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"The time for action is now. It's never too late to do something." Antoine de Saint-Exupery



INFORMATION LETTER

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Objectives of the "Cure" method

1. To promote research into, and knowledge of, the causes, mechanisms, diagnosis, treatment and other aspects of the "Cure" method.

2. To provide a forum for the exchange of ideas related to the "Cure" method.

3. To educate physicians, other health professionals and the general public about the "Cure" method

- 4. To encourage the management of acute and chronic conditions to be conducted in a scientific and ethical manner.
- 5. To promote, arrange and conduct meetings, seminars, conferences lectures, discussions and courses of study on the "Cure" method and related topics.

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YHC Group – "CURE"

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"CURE "for OA

It is common to hear the question: "Why do joint pains occur? Is it bad if the joints squeak when I move? Why do my joints swell up? Why are my joint's pain becoming constant? "

Modern society dictates its own rules. Most people have sedentary work, extensively use cars in daily activities to travel even for a very short distances, which implies absolutely no stress on the joints. Many people suffer from varying degrees of obesity. At the same time, hundreds of thousands of people of different age groups rush to gyms and begin to load their joints, without even thinking about what irreparable harm this can cause.

One day they start to feel pain in the joints, hoping that perhaps that everything will pass. Alas, it does not go away. Then people start to use all sorts of ointments and pills, which are advised by "good" neighbors and pharmacists, adverts in magazines that promise a quick recovery.

Still there is no relief. Many people start to visit Allied Health professionals – Physiotherapists, Osteopaths, Chiropractors and Masseurs. Usually relief can be achieved, especially at the beginning, but then the pain returns. Visits to orthopedic surgeons, expensive investigations, intraarticular injections of different agents or even keyhole surgical procedures provide only temporal relief. Pain and functional restrictions usually return sooner or later.

Then new questions arise: "Why do my joints hurt, and nothing helps?"

In the meantime, the disease will progress too far, and the patient will hear a formidable verdict from the doctor: "You have advanced Osteoarthritis. You need to replace the joint, because in your case nothing will help except joint replacement". And sometimes it is impossible to have a joint replacement for number of medical or social reasons. Frequently, it's because the waiting list is too big and waiting time is too long, and in the meantime life becomes miserable and very restrictive.

In general, this disease is considered age-related, people who are over 40 years old are especially susceptible to it, and women get sick twice as often as men. This disease affects up to 20 percent of all people in one form or another.

The main causes of deforming osteoarthrosis of joint (DOA):

- low physical activity
- being overweight or obese
- age factor (age-related changes) intense load on the joints (sports
- load)
- injuries of the joint (rupture of ligaments, joint capsule,
- intraarticular fracture, etc.)
- some diseases (diabetes mellitus,
- gout, rheumatoid arthritis)



The symptoms of this disease are obvious, and the degree of their severity directly depends on the stage of the disease. Deforming arthrosis can have minimal symptoms for a long time, or in a short time give a picture of a severe degree of joint damage.

The main symptoms of the disease are:

• local pain in the joint, the intensity of which increases with the development of the disease

• limitation of joint mobility, due to which there is stiffness of movements in the suffering joint

• complete blocking of the joint, which leads to the impossibility of movement

In the initial stage of the disease, there may be only minor pain, a feeling of constriction in the joint, difficulty moving after a prolonged stay in a static position (after sleep, or prolonged sitting), which quickly passes after a short movement, in other words, after the person "warms up".

Gradually, the disease begins to progress, the pain in the joints and muscles becomes constant and stronger during the day and at night. Deformity of the joint could be noticeable. By this time, the person begins to think about going to the doctor - but only thinks about it!

A massive intake of all kinds of drugs begins and many tubes with different ointments begin to be used. Later, visits to different kinds of health and paramedical professionals and the introduction of different "natural" drugs, some of them which are very expensive, and which in most cased simply make no difference, or are even contraindicated for the patient's condition.

After visiting medical professionals, a number of tests having been conducted, Non-steroidal anti-inflammatory drugs are prescribed, Intraarticular steroid injections are performed and sometimes intraarticular endoscopic "cleaning" procedures are conducted. But despite all efforts, the condition progresses to the severe stages, which require surgical intervention. The pain becomes severe and does not go away when taking strong painkillers, the joints are deformed and movement in them is almost impossible.

