## DATTA MEGHE INSTITUTE OF HIGHER EDUCATION AND RESEARCH

(DEEMED TO BE UNIVERSITY)

RAVI NAIR PHYSIOTHERAPY COLLEGE,

SAWANGI(MEGHE), WARDHA

POSTGRADUATE COMPETENCY BASED CURRICULUM

## DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES (DEEMED TO BE UNIVERSITY) RAVI NAIR PHYSIOTHERAPY COLLEGE, SALOD (HIRAPUR), WARDHA

POST GRADUATE CURRICULUM
SUBJECT CODE – MPT/RESEARCH METHODS AND BIOEHTHICS/2022 -2023 to 2026-2027

## **RESEARCH METHODS AND BIOETHICS**

## **MPT II YEAR**

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#### 1. Preamble

The Ministry of Human Resource Development, Government of India presented The National Education Policy (NEP) 2020. The global education development agenda reflected in the Goal 4 (Sustainable Development Goal 4) of the 2030 Agenda for Sustainable Development, adopted by India in 2015 - seeks to 'ensure inclusive and equitable quality education and promote lifelong learning opportunities for all' by 2030. Such a huge task demand reworking and rearrangement of the complete education arrangement to be backing and promoting education, with the aim to fulfilling the set out targets and objectives. With this focus there seem to be a need for key reforms to abridge the lacunae in the present programs and course outcomes to highlight the main features, equality and veracity into the structure.

The NEP 2020 rests precise importance on the growth of the innovative talent of every educator. It emphases upon the fundamental capabilities and also advanced order intellectual capabilities, such as critical thinking and reasoning, problem solving, social ethical, and emotional capacities. The policy also emphasis that the education system brings out noble individuals with capability of balanced behavior, having kindness and compassion, bravery and flexibility, technical soundness and inventive mind, with thorough moral jetties and standards. The policy recognizes the need to change curriculum at the undergraduate and graduate levels in light of changing demands, technology, and novel developing illness patterns. The strategy also advises that current institutional systems for regulating and ensuring the quality of training and education should be reviewed urgently. The policy suggests that the debate over re-creating a regulatory structure for health professional education be revisited in order to address new needs and challenges, and it calls for Professional Education Regulation reforms

Competency in speciality, keeping abreast of contemporary advances and development of one's discipline, scientific inquisitiveness, know how regarding basic principles of research methodology, epidemiology and modes of consulting library, basic skills in teaching Physiotherapy students should be the basic parameters to judge and evaluate postgraduate training and teaching. Ability to address therapeutic, rehabilitative, preventive and promotive dimensions of one's speciality, sensitiveness and responsiveness to health needs of community and national health programmes, demonstration of empathy and human approach to patient in accordance with social norms and expectation should form the basic structure on which postgraduate training should be based.

#### 2. Goals

- Practice his speciality ethically.
- Demonstrate sufficient understanding of basic sciences related to his speciality.
- ❖ Diagnose and manage majority of conditions in his specialty (Clinically and with the help of relevant investigations)
- Plan and advice measures for the prevention and rehabilitation of patient pertaining to his speciality.
- Play the assigned role in the implementation of National Health programs.
- ❖ Demonstrate competence in basic concepts of research methodology.
- Develop good teaching skills.

1	
I	
Clinician	Clinician- who understands and provides preventive, promotive, curative, palliative and holistic care with
	compassion as per Local, National and Global healthcare needs
Leader and	
member of the	Leader and member of the health care team and system providing services to Local, Regional, National, and
health care team and system:	International stakeholders.
Communicator:	Communicator with patients, families, colleagues, and the community as per national and international healthcare
	standards.
Lifelong learner:	Lifelong learner committed to the constant advancement of knowledge and skills in accordance with healthcare
	needs.
Professional	Professional committed to ethical, responsive, and accountable service to the patients, the community, and the
	profession as per Global standards of health professions.
Critical Thinker	Critical thinker, able to think rationally and generate logical connections between concepts in accordance with
	global healthcare requirements.
Researcher	Researcher who can gather, evaluate, and enrich scholarly literature, thereby enabling evidence-based healthcare practice which is Globally relevant
	Leader and member of the health care team and system:  Communicator:  Lifelong learner:  Professional  Critical Thinker

## **Subject wise PSOs and Courses Outcome (COs)**

### **Subject 1: Research Methods and Bioethics (Paper I)**

## **Program Specific Outcomes (PSOs)**

PSOs	Statement
PSO 1	Integrate and practice the concept of Physiotherapy and Ethical codes practice as well as moral and legal aspects.
PSO 2	Acquire research related acumen and design effectively to undertake a research and analysis of research data.  Course outcomes of Research Methods and Bioethics

CO 1	Explain Helsinki Declaration, Ethics, Education & Administration, rehabilitation assessment and management using International
	Classification of Functioning Disability and Health (ICF) and Future challenges in physiotherapy as per health care needs.
CO 2	Apply Research, Types, Qualitative and Quantitative Study, Delphi process, Bias, Study design, Sampling design, measurement, methods, outcome measures, communicating research globally.
CO3	Illustrate scientific writing of –Research paper, Review paper, Book, Reviews, Thesis, Conference and project reports and significance of report writing.
CO 4	Analyze Biostatics, Measures of Location and Variability, Normal distribution and Curve, sampling and significance of difference.
CO5	Evaluate statistical inference, tests of significance, correlation and regression, analysis of frequencies, statistical measure of reliability, Power analysis, Measures of Population.

#### 3. Learning objectives

- Theoretical Knowledge: -A student should have fair knowledge in the basic sciences as applied to his speciality. He /She should acquire in depth knowledge of his subject including recent advances. He should be fully conversant with the bedside procedures and having knowledge of latest diagnostics and therapeutics available.
- Clinical/Practical skills: -A student should be expert in good history taking, physical examination, screening for Physiotherapy treatment, ICF application and applying the advanced Physiotherapy treatment techniques.
- Acquire the in-depth knowledge of structure & function of human body related to the respective branch of specialty.

- Acquire the in-depth knowledge of movement dysfunction of human body, cause there of, & of principles underlying the use of physiotherapeutic interventions, for restoring movement dysfunction towards normalcy.
- Demonstrate ability to critically appraise recent physiotherapeutic & related medical literature from journals & adopt diagnostic & therapeutic procedures based on it.
- Demonstrate skill in physical & functional diagnosis pertaining to patient under care.
- Demonstrate ability to make clinical decision & select appropriate outcome measures based on the comprehensive knowledge of theoretical aspects of specialty.
- Demonstrate an expertise in evidence-based skill in the management of movement dysfunction.
- Demonstrate an expertise in health promotion & quality restoration of functional movement pertaining to specialty.
- Planning & implementation of treatment programme adequately and appropriately for all clinical conditions relate to respective specialty in acute & chronic stage, in intensive care, indoor & outdoor institutional care, independent practice, on fields of sports & community & during disaster or natural calamities.
- Demonstrate proficiency in planning & executing physiotherapy services & teaching technology skills.
- Demonstrate managerial & administrative skills
- Demonstrate the knowledge of legislation applicable to compensation for functional disability & appropriate certification.
- Able to execute all routine physiotherapeutic procedures with evidence based practice.
- Able to be a prominent member of the multidisciplinary physiotherapy team and treat all the conditions which need physiotherapeutic procedures.
- Able to provide adequate knowledge about the treatment procedures and its benefit.
- Able to transfer knowledge and skills to students as well young professionals.
- Able to perform independent physiotherapy assessment and treatment for patients.
- Able to undertake independent research in the field of physiotherapy.
- Learn multidisciplinary practice skills.
- Able to practice and assess patient independently

# Course content Paper I: Research Methods and Bioethics

SN	Co.no	Competency	Paper	Domain	Level	Suggested Teaching Method	Suggested Assessment method
Bioe		ofessional Practice I:					
1		Discuss Helsinki Declaration, Knowledge of Ethical Issues in practice of  physiotherapy- Clinical, Research and Academics. Ethics in Physiotherapy practice, clinical and research, code of	I	K	КН	Small Group Discussion/ Seminar/Didact ic Lecture	LAQ/SAQ
		Conduct for safe Disciplined practice— Legal aspect.					
	RMB1.1.2	Explain Rights and Responsibility of Physiotherapist and Client, PWD Act. Rules and regulations governing physiotherapy practice-National& International Administration, legislation, rules and Regulations governing physiotherapy practice-National& International (MSOTPT Council, IAP&WCPT).	I	K	КН	Discussion/ Seminar/Didact ic Lecture	
	RMB1.1.3	Discuss Roles of the Physiotherapist as per WCPT/WHO. Standards for practice For Physiotherapist And the criteria as	I	K	KH	Small Group Discussion/ Seminar/Didact ic Lecture	LAQ/SAQ

		Competency statements				
2	RMB 1.2	Discuss Administration &Management in Physiotherapy, Hospital, community& Industry. Planning, organization, budget, policy procedures and quality assurance. Communication skills, leadership quality& teamwork.	I	K,C	Seminar/Com munication Skill workshop/Dida ctic Lecture	LAQ/SAQ / Workplace based assessment
3	RMB 1.3	Discuss Education – Formal and non-formal – Philosophy of health education, curricular planning. Teaching technology – teaching learning methods, interactive learning, methods to facilitate learning, use of audio- visual aids, clinical teaching ,methods of Assessment of student competencies.	I	K, A,S, C	Seminar /Workshop/Did actic Lecture	LAQ/SAQ

Bio	ethics &P	rofessional Practice II:					
4	RMB 2.1.	Discuss Documentation of rehabilitation assessment and management using International Classification of Functioning Disability and Health(ICF). Future challenges in physiotherapy.	I	K,S	КН	Didactic Lecture/Semin ar /Workshop	LAQ/SAQ Workplac e based assessme nt
RE	SEARCH	   METHODOLOGYAND BIOS					
		RESEARCH METI	HODOL	OGY I	_		
1	R M B 3 1	Introduction to research	I	K	КН	Small Group Discussion / Seminar/works hop/Lecture	SAQ
2	RMB3.2.	Discuss types of research and Define a research question	Ι	K	КН	Small Group Discussion / Seminar/works hop/Lecture	LAQ/ SAQ
3	RMB3.3.	Discuss qualitative study designs Grounded theory and Phenomenological methods	I	K	KH	Small Group Discussion/Sem inar/workshop/ Lecture	LAQ/ SAQ
4	RMB3.4.	Discuss use of Delphi process	I	K	КН	Small Group Discussion / Seminar/works hop/Lecture	LAQ/ SAQ
5	RMB3.5.	,	I	K	КН	Small Group Discussion / Seminar/works hop/Lecture	LAQ/SA Q
6	RMB3.6.	Discuss Type I and type II bias	I	K	КН	Small Group Discussion / Seminar/works hop/Lecture	SAQ

		RESEARCE	І МЕТН	ODOLO	GY II		
7	RM B 4.1.	Discuss study design: types, Case study, Case series, longitudinal cohort, Pre- post design, Time series design, repeated measures design, Randomized control design.	I	К	КН	Small Group Discussion/Sem inar/workshop/ Lecture	LAQ/SA Q

8	RMB 4.2.	Discuss sampling design, calculating minimum Sample size based on design.	I	K	КН	Small Group Discussion/ Seminar/workshop/ Lecture	LAQ/ SAQ
9	RMB 4.3.	Discuss measurement: Properties of measurement: reliability, validity, responsiveness, Minimally Clinically Important Difference(MCID).	I	К	КН	Small Group Discussion/Seminar /workshop/Lecture	LAQ/ SAQ
10	R M B 4	Discuss outcome measures: Use of outcome measures in Rehabilitatio n research	I	К	KH	Small Group Discussion/Seminar /workshop/Lecture	LAQ/ SAQ
11	RMB 4.5.	Discuss research methods: Designing methodology, Reporting results.	I	K	KH	Small Group Discussion/ Seminar/workshop/ Lecture	LAQ/S AQ
12	R M B 4 6	Discuss Communicatin g research.	I	K	KH	Small Group Discussion/Seminar /workshop/Lecture	SAQ

Research Methodology III

13	М	SCIENTIFIC	I	K	KH	Small Group	SAQ
	В	WRITING: Discuss				Discussion (SGD)/	Paper
	5	definition and kinds				workshop/Lecture	present
		of scientific					ation
	1	documents-Research					
	•	paper, Review paper,					
	1	Book, Reviews,					
	•	Thesis, Conference					
		and project					
		reports(for the					
		scientific community					
		and for funding					
		agencies).					
		Publication–Role of					
		author, Guide, Co-					
		authors.					
		Structure, Style and					
		contents; Style					
		manuals(APA,MLA);					
		Citation styles:					
		Foot notes,					
		References					
		Evaluation					
		of					
		research.					
	1						

	RMB 5.1.2.	Discuss significance of Report writing; Different steps in Report writing; Mechanic sand precautions of writing research reports Oral and poster presentation of research papers in conferences/symposia; Preparation of	I	K	КН	Small Group Discussion(SGD)/w orkshop/Lecture	SAQ/paper presentation
		abstracts.	OSTATIS	TICS I			
				•	1		
1	RMB 6.1.	Introduction to Biostatistics. Discuss Sources and Presentation of Data.	I	K	KH	Small Group Discussion(SGD)/w orkshop/Lecture	LAQ/SAQ
2	RMB 6.2.	Discuss measures of Location and Variability & its Measures. Normal distribution and Curve.	I	K	КН	Small Group Discussion(SGD)/w orkshop/Lecture	LAQ/SAQ
3	RMB 6.3.	Discuss Sampling, Probability, Sampling variability And Significance.	I	K	КН	Small Group Discussion(SGD)/ workshop/Lecture	Paper presentation n
4	RMB 6.4.	Discuss Significance of deference in Means, for small Sample and Large sample.	Ι	K	KH	Small Group Discussion(SGD)/w orkshop/Lecture	LAQ/SAQ
			BIOS	TATISTIC	CS II		
5	RMB 7.1.	Discuss Statistical inference. Comparison of group means:T-test.	I	K	КН	Small Group Discussion(SGD)/w orkshop	LAQ/SAQ
6	RMB 7.2.	Discuss analysis of variance.	I	K	KH	Small Group Discussion(SGD)/w orkshop/Lecture	SAQ
7	RMB 7.3.	Discuss multiple comparison tests.  Non parametric tests.	I	K	КН	Small Group Discussion(SGD)/ workshop/Lecture	LAQ/SAQ
8	RMB 7.4.	Discuss Correlations and Regression.	I	K	КН	Small Group Discussion(SGD)/w orkshop/Lecture	LAQ/SAQ
9	RMB 7.5.	Discuss Analysis of frequencies: Chi square.	I	K	КН	Small Group Discussion(SGD)/w orkshop/Lecture	SAQ

	BIOSTATISTICS III											
10		Discuss Statistical measure of reliability.	I	K	KH	Small Group Discussion (SGD)/ workshop	SAQ					
11		Discuss Power analysis— Determining sample size.	I	K	KH	Small Group Discussion(SGD)/ workshop/Lecture	SAQ					
12		Discuss Measures of Population – Rate, Ratio, Proportion, Incidence and prevalence, Relative risk, Risk ratio,Odds ratio.	I	K	KH	Small Group Discussion(SGD)/ workshop /Lecture	LAQ/SAQ					

#### **SCHEMEOFEXAMINATION**

#### Formative and Summative Examination

Theory: There will befourpapers of 100 marks each of three hours duration details are as follows

Que.No.	Type of Question	Out Of	Total Questions	Marks
Q.1	Short Answer Questions	All Compulsory	10M X6	60Marks
Q.2	Long Answer Question	All Compulsory	20M X2	40Marks

## Theory Paper setting format PAPER - I

PAPER – I	
	[ Max. Marks: 100
ry	
ites full marks.	
ever necessary	
answering both sections.	
SECTION – A	
	10  M X  6 = 60
SECTION – B	
	20  M X  2 = 40
_	Л
(5 M)	
(5 M)	
(5 M)	
under the following heads - 20 M	Л
(5 M)	
(5 M)	
(5 M)	
	ory ates full marks. ever necessary r answering both sections.

#### **Primary Question Paper Template:**

#### MPT/RESEACH METHODS AND BIOETHICS/2022 -2023 to 2026-2027

Template - Table of specification

Question type	Maximum Marks
LAQ	20 M X 2
2/2	= 40 M
SAQ	10 M X 6
6/6	= 60 M
Total	100 M

## LIST OF REFERENCE BOOKS AND JOURNALS FIRST YEAR M.P.T BOOKS&JOURNALSPHYSIOTHERAPY

Sr. No	Name of Books
1)	AmericanPhysicalTherapyAssociation:GuideToPhysicalTherapyPractice,2ndEdition 2001.
2)	PhysicalRehabilitation(4&5thEdition)BySusanBOSullivanandThomas JSchmitz.(JaypeePublication)
3)	International Classification of Functioning, Disability and Health: Short Version. (IT'S Publication)
4)	Professionalism In Physical Therapy: History, Practice and Development by Laura Lee Swisher and Catherine G. Page, (Elsevier Publication 2005)
5)	Effective Documentation For Physical Therapy Professionals, By Eric Shamus And Debra (Mcgraw Hill Company2004)
6)	Physical Therapy Documentation: From Examination To Outcome By Mia Erickson, Ralph Utzman(Slack Incorporated 2008)
7)	Writing SOAP Notes With Patient / Client Management Formats By GingeKettenbach, Ph. D., PT, 3rd Edition, 2004 ,F.A. DAVIS COMPANY. Philadelphia
8)	Practical Evidence-Based Physiotherapy Rob Herbert, Gro Jamtvedt, Judy Mead, Kare Birger Hagen Elsevier Butter Worth Heinemann; Oxford UK (2005)
9)	Guide To Evidence-Based Physical Therapy Practice By Dianne V. Jewell, PT, Phd, Virginia Commonwealth University, Virginia
10)	Concern Specialty Books For Physical Therapy Assessment And Outcome Measures
11)	Electromyography In Clinical Practice By Michael J. Aminoff, 3rd Edition (Churchill Livingstone)
12)	Clinical Neurophysiology By UK MisraAndKalita, 2nd Edition (Churchill Livingstone)
13)	Electro Diagnosis In Diseases Of Nerve And Muscle: Principles And Practice By Jun Kimura (Oxford University Press)
14)	The ABC Of EMG: A Practical Introduction To Kinesiological Electromyography By Peter Conrad (Noroxon Inc. USA 2005)
15)	Integrating Physical Agents In Rehabilitation By Bernadette Hecox And John Sanko, 2nd Edition (Pearson Prentice Hall 2006)
16)	Integrating Physical Agents In Rehabilitation By Bernadette Hecox And John Sanko, 2nd Edition (Pearson Prentice Hall 2006)
17)	Physicals Agents In Rehabilitation: From Research To Practical By Michell H. Cameron, 2nd Edition (Saunders And Elsevier, 2003)
18)	Therapeutic Modalities For Allied Health Professionals By William E. Prentice And Frank Underwood (Mcgraw-Hill, 1998
19)	Therapeutic Exercise: Treatment Planning For Progression By Francis E. Huber, Christly. Wells (W.B. Saunders Company, 2006)

20)	Therapeutic Exercise: Foundations And Techniques By Carolyn KisnerAnd Lynn Allen Colby (W.B. Saunders Company, 2007)
21)	Therapeutic Exercise, Moving Towards Function By Carrie M. Hall And Lori Thein Brody (Lippincott Williams &Wilkins, 2004)
22)	Grieve's Modern Manual Therapy: The Vertebral Column By Jeffrey Boyling And Grad Dip Man Ther(Churchill Livingston)
23)	Exercise Physiology By Mc Ardle, Katch&Katch(Lippincott Williams And Wilkins, 2000)
24)	Exercise Physiology: Exercise, Performance, And Clinical Applications By Robert A. Roberts And Scott O Roberts William C Brown, 1997)
25)	Clinical Exercise Testing and Prescription Theory And Applications By Scott O. Roberts, Peter Hanson (C RC Press, 1997)
26)	Basic Biomechanics of The Musculoskeletal System By Margareta Nordin And Victor H. Frankle, 2nd Edition ( Lea And Febiger)
27)	Kinesiology of The Human Body: Under Normal And Pathological Condition By Arthur Steindler, 5th Edition (Charles C Thomas, 1977)
28)	Joint Structure & Function : A Comprehensive Analysis By Cynthia C Norkin, Pamela K Levangie(Jaypee Brothers, 2006)
29)	Brunnstrom's Clinical Kinesiology By Laura K. Smith & Don Lehmkuh, 5th Edition (F A Davis, 1996)
30)	The Physiology Of The Joints By Kapandji& Matthew J Kendel(Churchill Livingstone, 2008)
31)	Clinical Biomechanics Of The Spine By Augustus A White &Manohar M Panjabi, 2nd Edition (Lippincott Williams &Wilkins 1990)
32)	Kinesiology: The Mechanics And Pathomechanics of Human Movement By Carol Oatis(Lippincott Williams &Wilkins 2008)
33)	Kinesiology: Application to Pathological Motion By Soderberg, 2nd Edition (Wiliams&Wilkins, 1997)

### Research Methodology and Biostatics

Sr. No	Name of Books
1)	ResearchMethodology. MethodsandTechniquesC.R.KothariNewAgeInternationalPublishers.2ndediti on 2008
2)	RehabilitationResearch:PrinciplesandApplicationsbyElizabethDomholdt (ElsevierScienceHealthScienceDiv, 2004)
3)	Research Methods for clinical therapists by Hicks Carolyne, Churchill
4)	Foundations of clinical Research by Portney& Watkins, Davis
5)	Research methodology by Kothari New Age international
6)	Research Methodology for health professionals by Goyal, Jaypee
7)	Methods in Biostatistics by Mahajan, B.K Jaypee
8)	Principles & practice of Biostatistics by Dixit, J.V Bhanot

### **Teaching Technology**

Sr. No	Name of Books
1)	Public Power And Administration – Wilenski, Hale And Iremonger, 1986
2)	Physical Therapy Administration And Management – Hickik Robert J
3)	Management Principles For Physiotherapists – Nosse Lorry J.
4)	Medical Education: Principles and Practice: Published by the National teacher Training Center, JIPMER, Pondicherry: latest Edition
5)	Medical Education: Trainer's Manual : Published by the National teacher Training Center, JIPMER, Pondicherry: latest Edition
6)	Basics in Medical Education : Zubair Amin & HoonEngKhoo: World Scientific: 2009
7)	A Practical Guide for Medical Teachers : John A Dent& Ronald M Harden: Elsevier Health Sciences: 2009
8)	International Handbook of Medical Education : Abdul W Sajid, Christie H McGuire et al: Greenwood Press 1994

9)	PRINCIPLES OF MEDICAL EDUCATION, Tejinder Singh, Piyush Gupta,
	DaljitSingh.year: 2009. Edition: 3 r deditionPublisher: JAYPEE brothers

#### **Journals**

Sr. No	Name of Journals
1	Journal Of Indian Association Of Physiotherapy
2	Physical Therapy (APTA, America)
3	Physiotherapy (CSP, London)
4	American Journal Of Physical Medicine And Rehabilitation
5	Physiotherapy (Canada)
6	Physiotherapy – Theory And Practice
7	Australian Journal Of Physiotherapy
8	Physiotherapy (Canada).
9	Clinical Rehabilitation.
10	Journal Of Exercise Science & Physiotherapy

Paper I: Research Methods and Bioethics

Paper -I	СО	PO1 Clinician	PO2 Leadership and Team worker	PO3 Communicator	PO4 Lifelong Learner	PO5 Professional	PO6 Critical Thinker	PO7 Researcher	PSO1	PSO2
Research Methods and Bioethics	CO1: Explain Helsinki Declaration, Ethics, Education & Administration, rehabilitation assessment and management using International Classification of Functioning Disability and Health (ICF) and Future challenges in physiotherapy as per health care needs.	3	2	3	3	3	3	3	3	
	CO2: Apply Research, Types, Qualitative and Quantitative Study, Delphi process, Bias, Study design, Sampling design, measurement, methods, outcome measures, communicating research globally.	3	2	3	3	3	3	3		3
	CO3: Illustrate scientific writing of —Research paper, Review paper, Book, Reviews, Thesis, Conference and project reports and significance of report writing.	3	2	3	3	3	3	3		3
	<b>CO4:</b> Analyze Biostatics, Measures of Location and Variability, Normal distribution and Curve ,sampling and significance of difference.	3	2	3	3	3	3	3		3
	co 5: Evaluate statistical inference, tests of significance, correlation and regression, analysis of frequencies, statistical measure of reliability, Power analysis, Measures of Population.	3	3	3	3	3	3	3		3

	Avg. Mapping	3	2.2	3	3	3	3	3	3	3
	Target Mapping Level	3	2	3	3	3	3	3	3	3

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## POST GRADUATE CURRICULUM SUBJECT CODE – MPT/APPLIED PHYSIOTHERAPEUTICS/2022 -2023 to 2026-2027

## **APPLIED PHYSIOTHERAPEUTICS**

## **MPT II YEAR**

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**PREAMBLE:** The Ministry of Human Resource Development, Government of India presented The National Education Policy (NEP) 2020. The global education development agenda reflected in the Goal 4 (Sustainable Development Goal 4) of the 2030 Agenda for Sustainable Development,

adopted by India in 2015 - seeks to 'ensure inclusive and equitable quality education and promote lifelong learning opportunities for all' by 2030. Such a huge task demand reworking and rearrangement of the complete education arrangement to be backing and promoting education, with the aim to fulfilling the set out targets and objectives. With this focus there seem to be a need for key reforms to abridge the lacunae in the present programs and course outcomes to highlight the main features, equality and veracity into the structure.

