and those moments when your dad unexpectedly gets your favorite ice cream on the day u lose some competition ... when our tiffins with pav bhaji are emptied in a minute, when you are angry and discussing about a heated argument with your best friend and she tell you, "its ok, lets go... mom ke saath chalta hai"!!!!

There are so many small things in life that may be the most precious

moments of our lives and we never realize how much happiness they can bring us. Someone's trust, someone's care, someone's love... its only this that remains in life when everything else fails, and this is what makes us the happiest.

Such small joys in life are only a part of very fortunate people, and we must value it and be happy that we are one of them. There are thousands who don't even get basic things in life, its just our destiny to have got all privileges in life without asking for them. Being happy could be the least we can do to honor the life we have. Happiness is a feeling and not merely the presence or absence of an object, its far beyond materialistic pleasures. It's the love for your own life. Its your gratitude towards your own life.

Be happy.

- Aishwarya Bajaj  
(TYBPT h)



- Prathamesh Nikam  
(Final Year BPT h)



## ***FRIENDSHIP***

Friendship is like a boat,  
Which needs care, like a baby goat!  
It sails well with proper balance,  
And we should keep it away from misguidance!

My friends, I don't know how to tell you what to me, you mean,  
Just can tell that I feel sad when you're not seen!  
You make a major part of my life,  
So never let the hardships to our friendship be a knife!

Again, friendship is true worship,  
Don't take it for granted and lightly!  
Don't show your attitude and ego,  
Make it tightly and brightly!

Chose friends very well,  
In this large living hell!  
Because only few,  
Would mean you well!

Because it is an ultimate joy,  
And not some playing toy!  
But a unique and loving art,  
Which is performed by our precious heart!

**By Shreya. S. Gandhi**  
**(1st year Part 2)**

# The Cake

One day a little boy was telling his grandmother how “everything” in his life was going wrong. He told her about his problems with school, family, friends, etc. Meanwhile, his grandmother is baking a cake. She asks her grandson if he would like a snack, which of course he does.

“Here, have some cooking oil,” grandma offers.

“Yuck” says the boy.

“How about a couple raw eggs?” Grandma asks him.

“That’s gross, Grandma!” he says.

“Would you like some flour then? Or maybe baking soda?”

“Grandma, those things are all yucky!” the boy says.

To which Grandma replies: “

Yes, all these things seem bad by themselves. But when they are put together in the right way, they make a wonderfully delicious cake! God works the same way. Many times we wonder why He would let us go through such bad and difficult times. But as we trust in Him despite the circumstances, Eventually, together all things will make something wonderful!”

I don’t know what you are experiencing today, but I want to leave you with a final thought: “

*Everything put together works out for our good.*

- Dr. Vijayendra Rajguru (PT)  
(Lecturer)

## **BHARATNATYAM AS A THERAPY IN PHYSIOTHERAPY**

Dance involves body, emotion and mind. It is both a physical activity and a means of expression and communication. Dance is a conscious effort to create visual designs in space by continuously moving the body through a series of poses and pattern training. The movements should also be symmetric and should follow a particular rhythm. Bharatnatyam, according to Balasaraswati, is a Natya yoga which reveals spirituality through the physical and emotional body.

Though Indian dances may be the flavor of the moment, for many children suffering from an orthopedic disorder called torticollis, India's own Bharatnatyam is the cure rather than a fad.

In a remarkable discovery about the linkages between Indian dance forms and their therapeutic value, Dr Ashok Johari, honorary professor of orthopedics' at the state-run JJ Group of Hospitals and Wadia Children's Hospital, found that lateral gliding movement of the neck, commonly used in Bharatnatyam, hastens healing for children born with torticollis.

Torticollis –a congenital condition of limited neck motion. The patient holds the head to one side, with the chin pointing to the opposite side. It is the result of the shortening of the neck muscles. Bharatnatyam dancers move their necks from side to side, stretching their neck muscles, especially the sternocleidomastoid muscle, which is the main culprit for muscular torticollis.

Bharatnatyam is believed to be developed 5,000 years ago by the gods. Consisting of movements of the head, neck, hands and legs, this dance form is known for its grace, purity, tenderness, and sculptural poses. The movements are exercises by themselves. As one gets these movements perfectly, apart from the rhythm and harmony, an individual also exercises his/her body parts.

