

Dr. Santosh Kumar Upadhyay

Ph.D (in Physiotherapy)
MPT (Neuro) Certified Manual Therapist
Dry Needling Practitioner (South Africa)
Chief Consultant Physiotherapist
Specialization: Spine & Manual Therapy
Clinical Experience : 18 years
Membership : M.I.A.P., M.M.T.F.I., U.P.S.M.F.
Achievement :

"YOUNG ACHIEVERS AWARD IN 2015 by NEURAXIS SAARC CONCLAVE, NEW DELHI
"SIGNIFICANT CONTRIBUTION AWARD" in 2016 INCPT AIIMS, NEW DELHI
"YOUNG ACHIEVEMENT AWARD IN 2017 by Indian Association of Physiotherapists, at RIMS Ranchi
"OUTSTANDING ACHIEVEMENT AWARD" IN 2018 by Dept of Ortho. IMS BHU, Varanasi

Physio Akansha Upadhyay

Director
Ph.D (Scholar in Physiotherapy)
MPT (Neuro)
C.M.T., D.N.P. (South Africa)
Membership : M.M.T.F.I., U.P.S.M.F.



EXTRA CARE
Physiotherapy Centre

Specializes in Spine & Neuro Rehab
(A Unit Of EXTRA CARE PHYSIOTHERAPY PVT. LTD.)

ADVANCED MODALITIES

AVAILABLE

- ◆ PEMF
- ◆ LONG WAVE THERAPY
- ◆ EMG BIOFEEDBACK
- ◆ SENSAMOVE
- ◆ COMPRESSION THERAPY
- ◆ COMBINATION THERAPY
- ◆ SPINAL DECOMPRESSION THERAPY
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- ◆ LASER (CLASS 4, 12 WATT)
- ◆ SUSPENSION THERAPY
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- ◆ CERVICAL/LUMBAR TRACTION
- ◆ TENS
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- ◆ ULTRASONIC THERAPY
- ◆ INTERFERENTIAL THERAPY
- ◆ INFRARED EXPOSURE
- ◆ C.P.M.
- ◆ MOIST HEAT THERAPY
- ◆ PARAFFIN WAX BATH
- ◆ SHOCK WAVE THERAPY
- ◆ VIRTUAL REALITY FOR ULL TRUNK EXERCISES
- ◆ VITAL STIM FOR DYSPHAGIA
- ◆ PABLO SENSOR BASED HAND REHAB
- ◆ FUNCTIONAL MAGNETIC STIMULATION
- ◆ FUNCTIONAL ELECTRICAL STIMULATION

PHYSIOTHERAPY TREATMENT

AVAILABLE FOR

- ◆ NEURO
- ◆ ORTHO
- ◆ SPORTS
- ◆ PEDIATRICS
- ◆ WOMEN HEALTH
- ◆ GERIATRICS
- ◆ REHABILITATION
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- ◆ VESTIBULAR REHABILITATION
- ◆ PRE-POST OPERATIVE PHYSIOTHERAPY.

TECHNIQUES USED ARE

- ◆ MCKENZIE FOR SPINE
- ◆ MULLIGAN
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- ◆ NDT
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- ◆ CRANIOSACRAL THERAPY
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- ◆ MUSCLE ENERGY TECHNIQUES
- ◆ DRY NEEDLING
- ◆ CUPPING THERAPY
- ◆ IASTM

**Mohd.Saghir G (#ECP/23/211) ,
35y4m , M**

+91-8756044245

05-11-2024

Progress note

Treating Physiotherapist- Physio Rohit Singh and Physio Ashish Awasthi

Date of Start- 30/04/24 Date of End- 05/11/24

Clinical Condition- Cervical spinal cord injury C3-C4

Date of onset - RTA on 20/12/2022

Radiological findings(21/12/2022):-

Traumatic injury to Cervical spine . There is asymmetric posterior disc bulge at C3-C4 resulting in moderate indentation of the ventral cord . Bilateral mild foraminal narrowing is also seen . Intramedullary t2 hyperintensity is noted in the cervical cord at C3 to C4 vertebra. The bulk of cord is preserved without transection.

