



Prevalence and pattern of disorders among patients in physiotherapy mobile unit camps in villages of Latur city, Maharashtra: A retrospective observational study

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Abstract

Background: Community-based physiotherapy services can improve access to rehabilitation and preventive healthcare, particularly in rural and underserved populations. Mobile physiotherapy units provide an opportunity to deliver assessment, treatment, therapeutic exercise, health education, and referral services directly within communities.

Objective: To evaluate the reach, patient participation, pattern of physiotherapy conditions, and utilization of mobile physiotherapy outreach services conducted by the Department of Community Physiotherapy, Maharashtra Institute of Physiotherapy, Latur, Maharashtra.

Methods: A retrospective observational study was conducted using routinely maintained records of mobile physiotherapy outreach camps from May 2025 to January 2026. Data regarding camp distribution, patient attendance, demographic characteristics, presenting conditions, interventions, referrals, and community participation were extracted and analyzed using descriptive statistics. Spearman correlation analysis was performed to assess selected associations between camp characteristics and patient attendance.

Results: A total of 59 physiotherapy outreach camps were conducted over 75 working days, providing services to 707 patients. Among the participants, 416 (58.8%) were male and 291 (41.2%) were female, with a mean attendance of 11.98 ± 6.69 patients per camp. Lower-back conditions were the most frequently reported presentations (247; 34.9%), followed by knee conditions (215; 30.4%). Together, these accounted for 65.3% of recorded presentations. Interventions included therapeutic exercises, stretching and strengthening, electrotherapy, postural correction, ergonomic education, balance and gait training, breathing exercises, and health education. Sixteen patients were referred for further outpatient physiotherapy care. Distance travelled was not significantly associated with patient attendance ($\rho = -0.122$, $p = 0.357$).

Conclusion: Mobile physiotherapy outreach services improved access to community-based physiotherapy across rural and semi-urban areas of Latur and primarily addressed musculoskeletal conditions. Continued outreach may strengthen early rehabilitation, preventive care, and referral pathways in underserved communities.

Keywords: Community physiotherapy, mobile physiotherapy unit, outreach camp, rural rehabilitation

Introduction

Physical therapists have specialized expertise in the assessment and management of musculoskeletal disorders^[1]. Advances in digital healthcare have enabled physiotherapy professionals to extend their services through mobile camp and other remote platforms. Evidence-based physiotherapy emphasizes active interventions, particularly therapeutic exercise and patient education, as important components of conservative musculoskeletal care^[2]. Such approaches may provide an alternative to the unnecessary use of opioid medications^[3] and excessive reliance on diagnostic imaging^[4]. By promoting appropriate exercise, self-management, and education, digitally delivered physiotherapy may contribute to accessible, safe and effective management of musculoskeletal conditions.

Community physiotherapy plays a vital role in delivering preventive, promotive, therapeutic and rehabilitative services at the community level. In developing countries such as India. People living in rural and underserved areas may experience difficulties in accessing physiotherapy because of limited awareness, transportation challenges, financial constraints, and inadequate healthcare facilities. Community-based physiotherapy services can help

overcome these barriers by bringing rehabilitation care closer to the population.

Mobile-based physiotherapy may differ considerably from conventional face-to-face treatment, particularly in terms of the frequency and scheduling of clinical visits^[5]. In a mobile physiotherapy unit, patient adherence may be better understood through their overall participation in the treatment program rather than simply by counting scheduled clinical visits. The study can further examine whether greater participation in the mobile physiotherapy program is associated with improved clinical outcomes, particularly reductions in pain and enhancement of functional abilities^[5].

Early access to physiotherapy may improve clinical outcomes by allowing conditions to be addressed before they become more persistent or difficult to manage^[6-8]. Convenient access through a mobile physiotherapy unit can reduce barriers such as travel and waiting time, enabling motivated patients to begin treatment promptly. Early initiation of care may also encourage greater participation in prescribed exercises and rehabilitation activities^[9-12]. Therefore, the study can examine whether access to an initial physiotherapy assessment within 24 hours is

associated with greater patient engagement in the mobile unit program.

Community physiotherapy is an essential component of rehabilitation that provides preventive, promotive, therapeutic, and rehabilitative services at the community level. In India, particularly in rural and underserved areas, access to physiotherapy may be affected by limited awareness, transportation difficulties, financial constraints, and inadequate healthcare facilities.