The NEP 2020 rests precise importance on the growth of the innovative talent of every educator. It emphases upon the fundamental capabilities and also advanced order intellectual capabilities, such as critical thinking and reasoning, problem solving, social ethical, and emotional capacities. The policy also emphasis that the education system brings out noble individuals with capability of balanced behaviour, having kindness and compassion, bravery and flexibility, technical soundness and inventive mind, with thorough moral jetties and standards. The policy recognizes the need to change curriculum at the undergraduate and graduate levels in light of changing demands, technology, and novel developing illness patterns. The strategy also advises that current institutional systems for regulating and ensuring the quality of training and education should be reviewed urgently. The policy suggests that the debate over re-creating a regulatory structure for health professional education be revisited in order to address new needs and challenges, and it calls for Professional Education Regulation reforms

Applied Physiotherapeutic covers the concept of exercise physiology in health and disease, Biomechanics of posture and movement patterns and Gait analysis, Biomechanical, Neuro-anatomical and Neuro-physiological basis of therapeutic exercises, fitness and health promotion, electrodiagnosis and electrophysiological investigations, pain assessment, pain management, Physiotherapy modalities, techniques and approaches.

**GOALS**: The broad goal of teaching of post graduate students in Applied Physiotherapeutics is to gain knowledge about Exercise Physiology in relation to Physiotherapy, Diagnostic procedures used in Physiotherapy and application of Physiotherapy modalities and techniques.

Program	Statement
Outcome	

PO 1	Clinician	Clinician- who understands and provides preventive, promotive, curative, palliative and holistic care with
		compassion as per Local, National and Global healthcare needs
PO 2	Leader and	
	member of the	Leader and member of the health care team and system providing services to Local, Regional, National, and
	health care team	International stakeholders.
	and system:	
PO 3	Communicator:	Communicator with patients, families, colleagues, and the community as per national and international
		healthcare standards.
PO 4	Lifelong learner:	Lifelong learner committed to the constant advancement of knowledge and skills in accordance with healthcare
		needs.
PO 5	Professional	Professional committed to ethical, responsive, and accountable service to the patients, the community, and
		the profession as per Global standards of health professions.
PO 6	Critical Thinker	Critical thinker, able to think rationally and generate logical connections between concepts in accordance with
		global healthcare requirements.
PO 7	Researcher	Researcher who can gather, evaluate, and enrich scholarly literature, thereby enabling evidence-based healthcare
		practice which is Globally relevant

## **Program Specific Outcomes (PSOs)**

PSOs	Statement
PSO 1	Acquire knowledge about Physiology of Exercise and Nutrition.
PSO 2	Develop a reasoned rationale for diagnostic procedures of Musculoskeletal, Neurological, Cardiovascular and Respiratory conditions and applied Physiotherapeutics.

CO 1	Explain Body Composition, Nutrition, Energy transfer, responses and adaptations to various systems, assessment of strength and endurance, environmental influence of exercise and Fatigue.
CO 2	Demonstrate Assessment of strength ,endurance and fatigue.
CO3	Interpret application of Investigations in Musculoskeletal, Neurological, Cardiocascular and Respiratory conditions
CO 4	Apply Clinical reasoning related to posture, disability,pain,aging,effect of medications on activity performance and application of modalities relevant to health care needs.
CO 5	Devise a Plan for Physiotherapy management in stress management, disaster management, health promotion and aquatic therapy as per global health care needs.

### **Learning Objectives:**

1. Acquire the updated knowledge of production / biophysics as well as the Physiological /therapeutics effects (at the cellular levels) of

various electrical currents, Thermal agents, ultrasound & electro-magnetic forces & potential risk factors on prolonged exposure.

- 2. AcquiretheknowledgeaboutvariousPharmacoTherapeuticagentstobeusedincombinationwithvariouselectro—therapeuticmodes, with appropriate clinical decision & reasoning in the management of pain / tissue healing / Wound care & skin condition conditions.
- 3. Acquire the updated knowledge of the Patho-mechanics of the human movement.
- 4. Be able to apply the principles of Biomechanics in functional analysis of movement Ergonomic analysis / advice & prostheses / Orthotics.
- 5. Be able to prescribe, check out & training the application of lower limb upper prostheses, Spinal/lower/upper extremity Orthoses used as mobility aids.
- 6. Be able to prescribe the Ergonomic alternations at the work place &industry.
- 7. Be able to fabricate, temporary hand splints and functional splints for gait training.
  - 8. Acquires skill in disability evaluation &will be able to CERTIFY the same
  - 9. Acquired the updated knowledge of Physiology and Physical exercise & will be able to interpret the physiological effects of the vital parameters of simple laboratory tests, such as "StressTest"
  - 10. Acquire the skill of using Bicycle –Ergometry & Treadmill for the purpose of General Fitness &Exercise tolerance for Healthy persons.
  - 11. Be able to prescribe &train for general fitness& health promotion for children, pregnant/lactating females, Obese & elderly subjects.

**COURSECONTENT Exercise Physiology and Nutrition** 

SR NO	Com P.No	TOPIC	Paper	Domain	Level	Suggested Teaching Method	Suggested Assessmen t method
1	PAP 1.1	Introduction to Exercise Physiology: Body composition, nutrition and caloric balance and performance	II	K,	КН	Didactic Lecture/Seminar /Small Group Discussion	LAQ/SAQ/ OSCE
2	PAP 1.2	Sources of Energy, Energy Transfer and Energy Expenditure at rest and various physical activities.	II	K	KH	Didactic Lecture/Seminar /Small Group Discussion	LAQ/SAQ/ OSCE
3	P A P 1. 3	Physiologic Support system and Physical Activity: Cardio- Pulmonary, Neuromuscular &Hormones.	П	K	KH	Didactic Lecture/Seminar /Small Group Discussion	LAQ/SAQ/ OSCE
4	PAP 1.4	Responses and Adaptations of various Systems to Exercise and training.	II	K	KH	Didactic Lecture/Seminar /Small Group Discussion	LAQ/SAQ/ OSCE
5	PAP 1.5	Assessment and training for endurance and strength (Anaerobic and aerobic power)	II	K, S, A, C	KH, SH	Didactic Lecture/Seminar /Small Group Discussion	LAQ/SAQ/ OSCE
6	PAP 1.6	Environmental influence on Performance.	II	K	KH	Didactic Lecture/Seminar	LAQ/SAQ/ OSCE
7	PAP 1.7	Exercise prescription for health and fitness.  Considerations of age and Sex in exercise and training.	II	K, S, A, C,	SH	Didactic Lecture/Seminar /Small Group Discussion	LAQ/SAQ/ OSCE

8	PAP 1.8	Fatigue: Assessment and management.	II	K, S, A, C,	SH		LAQ/SAQ/ OSCE
			ъ.				
		Physiotherapy	Diag	gnosis			
1	P A P 2. 1	Radiological investigations and its interpretation including Imaging techniques 1.MRI& X-ray in Musculoskeletal conditions. 2. MRI& X-ray in Neurological conditions. 3. MRI& X-ray in cardiorespiratory conditions. 4. MRI& X-ray in community Physiotherapy conditions.	П	K	КН	Seminar/Didacti c Lecture, Guest lectures, Workshop	LAQ/SAQ
2	PAP 2.2	ECG and Pulmonary Function test.	II	K,S,A,C	KH/S H	Didactic Lecture, Guest lectures, Workshop.	SAQ/OSP E
3	PAP 2.3	Anthropometric	II	K, S, A	S	Seminar/Didactic	
4	PAP 2.4	Physical fitness assessment  Bodycomposition,ETT,FieldTest,6 Minute walktestetc.,Flexibility,Musclestrength,en durance,Skills,Testing of agility- balance,co-ordination. Effect of aerobic, anaerobic, Isometric, Isotonic and Isokinetic exercises on muscle and cardio-pulmonary function.	II	K, S, A, C	H S H	Seminar/Didactic Lecture, Guest	E/DOPS LAQ/SAQ Workplace based assessment /DOPS/OS PE/ MiniCEX

5	PAP 2.5	S-D Curve, EMG, NCV	II	K, S	K	Seminar/Didacti	LAQ/SAQ/
		interpretation and Biofeedback.			H	c Lecture, Guest	OSPE/DO
					,	lectures,	PS
					S	Workshop,	
					H	video.	
6	PAP 2.6	Physical disability evaluation and disability	II	K, S, A	S	Seminar/Didacti	LAQ/SAQ/
		diagnosis.			H	c Lecture, Guest	OSPE/DO
						lectures,	PS/
						Workshop.	MiniCEX
7	PAP 2.7	PostureandGaitanalysis.	II	K, S, A, C	K	Seminar	LAQ/SAQ/
					H	/Didactic	OSPE/DO
					,	Lecture,	PS
					S	Guest lectures,	
					H	Workshop, video,	
	6	6 PAP 2.6	interpretation and Biofeedback.	interpretation and Biofeedback.  6 PAP 2.6 Physical disability evaluation and disability diagnosis.	interpretation and Biofeedback.  6 PAP 2.6 Physical disability evaluation and disability II K, S, A diagnosis.  7 PAP 2.7 PostureandGaitanalysis.  II K, S, A, C	interpretation and Biofeedback.  By Section 4. Solution and Biofeedback.  Fig. 1. Solution and Biofeedback.  Fig. 2. Solution and Biofeedback.  Fig. 3. Solution and Biofeedback.  Fig. 3. Solution and Biofeedback.  Fig. 3. Solution and Biofeedback.  Fig. 4. Solution and Biofeedback.  Fig. 3. Solution and Biofeedback.  Fig. 3. Solution and Biofeedback.  Fig. 3. Solution and Biofeedback.  Fig. 4. Solution and Biofeedback.  Fig. 4. Solution and Biofeedback.  Fig. 4. Solution and Biofeedback.  Fig. 5. Solution and Biofeedback.  Fig. 6. Solution and Biofeedback.  Fig. 7. Solu	interpretation and Biofeedback.    H

			Advance Physic	thera	peutics			
1	PAP 3.1	`	arobiology, various ories, assessment, modulation an nt of pain)	II d	K, S, A, C	S H	Seminar/Small Group Discussion (SGD)/ Workshop/Case -Based studies	LAQ/SAQ Workplace- based assessment
2	PAP 3.2	performance a) Ar b) Na c) Do d) Be e) AC f) Di g) Sta h) Or i) Ot	nti-depressants, arcotics, opamine (L-dopa,C-dopa) staBlockers, CEInhibitors, uretics, atins. alHypoglycemics, her:Bronchodilators,Nicotine dThyroidreplacementdrugs.	II	K	K H	Seminar/Small Group Discussion (SGD)/ Workshop/Case- Based studies	SAQ

3		Physiotherapy for health and stress management.	II	K, S, A, C	S H	Group Discussion(SG	LAQ/SAQ Workplace- based assessment
4		CPR, monitoring systems and defibrillators and artificial respirators.	II	K, S, A, C	S H	Seminar/Small Group Discussion (SGD)/ Workshop/Case- Based studies	LAQ/SAQ Workplace- based assessment
5		Physiotherapy modalities, techniques and approaches.	II	K,S,A	S H	Seminar/Didactic Lecture,	LAQ/SAQ/ OSPE
6	PAP 3.6	Aging: Physiological changes and Physiotherapy management.	II		K H , S H		LAQ/SAQ/ OSCE/Min iCEX
7	3.7	Aids and appliances, adaptive functional Devices to improve movement dysfunction.	II	K,S,A	S H	Seminar/Didacti c Lecture, Guest lectures, Workshop.	LAQ/SAQ/ OSPE/DO PS
8	PAP 3.8	Physiotherapy in Disaster management.	II	1 1 1	K H	Seminar/Small Group Discussion(SG D)/ Workshop/Case- Basedstudies	LAQ/SAQ
9		Integration of Yoga in Physiotherapy for Health promotion and Dysfunction.	П		S H	Seminar/Small Group Discussion(SG D)/ Workshop/Case- Based studies	LAQ/SAQ/ OSPE/DO PS Workplace based assessment
10	3.10	Aquatic Therapy Definition, Properties of water, Hydrodynamic principles, Physiological changes of immersion,	II	K, S, A, C	K H	Seminar/Lectur e/Small Group Discussion	LAQ/SAQ

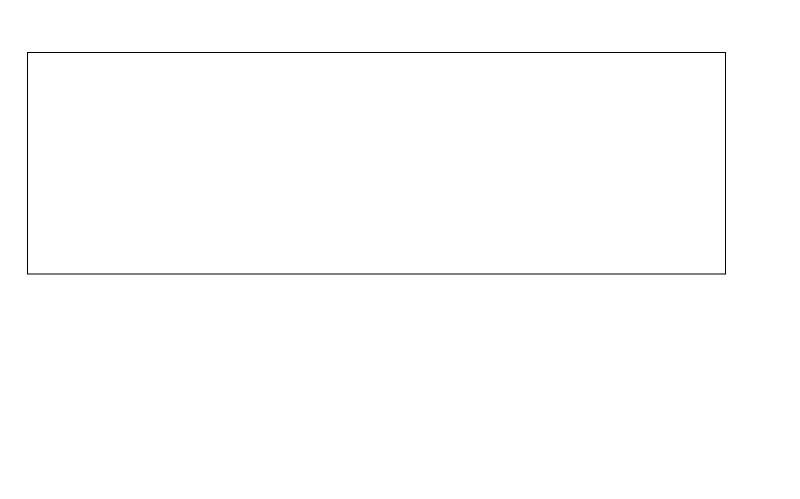
		Therapeutic Benefits, Safety, Indications & contraindications, Aquatic therapy vs land., Various concepts in Aquatic therapy				(SGD)/ Workshop/Case- Based studies	
11	PAP 3.11	Clinical decision making in Physiotherapeutics.	II	K, S, A	K H	Seminar/Small Group Discussion	SAQ Workplace based
							assessment

PRACTICAL										
1	Introduction to Screening and	I &	K, S,	KH	Seminar/ Small	LAQ/SAQ				
	Evaluation for Referral in	II	A, C		Group	OSPE				
	Physiotherapy				Discussion					
	a. Reasons for Referral and									
	Screening and Evaluation									
	b. Screening and Evaluations and									
	Surveillance									
	c. Diagnosis by the									
	Physiotherapist									
	d. Differential Diagnosis versus									
	Screening and Evaluation									
	e. Decision-Making Process Case									
	Examples and Case Studies.									
2	Introduction to the interviewing	I &	K, S,	KH	Seminar/ Small	SAQ				
	process	II	A, C		Group	Quiz, OSPE				
	a. Concepts in Communication				Discussion					
	b. Cultural Competence									
	c. The Screening and Evaluation									
	Interview									
	d. Subjective Examination									
	e. Core Interview									
	f. Hospital Inpatient Information.									
3	Evaluation of pain: Subjective and	I &	K,S,A,	KH	Seminar/ Small	LAQ/SAQ				
	Objective assessment.	II	C		Group	Quiz, OSPE				
	Various Pain Measurement Scales				Discussion					

4	Physical assessment as a	I &	K,S,A,	KH	Seminar/ Small	SAQ
	Screening and Evaluation tool	II	C		Group	Quiz,OSCE/ OSPE
	a. General Survey				Discussion	Quil,Obch/Obi L
	b. Techniques of Physical					
	Examination					
	c. Integumentary Screening and					
	Evaluation Examination					
	d. Nail Bed Assessment					
	e. Lymph Node Palpation					
	f. Musculoskeletal Screening and					
	Evaluation Examination					
	g. Neurologic Screening and					
	Evaluation Examination					
	h. Regional Screening and					
	Evaluation Examination					
	i. Systems Review.					
6	Screening and Evaluation for	I &	K,S,A,	KH	Seminar/ Small	SAQ
	Cardiovascular and Respiratory	II	C		Group	Quiz, OSPE
	disease: Inspection, Palpation,				Discussion	
	Percussion Auscultation.	T 0	TZ C	1711	0 ' /0 11	O : OUDE
8	Screening and Evaluation for	I &	K, S,	KH	Seminar/ Small	Quiz, OSPE
	Cancer.	II	A, C		Group	
0	Companing and Evaluation of the	T 0-	V C	VII	Discussion	Oviz OCDE
9	Screening and Evaluation of the	I& II	K, S,	KH	Seminar/ Small	Quiz, OSPE
	Head, Cervical, Thoracic and	111	A, C		Group Discussion	
10	Lumbo-sacral region. Screening and Evaluation the	I&	K, S,	KH	Seminar/ Small	LAQ/SAQ
10	Upper and Lower Quadrant:	II	A, C	1711	Group	
	Opper and Lower Quadrant.	111	Λ, C		Discussion	Quiz, OSPE
11	Establishment of Physiotherapy	I	K, S	SH	Didactic	Work place-based
	dept. in a	_	12, 2	~	Lecture/	assessment
	a. hospital				Seminar /	
	b. Multi-specialty Hospital				Workshop	
	c. Private Clinic				r	
	d. Tertiary care Hospital					
	e. Institute for teaching and					
	learning					

12	Planning, organization, budget, policy procedures and quality assurance. Communication skills, leadership quality & teamwork  Teaching technology –interactive learning, use of  a. Facilitation Teaching- Tutorials, ITP, Micro teaching, PBL  b. teaching learning methods- audio-visual aids	Ι	K, S,	SH	Didactic Lecture/ Seminar / Workshop	Work place-based assessment
13.	Documentation of rehabilitation assessment and management using International Classification of Functioning Disability and Health (ICF). Future challenges in physiotherapy.	I	K, S	SH	Didactic Lecture/ Seminar / Workshop	Work place-based assessment
14.	Assessment and training for endurance and strength (Anaerobic and aerobic power): Sprint test, Field test, 6 min. walk test, step test, ergo cycle testing (Astrand Rhymes Protocol), Bruce protocol etc.	П	K,S,A,C	KH, SH	Didactic Lecture/Semina r/Small Group Discussion	Work place based assessment
15.	Exercise prescription for health and fitness. Considerations of age and sex in exercise and training.	II	K, S, A, C	SH	Didactic Lecture/Semina r/Small Group Discussion	Work place based assessment
16.	Pathological & Radiological investigations and its interpretation including imaging techniques.	II	K	SH	Seminar/Didacti c Lecture, Guest lectures, Workshop	Work place based assessment
17.	ECG and Pulmonary Function test.	II	K, S, A, C	KH/ SH	Didactic Lecture, Guest lectures, Workshop.	Work place based assessment

18.	Anthropometric measurements.	II	K, S,	SH	Seminar/Didacti	Work place based
			A	~	c Lecture.	assessment
19.	A) Physical fitness assessment - Body composition, ETT, Field Test, 6 Minute walk test etc., Flexibility, Muscle strength, endurance, Skills, Testing of agility- balance, co-ordination. B) Effect of aerobic, anaerobic, Isometric, Isotonic and Iso kinetic exercises on muscle and cardio-	П	K, S, A, C	SH	Seminar/Didacti c Lecture, Guest lectures, Workshop.	Work place based assessment
	pulmonary function.					
20.	S-D Curve, EMG, NCV interpretation and Biofeedback.	II	K, S	KH, SH	Seminar/Didacti c Lecture, Guest lectures, Workshop, video.	Work place based assessment
21.	Posture and Gait analysis.	II	K, S, A, C	KH, SH	Seminar /Didactic Lecture, Guest lectures, Workshop, video.	Work place based assessment
22.	Pain (assessment, modulation and management of pain)	II	K,S,A,	SH	Seminar/Small Group Discussion (SGD)/ Workshop/Case -Based studies	Work place based assessment
23.	Aids and appliances, adaptive functional devices to improve movement dysfunction.	II	K,S,A,	SH	Seminar/Small Group Discussion (SGD)/ Workshop/Case -Based studies	Work place based assessment



#### SCHEME OF EXAMINATION

#### **Formative and Summative Examination**

**Theory Paper setting format** 

**Theory:** There will be four papers of 100 marks each of three hours duration details are as follows

Que. No.	Type of Question	Out Of	Total Questions	Marks
Q.1	Short Answer Questions	All Compulsory	10M X6	60Marks
Q.2	Long Answer Question	All Compulsory	20M X2	40Marks

#### PAPER - II Time:3 Hours ] Max. Marks: 100 Instructions (5) All questions are compulsory (6) Numbers to the right indicates full marks. (7) Draw neat diagrams, wherever necessary (8) Use single answer book for answering both sections. SECTION - A Q1. S.A.Q. – Short Answer Questions 10 M X 6 = 60(g) \_\_\_\_\_(h) \_\_\_\_\_ (i) \_\_\_\_\_ SECTION - B Q2. L.A.Q. – Long Answer Questions $20 \text{ M} \times 2 = 40$ (c) Describe \_\_\_\_\_ under the following heads - 20 M Level I - Knowledge (5 M) Level II - Comprehension (5 M) Level III - Application (5 M) Level IV – Analysis (5 M)

(5 M)

(5 M)

under the following heads - 20 M

(d) Describe \_\_\_\_\_

Level I - Knowledge

Level II - Comprehension

Level III - Application (5 M) Level IV - Analysis (5 M)

#### **Primary Question Paper Template:**

#### MPT/APPLIED PHYSIOTHERAPEUTICS/2022 -2023 to 2026-2027

Template - Table of specification (2- LAQ, 6 -SAQ)

Question type	Maximum Marks
LAQ	20 M X 2
2/2	= 40 M
SAQ	10 M X 6
6/6	= 60 M
Total	100 M

# LIST OF REFERENCE BOOKS AND JOURNALS FIRST YEAR M.P.T BOOKS & JOURNALS PHYSIOTHERAPY

Sr. No	Name of Books
1)	AmericanPhysicalTherapyAssociation:GuideToPhysicalTherapyPractice,2ndEdition 2001.
2)	PhysicalRehabilitation(4&5thEdition)BySusanBOSullivanAndThomas JSchmitz.(JaypeePublication)
3)	International Classification Of Functioning, Disability And Health: Short Version. (IT'S Publication)
4)	Professionalism In Physical Therapy: History, Practice And Development By Laura Lee Swisher And Catherine G.Page, (Elsevier Publication 2005)
5)	Effective Documentation For Physical Therapy Professionals, By Eric Shamus And Debra (McgrawHill Company2004)
6)	Physical Therapy Documentation: From Examination To Outcome By Mia Erickson, Ralph Utzman(Slack Incorporated 2008)
7)	Writing SOAP Notes With Patient / Client Management Formats By GingeKettenbach, Ph. D., PT, 3rd Edition, 2004 ,F.A. DAVIS COMPANY. Philadelphia
8)	Practical Evidence-Based Physiotherapy Rob Herbert, GroJamtvedt, Judy Mead, KareBirger Hagen Elsevier Butter Worth Heinemann; Oxford UK (2005)
9)	Guide To Evidence-Based Physical Therapy Practice By Dianne V. Jewell, PT, Phd, Virginia Commonwealth University, Virginia
10)	Concern Specialty Books For Physical Therapy Assessment And Outcome Measures
11)	Electromyography In Clinical Practice By Michael J. Aminoff, 3rd Edition (Churchill Livingstone)
12)	Clinical Neurophysiology By UK MisraAndKalita, 2nd Edition (Churchill Livingstone)
13)	Electro Diagnosis In Diseases Of Nerve And Muscle: Principles And Practice By Jun Kimura (Oxford University Press)
14)	The ABC Of EMG: A Practical Introduction ToKinesiologicalElectromyography By Peter Conrad (Noroxon Inc. USA 2005)
15)	Integrating Physical Agents In Rehabilitation By Bernadette HecoxAnd John Sanko, 2nd Edition (Pearson Prentice Hall 2006)