Diffuse STIR hyperintensity is noted along the ligamentum flavum interspinous and supraspinous ligaments in the cervical spine (C3 to C7 Vertebra) - likely posterior ligamentous and bony injury

Chief Complains:-

Pain on B/L lower limb and low back region (right side)

Not able to sit independently , Not able to roll Rt. side

Rehabilitation history till date:- taken physiotherapy at Extra Care Physiotherapy Centre for four months and continued at home

Result achieved from previous Rehabilitation:- Movement improved in B/L legs on suspension , Able to sit 20 min without support , Improvement in trunk control (static and dynamic) , Improvement in Shoulder movement , Improvement in balance in sitting (static and dynamic) , Improvement in movement on leg on physio ball , Able to sit to stand with one person support , Able to stand on Parallel bar with KAFO with one person , Able to walk on walker with KAFO and one person support , Strength improved on B/L hand

O/E-

Mild Pain in B/L PSIS , Not able to lying to sitting , Left side rolling only by patient , Able to sit with one person support , Spasticity present on B/L upper extremity and lower extremity

Treatment Given:-

NOT FOR MEDICO LEGAL USE

P.T.O

Timings : 8 am to 8 pm. **SUNDAY CLOSED**

Main Branch : Basement, 1 Ishwar Puri Colony, Sector-12, Indira Nagar, Lucknow-226016
Helpline : 0522-4960007 | Web : www.spinephysiotherapy.com | E-mail : onlineextracare@gmail.com

Continued...

Bed Exercises:-

Suspension Therapy- B/L Shoulder movement and B/L hip movements with resistance

Active assisted Bridging with towel , Knee range of motion exercise with resistance loop, hip range of motion exercises

Clamshell , Ankle pump with resistance loop, Triceps and biceps strengthening with 2 kg weight , Bridging with physio ball

Spinal rotation with resistance loop , Trunk control exercises with resistance loop

Sitting exercises-

Shoulder mobilization exercises , Shoulder strengthening exercises with 2 kg , Scapular mobilization exercises , Scapular strengthening exercises , Trunk shifting exercises , Quadripud position with movement ,

Sensory re-education- over B/L hands and Tibialis Anterior and Extensor hallucis longus

Hand unit:- Hand gripper , Power wrist , Jelly ball press , Power web , Finger piston , Clipping , Peg board B/L hand

Gait training:- Gait training with KAFO

Modality- Functional Electrical Stimulation (B/L wrist extensors and triceps)

Neuromuscular Electrical Stimulation (B/L Vastus Medialis obliquus , Quadriceps , hamstring , calf, Tibialis Anterior)

Virtual reality rehabilitation (trunk control in sitting)

Progress :

Able to stand with KAFO without any support for 30 sec

Able to trunk movement with KAFO in Standing without support

Hand gripping with one spring

Low back pain reduced

Pain reduced in lower extremity

Strength improved in knee flexors and extensors , hip flexors , plantar flexors and dorsiflexors

Improvement in B/L foot great toe flexors and extensors

Follow Up: After 3 months

Instructions: Continue Physiotherapy at your home town.

Consultant Physiotherapist : Dr. Santosh Kumar Upadhyay

Dr. Santosh Kumar Upadhyay

Ph.D. in Physiotherapy, M.P.T. (NEURO.), B.P.T.
(Consultant Physiotherapist)

Reg. No. U.P.S.M.F.-1945, M.J.A.P. L26629, NMTF-12-42



INTERNATIONAL STANDARDS FOR NEUROLOGICAL CLASSIFICATION OF SPINAL CORD INJURY (ISNCSCI)



Patient Name Mr. Mohd. Baghiy Date/Time of Exam 09/06/23

Examiner Name Dr. Santosh Kr. Upadhyay Signature [Signature]