Mobile physiotherapy outreach programs help address these barriers by taking physiotherapy services directly to underserved communities. Such programs facilitate early identification of musculoskeletal, neurological, postural, occupational, geriatric, and lifestyle-related problems. They also promote awareness about therapeutic exercise, ergonomics, fitness, pain management, and rehabilitation.

Research Question

What is the overall community impact of the mobile physiotherapy outreach program in terms of service reach, patient participation, and healthcare accessibility?

Need of the Study

Many rural populations are unaware of physiotherapy services and rehabilitation benefits. Lack of accessibility leads to delayed treatment and increased disability. Mobile physiotherapy outreach units provide healthcare at the doorstep of the community and promote early intervention. Evaluation of such outreach activities is necessary to understand their effectiveness, community response, and role in public health promotion.

Aim of the Study

To evaluate the reach, effectiveness, community participation, and overall impact of the physiotherapy mobile unit outreach activities conducted by the Maharashtra Institute of Physiotherapy, Latur, during the year 2025.

Objectives of the Study

1. To evaluate the reach, coverage, and utilization of mobile physiotherapy outreach services among rural and underserved communities.
2. To assess patient participation and engagement in physiotherapy assessment, treatment, exercise, and rehabilitation activities.
3. To evaluate the impact of physiotherapy awareness and rehabilitation activities on community knowledge and participation.
4. To assess the role of mobile physiotherapy services in improving timely access to preventive, therapeutic, and rehabilitative care.
5. To determine the association of patient participation and engagement with improvements in pain, functional ability, and satisfaction with physiotherapy services.
6. To evaluate the community response and satisfaction toward the mobile physiotherapy outreach program.

Methodology

1. **Study Design:** An observational retrospective study
2. **Study Setting:** Community outreach camps conducted by the Department of Community Physiotherapy, Maharashtra Institute of Physiotherapy, Latur.
3. **Study Duration:** May 2025 to January 2026.

4. **Data Source:** Camp records, Outreach activity registers and departmental reports.

Mobile Physiotherapy Unit Facilities and Description

The Mobile Physiotherapy Unit was equipped with essential facilities to provide basic physiotherapy screening, assessment, treatment, therapeutic exercise instruction, and health education during community outreach activities. The unit included dedicated space for basic physiotherapy assessment and patient consultation, a treatment couch with appropriate positioning aids, and portable physiotherapy equipment, including basic electrotherapy modalities. Exercise and rehabilitation equipment was provided to facilitate therapeutic interventions such as stretching, strengthening, balance training, and mobility exercises. Basic assessment instruments were available for monitoring vital signs and evaluating functional status. Educational materials addressing posture, ergonomics, therapeutic exercise, pain management, fall prevention, and healthy lifestyle practices were also provided to support patient education and self-management. In addition, basic documentation and record-keeping facilities were maintained to systematically document patient assessments, interventions, referrals, and follow-up information. Adequate seating and waiting arrangements were provided for individuals attending the outreach camps. The equipment and facilities were selected to support the delivery of basic community-based physiotherapy assessment and interventions in a safe and practical manner. Patients presenting with conditions requiring advanced diagnostic evaluation, specialist consultation, emergency medical management, or interventions beyond the scope of the mobile physiotherapy service were appropriately referred to the nearest suitable healthcare facility or to the institutional outpatient physiotherapy department for further evaluation and management.

Mobile Physiotherapy Unit Team: it consists of multidisciplinary team under the supervision of the Department of Community Physiotherapy. The team included faculty members, postgraduate physiotherapy students, interns, a medical social worker, support staff/peon, and a trained driver. Faculty members provided clinical supervision, while postgraduate students and interns assisted with patient screening, assessment, exercise demonstration, documentation, health education, and community awareness activities. The medical social worker assisted with community coordination and communication with beneficiaries.

The vision of the Mobile Physiotherapy Unit: it is to improve equitable access to physiotherapy and rehabilitation services by bringing essential physiotherapy care closer to rural and underserved communities. The unit aims to contribute toward a healthier, functionally independent, and rehabilitation-aware community through accessible, preventive, promotive, therapeutic, and rehabilitative services.

