#### hom

Mr. Arunachalam

Asst. Professor in Physiotherapy

Sree Balaji College of Physiotherapy,

Chennai

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Dr.S.S.Subramanian., Ph.D

The Dean,

SreeBalaji College of Physiotherapy,

Chennai

Sir,

Sub: (Permission to conduct value added course with our MOU- Reg)

Kindly consider in permitting theValue added course on URINARY NCONTINENCEFrom03.09.2019 & 17.10.2019 for 30 hrs.

Thanking You

Yours faithfully





03/08/2019

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То

Mr.S.Arunachalam

Asst. Professorin Physiotherapy

Sir,

With reference to your communication dated on 03.08.2019

Hereby we grant permission to conduct Value added course from 03.09.2019 to 17.09.2019, with our MOU

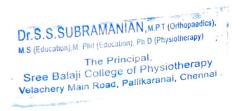


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Dr.S.S.Subramanian., Ph.D

The Principal, 👘

SreeBalaji College of Physiotherapy





18.08.2019

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To

Mrs.Jananie Deiveegan,

Founder

#### AAROGREEN PHYSIOTHERAPY & FITNESS SOLUTION

Chennai

Madam,

Further continuation of our MOU, to enrich academic and research activities kindly coordinate the proposed approvelecture to benefit faculty and students of both our institutions. Further classification if any kindly communicate the coordinator Mr.S.Arunachala,, Asst. Professor., email Id: <u>sbcp2007@gmail.com</u>

Enclosing details along with

- 1. Course outline, objective
- 2. Dates, Resource person

Thanking You



Dr.S.S.Subramanian., Ph.D

The Principal,

Sree Balaji College of Physiotherapy

Dr.S.S.SUBRAMANIAN, M.P.T (Orthopaedics), M.S (Education), M. Phil (Education), Ph.D (Physiotherapy)

The Principal, Sree Balaji College of Physiotherapy Velachery Main Road, Pallikaranai, Chennai



#### VALUSE ADDEDD COURSE ON URINARY INCONTINENCE

Date: 03.09.2019 to 17.09.2019Time: 30 hrs

#### **ORGANIZED BY**

#### AAROGREEN PHYSIOTHERAPY&FITNESS SOLUTION &SREE BALAJI COLLEGE OF PHYSIOTHERAPY

#### **Objectives:**

To create awareness About urinary incontinence and physiotherapy

#### **Course Outline:**

To educate how to apply in variouscondition

#### **Resource Persons**

#### Eligibility: III Year & IV Year B.P.T, Interns, M.P.T students, Clinical Physiotherapists

Fees: Free

For Registration Contact: 044 - 22461883, 044 - 22462179,

e - Mail: <u>sbcp2007@gmail.com</u>

#### ORGANIZING SECRETARY

Mr.S, Arunachalam., Asst. Professor& T. Vinitha., Consultant Physiotherapist



## SREE BALAJI COLLEGE OF PHYSIOTHERAPY VALUE ADDED COURSE ON URINRAY INCONTINENECE

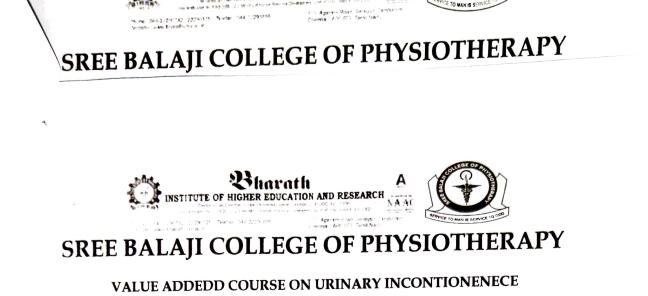
Date: 03.09.2019 & 17.09.2019Total Time: 30 hrs

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#### ORGANIZED BY

|            | Evonts                                 | Time          |
|------------|--|---------------|
|            |  |               |
| 03.09.2019 | Introduction anatomy of urinary system | 2.00pm-4.00pm |
| 04.09.2019 | Physio;ogy ,function                   | 2.00pm-4.00pm |
| 05.09.2019 | Causes for dysfunction                 | 2.00pm-4.00pm |
| 06.09.2019 | Agewise causes                         | 2.00pm-4.00pm |
| 07.09.2019 | Clinical signs and symptoms            | 2.00pm-4.00pm |
| 08.09.2019 | Diagnosis                              | 2.00pm-4.00pm |
| 09.09.2019 | Assessment                             | 2.00pm-4.00pm |
| 10.09.2019 | Complications of incontinenece         | 2.00pm-4.00pm |
| 11.09.2019 | Treatment medical and surgical         | 2.00pm-4.00pm |
| 12.09.2019 | Physiotherapy                          | 2.00pm-4.00pm |
| 13.09.2019 | Pelvic floor exercises                 | 2.00pm-4.00pm |
| 14.09.2019 | Treatment in old age female and male   | 2.00pm-4.00pm |
| 15.09.2019 | Treatment for pregnancy and post natal | 2.00pm-4.00pm |
| 16.09.2019 | Treatment in young age group           | 2.00pm-4.00pm |
| 17.09.2019 | Living with incontinence               | 2.00pm-4.00pm |
|            | total                                  | 30 hrs        |





#### ORGANIZED BY

#### ASAROGREEN PHYSIOTHERAPY & FITNESS SOLUTION & SREE BALAJI COLLEGE OF PHYSIOTHERAPY

Date: 03.09.2019 TO 17.09.2019Duration-30hrs

#### **REGISTRATION FORM**

Name:

D.O.B:IAP/Reg No: Batch:

Contact No: E-Mail:Address:

Kindly Mention The Course Completed/ Presently Studying/ Working Institution

| Course             | College | University | Year of Completion<br>Month & Year | Designation |
|--------------------|---------|------------|------------------------------------|-------------|
| UG                 |         |            |                                    | ар.<br>С    |
| PG                 |         |            |                                    | × j.        |
| Clinical Therapist |         |            |                                    |             |



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#### FEEDBACK FORM

| Criteria  | Strongly<br>Agree (3) | Agree (2)    | Disagree (1) |
|---|-----------------------|--------------|--------------|
| WorkshopSession was relevant to my needs        | $\checkmark$          |              |              |
| Length of Workshop<br>Session<br>was sufficient |                       |              |              |
| Content was well<br>organized                   | ~                     |              | •            |
| Questions were<br>engaged                       |                       | ~            |              |
| Instructions were clear and understandable      |                       | $\checkmark$ |              |
| Workshop met my expectations                    |                       | ~            |              |
| The presentations were effective                |                       |              |              |



### FEEDBACK FORM

| Criteria                             | Strongly     | Agree (2)    | Disagree (1) |
|--------------------------------------|--------------|--------------|--------------|
| Workshop Session was                 | Agree (3)    |              | 0 ( )        |
| relevant to my needs                 | $\checkmark$ |              |              |
| Length of Workshop<br>was sufficient |              |              |              |
| was sufficient                       | $\checkmark$ |              |              |
| Content was well                     |              |              |              |
| organized                            |              |              |              |
| Questions were                       |              |              |              |
| engaged                              |              |              |              |
| Instructions were clear              |              |              |              |
| and understandable                   |              |              |              |
| Workshop met my                      |              |              |              |
| expectations                         |              |              |              |
| The presentations                    |              |              |              |
| were effective                       |              | $\checkmark$ |              |





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#### SREE BALAJI COLLEGE OF PHYSIOTHERAPY

#### **ORGANIZED BY**

#### AAROGREEN PHYSIOTHERAPY & FITNESS SOLUTION&SREE BALAJI COLLEGE OF PHYSIOTHERAPY

#### **CERTIFICATE OF PARTICIPATION**

| This is f  | to certify that M             | r / Ms    | DINESH. E         | Ľ    | 19PT012      |    |     |       |       | (Reg No   | ) of I          | II/IV yea      | r/ |
|------------|-------------------------------|-----------|-------------------|------|--------------|----|-----|-------|-------|---|-----------------|----------------|----|
| Interns    | B.P.T/M.P.T/                  | Clinical  | Physiotherapists  | has  | participated | in | the | VALUE | ADDED | COURSE  | ON              | URINAR         | IY |
| INCON      | TINENCE FRO                   | M 03.09.2 | 019 TO 17.09.2019 |      |              |    |     |       |       |   |                 |                |    |
|            | anie Deiveegan<br>GREENSTHYSO | THERAPY   | Y&FITNESS SOLU    | ΓION |              |    |     | ( B   |       |   | 5.Subr<br>ncipa | ramanian.<br>1 |    |
| * <u>2</u> | C. State                      | COLLEGE   | y 19              |      | · · ·:       |    | ÷   | .i    |       | Dr.S.S.SUE<br>M.S (Education).M.<br>Sree Balaji (<br>Velachery Main |                 |                |    |









Dr.S.S.SUBRAMANIAN, M.P.T (Orthopaedics), M.S (Education), M. Phil (Education), Ph.D (Physiotherapy) The Principal, Sree Balaji College of Physiotherapy Velachery Main Road, Pallikaranai, Chennai

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#### **Participants list**

|    | SL NO | NAME              | REG NO   |
|----|-------|-------------------|----------|
|    | 1.    | Kaviya. E         | U19PT028 |
|    | 2.    | Keerthana. K      | U19PT029 |
|    | 3.    | Lavanya. N        | U19PT030 |
|    | 4.    | Luv Anil Yarwar   | U19PT031 |
|    | 5.    | Madhumitha. B     | U19PT032 |
| 2  | 6.    | Manikandan. R     | U19PT033 |
| •1 | 7.    | Monisha. A        | U19PT034 |
|    | 8.    | Naswin Taj. A     | U19PT035 |
|    | 9.    | Naveen Kumar. R.K | U19PT036 |
|    | 10.   | Neha Patnaik      | U19PT037 |
|    | 11.   | Nidhi Kothari. M  | U19PT038 |
|    | 12.   | Pavithra. M       | U19PT039 |
| •. | 13.   | Pooja. K.L        | U19PT040 |
|    | 14.   | Poornima. V       | U19PT041 |
| 2  | 15.   | Pradhiba. T       | U19PT042 |
|    | 16.   | Priyadharshini. P | U19PT043 |
|    | 17.   | Puja Paul         | U19PT044 |
|    | 18.   | Raghul. B         | U19PT045 |
|    | 19.   | Rajasarulatha. C  | U19PT046 |
|    | 20.   | Rajashree. N      | U19PT047 |
| •, | 21.   | Rajeswari. S      | U19PT048 |
|    | 22.   | Reena. A          | U19PT049 |
| 2  | 23.   | Roghini. R        | U19PT050 |
|    | 24.   | Sakina Shereen. S | U19PT051 |
|    | 25.   | Sangavi. T        | U19PT052 |
|    | 26.   | Santhosh Raj. A   | U19PT053 |

Dr. S.S. SUBRAMANIAN, M. P. T. (Othopsudics, M.S. (Education) M. Phil (feucitic) - Phil (Phy isomersize) The Principal, The Principal, DS (Statistics) - And Phillips and Anti-Velschury Main Road, Pallburana, Chennai

The Principal,

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From

Mrs. J. kanimozhiselvi

Asst. Professor in Physiotherapy

Sree Balaji College of Physiotherapy,

Chennai

Тө

Dr.S.S.Subramanian., Ph.D

The Dean,

Sree Balaji College of Physiotherapy,

Chennai

Sir,

Sub: (Permission to conduct value added course with our MOU- Reg)

Kindly consider in permitting theValue added course on PELVIC FLOOR REHABILITATION From07.09.2019 &25.09.2019 for 30 hrs.



101 faithfully



07/08/2019

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То

Mrs.J.Kanimozhiselvi

Asst. Professorin Physiotherapy

Sir,

With reference to your communication dated on 03.08.2019

Hereby we grant permission to conduct Value added course from 07.09.2019 to 25.09.2019, with our MOU

Dr.S.S.Subramanian., Ph.D The Principal, Sree Balaji College of Physiotherapy 31 Dr.S.S.SUBRAMANIAN, M.P.T (Orthopaedics). M.S (Education), M. Phil (Education), Ph.D (Physiotherapy) The Principal, Sree Balaji College of Physiotherapy Velachery Main Road, Pallikaranai, Chennai



16.08.2019

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To

Mrs.Jananie Deiveegan,

Founder

AAROGREEN PHYSIOTHERAPY & FITNESS SOLUTION

Chennai

Madam,

Further continuation of our MOU, to enrich academic and research activities kindly coordinate the proposed approvelecture to benefit faculty and students of both our institutions. Further classification if any kindly communicate the coordinator Mrs.J.Kanimozhiselvi,, Asst. Professor., email Id: <u>sbcp2007@gmail.com</u>

Enclosing details along with

1. Course outline, objective

2. Dates, Resource person

Thanking You

Soe

Dr.S.S.Subramanian., Ph.D

The Principal,

SreeBalaji College of Physiotherapy

Dr.S.S.SUBRAMANIAN, M.P.T (Orthopaedics), M.S (Education), M. Phil (Education), Ph.D (Physiotherapy) The Principal, Sree Balaji College of Physiotherapy Velachery Main Road, Pallikaranai, Chennai



### SHORT TERM COURSE ON PELVIC FLOOR REHABILITATION

#### DATE: 07.09.2019TO 25.09.2019

#### objectives of the Course:

- 1. To create awareness about pelvicfloor anatomy, function and dysfunction.
- 2. Ways of rehabilitation

#### **Course Outline:**

- 1. Anatomy of pelvic floor
- 2. Causes for dysfunction
- 3. Discussion about various treatment protocal

#### **Recourse Persons**

| Speaker | Mrs. Jananie | AAROGTREEN PHYSIOTHERAPY |
|---------|--------------|--------------------------|
|         | Deiveegan    | FITNESS SOLUTTON         |

#### Eligibility: Final year B.P.T, Interns, M.P.T students, Clinical Physiotherapists

Fees: Free

For Registration Contact: 044 - 22461883, 044 - 22462179,

e - Mail: <u>sbcp2007@gmail.com</u>

#### **Coordinator for the Course**

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## SREE BALAJI COLLEGE OF PHYSIOTHERAPY