RIGHT

MOTOR KEY MUSCLES

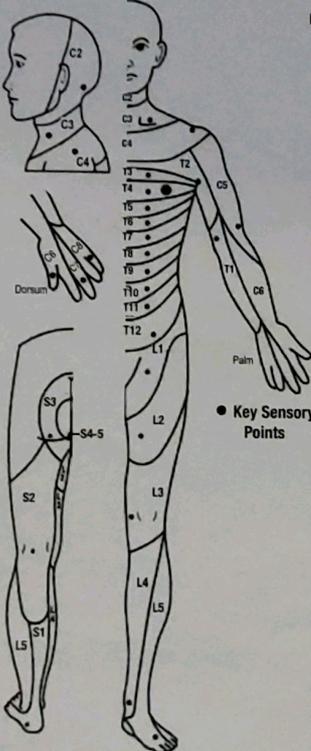
SENSORY KEY SENSORY POINTS

Light Touch (LTR) Pin Prick (PPR)

UER
(Upper Extremity Right)

C2	2	2
C3	2	2
C4	2	1
C5	2	1
C6	1	1
C7	1	1
C8	1	0
T1	1	0

T2	1	0
T3	1	0
T4	1	0
T5	1	0
T6	1	0
T7	1	0
T8	1	0
T9	1	0
T10	0	0
T11	0	0
T12	0	0
L1	0	0
L2	0	0
L3	0	0
L4	0	0
L5	0	0
S1	0	0
S2	0	0
S3	0	0
S4-5	0	0



SENSORY KEY SENSORY POINTS
Light Touch (LTL) Pin Prick (PPL)

C2	2	2
C3	2	2
C4	2	2
C5	2	2
C6	2	2
C7	2	2
C8	2	2
T1	2	2
T2	2	2
T3	2	2
T4	2	2
T5	2	2
T6	1	0
T7	1	0
T8	1	0
T9	1	0
T10	1	0
T11	1	0
T12	1	0
L1	0	0
L2	0	0
L3	0	0
L4	0	0
L5	0	0
S1	0	0
S2	0	0
S3	0	0
S4-5	0	0

MOTOR KEY MUSCLES

C2	2
C3	2
C4	2
C5	2
C6	1
C7	1
C8	1
T1	0
T2	2
T3	2
T4	2
T5	2
T6	1
T7	1
T8	1
T9	1
T10	1
T11	1
T12	1
L1	0
L2	0
L3	0
L4	0
L5	0
S1	0
S2	0
S3	0
S4-5	0

LEFT

UEL
(Upper Extremity Left)

MOTOR (SCORING ON REVERSE SIDE)
0 = total paralysis
1 = palpable or visible contraction
2 = active movement, gravity eliminated
3 = active movement, against gravity
4 = active movement, against some resistance
5 = active movement, against full resistance
5* = normal corrected for pain/dysesthesia
NT = not testable

SENSORY (SCORING ON REVERSE SIDE)
0 = absent
1 = altered
2 = normal
NT = not testable

LEL
(Lower Extremity Left)

Comments (Non-key Muscle? Reason for NT? Pain?):

LER
(Lower Extremity Right)

(VAC) Voluntary Anal Contraction (Yes/No)

RIGHT TOTALS
(MAXIMUM) (50) (56) (56)

LEFT TOTALS
(MAXIMUM) (50) (56) (56)

MOTOR SUBSCORES

UER 6 + UEL 5 = UEMS TOTAL 11 LER 4 + LEL 5 = LEMS TOTAL 09

SENSORY SUBSCORES

LTR 21 + LTL 31 = LT TOTAL 62 PPR 08 + PPL 24 = PP TOTAL 32

NEUROLOGICAL LEVELS
Steps 1-5 for classification as on reverse

1. SENSORY	R	L
	NA	NA
2. MOTOR	NA	NA

3. NEUROLOGICAL LEVEL OF INJURY (NLI) C4

4. COMPLETE OR INCOMPLETE? Incomplete
Incomplete = Any sensory or motor function in S4-5

(In complete injuries only)
ZONE OF PARTIAL PRESERVATION
Most caudal level with any innervation

SENSORY	R	L
	NA	NA
MOTOR	NA	NA



INTERNATIONAL STANDARDS FOR NEUROLOGICAL CLASSIFICATION OF SPINAL CORD INJURY (ISNCSCI)



