

JSS College of Physiotherapy, Mysore

MASTER OF PHYSIOTHERAPY

Handbook

JSS CPT MPT HANDBOOK

Welcome to JSS College of Physiotherapy!

Given below is a brief outline of what to expect in your first year of MPT.

The MPT program is under the Rajiv Gandhi University of Health Sciences, Bangalore. University recommended start date for the course is October However, to allow for time to acclimatise and for data collection for thesis we start the academic year in September. The number of working days that must be completed is 279 - 15 holidays or 264 days. Out of this you require 80% attendance to be eligible to sit the exams (220 days). You may take 2 days of leave in a month, those 2 days is allowed only once in a year. Leave must be taken to ensure 80 percent of attendances, this is the student responsibility. Additionally you must complete the requisite number of seminars, evidence presentations and core competencies to be eligible to receive the hall ticket for the first year.

Within TWO MONTHS of your class commencement, your thesis guide will be assigned to you. It is your responsibility to meet with her/him as needed to ensure completion of your thesis protocol as per the academic calendar attached.

The list of seminars and evidence presentations with marking criteria and moderator is also attached. It is your responsibility to confer with your moderator well in advance to ensure timely presentations. Absence on the day of presentation will be marked as “non completion” of your required curriculum.

However, in emergency situations, postponement with 3 days prior application signed by the moderator and PG coordinator is acceptable.

The guidelines in this handbook must be strictly followed. Dress code and possession of required instruments on your person during clinical rotations is MANDATORY. All policies pertaining to the hospital must be followed strictly including documentation, gait belt policy and footwear policy.

Post graduates are expected to participate fully in all college and department activities and initiative will be appreciative. You are expected to conduct yourself in a professional and responsible manner including mentoring under graduates and cooperating with hospital therapists.

The following pages will give you more details.

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PERSONAL BIO-DATA

Affix your
recently
Passport size
Photograph

Name of the Student : _____

Date of Birth : _____

Date of Joining : _____

Name of College & University of Graduation: _____

Year of Passing B.P.Th. /BPT : _____

Permanent Address : _____

PIN - _____

Phone No. : (_____) _____

Local Address : _____

PIN _____

Phone No. : (_____) _____

Expected month of appearing for Examination. : _____

Name & Signature of Student.

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VISION OF THE COLLEGE:

JSS College of physiotherapy is committed to provide quality education at the Under Graduate and Post Graduate levels with emphasis on practicing the profession with dignity and compassion in keeping with global excellence standards and human values

Mission:

- To inculcate professional competence through education
- To define current needs to promote research
- To nurture relationships to foster development with societal engagement
- To encourage future leaders with a commitment to accountable patient care

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Student code of conduct

While attending college during regular hours including library hours or during college-sponsored activities, students are expected to follow these basic rules, procedures, and expectations:

1. Your first priority is to learn. Avoid distractions that interfere with or are counter-intuitive to that mission.
2. Be in the assigned place with appropriate materials as listed in the lesson plan, ready to work at the designated time that class begins.
3. Never intentionally harm another student.
4. Use appropriate and respectful language and behavior at all times while maintaining friendly and courteous behavior to all.
5. Be polite and respectful to everyone including students, teachers, administrators, support staff, patients, care givers and visitors.
6. Follow individual teacher instructions, class rules, and expectations at all times.
7. Do not rag. If you see someone being ragged, intervene by telling them to stop or immediately report it to college authorities as per guidelines.
8. Do not become a distraction for others. Give every other student the opportunity to maximize their potential. Encourage your fellow students. Never belittle them. Work together as a team..
9. Attendance and participation in class are an essential part of the educational process. Regular attendance is necessary for success. Furthermore, it allows students to achieve the maximum possible benefits from their educational experience. All students are expected to be present and prompt. Attendance is the responsibility of both parents and students.
10. Comport yourselves in a manner befitting a healthcare professional
11. Respect institutional and national property, identity and symbols
12. Do not engage in any activity that is against human values and rights.
13. Be respectful, compassionate and use polite language with patients, clients and vulnerable sections of society
14. Participate in all college activities
15. Participate and follow all national policies

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Code of conduct - Ethics in Research

The aim of the code of conduct for researcher (Student/ Staff) is to ensure that all research activities follows the below principles

1. **Autonomy** – Respect for persons including informed consent, privacy and confidentiality. understanding that every individual has the right to make decisions about him/ her self
2. **Beneficence** – Perform only those activities that is expected to do good
3. **Non-Maleficence** – Do no deliberate harm
4. **Justice** – Ensure equitable distribution of risks and benefits

All researchers in the institution must abide by this code of conduct which are governed by the following principles

1. **Principles of non-maleficence** whereby, it is ensured that the conduct of and discoveries of research and knowledge generated do no harm to humans, animals, plants and environment by taking precautions to protect self and others from any harmful effects and reporting immediately to concerned authorities if any untoward incident happens or likely to happen.
2. **Principles of beneficence** whereby, it is ensured that legitimate benefits are being sought and that they out-weigh the risks and harms. The researcher must work for the ethical and beneficent advancement, development and use of scientific knowledge
3. **Principles of risk minimization** whereby, due care and caution is to be taken to minimize the potential ill effects that may occur and restrict the dual use information and knowledge to those who need to know.
4. **Principle of Confidentiality** whereby, the researcher must uphold the basic principle of maintaining all private information highly confidential and reveal it to only legitimate individuals.
5. **Principle of Ethical review** whereby, all relevant research activities are subjected to ethical and safety review. All the research work (academic, sponsorship, collaborative) should be reviewed and approved by Institutional Research Cell (IRC). Research involving patient/ vulnerable persons' participation should be reviewed and approved by IRC and a registered ethical committee . Informed consent forms(formal or non formal) should be submitted to IRC by the researcher.
6. **Principles of transmission of ethical values** whereby (the duties and obligations embodied in this code), the ethical principles upon which it is based are transmitted faithfully to all who are, or may become, engaged in the conduct of such scientific research.
7. **Principles of voluntariness** whereby, researchers are fully apprised of the research, the impact and risk of such research, and whereby scientists retain the right to abstain from further participation in research that they consider ethically or morally objectionable.
8. **Principles of institutional arrangements** whereby, appropriate care is taken to ensure that all procedures are required to be complied with and all institutional arrangements

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appropriate. Researcher is responsible for usage, damage or loss of materials or equipment.

9. **Principles of totality of responsibility.** All the researchers' individual contributions should be disclosed to IRB. Gift authorship is strictly discouraged. Those who have contributed to the research but do not credit authorship must be acknowledged. A document describing each author's contribution to the research must be submitted to the IRC.
10. **Principles of research integrity** whereby, scientists are expected to adhere to highest professional standards in proposing, doing and reporting of research results to ensure reproducibility. During the conduct of research, data should be collected, collated, analyzed and reported with honesty and integrity. During publication, unethical practices such as fabrication, falsification, plagiarism etc. should be avoided and appropriate credit be given to collaborators who have contributed to the intellectual content of research being reported as reflected in the authorship of manuscripts sent for publication. The interests of students should be credited and provided with appropriate guidance.

* Code of conduct will be revised based on updates/Modification based on ICMR code of conduct for researchers.

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Definitions

Framework: a framework is an overview of what is expected. It is by no means meant to draw boundaries of knowledge

Knowledge acquisition: for the purposes of this book this term pertains to the gathering of theoretical knowledge

Skill acquisition: this means ability to consistently perform required practical skills pertaining to evaluation and management. This includes but is not limited to performing measurement like chest expansion, goniometry as per standard guidelines; performing and interpreting secondary measurements like breath sounds; tertiary measurements like standardized scales; therapeutic skills like stretching, strengthening etc.

In short it is the demonstration of what is learnt in BPT

Translational practice: this refers to the appropriate application of knowledge and skills to the individual patient without supervision.

Students are encouraged to refer books, journals and other resources to improve their practice

Didactic: refers to lectures delivered by a teacher either physically or through video conference/ recorded lectures

Moderated seminars: refers to student seminars that are initiated and made by the student with feedback from a teacher. It is the responsibility of the student to acquire adequate feedback to make the seminar flawless. Students are expected to send documents in Word as per the requirements given at the end of the book to their moderators well in advance so as to get adequate feedback.

Copies of the final seminars must be shared with classmates.

Journal club: this refers to a rotating activity wherein a student will critically appraise an article. Other students are expected to be familiar with the article so that there is healthy discussion.

Evidence based practice presentation: this refers to the presentation of current evidence on evaluation and management of a particular condition. The student is expected to do an exhaustive search of current literature, appraise them, list them in evidence hierarchy and present a document with a practical algorithm that can be used by his/her colleagues in everyday practice.

This document must be shared with classmates.

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Self - directed learning (SDL): refers to the student taking the initiative to read and acquire knowledge in the core areas without being guided.

Reading material sent to students fall under this category and it is the student's responsibility to ensure that they are read and understood

Prior to every class and seminar, students must have basic knowledge acquired through SDL

Reflective statement (RS): refers to an essay of at least 1000 words that a student completes about the lessons learnt in the lecture/ EBP/ case presentation/ seminar. This will include an introduction which will outline prior knowledge acquired through SDL, new lessons learnt, clarification made through SDL, references and a summary of the student's opinion of how useful it is for any of the domains listed in objectives.

If all the activities in a week are on the same topic, only one RS is expected. If there is more than one topic, individual RS is expected.

Daily rounds: refers to the patient care rounds conducted by senior faculty everyday/ alternate day. During this, the PG in the area will maintain a rounds register

Case report: refers to the reporting of patients seen at the end of each day to the coordinator

Case presentation: during every posting a student is expected to present at least 2 cases of varying diagnosis to the faculty in charge. Marks will be awarded for this.