It is natural when patients ask "WHY? What am I doing wrong? What is the management plan? Is the joint replacement the only way to fix my problem?". The answer is not simple. From one side – a joint replacement is the gold standard of management for this condition. From the other side – it is impossible for many reasons - including medical, social, economical etc. - to do this operation for every single patient. So, should we leave these patients alone with their pain? Is the any way we can reduce these patients' suffering and improve their functional abilities? In other words, make they life easier and higher quality?

Our experience indicates – yes, we can. There is a way to make patient's life easier. Of course, everything is possible only in cooperation between the doctor, other health professionals and the patient.

The "CURE" method provides us with such opportunity. It is obvious that Rehabilitation Exercises are the mainstay of the process. However, not every patient is able to exercise

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comfortably due to number of reasons and we have to prepare them for this activity. It is important to know that any physical activity should not be excessive for your joints. The worse thing we can do is to increase the patient's suffering due to exercise-induced aggravation of pain. As a rule, if this happens – the patient will never come back to you.

To avoid this situation, we developed a program of preparation for the patient before the exercises. This program can include complex of methods, such as



• Regenerative Injecting Therapy (used to known as Prolotherapy) which effectively can reduce the level of pain almost instantly, and as different research has shown, triggering regenerative processes in connective tissues – tendons, ligaments, joint capsules etc.

- Electrostimulation of different types aiming to increase microcirculation in the affected area, reduce muscle spasms, reduce the pain, increase muscle tone and power, etc
- Photobiomodulation (Low Level Laser Therapy) – reduce pain, trigger and maintain regenerative processes and neurological regulation of the affected area.

Of course, weight management, proper diet and good control of the patient's other medical conditions are very important. Referrals to a dietician, physiotherapist, podiatrist, diabetes educator and other Allied Health professionals should be considered.

After the complex management has been conducted, the patient has relief from the pain, their joints and muscles feel more flexible and ready to start the Rehabilitation Exercise program under the care of our Exercise Instructor in very gentle manner, with slow gradual increases in the workload.

At Sheffield Medical Centre and Westbury Doctors Surgery, we use one of the best - if not *the* best - Rehabilitation Exercise equipment in the world, from Finnish company HUR,

which is specifically designed for people with different types of disabilities. There are almost no contraindications to use this equipment.

The number of participants with different medical problems and different ages (the oldest participant was 97 years old) confirm the results of our approach.



- 1231 people have used the CURE method in five years
- 602 people have used the rehabilitation facility in 5 years. with the most common age group being:
 - o 61-70 years old: 171 people
 - o 71-80 years old: 143 people
 - Remaining people from various other age groups

PHYSIOTHERAPY FOR ARTHROSIS

In the treatment of arthrosis, exercise therapy is important. However, it is vital that one observes the Hippocratic Oath, namely the first principle within that oath - "first, **do no harm**". In the initial stages of the disease, when the joint is still intact and not destroyed, active movements can be useful as they will help to stop the development of the disease. However, in more severe cases, where the joint is already significantly damaged, the same exercises can accelerate the destruction of the joint and cause serious exacerbation of the disease.

Therefore, if you are diagnosed with arthrosis, or you suspect you have this disease, you need to be examined and consult a specialist in exercise therapy in order to choose the right set of exercises and the right technique for their implementation.

The aim of physiotherapy exercises for arthrosis

The aim of physiotherapy exercises for arthrosis also depends on the period of the disease the acute period, or remission. In the first case, it's necessary to provide an improvement in blood and lymph circulation in the affected joint; muscle relaxation, an increase in the joint space, a decrease in pain. The aim during the second period is associated with strengthening the musculo-ligamentous apparatus of the joint, restoring its function.

Physiotherapy exercises for arthrosis depends on the stage of the disease In the stage of exacerbation, it's necessary to provide an "unloading" for the affected joint reduce, and in some cases completely eliminate the load on the joint. It is important that the joint is warm - use knee pads and leg warmers where necessary. Heat reduces muscle spasms, therefore reducing pain. At this time, swinging movements with a small amplitude are shown, light passive movements, as well as static exercises (muscle contractions without movement in the joints).

Active movements should be performed in light conditions (with support from a couch, table, roller device etc.). Performing movements should in no way cause painful sensations.

