B PRIYA

CONTACT NUMBER: 0569779234 / 0502679694

EMAIL ID: kpriya.physio@gmail.com

PROFESSIONAL QUALIFICATION: Bachelor of

Physiotherapy.

* **TOTAL WORK EXPERIENCE: 13 + YRS as a physiotherapist.**
* **With MOH eligibility letter**

UNIVERSITY: DR MGR Medical University.

## PROFESSIONAL QUALIFICATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Course / Degree** | **Board / Institution** | **Class / Grade** | **Year of Passing** |
| Bachelor of Physiotherapy | The Tamilnadu Dr.M.G.R. Medical University, Chennai | 1st Class | 2008 |

WORKING EXPERIENCE:

1. MEENAKSHI MISSION HOSPITAL: worked as physiotherapist, Madurai. ( 15 MAY 2008 – NOV 15 2009) - 18 months
2. VIDHYA MULTISPECIALITY PHYSIO CLINIC: worked as a physiotherapist, Madurai. ( NOV 15 2009 – NOV 10 2011 ) – 2 Years
3. GOLD”S INTERNATIONAL GYM: Worked as a Physiotherapist, in Bangalore. ( DEC 15 2011 - FEB 10 2013) 2 Years 2 Months
4. TOTAL PHYSIO CLINIC (FITNESS ONE GYM ) : Worked as physiotherapist & center in charge till date ( FEB 10 2013 - TILL DATE ) 8 Years To Till Date

WORKING EXPERIENCE**:**

# Counselling - Importance of physiotherapy in delivery and fitness

# Hydrotherapy fitness regime –pain management (Low back pain, neck pain and knee pain) and advanced gait training

# Conducts workshop and training in advanced physiotherapy techniques like Soft tissue mobilization for sports injuries, advanced rehabilitation techniques, Gestational diabetic and hypertension care.

# Familiar with rehabilitation advanced treatment for sports related ligament and soft tissue injuries like flexibility, stretching and strengthening exercises.

# Specialized in breathing and Kegel exercises.

# Advanced neuro muscular rehabilitation with sensory integration therapy .

#

#

 **SKILL HIGHLIGHTS**

* + Quick problem solver
	+ Calm and level headed person
	+ Good at time management

PERSONAL DETAILS

Name : **KARTHIK PRIYA B**

### Date of Birth : 21.09.1984

Sex : Female

Nationality : Indian

Marital Status : Married Passport number : R3384407

**PROFESSIONAL QUALIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Course / Degree** | **Board / Institution** | **Class / Grade** | **Year of Passing** |
| Bachelor of Physiotherapy | The Tamilnadu Dr.M.G.R. Medical University, Chennai | 1st Class | 2008 |

 **Declaration:**

I hereby declare that all the statements furnished are true and correct to the best of my knowledge and belief.

**Place: RAS al kahimah Yours truly**

Karthik Priya B