

## Frequently Asked Questions (NIEPMD)

### 1. Courses offered

Sl. No	Name of the Programme	Duration	Intake (Seats)	Mode of Selection
1	M.Phil. (Clinical Psychology)	2 Years	13	NET- National Entrance Test by NIEPMD(D)
2	M.Ed.-Special Education Multiple Disabilities	2 Years	20	Selection on Merit Basis.
3	B.Ed.-Special Education Multiple Disabilities	2 Years	30	
4	D.Ed.-Special Education Multiple Disabilities	2 Years	30+5 EWS	
5	Bachelor of Occupational Therapy (B.O.T)	4 ½ Years (4 Years+6 Months Internship)	25+3 EWS	CET-Common Entrance Test jointly organized by SVNIRTAR, NIEPLD, NILD & NIEPMD(D) for All India quota of 18 seats each and Through STATE COUNSELLING by Directorate of Medical Education for 10 seats.
6	Bachelor of Physiotherapy (B.P.T)	4 ½ Years (4 Years+6 Months Internship)	25+3 EWS	
7	Bachelor in Prosthetic & Orthotics (B.P.O)	4 ½ Years (4 Years+6 Months Internship)	20	
8	Bachelor in Audiology and Speech Language Pathology (B. ASLP)	4 Years (3 Years+ 1 Year Internship)	25+2 EWS	
9	Post Graduate Diploma in Early Intervention (P.G.D.E.I)	1 Year	15	Selection on Merit Basis.
10	Certificate Course in Care Giving RCI - (C.C.C.G.-RCI)	1 Year	30	
11	Diploma in Office Automation and Assistive Technology for Persons with Disabilities (D.O.A.A.T.)	1 Year	10	Selection on Merit Basis.

### 2. Clinical Services Offered

- Physical Medicine and Rehabilitation
- Rehabilitation psychology
- Vocational Training
- Speech, Hearing and Communication
- Special Education
- Deafblind
- Physiotherapy and Occupational Therapy
- Hydrotherapy
- Early Intervention
- Prosthetics and Orthotics
- Sensory Integration
- Community Based Rehabilitation

- Model School for children with Multiple Disabilities
- Skill Development Program
- Parent Empowerment Program
- NIOS
- Psychological Intervention and assessment
- Adult Independent Living Program
- Guidance and Counseling
- Free Job coaching Classes for Adult with Disabilities
- Outreach and Extension services
- Short Term Training Program
- Distribution of Aids and Appliances
- Respite care services
- Family Cottage services
- Documentation and Dissemination services

### **Specialized services**

- Psychiatric OPD
- Dental OPD
- ENT Clinic
- Psychiatric and Neuro drugs for PwDs
- Homoeopathy Services
- Neurology OPD

### **3. Skill Development Program – Under SIPDA scheme**

- |   |                           |
|---|---------------------------|
| • Data Entry Operator (Divyangjan)      | (QP/ NOS Code: PWD/Q0106) |
| • Assistant Sewing Machine Operator     | (QP/ NOS Code: PWD/Q4008) |
| • Assistant Plant Care Taker (Gardener) | (QP/ NOS Code: PWD/Q0109) |
| • Helper Small Poultry Farmer           | (QP/ NOS Code: PWD/Q4006) |
| • Food & Beverage Service Associate     | (QP/ NOS Code: PWD/Q7301) |
| • Hospitality Associate (Divyangjan)    | (QP/ NOS Code: PWD/Q7201) |

### **HRD Programme in collaboration with Bharathidasan University, Trichy**

- Diploma in Office Automation and Assistive Technology (One Year) (Target Group: Persons with ID /ASD/MI /SLD & MD )

### **Free Coaching for students with Disabilities**

- Coaching for SSC/RBI/TNPSC/SBI/RRB (Target Group: Persons with ID /ASD/MI /SLD & MD)

## 4 .FAQs

### 1. What is Multiple Disabilities?

Multiple Disabilities means a person who has two or more disabilities as enumerated in RPwD Act (2016) Act and National Trust (1999) Act. NIEPMD has registered 54 different combination of Multiple Disabilities. Multiple Disabilities can be classified as mild, moderate and severe based on the associated conditions. It can also be classified as congenital and acquired.

Ex. Mental Retardation with Cerebral Palsy, Hearing Impairment with Autism,

### 2. What are the causes for Multiple Disabilities?

Infection in Pregnant mother, Diabetes, Hypertension in pregnant mother, mental and Physical trauma in pregnancy, Not taking Folic acid before pregnancy and during pregnancy, Genetic Disorder, Inborn errors, Problem associated with delivery, premature birth, cord around the neck, twins, breach delivery and consanguinous marriage.

