The TRAGER® Approach Sri Lanka

"Don't thank me. If you want to thank me, spread this work around."
Milton Trager MD

The Cambodia TRAGER® Project

- In 2001, after having traveled extensively throughout South East Asia a few years prior I committed to introducing The Trager® Approach into Cambodia to enhance treatment for children with polio and mine victims suffering from acute psycho-physical trauma. The Purpose: to train lay caregivers to care for their “patient” because of their limited access to skilled therapists.

- Veal Thom Village: WSJ by Seth Mydans - Nearly 400 disabled people and their families live in Veal Thom on a sustainable allotment of five acres each with a sole mission sole mission: to provide a place to live and work for some of the amputees of Cambodia — many of whom are shunned outcasts of society.

- Bare Hands and Wooden Limbs Documentary explores a special, peaceful effort to aid some of the victims of the Khmer Rouge regime. A farm village known as Veal Thom in western Cambodia was created in 2000 with one.

- To facilitate this initial effort I began selling his photography. Pictured here as 5’ x 8’ banners in the zen garden at the 2003 Toronto Yoga Show, the images were well received by the international yoga community.

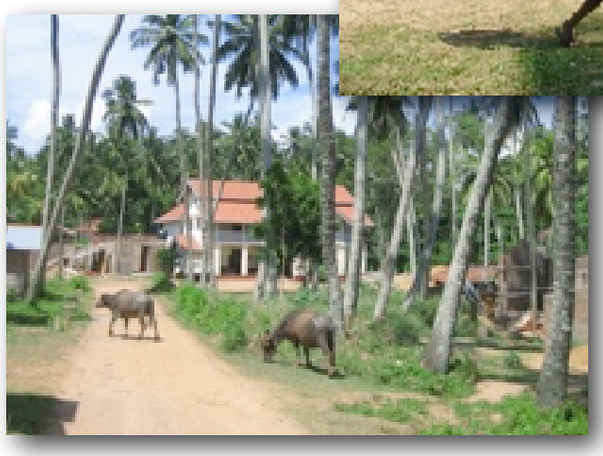
Cambodia to Sri Lanka

India during Tsunami 2004

In January 2005 as I revisited Cambodia rehabilitation centers to assess their needs, I was drawn to Sri Lanka

While in Thailand I had a dream with a vision of a white hospital by the sea

It was during his investigative trip in March of 2005 that he met with Navajeevana's Founder and promised to return to initiate his pilot program there.



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Physical Therapy Enhancement Training • Immediate Disaster Relief

Our Mission

Is to provide an administrative structure to introduce The Trager® Approach and other innovative, complementary and alternative therapies into rehabilitation networks and local communities in lesser developed countries.

Our goal

Is to enhance the treatment protocols for chronic muscle pain, spasticity, Post Traumatic stress pain and neuromuscular disorders, as well as to educate and empower lay caregivers so they may participate more fully in the care process.

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Guiding Principles

- Cultural sensitivity and community based activity
- Honor local knowledge and therapist skills
- Cost Effective, High leverage presence through educating the educators
- Empowering Lay Caregivers through instruction in healing touch
- Create a synergistic, interactive learning environment absent of teacher student dichotomy

Our Programs

- Clinical Support Physical Therapy Enhancement Training
- Immediate Disaster Relief
- Lay Care Givers Healing Touch Training

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Physical Therapy Enhancement Training • Immediate Disaster Relief

Training Outcomes

- Therapists will have knowledge of self-care principles to apply daily in their practice
- Understand impact of personal well-being on treatment efficacy
- Understand and Apply Trager® principles to their present mobilization techniques.
- Instruct patients in Trager Mentastics®

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Overcoming Challenges

- Language Barriers
- Cultural sensitivity to touch in different settings:
  - Navajeevana
  - Real Medicine Foundation Clinic
- Compliance
- Professional Courtesy
- Other practical observations

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Physical Therapy Enhancement Training

Week 1:

- Provide technical papers to staff for review of concepts and theory.
- Offer Trager® sessions to each staff member for experiential knowledge of technique Educate therapists in self care
- Hold clinical and peer sessions* for observation and discussion of technique adaptations Two day introductory workshop (16 hrs.) on the first weekend

Week 2

- Continue with staff sessions* as their schedules allow
- Work 1 day clinic/week, more if requested (Therapists may select and schedule which of their cases/ patients they wish to see addressed with Trager®.)
- 1/2 day clinic review session for workshop participants 3-4hrs/week (typically Friday)

Week 3

- Continue with staff sessions* as their schedules allow
- Work 1 day clinic/week, more if requested (Therapists may select and schedule which of their cases/ patients they wish to see addressed with Trager®.)
- 1/2 day clinic review session for workshop participants 3-4hrs/week (typically Friday)
- Third weekend - two day workshop (16 hrs.) – focus on review of technique, applications based on clinical needs, and how to teach self care movements

Week 4

- Continue with staff sessions* as their schedules allow

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Physical Therapy Enhancement Training • Immediate Disaster Relief

Month Training Consist of up to 96 hours:

Workshops Minimum 28-32 Contact hours for:

- Instruction in Self-CareMovement, TableWork/Hands On Approaches to Movement Education,
- Lectures and Demonstrations pertaining to touch as a Language.

(Typically done in (2) 14-16 hr. two-day, weekend trainings but can be done in four to six consecutive days if necessary.) Instruction will also be provided on how to conduct Movement Education Classes for Communities to empower members with the skills to relieve preventable muscular tension and associated discomforts.

Clinical Participation (48+hrs – Open to needs of clinic) will comprise a significant part of the learning process.

Review of specific applications and time to develop strategies for specific conditions as part of case studies and data gathering. (Instructor works along side staff in clinic

Clinical Review Sessions-(12-16hrs) - Each week a 3-4 hour clinical review/supervised practice session

This may be broken up through out the week depending on therapist availability. Private or semi-private sessions may replace group setting.

Ongoing Sessions for Therapists – Each therapist will receive multiple Instructor sessions(2-6 hrs)

To deepen personal experience of the technique and its effects.

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Physical Therapy Enhancement Training • Immediate Disaster Relief

Sri Lanka Physical Therapy Enhancement Training Initiative Budget Summary

Trip Expenses (Estimated)

Description	month 1	month 2	month 3	month 4
air fare	$ 1,650			
visa ext	$ 100			
rm/board	$ 600	$ 600	$ 600	$ 600
transportation	$ 150	$ 150	$ 150	$ 150
total expenses	**$ 2,500**	**$ 750**	**$ 750**	**$ 750**

Education Costs

Description	month 1	month 2	month 3	month 4
(2) two day workshops 32 hrs	$ 2,000	$ 2,000	$ 2,000	$ 2,000
Clinical Training 12 hrs	$ 600	$ 600	$ 600	$ 600
Clinical Session/hours 32 hrs	$ 1,600	$ 1,600	$ 1,600	$ 1,600
Total Education Costs	**$ 4,200**	**$ 4,200**	**$ 4,200**	**$ 4,200**

Total Funding per program	$ 6,700	$ 4,950	$ 4,950	$ 4,950
Decreasing Avg. Program Cost		$ 5,825	$ 5,533	$ 5,388
Total Funding per 4 Month Assignment	$ 6,700	$ 11,650	$ 16,600	$ 21,550

First Month Program Cost Prorated over Therapist Education and Enhanced Treatment Benefit/Patient/Visit

* Please note that while there are 76 hours of education, sessions and demonstration, not all therapists will be able to participate in every hour. The figures below are calculated on 56 total hours of participation.