#### SHORT TERM COURSE ON PELVIC FLOOR REHABILITATION

#### DATE: 07/09/2019 -25/09/2019

#### AGENDA

| Date       | Topic   | Time    | Hou    |
|------------|---|---------|--------|
| 7/09/2019  | Introduction and need for pelvic floor rehabilitation | 2.00 to | 2hrs   |
|            |   | 4.00pm  |        |
| 09/09/2019 | Functional anatomy, physiology and functions          | 2.00 to | 2hrs   |
|            |   | 4.00pm  |        |
| 11/09/2019 | Causes for dysfunctions, pathomechanics, risk factors | 2.00 to | 2hrs   |
|            |   | 4.00pm  |        |
| 12/09/2019 | Types of prolapse, Age wise , Sex wise clinical       | 2.00 to | 2hrs   |
|            | features  | 4.00pm  |        |
| 13/09/2019 | Diagnosis, physical examination                       | 2.00 to | 2hrs   |
|            |   | 4.00pm  |        |
| 14/09/2019 | Management .medical management                        | 2.00 to | 2hrs   |
|            |   | 4.00pm  |        |
| 16/09/2019 | Physiotherapy assessment                              | 2.00 to | 2hrs   |
|            |   | 4.00pm  |        |
| 17/09/2019 | Physiotherapy treatment techniques                    | 2.00 to | 2hrs   |
|            |   | 4.00pm  |        |
| 18/09/2019 | Surgical treatment                                    | 2.00 to | 2hrs   |
|            |   | 4.00pm  |        |
| 19/09/2019 | Post operative physiotherapy protocol                 | 2.00 to | 2hrs   |
|            |   | 4.00pm  |        |
| 20/09/2019 | Core strengthening exercises                          | 2.00 to | 2hrs   |
|            |   | 4.00pm  |        |
| 21/09/2019 | Psychological treatment                               | 2.00 to | 2hrs   |
|            |   | 4.00pm  |        |
| 23/09/2019 | Lifestyle modification                                | 2.00 to | 2hrs   |
|            |   | 4.00pm  |        |
| 24/09/2019 | Diet modification and weight control                  | 2.00 to | 2hrs   |
|            |   | 4.00pm  |        |
| 25/09/2019 | Methods to create awareness                           | 2.00 to | 2hrs   |
|            |   | 4.00pm  |        |
|            | Total hours   |         | 30 hrs |



#### VALUE ADDEDD COURSE ON PELVIV FLOOR REHABILITATION

#### **ORGANIZED BY**

#### ASAROGREEN PHYSIOTHERAPY & FITNESS SOLUTION & SREE BALAJI COLLEGE OF PHYSIOTHERAPY

Date: 07.09.2019 TO 25.09.2019Duration-30hrs

#### **REGISTRATION FORM**

Name: D.O.B:IAP / Reg No: Batch:

Contact No: E-Mail:Address:

Kindly Mention The Course Completed/ Presently Studying/ Working Institution

| Course             | College | University | Year of Completion<br>Month & Year | Designation |
|--------------------|---------|------------|------------------------------------|-------------|
| UG                 |         |            |                                    |             |
| PG                 |         |            |                                    |             |
| Clinical Therapist |         |            |                                    | <u>(</u>    |



#### FEEDBACK FORM

| Criteria  | Strongly<br>Agree (3) | Agree (2) | Disagree (1) |
|---|-----------------------|-----------|--------------|
| Workshop Section was                            | 19100 (0)             |           |              |
| relevant to my needs                            | $\checkmark$          |           |              |
| Length of Workshop<br>Session<br>was sufficient | $\checkmark$          |           |              |
| Content was well                                |                       |           |              |
| organized                                       |                       |           |              |
| Questions were                                  |                       |           |              |
| engaged   |                       |           |              |
| Instructions were clear                         |                       | 1         |              |
| and understandable                              |                       |           |              |
| Workshop met my                                 |                       |           |              |
| expectations                                    |                       |           |              |
| The presentations                               |                       |           |              |
| were effective                                  |                       | · ·       |              |





#### FEEDBACK FORM

| Criteria                                      | Strongly<br>Agree (3) | Agree (2)    | Disagree (1) |
|---|-----------------------|--------------|--------------|
| Workshop was relevant to my needs             | $\checkmark$          |              |              |
| Length of Workshop<br>was sufficient          | $\checkmark$          |              |              |
| Content was well<br>organized                 |                       | $\checkmark$ |              |
| Questions were<br>engaged                     |                       |              |              |
| Instructions were clear<br>and understandable |                       | ~            | -            |
| Workshop met my expectations                  | $\checkmark$          |              |              |
| The presentations were effective              |                       | $\checkmark$ |              |





Phone 144-77207747 CC224 CC Telefor 144-002 Pretente : www.bharathumiy.ac.k t 11 Agaram Road, Setto V. Tami Vari Cheosal, 666 375, Tami baav

#### SREE BALAJI COLLEGE OF PHYSIOTHERAPY

#### ORGANIZED BY

#### AAROGREEN PHYSIOTHERAPY & FITNESS SOLUTION&SREE BALAJI COLLEGE OF PHYSIOTHERAPY

#### **CERTIFICATE OF PARTICIPATION**

This is to certify that Mr / Ms ANU ANIL (UI9PT004)

AAROGREEN PHYSIOTHERAPY&FITNESS SOLUTION

(Reg No ) of III/IV year/

Interns B.P.T/M.P.T/ Clinical Physiotherapists has participated in the VALUE ADDED COURSE ON PELVIC FLOOR REHABILITATION FROM 07.09.2019 TO 25.09.2019

MrsJananie Deiveegan

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Dr.S.S.Subramanian.

Principal

Dr.S.S.SUBRAMANIAN, M.P.T (Orthopaedics) M.S (Education), M. Phil (Education), Ph.D (Physiotherapy) The Principal, Sree Balaji College of Physiotherapy Velachery Main Road, Pallikaranei







IeuDILS. S. OUDRAMANIAN M. V. Jugaela Adh. S. B. OUDRAMANIAN M. V. Jugaela Adh. S. Jeudellan, M. Phili (Bugalo) (Jed Juli J. J. T. D. Physiotherapy) The Principal (Sree Baildi C. Ullege Of Physiotherapy (Sree Baildi C. Ullege Of Physiotherapy (Stationery attain that Maidual analy Chemai

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#### **Participants list**

| SL NO | NAME                   | REGISTER NO |  |
|-------|------------------------|-------------|--|
| 1.    | Aiswarya. V            | U19PT001    |  |
| 2.    | Anandraj. S            | U19PT002    |  |
| 3.    | Anjum. A.K             | U19PT003    |  |
| 4.    | Anu Anil               | U19PT004    |  |
| 5.    | Anusuya. A             | U19PT005    |  |
| 6.    | Arsha Abitha Maybel. E | U19PT006    |  |
| 7.    | Balaveera Raghavan     | U19PT007    |  |
| 8.    | Banazeer Fathima. Z    | U19PT008    |  |
| 9.    | Boinapalli Geetika     | U19PT009    |  |
| 10.   | Dharshini.V            | U19PT010    |  |
| 11.   | Dinesh. E              | U19PT011    |  |
| 12.   | Dinesh. S              | U19PT012    |  |
| 13.   | Divya. B               | U19PT013    |  |
| 14.   | Divya. D               | U19PT014    |  |
| 15.   | Divya. P               | U19PT015    |  |
| 16.   | Divya. S               | U19PT016    |  |
| 17.   | Fathima Sameera. T.L.M | U19PT017    |  |
| 18.   | Fouziya Banu. A        | U19PT018    |  |
| 19.   | Gayathri. B            | U19PT019    |  |
| 20.   | Gladis Jeslin. R       | U19PT020    |  |
| 21.   | Gokulakrishnan. S      | U19PT021    |  |
| 22.   | Grace Hepsiba.I        | U19PT022    |  |
| 23.   | Hanisha. M             | U19PT023    |  |
| 24.   | Hariharan. J           | U19PT024    |  |
| 25.   | Insamam -UI Haq. S     | U19PT025    |  |
| 26.   | Jovinlara. A           | U19PT027    |  |

Dr.S.S.SUBRAMANIAN, M.P.T. (Orthopaedica). M.T. (Education) M. Print (Educator) File (Physiotheringy) The Principal Coloring Main Road, Pathiaranal, Chenna The Principal, 6

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### 11.09.2019

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From

MrS.R. PRIYA

Asst. Professor in Physiotherapy

SreeBalaji College of Physiotherapy,

Chennai

To

Dr.S.S.Subramanian., Ph.D.

The Dean,

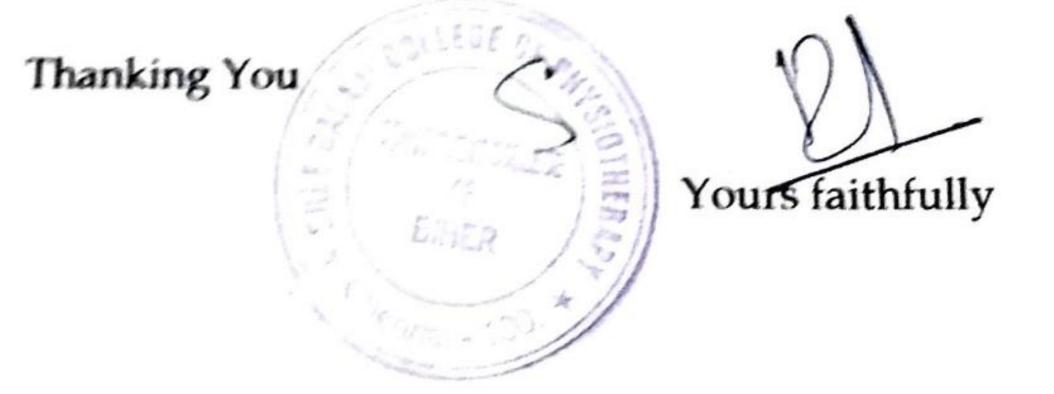
SreeBalaji College of Physiotherapy,

Chennai

Sir,

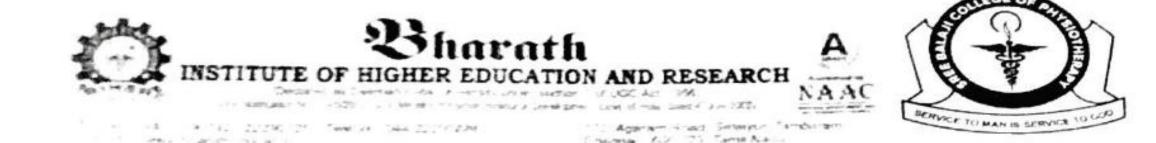
Sub: (Permission to conduct value added course with our MOU- Reg)

Kindly consider in permitting theValue added course on TAPPINGFrom11.10.2019 26.10.2019for 30 hrs.



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11/09/2019

То

Mrs.R.Priya

Asst. Professorin Physiotherapy

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Sir,

With reference to your communication dated on 11.09.2019

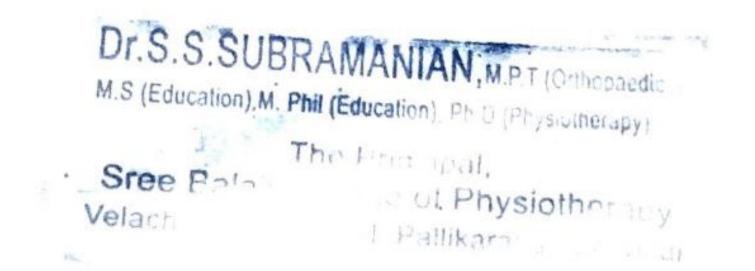
Hereby we grant permission to conduct Value added course from 11.10.2019 to 26.10.2019, with our MOU.



Dr.S.S.Subramanian., Ph.D

The Principal,

Sree Balaji College of Physiotherapy







26.09.2019

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## Mrs.JananieDeiveegan,

Founder

## AARCGREEN PHYSIOTHERAPY & FITNESS SOLUTION

### Chennai

Madam,

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Further continuation of our MOU, to enrich academic and research activities kindly coordinate the proposed approvelecture to benefit faculty and students of both our institutions. Further classification if any kindly communicate the coordinator Mr.R.Priya,, Asst. Professor., email Id: <u>sbcp2007@gmail.com</u>

Enclosing details along with

- 1. Course outline, objective
- 2. Dates, Resource person

Thanking You

Dr.S.S.Subramanian., Ph.D

The Principal,

SreeBalaji College of Physiotherapy

Dr.S.S.SUBRAMANIAN MPT (Orthogenedical) MS (Education) M. Physical Annual Ph D (Physical Interapy)



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## VALUSE ADDEDD COURSE ON TAPING

Date: 11.10.2019 to 26.10.2019Time: 30 hrs

## ORGANIZED BY

## AAROGREEN PHYSIOTHERAPY&FITNESS SOLUTION & SREE BALAJI COLLEGE OF PHYSIOTHERAPY

**Objectives:** 

To create awareness Abouttapping and physiotherapy

## **Course Outline:**

## To educate how to apply in variouscondition

## **Resource Persons**

| peaker | Mrs.JananieDeiveegan | TAPING |  |
|--------|----------------------|--------|--|
|--------|----------------------|--------|--|

## Eligibility: III Year & IV Year B.P.T, Interns, M.P.T students, Clinical Physiotherapists

Fees: Free

For Registration Contact: 044 - 22461883, 044 - 22462179,

e - Mail: sbcp2007@gmail.com

## ORGANIZING SECRETARY

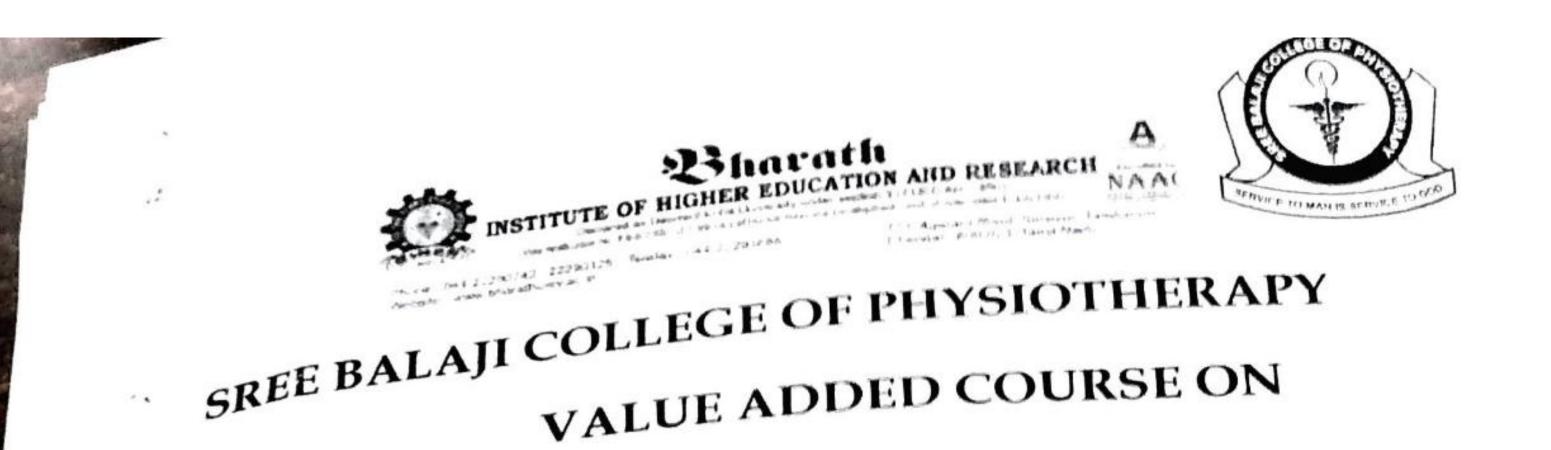
Mrs.R.Priya., Asst. Professor



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TAPING

Date: 11.10.2019 TO 26.10.2019Total Time: 30 hrs Agenda

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|                    |                                 | Time          |
|--------------------|---------------------------------|---------------|
|                    | Events                          | 2.00pm-4.00pm |
| Date<br>11.10.2019 | Introduction ,basics of taping  | 2.00pm-4.00pm |
| 11.10.2019         | Field of application            | 2.00pm-4.00pm |
|                    | Types of taping                 | 2.00pm-4.00pm |
| 13.10.2019         | Materials used and reaction     |               |
| 14.10.2019         | Static taping and application   | 2.00pm-4.00pm |
| 15.10.2019         | k-taping                        | 2.00pm-4.00pm |
| 16.10.2019         |                                 | 2.00pm-4.00pm |
| 17.10.2019         | Tapping in arthritis            | 2.00pm-4.00pm |
| 18.10.2019         | Taping in sports                | 2.00pm-4.00pm |
| 19.10.2019         | Taping in upperlimb             |               |
|                    | Taping in lower limb            | 2.00pm-4.00pm |
| 20.10.2019         | Taping in soft tissue lesion    | 2.00pm-4.00pm |
| 21.10.2019         |                                 | 2.00pm-4.00pm |
| 22.10.2019         | Indication and contraindication | 2.00pm-4.00pm |
| 23.10.2019         | Biomechanics of taping          |               |
|                    |                                 | 2.00pm-4.00pm |
| 24.10.2019         | Complications                   | 2.00pm-4.00pm |
| 25.10.2019         | Pros and cons in deatail        |               |
|                    | Evidence in taping              | 2.00pm-4.00p  |
| 26.10.2019         |                                 | 30hrs         |
|                    | Total                           |               |
|                    |                                 |               |