### 3. What are the services provided by NIEPMD?

Rehabilitation Medicine, Physical therapy, Occupational therapy, Sensory Integration, Early Intervention Services, Prosthetics & Orthotics, Special education, Psychological Assessments and Interventions, Speech, Hearing & Communication, Vocational training, Vocational Guidance & Counselling, Deafblind, Community based Rehabilitation, Special Clinics (Dental, Psychiatric, Neurology & Ophthalmology), Distribution of Aids & Assistive Devices, & Dissemination of Information.

### 4. What are the Interventions available for Multiple Disabilities?

Early Intervention, Early childhood education, Occupational therapy, Physiotherapy, Speech therapy, psychological intervention, social work intervention and adult independent living, Medicines for Associated disorders, special education, orthotic and prosthetic devices and assistive technology

### 5. What are the courses offered in the areas of Multiple Disabilities?

M.Phil (Clinical Psychology), M.Ed.Spl.Edn (Multiple Disabilities), B.Ed.Spl.Edn (Multiple Disabilities), D.Ed.Spl.Edn (Multiple Disabilities), B.P.T, B.O.T, B.P.O, B.ASLP, PG Diploma in Early Intervention, Diploma in Indian Sign Language Interpretation, Diploma in Office Automation and Assistive Technology and Certificate Course in Care Giving.

### 6. How to get the Disability certificate for Persons with Disabilities?

CMO of the District level hospital can issue the certificate if it is a permanent 100% disability. There is a medical board consisting of specialist to evaluate and certify the disabilities if the disabilities difficult to analyse.

### 7. What is the % of disability required for availing the benefits?

40% and above will be eligible for availing the benefits from the Government schemes.

### 8. What are the Health Insurance schemes available for persons with disabilities?

Nirmaya Health Insurance Scheme (National Trust)

### 9. What are assessment tools available for Persons with Multiple Disabilities?

Indian Scale for Assessment for Autism (ISAA), developed by NIEPID, MDPS (Vijay Human Services), FACP (by NIEPID), Calher Azuza, programme Check list for Persons with Multiple Disabilities (NIEPMD)

**10. Whether NIEPMD provide Medicines, if yes what are conditions it provide to persons with Disabilities?**

Medicine are given for seizures and psychiatric problems.

**11. Whether NIEPMD is providing Super Specialty services, other than Rehabilitation services for Persons with Multiple Disabilities? If yes, what are the services?**

Dental services, Psychiatric Clinic, Neurologic Clinic and Ophthalmology Clinic.

**12. What is incidence for Autism?**

The incidence of Autism 1 child with autism is born for every 66 normal child.

**13. Will the hearing aid help my child hear and speak like normal children?**

Yes, Almost all the children having hearing loss till 70 decibels acquire speech with less effort provided they have speech therapy support and an appropriate hearing aid. Children having hearing loss above 70 – 80 decibel of hearing loss can acquire adequate speech and language if they use hearing aid regularly and are provided intensive auditory training, speech and language therapy regularly. To achieve this goal there is a need of early intervention and rehabilitation.

**14. We shall put hearing aid when the child grows older, now he/she is not even five year old?**

No you cannot delay any further as its already late. A child starts learning language when it's still in the mother's womb which is as early as five months of gestational age. At the time of birth the child can recognized mothers heart beat, rhythm of speech, would be pacified by the songs which the mother might have sung when she was carrying the baby. Thus even if the child having hearing loss is fit with a hearing aid at the time of birth the child is late by 4-5 months. There is no reason to delay it further as a newborn child can be fit with a hearing aid.

**15. Do we need to test every new born child for the presence of hearing loss?**

Yes, By three months the presence of hearing loss if any, should be established.

**16. My child has difficulty in speaking, which is due to some deficits in his tongue or throat. I do not understand how hearing loss which is located in the ear is causing the speech problem in the mouth?**

We can speak the language which we can understand. Similarly children can speak the language which they can understand. We understand speech by hearing it, may it be another person speaking in real life or on television. First the spoken words or sentences are heard then it's understood. If the child or a person does not hear the speech he/ she cannot understand it and cannot reply appropriately. To appreciate the difficulty of a person with hearing loss has in understanding others; try understanding the dialogues of an TV actor of a daily soap with the volume in mute, and then by slowly increasing the volume in phases. As we cannot understand the dialogues just by seeing the facial expressions, body language and lip reading , the person with hearing loss has difficulty in understanding people speak to him. If a child with a hearing loss, the difficulty is further more as the child is in the process of learning to speak. The child does not hear what is spoken around him and hence does not understand what is been said. As the child does not understand what is being said he/she cannot extract and store the rules of the language which is essential to learn the language.

