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# PHYSIOZine™

Advancing Physiotherapy with Knowledge & Innovation

Pulmonary  
Rehabilitation

Flat Foot

Physiotherapy  
after Mastectomy

# KATE MARKLAND

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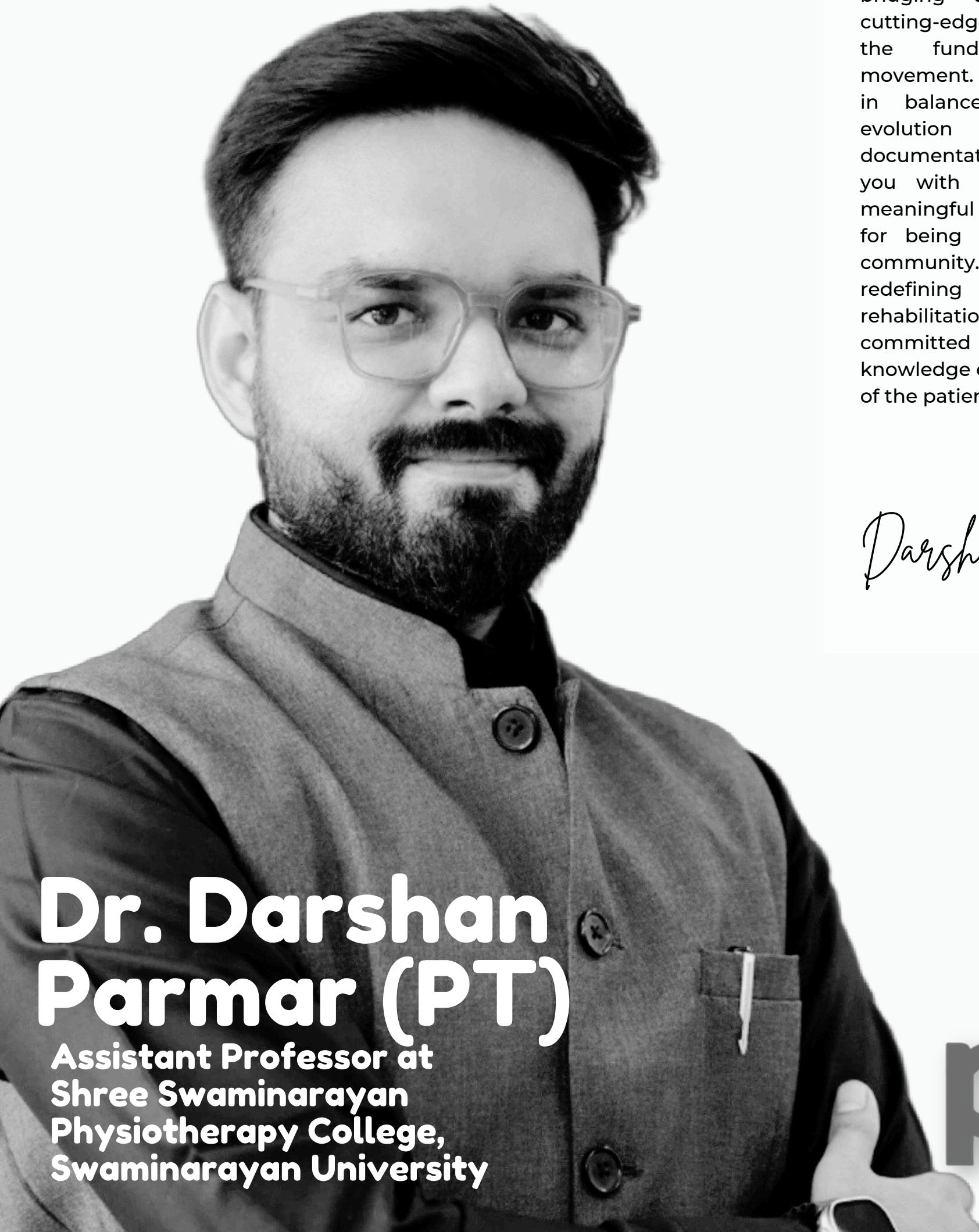
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# FOUNDER'S NOTE



## Dr. Darshan Parmar (PT)

Assistant Professor at  
Shree Swaminarayan  
Physiotherapy College,  
Swaminarayan University

As we embrace February 2026, Physiozine celebrates the intersection of clinical precision and professional resilience. This edition explores the theme of "Precision and Progress," bridging the gap between cutting-edge therapeutics and the fundamental art of movement. From advancements in balance science to the evolution of digital documentation, we aim to equip you with insights that drive meaningful recovery. Thank you for being part of our global community. Together, we are redefining the boundaries of rehabilitation, staying committed to a future where knowledge empowers every step of the patient journey.