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## VALUE ADDEDD COURSE ON TAPING

## ORGANIZED BY

## ASAROGREEN PHYSIOTHERAPY & FITNESS SOLUTION & SREE BALAJI COLLEGE OF PHYSIOTHERAPY

Date: 11.10.2019 TO 26.10.2019Duration-30hrs

## **REGISTRATION FORM**

Name:

D.O.B:IAP/Reg No: Batch:

Contact No: E-

E-Mail:Address:

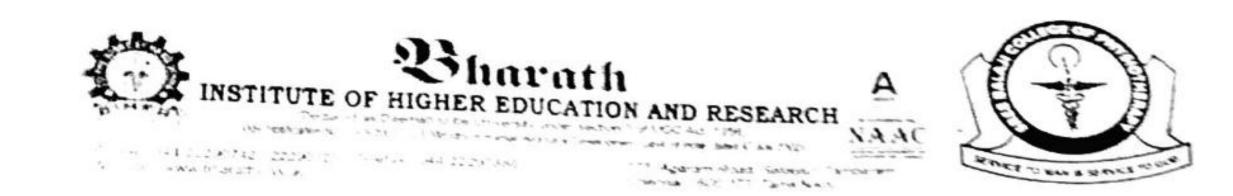
Kindly Mention The Course Completed/ Presently Studying/ Working Institution

| Course<br>UG       | College | University | Year of Completion<br>Month & Year | Designation |
|--------------------|---------|------------|------------------------------------|-------------|
| PG                 |         |            |                                    |             |
| Clinical Therapist |         |            |                                    |             |
| Chindar Therapist  |         |            |                                    | · .         |

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## FEEDBACK FORM

| Criteria  | Strongly<br>Agree (3) | Agree (2) | Disagree (1) |
|---|-----------------------|-----------|--------------|
| Workshop gession was relevant to my needs       |                       |           |              |
| Length of Workshop<br>Session<br>was sufficient | ~                     |           |              |
| Content was well<br>organized                   |                       |           |              |
| Questions were<br>engaged                       |                       | ~         |              |
| Instructions were clear<br>and understandable   |                       |           |              |
| Workshop met my<br>expectations                 | ~                     |           |              |
| The presentations vere effective                |                       |           |              |

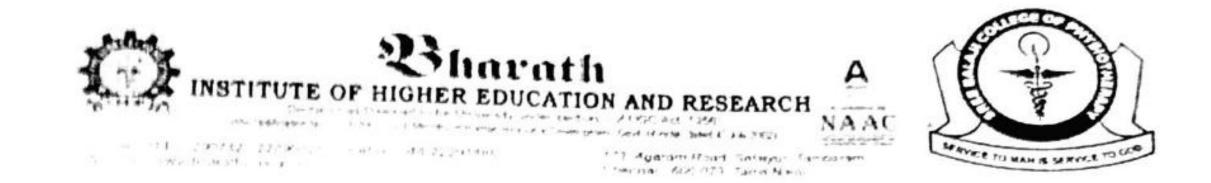
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## FEEDBACK FORM

| Criteria  | Strongly<br>Agree (3) | Agree (2) | Disagree (1) |
|---|-----------------------|-----------|--------------|
| Workshop Session was relevant to my needs       |                       |           |              |
| Length of Workshop<br>Secsion<br>was sufficient |                       |           |              |
| Content was well<br>organized                   |                       |           |              |
| Questions were<br>engaged                       | $\checkmark$          |           | *            |
| Instructions were clear<br>and understandable   |                       |           | -            |
| Workshop met my<br>expectations                 |                       |           |              |
| The presentations were effective                | $\checkmark$          |           |              |

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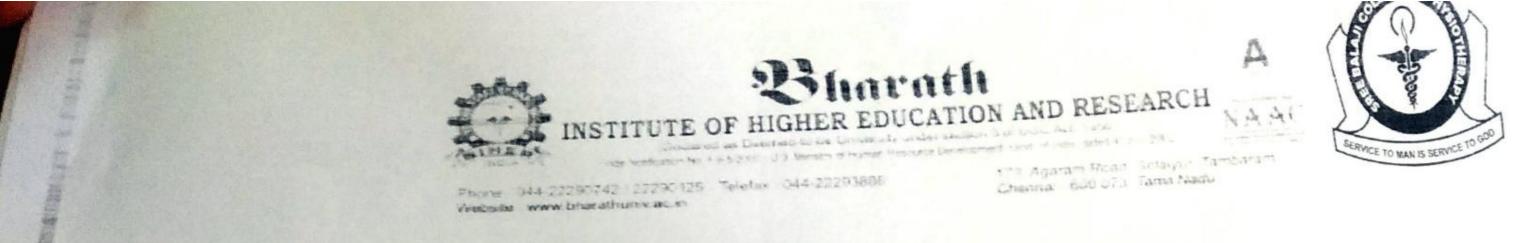
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ORGANIZED BY

AAROGREEN PHYSIOTHERAPY & FITNESS SOLUTION&SREE BALAJI COLLEGE OF PHYSIOTHERAPY

**CERTIFICATE OF PARTICIPATION** 

(Reg No ) of III/IV year/

| This is to certify that Mr / Ms ARCHANA S COLORET<br>Interns B.P.T/M.P.T/ Clinical Physiotherapists has participated in the VALU<br>TO 26.10.2019 | E ADDED COURSE ON                      | Dr.S.S.Subramanian   |
|---|--|--|
| MrsJananie Deiveegan  | Sve                                    | Principal  |
| AAROGREEN PHYSIOTHERAPY&FITNESS SOLUTION  |  | Dr.S.S.SUBRAMANIA<br>M.S (Education), M. Phil IE-<br>Ster ye<br>Vela |
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Dr.S.S.SUBRAMANIAN, M.P.T (Orthopaedics).

M.S (Education), M., Phil (Education), Ph.D (Physiotherapy)

The Principal, Sree Balaji College of Physiotherapy Velachery Main Road, Pallikaranai, Chennai







## **Participants list**

\* 1

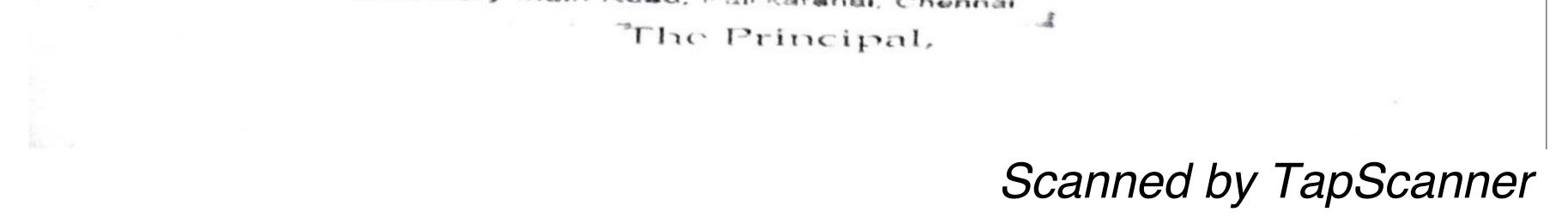
| SL NO | NAME              | REG NO   |
|-------|-------------------|----------|
| 1.    | Sarath Kumar. N   | U19PT054 |
| 2.    | Saravanan. A      | U19PT055 |
| 3.    | Shanmugapriya. R  | U19PT056 |
| 4.    | Sharmila. V       | U19PT057 |
| 5.    | Sivashankaran. M  | U19PT058 |
| 6.    | Srinivasan. T     | U19PT059 |
| 7.    | Subash. M         | U19PT060 |
| 8.    | Swathika. S       | U19PT061 |
| 9.    | Swetha. S         | U19PT062 |
| 10.   | Vasanth. P        | U19PT063 |
| 11.   | Vigneshwar. S     | U19PT064 |
| 12.   | AATHIRA.K         | U18PT001 |
| 13.   | ABDUL AZEEZ.S.M   | U18PT002 |
| 14.   | ABIRAMI.S         | U18PT003 |
| 15.   | ANITHA.P          | U18PT004 |
| 16.   | ANUCHANDANA.R.R   | U18PT005 |
| 17.   | ANUJ PAUL         | U18PT006 |
| 18.   | ARCHANA.S         | U18PT007 |
| 19.   | BALAJI.R          | U18PT008 |
| 20.   | BHUVANESHWARI.R   | U18PT009 |
| 21.   | DEEPIHA.A.G       | U18PT010 |
| 22.   | DENNY THARAKAN    | U18PT011 |
| 23.   | FARSANA FATHIMA.A | U18PT012 |
| 24.   | GOKUL.E           | U18PT013 |
| 25.   | GOKULA KANNAN.G   | U18PT014 |
| 26.   | ILAMUGIL.J.B      | U18PT015 |

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Dr S.S SUBRAMANIAN, M. D.T. Onhopaedes). M. Educations M. Fhall outstone (Physiotherapy)

The Principul, The Principul, Velacienty Main Road, Pall Karanai, Chennai



### 01.10.2019

## From

MISS Priva

Asst Professor in Physiotherapy SteeBalaji College of Physiotherapy, Chennai

### In

Dr.S.S.Subramanian., Ph.D.

The Dean,

SreeBalaji College of Physiotherapy,

Chennai

Sir,

Sub: (Permission to conduct Value added course with our MOU- Reg)

Kindly consider in permitting the value added course on women's health from 02/11/2019 to 16/11/2019 for 30 hrs.

Thanking You

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То

Mrs.S.Priva

Asst. Professorin Physiotherapy

Sir,

01/10/2019

With reference to your communication dated on 01/11/2019

Hereby we grant permission to conduct Value added course from 02/11/2019to 16/11/2019 on Women's health with our MOU

Dr.S.S.Subramanian., Ph.D

The Principal,

31

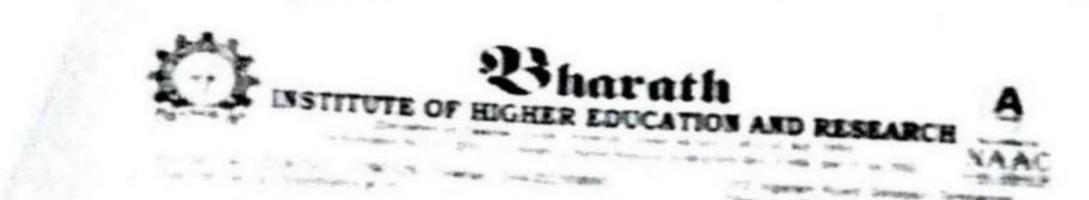
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Sree Balaji College of Physiotherapy

Dr.S.S.SUBRAMANIAN, M.P.T (Orthopaedic M.S (Education), M. Phil (Education), Ph.D (Physiotherapy) The Principal, Sree Balaji College of Physiotherap Velachery Main Road, Pallikaranai, Chenr

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15//10/2019

To

Mrs.Jananie Deiveegan,

Founder

AAROGREEN PHYSIOTHERAPY & FITNESS SOLUTION

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Chennai

Madam,

Further continuation of our MOU, to enrich academic and research activities kindly coordinate the proposed approvelecture to benefit faculty and students of both our institutions. Further classification if any kindly communicate the coordinator S.Priya., Asst. Professor., email Id: <a href="https://www.sbcp2007@gmail.com">sbcp2007@gmail.com</a>

Sec.

Enclosing details along with

- 1. Course outline, objective
- 2. Dates, Resource person

Thanking You

Dr.S.S.Subramanian., Ph.D

The Principal,

ũ.

SreeBalaji College of Physiotherapy

Dr.S.S.SUBRAMANIAN & PT (Otherandes) #3 (Educator: & PE (Educator) PLD (Physiotherapy) The Principal, Sree Batan College of Physiotherapy Velachery Main Road, Palinia and Chemital





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## SREE BALAJI COLLEGE OF PHYSIOTHERAPY

WOMEN'S HEALTH

ORGANIZED BY

## ASAROGREEN PHYSIOTHERAPY & FITNESS SCHUTCHN & SKREE WALAJI COLLEGE OF PHYSIOTHERAPY

Date: 02/11/2019 to 16/11/2019

I could be tones to House

### REGISTRATION FORM

Name:

D.O.B:IAP/Reg No: Batch

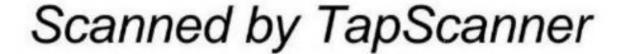
E-Mail: Address:

Contact No:

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| Course             | College | University | Year of Completion<br>Month & Year | Designation |
|--------------------|---------|------------|------------------------------------|-------------|
| UG                 |         |            |                                    |             |
| PG                 |         |            |                                    |             |
| Clinical Therapist |         |            |                                    |             |

## Kindly Mention The Course Completed/ Presently Studying/ Working Institution





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## SHORT TERM COURSE ON WOMEN'S HEALTH

## DATE: 02.11.2019 TO 17.11.2019

**Objectives of the Course:** 

1.To improve knowledge about women's health and related physiotherapy measures

**Course Outline:** 

1.to teach various health issues in women

2.Physiotherapy assessment

3.Discuss about physiotherapy managemnet

## **Recourse Persons**

Speaker: 1 Mrs. Jananie Deivergan Mrs. Uma Maheshwari Aarogreen Speaker: 2 Aaro Green

## Eligibility: Final year B.P.T, Interns, M.P.T students, Clinical Physiotherapists

Fees: Free

For Registration Contact: 044 - 22461883, 044 - 22462179,

e - Mail: sbcp2007@gmail.com



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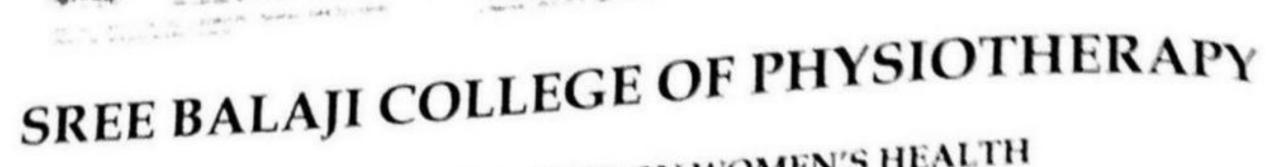
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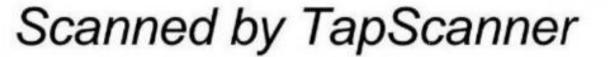
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# SHORT TERM COURSE ON WOMEN'S HEALTH

