Bibliography

Teacher is the best library.
BIBLIOGRAPHY


5. Margaret Polden and Jill Mantle, Physiotherapy in Obstetrics & Gynaecology, 1st Edn. 1990, New Delhi. Chapter 11, Published by J.P. Brothers, Pg. 349.


10. Margaret Polden and Jill Mantle, Physiotherapy in Obstetrics & Gynaecology, 1st Edn. 1990, New Delhi. Chapter 11, Published by J.P. Brothers, Pg. 349


20. Bo et al .Single blind, randomised controlled trial of PFM exercises, electrical stimulation, vaginal cones, & no treatment in management of GSI in women-.318(7182):487. Bmj.com


27. Clinical Electrotherapy, Edited by Nelson & Dean P. Currier, 1987 by Appleton-CenturyCrofts – A publishing Division of Prentice-Hall, Pg.197


31. Margaret Polden and Jill Mantle, Physiotherapy in Obstetrics & Gynaecology, 1st Edn. 1990, New Delhi. Chapter 11, Published by J.P. Brothers, Pg. 346-353.


39. Valsalva leak point pressure technique. ... Wan J, McGuire EJ, Bloom DA, Ritchey ML. Stress leak point pressure: a diagnostic tool for incontinent children J Urol 1993;150: 1452-4. 6

40. Sand at el Information and explanation on female incontinence: 1987; 69, 399S


42. Diokno CA. Incidence and prevalence of stress urinary incontinence 2003 Sep;3(8E):58.6


57. Bo K; Pelvic floor muscle training is effective in treatment of female stress urinary incontinence, but how does it work? Int Urogynecol J 2004;15:76-84


61. Gray’s Anatomy, 37th edition, Peter L Williams ed. pg. 604

62. Gray’s Anatomy, 37th edition, Peter L Williams ed. pg. 606

63. Margaret Polden and Jill Mantle, Physiotherapy in Obstetrics & Gynaecology, 1st Edn. 1990, New Delhi. Chapter 11, Published by J.P. Brothers, Pg. 335-352

64. William D. Steen, MD, Physiology of the Urinary Bladder, Page No.143.[13].


78. N Price - 2010


Contents


92. Kolupaev and Ulyanov (1966) proved that Interferential Therapy does not have a negative effect on the patient’s physiological condition and it is successfully applied in a number of diseases e.g. fracture of bone and their complication, injuries to peripheral nerve, vascular condition and urinary incontinence. It is not only promotes maximum restoration of function of patients, but also shortens the duration of the healing process (i.e. the treatment time), which is of great importance from both an economic and a social point of view. Unfortunately, in spite of these benefits Interferential Therapy has not yet found the necessary extensive and timely application in clinical practice.


95. Therapeutic Modalities, 2nd Edition, Chad Starkey, PHD, ATC, Athletic Training Programme Director, Bouve College of Health Professions, Northeastern University, Boston, Massachusetts – Page No.236-238.


100. L Kheiri ; P Afshari ; SH Goharpey ; Sci Med J 2011;10(5):527-34.

101. Demirturk F; Akbayrak.T, Karakava I C; Yuksel,l, Kirdi N, 7 et al Interferential. current versus biofeedback result in Urinary Incontinence; 2008 Swiss Medical weekly,317-321


104. Vahtera T et al Pelvic floor rehabilitation is effective in M S. Clin Rehabil;1997 Aug ; 11 (3): 211-9


112. Nikolova L. Treatment with interferential current. 1st ed. in English based on 2nd ed. published in Bulgarian. 1987 Chapter 4, Gynaecological diseases, pg. 42,


116. Me Quire W A .Electrtherapy & exercise for Recommended a rhythmic beat frequency 0 to 100 Hz has applied at 25 to 30 mA for 15 min. for stress incontinence. Physiotherapy 1975 61 : 10;305 -307.


120. Margaret Poldon and Jill Mantle, Physiotherapy in Obstetrics and Gynaecologisy, 1st Edn. 1990, New Delhi. Chapter 11, Pg-350


122. Avril Drummond: The Medical School, University of Nottingham: Research Methods for Therapists; pg.81.

123. Carolyn M Hicks; University of Birmingham; Research Methods for Therapists, 3rd Edition Pg 224.


130. Mantle et al found that after pelvic floor exercises ‘ IFT was the most widely preferred treatment. British Medical Journal 1991; 302 : 753 – 755.
Consent Form

STUDY TITLE:

EVALUATION OF SUPPLEMENTARY EFFECT OF INTERFERENTIAL THERAPY WITH KEGEL EXERCISE FOR THE MANAGEMENT OF GENUINE STRESS INCONTINENCE IN WOMEN.

