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1	Mr.Pauldurai Mathalamparai 43/M Paraplegia (D10-D11) 	12/10/13	He fell down from the tree on Jun-2013 and got Injury to his lower back. He underwent surgical treatment of private hospital .His level as Injury in the spine is D10-D11 .He was a daily labour .He has 4 female children.2 daughters are married .	1. Mild Spasticity of both legs. 2.Poor trunk balance 3.Dependent in all ADL Activity 4. Continues Cartelization for Bladder 5. Weakness of Upper Limb 6. Stiffness of left shoulder	Leg Spasticity is reduced. Trunk balance is getting improved Upper limb Strength is improved Left shoulder range is improved.	1. Physiotherapy for 3 hours daily, including stretching and strengthening exercise and transfer practice. 2. Yoga and meditation for 1 hour daily. 3. Play time with other residents with spinal cord injuries for 90 min every evening.
2	Mr.Peter Arokiyaraj Vizhupuram 29/M(T12) Paraplegia 	09/28/13	Fell down from up stair conservative management of General hospital Chennai. His mother was expired. Father is staying away from his family. Now he is under care of his sister.	1.Severe Spasticity of both legs 2.Poor trunk balance 3. Weakness of Upper Limb	Leg Spasticity is reduced. Trunk balance is getting improved Upper limb Strength is improved He is studying home appliances & Cell phone service course.	1. Physiotherapy for 3 hours daily, including stretching and strengthening exercise and transfer practice. 2. Yoga and meditation for 1 hour daily. 3. Play time with other residents with spinal cord injuries for 90 min every evening.



3	<p>Mr.Baburajan Tenkasi Level- C5 45/M(Quadripareisis)</p> 	09/16/13	<p>He feels down in the drainage canal and got injury to his neck. Initial treatment done at Trinelvei Government hospital. He was a car driver. His wife is house wife. He has one male and female</p>	<p>1.Severe Spasticity of both legs 2.Poor trunk balance 3.Dependent in all ADL Activity 4. Weakness of Upper Limb 5. Flexion deformity of fingers.</p>	<p>Spasticity is partially reduced Trunk balance is improved. HE is doing all ADL independently. Finger deformity is partially corrected.</p>	<p>1. Physiotherapy for 3 hours daily, including stretching and strengthening exercise and transfer practice. 2. Yoga and meditation for 1 hour daily. 3. Play time with other residents with spinal cord injuries for 90 min every evening.</p>
4	<p>Mr.Karupaiah Chokkampatti Level-T6-T7 57/M (Paraplegia)</p> 	11/01/13	<p>History of feel down from the height and got fracture of D6-D7 level of the spine. He took conservative treatment in private hospital .He has two male children. Elder son is a driver. Younger son is a daily labour. Patient was worked as a EB helper.</p>	<p>1. Severe Spasticity of both legs and Upper limbs. 2.Poor trunk balance 3.Dependent in all ADL Activity 4. Continues Cartelization for Bladder 5. Severe bedsore over sacrum and both trochanter.</p>	<p>Spasticity is getting reduced. Upper limb muscle strength is improved. Bedsore is partially healed.</p>	<p>1. Physiotherapy for 3 hours daily, including stretching and strengthening exercise and transfer practice. 2. Yoga and meditation for 1 hour daily. 3. Play time with other residents with spinal cord injuries for 90 min every evening.</p>
5	<p>Mr.Ramasamy Karaikudi 51/M (Paraplegia)</p>	12/27/13	<p>He is Auditor and settled in malasia .He met with car accident in 2011 and got</p>	<p>1.Severe Spasticity of both legs 2.Poor trunk balance</p>	<p>Leg Spasticity is reduced. Trunk balance is getting</p>	<p>1. Physiotherapy for 3 hours daily, including</p>