Therapist Education

= total cost absorbed by therapist education

= total cost if split with Treatment Benefit/Patient

Total Costs	class size 15 $/therapist	56 hrs/prg $/Hour	class size 10 $/therapist	56 hrs/prg $/Hour	class size 8 $/therapist	56 hrs/prg $/Hour
$ 6,700	$ 446.67	$ 7.98	$ 670.00	$ 11.96	$ 837.50	$ 14.96
$ 3,350	$ 223.33	$ 3.99	$ 335.00	$ 5.98	$ 418.75	$ 8.82

* Avg. Domestic Cost of NCTMB CEU Hour $15-$18

Enhanced Treatment Cost per Patient Visit

Figures based on Navajeevana 2005 annual report - patients requiring physical therapy services

= total cost prorated over only Treatment Benefit per Patient Visit

= total cost if split with Therapist Education

	1	2	4	6	8	12	**Patient Visits per Year**
Total Costs	453	906	1812	2718	3624	5436	
$ 6,700	$ 14.79	$ 7.40	$ 3.70	$ 2.47	$ 1.85	$ 1.23	
$ 3,350	$ 7.40	$ 3.70	$ 1.85	$ 1.23	$ 0.92	$ 0.62	

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Cost Benefit Analysis

Based on a Month Long Program @ $15,000						
# Therapists Trained	# Patient Treatments/ Day	# Treatment Days/Month	# Monthly Treatments	Annualized # Treatments	Cost/single treatment benefit distributed over annualized treatments	Cost of annualized benefit per patient receiving 20 treatments/yr
20	5	20	2000	24000	**$0.63**	**$12.60**
15	5	20	1500	18000	**$0.83**	**$16.60**
10	5	20	1000	12000	**$1.25**	**$25.00**
5	5	20	500	6000	**$2.50**	**$50.00**

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Immediate Disaster Relief Response Program:

This program is designed to coincide with initial disaster response or can be utilized in areas where relief work is demanding and ongoing. It is intended to provide necessary relief to the “front line” aid workers/volunteers to support the maintenance of their own well be- ing as they assist others in need; as well as provide complementary care options and inter- ventions for those affected by and suffering from Post Traumatic Stress related pain, soft tis- sue injuries or general skeletal muscular discomfort.

4-6 week Relief Worker Support and Clinical Participation:

Provide Therapeutic Bodywork sessions to Relief Workers and Physicians working in disaster-affected areas. Provide Clinical Support as a therapeutic bodyworker to locals to address the following conditions with body- work sessions, movement re-education and relaxation/awareness training: (conditions referenced from Pakistan Morbidity Report (RMF Pakistan Earthquake Disaster Initiative)

- Anxiety
- Back Pain
- Overall Body Aches
- Headaches
- Hypertension through relaxation

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Lay Care Givers Workshop - An Introduction of The Trager® Approach

Introduce fundamental principles of The Trager® Approach to provide basic knowledge of healing touch to the care giver, to empower them to participate in the ongoing care of their “patient” in be- tween visits to a rehabilitation center.

This training follows the first Physical Therapist training by a couple months and can coincide with a review training period for the therapists.

Note: It is important that the physical therapists are somewhat proficient with the technique to support the learning of lay caregivers and to be an ongoing resource for them. It is recommended that the therapists assist these workshops when possible. The format for the following protocol can be modified depending on the availability of the participants.

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Lay Care Giver Program Four Week Protocol:

Week 1

- Provide sessions to participants for experiential knowledge of technique Educate lay care giver in self care
- Review care needs of patient with care giver (objective)
- First Weekend - two day introductory workshop (16 hrs)
- Review care needs of patient with patient (subjective) Provide sessions to their patient
  To assess condition and to develop a treatment protocol or strategy
  Give patient feeling to help guide caregiver to provide similar feeling; teach them to work

Week 2

- Clinic time with each participant/caregiver for observation, discussion of technique and develop tailored protocols
- Continue with sessions and review individual patient protocols
- 1/2 day clinic review session 3hrs/week

Week 3

- Second Two Day workshop
  First day review of technique
  Second day practice with patient as model

Week 4

- Work 1 day clinic/week
- /2 day clinic review session 3hrs/week

Pilot Trager®Training - Sri Lanka 2006

Navajeevana

bringing new life to people with disabilities

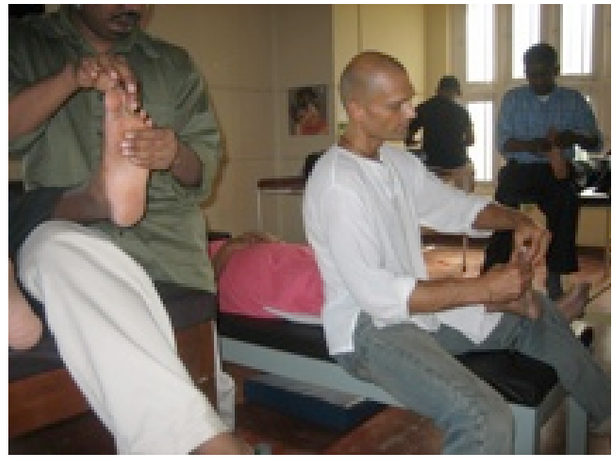
- Members of Navajeevana Re- habilitation Center, including founder Kumarini Wickramsuriya, and members of Motivation.org.uk attended the Trager® Workshops held in February and March of 2006

- The Trager Approach quickly proved to enhance the efficacy of treatment protocols for chronic spasticity, low back and neck pain, Cerebral Palsy, Hemiplegia and other injury and post traumatic stress related issues resulting from last year's tsunami.

- Therapists traveled from as far north as the Tamil Tiger dominated region of Jaffna to attend.

- Studies on the efficacy of Trager® to treat acute psycho- physical trauma associated with mine accidents are were scheduled for 2007.

- In addition to requests for more Trager® trainings for both physical therapists and lay caregivers, a special request to train the blind as part of Navajeevana's Vocational Services program.



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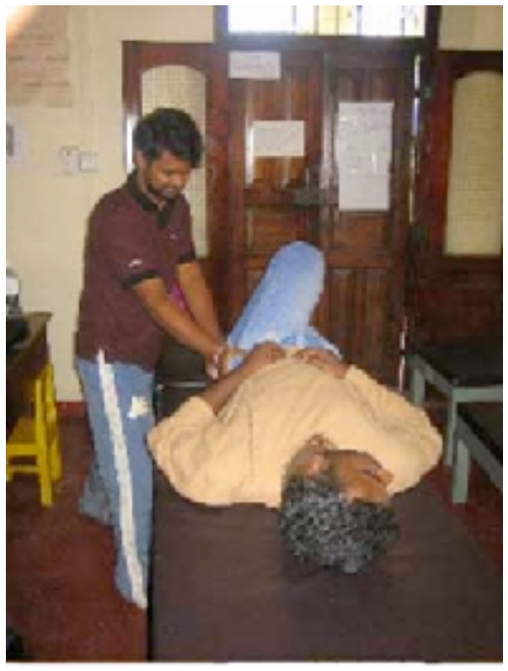

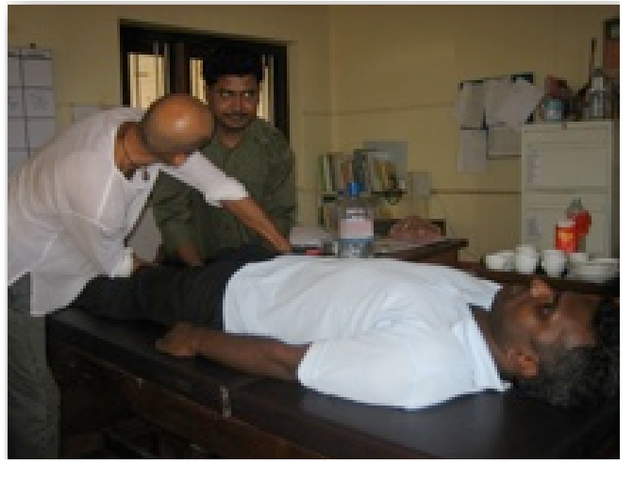

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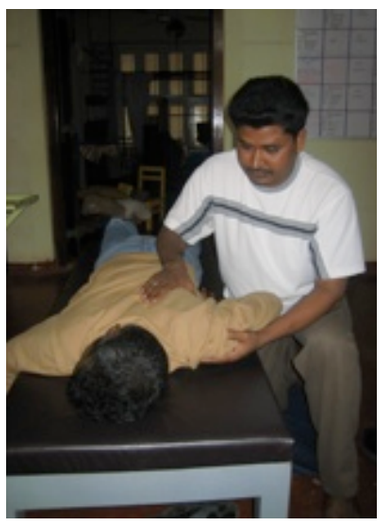
Erandika: Before I never keep connect, contact with other person through a touch- ing and with my mind. I can't tell really what part I got but I know now whole part of Trager, we can give relax and informations well with peace.