Patient Name: Mr. Mohd. Saghir Date/Time of Exam: 05/10/23
 Examiner Name: Dr. Santosh K. Upadhyay Signature: [Signature]

RIGHT

MOTOR KEY MUSCLES

SENSORY KEY SENSORY POINTS

Light Touch (LTR) Pin Prick (PPR)

UER
(Upper Extremity Right)

Elbow flexors C5 3/5
 Wrist extensors C6 1/5
 Elbow extensors C7 1/5
 Finger flexors C8 2/5
 Finger abductors (little finger) T1 1/5

Comments (Non-key Muscle? Reason for NT? Pain?):

LER
(Lower Extremity Right)

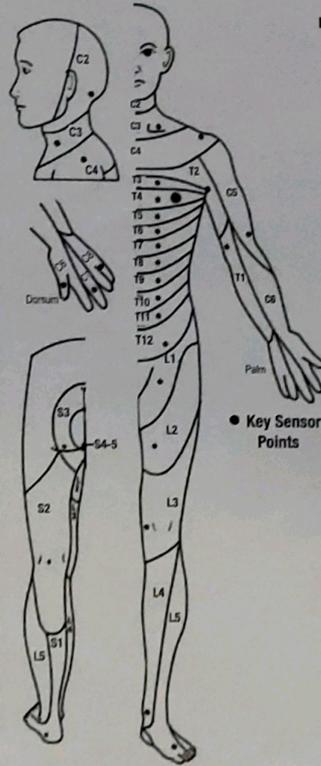
Hip flexors L2 2/5
 Knee extensors L3 3/5
 Ankle dorsiflexors L4 1/5
 Long toe extensors L5 2/5
 Ankle plantar flexors S1 1/5

(VAC) Voluntary Anal Contraction (Yes/No)

RIGHT TOTALS (MAXIMUM) (50) (56) (56)

MOTOR SUBSCORES

UER 08 + UEL 08 = UEMS TOTAL 16 LER 09 + LEL 09 = LEMS TOTAL 18
 MAX (25) (25) (50) MAX (25) (25) (50)



SENSORY KEY SENSORY POINTS

Light Touch (LTR) Pin Prick (PPR)

C2 2 2
 C3 2 2
 C4 2 2
 C5 2 2
 C6 2 2
 C7 2 2
 C8 2 2
 T1 2 2
 T2 2 2
 T3 2 2
 T4 2 2
 T5 2 2
 T6 1 0
 T7 1 0
 T8 1 0
 T9 1 0
 T10 1 0
 T11 1 0
 T12 0 0
 L1 0 0
 L2 0 0
 L3 0 0
 L4 0 0
 L5 0 0
 S1 0 0
 S2 0 0
 S3 0 0
 S4-5 0 0

RIGHT TOTALS (MAXIMUM) (56) (56) (56)

SENSORY SUBSCORES

LTR 21 + LTL 31 = LT TOTAL 52 PPR 08 + PPL 24 = PP TOTAL 32
 MAX (56) (56) (112) MAX (56) (56) (112)

MOTOR KEY MUSCLES

LEFT

UEL
(Upper Extremity Left)

Elbow flexors C5 3/5
 Wrist extensors C6 1/5
 Elbow extensors C7 1/5
 Finger flexors C8 2/5
 Finger abductors (little finger) T1 1/5

MOTOR (SCORING ON REVERSE SIDE)
 0 = total paralysis
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Hip flexors L2 2/5
 Knee extensors L3 3/5
 Ankle dorsiflexors L4 1/5
 Long toe extensors L5 2/5
 Ankle plantar flexors S1 1/5

(DAP) Deep Anal Pressure (Yes/No)

LEFT TOTALS (MAXIMUM) (50) (56) (56)

LEL
(Lower Extremity Left)

NEUROLOGICAL LEVELS
 Steps 1-5 for classification as on reverse

1. SENSORY R NA L NA
 2. MOTOR R NA L NA

3. NEUROLOGICAL LEVEL OF INJURY (NLI) C4

4. COMPLETE OR INCOMPLETE? Incomplete
 Incomplete = Any sensory or motor function in S4-5

(In complete injuries only)
 ZONE OF PARTIAL PRESERVATION
 Most caudal level with any sensation