The mission of the Mobile Physiotherapy Unit: it is to provide accessible, affordable, community-oriented, and evidence-informed physiotherapy services to populations with limited access to rehabilitation facilities. The unit aims

to provide early identification and management of physiotherapy-related conditions, promote preventive and promotive health practices through physiotherapy, increase awareness regarding the role and benefits of physiotherapy, facilitate early referral and appropriate follow-up for individuals requiring further care, promote exercise, physical activity, proper posture, ergonomics, and healthy lifestyle practices, improve functional independence and quality of life among individuals with disability, pain, mobility limitations, and age-related functional problems, provide students with supervised community-based clinical learning and opportunities to develop professional and social responsibility. The mobile physiotherapy unit serves as a link between institutional physiotherapy services and communities with limited access to rehabilitation. Thus, the mobile physiotherapy unit represents a community-oriented approach to extending rehabilitation services beyond the conventional institutional setting.

Mobile Unit Instruments and Equipment

The Mobile Physiotherapy Unit was equipped with portable instruments and equipment required for basic physiotherapy assessment, treatment, therapeutic exercise, and patient education. The major equipment included portable transcutaneous electrical nerve stimulation (TENS), interferential therapy (IFT), and therapeutic ultrasound units, which were used, where clinically indicated, for pain management and other appropriate musculoskeletal conditions. Portable hot packs were also available for selected musculoskeletal conditions. A treatment table/couch was provided for patient assessment and treatment. Therapeutic exercise equipment included resistance bands, ankle and wrist cuff weights, and exercise mats to facilitate stretching, strengthening, mobility, and floor-based rehabilitation exercises. A goniometer was used to assess joint range of motion, while measuring tape was used for basic anthropometric and musculoskeletal measurements.

For basic health screening and monitoring, the unit was equipped with a stethoscope, sphygmomanometer/BP apparatus, and pulse oximeter, which were used when clinically indicated. Posture and ergonomic education materials were available for patient counselling and preventive health education. Standardized patient assessment and documentation materials were also maintained to record demographic details, clinical findings, interventions provided, referrals, and follow-up information.

5. Selection Criteria

Inclusion Criteria: Outreach physiotherapy camps conducted under the physiotherapy mobile unit, Camps conducted in rural and semi-urban areas, Camps with complete documentation and attendance records. Participants were selected from individuals who attended the physiotherapy mobile unit outreach services during the study period. Adults aged 18 years or above presenting with musculoskeletal, neurological, postural, occupational, geriatric or other conditions appropriate for physiotherapy management were considered eligible.

Exclusion Criteria: Incomplete camp reports, Activities not related to physiotherapy outreach services. Individuals requiring immediate medical or specialized in-person management, such as suspected fractures, acute neurological emergencies, or other conditions beyond the scope of

community-based physiotherapy, were excluded and referred to the appropriate healthcare facility. Participants with symptoms requiring further medical evaluation were also referred when considered necessary by the physiotherapist.

6. Procedure

Ethical Approval was taken from Institutional Ethical Committee. Study was conducted using records of physiotherapy mobile unit outreach activities carried out by the Maharashtra Institute of Physiotherapy, Latur, during 2025. Data were obtained from routine outreach records maintained by the Department of Community Physiotherapy and were not originally collected specifically for research purposes. The records included information related to outreach camps, number of beneficiaries, physiotherapy services provided, awareness activities and community participation. The collected data were reviewed and analyzed to evaluate the reach, utilization, effectiveness and community impact of the mobile physiotherapy outreach program. Personal identifiers, if any, were excluded from the analysis to maintain participant confidentiality [11].

Participants were enrolled during the mobile physiotherapy unit visits, where basic demographic and clinical information was collected including age, gender, primary complaint, pain level, and functional difficulties. Each participant underwent an initial assessment by a qualified physiotherapist. Based on the assessment findings, an individualized treatment plan was provided, which included therapeutic exercises, physiotherapy modalities where indicated, education, ergonomic advice, and home-based rehabilitation. Participants were also given appropriate self-management instructions and advised for follow-up visits when required.

Intervention and Follow-up

Physiotherapists trained in evidence-based assessment and rehabilitation approaches evaluated participants during mobile physiotherapy unit visits. A detailed history and physical examination were conducted to identify the patient's primary condition, functional limitations and treatment needs. Based on the assessment findings and individual rehabilitation goals, an appropriate treatment plan was provided.

The intervention included therapeutic exercises, physiotherapy modalities when indicated, patient education, ergonomic guidance, activity modification, and home-based rehabilitation. Participants received condition-specific instructions and were encouraged to continue prescribed exercises after the outreach visit. Physiotherapists reviewed patient responses and modified the treatment plan when required during subsequent visits or follow-up interactions. Information regarding the number of participants assessed, treatments provided, exercises prescribed and follow-up visits were recorded. At the end of the intervention or follow-up period, patient outcomes were reassessed to evaluate changes in pain, functional ability, and overall satisfaction with the mobile physiotherapy service [14].



