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REHABTALK

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From the Editors Desk

Dear Friends,

We have lost a doyen in the field in the passing away of Dr.Rama Rao. It is no secret that he was an inspiration of so many of us, and indeed he was such an encouragement to me when I took up this relatively lesser known field. I recollect the times he used to visit our department in Madras, and wax eloquent on the future of Physiatry or some similar subject. Apparently times have changed, prompting our Dr.U.Singh to state " All through my career in PMR, I have not seen the jobs rain. It is the monsoon with Jobs in PMR raining" The brightness of the future in PMR is seen in the fact that Imphal got a flood of four PGs followed by AIIMS where again four are admitted this month. " We are proud to share the good news and also shoulder the responsibility of training more to feed the hungry and parched country wanting to have Physiatrists" Dr.Kothari and several others too have joined this refrain.

Let's rejoice the onset of the monsoon

Dr.Sunder

Editor



Dr.S.SUNDER

From the President's Desk

Dear Friends,

Patna, July 12th, 2010

On behalf of the members of IAPM and R, I am honored and privileged to greet and interact with you.

Friends! IAPMR has become stronger and more interactive in the recent times. You are aware, the recent increase in PG seats at RIMS, Imphal, VMMC/Safdarjang Hospital, AIIMS, Delhi & Calicut Medical College, Calicut, and starting PG courses at RG Kar, Kolkata, St John's Hospital, Karnataka & AIIPMR, Mumbai is worth noticing.

The journal has scaled a new height by making IJPMR available at DOAJ. IAPMR feels obliged to Dr U Singh, Delhi for his sustained efforts in bringing glory for the Association. More and more openings are being announced for the budding Physiatrists to start their career in different part of the country.

However, at the same time, the loss of our beloved Dr WG Rama Rao is irreparable. The IAPMR will miss him during the MID Term CME August, 2010, which incidentally falls at Mumbai this time. I am sure, your presence at Mumbai, will be purposeful and more meaningful, because of many reasons. Late Dr Rama Rao, while addressing the National Conference of IAPMR in 2007 at Patna, said: "The newer generation of Physiatrists must adopt, at least a little of surgical intervention procedures in their career". I personally feel it had a far reaching meaning.

The newly formed "Maharashtra Chapter of IAPMR" has come forward by organizing its first event at AIIPMR, Mumbai, keeping Dr Rama Rao's words of wisdom and blessings in our mind. So please join us in August 2010 at Mumbai, and strengthen our objectives for the growth of the specialty.

Long Live IAPMR!!

Dr. Ajit ku. Varma, President, IAPMR, Patna

Dear Members,

Hope you are all keeping well and started preparation for Mumbai CME on 20th & 21st August 2010. Come all. We will meet again at Mumbai. Please contact Dr. Anil Gaur, Dr. Athani & Dr. Sreedhar, who are doing a marvelous work for your expectation. The 3rd Executive Council Meeting of IAPMR 2009 - 2011 will be held on 20th August 2010 at 5 p.m. at AIPMR Mumbai during MIDTERM CME 2010

Dr.Rathin Haldar

Secretary IAPMR



Mid-term CME Programme

Organisers : Maharashtra Chapter of IAPMR &
All India Institute of Physical Medicine and Rehabilitation, Mumbai

Dr B D Athani (Patron), Dr T Sreedhar (Chairman), Dr Anil Gaur (Organising secretary), Dr Abhishek Srivastava & Dr Sindhu V.
(Co-organising Secretaries)

Dates of CME Programme - 20-21 August 2010 (Friday and Saturday)

Venue : Second day's programme including on screen live demonstration of surgical procedures direct from the operation theatre will be held at AIIPMR.

The IAPMR Mid Term CME programme 2010 Organising Committee is working sincerely to make the CME programme beneficial to each and every participant. We have received several registration requests by post from different parts of our country and Bangladesh. We are arranging accommodation for those who have requested for it. The response from post-graduates has been very good. Though many seniors in PMR have registered, I, on behalf of the organizing committee, request other seniors also to attend, share their expertise with the participants, and send their juniors also to attend the programme.

Dr Anil Gaur

Organising Secretary, IAPMR CME Programme
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The National conference of the IAPMR was organised beautifully at Jaipur by Dr.Mrinal Joshi [seen here exercising his vocal cords]. A couple of pictures from the occasion.....

We, at Safdarjang Hospital, New Delhi, had started giving Phenol 6% nerve block injection about 5 years back when Dr Ganesh Joshi was with us. Initially the idea was to give the block for therapeutic purposes and achieve purposeful activities. It was started using a hand held small stimulator. Usually 1 to 1.5 ml (or even less) is enough to achieve nerve block, which can be demonstrated within 10 seconds. The effect usually lasts for 6 months, though it is said to last upto 2 years. It is not permanent and patient reverts back to initial spasticity and deformities.