# DATE: 02/11/2019 to 17/11/2019

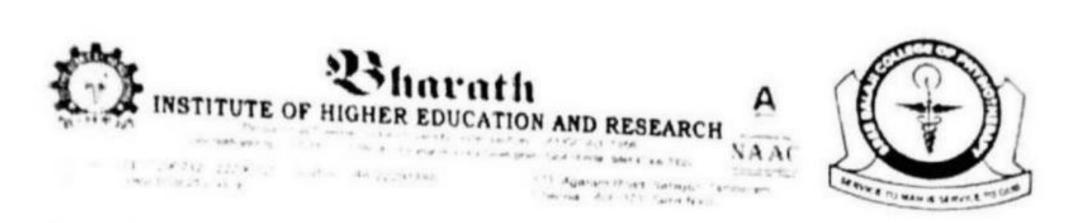
## AGENDA

| [                  | CERTIFICATE COURSE ON CLIN                                      | NICAL NUTRITION       |           |  |
|--------------------|---|-----------------------|-----------|--|
| Data               |   | Time                  | Hour      |  |
| Date<br>02/11/2019 | Topic<br>Introduction ,necessary to improve health in<br>female | 03.00 P.M - 05.00 P.M | 02.00 hr  |  |
| 03/11/2019         | Agewise Common disorders in female                              | 03.00 P.M - 05.00 P.M | 02.00 hrs |  |
| 04/11/2019         | Causes and risk factors   | 02.00 P.M - 04.00 P.M | 02.00 hr  |  |
| 05/11/2019         | Clinical features   | 02.00 P.M - 04.00 P.M | 02.00 hrs |  |
| 06/11/2019         | Diagnosis and investigation                                     | 02.00 P.M - 04.00 P.M | 02.00 hrs |  |
| 07/11/2019         | Medical management diet for various age group                   | 03.00 P.M - 05.00 P.M | 02.00 hrs |  |
| 08/11/2019         | Psychological issues and management                             | 03.00 P.M - 05.00 P.M | 02.00 hrs |  |
| 09/11/2019         | Surgical treatment  | 03.00 P.M - 05.00 P.M | 02.00 hrs |  |
| 10/11/2019         | Physiotherapy assessment  | 03.00 P.M - 05.00 P.M | 02.00 hrs |  |
| 11/11/2019         | Approaches used in physiotherapy                                | 03.00 P.M - 05.00 P.M | 02.00 hrs |  |
| 12/11/2019         | physiotherapy for female children                               | 02.00 P.M - 04.00 P.M | 02.00 hrs |  |
| 13/11/2019         | hysiotherapy for adolescent female                              | 02.00 P.M - 04.00 P.M | 02.00 hrs |  |
| 15/11/2019 P       | hysiotherapy for pregnancy and post natal care                  | 03.00 P.M - 05.00 P.M | 02.00 hrs |  |
| 6/11/2019 P        | hysiotherapy in middle aged female                              | 03.00 P.M - 05.00 P.M | 02.00 hrs |  |
| 7/11/2019 P        | hysiotherapy in menopausal period                               | 03.00 P.M - 05.00 P.M | 02.00 hrs |  |
| T                  | otal Hrs  |                       | 30 hrs    |  |





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## FEEDBACK FORM

| Criteria                                      | Strongly<br>Agree (3) | Agree (2) | Disagree (1) |
|---|-----------------------|-----------|--------------|
| Workshop was<br>relevant to my needs          |                       |           |              |
| Length of Workshop<br>was sufficient          | ~                     |           |              |
| Content was well<br>organized                 |                       | /         |              |
| Questions were<br>engaged                     | ~                     |           |              |
| Instructions were clear<br>and understandable | ~                     |           | -            |
| Workshop met my<br>expectations               |                       | ~         |              |
| The presentations were effective              | ~                     |           |              |

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## **Participants list**

| SL NO | NAME                   | REG NO          |
|-------|------------------------|-----------------|
| 1.    | INIYA.R                | U18PT016        |
| 2.    | JANANI.K.S             | U18PT017        |
| 3.    | JEBASTHIYAL.A          | U18PT018        |
| 4.    | JOEL JOSHUA.B          | U18PT019        |
| 5.    | JOHANN CHRIS DAVID.J   | U18PT020        |
| 6.    | KAAVIYA ASAITHAMBI     | U18PT021        |
| 7.    | KAVYA PREETHA.R        | U18PT022        |
| 8.    | KEERTHANA DEVI.B       | U18PT023        |
| 9.    | KEERTHANA.M            | U18PT024        |
| 10.   | KIRTHIKA.S.K           | U18PT025        |
| 11.   | KOMATHY.J              | U18PT026        |
| 12.   | MEENA.S                | U18PT027        |
| 13.   | MOHAMED RIMAN BATHRU.U | U18PT028        |
| 14.   | MOHANAPRIYA.R          | U18PT029        |
| 15.   | MOOVENDER.M            | U18PT030        |
| 16.   | MUHAMMAD ABDUL QADIR.S | U18PT031        |
| 17.   | NILA.P.A               | U18PT032        |
| 18.   | PANDIT SWARANGI BHARAT | U18PT033        |
| 19.   | PON PERUMAL.M          | U18PT034        |
| 20.   | POOJA.S                | U18PT035        |
| 21.   | PREETHI.C              | U18PT036        |
| 22.   | RASICA.R .             | U18PT037        |
|       | P.ROHINI               | U18PT038        |
| 23.   | ROSHAN KENTANICK.N     | U18PT039        |
| 24.   | S.P.DEEKSHANA          | U18PT040        |
| 25.   |                        | U18PT041        |
| 26.   | SADHANA.G.R            | 1 3 . 3 . 7 . 7 |

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Dr.S.S SUBRAMANIAN, MOT Consuperations MS (Education) M Fill (Feuerice), Ph D (Prysintherapy) The Principal,

De machery Main Road, Fallikaranai, Chennai

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The Principal,





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## FEEDBACK FORM

| Criteria                                      | Strongly<br>Agree (3) | Agree (2) | Disagree (1) |
|---|-----------------------|-----------|--------------|
| Workshop Session was relevant to my needs     |                       | ~         |              |
| Length of Workshop<br>was sufficient          | ~                     |           |              |
| Content was well<br>organized                 |                       | /         |              |
| Questions were<br>engaged                     | /                     |           |              |
| Instructions were clear<br>and understandable | /                     |           |              |
| Workshop met my<br>expectations               |                       | /         |              |
| The presentations were effective              | /                     |           |              |







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| This is to certify that Mr / Ms KEERTHANA·M U16PTO-<br>Interns B.P.T/M.P.T/ Clinical Physiotherapists has participated in the VALUE ADDED CC<br>02/11/2019 to 16/11/2019.  | 53  |
|--|---|
| Mrs.Jananie Deiveegan  | Dr.S.S.Subraman   |
| AAROGREEN PHYSIOTHERAPY&FITNESS SOLUTION   | Principal   |
| The second secon | Dr.S.S.SUBRAMANNAN, MET Ontophodes).<br>M.S (Education) M. Phil (Ecucation), Ph.D (Physiotherapy)<br>The Principal,<br>Sree Balaji College of Physiotherapy<br>Velachery Main Road, Pallikaranai, Chennai |
|  |   |



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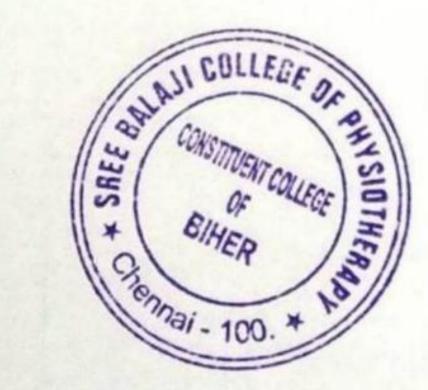
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Dr.S.S.SUBRAMANIAN, M.P.T (Orthopaedics), M.S (Education), M. Phil (Education), Ph.D (Physiotherapy) The Principal, Sree Balaji College of Physiotherapy Velachery Main Road, Pallikaranai, Chennai





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07.11.2019

From

Mr. Arunachalam.S

Asst. Professor in Physiotherapy

Sree Balaji College of Physiotherapy,

Chennai

То

Dr.S.S.Subramanian., Ph.D

The Dean,

SreeBalaji College of Physiotherapy,

Chennai

Sir,

Sub: (Permission to conduct Value added courses with our MOU- Reg)

Kindly consider in permitting thevalue added courses on pediatric fitness from 07.12.2019 to 24.12.2019.



rs faithfully

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07/11/2019

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To

Mr.Arunachalam.S,

Asst. Professorin Physiotherapy

Sir,

With reference to your communication dated on 07.11.2019

Hereby we grant permission to conduct value added course on pediatric fitness from 07.012.2019 to 24.12.2019

Dr.S.S.Subramanian., Ph.D

The Principal,

Sree Balaji College of Physiotherapy





21.11.2019

51

To

Mrs.Jananie Deiveegan,

Founder

### AAROGREEN PHYSIOTHERAPY & FITNESS SOLUTION

Chennai

Madam,

Further continuation of our MOU, to enrich academic and research activities kindly coordinate the proposed approvelecture to benefit faculty and students of both our institutions. Further classification if any kindly communicate the coordinator Mr.Arunachalam, Asst. Professor., email Id: <u>sbcp2007@gmail.com</u>

Enclosing details along with

- 1. Course outline, objective
- 2. Dates, Resource person

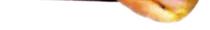
Thanking You

Dr.S.S.Subramanian., Ph.D

The Principal,

Sree Balaji College of Physiotherapy

Dr.S.S.SUBRAMANIAN, M.P.T. (Orthogaedics), M.S. (Education), M. Phill (Education), Ph.D. (Physiotherapi) The Principal, Srec Balaji College of Physiotherapy Velachery Main Road, Part Scianai, Chennai





### VALUE ADDED COURSE ON PEDIATRIC FITNESS

### Date: 07.12.2019 TO N 24.12.2019ORGANIZED BY

### AAROGREEN PHYSIOTHERAPY&FITNESS SOLUTION &SREE BALAJI COLLEGE OF PHYSIOTHERAPY

**Objectives:** exercise

To create awareness about Pediatric condition and fitness

#### **Course Outline:**

To educate how to train fitness in pediatrics

#### **Resource Persons**

| Speaker Mrs.JananieDeiveegan | PEDIATRIC FITNESS |
|------------------------------|-------------------|
| I O                          |                   |

### Eligibility: III Year & IV Year B.P.T, Interns, M.P.T students, Clinical Physiotherapists

Fees: Free

For Registration Contact: 044 - 22461883, 044 - 22462179,

e - Mail: <u>sbcp2007@gmail.com</u>

### ORGANIZING SECRETARY

Mr.S, Arunachalam., Asst. Professor





### VALUE ADDED COURSE IN PEDIATRIC FITNESS

Date: 07.12.2019 TO 24.12.2019

12

### **ORGANIZED BY**

### AAROGREEN PHYSIOTHERAPY&FITNESS SOLUTION &SREE BALAJI COLLEGE OF PHYSIOTHERAPY

### AGENDA

| Time       | Events                             | Time                       |
|------------|------------------------------------|----------------------------|
| 07.12.2019 | Introduction                       | 2.00 pm to 4.00pm          |
| 09.12.2019 | Pediatric obesity and complication | 2.00 pm to 4.00pm          |
| 10.12.2019 | Causes for pediatric obesity       | 2.00 pm to 4.00pm          |
| 11.12.2019 | Disorder due to obesity            | 2.00 pm to 4.00pm          |
| 12.12.2019 | Diagnosis of causes                | 2.00 pm to 4.00pm          |
| 3.12.2019  | Antropometric assessment           | 2.00 pm to 4.00pm          |
| 4.12.2019  | Diet modification                  | 2.00 pm to 4.00pm          |
| 6.12.2019  | Effects of exercises               | 2.00 pm to 4.00pm          |
| 7.12.2019  | Health education                   | 2.00 pm to 4.00pm          |
| 8.12.2019  | Physical fitness for children      | 2.00 pm to 4.00pm          |
| 9.12.2019  | Life style modification            | 2.00 pm to 4.00pm          |
| .12.2019   | Fitness training                   | 2.00 pm to 4.00pm          |
| .12.2019   | Yoga                               | 2.00 pm to 4.00pm          |
| .12.2019   | Councelling for parents            | 2.00 pm to 4.00pm          |
| .12.2019   | Awareness for physical education   |                            |
|            | Total                              | 2.00 pm to 4.00pm<br>30hrs |





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## SREE BALAJI COLLEGE OF PHYSIOTHERAPY

### VALUE ADDED COURSE ON PEDIATRIC FITNESS

### ORGANIZED BY

### ASAROGREEN PHYSIOTHERAPY & FITNESS SOLUTION & SREE BALAJI COLLEGE OF PHYSIOTHERAPY

Date: 07.12.2019 &24.12.2019

### **REGISTRATION FORM**

Name: D.O.B:IAP / Reg No: Batch:

Contact No: E-Mail:Address:

Kindly Mention The Course Completed/ Presently Studying/ Working Institution

| Course             | College | University | Year of Completion<br>Month & Year | Designation |
|--------------------|---------|------------|------------------------------------|-------------|
| PG                 |         |            |                                    |             |
| Clinical Therapist |         |            |                                    |             |
|                    |         |            |                                    | •           |





### FEEDBACK FORM

| Criteria   | Strongly<br>Agree (3) | Agree (2)    | Disagree (1) |
|--|-----------------------|--------------|--------------|
| Workshop <b>see</b> sion was relevant to my needs        | $\checkmark$          |              |              |
| Length of Workshop<br>was sufficient <sup>Sess</sup> ເອກ | $\checkmark$          |              |              |
| Content was well organized                               |                       |              |              |
| Questions were<br>engaged                                |                       |              | -            |
| Instructions were clear and understandable               |                       | $\checkmark$ | -            |
| Workshop met my expectations                             |                       | $\checkmark$ |              |
| The presentations were effective                         | <u> </u>              |              |              |





### FEEDBACK FORM

| Criteria  | Strongly<br>Agree (3) | Agree (2)    | Disagree (1) |
|---|-----------------------|--------------|--------------|
| Workshop Session was<br>relevant to my needs    | ~                     |              |              |
| Length of Workshop<br>Session<br>was sufficient | ~                     |              |              |
| Content was well<br>organized                   | ~                     |              |              |
| Questions were<br>engaged                       |                       | $\checkmark$ |              |
| Instructions were clear and understandable      |                       |              | -            |
| Workshop met my expectations                    | <u> </u>              |              |              |
| The presentations were effective                |                       | $\checkmark$ |              |





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 Realistic Vessel (Chinese Chinesen et Pressing Color of Chinese Manual

### SREE BALAJI COLLEGE OF PHYSIOTHERAPY

#### ORGANIZED BY

### AAROGREEN PHYSIOTHERAPY & FITNESS SOLUTION&SREE BALAJI COLLEGE OF PHYSIOTHERAPY

### **CERTIFICATE OF PARTICIPATION**

This is to certify that Mr / Ms <u>K. INOL AMEENAL (UITPTOI2)</u> (Reg No ) of III/IV year/ Interns B.P.T/M.P.T/ Clinical Physiotherapists has participated in the VALUE ADDED COURSE IN PEDIATRIC FITNESS FROM 07.12.2019 TO 24 .12 2019

MrsJananie Deiveegan

AAROGREEN PHYSIOTHERAPY&FITNESS SOLUTION

Dr.S.S.Subramanian.