*Darshan Parmar*

**pzm**<sup>TM</sup>  
PHYSIOZINE MAGAZINE

Welcome to the February 2026 edition of Physiozine. As we move further into the year, this issue focuses on the powerful synergy between clinical precision and the intuitive art of healing. We explore the latest breakthroughs in neuromuscular balance, adaptive recovery technologies, and the vital role of meticulous assessment in patient outcomes. Our mission remains to empower the global physiotherapy community with evidence-based insights that foster innovation and resilience. May the perspectives shared within these pages inspire you to refine your practice and continue leading the charge toward a more mobile, healthier future for all.

# CHIEF EDITOR'S NOTE

## Dr. Jaspreet Kaur Kang (PT)

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Dr. Jaspreet Kaur Kang

# MANAGING DIRECTOR'S NOTE

**Dr. Hetvi Dimothe (PT)**  
**Consultant**  
**Physiotherapist**



Welcome to the February 2026 edition of Physiozine. As I embark on my journey as your new Managing Director, I am inspired by the relentless hands-on dedication that defines our field. This issue dives into the "Bio-Mechanical Evolution," shifting focus from isolated symptom management to the complex architecture of kinetic chains and functional longevity. We explore how deep-tissue physiology intersects with movement coaching to redefine athletic performance and geriatric independence alike. I am honored to support your mission of restoring movement, and I look forward to advancing the clinical prestige and practical success of every therapist in our global network.

*Hetvi Dimothe*

Kate Markland is a former award-winning physiotherapist, educator, author, and the creator of the innovative StoryQuest™ methodology, a groundbreaking approach that applies clinical listening skills to unlock creativity and learning in children.

With over 20 years of experience, Kate built and led four award-winning physiotherapy clinics across the UK, working with more than 5,000 patients. Trained in the McKenzie Method in the Netherlands, she developed a deep belief that the answer always lies in a person's story. Her clinical practice was grounded in rapport-building, empathetic listening, verification of understanding, and exploration of lived experience—skills that would later transform education.

Kate's journey beyond the clinic began with her son, Gabriel, when a simple weekly storytelling exercise evolved into a powerful collaboration. Through attentive listening and structured dialogue, Gabriel went on to co-author "The Adventures of Gabriel" series, including *The Adventures of Gabriel and the Shadow of Zuff*, which became an international #1 Amazon bestseller in October 2025.

Recognising the parallels between patient consultations and creative learning, Kate adapted her clinical principles for the classroom. The result was StoryQuest™, a methodology that has since been implemented across multiple schools, engaging 465 children with 100% participation, zero behavioural incidents, and proven success among SEND, SEMH, and EAL learners. The approach has been validated through Classic Grounded Theory research and praised by educators nationwide.

Kate has presented her work at the British Psychological Society, testified before the UK Parliamentary Public Accounts Committee, and has been featured on BBC News, Times Radio, and international education platforms. Today, StoryQuest™ is trademarked and being integrated into school curricula across several countries.

Now working at the intersection of healthcare, education, and creativity, Kate Markland is a powerful advocate for recognising hidden mastery—the transferable human skills clinicians develop that can create impact far beyond traditional practice. She continues to inspire professionals worldwide to reimagine how listening, empathy, and connection can change lives.

Kate is the co-author of *The Adventures of Gabriel* series and can be reached at [katemarkland.com](http://katemarkland.com) and [my-storyquest.com](http://my-storyquest.com).



# KATE MARKLAND



## INTRODUCTION

Breast cancer surgery, be it a lumpectomy or mastectomy, is a significant procedure that typically signifies the conclusion of one struggle and the commencement of another: the recovery phase. While advances in surgical techniques and cancer treatments have greatly improved outcomes, many patients are left with physical limitations that affect daily life, emotional well-being, and quality of life. This is where Physiotherapy rehabilitation acts as a bridge to return to the quality of life you had before.

### Why Physiotherapy Matters Post-Surgery?

After surgery, it's common for patients to experience:

Shoulder stiffness or "frozen shoulder."

Pain or tightness in the chest wall.

Lymphedema (swelling due to lymph node removal).

Fatigue and decreased endurance.

Postural imbalances.