	(Level-C7) 		Injury to his neck. He had dislocation of C6-C7 level and Surgical treatment given at Singapore. After that he developed bed sore over his back region. He under plastic surgery for his bed sore in private hospital Madurai. Then he approached Amar Seva Sangam through one of our discharged SCI Patient	3. Dependent in all ADL Activity 4. Continues Catheterization for Bladder 5. Weakness of Upper Limb	improved Upper limb Strength is improved He is doing 80% of ADL independently.	stretching and strengthening exercise and transfer practice. 2. Yoga and meditation for 1 hour daily. 3. Play time with other residents with spinal cord injuries for 90 min every evening.
6	P.Vairamuthu 23/M(Sathur) Paraparesis (Level-T2) 	03/19/14	He developed spinal tumour on Nov-2010. Then he gradually reduced the mobility level. He underwent Surgery at Meenachi Mission Hospital- Madurai . He developed dislocation of knee while turning in the bed and knee got malunion.	1. Severe Spasticity of both legs 2. Poor trunk balance 3. Dependent in all ADL Activity 4. Dislocation and malalignment of left knee joint.	1. Able to stand with help of walker. 2. Spasticity reduced in right leg. 3. Trunk balance is improved. 4. Able to do all the activity independently. 5. We are planning surgery for his left knee.	1. Physiotherapy for 3 hours daily, including stretching and strengthening exercise and transfer practice. 2. Yoga and meditation for 1 hour daily. 3. Play time with other residents with spinal cord injuries for 90 min every evening.
7	R.Palpandi 29/M(Thiruchenthur) Paraplegia (Level- T3-T4)	09/05/14	Car hit on his back while walking on the road on 2/04/2006. Got fracture of T3-T4 vertebra. Initial surgeon minor Chennai plate & screw. Then Ramachandra hospital. Then he comes to here. In	1. Severe Spasticity of both legs 2. Severe bed sore over his back 3. Partially Dependent in some of ADL Activity 4. Continues Catheterization for Bladder	1. Spasticity slightly reduced in lower limbs. 2. We are planning plastic surgery for his bed sore.	1. Physiotherapy for 3 hours daily, including stretching and strengthening exercise and transfer practice.



			2007 he underwent surgery of dilatation urethra. He developed bedsore on 2009			<p>2. Yoga and meditation for 1 hour daily.</p> <p>3. Play time with other residents with spinal cord injuries for 90 min every evening.</p>
8	<p>P.Velmurugan 30/M -Madurai Paraplegia (Leve-T4)</p> 	20/03/14	Bus hit on his motor bike on 7/11/2009. Initial surgery MMRC after the 1 year again one surgery of Ravendra hospital –Madurai.	<p>1. Severe Spasticity of both legs</p> <p>2. Poor trunk balance</p> <p>3. Dependent in all ADL Activity</p> <p>4. Continues Catheterization for Bladder</p> <p>5. Weakness of Upper Limb</p>	<p>1. Able to stand with help of caliper and walking with in the parallel bar</p> <p>2. Spasticity reduced in both legs.</p> <p>3. Trunk balance is improved.</p> <p>4. Able to do all the activity independently.</p>	<p>1. Physiotherapy for 3 hours daily, including stretching and strengthening exercise and transfer practice.</p> <p>2. Yoga and meditation for 1 hour daily.</p> <p>3. Play time with other residents with spinal cord injuries for 90 min every evening.</p>



9	<p>C.Balakrishnan 24/M- Puliyarai Quardriplegia Leve-C5-C6</p> 	06/01/14	<p>He is a driver and educational Qualification 10th Std. He feel down while carrying heavy weight in his head on June - 2012. He got injury to his neck and underwent surgery in government hospital at Tirunelveli. He is from very poor family and his father had mental illness and absconded from the family. Mother is doing daily labour work.</p>	<p>1.Severe Spasticity of both legs 2.Poor trunk balance 3.Dependent in all ADL Activity 4. Continues Cartelization for Bladder 5. Weakness of Upper Limb</p>	<p>1. Transfer activity is improved. 2. Lower limb tightness is partially reduced. 3. Upper limb muscle power is improved. 4. Able to eat with help of assistive device.</p>	<p>1. Physiotherapy for 3 hours daily, including stretching and strengthening exercise and transfer practice. 2. Yoga and meditation for 1 hour daily. 3. Play time with other residents with spinal cord injuries for 90 min every evening.</p>
10	<p>R.Muniyasamy 30/M – Viruthunagar Paraplegia (Level – T3-T4-T5)</p> 	28/04/14	<p>He is a lorry driver unmarried and he is educational Qualification 10th Std. He met with lorry accident on 22.02.2009. He got fracture of spine and underwent surgery in Ganga Hospital Coimbatore. After that he developed bedsore in his back region. His father his doing daily labour.</p>	<p>1.Severe Spasticity of both legs 2.Poor trunk balance 3.Dependent in all ADL Activity 4. Continues Cartelization for Bladder 5. Bedsore over left gluteal region. 6. Loss of sensation below hip.</p>	<p>1. Bedsore is healed well. 2. We are planning for vocational training 3. Trunk balance is improved 4. Partially independent in some of ADL.</p>	<p>1. Physiotherapy for 3 hours daily, including stretching and strengthening exercise and transfer practice. 2. Yoga and meditation for 1 hour daily. 3. Play time with other residents with spinal cord injuries for 90 min every evening.</p>
11	<p>R.Velusamy 56/M Kattalai kudiyuruppu</p>	21/03/14	<p>He is a driver. He got Bike accident by direct hit on another bike on 24/06/12 and</p>	<p>1.Severe Spasticity of both legs 2.Poor trunk balance</p>	<p>1. Able to walk with help of walker for 200 meters.</p>	<p>1. Physiotherapy for 3 hours daily, including</p>



	(Level-C5-C6) 		injured his neck. He underwent Surgery in Karthika hospital at trinelveli.	3. Dependent in all ADL Activity 4. Weakness of Upper Limb.	2. Lower limb tightness is reduced. 3. hand grip is improved 4. Trunk balance is improved.	stretching and strengthening exercise and transfer practice. 2. Yoga and meditation for 1 hour daily. 3. Play time with other residents with spinal cord injuries for 90 min every evening.
12	Mr. Paulraj 44/M – Sivakasi Paraplegia Level-L1 	07/05/14	History of fall from height while working in 2008 and sustained burst fracture of L2, and became paralyzed below hip. Initially was treated Thirumangalam Hospital and then underwent cord decompression of rehabilitation in preethi Hospital, Madurai. He got married and has one son, lives with them.	1. Weakness of both legs 2. Poor trunk balance 3. Partially Dependent in all ADL Activity 4. Poor Wheel chair skill.	1. Muscle power is improved in both lower limbs. 2. Able to walk with help of caliper and walker. 3. Trunk balance is improved. 4. He is doing all the ADL independently. 5. Wheel chair skill is improved.	1. Physiotherapy for 3 hours daily, including stretching and strengthening exercise and transfer practice. 2. Yoga and meditation for 1 hour daily. 3. Play time with other residents with spinal cord injuries for 90 min every evening.
13	Mr. Leela Prasath 26/M – Kanchipuram Paraplegia Level-	07/06/14	He is working as a quality controller in symrise pvt. Ltd had history of hit by a car over his bike in 2012 and sustained dislocation of D6-	1. Severe Spasticity of both legs 2. Poor trunk balance 3. Dependent in all ADL Activity	1. Spasticity is partially reduced, bedsores are healing well 2. Trunk balance is improving.	1. Physiotherapy for 3 hours daily, including stretching and strengthening




			<p>vatebrae. Initial as was given in madras medical college hospital Chennai and was transferred to SRM medical college hospital Chennai for further management. There anterolateral thoracotomy, partial corpectomy, stabilization using rib graft, globes vertebral body screw. Were done later developed bedsores and referred to NIEPMED for physiotherapy. He has been rehabilitated in CMC Vellore.</p>	4. Continues Cartelization for Bladder		<p>exercise and transfer practice. 2. Yoga and meditation for 1 hour daily. 3. Play time with other residents with spinal cord injuries for 90 min every evening.</p>
14	<p>Mr.Kannan 31/M- Sankarankoil Quadriplegia</p> 	16/06/14	<p>He got married and lives with his parents. He had history of accidental fall from a moving train Nov -2013 sustained neck and left back paralyzed below neck. First aid was given by a near by hospital and transferred to Rajaji hospital, Madurai. There he underwent ORIF & fusion of fractured vertebra.</p>	<p>1.Severe Spasticity of both legs 2.Poor trunk balance 3.Dependent in all ADL Activity 4. Continues Cartelization for Bladder 5. Paralysis of both Upper Limbs.</p>	<p>1. He is trying for rolling activity. 2. Spasticity is slightly reduced. 3. Both upper limb movements is slowly improving.</p>	<p>1. Physiotherapy for 3 hours daily, including stretching and strengthening exercise and transfer practice. 2. Yoga and meditation for 1 hour daily. 3. Play time with other residents with spinal cord injuries for 90 min every evening.</p>
15	<p>Mr.Manokaran 46/M - Chennai Paraplegia Leve-T1- T2</p>	5/10/14	<p>He was a driver. He slips down from the stairs and injured his spine on 21.10.2001. He underwent conservative treatment of</p>	<p>1)Sever e spasticity of both lower limb 2) Poor trunk balance 3) Lack of Co-contraction of trunk muscles</p>	<p>1) Spasticity is minimized to some extent 2) Trunk balance is moderately</p>	<p>1) Trunk balance activity in various position 2) Stretching exercise to both lower limb 3) Wheel skill training</p>




			kilpauk medical college hospital. He also took rehab training in K.K.Nagar Chennai.	4) Poor wheel chair skill	improved 3) Wheel chair propulsion speed is improved 4) Trunk muscle power is improved	4) Spinal muscle Strengthening exercise.
16	S.Visalanathan 22/M Quadripareisis Level (C5-C6) 	7/30/14	He met with bike accident on 9-9-2012. He got injury to the neck and fracture of C5-C6 vertebra. Initial treatment was done at Kavari hospital – Trichy. After that he taken into his home and continued physiotherapy. He got severe bed sore at his back region and developed contracture of both hand and legs.	1) Severe spasticity of both hand and both lower limbs. 2) Severe bed sore (Grade – III) Over sacrum 3) Fully dependent on others for ADL's. 4) Psychological depression 5) Weakness of both upper limbs 6) Hip and knee tightness.	1) Spasticity of the lower limbs is partially reduced. 2) He underwent plastic surgery for the bed sore. 3) Upper limb muscle strength is partially improved.	1) Psychological counseling 2) Stretching exercise to the both legs 3) Trunk rolling exercises 4) Hip balance activity.
17	S.Srikaran 24/M Quadripareisis Level (C5-C6)	1/21/15	He is a painter and worked as a contract staff in TVS motor company at Hosur. He fell down from height during work on Aug – 2014 and got injury to his neck. Initial treatment and surgery done at Narayana Hrudalaya hospital at Bangalore. After that he taken into home and continued physio at home. He	1) Spasticity of both legs 2) Weakness of both upper limb 3) Bed sore over sacrum 4) Frequent sweating 5) Un control of bladder and bowel. He is using continous catheter 6) Both ankle plantar flexion deformity	1) Spasticity of both legs 2) Weakness of both upper limb 3) Bed sore over sacrum 4) Frequent sweating 5) Un control of bladder and bowel. He is using continous catheter 6) Both ankle plantar	1) Sterile daily dressing for his bed sore 2) Psychological counseling 3) Stretching exercise to the both legs 4) Trunk rolling exercises 5) Hip balance activity.



			developed bed sore over sacrum.		flexion deformities.	
18	<p>P.Muniyasamy 35/M ,Paraplegia Level –D12</p> 	10/17/14	Lorry hit on the tree and tree fell down on his lower back and injured his spine on June - 1999. Initial treatment done at Meenakshi mission hospital at Madurai then he taken into home. He is from very rural area. He is totally unaware of the disability and totally bedridden after the surgery. Later stage he developed bed sore over sacrum and lateral side of thigh. It goes very deep into the bone and developed osteomyelitis. Advanced stage his piece of upper end of thigh bone comes out.	<p>1)Fully bedridden and dependent on others for all the activity. 2)Leg limb length shortening Rt shorter than Lt leg. 3)Osteomyelitis of sacrum bone and continues discharge 4)Ankle going for foot drop deformity 5)Weakness of both upper limbs.</p>	<p>1)He is able to do rolling in the bed. 2)Sacral region discharge is partially reduced. 3)Upper limb muscle strength is improved. 4)Lower limb ankle foot drops partially corrected.</p>	<p>1) Strengthening exercise to the upper limb and lower limbs. 2) Stretching exercise to the both ankle. 3) Hip balance activity 4) Transfer activity 5) Sterile dressing to his bed sore</p>
19	<p>S.Ramamoorthy 38/M Paraplegia Level – D2-D3</p>	12/8/14	He was a daily labour worker. Educational qualification 7 th std. He got married and having only one child. He feel	<p>1)Bedsore over heel and sacrum region. 2)Both ankle planter flexion deformities.</p>	<p>1)Bedsore is partially healed. 2)Trunk balance is improved</p>	<p>1)Strengthening exercise to the upper limb and lower limbs. 2) Stretching exercise to</p>

			<p>down from mango tree on Jan – 2009 and got injury to his back. Initial treatment done of Meenakshi Mission hospital, Madurai. After surgery he was fully bedridden in the home and developed bedsore over sacrum, greater trochanter and heel of the leg. He is totally unaware of disability and developed all the contractions of the lower limb and psychologically highly depressed,</p>	<p>3) Poor trunk balance. 4) Fully dependent on others for all the activity. 5) Continues catheter for urination. 6) Loss of sensation below chest</p>	<p>3) Wheelchair shifting is partially improved 4) Foot contracture is reduced.</p>	<p>the both ankle. 3) Hip balance activity 4) Transfer activity 5) Sterile dressing to his bedsore.</p>
20	<p>S.Marikannan 28/M</p> 	10/11/14 t	<p>He was a electrician .He feel down coconut tree and injury to the lower back on Nov-2012. Immediately be was taken to Madurai Vikram hospital and spine surgery was done at L1 level. He was admitted there for 10 days and was taken bone and continued physiotherapy for 1 year. After that due to financial problem be could not continue the treatment for 6 months In 2014 Oct 11. He was admitted in Amar Seva Sangam.</p>	<p>1) Severe contracture of both hip and knee. 2) Fully dependent on others for ADLs. 3) Poor trunk balance and bed mobility. 4) Un control of bladder and bowel.</p>	<p>1) Hip and knee muscle tightness his partially reduced. 2) Trunk balance is improved. 3) Bed mobility is improved.</p>	<p>1) Positioning of both lower limbs. 2) Stretching exercise both lower limbs. 3) Rolling activity. 4) Hip balance activity.</p>

21	<p>Sebastian 30/M</p> 	8/11/14	<p>He was a painting labour married and has three children. He feel down from a tree due to electric shock, on – March – 2014. Initially he was admitted in Sivakasi hospital for 2 days and he was shifted to Tirunelveli Sakthi hospital. He underwent surgery for back (T1 –L1 –Level) and POP for wrist and taken back to home and started physiotherapy treatment for 4 months . He was admitted in Amar Seva Sangam on August 2014.</p>	<p>1)Bladder and bowel dysfunction 2)Sensory loss in the lower 1/3rd of both legs. 3)Deformity of both ankles joint. 4)Poor trunk balance.</p>	<p>1) Muscle power in lower limb is improved. 2)He can able to walk with B/L AFO and walker for 100 meters. 3) Trunk balance is improved. 4) Fully independent in all the ADL activity.</p>	<p>1)Strengthening exercise to the upper limb and lower limbs. 2)Stretching exercise to the both ankle. 3) Hip balance activity 4) Transfer activity 5) Sterile dressing to his bed sore</p>
22	<p>Mr.Suresh selvan 36/M Level – C3 –C6</p> 	1/9/15	<p>He was worked as a supervisor in a private shipping company. He got married and having two children. He got bike accident by direct hit by a car on Sep – 2014 and injured his neck .Initial treatment taken into Ross Mary hospital at Tirunelveli. Then he shifted into home and continued physiotherapy at home. Later he developed bed sore on his sacrum region. Due to bed sore he shifted into Chidambaram hospital at Thisayanvilai. He stayed for 1 ½ month for bed sore treatment then he shifted into Amar Seva Sangam for</p>	<p>1) Bedsore over sacrum region. 2) Severe spasticity of the both legs. 3) All fingers in both hands held in a position of extension. 4) Weakness of shoulder and elbow muscles. 5) Poor trunk balance. 6) Frequent postural hypotension.</p>	<p>1) Postural hypotension is partially reduced. 2) Upper limb muscle strength is getting improved.</p>	<p>1)Standing in tilting table for one hour. 2)Rolling activity in the mat. 3)Psychological counseling. 4)Sitting balance training. 5)Upper limb strengthening exercise. 6)Positioning of lower limbs.</p>

			rehabilitation.			
23	Mr.Gurumoorthy 	13.05.2015	He met with Car accident in on 12 th 2012. He took treatment in SRM hospital in Chennai. Surgery is done at the level of (C5- C6)	1.Not Able to do independent mobility in bed. 2.Continuous catheter and un control Bowel 3.ADL's poor 4.Hetrotropic ossification in the both hips	1.Able to role in the bed mobility 2.Transfer is done for mobility in the wheel chair 3.ADLs was good and improved	1.Bed mobility exercise 2.Wheel chair training 3.ADL activities training 4.Transfer training
24	Rajamoorthy 	26.02.2015	He is fall down from 4 th floor in 2009. He is conservative treatment for saudiarabia hospital surgery is done for ananthapuri hospital Kerla	Notable walk spasticity is present in the legs Trunk balance is poor. ADL independent for others. Continuous Catheter bowel uncontrolled.	1. Able to walk with support of KAFO and walker. 2.Spasticity is reduced. 3.Balance is improved. 4.ICC is done 5.Bowel was controlled .	1.Gait training for support of KAFO and walk. 2.Bed mobility activities. 3.Wheel chair transfer activities. 4.Vocational Training
25	Sakthivel 	25.03.15	He is fall down from the lamb post for 30.09.2009,. He is conservative management for miot hospital – Chennai. Surgery is done for	Not able to mobility in wheel chair Uncontrol bowel movement. ADL is moderate able to walk with support of KAFO and walker. Burnibg sensation in both legs	1.Able to walk with support of stick. 2.Burning sensation is reduced. 3.Bowel movement controlled . 4.ADL is good. 5.Good skill of wheel chair.	1.Gait training for support of caliper. 2.Wheel chair training. 3.Try Cycle training Transfer training For toilet activity.

26	<p>Subbaiah</p> 	01.07.15	History of weight fall on his neck and injured his spine at C5-C6 level. He underwent conservative treatment at govt hospital tirunelveli.	<p>1.Not able walk 2.Un control of bowel and bladder. 3.ADL is very poor. 4.Contracture is present in Both lower limbs</p>	<p>1. Contracture is reduced. 2. ADL is improved. 3.Bladder is trained in continuous catheter. Bowel trained in enema.</p>	<p>1.Weight bearing excercises for both upper & lower limbs. 2.Standing Balance exercise 3.Bed mobility activities. 4.hand grip exercise</p>
27	<p>R.Krishnan</p> 	16.03.15	Auto hit on his back while walking on the road in 2007 December.He got injury to his spine.Spine surgery was done at Govt.Hospital,Asaripallam. He is not married.mother is old aged.Father no more.having 3 sisters & 1 brother.Now he is under the care of his brother.He is from a poor family.	<p>1.Bedsore over Sacrum& Lumbar area. 2.Discharge coming from Lumbar area. 3.Both Ankle fixed Plantar flexion deformity. 4.Spinal deformity Kyphosis. 5.Paralysis of both lower limbs. 6.Dependent in all the ADL'S.</p>	<p>1.He went for plastic surgery to his Sacral bedsore and heeled well. 2.Bed <i>mobility</i> is improved. 3.Spasticity is reduced. 4.Trunk balance is improved. 5.ADL is independent.</p>	<p>1.Passive excercises for both lower limbs. 2.Balance training 3. Wheel Chair transfer activities. 4. Upper limb strengthening exercise</p>
28	<p>S.Jafer Ali.</p> 	11.08.15	History of bike accident on 24 th April 2009.He got injury to his head & spine.Underwent surgery for head at Jipmer Hospital,Pondichery.Then he was shifted to Govt.Hospital,Chennai.Conser vative treatment was given to the spine.He also underwent. rehabilitation both at K.K.Nagar,Chennai & Sahai rehabilitation centre at Coimbatore.		<p>1.Able to walk with the support of KAFO. 2.Balance is improved. 3.ICC training is done. 4.Bowel movement is improved. 5.Spinal scoliosis is reduced.</p>	<p>Bed mobility excercises.Gait training for the support of KAFO & W heel chair.Wheel Chair activities.Tri-Cycle training.Vocational training.Spinal flexion & extension excercises.</p>