Principal

Dr.S.S.SUBRAMANIAN, M.P.T (Orthopaedics), M.S (Education), M. Phil (Education), Ph.D (Physiotherapy)

The Principal, • Sree Balaji College of Physiotherapy -Velachery Main Road, Pallikaranai, Chennai



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Dr.S.S.SUBRAMANIAN MPTION M.S. (Education) M. Phil (Education), Ph.D. (Physiot The Principal, Sree Balaji College of Physiotherapy Velachery Main Road, Pallikaranai, Chennai,

10 1





### **Participants list**

| •   | SL NO | NAME                   | REGNO    |
|-----|-------|------------------------|----------|
|     | 1.    | K Inul Ameenal         | U17PT012 |
| (2) | 2.    | E. Jayakani            | U17PT013 |
|     | 3.    | Jayashree R            | U17PT014 |
|     | 4.    | Jayashree. D           | U17PT015 |
|     | 5.    | M S Jeyabharathy       | U17PT016 |
|     | 6.    | S Jindhuja             | U17PT017 |
|     | 7.    | Jisa Jose              | U17PT018 |
| •   | 8.    | Joshua Lovelyson       | U17PT019 |
|     | 9.    | Kalpana E              | U17PT020 |
| (2) | 10.   | Kanmani S              | U17PT021 |
|     | 11.   | Karunya V              | U17PT022 |
|     | 12.   | Keerthana P            | U17PT023 |
|     | 13.   | Keerthana R            | U17PT024 |
|     | 14.   | Keerthana S            | U17PT025 |
| •   | 15.   | Keerthivanan S         | U17PT026 |
|     | 16.   | Komathi G              | U17PT027 |
|     | 17.   | Lakshmi Priya A        | U17PT028 |
| 12  | 18.   | Larihun Byrsat         | U17PT029 |
| 1   | 19.   | Laxmi Priya E          | U17PT030 |
|     | 20.   | Lohisha S              | U17PT031 |
|     | 21.   | Mahima Sara Jacob      | U17PT032 |
|     | 22.   | Meegha Merin George    | U17PT033 |
|     | 23.   | Megha Gururaj Sherigar | U17PT034 |
|     | 24.   | Meiyazhagan R          | U17PT035 |
|     | 25.   | Mohamed Asfar B        | U17PT036 |
|     | 26.   | Nandhini V S           | U17PT037 |



DF.S.S.SUBRAMANIAN, MPT (Orthopaedica), MS (Education) M Phil (Education) Ph D (Physiotherapy) The Principal) DP Reacted Failer Philip Philip Papy Velacitary Main Hoad, Patikaranai, Chonnai The Principal,

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02.12.2019

From

Mrs.K.Lakshmiprabha

Asso. Professor in Physiotherapy

Sree Balaji College of Physiotherapy,

Chennai

То

Dr.S.S.Subramanian., Ph.D

The Dean,

Sree Balaji College of Physiotherapy,

## Chennai

Sir,

Sub: (Permission to conduct value added course with our MOU- Reg)

Kindly consider in permitting thevalue added course on SOFT TISSUE MOBILISATION from 25.01.2020 for 30 hrs

Thanking You



Yours faithfully





02/12/2019

Mrs.K.Lakshmiprabha

Ass Professorin Physiotherapy

Sir,

# With reference to your communication dated on 02.12.2019

Hereby we grant permission to conduct Value Added Course On SOFT TISSUE MOBILISATION from 02.01.2020 to 25.01.2020

Dr.S.S.Subramanian., Ph.D

The Principal,

SreeBalaji College of Physiotherapy









17.12.2019

To

Mr.Ravi

Founder

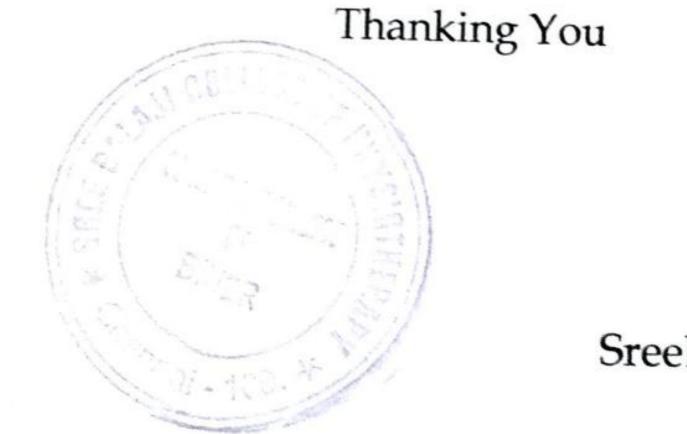
Pain and Stroke

Chennai

Sir,

Enclosing details along with

- 1. Course outline, objective
- 2. Dates, Resource person



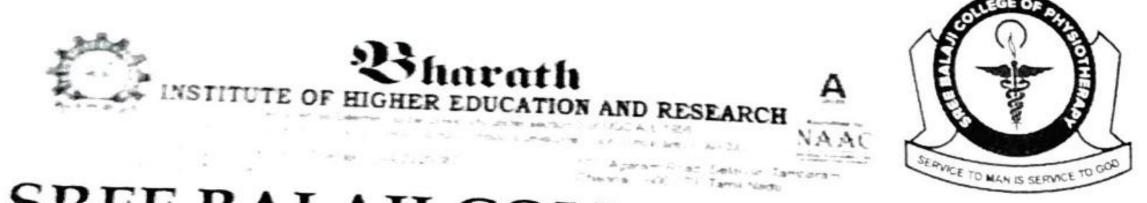
Dr.S.S.Subramanian., Ph.D

The Principal,

SreeBalaji College of Physiotherapy



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## VALUE ADDED COURSE ON SOFT TISSUE MOBILISATION

ORGANIZED BY

## PAIN AND STROKE&SREE BALAJI COLLEGE OF PHYSIOTHERAPY

Date: 02.01.2020to25.01.2020

## **REGISTRATION FORM**

Name:

D.O.B:IAP / Reg No: Batch:

Contact No: E-Mail:Address:

2

## Kindly Mention The Course Completed/ Presently Studying/ Working Institution

| Course             | College | University | Year of Completion<br>Month & Year | Designatio |
|--------------------|---------|------------|------------------------------------|------------|
| UG                 |         |            |                                    |            |
| PG                 |         |            |                                    |            |
| Clinical Therapist |         |            |                                    |            |



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## SHORT TERM COURSE ON SOFT TISSUE MANIPULATION

### DATE: 02.01.2020 TO 25.01.2020

## **Objectives of the Course**

1.To improve knowledge about soft tissue physiotherapy

### Course Outline:

1.to teach various types of STM

2. Physiotherapy assessment

3. Discuss about physiotherapy managemnet

### **Recourse Persons**

| Speaker: 1 | MR.RAVI RENGANATHAN | SOFTTISSUE MOBILISATION |
|------------|---------------------|-------------------------|
|            |                     |                         |

## Eligibility: Final year B.P.T, Interns, M.P.T students, Clinical Physiotherapists

Fees: Free

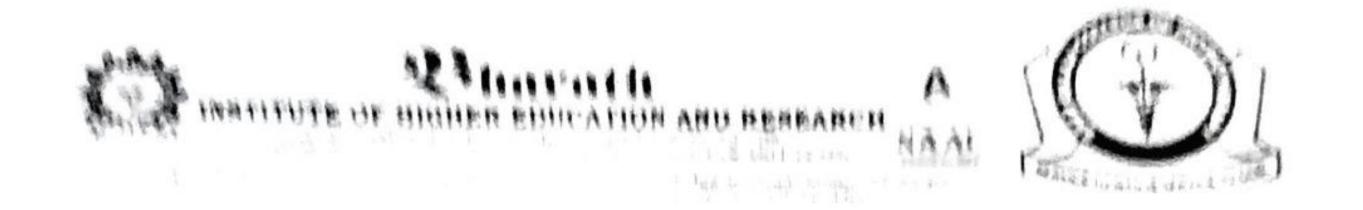
For Registration Contact: 044 – 22461883, 044 – 22462179,

e - Mail: sbcp2007@gmail.com

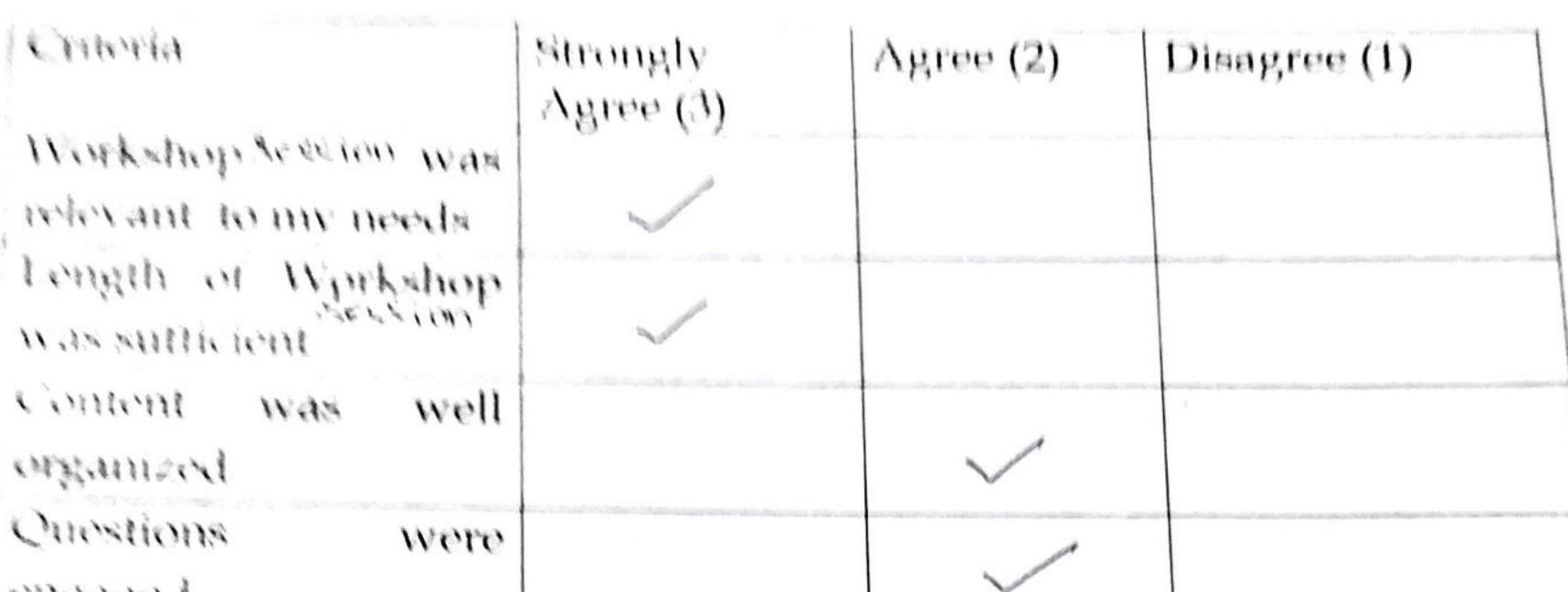
**Coordinator for the Course** 

Mrs.K.lakshmiprabha, M.P.T., Asso. Professor





## FEEDBACK FORM



| entrivieres                                   |   |  |
|---|---|--|
| Instructions were clear<br>and understandable | ~ |  |
| Workshop met my<br>expectations               |   |  |
| The presentations were effective              |   |  |









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## **SREE BALAJI COLLEGE OF PHYSIOTHERAPY**

## **Participants list**

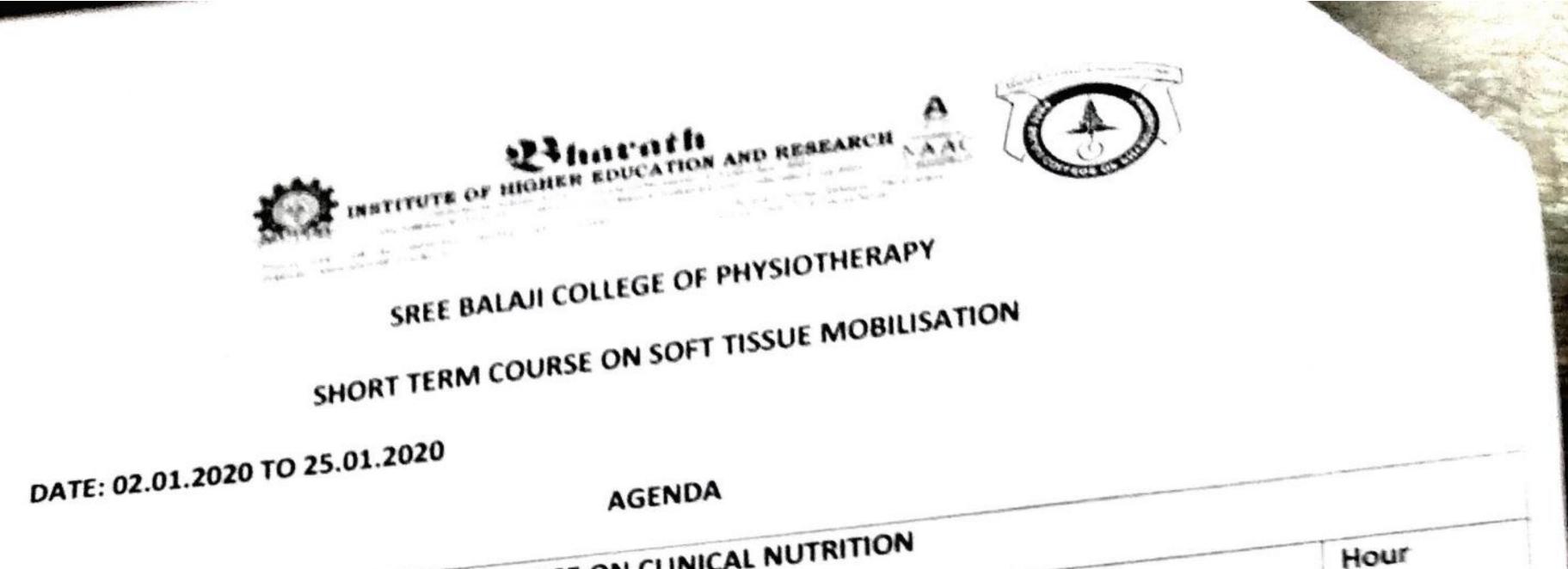
| SL NO | NAME                     | REG NO   |
|-------|--------------------------|----------|
| 1.    | INIYA.R                  | U18PT016 |
| . 2.  | JANANI.K.S               | U18PT017 |
| 3.    | JEBASTHIYAL.A            | U18PT018 |
| 4.    | JOEL JOSHUA.B            | U18PT019 |
| 5.    | JOHANN CHRIS DAVID.J     | U18PT020 |
| 6.    | KAAVIYA ASAITHAMBI       | U18PT021 |
| 7.    | KAVYA PREETHA.R          | U18PT022 |
| 8.    | KEERTHANA DEVI.B         | U18PT023 |
| 9.    | KEERTHANA.M              | U18PT024 |
| 10.   | KIRTHIKA.S.K             | U18PT025 |
| 11.   | KOMATHY.J                | U18PT026 |
| 12.   | MEENA.S                  | U18PT027 |
| 13.   | MOHAMED RIMAN BATHRU.U   | U18PT028 |
| 14.   | MOHANAPRIYA.R            | U18PT029 |
| 15.   | MOOVENDER.M              | U18PT030 |
| 16.   | · MUHAMMAD ABDUL QADIR.S | U18PT031 |
| 17.   | NILA.P.A                 | U18PT032 |
| 18.   | PANDIT SWARANGI BHARAT   | U18PT033 |
| 19.   | PON PERUMAL.M            | U18PT034 |
| 20.   | POOJA.S                  | U18PT035 |
| 21.   | PREETHI.C                | U18PT036 |
| 22.   | RASICA.R                 | U18PT037 |
| 23.   | P.ROHINI                 | U18PT038 |
| 24.   | ROSHAN KENTANICK.N       | U18PT039 |
| 25.   | S.P.DEEKSHANA            | U18PT040 |
| 26.   | SADHANA.G.R              | U18PT041 |

5-2

Dr.S.S.SUBRAMANIAN, MOT (Onhopaedics). M 5 (Education) M Flid (Education), Ph D (Physiotherapy)

The Principal.





