

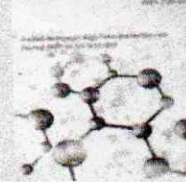


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## RESEARCH ARTICLE

### EFFECT OF MUSIC MEDICINE ON ANXIETY AND DEPRESSION IN CORONARY ARTERY BY PASS GRAFT SURGERY PATIENTS: A RANDOMISED CONTROLLED TRIAL

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##### Key words:-

Music player with ear phones, CD player, tape recorder, a set of recorded music tapes, CD's, Sphygmomanometer (BP), Stop watch, Stethoscope

#### Abstract

**Background:** The study was done to see the effect of music medicine on anxiety and depression in coronary artery by pass graft surgery patients. Two groups Experimental and Control were taken. The study concludes that music medicine is an effective non pharmacological measure in reducing anxiety and depression along with physiological measures in patients undergoing coronary artery bypass graft surgery.

**Objectives:** To compare the effects of music medicine between experimental & control group on anxiety & depression. To find the effect of music medicine on Heart rate (HR), Blood pressure (BP), Respiratory rate (RR).

**Material and Methods:** Subjects enrolled in the study were assigned to 2 groups, 35 in each group (Experimental group receiving music medicine with standard care in form of chest physiotherapy & Control group with standard care alone, using block randomization. The total duration of intervention for the study per patient was 1 month.

**Results:** A total of 69 subjects were recruited for this study. Subjects in both the groups had a mean age of  $57.72 \pm 9.26$  years. Chi square ( $\chi^2$ ) test was used to evaluate demographic data like, sex, marital status, occupation, education, comorbidities like diabetes, hypertension, smoking, alcohol, NYHA Grade of exertion, life style, & Student unpaired 't' test for age, number of diseased vessel & ejection fraction. Both the groups were matched and there was no significant difference between the groups.

**Conclusion:** The study concludes that music medicine is an effective non pharmacological measure in reducing anxiety and depression along with physiological measures in patients undergoing coronary artery bypass graft surgery.

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## Rehabilitation of Post Traumatic Intra-Articular Elbow Fracture in Osteoporotic Patient: A Case Report

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### Abstract

Isolated fractures of capitellum are often more complex and involve lateral epicondyle, trochlea and posteriorly distal part of humerus. The intra-articular complexity of these fractures requires optimal surgical exposure and implants for successful outcomes. When the fracture is displaced, unfavourable outcomes can occur and lead to early arthritis. Additionally, elbow pain and stiffness due to immobilization or surgical reduction and stabilization can limit one's overall upper extremity function. Superior results are attributed to anatomic reduction and stable fixation with early ROM exercises. Rehabilitation following such a fracture is complex and can be challenging. Therefore, the aim of this case report is to present the evaluation and rehabilitation of a 51-year-old female following a complicated comminuted capitellum and trochlea of humerus fracture post reduction and instrumentation. The rehabilitation over a 6 months course was done and the benefits of joint specific manual therapy in the rehabilitation were emphasized.

**Keywords:** Humerus fractures; Osteoporosis; Intra-articular.

### Introduction

In adults, most distal humerus fractures are intra-articular and involve both medial and lateral columns.<sup>1</sup> These fractures are more evident among women because of higher rate of osteoporosis and difference in carrying angle between men and women.<sup>1</sup> There have been variable reports as regards to functional outcome of open reduction and internal fixation of these fracture.<sup>1</sup>

Achieving a good functional range of motion at the elbow with stability are the primary objectives in managing a comminuted distal humerus fracture. Hence, it is very necessary to determine if fracture fixation is successful in achieving a stable mobile joint.<sup>2,3,4</sup>

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Elbow is the intermediate joint of the upper limb constituting the mechanical link between upper arm and hand. Elbow joint forms an important link of kinematic chain to carryout activities of daily living such as eating, combing, bathing dressing etc.

Loss of ROM at elbow post trauma results in difficulty and loss of upper limb functions and makes the person dependent on other person for his ADLs. Residual post-traumatic joint incongruity may lead to elbow osteoarthritis.<sup>5</sup> Additionally, it is well documented that elbow stiffness ensues following elbow fracture.<sup>2,6,7</sup> Outcome research on rehabilitation following elbow fracture treated conservatively or surgically is limited although most protocols recommend both active and passive range of motion (ROM). This case report presents the examination findings of a comminuted capitellum and trochlea of humerus fracture with subsequent open reduction internal fixation (ORIF), the interpretation of the examination findings, interventions used during the rehabilitation process, and the outcomes of treatment. More

## Effectiveness of Mulligan Taping on Pain, Grip Strength and Function in Lateral Epicondylitispatient: An Experimental Study

Ketki Choudhari Ingole<sup>1</sup>, Asma Sharma Keshri<sup>2</sup>, Meghana R Palkhade<sup>3</sup>

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### Abstract

This experimental study design investigated the effect of Mulligan taping on patients diagnosed with lateral epicondylitis who were treated with Mulligan mobilization and conventional therapy (Ultrasound therapy and Stretching). A total of 40 patients aged between 25 to 55yrs were randomly assigned in two groups. Group A - Experimental group n=20 receiving Mulligan taping, Mulligan mobilization and conventional therapy & Group B - Control group n= 20 receiving Mulligan mobilization and conventional therapy alone)

Both the groups received 10 treatment sessions for two weeks. Baseline measurements of 3 outcome measures NPRS (Numerical pain rating scale), Grip strength and functional activity were taken on day 1,5 and 10. Intra group analysis showed that both the groups had statistically significant improvement in NPRS score, Grip strength and functional performance, but inter group analysis showed group A receiving Mulligan taping had statistically significant improvement in all three outcome measures as compared to Group B. Study concludes that Mulligan taping when given in addition with Mulligan mobilization & conventional therapy gives more significant improvement in pain, grip strength and functional status in patients with lateral epicondylitis as compared to, when treated with Mulligan mobilization and conventional therapy alone.

**Keywords:** Lateral epicondylitis, Mulligan Mobilization with Movement, Mulligan taping, Conventional therapy, Grip strength, Numerical pain rating score, Functional pain status score.

Abbreviations - Lateral Epicondylitis (LE), Mulligan Mobilization with Movement (MWM), Grip Strength, Numerical Pain Rating Score(NPRS), Functional Pain Status Score (FPSS)

### Introduction

Lateral epicondylitis is one of the commonest lesion of arm and was first described in by Runge in 1873.<sup>1</sup> The term lateral epicondylitis or tennis elbow is widely used to describe an overuse injury causing tendinitis of the extensor carpi radialis brevis (ECRB) that is characterized by pain and tenderness over the lateral epicondyle.<sup>2</sup> The term tennis elbow is a misnomer since it occurs in non-tennis players

also.<sup>3</sup> There are numerous intrinsic and extrinsic factors causing lateral epicondylitis microtrauma caused due "repetitive strain injury", when muscles are overloaded than the load they can withstand or flexibility deficiencies in the forearm extensor muscle or inadequate forearm extensor power and endurance to withstand normal, forceful repetitive movements placed against forearm extensors.<sup>4</sup>

Recently, researchers have come to prefer the term tendinosis.<sup>5,6</sup> Physical examination will confirm tenderness over the common extensor tendon origin often localized to the extensor carpi radialis brevis. Isokinetic strength deficits may also be observed.<sup>2,6</sup> The grip becomes weak probably due to voluntary diminution of effort to avoid undue pain., sometimes wasting of the affected muscles is also seen in long standing cases.<sup>7</sup> Many traditional

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