Samantha: ...I could understand how to relax muscle...I could understand how much I should have to soft when I deal with someone, connect. We are very happy to inform u about our Tragar sestion because now we are using it among each other. Now it has become a very famouse thing during our lunch oher (hour).

Here, Navajeevana lead physical therapist Mr. Venkatakanan practices his lumbar mobilization technique on his Motivation.org colleague Sam while incorporating The Trager® Approach principles..



Dear Michael,
I am fine and how are you? Really I had a nice time with you on that workshop. I have started applying Tragger to a Hemiplegic patient who has had exten- sive spam in both upper and lower limb. He used to come to physio once in a week but after I started giving him Trag- ger along with regular physio he feels much better and the spasm is relieving
nicely. I haven't had a chance to use it with the amputees. But I am planning to use Tragger to all who I feel it's really needed and I will give you more feed back. Sure it is a use- ful technique which I ever learnt. Have a nice time
Regards
Arun

Lakmal: I love this technic. I think it changed my activities so I am thankful....

Mr. Tissera; "the performance of rhythmical movements using the body, to achieve relaxation using a minimum of energy with softness is very important."

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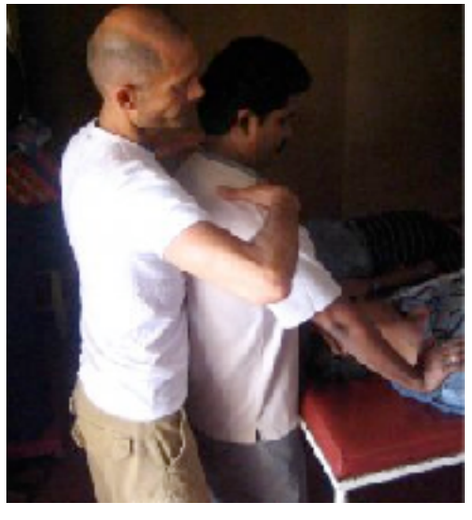

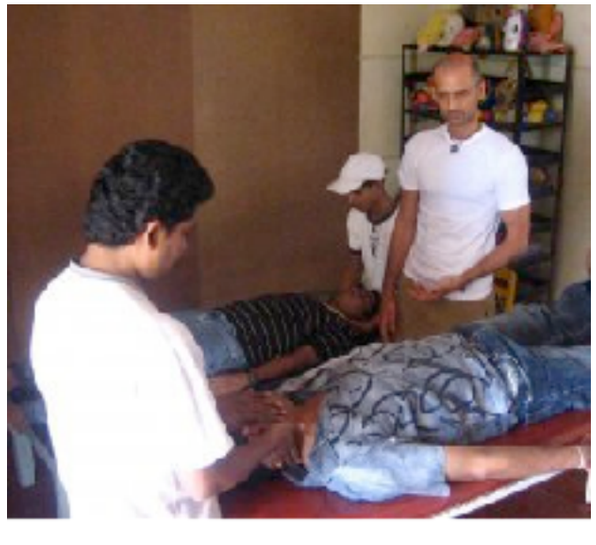

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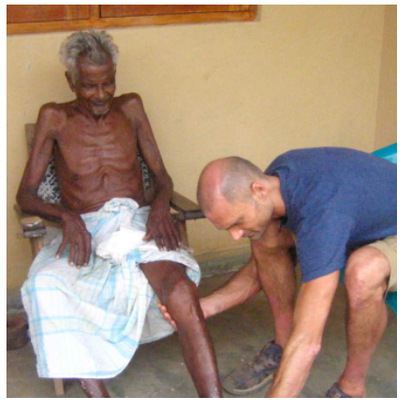


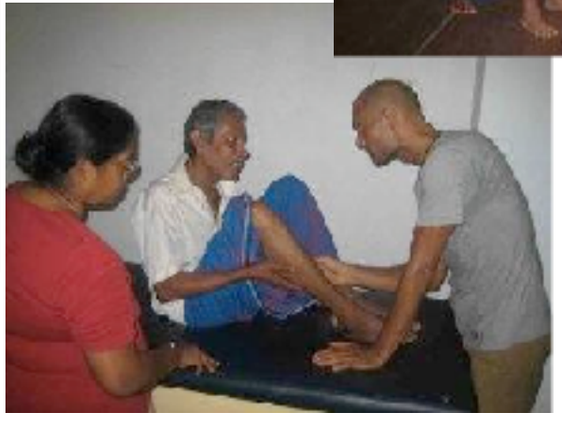

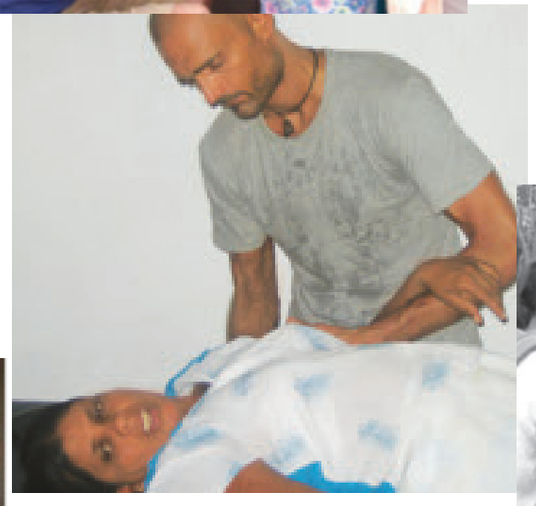
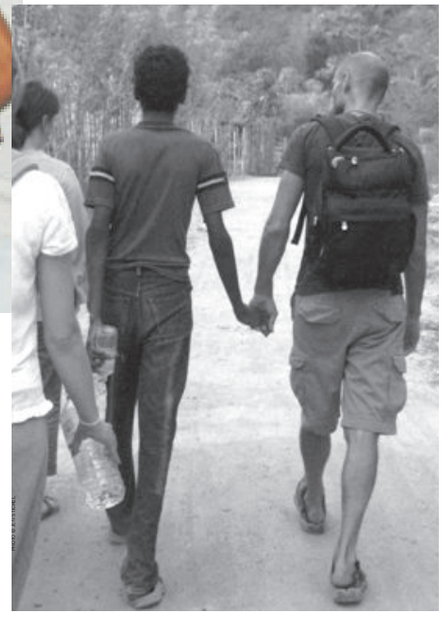

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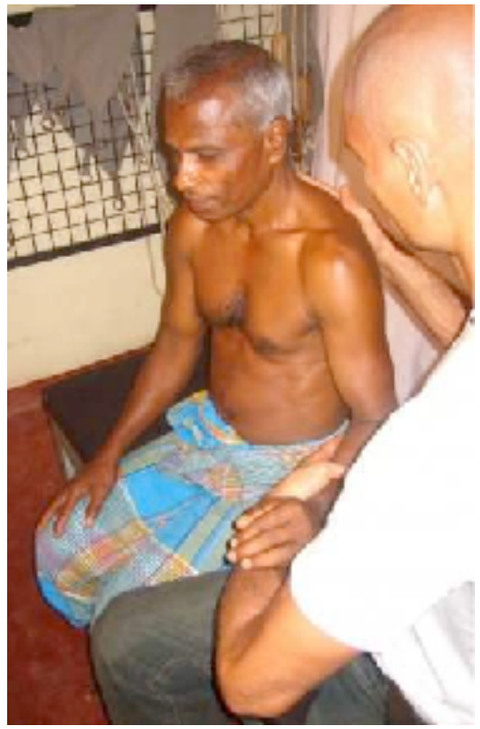
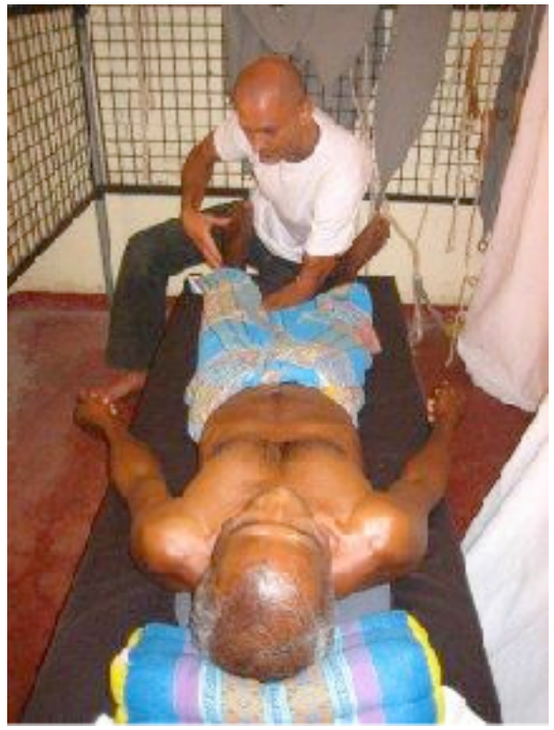
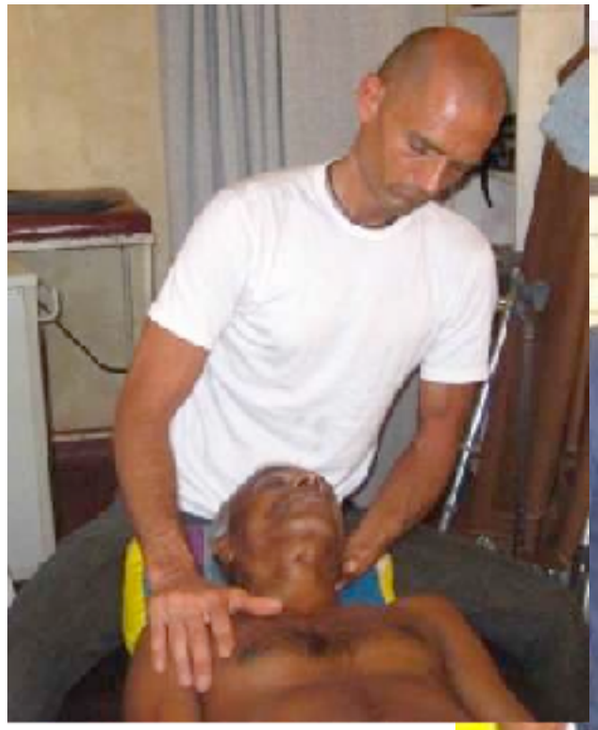
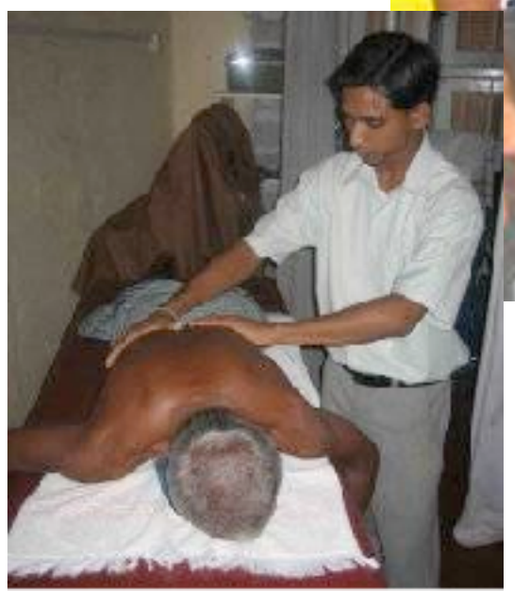
Mr. P









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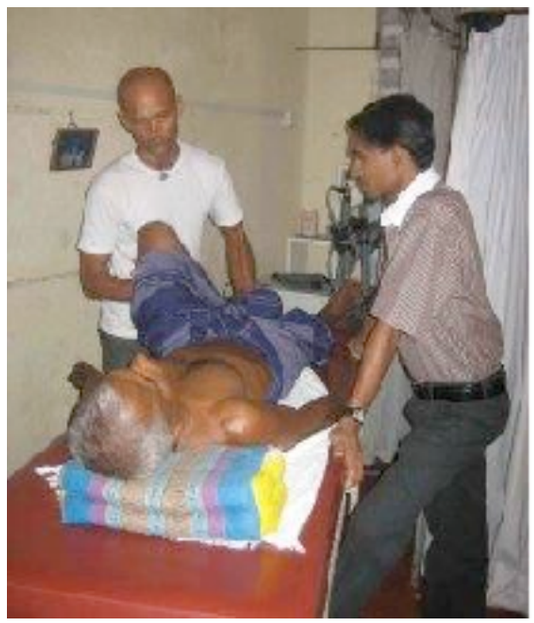

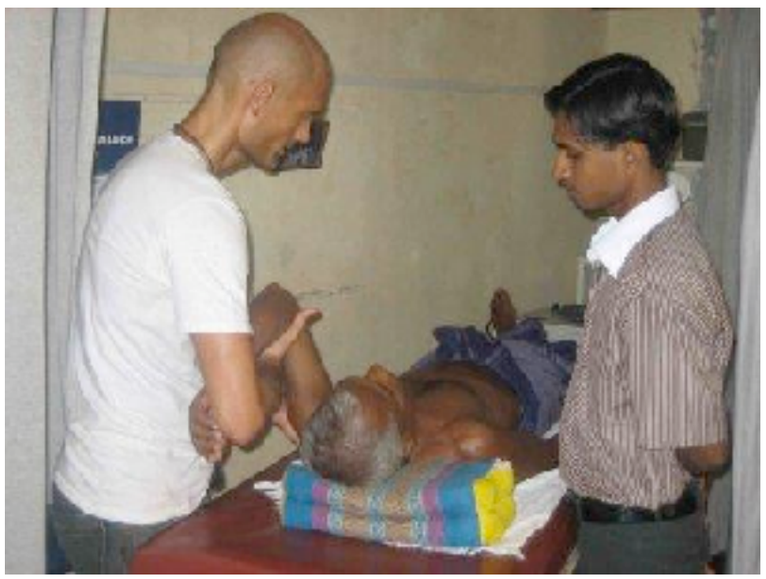

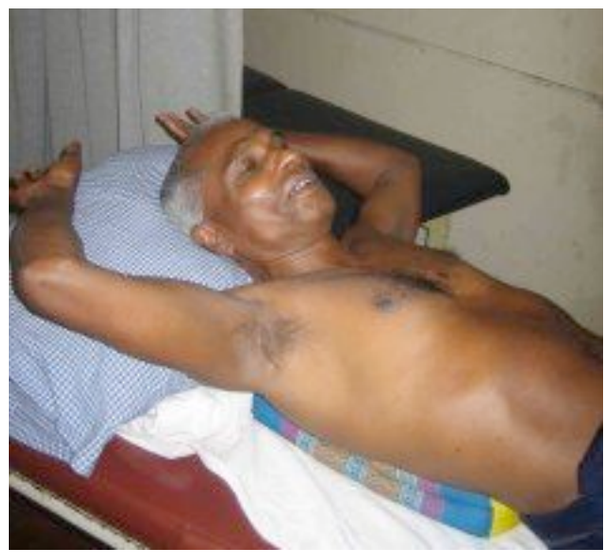

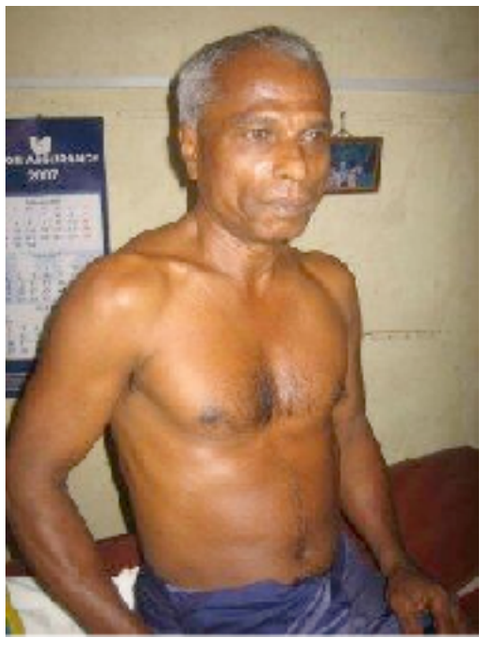

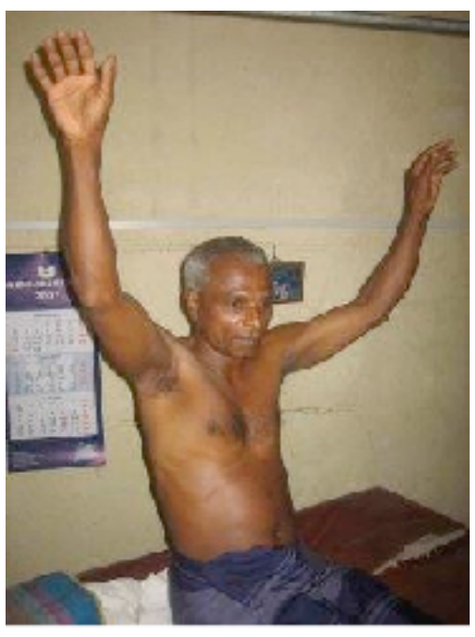

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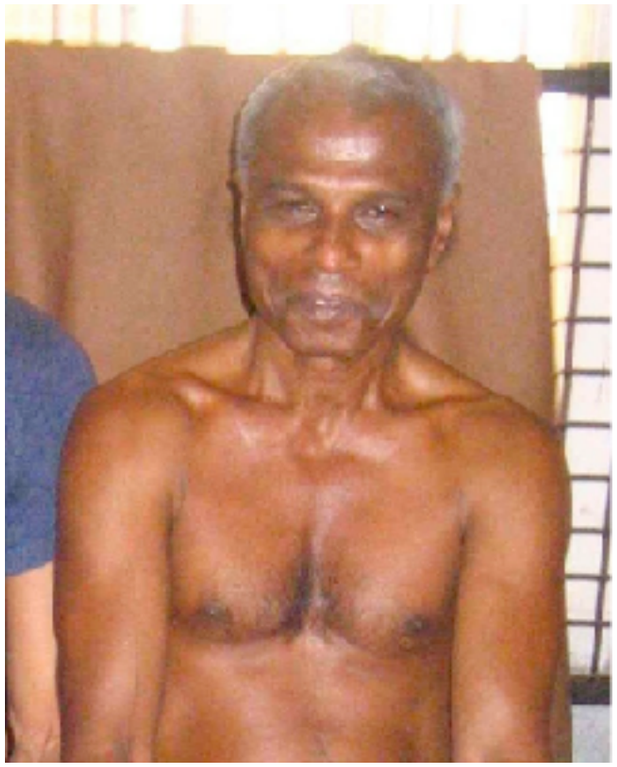

After 2nd Session

After 5th Session

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Session Log/Treatment Verification

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Immediate Disaster Relief Support • Physical Therapy Enhancement Trainings

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Treatment Log:

Location: Navajeevana Rehabilitation Center, Tangalle, Sri Lanka
Patient: KA Premadasa
Diagnosis: Ankylosing Spondylitis
Technique: The Trager®® Approach
Practioner: Michael Lear, CTP
Interpretation: Mr. Samantha Udagama, Mr. Indrajith

Background: I met Mr. Premadasa last year. He was a very pleasant man with incredible contrature throughout his torso and hips. He was locked up considerably. He had been coming to NJ since 2005 or his painful condition. During my visit, I had treated Mr. Premadasa twice and found that his tension level decreased dramatically. He was able to practice Mentastics®® with notable awareness and effectiveness. He has returned to NJ numerous times over the past year for treatments of Electro Stimulation for his pain that reaches a scale of 8/9 after about 4 days after treatment.

Pain Level – March 28th 2007 – Mid Back Pain 7

Subjective -
Objective – posture – hunched
Neck – stiff very little rotation right or left without turning entire torso
Shoulders - Kyphosis
Mid Back – most painful -thoracic
Low Back – very stiff, excessive tension in erectors
Hips – rotators and gluteals very tight
Legs – stands with knees locked, weight in heels

After ES treatments –pain 2/3 4 days pain returns 8/9.

Before Session - Seated Mentastics®:

Writing Name with Nose – his neck movements were relatively fluid and dynamic. This he said he practiced from last year.

Circles with shoulders and rib cage – prior to session this movement was difficult for him to articulate. The rigidity of his trapezius and pectoralis' prevented full articulation of this exploration.
Arm tossing – Mr. Premadasa still uses force to toss or drop the arm. (suggested what is soft)
shifting weight in chair – lifting hip to mobilize rib cage

Recommendations:

Continue freeing sternum, upper chest with gentle compressions and rocking and working with posture to support relieve of Kyphosis in thoracic spine. Provide traction to neck (length) as well to prevent compression/extension of cervical spine.

Keep working with hip rotators and all of the Mentastics® we have reviewed to keep his legs soft while standing. Periodically check is walking gait.

Explore movements on the floor for increasing his ease with sitting and standing. Move incrementally with these. Not too much too fast.
Have him explore movement while in water, either the sea or nearby pond or river. Recommend a natural diet with lots of Coconut water.

Most importantly be yourself as you conduct your sessions. Presence and listening to the patient's body are very important. For cases where there is a strong holding pattern, be soft, patient and just weigh and sculpt the area. Teach the body what soft is, what peace is, what lightness and being free is like. Take care of yourself in the process and most of all, have fun.

Please sign and date for verification.

_____
Mr. Samantha Udagama

BodyworkersWithoutBorders.org • 2652 West Walnut St. Allentown, PA 18104
Michael Lear CTP, RYT • 484.542.0249 • michael@bodyworkerswithoutborders.org

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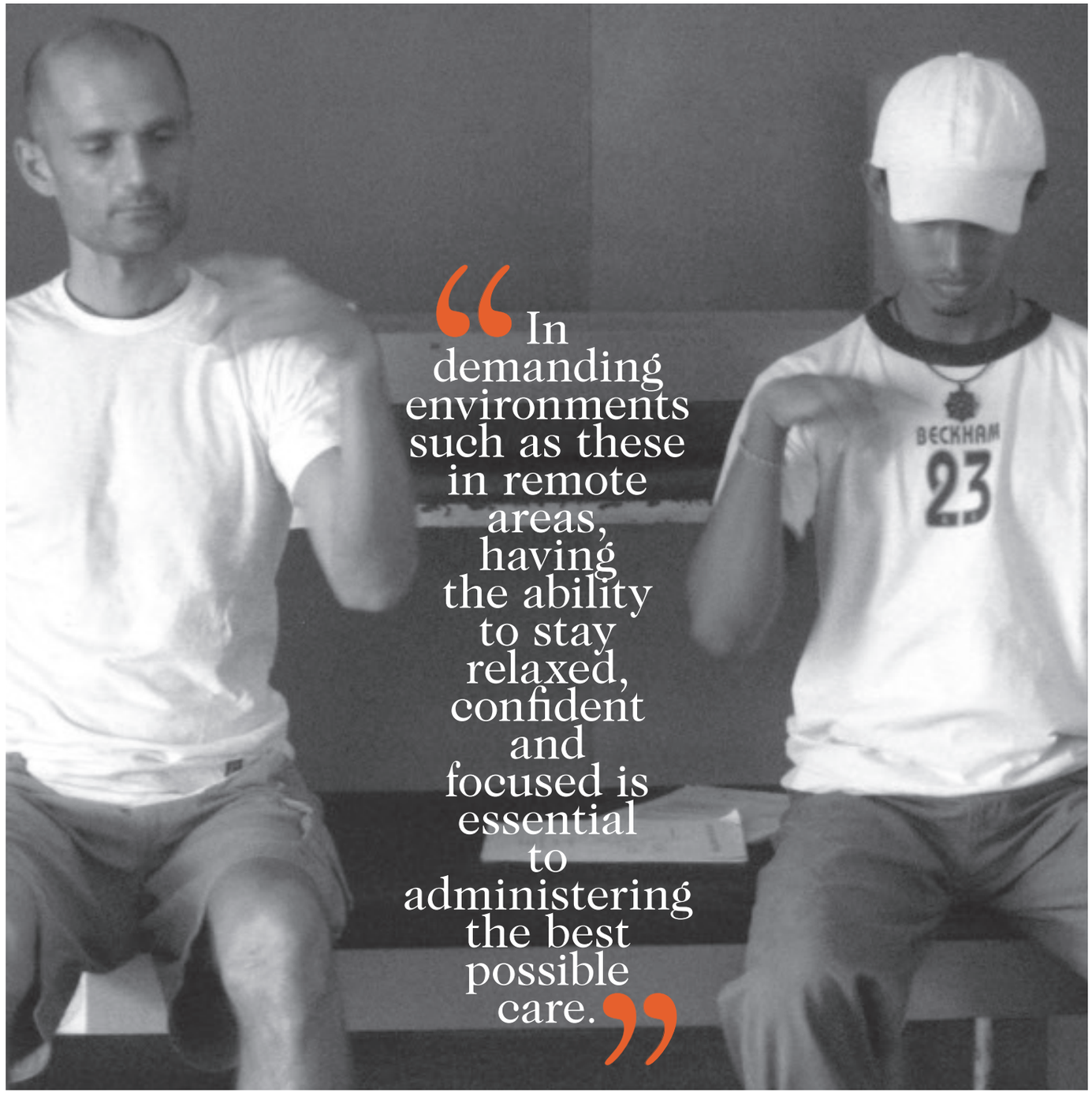

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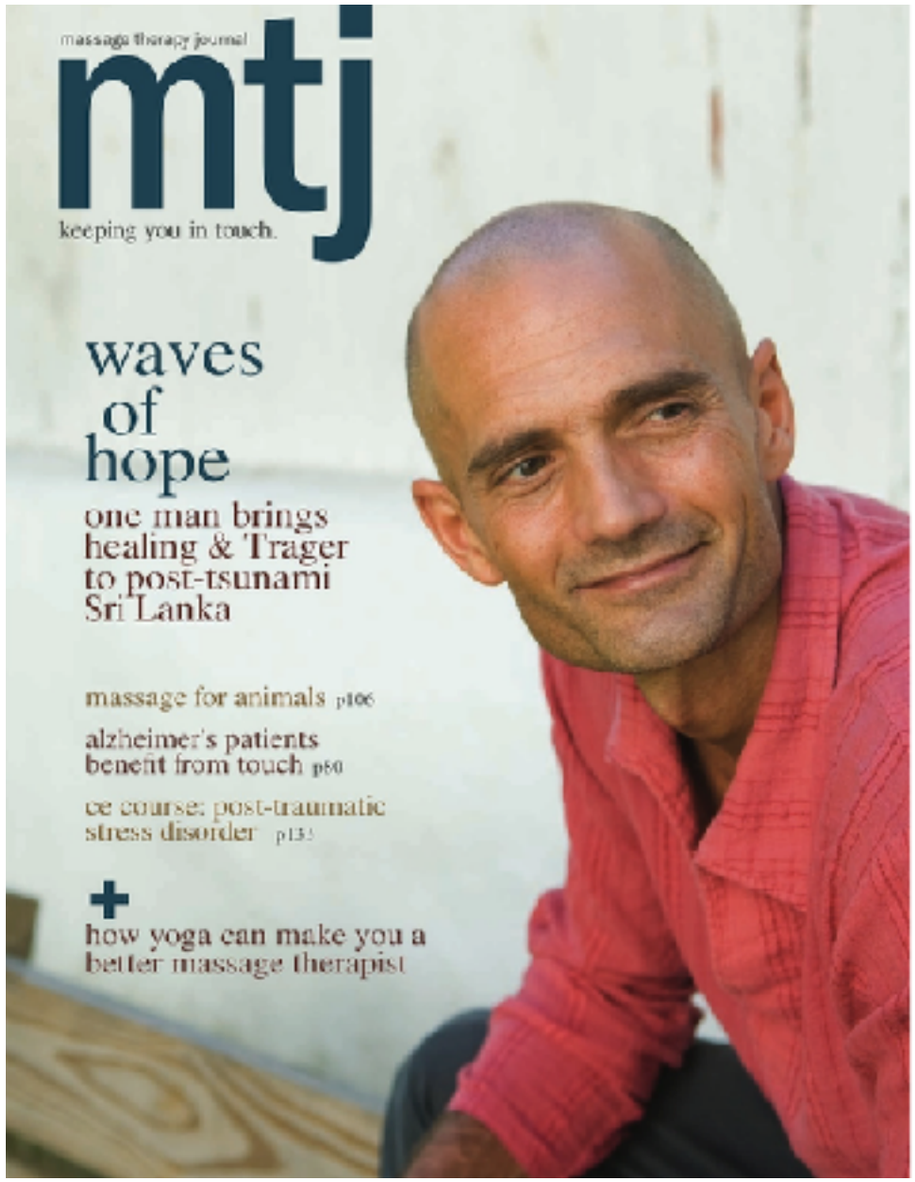

"With Trager, I can put more 'smile' on the patients' faces. We can also make them more confident mentally and physically."
—A.T. "Arun" Arunkumar

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URBAN ZEN

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Kumarini Wickramsuriya
Chairperson
Navajeevana Rehabilitation Center
320 Mahawella Rd.
Tangalle, Sri Lanka

Dear Kumarini,

Again, it has been my genuine pleasure to work with your dedicated and talented staff, and share with them the benefits of The Trager® Approach. Their understanding and effective application of the approach as a system of Movement Education is developing nicely and will provide them with a helpful primary or adjunct treatment for conditions such as chronic muscle pain, stress related pain, functional limitation, and neuromuscular disorders.

As a matter of record of my services, please take the time to review the attached document and sign in the appropriate space below. Your confirmation helps us maintain our organizational integrity and the transparency necessary to secure future donations.

Thank you for taking the time to review this information.

The follow is to serve as a verification of Michael Lear's activities at Navajeevana Rehabilitation Center during the time March 15th through April 23, 2007. Below are the days and times associated with his services at Navajeevana. For more comprehensive details of his activities please refer to his clinical notes and summaries.

March 2007

March 15 – I checked in with Kumarini WIckramsuryia and Mr. Arun and other staff members at Navajeevana to discuss my time in Sri Lanka. We set a formal meeting date for March 20th to finalize the program's schedule. – 2 hrs
March 16 – gave staff members some sessions and demonstrated the work. – 2 hrs
March 19 – gave staff members Samantha and gamani sessions – 3 hrs
March 20 – Met with Indrajith to discuss workshop schedule and clinical participation clinical/staff sessions – 3 hrs
March 21 – clinical/ staff sessions – 3 hrs
March 24 - trainings – Trager Workshop 7 hrs
March 25 - training – Trager Workshop 3 hrs
March 28 – started case study on Mr. Premadasa - clinical sessions and discussion – 2.5 hrs
March 30 – Mr. Premadasa's second visit and worked on Indika (NJ Staff member with polio) - clinical sessions and discussion – 3.5 hrs
March 31 – I met Kumarini for a session and lunch to discuss Navajeevana's need for funding for the head physical therapist – 4 hrs

Total Hours March – 31hrs

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Activity Cont'd

April 2007

April 3 - Nalika for first visit – perio arthritis - clinical sessions – 2 hrs
April 4 – Premadasa 3rd visit – 2.5 hrs
April 6 – Premadasa 4rd visit – 2.5 hrs
April 7 – Trager Intensive with Samantha Udagama training – 3hrs
April 8 – Trager Intensive with Samantha Udagama (am only) and Lakmal (former NJ staff) for am/pm session training – worked on construction worker with sciatic pain, - 6 hrs
April 9 – Premadasa 5th visit and Nalika 2nd visit - clinical Sessions 3 hrs
April 10 – Samantha, Lakmal and Erandika - training 3 hrs
April 12 – Samantha and Erandika training clinical sessions – 3 hrs
April 19 – clinical sessions – Premadasa 6th visit - 3 hrs
April 20 – clinical sessions - Premadasa 7th visit – 2 hrs
April 23 – review and paperwork– 2 hrs

Total Hours April: 32 hrs
Total NJ Program hours – 63 hrs

Please sign and date below. Thank you.

Kumarini Wickramsuriya
Chairperson

Mr. Arunkumar Arjunan Thangavel
Head, Physical Therapy Services

Mr. Samantha Udagama
Physical Therapy Assistant

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2007

REAL MEDICINE FOUNDATION
Team Whole Health Partner

Minerva Fernando
Program Coordinator
Real Medicine Foundation
Tangalle, Sri Lanka

It has been my genuine pleasure to work with you on behalf of Real Medicine Foundation, DRI and the people of Tangalle, Sri Lanka. Your efforts to efficiently coordinate my activities and to support me with interpretation have been invaluable service and contributed to the enhanced well being of many patients.

As a matter of record of my services, please take the time to review the attached document and sign in the appropriate space below. Your confirmation helps us maintain our organizational integrity and the transparency necessary to secure future donations. This also acknowledges that you were present for each of these sessions (with the exception of those with Dr. Chamal's father and where marked), and provided interpretation for the patients and me. My session summaries are derived from these interpretations.

Thank you for taking the time to review this information.

The follow is to serve as a verification of Michael Lear's activities at Real Medicine Foundation's Yayawatta Village Clinic during the time March 15th through April 23, 2007. In addition, it confirms his visitation to Real Medicine Initiatives as well as his presence at Tangalle Hospital to oversee the final installation of the sterilizer provided by Direct Relief International and the demonstration/training of the nursing staff. Below are the days and times associated with his services at Yayawatta Clinic. For more comprehensive details of his activities please refer to his clinical notes and summaries.

March 2007

March 18 – provided sessions to Martina Fuchs MD and Rubina, Head of Real Medicine, Pakistan – 4 hrs
March 19 – Visited RMF supported Preschool and Girls Hostile, gave Martina Fuchs MD session and reviewed RMF activities – 4 hrs
March 23 – Visited Yayawatta Village, assessed numerous patients and distributed supplies to sponsored children – 3 hrs (Lexia Campbell present for village tour)
March 27 – Visited Dickwella Montessori School – 3 hrs
March 28 - clinical sessions Pattisingho, met with mother of a young girl in need of psychological services, discussed with mother of a deaf boy the need for learning signing, Mrs. Wanigabadu– 3 hrs
March 29 – clinical sessions – nobody came – 2 hrs
March 30 - clinical sessions Amil and Mrs. Wanigabadu, Babunona – 3 hrs,
March 31 - worked on Dr. Chimal's father suffering from low back pain (had 2 lamanectomys – 2 hrs

Total Hours March – 24 hrs

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Activity Cont'd

April 2007

April 3 - gave session to Dr. Chamal's father, visited Tangalle hospital to make a formal invitation to Dr. Karunaratne for he and his colleagues to attend Trager workshop at Navajeevana on April 7 and 8, Provided clinical sessions at Yayawatta clinic for Ramasinghe, Gunawati , Pattisingho, Madumekala, Chamani – 7 hrs. (Lexia Campbell present at visit with Chamani)
April 4 – visited Tangalle Hospital to follow up on the Sterilizer for Martina and DRI. – 1 hr (solo)
April 6 – provided clinical sessions at Yayawatta clinic - Mr. Wanigabadu, Amil, Ramasinghe - 3.5 hrs
April 10 – visited Tangalle Hospital to observe final installation of Sterilizer – 4 hrs.
April 11 – provided clinical sessions at Yayawatta clinic - Ramasinghe w/ Parkinson's, Madumekala - 3 hrs
April 17 – visited Tangalle Hospital for demonstration of Sterilizer with Minerva for RMF and DRI – 3.5hrs
April 19 – clinical sessions – 3 hrs – Ramasinghe, Pakinson's and reviewed DRI tsunami report with Minerva and Jen
April 21 – clinical sessions – Ramasinghe, Madumekal, Mrs. Wanigabadu, Babunonna, Amil, Pattisingho, Mr. Wanigabadu – 2-4 hrs
On site Report Preparation - 3.5 hrs.

Total Hours April: 31.5 hrs
Total RMF Clinic and Support Hours – 55.5 hrs

Please sign and date below. Thank you.

_____
Minerva Fernando
Program Director

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Michael Lear CTP, RYT • 484.542.0249 • michael@bodyworkerswithoutborders.org

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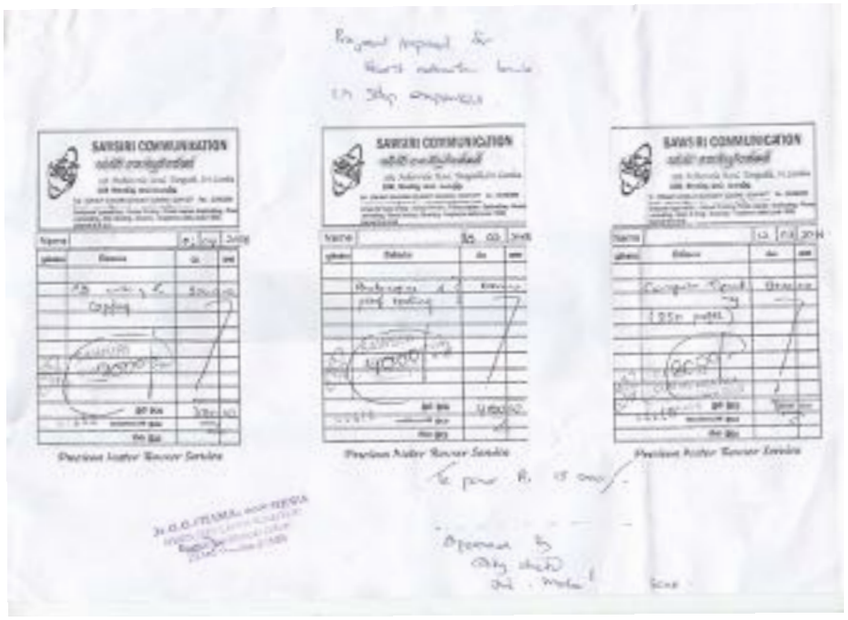
2007

REAL MEDICINE FOUNDATION
Team Whole Health Partner



Trager®Training - Sri Lanka 2008

Navajeevana

bringing new life to people with disabilities

Sri Lanka 2010

Navajeevana
bringing new life to people with disabilities

- Introductory Workshop 4 - hrs at Navadoya PVT Hospital, Embilapitiya

- Assisted Navajeevana with Concept Notes for two OPCs

- Worked Privately with Samantha Udagama and Mr. Lakmal

Navajeevana
bringing new life to people with disabilities

Date:	Prepared by:
I. Demographic Information	
1. City & Province: Deniyaya and Weliwaya, Southern Province Sri Lanka	
2. Organization: Navajeevana, Tangalle Sri Lanka	
3. Project Title: Disabled Persons Population Assessment	
4. Reporting Period:	
5. Project Location (region & city/town/village): **Deniyaya and Welawaya, Southern Province Sri Lanka**	
6. Target Population: Insert here, the Total Estimated Populations of each district combined.	
I. Project Information: Background	

Navajeevana:

Since its inception in 1987, and driven by a vision that sees persons with disabilities as equal participants of society, Navajeevana has remained the leader in serving the comprehensive needs of the people with disabilities in the Hambantota District of Southern Sri Lanka.

At the heart of their activities is their Community Based Rehabilitation Program, which is supported by over two decades of experience in institutional based multidisciplinary approaches. Physiotherapy, speech and audio therapy, prostethics and supportive seating, coupled with education, provide patients with comprehensive care that optimizes their chances of complete rehabilitation and integration into society as productive members.

A recent milestone at Navajeevana was the expansion of its facility into a residential facility to support those patients who need longer term, intensive residential rehabilitation.

Last year Navajeevana was recognized by The Physical, Psycho-Social Rehabilitation Institute, (PPSRI) a US-based non-government organisation (NGO) that has close links with the Clinton Global Initiative (CGI) as one of two organizations to fulfill their vision to operate new rehabilitations centers in Sri Lanka they intend to build in the next 3 years.
Coupled with Navajeevana's existing facilities these two new centers would establish the most comprehensive network of Psycho-Physical Community and Institutional Based Rehabilitation in the Southern Province.

PPSRI:

As reported in the Sri Lanka Sunday Times on November 7, 2010 "is planning to set up two rehabilitation centres, one in the North and one in the South, to help Sri Lankans ravaged by more than two decades of war."

With the support of the Sri Lankan governement, the PPSRI will work with Navajeevana to optimize the placement and operation of the centers in the south to best serve those "physically and psychologically traumatized persons, and help them re-integrate with the community."

"PPSRI president Dr. Kumarlal Fernando told the Sunday Times that experts in the United States and Sri Lanka agree that the most pressing need after more than 20 years of civil unrest and physical and psychological trauma was rehabilitation."

