# Assignment for Viva (Spring 2020) (DPT 2nd Semester- sec B)

Course Title: Human Anatomy II Instructor: Dr. Maria Feroze

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Note:

- Upload your assignment on SIC till 10th July 11:59 p.m.
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- Write the assignment in MS word/pdf.

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Q1. Why do we study Human Anatomy in Physical Therapy?

Q2. What physical therapy treatment should be given to a patient who has limited hip extension?

# QUESTION # 1 ANSWER

## WHY DO WE STUDY HUMAN ANATOMY IN PHYSICAL THERAPY FOLLOWING IMPORTANCE ARE. #

- Knowledge of anatomical structure of the body is basic to understanding musculoskeletal function and how both structure and function are modified by exercise or disease. Ironically , at a time when knowledge of anatomy is increasing important , exercise phsiologists are facing major crisis in anatomical position.
- There is a major shortage of academic exercise phd willing to teach gross anatomy .

- Many faculty members are simply not academically prepared to teach anatomy.yet, the students of exercise phsiology need a thorough anatomy education to be credible healthcare professionals .
- This is true for professionals in phsical therapy and athletic training and it is true for exercise phsiologists too.

## QUESTION # 2 ANSWER

- ### PHSICAL THERAPY TREATMENT fOR PATIENT OF LIMITED HIP EXTENSION #

  The patient who has limited hip extension it treated . All of the techniques described in the clinical suggestion may be carried out in a clinical setting as clinician directed multimodal treatment including both phsical therapeutic exercise and manual therapy interventions.

  - Clinical should base their prescription of self - hip mobilization based on a thorough clinical evaluation and examination as well as consideration of the client vocational , avocational , and athletic goals.

- While there is no direct evidence to support that hip self mobilization are effective in their own rights , tangential evidence demonstrates that perscriptive , supervised home programs to which the patient adheres , result in improved outcomes compared to non supervised exercise.
- Patient safe should be kept in mind when prescribing self hip mobilization techniques.
- Clinicians should consider the variables of mobilization including: force magnitude , force direction , and  duration when sending a patient home with a self _ mobilization techniques.
- Contraindications to self _ hip  joint mobilization include but are not limited to a history of fracture , recent surgery , anticoagulation medication , worsening of symptoms, generalized and local ligamentous laxity ,and systemic illness.The patient must be independent and safe with all of these techniques prior to their utilization.

# THE  END