Edition (Pearson Prentice Hall 2006)  17) Physicals Agents In Rehabilitation: From Research To Practical By Michell H. Can 2nd Edition (Saunders And Elsevier, 2003)  18) Therapeutic Modalities For Allied Health Professionals By William E. Prentice And Frank Underwood (Mcgraw-Hill, 1998)  19) Therapeutic Exercise: Treatment Planning For Progression By Francis E. Huber, Cl Wells (W.B. Saunders Company, 2006)  20) Therapeutic Exercise: Foundations And Techniques By Carolyn KisnerAnd Lynn A Colby (W.B. Saunders Company, 2007)  21) Therapeutic Exercise, Moving Towards Function By Carrie M. Hall And Lori Their Brody (Lippincott Williams &Wilkins, 2004)  22) Grieve'sModern Manual Therapy: The Vertebral Column By Jeffrey BoylingAnd G Dip Man Ther(Churchill Livingston)  23) Exercise Physiology By Mc Ardle, Katch&Katch(Lippincott Williams And Wilkins 2000)  24) Exercise Physiology: Exercise, Performance, And Clinical Applications By Robert Roberts And Scott O Roberts William C Brown, 1997)  25) Clinical Exercise Testing AndPrescription Theory And Applications By Scott O. Repeter Hanson (C RC Press, 1997)  26) Basic Biomechanics Of The Musculoskeletal System By Margareta NordinAnd Vic H. Frankle, 2nd Edition (Lea And Febiger)  27) Kinesiology Of The Human Body: Under Normal And Pathological Condition By A Steindler, 5th Edition (Charles C Thomas, 1977)  28) Joint Structure &Function: A Comprehensive Analysis By Cynthia C Norkin, Pame Levangie(Jaypee Brothers, 2006)  29) Brunnstrom's Clinical Kinesiology By Laura K. Smith &Don Lehmkuh, 5th Edition Davis, 1996)  30) The Physiology Of The Joints By Kapandji&Matthew J Kendel(Churchill Livingsto 2008)  31) Clinical Biomechanics Of The Spine By Augustus A White &Manohar M Panjabi, Edition (Lippincott Williams &Wilkins 1990)		
2nd Edition (Saunders And Elsevier, 2003)  Therapeutic Modalities For Allied Health Professionals By William E. Prentice And Frank Underwood (Mcgraw-Hill, 1998)  Therapeutic Exercise: Treatment Planning For Progression By Francis E. Huber, Cl Wells (W.B. Saunders Company, 2006)  Therapeutic Exercise: Foundations And Techniques By Carolyn KisnerAnd Lynn A Colby (W.B. Saunders Company, 2007)  Therapeutic Exercise, Moving Towards Function By Carrie M. Hall And Lori Their Brody (Lippincott Williams &Wilkins, 2004)  Grieve'sModern Manual Therapy: The Vertebral Column By Jeffrey BoylingAnd G Dip Man Ther(Churchill Livingston)  Exercise Physiology By Mc Ardle, Katch&Katch(Lippincott Williams And Wilkins 2000)  Exercise Physiology: Exercise, Performance, And Clinical Applications By Robert Roberts And Scott O Roberts William C Brown, 1997)  Clinical Exercise Testing AndPrescription Theory And Applications By Scott O. Refeter Hanson (C RC Press, 1997)  Basic Biomechanics Of The Musculoskeletal System By Margareta NordinAnd Vic H. Frankle, 2nd Edition (Lea And Febiger)  Kinesiology Of The Human Body: Under Normal And Pathological Condition By A Steindler, 5th Edition (Charles C Thomas, 1977)  Joint Structure &Function : A Comprehensive Analysis By Cynthia C Norkin, Pame Levangie(Jaypee Brothers, 2006)  Brunnstrom's Clinical Kinesiology By Laura K. Smith &Don Lehmkuh, 5th Edition Davis, 1996)  The Physiology Of The Joints By Kapandji&Matthew J Kendel(Churchill Livingsto 2008)  Clinical Biomechanics Of The Spine By Augustus A White &Manohar M Panjabi, Edition (Lippincott Williams &Wilkins 1990)	16)	Integrating Physical Agents In Rehabilitation By Bernadette HecoxAnd John Sanko, 2nd Edition (Pearson Prentice Hall 2006)
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<ul> <li>2000)</li> <li>Exercise Physiology: Exercise, Performance, And Clinical Applications By Robert Roberts And Scott O Roberts William C Brown, 1997)</li> <li>Clinical Exercise Testing AndPrescription Theory And Applications By Scott O. Roberts Hanson (C RC Press, 1997)</li> <li>Basic Biomechanics Of The Musculoskeletal System By Margareta NordinAnd Viol H. Frankle, 2nd Edition (Lea And Febiger)</li> <li>Kinesiology Of The Human Body: Under Normal And Pathological Condition By A Steindler, 5th Edition (Charles C Thomas, 1977)</li> <li>Joint Structure &amp;Function : A Comprehensive Analysis By Cynthia C Norkin, Pame Levangie(Jaypee Brothers, 2006)</li> <li>Brunnstrom's Clinical Kinesiology By Laura K. Smith &amp;Don Lehmkuh, 5th Edition Davis, 1996)</li> <li>The Physiology Of The Joints By Kapandji&amp;Matthew J Kendel(Churchill Livingsto 2008)</li> <li>Clinical Biomechanics Of The Spine By Augustus A White &amp;Manohar M Panjabi, Edition (Lippincott Williams &amp;Wilkins 1990)</li> </ul>	22)	Grieve's Modern Manual Therapy: The Vertebral Column By Jeffrey Boyling And Grad Dip Man Ther (Churchill Livingston)
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Edition (Lippincott Williams & Wilkins; 1990)	30)	The Physiology Of The Joints By Kapandji&Matthew J Kendel(Churchill Livingstone, 2008)
32) Kinesiology 'The Mechanics And Pathomechanics Of Human Movement By Carol	31)	Clinical Biomechanics Of The Spine By Augustus A White &Manohar M Panjabi, 2nd Edition (Lippincott Williams &Wilkins 1990)
Oatis(Lippincott Williams &Wilkins 2008)	32)	Kinesiology :The Mechanics And PathomechanicsOf Human Movement By Carol Oatis(Lippincott Williams &Wilkins 2008)

Kinesiology: Application To Pathological Motion By Soderberg, 2nd Edition (Wiliams&Wilkins, 1997)

	PAPER II	со	PO1 Clinician	PO2 Leadership and Team worker	PO3 Communicator	PO4 Lifelong Learner	PO5 Professional	PO6 Critical Thinker	PO7 Researcher	PSO1	PSO2
PHYS	APPLIED SIOTHERAPEUTICS	CO1: Explain Body Composition, Nutrition, Energy transfer, responses and adaptations to various systems, assessment of strength and endurance ,environmental influence of exercise and Fatigue.	3	3	2	3	3	2	2	3	
		CO2: Demonstrate Assessment of strength ,endurance and fatigue.	3	3	3	3	3	3	2		
		co3: Interpret application of Investigations in Musculoskeletal, Neurological, Cardiovascular and Respiratory conditions	3	3	3	3	3	3	3		3
		cO4: Apply Clinical reasoning related to posture, disability, pain, aging, effect of medications on activity performance and application of modalities relevant to health care needs.	3	3	3	3	3	3	3		3

CO 5: Devise a Plan	3	3	3	3	3	3	3		3
for Physiotherapy									
management in									
stress management,									
disaster									
management, health									
promotion and									
aquatic therapy as									
per global health									
care needs.									
Avg. Mapping	3	3	2.8	3	3	2.8	2.6	3	3
Target Mapping Level	3	3	3	3	3	3	3	3	3

# DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES (DEEMED TO BE UNIVERSITY) RAVI NAIR PHYSIOTHERAPY COLLEGE, SALOD (HIRAPUR), WARDHA

#### POST GRADUATE CURRICULUM SUBJECT CODE – MPT/MUSCULOSKELETAL PHYSIOTHERAPY/2022 -2023 to 2026-2027

## **MUSCULOSKELETAL PHYSIOTHERAPY**

## **MPT II YEAR**

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**PREAMBLE:** The Ministry of Human Resource Development, Government of India presented The National Education Policy (NEP) 2020. The global education development agenda reflected in the Goal 4 (Sustainable Development Goal 4) of the 2030 Agenda for Sustainable Development, adopted by India in 2015 - seeks to 'ensure inclusive and equitable quality education and promote lifelong learning opportunities for all' by 2030. Such a huge task demand reworking and rearrangement of the complete education arrangement to be backing and promoting education, with the aim to fulfilling the set out targets and objectives. With this focus there seem to be a need for key reforms to abridge the lacunae in the present programs and course outcomes to highlight the main features, equality and veracity into the structure.

The NEP 2020 rests precise importance on the growth of the innovative talent of every educator. It emphases upon the fundamental capabilities and also advanced order intellectual capabilities, such as critical thinking and reasoning, problem solving, social ethical, and emotional capacities. The policy also emphasis that the education system brings out noble individuals with capability of balanced behaviour, having kindness and compassion, bravery and flexibility, technical soundness and inventive mind, with thorough moral jetties and standards. The policy recognizes the need to change curriculum at the undergraduate and graduate levels in light of changing demands, technology, and novel developing illness patterns. The strategy also advises that current institutional systems for regulating and ensuring the quality of training and education should be reviewed urgently. The policy suggests that the debate over re-creating a regulatory structure for health professional education be revisited in order to address new needs and challenges, and it calls for Professional Education Regulation reforms.

Knowledge of Musculoskeletal Physiotherapy is vital to the understanding of both therapeutic techniques and its effects.

Musculoskeletal Physiotherapy is

the study of the rapeutic techniques in the Physiotherapy department. Musculoskeletal Physiotherapy plays an important role in relieving pain, swelling, stiffnessetc. Aim of teaching Musculoskeletal Physiotherapy to post graduate students is to help them understand the scientific basis of biomechanics and improving body functions and orient them towards the application of knowledge acquired in solving clinical problems.

**GOAL**: The post graduate student will be able to identify disability due to musculoskeletal dysfunction, set treatment goals and apply their skills gained in exercise therapy, electrotherapy and massage in clinical situations to restore musculoskeletal function.

Program		Statement
Outcome		
PO 1	Clinician	Clinician- who understands and provides preventive, promotive, curative, palliative and holistic care with
		compassion as per Local, National and Global healthcare needs
PO 2	Leader and	
	member of the	Leader and member of the health care team and system providing services to Local, Regional, National, and
	health care team and system:	International stakeholders.
PO 3	Communicator:	Communicator with patients, families, colleagues, and the community as per national and international
		healthcare standards.
PO 4	Lifelong learner:	Lifelong learner committed to the constant advancement of knowledge and skills in accordance with healthcare
		needs.
PO 5	Professional	Professional committed to ethical, responsive, and accountable service to the patients, the community, and
		the profession as per Global standards of health professions.
PO 6	Critical Thinker	Critical thinker, able to think rationally and generate logical connections between concepts in accordance with
		global healthcare requirements.
PO 7	Researcher	Researcher who can gather, evaluate, and enrich scholarly literature, thereby enabling evidence-based healthcare practice which is Globally relevant

## **Program Specific Outcomes (PSOs)**

PSOs	Statement
PSO 1	Integrate knowledge and application of physiotherapy assessment in Musculoskeletal conditions.
PSO 2	Develop a reasoned rationale for evidence-based physiotherapy intervention by utilizing recent advances of physiotherapy techniques of Musculoskeletal conditions.

CO 1	Explain structure, biomechanics, function, pathomechanics, and pathophysiology of upper quadrant and lower quadrant
CO 2	Demonstrate assessment and functional diagnostic procedure in musculoskeletal dysfunction, integumentary impairments of upper quadrant and lower quadrant
CO3	Apply clinical decision making, medical and physiotherapy management, and evidenced based practice of upper quadrant and lower quadrant relevant regional and national health care needs.
CO 4	Evaluate Physiotherapy management in surgical procedures related to upper quadrant and lower quadrant
CO 5	Plan manual therapy techniques using recent advances for Upper Quadrant, rehabilitation of soft tissue injuries of hand, Lower quadrant, sports injuries and gait rehabilitation as per global health care needs.

#### **Objectives:**

- 1. Beabletoidentify,discuss&analyse,theMusculoskeletaldysfunctionintermsofBiomechanical,Kinesiologicalan dBiophysicalbasis&co-relatethesamewiththeprovisionaldiagnosis,routineradiological&Electro-physiologicalinvestigationsandarriveat appropriate functionaldiagnosiswith clinicalreasoning.
- 2. Usetheanatomical rational efortheclinical tests used in differential diagnosis.
- 3. Learntheabilitytoperformanappropriatesubjectiveandphysicalexamination, with development of suitable analytical skills to evaluate data obtained.
- 4. Furtherdevelopclinicalreasoningthatincorporatestheoreticalconceptwithevidence-basedpracticein the fieldof musculoskeletalphysiotherapy.
- 5. Recognize the implication of dysfunction on the Musculoskeletal system and the student's clinical decision making.
- 6. Documentpatientswithscale,outcomemeasuresandassestheprogression.
- 7. Userecent Technique/approachesto treat& train patientswith musculo-skeletaldeficit inchildren, adults &geriatrics.
- 8. Beabletoimpart knowledgefortrainingthe undergraduatestudents.

#### AETCOM IN ADVANCES IN MUSCULOSKELETAL PHYSIOTHERAPY

Subject	Competency
Advances in Musculoskeletal Physiotherapy	The physiotherapy postgraduate student should know to treat the patient with an acceptable level of behaviour, attitude & empathy while delivering evidence-informed musculoskeletal physiotherapy care.
Filysiotherapy	The physiotherapy post-graduate student should maintain the principles of confidentiality, rationality and ethical practice during patient care for musculoskeletal conditions

#### DEPARTMENT OF MUSCULOSKELETAL PHYSIOTHERAPY

#### **Course content**

## **Speciality subjects**

Musculoskeletal Physiotherapy

Advances in Musculoskeletal Physiotherapy (Part I).

Paper III:(Musculo-skeletal Dysfunctions of the Upper Quadrant)

(Upper Quadrant includes occiput, cervical spine, thoracic spine, shoulder girdle and upper extremities)

SN	No.	Competency	Paper	Doma	Leve 1	Suggested	Suggested
				in		Teaching	Assessment
						Method	method
1	PMU	Structure, function, Biomechanics &	III	K,S	KH	Seminar/	LAQ/SAQ
	1.1	Pathomechanics of musculoskeletal				Small Group	DOPS,
		dysfunctions of Shoulder complex				Discussion(S	Workplace
						GD)	based
							assessment
	PMU	Structure, function, Biomechanics&	III	K,S	KH	Seminar/	LAQ/SAQ
	1.2	Pathomechanics of musculoskeletal				Small Group	DOPS,
		dysfunctions of Elbow complex				Discussion(S	Workplace
						GD)	based
							assessment
	PMU	Structure, function, Biomechanics&	III	K,S	KH	Seminar/	LAQ/SAQ
	1.3	Pathomechanics of musculoskeletal				Small Group	DOPS,
		dysfunctions of Wrist complex				Discussion(S	Workplace
						GD)	based
							assessment
	PMU	Structure, function, Biomechanics&	III	K,S	KH	Seminar/	LAQ/SAQ
	1.4	Pathomechanics of musculoskeletal				Small Group	DOPS,
		dysfunctions of Cervical and thoracic				Discussion(S	Workplacebas
		complex				GD)	edassessment
2	PMU	Patho-physiology and clinical features of	III	K,S,	SH	Demonstratio	LAQ/SAQDO
	2.1	musculoskeletal dysfunctions of the		A,C		n+ Hands	PS/OSCE
		Shoulder complex				OnTraining	

	PMU 2.2	Patho-physiology and clinical features of musculoskeletal dysfunctions of Elbow and wrist complex	III	K,S, A,C	SH	Demonstratio n+ Hands On Training	LAQ/SAQDO PS/OSCE
	PMU 2.3	Patho-physiology and clinical features of musculoskeletal dysfunctions of Cervical and thoracic complex	III	K,S, A,C	SH		LAQ/SAQDO PS/OSCE
3	PMU 3.1	Assessment & Advances in functional diagnostic procedures of musculoskeletal dysfunctions of the upper quadrant for eg: Special test, Proforma Scales, Questionnaire etc. for Shoulder Complex.	III	K,S, A,C	KH, SH	Seminar/Sma	LAQ/SAQDO PS/OSCE Work place based assessment
	PMU 3.2	Assessment & Advances in functional diagnostic procedures of musculoskeletal dysfunctions of the upper quadrant for elbow complex.	III	K,S, A,C	KH, SH	ll Group Discussion(S GD)	LAQ/SAQDO PS/OSCE Work placebaseda ssessment
	PMU 3.3	Assessment & Advances in functional diagnostic procedures of musculoskeletal dysfunctions of the upper quadrant for wrist complex.	III		KH, SH		LAQ/SAQDO PS/OSCE Work placebaseda ssessment
	PMU 3.4	Assessment & Advances in functional diagnostic procedures of musculoskeletal dysfunctions of the upper quadrant for cervical and thoracic complex.	III	, ,	KH, SH	ll Group Discussion(S GD)	LAQ/SAQDO PS/OSCE Work placebaseda ssessment
4	PMU 4.1	Clinical decision making skill & medical and physiotherapy management of all pediatric musculoskeletal dysfunctions of the upper quadrant.	III	K,S, A,	SH		LAQ/SAQOS LER/DOP S/OSCE/Mini CEX

	PMU 4.2	Clinical decision making skill & medical and physiotherapy management of all adult musculoskeletal dysfunctions of the upper quadrant.	III	K,S, A,	SH	Small Group Discussion(S GD)	LAQ/SAQOS LER/DOP S/OSCE/Mini CEX
	PMU 4.3	Clinical decision making skill & medical and physiotherapy management of all geriatric musculoskeletal dysfunctions of the upper quadrant.	III	K,S, A,	SH	Small Group Discussion(S GD)	LAQ/SAQOS LER/DOP S/OSCE/Mini CEX
5	PMU 5.1	Surgical procedures related to Traumatic musculoskeletal conditions of the upper quadrant including recent advances and its pre-operative and post-operative physiotherapy management.	III	K,S, A,C	KH, SH	Seminar/Lect ure Small Group Discussion(S GD)	LAQ/SAQDO PS/OSCE Work placebaseda ssessment
	PMU 5.2	Surgical procedures related to Non-traumatic musculoskeletal conditions of the upper quadrant including recent advances and its pre-operative and post-operative physiotherapy management.	III	K,S, A,C	KH, SH	Seminar/Lect ure Small Group Discussion(S GD)	LAQ/SAQDO PS/OSCE Work placebaseda ssessment
6	PMU 6.1	Manual Therapy techniques Clinical reasoning in manual therapy McKenzie's, Maitland's, Cyriax's Mulligan's, Kaltenborn's-peripheral & spinal joint dysfunction, - Recent advances with respect to upper quadrant.	III	K,A, S,C	SH, KH	Small Group Discussion(S GD)/Worksho p/ Video presentations	LAQ/SAQ OSCE/DOPS/ MiniCEX
	PMU 6.2	Manual Therapy techniques Clinical reasoning in manual therapy Myofascial release techniques, Muscle energy techniques Neurodynamics & neural tissue mobilizations, Taping techniques(Kinesio and McCollel)-Recent advances with respect to upper	Ш	K,A, S,C	SH, KH	Small Group Discussion(S GD)/Worksho p/ Video presentations	LAQ/SAQ OSCE/DOPS/ MiniCEX

		quadrant.					
7	PMU 7.1	Assistive Devices used for stability and mobility to enhance function.	III	K,S,	K,S H	Small Group Discussion( SGD)	OSPE/DOPS/ MiniCEX
8	PMU 8.1	effective musculoskeletal assessment and treatment program in upper quadrant.		K, S,A	SH	Case based studies	LAQ/SAQ OSCE/mini- CEX/DOPS, Work place based assessment,
9	PMU 9.1	Assessment and management of Integumentary impairments due to musculoskeletal dysfunction in upper quadrant		K,A, S	K,S H	Seminar	LAQ/SAQ/ OSCE/Mini CEX
10	PMU 10.1	Clinical decision making for lower quadrant function in presence of upper quadrant dysfunction.	III	K	KH	Seminar/ Small group discussion	Mini- CEX,DOPS
11	PMU 11.1	HANDREHABILITATION Soft tissue injuries of hand. Traumatic & non-traumatic conditions affecting hand, Sensory and motor reeducation of hand.	III	K,S	KH, SH	Seminar/Sma Il group discussion	LAQ/SAQ Mini- CEX,DOPS/O SCE
	PMU 11.2	HANDREHABILITATION Congenital & acquired deformities of hand, Prescription of orthotic devices for hand and Recent advances in hand rehabilitation	III	K,S	KH, SH	Seminar/Sma Il group discussion	LAQ/SAQ Mini- CEX,DOPS/O SCE

Advances in Musculoskeletal Physiotherapy (Part II).

Paper IV: Musculo-skeletal Dysfunctions of the Lower Quadrant and Sports (Lower Quadrant includes lumbar spine, sacrum, pelvis and lower extremities)

SN	No.	Competency	Paper	Doma in	Level	SuggestedT eaching Method	SuggestedAss essment method
1	PML 1.1	athomechanics of musculoskeletaldysfunctions of the Hip complex		K,S	KH	SmallGrou pDiscussion (SGD)/ Seminar	LAQ/SAQDO PS/OSCE
	PML 1.2	Structure, function, Biomechanics & Pathomechanics of musculoskeletal dysfunctions of Knee complex	IV	K,S	KH	SmallGrou pDiscussion (SGD)/ Seminar	LAQ/SAQDO PS/OSCE
	PML 1.3	Structure, function, Biomechanics & Pathomechanics of musculoskeletal dysfunctions of Ankle complex	IV	K,S	KH	SmallGrou pDiscussion (SGD)/ Seminar	LAQ/SAQDO PS/OSCE
	PML 1.4	Structure, function, Biomechanics & Pathomechanics of musculoskeletal dysfunctions of Lumbo-sacral complex	IV	K,S	KH	SmallGrou pDiscussion (SGD)/ Seminar	LAQ/SAQDO PS/OSCE
2	PML 2.1	Patho-physiology and clinical featuresof musculoskeletaldysfunctions of the Hip complex	IV	K,S,	K	FGD	LAQ/SAQ
	PML 2.2		IV	K,S,	K	FGD	LAQ/SAQ
	PML 2.3	Patho-physiology and clinical featuresof musculoskeletaldysfunctions of the Lumbo-sacral complex	IV	K,S,	K	FGD	LAQ/SAQ
3	PML 3.1	Assessment & Advances in functional diagnostic proceduresofmusculoskeletal dysfunctions of thelower quadrantfor eg: Special test,ProformaScales,Questionaireetc. for Hip complex.	IV	K,S, A,C	KH, SH	Seminar/S mallGroup Discussion( SGD)	LAQ/SAQDO PS/OSCE Workplace basedassess ment

	PML 3.2	Assessment & Advances in functionaldiagnostic proceduresofmusculoskeletal dysfunctions of thelower quadrantfor Knee Complex.	IV	K,S, A,C	KH, SH	Seminar/S mallGroup Discussion( SGD)	LAQ/SAQDO PS/OSCE Workplace basedassess ment
	PML 3.3	Assessment & Advances in functionaldiagnostic proceduresofmusculoskeletal dysfunctions of thelower quadrantfor Ankle Complex.	IV	K,S, A,C	KH, SH	Seminar/S mallGroup Discussion( SGD)	LAQ/SAQDO PS/OSCE Workplace basedassess ment
	PML 3.4	Assessment & Advances in functionaldiagnostic proceduresofmusculoskeletal dysfunctions of thelower quadrantfor Lumbo-sacral Complex.	IV	K,S, A,C	KH, SH	Seminar/S mallGroup Discussion( SGD)	LAQ/SAQDO PS/OSCE Workplace basedassess ment
4	PML 4.1	Clinical decision making skill &medical and physiotherapymanagementofallpediat ric musculoskeletaldysfunctionsofthelow erquadrant.	IV	K,S, A,C	KH, SH	FGD	LAQ/SAQ DOPS/Workpla ce basedassessme ntOSCE/MiniC EX
	PML 4.2	Clinicaldecisionmaking skill&medical and physiotherapymanagementofall adult musculoskeletal dysfunctionsofthelowerquadrant.	IV	K,S, A,C	KH, SH	FGD	LAQ/SAQ DOPS/Workpla ce basedassessme ntOSCE/MiniC EX
	PML 4.3	Clinicaldecisionmaking skill&medical and physiotherapymanagementofall geriatric musculoskeletal dysfunctionsofthelowerquadrant.	IV	K,S, A,C	KH, SH	FGD	LAQ/SAQ DOPS/Workpla ce basedassessme ntOSCE/MiniC EX

5	PML 5.1	Surgical procedures related to Traumatic musculos keletal conditions of the lower quadrantin cluding recentad vances and its preoperative and postoperative physiother apymanagement.	IV	K,S, A,C	KH, SH	Seminar/Le ctureSmall GroupDiscu ssion(SGD)	LAQ/SAQDO PS/OSCE Work placebaseda ssessment
	PML 5.2	Surgical procedures related toNon-traumaticmusculoskeletal conditions of the lower quadrantincludingrecentadvancesa nditspre-operativeand postoperativephysiotherapymanageme nt.	IV	K,S, A,C	KH, SH	Seminar/Le ctureSmall GroupDiscu ssion(SGD)	LAQ/SAQDO PS/OSCE Work placebaseda ssessment
6	PML 6.1	Manual Therapy techniquesClinical reasoning in manual therapyMcKenzie's, Maitland's, Cyriax'sMulligan's, Kaltenborn's-peripheral&spinal joint dysfunction, -Recentadvances with respect to lower quadrant.	IV	K,S	SH	SGD/ CaseBasedDi scussion/Wo rkshop/Vide oPresentation	LAQ/SAQ OSLER/D OPS/ Workplaceb asedassess ment
	PML 6.2	Manual Therapy techniquesClinical reasoning in manual therapy Myofascial release techniques, Muscle energy techniques, Neurodynamics& neural tissue mobilizations, Taping techniques (Kinesio and McCollel)- Recent advances with respect to lower quadrant.	IV	K,S	SH	SGD/ CaseBasedDi scussion/Wo rkshop/Vide oPresentation	LAQ/SAQ OSLER/D OPS/ Workplaceb asedassess ment
7	PML 7.1	AssistiveDevicesusedforstability and mobilitytoenhancefunction.	IV	K,S	SH	Seminar/ FGD	LAQ/SAQO SLER/DOP S/ Workplaceb ased assessment

8	PML 8.1	Evidencebasedpracticetoformulate effective musculoskeletal assessmentand treatmentprogram in lower quadrant.	IV	K,S, A,C	KH	Small GroupDiscus sion(SGD)/S emi nar	LAQ/SAQ Mini CEX/Work placebased assessment
9		AssessmentandmanagementofInte gumentaryimpairmentsdueto musculoskeletaldysfunction in lower quadrant.	IV	K, S,A, C	SH	Seminar/Cas e BasedDiscu ssion	LAQ/SAQO SLER/ OSCE/Mini CEX/DOPS
10		Clinical decisions for upper quadrantfunctioninpresenceoflowerqu adrantdysfunction.	IV	K, S,A, C	SH	Seminar/Cas e BasedDiscu ssion	LAQ/SAQ OSLER/ OSCE/Mini CEX/DOPS
11		Sports philosophy, physiology, psychology and pharmacology	IV	K, S,A, C	SH	Seminar/Cas e BasedDiscu ssion	LAQ/SAQ OSLER/ OSCE/ MiniCEX/D OPS
		Biomechanics and Pathomechanics of common sports and sport injuries.	IV	K, S,A, C	SH	Seminar/Cas e BasedDiscu ssion	LAQ/SAQ OSLER/ OSCE/ MiniCEX/D OPS
		Sport injury-Principles of injury prevention, diagnosis, treatment and rehabilitation.	IV	K, S,A, C	SH	Seminar/Cas e BasedDiscu ssion	LAQ/SAQ OSLER/ OSCE/ MiniCEX/D OPS
12	PML 12.1	Gaitrehabilitation	IV	K, S,A, C	SH	Seminar/Cas e BasedDiscu ssion	LAQ/SAQ OSLER/ OSCE/ MiniCEX/D OPS

Acute	Acute care & Rehabilitation in Musculoskeletal dysfunctions: Indoor and Outdoorpatients									
Comp	petencie	s(ForAssessmentand	Management)							
	- N	la	ha: : 0 //							
	Sr.No.	Competencies	MinimumCases/I	Experimentsforac	nievementsofleve	elofCompetencies				
			Observed			Verified				
					erformed	withfaculty				

Sr.No.	Competencies	MinimumCases/ExperimentsforachievementsoflevelofCompetencies						
		Observed	Assisted	Independentlyp erformed	Verified withfaculty signatureand Name			
1.	Musculoskeletal Assessment.							
2	Responsesofvarioussyst ems to Exercise andtraining.							
3.	Anthropometric measurements.							