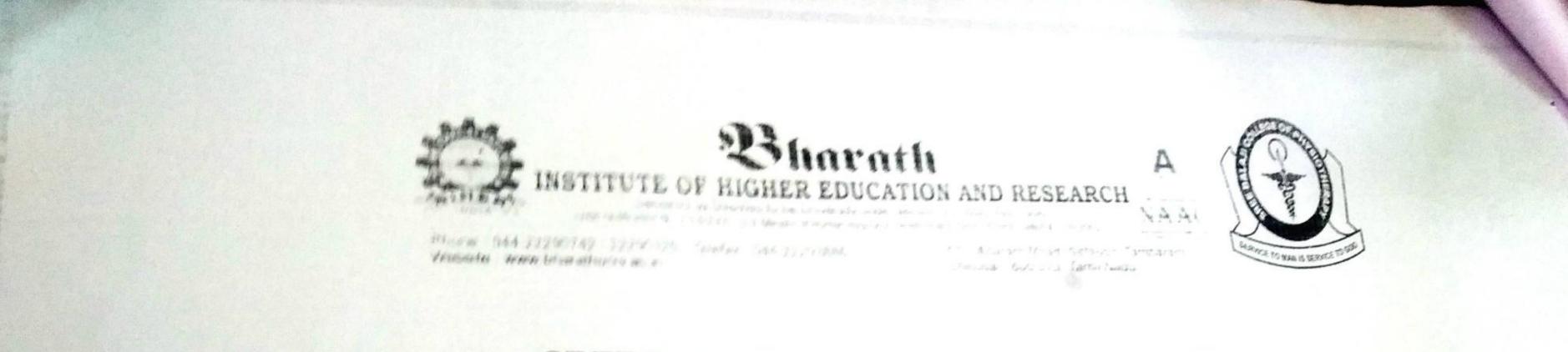
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| COURSE ON CLINICAL NUTRITION      |                     |                       | Hour      |  |
|-----------------------------------|---------------------|-----------------------|-----------|--|
| CERTIFICATE COURSE ON CLINICAL NU |                     | Time                  | 02.00 hrs |  |
|                                   | Topic               | 03.00 P.M - 05.00 P.M |           |  |
| Date                              |                     | 03.00 P.M - 05.00 P.M | 02.00 hrs |  |
| 02.01.2020                        | Introduction        |                       | 02.00 hrs |  |
| 03.01.2020                        | History             | 02.00 P.M - 04.00 P.M |           |  |
|                                   |                     | 02.00 P.M - 04.00 P.M | 02.00 hrs |  |
| 04.01.2020                        |                     |                       | 02.00 hrs |  |
| 06.01.2020                        | Indications         | 02.00 P.M - 04.00 P.M |           |  |
| 07.01.2020                        | Contraindication    | 03.00 P.M - 05.00 P.M | 02.00 hrs |  |
|                                   | Sideeffects         |                       | 02.00 hrs |  |
| 08.01.2020                        | Sideeneeus          | 03.00 P.M - 05.00 P.M | an oo his |  |
| 09.01.2020                        | Massage             | 03.00 P.M - 05.00 P.M | 02.00 hrs |  |
|                                   | Positional release  | 03.00 P.M - 05.00 P.M | 02.00 hrs |  |
| 10.01.2020                        |                     |                       | 02.00 hrs |  |
| 11.01.2020                        | MFR                 | 03.00 P.M - 05.00 P.M | 02.00     |  |
|                                   | Trigger release     | 02.00 P.M - 04.00 P.M | 02.00 hrs |  |
| 13.01.2020                        |                     |                       | an oo his |  |
| 14.01.2020                        | Neural mobilization | 02.00 P.M - 04.00 P.M | 02.00 hrs |  |
|                                   | Lymphatic drainage  | 03.00 P.M - 05.00 P.M |           |  |
| 0.01.2020                         |                     |                       |           |  |
| 1.01.2020                         | MET                 | 03.00 P.M - 05.00 P.M | 02.00 hrs |  |
|                                   | Transverse friction |                       | 22.22 bo  |  |
|                                   |                     | 03.00 P.M - 05.00 P.M |           |  |
| 3.01.2020                         | Stretching          |                       | 30 hrs    |  |
|                                   |                     |                       |           |  |
|                                   | Total Hrs           |                       |           |  |
|                                   |                     |                       |           |  |



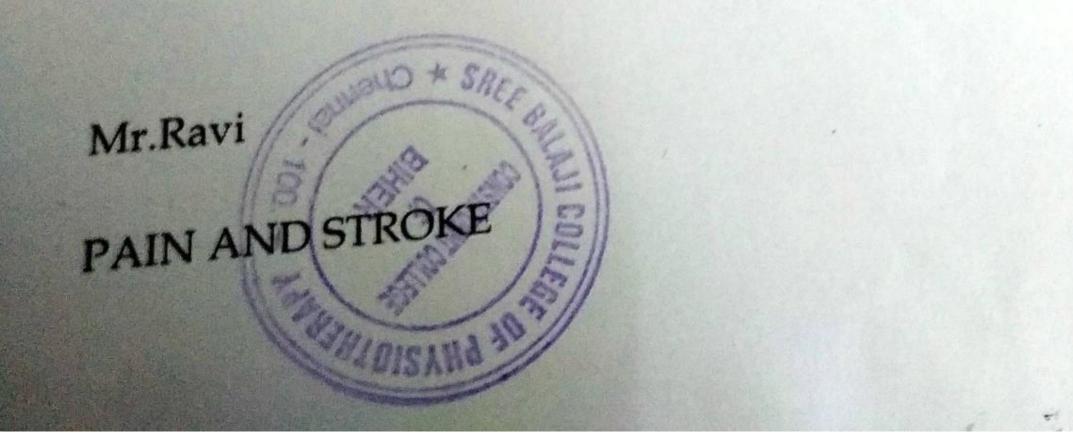


### ORGANIZED BY

## PAIN AND STROKE&SREE BALAJI COLLEGE OF PHYSIOTHERAPY

## **CERTIFICATE OF PARTICIPATION**

This is to certify that Mr / Ms ABIRAMI.S (U18 PT003) (Reg No ) of III/ Interns B.P.T/M.P.T/ Clinical Physiotherapists has participated in the VALUE ADDED COURSE FROM 02.01.2020 TO 25



Dr.S.S.Subramanian., Si mare

Principal

Dr.S.S.SUBRAMANIAN, M.P.T (Orthopaedics), M.S (Education), M. Phil (Education), Ph.D (Physiotherapy) The Principal, Sree Balaji College of Physiotherapy Velachery Main Road







From

Mrs. Vennila

Asst. Professor in Physiotherapy

SreeBalaji College of Physiotherapy,

Chennai

То

Dr.S.S.Subramanian., Ph.D

The Dean,

SreeBalaji College of Physiotherapy,

Chennai

Sir,

Sub: (Permission to conduct value added course with our MOU- Reg)

Kindly consider in permitting theValue added course on spinal cord injuries and rehabilitationfrom 31.01.2020 to 17.02.2020

Thanking You

Yours faithfully

41



31/12/2019

То

Mrs. Vennila

Asst. Professorin Physiotherapy

Madam,

With reference to your communication dated on 31.12.2019

Hereby we grant permission to conduct Value added course from 31.01.2020 to 17.02.2020, with our MOU



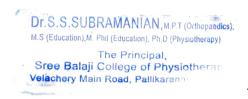
To

Dr.S.S.Subramanian., Ph.D

The Principal,

12

SreeBalaji College of Physiotherapy





18.01.2020

To

Dr.Sivasubramaniam,

Founder

SGS TRUST

Chennai

Madam,

Further continuation of our MOU, to enrich academic and research activities kindly coordinate the proposed approvelecture to benefit faculty and students of both our institutions. Further classification if any kindly communicate the coordinator Mrs ,Vennila, Asst. Professor., email Id: <u>sbcp2007@gmail.com</u>

Enclosing details along with

1. Course outline, objective

2. Dates, Resource person

Thanking You

Soz

Dr.S.S.Subramanian., Ph.D

The Principal,

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SreeBalaji College of Physiotherapy

Dr.S.S.SUBRAMANIAN, M.P.T (Orthopaedics) M.S (Education), M. Phil (Education), Ph.D (Physiothorapy) The Principal, Sree Balaji College of Physiotherport Velachery Main Road, Pally



### VALUE ADDEDD COURSE ON SPINAL CORD INJURY AND REHABILITATION

### **ORGANIZED BY**

### SGS TRUST&SREE BALAJI COLLEGE OF PHYSIOTHERAPY

Date: 31.01.2020 TO 17.02.2020Duration-30hrs

### **REGISTRATION FORM**

Name: D.O.B:IAP/Reg No: Batch:

Contact No: E-Mail:Address:

Kindly Mention The Course Completed/ Presently Studying/ Working Institution

| Course             | College | University | Year of Completion<br>Month & Year | Designation |
|--------------------|---------|------------|------------------------------------|-------------|
| UG                 |         |            |                                    | \$1<br>1    |
| PG                 |         |            |                                    | ×.,         |
| Clinical Therapist |         |            |                                    |             |





### VALUE ADDED COURSE ON SPINAL CORD INJURY AND REHABILITATION

Date: 31.01.2020 to 17.02.2020Time: 30 hrs

### **ORGANIZED BY**

### SGS TRUST&SREE BALAJI COLLEGE OF PHYSIOTHERAPY

#### **Objectives:**

To create awareness About Spinal cord injuryand physiotherapy

### **Course Outline:**

To educate how to apply in spinal cord condition

#### **Resource Persons**

| Speaker | Dr,Sivasubramaniam | SPINALCORD     | INJURY |
|---------|--------------------|----------------|--------|
|         |                    | REHABILITATION | τ.     |

### Eligibility: III Year & IV Year B.P.T, Interns, M.P.T students, Clinical Physiotherapists

Fees: Free

For Registration Contact: 044 - 22461883, 044 - 22462179,

e - Mail: sbcp2007@gmail.com

### ORGANIZING SECRETARY

Mrs.Vennila., Asst. Professor



### VALUE ADDED COURSE ON SPINAL CORD INJURY AND REHABILITATION

Date: 31.01.2020 to 17.02.2020

Time: 30 hrs

### ORGANIZED BY

## SGS TRUST & SREE BALAJI COLLEGE OF PHYSIOTHERAPY

| Date       | Events   |               |
|------------|--|---------------|
| 31.01.2020 | Introduction spinal cord anatomy   | Time          |
| 01.02.2020 | Physio;ogy ,function of spinal cord  | 2.00pm-4.00pm |
| 03.02.2020 | Causes for dysfunction   | 2.00pm-4.00pm |
| 04.02.2020 | Levels of injury   | 2.00pm-4.00pm |
| 05.02.2020 | Type of paralysis  | 2.00pm-4.00pm |
| 06.02.2020 | Diagnosis and symptoms   | 2.00pm-4.00pm |
| 07.02.2020 | Assessment   | 2.00pm-4.00pm |
| 08.02.2020 | Complications  | 2.00pm-4.00pm |
| 10.02.2020 |  | 2.00pm-4.00pm |
| 11.02.2020 | Treatment medical and surgical   | 2.00pm-4.00pm |
| 12.02.2020 | Braces supports  | 2.00pm-4.00pm |
| 13.02.2020 | Mat exercises  | 2.00pm-4.00pm |
| 14.02.2020 | Wheel chair transfers  | 2.00pm-4.00pm |
| 15.02.2020 | ICU management and post operative care<br>Physiotherapy according to level | 2.00pm-4.00pm |
| 17.02.2020 | Psycho social and occupational rehabilitation                              | 2.00pm-4.00pm |
|            | total  | 2.00pm-4.00pm |
|            |  | 30 hrs        |



### FEEDBACK FORM

| Criteria .                                  | Strongly<br>Agree (3) | Agree (2) | Disagree (1) |
|---|-----------------------|-----------|--------------|
| Workshop Session was relevant to my needs   |                       |           |              |
| Length of Workshop<br>was sufficient  கேகாற | $\checkmark$          |           |              |
| Content was well organized                  |                       |           |              |
| Questions were<br>engaged                   |                       |           | -            |
| Instructions were clear and understandable  |                       |           | -            |
| Workshop met my expectations                | $\checkmark$          |           |              |
| The presentations were effective            |                       | <u> </u>  |              |





### FEEDBACK FORM

| Criteria                   | 1                        | Strongly<br>Agree (3) | Agree (2) | Disagree (1) |
|----------------------------|--------------------------|-----------------------|-----------|--------------|
| Workshop<br>relevant to    | session was<br>my needs  | ~                     |           |              |
| Length of was sufficie     | Workshop<br>Session      | $\checkmark$          |           |              |
| Content<br>organized       | was well                 |                       |           |              |
| Questions<br>engaged       | were                     |                       | ~         |              |
| Instructions<br>and unders | s were clear<br>tandable |                       |           | -            |
| Workshop<br>expectations   | met my<br>s              |                       |           |              |
| The pr<br>were effective   | esentations<br>ve        | $\checkmark$          |           |              |