Clinical portfolio: this is a record of every patient seen during the posting including initial evaluation, reasoning chart for the evaluation done, goals, plan of care with reasons and references (use CPG where available) follow up notes and discharge evaluation. Add a short summary of lessons learnt at the end of each case

Academic Portfolio: This is a record of academic activities performed during your course but not restricted to seminar

Research Portfolio: This is record of research activity performed includes data collection, research design, and Publications e t c

This handbook is meant to be a broad framework of your course. It is divided into three sections viz-

- Knowledge acquisition
- Skill acquisition

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- Translational practice

Knowledge acquisition consists of a thorough knowledge of theoretical principles of physiotherapy. The mode of delivery of this section will be through

- Didactic/ classroom teaching (D)
- Moderated seminars (MS)
- Journal club (JC)
- Evidence based practice (EBP) presentations
- Self-directed learning (SDL)

The assessment of the learning outcomes of this section will be through

- Marks obtained in seminars, JC, EBP.
- Grades obtained on reflective statements

Skill acquisition consists of flawless performance of core physiotherapy.

The mode of delivery is SDL. A list of required skills is listed

The mode of assessment will be through completion of the competency manual

Translational practice consists of application of knowledge and skills on every patient.

Mode of delivery is clinical rotations

Mode of assessment will be through

1. Informal methods
 - Presentation during daily rounds
 - Presentation during daily case report
2. Formal methods
 - End of posting case presentation marks
 - Clinical portfolio marks
 - Research portfolio
 - Academic portfolio

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TIME LINE – THESIS SUBMISSION

As per university guidelines

Hospital calendar

Days	Activities
All Fridays	Neuro case conference
All Fridays	Cardio case conference
All Mondays	Peads CC
All Wednesday	Ortho op & IP
All Saturday	Ortho OPD case discussion
IP auditing –Documentation	1 st week of every month
ICU auditing- pt care	3 rd week of every month
OPD auditing	2 nd week of every month
Audit meeting	4 th week of every month

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Mandate Requirements

Sl. No	Items	MPT I Year
1	Total Number of working days	279 working days at JSS College of Physiotherapy.
2	Attendance	80 percent of attendance is mandatory to qualify for MPT II year program
3	Case discussion	Every student is expected to submit at least 90 clinical discussions in a given format per year. (8 per month) clinical discussion which is given in this hand book.
4	Case Presentation	Each student is expected to submit 20 case presentations in year. (2 per month), in a given format.
5	Journal Presentation	Each student is expected to present 10 journal presentation in year (1 per month) in a given proforma.
6	Synopsis / Dissertation	Each student is expected to meet with Guide and discussed topic is documented in given format. At least 90 hours/Year (7 hours/month)
7	Seminars	Each student is expected take 20 seminar per month (2 per month)
8	Conference	Each student is expected to attend 2 national level conferences. And submit the report in given format along with the certification of attendance.
9	Publications	The MPT I year student is expected to publish 1 – Review article in UGC Recommended journal which comes under category Physiotherapy or Medicine or Health
10	UG Classes	Each student is expected to take at least 50 classes in year for BPT students.

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CHECK LIST:

Sl. No	Items	Signature - Authority
1	1 To 7	Class co ordinator
2	8 To 9	Librarian
3	10	Class co ordinator
4	11 To 13	Hospital Co ordinator
5	14 To 18	Class co ordinator
6	19	UG co ordinator
7	20 To 21	Principal
8	22 To 24	PG Guide
9	24 To 27	PG Subject teacher
10	28	NSS co ordinator
11	29	Academic co ordinator
12	30	Cultural co ordinator
13	31	Sports co ordinator
14	32	Hostel co ordinator
15	33	Student council co ordinator

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Sl. No	Items	Received	Not Received	Signature of Staff with Date	Student Signature
1	Vision Mission Statement of College				
2	Student Code of Conduct				
3	Student Code of Practice				
4	Anti – Ragging Form				
5	Academic Calendar				
6	Mentoring Log				
7	RGUHS – Syllabus for MPT				
8	Library card				
9	Helinet ID				
10	Orientation to college				
11	Orientation to Hospital				
12	Orientation access to HIS System				
13	Orientation Access to Clinical SOP – Department of Physiotherapy, JSS Hospital and Research				
14	Seminar Evaluation Forms				
15	Case presentation				
16	Daily rounds register				
17	Journal Presentation Evaluation Forms				

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18	Case study Evaluation Forms				
19	Topics divided UG Class				
20	Selection of Specialty				
21	Guide distribution				
22	Protocol submission procedures				
23	Lit review manuscript submission for publication				
24	Seminar Topic Distribution				
25	Self-Directed Learning				
26	Practical Demonstration				
27	Lecture Schedule				
28	Enrollment NSS				
29	Academic society presentations				
30	Cultural committee				
31	Sports				
32	Hostel (optional)				
33	Student council				
34	Mentor -				

Objective of MPT course

1. At the end of the first year, the student would have
2. Acquired sound knowledge of
3. Current evidence based evaluation and management in physiotherapy
4. Methods to acquire critical knowledge of published literature pertaining to foundational principles and practice of physiotherapy
5. Acquired competence in skills associated with evaluation and management or core physiotherapy
6. Developed the competence to apply theoretical knowledge and skills to the individual patient in order to evaluate, interpret, set goals and plan and carry out management in core areas of physiotherapy practice.

Program & Course Outcome

MPT GENERAL

The Master's Degree in Physiotherapy is a two year program consisting of classroom teaching, self-academic activities and clinical posting. In the first year theoretical basis of physiotherapy is refreshed along with research methodology and biostatistics. The students are rotated in all areas of clinical expertise during this period. They are required to choose their study for dissertation and submit a synopsis. During the second year the students will be posted in their area of specialty. They are required to complete and submit their dissertation. The learning program includes seminars, journal reviews, case presentations, case discussions and classroom teaching. Some of the clinical postings are provided at other reputed centers in the country in order to offer a wider spectrum of experience. The students are encouraged to attend conference, workshop to enhance their knowledge during the course of study. University examinations are held at the end of second year.

PROGRAMME OUTCOME

1. Preparation of a postgraduate student towards his/her professional autonomy with self regulating discipline at par with global standards.
2. Formation of base of the professional practice by referral as well as first contact mode using evidence based practice.
3. Impartation of research basis in order to validate techniques & technology in practice to physiotherapy.
4. Acquainting a student with concept of quality care at the institutional as well as the community levels.

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5. Inculcation of appropriate professional relationship in multidisciplinary set up, patient management and co partnership basis.
6. Preparation of students to address problems related to health education and community physiotherapy.
7. Practicing the concept of protection of rights of the community during referral as well as first contact practice.
8. Incorporation of concept of management in physiotherapy.
9. Experience in clinical training and undergraduate teaching partly.
10. Providing the honest, competent and accountable physiotherapy services to the community.

LEARNING OBJECTIVES:

At the completion of this Program, the student should be

1. Able to execute all routine physiotherapeutic procedures with evidence based practice.
2. Able to be a prominent member of the multidisciplinary physiotherapy team and treat all the conditions which need physiotherapeutic procedures.
3. Able to provide adequate knowledge about the treatment procedures and its benefit.
4. Able to transfer knowledge and skills to students as well young professionals
5. Able to perform independent physiotherapy assessment and treatment for patients.
6. Able to undertake independent research in the field of physiotherapy.
7. Learn multidisciplinary practice skills. 8. Able to practice and assess patient independently.
8. On successful completion of M.P.T programme, the Physiotherapist professional will be able to take up physiotherapy teaching assignments independently for undergraduate teaching programme. He / She will be able to prepare project proposal with selected research design and interpret the evaluated outcome measures (using sound data processing techniques and statistical methods). He/she will be able to practice in his / her specialty area with advanced knowledge and skills.

Course outcome

CORE

SUBJECT

S

1. Principles of Physiotherapy Practice

The student will be able to define the scope and limitations of the physical therapy service and identifies the goals and objectives of the service

2. Research Methodology and Biostatistics

Students should be able to identify the overall process of designing a research study from its inception to its report. 4. Students should be familiar with ethical issues in educational research, including those issues that arise in using quantitative and qualitative research. 5. Students should know the primary characteristics of quantitative research and qualitative research. 6. Students should be able to identify a research problem stated in a study

Statisticians help determine the sampling and data collection methods, monitor the execution of the study and the processing of data, and advise on the strengths and limitations of the results.

They must understand the nature of uncertainties and be able to draw conclusions in the context of particular statistical applications.

3. Exercise Physiology

Demonstrate knowledge of general overall physiological principles associated with metabolic processes; musculoskeletal system; cardiovascular system; aerobic and anaerobic program design.

Demonstrate knowledge of pathophysiology and risk factors associated with exercise and disease. Demonstrate the ability to administer and interpret health appraisals, fitness and clinical exercise testing. Acquire theoretical knowledge of exercise physiology including exercise metabolism, cardio-respiratory response to exercise, energy, nutrition and environmental factors in exercise

4. Electrophysiology

At the end of the course the student acquires sound theoretical knowledge of muscle physiology including muscle structure, mechanical properties, fibre types, neural activation, soreness,

damage and adaptation, and the effects of aging, immobile/disuse, training, fatigue and spasticity on muscle.

The student will be able to analyze and interpret electro diagnostic procedures.

5. Physical and Functional Diagnosis

Generic On completion of the subject, students will have had the opportunity to develop the following generic skills.

- Evaluate and analyses the physiological aspects of physical rehabilitation.
- Make clinical decision and plan for effective treatment
- Identify and recognize the importance of monitoring vital signs.
- Plan strategies for management of various musculoskeletal, neurological, cardio pulmonary problems and in various medical and surgical conditions.

Specific

- In this course, the student will learn the assessment of various conditions through appropriate and valid tools.
- Frame comprehensive management of physical ailments to develop independent professional knowledge and skill.