4.	Physical		
4.	fitnessas		
	sessmentFlexibility,Mus		
	cle		
	strength,		
	endurance, Testing of a gil		
	ity-balance,co-		
	ordination		
5.	Evaluation		
	Methods,		
	Specialtestsusedin		
	Musculoskeletal		
6.	Physiotherapymodalitie		
	s, techniques and approa		
	ches		
7.	Aidsandappliances, ada		
	ptivefunctionaldevicest		
	oimprovemovement		
	dysfunction.		
8.	Posture and		
	Gaitanalysi		
	sanddiagnosis.		
9.	DifferentialDiagnosis		
	versusScreening.		
10.	Assessment of		
	Painand		
	Symptoms.		
11.	Exerciseplanningand		
	prescription.		
12.	Use of		
	Exercisethera		
	py techniques		
	and application		
	onvarioustypes		
	ofcases.		
	0.00000	l	

4.2	Dath alasiaalisussatiaatia		
13.	Pathologicalinvestigatio		
	ns		
	andimagin		
	g		
	techniques		
	related to		
	Musculoskeletaldisorde		
	rs		
	with		
	interpretation.		
14.	Mobilization		
	and		
	Manipulation		
	Manual therapy –		
	different schools of		
	thought.		

#### **SCHEME OF EXAMINATION**

#### **Formative and Summative Examination**

 $\textbf{Theory:} The rewill \ befour papers of 100 mark seach of three hours duration details are as follows$ 

Que.No.	TypeofQuestion	OutOf	TotalQuestions	Marks
Q.1	ShortAnswerQuestions	AllCompulsory	10M X6	60Marks
Q.2	LongAnswer Question	AllCompulsory	20M X2	40Marks

#### **Theory Paper setting format**

	;	PAPER – III& N	1
Time:3 Hours ]		[	Max. Marks: 100
Instructions :			
(9) All questions are compulso	•		
(10) Numbers to the right in			
(11) Draw neat diagrams, w			
(12) Use single answer book	for answering both section		
		SECTION – A	
Q1. S.A.Q. – Short Answer Questions			10  M X  6 = 60
(m)			
(n)			
(0)			
(p)			
(q)			
(r)			
		SECTION – B	
Q2. L.A.Q. – Long Answer Questions			20  M X  2 = 40
(e) Describe	under the following heads	- 20 M	
Level I - Knowledge	(5 M)		
Level II - Comprehension	(5 M)		
Level III - Application	(5 M)		
Level IV – Analysis	(5 M)		
(f) Describe	• •	- 20 M	
Level I - Knowledge			
Level II - Comprehension	· •		
Level III - Application	(5 M)		
zeveriii /ippiidatioii	(3,		

 ${\bf Practical:} Practical will \ be conducted in 2 days for 400 Marks.$ 

S.R. No.	TypeofPractical	Topics	Marks
		UpperQuadrantincludesocciput,cervical	
		spine,thoracicspine,shouldergirdleandu	
1	LongCaseI	pperextremities.	100 Marks
		Musculo-	
		skeletalDysfunctionsoftheLower	
		QuadrantandSports.LowerQuadrantin	
2	LongCaseII	cludeslumbar	100 Marks
		spine,sacrum,pelvisandlowerextremiti	
		es	
		Specialty- Hand injury/	
3	ShortCaseI	Sportsinjury/ManualTherapy	50Marks
	Teaching		
4	Skills(Microteac		50Marks
	hing)		
	Dissertation		
5	+Viva Voce		100 Marks

#### **Primary Question Paper Template:**

#### MPT/MUSCULOSKELETAL PHYSIOTHERAPY PAPER III & PAPER IV/2022 -2023 to 2026-2027

Template - Table of specification

(2- LAQ, 6 -SAQ)

	Maximum Marks
LAQ	20 M X 2
2/2	= 40 M
SAQ	10 M X 6
6/6	= 60 M
Total	100 M

# LISTOFREFERENCEBOOKSANDJOURNALSSECOND YEAR M.P.T BOOKS & JOURNALSFORMUSCULOSKELETALPHYSIOTHERAPY

Sr.No	NameofBooks
1	EssentialsofOrthopedicsforPhysiotherapistsbyJohnEbenezer-JaypeePublications
2	PracticalFractureTreatmentbyRonaldMcRae,MaxEsser-ChurchillLivingston
3	OxfordTextbookofOrthopaedic&TraumabyChristopherBulstrode,JosephBuckwalter—OxfordUniversityPress
4	Campbell'soperativeorthopedicsByS.TerryCanale,JamesH.Beaty-Mosby
5	Fractures& jointinjuriesByWatsonJones- ChurchillLivingston
6	ClinicalOrthopaedicExaminationbyRonaldMcRae-ChurchillLivingstone
7	DanielsandWorthingham'smuscletesting:TechniquesofmanualexaminationByHelenJ Hislop,Jacqueline MontgomeryBarbara–Elsevier
8	Muscles-Testing andFunctionbyFlorencePetersonKendall- Lippincott
9	JointRangeofMotionand Musclelengthtesting ByNancyBerrymanReese-Saunders
10	OrthopedicPhysicalAssessment,ByDavidJ.Magee,PhD,BPT-Saunders
11	IllustratedOrthopedicPhysicalAssessment,3eByRonaldC.Evans,-Mosby
12	DiagnosticImagingforPhysicalTherapistsbyJamesSwain,KennethW.Bush,andJuliette Brosing–Elsevier
13	DifferentialDiagnosisforPhysicalTherapists:ScreeningforReferral,ByCatherineC.Goodman,andTeresaKellySnyder–Saunders
14	GaitAnalysis: TheoryAndApplicationByRebeccaCraik andCarolAOatis-Mosby
15	SkeletalGrowthanddevelopment:Clinicalissuesandbasicscienceadvances.TheSymposiumS eries byJosephABuckwalter—AAOS
16	IntroductiontoPhysicalTherapy, ByMichaelA. Pagliarulo- Mosby
17	Kinesiology: The mechanics and Pathomechanics of Human Movement by Carol AOatis-Lippincott4.CashTextBookforOrthopedicsandrheumatologyforphysiotherapistbyJohnEliz abethCash&PatriciaADownie–Lippincott
18	JointMobilization/Manipulation:ExtremityandSpinalTechniquesbySusanLEdmond—Mosby
19	FoundationsofChiropracticbyMeridelIGatterman— Mosby
20	Grieve'sModernManualTherapy:TheVertebralColumn,ByJeffreyBoylingandGwendolenJull-ChurchillLivingston

21	KinesiologyoftheMusculoskeletalSystem:FoundationsforRehabilitation,ByDonald A.Neumann, PhD,PT–Mosby
	Maitland's Peripheral Manipulation, By EllyHengeveld, and Kevin Banks, -
	Butterworth-Heinemann 10. Maitland's Vertebral Manipulation, By Geoff D. Maitland,
22	-Butterworth-Heinemann
	Hand and Upper Extremity Rehabilitation: A Practical Guide, By Susan L. Burke, -
23	Churchill Livingston Manual Therapy for the Peripheral Nerves B y Jean-Pierre Barral,DO(UK) andAlain Croibier,OsteopatheDO,MRO(F)— ChurchillLinvingston
	NeuromuscularRehabilitationinmanualandphysicaltherapies:PrinciplesandPractice byEyal
24	Lederman–ChurchillLivingston
25	OrthopaedicPhysicaltherapySecretsbyJeffreyDPlace-Elsevier
26	Principlesand Practiceoforthopedicsand sportsmedicineb yGarret
	APhysiotherapist'sGuidetoClinicalMeasurementbyJohnEdwardFox,andRichardJasperDay
27	–Elsevier
	OrthoticsandProstheticsinRehabilitation,ByMichelleM.Lusardi,PhD,PTandCaroline
28	C.Nielsen,PhD-Butterworth-Heinemann
	ClinicalApplicationofNeuromuscularTechniques:TheUpperBodybyLeonChaitow,andJudit
29	hDeLany,-Elsevier
	Handbook of Postsurgi cal Rehabilitation Guide lines for the Orthopedic Clinician By Hospital For the Orthopedic Clin
30	SpecialSurgery–Mosby
	An Illustrated GuidetoTapingTechniques—Principles & PracticeBy Thomas
31	JohnHewetson-Mosby
	Paraplegia&TetraplegiaAGuideforPhysiotherapistsbyIdaBromley-ChurchillLivingston
32	
	TherapeuticexercisesusingswissballByCarolinecorningcreager—ExecutivePhysicaltherapy
33	
	ManualMobilizationoftheJoints—TheKaltenbornMethodVolumeI,IIByFreddyKaltenborn
34	Transferred Darkhay Darkin Malannain
35	TreatyourownBackbyRobinMckenzie
36	TreatyourownNeck byRobinMckenzie
	CervicalandThoracicspine:MechanicalDiagnosis&TherapyVolI&IIByRobinMckenzie
37	
38	TheLumbarSpine:MechanicalDiagnosis&TherapyVolI&IIByRobinMckenzie

39	TheHumanExtremities:MechanicalDiagnosis&TherapybyRobinMckenzie
40	ManualTherapybyBrainRMulligan
41	DocumentationforRehabilitation:AGuidetoClinicalDecisionMaking,ByLoriQuinn,andJames Gordon-Saunders
42	ClinicalOrthopaedicRehabilitationbySBrentBrotzman
43	Treatment and rehabilitation fractures by Vasantha L Moorthy&StanleyHoppenfield - Lippincott 33. Physiotherapy for Amputees: The Roehampton Approach by BarbaraEngstrom—ChurchillLivingston
44	Textbookoforthopedicmedicine VolI&IIbyJamesCyriax-Bailliere
45	Orthopedic&SportsPhysiotherapy:Morris

Journals	
NameofJournals	
ClinicalKinesiology	
Journalofbiomechanics	
Journalofpediatric Orthopedics	
JournalofOrthopaedic&SportsPhysicalTherapy(JOSPT).	
JournalofManualTherapy	
JournalofManual&Manipulative Therapy	
Spine	
JournalofHandTherapy	

ADVANCES IN	СО	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PSO1	PSO2
MUSCULOSKELETAL	!	Clinician	Leadership	Communicator	Lifelong	Professional	Critical	Researcher		
PHYSIOTHERAPY	'	'	and Team		Learner	'	Thinker			
(Paper III & IV)			worker							
	CO1: Understand	3	2	3	3	3	2	2		[
	structure, biomechanics,	'				'				
	function,	'				'				
	pathomechanics, and	'				'				
	pathophysiology of	'				'				
	upper quadrant and	'				'				
	lower quadrant									<u> </u>
	CO2: Demonstrate	3	3	3	3	3	2	2	3	[ [
	assessment and					'				
	functional diagnostic	'				'				
	procedure in					'				
	musculoskeletal	'				'				
	dysfunction,	'				'				
	integumentary	'				'				
	impairments of upper	'				'				
	quadrant and lower					'				
	quadrant	'				'				
	CO2: Apply clinical	<del> </del>			<del></del>	2	-	-	<del>-</del>	
	CO3: Apply clinical	3	3	3	3	3	3	3	3	3
	decision making, medical and physiotherapy					'				
						'				
	management, and evidenced based practice					'				
	of upper quadrant and					'				
	lower quadrant relevant					'				
	to regional and national	'				'				
	health care needs.	'				'				
	medicii care necas.	'				'				
	<b>CO4:</b> Evaluate	3	3	3	3	3	3	3	†	3
	Physiotherapy	'								
	management in surgical	'				'				
	procedures related to	'				'				
	upper quadrant and	'				'				
	lower quadrant.	'				'				
	10.10. 4.0.		1	<u> </u>						

CO 5: Plan manual	3	3	3	3	3	3	3		3
therapy techniques using									
recent advances for									
Upper Quadrant ,									
rehabilitation of soft									
tissue injuries of hand,									
Lower quadrant, sports									
injuries and gait									
rehabilitation.									
Avg. Mapping	3	2.8	3	3	3	2.8	2.6	3	3
Target Mapping Level	3	3	3	3	3	3	3	3	3

# DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES (DEEMED TO BE UNIVERSITY) RAVI NAIR PHYSIOTHERAPY COLLEGE, SALOD (HIRAPUR), WARDHA

#### POST GRADUATE CURRICULUM SUBJECT CODE – MPT/NEURO PHYSIOTHERAPY/2022 -2023 to 2026-2027

## **NEURO PHYSIOTHERAPY**

## **MPT II YEAR**

### **INDEX**

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10.	CO-PO Mapping	92

**PREAMBLE:** The Ministry of Human Resource Development, Government of India presented The National Education Policy (NEP) 2020. The global education development agenda reflected in the Goal 4 (Sustainable Development Goal 4) of the 2030 Agenda for Sustainable Development, adopted by India in 2015 - seeks to 'ensure inclusive and equitable quality education and promote lifelong learning opportunities for all' by 2030. Such a huge task demand reworking and rearrangement of the complete education arrangement to be backing and promoting education, with the aim to fulfilling the set out targets and objectives. With this focus there seem to be a need for key reforms to abridge the lacunae in the present programs and course outcomes to highlight the main features, equality and veracity into the structure.

The NEP 2020 rests precise importance on the growth of the innovative talent of every educator. It emphases upon the fundamental capabilities and also advanced order intellectual capabilities, such as critical thinking and reasoning, problem solving, social ethical, and emotional capacities. The policy also emphasis that the education system brings out noble individuals with capability of balanced behaviour, having kindness and compassion, bravery and flexibility, technical soundness and inventive mind, with thorough moral jetties and standards. The policy recognizes the need to change curriculum at the undergraduate and graduate levels in light of changing demands, technology, and novel developing illness patterns. The strategy also advises that current institutional systems for regulating and ensuring the quality of training and education should be reviewed urgently. The policy suggests that the debate over re-creating a regulatory structure for health professional education be revisited in order to address new needs and challenges, and it calls for Professional Education Regulation reforms

Knowledge of Neurophysiotherapy is vital to the understanding of both therapeutic techniques and its effects. Neurophysiotherapy is the study

therapeutictechniquesinthePhysiotherapydepartment.Neurophysiotherapyplaysanimportantroleinrelievingpain,swelling,stiffnessetc.Aimofte achingNeurophysiotherapy to postgraduate students is to help them understand the scientific basis of neurological and neurosurgical as well as pediatric conditions and orient them towards the application of knowledge acquired in solving clinical problems.

**GOALS**: To understand the goals of Physiotherapy related to neuro-surgery and to get acquainted with clinical reasoning and treatment of neurological conditions, throughproper use of hands on skills required for neuro-Physiotherapy interventions

Program		Statement
Outcome		
PO 1	Clinician	Clinician- who understands and provides preventive, promotive, curative, palliative and holistic care with
		compassion as per Local, National and Global healthcare needs
PO 2	Leader and	
	member of the	Leader and member of the health care team and system providing services to Local, Regional, National, and
	health care team and system:	International stakeholders.
PO 3	Communicator:	Communicator with patients, families, colleagues, and the community as per national and international
		healthcare standards.
PO 4	Lifelong learner:	Lifelong learner committed to the constant advancement of knowledge and skills in accordance with healthcar
		needs.
PO 5	Professional	Professional committed to ethical, responsive, and accountable service to the patients, the community, and
		the profession as per Global standards of health professions.
PO 6	Critical Thinker	Critical thinker, able to think rationally and generate logical connections between concepts in accordance with
		global healthcare requirements.
PO 7	Researcher	Researcher who can gather, evaluate, and enrich scholarly literature, thereby enabling evidence-based healthcar practice which is Globally relevant

# **Program Specific Outcomes (PSOs)**

PSOs	Statement
PSO 1	Integrate knowledge and application of physiotherapy assessment in Neurological conditions.
PSO 2	Develop a reasoned rationale for evidence-based physiotherapy intervention by utilizing recent advances of physiotherapy
	techniques of Neurological conditions.

CO 1	Explain Anatomy, Physiology, nervous system ,pathophysiology of pediatric neurological disorders, adult & geriatric neurological conditions.
CO 2	Demonstrate Assessment of neonatal, paediatric associated with developmental reflexes & adult patients.
CO3	Interpret application of Investigations in pediatric & adult neurological conditions and its relevance to physiotherapy as per global health care needs.
CO 4	Apply Clinical reasoning and perform physiotherapeutic management of paediatric, adult neuropsychological and neurosurgical conditions in intensive care units.
CO 5	Devise a Plan for Physiotherapy management in progressive and non-progressive neonatal ,paediatric & adult neurological conditions as per national and global health care needs.

### **Objectives:-**

- 1. AssesanddiagnoseallpossiblefindingsonthepatienttoplanaRehabilitationprogramme.
- 2. Documentpatientswithscale,out comemeasuresandassestheprogression.
- 3. UserecentTechnique/approachestotreat& trainpatientswithNeurologicaldeficitinpaediatrics and adults.
- 4. Beabletoimpart knowledgefortrainingthe undergraduatestudents.

#### AETCOM IN ADVANCES IN NEURO PHYSIOTHERAPY

Subject	Competency
Advances in Neuro Physiotherapy	The physiotherapy postgraduate student should know to treat the patient with an acceptable level of behaviour, attitude & empathy while delivering evidence-informed neuro physiotherapy care.
	The physiotherapy post-graduate student should maintain the principles of confidentiality, rationality and ethical practice during patient care for neurological conditions

# $Second Year Residency in Speciality subjects\ Neuro\ physiotherapy$ Advances in Neurophysiotherapy - (Part I)

### PaperIII:Pediatric Neurology

SN	Competenc y No.	Competency	Paper	Domai n	Level	SuggestedTea ching Method	SuggestedAssess ment method
1	PPNP 1.1	Embryology  - Intrauterine development of Nervous system - Principles of Human Development	III	K,S,A	КН	Lecture/Semin ar/	LAQ/SAQ DOPS, Workplacebaseda ssessment
	PPNP 2.1	Gross and fine motordevelopment  - Motordevelopmentinthenormalchild  - Assessmentand testing ofinfantandchilddevelopment  - Motorbehaviourduringearly Childhoodandadolescent	III	K,S,A	КН	Lecture/Semin ar/	LAQ/SAQ DOPS, Workplacebaseda ssessment
3	PPNP 3.1	DevelopmentalReflexes -PrimitiveReflexes -Spinalreflexes -Brainstemreflexes -Corticalreflexes/reaction	III	K,S,A,	KH,S H	Lecture/Semin ar/	LAQ/SAQ DOPS, Workplacebaseda ssessment
	PPNP 4.1 PPNP 4.2	Theories:  A) Theories of motordevelopmentofnormalchild,  B) Theoriesofmotorcontrol  C) Theoriesofmotorlearning.  D) StagesofLearning		K	КН	SmallGroupDis cussion(SGD)/ Lecture.	LAQ/SAQ
	PPNP 5.1 PPNP 5.2	PediatricNeurologicaldisorder:  a) Early identification ofpediatric neurologicaldisorders and earlyinterventionskill.  b) Infantathighrisk fordevelopmentaldelay	III	K	КН	Seminar/Small GroupDiscussio n(SGD)	LAQ/SAQOS CE

	PPNP 5.3	c) InfantandchildwithCerebralPalsy					
	PPNP 5.4	d) Spinabifida					
	PPNP 5.5	e) TraumaticBraininjury f) Traumaticandatraumaticspinal cord injuries inpediatrics					
	PPNP 5.6	g) Neuromascular disorders inchildhood: Musculardistrophies,SMA,Polyneuropathy,m eningitis,encephalitisetc					
	PPNP 5.7	h) Intellectual disabilitiesfocusonDownSyndrome i) AutismSpectrumDisorder and Physicaltherapy					
6	PPNP 6.1	a) Parenteducation&counselling     b) Providing family centered care inpediatricphysiotherapy	III	K,S	SH	Seminar/Ca se basedstudie s	SAQOSLER/OSC E
7	PPNP 7.1	Pathological and radiologicalinvestigations/interpretations andevokedpotentialsinterpretationsin Pediatricneurologicalconditions	III	K,S	SH	Seminar/Case basedstudies	SAQOSLER/OSC E

8	PPNP 8.1	Advanced skills in assessment ofpediatric,neuropsychologicalandneurosurgicalconditions.  NeurologicalScale-Glasgowcoma scale, GMFM, Sensoryprofile,etc	III	K,S	SH	Seminar/Case basedstudies	LAQ/SAQOSLER/ OSCE
9	PPNP 9.1	Surgical procedures related to Neuropediatric disorders including recentadvances in Neurological surgeries.(Hydrocephalus,Spinabifidaetc)and its preoperative and post operativecompletephysiotherapymanagement	III	K,S	SH	Seminar/Case basedstudies	LAQ/SAQOSLER/ OSCE
10	PPNP 10.1	Advanced Physiotherapy approaches — Neurophysiologicalprinciples, e.g.PNF,NDT,Rood'sApproach,MotorRelearningProgra mme,& Vojta	III	K, S,A	КН	Workshop/Se minar	LAQ/SAQOSCE// DOPS/ miniCEX
11	PPNP 11.1	Clinicaldecisionmakingandevidencebased practice to formulate effectiveassessmentandtreatmentprogram.	III	K,A	КН	SmallGroupDi scussion (SGD)/Seminar	SAQ
12	PPNP 12.1	Assessmentand management of postureandgaitinpediatricneurologicalconditions	Ш	K,S,A,	SH	Demonstration + HandsOnTraini ng	LAQ/SAQDOPS/ OSCE

13		Physiotherapymanagementin: a) Progressive and non-progressivepediatric neurological conditions,including terminallyillchild.b) Perceptuomotorandsensoryissuesinchildren.	Ш	K,S,A, C	КН	SmallGroupDis cussion(SGD)/S eminar	LAQ/SAQ,OSLER /OSCE
14	PPNP 14.1	RoleofPhysiotherapyinNeonatal&Pediatricintensive careunits.	III	K,S,A, C	КН	SmallGroupDis cussion(SGD)/S emi Nar	
15	PPNP 15.1	Social integration of child in schoolandcommunity— measurestoensure - attitudinal, environmental,manpower,assistivetechnology,legisla tionandsupport Adaptiveequipmentforphysicallychallengedchildre n OrthoticsandProsthetics.	Ш	K,S	SH	Seminar	SAQ
16		Pharmacotherapeutics inneurological conditions and its relevance in physiotherapy.	Ш	S,A	КН	SGD/ CaseBasedDis cussion/ Seminar	SAQ

### 

SN	Comp etency No.	Competency	Paper	Domain	Level	SuggestedTea ching Method	SuggestedAsses sment method
1.	PANP 1.1	Review ofbasic conceptsof Nervoussystem,(Ana tomicalandPhysiolog ical)	IV	K,S,A	КН	SmallGroupD iscussion(SG D)/ Seminar	SAQDOPS/OSC E/OSLER
2.	PANP 2.1	- NeuralPlasticity MovementPlasticity	IV	K,S,A	KH	SmallGroupD iscussion(SG D)/ Seminar	SAQDOPS/OSC E/OSLER
3.	PANP 3.1	Clinical decision making andevidencebasedpracti cetoformulateeffective assessment and treatmentprogram.	IV	K	KH	Case BasedDiscussi on	LAQ/SAQD OPS/ Workplacebas edassessment OSCE
4.	PANP 4.1	Advance skills in assessment ofadult Neurological, Neurosurgical&Neur opsychologicalcondit ions.	IV	K,S,A,	SH	SmallGroupDi scusion/Semin ar	LAQ/SAQ DOPS/Workplace based assessment
5.	PANP 5.1	Variousoutcomemeasur esandassessment methods used in adult &geriatric neurological conditions e.g.GCS, MMSE, Berg Balance Scale,FuglMayerscale, Barthelindex, ASIAImpairmentscale,et c.	IV	K,S,C	КН	SmallGroupDi scussion/Semi nar	LAQ/SAQ DOPS/Workplace basedassessment/ OSCE
6.	PANP 6.1	Advanced Neuro- therapeutic	IV	K,S,A,	KH	Seminar/Lectu re.	LAQ/SAQ, Workplacebas

		skillsformanagemente.g .PNF,NDT,Rood'sAppr oach,MotorRelearning Programme,Brunnstro mapproach,taskorient edapproach					edassessment
7.	PANP 7.1	Pathophysiology, clinical featuresand Physiotherapy management ofCNS,ANS and Peipheral NervousSystem:	IV	K,S,A,	SH	FGD/CaseBas edDiscussion	LAQ/SAQOS LER/DOPS/ Workplacebas edassessment
	PANP 7.2	• Inflammatory, Degenerative Metabolic Traumatic Infectious and associatedconditionso fnervoussystem.(Diso rdersofCranialnerves					

	PANP 7.3	• Space Occupying Lesions inCNS,Trauma ticbraininjury, Traumatic spinal cord,Vestibula rDisorders,& Myopathies)					
8.	8.1	Socialintegrationofdisa bled personincommunity— measurestoensure  - attitudinal,environ mental,manpower, assistivetechnolog y,legislationandsu pport.  - Adaptive equipmen t forphysic ally challenge dindividu als OrthoticsandPro sthetics.	IV	K,S,A	SH	SmallGroupD iscussion(SG D)/ Seminar	LAQ/SAQDO PS/ Workplacebas edassessment
9.	PANP 9.1	Pharmacotherapeutics inneurologicalcondition sanditsrelevanceinphysi otherapy.	IV	K	SH	SmallGroup Discussion(S GD)	SAQ Workplace Basedassessm ent
10	PANP	Recent Recent	IV	K,S,A	KH	SmallGroupD	SAQDOPS/OSC

10.1	advancesintheTechnol		iscussion(SG	E/OSLER
	ogy,Physiotherapy		D)/	
	managementofNeurolo		Seminar	
	gicalcondition			

### **CLINICALPOSTING**

### **Second year**

- 1 NeonatalandAcutecareand RehabilitationofNeuromedicaland surgicaldisorders.
- 2 Adult Neuro-medical,neurosurgicalandOPD,
- 3 PediatricsNeuro-medical, neurosurgicalandOPD,
- 4 Earlyintervention.