We changed our indications from "therapeutic" to "trial testing" preparatory to surgery, which gives permanent correction. We were highly satisfied about this "trial testing" indication.

In one case, we happened to perform surgery about 2 weeks after phenol injection, as a slot was vacant for the surgery. And it was an eye opener. An area of about 4"x 4" was necrotic, giving us a sense of guilt. We stopped phenol injection and started surgery directly after clinical assessment. Our clinical assessment has now matured and we have completely done away with this chemical for assessment. Anyway, it was not a permanent therapeutic solution.

Exploration after 3 months of phenol injection would show only fibrosis and not give an idea about its muscle destructive properties.

Dr.S.Y.Kothari

Indra-Prastha Association of Rehabilitation Medicine (IPARM), the Delhi Chapter of IAPMR, is pleased to invite you to the Thirty Ninth Annual National Conference of Indian Association of Physical Medicine and Rehabilitation, going to be held at the plush and new Convention Centre of Dr Ram Manohar Lohia Hospital, New Delhi. While Dr Ajay Gupta, Assistant Professor and Head, Department of PMR, Dr RML Hospital is making all the arrangements for the hosting of the event, Dr Nirankar Singh, President of IPARM, is trying to make it absolutely an event to be remembered. The organizing committee comes from a very cohesive group of organizers from the various hospitals in Delhi, the team primarily has a large base of PMR departments in Delhi, from Safdarjang Hospital, Kalawati Saran Children's Hospital, AIIMS, Lady Harding Medical College and Sucheta Kriplani Hospital, Dr RML Hospital and Dr BR Ambedkar Hospital.

While selecting the dates of the conference, we have specially taken into consideration the difficulties most travelers have during the period of January due to delays in road, rail and air-traffic during the foggy season as well as the Republic Day Celebrations. We are sure that during that time the weather gods would be kind on all of us to make it pleasant during early February when you would enjoy the not-so-cold cold weather making it comfortable for everyone. The flights and trains are generally not that heavily booked during these days.

The **scientific content** would be filled with the CME, invited talks and the free papers. We are working on having workshops before/after the conference days and shall notify as soon as these are finalized. We promise it to be enriching for the young post-graduates. It would be a good platform to meet.

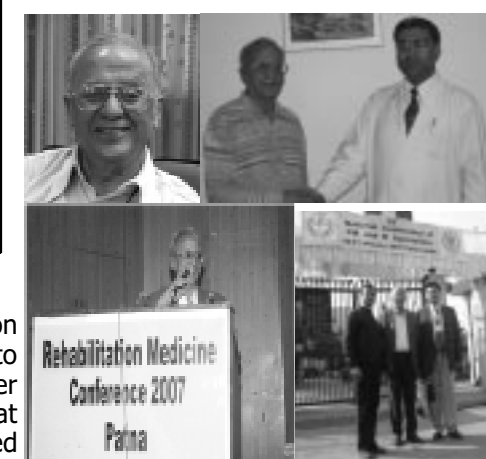
New Delhi is beautiful during the season with the greenery returning and the flowers blooming in most gardens making it a wonderful season for going around. The air has a bit of chill and it is mostly a bit breezy with a little chill during the nights. One can expect Delhi to be at its best a couple of months after the large scale development having taken place in light of the Commonwealth Games in Mid October.

Weather: Based on the past 20 years records, during February, the average temperature is: 17 degrees C with the maximum of 22 and minimum of 11.

Clothing: Light woolens would be essential. Consider the ones which can be removed easily during the day time's heat at times.

Dr Nirankar Singh Organising Secretary
39th Annual Conference of IAPMR

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My fond remembrance of Dr. WG Rama Rao:

I first saw Dr WG Rama Rao towards the end of 1985 at Delhi. It was mutual admiration from the very beginning, and it grew further as years passed. He used to come to AIIMS when he visited Delhi. I had the opportunity of meeting him on several other occasions, at NIRTAR, Mumbai, Kolkata, Secunderabad, Chennai, Patna, Delhi and at different places where IAPMR Conferences/CME programmes were held. I also visited his home on a couple of occasions. He was always an excellent host and very affectionate yet frank. He was fearless and never hesitated from appreciating or criticizing, as the situation deserved.

He was a rare person, with a brilliant academic record, who had the distinction of having served as President of several national level Associations such as IAPMR, IOA, IRA etc. He was associated as Editor with the Journal of Rehabilitation in Asia and the Indian Journal of Orthopaedics, besides being a Member of Editorial Boards or Executive Committees. He was the Patron of Bihar Orthopaedic Association. He was the second Director of AIIPMR and served with distinction.

He was the son of Pandit Wunnava Venkata Varaha Buchi Ramalingam, who had sacrificed his life for the country and a great freedom fighter and guru of late Shri VV Giri, former President of India.