6. Physiotherapeutics

Discuss the importance of exercises and how it should be carried out

- Be familiar with the treatment plans for all patients on the treatment unit
- Identify the co-morbidities that will impact on patient condition
- Recognize if any adverse reactions is occurring.
- Integrates knowledge and understanding of the physiotherapist role and the roles of others in providing client-centred care.

7. ELECTIVE

a. Musculoskeletal Disorders and Sports Physiotherapy

On completion of this subject, students will have had the opportunity to develop the following generic skills:

- Advanced understanding of the scope of practice of musculoskeletal physiotherapy, advanced knowledge of physical, biological, medical and behavioural sciences.
- Advanced clinical knowledge, skills and attitudes necessary for the competent assessment, prophylaxis, treatment and rehabilitation of patients with neuromusculoskeletal and related disorders.
- The knowledge and skills in research design, research methodology and critical analysis of

relevant clinical literature necessary to appreciate the role of research as a basis for evidence - based practice.

- The ability to update further academic developments and advanced clinical skills in the speciality discipline of Orthopaedic physiotherapy.

Specific On completion of the subject, students will have had the opportunity to develop the following specific skills:

- A deeper understanding of the basic sciences and their integration with musculoskeletal physiotherapy clinical practice.
- A sound theoretical knowledge and understanding of neuro musculoskeletal conditions affecting people.
- The ability to perform an appropriate subjective and physical examination, with development of suitable analytical skills to evaluate data obtained.
- The ability to develop and implement clinical analytical skills to evaluate data obtained.
- The ability to develop and implement a clinical management plan based on the interpretation of assessment findings.
- The ability to monitor patient response to modify or progress treatment appropriately. An awareness of the paramount importance of patient safety all times.
- Knowledge of the role of other health care professionals involved in patient care.

b. Neurological and Psychosomatic Disorders

Generic On completion of the subject, students will have had the opportunity to develop the following generic skills.

- An advanced understanding of the changing knowledge base in neurology, and the international context and sensitivities of the area.
- The ability to evaluate and synthesize research and professional literature and apply this information to clinical situations.
- A capacity to articulate their knowledge, understanding and managing neurological patients.
- A capacity to manage competing demands on time, including self directed project work.
- A capacity to be an effective member of a team based approach to patient care and to take a leadership role in the team as appropriate. Specific On completion of the subject, students will have had the opportunity to develop the following specific skills.
- Patient assessment and treatment planning including integration and interpretation of patient problems and effective goal setting.
- Acquire knowledge about the developmental processes in the nervous system, sensorimotor systems and the processing of sensory information, the programming and execution of movement, mechanisms of plasticity, learning and recovery of function after injury, higher cortical functions and their disorders following brain injury.
- Application of neuroscience to clinical situations.

c. Cardio-Respiratory Disorders

Generic On completion of the subject, students will have had the opportunity to develop the following generic skills.

- An understanding of professional responsibility and ethical principles in relation to individuals and community, both locally and internationally.
- The ability to evaluate and synthesis research and professional literature and apply this information.
- □Well developed problem solving abilities in both the clinical and the theoretical aspects of cardiothoracic physiotherapy.
- A capacity to manage competing demands on time, including self-directed project work.
- Critical evaluation of assessment and treatment approaches.
- Education of patients, caregivers and health professionals, consultancy and advocacy; Goal setting, self evaluation and reflective practice.

Specific On completion of the subject, students will have had the opportunity to develop the following specific skills.

- Patient assessment and treatment planning, including integration and interpretation of patient problems and effective goal setting.
- Physiotherapeutic intervention that is based on sound base of evidence and sensitive to service delivery models and the culture of both the patient and the organisation.
- A capacity to be an effective member of a team-based approach to patient care and to take a leadership role in the team as appropriate

d. Community Physiotherapy

Generic On completion of the subject, students will have had the opportunity to develop the following generic skills.

- An understanding of professional responsibility and ethical principles in relation to

individuals and community, both locally and internationally.

- Have an ability to evaluate and synthesis the research and professional literature.
- Have an understanding of the significance and value of their knowledge to the wider community. Specific On completion of this subject, students will have had the opportunity to develop the following specific skills.
- Integrate anatomical, physiological and pathological knowledge to devise and implement management programs for different patient groups.
- Be able to discuss current approaches in the management of different patient groups in the community and be able to apply this theoretical knowledge in clinical situations.
- Be able to express their theoretical knowledge at a level for education of patients, caregivers and other health professionals.

e. Pediatrics

Generic On completion of this subject, students should be able to:

1. Demonstrate a well-developed problem solving ability in paediatric physiotherapy clinical practice, characterized by a flexible approach.
2. Participate effectively and sensitively as part of a team that advocates for the well-being of the child, that appreciates the structure, culture and goals of the family.
3. Appreciate and develop a capacity to manage competing demands on time, including self- directed professional development. Specific On completion of the subject, students will have had the opportunity to develop the following specific skills.
4. Patient assessment and treatment planning including integration and interpretation of patient problems and effective goal setting.
5. Advanced understanding of the scope of practice of paediatric physiotherapy

Advanced knowledge of physical, biological, medical and behavioral sciences.

6. Advanced clinical knowledge, skills and attitudes necessary for competent assessment, prophylaxis, treatment and rehabilitation of patients with paediatric movement and related disorders.
7. Physiotherapeutic intervention that is based on sound base of evidence and sensitive to service delivery models and the culture of both the patient and the organization.

MPT General

The Master's Degree in Physiotherapy is a two year program consisting of classroom teaching, self-academic activities and clinical posting. In the first year theoretical basis of physiotherapy is refreshed along with research methodology and biostatistics. The students are rotated in all areas of clinical expertise during this period. They are required to choose their study for dissertation and submit a synopsis. During the second year the students will be posted in their area of specialty. They are required to complete and submit their dissertation. The learning program includes seminars, journal reviews, case presentations, case discursions and classroom teaching. Some of the clinical postings are provided at other reputed centers in the country in order to offer a wider spectrum of experience. The students are encouraged to attend conference, workshop to enhance their knowledge during the course of study. University examinations are held at the end of second year.

Section I

Knowledge acquisition

Paper I

PRINCIPLES OF PHYSIOTHERAPY PRACTICE

1. History taking, assessment tests, Patient Communication, documentation of findings, treatment planning and organization. Ethical issues in practice of physiotherapy.
2. Documentation of rehabilitation assessment and management using International Classification of Functioning Disability and Health (ICF)
3. Use of Standardized scales and tests in various assessments. Psychometric properties. Interpretation in Physiotherapy practice.

RESEARCH METHODOLOGY AND BIOSTATISTICS

GENERATING RESEARCH

1. Introduction to research
2. Types of research
3. Defining a research question
4. Qualitative study designs Grounded theory and Phenomenological methods.
5. Use of Delphi process
6. Quantitative study
7. Type I and type II bias
8. Study design: types Case study, Case series, longitudinal cohort, Pre post design, Time series design, Repeated measures design, Randomized control design.
9. Sampling design, calculating minimum sample size based on design
10. Measurement: Properties of measurement: reliability, validity, responsiveness, MCID.
11. Outcome measures: Use of outcome measures in rehabilitation research
12. Research Methods: Designing methodology, Reporting results, Type I and Type II bias.

CONSUMING RESEARCH

- 13 Communicating research.
- 14. Evaluating published research: looking at the evidence
- 15 Introduction to evidence based practice, evaluating evidence,
- 16 Asking clinical questions

C. TRANSLATING RESEARCH

- 17. Translating of evidence into practice: strategies
- 18. Use of clinical practice guidelines, clinical pathways, prediction rules to inform practice.

BIOSTATISTICS

- 19. Introduction to biostatistics
- 20. Probability and sampling distributions

DATA ANALYSIS DESCRIPTIVE STATISTICS

- 21. Measures of central tendency, Tests of normality

INFERENTIAL STATISTICS

- 22 Tests of comparison\tests of correlation, Goodness of fit, Chi square test.
- 23 Repeated measures ANOVA
- 24 Epidemiological analysis – odds ratio, risk ratio
- 25 Regression analysis
- 26 Understanding Systematic review and Meta-analysis

RECOMMENDED BOOKS AND TOOLS

1. Physical Therapy Research, Elizabeth Domholdt
2. Physical Therapy Research, Portney and Watkins
3. Tools recommended were :
 1. Literature search
 2. Reference Manager
 3. Sample size calculator
 4. SAS 20.0 Version

EXERCISE PHYSIOLOGY

1. Sources of Energy, Energy Transfer and Energy Expenditure at rest and various physical activities.
2. Responses and Adaptations of various systems to different types of Exercise and training.
3. Environmental influence on Performance.
4. Body consumption, nutrition and caloric balance.
5. Considerations of age and sex in exercise and training.
6. Fatigue assessment and scientific organization of work-rest regimes to control fatigue.
7. Energy consumption MET value of various exercises and activity

ELECTRO PHYSIOLOGY

1. Anatomy and physiology of peripheral nerve, muscle and neuromuscular junction.
2. Electrical properties of muscle and nerve.
3. Instrumentation for neuromuscular electrical stimulation.
4. Muscles plasticity in response to electrical stimulation.
5. Electrical stimulation and its effects on various systems.

Paper II

PHYSICAL & FUNCTIONAL DIAGNOSIS

1. Principles of pathological investigations and imaging techniques related to neuromuscular, skeletal and cardiopulmonary disorders with interpretation.
2. Developmental screening, motor learning –motor control assessment.
3. Anthropometric measurements.
4. Physical fitness assessment.
5. Evaluation Methods, Special tests used in Musculoskeletal, Neurological and Cardiopulmonary disorders.
6. Clinical Electro Physiological testing.
7. Evaluation of aging.
8. Aids and appliances, adaptive functional devices – assessment.
9. Exercise ECG testing and monitoring.
10. Pulmonary function tests.
11. Physical disability evaluation and disability diagnosis.
12. Gait analysis and diagnosis.
13. Methods of Kinetic and kinematic investigation for joints and gait.