# Competencies (For Assessment and Management)

Sr.No	Competencies	MinimumCases/ExperimentsforachievementsoflevelofCompete ncies					
		Observed	Assisted	Independentf orm	Verified withfaculty signature andName		
1.	Responses of varioussystemstoExer cise andtraining						
2.	Considerations of ageand sex in exerciseandtraining.						
3.	Anthropometricme asurements &Physical fitnessassessment- Body composition						
4.	Physical fitnessassessment Flexibility, Muscle tone & strength, endurance, Testingofagi lity-balance, co-ordination						
5.	Physiotherapymodalitie s,techniquesandapproa ches						
6.	Clinical Electro physiologicaltestingand clinical interpretation.						
7.	Developmentalscreenin g, motor learning – motorcontrolassessmen t.						

	1		
8.	EvaluationMethods,Spe		
	cialtestsusedinNeurolog		
	ical		
9.	EMGandBiofeedback.		
10.	Aids and		
	appliances,adaptive		
	functionaldevicestoi		
	mprove		
	movementd		
	ysfunction		
11.	PostureandGait		
	analysisanddiagnosis		
12	Pathologicalinvestigatio		
	ns andimaging		
	techniquesrelatedtoNe		
	urological		
	disorderswithinterpret		
	ation.		
13.	Manual		
	therapyPrinciple		
	s		
	ofNeurologicalap		
	proaches		
	&Facilitationand		
	inhibitiontechniques.		

#### **SCHEMEOFEXAMINATION**

 $\textbf{Theory:} The rewill \ be four papers of 100 mark seach of three hours duration details are as follows$ 

Que.No.	TypeofQuestion	out of	TotalQuestions	Marks
Q.1	ShortAnswerQuestions	AllCompulsory	10M X6	60Marks
Q.2	LongAnswer Question	AllCompulsory	20M X2	40Marks

# Theory Paper setting format **PAPER - III & IV**

Time:3 Hours	]		[ Max. Marks: 100
Instructions	:		
(13)	All questions are com	pulsory	
(14)	Numbers to the right i	ndicates full marks.	
(15)	Draw neat diagrams,	wherever necessary	
(16)	Use single answer boo	ok for answering both sections.	
		SECTION – A	
Q1. S.A.Q. $-3$	Short Answer Questions		10  M X  6 = 60
(s)			
(t)			
(v)			
(w)			
(x)			
		SECTION – B	
	Long Answer Questions		20  M X  2 = 40
_		under the following heads - 20 M	
	I - Knowledge		
Level	II - Comprehension	(5 M)	
Level	III - Application	(5 M)	
Level	IV – Analysis		
(h) Descr	ibe	under the following heads - 20 M	
Level	I - Knowledge	(5 M)	
Level	II - Comprehension	(5 M)	
Level	III - Application	(5 M)	
Level	IV – Analysis	(5 M)	
	, 		

### ${\bf Practical:} Practical will be conducted in 2 days for 400 Marks.$

S.R. No.	TypeofPractical	Topics	Marks
1	LongCaseI	PaediatricNeurophysiotherpy	100Marks
2	LongCaseII	Adult Neurophysiotherapy	100Marks
3	ShortCaseI	Specialty- PeripheralNerveInjuries/Lowermotor neurondiseases.	50Marks
4	Teaching Skills(Microteac hing)		50Marks
5	Dissertation +Viva Voce		100Marks

### **Primary Question Paper Template:**

### MPT/NEURO PHYSIOTHERAPY/2022 -2023 to 2026-2027

Template - Table of specification (2- LAQ, 6 -SAQ)

	Maximum Marks
LAQ	20 M X 2
2/2	= 40 M
SAQ	10 M X 6
6/6	= 60 M
Tabal	100.14
Total	100 M

# LISTOFREFERENCEBOOKSANDJOURNALSSECOND YEAR M.P.T BOOKS & JOURNALSFORNEUROPHYSIOTHERAPY

Sr.No	NameofBooks
1	Brain's diseases of the nervous system-michaeldonoghy: oxford university press 2001.
2	Outlineoforthopedics-longmangroup1990.
3	Nuerologicalrehabilitaion-darcyumphred:mosby2001.
4	Rehabilitationmedicine-s.s.sunder,japee1999.
5	Localisationoflesion-brazis.
6	Mannualofphysicalmedicine andrehabilitation-christopher.
7	Aphysiologicalapproachtoclinacalneurulogy-james.w.Lance.Britishlibrarycatalougingin publicationdutta1981.
8	Physiotherapyinpediatrics-robertashepherd.britishlibrarycatalouginginpublicationdutta1995.
9	Neurologicalrehabilitation:optimizingmotorperformance:carr&shepherd:elsevier-2004.
10	Rightinthemiddle-patricia.m.davies;springerverlagberlinheidelberg1990.
11	Stepstofollow- patriciadavis.springerverlagberlinheidelberg.
12	Cerebralpalsy-sophieeleuit
13	Motorcontrol&motoirlearning-shummarycook.
14	Clinicalnuerodynamic-shackllock.
15	Adulthemiplegia, evaluation & treatment-bobathb.heinmann, london 1988.
16	Paraplegia&tetraplegia-brombley,churchill,livingstone,edingburg1991.
17	Physiotherapy&growingchild-burns.y.r.
18	Neuromuscularfunction&diseases,basicclinical-brown,w.f,boltonc.f.
19	Decisionmakinginpediatrics&nuerologicalphysicaltherapy-compbell.s.
20	Handlingtheyoungchildwithcerebralpalsyathome-finnie.n.r.
21	Neurologicalexaminationmadeeasy-fullerg1999.
22	Hutchinson'sclinicalmethods-swarsh m1997.
23	Physicalrehabilitationassesmentandtreatment-o'sullivans.b.&schmitztj.
24	Neuromusculoskeletalexamination&assesment-pettynj&moore a p2003.
25	Physicalmanagementinneurologicalrehabilitation-stokes2004.
26	Pediatricphysicaltherapy-tecklinjs1994.

27	Developmentoftheinfant& young child-illingworthrs2002.
28	PNFinpractical-anillustrated guide-adler ss&beckers2003.
29	Rehabilitationofstroke-carr&shepherd.
30	Advanceinneurologyinteractableepilepsies-blumew.t. 2006.
31	Clinicalneurophysiology-misrauk2005.
32	Principleofneuromusculoskeletaltreatment&management-nicholajpetty,gwendolenjell.
33	Mobilizationofnervoustissue-davidbutler.churchilllivingstone.
34	Guidetoclinicalneurology-jpmohr&jcgautier-churchilllivingstone.
35	Basicneuroscienceswithclinicalapplication-benarroch.
36	Neurorehabilitation-amitaggarwal-paraspublications.
37	Theneuronalenvironment-waltz-humana.
38	Advanceneurology-blume,carben-lww
39	Neurology&neurosurgeryillustrated-lindsay.
40	Localisationinclinicalneurology-brazis.
41	Quickreferenceneuroscienceforrehabilitationprofessional-sharonagutmann(slack)
42	RaisingachildwithNeuromuscular Disorder-thompsonoxford.
43	TextbookOfPediatricNeurology-geraldplenummedical.

ADVANCES IN NEURO	СО	PO1 Clinician	PO2 Leadership and Team worker	PO3 Communicator	PO4 Lifelong Learner	PO5 Professional	PO6 Critical Thinker	PO7 Researcher	PSO1	PSO2
PHYSIOTHERAPY (Paper III & Paper IV)	CO1: Understand Anatomy, Physiology, nervous system of pediatric neurological disorders, adult & geriatric neurological conditions.	3	2	3	3	3	2	2		
	CO2: Demonstrate Assessment of neonatal, paediatric associated with developmental reflexes & adult patients.	3	3	3	3	3	2	2	3	
	co3: Interpret application of Investigations in pediatric & adult neurological conditions and its relevance to physiotherapy as per health care needs.	3	2	3	3	3	3	3	3	3
	co4: Apply Clinical reasoning and perform physiotherapeutic management of paediatric, adult	3	3	3	3	3	3	3	3	3

neuropsychological and neurosurgical conditions in intensive care units.									
CO5: Devise a Plan for Physiotherapy management in progressive and non-progressive paediatric & adult neurological conditions as per national and global health care needs.	3	3	3	3	3	3	3		3
Avg. Mapping	3	2.6	3	3	3	2.8	2.6	3	3
Target Mapping Level	3	3	3	3	3	3	3	3	3

# DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES (DEEMED TO BE UNIVERSITY) RAVI NAIR PHYSIOTHERAPY COLLEGE, SALOD (HIRAPUR), WARDHA

POST GRADUATE CURRICULUM
SUBJECT CODE – MPT/CARDIOVASCULAR & RESPIRATORY PHYSIOTHERAPY/2022 -2023 to 2026-2027

# **CARDIOVASCULAR & RESPIRATORY PHYSIOTHERAPY**

# **MPT II YEAR**

# **INDEX**

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PREAMBLE: The Ministry of Human Resource Development, Government of India presented The National Education Policy (NEP) 2020. The global education development agenda reflected in the Goal 4 (Sustainable Development Goal 4) of the 2030 Agenda for Sustainable Development, adopted by India in 2015 - seeks to 'ensure inclusive and equitable quality education and promote lifelong learning opportunities for all' by 2030. Such a huge task demand reworking and rearrangement of the complete education arrangement to be backing and promoting education, with the aim to fulfilling the set out targets and objectives. With this focus there seem to be a need for key reforms to abridge the lacunae in the present programs and course outcomes to highlight the main features, equality and veracity into the structure. The NEP 2020 rests precise importance on the growth of the innovative talent of every educator. It emphases upon the fundamental capabilities and also advanced order intellectual capabilities, such as critical thinking and reasoning, problem solving, social ethical, and emotional capacities. The policy also emphasis that the education system brings out noble individuals with capability of balanced behaviour, having kindness and compassion, bravery and flexibility, technical soundness and inventive mind, with thorough moral jetties and standards. The policy recognizes the need to change curriculum at the undergraduate and graduate levels in light of changing demands, technology, and novel developing illness patterns. The strategy also advises that current institutional systems for regulating and ensuring the quality of training and education should be reviewed urgently. The policy suggests that the debate over re-creating a regulatory structure for health professional education be revisited in order to address new needs and challenges, and it calls for Professional Education Regulation reforms

Cardiovascular and Respiratory Physiotherapy focuses on maximizing functional independence and well-being. This course uses apatient-centered model of care with multi-system assessment, evidence based interventions and a significant patient education component to promote healthy active lifestyle. The candidate will have a sound understanding of theory, scientific evidence and best practices in the

areas of the Cardio vascular and Respiratory System including critical care, Psychosocial Sciences, Movement Sciences and Physiotherapy.

**GOAL**: The broad goal of teaching postgraduate students Cardiovascular and Respiratory Physiotherapy is to provide comprehensive knowledge about the Physiotherapy interventions in various Cardiac, Pulmonary, vascular conditions and to teach skills to practice as a qualified Physiotherapist.

Program		Statement
Outcome		
PO 1	Clinician	Clinician- who understands and provides preventive, promotive, curative, palliative and holistic care with
		compassion as per Local, National and Global healthcare needs
PO 2	Leader and	
	member of the	Leader and member of the health care team and system providing services to Local, Regional, National, and
	health care team and system:	International stakeholders.
PO 3	Communicator:	Communicator with patients, families, colleagues, and the community as per national and international
		healthcare standards.
PO 4	Lifelong learner:	Lifelong learner committed to the constant advancement of knowledge and skills in accordance with healthcare
		needs.
PO 5	Professional	Professional committed to ethical, responsive, and accountable service to the patients, the community, and
		the profession as per Global standards of health professions.
PO 6	Critical Thinker	Critical thinker, able to think rationally and generate logical connections between concepts in accordance with
		global healthcare requirements.
PO 7	Researcher	Researcher who can gather, evaluate, and enrich scholarly literature, thereby enabling evidence-based healthcare practice which is Globally relevant

PSOs	Statement
PSO 1	Integrate knowledge and application of physiotherapy assessment in Cardiovascular and Respiratory conditions.
PSO 2	Develop a reasoned rationale for evidence-based physiotherapy intervention by utilizing recent advances of physiotherapy techniques of Cardiovascular and Respiratory conditions.

CO 1	Explain Anatomy, Physiology, Biomechanics, & Patho mechanics, Embryological development of the cardiovascular & respiratory system.
CO 2	Demonstrate assessment of neonatal, paediatric, adult, geriatric and Critically ill patients associated with dysfunctions of the cardiovascular & respiratory system.
CO3	Interpret application of Investigations related to Respiratory and Cardiovascular conditions and its relevance to physiotherapy.
CO 4	Apply clinical reasoning in physiotherapeutic evaluation & management of neonatal, paediatric, adult dysfunctions of the respiratory, cardiac conditions & intensive care units as per health care needs.
CO 5	Plan recent advances of physiotherapy techniques in post operative respiratory and cardiac conditions as per national and global health care needs.

#### **Objectives**

- 1. Be able to identify, discuss & analyse, the Various cardio-respiratory dysfunction & co-relatethesamewiththeprovisional diagnosis, routine radiological & Electro-physiological investigations and arrive at appropriate functional diagnosis with clinical reasoning.
- 2. Use the anatomical rationale for the clinical tests used in differential diagnosis.
- 3. Learntheabilitytoperformanappropriatesubjectiveandphysicalexamination, with development of suitable analytical skills to evaluate data obtained.
- 4. Furtherdevelopclinicalreasoningthatincorporatestheoreticalconceptwithevidence-basedpracticeinthefield of cardio-pulmonaryphysiotherapy.
- 5. Documentpatientswithscale,out comemeasuresandassestheprogression.
- 6. UserecentTechnique/approachestotreat&trainpatientswithcardio-respiratorydysfunctionin paediatrics and adults.
- 7. Beabletoimpart knowledgefortrainingthe undergraduatestudents.

### AETCOM IN ADVANCES IN MUSCULOSKELETAL PHYSIOTHERAPY

Subject	Competency
Advances in Cardiovascular &	The physiotherapy postgraduate student should know to treat the patient with an acceptable level of behaviour, attitude & empathy while delivering evidence- informed cardiovascular & respiratory physiotherapy care.
Respiratory Physiotherapy	The physiotherapy postgraduate student should maintain the principles of confidentiality, rationality and ethical practice during patient care for cardiovascular & respiratory conditions.

# **Specialitysubjects**

# CardiovascularandRespiratoryPhysiotherapy AdvancesinCardiovascularandRespiratoryPhysiotherapy (PartI). PaperIII:(RespiratoryPhysiotherapy)

S. No	Comp. No	Topic	Pap er	Doma in	Level	Suggested Teaching Method	Suggested Teaching Method
1.	PRP 1.1	Anatomyand Physiology of the respiratory system and thorax.	III	K	KH	SmallGroupDiscussion(SGD)/ Lect ure/Seminar	LAQ/SAQ
	PRP 1.2	Biomechanics, Pathomechanics and Embryological development of Respiratory System.	III	K	КН	SmallGroupDiscussion(SGD)/ Lect ure/Seminar	LAQ/SAQ
2.	PRP 2.1	Assessmentofaneonatal,paediatric associated with dysfunctionsoftherespiratorysystemandth orax.		K,S,C ,A	KH,S H.P	SmallGroupDiscussion(SGD)/ Lecture/ Seminar	LAQ/SAQ  DOPS/OSCE/OSP E
	PRP 2.2	Assessmentofadult and critically ill patients associated with dysfunctionsoftherespiratorysystemandth orax.		K,S,C ,A	KH,S H,P	SmallGroupDiscussion(SGD)/ Lecture/ Seminar	LAQ/SAQ  DOPS/OSCE/OSP E
3.	PRP 3.1	Patho physiology and clinical features ofacuteandchronicrespiratorydysfunctio nsanditsmedical (Pharmacotherapy) management.	III	K	KH	SmallGroupDiscussion(SGD)/ Lect ure/Seminar	LAQ/SAQ

4.	PRP 4.1	Interpretation and application of Investigations related to Respiratory and thoracic dysfunction and its relevance to physiotherapy. (X-Ray, PFT, ABG)	III	K,A, S	SH	SmallGroupDiscussion(SGD)/ Lect ure/Seminar	LAQ/SAQOSLER/ OSCE
	PRP 4.2	Interpretation and application of Investigations related to Respiratory and thoracic dysfunction and its relevance to physiotherapy. (Bloodand Sputum, CTS can & MRIetc)	III	K,A, S	SH	SmallGroupDiscussion(SGD)/ Lect ure/Seminar	LAQ/SAQOSLER/ OSCE
5.	PRP 5.1	Clinicalreasoninginphysiotherapeutic evaluation &management of neonatal and paediatricdysfunctionsoftherespiratorys ystem andthoraxinacutecareandinrehabilitation with recent advances.	III	K,S, A,C	SH,P	Demonstration+ HandsOnTraining + Mockdrills	LAQ/SAQDOPS/ OSCE
	PRP 5.2	Clinicalreasoninginphysiotherapeutic evaluation &management of adultdysfunctionsoftherespiratorysyste m andthoraxinacutecareandinrehabilitatio n with recent advances.	III	K,S, A,C	SH,P	Demonstration+ HandsOnTraining + Mockdrills	LAQ/SAQDOPS/ OSCE
6.	PRP 6.1	Recent advances of variousoutcomemeasuresrelevanttoasses s interventionof dysfunctionsofthorax andrespiratorysystem.	III	K,S, A,	SH,P	SmallGroupDiscussion(SGD)/ Lecture/Semi Nar	LAQ/SAQOSLE R/DOPS /OSCE
7.	PRP 7.1	Surgical procedures related toRespiratorydisordersincludingrecenta dvances in Pulmonary surgeries.(Thoracotomy,Thoracoplasty, Pleurodesis, ICT, Lobectomy,Pneumonectomy)anditspreo perativeandpost-operative completephysiotherapymanagement	III	K	SH,P	SmallGroupDiscussion(SGD)/ Lecture/Semi Nar	LAQ/SAQ

	PRP 7.2	Surgical procedures related to Respiratory disorders in cluding recenta dvances in Pulmonary surgeries. (VATS, Lung Transplantation e) and its preoperative and post-operative complete physiother apymanagement.	III	K	SH,P	SmallGroupDiscussion(SGD)/ Lecture/Semi Nar	LAQ/SAQ
8.	PRP 8.1	Physiotherapy management in RICU:Monitoring system in Respiratory Intensive Care Unit (RICU); Basics of Ventilator and Modes of Mechanical ventilator, Weaning criteria of Ventilator,Oxygentherapy	III	K,S, A	SH,P	Workshop/ SmallGroupDiscussion(SGD)/ Lecture/Semi nar	OSCE/OSPE/D OPS/ MiniCEX
	PRP 8.2	Physiotherapy management in RICU: PhysiotherapeuticManagement in Respiratory IntensiveCare Unit ( RICU) with recent advances.	III	K,S,	SH,P	Workshop/ SmallGroupDiscussion(SGD)/ Lecture/Semi Nar	OSCE/OSPE/D OPS/ MiniCEX
9.	PRP 9.1	Clinical decision making and Evidencebased practicein management of Respiratory &Thoracicimpairments&dysfunction.	III	K,S	SH	SmallGroupDiscussion (SGD)	LAQ/SAQOSLE R/OSCE /DOPS
10.	PRP 10.1	Ergonomics and energy conservationin Respiratory dysfunction and use ofassistivedevicestoenhancefunction andperformance.	III	K,S	SH	SmallGroupDiscussion (SGD)	LAQ/SAQOSLE R/OSCE /DOPS
11.	PRP 11.1	RecentadvancesofAirway clearancedevices and Inspiratory Muscle training devices.	III	K, S,A, C	SH,P	Workshop/ Video presentation SmallGroupDiscussion (SGD)/	LAQ/SAQ
12.	PRP 12.1	Physiotherapy managementinCOVID - 19 patients and its RecentAdvances	III	K, S,A, C	SH,P	Workshop/ Video presentation SmallGroupDiscussion(SGD )/ Casebasedstudies	LAQ/SAQ

PRP	PulmonaryRehabilitation	III	K,	SH,P	SmallGroupDiscussion(SGD	LAQ/SAQ
12.2			S,A,		)/	
			C		Casebasedstudies	

### Advances in Cardiovascular and Respiratory Physiotherapy (Part

### II). Paper IV: Cardiovas cular Physiotherapy

S.	Со	Topic	Pa	Do	Lev	Suggested Teaching	Suggested
N	mp.		р	mai	el	Method	Teaching
0	No		er	n			Method
1.	PC	Anatomy and Physiology of the Cardiovascular system.	Ш	K	KH	SmallGroupDiscussion(	LAQ/SAQ
	VP					SGD)/Lect	
	1.1					ure/Seminar	
	PCV	Embryological development of Cardiovascular System.	Ш	K	KH	SmallGroupDiscussion(	LAQ/SAQ
	Р					SGD)/Lect	
	1.2					ure/Seminar	
2.	PCV	Assessmentofneonatal and paediatric associated	Ш	K,	KH	SmallGroupDiscussion(	LAQ/SAQ
	Р	dysfunctionsoftheCardiovascularsystemandthorax.		S,	,SH	SGD)/Lecture/	
	2.1			C,	.P	Seminar	DOPS/OS
				Α			CE/OSPE
	PCV	Assessmentofadult and critically ill patients associated	Ш	K,	KH	SmallGroupDiscussion(	LAQ/SAQ
	Р	dysfunctionsofthes Cardiovascular systemandthorax.		S,	,SH	SGD)/Lecture/	
	2.2			C,	,Р	Seminar	DOPS/OS
				A			CE/OSPE

3.	PCV P 3.1	Patho physiology and clinical features ofacute and chronic cardiovascular and peripheral vascular system and its medical (Pharmacotherapy)	III	K	КН	SmallGroupDiscussion( SGD)/Lect ure/Seminar	LAQ/SAQ
4.	PCV P 4.1	Interpretation and application of InvestigationsrelatedtocardiovascularincludingperipheralVasculatu resystemandmediastinumanditsrelevancetophysiotherapy. (ECG, X Ray)	III	K, A, S	SH	SmallGroupDiscussion( SGD)/Lect ure/Seminar	LAQ/SAQ OSLER/O SCE
	PCV P 4.2	Interpretation and application of InvestigationsrelatedtocardiovascularincludingperipheralVasculatu resystemandmediastinumanditsrelevancetophysiotherapy.( Blood Bio Markers, Doppler,Angiography)	III	K, A, S	SH	SmallGroupDiscussion( SGD)/Lect ure/Seminar	LAQ/SAQ OSLER/O SCE
5.	PCV P 5.1	Clinicalreasoninginphysiotherapeutic evaluation &management of neonatal, paediatric dysfunctionsofthecardiovascular systemincluding peripheral Vasculature diseases in acute care andrehabilitation with recent advances.	III	K, S, A, C	SH, P	Demonstration+ HandsOnTraining + Mockdrills	LAQ/SAQ DOPS/OS CE
	PCV P 5.2	Clinicalreasoninginphysiotherapeutic evaluation &management of adult dysfunctionsofthecardiovascular systemincludingperipheral Vasculature diseases in acute care andrehabilitation with recent advances.	III	K, S, A, C	SH, P	Demonstration+ HandsOnTraining + Mockdrills	LAQ/SAQ DOPS/OS CE
6.	PCV P 6.1	Recent advances of various outcome measures relevant to assess intervention of dysfunctions of cardiovascular and peripheral vascular system.	III	K, S, A,	SH, P	SmallGroupDiscussion( SGD)/Lecture/Semi Nar	LAQ/SA QOSLER /DOPS /OSCE
7.	PCV P 7.1	Surgicalproceduresrelatedtocardiovascular and peripheral vascularsystem. Disordersincluding recentad vances in Cardiothoracic surgeries. (CABG, MVR, AVR Heart Transplantation, Angioplasty, Robotics Surgeryetc) and its preoperative and postoperative complete physiotherapy management	III	K	SH, P	SmallGroupDiscussion( SGD)/Lecture/Semi nar	LAQ/SA Q
	PCV P 7.2	Surgicalproceduresrelatedtocardiovascular systemDisordersincludingrecentadvances in Cardiothoracic surgeries(ASD, VSD, TOF)anditspreoperativeandpostoperativecompletephysiotherapy management	III	K	SH, P	SmallGroupDiscussion( SGD)/Lecture/Semi Nar	LAQ/SA Q

8.	PCV P 8.1	Physiotherapy management in ICCU:Monitoring system in Intensive Cardiac Care Unit (ICCU); Basics of Ventilator and Modes of Mechanical ventilator, Weaning criteria of Ventilator, HyperbaricOxygentherapy	III	K, S, A	SH, P	Workshop/ SmallGroupDiscussion( SGD)/Lecture/Semi Nar	OSCE/O SPE/DO PS/ MiniCEX
	PCV P 8.2	Physiotherapy management in ICCU: PhysiotherapeuticManagement in Intensive Cardiac Care Unit ( ICCU) with recent advances.	III	K, S, A	SH, P	Workshop/ SmallGroupDiscussion( SGD)/Lecture/Semi Nar	OSCE/O SPE/DO PS/ MiniCEX
9.	PCV P 9.1	Clinical decision making and,Evidencebasedpracticeinmanagementofcardiovascularan d peripheralvasculardysfunction.	III	K, S, A, C	SH	Workshop/Video Presentations	LAQ/SA QOSCE// DOPS/ miniCEX
1 0.	PCV P 10. 1	CardiacRehabilitation (Phase I, Phase II, Phase III & Phase IV Cardiac Rehabilitation in Cardiovascular Condions.	IV	K, S, A, C	SH, P	Workshop/SmallGrou pDiscussion(SGD)/ Casebasedstudies	LAQ/SA Q
1	PCV P 11. 1	Exercise testing and exerciseprescription in Cardiac Conditions.	IV	K, S, A, C	SH, P	Workshop/SmallGrou pDiscussion(SGD)/Lec ture/Seminar	LAQ/SAQ Mini CEX/DO PS / OSCE
	PCV P 11. 2	Exercise testing and exerciseprescription in Peripheral Vascular Diseases.	IV	K, S, A, C	SH, P	Workshop/SmallGrou pDiscussion(SGD)/Lec ture/Seminar	LAQ/SAQ Mini CEX/DO PS / OSCE
	PCV P 11. 3	Exercise testing and exerciseprescription in Diabetes Mellitus.	IV	K, S, A, C	SH, P	Workshop/SmallGrou pDiscussion(SGD)/Lec ture/Seminar	LAQ/SAQ Mini CEX/DO PS / OSCE
1 2.	PCV P 12. 1	Knowledgeand skillofBasic& Advancedlifesupport.	IV	K, S, A, C	SH, P	Workshop/SmallGrou pDiscussion(SGD)/Lec ture/Seminar	LAQ/SAQ Mini CEX/DOP S / OSCE

### **CLINICALPOSTING Second year**

Acute care & Rehabilitation in Cardiovas cular & Respiratory dysfunctions: Intensive care units, Cardiovas cular & Respiratory (Indoor & OPD)

# Competencies (For Assessment and Management)

Sr.No	Competencies	Minimum Cases/ Experiments for achievements of level ofCompetencies			
		Observed	Assisted	Independentf orm	Verified withfacultysig natureand Name
1.	Cardio- VascularAssessm ent.				
2.	RespiratoryA ssessment.				
3	Responsesofvarioussyst ems to Exercise andtraining				
4.	Considerationsofagean dsexinexerciseandtraining.				
5.	Pathological investigations and imaging techniques related to cardiopulmonary disorders with interpretation.				
6	Anthropometric measurements				
7.	Physicalfitness assessment - Flexibility, Muscle strength, endurance, Cardio-respiratory endurance, balance, co-ordination				
8.	Exercise ECG testing and monitoring. Pulmonary function tests and Spirometry				

9.	Assessment & effect of aerobic, anaerobic, Isometric, Isotonic and Isokinetic exercises on muscle and cardiopulmonary function		
10.	Ergonomic aspects of exercise on oxygen, energy consumption MET value of various exercises and activity		
11.	General Guidelines to be followed in Cardiac Rehabilitation, Pulmonary Rehabilitation		
12.	Exercise prescription for health and fitness with special emphasis to cardiovascular disease, Obesity and Diabetes.		