**17. Will he/she be able to stop using the hearing aid and hear normally again?**

Usually no hearing is a mostly prescribed for a hearing loss which cannot be treated by medicine or surgery( sensory neural hearing loss which is mostly static) it is more of a mental block, we never ask, will my child stop using eye glasses.

**18. If I don't let my child wear the hearing aid, will it affect my child?**

Yes, if your child does not use the hearing aid regularly there will be deprivation of sounds to the child. The child will fail to acquire and master the skill to listen to sound; he/she does not develop vivid mental representation of the spoken words thus resulting in poor speech. Poor mental representation of words leads to difficulties in comprehension of words and sentences during day to day communication. Usually while we talk each word is spoken relatively at a fast rate. The child requires an adequate mental representation of spoken words and speech sounds to retrieve and correlate the words from the heard stimuli.

**19. How and where can I keep my child hearing aid safe when he/she is wearing in to play?**

A method of retaining a hearing aid in place on a child comprising providing a huckkies. Harness is usually made of cloth used for body aids.

Harness; It helps to place a hearing aid at a safe distance from the receiver in the ear and to place it firmly.

Hukkies.: It is used with behind the ear hearing aid. It helps to hold the BTE firmly around the ear.

**20. How many years will the hearing aid work?**

The life of a hearing aid is maximum 5 to 7 years. But it will last longer if good care and maintenance of the hearing aid is provided.

**21. How will I know if my child is benefiting with the hearing aid?**

- i. The child will enjoy variety of sounds
- ii. The child will use hearing aid himself
- iii. The child language development will speed up and his listening and speaking improves

**22. How long will require him/her to come for Speech Therapy?**

The time may vary according to the child's needs, like the degree of hearing loss the age of the child, presence of other conditions, duration of hearing aid usage, involvement of the parents regularity of speech therapy are some of the factors which influence the duration and success of the therapy.

**23. Will my child go to normal school?**

Usually children who receive therapy prior to 6 months of age have greater chances of attending regular school.

**24. . Definition of Occupational Therapy:**

Occupational therapy is the art and science of facilitating human participation in occupation (i.e., self-care, leisure and work tasks) to restore, reinforce and enhance performance, facilitate learning of skills and functions essential for adaptation and productivity, diminish pathology, and promote health.

Occupational therapists use self-care, work, homemaking, play and leisure activities as therapeutic occupations

**25. Is occupational therapy the same as physical therapy?**

No, they are not the same. The occupational therapist helps people of all ages (from newborns to older adults) who have an illness or disability to do those things that are important and meaningful to them such as eating, dressing, school activities, and work. The occupational therapist helps by making changes in any of the things that may limit an individual's ability to do those tasks, including the environment, the task, or the person's skills needed for the task. Occupational therapists also have the knowledge and training to work with people with a mental illness or emotional problems such as depression and/or stress.

## **26. What does occupational science mean?**

Occupational science is a new discipline that provides the basic science information about "occupations" or activities that support the practice of occupational therapy. Occupational science studies how activities meet the needs of individuals and communities, and provide meaning and purpose to life; how activity produces changes in the individual and different patterns of occupation. This is similar to how sociology is applied in social work, and biology applied in medicine.

## **27. What are the treatment approaches used by the OTs?**

Occupational therapist will use variety of approaches based on the client's needs like Sensory Integration approach, Neuro developmental approach, Biomechanical approach, behavior modification approach, Rood's Approach, Rehabilitative approach, etc..

## **28. Where do occupational therapists work?**

Occupational therapists work in a variety of settings. These could include hospitals, rehabilitation centers, nursing facilities, home health, outpatient clinics, private practice, school systems, private organizations, industry, and community agencies such as return to work programs, prisons, and community settings. The number of different places where therapists work is growing every year.

## **29. What areas are addressed in occupational therapy treatment?**

Occupational therapy treatment encompasses several areas of performance. All treatment plans and therapy goals are created and implemented based on the child's individual needs.