Scheme of Curriculum Delivery

Topic	Mode	Assessment	Type of references
Clinical history taking- a skill in physiotherapy	MS	RS	Standard PT books, medical books, articles , web resources
Examination and assessment- are they the same or different?	MS	RS	
Tests and measures- how and what to choose	MS	RS	
Education as a major modality of physiotherapy intervention and communicating with patients	MS	RS	
Physiotherapy documentation- types, needs, uses and limitations	MS	RS	
Deciding intervention- mode, frequency, duration- general guidelines; when do you stop physiotherapy?	MS	RS	
Patient care organization- appropriate delegation of duties	MS	RS	
Administration of intervention requiring special skills	MS	RS	

Topic	Mode	Assessment	Type of references
Ethical issues in practice of physiotherapy general principles with respect to children, elders, cognitively impaired, illiterate and other vulnerable population	Didactic	Quiz	Journals on medical ethics; sociology of disability books
Apply ethical guidelines to with respect to children, elders, cognitively impaired, illiterate and other vulnerable population	MS	RS	
Documentation of rehabilitation assessment and management using ICF core sets in <input type="checkbox"/> low back pain <input type="checkbox"/> cerebral palsy <input type="checkbox"/> stroke <input type="checkbox"/> COPD	MS	RS	WHO website, journal articles
Use of Standardized scales and tests in various assessments. Psychometric properties. Interpretation in Physiotherapy practice- strengths and challenges	Didactic	Quiz	Research books, evidence based rehabilitation books, measuring health outcomes, web resources
Choice of standardized measurements in research and practice under <input type="checkbox"/> Orthopaedics & MSK <input type="checkbox"/> Neurological PT <input type="checkbox"/> Paediatric PT <input type="checkbox"/> Cardio-pulmonary PT	MS	RS	Journal articles, expert opinion, rehabmeasures.org

Topic	Mode	Assessment	Type of references
Introduction to research Types of research Defining a research question	Didactic/ recorded webinar	Quiz	Clinical research – applications to practice Measurement in physical therapy Web resources
Qualitative study designs Grounded theory and Phenomenological methods. Use of Delphi process			Physical Therapy Research, Elizabeth Domholdt Physical Therapy Research, Portney and Watkins Tools recommended were : 1. Literature search 2. Reference Manager 3. Sample size calculator 4. SAS 20.0 Version
Quantitative study Type I and type II bias Study design: types Case study, Case series, longitudinal cohort, Pre post design, Time series design, Repeated measures design, Randomized control design.			
Sampling design, calculating minimum sample size based on design	Didactic		

Topic	Mode	Assessment	Type of references
Measurement: Properties of measurement: reliability, validity, Responsiveness, MCID.	Didactic Practical	Quiz	As above
Outcome measures: Use of outcome measures in rehabilitation research			
Research Methods: Designing methodology			
Reporting results, Type I and Type II bias			
Communicating research. Evaluating published research: looking at the evidence			
Introduction to evidence based practice, evaluating evidence, Asking clinical questions			
Translating of evidence into practice: strategies Use of clinical practice guidelines, clinical pathways, prediction rules to inform practice			

Topic	Mode	Assessment	Type of references
Introduction to biostatistics Probability and sampling distributions	Didactic	Quiz	As above
Measures of central tendency, Tests of normality			
Tests of comparison\tests of correlation, Goodness of fit, Chi square test.			
Repeated measures ANOVA			
Epidemiological analysis – odds ratio, risk ratio			
Regression analysis			
Understanding Systematic review and Meta-analysis			

Topic	Mode	Assessment	Type of references
Sources of Energy, Energy Transfer and Energy Expenditure at rest and various physical activities.	MS	RS	Exercise physiology books, ergonomics books, exercise therapy books, sports physiology books
Responses and Adaptations of various systems to different types of Exercise and training			
Environmental influence on Performance.			
Body composition, nutrition and caloric balance			
Considerations of age and sex in exercise and training			
Fatigue assessment and scientific organization of work-rest regimes to control fatigue.			
Energy consumption MET value of various exercises and activity			
Anatomy and physiology of peripheral nerve, muscle and neuromuscular junction			Electrophysiology sections of neuro books Electro physiology books
Electrical properties of muscle and nerve			
Instrumentation for neuromuscular electrical stimulation			
Muscles plasticity in response to electrical stimulation.			
Electrical stimulation and its effects on various systems			

Paper II

Topic	Mode	Assessment	Type of references
Principles of pathological investigations and imaging techniques related to neuromuscular, skeletal disorders with interpretation	MS Practical	RS	Books related to radiology, biochemistry, pathology, clinical books
Principles of pathological investigations and imaging techniques related to cardiopulmonary disorders with interpretation	MS Practical	RS	
Developmental screening, motor learning –motor control assessment	MS Practical	RS	Books related to motor control, learning , paediatric textbooks
Anthropometric measurements. Physical fitness assessment.	MS Practical	RS	Books related to sports and fitness, ACSM
Evaluation Methods, Special tests used in Musculoskeletal PT	MS Practical	RS	Physical examination in musculoskeletal, rehabmeasures.org
Evaluation Methods, Special tests used in Neurological PT	MS Practical	RS	Neuro evaluation, occupational therapy in physical dysfunction, rehab books, rehabmeasures.org
Evaluation Methods, Special tests used in Cardiopulmonary disorders	MS Practical	RS	Cardio pulmonary PT books
Evaluation Methods, Special tests used in PAEDIATRIC disorders	MS Practical	RS	Journal articles with emphasis on neonatal screening, CP, ASD, DCD, movement coordination
Clinical Electro Physiological testing	MS Practical	RS	Relevant books as mentioned earlier
Evaluation of aging client	MS Practical	RS	Geriatric books, rehabmeasures.org

Topic	Mode	Assessment	Type of references
Aids and appliances, adaptive functional devices – assessment of individual	MS	RS	Rehab books, occupational therapy books
Exercise ECG testing during exercise	MS, Demo, practical	RS, competency	
Pulmonary function tests.	MS, Demo, practical	RS, competency	
Physical disability evaluation and disability diagnosis.	MS, Demo, practical	RS, competency	
Gait analysis and interpretation	MS, Demo, practical	RS, competency	
Methods of Kinetic and kinematic investigation for function and gait	MS, Demo, practical	RS, competency	

In addition to seminar, all evaluation methods must be demonstrated and EVERY student must practice and get signature in practical manual

Section 2

Skill acquisition

Objective:

Students will be competent to follow

- Standard procedures, understand the need to follow standard guidelines to increase reliability.
- Students will understand measurement properties through practice
- Intra tester, test-retest and inter tester reliability
- Sources of error and how to minimize
- Concurrent validity of various related instruments
- Choose the best tools and be able to justify their choice

The students must come prepared with required knowledge of anatomy, physiology, biomechanics through SDL

Foundational

Anthropometric & Vital signs-

BMI, PR, RR, BP, pain Level of consciousness

History taking Limb length Limb, girth, chest expansion, ROM, MMT, Sensation, Reflexes, Functional independence Posture, Gait

Cardio vascular & pulmonary

Blood oxygen (ABG, SpO₂) interpretation Chest radiographs interpretation

PFT administration and interpretation Pulsation (Doppler)

Skin temperature (IR thermometer), Functional capacity (6MWT)

Musculoskeletal

Linear measurements using vernier calipers/ scale for posture, Neck

Shoulder: Thoracic spine, Scapular position,

Lumbar Spine spine, Knee, Arch of feet, Angular measurements using inclinometer including spine

Core muscle endurance- biofeedback

Sensation- monofilament testing, Vibration perception and cessation thresholds

Articulate end feels, Neural tissue tension testing- UL, LL

Special tests

TMJ, Cervical spine, Thoracic spine, Shoulder complex, Elbow, Wrist and hand, Lumbar and sacral spine, Pelvis and hip, Knee, Ankle and foot, Strength and endurance

DCSF, Core, HHD of major groups in UL, LL

Field tests for fitness

Flexibility

Strength

Muscular endurance

Aerobic endurance

Agility

Neurological (be competent in testing procedure and be able to verbalise interpretation)

Higher mental functions Cognition

Perception

Executive functions (insight, foresight, problem solving) Cranial nerve exam (adult and child)

Sensory testing in spinal dysfunction, peripheral nerve, cortical Function- FIM, Barthel
Coordination and balance Motor control

Paediatric

GMFM, PBS, WEEFIM, MABC

Rehabilitation (be familiar with)

ICF, PPI, WHODAS Access evaluation Home evaluation, Assistive technology evaluation
Ergonomic evaluation, REBA, ROSA, RULA, Gait evaluation using Kenova

Management (provide scenarios)

Cognitive rehab steps Mirror therapy, Motor imagery Facilitation, Positioning or comfort, function Postural drainage, Breathing exercises Relaxation exercises Education material preparation, stretching of individual muscles (self-stretching) Theraband exercises Core strengthening Transfers, Gait training Functional training ACL protocol, Flexor tendon, extensor tendon protocols Residual limb bandaging

Basic splinting Goal setting Documentation

Section 3
Translational practice

Introduction

Students will have rotatory postings of 30 days duration through each area of the hospital and community outreach programmes.

Students must take the initiative to participate in camps and field visits as per RGUHS recommendations

Posting details will be intimated on the notice board.

Students must make a habit of demonstrating their competency with skills to the supervisor. They must ensure that they practice EBP and critically analyse their own practice routinely. They are encouraged to make use of clinical keys available in the hospital systems routinely.

The HOD computer in the hospital has exercise hand outs which must be edited and made use of for patients.

PG students are expected to seek out patients of varying descriptions to enhance their knowledge and skills. Allotment of patients will not be done routinely.