#### **ORGANIZED BY**

#### SGS TRUST&SREE BALAJI COLLEGE OF PHYSIOTHERAPY

#### **CERTIFICATE OF PARTICIPATION**

This is to certify that Mr / Ms \_\_\_\_\_

(Reg No ) of III/IV year/

Interns B.P.T/M.P.T/ Clinical Physiotherapists has participated in theVALUE ADDED COURSE ON SPINAL CORD INJURY AND REHABILITATION FROM 31.01.2020 TO 17.02.2020

| Dr.Sivasubramanian | Sv Dr.S.S.Subramanian.,  |
|--------------------|--|
| SGS TRUST          | Principal  |
| TETUISIUS STATE    | Dr.S.S.SUBRAMANIAN, M.P.T (Orthopaedics),<br>M.S (Education), M. Phil (Education), Ph.D (Physiotherapy)<br>The Principal,<br>Sree Balaji College of Physiotherapy<br>Velacher Main Road, Pallikaranai, Chennai |
|                    |  |



### **Participants list**

15 1

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| SL NO | NAME              | REG NO   |
|-------|-------------------|----------|
| 1.    | Sarath Kumar. N   | U19PT054 |
| 2.    | Saravanan. A      | U19PT055 |
| 3.    | Shanmugapriya. R  | U19PT056 |
| 4.    | Sharmila. V       | U19PT057 |
| 5.    | Sivashankaran. M  | U19PT058 |
| 6.    | Srinivasan. T     | U19PT059 |
| 7.    | Subash. M         | U19PT060 |
| 8.    | Swathika. S       | U19PT061 |
| 9.    | Swetha. S         | U19PT062 |
| 10.   | Vasanth. P        | U19PT063 |
| 11.   | Vigneshwar. S     | U19PT064 |
| 12.   | AATHIRA.K         | U18PT001 |
| 13.   | ABDUL AZEEZ.S.M   | U18PT002 |
| 14.   | ABIRAMI.S         | U18PT003 |
| 15.   | ANITHA.P          | U18PT004 |
| 16.   | ANUCHANDANA.R.R   | U18PT005 |
| 17.   | ANUJ PAUL         | U18PT006 |
| 18.   | ARCHANA.S         | U18PT007 |
| 19.   | BALAJI.R          | U18PT008 |
| 20.   | BHUVANESHWARI.R   | U18PT009 |
| 21.   | DEEPIHA.A.G       | U18PT010 |
| 22.   | DENNY THARAKAN    | U18PT011 |
| 23.   | FARSANA FATHIMA.A | U18PT012 |
| 24.   | GOKUL.E           | U18PT013 |
| 25.   | GOKULA KANNAN.G   | U18PT014 |
| 26.   | ILAMUGIL.J.B      | U18PT015 |

<\_\_\_\_ 2 Dr S.S. SUBRAMANIAN, Mer ronhopaedex), M. (Leucation) M. Fhil (Isoucation), Ph.O. (Physiotherapy) The Principal, Dr Schoory Main Road, Pall Karanal, Chennar The Principal,







Dr.S.S.SUBRAMANIAN, M.P.T (Orthopaedics). M.S (Education), M. Phil (Education), Ph.D (Physiotherapy) The Principal, Sree Balaji College of Physiotherapy Velachery Main Road, Pallikaranai, Chennai

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03.01.2020

From

Mrs.R.Priya

Asst. Professor in Physiotherapy SreeBalaji College of Physiotherapy,

Chennai

То

Dr.S.S.Subramanian., Ph.D

The Dean,

SreeBalaji College of Physiotherapy,

### Chennai

Sir,

## Sub: (Permission to conduct VALUE ADDED COURSE ON ORTHOTICS AND PROSTHETICS with our MOU- Reg)

135 miles

Kindly consider in permitting VALUE ADDED COURSE ON ORTHOTICS AND PROSTHETICS from 03.02.2020 to 19.02.2020.

Thanking You



Yours faithfully

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03/01/2020

To

Mrs.R.Priva

Asst. Professorin Physiotherapy

Sir,

## With reference to your communication dated on 03.01.2020

Hereby we grant permission to conduct Value asdded course on Orthotics And prosthetics from 03.02.2020 to 19.02.2020



Dr.S.S.Subramanian., Ph.D

The Principal,

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31

Sree Balaji College of Physiotherapy





Land North

20.01.2020

To

Mrs.Jananie Deiveegan,

Founder

AAROGREEN PHYSIOTHERAPY & FITNESS SOLUTION

Chennai

Madam,

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Further continuation of our MOU, to enrich academic and research activities kindly coordinate the proposed approvelecture to benefit faculty and students of both our institutions. Further classification if any kindly communicate the coordinator Mrs.R.Priya Asst. Professor., email Id: <a href="mailto:sbcp2007@gmail.com">sbcp2007@gmail.com</a>

Enclosing details along with

- 1. Course outline, objective
- 2. Dates, Resource person

Thanking You

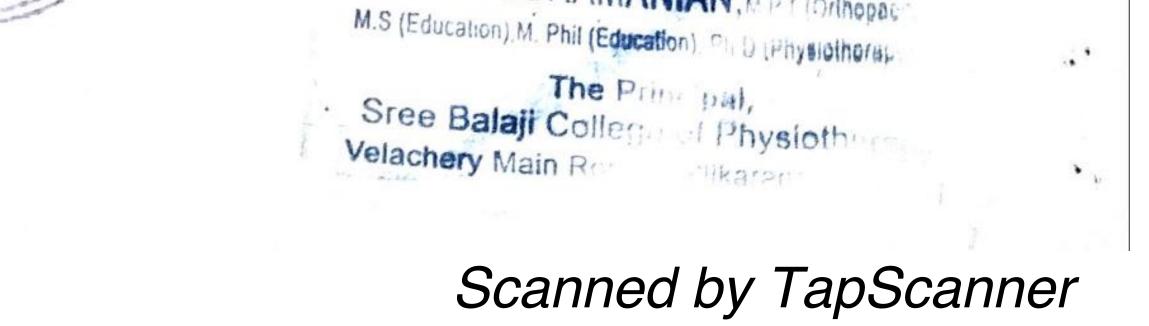


Dr.S.S.Subramanian., Ph.D

The Principal,

Sree Balaji College of Physiotherapy

Dr.S.S.SUBRAMANIAN, MPT (Orthopac





### VALUE ADDED COURSE ON ORTHOTICS AND PROSTHETICS

Date: 03.02.2020TO 19.02.2020

### ORGANIZED BY

## AAROGREEN PHYSIOTHERAPY&FITNESS SOLUTION & SREE BALAJI COLLEGE OF PHYSIOTHERAPY

**Objectives:** 

To create awareness about bracecs, prosthesis, orthosis

## **Course Outline:**

To educate how to apply in variouss condition

11

## **Resource Persons**

peaker

## Eligibility: III Year & IV Year B.P.T, Interns, M.P.T students, Clinical Physiotherapists

Fees: Free

For Registration Contact: 044 - 22461883, 044 - 22462179,

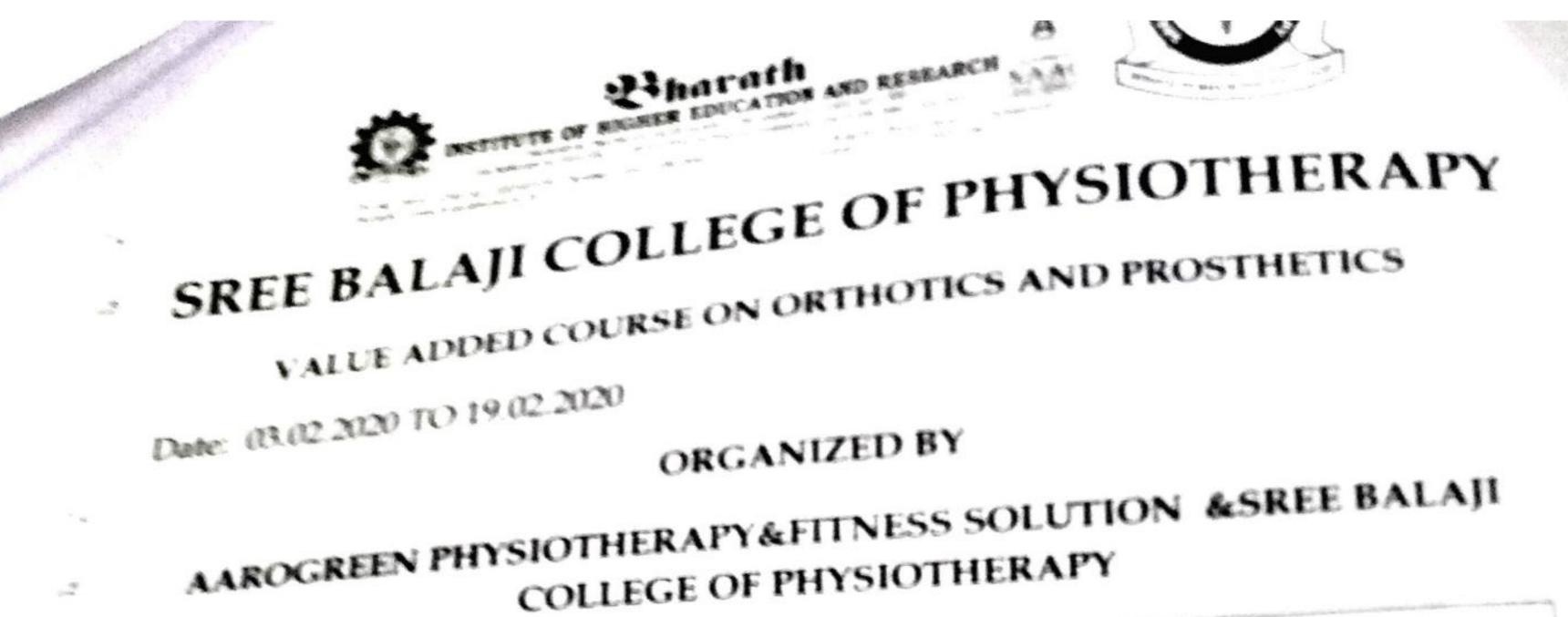
e - Mail: sbcp2007@gmail.com

## ORGANIZING SECRETARY

Mrs.R.Priya, Asst. Professor







|                                   |   | Time           |
|-----------------------------------|---|----------------|
| Date                              | Events  | 2.00 to 4.00pm |
| 03 02 3020                        | Introduction ,types of support                | 2.00 to 4.00pm |
| 04 02 2020                        | Orthosis and prosthesis                       |                |
| 05.02.2020                        | Fabrication and manufacturing                 | 2.00 to 4.00pm |
| 06.02.2020                        | Uses external appliance                       | 2.00 to 4.00pm |
| 1                                 | How to take measurements                      | 2.00 to 4,00pm |
| 07 02 2020                        | Indication for support                        | 2.00 to 4,00pm |
| 10 02 2020                        | Recent development in orthosis and prosthesis | 2.00 to 4,00pm |
| 11 02 2020 Myoelectric prosthesis |   | 2.00 to 4.00pm |
| 12.02.2020                        | Different type of caliper                     | 2.00 to 4.00pm |
| 3.02.2020                         | Upperlimb splints                             | 2.00 to 4.00pm |
| 4 02,2020                         | Lower limb splints                            | 2.00 to 4,00pm |
| 02.2020                           | Spinal braces                                 | 2.00 to 4.00pm |
| 02.2020                           | Functional lower limb prosthesis              | 2.00 to 4,00pm |
| 02.2020                           | Hand and finger splints Dynamic splints       | 2.00 to 4,00pm |
| 02.2020                           | Care and ,maintanence                         | 2.00 to 4,00pm |
|                                   |   | 30hrs          |

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## VALUE ADDED COURSE ON ORTHOSIS AND PROSTHESIS

### **ORGANIZED BY**

## ASAROGREEN PHYSIOTHERAPY &FITNESS SOLUTION &SREE BALAJI **COLLEGE OF PHYSIOTHERAPY**

Date: 03.02.2020 TO 19.02.2020

## **REGISTRATION FORM**

Batch: D.O.B:IAP/Reg No: Name:

**E-Mail:Address:** Contact No:

Kindly Mention The Course Completed/ Presently Studying/ Working Institution

|         |            |                                    | 4  |
|---------|------------|------------------------------------|--|
| College | University | Year of Completion<br>Month & Year | Designatio   |
|         |            |                                    |  |
|         |            |                                    |  |
|         |            |                                    |  |
| -       | College    | College University                 | College   University   Year of Completion     Month & Year   Month & Year     Image: Imag |



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SREE BALAJI COLLEGE OF PHYSIOTHERAPY

### ORGANIZED BY

## SGS TRUST&SREE BALAJI COLLEGE OF PHYSIOTHERAPY

### CERTIFICATE OF PARTICIPATION

VIDYA. K UISPT056 (Reg No ) of III/IV year Interns B.P.T/M.P.T/ Clinical Physiotherapists has participated in theVALUE ADDED COURSE ON SPINAL CORD INJUR AND REHABILITATION FROM 31.01.2020 TO 17.02.2020 Dr.S.S.Subramanian., Dr.Sivasubramanian Principal SGS TRUS Dr.S.S.SUBRAMANIAN, M.P.T (Onhophedics), M.S (Education), M. Phil (Education), Ph.D (Physiotherapy) Sree Balaji College of Physiotherapy The Principal. Vela been Mein Road, Pallikaranai, Chennai ÷. 20%

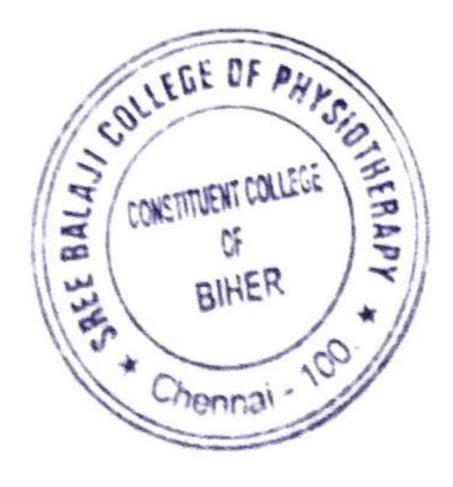




## FEEDBACK FORM

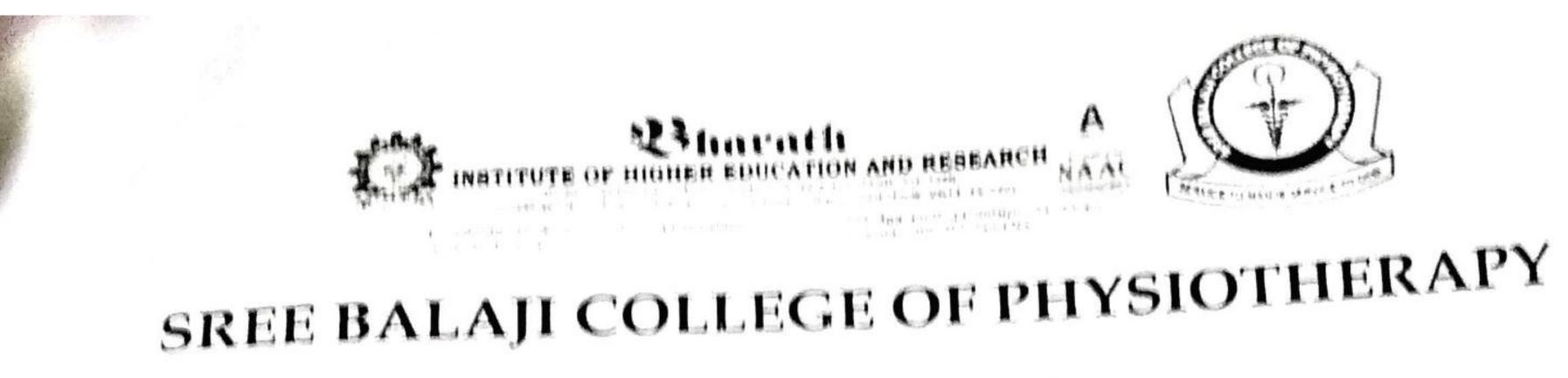
| Criteria                                      | Strongly<br>Agree (3) | Agree (2) | Disagree (1) |
|---|-----------------------|-----------|--------------|
| Workshop action was relevant to my needs      |                       |           |              |
| Length of Workshop<br>was sufficient Session  |                       |           |              |
| Content was well<br>organized                 |                       |           |              |
| Questions were<br>engaged                     |                       |           |              |
| Instructions were clear<br>and understandable |                       |           | -            |
| Workshop met my<br>expectations               |                       |           |              |
| The presentations were effective              |                       |           |              |