5. ASIA IMPAIRMENT SCALE (AIS) C
 R NA L NA
 SENSORY NA NA
 MOTOR NA NA

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- ◆ CUPPING THERAPY
- ◆ IASTM

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05-11-2024

Progress note

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Clinical Condition- Cervical spinal cord injury C3-C4

Date of onset - RTA on 20/12/2022

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Chief Complains:-

Pain on B/L lower limb and low back region (right side)

Not able to sit independently , Not able to roll Rt. side

Rehabilitation history till date:- taken physiotherapy at Extra Care

Physiotherapy Centre for four months and continued at home

Result achieved from previous Rehabilitation:- Movement improved in B/L

legs on suspension , Able to sit 20 min without support , Improvement in

trunk control (static and dynamic) , Improvement in Shoulder movement ,

Improvement in balance in sitting (static and dynamic) , Improvement in

movement on leg on physio ball , Able to sit to stand with one person

support , Able to stand on Parallel bar with KAFO with one person , Able to

walk on walker with KAFO and one person support , Strength improved on

B/L hand

O/E-

Mild Pain in B/L PSIS , Not able to lying to sitting , Left side rolling only by

patient , Able to sit with one person support , Spasticity present on B/L

upper extremity and lower extremity

Treatment Given:-

NOT FOR MEDICO LEGAL USE

P.T.O

Timings : 8 am to 8 pm. **SUNDAY CLOSED**

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Continue...

Bed Exercises:-

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Clamshell , Ankle pump with resistance loop, Triceps and biceps strengthening with 2 kg weight , Bridging with physio ball

Spinal rotation with resistance loop , Trunk control exercises with resistance loop

Sitting exercises-

Shoulder mobilization exercises , Shoulder strengthening exercises with 2 kg , Scapular mobilization exercises , Scapular strengthening exercises ,

Trunk shifting exercises , Quadripud position with movement ,

Sensory re-education- over B/L hands and Tibialis Anterior and Extensor hallucis longus

Hand unit:- Hand gripper , Power wrist , Jelly ball press ,

Power web , Finger piston , Clipping , Peg board B/L hand

Gait training:- Gait training with KAFO

Modality- Functional Electrical Stimulation (B/L wrist extensors and triceps)

Neuromuscular Electrical Stimulation (B/L Vastus Medialis obliquus ,

Quadricep , hamstring , calf, Tibialis Anterior)

Virtual reality rehabilitation (trunk control in sitting)

Progress :

Able to stand with KAFO without any support for 30 sec

Able to trunk movement with KAFO in Standing without support

Hand gripping with one spring

Low back pain reduced

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Strength improved in knee flexors and extensors , hip flexors , plantar flexors and dorsiflexors

Improvement in B/L foot great toe flexors and extensors

Follow Up: After 3 months

Instructions: Continue Physiotherapy at your home town.

Consultant Physiotherapist : Dr. Santosh Kumar Upadhyay

SK 5/11/2024
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Ph.D. in Physiotherapy, M.P.T. (NEURO.), B.P.T.
(Consultant Physiotherapist)
Reg. No. U.P.S.M.F.-1045, M.L.A.P. 135620, MINTF-11247



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Patient Name Mr. Mohd. Paghri Date/Time of Exam 05/11/24

Examiner Name Dr. Santosh Km. Upadhyay Signature [Signature]