- Fine Motor Skills: Pertaining to movement and dexterity of the small muscles in the hands and fingers.
- Gross Motor Skills: Pertaining to movement of the large muscles in the arms, legs and trunk.
- Visual Motor Skills: Referring to a child's movement based on the perception of visual information.
- Oral Motor Skills: Pertaining to movement of muscles in the mouth, lips, tongue and jaw, including sucking, biting, crunching, chewing and licking.
- Self-Care Skills: Pertaining to daily dressing, feeding and toileting tasks.
- Sensory Integration: The ability to take in, sort out and respond to the information we receive from the world.
- Motor Planning Skills: The ability to plan, implement and sequence motor tasks.
- Neuromotor Skills: Pertaining to the underlying building blocks of muscle strength, muscle tonicity, postural mechanisms and reflex integration.

## **30. Why is an occupational evaluation beneficial?**

An occupational therapy evaluation identifies your child's patterns of strength and need that impact daily performance of functional tasks such as eating, dressing and writing. Recommendations are provided for home, school and community implementation.

## **31. What is an occupational therapy evaluation?**

An occupational therapy evaluation will assess a child's gross motor, fine motor, visual motor, visual perceptual, handwriting, daily living and sensory processing skills. The use of standardized assessment tools, non-standardized assessment tools, parent interview and clinical observations will be used to assess the child's performance.

### **32. How does occupational therapy help a child?**

Occupational therapy uses purposeful activities to enhance and encourage skill development. Guided by the child's interests, the therapist provides fun and motivating activities that aim to provide a "just-right challenge" so that the child will develop the underlying skills needed to effectively complete functional tasks. The goal of occupational therapy treatment is to use meaningful activities to assist the child in achieving functional skills needed for daily living. When skill and strength cannot be developed or improved, occupational therapy offers creative solutions and alternatives for carrying out daily activities.

### **33. Major role of OT in Multiple disabilities?**

1. Identification of functional deficits & capacities
2. Development of functional capacities through activities
3. Integration of functional abilities into daily living tasks

### **34. How Do OTs Help Me Participate in Everyday Activities?**

- *OTs seek to understand your situation and what is important to you*
- *OTs facilitate healing and wellness starting with the person by various treatment approaches based on their level of disability*

### **35. Who should study Occupational Therapy?**

Occupational therapy is a challenging and fascinating job combining creativity and problem solving with the ability to make practical, meaningful changes in a person's life. As an OT you will use your knowledge, critical thinking, and hands-on skills to help others. Since occupational therapists work intensely with people, good personal skills such as good communication skills, an interest and commitment to serving or helping other people, and an interest in social and biological sciences are also helpful.

### **36. How long a person needs OT services?**

Based on the severity and level of independent in performing once performance areas like work, play, leisure the need of the OT services will be differ.

### **37. What is an Occupational Therapist?**

Prior to becoming an occupational therapist, students must obtain a Bachelor's, Master's,

Their education includes (but is not limited to) anatomy, human growth and development, the physiological and emotional effects of illness or injury, and supervised clinical internships in different health care settings (e.g. hospital, rehab center).

Bachelor of Occupational Therapy (B.O.T) is required to complete a 4 1/2-year. M.O.T specialization in Neuro, Psychiatry, Neuro, Rehabilitation, Hand etc are required to complete a 2 years.

### **38. What does an OT do?**

Usually the attending physician prescribes a course of OT. The occupational therapist assesses the patient's general health, past medical history, and functional abilities to determine areas of weakness or lost function. The therapist may visit the patient's home or place of work to evaluate the environment.

The therapist can then address those weaknesses to help the patient be more productive in all areas of their life. OT may include therapeutic activities, exercise, simulated work tasks, and special devices designed to help the patient such as a walking aid (e.g. walker, cane).

Adaptations to the home or work environment may include handrails, ergonomically designed furniture, foot rest, stair lift, or items that make opening jars easier. The list of creative solutions is practically endless!

### **39. What is learning Disability?**

A learning disability is a neurological disorder. They will have problem in reading, writing, spelling, reasoning, recalling and /or planning and organizing etc...

### **40. What is sensory integration therapy?**

- Sensory integration (SI) is a neurological process that makes sense of and organizes sensations from one's own body and the surrounding environment.
- SI is necessary in order to be able to use the body effectively within the environment.
- SI is the foundation that allows for complex learning and behavior.