			He got married & having 2 children.(1 male & 1 female). His wife is works as a tailor at Koodalur.			
	<p>A.Lakshmanan</p> 	10.09.15	History of fall down from the upstairs and got injury to his spine at L1 level.Initially conservative treatment at Govt.Hospital,Tirunelveli.The n he was shifted to Chella Suriya Hospital.He also underwent spine surgery there.His educational qualification is 11 th . Std.	<p>Proper care was not given to the family by his father.</p> <p>Mother works as a daily labourer.He is having 1brother.</p>	Able to walk with the support of KAFO.Hip movement is improved.Trunk & Hip balance is improved.	Strengthening excercices for both upper limbs.Gait training for KAFO walker & Elbow sticks.Wheel Chair training.Try-Cycle & Vocational training.
	<p>K.M.Shanmugam</p> 	22.04.15	History of fell down from height. On 15/7/12.And got injury to the spine,at the level of T1& T2.He underwent surgery at Ganga Hospital,Coimbatore. His wife is a house wife.he has 2female & 1 male children.Son is working at Karpagam College.	<p>Severe spasticity in both lower limbs.</p> <p>Flexion deformity of both the knees.</p> <p>Bedsore (grade 2)right greater trounon area.</p> <p>Countinuous foley's chatheter.</p> <p>Tight abdominal muscles.</p> <p>Very poor trunk balance.</p> <p>Dependent in all ADL'S.</p> <p>Psychological depression.</p>	<p>1.Spasticity is reduced.</p> <p>2.Trunk balance is improved.</p> <p>3.ADL is improved.</p>	Passive excercises for both lower limbs.Wheel Chair Training.Balance exercise for both trunk & hip.Strengthenig excercices for both upper limbs.

	Mr.Muralitharan 32/M		He is a bathing for kadal and suddenly fell down from sands in 23.01.2006. C4-C5 level. Conservative treatment for Pondicherry Govt hospital. Surgery is done Mother, 3 Sister married He is a married, 1 Male son.	1.S pasticity is present in both lower limb. 2. Knee flexion contracture is present both limb. 3. Elbow flexion contracture is present. 4.Pressuresore present in gluteal region Both side 5.Finger grip Poor 6.ADL's is very poor.	1. Mild spasticity is reduced.Contracture will be reduced in Both lower limb and elbow. 2.Finger grip is little improved 3. He is doing for eating independley.	1. Passive stretching Exs. 2.Leg Stretching position maintained 3. Spine movement activities. 4. Maintaing the position for pressure area.
	Mr.Marimuthu 21/M		He is slip from the train in 2015. Suddenly conservative treatment for, trinelvei Govt Hospital in D12 and Rt lower endows knee joint. One sister un married.	1. Pressure sore is present in lumbar sacral region and Both gluteal region. 2.ADL's very poor 3. Spasticity is present. 4.knee flexion contracture is present in Lt knee	1. Knee flexion conservative is reduced. 2. Bedsore wound is healthy. 3. Spasticity is reduced.	1. Passive exercise. 2. Stretching Exs for Lower limb knee. 3. Position maintaining for bed.
	Mr.P.R.Kumar 28/M		He is working for construction in melasia.fall down from the cotton roll. Conservative treatment for A.R.hospital, Madurai T4-T5 surgery is done. Plate is removed after 3 years. Kindly stone is present. Father Mother. Sister married	1.Spasticity is present in both lower limb. 2. Genus is present. 3. ADL'S improved. 4. Unable to walk	1. Genus is reduced in ankle region. 2.ADL's good. 3.Planed for walk with support of KAFO. 4.Planter for surgery in kidney stone.	1.Strengthing exs for Both lower limb. 2.Wheel chair training activities. 3.Try cycle training. 4. Vocational aspect trainings. 5. Met activities.
	Mr.S.Sankar 32/M		He is fall down from the height during work. Suddenly conservative treatment for Thiraviam hospital. Surgery is done for L1 level	1.Above to walk with support of walker. 2. Quadriceps hamstring muscle weakness 3.ADL is moderate. 4. condom catheter is present.	1.Quadriceps power is improved. 2.Able to stand with support of elbow sticks. 3.ICC is done	1.Strengthening ex's for Quadriceps. 2.Standing ex's 3.Met activities. 4. Vocational training.