A tailored physiotherapy program can help manage and minimize these complications. It supports healing, restores strength and mobility, prevents long-term disability, and empowers patients to return to their daily lives with confidence.



# Physiotherapy after Mastectomy: Bridging the Gap between Surgery and Life as You Know It

**Dr Steffi Alphonso(PT)**

Chief Physiotherapist, HCG Astha Cancer Hospital Ahmedabad, India

## What to Do and Avoid After Breast Cancer Surgery

### A. Start Shoulder Range Of Motion Exercises: Start early-But Safely

Gentle shoulder movements can be started within the available range while the drain is in place. Once the drain is removed, end-range shoulder movements can be initiated. Shoulder shrugs and elbow bending exercises may also begin at this stage. Early movement helps prevent shoulder stiffness and promotes better circulation.

Don't Push Through Pain - Don't force movements or stretch beyond discomfort, especially in the early stages.

### B. Cording (Post Scar Tissue in the Armpit):

After lymph node removal, some women develop tight, painful bands of scar tissue in the armpit called Cording or Axillary Web Syndrome.

Regular muscle release technique and stretching exercises, often guided by a physiotherapist, can help. It usually improves within a few months.

### C. Maintain Good Posture:

After surgery, many patients subconsciously guard the affected side by hunching forward or favoring one arm, which can lead to muscular imbalances and chronic pain.

Gentle postural exercises like wall angels and chin tucks help correct alignment and reduce upper back tension.

### D. Manage and Prevent Lymphedema:

If lymph nodes are removed during surgery, DO monitor for signs of lymphedema—such as swelling, heaviness, or tightness in the arm.

Complete Decongestive therapy (CDT) – is the gold standard treatment for lymphedema. CDT includes –

- a. Compression Therapy- multilayer lymphedema bandaging (MLLB)
- Intermittent Pneumatic Compression (IPC) Compression sleeve.
- a. Manual Lymphatic Drainage(MLD)
- b. Skin Care.
- c. Exercise.
- d. Psychological care.

Adjuvant: Low level laser, Kinesiology Taping.

### E. Stay Active Gradually

Regular low-impact exercise, such as walking or light yoga, can help combat fatigue and improve mood. Aim for 10-20 minutes of gentle activity daily and increase slowly as energy allows. A regular 30-minute walk is highly beneficial – and often considered a foundational part of a healthy lifestyle, especially after breast cancer treatment.

Aqua resistance exercise and Qi gong exercises are found to be useful.

### F. Post operative advice:

Exercises should be started on the second day after your surgery or as instructed by your surgeon. Perform the prescribed exercises three times a day, completing 10 repetitions of each exercise during every session.

Continue your exercise routine for a minimum of 6 months to maintain mobility, strength, and overall recovery. Recovery after breast cancer surgery is not one-size-fits-all. Physiotherapy bridges the gap between surgery and complete recovery, offering a pathway to restored strength, confidence, and quality of life. By following the right guidelines and seeking professional support, survivors can move forward—stronger, free, and more empowered than ever.

# FLAT FOOT: WHEN THE FOUNDATION SHIFTS, THE BODY FEELS IT



**Dr Rahul R (PT)**

Clinical Physiotherapist  
Thiruvananthapuram,  
Tamil Nadu

## A Physiotherapist's Perspective on a Silent Disruptor

"Our foot is the foundation of the body, just as a building relies on a strong base to stand tall and stable. Every function—our posture, balance, gait, and even the alignment of our spine—depends on this foundation. And at the very core of this remarkable structure lies the foot arch. This natural curve isn't just a design—it's a dynamic shock absorber, a weight distributor, and a key player in resisting the pull of gravity. It is, in many ways, the silent stabilizer of our entire body."

But what happens when this arch begins to give way—or never forms properly in the first place?

### When the Arch Collapses: What Is Flat Foot?

Flat foot, or pes planus, is a condition where the foot arch is flattened, causing the entire sole to make contact with the ground. This condition may occur in one or both feet and can be either flexible (visible only during weight-bearing) or rigid (persisting in both loaded and unloaded positions).

For many, flat feet go unnoticed until pain or dysfunction surfaces—often in areas far from the foot itself. That's because the human body is a kinetic chain: what affects one link inevitably affects the others. When the arch collapses, the alignment of the ankles, knees, hips, and spine may subtly shift to compensate. Over time, this sets the stage for chronic discomfort and dysfunction.

### Who's at Risk?

#### Flat foot can be:

- **Congenital:** Present from birth, common in infants and young children. Most children develop arches by the age of 6–7.
- **Acquired:** Seen in adults due to wear and tear, posterior tibial tendon dysfunction (PTTD), injury, obesity, pregnancy, diabetes, or aging.

- **Hereditary:** It often runs in families.

Flat feet are also more common in dancers, runners, athletes, and pregnant women due to ligament laxity, repetitive stress, and increased load.

### How to Identify Flat Foot

If you're wondering whether you or your child might have flat feet, here are a few signs:

- **Wet Footprint Test/ Ink Footprint Test :** A clear imprint of the full foot with little to no arch visible.
- **Shoe Inspection:** Shoes wear unevenly—particularly along the inner sole.
- **Pain or fatigue in the feet,** especially the heels or arches, that worsens with prolonged standing or walking.
- **Swelling around the inside of the ankle.**
- **Inability to stand on tiptoe comfortably.**
- **Visible flattening of the arch even when offloaded (e.g., sitting).**
- **Tightness in calf muscles, frequent cramps or stiffness.**
- **In children: frequent tripping, toe walking, or complaints of leg fatigue.**

It's worth noting that flexible flat feet in children may be asymptomatic. But if discomfort, poor coordination, or postural issues emerge, timely evaluation becomes important.

### The Domino Effect: Flat Foot and the Chain Reaction

When one part of the musculoskeletal system is compromised, the body compensates—but compensation comes at a cost.

**Here's how flat feet can ripple through the body:**

- **Plantar Fasciitis:** Constant strain on the plantar fascia causes pain, especially during the first few steps in the morning.
- **Shin Splints (Medial Tibial Stress Syndrome):** Improper foot mechanics stress the shin bone and surrounding tissues.
- **Knee Pain:** Internal rotation of the tibia misaligns the knee joint, contributing to patellofemoral pain syndrome.
- **Hip and Lower Back Pain:** Pelvic misalignment and altered leg biomechanics disrupt lumbar posture.
- **Achilles Tendonitis:** Flat feet strain the posterior chain, including the Achilles.
- **Postural Deformities:** Forward pelvis tilt, lumbar lordosis exaggeration, or even scoliosis may be aggravated.
- **Balance Disorders:** A misaligned base increases fall risk in the elderly or neurologically vulnerable individuals.
- **Varicose Veins & Circulatory Stagnation:** Poor foot mechanics can impede venous return over time, leading to heaviness and swelling in the lower limbs.

The feet may seem small, but they carry the story of the entire body's mechanics.

#### **Why Early Intervention Matters**

As physiotherapists, we often see patients once pain or dysfunction has set in. But flat foot is a condition best caught and addressed early—before irreversible compensatory patterns develop.

In children, early detection can allow for corrective strategies during crucial growth years. In athletes, managing flat feet can prevent fatigue-related injuries and enhance performance. In older adults, it reduces fall risk and helps retain independence.

#### **Treatment: Can Flat Feet Be Corrected?**

Yes—but the approach depends on the severity and symptoms.

While we can't always recreate an anatomical arch, we can certainly restore function and reduce discomfort.

#### **Conservative Management: First Line of Défense**

1. **Physiotherapy**
  - Intrinsic foot strengthening (e.g., towel scrunches, marble pick-ups)
  - Stretching tight calf and hamstring muscles
  - Proprioception and balance training
  - Gait retraining and postural correction
2. **Foot Orthotics**
  - Custom-made insoles to support arch, improve alignment, and reduce strain
3. **Supportive Footwear**
  - Avoid flip-flops or flat slippers
  - Opt for arch-support shoes with motion control, especially during physical activity
4. **Weight Management**
  - Excess body weight increases foot strain, accelerating symptoms
5. **Activity Modification**
  - Low-impact exercises like swimming or cycling may reduce joint stress

#### **Surgical Intervention**

Reserved for severe, rigid, or progressive flat foot that doesn't respond to conservative methods. This may include tendon repairs, osteotomies, or arthrodesis procedures.

#### **Physiotherapist's Insight: Listening to the Feet**

As clinicians, we are trained to look beyond where the pain is and understand why the pain is. A teenager with chronic knee pain, a runner with hip strain, a mother with persistent back ache—they may all trace their discomfort back to a fallen arch.

Flat foot is often silent at first. But it speaks through fatigue, misalignment, and dysfunction. The earlier we tune in, the better the outcomes.

#### **Conclusion: Heal the Foundation to Strengthen the Structure**

The foot arch is one of nature's most ingenious designs—engineered for strength, flexibility, and endurance. When this keystone collapses, the impact resonates through the body. But with awareness, assessment, and timely intervention, we can restore balance and reduce pain—from the ground up.

