

# Physiotherapy Technique on Tennis Elbow: A Single Case Study

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## Description

Despite medical therapies and surgical interventions for Parkinson's disease (PD), patients develop progressive disability. The role of physiotherapy is to maximise functional ability and minimise secondary complications through movement rehabilitation within a context of education and support for the whole person. The overall aim is to optimise independence, safety and wellbeing, thereby enhancing quality of life. Trials have shown that physiotherapy has short-term benefits in PD. However, which physiotherapy intervention is most effective remains unclear.

## Parkinson's Disease

Despite optimal medical and surgical therapies for Parkinson's disease, patients develop progressive disability. The role of the physiotherapist is to maximize functional ability and minimize secondary complications through movement rehabilitation within a context of education and support for the whole person. What form of physiotherapy is most effective in the treatment of Parkinson's disease remains unclear? Considering the small number of patients examined the methodological flaws in many of the studies and the possibility of publication bias, there is insufficient evidence to support or refute the efficacy of any given form of physiotherapy over another in Parkinson's disease. Another Cochrane review, Physiotherapy for patients with Parkinson's disease, found that there was insufficient evidence to support or refute the efficacy of physiotherapy compared to no physiotherapy in Parkinson's disease. A wide range of physiotherapy approaches were used in these studies and a survey of UK physiotherapists confirmed that they also use an eclectic combination of techniques in the treatment of Parkinson's disease (Plant 1999). Therefore a consensus must be found as to 'best practice' physiotherapy for Parkinson's disease. The efficacy of 'standard' physiotherapy should be proved first before examining variations in physiotherapy methods. Therefore large well designed randomized controlled trials are needed to judge the effect of physiotherapy in Parkinson's disease. After this large RCTs are needed to demonstrate the most effective form of physiotherapy in Parkinson's disease. Outcome measures with particular relevance to patients, careers, physiotherapists and physicians should be chosen and

the patients monitored for at least 6 months to determine the duration of any effect.

## High-Frequency

Techniques for augmenting, when necessary, the normal mucociliary and cough clearance mechanisms of the lungs are not new, but, in more recent years, techniques have been developed which are effective, comfortable and can be used independent of an assistant in the majority of adolescents and adults. Postural drainage with chest clapping and chest shaking has, in most parts of the world, been replaced by the more effective techniques of the active cycle of breathing, autogenic drainage, R-C Cornet, Flutter, positive expiratory pressure mask, high-frequency chest wall oscillation and intrapulmonary percussive ventilation. Glossopharyngeal breathing is being considered again and is often a useful technique for increasing the effectiveness of cough in patients with tetraplegia or neuromuscular disorders. The evidence in support of these techniques is variable, and the literature is confusing and conflicting. There may or may not be significant differences among the techniques in the short or long term. Many of the regimens now include the forced expiratory maneuvers of a "huff" and this has probably increased the effectiveness of airway clearance. If objective differences are small, individual preferences and cultural influences may be significant in increasing adherence to treatment and in the selection of an appropriate regimen or regimens for an individual patient. Despite optimal medical and surgical therapies for Parkinson's disease, patients develop progressive disability. The role of the physiotherapist is to maximize functional ability and minimize secondary complications through movement rehabilitation within a context of education and support for the whole person. Physiotherapy patients exercising at home alone are at risk of re-injury since they do not have corrective guidance from a therapist. To explore solutions to this problem, we designed Physio@Home, a prototype that guides people through prerecorded physiotherapy exercises using real-time visual guides and multi-camera views. Our design addresses several aspects of corrective guidance, including: plane and range of movement, joint positions and angles, and extent of movement. We evaluated our design, comparing how closely people could follow exercise movements under various feedback conditions. Participants were most accurate when using our visual guide and

multi-views. We provide suggestions for exercise guidance systems drawn from qualitative findings on visual feedback complexity.