As acute pain decreases with an increase in the range of motion in the joint, you can gradually move on to more complex exercises. A set of physiotherapy exercises for patients with arthrosis is selected depending on which joints are affected by the disease and to what extent.

It is also important to take into account the physical fitness of the patient, how active they were before the onset of signs of the disease. To accelerate the recovery processes in the joint, it is recommended to use the NANOPLAST forte therapeutic plaster at night after physical activity - it improves blood circulation, relieves muscle spasms and does not interfere with movement.

The basic rules of physiotherapy exercises for arthrosis

The basic rules for performing exercises for arthrosis of the joints of the lower extremities:

• Exercises must be performed while lying or sitting.



• It is necessary to repeat the exercises as many times during the day as needed, but the duration of each exercise set should not exceed a few minutes at a time.

• Vigorous movements through pain are contraindicated.

• Increase the amplitude of movements gradually.

• Exercise should be done regularly.

Special attention should be paid to those who are elderly when doing exercises. Elderly patients suffering from deforming arthrosis when performing exercises must remember that running, jumping, exercises with weights as well as all types of competitions are excluded even in the state of remission. Exercises with prolonged breath holding, with sudden movements, head rotation, prolonged head tilting, bouncing, etc. should also be excluded.

No matter how useful exercise is for arthrosis, it is important to observe three principles: caution, progressive continuity and consistency. Remember, even exercise therapy, if done wrong, can accelerate joint destruction.

BILATERAL LT KNEE OA CLINICAL CASE

M.B. 70 female with chronic pain in both knees, left is worse than right

Complaints: Pain is almost constant, mild to moderate (5-7/10), negatively affecting their balance – recently had a few episodes of near falls, worse in the morning and usually associated with stiffness. Frequently, accompanied with the central low back pain and stiffness. Feels unstable and not confident with their Lt knee.

Objectives: Gait – mild limping to the left. Both knees – no restriction in range of movement, no deformities, no soft tissue swelling, no signs of instability.

Low back - mild restriction of the forward flexion in the lumbar spine,

Tenderness along both sides L3 cluneal nerves, Iliohypogastric and posterior femoral nerves and on the left side, sural and saphenous nerves

Weight: 90.9 (BMI-33.5) - November 2020, 87.0 (BMI 32.7) - March 2021

Previous Management: Swimming pool exercises – could not continue due to aggravation of the pain during and after almost every session.

Physiotherapy - no major improvement,

Started to participate in the Rehabilitation Exercise Program three months before, weekly, 90 minutes each session – was not happy with the performance, because some exercises were not effective due to pain. They have not noticed significant improvement in their condition.

PMH: DM II – well controlled, HT – well controlled, Vit D 3 deficiency (February 2021 - Normal), Obesity

Medications:

- No regular medications for pain/low back/knees problems
- Regular medications for HT Sevikar HCT and diabetes Diaformin, Gliclazide and Ozempic

X-Ray: Tri-compartment moderate degenerative changes are present, worst in the medial compartment where there is peripheral marginal osteophyte formation. Incidental quadriceps enthesopathy

Management was discussed

Offered combination of

- EMS-EHF Extreme High Frequency Electromagnetic stimulation (EHF EMS) The impact of EMP - with known optimal parameters - causes a complex of adaptive and compensatory reactions in tissues, initiated by the primary influence of EMP on cellular structures, which then spreads in the form of secondary processes on organs, and leading to the restoration of the organism as a whole. Among the end results of this impact, the most notable are:
- 1) activation of cell metabolism and increase in their functional activity;
- 2) stimulation of reparative processes;
- 3) anti-inflammatory action;
- 4) activation of microcirculation and an increase in the level of trophic supply of tissues
- 5) an analgesic effect
- 6) immunomodulation;

7) reflexogenic influence on the functional activity of various organs and systems and Regenerating Injecting Therapy (RIT) in version of Perineural Injections Perineural injection therapy is a 5% dextrose (glucose) solution that is injected near superficial nerves. The superficial nerves communicate with the deeper nerves and muscles



and therefore by treating the superficial nerves, PIT treats the entire muscular-neuro-vascular bundle. PIT treats inflammation and injury by feeding and hydrating the injured nerve. This pain can be due to trauma, arthritis, overuse, fascial adhesions and occupational, sports or surgical injuries. The pro-inflammatory substances that cause swelling, hypersensitivity and pain also prevent muscles, tendons, and ligaments from healing. PIT therefore not only treats the pain but allows for the body to heal appropriately.

Four Combined RIT+TENS-EHF procedures over 6 weeks were performed weekly and then fortnightly Result: After 6 weeks the pain – reduced to 0/10, still has problems with the balance • Improved performance during Rehabilitation exercises, predominantly resistance type – no pain and feels comfortable after.

Rehabilitation for chronic back pain, tendinopathy, knee OA, anterior cruciate reconstruction and hip replacement surgery – a systematic review of resistance training in musculoskeletal rehabilitation involving the above conditions found that resistance training can increase muscle strength, reduce pain and improve function.

Recommendations: The rehabilitation programs offered to patients with chronic low back pain, tendinopathy, knee OA, anterior cruciate reconstruction or following hip replacement surgery should include resistance training.

• Also, M.B. concentrated on Balance training exercises

Balance training (BT) can be defined as a training regimen that aims at improved postural control. Balance training has been used for different ages and patient groups to enhance various neuromuscular capacities (e.g., balance ability, maximal and explosive force production etc.), for the rehabilitation of sports injuries, and in studies aiming at fall prevention.

After another 6 weeks of exercise program, M.B. noticed that they are stable with walking and have had no episodes which potentially could cause them to fall.

EHF - LASER THERAPY

From the book "EHF- Laser Therapy" S.V Moskvin, A.A Khadartsev Translated and adapted by Svetlana Kisseleva

Diseases of the musculoskeletal system

Diseases of the musculoskeletal system (MSS) are a serious problem in modern day life. Stress, hypothermia and trauma cause local circulatory disorders, deep muscle spasms, malnutrition of joint tissues and pain (from minor to intolerable). Degenerative changes of the joints most often represent a combination of pathomorphological and functional disorders. Along with this, joint deformities lead to a violation of biomechanics, the formation of fibromyalgic syndrome, a change in the motor stereotype, which consists of static and kinematic reactions.

The joints of the limbs and the spine have a common link in pathogenesis - a dystrophic process in the structural elements of the intervertebral disc and articular cartilage, leading to a decrease in their depreciation properties, and the presence of functional connections between them aggravates negative processes. Therefore, in patients with lumbar spondiloarthrosis, spinal deformities could be noticeable, changes in the position of the pelvis, as well as restrictions in the range of movements in the spine and extremities due to joint stiffness.

Persistent vertebral deformities that have lost their sanogenetic (ability to restore the disturbed self-regulation) character, displacement of the intervertebral discs, as well as changes in the joints of the spine are often accompanied by neurological disorders in the form of irritation or compression of the roots of the spinal cord, circulatory disorders at the radicular-spinal level. Static and biomechanical disturbances of the spine also lead to secondary neurodystrophic changes in the affected muscles and joints, pathological repetition (circulation) of pain impulses and, as a consequence, chronicity of the pathological process.

Pain in any joints of the extremities, cause a decrease in human physical activity. With diseases of the musculoskeletal system, the patient takes antalgic postures and avoids painful movements. An overload of certain muscles occurs, which over time causes a synergistic tension in other muscles (pathological synergy). As a result, pathobiomechanical changes appear in muscles and joints, suboptimal static and dynamic stereotypes are developed, cross and floor syndromes are formed.

In the case of diseases of the Musculo-skeletal system in Western literature, it is usually pain relief that is most often positioned as the main criterion for the effectiveness of treatment, therefore, we will consider this problem in a little more detail.

Chronic pain is a complex pathophysiological phenomenon that is accompanied by a deterioration in both the psychological and physical condition of the patient. The sources of pain are latent trigger points, foci of myogellosis, enthesopathy of individual muscles, functional blockages of joints, instability of the vertebral segments and ligamentosis. Decompensation of age-related dystrophic changes, as well as dysfunction of individual muscles and joints under the influence of an increased load lead to the formation of sources of nociception with a subsequent segmental and suprasegmental response. Muscle defense is not pronounced and is not accompanied by a significant limitation of movement. Sometimes "pain behaviour" can develop with a significant decrease the patient's social life and life interests.