Objective: the objective of clinical rotations to apply theoretical knowledge and skills to the individual patient. Students are expected to know in depth all information pertaining to their patients.

Cardio- pulmonary

Objectives and scope: at the end of the posting the student will be competent to evaluate, set goals and undertake intervention for patients who are ventilated, in coma, agitated, medically unstable

Patients posted for and after cardiac surgery

Patients admitted for and coming to OPD for lung disorders

Proficient in using instruments for accurate evaluation including but not limited to PFT, Doppler etc.

Scope: all patients admitted in the hospital whose predominant condition is cardiac or pulmonary or vascular

Evaluation may be done on standard proforma but must have measurable data

Assessment: clinical portfolio with a minimum of 10 patients including post CABG, minor cardiac procedures, COPD, ILD.

Must be typed and filed as described under rehabilitation section

Inpatient orthopaedics

Objectives and scope: at the end of the posting the student will be proficient in identifying those patients who need to be screened and educated, those who need active PT, and those that need functional and gait training

He/she will be able to correlate fracture/ injury, radiological findings, fixation type and device, age and comorbidities of patient and come up with relevant evaluation, precautions and plan of care

This area includes trauma, cold orthopedics. The student is expected to see at least 8 patients including documentation ensuring that there is a variety.

Assessment : clinical portfolio consisting of 4 upper limb fractures, 3 elective surgeries, 4 lower limb fractures, 3 cold orthopaedics at least 1 ACL reconstruction.

The same proforma for evaluation may be used as for outpatient orthopaedics

Outpatient orthopaedics

Outpatient orthopaedics

Objectives and scope: at the end of the posting the student will be proficient in doing a thorough orthopaedic evaluation for spinal pain, shoulder, wrist and hand, knee including appropriate history, appropriate pain evaluation, joint evaluation, movement examination, special tests and interpret appropriately; use PSFS as the focus for and set SMART goals and plan intervention and carry out intervention including patient education handouts, home exercise programmes, mobilization, electro modalities (plan and perform), traction, exercise testing prescription and administration for pain.

Evaluation Proforma

Chief presenting complaints:

Current medical history: Onset: sudden or insidious Duration

Severity of pain

if any Intensity of pain

if any Nature of pain if any Extent of pain Irritability

24 hour pattern Trauma Mechanism of injury

Medical/ surgical management including date of surgery, medications Use of assistive devices if any

Past medical history/ co morbid history:

Any other medical condition,

Medications,

Surgeries

Home environment if relevant (in case of people with difficulty ambulating, squatting etc) Toilet

Steps Caregivers (healthy/ ill) PSFS Red flags Yellow flags (FABQ, PCS) Blue/ black flags

(ergo eval)

Observation:

Obvious pain/ guarding, Affect, Obvious deformity, Posture Gait

Inspection:

Swelling, Redness, Deformity

Examination:

Sensory, Crude touch, Pain/ temp, Proprioception,

Vibration perception, Vibration cessation:

Motor:

ROM:

MMT:

Girth:

Limb length:

Deformity:

Posture:

Gait:

Movement exam in case of pain patients

Problem list:

Goals:

Short term:

Long term:

Plan of intervention:

Electro modality

Dosage

Intensity

Time

Follow up

Geriatric clinic

Objectives and scope: at the end of the posting the student will be able to perform a complete geriatric evaluation and interpret fall risk, fitness level and be able to prescribe appropriate intervention

Scope: students will attend the geriatric clinic on Wednesday as part of rehabilitation (in house) posting

Assessment: clinical portfolio of at least 6 patients

Geriatric evaluation Proforma

Demographics

Morbidities

Vitals

Integumentary

Cognitive: clock/ stroop / MMSE

Executive functions, calculation

ROM

MMT

Balance: BBS/ Tinetti POMA

Equilibrium strategies

Sensation

Vibration

Movement dysfunction if any describe

Function FIM

Gait: distance, speed, quality, endurance (6MWD)

PSFS

Goals

Management

Paediatrics

Paediatrics

Objective, scope responsibilities in paediatrics

Objective: At the end of the posting, the student should have

- Independently evaluated one child, with developmental delay, one with a clear diagnosis of CP and one with an orthopaedic disorder and documented clear goals and plan of care.
- They would have designed patient education material for at least 2 patients of varying diagnosis
- Evaluated, set goals and treated at least 1 child with an orthopaedic condition
- Performed at least 3 NICU screening and interpretation (PrechtI, Brazelton)
- Had the experience of performing one serial casting
- Performed at least one GMFM, SCALE, SAROMM, muscle length testing

By the end of the year the student would have

Participated in a school fitness evaluation

Participated in evaluation and management of children in a special school

Scope: this posting includes the following

NICU:

Paediatric ward - Musculoskeletal, cardio-pulmonary and neurological diagnoses

Paediatric orthopaedics (to identify patients by communicating with peers in IP Ortho) OP
paeds

High risk clinic (subject to commencement)

Assessment:

Students will submit a clinical portfolio comprising of all the patients required to fulfil objectives.

A portfolio for this posting is expected to contain no less than 6 patients.

A case included in the portfolio must be complete in all aspects with references, typed double spaced in Ariel 12 font

The portfolio must be complete with title, TOC, page numbers and a clinical reflection at the end of what they have learnt in the posting.

The portfolio must be submitted on the last day of the posting.

The student is also responsible for ensuring that the competencies are fulfilled and signed.

At any given time, one PG will be in the OP section and the other in IP. They will rotate after 15 days.

In case of shortage of patients, they will both participate in NICU screening and will utilize the remaining time in becoming familiar with paediatric evaluation

PAEDIATRIC EVALUATION- PROFORMA

Complaints and history: must include the following:

Pre, peri and post natal history if the child is <12 months.

If there is no clear diagnosis, all history including family, environmental must be collected. Then the student will try to find any apparent disorders.

Feeding, sleeping pattern

Drooling-

Milestones- gross motor, fine motor, cognitive, speech, social

Observation: behaviour, apparent unwellness, apparent MR any atypical features

Examination

Head circumference and interpret with norms

Height and weight and interpret on growth chart Vision, hearing

Tactile – defensiveness, seeking behaviours

other cranial nerves if possible

Chest – auscultation

Clubbing, cyanosis, failure to thrive

Complete MSK evaluation with goniometer, tape measure etc. interpret hyper mobility, hypomobility, muscle tightness, contracture etc

Functional eval- wee FIM

Transitions ,Balance, posture, gait

UL eval- reaching, grasp, release, object manipulation

Mouthing- age appropriate

Parent observation: involvement with child, awareness

Parent expectations

Rehab potential for stated goals

Needs evaluation: AT, education, referral

Condition specific evaluation

GMFM, ABCD, MABC, Brazelton

SMART goals

Long term goals

Short term goals

Intervention plan : modality, frequency, duration, education

**Neurology, and
Neurosurgery**

Objective: At the end of the posting, the student should have

- Independently evaluated and continued management till discharge of 3 persons with CVA, one TBI and if available one person with SCI and documented clear goals and plan of care.
- They would have designed patient education material for at least 2 patients of varying diagnosis
- Evaluated, set goals and treated at least 1 individual in a coma in the ICU
- Performed at least one CMSA, 2 Bells' evaluation 3 cranial nerve evaluation, 3 Fugl Meyer , 3 ARAT etc
- Performed NCV on at least one patient
- Designed at least 2 patient education documents

By the end of the year the student will be

- Proficient in GCS interpretation, RLA based goal setting, transfer training, gait training, mirror therapy, Brunnstrom grading, ASIA grading, coma stimulation
- Proficient in setting SMART goals for patients with neurological impairment

Scope: this posting includes the following

Neurological patient sin ICU

Neurological patient sin wards

Neuro patients reporting to OPD < 3 months duration or not having has optimum neuro rehab.

Basal ganglia support group posting

Assessment:

Students will submit a clinical portfolio comprising of all the patients required to fulfill objectives. A portfolio for this posting is expected to contain no less than 10 patients.

A case included in the portfolio must be complete in all aspects with references, typed double spaced in Ariel 12 font

The portfolio must be complete with title, TOC, page numbers and a clinical reflection at the end of what they have learnt in the posting.

The portfolio must be submitted on the last day of the posting.

The student is also responsible for ensuing that the competencies are fulfilled and signed.

At any given time, one PG will be in the OP section and the other in IP. They will rotate after 15 days.

In case of shortage of patients, they will both participate in IP patient care and use any remaining time to become familiar with neuro evaluation methods

Neurology / neurosurgery evaluation proforma

Diagnosis :

Co-morbidities:

Precautions:

History of illness since diagnosis (include surgery, medications, falls, functional status)

Plan of examination :

Observation

Examination (as indicated)

Higher functions, speech (cognition, behaviour, mood, executive functions)

Perception (visuo motor, figure ground)

Sensations : depending on diagnosis- dermatome/ peripheral nerve/ cortical Motor

Tone

Reflexes

Voluntary movement

Motor control

Strength Coordination

Function Transitions

Balance – static and dynamic

Posture

Ambulation

Higher gait functions

Problem list

SMART goals

Intervention plan

Obstetrics and Gynaecology

Objective and scope: by the end of the posting the student would have become aware of the health issues that may occur in a woman of varying ages.

They will become proficient in measuring objectively (not finger breadth) diastasis recti, incontinence (diary, scale, pads) use of a perineometer to train and ante natal and post natal exercises- their need, precautions and contraindications.

They would have given at least 2 tailored patient education pamphlets

Scope: includes OBG OPD and IP

Woman's health evaluation proforma

Age:

Child bearing history:

Years since menopause (if applicable):

Musculoskeletal symptoms if any :

Incontinence

Lab investigations:

Thyroid profile

Serum calcium \D3

Hb

Other

Examination:

Build

BMI

Skin fold measurements

Trunk muscle strength (not to be done in case of post natal clients)

Motor control of trunk (Tr Abd- use biofeedback stabiliser)

Aerobic capacity (field test)

Any other

Interpretation and reasoning (does the client require PT? If yes what modality? Exercise?