I don't think that many persons know that he was the main force behind the creation of a post of Professor of PMR at PGI, Chandigarh, through his association with Dr. ON Nagi who was then Head of Orthopaedics. He used to write letters to the Director, PGI and Secretary, Health, Govt. of India in this regard. He was very happy when I was selected for that position. He was the first senior member from PMR fraternity to come to my Department in 2006 at PGI, Chandigarh, to have a feel of the situation and the work I had been trying to do. He blessed me and wished me good luck and success in my endeavour.

He had several areas of interest, but he was well informed about the Constitution, framing of Rules, Memorandum of Association etc. He took great interest in Academic activities in PMR. He used to send open Letters, freely and frankly expressing his views on the topics relevant at that time affecting PMR in India.

Dr WG Rama Rao was borne on 30th June 1924 and left for heavenly abode on 26th May, 2010 at the age of 86 years. His life is a source of inspiration for many of the younger members of PMR fraternity. Such persons never die, they live forever in the memory of their near and dear ones.

Dr.Sanjay Wadhwa

Botulinum toxin A (Botox) intradetrusor injections in adults with neurogenic detrusor overactivity/neurogenic overactive bladder: a systematic literature review

Authors: Gilles Karsenty, Pierre Denys, Gérard Amarengo, Marianne De Seze, Xavier Gamé, François Haab, Jacques Kerdraon, Brigitte Perrouin-Verbe, Alain Ruffion, Christian Saussine, Jean-Marc Soler, Brigitte Schurch, Emmanuel Chartier-Kastler

OBJECTIVES: This systematic literature review discusses the efficacy and safety of botulinum toxin type A (Botox) intradetrusor injections in adults with neurogenic detrusor overactivity (NDO) and urinary incontinence or overactive bladder symptoms of neurogenic origin (NOAB).

METHODS: A MEDLINE and EMBASE search for clinical studies with botulinum toxin A injected into the detrusor of adults with NDO was performed. For several efficacy and safety variables data were extracted by one person and independently quality-controlled by another person. Extracted data were reviewed to propose recommendations for use in clinical practice based on level of evidence and expert opinion.

RESULTS: A total of 18 articles evaluating the efficacy or safety of Botox in patients with NDO and incontinence/NOAB resistant to antimuscarinic therapy, with or without clean intermittent self-catheterisation (CIC), were selected. The amount of Botox injected was mostly 300 U, usually as 30 injections of 10 U/ml in the bladder (excluding the trigone) under cystoscopic



guidance and with different types of anaesthesia. Most of the studies reported a significant improvement in clinical (approximately 40-80% of patients became completely dry between CICs) as well as urodynamic (in most studies mean maximum detrusor pressure was reduced to < or =40 cm H(2)O) variables and in the patients' quality of life, without major adverse events.

CONCLUSIONS: Botox injections into the detrusor provide a clinically significant improvement in adults with NDO and incontinence/NOAB refractory to antimuscarinics. It seems to be very well tolerated. However, more adequately powered, well-designed, randomised, controlled studies evaluating the optimal dose, number and location of injections, impact on antimuscarinic regimen and CIC use, duration of effect, and when to perform repeat injections are warranted.

New data presented here at the American College of Sports Medicine (ACSM) 57th Annual Meeting suggest that extracorporeal shockwave therapy (ESWT) is ineffective for treating patellar tendinopathy in patients who keep playing sports in spite of mild patellar tendon pain.

Patellar tendinopathy is a common overuse injury with no evidence-based treatment guidelines. Treatments can be lengthy, difficult, and frustrating. The pain is often not severe enough that athletes are forced to stop competition altogether, but the discomfort often leads to missed competitions or decreased intensity of training.

Mr. Zwerver presented data on the effectiveness of ESWT in 62 athletes with patellar tendinopathy who continued to compete in volleyball, handball, or basketball and who had had mild symptoms of patellar tendinopathy for 3 to 12 months.

The treatment group received a series of 3 weekly patient-directed ESWT treatments without local anesthesia; the placebo group received 3 sham treatments at the same intervals. Treatments were administered by 5 independent physical therapists

BOOK-POST

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at 4 locations across the Netherlands. Follow-up measurements were taken 1, 12, and 22 weeks after treatments. The primary outcome was symptom relief, as measured by the VISA-P questionnaire.

This study revealed that mean VISA-P scores were the same in the intervention and placebo groups. Researchers concluded that early intervention with ESWT in active players with patellar tendinopathy does not lead to faster recovery than usual care.

A study of more than 250 teenagers and young adults by researchers at the University of Rochester, in New York, has found that more than 60% do not know what paracetamol (acetaminophen) is, even though a third are users of paracetamol-containing over-the-counter (OTC) pain-relieving products. Nearly 25% misuse the medications, researchers announced here at the Pediatric Academic Societies 2010 Annual Meeting.

Published studies have documented that overdoses of paracetamol are the cause of more acute liver failure in the United States than viral hepatitis. Furthermore, one half to two thirds of these overdoses are unintentional and result from taking excessive doses of OTC medication.

Dr.Kausthubh Chakravarty