#### **SCHEMEOFEXAMINATION**

#### **Formative and Summative Examination**

#### **FormativeExamination:**

#### 1.AnnualExamination:ForI yearMPT

**Theory:** There will be two papers (Paper I & II) of 100 marks each of three hours duration details are as follows:

Que.No.	TypeofQuestion	OutOf	TotalQuestions	Marks
Q.1	ShortAnswerQuestions	AllCompulsory	10M X6	60Marks
Q.2	LongAnswer Question	AllCompulsory	20M X2	40Marks

## Theory Paper setting format PAPER - III & IV

Time:3 Hours	]			[ Max. Marks: 100
Instructions	:			
(17)	All questions are con	npulsory		
(18)	•	•		
(19)	Draw neat diagrams,			
(20)		ook for answering both section	ns.	
(=0)	ose single unswer ex	SECTION		
Q1. S.A.Q. $-3$	Short Answer Question	S		10  M X  6 = 60
(y)				
/ \				
(aa)				
(dd)				
, ,		SECTION	N - B	
Q2. L.A.Q 1	Long Answer Question	S		20  M X  2 = 40
(i) Descr	ibe	under the following heads	s - 20 M	
Level	I - Knowledge	(5 M)		
Level	II - Comprehension	(5 M)		
	III - Application			
	IV – Analysis	(5 M)		
	•	under the following heads	20 M	
-	I - Knowledge		5 - 20 IVI	
	•	` '		
	II - Comprehension			
Level	III - Application	(5 M)		

Practical:Practicalwillbe conductedfor 200 Marks.

S.R. No.	TypeofPractical	Topics	Marks
1	LongCaseI	AsPerSpeciality	100 Marks
2	ShortCase I	AsPer Speciality	50Marks
3	Dissertation(Re view) andViva Voce		50Marks

#### 1.Preliminary Examination:

 $\textbf{Theory:} The rewill \ befour papers of 100 mark seach of three hours duration details are as follows$ 

Que.No.	TypeofQuestion	OutOf	TotalQuestions	Marks
Q.1	ShortAnswerQuestions	AllCompulsory	10M X6	60Marks
Q.2	LongAnswer Question	AllCompulsory	20M X2	40Marks

 ${\bf Practical:} Practical will be conducted in 2 days for 400 Marks.$ 

S.R. No.	TypeofPractical	Topics	Marks
1	LongCaseI	CardiovascularConditions	100 Marks
2	LongCaseII	RespiratoryConditions	100 Marks
		Specialty- Peripheral	
		VascularDiseases/burns/chesttrauma/s	
3	ShortCaseI	urgicalconditions.	50Marks
4	TeachingSkills		50Marks
	Dissertation		
5	andViva Voce		100 Marks

#### **SummativeExamination:**

 $\textbf{Theory:} The rewill \ befour papers of 100 mark seach of three hours duration details are as follows$ 

Que.No.	TypeofQuestion	OutOf	TotalQuestions	Marks
Q.1	ShortAnswerQuestions	AllCompulsory	10M X6	60Marks
Q.2	LongAnswer Question	AllCompulsory	20M X2	40Marks

#### **Primary Question Paper Template:**

#### MPT/CARDIOVASCULAR AND RESPIRATORY PHYSIOTHERAPY/2022 -2023 to 2026-2027

Template - Table of specification (2- LAQ, 6 -SAQ)

	Maximum Marks
LAQ	20 M X 2
2/2	= 40 M
SAQ	10 M X 6
6/6	= 60 M
Total	100 M

#### LISTOFREFERENCEBOOKSANDJOURNALSSECOND YEAR M.P.TBOOKS&JOURNALS FORCARDIOVASCULARANDRESPIRATORY PHYSIOTHERAPY

Sr.No	NameofBooks
1	HumanPhysiologyByGuyton
2	PhysiologyOfHumanJoints ByKapandji
3	HandBook OfPhysiologyIn Aging-Masoro, C.R. CPress
4	MechanicalVentilationByIrwinR.S.Bemers
5	MechanicalVentilationByDavidW. Chang
6	ECGBySchamroth
7	Interpretation Of Pulmonary Function Tests: A Practical Guide By Hyatt, Robert E.; Scanlon, Paul D
8	PrinciplesOfExerciseTestingAndInterpretation:IncludingPathophysiologyAndClinical Applications ByKalmanWasserman
9	Baum'sTextBook OfPulmonaryDiseases
10	CroftonAndDouglas'sRespiratoryDiseases
11	Egan'sFundamentalsOfRespiratoryCareByRobert Wilkins
12	Harrison'sTextbookOfMedicine
13	Brawnwald's Cardiology
14	API'sTextBookOfMedicine
15	CardioPulmonaryPhysicalTherapyByScottIrwin
16	CardioPulmonaryPhysicalTherapyByDonnaFrownfelter
17	PrinciplesOfCardioPulmonaryPhysicalTherapyByAsbury&Petty
18	CardioPulmonaryPhysicalTherapyByHelenhillegas,(Saunders)
19	PT ForRT&CardiacProblemsByWeber
20	CardioPulmonaryPhysicalTherapyByJoanneWatchie
21	Physiotherapy For Respiratory And Cardiac Problems By Pryor JA; Prasad~SA, Elsevier~SA, Prasad~SA, Prasad
22	RespiratoryCa Re– AGuideToClinicalPracticeByBurtonG.G.&Hodgkin
23	Brompton's Chest Physiotherapy
24	PhysiotherapyInRespiratoryCare ByHoughAJaypee Publishers
25	ChestPhysiotherapyInIntensiveCareUnitByMackenzieCFWilliamsAndWilkins
26	CardiovascularAndPulmonaryPhysicalTherapyByFelterD.F.Mosby
27	Exercise AndTheHeartByFroelicherV.F.Elsevier
28	CardiovascularHealthAndDiseaseInWomenByDouglasPS. Saunders

29	AcuteCareHandbookForPhysicalTherapistBYJamieC.PazMichelP.West.ButterworthH eineMann
30	PhysicalTherapyFor ChildrenByCampbellSuzannK,W.BSaunders,Philadelphia
31	ChestPhysiotherapyInIntensiveCareUnitByMackenzie,Williams&Wilkins,Baltimore
32	CardiopulmonarySymptomsInPhysiotherapyByCohenM,Churchill,Livingstone,Londo n
33	PhysicalRehabilitation:AssessmentAndTreatmentByO'Sullivan,F.ADavis, Philadelphia
34	ClinicalApplicationOfVentilatorySupportByKinkyChurchill,Livingstone,New York
35	PulmonaryRehabilitation:GuidelinesToSuccessByBodkins,Butterworth,Boston
36	CardiacRehabilitationByAmundsenLord, Churchill,Livingstone,London
37	PhysicalTherapyOfTheCancerPatientByMcgaryexCharles,Churchill,Livingstone,New York
38	MultidisciplinaryApproachToBreathingDisorderByLeon
39	ClinicalExerciseTestingByJones
40	PulmonaryRehabilitation. TheObstructiveAndParalyticConditionsByJohn
41	Coronary Artery Disease Essentials Of Prevention And Rehabilitation Program By Peter
42	PulmonaryRehabilitationByJohnHodgkin(Elsevier)

#### Journals

Sr.No	NameofJournals					
1	JournalofcardiovascularDisease&research					
2	JournalofAmericanThoracicSociety-Thorax					
3	AmericanHeart Association-Chest					
4	IndianJournalofCriticalCare Medicine					
5	Respiratorycare–EuropeanJournal					

	СО	Competency	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PSO1	P
Advances in		no	Clinician	Leadership	Communicator	Lifelong	Professional	Critical	Researcher		
Cardiovascular				and Team		Learner		Thinker			
& Respiratory		_	_	worker	_	_	_	_	-		
Physiotherapy	CO1: : Understand	PRP 1.1,1.2,	3	2	3	3	3	2	2		
( Paper III &	Anatomy, Physiology,	PCVP1.1,1.2									
Paper IV)	Biomechanics, & Patho	PRP									
	mechanics,Embryological	3.1,PCVP									
	development of the	3.1,									
	cardiovascular &										
	respiratory system .										
	CO2: Demonstrate	PRP 2.1,2.2,	3	3	3	3	3	3	2	3	
	assessment of neonatal,	PCVP 2.1,2.2									
	paediatric, adult,										
	geriatric and critically ill										
	patients associated with										
	dysfunctions of the										
	cardiovascular &										
	respiratory system.										
	CO3: Interpret	PRP	3	2	3	3	3	3	3	3	
	application of	4.1,4.2,PCVP									
	Investigations related to	4.1,4.2									
	Respiratory and										
	Cardiovascular										
	conditions and its										
	relevance to										
	physiotherapy.										
	CO4: Apply clinical	PRP 5.1,PRP	3	3	3	3	3	3	3	3	
	reasoning in	5.2,PRP									
	physiotherapeutic	6.1,PCVP									
	evaluation &	5.1,PCVP									
	management of	5.2,									
	neonatal, paediatric,	PRP 8.1,PRP									
	adult dysfunctions of the	8.2,PCVP									
	respiratory, cardiac	8.1,PCVP 8.2									

care	ditions & intensive units.	200 74 200								
adva phys tech oper and cond natio	ances of siotherapy iniques in post rative respiratory cardiac conditions ditions as per onal and global lth care needs.	PRP 7.1,PRP 7.2,PRP 9.1,PRP 10.1,PRP 11.1,PRP 12.1,PRP 12.2,PCVP 7.1,PCVP 7.2,PCVP 9.1,PCVP 10.1,PCVP 11.1,PCVP 11.2,PCVP 11.3,PCVP 12.1	3	3	3	3	3	3	3	
	Avg. Mapping		3	2.6	3	3	3	2.8	2.6	3
Tai	rget Mapping Level		3	3	3	3	3	3	3	3

# DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES (DEEMED TO BE UNIVERSITY) RAVI NAIR PHYSIOTHERAPY COLLEGE, SALOD (HIRAPUR), WARDHA

POST GRADUATE CURRICULUM
SUBJECT CODE – MPT/COMMUNITY HEALTH PHYSIOTHERAPY/2022 -2023 to 2026-2027

## **COMMUNITY HEALTH PHYSIOTHERAPY**

## MPT II YEAR

S. NO.	CONTENT	PAGE NO
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	Details of Syllabus	
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**PREAMBLE:** The Ministry of Human Resource Development, Government of India presented The National Education Policy (NEP) 2020. The global education development agenda reflected in the Goal 4 (Sustainable Development Goal 4) of the 2030 Agenda for Sustainable Development, adopted by India in 2015 - seeks to 'ensure inclusive and equitable quality education and promote lifelong learning opportunities for all' by 2030. Such a huge task demand reworking and rearrangement of the complete education arrangement to be backing and promoting education, with the aim to fulfilling the set out targets and objectives. With this focus there seem to be a need for key reforms to abridge the lacunae in the present programs and course outcomes to highlight the main features, equality and veracity into the structure.

The NEP 2020 rests precise importance on the growth of the innovative talent of every educator. It emphases upon the fundamental capabilities and also advanced order intellectual capabilities, such as critical thinking and reasoning, problem solving, social ethical, and emotional capacities. The policy also emphasis that the education system brings out noble individuals with capability of balanced behaviour, having kindness and compassion, bravery and flexibility, technical soundness and inventive mind, with thorough moral jetties and standards. The policy recognizes the need to change curriculum at the undergraduate and graduate levels in light of changing demands, technology, and novel developing illness patterns. The strategy also advises that current institutional systems for regulating and ensuring the quality of training and education should be reviewed urgently. The policy suggests that the debate over re-creating a regulatory structure for health professional education be revisited in order to address new needs and challenges, and it calls for Professional Education Regulation reforms

Knowledge of Community Health Physiotherapy is vital to the understanding of both therapeutic techniques and its effects.

Community Health Physiotherapy is

thestudyoftherapeutictechniquesinthePhysiotherapydepartment.CommunityHealthPhysiotherapyplaysanimportantroleinrelievi ngpain,swelling,stiffnessetc. Aim of teaching Community Health Physiotherapy to postgraduate students is to help them understand the scientific basis of biomechanics and improvingbodyfunctions and orient themtowards theapplication ofknowledgeacquired in solvingclinical problems.

**GOALS:** The goal of the postgraduate student should be able to understand prevalence & incidence of various conditions responsible for increasing morbidity in the specific community, role of physiotherapy in reducing morbidity, expected clinical

& functional recovery, reasons for non-compliance in specific community & environmental solution for the same.

Program		Statement
Outcome		
PO 1	Clinician	Clinician- who understands and provides preventive, promotive, curative, palliative and holistic care with
		compassion as per Local, National and Global healthcare needs
PO 2	Leader and	
	member of the	Leader and member of the health care team and system providing services to Local, Regional, National, and
	health care team and system:	International stakeholders.
PO 3	Communicator:	Communicator with patients, families, colleagues, and the community as per national and international
		healthcare standards.
PO 4	Lifelong learner:	Lifelong learner committed to the constant advancement of knowledge and skills in accordance with healthcare
		needs.
PO 5	Professional	Professional committed to ethical, responsive, and accountable service to the patients, the community, and
		the profession as per Global standards of health professions.
PO 6	Critical Thinker	Critical thinker, able to think rationally and generate logical connections between concepts in accordance with
		global healthcare requirements.
PO 7	Researcher	Researcher who can gather, evaluate, and enrich scholarly literature, thereby enabling evidence-based healthcare practice which is Globally relevant

## **Program Specific Outcomes (PSOs)**

PSOs	Statement
PSO 1	Integrate knowledge and application of physiotherapy assessment in Community Health conditions.
PSO 2	Develop a reasoned rationale for evidence-based physiotherapy intervention by utilizing recent advances of physiotherapy techniques of Community Health conditions.

CO 1	Explain the Legal issues, Health delivery system in India, Basic Concepts of Rehabilitation, Community Based Rehabilitation, physiology of aging, physiology of pregnancy and occupational hazards in industry in the context of global healthcare conditions.
CO 2	Demonstrate assessment in geriatrics, women's health and industrial health, Disability and assistive devices.
СОЗ	Apply ICF and home exercise program for Musculoskeletal, Neurological and Cardio-respiratory conditions.
CO 4	Evaluate Physiotherapy management in in various conditions in geriatrics, women and industrial workers as per health care needs.
CO 5	Devise a plan for recent advances in geriatric physical therapy, women's health, industrial therapy and community physiotherapy as per national and global health care needs.

#### **Objectives:**

- AcquiretheindepthunderstandingoftheconceptofCommunityBasedRehabilitation,Physiotherapyincommunityhealthand Institution Based Rehabilitation.
- 2. Beabletoassist inplanningandorganizationcamps at communitylevel.
- 3. BeabletoorganizeeventsforhealthpromotionsaspervariousdaysasrecommendedbyWHO.
- 4. Beabletoimpartservicesandtrainingatthecommunityleveleffectivelywithminimumresources.
- 5. Beabletoplanandimplementtreatmentprogrammeadequatelyandappropriatelyforvariousconditionsin communityand duringdisasteror naturalcalamities.
- 6. This courses hall enable the candidate to expertise in the Community health and function in the general setup as consultant.
- $7. \quad As a consultant, works with the team of health professionals involved in various areas.\\$

#### AETCOM IN ADVANCES IN COMMUNITY HEALTH PHYSIOTHERAPY

Subject	Competency
Advances in Community Health Physiotherapy	The physiotherapy postgraduate student should know to treat the patient with an acceptable level of behaviour, attitude & empathy while delivering evidence- informed community health physiotherapy care.
	The physiotherapy postgraduate student should maintain the principles of confidentiality, rationality and ethical practice during patient care for community health conditions.

### **Speciality subjects**

# Community Health Physiotherapy Advances in Community Health Physiotherapy –Part I Paper III: (Essentials of Community Physiotherapy)

SN	CO no	Topic	Pape	Do	Leve	Suggested	Suggested
			r	ma	l	Teaching	Assessmen
				in		Method	t method
1	PCP 1.1	Legal issues –  National & International (WHO) Rehabilitation acts.	III	K	КН	Small Group Discussion /Seminar	SAQ
	PCP 1.2	Implementation of the Act.					
2	PCP 2.1	Health delivery system in India: Health and Illness.	III	K	КН	Small Group Discussion /Seminar	SAQ
	PCP 2.2	Levels of Healthcare.				/Semma	
3	PCP 3.1	Principles and practice of fitness training for health promotion in community	III	K, S, A,	KH, SH	Small Group Discussion (SGD)	LAQ/SAQ DOPS/Wor k place

							based Assessment
4	PCP 4.1	Basic Concepts of Rehabilitation	III	K, S, A,	KH, SH	Seminar/Lectur e	LAQ/SAQ OSCE//DO PS/mini
	PCP 4.2	Institute based rehabilitation services					CEX
	PCP 4.3	Multi-disciplinary approach.					
5	PCP 5.1	Community Based Rehabilitation:  Methodology of CBR with reference to National Health Delivery system and Spectrum of CBR	III	K	KH, SH	Small Group Discussion (SGD)/ Seminar/Lectur e.	LAQ/SAQ
	PCP 5.2	Role of Government and Non-Government organizations in CBR.					
	PCP 5.3	Principles and practice of Rehabilitation and outreach services.					
	PCP 5.4	Role of Rehabilitation counselling, holistic approach, skills training in CBR.					
6	PCP 6.1	Role of Community Physiotherapist in National and State Institutes,	III	K, S,	KH, SH	Small Group Discussion	LAQ/SAQ

		District Rehabilitation Centre and Primary Health Centre.		A, C			
7	PCP 7.1	Legislation laws for persons with disability at National and UN (United Nations) level.	III	K	КН	Small Group Discussion (SGD)/Seminar	SAQ
	PCP 7.2	Public awareness to the various disabilities.	III	K	КН	Small Group Discussion (SGD)/Seminar	SAQ
8	PCP 8.1	Evaluation of Disability as per ICF for Musculoskeletal, Neurological and Cardio-respiratory	III	K, S, A, C	KH, SH	Small Group Discussion (SGD)/Seminar/ Case Based Study	OSCE/OSP E/DOPS/ Mini CEX
	PCP 8.2	Rehabilitation of disabled	III	K, S, A, C	KH, SH	Small Group Discussion (SGD)/Seminar/ Case Based Study	OSCE/OSP E/DOPS/ Mini CEX
9	PCP 9.1	Appropriate Technology, Assistive devices used for Stability & Mobility to enhance functional independence.	III	K, S, A, C	KH, SH	FGD/Seminar	LAQ/SAQ OSCE/DO PS

10	PCP 10.1	Home exercise programs for Musculoskeletal conditions.  Arthritis, Chronic pain, Burn, Degenerative & progressive disorders etc.	III	K, S, A, C	KH, SH	Seminar	CAQ/SAQ  OSCE/ DOPS,  Work place based assessment,
	PCP 10.2	Home exercise programs for Neurological conditions. Examples: Spinal cord injury, Traumatic brain injury, Stroke, Parkinson's disease,					
	PCP 10.3	Home exercise programs for cardiorespiratory conditions.  Examples: Amputations, Heart disease & pulmonary disease,					
11	PCP 11.1	Physical fitness, yoga and psychosomatic approaches (Meditation) for stress management.	III	K, S, A, C	KH, SH	FGD/ Case Based Discussion/Sem inar	DOPS, Work place based assessment,

# Advances in Community Health Physiotherapy – Part II Paper IV: (Women's Health, Industrial Health and Geriatric Health)

SN	CO No	Competency	Pap er	Dom ain	Lev el	Suggested Teaching Method	Suggested  Assessment method
1	PCP 1.1	Geriatric Health: Physiology of Ageing.  Factors affecting ageing.	IV	K,S, A,C	KH, SH	Small Group Discussion (SGD)/ Seminar	LAQ/SAQ DOPS/Mini CEX
	PCP 1.2	Theories of aging	IV	K,S, A,C	KH, SH	Small Group Discussion (SGD)/ Seminar	LAQ/SAQ DOPS/Mini CEX
2	PCP 2.1	Basic concepts of Geriatric Medicine and Geriatric surgery.	IV	K	KH	Small Group Discussion (SGD)/ Seminar	SAQ
	PCP 2.2	Common diseases affecting Elderly.	IV	K	KH	Small Group Discussion (SGD)/ Seminar	SAQ
3	PCP 3.1	Assessment of the Geriatric conditions.	IV	K,S, A,C	KH, SH	FGD/Seminar	LAQ/SAQ  DOPS/Workplac e based assessment

4	PCP 4.1	Geriatric Rehabilitation:  Exercise prescription.in geriatrics	IV	K,S, A, C	KH, SH	Seminar/Work shop/Lecture	LAQ/SAQ DOPS/ OSLER/ OSCE/Workplac e based assessment
	PCP 4.2	Nutrition in geriatric health.	IV	K,S, A, C	KH, SH	Seminar/Work shop/Lecture	LAQ/SAQ DOPS/ OSLER/ OSCE/Workplac e based assessment
	PCP 4.3	Fall in geriatrics and fall prevention programme.  Issued related to incontinence, balance and co-ordination.  Home, work place modification.	IV	K,S, A, C	KH, SH	Seminar/Work shop/Lecture	LAQ/SAQ DOPS/ OSLER/ OSCE/Workplac e based assessment
	PCP 4.4	Psychosocial and safety issues in elderly.	IV	K,S, A, C	KH, SH	Seminar/Work shop/Lecture	LAQ/SAQ DOPS/ OSLER/

							OSCE/Workplac e based assessment
	PCP 4.5	Services for elderly.	IV	K,S, A, C	KH, SH	Seminar/Work shop/Lecture	LAQ/SAQ DOPS/ OSLER/ OSCE/Workplac e based assessment
	PCP 4.6	Recent advances in geriatric physical therapy	IV	K,S, A, C	KH, SH	Seminar/Work shop/Lecture	LAQ/SAQ DOPS/ OSLER/ OSCE/Workplac e based assessment
5	PCP 5.1	Posture and gait evaluation and management in elderly.	IV	K, S, A, C	KH, SH	Small Group Discussion (SGD)/ Case Based Discussion/Wo rkshops.	LAQ/SAQ Mini CEX/ DOPS /peer review
	PCP 5.2	Successful aging	IV	K, S, A, C	KH, SH	Small Group Discussion (SGD)/ Case Based Discussion/Wo rkshops.	LAQ/SAQ Mini CEX/ DOPS /peer review

	PCP 53	Holistic physiotherapy for elderly	IV	K, S, A, C	KH, SH	Small Group Discussion (SGD)/ Case Based Discussion/Wo rkshops.	LAQ/SAQ Mini CEX/ DOPS /peer review
	PCP 5.4	Evidenced based practice in geriatrics	IV	K, S, A, C	KH, SH	Small Group Discussion (SGD)/ Case Based Discussion/Wo rkshops.	LAQ/SAQ Mini CEX/ DOPS /peer review
6	PCP 6.1	Women's, Health: Women's reproductive health care.  Physiology of Pregnancy  Assessment of common discomforts in females	IV	K,S, A,C	KH, SH	Seminar/ Case Based Discussion/Lec ture/Workshop	LAQ/SAQ  OSLER/ DOPS / Workplace based assessment/OSC E/Mini CEX
	PCP 6.2	Ante- natal care and exercise prescription.	IV	K,S, A,C	KH, SH	Seminar/ Case Based	LAQ/SAQ OSLER/ DOPS / Workplace