From the standpoint of a systems approach in medicine, it is advisable to consider pain as an integrating function of the body, which mobilizes a wide variety of functional systems to protect the body from harmful factors and includes components such as consciousness, sensation, memory, motivation, autonomic, somatic and behavioural reactions, and emotions. Pain is judged by the nature of the sensations experienced by the action of a damaging factor, which is subjective. This circumstance forced physiologists to introduce the concept of nociceptive (from Latin nocere - to harm) reactions arising in response to the action of an irritant that can cause damage to the body or carries the danger of such. Thus, modern hypotheses about the origin of pain in tissues are based on the assumption that pain is an independent sensation with its own specialized nerve apparatus, consisting of receptors, pathways and centres.

The pain that occurs when nociceptors are excited is normal and physiological. But it can also be caused by excitation of more proximal parts of the nociceptive systems, for example, psychogenic pain. It should also be borne in mind that the sensitivity of nociceptors can vary greatly due to sensitization and desensitization, and this - like central fluctuations in sensitivity - significantly affects the level of pain.

Projected or radiating pain is when the source of pain (nociceptor) is located in an internal organ. The pain impulse generated in the internal organ and transmitted by nerves to the area containing their sensory endings - to the corresponding area of the skin. Biologically active points are endowed with similar properties.

A much more serious type of pain than acute projected pain of this type is pain caused by continuous excitation of a nerve or dorsal root. This chronic pathology causes "spontaneous" pain, often in waves or seizures. This type of pain, caused by the pathological generation of

impulses in the nociceptive fibres, and not in the nociceptors, is called neuralgia, or neuralgic pain.

To ensure a stable therapeutic effect, it is necessary to take into account the mutual structural and functional influence of pathological changes in the osteochondral and musculo-ligamentous formations of both large joints in the limbs and small joints that form topographic and anatomical regions.

Laser illumination stimulates the regeneration processes of the articular cartilage, as well as the photo-modification of a small amount of blood in the subdermal capillary network that circulates in the joint area. However, as a result, structural and functional changes occur in the entire volume of circulating blood: modification of the structural state of cell membranes, alteration of their receptor apparatus, improvement of rheological properties, transport and gas transport functions of erythrocytes, modulation of the functional state of leukocytes (phagocytosis, secretion of cytokines and bactericidal proteins, DNA synthesis in lymphocytes, etc.), platelet activation, the appearance in plasma of soluble factors capable of stimulating the proliferation of human cells *in vitro*.

Combine EHF (Extremely High Frequency) and laser (PBM) therapy improves local hemodynamics, electromyographic and trophic indicators of muscle's state, conditions for the functioning of the neuromuscular and musculoskeletal system of the spine and limbs.

The action of EHF and PBM causes favourable shifts in the biochemical, immune and autonomic status of patients with lumbar spondiloarthrosis in combination with osteoarthritis which contributes to the regenerative or reverse process of neuro-orthopedic disorders and pain syndrome.

At present, it has been established a clear dependence of the effectiveness of EHF-therapy on individualization, i.e., the correct selection of parameters and the localization of the application. The localization of the EHF-therapy application plays an even greater role in comparison with the physical parameters of EMP (electromagnetic pulse). The best results are achieved when patients have hypertonicity of blood vessels and increased functional activity of the sympathetic division of the autonomic nervous system. In patients with severe locomotor disorders, the EHF effect leads to a pronounced sedative effect.

Due to the optimal-minimum energy parameters of LILI and EMP EHF and the peculiarities of their interaction with biological tissues, an analgesic effect is achieved, microcirculation improves, metabolic processes are normalized, various neurodystrophic manifestations are eliminated, the emotional sphere is harmonized and psychophysiological indicators are normalized in diseases of various etiopathogenesis.

The impact can be carried out on all structures that provide the supporting function to the joints, as well as on the corresponding dermatomes and which involved in the pathological process.

Laser exposure is carried out simultaneously with two single diode pulsed infrared emitting heads, (LO-904-20 laser for devices of the Matrix and LASMIK series, wavelength 904nm, power 10-15W, frequency 80-150Hz, magnetic attachment 35– 50mT) on degenerated tissues of the spine, facet joints and joints of the extremities; the duration of the procedure being 6 minutes. Two minutes after the end of the laser procedure, EHF application is carried out

(wavelength 5.6mm, power 1mW, exposure per zone 2 min, total - 6 mins) on the tendonmuscle structures and peripheral nerves in the zones of referred pain (Brekhov E.I. et al., 2007).