Education? Home programme?)

Goals if any (SMART)

Intervention plan if any

In case of post natal, the primary aim of PT is to educate. Do not do any strenuous exercises. Always instruct them to come to PT when they come for the child's immunisation)

General Medicine, surgery

Objectives and scope: at the end of the posting the student will be proficient in identifying patients who require intensive rehab in the dept, those who need screening and education and those who need management at the bedside

They will understand and be competent to treat patients with skin graft in optimum ways.

Scope: includes all patients in medical and surgical wards except those under neuro/ pulmonary/ neurosurgery care

Evaluation may be done in a standard proforma but must include objective measurements, goals, POC

Evaluation proforma for general medicine and surgery

Reason for PT referral

Diagnoses (list all)

Precautions

PT indicated or not

If yes

Active

Education

Supportive

Evaluate only if active PT is indicated

History

Examination

Higher functions, behaviour, speech

Pain

Neurological examination

Reflexes

Sensation

Motor

Function

Gait (distance, quality, spatio temporal parameters, AD)

Problem list

SMART Goals

Intervention

Rehabilitation

Objective, scope responsibilities in rehabilitation

Posting: CBR

Objective : At the end of the posting, the student would have

- Independently evaluated one child, one adult with a neurological disorder and one with an orthopaedic disorder and organized a multidisciplinary case conference and set goals and plan of intervention.
- They would have planned a management strategy for chronic pain
- They would have designed patient education material for at least 2 patients of varying diagnosis
- Performed at least 3 geriatric evaluations
- Had the experience of conducting a home evaluation and AT assessment
- Performed at least one ergonomic evaluation and intervention plan
- They will routinely use standard measurements and instruments for evaluation and management

By the end of the year the student would have

Participated in a survey

Participated in a camp

Scope: this posting includes the following

Rehabilitation: this includes patients admitted in the hospital/ coming as out patients who fulfill the following criteria

**Chronic pain of > 3 weeks duration (irrespective of cause- LBP, OA, AC)
AFTER musculoskeletal management is completed**

Such patients will be evaluated for ergonomic , physical activity promotion, CBT and appropriate management initiated. Frequency will be between 1- 3 times per week for 6- 12 weeks according to patient needs

Stroke patients after initial management is completed and at least 3 months after the stroke

Such patients will be evaluated for function, return to community, secondary prevention, physical activity promotion and appropriate AT needs. Frequency will be between 2-8 times a month for 3-6 months

*Other neurological patients will be accepted in CBR dept under the same logi

Paediatric patients over 6 years of age

Geriatric clinic

Community physiotherapy

- Home evaluation of patients coming to dept**
- Outreach programmes**
- Screening and management in PPH- one visit per week**
- Camps in Kenchinahalli organized by SVYM**
- Community surveys and other activities organized form time to time**
- Ergonomic evaluation in the workplace**

Assessment :

Students will submit a clinical portfolio comprising of all the patients required to fulfill objectives. A portfolio for this posting is expected to contain no less than 6 patients.

A case included in the portfolio must be complete in all aspects with references, typed double spaced in Ariel 12 font

The portfolio must be complete with title, TOC, page numbers and a clinical reflection at the end of what they have learnt in the posting.

The portfolio must be submitted on the last day of the posting.

The student is also responsible for ensuring that the competencies are fulfilled and signed.

At any given time, one PG will be in the rehab section and the other in community. They will rotate after 15 days.

REHABILITATION EVALUATION- PROFORMA

Contents

1. Diagnosis
2. History
3. ICF Core sets
4. Examination
5. Patient stated goals
6. Rehabilitation potential
7. CBR matrix
8. Long term goals – (SMART)
9. Short term goals – (SMART)

DIAGNOSIS

Diagnosis must be mentioned along with the co morbidities including psychiatric illness if present.

No chief complaints

Eg-

- Mr. R 35 yrs. old is a known case of traumatic brain injury 2 years back, no other known comorbidities or
- Mr. S 40 yrs old is a known case of SCI L4-5 level since 2 years, no other known comorbidities.

History

History should be relevant and up to the point. Story is not needed

History should include,

- Ambulation
- Medication history
- Surgical history
- Functional history
- Activity
- Participation
- Environmental history
- Finance/money
- Education
- Family support
- Primary caregiver
- Occupation
- Status within the home

The above information should be presented in ICF format.

- Body structure and function
- Activity limitation
- Participation restriction
- Contextual factors

If pediatric case, then mention GMFM and MACS

Health condition

Traumatic brain injury, comorbidities if present

Body function	
<input type="checkbox"/> Impaired balance and coordination <input type="checkbox"/> Reduced strength in upper and lower limb <input type="checkbox"/> Facial asymmetry <input type="checkbox"/> Speech affected	
Body structure	
<input type="checkbox"/> Cerebellum is affected(through investigations)	
Activity limitation	
<input type="checkbox"/> Difficulty in changing position in lying and sitting <input type="checkbox"/> Difficulty in carrying out daily routine <input type="checkbox"/> Difficulty in communicating with verbal messages <input type="checkbox"/> Difficulty in maintaining body position in standing <input type="checkbox"/> Inability in transferring own self from sitting to standing <input type="checkbox"/> Inability to stand with eyes closed <input type="checkbox"/> Inability to walk <input type="checkbox"/> Requires supervision during bathing, toileting, eating, drinking and self care	
Participation restriction	
<input type="checkbox"/> Unemployed since injury	
Contextual factors	
Environmental barriers	Personal barriers
<input type="checkbox"/> Indian toilet outside the house and need to climb one step to enter the toilet <input type="checkbox"/> Need to climb 2 steps to enter the house	<input type="checkbox"/> Poor socio economic status

EXAMINATION

Before undertaking detail examination, the ICF corset for the given condition must be used and physiotherapy relevant areas must be selected and each area must be evaluated using a standardized outcome measure.

Steps followed are:

Find the ICF coresets according to the condition



List the area that are relevant to physiotherapy



Each selected area must be evaluated with an appropriate outcome measure *note- ICF tells you what to evaluate and not how to evaluate



Summarize all the findings under ICF format along with its severity

ICF DOMAIN	CORE SETS	OUTCOME OF INTEREST	OUTCOME MEASURE
Body Structure	Structure of upper and lower extremity	Body alignment	<input type="checkbox"/> Muscle Length <input type="checkbox"/> Spinal alignment and range of motion measure (SAROMM) <input type="checkbox"/> Leg Length
	Other musculoskeletal structures related to movement		
	Structure of trunk		
Function	Exercise tolerance function	Energy efficiency	<input type="checkbox"/> Energy expenditure index
	Voluntary control and neuro-musculoskeletal, movement related function	Weakness	<input type="checkbox"/> Selective control assessment of the lower extremity (SCALE) <input type="checkbox"/> MMT <input type="checkbox"/> Hand held dynamometry <input type="checkbox"/> Functional strength grading
	Gait pattern functions	Gait performance	<input type="checkbox"/> Edinburgh visual gait score
Activity	Walking and mobility	Activity capacity and performance	<input type="checkbox"/> Gross motor function measure (GMFM) <input type="checkbox"/> Functional mobility scale(FMS)
Participation	Going to school and playing	Participation	<input type="checkbox"/> Teacher and parent interview <input type="checkbox"/> Functional mobility scale(FMS 150 m)

Must do areas

- Vitals
- Higher mental functions- memory, cognition, problem solving
- Speech and communication
- Vision- acuity, contrast, depth perception
- Movement disorders
- Motor and sensory examination
- Cardio – pulmonary examination
- Balance, posture, functional independence, gait

List of evaluation that may be required according to condition

- Child: academic potential, problem in school- writing, sitting etc (assistive technology need)
- Permanent physical evaluation (PPI)for government sanctions if disability above 40%
- WHO DAS for overall understanding
- Return to work needs ergonomic evaluation
- If elderly patient - Fall risk
- If diabetic patient – foot evaluation (filament, vibration, Doppler, temperature)
- If trauma(skin temperature, filament)
- If pulmonary patient , do PFT
- If stroke, ARAT
- Orthopedic hand, do proper hand evaluation- grip, pinch etc

After examination summarize all findings under ICF format eg-

Part I

Body function

1. Impaired balance and coordination	Severely Impaired
2. Impaired postural control	Severely impaired
3. Reduced strength in upper and lower limb	Moderately reduced LEFT>RIGHT
4. Increase tone	Not affecting function
5. Brisk reflexes	Minimally impaired
6. Facial asymmetry	Minimally involved not affecting patient
7. Speech affected	Moderately impaired

Body structure

1. Cerebellum is affected

Activity limitation

<ul style="list-style-type: none"> • Difficulty in changing basic body position in lying and sitting • Difficulty in undertaking multiple tasks • Difficulty in carrying out daily routine • Difficulty in communicating with verbal messages 	<ul style="list-style-type: none"> • Difficulty in maintaining body position in standing • Inability in transferring own self from sitting to standing • Inability to stand with eyes closed • Inability to walk • Requires supervision during bathing, toileting, eating, drinking and self care
---	--

Participation

Restriction

<ul style="list-style-type: none"> • Currently stays in hospital • Unemployed since injury 	Relates well with strangers
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Part II

Contextual factor

Environmental factors		Personal factors	
Facilitator	Barrier	Facilitator	Barrier
Stays on the ground floor	Indian toilet outside the house and need to climb one step to enter the toilet	No associated comorbidities	Poor socio economic status
	Need to climb 2 steps to enter the house	Under rehabilitation services(physical therapy, occupational therapy and speech and language therapy)	
	No assistive device prescribed	Local NGO supports family	
	No modifications made in the house for patient		

Patient stated goals

Patient stated goals must be taken and it should be specific and measurable.