						Discussion/Lec ture/Workshop	based assessment/OSC E/Mini CEX
	PCP 6.3	Pregnancy induced complications Diagnosis and treatment of  Cardiac diseases and disorders like Pregnancy induced hypertension, Vascular, Respiratory, Neurologic condition	IV	K,S, A,C	KH, SH	Seminar/ Case Based Discussion/Lec ture/Workshop	SAQ OSLER/ DOPS / Workplace based assessment/OSC E/Mini CEX
7	PCP 7.1	Labour, Pain mechanism and relief during labour.  Physical therapy for pain relied during labour	IV	K,S, A,C	KH, SH	Seminar/ Case Based Discussion/Lec ture/Workshop	LAQ/SAQ  OSLER/ DOPS / Workplace based assessment/OSC E/Mini CEX
	PCP 7.2	Post partum care:  Anatomical and physiological changes, post- partum blues.  Post natal exercises	IV	K,S, A,C	KH, SH	Seminar/ Case Based Discussion/Lec ture/Workshop	LAQ/SAQ OSLER/ DOPS / Workplace based assessment/OSC E/Mini CEX
	PCP 7.3	Caesarean section and physiotherapy management after caesarean section.	IV	K,S, A,C	KH, SH	Seminar/ Case Based Discussion/Lec ture/Workshop	LAQ/SAQ OSLER/ DOPS / Workplace based

							assessment/OSC E/Mini CEX
	PCP 7.4	Neonate handling Education: Kangaroo care etc.	IV	K,S, A,C	KH, SH	Seminar/ Case Based Discussion/Lec ture/Workshop	SAQ OSLER/ DOPS / Workplace based assessment/OSC E/Mini CEX
8	PCP 8.1	Common gynaecologic conditions and Physiotherapy management (e.g. pelvic inflammatory diseases, , incontinence, uterovaginal prolapsed, infertility, PCOD, obesity etc).	IV	K,S, A,C	KH, SH	Seminar/ Case Based Discussion/Lec ture/Workshop	LAQ/SAQ  OSLER/ DOPS / Workplace based assessment/OSC E/Mini CEX
	PCP 8.2	Common Surgical Interventions: Hysterectomy, Laparotomy etc. and Physiotherapy management.	IV	K,S, A,C	KH, SH	Seminar/ Case Based Discussion/Lec ture/Workshop	LAQ/SAQ  OSLER/ DOPS / Workplace based assessment/OSC E/Mini CEX
9	PCP 9.1	Musculoskeletal pain and dysfunction in the childbearing year.	IV	K,S, A,C	KH, SH	Seminar/ Case Based Discussion/Lec ture/Workshop	LAQ/SAQ OSLER/ DOPS / Workplace based

10	PCP10.1	Recent Advances in women	IV	K,S,	KH,	Seminar/ Case	assessment/OSC E/Mini CEX LAQ/SAQ
10	1 C1 10.1	health.	TV	A,C	SH	Based Discussion/Lec ture/Workshop	OSLER/ DOPS / Workplace based assessment/OSC E/Mini CEX
11	PCP11.1	Other issues related to Womens Health: The climacteric (Menopause) Anatomical, physiological, psychological, cardiovascular & other systemic changes among post menopausal	IV	K,S, A,C	KH, SH	Seminar/ Case Based Discussion/Lec ture/Workshop	LAQ/SAQ  OSLER/ DOPS / Workplace based assessment/OSC E/Mini CEX
	PCP11.2	Cancer rehabilitation (Breast and Reproductive Organs)  Osteoporosis, falls and fractures in postmenopausal woman	IV	K,S, A,C	KH, SH	Seminar/ Case Based Discussion/Lec ture/Workshop	LAQ/SAQ OSLER/ DOPS / Workplace based assessment/OSC E/Mini CEX
	PCP11.3	Exercise prescription for post menopausal women.	IV	K,S, A,C	KH, SH	Seminar/ Case Based Discussion/Lec ture/Workshop	LAQ/SAQ OSLER/ DOPS / Workplace based

12	PCP12.1	Exercise testing and prescription in female athletes.	IV	K,S, A,C	KH, SH	Seminar/ Case Based Discussion/Lec ture/Workshop	assessment/OSC E/Mini CEX  LAQ/SAQ OSLER/ DOPS / Workplace based assessment/OSC E/Mini CEX
13	PCP13.1	Industrial Health:  Occupational Health, Occupational Stress Occupational Hazards, Industrial Hygiene, Vulnerable workers group.	IV	K, S, A	KH, SH	Small Group Discussion (SGD)/Case based discussion/sem inar	LAQ/SAQ Mini CEX/ DOPS / OSCE/OSLER  A/workplace basedassessment /360 feedback
	PCP13.2	Industrial therapy: traditional medical model v/s worker care spectrum and team approach.  Assessment of worker in industrial therapy	IV	K, S, A	KH, SH	Small Group Discussion (SGD)/Case based discussion/sem inar	SAQ Mini CEX/ DOPS / OSCE/OSLER  A/workplace based assessment/360 feedback

PCP13.3	Injury prevention: ergonomics, job analysis, job placement assessment ⪯ employment screening.  Employee fitness programme	IV	K, S, A	KH, SH	Small Group Discussion (SGD)/Case based discussion/sem inar	SAQ Mini CEX/ DOPS / OSCE/OSLER  A/workplace based assessment/360 feedback
PCP13.4	Returning to work  Functional capacity evaluation  Job simulation  Work conditioning& hardening	IV	K, S, A	KH, SH	Small Group Discussion (SGD)/Case based discussion/sem inar	LAQ/SAQ Mini CEX/ DOPS / OSCE/OSLER  A/workplace based assessment/360 feedback
PCP13.5	Frequent types of injuries related to work place design, repetitive motion & cumulative trauma disorders	IV	K, S, A	KH, SH	Small Group Discussion (SGD)/Case based discussion/sem inar	LAQ/SAQ Mini CEX/ DOPS / OSCE/OSLER  A/workplace based assessment/360 feedback

PCP 13.6	Energy: - Principles, application of ergonomics to the design & /or redesign of jobs, manufacturing workstations, & other work environments to achieve increased profitability & reductions in injury illness	IV	K, S, A	KH, SH	Small Group Discussion (SGD)/Case based discussion/sem inar	LAQ/SAQ Mini CEX/ DOPS / OSCE/OSLER  A/workplace based assessment/360 feedback
PCP 13.7	Recent advances in industrial therapy	IV	K, S, A	KH, SH	Small Group Discussion (SGD)/Case based discussion/sem inar	LAQ/SAQ Mini CEX/ DOPS / OSCE/OSLER A/workplace based assessment/360 feedback
PCP13.8	Frequent types of injuries related to work place design, repetitive motion & cumulative trauma disorders  Physiotherapy role in industry – preventive, intervention, ergonomic and rehabilitative.	IV	K, S, A	KH, SH	Small Group Discussion (SGD)/Case based discussion/sem inar	LAQ/SAQ Mini CEX/ DOPS / OSCE/OSLER  A/workplace based assessment/360 feedback

	PCP13.9	Ergonomics, Principles, Issues related to hand tools, posture, material handling and lifting	IV	K, S, A, C	KH, SH	Small Group Discussion (SGD)/ Case Based Discussion/Wo rkshops.	LAQ/SAQ Mini CEX/ DOPS /peer review
14	PCP14.1	Evidence Based Practice in Community Health.	IV	K	KH	Seminar/Work shop/Video Presentation.	SAQ

#### **Clinical Posting:**

#### Second year

Gynaecology and Obstetrics, antenatal postnatal OPD, geriatric OPD, PHC/CHC in Rural areas, Industry, Old Age Homes, Specially Abled School.

## **Competencies (For Assessment and Management)**

Sr. No	Competencies	Minimum C	•	s for achievemen	ts of level of					
			Competencies							
		Observed	Assisted	Independent	Verified with					
				form	faculty					
					signature and					
					Name					
1.	Geriatric Assessment.									
2.	Gynaecological &									
	Obstetric assessment.									
3	Workplace based									
	assessment.									
4	Responses of various									
	systems to Exercise									
	and training.									
5.	Considerations of age									
	and sex in exercise and									
	training.									
6.	Anthropometric									
	measurements									

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7.	Physical fitness		
	assessment Flexibility,		
	Muscle strength,		
	endurance, Testing of		
	agility- balance, co-		
	ordination.		
8.	Physiotherapy		
	modalities, techniques		
	and approaches.		
9.	Aids and appliances,		
	adaptive functional		
	devices to improve		
	movement		
	dysfunction.		
10.	Exercise prescription	 	
	for health and fitness		
	with special emphasis		
	to Obesity and		
	Diabetes.		
11.	Screening for		
	Gynaecologic &		
	Obstetric causes of		
	Back Pain.		
12.	Exercise planning and	 	
	prescription.		
	And Use of Exercise		
	therapy techniques		
	and application on		
	various types of		
	Community cases.		
13.	Physiotherapy		
	following Obstetric		
	and Gynaecological		
	Disorders.		
14.	Exercise prescription		
	for health and fitness		
	with special emphasis		
		l .	

	to Industrial population.		
15.	Exercise prescription for health and fitness with special emphasis to Geriatric population.		

#### **SCHEME OF EXAMINATION**

**Theory:** There will be four papers of 100 marks each of three hours duration details are as follows

Que. No.	Type of Question	Out Of	<b>Total Questions</b>	Marks
Q. 1	Short Answer Questions	All Compulsory	10 M X 6	60 Marks
Q. 2	Long Answer Question	All Compulsory	20 M X 2	40 Marks

#### **Theory Paper setting format**

#### PAPER – III & IV

Time:3 Hours ]			[ Max. Marks: 100
Instructions	:		
(21)	All questions are com	pulsory	
(22)	Numbers to the right:	indicates full marks.	
(23)	Draw neat diagrams,	wherever necessary	
(24)	Use single answer bo	ok for answering both sections.	
		SECTION	I - A
Q1. S.A.Q. – S	Short Answer Questions		10  M X  6 = 60
(ff)			
(gg)			
(ii)			
(jj)			
		SECTION	
Q2. L.A.Q. – Long Answer Questions			20  M X  2 = 40
		_ under the following heads - 20 M	
	- Knowledge	• •	
Level	I - Comprehension	(5 M)	
Level	II - Application	(5 M)	
Level I	V – Analysis	(5 M)	
(l) Descri	lbe	under the following heads - 20 M	
Level	- Knowledge	(5 M)	
Level	I - Comprehension	(5 M)	

Level III - Application	(5 M)	
Level IV – Analysis	(5 M)	

**Practical:** Practical will be conducted in 2 days for 400 Marks.

S.R. No.	Type of Practical	Topics	Marks
1	Long Case I	Geriatric	100 Marks
2	Long Case II	Women's Health	100 Marks
3	Short Case I	Specialty- Industrial Therapy/Occupational health Hazards	50 Marks
4	Teaching Skills (Microteaching)		50 Marks
5	Dissertation + Viva Voce		100 Marks

#### **Primary Question Paper Template:**

#### MPT/COMMUNITY HEALTH PHYSIOTHERAPY/2022 -2023 to 2026-2027

Template - Table of specification (2- LAQ, 6 -SAQ)

		Maximum Marks	
		22.1.1.2	
LAQ		20 M X 2	
2/2		= 40 M	
SAQ 6/6		10 M X 6	
6/6		= 60 M	
	Total	100 M	
		•	

#### LIST OF REFERENCE BOOKS AND JOURNALS SECOND YEAR M.P.T BOOKS & JOURNALS FOR COMMUNITY HEALTH PHYSIOTHERAPY

Sr. No	Name of Books			
1	Geriatric Physical Therapy By Andrew A. Guccione, 2nd Edition (Mosby 2000)			
2	Developing Cultural Competence In Physical Therapy Practice By Jill Black Lattanzi,			
	Larry D. Purnell (F.A.Davis Company, Philadelphia 2006)			
3	Rehabilitation Of The Aging And Elderly Patient By Gerald Felsenthal, Susan J.			
	Garrison, Franz U. Steinberg (Williams &Wilkins 1994)			
4	Physical Therapy Of The Geriatric Patient By Jackson Osa. Churchill Livingstone. New York.			
5	Geriatric Physical Therapy: A Clinical Approach By Carole B. Lewis And Jennifer Bottomley (1993)			
6	Geriatric Rehabilitation Manual By Timothy L. Kauffman (1999)			
7	Manual Of Geriatric Rehabilitation By David X. Cifu (2003)			
8	Functional Fitness For Older Adults By Patricia A. Brill (2004)			
9	Epidemiology Of Aging – An Ecological Approach By William A. Satariano (Jones			
	And Bartlett Publishers, 2006).			
10	Little Black Book Of Geriatrics, By Karen Gershman, Mccullough Dennis 4th Edition			
	(Jones And Bartlett Publishers, 2008).			
11	Burnside's Working With Older Adults, Group Process And Techniques By Barbara Haight, Faith Gibson; 4th Edition (Jones And Bartlett Publishers, 2005).			
12	Developing Cultural Competence In Physical Therapy Practice, Jill Black Lattanzi,			
	Larry D. Purnell (2006 F.A. Davis).			
13	Industrial Therapy, Key.G.L. (1987 Mosby)			
14	Physiotherapy In The Community , Gibson, Ann. 1988, Woodhead-Faulkner (Cambridge, Wolfeboro, N.H., USA)			
15	Community Rehabilitation In Neurology, Michael P. Barnes, Harriet Radermacher, Cambridge University Press 2009			
16	Community Care For Health Professionals, Ann Crompton And Mary Ashwin, (Butterworth – Heinemann 2000)			
	Community Care For Health Professionals, Ann Crompton And Mary Ashwin, (Butterworth – Heinemann 2000)			

17	Ruth Sapsford, Joanne Bullock Saxton, Sue Markwell, "Women's Health: A Textbook For Physiotherapists, 1998, Bailliere Tindall.
18	Physiotherapy In Obstetrics AndGynecology, Margaret Polden And Jill Mantle, Butterworth-Heinemann Publishers, Stoneham, MA, 1990
19	Obstetrics And GynecologicPhysiotherapy, Elaine Wilder, Churchill Hill Livingstone.
20	Rebecca G. Stephenson, Linda J. O' Connor, "Obstetric AndGynecologic Care In Physical Therapy", 2000, Slack Incorporated 2 Edition.
21	Carolyn Kisner, Colby Allen Iynn, "Therapeutic Exercise Foundations And Techniques, 5th Edition.
22	Bo, Kari; Berghmans, Bary, "Evidence-Based Physical Therapy For The Pelvic Floor: Bridging Science And Clinical Practice", 2007, Churchill Livingstone (London)
23	Irion, Jean M.; Irion, Glenn, "Women's Health In Physical Therapy: Principle And Practices For Rehabilitation Professional", 2009, Lippincott Williams And Wilkins (Philadelphia).
24	David Wise, Rodney U. Anderson, J. Laycock, "Therapeutic Management Of Incontinence And Pelvic Pain: Pelvic Organ Disorders", 2007, Springer; 2nd Ed. Edition.
25	) Matthew Parsons, Linda Cardozo, "Female Urinary Incontinence In Practice", 2004, Royal Society Of Medicine Press.
26	John Cox And Jeni Holden, "Perinatal Mental Health - A Guide To The Edinburgh Postnatal Depression Scale", 2003, Gaskell Publisher.
27	Carrie Hall And Lori Thein Brody, "Therapeutic Exercise: Moving Towards Function, 2005, Lippincott Williams & Wilkins.
28	Padubidri Vg Shirish N Daftary, Shaw's Textbook OfGynecology, Elsevier India P Ltd 2008.
29	Gary Cunningham Et Al, Williams Obstetrics, Mcgraw Hill Professional, 2001
30	Kevin P Hanretty, Et Al, Obstetrics Illustrated, Churchill Livingstone; 6 Edition
31	David Makay Hart, Et Al Gynaecology Illustrated, Churchill Livingstone 2000.
32	<ul> <li>1.Rehabilitation. 2.Disabled Persons. 3.Community Health Services. 4.Health Policy.</li> <li>5. Human Rights.6.Social Justice. 7.Consumer Participation. 8.Guidelines. WHO Library Cataloguing-in-Publication Data</li> </ul>
33	I. World Health Organization. II.UNESCO. III.International Labour Organisation. IV .International Disability Development Consortium IsBn 978 92 4 154805 2 (nlm classification: wB 320) © World Health Organization 2010

34	<b>Prejudice &amp;Dignity: An introduction to Community-Based Rehabilitation</b> by Einar Helander United Nations Development Programme . Publication NO, E93-III-B.3, ISBN92-1-126032-9.
35	Training in the Community for People with Diasabilities by E. Helander ,P.Mendis, G.Nelson, and A.Goerdt. Published by WHO Geneva 1989.  Finnie's Handling the Young Child with Cerebral Palsy at Home, 4th Edition 2008, Editor: Eva Bower
36	<b>Principles and Practice of Geriatric Surgery</b> by Ronnie Ann Rosenthal, Michael E. Zenilman, Mark R. Katlic. Second Edition. Springer International publication
37	Oxford American Handbook of Geriatric Medicine by Lesley K. Bowker, James D. Price, Sarah C. Smith. Oxford University Press.

#### **Journals**

Sr. No	Name of Journals
1	Journal Of Rehabilitation – Research And Development
2	Archives Of Physical Medicine And Rehabilitation
3	Geriatric Physical Therapy
4	Journal Of Geriatrics
5	Journal Of Indian Academy Of Geriatrics
6	
7	Journal Of Clinical Gerontology & Geriatrics
8	Geriatric Surgery- evolution of a clinical community- The American Journal of Surgery.

Advances in Community Health	СО	PO1 Clinician	PO2 Leadership and Team worker	PO3 Communicator	PO4 Lifelong Learner	PO5 Professional	PO6 Critical Thinker	PO7 Researcher	PSO1	PSO2
Physiotherapy (Paper III & Paper IV)	issues, Health delivery system in India, Basic Concepts of Rehabilitation, Community Based Rehabilitation, physiology of aging, physiology of pregnancy and occupational hazards in industry.	3	2	3	3	3	2	2		
	co2: Demonstrate assessment in geriatrics, women's health, industrial health and Disability.	ß	3	3	3	3	3	2	3	
	CO3: Apply ICF for Musculoskeletal, Neurological and Cardio-respiratory conditions.	3	3	3	3	3	3	2	3	
	CO4: Evaluate Physiotherapy management in various conditions in geriatrics, women and industrial workers as per health care needs.	3	3	3	3	3	3	3		3

CO 5: Devise a plan for recent advances in geriatric physical therapy, women's health, industrial therapy and community physiotherapy as per national and health care needs.	3	3	3	3	3	3	3		3
Avg. Mapping Target Mapping Level	3	2.8	3	3	3	2.8	2.4	3	3

## DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES (DEEMED TO BE UNIVERSITY) RAVI NAIR PHYSIOTHERAPY COLLEGE, SALOD (HIRAPUR), WARDHA

#### POST GRADUATE CURRICULUM SUBJECT CODE – MPT/SPORTS PHYSIOTHERAPY/2022 -2023 to 2026-2027

## **SPORTS PHYSIOTHERAPY**

## **MPT II YEAR**

S. NO.	CONTENT	PAGE NO
1.	Preamble	150
2.	Goals	150
3.	Program Outcome	147
4.	Program Specific Outcome	152
5.	Course Outcomes	152
6.	Objectives	153
7.	Educational Program	154
	Details of Syllabus	
8.	Assessment (Scheme of Examination)	161
9.	Recommended reading	168
10.	CO-PO Mapping	172

PREAMBLE: The Ministry of Human Resource Development, Government of India presented The National Education Policy (NEP) 2020. The global education development agenda reflected in the Goal 4 (Sustainable Development Goal 4) of the 2030 Agenda for Sustainable Development, adopted by India in 2015 - seeks to 'ensure inclusive and equitable quality education and promote lifelong learning opportunities for all' by 2030. Such a huge task demand reworking and rearrangement of the complete education arrangement to be backing and promoting education, with the aim to fulfilling the set out targets and objectives. With this focus there seem to be a need for key reforms to abridge the lacunae in the present programs and course outcomes to highlight the main features, equality and veracity into the structure.

The NEP 2020 rests precise importance on the growth of the innovative talent of every educator. It emphases upon the fundamental capabilities and also advanced order intellectual capabilities, such as critical thinking and reasoning, problem solving, social ethical, and emotional capacities. The policy also emphasis that the education system brings out noble individuals with capability of balanced behaviour, having kindness and compassion, bravery and flexibility, technical soundness and inventive mind, with thorough moral jetties and standards. The policy recognizes the need to change curriculum at the undergraduate and graduate levels in light of changing demands, technology, and novel developing illness patterns. The strategy also advises that current institutional systems for regulating and ensuring the quality of training and education should be reviewed urgently. The policy suggests that the debate over re-creating a regulatory structure for health professional education be revisited in order to address new needs and challenges, and it calls for Professional Education Regulation reforms

Knowledge of Sports Physiotherapy is vital to the understanding of both therapeutic techniques and its effects. Sports Physiotherapy is the study of the rapeutic techniques in the Physiotherapy department. Aim of teaching Sports Physiotherapy to post graduate students is to help them to understand sport biomechanics, biomechanics of injuries, and biomechanics of sport activities and on-field assessment & decision making, Injury prevention in sports.

**GOALS:** The post graduate student will be able to understandpsychological aspects in sports, doping and performance enhancing drugs, protective equipments and principles of investigations in sports injuries and principles of soft tissue healing of upper and lower extremity, common fractures and dislocation in sports.

Program		Statement
Outcome		
PO 1	Clinician	Clinician- who understands and provides preventive, promotive, curative, palliative and holistic care with
		compassion as per Local, National and Global healthcare needs
PO 2	Leader and	
	member of the	Leader and member of the health care team and system providing services to Local, Regional, National, and
	health care team	International stakeholders.
	and system:	
PO 3	Communicator:	Communicator with patients, families, colleagues, and the community as per national and international
		healthcare standards.
PO 4	Lifelong learner:	Lifelong learner committed to the constant advancement of knowledge and skills in accordance with healthcar
		needs.
PO 5	Professional	Professional committed to ethical, responsive, and accountable service to the patients, the community, and
		the profession as per Global standards of health professions.
PO 6	Critical Thinker	Critical thinker, able to think rationally and generate logical connections between concepts in accordance with
		global healthcare requirements.
PO 7	Researcher	Researcher who can gather, evaluate, and enrich scholarly literature, thereby enabling evidence-based healthcan practice which is Globally relevant

## **Program Specific Outcomes (PSOs)**

PSOs	Statement
PSO 1	Integrate knowledge and application of physiotherapy assessment in Sports injuries and conditions.
DCO 2	
PSO 2	Develop a reasoned rationale for evidence-based physiotherapy intervention by utilizing recent advances of physiotherapy techniques of Sports injuries and conditions.

CO 1	Explain the sports science, exercise physiology, terminologies, methodology related to various sports, principles sports injury management, sports psychology management, acute sports management and demonstrate advanced sports assessment skills.
CO 2	Demonstrate assessment in various sport injuries and sports specific fitness, Exercise physiology, training and fitness, musculoskeletal screening of athletes pre-season, in season, post season. Sports management of special population geriatrics, physically challenged athletes.
CO3	Apply sport biomechanics, biomechanics of injuries, and biomechanics of sport activities, surgical management and rehabilitation in sports injuries, management in overuse injuries, and electrotherapy in sports rehabilitation, Doping and performance enhancing drugs, protective equipments and principles of investigations in sports injuries
CO 4	Evaluate Physiotherapy management in recent advances in McKenzie's, Maitland's, Cyriax's Mulligan's, Positional release technique, Myofascial release techniques, Muscle energy techniques, Neurodynamics& neural tissue mobilizations and taping techniques in sports physiotherapy.
CO 5	Devise a plan for recent advances in principles of soft tissue healing of upper and lower extremity, common fractures and dislocation in sports, overuse injuries sports, sports specific problems in females, paediatrics, elderly, On-field assessment & decision making, Injury prevention in sports, diets in sports, pre-season diet, pre-game diet, Evidenced based sports rehabilitation, return to sports criteria. Problems in female athletes, menstrual synchrony, and preventive strategies.

#### **Course Objectives:**

After completion of the course students should be able to -

- 1. Understand their role and responsibility in the sports medicine team as a Physiotherapist
- 2. Understand clinical manifestations and apply biomechanical analysis for suitable management based on recent trends in treating and managing various sports injuries
- 3. Plan and develop strategies for injury prevention and recurrence of a condition in an athlete
- 4. Handle situations like on field management during a game
- 5. Undertake independent research in Sports medicine

#### AETCOM IN ADVANCES IN SPORTS PHYSIOTHERAPY

Subject	Competency
Advances in Sports Physiotherapy	The physiotherapy postgraduate student should know to treat the patient with an acceptable level of behaviour, attitude & empathy while delivering evidence- informed sports physiotherapy care.
	The physiotherapy postgraduate student should maintain the principles of confidentiality, rationality and ethical practice during patient care for sports conditions.