### **41. Who may have Sensory Integration Dysfunction?**

1. Autism Spectrum Disorder (ASD)
2. Attention Deficit Hyperactivity Disorder (ADHD)
3. Attention deficit disorder
4. Deaf blindness with sensory issues
5. Learning Disability
6. Other undifferentiated conditions

### **43. Benefits of Sensory Integration Therapy (SI therapy)?**

- To normalize the sensory imbalance
- To process all the senses
- To improve emotional well being
- To improve family relationship
- To take control of his own body and life
- To reduce their restlessness

### **44. Common techniques used in sensory integration therapy?**

General Calming, Organizing, and Alerting Techniques

- These methods that can help calm, organize, or alert their nervous system.

### **45. What are training provided under Adult Independent Living?**

Personal Skills, Communication Skills, Social behaviour skills, Functional Academic skills , Safety skills, Domestic skills, Mobility and hand functioning skills, Occupational skills.

### **46. Type of Employment services available for persons with disabilities?**

- Open Employment
- Sheltered Employment
- Self-Employment
- Supported Employment

**47. What are the training provided under work behaviour skills?**

- Etiquette and manner
- Personal Interaction
- Regularity And Punctuality
- Communication / Social Behaviour
- Quality quantity of work

**48. As per UNCRPD what are the accessible environment for Persons with Disability need to be in ?**

- (a) Information
- (b) Transportation
- (c) Physical Environment
- (d) Communication Technology
- (e) Accessibility to Services as well as emergency services.

**49. Whether my adult child with disabilities can benefit from Deendayal Disabled Rehabilitation Scheme (DDRS)?**

- Vocational Training Centre projects are given financial assistance (up to 90% of the project cost) for skill upgradation of PwDs.
- Age group of 15-35 years to provide skills to enable such persons to move towards economic independence.

**50. Who are the persons eligible for availing training from Vocational Rehabilitation Centre for handicapped?**

- The Ministry of Labour & Employment has set up 21 Vocational Rehabilitation Centres for Handicapped (VRCs).
- The main objective is to impart non-formal vocational training
- Extend assistance to PwDs as per their residual capacities
- To lead an independent and productive life in society.

**51. What is meant by Self-advocacy?**

- Self-Advocacy means people with development disabilities speaking up and speaking out for their rights.

**52. What is the Objective of the SIPDA Scheme?**

- The Scheme aims at providing financial assistance for skill training for persons with disabilities to empanelled training partner registered with MSJ&E.

**53. Who are covered under Scheme for Implementation Persons with Disability Act (SIPDA) implemented by MSJ&E?**

- Persons with Disabilities (PwDs) with not less than 40% disability.
- 30% reservation for women candidates.
- Not less than 15 years and not more than 59 years of age.

**54. What are the Adaptive devices used by Persons with Disabilities towards Independent Living?**

- Visually impaired – braille, Taylor frame, Signature guide & talking calculator.
- Cerebral palsy - Ankle foot orthosis (AFO), knee ankle foot orthosis (KAFO), hip knee ankle foot orthosis (HKAFO), reciprocating gait orthosis (RGO), and smart walker orthosis (SWO).
- Hearing Impairment – Hearing aids.

**55. What are the tools available for assessment of Adult with Disabilities?**

- Generic Skill Assessment Checklist
- Adult Independent Living Checklist
- Vocational Assessment Check list

**56. What is the meaning of IQ?**

It is the proportion of mental ability that a person has corresponding to his or her physical age.

**57. Will the IQ improve?**

Generally IQ is static after the age of 16 years. Only in some cases, where deprivation is present (cultural, educational and lack of exposure, etc) after intervention of brief period, there may be a change in IQ.

**58. Is there a cure for behaviour problems/ issues?**

Behaviour problems can be managed by applying suitable behaviour modification techniques. Behaviour problems are modifiable and hence do not need to be 'cured' since it is not an illness or disease.

**59. How long does it take to change the problem behaviours?**

There is no assurance of time, it takes a minimum period of 3 to 6 months to see positive changes and this depends upon the motivation to change in the client, the family support and professional guidance.

**60. My child bites people. How can I control that?**

If concluded that it is a behavioural problem then behaviour modification is proven to help.

**61. My child is not able to attend to tasks though she has the ability to do. Why?**

The child may have deficit in attention and concentration. She would benefit from cognitive stimulation program provided by the department.

**62. My child does not sit at one place, and is full of energy all the time. How do I manage him/her?**

Channelizing the child's energy productively is important by scheduling day to day activities.

**63. How to educate my child about sexual abuse?**

Child should be exposed to sex education and to learn about the do's and don'ts from the age of 6 years with graded exposure. If the child is abused seek professional help.