Eg- in above scenario patient stated goal were - he wants to independently walk to his nearby shop for livelihood.

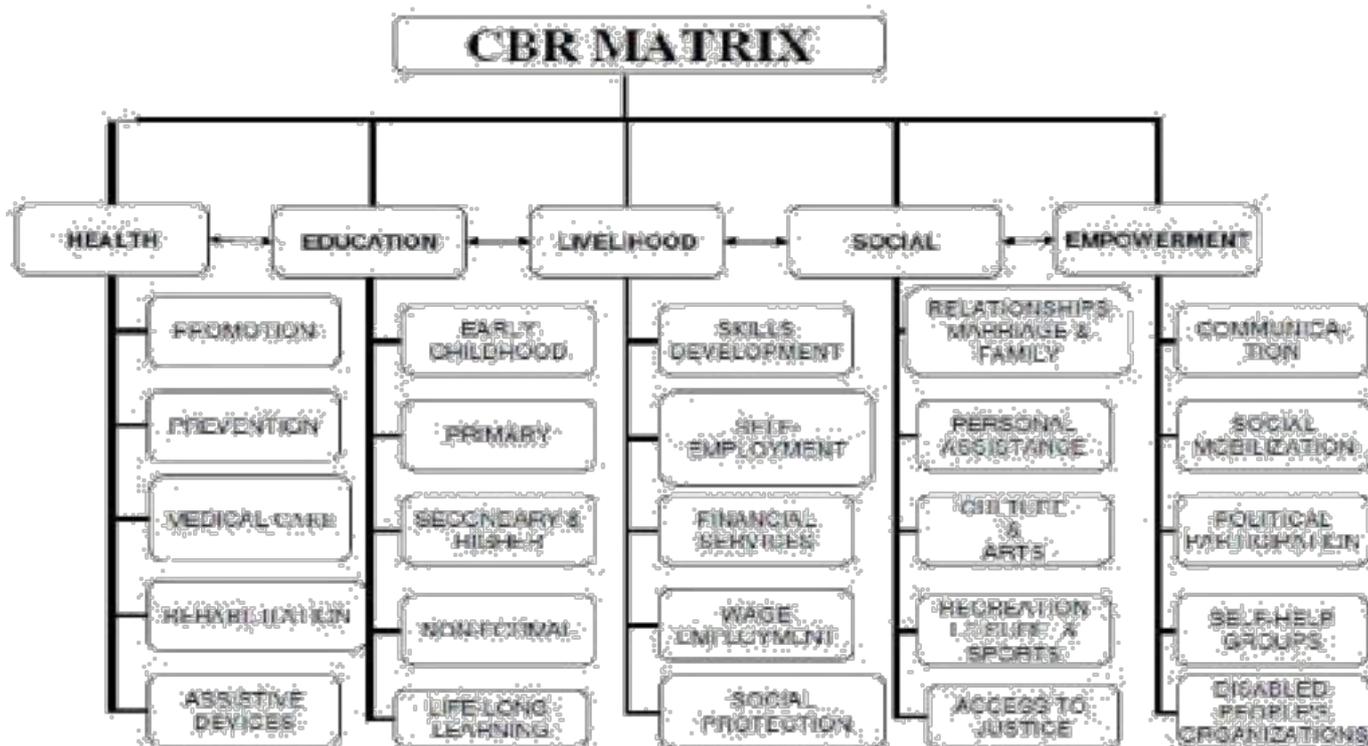
Rehabilitation potential

This is your assessment based on, prognosis of condition, contextual factor, examination findings, and patient stated goals

Now in above eg, patient wanted to walk independently which was difficult to achieve based on his condition, prognosis and examination findings- so a walker was prescribed

It is important that the therapist must be able to judge whether the patient stated goals are achievable or not

Before planning long term goals, it is essential that the therapist list out the areas of rehabilitation based on **CBR Matrix**



Although in health component, rehabilitation is our primary aim there might be other areas that needs focus like education, livelihood, empowerment etc

Goals

Goals should be- **SMART**

- S** - Specific
- M** - Measurable
- A** - Achievable
- R** – Results focused
- T** – Time bound

Eg of long term goal in above scenario-

Independence in transfers	Climb 2 steps with minimal assistance
Patient centric goal	
Ability to walk 150 meters with assistive device	Minimal assistance in activity of daily living

Short term goal for above example for 1 week will be-

- Dynamic sitting for 15 seconds
- Static standing for 40 seconds with eyes open
- Static standing for few seconds with eyes closed
- Postural control in kneeling for 45 seconds

So the goals must be SMART

It should also include referrals, education etc

Intervention

Every evaluation must have interpretation and management even if management is surveillance/ counselling

It should include following-

- Education – patient, family, teacher, caregiver etc
- Home program
- Fitness
- Assistive technology

Intervention can be

- Active
- Only education
- Passive
- Compensatory
- Adaptive
- Augmentative

Recommended Formats

Post – Graduate Students

Core competencies

As a post graduate physiotherapy student your expected roles are as follows. Under each role are listed the core competencies. These must be fulfilled at each posting and submitted to me for signature

Role I: Expert : A PT is a movement and function expert. Under thois role you must fulfil the following competencies

Competency	Posting						
	I	II	I	IV	V	VI	VII
Consults with the patient to collect relevant history pertaining to health and function							
Reaches a set of hypotheses and performs appropriate and standardised evaluation procedures to confirm hypothesis							
Uses a systematic process of clinical reasoning to arrive at the most relevant functional diagnosis							
Sets appropriate goals in consultation with the patient							
Implements appropriate intervention strategies							
Assesses patient's response to intervention							
Completes care with discharge/ referral							

Role II Communicator

	P osting						
			II				
Competency	I	II	I	IV	V	VI	VII
Communicates with the patient in a respectful, professional, pleasing manner in the language of the patient							
Documents all medical information routinely and appropriately on the same day in accordance with hospital policy							
Communicates with referring doctors, superiors, nursing staff and other health care personnel in a professional and timely manner							
Consistently obtains information to provide care to patient and family within contextual factors							

Role III: Collaborator

	P osting						
	I	II	III	IV	V	VI	VII
Works with others in the team both intra and inter departmental							
Maintains a cordial relationship with other members of the team							
Is willing to take up added responsibility as need arises							
Participates in all departmental activities voluntarily							

Role IV: Manager

	P osting						
Competency	I	II	III	IV	V	VI	VII
Delegates patients appropriately and supervises UG students							
Shows initiative in ensuring the department is orderly, and patients are attended to immediately							
Brings to the notice of appropriate authorities when indents have to be placed or equipment has to be repaired							
Ensures that the treatment area is adequately stocked with necessary articles like treatment cards							

Role V : Advocate

	P osting						
Competency	I	II	III	IV	V	VI	VII
Identifies patient requirements beyond physiotherapy and contacts the appropriate health care professional to ensure that needs are met (eg social worker for disability certificate)							

Role VI Scholarly Practitioner

	P osting						
Competency	I	II	III	IV	V	VI	VII
Consistently reads up on patients under her/his care							
Collects evidence and ensures evidence based practice							
Takes initiative to understand current practices pertaining to patients under her/his care							
Consistently presents all cases under her/his care to faculty during daily rounds							

Role VII Professional

	P o s t i n g						
Competency	I	II	III	IV	V	VI	VII
Always conducts her/him self professionally in attire, behaviour and interaction							
Practices ethically always							
Contributes to the upliftment of physiotherapy							
Respects the autonomy and confidentiality of the patient							
Conducts her/him self							

Role IX: Educator

	P o s t i n g						
Competency	I	II	III	IV	V	VI	VII
Is generally up to date on current evidence for practice							
Is able to explain classes at he relevant level of understanding of under graduates							
Does adequate research and tailors home programmes to meet therapy goals and patient characteristics							
Formulates public education material appropriately within health care contexts							
Develops material to further professional education in the form of conference presentations/ publications							

ACADEMIC ATTENDANCE RECORD – MPT I Year

Sr. No.	Month	No. of Working days	No. of days Present	No. of days Absent	No. of days leave	Reason for leave
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12						
Total						Xx
Percentage						Xx

Signature of student

Signature of Class Co ordinator

MPT I Year Student

SEMINAR – TOTAL SEMINAR - Each Student - 20 Seminars / Year

Seminar format

Seminars must be arranged as follows

Background and introduction: why is the topic important? This part is usually from a standard textbook

Main content: this must be divided into sections in a logical way. Seminars must be exhaustive. Every seminar presentation must be for the entire time allotted. Otherwise it is a waste of time for everyone attending.

Recent advances: this section must consist of current evidence on the topic

Conclusion and recommendations: conclusion must consist of the take home message” and recommendations for research, and practice

Marks will be awarded using the following guidelines. Marks must be recorded in the appropriate column with faculty signatures.

The seminars must be sent in “word” tot eh moderators at least 5 days prior to the scheduled date.

General guidelines for all written material

There must be a title page with your name and the moderator’s name. This must be followed with a table of contents

All pages must be numbered in bottom centre

Text must be left justified ONLY

Title must be in 16, sub headings in 14 and text in 12. Font must be Arial. Margins must be 2.5 cms. All work must be referenced using Vancouver format. List of references must be added at the end. Any tools used must be appended.

All submissions must be in a file folder/ spiral bound

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REMARKS:

Seminar marking format

Topic:

Date:

Moderator 1:

Moderator 2

Criterion	Marks	Justification
Background and basics covered adequately		
Topic of focus covered comprehensively		
Summary of important points and take home message		
Practice guidelines and current evidence		
References – current and comprehensive		
Ability to answer questions		
Presentation including formatting, referencing style, figures and charts		
Plagiarism		
Discussion with moderator		
Time management		

1 poor/ inadequate

2 fair

3 good

4 excellent

5 outstanding

CLINICAL DISCUSSION – MPT I Year

Moderator:

**Faculty – Unit Head, Department of Physiotherapy,
Department of Physical Medicine and Rehabilitation
JSS Hospital and Medical Research, Mysore,**

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Remarks:

MPT I Year Student

CASE PRESENTATION – Each Student 20 / Year

Case Presentation Guidelines

Every case under your care however trivial must be presented. Use the evaluation format used in the specific area.