Outcome Measures

- Number of camps conducted
- Number of working days
- Patient participation
- Referral and follow-up data
- Community awareness and response

Statistical Analysis

Descriptive statistics used to summarize participants' demographic characteristics, health conditions, and services provided during the physiotherapy mobile unit. Frequencies and percentages be reported for categorical variables, while mean and standard deviation were used for continuous variables. Participants who received early physiotherapy services through the Mobile Physiotherapy Unit showed better participation in prescribed exercises and rehabilitation activities. Older participants (≥ 50 years) demonstrated greater engagement, whereas those with pain, adverse symptoms, and chronic conditions showed lower exercise participation and required longer rehabilitation.

Regular follow-up visits, exercise guidance, and physiotherapist–patient interaction were associated with better continuity and longer participation in the program. Overall, timely assessment, individualized treatment, and regular follow-up through the Mobile Physiotherapy Unit may improve exercise adherence, functional outcomes, and continuity of community-based physiotherapy services.

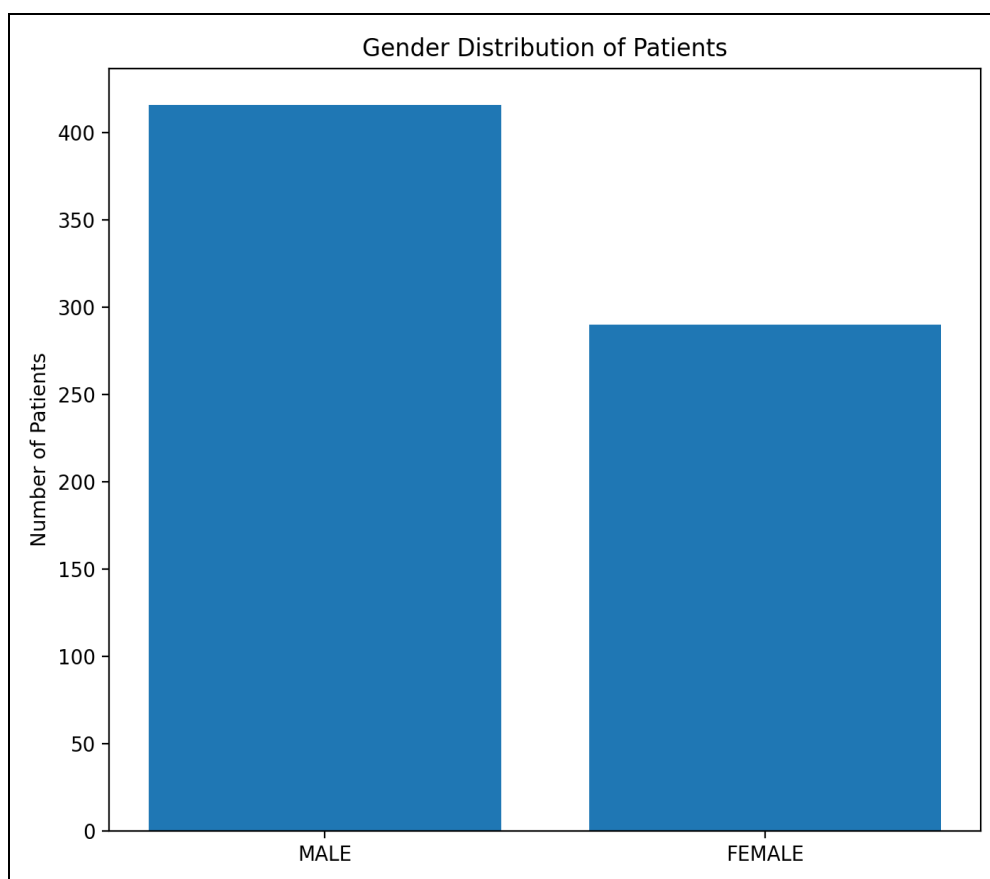
Results

A total of 707 patients attended 59 outreach camps. The physiotherapy mobile unit covered multiple rural and semi-urban areas including: Mahapur, Sai, Malvati, Pohregao, Harwadi, Jawalgaon, Selu, Kolpa, Sarola, Sonvati, Peth, Additional community locations. The principal physiotherapy interventions included pain-relieving electrotherapy modalities, therapeutic exercises, stretching, strengthening, posture correction, ergonomic education, balance training, and patient education.