Bharatnatyam or any form of dance requires control and coordination of all the body parts to work in synchrony. It integrates the intra and the inter limb control of both sides of the body and brings about a coordination between the eye, limbs, body and mind, improving concentration. It also helps in improving balance. The Karanas in Bharatnatyam as laid down in Natya Shashtra's are yogic postures that are recuperative for many illnesses. The healing powers of dance and music are naturally therapeutic. It can be a powerful tool for stress management and prevention of physical and mental problems.

Extensive research shows that dance has a distinct advantage as it acts on the principles of acupressure. The process of dancing is like having regular acupressure treatment. It has been found that dance helps to contribute to the conservation of nutrients. The eye improves myopia and the whole process improves neuro motor coordination. Psychologists say that children whose neuro-motor-abilities are well matched are achievers in today's society.

The simplest of movements or mudras exercise several nerves in the body which in turn helps the metabolism. Other forms of exercise which leads to exertion and also a longer metabolism time, whereas dance therapy rescues the metabolism time, to mere 20 minutes without exertion, from head to toe, eight parts of the body are involved in one posture in dance therapy.

Dancing is a great therapy for a host of ailments ranging from obesity to depression and even diabetes. It even banishes the old-age malady –arthritis. Some of the movements are tailor made to help workout the neck shoulders and knees. The forward-backward (prakampita) movement of neck is essential in the treatment of spondylitis and neck problems.

Very few people are aware of this therapy. More awareness and a lot of research in this field are required. The research can be extended to study its implications and applicability in other disorders as well.



Compiled by,  
Shruti Kotian  
(Final year BPTTh)



## *Saving you from the fall...*

*Life is a never ending struggle they say and we humans are constantly struggling towards something! Be it love, peace, contentment, excellence, perfection or safety in life. The parent, the child, the sibling, the teacher; absolutely each & every person is struggling. The most common one being the struggle for perfection & safety... I mean let's face it, who doesn't want the perfect & easy life? We all do. It is better that way, isn't it?*

*This works fine till its limited to ourselves. Often we are overwhelmed by a need to protect our loved ones... Ensure they have a perfect & problem free life. That is where the problem begins.! We cease to forget that each and every person has a special life plan cut out by the Almighty for them. Everybody's life is spiced up with challenges and pitfalls and mistakes and regrets. There is no running away or avoiding it... 'Cause we could avoid it, but the complexities of human nature will never permit it.*

*Often we can see a loved one heading toward a disaster; we want to protect that person! Save them from the fall! What happens when we try? Do we succeed? Do they see our warning for what it is? More often NOT! What happens then? They have to commit their own mistake to learn from it and move on in life to be a wiser person than before. A God made phenomena we clearly fail to understand or probably refuse to accept and become the bad guy at that time. As the person fails to appreciate our foresight and ends up resigned to fate and faces the disaster...*

*I speak of this compulsion felt to be the guardian angel from my own experience. Being the elder child & older sibling I tend to see both sides of the situation, my parents trying to save me and me trying to save my younger sibling. Experiencing both parts gives me a better insight, I feel. The mind is an enigma; it knows, it acknowledges but for some crazy reason it just refuses to understand and act accordingly. Every time my parents try to save me from committing a blunder; more often than not I get annoyed, I feel agitated. It makes me mad... may be be*



cause a part of me knows they have a point and the other part wants me to be right.! At the same time I understand what my parents feel when I try to prevent my little sibling from going wrong. The fierce need I feel to ensure she makes no mistakes or wrong judgements. Despite of knowing how it feels to be warned off... I just want to protect my sibling...!

Its funny isn't it? We don't want anybody teaching us a thing; but we sooo want to go around preaching stuff... Don't sweat it, it's just normal human tendency. The bottom line is that we aren't suddenly going to get over this attitude and become ideal individuals. It's practically impossible. What can be done though is understand that we can't defy fate. What is to happen will happen... we cannot learn from others mistakes, we need to make our own.! The challenging times, wrong decisions, the despair, defeat, disappointment, the mistakes and the moral it has are God's tools to help us move forward in life. The falls in life teach us to get up & carry on stronger than before. We must remember that good judgement comes from bad experiences. We need to grow from our mistakes and let others learn from theirs.

