Hope beyond physical improvement: A qualitative study in neurological physiotherapy.

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Introduction

People with neurological diseases that limit their quality of life and capacity to move benefit from neurological physical therapy, which aims to restore functional mobility, strength, balance, and coordination. Neurological physical therapy can help people recover from neurological injuries or prevent chronic neurological disorders from progressing and deteriorating. Patients with disorders affecting the brain and spinal cord, such as stroke, spinal cord injury, and Parkinson's disease, get neurological physical therapy to help them function as well as possible. In hospitals, private practise physical therapy clinics, doctors' offices, rehabilitation facilities, or at home, neurological physical therapy is provided [1].

Process

If you need neurological physical therapy, you can get it as an inpatient or as an outpatient. Inpatient therapy takes place in a facility where you will stay overnight, such as a hospital or rehabilitation centre. Outpatient treatment is usually done in physical therapy clinics or in a hospital's outpatient rehabilitation centre. The severity of your neurological problem will determine whether you need inpatient or outpatient physical therapy. You will have a physical exam after your physical therapist has obtained enough information about your medical history during your initial consultation. Your muscle strength, coordination, range of motion, reflexes, and muscle tone in your arms and legs will all be assessed by the therapist [2].

Your general level of attention, cognition, and sensibility will also be evaluated to see if your neurological illness has affected these areas.

Your physical therapist will then examine your ability to do transfers, which are movements that transition from one position to another, such as lying down to sitting up or standing up to sitting. The therapist will assess if you are capable of performing these motions alone or whether you require assistance. Your initial evaluation will also involve a check of your balance, gait quality (how you walk), and whether you require physical therapy support. Depending on the severity of your neurological disease, your therapist may give you—or recommend that you buy—an assistive device to help you walk [3].

Neurological tests, such as tracking moving objects with your eyes, touching your finger to your nose, and fast alternating motions, may be used by your physical therapist to assess your coordination.

Physical therapy for dizziness or vertigo

You may be referred to a vestibular expert for vestibular therapy if you have been feeling dizziness or have been diagnosed with vertigo (the sense that you or your surroundings are moving or spinning). The vetibular system in your body consists of elements of your inner ear and brain that aid in balance and eye movement regulation. Your treatment plan will be different from other types of neurological physical therapy since it will focus on minimising your dizzy and vertigo symptoms as well as improving your tolerance to particular positions and activities that ordinarily aggravate your symptoms [4,5].

You may receive the following interventions during your neurological physical therapy sessions:

- Gait training, which includes adequate education on the use of assistive equipment such as crutches, canes, and walkers, to improve your ability to walk.
- Balance exercise, both sitting unsupported to enhance core control and standing upright with or without handheld assistance, to improve static (stationary) and dynamic (while moving) balance.
- Therapeutic activities to improve bed mobility abilities such as rolling and sitting up from a lying position, as well as transfers on and off beds, chairs, and toilets
- Stretching and strengthening muscles, as well as enhancing coordination and motor control, are all therapeutic exercises.
- Cardiovascular equipment such as treadmills, stationary bicycles, and ellipticals are used for endurance training.

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