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Future Impact?

NIAMS National Institute of Arthritis and Musculoskeletal and Skin Diseases

National Institutes of Health, Department of Health and Human Services

- The total cost of low-back pain exceeds $100 billion per year.

Back Pain Matters

Nicolas E. Walsh
University of Texas, San Antonio, Tex.

The economic impact on society for the tangible expenditures (i.e. medical care, indemnity payment) and the intangible costs (e.g. production loss, employee retraining, administrative expenses, increased consumer costs, and litigation) were estimated in North America alone to be well over USD 50 billion per year in 2000. The indirect costs of disability due to low back pain are enormous, and exceed the direct costs of medical diagnosis and treatment.

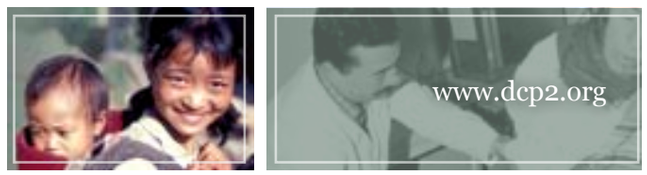
A few specific conditions such as disk herniation, spondylolisthesis, and spinal stenosis, are reasonably well defined and understood, but for the vast majority of patients with back pain there is only fragmented knowledge and no effective hypothesis for the cause. Spinal disorders and back pain are global problems that need attention, intensified research and education to diminish the personal and socioeconomic costs in an attempt to decrease the global burden of musculoskeletal disease.

Chapter **51**

Cost-Effectiveness of Interventions for Musculoskeletal Conditions

Luke B. Connelly, Anthony Woolf, and Peter Brooks

DISEASE CONTROL PRIORITIES PROJECT



Report 2006

- Musculoskeletal conditions the most common cause of chronic disability
- Globally, the number of people suffering from musculoskeletal conditions increased by 25 percent over the past decade.
- Although the evidence needed to determine the most cost-effective interventions is scant, affordable measures to prevent and treat musculoskeletal conditions are available.
- The primary musculoskeletal dysfunctions include:Osteoarthritis, inflammatory arthritis, back pain, musculoskeletal injuries, Crystal Arthritis (gout), Metabolic bone disease - Osteoporosis
- Musculoskeletal conditions make up 2 percent of the global 52 percent of the total burden of musculoskeletal conditions in developing countries, and 61 percent of the total burden of musculoskeletal conditions in industrialized countries.

Estimated Burden of Musculoskeletal Conditions, by Gender and Region, 2001					
	Total	Males	Females	Developing Countries	Industrialized Countries
Numbers of DALYs (thousands)					
Osteoarthritis	16,372	6,621	9,750	11,049	5,323
Rheumatoid arthritis	4,757	1,353	3,404	3,238	1,520
Other musculoskeletal conditions	8,699	5,033	3,638	6,789	1,880
All musculoskeletal conditions	29,798	13,007	16,792	21,076	8,723

Source: Calculated from WHO (2004).

Table 51.1 Estimated Burden of Musculoskeletal Diseases, by Gender and by Developed or Developing Regions, 2001

	Total	Males	Females	Developing regions (both genders)	Developed regions (both genders)
Numbers of DALYs (thousands)					
Rheumatoid arthritis	4,757	1,353	3,404	3,238	1,520
Osteoarthritis	16,372	6,621	9,750	11,049	5,323
Other musculoskeletal diseases	8,699	5,033	3,638	6,789	1,880
All musculoskeletal diseases	29,798	13,007	16,792	21,076	8,723
Percentage of total DALYs					
Rheumatoid arthritis	0.32	0.18	0.49	0.27	0.59
Osteoarthritis	1.12	0.86	1.39	0.91	2.05
Other musculoskeletal diseases	0.59	0.65	0.52	0.56	0.73
All musculoskeletal diseases	2.03	1.69	2.40	1.74	3.37
Percentage of musculoskeletal DALYs					
Rheumatoid arthritis	15.96	10.40	20.27	15.36	17.42
Osteoarthritis	54.94	50.91	58.07	52.43	61.02
Other musculoskeletal diseases	29.10	38.69	21.66	32.21	21.56

Source: Calculated from WHO (2004).

Table 51.2 Estimated Burden of Musculoskeletal Conditions by Region and Mortality Stratum, Selected WHO Regions, 2001

	Africa		Americas		Southeast Asia		Eastern Mediterranean		Western Pacific
Condition	**D**	**E**	**B**	**D**	**B**	**D**	**B**	**D**	**B**
Numbers DALYs (thousands)									
Rheumatoid arthritis	127	141	532	83	117	855	99	218	1,065
Osteoarthritis	625	687	969	117	931	2,474	227	577	4,442
Other musculoskeletal diseases	285	316	677	107	516	1,756	159	408	2,590
All musculoskeletal diseases	1,037	1,144	2,178	307	1,564	5,085	485	1,203	8,097
Percentage of total DALYs									
Rheumatoid arthritis	0.09	0.07	0.66	0.47	0.19	0.24	0.43	0.19	0.44
Osteoarthritis	0.42	0.33	1.19	0.67	1.52	0.69	0.99	0.51	1.84
Other musculoskeletal diseases	0.19	0.15	0.83	0.60	0.84	0.49	0.69	0.36	1.06
All musculoskeletal diseases	0.70	0.55	2.68	1.74	2.55	1.42	2.11	1.06	3.34
Percentage of musculoskeletal DALYs									
Rheumatoid arthritis	12.28	12.29	24.45	27.23	7.50	16.82	20.38	18.11	13.19
Osteoarthritis	60.27	60.10	44.49	38.50	59.51	48.66	46.90	47.97	54.99
Other musculoskeletal diseases	27.44	27.61	31.06	34.27	32.99	34.53	32.71	33.92	31.82

Source: Calculated from WHO (2004).
Notes: The letters in the column heads refer to mortality strata. B = low child and low adult mortality, D = high child and high adult mortality, E = high child and very high adult mortality.

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Other Applications

Healing Touch Therapy for Victims of Systematic Rape, Sexually Abused Women and Children

The unspeakable horror and the devastating psychological impact of Systematic Rape has on its victims can only be considered one of the most severe human rights violations in the world today. In the wake of such abuse, woman and in too many cases children are left with a compromised and distorted self image and are often void of any capacity to experience and enjoy healthy and appropriate physical contact. Exacerbating the situation is the social stigma that frequently plagues these victims long after the initial insult and many have no choice but to live as outcasts in their own communities.

While the number of women falling victim to systematic rape, a most diabolical component of civil conflict and ethnic cleansing, the number of women and children raped and sexually abused as a result of the HIV/AIDS epidemic in Africa is equally disturbing and no less traumatic.

AFP/Getty Images

For these women to succeed in their communities and with their families it is imperative to restore their dignity and self-image by helping them to heal the deep wounds associated with such heinous crimes.

Through a combination of intensive training and clinical participation this programs aim is to educate physical therapists, nurses and doctors in progressive healing touch protocols (The Trager® Approach) to address the complex psycho-emotional nature of deep seated body based memories and muscular holding patterns that can figuratively choke off the vitality of these young victims. The importance of restoring healthy boundaries and a positive association with appropriate touch will be emphasized. Of equal importance will be the provision of trainings in these same protocols to lay caregivers to expand the resources available to these women in areas where access to specialized care is limited.

REAL MEDICINE FOUNDATION

2008-2010

- Sri Lanka
  - 2 pre-schools
  - Growth Hormone Therapy (5 children) - Ruhuna Medical College
  - Tsunami Relocation village clinic
  - Plant Based Nutrition for Staff of National Cancer Institute (Pakistan) - eCornell
- South Sudan
  - College of Nursing and Midwifery - UN, WHO, GoSS, JICA, AMREF
- Kenya
  - Drought Relief - Food and Water Supply Chain
- Uganda
  - Primary Care Clinic - Kiryandongo Refugee Camp
  - Acupuncture Program
  - Homeopathic Malaria Program
  - 3 Schools
- Armenia
  - Primary Care Clinic Support - Shinuhar
- Nigeria
  - Primary Care Clinic - Gure
- Haiti
  - Immediate Disaster Response - Border Hospital Assessment
  - Established Connections with UN/Partner NGO's