NAME OF SUBJECT:

ADDRESS:

I ............................................................give consent for my participation in this study. All the aspects of the study and its dangers have been explained & all my questions have been answered to my satisfaction in my understandable language. I understand that there is no predictable risk in participating in this study. I understand that I can without from study at anytime without giving reason and without any penalty & that will not affect my future visits to this department & college

SIGNATURE OF THE SUBJECT
STUDY TITLE:

EVALUATION OF SUPPLEMENTARY EFFECT OF INTERFERENTIAL THERAPY WITH KEGEL EXERCISE FOR THE MANAGEMENT OF GENUINE STRESS INCONTINENCE IN WOMEN.
ANNEXURE-2

PHYSIOTHERAPY ASSESSMENT URINARY INCONTINENCE

QUESTIONNAIRE

1. NAME:  
2. AGE:  
3. DATE:  
4. ADDRESS  
5. PH. NO:

Q.1 WHAT IS YOUR OCCUPATION?

Q.2 WHAT IS YOUR EDUCATION?

Q.3 WHEN YOUR PROBLEM STARTED?

Q.4 IN WHICH CIRCUMSTANCES LEAKAGE OF URINE OCCUR?

- DURING COUGH
- SNEEZE
- LAUGHING
- DURING WALKING
- WEIGHT LIFTING
- JUMPING

Q.5 HOW MANY TIMES DO YOU LEAKAGE?

- NONE
- ONCE A WEEK
- TWO/THREE TIMES A WEEK
- ONCE A DAY
- OFTEN
- ALWAYS

Q.6 AMOUNT OF URIN LOSS?

- FEW DROPS
- SPURT
- COMPLETE

Q.7 TYPE OF LOSS?

- CONTINUOUS
- INTERMITTENT
- ON STRESS
- OTHERS

Q.8 TYPE OF URINARY INCONTINENCE?

- FREQUENCY
- URGENCY
- NOCTURNAL ENURESIS
- DYSURIA
HESITANCY □  POST MICTURATION DRIBBLING □
STRAINING TO VOID □  STRESS INCONTINENCE □

Q.9 AMOUNT OF FLUID INTAKE?

Q. 10 HOW MANY DELIVERY?
ફીઝોથેરાપી મુલયાંકન – પેશામ ઉપરના કારણે લગતી સમસ્યા

નામ : .................................................................................................મેર : ...........તારીખ : ..................
સરનામ : ............................................................................................ઝન નંબર : .........................

પ્ર.1
1> શું વ્યવસાય કરો છો?
2> શું અભ્યાસ કરો?
3> સમસ્યાની શરૂઆત ક્યારેથી થયેલી?

4> કેવક સંજોગમાં મૂત્ર સમલતન થાય છે?
ઉધરસ ભાગ્યો ભાગ્યો હરવું હરવું દીકા કરવાલી
યાલવાલી વજન હોય કદાલી કદાલી

5> કેટળી વાર મૂત્ર સમલતન થાય છે?
- ક્વારેશ નથી
- ક્વારેશના અંગે એક વાર
- ક્વારેશના અંગે ત્રણ વાર
- હિવસમાં એક વાર
- હિવસમાં રહી વાર
- કાયમ

6> કેટળી માત્રામાં મૂત્ર સમલતન થાય છે?
- શુંક્વી તીપાં ધાર થાય શબદ - પૂરેપૂરે

7> મૂત્ર સમલનનો પ્રકાર
- સ્તાંત - અટકની અટકની - ક્તક વજન ઉયકતી ભાગ્યો

8> પેશામાં ચિકની,
- વારની જવં પડે છે?
- તારી જવં પડે છે?
- શિય પાદ કપાં થી મૂઠ જવં છે?
- પેશામ ક્યારે ભાગ્યો થાય છે?

[5]
- અટકી અટકીને પેશાબ આવે છે?
- પેશાબ પૂરો થઇ ગયા પછી પડું પડ્યું છે?
- પેશાબ કરતી વાવતે જોર કરવું પડે છે?
8> રોજું કેટલાક પાણી પાણી પીવો છે?
9> સુવાસ કેટલી થાય છે?
Randomization sheet

120 subjects randomized into 12 blocks of size 10

Group 2
Group 2
Group 1
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Group 1
DATA SHEET

PERSONAL INFORMATION

NAME:
AGE:
ADDRESS:
EDUCATION:
OCCUPATION:
NO. OF DELIVERIES:

EXAMINATION

PRM BEFORE (cm of water):
PRM AFTER (cm of water):
ENDURANCE TIME BEFORE (sec):
ENDURANCE TIME AFTER (sec):
LYKIRT SCORE:


1---------------2-----------------3----------------4-------------5
Disagree strongly | Disagree | Neither agree nor disagree | Agree | Agree strongly