



Divya Rathore

BPT, MPT, Ph.D. Scholar, MIAP, India

Internal Guide: **Dr. Mayank Shukla**

Assistant Professor

Amity Institute of Physiotherapy

Amity University, India

Co-Guide: **Dr. Chitra Kataria**

Chief of Rehabilitation services and

Principal, ISIC institute of Rehab Sciences

Indian Spinal Centre Hospital, India

Screening sedentary behavior as a modifiable risk factor for functioning and risk of fractures during ongoing pandemic.

The overall global prevalence (95%CI) of high sedentary behaviour has been reported to be 8.3%. Physical Inactivity is the fourth leading cause of death worldwide, and is increasingly being recognised as a major problem in global health presently. Lockdowns and movement restriction of ongoing COVID-19 pandemic has added to it. Sedentary behaviour can lead to poor functioning and disease risk, incident fracture is a common risk too. FRAX estimates the fracture risk, screening may help to reduce the fracture risk and improving functioning of sedentary individuals.

In the present study the data was collected from general population (N=120) about physical activity and fracture risk (FRAX). Coronaphobia was assessed using corona anxiety scale. Sedentary individuals who exhibited poor functioning and high risk of fracture were identified successfully and were advised physiotherapy exercises.

80% reported some corona phobia during outdoor activities. 70% reported breathing difficulty in moderate to strenuous ADLs. 60% participants reported that they involved in exercises "very rarely". 60% reported back stiffness and 30% lower limb stiffness. Pain prevalence was 40% for shoulder, 30% for neck,

30% lower back and 30% reported knee pain. Increased fracture risk (FRAX score) was mainly seen for postmenopausal women only.

Sedentary behaviour is affecting the general population adversely during the ongoing pandemic. FRAX can be used effectively for screening advising for counteractive measures.

In Phase 1, we carry out a survey including IPAQ during before covid-19, during lockdown phase and the current status

Age (in years)	21.29±2.53
Gender (M/F)	35/90
IPAQ Before covid-19	2.02±1.86
IPAQ- During Lockdown	1.97±1.87
IPAQ- Current Status	1.78±1.98

In Phase 2, we carry out another survey to find the association between fracture risk and physical inactivity in the covid scenario

	Mean±SD
Age (years)	22.43±4.13
Gender(M/F)	19/31
Coranophobia	0.36±0.07
FRAX	80±19

Body structure	% pain prevalence	Mean±SD
Current pain	29.4%	2.73±2.64
Sleep	5.9%	7.86±2.78
Anxious level	19.6%	4.13±3.10
Depression	21.6%	3.92±3.17
Working at home	36%	7.07±3.14
Increase in pain	27.5%	6.18±3.27