Complete exhaustive evaluation must be done

Current guidelines must be consulted to choose appropriate evaluation tools and interpretation.

Current guidelines of management must be researched and implemented.

Case presentations must happen within the next day of taking over the patient. In case of rehab patients, a follow up presentation must be done prior to discharge

Venue: PG – Class room, JSS College of Physiotherapy

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Remarks :

Case presentation marking format

Topic:

Date:

Moderator 1:

Moderator 2:

Criterion	Marks	Justification
Evaluation is comprehensive and relevant		
Background knowledge		
Interpretation of evaluation findings		
Practice guidelines and current evidence		
Demonstration of techniques		
Ability to answer questions		
Treatment plan and goal setting		
Treatment effectiveness		
Discussion with moderator		
Time management		

1 poor/ inadequate

2 fair

3 good

4 excellent

5 outstanding

MPT I Year Student

JOURNAL PRESENTATION – Each Student 10 / Year

2- REVIEW ARTICLES, 2 - CASE STUDY, 2 – INTERVENTIONAL STUDIES, 2 – COMPARITIVE STUDIES, 2 – CO RELATIONAL STUDIES OF VARIOUS NATIONAL AND INTERNATIONAL JOURNALS

Journal club guidelines

Consult with your moderator on choice of article. Send the chosen article to all your classmates and display one on the notice board.

Read and understand the article. Seek your moderator's help. Interpret and understand statistics, tables, figures etc. all these must be presented.

Choose an appropriate appraisal tool (you should be able to justify your selection) and appraise your article.

Presentation must include

Title of article, and citation

Overview of article including statistics

Critical appraisal

Strengths and weaknesses

Evidence

Recommendations for clinical practice, research

Venue: PG – Class room, JSS College of Physiotherapy

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REMARKS :

Journal club marking format

Topic:

Title of article

Type of study

Moderator 1

Moderator 2

Date

Criterion	Marks	Justification
Description of topic with rationale for study selection		
Overview of article		
Summary of important points		
Critical appraisal		
Choice of appraisal tool		
Evidence acquisition and recommendations		
Ability to answer questions		

Presentation including formatting, referencing style, figures and charts		
Secondary references		
Discussion with moderator		
Time management		

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1 poor/ inadequate

2 fair

3 good

4 excellent

5 outstanding

LECTURES – MPT I Year

Venue: MPT I Year – Class room, JSS College of Physiotherapy

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REMARKS

Guidelines for evidence presentations

Evidence presentations means you have question as to the efficacy of a measurement or a treatment and you read as many articles as you can find to see what the evidence for its strengths and weaknesses are.

Form a research question

Identify keywords and search strategy

Start a search

Get all full text articles and appraise each one. If in doubt ask your moderator.

List out salient points and mark as strengths and weaknesses with the level of evidence for each

Synthesis and present

Presentation must follow guidelines as below

Research question

Search strategy

Search results

Appraisal of each article

Synthesis of findings

Level of evidence

Strengths and weaknesses

Recommendations for practice and research

Evidence marking format

Topic: _____

Moderator 1

Moderator 2

Date

Criterion	Marks	Justification
Description of topic with rationale for study selection		
Extent of literature search		
Justification for articles selected		
Critical appraisal including appropriateness of tools		
Evidence synthesis and recommendations		
Ability to answer questions		
Presentation including formatting, referencing style, figures and charts		
Discussion with moderator		
Time management		

1 **poor/ inadequate**

2 **fair**

3 **good**

4 **excellent**

5 **outstanding**

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SYNOPSIS AND DISERTATION – MPT I Year

Faculty Moderator:

Venue: MPT I Year – Class room, JSS College of Physiotherapy

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Field Visits and Community Camps

Total hours: 30 Hours

Moderator:

**Faculty – Unit Head, Department of Physiotherapy.
Department of Physical Medicine and Rehabilitation
JSS Hospital and Medical Research, Mysore,**

**The PG – students participated in the camp, should submit the report to
PG - Co ordinator.**

Below heading

- 1. Title of camp**
- 2. Date of camp**
- 3. Venue of camp**
- 4. Collaboration with any other hospitals or institutes, agencies.**
- 5. What role of physiotherapist during camp**
- 6. Total number of beneficiaries.**
- 7. Outcome measure or screening tools used.**
- 8. Physiotherapy intervention given or Education to the patients**
- 9. Identification of Referral to various department**
- 10. Lessons learnt**
- 11. Conclusion**

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REMARKS :

Conferences and Workshops

Total hours: 30 Hours

The PG – students participated in the conference and workshops, should submit the report to PG – Coordinator.

Below heading.

- 1. Title of conference or workshop**
- 2. Date of conference or workshop**
- 3. Venue of conference or workshop**
- 4. Speaker of conference**
- 5. Topic delivered during conference**
- 6. Specify the learned points during topics delivered in conference**
- 7. Identify the specific outcome measure or screening tools used, during each topic.**
- 8. Physiotherapy intervention used in each topic during the presentation**
- 9. Lessons learnt**
- 12. Conclusion**

Sr. No.	Date	Venue	Theme	Student Sign.	In charge Sign.
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GRADUATE ATTRIBUTES MPT

Interviewing and observational skills:

Students must gather visual, auditory and tactile information through observation, communication and clinical examination. Gathering information also includes reading medical records or other written documentation, use of assessment tools and measures, and communicating with members of the health care team, patients and their family.

Communication

Students must be able to observe and describe affect, activity, posture(s) and nonverbal communication. Students must be able to communicate effectively and sensitively with clients, families and members of the health care team. Students must be able to coherently summarize a client's condition, and assessment and intervention plan verbally and in writing. Students must be able to avail the services of an interpreter when the language spoken by the patient is different from his/ her own and be able to convey through the interpreter effectively and appropriately. Students must be able to convey important information to patients and families who are illiterate.

Critical thinking and reasoning

Students must demonstrate the cognitive skills and memory necessary to measure, calculate, and reason in order to analyze, integrate and synthesize information. In addition, students must be able to comprehend multidimensional and spatial relationships in an acceptable timeframe to ensure client safety. Students also need to be able to demonstrate the ability to accurately evaluate their own performance to identify learning gaps and to further direct their learning including seeking assistance. Students must have critical appraisal skills in order to build a foundation for evidence based practice and the ability to tailor evidence into everyday clinical practice.

Psychomotor/Physical

Students must demonstrate sufficient motor function to safely perform initial and ongoing assessments and interventions, including collecting data and assessment tests and measures. Motor function should be sufficient to allow completion of tasks in a timely manner, to ensure client safety. Students must be able to use common diagnostic aids or instruments either directly or in an adaptive form (e.g., sphygmomanometer, stethoscope, goniometer) and provide the necessary physical guidance for exercise and/or functional movement by instruction or demonstration. Students must be able to execute motor movements reasonably in order to ensure patient safety and treatment effectiveness, either through the students' own movement or through their ability to guide or direct the movement of others. In addition, students must be able to physically participate in all learning experiences of the educational program (e.g., for clinical skills laboratory work).

Professional Standards: Students must demonstrate sensitivity, compassion, integrity, and concern for others. Students must have the cognitive abilities to understand and develop the theoretical knowledge and professional skills to work collaboratively with their peers, patients, and colleagues. Students must be respectful of individuality and diversity, demonstrate interpersonal skills to engage and motivate clients/patients and families, demonstrate creative problem solving skills and be able to effectively manage multiple, potentially competing demands. Students must consistently demonstrate flexibility and multi tasking abilities. Students must demonstrate adaptability to changing environments and the ability to function effectively and independently under stress considering ethical standards and legal requirements. Students

must demonstrate an interest towards research and life long learning in the pursuance of their profession.

*****Students with Disabilities**

JSS College of Physiotherapy is committed to ensuring that students are afforded an academic environment that is dedicated to the advancement of learning and that is based on the principles of equitable access and individual dignity; as such, they are committed to facilitating the integration of students with disabilities. Each student with a disability is entitled to reasonable accommodation that will assist her/him to meet the program standards and academic requirements. Reasonable accommodation cannot compromise the essential requirements of a program or client/patient safety and well-being. The appropriateness of accommodation will be assessed on a case by case basis.

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ANTI – RAGGING AFFIDAVIT FROM STUDENT

ANNEXURE I AFFIDAVIT BY THE STUDENT

I,.....(full name of student with admission/registration/enrolment number) S/o D/o Mr./Mrs./Ms....., having been admitted to(name of the institution)....., have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the “Regulations”), carefully read and fully understood the provisions contained in the said Regulations.

2). I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3). I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case. I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4). I hereby solemnly aver and undertake that

a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.

b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5). I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

6). I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared thisday ofmonth of.....year.

Signature of deponent

Name:

Address:

Telephone/Mobile No.:

JSS CPT MPT HANDBOOK

ANTI RAGGING AFFIDAVIT FROM PARENTS

ANNEXURE II

AFFIDAVIT BY PARENT/GUARDIAN

I, Mr./Mrs./Ms.....(full name of parent/guardian)father/mother/guardian of(full name of student with admission/registration/enrolment number....., having been admitted to(name of the institution)....., have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the “Regulations”), carefully read and fully understood the provisions contained in the said Regulations.

2). I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3). I have also, in particular, perused clause 7 and clause 9.1 Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4). I hereby solemnly aver and undertake that

a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.

b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5). I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.

6). I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared thisday ofmonth of.....year.

Signature of deponent

Name:

Address:

Telephone/Mobile No.: