

**Maharashtra University of Health Sciences, Nashik**  
**Physiotherapy Faculty**  
**Inspection Committee Report for Academic Year 2026 – 2027**  
**Attendance Details/ Research Details/ Welfare Scheme Details**

Name of College/Institute- Dr. B.B. Khaladkar, physiotherapy college

1	Attendance	} Month-wise Biometric attendance to be uploaded by the college on College Website  (No hard copies of attendance to be submitted to the University)
	Teaching Staff	
	Non teaching staff	
	Hospital Staff	
	UG & PG Students	
2	Project	N/A
	Research Articles/Publications	Yes, 55
	Research Award (Student/Teacher)	Nil
3	<b>Utilization of Student Welfare Schemes :-</b>	
	Earn and Learn Scheme	Yes
	Dhanwantri Vidyadhan Scheme	Nil
	Sanjivani Student Safety Scheme	Nil
	Student Safety Scheme	Nil
	Book Bank Scheme	Yes, 4
	Savitribai Phule Vidyadhan Scheme	Yes
	Bahishal Shikshan Mandal Scheme	Yes
4	<b>Sport participants/Other Activities:</b>	
	i) Information of Student(s) who participated University level & State level Avishkar Competition.	Nil
	ii) Information of Student(s) who participated in Regional Sport Competition & State level Sports Competition.	Yes
	iii) Information of Student(s) who participated in Cultural Activities.	Nil
	iv) Does the college have NSS Unit?	Nil
5	Whether "Swaccha Bharat Abhiyan" implemented in college	Yes

*[Signature]*

**Principal**

Dean/Principal, Physiotherapy College  
Dr. B. B. Khaladkar, Signature  
Kedgoan, Pune

Verified by The LIC Committee Members







# Monthly Status Report (Basic Work Duration)

Sept 01 2025 To Sept 30 2025

DR.B.B.KHALADAKAR PHYSIOTHERAPY COLLEGE

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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DEPARTMENT

TEACHER STAFF

1

Emp Code:

DRA SELVARANI

Status	P	A	P	P	P	WO	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P
In Time	08:01	00:00	09:05	09:01	00:00	08:58	00:00	08:48	08:49	08:57	08:49	09:08	00:00	08:55	08:57	08:51	09:08	09:01	08:57	08:49	00:00	00:00	09:01	08:48	08:49	08:57	08:49	00:00	00:00	
Out Time	17:23	00:00	17:07	17:23	00:00	17:06	00:00	17:23	17:01	17:02	17:01	17:02	17:33	17:01	17:01	17:00	17:10	17:23	17:01	17:02	17:01	00:00	17:23	17:01	17:02	17:01	17:02	00:00	00:00	
Total	08:22	00:00	08:07	08:19	00:00	08:08	00:00	08:19	08:13	08:04	08:13	08:25	00:00	08:06	08:04	08:09	08:02	08:22	08:04	08:04	00:00	08:13	08:13	08:13	08:13	08:13	08:04	00:00	08:02	

Emp Code:

DR.NISHA KIRAN SHINDE

Status	P	P	P	P	P	WO	P	WO	P	A	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P
In Time	08:55	08:57	08:51	09:00	00:00	08:51	00:00	09:00	08:51	09:08	00:00	09:01	09:00	00:00	09:01	08:48	08:49	08:57	08:49	09:08	00:00	00:00	09:00	08:51	09:08	08:55	09:00	00:00	08:57	
Out Time	17:01	17:01	17:00	17:09	00:00	17:00	00:00	17:09	17:00	17:33	00:00	17:23	17:03	17:00	17:23	17:01	17:02	17:01	17:02	17:33	17:01	00:00	17:02	17:00	17:33	17:08	17:07	00:00	17:01	
Total	08:06	08:04	08:09	08:09	00:00	08:09	00:00	08:09	08:09	08:25	00:00	08:22	08:03	00:00	08:19	08:13	08:13	08:04	08:13	08:25	00:00	08:02	08:09	08:25	08:13	08:07	00:00	08:13	08:04	

Emp Code:

DR. SENTIL KUMAR

Status	P	P	P	P	P	WO	P	WO	P	A	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P
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Out Time	17:01	17:00	17:33	17:01	00:00	17:10	00:00	17:06	00:00	17:00	17:01	17:00	17:00	00:00	17:03	17:00	17:09	17:19	17:12	17:00	17:00	00:00	17:09	17:00	17:33	17:01	17:23	00:00	17:03	
Total	08:04	08:09	08:25	08:04	00:00	08:05	00:00	08:08	00:00	08:09	08:04	08:05	08:11	00:00	08:10	08:09	08:09	08:15	08:15	08:11	00:00	08:09	08:09	08:25	08:04	08:22	00:00	08:10	08:08	

Emp Code:

DR.RANJITH PILLAI

Status	P	P	P	P	P	WO	P	WO	P	P	P	P	P	WO	P	A	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P
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Out Time	17:03	17:01	17:09	17:07	00:00	17:00	00:00	17:03	17:00	17:01	17:19	17:12	17:03	00:00	17:03	00:00	17:01	17:01	17:01	17:00	17:00	00:00	17:03	17:00	17:01	17:01	17:00	17:00	17:07	
Total	08:10	08:04	08:09	08:02	00:00	08:09	00:00	08:10	08:09	08:04	08:15	08:15	08:03	00:00	08:06	00:00	08:06	08:04	08:06	08:04	00:00	08:10	08:09	08:06	08:04	08:09	08:09	08:13	08:02	

Emp Code:

DR. SONIA J.S

Status	P	P	P	P	P	WO	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P
In Time	09:00	08:53	08:51	08:57	00:00	09:08	00:00	08:53	08:51	08:55	08:57	08:51	08:49	00:00	09:04	08:51	09:00	09:08	08:57	08:49	00:00	00:00	09:00	08:53	08:51	09:00	09:04	08:57	08:55	
Out Time	17:09	17:03	17:00	17:01	00:00	17:10	00:00	17:03	17:00	17:01	17:01	17:00	17:00	00:00	17:19	17:00	17:16	17:33	17:12	17:00	17:00	00:00	17:03	17:00	17:09	17:19	17:12	00:00	17:01	
Total	08:09	08:10	08:09	08:04	00:00	08:02	00:00	08:10	08:09	08:06	08:04	08:09	08:11	00:00	08:15	08:09	08:16	08:25	08:15	08:11	00:00	08:10	08:09	08:09	08:15	08:15	08:15	08:06	08:04	

Emp Code:

DR.ABHINAV SALVE

Status	P	P	P	P	P	WO	P	WO	P	A	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P
In Time	08:53	08:51	09:00	08:57	00:00	08:51	00:00	08:53	08:51	09:00	00:00	08:57	09:00	00:00	09:00	08:51	09:00	09:08	09:01	09:00	00:00	00:00	09:00	08:53	08:51	09:00	09:04	08:57	08:55	
Out Time	17:03	17:00	17:09	17:01	00:00	17:00	00:00	17:03	17:00	17:09	00:00	17:12	17:03	00:00	17:16	17:00	17:16	17:33	17:23	17:03	17:03	00:00	17:03	17:00	17:09	17:19	17:12	00:00	17:02	
Total	08:10	08:09	08:09	08:04	00:00	08:09	00:00	08:10	08:09	08:09	00:00	08:15	08:03	00:00	08:16	08:09	08:16	08:25	08:22	08:03	00:00	08:10	08:09	08:09	08:15	08:15	08:15	08:06	08:02	08:10

*(Handwritten Signature)*





Emp Code:

7

DR. RAJANI TIWARI

Status	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
In Time	09:01	08:58	09:05	09:01	09:01	08:48	08:49	08:57	08:49	09:08	00:00	08:48						
Out Time	17:23	17:06	17:07	17:23	17:01	17:02	17:01	17:02	17:01	17:02	17:33	17:01	17:01	17:01	17:01	17:33	08:57	09:08
Total	08:22	08:08	08:07	08:19	08:19	08:13	08:13	08:13	08:13	08:25	00:00	08:13	08:25	00:00	08:13		08:04	08:25

Emp Code:

8

DR. RAKSHA S.

Status	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
In Time	08:55	08:57	08:51	09:00	09:00	08:48	08:57	09:08	08:55	08:57	08:57	08:57	09:01					
Out Time	17:01	17:01	17:00	17:09	17:01	17:01	17:01	17:33	17:03	17:03	17:12	17:02	17:23	17:06	17:09	17:01	17:33	09:01
Total	08:06	08:04	08:09	08:09	08:13	08:13	08:04	08:25	08:08	08:06	08:15	00:00	08:19				08:05	08:08

Emp Code:

9

DR. TARUN S.

Status	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
In Time	09:01	08:58	09:05	09:01	09:00	08:48	08:57	09:08	09:05	08:49	09:01	00:00	09:05					
Out Time	17:23	17:06	17:07	17:23	17:01	17:01	17:01	17:33	17:07	17:02	17:23	00:00	17:07	17:01	17:33	17:01	17:33	08:57
Total	08:22	08:08	08:07	08:19	08:13	08:13	08:04	08:25	08:02	08:13	08:22	00:00	08:02				08:04	08:25

Emp Code:

10

DR. KETKI JADHAV

Status	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
In Time	08:55	08:57	08:51	09:00	09:00	08:58	08:48	08:57	09:08	08:57	08:57	00:00	09:01					
Out Time	17:01	17:01	17:00	17:09	17:01	17:06	17:01	17:01	17:33	17:03	17:12	00:00	17:23	17:01	17:33	17:01	17:33	08:57
Total	08:06	08:04	08:09	08:09	08:08	08:08	08:13	08:04	08:25	08:06	08:15	00:00	08:19				08:04	08:25

Emp Code:

11

DR. FRANCIS L.

Status	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
In Time	09:01	08:58	09:05	09:01	09:00	09:01	08:48	08:48	08:57	09:08	09:08	00:00	08:58					
Out Time	17:23	17:06	17:07	17:23	17:01	17:23	17:01	17:01	17:01	17:33	17:33	00:00	17:06	17:01	17:33	17:01	17:33	08:57
Total	08:22	08:08	08:07	08:19	08:19	08:13	08:13	08:13	08:04	08:25	08:25	00:00	08:08				08:04	08:25

Emp Code:

12

DR. SAMPADA D.

Status	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
In Time	08:48	08:57	09:08	09:00	09:00	09:08	08:57	08:48	08:57	09:08	09:08	00:00	09:01					
Out Time	17:01	17:01	17:33	17:09	17:01	17:33	17:01	17:01	17:33	17:33	17:05	00:00	17:23	17:01	17:33	17:01	17:33	08:57
Total	08:13	08:04	08:25	08:09	08:25	08:04	08:13	08:04	08:25	08:25	08:05	00:00	08:19				08:04	08:25

Emp Code:

13

DR. AZHAR S.

Status	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
In Time	09:01	08:58	09:05	09:01	09:00	08:58	08:48	08:57	09:08	08:57	09:08	00:00	09:01					
Out Time	17:23	17:06	17:07	17:23	17:01	17:06	17:01	17:01	17:33	17:03	17:12	00:00	17:23	17:01	17:33	17:01	17:33	08:57
Total	08:22	08:08	08:07	08:19	08:08	08:08	08:13	08:04	08:25	08:06	08:15	00:00	08:22				08:04	08:25

*J. M. M. F.*





# Monthly Status Report (Basic Work Duration)

DR.B.B.KHALADAKAR PHYSIOTHERAPY COLLEGE  
 Dec 01 2025 To Dec 31 2025

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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DEPARTMENT  
TEACHER STAFF

Emp Code:

Status	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		
In Time	09:01	08:58	09:05	09:01	08:48	09:01	00:00	08:48	08:49	08:57	08:49	09:08	09:00	00:00	09:01	09:01	08:49	09:00	09:08	09:00	00:00	09:08	00:00	08:57	00:00	09:01	08:48	00:00	08:57	09:08	09:00	08:57	09:08	09:00
Out Time	17:23	17:06	17:07	17:23	17:01	17:23	00:00	17:01	17:02	17:01	17:02	17:33	17:07	00:00	17:09	17:06	17:02	17:16	17:33	17:07	00:00	17:10	00:00	17:01	00:00	17:03	17:01	00:00	17:01	17:33	17:09	17:01	17:33	17:09
Total	08:22	08:08	08:07	08:19	08:13	08:13	08:04	08:13	08:13	08:04	08:13	08:25	08:07	00:00	08:08	08:05	08:13	08:16	08:25	08:07	00:00	08:02	00:00	08:04	00:00	08:03	08:13	00:00	08:04	08:25	08:09	08:25	08:09	

1  
DRA SELVARANI

Emp Code:

Status	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
In Time	08:55	08:57	08:51	09:00	08:48	09:01	00:00	08:49	08:57	08:55	08:57	09:08	08:48	00:00	08:57	09:08	08:55	09:00	09:00	09:00	09:01	00:00	08:48	08:49	08:57	00:00	09:08	09:08	08:55	09:00	09:01	08:55	09:00
Out Time	17:01	17:01	17:00	17:09	17:01	17:23	00:00	17:02	17:01	17:03	17:03	17:01	17:08	00:00	17:01	17:33	17:08	17:05	17:07	17:07	17:23	00:00	17:01	17:02	17:01	00:00	17:33	17:08	17:08	17:07	17:08	17:06	
Total	08:06	08:04	08:09	08:09	08:13	08:19	00:00	08:13	08:04	08:13	08:25	08:13	08:13	00:00	08:04	08:25	08:13	08:05	08:07	08:07	08:19	00:00	08:13	08:13	08:13	08:04	00:00	08:25	08:13	08:04	08:25	08:09	

2  
DR.NISHA KIRAN SHINDE

Emp Code:

Status	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
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Out Time	17:01	17:01	17:33	17:23	17:01	17:33	00:00	17:01	17:07	17:03	17:03	17:12	17:23	00:00	17:01	17:02	17:01	17:02	17:33	17:01	00:00	17:01	17:33	17:01	17:01	00:00	17:04	17:07	17:03	17:03	17:01	17:01
Total	08:13	08:04	08:25	08:19	08:04	08:13	00:00	08:13	08:08	08:13	08:15	08:19	08:19	00:00	08:13	08:13	08:04	08:13	08:25	08:13	00:00	08:04	08:25	08:04	08:25	00:00	08:13	08:04	08:13	08:13	08:04	08:13

3  
DR.SONIA J S

Emp Code:

Status	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
In Time	08:55	08:57	08:51	09:00	08:48	09:01	00:00	08:48	08:49	08:57	08:49	09:08	08:48	00:00	08:57	09:08	08:49	08:57	09:02	09:01	00:00	08:48	08:49	08:57	00:00	09:08	08:48	00:00	08:57	08:48	08:57	09:01
Out Time	17:01	17:01	17:00	17:09	17:01	17:23	00:00	17:01	17:07	17:03	17:03	17:12	17:23	00:00	17:01	17:02	17:01	17:02	17:03	17:04	17:23	00:00	17:01	17:02	17:01	00:00	17:33	17:01	17:03	17:01	17:01	17:01
Total	08:06	08:04	08:09	08:09	08:13	08:19	00:00	08:13	08:13	08:04	08:13	08:25	08:13	00:00	08:04	08:25	08:06	08:15	08:09	08:19	00:00	08:13	08:13	08:04	08:13	00:00	08:13	08:04	08:13	08:04	08:25	08:05

4  
DR. FRANCIS L.

Emp Code:

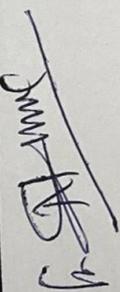
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In Time	09:01	08:58	09:05	09:01	08:57	09:08	00:00	08:57	09:25	08:55	08:57	08:57	08:48	00:00	08:57	09:08	08:57	09:04	08:51	09:01	00:00	08:48	08:49	08:57	00:00	09:08	08:48	00:00	08:57	09:08	09:00	09:00
Out Time	17:23	17:06	17:07	17:23	17:01	17:33	00:00	17:01	17:10	17:03	17:03	17:12	17:23	00:00	17:01	17:33	17:03	17:19	17:00	17:23	00:00	17:01	17:02	17:01	00:00	17:33	17:01	00:00	17:01	17:33	17:05	17:05
Total	08:22	08:08	08:07	08:19	08:04	08:25	00:00	08:04	08:55	08:08	08:06	08:15	08:13	00:00	08:04	08:25	08:06	08:15	08:09	08:19	00:00	08:13	08:13	08:04	08:13	00:00	08:25	08:13	08:04	08:25	08:05	

5  
DR.RAKSHA SATDEV

Emp Code:

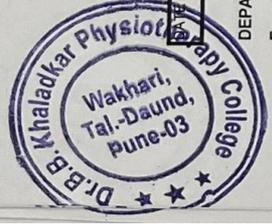
Status	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
In Time	08:55	08:57	08:51	09:00	08:55	09:05	00:00	08:55	09:05	08:55	08:49	09:01	08:48	00:00	08:57	09:08	08:57	09:08	08:57	09:08	09:05	00:00	09:08	08:48	08:57	00:00	09:00	09:00	08:49	08:48	08:57	09:01
Out Time	17:01	17:01	17:00	17:09	17:00	17:10	00:00	17:00	17:07	17:01	17:02	17:23	17:01	00:00	17:01	17:33	17:01	17:02	17:33	17:07	17:07	17:00	17:01	17:01	17:01	00:00	17:07	17:09	17:02	17:01	17:01	17:01
Total	08:06	08:04	08:09	08:09	08:05	08:05	00:00	08:05	08:02	08:06	08:13	08:22	08:13	00:00	08:04	08:25	08:04	08:13	08:25	08:02	08:02	00:00	08:02	08:13	08:04	00:00	08:07	08:09	00:00	08:13	08:13	08:04

6  
DR. S SENTHIL KUMAL









**Monthly Status Report (Basic Work Duration)**  
Sept 01 2025 To Sept 30 2025

**DR.B.B.KHALADKAR PHYSIOTHERAPY COLLEGE**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

DEPARTMENT STUDENT

Emp Code: 201 AMBEKAR SUPRIYA SHANTARAM

Status	P	A	P	P	P	A	P	P	P	A	WOF	P	P	P	A	P	P	P	P	WOF	P	P	P	A	P	P	P	P	P
In Time	09:01	09:21	00:00	09:21	00:00	00:00	09:00	09:21	09:00	09:01	00:00	09:08	09:00	09:21	00:00	09:01	09:08	09:21	09:00	09:21	00:00	09:21	09:21	08:49	00:00	08:55	00:00	08:55	09:00
Out Time	17:23	17:03	00:00	17:03	00:00	00:00	17:09	17:07	17:03	17:09	00:00	17:33	17:07	17:03	00:00	17:05	17:23	17:03	17:03	00:00	17:03	17:03	17:03	17:02	00:00	17:08	00:00	17:01	17:07
Total	08:22	08:22	00:00	08:09	00:00	00:00	08:07	08:07	08:22	08:08	00:00	08:25	08:07	08:22	00:00	08:25	08:04	08:22	08:22	00:00	08:22	08:22	08:13	00:00	08:13	00:00	08:06	08:07	

Emp Code: 202 DIVEKAR ARCHITA LAHU

Status	P	A	P	P	P	P	P	P	P	A	WOF	P	P	P	A	P	P	P	P	WOF	P	P	P	A	P	P	P	P	P
In Time	08:55	09:01	09:00	09:21	00:00	00:00	09:00	09:01	09:08	09:21	09:01	08:57	09:01	09:08	08:57	09:00	09:01	09:08	09:21	09:01	09:01	09:08	08:55	08:57	00:00	00:00	00:00	00:00	
Out Time	17:01	17:23	17:03	17:03	00:00	00:00	17:06	17:16	17:23	17:33	17:03	17:01	17:03	17:03	17:01	17:05	17:23	17:01	17:03	00:00	17:23	17:33	17:08	17:01	00:00	00:00	00:00	00:00	
Total	08:06	08:22	08:03	08:22	00:00	00:00	08:05	08:16	08:22	08:25	08:22	08:04	08:22	08:22	08:04	08:05	08:22	08:04	08:22	00:00	08:22	08:25	08:13	08:04	00:00	00:00	00:00	00:00	

Emp Code: 203 BHANDWALKAL PRANJAL GANESH

Status	P	A	P	P	P	P	P	P	P	A	WOF	P	P	P	A	P	P	P	P	WOF	P	P	P	A	P	P	P	P	P
In Time	09:05	09:00	08:57	08:57	00:00	00:00	09:00	09:01	09:05	08:57	00:00	08:50	09:01	08:57	00:00	09:04	08:57	09:05	08:57	00:00	08:57	09:05	08:57	00:00	09:01	00:00	08:55	09:01	
Out Time	17:07	00:00	17:12	17:01	00:00	00:00	17:01	17:02	17:07	17:01	00:00	17:01	17:23	17:12	00:00	17:19	17:12	17:07	17:03	00:00	17:12	17:07	17:03	00:00	17:09	00:00	17:03	17:23	
Total	08:02	00:00	08:15	08:04	00:00	00:00	08:13	08:02	08:02	08:04	00:00	08:11	08:22	08:15	00:00	08:15	08:15	08:02	08:06	00:00	08:15	08:02	08:06	00:00	08:08	00:00	08:08	08:22	

Emp Code: 204 BHARTI PRASHANT SURYAKANT

Status	P	P	P	P	P	A	P	P	P	P	WOF	P	P	P	P	P	P	P	P	WOF	P	P	P	A	P	P	P	P	P
In Time	09:21	09:08	09:25	09:05	00:00	00:00	09:01	09:08	09:01	08:56	08:57	09:08	09:02	09:01	09:05	09:08	09:01	09:08	08:57	00:00	09:08	08:57	00:00	09:21	00:00	09:05	09:08		
Out Time	17:03	17:10	17:10	17:07	00:00	00:00	17:06	17:03	17:10	17:23	17:01	17:23	17:04	17:23	17:07	17:10	17:23	17:03	17:03	00:00	17:10	17:01	00:00	17:03	00:00	17:03	17:10		
Total	08:22	08:02	08:55	08:02	00:00	00:00	08:05	08:02	08:02	08:22	08:05	08:04	08:15	08:02	08:02	08:02	08:22	08:15	08:02	00:00	08:02	08:04	00:00	08:22	00:00	08:02	08:02		

Emp Code: 205 BHOSALE SAMPADA LALASAHEB

Status	P	P	P	P	P	P	P	P	P	P	WOF	P	P	P	P	P	P	P	P	WOF	P	P	P	A	P	P	P	P	P
In Time	09:06	08:57	09:06	08:57	00:00	00:00	08:57	09:01	09:05	09:02	08:57	09:08	09:02	09:01	09:05	09:01	09:04	00:00	08:49	00:00	08:57	09:05	00:00	08:02	00:00	08:55	08:55		
Out Time	17:07	17:12	17:39	17:12	00:00	00:00	17:01	17:03	17:07	17:04	17:10	17:00	17:04	17:07	17:23	17:19	17:03	17:19	00:00	17:00	17:12	17:07	17:04	00:00	17:04	17:01			
Total	08:02	08:15	08:25	08:15	00:00	00:00	08:04	08:02	08:02	08:02	08:10	08:02	08:02	08:02	08:02	08:15	08:02	08:15	00:00	08:11	00:00	08:15	08:02	00:00	08:06	08:06			

Emp Code: 206 BOTRE VAISHNAVI KALURAM

Status	P	P	P	P	P	P	P	P	P	P	WOF	P	P	P	P	P	P	P	P	WOF	P	P	P	A	P	P	P	P	P
In Time	08:57	09:01	09:05	08:55	00:00	00:00	08:48	09:01	09:05	08:57	09:11	09:14	09:00	09:08	09:01	09:05	09:11	09:01	09:10	00:00	09:00	09:00	00:00	00:00	00:00	08:55	09:01		
Out Time	17:01	17:23	17:10	17:00	00:00	00:00	17:01	17:03	17:07	17:01	17:06	17:09	17:33	17:23	17:03	17:23	17:07	17:10	17:23	00:00	17:03	00:00	00:00	00:00	00:00	17:03	17:01		
Total	08:04	08:22	08:05	08:05	00:00	00:00	08:13	08:22	08:15	08:02	08:04	08:05	08:09	08:25	08:22	08:02	08:02	08:02	08:15	00:00	08:03	00:00	00:00	00:00	00:00	08:06	08:22		

G. Dhanu











# Monthly Status Report (Basic Work Duration)

Oct 01 2025 To Oct 31 2025

DR.B.B.KHALADAKAR PHYSIOTHERAPY COLLEGE

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

STUDENT

AMBEKAR SUPRIYA SHANTARAM

201

Emp Code:

Status	P	WOF	A	P	WOF	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
In Time	08:10	00:00	00:00	09:21	00:00	09:01	09:00	09:01	09:00	09:01	09:00	09:01	09:00	09:01	09:00	09:01	09:00	09:01	09:00	09:01	09:00	09:01	09:00	09:01	09:00	09:01	09:00	09:01	09:00	09:01	09:00	09:01	09:00
Out Time	17:20	00:00	00:00	17:03	00:00	17:09	17:03	17:07	17:03	17:09	17:03	17:23	17:16	17:33	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03
Total	08:10	00:00	00:00	08:22	00:00	08:09	08:22	08:07	08:08	08:22	08:16	08:16	08:25	08:22	08:16	08:25	08:22	08:16	08:25	08:22	08:16	08:25	08:22	08:16	08:25	08:22	08:16	08:25	08:22	08:16	08:25	08:22	08:16

DIVEKAR ARCHITA LAHU

202

Emp Code:

Status	P	WOF	A	P	WOF	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
In Time	08:55	00:00	00:00	09:10	00:00	09:01	09:08	09:21	09:00	08:57	09:00	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01
Out Time	17:01	00:00	00:00	17:20	00:00	17:06	17:09	17:16	00:00	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03	17:03
Total	08:06	00:00	00:00	08:10	00:00	08:05	08:09	08:16	00:00	08:22	08:04	08:05	08:22	08:04	08:05	08:22	08:04	08:05	08:22	08:04	08:05	08:22	08:04	08:05	08:22	08:04	08:05	08:22	08:04	08:05	08:22	08:04	08:05

BHANDWALKAL PRANJAL GANESH

203

Emp Code:

Status	P	WOF	A	P	WOF	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
In Time	09:05	00:00	00:00	08:51	00:00	08:48	09:10	09:00	08:49	08:57	00:00	08:50	08:53	08:51	08:55	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01
Out Time	17:07	00:00	00:00	17:20	00:00	17:01	17:20	17:02	17:03	17:07	17:01	17:01	17:03	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00
Total	08:02	00:00	00:00	08:10	00:00	08:13	08:10	08:02	08:11	08:10	08:04	08:11	08:10	08:09	08:05	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00	08:00

BHARTI PRASHANT SURYAKANT

204

Emp Code:

Status	P	WOF	A	P	WOF	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
In Time	09:21	00:00	00:00	09:25	00:00	09:01	09:00	09:00	09:00	09:01	08:56	00:00	09:08	08:57	09:02	08:57	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01
Out Time	17:03	00:00	00:00	17:10	00:00	17:06	00:00	00:00	00:00	17:23	17:01	17:23	17:03	17:03	17:04	17:01	17:01	17:01	17:01	17:01	17:01	17:01	17:01	17:01	17:01	17:01	17:01	17:01	17:01	17:01	17:01	17:01	17:01
Total	08:22	00:00	00:00	08:10	00:00	08:05	00:00	08:22	08:05	08:15	08:06	08:15	08:06	08:02	08:04	08:04	08:04	08:04	08:04	08:04	08:04	08:04	08:04	08:04	08:04	08:04	08:04	08:04	08:04	08:04	08:04	08:04	08:04

BHOSALE SAMPADA LALASHEB

205

Emp Code:

Status	P	WOF	A	P	WOF	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
In Time	09:05	00:00	00:00	09:10	00:00	08:57	08:58	09:21	08:51	08:55	09:05	00:00	08:57	08:51	08:51	08:55	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01	09:01
Out Time	17:07	00:00	00:00	17:20	00:00	17:01	17:06	17:03	17:00	17:10	17:00	17:10	17:07	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00	17:00
Total	08:02	00:00	00:00	08:10	00:00	08:04	08:08	08:22	08:09	08:05	08:05	08:10	08:09	08:09	08:09	08:09	08:09	08:09	08:09	08:09	08:09	08:09	08:09	08:09	08:09	08:09	08:09	08:09	08:09	08:09	08:09	08:09	08:09

BOTRE VAISHNAVI KALURAM

206

Emp Code:

Status	P	WOF	A	P	WOF	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
In Time	08:57	00:00	00:00	09:05	00:00	08:57	09:10	09:05	08:57	00:00	09:14	09:00	09:08	09:11	09:00	09:00	09:00	09:00	09:00	09:00	09:00	09:00	09:00	09:00	09:00	09:00	09:00	09:00	09:00	09:00	09:00	09:00	09:00
Out Time	17:01	00:00	00:00	17:10	00:00	17:07	17:03	17:07	17:01	00:00	17:09	17:16	17:33	17:06	17:06	17:06	17:06	17:06	17:06	17:06	17:06	17:06	17:06	17:06	17:06	17:06	17:06	17:06	17:06	17:06	17:06	17:06	17:06
Total	08:04	00:00	00:00	08:10	00:00	08:13	08:09	08:22	08:03	08:02	08:04	08:16	08:09	08:25	08:05	08:05	08:05	08:05	08:05	08:05	08:05	08:05	08:05	08:05	08:05	08:05	08:05	08:05	08:05	08:05	08:05	08:05	08:05



*[Handwritten signature]*













Emp Code:

207

SINGH EKTA SANTKUMAR

Status	P	WOF	P	P	WOF	P	A	P	WOF	P	P	P	P	P	P	P	A	P	P	WOF	A	A	A	A	A	WOF
In Time	09:01	00:00	09:08	08:57	00:00	09:01	09:00	09:21	00:00	09:05	09:08	09:01	08:48	09:21	09:01	09:01	08:58	09:21	09:01	09:01	00:00	00:00	00:00	00:00	00:00	00:00
Out Time	17:23	00:00	17:33	17:01	00:00	17:03	17:05	17:03	00:00	17:07	17:10	17:23	17:01	17:03	17:03	17:06	17:06	17:03	17:03	17:03	00:00	00:00	00:00	00:00	00:00	00:00
Total	08:22	00:00	08:25	08:04	00:00	08:22	08:05	08:22	00:00	08:02	08:02	08:22	08:13	08:22	00:00	08:22	08:08	08:22	08:04	00:00	00:00	00:00	00:00	00:00	00:00	00:00

Emp Code:

208

GAHANE VISHAKHA SURESH

Status	P	WOF	P	P	WOF	P	P	P	WOF	P	P	P	P	P	P	P	A	P	P	WOF	A	A	A	A	A	WOF
In Time	09:05	00:00	09:05	08:55	00:00	09:00	09:00	09:21	00:00	09:05	09:08	09:01	08:50	09:21	09:01	09:01	08:48	09:21	09:01	09:01	00:00	00:00	00:00	00:00	00:00	00:00
Out Time	17:07	00:00	17:10	17:00	00:00	17:09	17:16	17:01	00:00	17:01	17:10	17:00	17:01	17:03	17:03	17:06	17:01	17:01	17:03	17:03	00:00	00:00	00:00	00:00	00:00	00:00
Total	08:02	00:00	08:05	08:05	00:00	08:09	08:16	08:13	00:00	08:13	08:05	08:11	08:10	08:10	08:09	08:15	08:13	08:04	08:15	08:04	00:00	00:00	00:00	00:00	00:00	00:00

Emp Code:

209

GHIGE SANDHYA ASHOK

Status	P	WOF	P	P	WOF	P	P	P	WOF	P	P	P	P	P	P	P	A	P	P	WOF	A	A	A	A	A	WOF
In Time	09:01	00:00	09:08	08:57	00:00	09:00	09:00	09:21	00:00	09:05	09:08	09:01	08:57	09:21	09:01	09:01	08:57	09:21	09:01	09:01	00:00	00:00	00:00	00:00	00:00	00:00
Out Time	17:23	00:00	17:33	17:01	00:00	17:05	17:06	17:02	00:00	17:07	17:01	17:05	17:23	17:03	17:04	17:03	17:05	17:03	17:03	17:03	00:00	00:00	00:00	00:00	00:00	00:00
Total	08:22	00:00	08:25	08:04	00:00	08:05	08:08	08:02	00:00	08:02	08:05	08:04	08:15	08:06	08:02	08:05	08:03	08:05	08:03	08:05	00:00	00:00	00:00	00:00	00:00	00:00

Emp Code:

210

GHUMATKAR TANMAY SUNIL

Status	P	WOF	P	P	WOF	P	P	P	WOF	P	P	P	P	P	P	P	A	P	P	WOF	A	A	A	A	A	WOF
In Time	09:05	00:00	08:48	08:55	00:00	09:00	09:00	09:21	00:00	09:05	09:05	08:55	08:57	09:21	09:01	09:01	08:57	09:21	09:01	09:01	00:00	00:00	00:00	00:00	00:00	00:00
Out Time	17:07	00:00	17:01	17:00	00:00	17:06	17:09	17:16	00:00	17:07	17:10	17:00	17:07	17:19	17:00	17:03	17:12	17:00	17:03	17:03	00:00	00:00	00:00	00:00	00:00	00:00
Total	08:02	00:00	08:13	08:05	00:00	08:05	08:09	08:16	00:00	08:02	08:05	08:05	08:10	08:15	08:09	08:15	08:11	08:06	08:11	08:04	00:00	00:00	00:00	00:00	00:00	00:00

Emp Code:

211

INGLE TANAYA SUNIL

Status	A	WOF	P	P	WOF	P	P	P	WOF	P	P	P	P	P	P	P	A	P	P	WOF	A	A	A	A	A	WOF
In Time	00:00	00:00	08:55	08:55	00:00	09:00	09:00	09:21	00:00	09:01	09:01	09:01	09:11	09:00	09:10	09:08	08:55	09:21	09:01	09:01	00:00	00:00	00:00	00:00	00:00	00:00
Out Time	00:00	00:00	17:00	17:00	00:00	17:05	17:06	17:09	00:00	17:23	17:09	17:06	17:09	17:16	17:33	17:03	17:10	17:10	17:03	17:03	00:00	00:00	00:00	00:00	00:00	00:00
Total	00:00	00:00	08:05	08:05	00:00	08:05	08:08	08:02	00:00	08:22	08:08	08:05	08:09	08:16	08:25	08:02	08:03	08:05	08:02	08:02	00:00	00:00	00:00	00:00	00:00	00:00

Emp Code:

212

JAGTAP SIDDHI HEHMENT

Status	P	WOF	P	P	WOF	P	P	P	WOF	P	P	P	P	P	P	P	A	P	P	WOF	A	A	A	A	A	WOF
In Time	08:48	00:00	09:08	08:57	00:00	09:00	09:00	09:21	00:00	09:01	09:08	09:01	09:00	09:00	09:00	08:58	09:00	09:00	09:02	09:00	00:00	00:00	00:00	00:00	00:00	00:00
Out Time	17:01	00:00	17:33	17:01	00:00	17:06	17:09	17:16	00:00	17:23	17:10	17:23	17:03	17:05	17:03	17:05	17:06	17:02	17:06	17:06	00:00	00:00	00:00	00:00	00:00	00:00
Total	08:13	00:00	08:25	08:04	00:00	08:05	08:09	08:16	00:00	08:22	08:02	08:22	08:03	08:05	08:02	08:03	08:05	08:08	08:02	08:04	00:00	00:00	00:00	00:00	00:00	00:00

Emp Code:

213

JAIWAL VARSHA RAJKUMAR

Status	P	WOF	P	P	WOF	P	P	P	WOF	P	P	P	P	P	P	P	A	P	P	WOF	A	A	A	A	A	WOF
In Time	09:01	00:00	09:01	08:55	00:00	09:00	09:00	09:21	00:00	09:01	09:05	08:55	08:50	09:00	09:00	08:53	08:51	09:00	09:04	09:00	00:00	00:00	00:00	00:00	00:00	00:00
Out Time	17:23	00:00	17:00	17:00	00:00	17:02	17:06	17:01	00:00	17:23	17:10	17:00	17:01	17:03	17:00	17:03	17:00	17:23	17:19	17:12	00:00	00:00	00:00	00:00	00:00	00:00
Total	08:22	00:00	08:22	08:05	00:00	08:02	08:08	08:02	00:00	08:22	08:05	08:05	08:11	08:10	08:09	08:22	08:15	08:13	08:04	08:13	00:00	00:00	00:00	00:00	00:00	00:00



*Handwritten signature and initials.*





















**Monthly Status Report (Basic Work Duration)**  
Oct 01 2025 To Oct 31 2025

**DR.B.B.KHALADAKAR PHYSIOTHERAPY COLLEGE**

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DEPARTMENT	STUDENT																														

**401 BAGAL YASHRAJ SHYAMSUNDR**

Status	P	A	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
In Time	09:11	00:00	08:48	08:57	00:00	08:58	08:49	09:02	09:05	08:49	09:11	00:00	08:49	09:10	09:08	09:01	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00
Out Time	17:23	00:00	17:01	17:01	00:00	17:06	17:02	17:06	17:07	17:02	17:08	00:00	17:02	17:16	17:33	17:06	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	08:55
Total	08:22	00:00	08:13	08:04	00:00	08:08	08:13	08:02	08:13	08:08	08:13	00:00	08:13	08:16	08:25	08:05	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	17:01	

**402 BANDRE SHRAVANI YASHWANT**

Status	P	A	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
In Time	08:55	00:00	08:49	09:00	00:00	09:01	08:49	09:00	08:58	09:08	09:08	00:00	08:49	09:00	09:01	09:01	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00
Out Time	17:01	00:00	17:02	17:05	00:00	17:06	17:02	17:16	17:06	17:33	17:10	00:00	17:02	17:05	17:03	17:23	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	09:05
Total	08:06	00:00	08:13	08:05	00:00	08:05	08:13	08:16	08:08	08:25	08:02	00:00	08:13	08:05	08:22	08:05	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	17:07

**403 BANSODE KHUSHI CHAGAN**

Status	P	A	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
In Time	09:05	00:00	09:08	08:57	00:00	09:00	08:58	08:49	08:53	09:05	00:00	08:50	08:53	08:51	08:55	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00
Out Time	17:07	00:00	17:33	17:01	00:00	17:05	17:06	17:02	17:03	17:10	00:00	17:01	17:03	17:00	17:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	08:55
Total	08:02	00:00	08:25	08:04	00:00	08:05	08:08	08:13	08:11	08:10	08:05	08:11	08:10	08:09	08:05	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	17:03

**404 BENDE TANVI SANTOSH**

Status	P	A	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
In Time	09:00	00:00	09:25	09:05	00:00	08:48	08:57	09:00	08:58	08:49	09:02	00:00	09:08	08:57	09:02	09:01	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00
Out Time	17:09	00:00	17:10	17:07	00:00	17:01	17:01	17:05	17:06	17:02	17:06	00:00	17:23	17:03	17:04	17:05	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	08:05
Total	08:09	00:00	08:55	08:02	00:00	08:13	08:04	08:05	08:08	08:13	08:04	00:00	08:15	08:06	08:02	08:04	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	17:07

**405 BENDE NIDHI JITENDRA**

Status	P	A	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
In Time	09:05	00:00	09:08	09:25	00:00	09:10	08:58	08:49	08:49	00:00	09:05	00:00	08:57	09:04	08:51	08:55	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00
Out Time	17:07	00:00	17:33	17:10	00:00	17:05	17:06	17:02	17:00	00:00	17:10	00:00	17:07	17:19	17:00	17:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	08:55
Total	08:02	00:00	08:25	08:55	00:00	08:05	08:08	08:13	08:11	00:00	08:05	00:00	08:10	08:15	08:09	08:05	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	17:03

**406 BHALERAO SAMRUDDHI DADASO**

Status	A	A	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
In Time	00:00	00:00	09:05	08:48	00:00	09:00	08:58	08:49	09:02	09:05	09:01	00:00	09:00	08:49	09:08	08:49	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00
Out Time	00:00	00:00	17:10	17:01	00:00	17:05	17:06	17:02	17:06	17:07	17:09	00:00	17:09	17:02	17:33	17:02	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00
Total	00:00	00:00	08:05	08:13	00:00	08:05	08:08	08:13	08:04	08:02	08:08	00:00	08:09	08:13	08:25	08:13	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00













# Monthly Status Report (Basic Work Duration)

Sept 01 2025 To Sept 30 2025

DR.B.B.KHALADAKAR PHYSIOTHERAPY COLLEGE

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

DEPARTMENT STUDENT

BAGAL YASHRAJ SHYAMSUNDRAR

401

Status	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
In Time	08:11	09:01	09:05	08:12	00:00	08:49	00:00	09:08	09:01	08:49	09:11	09:01	08:49	09:01	08:49	09:08	09:01	08:49	09:08	09:01	09:00	00:00	00:00	08:11	09:00	08:49	09:00	08:55	00:00	08:55	00:00	08:55	09:08
Out Time	17:23	17:23	17:07	17:23	17:07	17:02	17:33	17:02	17:09	17:02	17:09	17:02	17:02	17:03	17:03	17:02	17:10	17:23	17:03	17:03	17:03	00:00	00:00	17:09	17:07	17:02	17:07	17:08	00:00	17:01	17:10	17:10	
Total	08:22	08:22	08:07	08:19	00:00	08:13	00:00	08:25	08:22	08:13	08:08	08:05	08:13	00:00	08:25	08:03	08:13	08:02	08:22	08:03	00:00	00:00	08:08	08:07	08:13	08:07	08:13	00:00	08:06	08:02	08:04		

BANDRE SHRAVANI YASHWANT

402

Status	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
In Time	08:55	09:00	08:49	09:00	00:00	08:55	00:00	09:00	09:08	09:01	08:49	09:01	08:49	09:01	08:49	09:01	08:49	09:01	08:49	09:01	09:02	08:57	09:00	08:56	09:06	09:00	08:55	09:00	08:59	00:00	09:05	08:57
Out Time	17:01	17:05	17:02	17:05	17:00	17:06	17:00	17:16	17:05	17:33	17:10	17:23	17:02	17:03	17:06	17:01	17:01	17:05	17:01	17:05	17:06	17:06	17:01	17:33	17:08	17:07	17:06	00:00	17:03	17:08	17:07	17:01
Total	08:06	08:05	08:13	08:05	00:00	08:13	00:00	08:16	08:05	08:25	08:02	08:22	08:13	00:00	08:04	08:13	08:04	08:05	08:04	08:13	08:04	08:02	08:25	08:13	08:07	08:07	08:07	00:00	08:02	08:04	08:02	08:04

BANSODE KHUSHI CHAGAN

403

Status	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
In Time	09:05	08:57	09:08	08:57	00:00	08:49	08:57	08:53	09:05	08:55	08:50	08:50	08:51	08:49	09:00	09:04	08:57	08:49	09:00	08:59	00:00	00:00	09:05	09:05	09:05	08:57	09:02	09:01	00:00	08:55	09:04	
Out Time	17:07	17:12	17:33	17:01	00:00	17:03	17:02	17:12	17:03	17:10	17:00	17:01	17:00	17:02	17:09	17:19	17:12	17:00	17:02	17:09	17:12	17:00	17:10	17:03	17:07	17:04	17:09	17:03	17:03	17:03	17:19	
Total	08:02	08:15	08:25	08:04	00:00	08:13	08:15	08:10	08:05	08:11	00:00	08:09	08:13	08:09	08:13	08:15	08:15	08:11	08:11	08:09	08:13	08:02	08:05	08:02	08:06	08:02	08:08	00:00	08:08	08:06	08:15	

BENDE TANVI SANTOSH

404

Status	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
In Time	09:00	09:01	09:25	09:05	00:00	08:49	00:00	09:00	09:01	09:05	08:56	09:01	09:02	09:01	09:05	09:08	09:01	08:49	09:00	08:49	00:00	00:00	09:05	09:00	08:49	08:49	08:59	00:00	09:05	09:08		
Out Time	17:09	17:23	17:10	17:07	00:00	17:02	00:00	17:16	17:23	17:07	17:01	17:05	17:23	17:04	17:03	17:07	17:10	17:23	17:02	17:02	17:02	00:00	00:00	17:09	17:02	17:02	17:06	00:00	17:07	17:10		
Total	08:09	08:22	08:55	08:02	00:00	08:13	00:00	08:16	08:22	08:02	08:05	08:04	08:15	08:02	08:02	08:13	08:15	08:11	08:13	08:02	08:02	00:00	08:05	08:09	08:13	08:13	08:07	00:00	08:02	08:02		

BENDLE NIDHI JITENDRA

405

Status	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
In Time	09:05	08:57	09:08	09:25	00:00	08:57	00:00	08:57	09:00	09:05	08:55	08:57	00:00	08:51	09:11	08:49	09:04	08:57	08:49	09:02	09:01	00:00	00:00	09:05	09:05	08:57	09:02	09:01	00:00	08:55	09:04	
Out Time	17:07	17:12	17:33	17:10	00:00	17:03	00:00	17:02	17:12	17:09	17:10	17:00	17:07	17:00	17:04	17:02	17:19	17:12	17:00	17:02	17:02	00:00	00:00	17:10	17:07	17:03	17:04	17:09	00:00	17:03	17:19	
Total	08:02	08:15	08:25	08:55	00:00	08:06	00:00	08:13	08:15	08:09	08:05	08:10	08:00	08:03	08:04	08:13	08:15	08:11	08:11	08:02	08:02	00:00	08:05	08:02	08:06	08:02	08:06	00:00	08:08	08:15		

BHALERAO SAMRUDDHI DADASO

406

Status	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
In Time	09:00	09:01	09:05	09:00	00:00	08:49	00:00	09:01	09:01	09:01	09:01	09:01	08:49	09:00	09:08	08:49	00:00	09:08	09:01	08:49	09:02	09:00	00:00	09:01	09:00	08:49	08:49	00:00	08:55	09:08		
Out Time	17:09	17:23	17:10	17:00	00:00	17:02	00:00	17:23	17:09	17:02	17:03	17:02	17:02	17:09	17:02	17:02	00:00	17:02	17:02	17:02	17:02	17:02	00:00	17:09	17:09	17:02	17:02	17:08	17:01	17:10		
Total	08:09	08:22	08:05	09:00	00:00	08:13	00:00	08:22	08:08	08:13	08:09	08:13	08:09	09:00	08:02	08:13	00:00	08:06	08:13	08:02	08:02	00:00	08:08	08:09	08:13	08:13	08:13	00:00	08:06	08:02		

Emp Code:









Emp Code:

428

OTARI NANDINI VIJAY

Status	A	A	P	P	WOF	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P						
In Time	00:00	00:00	09:05	08:55	00:00	08:57	00:00	09:00	08:57	00:00	08:51	09:00	09:00	09:04	08:57	08:49	00:00	09:05	09:01	08:57	09:02	09:01	00:00	08:55	09:04	
Out Time	00:00	00:00	17:10	17:00	00:00	17:03	00:00	17:02	17:10	00:00	17:01	17:00	17:04	17:02	17:19	17:12	17:00	00:00	17:10	17:23	17:03	17:04	17:09	00:00	17:03	17:19
Total	00:00	00:00	08:05	08:05	00:00	08:06	00:00	08:03	08:15	08:02	08:05	08:05	08:11	08:02	08:15	08:15	08:11	00:00	08:05	08:22	08:06	08:02	08:08	00:00	08:08	08:15

Emp Code:

429

PAWAR GAUTAMI TUSHAR

Status	P	P	P	P	WOF	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		
In Time	09:01	09:01	09:05	08:55	00:00	08:49	00:00	08:56	09:01	09:01	09:01	09:00	09:00	09:01	09:00	09:08	09:01	09:00	09:01	08:55	08:49	09:00	08:55	00:00	08:55	09:08	
Out Time	17:23	17:23	17:10	17:00	00:00	17:02	00:00	17:03	17:23	17:09	17:06	17:09	17:00	17:03	17:03	17:10	17:23	17:03	17:02	17:10	17:02	17:07	17:08	00:00	08:55	09:08	
Total	08:22	08:22	08:05	08:05	00:00	08:13	00:00	08:08	08:22	08:02	08:05	08:09	08:09	08:25	00:00	08:02	08:02	08:03	08:02	08:13	08:05	08:13	08:07	08:13	00:00	08:06	08:02

Emp Code:

430

SABALE GAURI PAVANKUMAR

Status	P	P	P	P	WOF	A	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
In Time	09:00	09:00	09:00	09:00	00:00	08:49	00:00	09:00	09:00	09:08	09:01	09:00	09:00	09:01	09:02	08:57	09:00	08:58	00:00	09:08	09:00	08:49	09:00	08:59	00:00	08:55
Out Time	17:03	17:05	17:09	17:16	00:00	17:02	00:00	17:05	17:02	17:10	17:23	17:03	17:00	17:03	17:06	17:05	17:06	17:06	00:00	17:10	17:02	17:07	17:06	00:00	17:00	17:01
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Emp Code:

431

SHEVLE PARMESHWAR DHANAJI

Status	P	P	P	P	WOF	A	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
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Emp Code:

432

SHINDE SNEHA PANDURANG

Status	P	P	P	P	WOF	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
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Out Time	17:01	17:23	17:33	17:01	00:00	17:02	00:00	17:03	17:23	17:09	17:01	17:05	17:23	17:04	17:03	17:10	17:23	17:03	00:00	17:01	17:01	17:02	17:07	17:06	00:00	17:07
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Emp Code:

433

SHINGADE KUNAL VITTHAL

Status	P	P	P	P	WOF	A	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
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Out Time	17:00	17:12	17:10	17:00	00:00	17:03	00:00	17:03	17:23	17:09	17:01	17:05	17:23	17:04	17:03	17:10	17:23	17:03	00:00	17:01	17:01	17:02	17:07	17:06	00:00	17:03
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434

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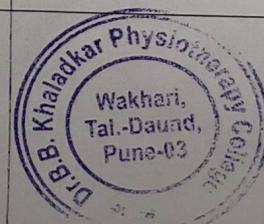
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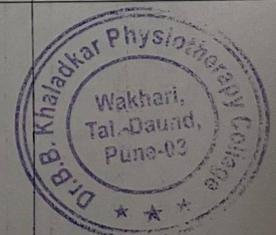
**LIST OF PAPERS PUBLISHED**

2349. **International and National Journals:**

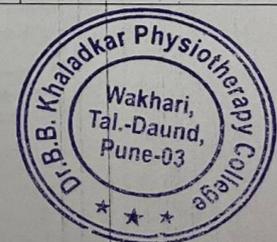
Sr. No	Title	Authors	Journal	Year, Vol, Page	Indexed
1.	Efficacy of ventilatory muscle training in patients with Chronic Obstructive Pulmonary Diseases (COPD)	Dr.Neesha Shinde Dr. Subhsh Khatri	International Journal of Scientific and Research Publications, Volume 2, Issue 7, ,www.ijsrp.org	July 2012 1 ISSN 2250-3153	Yes
2.	Efficacy of Short Wave Diathermy in Patients with Sinusitis	Dr.Neesha Shinde Dr.Kiran Shinde Dr. Subhsh Khatri	International Journal of Health Sciences and Research ,www.ijhsr.org	ISSN: 2249-9571	Yes
3.	Peak expiratory flow rate: Effect of body positions in patients with chronic obstructive pulmonary disease.	Dr.Neesha Shinde Dr.Kiran Shinde Dr. Subhsh Khatri	Indian Journal of Basic & Applied Medical Research; ,www.ijbamr.com	September 2012: Vol.-1, Issue-4, P. 357-362	Yes
4.	Immediate Effect of Jacobson's Progressive Muscular Relaxation in Hypertension	Dr.Neesha Shinde Dr.Kiran Shinde Dr. Subhsh Khatri	Scholars Journal of Applied Medical Sciences (SJAMS)	ISSN,2320-6691 Sch. J. App. Med. Sci., 2013; 1(2):80-85	Yes
5.	A Comparative Study of Yoga and Aerobic Exercises in Obesity and its Effect on Pulmonary Function	Dr.Neesha Shinde Dr.Kiran Shinde Dr. Subhsh Khatri	Journal of Diabetes Metabolism	2013, 4:4 <a href="http://dx.doi.org/10.4172/2155-6156.1000257">http://dx.doi.org/10.4172/2155-6156.1000257</a>	Yes
6.	Role of kegel's exercise or postpartum perineal Fitness : Energy mal control trial.	Dr.Neesha Shinde Dr.Kiran Shinde Dr. Subhsh Khatri	Romanian journal of physical therapy,	vol.19/ Issue 31/ 2013	Yes
7.	Immediate effect of Glassopharygeal breathing in patient with spinal cord Injury	DrTejaswini Kulkarni Dr.Neesha Shinde	Romanian journal of physical therapy	Vol.20 / NR 33 /2014	Yes
8.	Effect of breathing Energylms	Dr. Urja Anerao Dr.Neesha Shinde	Indian Journal of Basic &	March 2013: Issue-6, Vol.-2, P. 564-567 564, www.ijbamr.c	Yes



	on maximal oxygen consumption in obese women.”		Applied Medical Research	om	
9.	Effect of Tanzberger Exercises in Women with Stress Urinary Incontinenc	Dr.Heena Bhatt Dr.Neesha Shinde	International Journal of Health Sciences and Research	ISSN: 2249-9571	Yes
10	Effectiveness of 2nergy2ma s respiratory health status among COPD patients admitted in Pravara rural hospital,Loni( BK)	Mr. Patel Dr.Shibalan Dr.Neesha Shinde	Asian journal of Nursing education and research	ISSN.2231-1149	Yes
11	The effect of Thoracic muscle 2nergy technique o pulmonary functions with COPD	Dr.Neha Kajoliya Dr.Neesha Shinde	Romanian journal of physical therapy	vol.19/ Issue 31/ 2013	Yes
12	Effectiveness of respirator muscle training in Recreational soccer player : a randomized Controlled trial	Dr.Ashirwad Mahajan Dr.Neesha Shinde	Romanian journal of physical therapy	vol.18/ Issue 30/ 2013	Yes
13	The Effect of Backpack on Cervical and Shoulder Posture in Male Students o Loni.	Dr.Deepali Hande Dr.Neesha Shinde	International Journal of Health Sciences and Research	ISSN: 2249-9571	Yes
14	Effect of Aerobic Interval Training on Blood Pressur and Myocardial function I Hypertensive Patients	Dr. Preeti Rajak Dr.Neesha Shinde	International Journal of Sciences Invention	ISSN ( Online 2319- 6718	Yes
15	Attitude and awareness to words physical activity in Pravara Rural hospital and College	Dr.shalu Bhardwa Dr.Neesha Shinde	Scientific Research Journal of India	Volume: 3, Issue: 2, Year: 2014	Yes
16	Effect of Jacobson's Progressive Muscle relaxation on quality of life in patients with type II diabetes mellitus (TDM2) : RCT	Dr.Nisha Shinde Dr.Subhash Khatri Dr.Sambhaji Gunja	Scientific Research Journal of India	Volume: 3, Issue: 2, Year: 2014	Yes



17	Immediate effect of relaxation on hemodynamic parameters and pulmonary functions in normal individuals	Priti Rajak Dr.Nisha Shinde, Dr.Subhash Khatr	Elixir Elixir International Journal) Physio. & Anatomy	75 (2014) 27608-27615	Yes
18	Effect of Diaphragmatic weight training versus Incentive spirometry in patients weaned from mechanical Ventilation- A pilot study	Aarti Sawant Dr. Nisha Shinde	Indian Journal of Basic and Applied Medical research	Vol 3, Issue -4 ( 24-30) Sep. 2014	Yes
19	Effect of Jacobson's Progressive Muscle relaxation in patients with Diabetes mellitus II : RCT	Dr.Nisha Shinde, Dr.Subhash Khatr	Elixir Elixir International Journal) Physio. & Anatomy	84( 2015) 33733-33736	Yes
20	Effect of ventilator muscle training in patients with COPD	Dr.Neesha Shinde Dr.Kiran Shinde	Book published in Lambert Publications		
21	To Introduce communication skills in B.P.Th students	Dr.Neesha Shinde Dr.Kiran Shinde	Elixir International Journal) Pharmacy	Elixir Pharmacy 108 (2017) 47638-47640	Yes
22	Comparison of Breath Holding Capacity between Indian Classical and Contemporary Singers Using Breath Hold Test: Observational Study	Dr.Neesha Shinde Gaurangi Kanade	Elixir International Journal Vol.no.-9 Issue — 6 Pub.no 53280-53281	ISSN: 2229-712X June 2019	Yes
23	Comparison of Physiological Response to Glittre ADL Test and 6 Minute Walk Test in Patients with COPD: Observational Study	Dr.Nisha Shinde Piyush Wasnik	International Journal of health science and research Galore Knowledge pub.Pvt.Ltd.Vadodara Gujarat	ISSN: 2249-9571 Oct. 2019	Yes



24	Comparison of 6 Minute Walk Test (6mwt) and 6 Minute Step Test (6mst) and its Effect on % Maximal Heart Rate in Football Players: An Observational Study	Rutika Tavargeri Dr. Nisha Shinde <sup>2</sup>	Elixir International Journal) Physio. & Anatomy Vol.No.10 Issue No.6	ISSN: 2229-712X 142 (2020) 54399-54402 June 2020	Yes
25	Effect of visual feedback aerobic exercise training on lung hyper inflation in chronic obstructive pulmonary disease patients – A Randomized control trial	Senthil Kumar Elumalai, Ajeet Kumar Saharan <sup>1</sup> , Nisha Shinde <sup>2</sup> ,	Eurasian Journal of Pulmonology Vol.222 Turkish Respiratory Society	<b>DOI:</b> September 1, 2020, IP: 10.232.74.26] Pg.No 91—97	Yes
26	“Prevalence of restless legs syndrome amongst post-stroke patients”	Dr. Saniya Sumant, Dr. Priti Lendghar, , Nisha Shinde,	International Journal of Research and Analytical Reviews	June 2021, Volume 8, Issue 2	Yes
27	Effect of foam rolling exercises in population with hamstring tightness”	Dr. Priti Lendghar, Nisha Shinde, Dr. Soham Murukate Dr. Tushar Jpalekar,	International Journal of Research and Analytical Reviews	2021 IJRAR June 2021, Volume 8, Issue 2	Yes
28	Prevalance of primary Dysmenorrhea and it effect on the working ability in Physiotherapy students	Dr. Shraddha Kshirsagar Dr. Priti Lendghar Dr. Nisha Shinde,	International Journal of Research and Analytical Reviews	2021 IJRAR July 2021, Volume 8, Issue 3 www.ijrar.org (E-ISSN 2348-1269, P- ISSN 2349-5138)	Yes



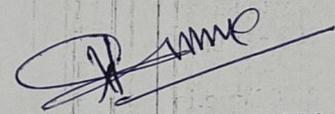
29	Assessment of Cardio-respiratory fitness (VO2max) in physiotherapy students using Queens College step test”	Dr Vaishnavi More, (B.P.Th) Dr. Nisha Shinde,	International Journal of Research and Analytical Reviews	2021 IJRAR July 2021, Volume 8, Issue 3 www.ijrar.org (E-ISSN 2348-1269, P- ISSN 2349-5138)	Yes
30	Prevalence of acl reconstruction surgeries in a tertiary health –care centre”	Dr. Shankesh Chaturvedi (BPTH) Dr. Nisha Shinde,	International Journal of Research and Analytical Reviews	2021 IJRAR August 2021, Volume 8, Issue 3 www.ijrar.org (E-ISSN 2348-1269, P- ISSN 2349-5138)	Yes
31	Effect of supervised and Un-supervised shoulder exercises in patients with modified radical mastectomy: An Experimental study	Dr. Nisha Shinde, Dr.Monali Kashyap	International Journal of Research and Analytical Reviews	2021 IJRAR Jan. 2021, Volume 8, Issue 4 www.ijrar.org (E-ISSN 2348-1269, P- ISSN 2349-5138)	Yes
32	Evaluation and comparison of Physiological cost index and Functional status in post COVID -19 patients : An observational Study	Dr. Nisha Shinde, Dr.Monali Kashyap	Multi disciplinary journal maharatta.	<a href="http://www.maharatta.org">www.maharatta.org</a> Jan. 2022, Volume 8, Issue 4 (E-ISSN 2581-9879 (online), P- ISSN 0076-2571)	Yes
33	Effect of Manual Positioning As An Adjunct To Intercostal Drainage In Pleural Effusion	Authors - Dr. Monali M. Kashyap <sup>1</sup> , Dr. NishaShinde <sup>2</sup> ,Dr. Manasi Tendulkar – Sukhatankar <sup>3</sup>	Multi disciplinary journal maharatta.	<a href="http://www.maharatta.org">www.maharatta.org</a> Jan. 2022, Volume 8, Issue 4 (E-ISSN 2581-9879 (online), P- ISSN 0076-2571)	Yes
34	The prevalence of scapular dyskinesia in elite bowlers in western Pune	Dr. siddhi Deshpande Dr. Priti Lendghar Dr. NishaShinde,	International Journal of Research and Analytical Reviews	2021 IJRAR July 2021, Volume 8, Issue 3 www.ijrar.org (E-ISSN 2348-1269, P- ISSN 2349-5138)	Yes
35	Impact of yoga on health and its effects on quality of life in college going students : an observational study	Dr. Nisha Shinde, Dr.Pramanand Pensa	International Journal of Research and Analytical Reviews	2023 IJRAR April 2023, Volume 10, Issue 2 www.ijrar.org (E-ISSN 2348-1269, P- ISSN 2349-5138)	Yes



36	Impact of zumba on health and its effects on quality of life (QOL): A survey based study	Mansi Pawari, Dr. Nisha Shindez	International Journal of Yoga, Physiotherapy and Physical Education www.sportsjournal.in	ISSN: 2456-5067 Volume 8, Issue 3, 2023, Page No. 4-8	Yes
37	Assessment of hamstring flexibility in recreational weightlifters	Dr.Nisha Shinde1 , Mayuri Burkul2	International Journal of Research and Analytical Reviews	February 2023, Volume 10, Issue 1 www.ijrar.org (E-ISSN 2348-1269, P- ISSN 2349-5138)	Yes
38	Prevalance of polycystic ovarian syndrome in overweight and obese females and it's effect on quality of life	Chetana kolhe1 Dr. Nisha Shinde2 Suraj Mathew3	International Journal of Research and Analytical Reviews	March 2023, Volume 10, Issue 1 www.ijrar.org (E-ISSN 2348-1269, P- ISSN 2349-5138)	Yes
39	Effects of bed support and positioning techniques in prevention of bedsores	Pritam Landge, Dr. Nisha Shinde and Dr. Mahendra Shende	International Journal of Physical Education, Sports and Health	2023; 10(2): 161-165 P-ISSN: 2394-1685 E-ISSN: 2394-1693	Yes
40	Assessment of hand grip strength in practicing physiotherapists	Ami Cheda Dr. Nisha Shinde	International journal of scientific research	Volume - 12   Issue - 03   March - 2023   PRINT ISSN No, 2277 - 8179   DOI : 10.36106/ijsr	Yes
41	Prevalence of Scapular dyskinesia in cricket bowlers	Surabhi Abhange Dr. Nisha Shinde	International journal of Multidisciplinary research	Volume 5 -Issue 2 March - April 2023 E-ISSN2582-2160	Yes
42	Effect of yoga and Surya namaskar on body flexibility in recreational footballers: An experimental study	Dr. Nisha Shinde1* , Dr. Pramanand Pensia 2	International Journal of Physical Education, Exercise and Sports	www.physicaleducationjournal.com Online ISSN: 2664-9896, Print ISSN: 2664-9888	Yes



43	Optimal management of acute soft tissue injury using Peace & Love: Observational study	Eshaan Rotellu and Dr. Nisha Shinde	International Journal of Physical Education, Sports and Health	P-ISSN: 2394-1685 E-ISSN: 2394-1693 2023; 10(3): 249-253	Yes
44	Heart rate variability assessment in athletes and normal individuals during activity: A comparative study	Aishwarya Kapkar <sup>1</sup> , Dr. Nisha Shinde <sup>2</sup>	International Journal of Yoga, Physiotherapy and Physical Education	<a href="http://www.sportsjournal.in">www.sportsjournal.in</a> ISSN: 2456-5067	Yes
45	Impact of aerobic activity on reaction time in a school going children : A Randomised controlled trial	P.Dawar, R Sarkar, T Vaidhya, N Shinde	International Journal of Therapeutic Innovation	November-December 2024, V2 – 16, Pages - 0261 – 0265. Doi: <a href="https://doi.org/10.55522/ijti.v2i6.0087">https://doi.org/10.55522/ijti.v2i6.0087</a> .	Yes
46	The effect of Cardiac Rehabilitation on exercise tolerance and Quality of life in patients with coronary Artery bypass grafting in out patients phase	, R Sarkar, T Vaidhya, N Shinde	International Journal of Therapeutic Innovation	November-December 2024, V2 – 16, Pages – 0266 – 0270. Doi: <a href="https://doi.org/10.55522/ijti.v2i6.0088">https://doi.org/10.55522/ijti.v2i6.0088</a> .	



Dr.Nisha Kiran Shinde

**LIST OF PAPERS PUBLISHED**

**International and National Journals:**

Sr. No	Title	Authors	Journal	Year,Vol , Page	Indexed
1.	EMG activity of transversus abdominis ,multifidus and co-contraction index in different phases amongst varied level archers: a cross-sectional study	Sheikh Azhar			No
2.	Effect of sleep disturbance at high altitude training camps on young athlete's performance.	Barnali bhattacharjee, sheikh azhar	Journal of carcinogenesis	2025; vol 24	yes

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**LIST OF PAPERS PUBLISHED**

**International and National Journals:**

Sr. No	Title	Authors	Journal	Year, Vol, Page	Indexed
1.	Effectiveness of health education intervention on posture in ceramic industries.	Sampada Daphane	International journal of applied search	Vol,9 2023	yes
2.	Myofascial release therapy's ability to reduce pain and enhance functional results for patients with myofascial neck pain.	Sampada Daphane	International journal creative research thoughts	Vol,13 2025	yes
3.	A comparison between effectiveness of McKENZI exercise and dynamic lumbar strengthening exercise in subject with low back pain.	Sampada Daphane	International journal of research and analytic review	Vol,12 2025	yes
4.	The impact of plyometric exercises on badminton player's flexibility and leg strength.	Sampada Daphane	International journal of all research education and scientific method	Vol, 11 2025	yes

**Dr. Sampada Daphane**



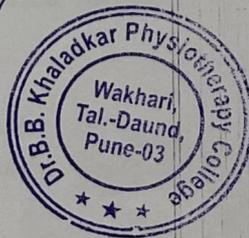
## LIST OF PAPERS PUBLISHED

### International and National Journals:

Sr. No	Title	Authors	Journal	Year, Vol, Page	Indexed
1.	Prevalence of posterior ankle impingement syndrome in fast bowlers.	Pooja patil	International journal of creative research thoughts (IJCRT)	Volume 11,2023	yes
2.	Can neurobic excercises be used as an efficacious approach to improve reaction time among runner? A case report	Pooja patil	Journal of clinical and diagnostic research	Volume 18,2024	yes
3.	Comments on "investigations of the effects of upper extremity home exercises on grip strength, range of motion, activity performance, and functionality in individuals with systemic sclerosis: a randomized controlled trial"	Pooja patil	Brazilian journal of medicine	Volume 19,2024	yes

Dr.Pooja patil

*Pooja Patil*



**LIST OF PAPERS PUBLISHED**2349. **International and National Journals:**

Sr. No	Title	Authors	Journal	Year, Vol, Page	Indexed
1.	Efficacy of ventilatory muscle training in patients with Chronic Obstructive Pulmonary Diseases (COPD)	Dr.Neesha Shinde Dr. Subhsh Khatri	International Journal of Scientific and Research Publications, Volume 2, Issue 7, ,www.ijsrp.org	July 2012 1 ISSN 2250-3153	Yes
2.	Efficacy of Short Wave Diathermy in Patients with Sinusitis	Dr.Neesha Shinde Dr.Kiran Shinde Dr. Subhsh Khatri	International Journal of Health Sciences and Research ,www.ijhsr.org	ISSN: 2249-9571	Yes
3.	Peak expiratory flow rate: Effect of body positions in patients with chronic obstructive pulmonary disease.	Dr.Neesha Shinde Dr.Kiran Shinde Dr. Subhsh Khatri	Indian Journal of Basic & Applied Medical Research; ,www.ijbamr.com	September 2012: Vol.-1, Issue-4, P. 357-362	Yes
4.	Immediate Effect of Jacobson's Progressive Muscular Relaxation in Hypertension	Dr.Neesha Shinde Dr.Kiran Shinde Dr. Subhsh Khatri	Scholars Journal of Applied Medical Sciences (SJAMS)	ISSN,2320-6691 Sch. J. App. Med. Sci., 2013; 1(2):80-85	Yes
5.	A Comparative Study of Yoga and Aerobic Exercises in Obesity and its Effect on Pulmonary Function	Dr.Neesha Shinde Dr.Kiran Shinde Dr. Subhsh Khatri	Journal of Diabetes Metabolism	2013, 4:4 <a href="http://dx.doi.org/10.4172/2155-6156.1000257">http://dx.doi.org/10.4172/2155-6156.1000257</a>	Yes
6.	Role of kegel's exercise or postpartum perineal Fitness : 1nergy1mal control trial.	Dr.Neesha Shinde Dr.Kiran Shinde Dr. Subhsh Khatri	Romanian journal of physical therapy,	vol.19/ Issue 31/ 2013	Yes
7.	Immediate effect of Glassopharygeal breathing in patient with spinal cord Injury	DrTejaswini Kulkarni Dr.Neesha Shinde	Romanian journal of physical therapy	Vol.20 / NR 33 /2014	Yes
8.	Effect of breathing 1nergy1ms	Dr. Urja Anerao Dr.Neesha Shinde	Indian Journal of Basic &	March 2013: Issue-6, Vol.-2, P. 564-567564, www.ijbamr.c	Yes



	on maximal oxygen consumption in obese women.”		Applied Medical Research	om	
9.	Effect of Tanzberger Exercises in Women with Stress Urinary Incontinenc	Dr.Heena Bhatt Dr.Neesha Shinde	International Journal of Health Sciences and Research	ISSN: 2249-9571	Yes
10	Effectiveness of 2nergy2ma s respiratory health status among COPD patients admitted in Pravara rural hospital,Loni( BK)	Mr. Patel Dr.Shibalan Dr.Neesha Shinde	Asian journal of Nursing education and research	ISSN.2231-1149	Yes
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13	The Effect of Backpack on Cervical and Shoulder Posture in Male Students o Loni.	Dr.Deepali Hande Dr.Neesha Shinde	International Journal of Health Sciences and Research	ISSN: 2249-9571	Yes
14	Effect of Aerobic Interval Training on Blood Pressur and Myocardial function I Hypertensive Patients	Dr. Preeti Rajak Dr.Neesha Shinde	International Journal of Sciences Invention	ISSN ( Online 2319- 6718	Yes
15	Attitude and awareness to words physical activity in Pravara Rural hospital and College	Dr.shalu Bhardwa Dr.Neesha Shinde	Scientific Research Journal of India	Volume: 3, Issue: 2, Year: 2014	Yes
16	Effect of Jacobson's Progressive Muscle relaxation on quality of life in patients with type II diabetes mellitus (TDM2) : RCT	Dr.Nisha Shinde Dr.Subhash Khatr Dr.Sambhaji Gunja	Scientific Research Journal of India	Volume: 3, Issue: 2, Year: 2014	Yes



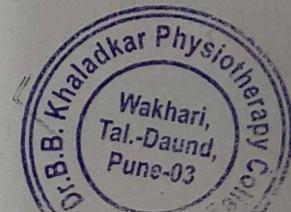
17	Immediate effect of relaxation on hemodynamic parameters and pulmonary functions in normal individuals	Priti Rajak Dr.Nisha Shinde, Dr.Subhash Khatr	Elixir Elixir International Journal) Physio. & Anatomy	75 (2014) 27608-27615	Ye
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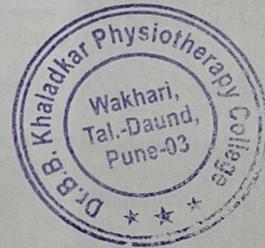
International and National Journals:

Sr. No.	Title	Authors	Journal	Year, Vol, Page	Indexed
1.	Novelty of Physiotherapy Protocols in a Classic Case of Extrapulmonary Tuberculosis in a 35-Year-Old Male Patient: A Case Report	Mayuri Wanjari, Lajwanti Lalwani and Pooja Tiwari	CUREUS	2024, Vol 16	Yes
2.	Efficacy of Pulmonary Rehabilitation in Pulmonary Tuberculosis Sequelae with Cystic Bronchiectasis and Pulmonary Hypertension	Pooja Tiwari	JCDR	2023, Vol 17	Yes
3.	Effect of Airofit Pro Device on Lung Function, Capacity and Quality of Life in COPD: A Protocol for Randomised Controlled Trial	Pooja Tiwari	JCDR	2025, Vol 19	Yes
4.	Efficacy of Preoperative Physiotherapy Protocols in a 30-Year-Old Patient with Bilateral Osteoarthritis of Hip Secondary to Avascular Necrosis	Pooja Tiwari	CUREUS	2023, Vol 15	Yes
5.	The Novelty of Orthopaedic Rehabilitation After Conservative Management for Patellar Dislocation with Partial Tear of Medial Meniscus and Early Osteoarthritis in a 31-Year-Old Female	Pooja Tiwari	CUREUS	2023, Vol 15	Yes
6.	A 57 Years Old Diabetic and Hypertensive Female Patient with Frozen Shoulder	Pooja Tiwari	Journal of Medical and Pharmaceutical and Allied Science	2021, Vol 14	Yes
7.	Efficacy of Maitland Mobilization and Myofascial Release as	Pooja Tiwari	CUREUS	2024, Vol 16	Yes



	Preoperative Care in Ankle Arthritis with Severe Equinus Deformity: A Rare Case Report				
8.	The Originality of Neuro Rehabilitation Protocols in a Definitive Case of Syringomyelia Related to Chiari I Malformation	Pooja Tiwari	CUREUS	2023, Vol 15	Yes
9.	Copyright- MODULE ON "SKILL TRAINING FOR SPLINTING"	Pooja Tiwari	Copyright office, Government of India	2024, Registration No: L-146354/2024	

Dr. Pooja Tiwari



# EMG ACTIVITY OF TRANSVERSUS ABDOMINIS, MULTIFIDUS AND CO-CONTRACTION INDEX IN DIFFERENT PHASES AMONGST VARIED LEVEL ARCHERS: A CROSS-SECTIONAL STUDY

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## Abstract

**Introduction.** Core muscle activity is a necessary requirement in most sports. However, its role in archers has not been studied. Therefore, this study sought to determine muscle activity of Transversus abdominis (TA) and Multifidus (MF) and co-contraction index (CCI) using surface electromyography (sEMG) during different phases of shots in archers with different levels of training. **Material and Methods.** It was an observational study with a cross-sectional design. Twenty-eight healthy male archers were recruited and grouped according to their level of training: Group A (Beginners (n = 9)), Group B (Trained (n = 10)), Group C (Elite (n = 9)). The muscle activation (%MVIC) for MF and TA for 10 successive archery shots (distance: 10 meters in 200 seconds) was recorded using sEMG for all the phases of the shots along with CCI. **Results.** Three-way ANOVA revealed a significant difference for TA activity within groups ( $p \leq 0.001$ ) and phases ( $p = 0.002$ ). A significant difference for MF activity was found within groups ( $p \leq 0.001$ ). A significant difference for CCI was found between groups ( $p \leq 0.001$ ) and in the interaction between phase  $\times$  shot ( $p = 0.001$ ). **Conclusions.** The findings of the study showed that elite archers had more activity of the core muscles (TA and MF) and their CCI was found to be much higher with respect to the trained and beginner archers. Therefore, it is essential to incorporate dynamic stabilization exercises into archery training.

**Key words:** paraspinal muscles, muscle contraction, electromyography, sports, athletes

## Introduction

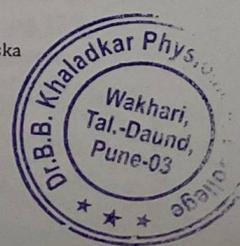
Archery is one of the important Olympic sports and gradually the number of athletes and nations participating in events is increasing. Archery is a sport which requires complex coordinated activity of the muscles for accurate execution of the archery shot [1]. Athletic movements are results of an integrated sequential activation of different muscle groups in the human body's kinetic chain. Trunk core muscles like transversus abdominis (TA) and multifidus (MF) are important due to the pattern of movement involved in the execution of archery shot. Effective and efficient sports performance is largely dependent on the core musculature which happens to be the centre of this kinetic chain providing proximal stability which is essential for distal mobility [2]. Core muscles play an important role in the stabilization of the spine which is essential for appendicular movements of the extremities, which is a necessary for better performance. It has been seen that with a 20% decrease in the kinetic energy generated from the core, there occurs a 35% increase in rotational velocity at the shoulder in baseball players, while during a tennis serve, 54% of the total force production takes place in the lower extremity and the trunk musculature [3]. Similar results have been shown for activities such as kicking and javelin throwing.

Being an Olympic level sport, archery has its own physiological and psychological prerequisite coordination. Neuromuscular conditioning, reaction-timing, attention span, and mental aptitude are noteworthy among others. The skill in this sport is not just about accuracy of the shot, but it is more about the consistency of these shots. One of the studies proposed a procedure for evaluating factors determining and affecting elite performance deduced from multifactorial analysis through a set of physical fitness parameters with the major facets for a perfect

technique being constant draw length, constant line of force, balanced control, and economy of effort [4].

Many surface electromyography (sEMG) studies on forearm muscles, the trapezius, biceps and triceps muscles have precisely explained the mechanism of shot and its different phases with quantitative analysis in relation to differences in performance and skill level [5, 6, 7, 8, 9], and showed the role and importance of deltoid in shooting which provides dynamic stability to the shoulder complex. Previous research studied the contraction strategy of forearm muscles during all phases of archery and reported significant differences among elite, trained and beginners' reaction timing [5]. Also, swifter action was correlated with the EMG findings. The technique used by archers in different forms (recurve/compound) does not alter the use of proximal muscles and this had been advocated as guiding principles for improving performance and decreasing the chances of injuries identified that the key physical fitness variables are correlated positively with performance in this sport which included upper limb strength, endurance, core muscle strength and flexibility [10]. The hypothesis that can be derived from these findings is that core muscles activity might also play an important role in archery shots.

But to the best of our knowledge, there is a dearth of evidence in the field of archery in which EMG activity of the core muscles (TA, MF) and co-contraction index (CCI) has been examined. Therefore, work over this grey area is needed to better understand the mechanics and muscular activity during different phases of this sport. Athletes of different levels of training and skills were included to understand the underlying effect of training in archery and its force production from the core. The main aim of the present study was to assess the role of core muscles TA and MF and co-contraction index (CCI) using sEMG during different phases of archery shot in three varied groups



## “Effect of Sleep Disturbance at High Altitude Training Camps on Young Athletes’ Performance”

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### ABSTRACT

**Background:** High-altitude training is commonly used by athletes to enhance endurance performance, but hypoxic environments often disrupt sleep quality. Young athletes, due to their developing recovery systems, may be more vulnerable to the adverse effects of sleep disturbances on performance.

**Objective:** To investigate the impact of sleep disturbances experienced during high-altitude training camps on sleep quality, physical performance, and cognitive outcomes in young athletes.

**Methods:** A prospective observational study was conducted on 50 young endurance athletes (aged 16–21 years) during a 21-day training camp at 2800 meters in the Indian Himalayas. Sleep was assessed using polysomnography, actigraphy, and validated questionnaires (PSQI, ESS). Performance measures included VO<sub>2</sub> max, Wingate anaerobic test, reaction time (PVT), Stroop test, and Borg’s RPE scale. Data were analyzed using paired t-tests, repeated measures ANOVA, and Pearson correlations ( $p < 0.05$ ).

**Results:** Sleep efficiency declined from 89% at baseline to 75% by day 7 ( $p < 0.01$ ), and REM sleep was reduced by 22% ( $p < 0.05$ ). PSQI scores worsened significantly. VO<sub>2</sub> max decreased by 8% in the first week but showed partial recovery by week 3 ( $p < 0.05$ ). Wingate peak power decreased by 6% at day 14 ( $p < 0.05$ ). Reaction time slowed by 15% ( $p < 0.01$ ), while RPE scores remained consistently higher during altitude sessions. Poorer sleep efficiency correlated with lower VO<sub>2</sub> max ( $r = 0.64$ ,  $p < 0.01$ ) and slower reaction times ( $r = -0.52$ ,  $p < 0.05$ ).

**Conclusion:** Sleep disturbances at high altitude significantly impair both physical and cognitive performance in young athletes. Although partial physiological recovery occurs with prolonged exposure, persistent poor sleep may limit the intended benefits of altitude training. Coaches and practitioners should prioritize sleep monitoring and interventions to optimize training outcomes.

**Keywords:** High-altitude training, sleep disturbance, young athletes, VO<sub>2</sub> max, cognitive performance.

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# Can Neurobic Exercises be used as an Efficacious Approach to Improve Reaction Time among Runner? A Case Report

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To find the effectiveness of Neurobic exercises, recreational runner, male, aged 23 years was selected for this case reported on the basis of inclusion criteria. A planned five weeks Neurobic exercises protocol was created with an emphasis on reaction time improvement. This protocol included: Lazy eights, backward walking, cross crawls, ankle touch, brain buttons, and trace X. For the quantification of improvement three outcome measures were used; Sprint with 90 degrees turn, sprint 9-3-6-3-9 meters with 180 degrees turn, sprint 9-3-6-3-9 meters with backward

and forward running. Neurobic exercises work as an effective treatment for efficient and quick decision making while creating new associative patterns using neuroplastic approach. This case report demonstrates how a runner can benefit and improve his reaction time and boost his field performance. Positive results emphasise how crucial Neurobic exercises are for supporting sports players for their betterment on field.

**Keywords:** Players, Recreational runner, Sprint.



## Comments on “Investigations of the effects of upper extremity home exercises on grip strength, range of motion, activity performance, and functionality in individuals with systemic sclerosis: a randomized controlled trial”

Pooja Sunil Patil<sup>1</sup>, Amit Kumar<sup>1\*</sup>, Shashi Prakash Sharma<sup>1</sup>, Mahima Guleria<sup>1</sup>

Dear Editor,

First and foremost, we extend our sincerest gratitude to the authors for their remarkable ability to articulate their thoughts with utmost clarity and conciseness on the published article entitled “Investigations of the effects of upper extremity home exercises on grip strength, range of motion, activity performance, and functionality in individuals with systemic sclerosis: a randomized controlled trial”<sup>1</sup>. This study has discovered that the implementation of upper extremity home exercises results in an augmentation of grip strength, range of motion, activity performance, and overall functionality among patients diagnosed with systemic sclerosis. We aim to draw attention to several methodological and statistical concerns pertaining to the study, with the purpose of enhancing the utilization of the study findings among healthcare practitioners who handle systemic sclerosis, ultimately leading to improvements in prognosis.

First, as indicated by the title and objective of the abstract, it is not evident that the study was conducted to determine the comparative effects of home exercises versus patients’ education on patients with systemic sclerosis (Ssc). However, in the hypothesis section, the authors have discussed a comparison that may cause confusion among the readers. In the participants section, the authors have utilized the 2013 ACR/EULAR criteria for participant selection, but they have not clearly mentioned the scoring system. According to this criterion, a score of  $\geq 9$  is classified as definite Ssc<sup>2</sup>. The authors should have carefully specified the criteria to prevent negligence in future studies. Second, in the protocols section, specifically the upper extremity home exercises sub-section, the intervention group

comprised patients performing home exercises. However, in the outcome measures section, grip strength and active/passive range of motion were measured using handheld dynamometer and goniometer, respectively. This may be perplexing for readers, as the authors have not mentioned the procedure for measuring these outcomes throughout the entire article. To our understanding, patients either visited the clinical setting or therapists visited the patients’ homes for data collection. This crucial information is missing in the article.

Third, in the statistical analysis section, authors have not mentioned clearly about the statistical tests. According to normality, if data follow normal distribution, they should be interpreted in mean and standard deviation with parametric tests. If data do not follow normal distribution, they should be interpreted in median and interquartile range with non-parametric tests<sup>3</sup>. But in this study, authors have mentioned both types of tests (parametric and non-parametric), which may misinterpret the results. Intention-to-treat analysis could have been used by the authors as nine patients lost to follow-up<sup>4</sup>. The results would be incomplete without finding effect size and power analysis. Authors should have focused on this as this is the randomized controlled trial. From the aforementioned valid discussion, we advise the readers to proceed with caution in interpreting the results.

### AUTHORS’ CONTRIBUTIONS

**PSP:** Conceptualization. **AK:** Writing – review & editing. **SPS:** Data curation. **MG:** Data curation.

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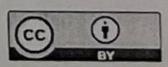
Conflicts of interest: the authors declare there is no conflicts of interest. Funding: none.

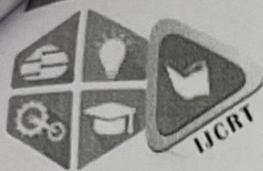
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# PREVALENCE OF POSTERIOR ANKLE IMPINGEMENT SYNDROME IN FAST BOWLER'S

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**Abstract:** posterior ankle impingement syndrome is a common cause of posterior ankle pain that is known to be associated with sports which require the athletes to repetitively plantarflex the ankle such as ballet dancers, fast bowler's, football players, swimmers and cyclist. Pais can limit the athletes' ability to perform at the optimal level. Objective: to find the prevalence of posterior ankle impingement syndrome in fast bowler's. Method: 30 male athletes / bowler's; their age ranging from 18 to 30 years old practicing bowling for at least one year or more than that, diagnosis of pais was made based on history taking and assessment using faam[foot and ankle ability measure] , faam-activities of daily living and faam- sport's subscale. Result: the prevalence of pais in the selected sample was- 1. In faam- 56.433%, 2. Faam adl - 75.667% and faam sport-68.4%. Conclusion: fast bowling must be with precautions to avoid pais injury; routine extensor tendon stretching before practicing and protective ankle dorsiflexion taping are recommended to prevent posterior ankle impingement syndrome.

**Index Terms:** Ankle impingement, FAAM, athlete, injury, fast bowlers.

## Introduction:

Ankle impingement is defined as pain in the ankle due to impingement in one of two areas: anterior [anterolateral & anteromedial] & posterior [posteromedial]. Location of pain is referenced from the tibiotalar [talocrural] joint. posterior ankle impingement results from compression of structures posterior to the tibiotalar and talocalcaneal articulations during terminal plantar flexion. Pain is caused by mechanical obstruction due to osteophytes and /or entrapment of various soft tissue structures due to inflammation, scarring or hypermobility. The condition is common in athletes, especially soccer players, distance runner, bowlers and ballet dancers. Noted in athletes whose sports necessitated sudden acceleration, jumping, at extremes of dorsiflexion or plantar flexion. Historically, it has been called "athlete's ankle" and "footballer's ankle".





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## Effectiveness of health education intervention on posture in ceramic industry workers

Dr. Sampada Daphane and Dr. Doss Prakash

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### Abstract

**Background:** One of the primary causes of work-related musculoskeletal diseases is poor posture. Ergonomic awareness in the industry is deemed to be low and that the increasing trend involving musculoskeletal disorders (MSDs) has been reported. To lower the risk of musculoskeletal disorders (MSDs) in the long run, it is critical to educate workers on proper postures and ergonomic training. Workers in the ceramic sector move heavy materials by hand, putting strain on their backs and shoulders. The purpose of this study was to give health education intervention on posture in ceramic industry workers who handled the load manually to improve poor posture.

**Methodology:** This study was single group pre-test and post-test. The total number of subjects in the study was 62, with action category 4 on the OWAS scale at the start, after 7 days of monitoring. Subjects received a health education intervention on posture for 8 weeks, 20 minutes per session, 3 days per week. The OWAS scale was used to determine posture after 8 weeks of intervention.

**Result:** This study found significant for performing postural correction exercises to improve uncomfortable posture (category 4) and lowering the risk of musculoskeletal disorders.

**Conclusion:** This study concluded that health education intervention was effective on improving posture of manual material handling workers of ceramic industry.

**Keywords:** Posture, musculoskeletal disorder, OWAS scale, posture correction exercise

### Introduction

According to the World Health Organization, health is a condition of complete physical, mental, and social well-being, not just the absence of sickness and disability<sup>[1]</sup>. Reassuring healthy behaviours, such as consistent physical activity, and reducing harmful activities or conditions, such as smoking, alcohol consumption, or excessive stress, can all help to improve health. India has been battling public health issues such as pandemics, infectious illnesses, non-communicable diseases, malnutrition, and insufficient medical treatment, all of which are fuelled by a rapidly rising population far apart from occupational health issues.

A prevalent occupational ailment is work-related musculoskeletal disorder (WMSD). It is defined by the World Health Organization as health issues involving the locomotor apparatus, which includes muscles, tendons, bone skeleton, cartilage, ligaments, and nerves. This encompasses any form of complaint, from pain with the slide translator to injuries that are reversible and incapacitating<sup>[1]</sup>.

Work-related musculoskeletal disorders are common in many countries, resulting in significant costs and a negative impact on quality of life<sup>[10]</sup>. It has considerable influence on work time, absence, increasing work constraints, changing job and work disability which impose large number of economic effects on individual, work organization and society<sup>[3]</sup>.

Awkward working posture is a physical trait associated with musculoskeletal ailments in the workplace<sup>[8]</sup>. According to the National Institute for Occupational Safety and Health, poor working posture is a strong link to the development of work-related musculoskeletal illnesses. Excessive reaching behind, twisting, working aloft, wrist bending, kneeling, stooping forward and backward bending, and squatting are all indications of uncomfortable posture<sup>[8,9]</sup>.

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# The Impact of Plyometric Exercises on Badminton Players Flexibility and Leg Strength

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## ABSTRACT

The study assesses the variables, flexibility and leg strength of Badminton players of District Ganderbal. The study is limited to the inter-colligate Badminton players of district Ganderbal, wherein primary data has been collected from 40 participants, who understudied in different schools of district Ganderbal during the session 2018-19. The players were tested by Sit and reach test and standing broad jump in order to measure their flexibility and leg strength. From the data analysis, it emerged that there was significant effect of plyometric exercises on flexibility and leg strength of badminton players through the statistical analysis after six weeks training program.

**Keywords:** - Plyometric Exercises, Flexibility, Leg Strength, Badminton Players.

## INTRODUCTION

Plyometrics otherwise called jump training or plyos are practices in which muscles apply most extreme power in short time frames, with the objective of expanding power. The training centers around figuring out how to move from a muscle expansion to a compression in a fast or unstable way, for example, in particular repeating jumping. Plyometrics are principally utilized by competitors, particularly Martial craftsmen, runners and high jumpers to improve execution. For quite time the coaches and sportspersons have been trying to design training methods, which would enable them to run faster, jump higher, and throw an object farther. To accomplish such objectives, power is fundamental. Strength gains can be changed into power exclusively by applying explicit force training. Maybe perhaps the best strategies are training that utilizes plyometric works out. Plyometric is known as the stretch shortening cycle, or mitotic stretch reflex, in which the muscle is loaded in an eccentric (lengthening) contraction, followed immediately by a concentric (shortening contraction) Research has demonstrated that a muscle stretched before a contraction will contract more forcefully and rapidly (Bosco & Komi, 1980; Schmidt bleicher, 1984). For example, by lowering the center of gravity to perform a takeoff, the athlete stretches the muscle, resulting in more forceful contraction.

The stretch-shortening cycle comprises of the following three phases:

Phase-1 is the eccentric phase, which involves preloading of agonist muscle(s).

Phase-2 is the time gap between eccentric and concentric phases. This phase is called the phase of amortization. It begins at the end of eccentric phase and continues up to initiation of the concentric muscle action.

Phase-3 is the body's response to eccentric and amortization phases. During this phase the agonist muscle contracts and at the same time the energy stored in the series elastic component (SEC) during the eccentric phase is used to increase the force of subsequent movement.

The term Plyometric has been derived from the Greek word pleythyein, meaning, "to increase" and the shorter Greek words plio "more" and plyo "to move". Metrics means "length". The word plyometrics originally appeared in Russian sports literature in 1966 in the work completed by V. M. Zaciorskij.

Plyometric action relies on the stretch reflex found the degree of muscle stretch and prevents overstretching. At the point when a competitor jumps, a lot of power is needed to drive the body upward. The body should have the option to flex and stretch out rapidly to leave the ground. A plyometric exercise depends on this brisk body activity to achieve the force needed for the development.





पेटेंट कार्यालय, भारत सरकार  
डिजाइन के पंजीकरण का प्रमाण पत्र

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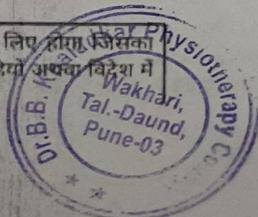


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# Myofascial Release Therapy's Ability To Reduce Pain And Enhance Functional Results For Patients With Myofascial Neck Pain

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## ABSTRACT

### Background and Aim:

Myofascial neck pain is common in IT world, students, continuous mobile users, bad postures and improper sleeping position etc. Myofascial neck pain can hinder quality of life due to associated comorbidities such as sleep disturbances and depression. In addition, the myofascial nature of myofascial pain syndrome predisposes afflicted patients to maladaptive emotional responses such as catastrophizing and rumination of existing pain and fear of physical movement. A variety of physiotherapy interventions have been used to treat mechanical neck pain, but few of them have proven effective. The number of studies on the clinical effectiveness of MT techniques, such as myofascial release therapy (MRT), has seen a marked increase. Myofascial release (MFR), a form of manual therapy, uses a low-load, sustained stretch on the myofascial complex to restore appropriate length, lessen pain, and enhance function. The aim of the study is to find out the effectiveness of myofascial release therapy in reducing pain and improving functional outcome for subjects with myofascial neck pain.

## MATERIALS AND METHODS

A total of 30 subjects with myofascial neck pain were selected based on the inclusion and exclusion criteria. The informed consent obtained and information sheet were provided to all the subjects, before commencing the study. The quasi-experimental study was conducted for 30 subjects, where the baseline outcome measures were taken through Neck disability index (NDI) and Pressure algometer. All recruited subjects were treated with myofascial release therapy for the myofascial neck pain (upper trapezius muscle) for a period of 4 weeks, thrice a day, treatment frequency for each session was 30 minutes. The post-test measurement were carried out with same outcome measures at the end of 4 weeks.

### Results:

The mean value of NDI and pressure algometer are statistically significant. From the statistical analysis





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## A COMPARISON BETWEEN EFFECTIVENESS OF MCKENZIE EXERCISES AND DYNAMIC LUMBER STRENGTHENING EXERCISES IN SUBJECTS WITH ACUTE LOW BACK PAIN

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### ABSTRACT

Acute low back pain (ALBP) is a prevalent musculoskeletal condition that significantly impacts individuals' quality of life. Various therapeutic interventions, including McKenzie exercises and dynamic lumbar strengthening exercises, are commonly used to manage ALBP. This study compares the efficiency of McKenzie exercises versus dynamic lumbar strengthening exercises in alleviating pain, improving functional mobility, and enhancing the quality of life in individuals with ALBP. This comparative study was conducted on patients diagnosed with ALBP at the Physiotherapy Department of Mahatma Gandhi Hospital and Medical Research Centre, Jaipur, Rajasthan, from March 2021 to January 2022. Patients were randomly allocated into two groups: Group A underwent dynamic lumbar strengthening exercises, while Group B received McKenzie exercises. Outcome measures included the Roland-Morris Disability Questionnaire (RMDQ) and Visual Analogue Scale (VAS) for pain, assessed at baseline, midpoint, and post-intervention.

Both exercise regimens significantly reduced pain and functional disability. However, Group A (dynamic lumbar strengthening) demonstrated a more substantial improvement in functional disability compared to Group B (McKenzie exercises). Statistical analysis showed significant reductions in VAS and RMDQ scores in both groups, with greater improvements observed in the dynamic lumbar strengthening group. Both McKenzie exercises and dynamic lumbar strengthening exercises are effective in managing ALBP. However, dynamic lumbar strengthening exercises offer greater benefits in pain reduction and functional improvement. These findings support the inclusion of dynamic lumbar strengthening exercises in the therapeutic regimen for individuals with ALBP.

**Keywords:** McKenzie Exercise, Dynamic lumbar Strengthening, Acute Low Back Pain.

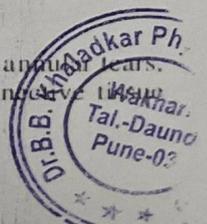
### INTRODUCTION

Low back pain (LBP) remains a prevalent musculoskeletal condition with significant societal impact. Globally, LBP is a leading cause of disability [1].

In the Indian population, the point, annual, and lifetime prevalence rates of LBP are higher compared to global and other ethnic populations, disproportionately affecting women, rural populations, and elementary workers [2].

Acute low back pain (ALBP) is defined as pain extending from the lowest rib to the buttocks and sometimes to the lower limbs, typically felt on either side of the midline. It is acute in nature and usually lasts up to six weeks [3].

Common causes of LBP, aside from back strain due to overactivity, include intervertebral disc pathologies such as annular tears, disc herniations, degenerative disc diseases, facet joint osteoarthritis, and spinal stenosis. Rare causes include connective tissue disorders.



## Novelty of Physiotherapy Protocols in a Classic Case of Extrapulmonary Tuberculosis in a 35-Year-Old Male Patient: A Case Report

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### Abstract

Tuberculosis is the most frequent cause of death, specifically caused by a single infectious agent, *Mycobacterium tuberculosis*. There are two types of tuberculosis: pulmonary tuberculosis and extrapulmonary tuberculosis. Patients with extrapulmonary tuberculosis often have reduced lung function due to the disease's structural abnormalities, which also significantly impair their quality of life. The suggested standard of care for the treatment of extrapulmonary tuberculosis patients is pulmonary rehabilitation. A 35-year-old male patient who complained of shortness of breath, dry cough, and on-and-off fever diagnose with extrapulmonary tuberculosis was the subject of the case study. The patient had extrapulmonary tuberculosis with a history of pleural effusion, which was managed with proper medications. After increasing symptoms of the disease, the patient was referred for pulmonary rehabilitation. Physiotherapy protocol includes breathing exercises, relaxation techniques, and mobility exercises for the upper limb and lower limb. Effective physical rehabilitation was necessary to minimize complications and allow him to resume daily activities. Several outcome measures, like the dyspnea scale, visual analog scale, six-minute walk test, and World Health Organization-Quality of Life (WHO-QOL) questionnaire, were used to monitor the patient's progress during rehabilitation. The benefits of physiotherapy protocols emphasize the need for tailored approaches to addressing individual patient needs for comprehensive recovery as it significantly enhances clinical, physical, psychosocial, and overall quality of life, making it crucial for patients with extrapulmonary tuberculosis. The protocols are beneficial to improve exercise capacity, muscle force, symptoms such as dyspnea, cough, and health-related quality of life in these patients. In this study, the focus was more on breathing exercises such as segmental breathing exercises for lung expansion and increasing air entry in the lungs followed by improving functional capacity and strength.

**Categories:** Epidemiology/Public Health, Physical Medicine & Rehabilitation, Pulmonology

**Keywords:** who-qol, six-minute walk test, physiotherapy protocols, physiotherapy, dyspnoea, extrapulmonary tuberculosis



# Efficacy of Pulmonary Rehabilitation in Pulmonary Tuberculosis Sequelae with Cystic Bronchiectasis and Pulmonary Hypertension

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## ABSTRACT

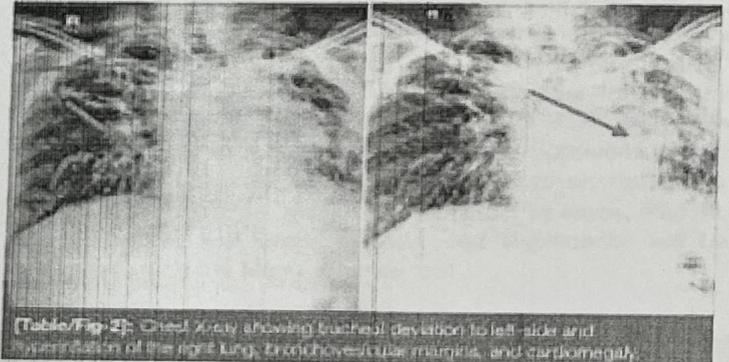
Cystic bronchiectasis, also known as saccular bronchiectasis (a severe type of bronchiectasis), is a condition that occurs as a complication and sequelae after pulmonary Tuberculosis (TB). There is chronic permanent dilation of bronchi that occurs after destructive changes in elastic and muscular layers of bronchial walls which further leads to the ballooning of bronchi and difficulty in clearing secretions with recurrent infection of the respiratory tract. Pulmonary hypertension is another major complication after bronchiectasis which affects pulmonary circulation. A 44-year-old female reported to the physiotherapy department with cystic bronchiectasis and pulmonary hypertension. The positive symptoms were chronic cough with mucoid sputum, low-grade fever, chest pain, breathlessness (modified Medical Research Council (mMRC) grade III), and easy fatigability. The goals were set and inpatient Pulmonary Rehabilitation (PR) started with the aim of reducing burdening of symptoms and promoting the Quality of Life (QoL). The therapeutic interventions were splinted coughing techniques, deep breathing exercises, thoracic expansions, postural correction exercises, dyspnoea relieving positions, strength training, and pacing techniques. After rehabilitation the ventilation along with strength improved, dyspnoea was reduced, and exercise tolerance was increased.

**Keywords:** Dyspnoea, Physiotherapy, Quality of life, Therapeutic interventions, Ventilation

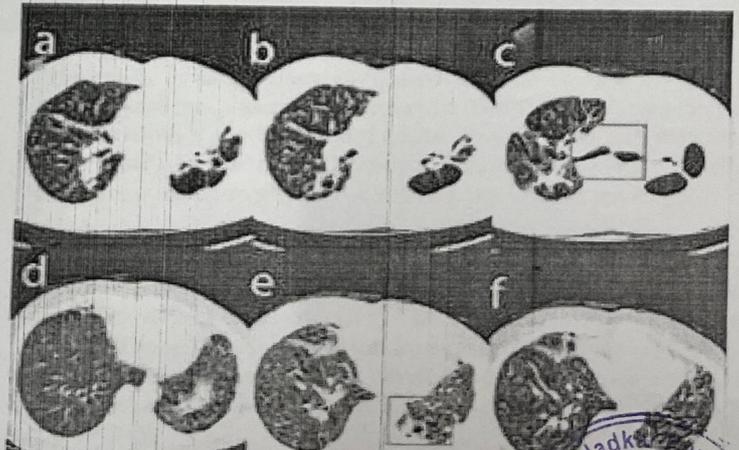
## CASE REPORT

A 44-year-old female patient, a farmer by occupation, visited the medicine department with chief complaints of breathlessness (mMRC grade III), dry cough, and early fatigue for 1 year. The current symptoms are described in [Table/Fig-1]. She was diagnosed with pulmonary TB, nine years back and took medications for eight months. For three years she had a similar episode of chest pain, cough, fever, and breathlessness and was diagnosed with post-TB sequelae, for which she again took medication for six months. After all suggested investigations were done shown in [Table/Fig-2,3], the patient was diagnosed with post-TB with cystic bronchiectasis and pulmonary hypertension. After the diagnosis patient was referred to the Department of Physiotherapy for further management.

The patient was conscious, well-oriented, cooperative, afebrile, haemodynamically stable, and relates most of her medical history. She was ectomorphic, with a Body Mass Index (BMI) of 17 kg/m<sup>2</sup>. She was on three liters of oxygen via nasal prongs, and the use of accessory muscles while breathing was observed. Respiratory examination revealed supraclavicular hollowness, barrel chest shape, and positive trail's sign as the trachea deviates to the left-side. Chest expansion was reduced at the nipple and xiphisternum levels, respectively. On percussion, a



[Table/Fig-2]: Chest X-ray showing tracheal deviation to left-side and hyperinflation of the right lung, bronchovesicular murmur, and cardiomegaly.



Symptoms	Onset	Duration	Type	Aggravating factors	Relieving factors
Dyspnoea (mMRC Grade III)	Sudden			Walking or doing Activities of Daily Living (ADL)	Rest

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# Effect of Airofit Pro Device on Lung Function, Capacity and Quality of Life in COPD: A Protocol for Randomised Controlled Trial

POOJA RAMESH TIWARI, VISHNU VARDHAN

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## ABSTRACT

**Introduction:** Chronic Obstructive Pulmonary Disease (COPD) is a long-term lung disease that causes difficulty breathing due to airflow blockage. Common causes of the condition include smoking cigarettes, air pollution, and exposure to irritants. Symptoms of COPD include coughing, wheezing, and shortness of breath. Chest physiotherapy is essential for managing COPD, utilising techniques such as chest percussion, vibrations, and breathing exercises to clear mucus from the lungs, enhance lung function, and facilitate easier breathing. This therapeutic approach can improve the Quality of Life (QoL) for COPD patients by alleviating symptoms and preventing complications. The Airofit Pro device shows potential for both evaluating and treating patients with COPD and merits further investigation.

**Need of the study:** The present study intends to examine the effects of the Airofit Pro device on Maximal Expiratory Pressure (MEP), pulmonary function, functional capacity, and QoL in individuals diagnosed with COPD. Participants with COPD will be recruited for this randomised controlled trial based on predetermined criteria, with caregiver consent obtained.

**Aim:** To evaluate the effects of the Airofit Pro device on MEP, pulmonary functions, functional capacity, and QoL in patients with COPD.

**Materials and Methods:** The present experimental study protocol for a randomised controlled trial will be conducted in the Department of Respiratory Medicine at Acharya Vinoba Bhave Rural Hospital, associated with Ravi Nair Physiotherapy

College, Wardha, Maharashtra, India, from May 2024 to April 2025, following approval from the Ethical Committee DMH/ER/DUM/IEC/2024/173. The study is registered with Clinical Trial Registry of India (CTRI) CTRI/2024/04/085110. Participants will be assigned to two groups: Group A will undergo conventional physiotherapy for COPD, while Group B will receive conventional physiotherapy along with the Airofit Pro device. Data will be collected and analysed statistically. Each participant will undergo a 2-week rehabilitation period after enrollment, with assessments conducted at the beginning and end of the rehabilitation period. Follow-up evaluations will occur after one week. Outcome variables will be analysed using descriptive statistics, which include measurements such as minimum, maximum, mean, standard deviation, standard error, and 95% confidence intervals for parametric data. The Kolmogorov-Smirnov test will be used to assess the normality of continuous outcome variables at a 5% significance level ( $p < 0.05$ ). If the null hypothesis is rejected, indicating that the data is not normally distributed, non-parametric tests will be used to evaluate significance. The t-test will be employed at a 5% significance level ( $p < 0.05$ ) to compare the Control group (conventional chest physiotherapy for COPD) and the Intervention group (conventional chest physiotherapy paired with the Airofit Pro device for COPD). Non normally distributed data will be described using measures such as mean, median, lower quartile, and upper quartile, and significance will be assessed using the Mann-Whitney test.

**Keywords:** Chronic obstructive pulmonary disease, Maximal expiratory pressure, Maximal inspiratory pressure, Six-minute walk test

## INTRODUCTION

The COPD has a significant effect on health, with the World Health Organisation (WHO) projecting it to become the third leading cause of death by 2030. The disease is notably more prevalent among current and former smokers, and its incidence typically increases with age [1]. The outlook for COPD is greatly influenced by accompanying health issues, which play a crucial role in the disease's progression [2]. Common co-morbidities include cardiovascular disease, osteoporosis, muscle weakness, endocrine and metabolic disorders, anxiety, depression, and cancer [3].

The COPD presents a significant public health challenge in the Indian subcontinent, impacting millions across India, Pakistan, Bangladesh, and neighboring regions. Numerous studies have indicated a high prevalence of COPD in this area, underscoring its

Additional findings from the Global Burden of Disease Study emphasised the substantial burden of COPD in India, ranking it as the country's second leading cause of years lived with disability [3]. Similarly, research conducted in Pakistan has shown COPD prevalence rates ranging from 4.8% to 6.3% among adults [4].

Numerous risk factors contribute to the elevated incidence of COPD in the Indian subcontinent. Foremost among these is smoking, both active and passive, which represents the primary risk factor. This region exhibits a high prevalence of smoking, with a significant portion of the population using tobacco products such as cigarettes, bidis, and smokeless tobacco. Prolonged exposure to tobacco smoke adversely affects lung function, resulting in the development of COPD [5].

In India, COPD risk factors include indoor and outdoor air pollution,



# Efficacy of Preoperative Physiotherapy Protocols in a 30-Year-Old Patient With Bilateral Osteoarthritis of Hip Secondary to Avascular Necrosis

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## Abstract

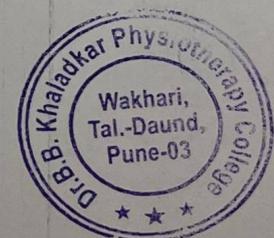
Osteoarthritis (OA) of the hip is a rare condition that occurs in adults can be a result of avascular necrosis or a history of steroids that can wear away the articulating cartilage of the hip joint causing friction, pain in the groin region, stiffness, and decreased functional mobility. We present a 30-year-old adult who came with chief complaints of pain in the groin region, stiffness, difficulty in walking, and experiencing pain while walking, which had reduced his activity of daily living. The investigation was done, and the patient was diagnosed with bilateral hip OA secondary to avascular necrosis. To reduce morbidity, preoperative physiotherapy management for eight weeks was planned and started before the operation. The purpose was to educate the patient about the condition, reduce pain, increase the ranges of the hip, improve strength, and provide gait re-education. We added basic proprioception training and plyometric exercises for the hip to improve strength and balance. At the end of the session patient, positive results were achieved. The progress of proprioception or balance training can be improved by using single-leg balance as an outcome measure. Hence, our study aims to use exercise therapy to reduce or postpone the need for hip arthroscopy. However, future research should focus on plyometric exercises for the lower limbs or any abnormalities associated with the lower limbs. However, they should be carried out when some recovery is observed in patients.

**Categories:** Pain Management, Physical Medicine & Rehabilitation, Quality Improvement

**Keywords:** plyometrics exercises, proprioception training, physiotherapy, avascular necrosis, osteoarthritis of the hip

## Introduction

Osteoarthritis (OA) and avascular necrosis are different health conditions that affect the larger joints of the body. The disease rarely occurs in the 30s, especially in males. The hip is known as the enarthrosis (ball and socket) joint articulated with hyaline cartilage and helps in weight bearing. The joint manifests all the static and dynamic forces while standing, walking, and running. OA of the hip is a condition characterized by the loss of structural integrity of the cartilage that lines the articular surfaces of the joint. This destructive process leads to swelling, softening, decreased shock absorption, erosion, and fracture of underlying bones. The related symptoms are pain, reduced strength, loss of muscle bulk, and inability to use the affected limb allowing abnormal forces [1]. India is the second largest country with a prevalence of 62.36 million, which is 22%-39% per year, and the prevalence of OA of the hip in young adults is about 5.5% [2].



# The Novelty of Orthopedic Rehabilitation After Conservative Management for Patellar Dislocation With Partial Tear of Medial Meniscus and Early Osteoarthritis in a 31-Year-Old Female

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## Abstract

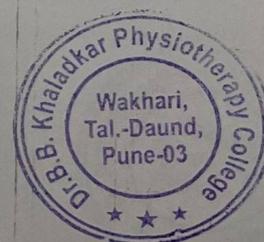
Primary patellar dislocation or first-time patellar dislocation is the second most frequent cause of knee injuries which overall accounts for about 5% of other knee injuries. The patellofemoral joint is formed by the patella connecting to the femoral trochlea and creates both static and dynamic structures of the knee. There are basically three types of patellar dislocation: superior, lateral, and medial. The lateral dislocation is the most frequent one. Females are more vulnerable and are at higher risk than males. Muscular weakness or muscular imbalance leads to patellar instability, and ultimately to dislocation. The recurrence rate after primary patellar dislocation is 15-60%. This case report is of a 31-year-old female with patella dislocation with a medial meniscal tear and a case of early osteoarthritis for whom we planned goal-oriented physiotherapy rehabilitation week-wise and progressed every week. The assessment was taken before and after physiotherapy rehabilitation. The patient was managed conservatively with a long knee brace, and physiotherapy started after one month. Due to prolonged immobilization, the patient suffered from quadriceps muscle atrophy. The physiotherapist focused on biomechanism and got the expected results in pain reduction, regaining strength, and improving range of motion, and the patient was able to walk properly without taking any support after rehabilitation.

**Categories:** Pain Management, Physical Medicine & Rehabilitation, Orthopedics

**Keywords:** physiotherapy, conservative management, medial patellofemoral ligament, patellofemoral joint, patellar dislocation

## Introduction

The second most frequent cause of traumatic hemarthrosis of the knee is acute traumatic patellar dislocation, following anterior cruciate ligament tear, and accounts for 5% of all traumatic knee lesions [1,2]. The patellofemoral joint is comprised of both static and dynamic structures for stabilization around the knee joint. The two patellar joint surfaces lateral and medial are congruent and symmetric with the femoral trochlea [3]. The morphology remains the same but after some age cartilage becomes thinner and creates a hollowness in the middle. The medial patellofemoral ligament (MPFL) and vastus medialis oblique (VMO) play a crucial for the stability of the joint [4].





## Case report

**A 57 Years Old Diabetic and Hypertensive Female Patient with Frozen Shoulder**

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Ravi Nair Physiotherapy College, Datta Meghe Institute of Medical Sciences, Wardha, Maharashtra, India

**ABSTRACT**

Frozen shoulder is a condition of adhesive shoulder or capsulitis occurs at the outset painful with later on continuing restricted for both active and passive shoulder joint range of motion, this inflammatory condition is root of fibrosis in shoulder joint capsule with pain, shoulder stiffness, restrictions in normal movements and shows absolute or nearly absolute recovery with assorted time length. This condition occurs in elderly population common in 4<sup>th</sup> to 7<sup>th</sup> decades, women are more prone to have this condition. A 57-year-old female with chief complaint of insidious onset pain often with aggravating pain and gradually decreased normal range of motion. The abundant level of evidence for Physical therapy in treatment of frozen shoulder is a specific manual treatment should be merged with advisable exercise or normal performance within the limits of pain that reached normal or simply painless self-shoulder active motion gives better results with intensive Physiotherapy. This case report concluded that the frozen shoulder or adhesive capsulitis is a secondary complication to Diabetes which leads to Hypertension in 57 years old female. Physiotherapist need to take care of hypertension while rehabilitating frozen shoulder patients.

**Keywords:** Adhesive capsulitis, Arthroscopic Release, Painful stiff shoulder, Diabetes, Hypertension.

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**INTRODUCTION**

Adhesive Capsulitis (AC) seriously affects patient's ability to carry on regular activities. Any sudden movement causes pain with passive restriction in the full movement of a shoulder joint. Usually incidences 3-5 % with higher risk in diabetic patients [1]. Occurs during 4<sup>th</sup>-6<sup>th</sup> decades. this condition is idiopathic, people with diabetes and hypertension are considered in additional 'substantial' group, accounts 1/3<sup>rd</sup> of adhesive capsulitis [2]. Progressive contracture of capsule, disablino and sever pain which patient finds difficult to con in so

started suffering from pain, feeling weakness and easy fatigue, pain was pricking more during night time, aggravated by doing several activities and reduces when patient was resting or taking analgesics.

The pain measured on Numeric Pain Rating Scale was 8/10 with focused examination of left shoulder by performing manual muscle testing of flexors, abductors and rotators of shoulder which were in grade IV within pain-free range. Investigation of X-ray showed increased joint space between acromion process and humerus bone.





## Efficacy of Maitland Mobilization and Myofascial Release as Preoperative Care in Ankle Arthritis With Severe Equinus Deformity: A Rare Case Report

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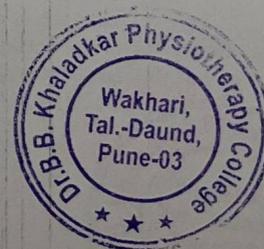
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### Abstract

Advanced post-traumatic ankle osteoarthritis (PTAO) is a severe condition that affects less than one percent of the population, with rare incidence. It accounts for less than 5% of all osteoarthritis (OA) cases. Physiotherapy enhances functionality by strengthening the dynamic stabilizers of the ankle, such as the calf, soleus, tibialis anterior, and peroneal muscles, and by improving proprioception, which aids in balance and coordination. As OA progresses, individuals may experience early losses in their ability to perform everyday activities and job tasks. Occupational therapy and cardiovascular exercises are crucial for conserving energy while walking and improving posture at work. This case report involves a 39-year-old male who presented to the hospital with pain, swelling, difficulty walking, and an equinus deformity. After diagnosing him with ankle arthritis, the orthopedic specialist recommended an X-ray. Medication and physical therapy were administered to educate and rehabilitate the patient, aiming to improve pain, range of motion (ROM), strength, and walking capacity. A four-week treatment plan, along with medication, resulted in significant improvements in pain reduction, ROM, strength, and walking ability. This case report also underscores the importance of focusing on preoperative care to ensure that post-surgery, the hip and knee ranges are normal, and the patient experiences less difficulty walking. Future studies are needed to explore this condition further and to evaluate the effectiveness of ultrasound therapy in such cases, as it was not effective in reducing pain in this instance.

**Categories:** Pain Management, Physical Medicine & Rehabilitation, Therapeutics

**Keywords:** post-traumatic ankle joint osteoarthritis, physiotherapy, pain, ankle arthritis, ankle joint



# The Originality of Neuro Rehabilitation Protocols in a Definitive Case of Syringomyelia Related to Chiari I Malformation

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## Abstract

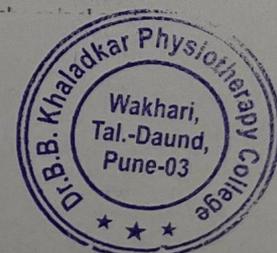
Syringomyelia is a center-medullary syndrome characterized by the presence of fluid-filled spaces known as syrinx within the spinal canal. Arnold Chiari Malformation (CM-1), a rhombencephalon anomaly formerly identified as hindbrain hernia, is usually associated with it. This disorder causes the brain (cerebellum) to bulge through the opening in the skull known as the foramen magnum. Some asymptomatic patients may develop symptoms quickly if they jolt their heads and cough for a lengthy period of time. Syringomyelia can be caused by trauma, illness, inflammation, or previous surgery that affects the circulation of cerebral spinal fluid resulting in CSF flow obstruction. The discomfort is acute and progressive, radiating to the neck and shoulder, and is accompanied by sensory loss, motor atrophy, decreased hearing, oscillopsia, and cerebellar abnormalities. This case report is of a 39-year-old woman diagnosed with syringomyelia associated with Arnold Chiari malformation and showed similar symptoms managed by foramen decompression and tonsillar elevation surgery. It involves removing a small piece of bone from the skull and a small section of the 1st vertebra from the back of the neck and head. In this way, there is an increase in skull space. Decompression of the spinal canal increases the size of the subarachnoid cisterns and constricts the syrinx cavity. After surgery, physiotherapy was advised because all superficial sensations over C8 and T1 were diminished, the range of motion along with strength was reduced, doing daily activities was difficult, and quality of life was affected. So, by decreasing symptoms and improving the patient's quality of life, physiotherapy improved the patient's condition significantly in this case report. The rationale of this study is to show the importance of physiotherapy in recovering after a neurological condition followed by corrective neurosurgery.

**Categories:** Physical Medicine & Rehabilitation, Neurosurgery, Quality Improvement

**Keywords:** syringomyelia, physiotherapy, neurological symptoms, cm1, chiari malformation

## Introduction

Syringomyelia is typically conjugated with Arnold Chiari Malformation (CM-1) and is unusual, having stages of instability and progression in the clinical course that can last months or years. The natural history of this condition is still not completely understood by professionals but it may be indicative of a sudden onset of symptoms in a previously asymptomatic patient if they suddenly jolt their heads and cough for a prolonged period probably due to the increased descent of tonsils. Up to 5% of paraplegia cases are caused by syringomyelia [1]. A partial restriction of cerebrospinal fluid (CSF) flow may occur in the spinal subarachnoid space due to other pathophysiological factors as a result of trauma, infection, inflammation, and previous surgery, syringomyelia may develop. Mechanical arachnoid scarring is connected with previous





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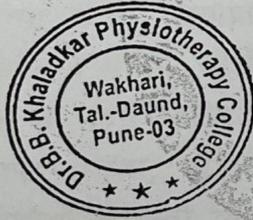
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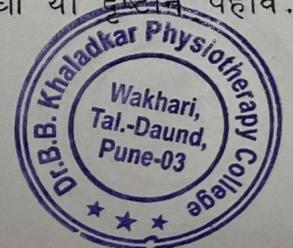
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- ४) वक्त्यांना/व्याख्यात्यांना अदा करण्यात आलेल्या मानधनाची व प्रवास भाड्याची कार्यक्रमनिहाय प्रत्येक वक्त्यांचे स्वतंत्र व्हाऊचर्स असणे बंधनकारक आहे.
- ५) योजनेमधील व्याख्यानमाला तसेच चर्चासत्र/शिबीर/परीसंवाद यासाठीचे विषय या पत्रात नमुद केलेले आहे. पत्रामध्ये दिलेल्या विषयांच्या व्यतिरिक्त शिबीराचे आयोजन करावयाचे असल्यास विद्यापीठाची पुर्व परवानगी घेणे आवश्यक आहे.
- ६) व्याख्यात्यांना / वक्त्यांना मानधन व प्रवास भत्ता व्यतिरिक्त किंवा निर्धारित मर्यादितपेक्षा जास्त रक्कम खर्च केल्यास अतिरिक्त अदायगीस मान्यता मिळणार नाही याची नोंद घ्यावी.
- ७) योजनेच्या कार्यक्रमास्थळी / व्यासपीठावर / मंडपात "सदर व्याख्यानमाला महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक बहिःशाल शिक्षण मंडळाच्या विद्यमाने आयोजित" असे दर्शविणारा बॅनर लावणे आवश्यक आहे.
- ८) कार्यक्रमाचे आयोजन व संयोजन, अतिथीचे स्वागत किंवा शिबीरार्थीचे चहापान व भोजन व्यवस्थेमध्ये भपकेबाजपणा असु नये. साध्या व सोप्या पध्दतीने परंतु स्वच्छ व निटनेटकी व्यवस्था असावी.
- ९) विद्यापीठाने सोबत जोडलेल्या महाविद्यालयाने करावयाच्या खर्चाच्या तपशिला प्रमाणेच खर्च करण्यात यावा व त्याच प्रमाणे बीले समायोजनास पाठविण्यात यावी. अन्यथा अनुदानाची रक्कम परत विद्यापीठास पाठविण्यात यावी.



१०) व्याख्यानमाला/चर्चासत्र/शिबीर/परिसंवाद/यांचे रेकार्डींग सीडी/पिन ड्राईव्ह मध्ये विद्यापीठास सादर करण्यात यावे.

बहिःशाल शिक्षण मंडळ योजनेचे समायोजन करण्यासाठी पुढील कागदपत्रे सादर करणे अनिवार्य आहे.

१) कार्यक्रमाचा अहवाल, फोटोग्राफ्स/वृत्तपत्राची कात्रणे इ.

२) कार्यक्रमनिहाय व्याख्यात्यांना/वक्त्यांना अदा करण्यात आलेल्या मानधनाची मुळ देयके/व्हाऊचर्स (Original Vouchers) प्रत्येक वक्त्यांचे स्वतंत्र जोडावे.

३) कार्यक्रमनिहाय व्याख्यात्यांना / वक्त्यांना अदा करण्यात आलेल्या प्रवासखर्चाची मुळ तिकीटे प्रत्येक वक्त्यांचे व्हाऊचर्ससह सादर करावे.

४) कार्यक्रमासाठी प्रत्यक्ष झालेल्या इतर प्रशासकीय खर्चाची मुळ विले (Original Bills) कार्यक्रमनिहाय व्हाऊचर्ससह खर्चनिहाय स्वतंत्रपणे सादर करावे. (प्रत्येक खर्चाच्या देयकानिहाय स्वतंत्र व्हाऊचर्स सादर करावे)

५) पत्रासोबत जोडलेल्या विहित नमुन्यातील उपयोगिता प्रमाणपत्र (Utilization Certificate) सनदी लेखापालांकडून (Chartered Accountant) लेखा परिक्षण करून सोबत जोडावे.

६) पत्रासोबत जोडलेल्या विहित नमुन्यातील जमाखर्च / हिशोब सनदी लेखापालांकडून प्रमाणित करून सोबत जोडावे.

७) रु. १,०००/- ची मुळ ऑडीट फी ची पावती सोबत जोडावी.

८) बहिःशाल शिक्षण मंडळ योजना राबविली नसल्यास किंवा योजनेचे अनुदान शिल्लक राहिल्यास सदर अनुदानाची रक्कम "कुलसचिव, महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक" यांच्या नावे नाशिक येथे देय असलेल्या धनाकर्षाद्वारे विद्यापीठास त्वरीत परत करावी अन्यथा सदर रक्कमेवर बँकेच्या प्रचलीत व्याज दराप्रमाणे व्याज आकारण्यात येईल.

९) शिल्लक राहिलेली रक्कम विद्यापीठास परत करण्यासाठी लागणारा खर्च मंजूर होणार नाही. सदर खर्च महाविद्यालयाने सोसावा.

१०) योजनेबाबतचा अहवाल व हिशोब पाठवितांना दोन्ही कार्यक्रम झाल्यानंतर लगेच महाविद्यालयाचा कामाचा अहवाल, वृत्तपत्रातील कात्रणे/फोटोग्राफ्स व योजनेचे हिशोब पत्रक सनदी लेखापालांकडून (Chartered Accountant) लेखापरिक्षण करून उपयोगिता प्रमाणपत्र (Utilization Certificate) व हिशोबपत्रकासह सोबत जोडलेल्या विहित नमुन्यात पाठवावे. महाविद्यालयाने योजनेअंतर्गत दिलेल्या अनुदान रक्कमेच्या हिशोबाचे समायोजन करण्यासाठी पत्रात नमुद केलेल्या सुचनांच्या आधारे सर्व कागदपत्रांची एकत्रितरित्या पुर्तता करून दि २०/०२/२०२६ पर्यंत अधिष्ठाता/प्राचार्य यांनी प्रमाणित करून विद्यापीठास सादर करणे आवश्यक आहे.

कृपया आर.टी.जी.एस. झाल्याची पोहोच उलट टपाली पाठवावी व योजनेबाबतच्या सर्व सुचनांचे तंतोतंत पालन करावे ही विनंती.

धन्यवाद !

सोबत : वरीलप्रमाणे

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F. K. Anne

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विद्यार्थी कल्याण