Table 1: Patient Profile

Gender	Number	Percentage
Male	416	58.8%
Female	291	41.2%
Total	707	100%

Table 1 summarizes the baseline demographic and clinical characteristics of the 707 participants. Approximately 47.5% were female, with a mean age of 41 years, and 26.2% were aged ≥ 50 years. Participants presented with various musculoskeletal conditions affecting different anatomical regions. The sample demonstrated a moderately male-predominant utilization pattern. This should not be interpreted as greater disease prevalence among males because attendance may be influenced by occupational, cultural, accessibility, and healthcare-seeking factors.



Tag: Demographic Profile | Male vs Female

Fig 1: Gender Distribution of Patients

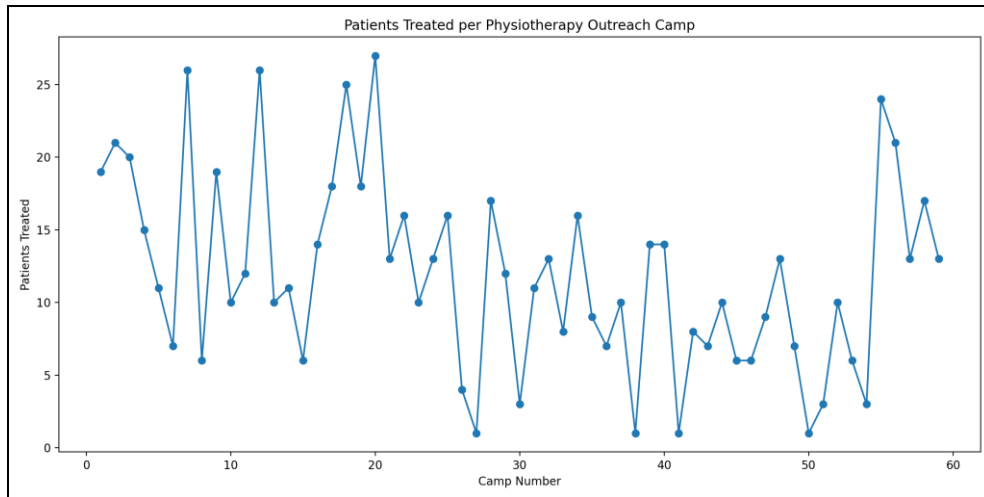
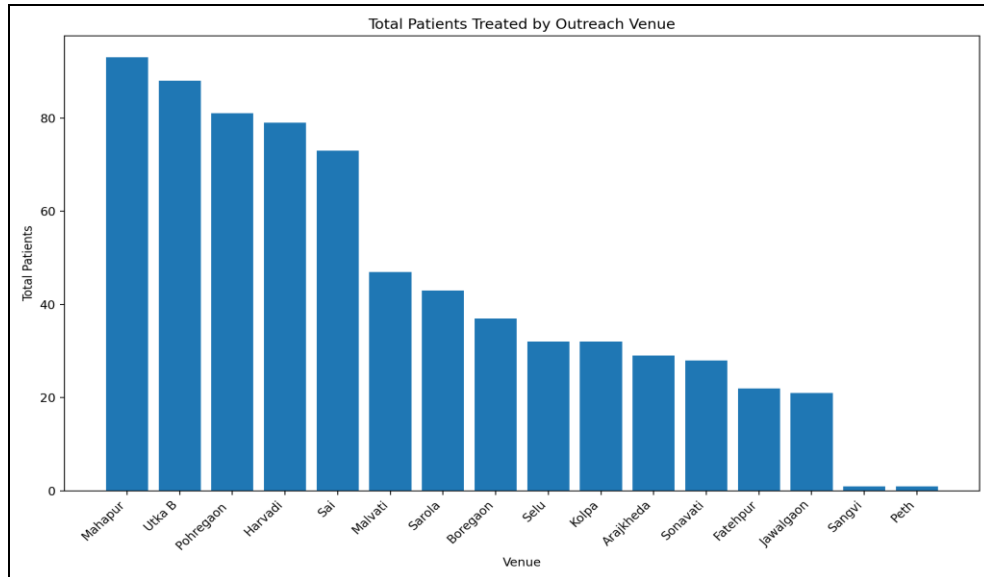
Overview of Outreach Activities

The Community Physiotherapy Department organized outreach camps across various villages and community settings. Services included physiotherapy assessment, electrotherapy modalities, exercise therapy, posture correction, ergonomic education, mobility training, pain management, and awareness sessions.

Table 2: Summary of Outreach Activities with overall camp statistics

Parameters	Findings	Variable	Value
Total Outreach Activities Conducted	75	Door to door survey	793 (12.01± 7.2)
Total camps conducted	59 + 16 Survey camp	Total Patients Treated	707 (11.98 ± 6.69)
Total Working Days	75	Total Male Patients	416 (7.05 ± 4.85)
Total Patients Benefited	1500	Total Female Patients	291 (4.92 ± 3.80)
Patients Referred for in OPD	16	Patients per Camp	17 (11.98±6.69)
Awareness lectures conducted	50	Distance covered (KM)	17.83 ± 11.58
Total Community Participation	Highly Positive		

Table 2 shows A total of 707 patients were treated across 59 camps. Male patients (416) were slightly higher than female patients (290). The average patient attendance per camp was 11.98 ± 6.69 , indicating moderate variation in attendance

**Tag:** Patient Load | Camp-wise Analysis**Fig 2:** Patients Treated per Physiotherapy Outreach Camp**Tag:** Outreach Coverage | Venue-wise Analysis**Fig 3:** Total Patients Treated by Outreach Venue**Table 3:** Village-wise Patient Distribution

Village	Total Patients	Mean Patients	No. of Camps
Arajkheda	29	9.67	3
Boregaon	37	7.4	5
Fatehpur	22	5.5	4
Harvadi	79	15.8	5
Jawalgaon	21	7.0	3
Kolpa	32	10.67	3
Mahapur	93	15.5	6
Malvati	47	15.67	3

Peth	1	1.0	1
Pohregaoan	81	16.2	5
Sai	73	14.6	5
Sangvi	1	1.0	1
Sarola	43	8.6	5
Selu	32	10.67	3
Sonavati	28	14.0	2
Utka B	88	17.6	5

Table 3 shows That physiotherapy mobile unit covered multiple rural and semi-urban areas including: Mahapur, Sai, Malvati, Pohregaoan, Harwadi, Jawalgaon, Selu, Kolpa, Sarola, Sonvati, Peth,

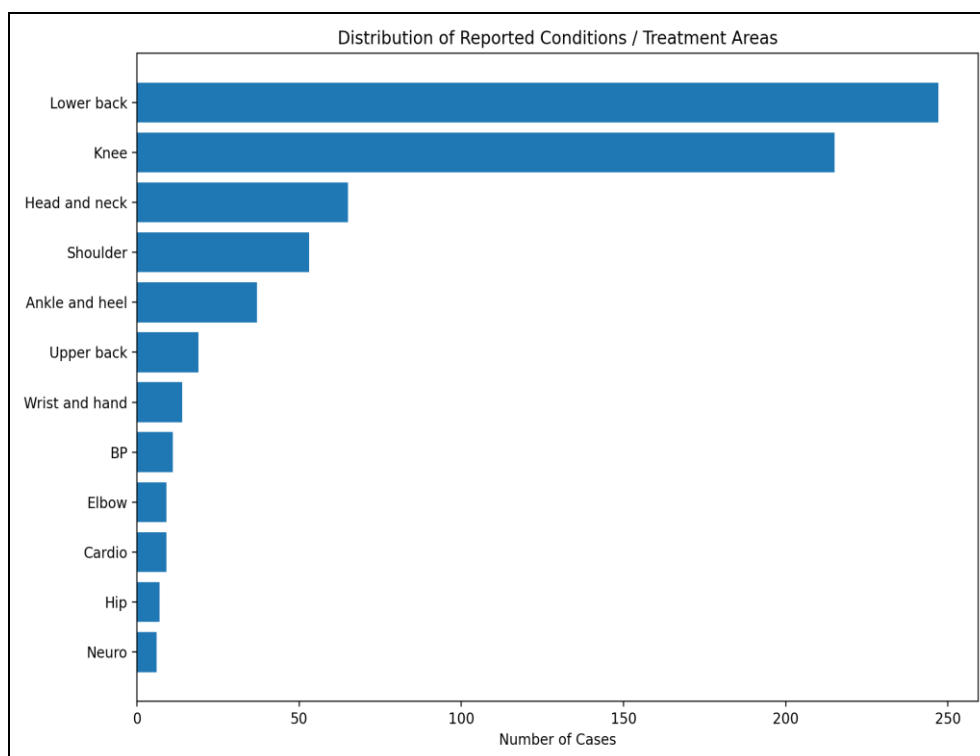
Additional community locations in and around Latur district. Mahapur recorded the highest patient attendance with 93 patients, showing greater utilization of physiotherapy outreach services in this area.

