



AQUACENTRIC

THERAPY

Redefining Physiotherapy

Evidence for Practise

Case Study



Client Profile

Name	[REDACTED] 21 year/ Female
Profession	Pursuing BBA
Diagnosis	left hemiplegia post Right Arterio-Venous malformation (AVM)
Medical History	Decompression Craniotomy done immediately. Tracheostomized done and was on ventilation for 6weeks. Meningitis infection during hospitalization
Chief Complaints	<ol style="list-style-type: none">1. Inability to move left upper limb and lower limb2. Unable to walk3. Pain in right hip region4. Incontinent5. Affected cognition



Comprehensive examination

Evaluation	Result
On observation	Wheelchair bound
Voluntary control (VC)	UL (1), LL (2)
Sensations	Deep- absent
Pain (VAS)	8/10 on back and B/L lower limbs Constant, dull aching pain
Synergy	Extensor synergy in left upper and lower limb
Balance	Sitting without support- poor



Physiotherapy Goals

- Functional use of left UL
- Independent walking with cane and improve balance
- To improve behavioral issues (cognition)



Therapy intervention

Frequency and duration of sessions	4 sessions/ week (3aqua, 1land) was advised initially. 45min - 1hour
Intensity	Mild- moderate
Intervention	Aquatic therapy: Advance passive techniques Water specific techniques (WST) Brunnstrom technique for hand activation Hydrorider Land therapy: Tilt table Suspension therapy Brunnstrom technique for hand activation Functional electrical stimulation (FES) Body support harness and treadmill

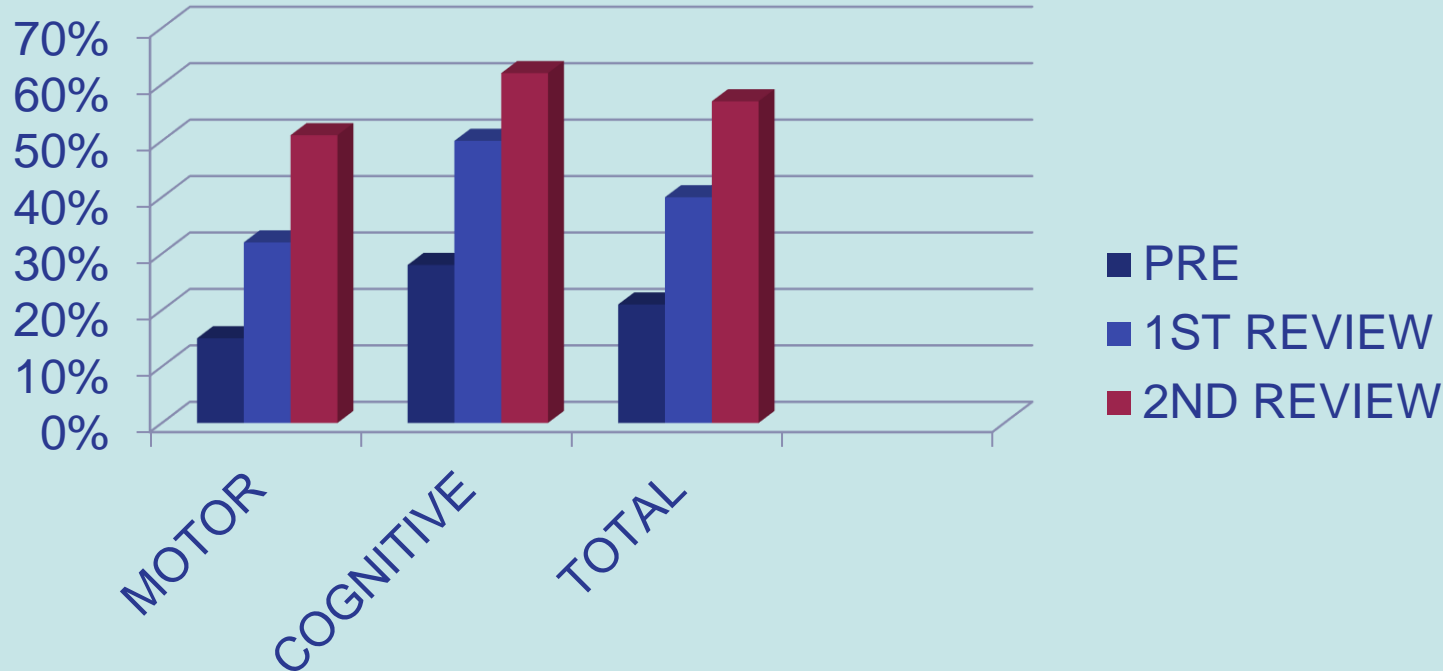
Outcome Post therapy

Test measure	PRE TEST %	POST TEST %
Voluntary control (VC)	UL (1), LL (2)	UL (3), LL (3)
Sensations	Deep- absent	Deep-normal
Pain (VAS)	8/10	3/10
Mobility	Wheelchair bound	Walks with cane under supervision



Outcome Post therapy

UK FIM+ FAM



Thank You