**64. Impact of gadgets/ internet/ mobile/ television / video games on child's development.**

Limited exposure (less than one hour/day) under the supervision of parents, the above mentioned gadgets can be used. The excessive usage of gadgets affects the child's development.

**65. My child does not mingle with others. How do I change it?**

Expose the child gradually to social situations, enhance the social skills and use reinforcement techniques

**66. How to educate my child about the risk of substance abuse?**

Making the child aware of the effect of substance abuse, handling peer pressure and improving assertive skills can help the child prepare himself against addiction and substance related complications.

- 67. My child has bed wetting, refuses to go to, fearfulness to teacher and escapes from studies. What should I do?**  
This indicates possible emotional disturbance in the child for which detailed psychological evaluation – finding underlying conflicts for which tailor made psychotherapy could be of effective
- 68. Will thoughts and emotions influence performance – academic, occupational, social and personal functioning.**  
Yes
- 69. How to handle my rebellious teenager?**  
Handling rebellious teenagers is a challenging task and the parents must consult clinical psychologists / psychiatrists specialized in children and adolescent psychiatry
- 70. How to improve parenting skills?**  
Parents needs to understand the roles and responsibilities of themselves, and to spend quality time with the children and to seek professional help from Clinical Psychologists if needed.
- 71. Which are the situation that counselling mandates?**  
Marital therapy/ counselling- when parents have marital discord because of having a child with disability and trying to blame each other. Vocational and career counselling to help to choose appropriate area of training and prospects from getting employed.  
Feedback regarding the current level of cognitive function after detailed psychological assessment.
- 72. Can clinical psychologists prescribe medications?**  
No.
- 73. How do we get certificate for a child with autism?**  
ISAA and INCLIN are the standardized tools for diagnosing autism in India which should be used by and RCI certified Clinical Psychologist, Psychiatrist or Medical Officer
- 74. Who is qualified to diagnose mental retardation and/ or mental illness?**  
A registered Clinical Psychologist, Psychiatrist, Paediatrician (for mental retardation) and Medical Officer.
- 75. A person affected by stroke and has difficulty in cognitive functions- predominantly memory deficits. What can be done?**  
Neuropsychological rehabilitation focusing on enhancing memory functions and other cognitive reserves will benefit people with stroke and other neurological disorders.
- 76. Can we get a neuropsychological profile of a person?**  
Yes. A full neuropsychological profile can be provided with suitable recommendation.
- 77. One of my family members started suddenly behaving unusual, where can I seek help?**  
Change in the behaviour could be because of various factors and help could be sought from any mental health professionals like Psychiatrist or Clinical Psychologist.
- 78. My mother complains of multiple body pain and all medical reports are normal. What should I do?**  
Consult a Clinical Psychologist for Rational Emotive Behaviour Therapy(REBT) for the above stated problems
- 79. How do you kill the thought of suicide?**  
Parents/family members should be vigilant about nonverbal communication of unhappiness, dejection and withdrawal behaviours. Seek professional help immediately. There are many helplines available at any time. Families should restructure the environment to reduce the risk

**80. Are there any government policy/ welfare schemes for persons with mental illness.**

Yes. Some States in India do give maintenance allowance for persons with mental illness. Please log on to corresponding State Social Welfare website for further details.

**81. What is physiotherapy?**

Physiotherapy is a healthcare profession that assesses, diagnoses, treats, and works to prevent disease and disability through physical means, physiotherapists are experts in movement and function who work in partnership with their patients assisting them to overcome movement disorders, which may have been present from birth, acquired through accident or injury, or the result of ageing or life changing events

**82. What is electrotherapy?**

Is a word derived from Electro-Electrical Current /Electrical Energy, Therapy- Treatment of disease, Non -surgical treatment approach. Electrotherapy mainly used for pain management, treatment of neuromuscular dysfunction , improves range of joint mobility, tissue repair, acute and chronic edema, & peripheral blood flow.

**83. What are multiple disabilities?**

Depending on the definition, a severe intellectual **disability** may be included in the term "**multiple disabilities**". Individual usually has more than one significant **disability**, such as movement difficulties, sensory loss, and/or a behavior or emotional disorder.

**84. Role of physiotherapy in multiple disabilities?**

[Physiotherapy](#) programs are designed to encourage the patient to build a strength base for improved gait and volitional movement, together with stretching programs to limit contractures. Many experts believe that lifelong physiotherapy is crucial to maintaining muscle tone, bone structure, and prevent dislocation of the joints

**85. What is loco motor disability?**

A person with loco motor disability will have limited movement of body parts. The main causes could be injuries, diseases or disfigurements in the bones or muscles or any injuries of the brain, spinal cord or the nerves.