The treatment course consists of 12 procedures. 2 weeks after the end of EHF-Laser therapy, it is advisable to carry out Physiotherapy (5–7 procedures).

As a result of the treatment, pain disappears or significantly decreases in 98% of patients and their exercise tolerance increases. There are no observed pathological reactions of the cardiovascular system in patients with coronary artery disease, even opposite – observed an increase of myocardial reserve capacity. The important part of rehabilitation process (up to 2 months) and pain prophylaxis (constantly) is physical or exercise therapy and physical training. This makes it possible to correct the developed changes in the locomotor system, restore the systemic combined interaction of all elements of the musculoskeletal system and maintain a decent quality of human life (Brekhov E.I. et al., 2007).

In many cases, pain in the knee joint is associated either with the hip joint - which causes pain in the back, groin and knee or with spondiloarthrosis of the lumbar spine. It is very important to differentiate low back pain from hip pain and knee pain. In examining the history of the condition, it is necessary to find out the nature of the pain. Pain which is associated with the movement of the joint - if it increases with functional load and quickly decreases after its termination - indicates its mechanical nature. Pain at rest or severe pain at the beginning of movements, but fading towards the end, indicates an inflammatory component. Severe, exhausting nocturnal pain reflects intraosseous hypertension (avascular necrosis or collapse of bone tissue in the area of severe arthropathy). Constant (day and night) "bone pain" is characteristic of tumor metastases.

In each specific case, according to the examination, anamnesis and objective studies, the doctor draws up an individual treatment regimen for the patient, taking into account the fact that the time of both Laser and EHF exposure should be 6 minutes each. For example, if the cause of pain in the knee joint is located in the lumbar spine or in the hip joint, then the laser illumination is performed on the cause zone, and the area of the knee joint (2 minutes after the end of the laser procedure) is exposed to EHF current at two most painful points for 2 minutes each.

EHF-Laser therapy can reduce the duration of the course of treatment by 1.5–2 times. There is a more stable remission, a decrease in intensity or cessation of seasonal exacerbations. Repeated courses of physiotherapy are carried out in conditions of less pronounced pathological changes. The effectiveness of EHF laser therapy is largely determined by the age of the patients. In patients aged 25 to 35 years, a favourable result is achieved faster than in older age groups, therefore, drug therapy can be completely excluded. In patients aged 35 to 65 years, a positive therapeutic effect is achieved, in general with complex (physiotherapeutic and drug) treatment. Conducting local topical medication treatment before physiotherapy does not enhance the total therapeutic effect, but in some cases contributes to the negative clinical dynamics.

V.Y. Kropachev and S.V. Orlova (2004), in order to relieve pain in patients who arrived at a rehabilitation resort, used Microwave (UHF), EHF and Laser therapy, as well as chondroxide ultraphonophoresis. The procedures were performed daily in the amounts of 10–12. At the

same time, physical exercises were recommended to strengthen the muscles of the lumbar region. It was also important that they all took sea baths and swam at least twice a day. The pain gradually localized in the lumbar region and only appeared when lifting low weights, increasing motor activity in the form of playing volleyball and running, and prolonged sitting. When assessing the effectiveness of such an integrated approach to pain relief, a positive trend was noted: by the end of the rehabilitation course, the pain was gone and the patients noted a significant improvement in their well-being (Kropachev V.Y., Orlova S.V., 2004).

Would you like to be a part of the CURE Method?

Your Health Connect Group offers short term contracts (6 months) to those candidates who are interested in learning advanced methods of treatment for Musculoskeletal Disorders (Certificate included). And the best part, you will be able to learn and work without losing the income!

Outside the short-term contracts, YHC group offers full-time positions to VR and Generally registered Australian Doctors. Please refer to the job description below.

Position Description:

Full or part time GPs are required to join clinics operated by Your Health Connect. The right candidates will require to deliver services focusing primarily on ageing population, including assessments, examinations, treatments, and case management. As well as proven methods, GPs will be expected to adopt and use contemporary technologies of rehabilitation and treatment. Great professional development is available, as well as in situ training provided by our leading specialists.

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For more information refer to the following links: Roman Kisselev

Manager of the Your Health Connect Group

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"CURE" EDITION 6, Part 2

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