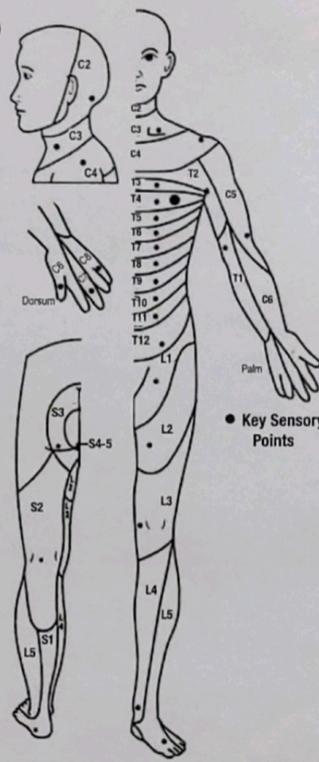
RIGHT

MOTOR KEY MUSCLES

SENSORY KEY SENSORY POINTS

Light Touch (LTR) Pin Prick (PPL)

C2	2	2
C3	2	2
C4	2	2
C5	4/5	2
C6	2/5	2
C7	1/5	2
C8	2/5	1
T1	2/5	1
T2	1	1
T3	1	1
T4	1	0
T5	1	0
T6	1	0
T7	1	0
T8	1	0
T9	1	0
T10	1	0
T11	0	0
T12	0	0
L1	0	0
L2	2/5	0
L3	3/5	0
L4	3/5	0
L5	3/5	0
S1	3/5	0
S2	0	0
S3	0	0
S4-5		



• Key Sensory Points

SENSORY KEY SENSORY POINTS

Light Touch (LTR) Pin Prick (PPL)

C2	2	2
C3	2	2
C4	2	2
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C8	2	2
T1	2	2
T2	2	2
T3	2	2
T4	2	2
T5	2	2
T6	2	2
T7	1	0
T8	1	0
T9	1	0
T10	1	0
T11	1	0
T12	1	0
L1	0	0
L2	0	0
L3	0	0
L4	0	0
L5	0	0
S1	0	0
S2	0	0
S3	0	0
S4-5		

MOTOR KEY MUSCLES

LEFT

C2		
C3		
C4		
C5	4/5	2
C6	2/5	2
C7	1/5	2
C8	2/5	1
T1	2/5	1
T2	1	1
T3	1	1
T4	1	0
T5	1	0
T6	1	0
T7	1	0
T8	1	0
T9	1	0
T10	1	0
T11	0	0
T12	0	0
L1	0	0
L2	2/5	0
L3	3/5	0
L4	3/5	0
L5	3/5	0
S1	2/5	0
S2	0	0
S3	0	0
S4-5		

MOTOR (SCORING ON REVERSE SIDE)
 0 = total paralysis
 1 = palpable or visible contraction
 2 = active movement, gravity eliminated
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 5* = normal corrected for pain/disuse
 NT = not testable

SENSORY (SCORING ON REVERSE SIDE)
 0 = absent
 1 = altered
 2 = normal
 NT = not testable

Comments (Non-key Muscle? Reason for NT? Pain?):

UER (Upper Extremity Right)

UEL (Upper Extremity Left)

LER (Lower Extremity Right)

LEL (Lower Extremity Left)

(VAC) Voluntary Anal Contraction (Yes/No)

(DAP) Deep Anal Pressure (Yes/No)

RIGHT TOTALS (MAXIMUM) (50) (56) (56)

LEFT TOTALS (MAXIMUM) (50) (56) (56)

MOTOR SUBSCORES

UER + UEL = UEMS TOTAL (MAX (25) (25) (50))
 LER + LEL = LEMS TOTAL (MAX (25) (25) (50))

SENSORY SUBSCORES

LTR + LTL = LT TOTAL (MAX (56) (56) (112))
 PPR + PPL = PP TOTAL (MAX (56) (56) (112))

NEUROLOGICAL LEVELS
 Steps 1-5 for classification as on reverse

1. SENSORY

R	NA	NA
L	NA	NA

2. MOTOR

R	NP	NP
L	NP	NP

3. NEUROLOGICAL LEVEL OF INJURY (NLI)

4. COMPLETE OR INCOMPLETE? Incomplete
 Incomplete = Any sensory or motor function in S4-5

5. ASIA IMPAIRMENT SCALE (AIS)

(In complete injuries only)
ZONE OF PARTIAL PRESERVATION
 Most caudal level with any innervation

SENSORY

R	NA	NA
L	NA	NA

MOTOR

R	NP	NP
L	NP	NP