**86. What is NDT?**

A rehabilitation approach for cerebral palsy, hemiplegia and other central nervous system deficits that emphasizes the use of carefully considered handling to inhibit reflexes and movement patterns and facilitate the higher level reactions and patterns in order to attain normal movements

**87. What are the benefits of NDT?**

Which helps to improve functional abilities and activities of daily living by enhancing the motor functions which is required to the individual.

**88. What are the conditions can be treated by NDT?**

Cerebral palsy, stroke, developmental delay, juvenile hemiplegia

**89. What are the Various techniques of NDT**

Positioning, facilitation, key point controls, reaching activities, transition activities

**90. What is gait training?**

Gait training is a type of physical therapy. It can help improve your ability to stand and walk. Gait training is recommended if you had an illness or injury that affects your ability to get around. It may help you gain independence in walking, even if you need an adaptive device.

**91. What are the Various techniques used in gait training?**

Treadmill training, parallel bar exercise, ramp walking stair climbing.

**92. What are the Benefits of gait training?**

Gait training helps to strengthen muscles, improves balance and posture develops muscle memory, builds endurance, and retains the legs for repetitive motion.

**93. Which are the Equipments used for NDT?**

Prone wedges, Swiss ball, bolster, prone crawler, Rollator, illuminator toys etc.

**103. What is mean by VRBT?**

Virtual reality based therapy is a new generation tool for advanced rehabilitation which uses motion sensor (gestures) technology to capture patients movements which can associated with therapeutic games as a treatment regime.

**104. What are the Benefits of VRBT**

Virtual reality based therapy (VRBT), also known as virtual reality immersion therapy (VRIT), simulation for therapy (SFT), virtual reality exposure therapy (VRET), is a method of [therapy](#) that uses [virtual reality](#) technology to treat patients with movements disorders, autism and developmental disorders.

**105. Which are the Conditions treated by VRBT?**

Autism spectrum disorder, cerebral palsy, stroke patients

**106. What is balance training?**

Functional training involves mainly [weight bearing](#) activities targeted at core [muscles](#) of the [abdomen](#) and lower [back](#).

**107. Why the child id drowsy after taking medicine for fits? Can I stop the drugs without consulting the Doctor?**

No, Please consult your Doctor. Initially, the drugs will cause drowsiness.

**108. What is the reason for my son’s disability who is always hyper active, in his own world and having repetitive behaviours?**

A peaceful pregnancy period is a must. The mother should be without stress and her blood glucose level should be tested every month during pregnancy. Both the above can cause autism.

**109. Why my Child's head is very small?**

The head circumference at birth should be between 33 to 35 cms. By one year it will become 46 cms. If your child is having small head, it may be due to infections in the pregnant mother or due to some metabolic disorders. Blood of the person has to be checked.

**110. My child is only one month old but his legs are very stiff and he never moves his legs. Can I start therapy for a very young child?**

You can start therapy for your child at the earliest that will give good results.

**111. My child is not walking and there is delay of development of speech. He is second of the twins. First baby is normal. What is the reason for the delay in the second of the twins?**

The second of the twins usually suffers from respiratory distress and lack of oxygen to brain, if the child is not delivered fast. So, the motor delay is due to damage in the brain because of lack of oxygen.

**112. My baby is having a loss of vision in both eyes. I had Chickungunya just one week before delivery. The child was born normal and on the fifth day it had a fever and fits. What is the cause for the loss of vision?**

The cause is due to the brain fever caused by Chickungunya infection.

**113. When will my child start walking if he has Cerebral Palsy?**

The children with Cerebral Palsy will start walking before six years. It depends on the type of Cerebral Palsy your child is having.

**114. Can my child undergo surgery for fits? Will there be any deficit after surgery?**

If the focus of fits is coming from one side of the Cerebrum, neuro surgeons advice to do surgery. The child will be free of fits but there can be weakness of muscles on the opposite side of the body. This surgery is done when the child is not responding to medical treatment and the fits occurring every day.

**115. My child developed fits on the second day of birth as he was not given any thing to drink during the first day of life. What could be the cause?**

Brain needs adequate amount of Glucose & oxygen for the functioning. If the child does not given any feed, the glucose level goes down and the child develops fits. This causes damage in the brain.