So what do we do... just let it happen and then go ahead and say, "I Told You So!" Nah! We try to warn and if the person won't listen leave it at that and witness the inevitable. There isn't much you can possibly do. The person most likely needs your understanding after the fall & not for you to rub it in their face. Be there for them if they need a shoulder to lean on or leave them the heck alone.! You could be in their shoes too you know? Who knows the twists and turns of fate? After all we will all makes our sets of faults as we get by in life.

I know many of you must be thinking it's easy to advise... I know, I agree.! Although it isn't easy all we can do is try. We can't be perfect but we can definitely give it a shot, isn't it? A little understanding & control is all it will take... we could save ourselves from a cartload of futile emotional upheaval & arguments that way.

- **Chetali Khadye**

(Final Year BCPJh )

# Flowing with the Waves of Time

What happens when an unstoppable force meets an immovable object?

It is said that time is a precious commodity, priceless in its value and a dear gift to those who use it to the best of their abilities. But it is also true, that once lost, time is a curse to those who know not what to do with it. So what does one do when time is short, and memories are afloat? Why reminisce, of course!

3<sup>rd</sup> August, 2009 was when we were an eager bunch of students unaware of what was in store for the years to come. Like blind fish swimming in the boundless seas, we waited. And today what we have are memories, good and bad. It certainly has been an upstream flow, but what we have gathered at the end of four years are gems indeed, for the real world waits just a few steps ahead.

Along with important academic concepts, life lessons were learnt. Patience was built, along with a keen understanding of others, which is just as important for survival as the chapters in textbooks. The four years were as much a test of grit, as they were of perseverance and knowledge alike. While being a lot less than IDEAL students, we did cherish our moments and gathered experiences, which helped mould us and our characters.

Lectures, practicals, postings, presentations, cases, free time - EVERY single moment has made us what we are today. And who is to say we are not ready for the monster out there? Our teachers, who spared nothing to help us and guide us through the journey, at every step are who we are most indebted to, and no words can express the gratitude we feel for them and will continue to do so, for the rest of our lives. If it wasn't for their love and guidance, we cannot imagine what life would have been like.

What we are also not bound to forget are the lasting connections we made. From being strangers to the closest of friends, we have come a long way adapting to the ways of the world and its people. We ended up being accustomed to things we had never dreamed of in school. It is true that the crowded trains and buses, dusty road travels became easier with people in the same boat as us, our companions.

With all happy memories in tow, let's not leave their poor sad and frightful counterparts behind. Exams, deadlines, vivas, spots, modules, we've seen them all (or so we'd like to think). But then again, who said it's going to be a cakewalk? There is no bed of roses without thorns! After all, wayward carbon atoms must withstand the highest of temperatures to emerge as flawless, resplendent diamonds!

With bittersweet smiles and heavy hearts, we can only remember the years that shaped us and hope and doubly hope for things to keep turning out in our favor. At the end of four and a half years, here we are, an eager bunch of young physiotherapists, ready to take on the world and its monsters with open minds and open hearts. And who's to say we might not carve our own bright futures?

So what happens really, when an unstoppable force meets an immovable object? Well, of course the unstoppable force stops and the immovable object moves despite itself! Here's hoping that the unstoppable dreams in our minds meet their happy endings, standing the test of time!

- Archana Kulkarni  
(Intern)

## LIFE GOES ON

Life's too short,  
Grudges are a waste of perfect happiness,  
Laugh when you can,  
Apologize when you should,  
And let go what you can't change,  
Love deeply and forgive quickly,  
Take chances and give everything,  
And have no regrets,  
Life is too short to be unhappy,  
You have to take good with the bad,  
Smile when you are sad,  
Love what you got, remember what you had, and forgive and forgive,  
Learn from your mistakes but never regret,  
People change and things go wrong, but always remember....LIFE GOES ON!

Gunjan Jain

FYBPT



# **INTERPROFESSIONAL COLLABORATIVE PRACTICES: AN OVERVIEW**

**- Dr. Sreeraj S R (PT)  
(Professor)**

Today's patients have complex health needs and typically require more than one discipline to address issues regarding their health status.<sup>1</sup> But most health care providers today were educated in silos with only those from their own profession. Few were trained to work as part of integrated teams. But when providing patient care, they must interact with providers from other professions to share information, execute quality & safety checks and help patients understand and comply with treatment plans.<sup>2</sup> This is where collaborative approaches become important because it can be successful in improving patient flow through the health-care system with good results for the patient, the care providers and the system itself.

The World Health Organization defines collaborative practice in healthcare as occurring “when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across settings”.<sup>3</sup>

According to the Canadian Interprofessional Health Collaborative, interprofessional collaboration is a ‘partnership between a team of health providers and a client in a participatory collaborative and coordinated approach to shared decision making around health and social issues’<sup>4</sup>. Elements of collaborative practice include responsibility, accountability, coordination, communication, cooperation, assertiveness, autonomy and mutual trust and respect.<sup>5</sup> It is this partnership that creates an interprofessional team designed to work on common goals to improve patient outcomes. Collaborative interactions exhibit a blending of professional cultures and are achieved through sharing skills and knowledge to improve the quality of patient care.<sup>6,7</sup>

Evidence demonstrates that interprofessional collaborative patient centered practice can positively impact current health issues such as: wait times, healthy workplaces, healthy human resource planning, patient safety, rural and remote accessibility, primary health care, chronic disease management and population health and wellness.<sup>8</sup> Because of its advantages Interprofessional collaborative patient centered practice is increasingly advocated as a means of improving patient outcomes and the cost effectiveness of care in a variety of settings from primary health care to acute care to rehabilitation.<sup>9</sup>

Interprofessional Collaborative Practice (ICP) is designed to: <sup>10,11</sup>

- Promote the active participation of each discipline in patient care.
- Allows professionals to search for solutions that go well beyond their own vision of what is possible
- Designed to promote the active participation of several health care disciplines and professions
- Enhances patient/family/community centered goals and values
- Provides mechanisms for continuous communication among health care providers
- Optimizes staff participation in shared clinical decision making within and across disciplines and
- Fosters respect for the contributions of all providers

However it is important for one to understand that Interprofessional Collaboration is: <sup>11</sup>

- **Not doing another professional's job;** a secure sense of professional self will allow providers to take on some of the shared roles more easily. Knowing when health care providers have reached the limit of their expertise allows them to be able to effectively refer to other team members.
- **Not losing professional identity;** on the contrary, to be most effective and productive on an Interprofessional team, providers must be confident in their role in order to contribute the best of their expertise which will enhance their identity.

Learning about other professions is an important first step in collaboration. Many professionals are remarkably ignorant of the other health professions due to a lack of collaboration during their respective education. In the course of their training, providers have a tendency to become socialized into their own professions and subsequently develop negative biases and naïve perceptions of the roles of other members of the health care team. <sup>12</sup>

Thus if health care providers are expected to work together and share expertise in a team environment, it makes sense that their education and training should prepare them for this type of working arrangement.<sup>13</sup> The World Health Organization defines interprofessional education as occurring “when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes”.<sup>3</sup>





Currently, no formalized pathways exist for each profession to learn about the other. However, this is based on such a small number of studies that at this point, interventions to promote ICP should be labeled “promising” rather than “proven”.<sup>14</sup> The scenario is no different in India also where the concept of inter-professional education is in nascent stage.<sup>15</sup> At Institutions like Christian Medical College in Vellore, India, nursing students are taught about interprofessional teamwork and the role of interpersonal relationships when communicating with patients and colleagues. They learn about different ways to improve collaboration, including strengthening referral services.<sup>3, 16</sup> This author strongly feels autonomous and ambitious health universities/institutions should follow this example and explore the possibility to include interprofessional teamwork in their health courses curriculum.