Table 4: Anatomical Distribution of Conditions Treated

Condition	Total Cases	%
Lower back	247 (4.19 ± 2.88)	34.9%
Knee	215 (3.64 ± 3.10)	30.4%
Head and neck	65 (1.10 ± 1.16)	9.2%
Shoulder	53 (0.90 ± 1.34)	7.5%
Ankle and heel	37 (0.63 ± 0.83)	5.2%
Upper back	19 (0.32 ± 0.65)	2.7%
Wrist and hand	14 (0.24 ± 0.47)	2.0%
BP	11 (0.19 ± 0.51)	1.6%
Elbow	9 (0.15 ± 0.41)	1.3%
Cardio	9 (0.15 ± 0.36)	1.3%
Hip	7 (0.12 ± 0.38)	1.0%
Neuro	6 (0.10 ± 0.36)	0.8%

Table. 4 shows that Lower back complaints were the most commonly treated condition with 247 reported cases. Common Conditions Managed During Camps were Low back pain, Neck pain, Osteoarthritis, Postural dysfunction, Cervical spondylosis, Knee pain, Frozen shoulder, Geriatric mobility issues, Occupational musculoskeletal disorders,

General weakness and deconditioning. This suggests a high burden of musculoskeletal problems related to posture, work activities, or degenerative conditions. Lower-back and knee presentations together accounted for approximately 65.3% of all recorded presentations, indicating that musculoskeletal problems dominated the mobile-unit workload.



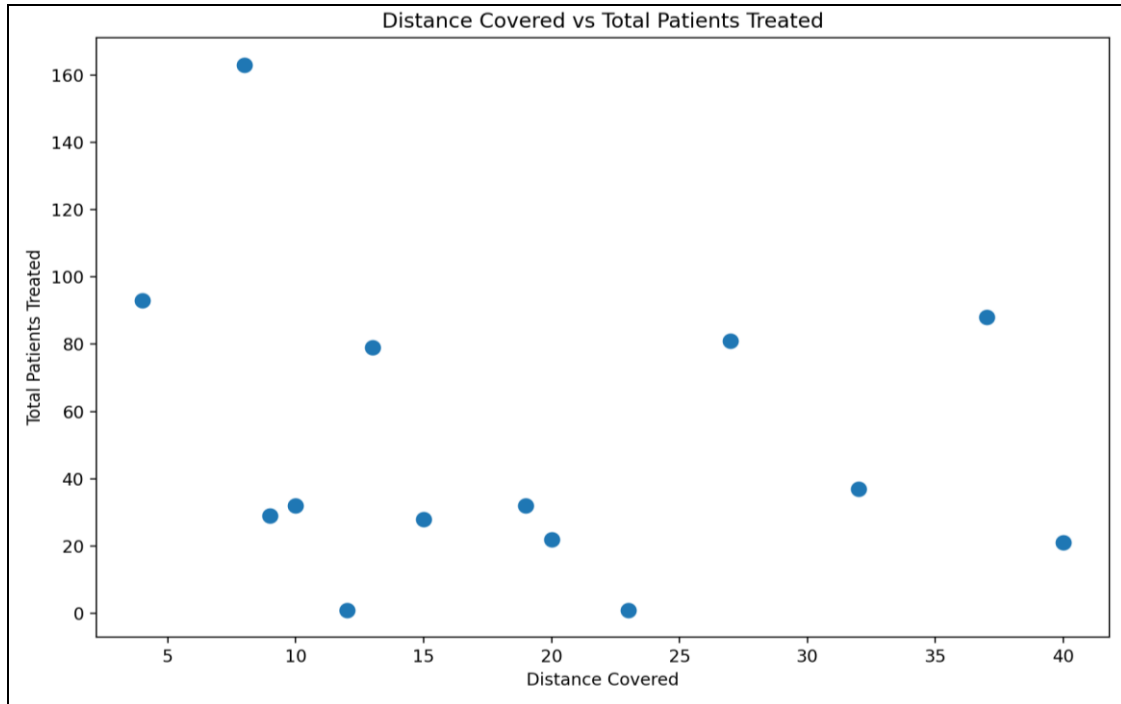
Tag Clinical Profile | Condition-wise Distribution

Fig 4: Distribution of Reported Conditions / Treatment Areas

Table 5: Correlation Analysis

Relationship	Spearman ρ	p-value	Interpretation
Distance vs. patients treated	-0.122	0.357	Not significant
Male patients vs. total patients	0.800	<0.001	Strong positive
Female patients vs. total patients	0.719	<0.001	Strong positive
Lower-back cases vs. total patients	0.685	<0.001	Strong positive
Knee cases vs. total patients	0.701	<0.001	Strong positive

Table. 5 shows that Distance travelled was not significantly associated with the number of patients treated per camp, suggesting that geographical distance alone did not explain camp attendance.