# Sports Physiotherapy Paper III: Advances in Sports Physiotherapy (Part I).

SN	No.	Competency	Pape r	Dom ain	Level	Suggested Teaching Method	Suggested Assessment method
1	PSP 1.1	Introduction to Sports sciences	III	K,S	KH	Seminar/ Small Group Discussion (SGD)	LAQ/SAQ DOPS, Work place based assessment
	PSP 1.2	Introduction to exercise physiology	III	K,S	KH	Seminar/ Small Group Discussion (SGD)	LAQ/SAQ DOPS, Work place based assessment
2	PSP 2.1	Terminology, methodology, rules, equipment, infrastructure of some common sports Cricket, Football, Basketball, Hockey.	III	K,S, A,C	SH	Demonstrati on+ Hands On Training	LAQ/SAQ DOPS/OSCE
	PSP 2.2	Terminology, methodology, rules, equipment, infrastructure of some common sports Tennis, Track & Field, Aquatic Sports.	III	K,S, A,C	SH	Demonstrati on+ Hands On Training	LAQ/SAQ DOPS/OSCE
3	PSP 3.1	Assessment & Diagnosis of various sports injuries.	III	K,S, A,C	KH,S H	Seminar/ Small Group Discussion (SGD)	LAQ/SAQ DOPS/OSCE Work place based assessment
	PSP 3.2	Sports specific fitness.(Cricket, Football, Track & field, aquatic sports)	III	K,S, A,C	KH,S H	Seminar/ Small Group Discussion (SGD)	LAQ/SAQ DOPS/OSCE Work place based assessment
4	PSP 4.1	Principles of Sports Biomechanics & Biomechanics of injury.	III	K,S, A,	SH	Small Group Discussion (SGD)	LAQ/SAQ OSLER/DOP S/OSCE/Mini CEX

	PSP 4.2	Physics in sports: Biomechanics Of Running, Throwing, Swimming, Jumping. Advances In Biomechanics assessment	III	K,S, A,	SH	Small Group Discussion (SGD)	LAQ/SAQ OSLER/DOP S/OSCE/Mini CEX
5	PSP 5.1	Advanced Cardio Respiratory Exercise Physiology, Principles of Strength training, Fitness & strength testing in sports.	III	K,S, A,C	KH,S H	Seminar/ Lecture Small Group Discussion (SGD)	LAQ/SAQ DOPS/OSCE Work place based assessment
	PSP 5.2	Sports specific conditioning, Sports specific Agility training, Sports equipments (including Gym equipments).	III	K,S, A,C	KH,S H	Seminar/ Lecture Small Group Discussion (SGD)	LAQ/SAQ DOPS/OSCE Work place based assessment
6	PSP 6.1	Psychological aspects in Sports (Kubler –Ross grief model, Peretz model of loss, Cognitive stress model, Cognitive emotional response).	III	K, A,S, C	SH,K H	Small Group Discussion (SGD)/Wor kshop/ Video presentation s	LAQ/SAQ OSCE/DOPS/ mini CEX
	PSP 6.2	Doping & performance enhancing drugs.	III	K, A,S, C	SH,K H	Small Group Discussion (SGD)/Wor kshop/ Video presentation s	LAQ/SAQ OSCE/DOPS/ mini CEX
	PSP 6.3	Protective equipments in Sports including Orthotics Sports Traumatology.	III	K, A,S, C	SH,K H	Small Group Discussion (SGD)/Wor kshop/ Video presentation s	LAQ/SAQ OSCE/DOPS/ mini CEX
7	PSP 7.1	Principles of investigations and imaging techniques in Sports Injuries	III	K,S,	K,SH	Small Group Discussion (SGD)	OSPE/DOPS/ MiniCEX

		D: : 1 CT: 1 1:	TTT	T7 C	GII	0 1 1	T 4 0 /0 4 0
		Principles of Tissue healing,	III	K, S,	SH	Case based	LAQ/SAQ
		Soft tissue injuries of Lower limb		A		studies	OSCE/mini-
8	PSP	(Hip, thigh, Knee, leg, ankle)					CEX/DOPS,
0	8.1						Work place
							based
							assessment,
		Principles of Tissue healing,	III	K, S,	SH	Case based	LAQ/SAQ
		Soft tissue injuries of Upper limb		A		studies	OSCE/mini-
	PSP	(Shoulder, elbow, forearm, wrist,					CEX/DOPS,
	8.2	hand)					Work place
							based
							assessment,
		Common Fractures & Dislocations,	III	K,A,	K,SH	Seminar	LAQ/SAQ/
9	PSP	Spinal injuries in sports		S			OSCE/Mini
	9.1						CEX
	Dan		777	TZ	1711	G : /	M. CEN
1.0	PSP	Overuse injuries in Sports	III	K	KH	Seminar/	Mini-CEX,
10	10.					Small group	DOPS
	1					discussion	
	PSP	Sports specific problems in Females,	III	K,S	KH,S	Seminar/	LAQ/SAQ
11	11.	paediatric & elderly athletes.			H	Small group	Mini-CEX,
	1					discussion	DOPS/ OSCE
	PSP	On-field assessment & decision	III	K,S	KH,S	Seminar/	LAQ/SAQ
	11.	making, Injury prevention in sports			Н	Small group	Mini-CEX,
	2					discussion	DOPS/ OSCE

Sports Physiotherapy
Paper IV: Advances in Sports Physiotherapy (Part II).

SN	No.	Competency	Paper	Domai n	Level	Suggested Teaching Method	Suggested Assessment method
1	PSA 1.2	Principles of Sports Injury Management	IV	K,S	KH	Small Group Discussion (SGD)/ Seminar	LAQ/SAQ DOPS/OSCE
2	PSA 2.1	Specific psychology management in sports, Sports specific training	IV	K,S,	K	FGD	LAQ/SAQ
3	PSA 3.1	Advanced sports assessment skills, Initial management of Acute sports injuries.	IV	K,S,A,	KH,SH	Seminar/ Small Group Discussion (SGD)	LAQ/SAQ DOPS/OSCE Work place based assessment
4	PSA 4.1	Overview of Surgical management and rehabilitation (including Arthroscopic surgery) for Sports injuries.	IV	K,S, A,	KH,SH	FGD	LAQ/SAQ DOPS/Workplace based assessment OSCE/Mini CEX
5	PSA 5.1	Injury & Sports specific management, Management of overuse injuries in sports.	IV	K,S,A,	KH,SH	Seminar/ Lecture Small Group Discussion (SGD)	LAQ/SAQ DOPS/OSCE Work place based assessment
	PSA 5.2	Electrotherapy in sports rehabilitation, Rehabilitation of Sports injuries	IV	K,S,A,	KH,SH	Seminar/ Lecture Small Group Discussion (SGD)	LAQ/SAQ DOPS/OSCE Work place based assessment
6	PSA 6.1	Manual Therapy Techniques in Sports Physiotherapy: McKenzie's, Maitland's, Cyriax's, Mulligan's mobilization, Positional release techniques— peripheral joints, Recent advances.	IV	K,S	SH	SGD/ Case Based Discussion/Wor kshop/Video Presentation	LAQ/SAQ OSLER/ DOPS / Workplace based assessment

	PSA 6.2	Manual Therapy Techniques in Sports Physiotherapy: Myofascial release techniques, Muscle energy techniques, Neurodynamics& neural tissue mobilizations, Recent advances	IV	K,S	SH	SGD/ Case Based Discussion/Wor kshop/Video Presentation	LAQ/SAQ OSLER/ DOPS / Workplace based assessment
7	PSA 7.1	Musculoskeletal screening of Athletes – Pre season, In-season & Post –season	IV	K,S	SH	Seminar/ FGD	LAQ/SAQ OSLER/ DOPS / Workplace based assessment
8	PSA 8.1	Sports Management of special population – geriatric, physically challenged athletes.	IV	K, S, A, C	КН	Small Group Discussion (SGD)/Seminar	LAQ/SAQ Mini CEX/ Workplace based assessment
9	PSA 9.1	Taping techniques and recent advances in sports rehabilitation	IV	K, S, A, C	SH	Seminar/ Case Based Discussion	LAQ/SAQ OSLER/ OSCE/ Mini CEX/ DOPS
10	PSA 10.1	Diet & sports- Pre-session diet, pre-game meal, carbohydrate loading, high fat diet, high protein diet.	IV	K, S, A, C	SH	Seminar/ Case Based Discussion	LAQ/SAQ OSLER/ OSCE/ Mini CEX/ DOPS
11	PSA 11.1	Evidenced based sports rehabilitation and return to sports criteria.	IV	K, S, A, C	SH	Seminar/ Case Based Discussion	LAQ/SAQ OSLER/ OSCE/ Mini CEX/ DOPS
12	PSA 12.1	Problems in female athletes, menstrual synchrony, and sports specific management, preventive strategies.	IV	K, S, A, C	SH	Seminar/ Case Based Discussion	LAQ/SAQ OSLER/ OSCE/ Mini CEX/ DOPS

## **Speciality subjects**

#### **CLINICAL POSTING**

#### **Second year**

Acute care & Rehabilitation in Sports and Musculoskeletal conditions: Indoor and Outdoor patients

#### **Competencies (For Assessment and Management)**

Sr. No.	Competencies	Minimum Cases/ Experiments for achievements of level o Competencies				
		Observed	Assisted	Independently performed	Verified with faculty signature and Name	
1.	Musculoskeletal Assessment.					
2	Responses of various systems to Exercise and training.					
3.	Anthropometric measurements.					
4.	Physical fitness assessment Flexibility, Muscle strength, endurance, Testing of agility- balance, coordination					
5.	Evaluation Methods, fitness tests used in Musculoskeletal system and sports					
6.	Physiotherapy modalities, techniques and approaches					
7.	Aids and appliances, adaptive functional devices to improve movement dysfunction.					
8.	Posture and Gait analysis and diagnosis.					

9.	Differential Diagnosis versus Screening.		
10.	Assessment of Pain and Symptoms.		
11.	Exercise planning and prescription. Fitness training		
12.	Use of Exercise therapy techniques and application on various types of sports cases.		
13.	Pathological investigations and imaging techniques related to Musculoskeletal and sports injuries with interpretation.		
14.	Mobilization and Manipulation Manual therapy – different schools of thought.		

#### **SCHEME OF EXAMINATION**

#### **Formative and Summative Examination**

#### **Formative Examination:**

1. Annual Examination: For I year MPT

**Theory:** There will be two papers (Paper I & II) of 100 marks each of three hours duration details are as follows:

Que. No.	Type of Question	Out Of	<b>Total Questions</b>	Marks
Q. 1	Short Answer Questions	All Compulsory	10 M X 6	60 Marks
Q. 2	Long Answer Question	All Compulsory	20 M X 2	40 Marks

#### **Primary Question Paper Template:**

#### MPT/NEURO PHYSIOTHERAPY/2022 -2023 to 2026-2027

Template - Table of specification (2- LAQ, 6 -SAQ)

	Maximum Marks
LAQ	20 M X 2
2/2	= 40 M
SAQ	10 M X 6
6/6	= 60 M
Total	100 M
Total	100 141

## Theory Paper setting format PAPER – I TO III

[ Max. Marks: 100

11111010 110010	1		[ 1/14/1/ 1/14/11/5/ 100
Instructions	:		
(25)	All questions are cor	npulsory	
(26)	Numbers to the right	indicates full marks.	
(27)	Draw neat diagrams,	wherever necessary	
(28)	Use single answer bo	ook for answering both section	S.
	-	-	SECTION – A
Q1. S.A.Q. – S	Short Answer Question	s	$10 \mathrm{M} \mathrm{X} 6 = 60$
(kk)			
(11)			
(mm)			
(nn)			
(00)			
(pp)	·		
			SECTION – B
Q2. L.A.Q. – l	Long Answer Question	S	20  M X  2 = 40
(m) Descr	ibe	under the following heads	- 20 M
Level	I - Knowledge	(5 M)	
Level	II - Comprehension	(5 M)	
Level	III - Application	(5 M)	
	IV – Analysis	(5 M)	
	•	under the following heads	- 20 M
	I - Knowledge	(5 M)	
	II - Comprehension		
	III - Application	(5 M)	
	IV – Analysis	(5 M)	
Level	iv Allalysis	(3 141)	
			D.C. WILLOW! D.L. DEC

P.G. THEORY PAPER
PAPER -IV

Time : 3 Hours ] [ Max. Marks : 100

Instructions : ---

Time:3 Hours ]

- (1) Numbers to the right indicates full marks.
- (2) Draw neat diagrams, wherever necessary
- (3) Use single answer book for answering both sections.

#### Solve any two long Answer Question

50 M X 2 = 100

- 1. Describe \_\_\_\_\_ under the following heads
  - (a) Introduction
  - (b) Application
  - (c) Analysis
  - (d) Synthesis
  - (e) Evaluation
  - (f) Summary
- 2. Describe \_\_\_\_\_ under the following heads
  - (a) Introduction
  - (b) Application
  - (c) Analysis
  - (d) Synthesis
  - (e) Evaluation
  - (f) Summary
- 3. Describe \_\_\_\_\_ under the following heads
  - (a) Introduction
  - (b) Application
  - (c) Analysis
  - (d) Synthesis
  - (e) Evaluation

Summary

Practical: Practical will be conducted for 200 Marks.

S.R. No.	Type of Practical	Topics	Marks
1	Long Case I	As Per Speciality	100 Marks
2	Short Case I	As Per Speciality	50 Marks
3	Dissertation (Review) and Viva Voce		50 Marks

#### 2. Preliminary Examination:

**Theory:** There will be four papers of 100 marks each of three hours duration details are as follows

Que. No.	Type of Question	Out Of	<b>Total Questions</b>	Marks
Q. 1	Short Answer Questions	All Compulsory	10 M X 6	60 Marks
Q. 2	Long Answer Question	All Compulsory	20 M X 2	40 Marks

### **Theory Paper setting format**

#### PAPER – III & IV

Time:3 Hours		[ Max. Marks: 100
Instructions	: <del></del>	
(29)	All questions are compulsory	
(30)	Numbers to the right indicates full marks.	
(31)	Draw neat diagrams, wherever necessary	
(32)	Use single answer book for answering both sections.	
		SECTION – A
Q1. S.A.Q. – S	Short Answer Questions	10 M X 6 =60
(qq)		

(tt)	
(uu)	
(vv)	
	SECTION – B
Q2. L.A.Q. – Long Answer Questions	20  M X  2 = 40
(o) Describe	under the following heads - 20 M
Level I - Knowledge	(5 M)
Level II - Comprehension	(5 M)
Level III - Application	(5 M)
Level IV – Analysis	(5 M)
(p) Describe	under the following heads - 20 M
Level I - Knowledge	(5 M)
Level II - Comprehension	(5 M)
Level III - Application	(5 M)
Level IV – Analysis	(5 M)
,	,

**Practical:** Practical will be conducted in 2 days for 400 Marks.

S.R. No.	Type of Practical	Topics	Marks
1	Long Case I	Sports rehabilitation in injuries managed surgically	100 Marks
2	Long Case II	Common sports injuries	100 Marks

3	Short Case I	Specialty- Manual Therapy	50 Marks
4	Teaching Skills		50 Marks
5	Dissertation and Viva Voce		100 Marks

#### **Summative Examination:**

**Theory:** There will be four papers of 100 marks each of three hours duration details are as follows

Que. No.	Type of Question	Out Of	<b>Total Questions</b>	Marks
Q. 1	Short Answer Questions	All Compulsory	10 M X 6	60 Marks
Q. 2	Long Answer Question	All Compulsory	20 M X 2	40 Marks

**Practical:** Practical will be conducted in 2 days for 400 Marks.

S.R. No.	Type of Practical	Topics	Marks
1	Long Case I	Sports rehabilitation in injuries managed surgically	100 Marks
2	Long Case II	Common sports injuries	100 Marks
3	Short Case I	Specialty- Manual Therapy	50 Marks
4	Teaching Skills		50 Marks
5	Dissertation and Viva Voce		100 Marks

#### **Primary Question Paper Template:**

#### MPT/COMMUNITY HEALTH PHYSIOTHERAPY/2022 -2023 to 2026-2027

Template - Table of specification (2- LAQ, 6 -SAQ)

	Maximum Marks
LAQ	20 M X 2
2/2	= 40 M
SAQ	10 M X 6
6/6	= 60 M
Total	100 M

#### LIST OF REFERENCE BOOKS AND JOURNALS SECOND YEAR M.P.T BOOKS & JOURNALS FOR SPORTS PHYSIOTHERAPY

Sr. No	Name of Books	
1	Essentials of Orthopedics for Physiotherapists by John Ebenezer – Jaypee Publications	
2	Practical Fracture Treatment by Ronald McRae, Max Esser – Churchill Livingston	
3	Oxford Textbook of Orthopaedic& Trauma by Christopher Bulstrode, Joseph Buckwalter - Oxford University Press	
4	Campbell's operative orthopedics By S. Terry Can ale, James H. Beaty - Mosby	
5	Fractures & joint injuries By Watson Jones – Churchill Livingston	
6	Clinical Orthopaedic Examination by Ronald McRae – Churchill Livingstone	
7	Daniels and Worthingham's muscle testing: Techniques of manual examination By Helen . Hislop, Jacqueline Montgomery Barbara – Elsevier	
8	Muscles – Testing and Function by Florence Peterson Kendall – Lippincott	
9	Joint Range of Motion and Muscle length testing By Nancy Berryman Reese - Saunders	
10	Orthopedic Physical Assessment, By David J. Magee, PhD, BPT - Saunders	
11	Illustrated Orthopedic Physical Assessment, 3e B y Ronald C. Evans, - Mosby	
12	Diagnostic Imaging for Physical Therapists by James Swain, Kenneth W. Bush, and Juliett Brosing – Elsevier	
13	Differential Diagnosis for Physical Therapists: Screening for Referral, By Catherine C Goodman, and Teresa Kelly Snyder – Saunders	
14	Gait Analysis: Theory And Application By Rebecca Craik and Carol A Oatis – Mosby	
15	Skeletal Growth and development: Clinical issues and basic science advances. The Symposium Series by Joseph A Buckwalter – AAOS	
16	Introduction to Physical Therapy, By Michael A. Pagliarulo - Mosby	
17	Kinesiology: The mechanics and Pathomechanics of Human Movement by Carol A Oatis Lippincott 4. Cash Text Book for Orthopedics and rheumatology for physiotherapist by John Elizabeth Cash & Patricia A Downie – Lippincott	
18	Joint Mobilization / Manipulation: Extremity and Spinal Techniques by Susan L Edmond Mosby	

19	Foundations of Chiropractic by Meridel I Gatterman – Mosby
	Grieve's Modern Manual Therapy: The Vertebral Column, By Jeffrey Boyling and Gwendolen
20	Jull – Churchill Livingston
	Kinesiology of the Musculoskeletal System: Foundations for Rehabilitation, By Donald A.
21	Neumann, PhD, PT – Mosby
	Maitland's Peripheral Manipulation, By EllyHengeveld, and Kevin Banks, - Butterworth-Heinemann 10. Maitland's Vertebral Manipulation, By Geoff D. Maitland, - Butterworth-
22	Heinemann Hand and Upper Extremity Rehabilitation: A Practical Guide, By Susan L. Burke, - Churchill
	Livingston Manual Therapy for the Peripheral Nerves B y Jean-Pierre Barral, DO(UK) and
23	Alain Croibier, Osteopathe DO, MRO (F) – Churchill Linvingston
	Neuromuscular Rehabilitation in manual and physical therapies: Principles and Practice by Eyal
24	Lederman – Churchill Livingston
25	Orthopaedic Physical therapy Secrets by Jeffrey D Place - Elsevier
26	Principles and Practice of orthopedics and sports medicine b y Garret
	A Physiotherapist's Guide to Clinical Measurement by John Edward Fox, and Richard Jasper
27	Day – Elsevier
28	Orthotics and Prosthetics in Rehabilitation, By Michelle M. Lusardi, PhD, PT and Caroline C. Nielsen, PhD - Butterworth-Heinemann
	Clinical Application of Neuromuscular Techniques: The Upper Body by Leon Chaitow, and Judith DeLany, - Elsevier
29	Handbook of Postsurgical Rehabilitation Guidelines for the Orthopedic Clinician By Hospital
30	for Special Surgery – Mosby
31	An Illustrated Guide to Taping Techniques – Principles & Practice By Thomas John Hewetson – Mosby
32	Paraplegia & Tetraplegia A Guide for Physiotherapists by Id a Bromley – Churchill Livingston
33	Therapeutic exercises using swiss ball By Caroline corning creager – Executive Physical therapy
34	Manual Mobilization of the Joints – The Kaltenborn Method Volume I, II By Freddy Kaltenborn
35	Treat your own Back by Robin Mckenzie
36	Treat your own Neck by Robin Mckenzie
37	Cervical and Thoracic spine: Mechanical Diagnosis & Therapy Vol I & II By Robin Mckenzie
38	The Lumbar Spine: Mechanical Diagnosis & Therapy Vol I & II By R obinMckenzie
39	The Human Extremities: Mechanical Diagnosis & Therapy by Robin Mckenzie
40	Manual Therapy by Brain R Mulligan
10	1

41	Documentation for Rehabilitation: A Guide to Clinical Decision Making, By Lori Quinn, and James Gordon - Saunders
42	Clinical Orthopaedic Rehabilitation by S Brent Brotzman
43	Treatment and rehabilitation fractures by Vasantha L Moorthy&StanleyHoppenfield - Lippincott 33. Physiotherapy for Amputees: The Roehampton Approach by Barbara Engstrom - Churchill Livingston
44	Textbook of orthopedic medicine Vol I & II by James Cyriax – Bailliere
45	Orthopedic& Sports Physiotherapy: Morris
46	Vol. I The Upper Extremity in Sports Medicine. Vol. II The Lower Extremity and Spine in Sports Medicine. Vol. III The Lower Extremity and Spine in Sports Medicine. Mosby.
47	Orthopedic Sports Medicine, DeleeDrez Miller, 3rd edition: 2009, Saunders Elsevier
48	Sports Physiotherapy, Maria Zuluaga, Christopher Briggs, John Carlisle.
49	Sports Injury Assessment and Management, David C Reid.
50	Post surgicalorthopedic sports rehabilitation knee and shoulder, Robert C. Maske: 2006: Mosby Elsevier.
51	Sports injuries diagnosis and management , Christopher N. Norris: 2nd & 3rd edition: 1998: BH.
52	Sports medicine secrets, Hanley and belters, 2nd edition: 2001: jaypee
53	Sports injuries prevention and their treatment, Lass Peterson: 1st edition: 2001: Martin dunitz.
54	Sports medicine problem and practical management, Eugene sherry, 1st edition:1997: GMM.
55	Exercise and sports science, Garrett, Kirkendall: 2000: Lippincott Williams And Wilkins.
56	ACSM'S essentials of sports medicine, Robert E. salhi, fredymassimino: 1997: Mosby.
57	Sports medicine in primary care, Rob jonson M.D: 2000: saunders company.
58	Seidel, H. (110105). Mosby's guide to physical examination. St Louis, MO: C.V. Mosby.
59	Kuprian: Physical Therapy for Sports, W.B. Saunders
60	Malone: Orthopeadic and Sports Physical Therapy, C.V. Mosby.
61	Zulunga et al: Sports Physiotherapy, W.B. Saunders.
62	Reed: Sports Injuries – Assessment and Rehabilitation, W.B. Saunders.
63	Gould: Orthopaedic Sports Physical Therapy, Mosby.
64	C. Norris: Sports Injuries – Diagnosis and Management for Physiotherapists, Heinmann.
65	Mc Ardle, Katch, Katch: Exercise Physiology Edition IV.
66	Era Volinski: Nutrition and exercise in Sports - CRC Press, New York
	Fox and Mathews - The Physiological Basis of Physical Education and athletics
67	– Holt Saunders.

68	Clarke - Exercise Physiology - Prentice Hall.
69	Werner Kuprian: Physical Therapy for Sports, W.B. Saunders.
70	Kennedy: Mosby's Sports Therapy Taping Guide.
71	Malone: Orthopeadic and Sports Physical Therapy, C.V. Mosby.
72	William E. Prentice: Therapeutic Modalities in Sports Medicine - Mosby.
73	Kuprian: Physical Therapy for Sports, W.B. Saunders.
74	Suinn: Psychology in Sports: Methods and applications, Surject Publications.
75	Grafiti: Psychology in contemporary sports, Prentice Hall.
	James G. Hay – The Biomechanics of Sports Techniques, Prentice Hall.
76	Brunnstrom - Clinical Kinesiology, F.A. Davis.
	Northrip et al: Analysis of Sports Motion: Anatomic and Biomechanic
77	perspectives, W.C. Brown Co., IOWA.
	Leveac B.F.: Basic Biomechanics in Sports and Orthopeadic Therapy, C.V.
78	Mosby.
79	Morris B. Mellion: Office Sports Medicine, Hanley &Belfus.
80	Brukner and Khan: Clinical Sports Medicine, McGraw Hill.
81	Reed: Sports Injuries – Assessment and Rehabilitation, W.B. Saunders
	Fu and Stone: Sports Injuries: Mechanism, Prevention and Treatment,
82	Williams and Wilkins.
	Albert: Eccentric Muscle Training in Sports and Orthopedics, W.B.
83	Saunders.

	Journals	
Sr. No	Name of Journals	
1)	Clinical Kinesiology	
2)	Journal of biomechanics	
3)	Journal of pediatricOrthopedics	
4)	Journal of Orthopaedic& Sports Physical Therapy (JOSPT).	
5)	Journal of Manual Therapy	
6)	Journal of Manual & Manipulative Therapy	
7)	Spine	
8)	Journal of Hand Therapy	
9)	Journal Of Exercise Science & Physiotherapy	
10)	Journal of Sports and Physical Therapy	
11)	https://www.topendsports.com/	

12) https://www.acsm.org CO PO1 PO2 PO3 PO4 PO<sub>5</sub> **PO6 PO7** PSO<sub>1</sub> PSO<sub>2</sub> Advances in Clinician Leadership Communicator Lifelong **Professional** Critical Researcher Thinker **Sports** and Team Learner Physiotherapy ( worker 2 Paper III & CO1:Explain the sports 3 2 3 3 3 2 science, exercise physiology, Paper IV) terminologies, methodology related to various sports, principles sports injury management, sports psychology management, acute sports management and demonstrate advanced sports assessment skills. CO2:Demonstrate assessment 3 3 3 3 3 3 2 3 in various sport injuries and sports specific fitness, Exercise physiology, training and fitness, musculoskeletal screening of athletes preseason, in season, post season. Sports management of special population geriatrics, physically challenged athletes. CO3:Apply sport 3 3 3 3 3 3 2 3 biomechanics, biomechanics of injuries, and biomechanics of sport activities, surgical management and rehabilitation in sports injuries, management in overuse injuries, and electrotherapy in sports rehabilitation, Doping and performance enhancing drugs, protective equipments and principles of investigations in sports injuries

co4:Evaluate Physiotherapy management in recent advances in McKenzie's, Maitland's, Cyriax's Mulligan's, Positional release technique, Myofascial release techniques, Muscle energy techniques, Neurodynamics& neural tissue mobilizations and taping techniques in sports physiotherapy.	З	3	3	3	3	3	3		з
CO5:Devise a plan for recent advances in principles of soft tissue healing of upper and lower extremity, common fractures and dislocation in sports, overuse injuries sports, sports specific problems in females, paediatrics, elderly, On-field assessment & decision making, Injury prevention in sports, diets in sports, pre-season diet, pregame diet, Evidenced based sports rehabilitation, return to sports criteria. Problems in female athletes, menstrual synchrony, and preventive strategies.	3	3	3	3	3	3	3		3
Avg. Mapping	3	2.8	3	3	3	2.8	2.4	3	3
Target Mapping Level	3	3	3	3	3	3	2	3	3