Your feet may be the lowest part of your body, but they have the highest impact on your health.

So next time your knees ache, your back hurts, or your gait feels off—start by looking down. The answer might be beneath your soul.

According to the World Health Organization (WHO), cigarette smoking is responsible for approximately 8 million deaths each year. If we talk about India, smoking or exposure to secondhand smoke causes about 1.2 million deaths.

Cigarette smoking is repeatedly found as either direct cause or risk factor of multiple life-threatening diseases such as cancer, heart disease, chronic obstructive pulmonary disease and other respiratory disorders. It nearly damages every organ starting from mouth, throat, esophagus, bladder, kidney, cervix, stomach to colon and rectum.

Chemicals found in tobacco have the potential to change or damage the normal structure of DNA, which leads to extensive or irregular cell growth and leads to the development of cancerous tumors. This can also damage blood vessels by compositing a plaque on arterial walls which further develops atherosclerosis which is primary cause of peripheral artery disease, heart attack or stroke.

**"There is nothing to giving up smoking,  
I have done it hundreds of times!!"**

# 1ST STEP OF PULMONARY REHABILITATION: “UNDERSTANDING WHY & HOW TO QUIT SMOKING?”



**Dr Nikita Gelotar (PT)**

Assistant Professor,  
Shree Swaminarayan Physiotherapy College,  
Swaminarayan University, Kalol

We are aware of the effects of carbon monoxide (CO) on the environment; it alters atmospheric chemistry and influence climate changes. Still, we are inhaling it inside our body through smoking a cigarette! God gives us brain to think and act, but after looking at increasing number of smokers it appears that we often know risks, but curiously sometimes overrules logic.

CO can decrease oxygen supply in body by interfering with hemoglobin (protein that carries oxygen in body), and as we know when there is no oxygen what happens- “we die”, so does our organs- it causes ‘slow death’. Moreover, if you are a parent of a newborn child and you smoke around him for the first 2 years, there are high chances of developing pediatric asthma to your child.

I have heard smokers saying that “they feel light after having a cigarette it makes them cough and they breath better”, don’t fall for it, the core reason of the cough or the production of mucus is hidden in your cigarette. You are producing more sputum by inhaling the smoke, its vicious cycle of pain masked behind temporary pleasure. Additionally, chronic smoking loosens air sacs in lungs, but it doesn’t collapse fully to get air out- means trapping of gas which is meant to be exhaled (carbon dioxide), it gets filled up inside the lungs and there will be no space for oxygen.

So, maybe now we have enough knowledge of why to quit? We should see how it can be quit. Smoking cessation is the primary treatment for all described conditions, it is not so that people don’t try, 70% of smokers want to give up but failure to that drains the will.

The first thing is that multiple reinforcements are more successful than a single intervention. Second, the quit date should be decided, before which some habits can be changed, and the frequency should be reduced. An effective way to do so is keeping a smoking diary in which one should note number of cigarettes per day, with questions to self-such as

1. “what activities provokes urge to smoke?” for example ‘having a coffee’, ‘while talking on phone’;
2. “At which time its more enjoyable and why?”
3. “Which cigarettes can be stopped first? – low priority smoking”
4. “Which are felt hard to leave and why?”

If an individual answers these questions by himself and tries to initiate change in habits, for instance if coffee is the trigger, it can be replaced with orange juice. He or she can avoid passing near cigarette shops, asking friend or colleague to not smoke around you, drinking plenty of water hydrates body and can decrease urge to smoke, other than those sucking mints, chewing gums, dry fruits are found helpful to decrease intensity of urge. Brushing teeth, having cold shower redirects nervous system, which reduces withdrawal symptoms. The most beneficial would be reaching out to loved ones, phoning a friend or helpline. Motivational posters inside your office or bedroom will help to stay focused on your goal of quitting. Some small rewards can be set for each improved step. The other techniques would be hypnotherapy, acupuncture, biofeedback by CO monitoring are also done well for some individuals.

Exercises are healthy distraction to withdrawal symptoms, aerobic exercises (running, walking, swimming) improve health and wellbeing, release happy hormones thus improving mood. Yoga, pranayama and slow breathing exercises or breathing control during or between work or daily chores/ activities will help enhance control over brain and body, reduces urge and anxiety.

Remember it is never too late to stop, and it is very brave of you to initiate a change, not everyone has courage to break the comfort zone.



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