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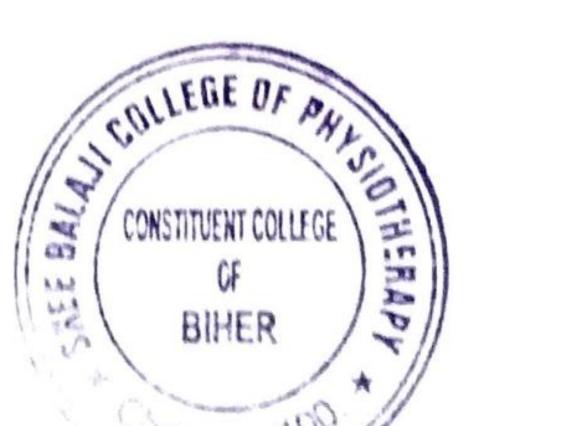
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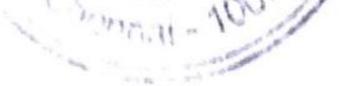


## FEEDBACK FORM

| Criteria                                      | Strongly<br>Agree (3) | Agree (2) | Disagree (1) |
|---|-----------------------|-----------|--------------|
| Workshop degision was<br>relevant to my needs |                       |           |              |
| Length of Workshop<br>was sufficient          |                       |           |              |
| Content was well<br>organized                 |                       |           |              |
| Questions were<br>engaged                     |                       | ~         |              |
| Instructions were clear<br>and understandable |                       |           |              |
| Workshop met my<br>expectations               |                       |           |              |
| The presentations vere effective              |                       |           |              |

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## Dr.S.S.SUBRAMANIAN, M.FT (Orthograedics), M.S (Education | W. Phil (Education), Ph.D (Physiotherapy)

The Principal, Sree Balaji College of Physiotherapy Velachery Main Road, Pallikaranai, Chennai

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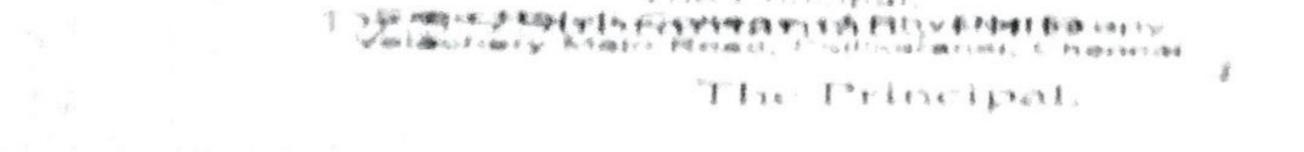
## **Participants list**

| SL NO | NAME                 | REG NO     |
|-------|----------------------|------------|
| 1.    | SAHANA GAYATHRI.S    | U18PT042   |
| 2     | SANDHIYA.S           | U18P1043   |
| 3.    | SANJANA VENKATARAMAN | U18PT044   |
| 4.    | SANJAY GANDHILL      | U18P1045   |
| 5.    | SARANYA.K            | U18P1046   |
| 6.    | SASIDHARAN.A         | U18PT047   |
| 7.    | SIVA ARTHLR          | U18PT048   |
| 8.    | SNEKA.P              | U18PT049   |
| 9.    | SONA TOM             | U18PT050   |
| 10.   | SRIDEVLA             | U18PT051   |
| 11.   | SRIMAN.A             | U18PT052   |
| 12.   | SUBITHRA.S           | U18PT053 * |
| 13.   | SWETHA.E             | U18PT054   |
| 14.   | SWETHA.S             | U18PT055   |
| 15.   | VIDYA.K              | U18PT056   |
| 16.   | YUVASHREE.G          | U18PT057   |
| 17.   | Abrose Banu S        | U17PT001   |
| 18.   | Achudhan V M         | U17PT002   |
| 19.   | Afroze Jamira S      | U17PT003   |
| 20.   | Almas B              | U17PT004   |
| 21.   | Amatullah H Kutub    | U17PT005   |
| 22.   | Ashwini S            | U17PT006   |
| 23.   | Athira Dinesan       | U17PT007   |
| 24.   | Ganga S              | U17PT009   |
| 25.   | Guru Prasath M       | U17PT010   |
| 6.    | Hemalatha G          | U17PT011   |

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From

Mrs. Vennila

Asst. Professor in Physiotherapy

Sree Balaji College of Physiotherapy,

Chennai

То

Dr.S.S.Subramanian., Ph.D

The Dean,

Sree Balaji College of Physiotherapy,

Chennai

Sir,

Sub: (Permission to conduct value added course with our MOU- Reg)

Kindly consider in permitting theValue added course on TELE REHABILITATION From29.02.2020 to 14.03.2020for 30 hrs.

Thanking You

Yours faithfully





29/01/2020

То

Mr.Vennila

Asst. Professorin Physiotherapy

Sir,

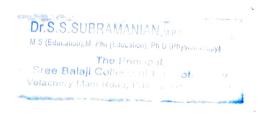
With reference to your communication dated on 29.01.2020

Hereby we grant permission to conduct Value added course from 29.02.2020 to 14.03.2020, with SGS trust.

Dr.S.S.Subramanian., Ph.D

The Principal,

SreeBalaji College of Physiotherapy





14.02.2020

To

Dr.Sivasubramaniam,

Director

SGS TRUST

Chennai

Madam,

Further continuation of our MOU, to enrich academic and research activities kindly coordinate the proposed approvelecture to benefit faculty and students of both our institutions. Further classification if any kindly communicate the coordinator Mrs.Vennila,, Asst. Professor., email Id: <u>sbcp2007@gmail.com</u>

Enclosing details along with

- 1. Course outline, objective
- 2. Dates, Resource person

Thanking You



Dr.S.S.Subramanian., Ph.D The Principal, SreeBalaji College of Physiotherapy

> The Principal, C Balaji College of Physic Nory Main Road, Pallikararia



### VALUSE ADDEDD COURSE ON TELEREHABILITATION

Date: 29.02.2020 to 14.03.2020Time: 30 hrs

#### **ORGANIZED BY**

#### SGS TRUST&SREE BALAJI COLLEGE OF PHYSIOTHERAPY

**Objectives:** 

To create awareness Telerehabilitation

Course Outline:

To educate how to apply in variouscondition

**Resource Persons** 

| Speaker | Dr,Sivasubramaniam | TELEREHABILITATION |
|---------|--------------------|--------------------|
| 1       |                    |                    |

#### Eligibility: III Year & IV Year B.P.T, Interns, M.P.T students, Clinical Physiotherapists

Fees: Free

For Registration Contact: 044 - 22461883, 044 - 22462179,

e - Mail: sbcp2007@gmail.com

### ORGANIZING SECRETARY

Mrs.Vennila, Asst. Professor



### VALUE ADDED COURSE ON TELEREHABILITATION

Date: 29.02.2020& 14.03.2020Total Time: 30 hrs

#### ORGANIZED BY

| Data Events T' |        |      |  |  |
|----------------|--------|------|--|--|
| Date           | Events | Time |  |  |
|                |        |      |  |  |

| 29.02.2020 | Introduction                                 | 2.00pm-4.00pm                  |
|------------|--|--------------------------------|
| 01.03.2020 | Need and how telerehab                       | 2.00pm-4.00pm                  |
| 02.03.2020 | Basic concept of telerehab                   | 2.00pm-4.00pm                  |
| 03.03.2020 | Advantage and disadvantage                   | 2.00pm-4.00pm                  |
| 04.03.2020 | Ways to monitor patients                     | 2.00pm-4.00pm                  |
| 05.03.2020 | Assessment virtual                           | 2.00pm-4.00pm                  |
| 06.03.2020 | Demonstration.                               | 2.00pm-4.00pm                  |
| 07.03.2020 | Fixing appointment, informed consent         | 2.00pm-4.00pm                  |
| 08.03.2020 | Ways to billing                              | 2.00pm-4.00pm                  |
| 09.03.2020 | Tele rehab and tele health                   | 2.00pm-4.00pm                  |
| 10.03.2020 | Rehabilitation of covid 19 patient           | 2.00pm-4.00pm                  |
| 11.03.2020 | Rehabilitation of chronic MSK patient        | 2.00pm-4.00pm                  |
| 12.03.2020 | Tele rehab and mobile app                    | 2.00pm-4.00pm                  |
| 13.03.2020 | How to avoid misuse                          |                                |
| 14.03.2020 | Reliability and confidentiality in telerehab | 2.00pm-4.00pm<br>2.00pm-4.00pm |
|            | total  | 30 hrs                         |



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### SREE BALAJI COLLEGE OF PHYSIOTHERAPY

### VALUE ADDEDD COURSE ON TELEREHABILITATION

#### **ORGANIZED BY**

### SGS TRUST&SREE BALAJI COLLEGE OF PHYSIOTHERAPY

Date: 29.02.2020 TO 14.03.2020Duration-30hrs

#### **REGISTRATION FORM**

Name: D.O.B:IAP/Reg No: Batch:

**E-Mail:Address:** 

Contact No:

Kindly Mention The Course Completed/ Presently Studying/ Working Institution

: /

| Course             | College | University | Year of Completion<br>Month & Year | Designation |
|--------------------|---------|------------|------------------------------------|-------------|
| UG                 |         |            | · · ·                              |             |
| PG                 |         |            |                                    |             |
| Clinical Therapist |         |            |                                    | 4           |





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### SREE BALAJI COLLEGE OF PHYSIOTHERAPY

### Participants list

|      | NAME                    | REGNO    |  |  |
|------|-------------------------|----------|--|--|
| SLNO | Raveena. P              | U16PT032 |  |  |
| 1.   |                         | U16PT033 |  |  |
| 2.   | Reshma. S               | U16PT034 |  |  |
| 3.   | Reuben Joshua. J        | U16PT035 |  |  |
| 4.   | Rohith kumar. R. D      | U16PT036 |  |  |
| 5.   | Sagar. L                | U16PT037 |  |  |
| 6.   | S. Samuel               | U16PT038 |  |  |
| 7.   | Samuel Dhayalan. S      |          |  |  |
| 8.   | Sandiya. C              | U16PT039 |  |  |
| 9.   | Sathish. U              | U16PT040 |  |  |
| 10.  | Savitha Yogavarthini. T | U16PT041 |  |  |
| 11.  | Shobana .P              | U16PT042 |  |  |
| 12.  | Soniya Sri. S           | U16PT043 |  |  |
| 13.  | Subalakshmi. A          | U16PT044 |  |  |
| 14.  | Suganthi. A             | U16PT045 |  |  |
| 15.  | Tamilzharasi. A         | U16PT046 |  |  |
| 16.  | Tharunkumar.V           | U16PT047 |  |  |
| 17.  | Vignesh. P              | U16PT048 |  |  |
| 18.  | Vijay Prakash. I        | U16PT049 |  |  |
| 19.  | Vishnu Deepa. B         | U16PT050 |  |  |
| 20.  | Yuvarani. R             | U16PT051 |  |  |
| 21.  | Abinaya P               | U15PT001 |  |  |
| 22.  | Akila V                 | U15PT002 |  |  |
| 23.  | Anu Priya K             | U15PT003 |  |  |
| 24.  | Ashmika R               | U15PT005 |  |  |
| 25.  | Atchaya G               | U15PT006 |  |  |

2 Y Dr.S.S. SUBRAMANIAN, M.P.T. (Orthopsedics) M.S. (Education) M. Pilin (Prencetion) Ph.D. (Physiotherapy) The Princepall. Difference of the State of t The Principal,

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### SREE BALAJI COLLEGE OF PHYSIOTHERAPY

### FEEDBACK FORM

| Criteria  | Strongly  | Agree (2) | Disagree (1) |
|---|-----------|-----------|--------------|
| 1   | Agree (3) |           |              |
| Workshop Sessionwas                             | /         |           |              |
| relevant to my needs                            |           |           |              |
| Length of Workshop<br>Session<br>was sufficient |           |           |              |
|   |           |           |              |
| Content was well                                |           |           |              |
| organized                                       | ~         | 8         |              |
| Questions were                                  |           |           |              |
| engaged   |           |           |              |
| Instructions were clear                         |           |           |              |
| and understandable                              |           |           | *            |
| Workshop met my                                 |           |           |              |
| expectations                                    |           |           |              |
| The presentations                               |           |           |              |
| were effective                                  |           |           |              |





### FEEDBACK FORM

| Criteria                | Strongly     | Agree (2) | Disagree (1) |
|-------------------------|--------------|-----------|--------------|
| •                       | Agree (3)    | 0 ()      |              |
| Workshop Session was    |              |           |              |
| relevant to my needs    |              |           |              |
| Length of Workshop      | ~            |           |              |
| was sufficient          |              |           |              |
| Content was well        |              |           |              |
| organized               | ~            |           |              |
| Questions were          |              |           |              |
| engaged                 |              |           |              |
| Instructions were clear |              |           |              |
| and understandable      |              |           | ±            |
| Workshop met my         |              |           | -            |
| expectations            |              |           |              |
| The presentations       |              | ~         |              |
| were effective          | $\checkmark$ |           |              |





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#### SREE BALAJI COLLEGE OF PHYSIOTHERAPY

#### **ORGANIZED BY**

#### SGS TRUST&SREE BALAJI COLLEGE OF PHYSIOTHERAPY

#### **CERTIFICATE OF PARTICIPATION**

This is to certify that Mr / Ms <u>ROHITH KUMAP.R.D</u> (UIGPTO35) (Reg No ) of III/IV year/ Interns B.P.T/M.P.T/ Clinical Physiotherapists has participated in the VALUE ADDED COURSE ON TELEREHABILITATION FROM 29.02.2020 TO 14.03.2020

Dr,Sivasubramaniam

SGS TRUST

Dr.S.S.Subramanian.,

Principal

Dr. S. S. SUBRAMANIAN, M. P.T. (Orthopaed M.S (Education), M. Phil (Education), Ph.D (Physiotherapy The Principal. Sree Balaii College of Physiotherap Velachery Main Road, Pallikaranai, Chonn



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