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## *Dassera Poojan 2012*

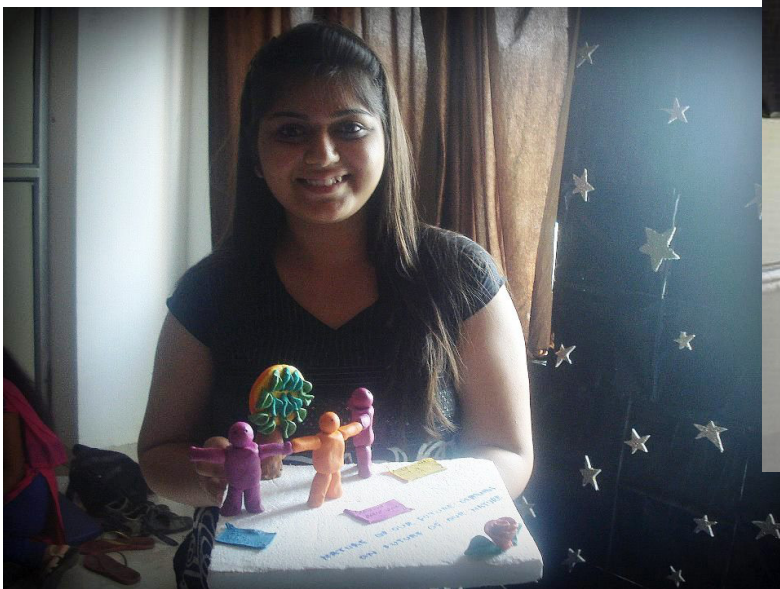
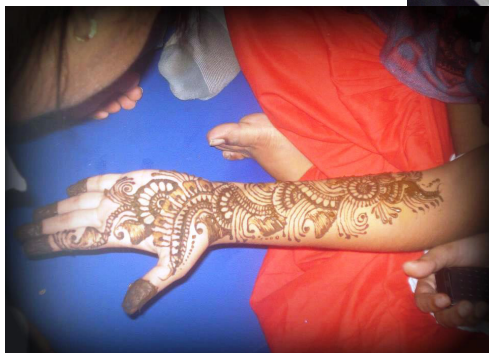
*The day we all get together toworship Ma Durga & enjoy dandiya raas each year.... Wear our traditional sari & put our best foot forward...*





*Annual Fest 2012  
Cultural Events..*

*The day we bring out the artistic side of ourselves...*



## *Sports Events*

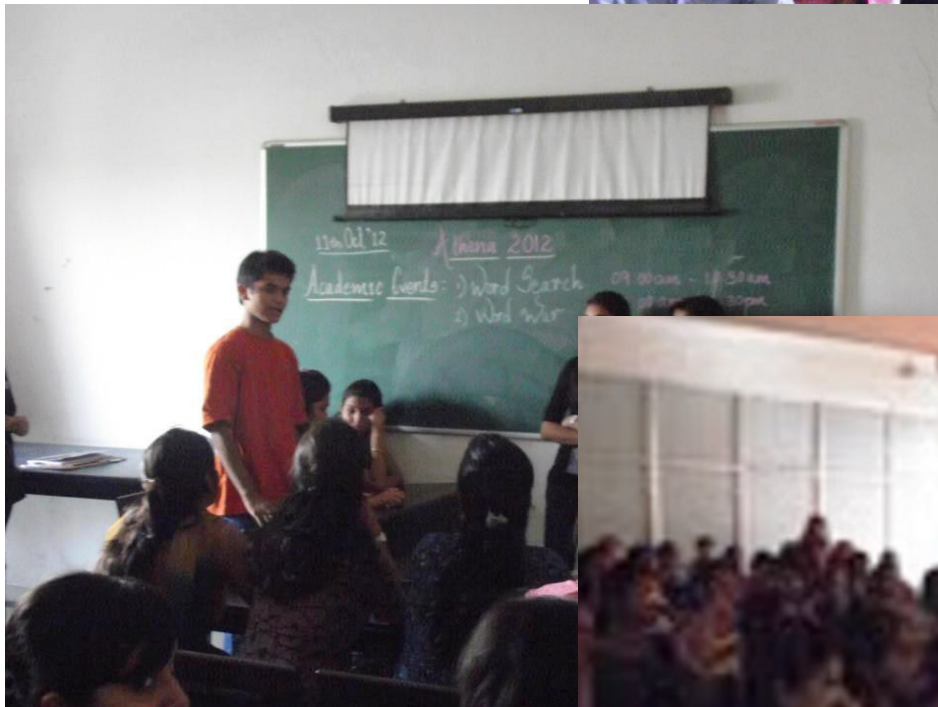
*Of races, relays, tug of war... The list is endless... A chance for all those who love getting out on the ground.....*





## *Academic Events*

*A day for all those who love to play wordgames, quizzes & debate...*





# 'Athena 2012'

*A fabulous night to cherish forever!  
A result of combined effort of staff and*





# *The Annual Day.....*

*Felicitations, plays, dances and lots of uninhibited fun... students alike... that brought together this ultimately memorable event.!*





## *Picnic Photos*

*At day Of fun & enjoyment for all away from the worries of day to day life...*







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