Tag: Outreach Efficiency | Distance vs Patient Load

Fig 5: Distance Covered vs Total Patients Treated

Comparison Between Outreach Venues

Patient turnout therefore varied significantly between outreach locations. Venue-level differences should be interpreted cautiously because venue, distance, visit frequency, and community characteristics may be confounded.

Interventions Provided by Exercise therapy, Stretching and strengthening exercises, Electrotherapy modalities, Postural correction exercises, Ergonomic advice, Breathing exercises, Balance and gait training, Health education and awareness counseling

Discussion

The present study demonstrated that physiotherapy mobile outreach activities significantly improved accessibility to rehabilitation services in rural and underserved populations. The outreach programs conducted by Maharashtra Institute of Physiotherapy, Latur successfully reached a large number of beneficiaries and created awareness regarding physiotherapy management. The camps provided early screening and management of musculoskeletal and lifestyle-related disorders. Exercise therapy and awareness sessions encouraged patients to adopt healthier lifestyles and preventive healthcare measures. Many participants reported reduction in pain, improved mobility, and better understanding regarding posture and exercise. The study

findings highlight the importance of community physiotherapy in public health promotion. Mobile physiotherapy units can effectively reduce healthcare disparities in rural populations by providing accessible and affordable rehabilitation services.

The outreach activities also offered practical exposure and community-based learning opportunities for physiotherapy students, thereby enhancing professional skills and social responsibility. Physiotherapy mobile outreach activities significantly improved accessibility to rehabilitation services in rural and underserved populations. The outreach programs conducted were successfully reached a large number of benefits caries and created awareness regarding physiotherapy management [6-8]. Exercise therapy and awareness sessions encouraged patients to adopt healthier lifestyles and preventive healthcare measures. Many participants reported reduction in pain, improved mobility, and better understanding regarding posture and exercise [9]. Mobile physiotherapy units can effectively reduce healthcare disparities in rural populations by providing accessible and affordable rehabilitation services [10]. The outreach activities also offered practical exposure and community-based learning opportunities for physiotherapy students, thereby enhancing professional skills and social responsibility [11].

Conclusion

The physiotherapy mobile unit outreach activities conducted by Maharashtra Institute of Physiotherapy, Latur during the year 2025 were highly successful in promoting physiotherapy awareness and rehabilitation services within the community. The outreach programs improved healthcare accessibility, encouraged preventive health practices, and benefited a substantial number of patients from rural and semi-urban populations.

Mobile physiotherapy outreach services should be continued and expanded to improve community health, rehabilitation accessibility, and quality of life among underserved populations.

Recommendations

Increase frequency of mobile physiotherapy camps in remote villages, Conduct regular awareness programs regarding preventive physiotherapy, Integrate multidisciplinary healthcare services with outreach activities, Establish long-term follow-up systems for chronic conditions, Encourage government and institutional support for community rehabilitation programs.

Limitations

Long-term follow-up outcomes were not assessed, Patient satisfaction scales were not quantitatively measured, Detailed diagnostic categorization was limited.

Future Scope

Future studies can include comparative analysis of rural and urban outreach services, patient satisfaction assessment, quality-of-life evaluation, and long-term functional outcome analysis after community physiotherapy interventions.

Ethical Considerations

Institutional permission was obtained from the Department of Community Physiotherapy, Maharashtra Institute of Physiotherapy, Latur. Confidentiality of camp participants and records was maintained throughout the study.

Conflict of Interest

The authors declare no conflict of interest.

Camp contribution

Dr. Kajal Chauhan and Dr. Anil Sathe served as camp in-charges and contributed to the planning, coordination, participant screening, physiotherapy assessment, treatment, and overall successful execution of the camp.

Source of Funding

The mobile physiotherapy unit services were supported by the management of Maharashtra Institute of Physiotherapy, Latur, through financial and logistical assistance, including transportation, fuel, equipment, and other resources required for community outreach camps.

Acknowledgment

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