**116. High fever is a cause for fits. Is it true?**

For the children below six years there is a possibility of developing fits during fever. It is better to control the fever for such children even when there is a small rise in body temperature. An EEG is a must and a neurology consultation is needed.

**117. What are the blood tests that are to be done in a person with any disability?**

- a) Blood glucose level in fasting and two hours after food.
- b) Haemoglobin.
- c) Liver function test.
- d) Kidney function test.
- e) Thyroid function test
- f) Calcium level.

**118. Which are the other essential tests to be carried out in a person with disability?**

- a) Electro Cardio Gram (ECG)
- b) Echo.
- c) Ultra Sound Abdomen
- d) X-ray Chest
- e) MRI if suggested by neurologist

**119. Is it advisable to give injection to reduce fever when a child is having high grade fever?**

No. It is not advisable to give injection when the child is having fever. It may cause polio.

**120. My child is not eating well. Can I give a tonic to her?**

Child need not be given any tonic if the child can chew and eat all kinds of food. A multi vitamin is given for a child with severe problem in swallowing.

**121. My child is having Cerebral Palsy and likes to lie down and eat. Can I allow this?**

No. Your child with Cerebral Palsy should be kept upright in a slanting position for feeding. Kindly consult an Occupational therapist or Speech therapist.

**122. Should I remove the Uterus of my girl child, who is a person with Cerebral Palsy and Mental Retardation?**

Do not take hasty decisions regarding this. There is an issue of right to have a biological life for everybody.

**123. My child is always looking at things by keeping the head tilted and he pokes his eyes. What should I do?**

Check the function of the eyes by visiting a ophthalmologist at the earliest.

**124. My child's eyes looks normal but she never looks at faces of people. Her head is small. What should I do?**

Kindly consult an Ophthalmologist and a Neurologist. The child when given visual stimulation will develop vision.

**125. Where should I go to get a child without disability?**

Consult a Genetic counsellor and also a Gynaecologist to check whether you are having any infection in the blood like the ToRCH test. Take a folic acid three months before planning pregnancy.

**126. Where can I get all evaluation done for my child with multiple disabilities?**

At National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD), Muttukadu, Chennai

**127. What are the associated conditions seen in children with cerebral palsy, autism and Mental retardation?**

Child with Cerebral Palsy can have Mental Retardation, Hearing Impairment, Visual Impairment and seizures.

Child with Autism can have Low vision, Mental Retardation, ADHD, anxiety, depression, and very rarely OCD, rarely clients with autism and cerebral palsy have been registered.

Mental Retardation is associated with Low vision, seizure disorders, behaviour disorder and psychiatric co-morbidity.

Hearing Impairment may be associated with Behaviour problems and psychiatric disorders. Various syndromes registered at NIEPMD has many co-morbid conditions.

Schemes implement by State Government, leading NGOs, ESI hospitals, Hospitals, Primary Health Centres, Medical & Surgical, financial assistance.

**128. Whether Persons with Multiple Disabilities covered under the National Council for Vocational Training (NCVT)?**

NO, it covers only persons with Orthopedically/Physically Handicapped, Visually Handicapped, Hearing Handicapped and Mentally Retarded.

**129. Do Skill Development Initiative (SDIS) covers persons with Multiple Disabilities?**

No, it includes persons with school drop outs, existing workers, ITI graduates, Rescued/rehabilitated child labours.

**130. What are the Agencies Providing Vocational Training for Persons with Multiple Disabilities and their families?**

- National Institute's -web:socialjustice.nic.in/
- Vocational Rehabilitation Centre for Handicapped -- web: www.labour.nic.in
- Ministry of Social Justices and Empowerment -- web: socialjustice.nic.in
- Skill Development Programme for Persons with MD's -- web:/www.nsdindia.org
- NGO' Providing Vocational Training for Persons with Multiple Disabilities.

**131. What are the scheme that provides financial support to conduct Vocational Training for Persons with Multiple Disabilities?**

Under Dept. of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment, Govt. of India — DDRS –scheme provided grant in aid to run Vocational Training Centre.

**132. Any employment allowance given for PWD by MSJE-DEPWD?**

NO, MSJE does not provide any such allowance. It is under the purview of Ministry of Labour & Employment, GOI.

**133. Any special employment exchange available for persons with multiple disabilities under MSJE?**

NO, this is under the purview of Ministry of Labour & Employment, GOI.

**134. Any maintenance grant given to persons with Disabilities every month by Department of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment, Govt. of India?**

No, it is not under the purview of the Dep. It is under the jurisdiction of State Government.

**4. Contact details:**

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