# MEENAKSHI

# ACADEMY OF HIGHER EDUCATION & RESEARCH DEEMED TO BE UNIVERSITY U/S 3 OF UGC ACT, 1956

#### FACULTY OF PHYSIOTHERAPY

12, Vembuliamman Koil Street, West K.K. Nagar, Chennai – 600 078



**CHOICE BASED CREDIT SYSTEM (CBCS)** 

REGULATIONS

**FOR** 

BACHELOR OF PHYSIOTHERAPY (BPT)

**DEGREE PROGRAM** 

2021-22

FACULTY OF PRYSUOTHERAPY
MENAKSH ACCEPTED OF HOUSE SUICARDS AND RESEARCH
(Deemed to be University)
No.12, Venhulianmon Keil Street, West R.K. Begar, Chemail 78.

#### SHORT TITLE AND COMMENCEMENT:

These Regulations shall be called the CBCS regulation for Bachelor of Physiotherapy BPT degree course (2021) of MEENAKSHI ACADEMY OF HIGHER EDUCATION AND RESEARCH (MAHER) KK NAGAR, CHENNAI

These Regulations would be effective from the academic year 2021-2022

#### 1. Preamble

As per the guideline of the University Grants Commission (UGC), in accordance to the letter D.O.No.F.1-1/2015 (CM) dated 08.01.2015 has mandated the implementation of Choice Based Credit System in all Indian Universities which would help in upgrading the educational quality through various developments & educational plans, interactive learning & multilevel assessment frameworks.

Our establishment has initiated many steps in focusing the need for the projects as per the CBCS grants for the BPT program.

#### 2. **CBCS** – Definition and advantages:

Choice Based Credit System is an adaptable arrangement of learning. The distinctive highlights of CBCS are the accompanying:

- a. It is an self paced module that is more student friendly
- b. It provide opportunities for inter disciplinary & multi-disciplinary learning
- c. It has a wide scope of knowledge acquiring platform to obtain various credits at various levels of program.
- d. It provides a balanced pace of program in active learning.
- e. It enhances the complete skills and reinforces the underutilized potentials of the self.
- F. It is designed to provide an continuous assessment module that shall differ from usual methods of appraisal protocols which enhances creative learning abilities.



2

#### 3. Definitions of Key Words:

- i. Academic Year: Consolidation of one odd & one even semester.
- ii. Choice Based Credit System (CBCS): The CBCS offers the candidates to choose various recommended courses (core & elective).
- iii. Course: Usually referred as subjects in the program. Courses under the ambit of CBCS shall not exhibit equal weightage. The courses comprise of lectures, lab work, tutorial, clinical rotation/ training or a mix of a portion of these.
- iv. Credit Based Semester System (CBSS): Under the CBSS, the award of degree is purely based on the accumulation of desired credits obtained by the candidate in stipulated time as per the norms.
- v. Credit Point: It is product of credit & grade point of every subject. Represented as (credit point = Credit x Grade point). It is an evaluation tool & grading baseline for the course.
- vi. Grade Point: It is a mathematical distributed weightage assigned to each letter grade on a 10-point scale.
- vii. Credit: A unit by which the course work is analyzed. It replicates the course work which is accumulated in the ratio of 1 credit is equal to 1 lecture hour or 2 hrs. of practical or lab work/ 3hrs of clinical training or rotation.
- viii. Semester Grade Point Average (SGPA): SGPA is a numerical value obtained by the division of total credit point obtained of each semester by total credits of the similar semester.
- ix. Cumulative Grade Point Average (CGPA): CGPA is a summative mathematical value acquired by the product of total credits and SGPA of the individual semesters divided by complete credits of the program
- x Letter Grade: It is a list of the exhibition of candidate in a said course. Evaluations are denoted by letters O, A+, A, B+, B, C, D and RA
- xi. Program me: A module designed to obtain the above said Degree.

- xii. Semester: It represents 15 to 20 weeks duration of the module or not less than 100 working days in six months duration. The odd semester will be from Aug to Jan and even semester from Feb to July.
- Transcript or Grade Card: Based on the grades procured, an evaluation statement will be given to every candidate after each semester. The evaluation statement will show the course subtleties (code, title, number of credits, grade got) along with SGPA and CGPA acquired till that semester.

#### 4. Semesters:

An academic year is split in to two semesters. Odd semester from Aug to Jan & even semester from Feb to Aug

### 5. Types of Courses:

Courses in a program might be of two sorts:

- a. Core Course
- b. Elective Course
- 5.1 Core Course: A course, which is mandate for every candidate to undergo throughout the program in each semester. This shall be the core component of the module without which the course shall not be completed.
- **5.2 Elective Course**: A course which can be chosen from a ample of courses that might be specific to the discipline or subject of study or related to empowerment & pertaining to individuals capability & proficiency.
- 5.2.1 Discipline Specific Elective (DSE) Course: Elective courses offered as an ancillary to the main subject of study are referred as Discipline Specific Elective. The constituent colleges may likewise offer related Elective courses of interdisciplinary nature.
- **5.2.2 Generic Elective (GE) Course**: A course chosen apart from a unrelated discipline, with an expectation to obtain additional knowledge known as a Generic Elective.
- **5.2.3 Ability Enhancement Courses (AEC):** The Courses that enhances & upgrade Knowledge such as Environmental Science and English. These are compulsory for all students.

## **5.2.4 Skill Enhancement Courses (SEC):** These are value-based and skill-based courses intended to give hands-on-training, competencies & skills

## 6. LIST OF COURSES IN BPT PROGRAM

s. no	Sem	Cod e	Courses (compulsory)	No of elect ives	Electives (Select any one)
	I	СТ	Human Anatomy 1 ( <b>Cr 4</b> )	1	Introduction to programming in Java (Skill Enhancement) (Cr 2)
		CL	Human Anatomy 1 Practical (Cr 2)		Basic Photography (Skill Enhancement) (Cr 2)
		CT	Physiology 1 ( Cr 4)		
		CL	Physiology 1 Practical ( Cr 2)		
		CT	General Psychology & Sociology (Cr 4)		
		AE	English and computer applications (2)		
		AE	Basics of nursing and first aid & bed side manners, Patient hospitality (Cr 2)		
	II	СТ	Human Anatomy 2 (Cr 4)	1	Infection prevention and control (Ability Enhancement) (Cr 2)
		CL	Human Anatomy 2 Practical (Cr 2)		Soft skill training (Ability Enhancement) (Cr 2)
		CT	Physiology 2 (Cr 4)		
		CL	Physiology 2 Practical (Cr 2)		
		СТ	Ethics in physiotherapy and management (Cr 4)		
		DE	Biochemistry (Cr 2)		-
		AE	Environmental science (Cr 2)		
s. no	Sem	Cod e	Courses (compulsory)	No of elect ives	Electives (Select any one)
	III	CT	Exercise Therapy with soft tissue	1	Disaster risk management (Skill Enhancement) (Cr 2)

			manipulation I (Cr 4)		
		CL	Exercise Therapy(Practical) (Cr 3)		Culinary skills for ideal Nutrition (Skill Enhancement) (Cr 2)
		CT	Biomechanics I (Cr 4)		
		СТ	Microbiology Pathology/Pharmacology (Cr 4)		
	IV	СТ	Exercise Therapy with Soft Tissue  Manipulation II (Cr 4)	1	Nutrition in health and diseases (Generic Elective) (Cr 2)
		CL	Exercise Therapy with Soft Tissue Manipulation(Practical) (Cr 3)		Introduction to visual communication (Generic elective) (Cr 2)
		CT	Biomechanics 2 (Cr 4)		
		СТ	Internal Medicine (GM, GS Pediatrics, Geriatrics) (Cr 4)		
	V	CT	Electrotherapy I (Cr 4)	1	Yoga practice (Generic Elective) (Cr 3)
		CL	Electrotherapy I (Practical) (Cr 3)		Basic Life support (skill Enhancement) (Cr 3)
-		CT	Electrotherapy II (Cr 4)		
	- 15	CL	Electrotherapy II (Practical) (Cr 3)		Jr.
		СТ	Bio-Statistics And Research Methodology (Cr 4)		
		AE	Basics Physics (Cr 2)		*
		CR	Clinical Training 1 (Cr 2)		
•					
	VI	СТ	Clinical Orthopedics with Traumatology(Cr 4)	NA	A
		CT	Clinical Neurology (Cr 4)		
		СТ	Clinical Cardio Respiratory conditions (Cr 4)		
		CT	Women's Health (CL & PT) (Cr 4)		
		CL	Women's Health Practical (Cr 2)		
		CR	Clinical Training 2 (Cr 3)		
	VII	СТ	Physical function and diagnosis (Cr 4)	1	Introduction to public speaking (skill Enhancement) (Cr 2)
		CL	Physical function and diagnosis Practical (Cr 4)		Fabrication and fitting of orthotics and prosthetics (skill Enhancement) (Cr 2)

	CT	Rehabilitation medicine (Cr 4)		
	СТ	Community medicine & Community physiotherapy (Cr 4)		
	CR	Clinical Training 3 (Cr 3)		
VII	I CT	Physiotherapy in Orthopedics and traumatology conditions (Cr 4)	°NA	
	CL	Physiotherapy in Orthopedics and traumatology conditions Practical(Cr 4)		
	CT	Physiotherapy in Cardio Respiratory conditions (Cr 4)		
	CL	Physiotherapy in Cardio Respiratory conditions Practical (Cr 4)		
	СТ	Physiotherapy in Neurological Conditions(Cr 4)		
	CL	Physiotherapy in Neurological Conditions Practical(Cr 4)		
	CR	Clinical Training 4 (Cr 3)		
IX		Internship (28 cr)	NA	(28 cr) 180 days/ 7hrs /day

CT- core theory, CL- core lab, AE- ability enhancement, DE- Discipline elective, CR-clinical rotation

### **BPT PROGRAM TOTAL CREDITS:**

Our BPT CBCS curriculum has been designed with reference to the guidelines of UGC, inputs from experts in the field of Physiotherapy and feedback from stakeholders namely students, teachers, alumni & employers. The program offers total of 200 credits with well-defined learning outcomes.

#### TOTAL NUMBER OF COURSES OFFERED UNDER BPT PROGRAM

S. no	TYPE OF COURSE	TOTAL NUMBER
1	Core course	21
2	Ability enhancement (Compulsory)	4
3	Disciplinary elective (Compulsory)	1
4	Skill enhancement (choice based electives)	7
5	Ability enhancement (choice based electives)	2
6	Generic electives (choice based electives)	3
	Total	38

#### 7. Credits:

- 7.1 Credits will be allotted on the basis of the number of lectures/ tutorial / laboratory work and various types of learning needed, to finish the course content in a 15-20 week plan:
- 1 Credit course = 15 hours of lecture for every semester
- P/T One credit for every 2 hours of lab or practical (1 credit course = 30 hours)
- CR One credit for every three hours of Clinical training/ rotation/posting (1 credit course = 45 hours) i e
- 1 credit course = 15 hours of lecture/ Theory
- 1 credit course = 30 hours of practical or lab
- 1 credit course = 45 hours Clinical training/ rotation/posting
- 8. Assigning Credit Hours per Course: The credits will be distributed as below:
  - All core course will be allotted a maximum of 4 credits.
  - All electives will be allotted a maximum of 3 credits
  - All AEC will be allotted a maximum of 2 credits.

Any course that requires more than 4 credit hours can be separated into two courses.

The conceivable blend is proposed underneath. The credits allotted to the course is demonstrated as L:T:P design. The academic committee will frame the guidelines & design for every course.



9. Allocating absolute Credits for BPT Program: As per the UGC guidelines, UG programs for 3 year duration (BSc Honors) shall be allotted not more than 160 credits. In paramedical courses extra credits for internship would be incorporated with at least 15 credits for six months.

#### 9.1 CREDIT VALUE PER COURSE AND STRUCTURE OF SYLLABUS:

- a) In allocating the credits to a UG course, an organized & structured method will be followed. The Configuration is given below
  - Core Theory- 3 to 4 credits- comprise 6 lessons or units
  - Core lab- 2 to 4 credits 10 to 15 experiments/ practical topic
  - Discipline Specific elective- 3 credit- comprise 5 lessons or units
  - Discipline Specific elective(L)- 3 credit (include 1 for practical)- 5 lessons with one lab units
  - Generic electives- 3 credits 4 lesson
  - Ability enhancement 2 credits 4 lessons or units
  - Skill enhancement 2 credits 4 lessons or units
  - Internship- minimum 15 credits- structured monitoring

Minimal credit allotment for a course is according to the curriculum designed by the department.

## 10. CBCS Programs Coding System:

S. No.	Faculty Code	UG/PG/ IN/DP	Degree	Program Name	Program me Code	Course Code
1	PTY	UG	BPT	Physiotherapy	TUPT	PT

## 11. Course Numbering pattern: (EXAMPLE)

The course code clarifies the constituent college where the course is offered along with the year and semester in which it is carried. Each course will be allotted a numbered as given below:

Ten digit course Code	Categor y	Course title	Lectur e L	T/C R	P	Credit s (c)
UPT21CT10 1	Core Theor	Anatom	4		-	4
UPT21CT107	Core lab	Anatomy	3	F-12 F-12 F-12	4	4
	Code UPT21CT10 1	Code  UPT21CT10  1  Core Theor y	Code  UPT21CT10  1  Core Theor y  Theor y	Code  Categor title  UPT21CT10 Theor y  Theor y  Theor y	Code  Core Theor y  Anatom y  Y  Theor y  Theor y	Code  Core Theor Y  Anatom Y  Y  Core Theor Y  Theor Y

## 12. A model Program coding structure: (EXAMPLE)

s no	Ten digit	category	Course title	Facul ty code	L	T / C R	P	credit s	L	P	Total Hrs.
1	UGPT21CT1 2	Core theory	Anatom y	РТ	4	-	. <del>-</del>	4	60		60
2	UGPT21CT1 4	Core theory	Physiology	РТ	4		-	4	60	× (1)	60
3	UGPT21DE1 8	Disciplinary elective	Sociology		3	<b>3</b> )	-	3	45	•	45
4	UGPT21GE1	Generic elective	Genetics		3	=:	ē	3	45	-	45
5	UGPT21AE1 6	Ability enhancement	English		2	-	_	2	30	e e	30
6	UGPT21SE2	Skill enhancement	To be chosen by student		2	-		2	30	<i>u</i>	30
7	UGPT21CL2	Core Lab	Anatomy	PT	<b>*</b>		4	4		120	120



6									
	Sem II Total		1	n	4	22	270	120	390
	Schi II Total		8	U	7	<i>LL</i>	270	120	370

## Coding System for Elective/ Ability Enhancement Courses

## Elective/ Ability Enhancement Courses college code

s.no	One letter code	Three letter code	College/ Faculty
	M	MED	Medical
	D	DEN	Dental
	N	NUR	Nursing
	P	PTY	Physiotherapy
	A	AHS	AHS
	н	FHS	FHS

## 13. Category of Elective courses Offered (Example)

s.no	Code No	Course Name	Elective	cre dit	Sem	Faculty	Dept	UG/ PG
1	AAE 001	English	Ability enhancemen t- compulsory	2	Odd/ even	FHS	English	UG
2	AAE 002	Environmenta I science	Ability enhancemen t- compulsory	2	Odd/ even	Eng.	Eng.	UG
3	AGE 003	Air way Management	Generic elective	1	Odd/ even	AHS	AHS	UG
4	AGE 004	First aid & splinting	Generic elective	1	Odd/ even	Emerg ency trauma care	Emergen cy trauma care	UG

5	AGE 004	Food & Nutrition	Generic elective	1	Odd/ even	Cl. Nutriti on	Cl. Nutritio n	UG
6	AGE 005	Basics of Yoga	Generic elective	1	Odd/ even	Yoga	Yoga	UG
7	AGE 006	Pranayama	Generic elective	1	Odd/ even	Yoga	Yoga	UG
8	BGE 006	Basic Computing	Generic elective	1	Odd/ even	Bioinfo rmatics	Bioinfor matics	UG
9	TSL001	Ergonomics & health promotion	Skill enhancemen t	2	Odd/ even	Physiot herapy	Physioth erapy	UG
10	NSL001	Diabetic Foot care	Skill enhancemen t	2	Odd/ even	Nursin g	Nursing	UG
11	ASL001	Basic life support	Skill enhancemen t	2	Odd/ even	Accide nt & Emerg ency	Accident & Emergen cy	UG
12	MGE001	Team building & leadership	Generic elective	2	Odd/ even	Manag ement		UG
13	AAE007	Medical Ethics & law	Ability enhancemen t	2	Odd/ even	Genera l medici ne		UG

#### 14. Selection of Generic Elective and Skills Enhancement courses:

The understudies ought to apply in the recommended design and should arrive at the CBCS facilitator before the beginning of the semester. A menu made under the University site perhaps got to for online pre-enrollment. All applicants should enlist online for the courses of the said semester regardless of whether the program doesn't give an elective to the said semester.

14.1 Elective courses from Swayam/NPTEL stage [www. https://swayam.gov.in and http://nptel.ac.in] possibly remembered for the above pool as and when required

## 15. Generic Elective and Skilled Enhancement Course – Tentative time Table for odd /even semester

WEEK TIME TABLE

Days	9-10	10-11	11-12	12-1	1-2	2-3
Mon						
Tue						J.

Wed Thur s	GE	GE	GE	GL	GL	GE
Fri						
sat				SE	SE	SL

Every Thursday will be allotted for elective courses & Saturday for Skill enhancement course (theory & lab)

#### 16. Internal Evaluation:

According to the standards in the curriculum the IA tests will be conducted for both core and elective subjects

#### 17. Examinations and Assessment

Faculty of Physiotherapy has adopted the UGC recommendation for awarding the grades based on CGPA.

### Letter Grades and Equivalent Grade Point

Letter Grade	Grade Point	Grade Point Remarks	
0	10	Outstanding	86-100
A+	9	Excellent	70-85
A	8	Very Good	60 -69
B+	7	Good	55 -59
B (Pass for BPT)	6	Pass	50- 54
F/RA	0	Fail/ Re-appear	Below 40
Ab	0	Absent	Reappear
NE	0	Not Eligible	Detained
RC	0	Repeat the Course	Repeat the Course

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#### **Cumulative Grades and Grade Points**

Grade Point	Letter Grade	CGPA
1 0	O (Outstanding)	9.01 - 10.00
9	A+ (Excellent)	8.01 - 9.00
8	A (Very Good)	7.01 - 8.00
7	B+ (Good)	6.00 - 7.00
6	B (Above Average) Pass	5.01 - 6.00
5	С	4.51 - 5.00
4	D	4.00 - 4.50

Anyway for undergraduate program, the pass percentage is fixed as grade B (50%)

#### 18. Assessment of a Course:

Assessment for a course will be done on a continuous basis. The uniform procedure as stated by the UGC for CBCS will be adopted, at least 3 CIA followed by one end semester exam for each course will be offered.

## 19. Eligibility to show up for the end-semester assessments for a course incorporates:

A candidate shall possess (80%) of Attendance and 50% of CIA to be eligible for appearing in semester exam. Failing which the candidate shall be declared as not eligible.

#### 20. Grade Qualifying For a Pass:

Candidate should acquire a minimum of 50% marks in all courses that includes both core & electives in end semester examination. At least 50% of marks in CIA is needed as eligibility to appear in end semester exam.

#### 21. Guidelines for Clinical Internship:

Clinical internship for six months may allow the candidate to take up entry level position just on successful completion of final semester.

#### 21.1 Evaluation of internees and grant of credits:

The credits and hours of internship will be defined as per the guidelines in the curriculum (28 credit Points). Award of the degree will be given after fruitful finish of

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the internship alongside a declaration of consummation of internship from HOD and Grade Card for the similar.

#### 22. ATTENDANCE

- > The faculty dealing with CBCS course will be responsible for maintaining the attendance record of the students who have enrolled for the course.
- ➤ All faculty handling shall report to the Head of the Department/ Principal about the candidates who have short fall of attendance.

### 23. Computation of SGPA and CGPA

The UGC prescribes the accompanying method to figure the Semester Grade Point Average (SGPA) and Cumulative Grade Point Average (CGPA):

Computation of SGPA EXAMPLE

s. no	Semester 1	Credits	Letter grade	Grade Point	Credit point
1	CT 1	4	<b>A</b> +	9	36
2	CT 2	4	B+	7	28
3	CL 1	4	С	5	20
4	CL 2	4	0	10	40
5	AEC 1	2	A	8	16
6	GE 1	1	A	8	8
7	SE 1	1	В	6	6
	Total	20			154

SGPA 7.7 (154/20)

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Thus SGPA is calculated for all the semester of the program and represented as below listed

Semester 1	Semester 2	Semester 3	Semester 4
Credit: 20	Credit: 22	Credit: 25	Credit: 26
SGPA: 7.9	SGPA: 7.8	SGPA: 5.6	SGPA: 5.0
Semester 5	Semester 6		
Credit: 26	Credit: 25		
SGPA: 7.3	SGPA: 9.0		

## Thus CGPA = (20x 7.9 + 22x7.8 + 25x 5.6 + 26x5.0 + 26x7.3 + 25x9.0)/200 = 7.24

CGPA is a summative mathematical value acquired by the product of total credits and SGPA of the individual semester divided by complete credits of the program

25. **Transcript (Format)**: Based on the above suggestions on Letter grades, grade points and SGPA and CGPA, the higher education institutes may issue the transcript for every semester and a consolidated transcript indicating the performance in all semesters.

#### SAMPLE GRADE CARD

s. no	Course code	Course	Credits	Letter grade	Result
1	UPT21CT102	Anatomy	4	<b>A</b> +	Pass
2	UPT21CT104	Physiology	4	B+	Pass
3	UPT21CT152	Biochemistry	4	С	RA
4	UPT21DE108	Sociology	2	О	Pass
5	UPT21GE110	Genetics	2	A	Pass
6	UPT21AE112	English	2	<b>A</b> +	Pass
7	UPT21SE114	Psychology	2	B	Pass
8	UPT21SE152	Basic life support	2	B+	Pass
9	UPT21AE118	Basics of nursing and first aid	1	0	Pass
10	UPT21AE116	Basics Physics	1	A	Pass
11	UPT21AE120	Environmental science	1	В	Pass

	Credit & grade point (current semester)	Credit & grade point (up to current semester)
Credit Registered	25	25
Credit earned	21	21
Grade point Average (GPA)	6.19	6.19

#### 24. STUDENT ADVISOR

➤ Each undergraduate will have an individual from workforce of the Department as his/her understudy counsel. The understudy consultant/guide, other than dealing with the directing and care of the designated understudies, will likewise exhort the understudies in picking Elective courses and offer all conceivable understudy support administrations.

## 25. CARRY OVER OF "RA" GRADE COURSE(S) (Reappearance)

- > Students are permitted to carry over the "RA" Grade course(s) from any semester till third year of study (sixth semester).
- A candidate should pass all the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>,5<sup>th</sup> and 6<sup>th</sup> semester courses before entering to 7<sup>th</sup> semester.
- $\triangleright$  A candidate is permitted to undergo internship only after passing all the courses in  $7^{\text{th}}$  &  $8^{\text{th}}$  semester.

#### **26. CLASSIFICATION OF SUCCESSFUL CANDIDATES:**

In accordance to the CGPA & grade point system as mentioned earlier in the frame work the candidate will be declared successful.

17

### 27. Coordinator of CBCS and CBCS Co-Coordinating Committee:

The Coordinator (CBCS) will supervise all CBCS programs as per the norms.

## SCHEME OF EXAMINATION

		Internal	Universit y		Practica		
Paper	Subjects	Assessme		Viva	1	Total	
	Semester I	nt	Theory				
1,00	3	30	100	20		150	
2.	Physiology 1	30	100	20		150	
3.	Psychology/sociology	50	100	-	-	150	
4	English and computer applications	50	50	-	-	100	
	Basics of nursing and first aid & bed side						
5	manners, Patient hospitality	50	50	-:	-	100	
	ELECTIVES	-					
	Introduction to programming in Java (Skill						
6	Enhancement)	50	50	-	_	100	
	,	50	50			100	
7	817	50	50	-	-	100	
	Semester II	20	1.00	00	50	200	
1		30	100	20	50	200	
2	Physiology 2	30	100	20	50	200	
3	Ethics in physiotherapy and management	50	100			150	
4	Biochemistry	50	50	2	-	100	
	Environmental science	50	50	-	-	100	
	ELECTIVES						
	Infection prevention and control (Ability						
	Enhancement)	50	50	-	-	100	
	Soft skill training (Ability Enhancement)	50	50	-	÷	100	
	Semester III						
1,	Everaine Thomasy with Soft Times						
	Exercise Therapy with Soft Tissue	30	100	20	50	200	
_	Manipulation 1		100	20	30	200	
2.	Bio- Mechanics And Applied Anatomy	30	100	20		150	
	&Kinesiology 1	50	100	20			
3.	87 87	50	100	-		150	
	ELECTIVES			-			
	Disaster risk management (Skill		50			100	
4.	Enhancement)	50	50	-	ļ .	100	
	Culinary skills for ideal Nutrition	50	50			100	
5.	(Skill Enhancement)	50	50	-2		100	
	Semester IV						

	Exercise Therapy with Soft Tissue					
1,		30	100	20	50	200
	Bio- Mechanics And Applied Anatomy	1				
2.	&Kinesiology 2	30	100	20	-	150
	Internal Medicine (General Medicine	1				
3.	General Surgery / Pediatrics/Geriatrics	30	100	20	-	150
	ELECTIVES					
	Nutrition in health and diseases (Generic					
4.	Elective)	50	50	-	-	100
	Introduction to visual communication					
5.	(Generic elective)	50	50	-	-	100
- 19	Semester V					
1	Electrotherapy I	30	100	20	50	200
1.		30	100	20	50	200
2.	Electrotherapy II			20	50	200
3.	Bio-Statistics And Research Methodology	50	100		-	150
	Basics Physics	50	50			100
4.			- 50			100
	Clinical Training 1					
	ELECTIVES					
	Yoga practice (Generic Elective)	50	50	-	-	100
	Basic Life support (skill Enhancement)	50	50	-	-	100
	Semester VI					
1.	Clinical Orthopedics with Traumatology	30	100	20	-	150
2.	T and a second					
-0	Clinical Neurology	30	100	20	1-1	150
3.	Clinical Cardio Respiratory conditions	30	100	20	-	150
4.	Women's Health	30	100	20	50	200
5.	Clinical training					
	Semester VII					
1.	Physical function and diagnosis	30	100	20	50	200
2.	Rehabilitation medicine	30	100	20	-	150
2,	Community medicine & Community	5				
3.	physiotherapy	50	100			150
	Clinical Training	50	100			150
4.	ELECTIVES					
_ ا	Introduction to public speaking (skill		50			100
	Enhancement)	50	50		-	100
	Fabrication and fitting of orthotics and					1.00
6.	prosthetics (skill Enhancement)	50	50	-	-	100
	C					
	Semester VIII				_	
	Physiotherapy in Orthopedics and		100	20	50	200
1,5	traumatology conditions	30	100	20	50	200
2.	Physiotherapy in Neurological Conditions	30	100	20	50	200

Physiotherapy	in	Cardio	Respiratory					
3, conditions				30	100	20	50	200
4. Clinical Traini	ng							

## EXAMINATION SCHEME FOR COURSES WHEREIN THEORY AND LAB ARE ASSESSED JOINTLY

- As per the regulation, the student should pass both theory & practical examination [result in Group] to earn the credits whenever indicated for a course.
- A candidate has to obtain the passing minimum (50% for UG) in both theory & practical exam separately, in order to be declared passed in individual courses.

## PATTERN OF QUESTION PAPER IN UNIVERSITY EXAMINATION FOR ELECTIVES

Section A	2 Essays (any 1)	1 x 15 Marks each	15 Marks		
	6 Short Notes (any 5)	5 x 5 Marks each	25 Marks	50 N	/Iarks
	5 Ultra short notes	5 x2 Marks each	10 Marks		
	Internal Assessment			50	Marks
			Total	100	Marks

Minimum for Passing 50% marks in the University written examination 50% marks internal assessment

#### TIME DURATION OF UNIVERSITY EXAMINATION FOR ELECTIVES

University examination for electives will be conducted for 1 and ½ hour for 50 marks

## PATTERN OF QUESTION PAPER IN CONTINIOUS INTERNAL ASSESSMENT FOR ELECTIVES

Section A	2 Essays (any 1)	1 x 15 Marks each	15 Marks		
	6 Short Notes (any 5)	5 x 5 Marks each	25 Marks		
	5 Ultra short notes	5 x2 Marks each	10 Marks	50 N	Marks
		d?	Total	50	Marks

#### Minimum for Passing in internal assessment

> 50% marks internal assessment

#### Time Duration of internal assessment for electives

> 1 hour & 30 mins

FACULTY OF PHYSIOTHERAPY
MERAKSHI ACADEMY OF HIGHER EDUCATION AND RESEARCH
(Desired to be University)
No.12, Vembulishara Kall Street, West K.K.Negar, Chennal-78.

20

#### **BPT PROGRAM OUTCOMES**

Upon completion of graduate program in physiotherapy, the student should:

- PO1- Obtain appropriate knowledge of the fundamental medical subjects in the practice of physiotherapy
- PO2- Establish the skills and techniques to apply the therapeutic exercises, soft tissue manipulation and electrotherapy modalities for the management of various clinical conditions.
- PO3- Foster legitimate skill the attitude of care and concern in physiotherapy practice.
- PO4 To show proficiency and skill in teaching, management, research, guidance and counseling.
- PO5 Practices principles and ethical values

#### **BPT PROGRAM SPECIFIC OUTCOME**

- PSO1-Will develop an ability to influence the knowledge of physiotherapy in the community
- PSO2- Foster educational experience for capability enhancement in the profession and advance prevention in the health of an individual.
- PSO3-Profeciency in solving problems using research knowledge and methods to frame goals for the purpose of rehabilitation

#### CO & PO MAPPING

I	Anatomy	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
Year									
CO 1	Explain the knowledge of human anatomy that is necessary for the study and practice of physiotherapy.	3	1	1	3	==:	2	3	2
CO 2	Illustrate the structure of bones, joints, muscles, brain, cardio pulmonary and nervous systems	3	1	1	3	-	1	2	2

	Physiology/Elements of Biochemistry	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
CO 1	Acquire knowledge on fundamentals of human physiology	3	1	1	3	.=	2	3	2
CO 2	Describe the function of endocrine system, reproductive system, digestive system and muscular system	3	2	1	3	) <del></del>	1	2	2
CO 3		3	1				1	2	2



	basics in human biochemistry.							
CO 4	Describe the elementary							
	of normal human	3	1	<b>a</b> r	 145.	1	2	2
	biochemical processes.							

	Psychology/ Sociology	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
CO 1	Describe the role of family and community in the development of behaviours and human personality.	3		3	1	3	2	3	2
CO 2	Understand the role of beliefs and values as determinants of individual and group behaviours.	3	.=	3	1	3	2	3	2
CO 3	Knowledge about the community's social and economical aspects that influence the people's health.	3	s <del>-</del>	3	2	3	2	3	2
CO 4	Knowledge about the significance of social interactions in the process of rehabilitation.	1	=	2	3	3	2	3	2
CO 5	Perform the role of therapist as an effective member in the society	2	=	1	3	3	3	3	3
CO 6	Understand the psychological factors associated with disability and unconscious patients, chronic illness, death, clinical conditions.	3	۵	1	2	1	3 *	3	3
CO 7	Knowledge about the basic behavior to apply in the therapeutic environment	3	3		2	( <del>-</del>	3	2	3
CO 8	Develop an Understanding about specific psychological factors and its effects in physical illness	2	-	2	2	-	3	2	3
CO 9	Develop a holistic approach with dealing patients at the time of admission, treatment, rehabilitation and follow up.	1	1	3	2	3	3	2	3

	Microbiology &	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
	Pathology/Pharmacology								
CO 1	Explain the knowledge of Microbiology & Pathology/Pharmacology								
	that is necessary for the study and practice of physiotherapy.	3	1	<b>4</b> 1	3	2	2	3	2
CO 2	Describe the pathophysiology of endocrine system, reproductive system, digestive system and muscular system	3	2	-	3	2	2	3	2

	English and computer applications	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
CO 1	Develop the efficiency to Speak English fluently with grammatically correct sentences.	3	<b>3</b> 3.	*		3	3	3	<b>建</b> 以
CO 2	Develop the efficiency to write English.	la	4	=	3	<u>.</u>	3	-	•
CO 3	Apply the basic computer skills for web surfing in research, relevance to the field of physiotherapy	3		•	=	3	3	3	<b>.</b>
CO 4	Establish working knowledge of hardware and software relevant to physiotherapy practice	2	- 3		3	1	3	· ·	-

	Basic of nursing and first aid	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
CO 1	Develop an understanding and demonstrate about principles of First aid	3	3	1	1	3	3	2	3
CO 2	Demonstrate skill in applying First aid treatment during emergencies	2	3	1	3	1	3	3 .	3

H	General Medicine/General	PO	PO	PO	PO	PO	PSO	PSO	PSO
year	surgery/Pediatrics/Geriatric	1	2	3	4	5	1	2	3

	S								
CO 1	Understand the causes of various major conditions and management in relation with physiotherapy.	3	3	1	2	1	2	3	1
CO 2	Understand the basic surgical procedures and the aftermath complications and Related physiotherapy managements.	3	2	1	3	1	2	3	1
CO 3	Able to gain knowledge about the preliminary pediatric conditions, it merits and demerits and the treatment thereafter.	3	2	1	3	1	2	3	1
CO 4	Gain adequate knowledge about the senile population and there needs and exercise prescription for these special population.		3	1	3	1	2	3	1
CO 5	Use the gained knowledge in applied and advanced research.	2	1	1	3	1	2	3	1

	Exercise Therapy with soft Tissue Manipulation	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
CO 1	Analyze and apply various types of therapeutic exercise and movements.	3	3	1	2	1	3	2	3
CO 2	Develop the Knowledge for the clinical measurements of Range of motion, interpret them for rehabilitation.	3	3	1	3	1	3	2	3
CO 3	Knowledge about manual muscle testing and developing the ability to assess muscle power and interpret.	3	3	1	3	3	1	2	3
CO 4	Understand the principles, technique and the effects of exercises to restore physical function.	2	3	2	2	3	2	2	3

	Bio-Mechanics and Applied Anatomy Kinesiology	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
CO 1	To acquire knowledge on the basic principles of		2	ш	-	:=::	1	3	2

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	biomechanics based on anatomy of relevant joint structure and function.								
CO 2	To develop an understanding of kinetics and kinematics of each joint in both extremities and spine.	3	2		1	-	1	3	2
CO 3	To adequately apply the biomechanical principles to identify the path mechanics of dysfunctions of joints, structure and function.	2	3	-	3	=	1	3	2
CO 4	To prevent, protect and rehabilitate various dysfunctions using the biomechanical principles.	2	2	3	3	3	1	3	2

	Electrotherapy I	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
CO 1	Describe the fundamental of physics in the application of electrotherapy and describe the Production & Physiological effects Therapeutic uses, indication & contraindications of various low/medium Frequency Currents.	3	1		2	2	3	2	3
CO 2	Understand about the physiology of pain, theories of pain, levels of pain modulation, selection of appropriate modality for Pain modulations.	3	3	-	2	2	3	2	3
CO 3	Explain principles and effects, dangers, safety measures, indication &contraindications, methods of application of various low/medium Frequency modalities	2	3	3	2	1	3	2	3
CO 4	Illustrate and demonstrate the purpose of Assessment & Treatment on various clinical significance in restoring	1	3	2	3	2	3	2	3

physical function in the				
practice of physiotherapy.				

	Electrotherapy II	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
CO 1	Acquire the knowledge of fundamental of physics and its application in electrotherapy and describe the Production &Physiological effects, Therapeutic uses, indication &contraindications of various high frequency currents.	3	3	1	3	2	3	2	3
CO 2	Acquire various knowledge pertaining to physiology of pain, theories of pain, levels of pain modulation and selection of appropriate modality for Pain management.	3	3	1	3	1	3	2	3
CO 3	Acquire the skills of application in Assessment & Treatment of various clinical conditions.	2	3	1	3	2	3	2	3
CO 4	utilize various modalities in promoting good treatment outcome.	1	3	1	3	1	3	2	3
CO5	Apply the gained knowledge for a good evidence based research.	2	2	1	3	3	3	2	3

	Basics of Physics	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
CO 1	Understand the fundamentals of sciences,								
	its principles, laws and theories, properties of matter, energy, light, electromagnetism etc.		1	(B)	-		1	. <del>7</del> /)	1
CO 2	Recognize how the basics of physics can help in addressing the	2	2	-	1	:=:	<b>*</b>	1	-



	phenomena in relate to their majors								
CO 3	Analyze the working of the various electrotherapeutic low, medium and high frequency equipment's	5	3	190	3	1	1	-	1
CO 4	Apply the concept of working and its functions effectively in multidisciplinary teams	2	3	#	1	•	=	1	1

	<b>Environmental Sciences</b>	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
CO 1	Knowledge about the effects and uses of natural resources and eco systems.	2	2	1	3	3	3	3	3
CO 2	Explain the interdisciplinary context of environmental issues.	3	3		3	3	3	3	3
CO 3	Adapt sustainability as a practice in life, society and industry	2	2	3	3	2	2	2	2
CO 4	Acquire and create an action plan for sustainable alternatives that integrate science, humanist, and social perspectives.	1	3	2	3	2	1	3	2

III Year	Clinical orthopedics with Traumatology	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
CO 1	To understand the basic orthopedic conditions causing musculoskeletal conditions	3	2	3	2	•	2	3	3
CO 2	Ability to understand skills in effective diagnosis of various disabilities		3	2	2	-	2	3	3
CO 3	Able to differentially diagnosing various MSD and in ruling out other non related conditions	3	-	3	g <b>=</b> .	3	2	3	3

	Clinical Neurology	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
CO 1	Acquire knowledge on the basics of nervous system, neuro-muscular system anatomically and physiologically, its primary & secondary clinical characteristics.	3	1	2	1	1	2	3	3
CO 2	Acquire knowledge to explore on various Neurological &Pediatric conditions. conditions, its clinical significance , pharmacological and surgical management	3	2	1	1	2	2	3	3
CO 3	Offer an opportunity in ruling in clinical investigations and clinical diagnosis	3	2	1	1	2	2	3	3
CO 4	Demonstrate the skill in application of clinical examination on neurological dysfunctions in both neurological and pediatric diseases	2	3	2	2	1	2	3	3

	Clinical cardiology	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
CO 1	Access the fundamental knowledge on the basics of cardiopulmonary system, anatomically and physiologically, its primary & secondary clinical characteristics.	3	1	2	1	1	2	3	3
CO 2	Understand the etiology, Classification, Pathology, Clinical Features, signs and symptoms appropriate Investigations, Complications, Surgical & Non-Surgical Management of various cardiorespiratory Conditions.	3	2	1	3	1	2	3	3
CO 3	Incorporate the clinical	3	3	1	1	1	2	3	3

	findings and able to understand and estimate the proper investigations skill.			-					
CO 4	Establish the required clinical information about the cardiorespiratory conditions which commonly cause disability and their management.	3	2	1	3	1	2	3	3
CO5	Demonstrate the skill in application of clinical examination on cardiopulmonary dysfunctions in both adult and pediatric cardio pulmonary diseases	3	3	2	3	1	2	3	3

	Clinical obstritics and gynecological conditions	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
CO 1	Familiarity with anatomy, physiology and pathophysiology of female reproductive system.	3	2	1	2	1	2	3	3
CO 2	Describe the physiology of menstrual cycle, puberty and menopause.	3	1	1	2	1	2	3	3
CO 3	Explain normal and abnormal bleeding, common problems in obstetrics and gynecology and common breast conditions and outline the evaluation of breast complications.	3	1	1	2	1	2	3	3
CO 4	Acquire Knowledge of intrapartum care and postpartum care of the mother and newborn.	3	1	2	2	2	2	3	3

Explain normal physiological changes of pregnancy and describe common complications	3	1	2	2	2	2	3	3
during pregnancy.								

	Community medicine	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
CO 1	Describe the effect of social and environmental factors on an individual's health and society.	2	· ·	2	3	3	3	3	3
CO 2	Describe the influence of the environment and the community dynamics individual's health.	2	-	2	3	3	3	3	3

	Community	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
	Physiotherapy								
CO 1	Describe physiotherapist's role in community's health promotion and women's health.	3	3	3	3	2	3	3	3
CO 2	Understand about the fitness training for geriatric population.	2	3	3	3	3	3	3	3
CO 3	Determining the need of physiotherapy in a industrial set up and formulate an ergonomic treatment.		3	3	3	3	3	3	3

	Bio-Statistics and research Methodology	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
CO 1	To identify various phases in Research process.	3	1	1	2	1	1	1	3
CO 2	To apply statistical procedures in Research.	2	1	1	1	1	1	1	3
CO 3	To analyze the significance in testing procedures.	2	1	2	1	1	1	1	3

	CO 4	To evaluate the importance of Research in Physiotherapy.	1	1	2	3	3	1	1	3	
ì											

	Basic life support	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
CO I	The basic knowledge to recognize a life-threatening emergency and provide life support.	3	1	1	ä	Ξ	3	2	-
CO 2	Assess and address the emergency situation and provide the effective rescue technique.	3	1	1	=	2	3	2	<b>3</b>
CO 3	identify the restriction of involvement of breathing through proper examination.	3	1	1	2	a)	3	2	-
CO 4	assess the individual and proceed further in chain of survival.	3	1	1	SE .	SP11	3	2	-
CO5	Demonstrate and provide effective chest compressions and manage victims of chocking.	3	1	1	11	ž.	3	2	

	Yoga	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
CO 1	Understand the principles of yoga therapy for different disease.	3	2	2	-	197 197	3	2	¥:
CO 2	Explain the interdisciplinary context of yoga therapy.	3	2	2	I.Pa	u.e.	3	2	<b>a</b> )
CO 3	Acquire awareness of yoga as a practice in life, society and community	3	2	2	8 <b>2</b>	₹=	3	2	¥:

	Physiotherapy in	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
	neurology								
CO 1	Identify the impairments of various neuro-muscular and pediatric disorders, its pathophysiology and clinical manifestation and management.	3	2	1	3	1	3	2	3

CO 2	Illustrate and demonstrate appropriate physiotherapy assessment tools and principles of various Neurophysiotherapeutic approaches	1	3	2	3	2	3	2	3
CO 3	Offer an opportunity in clinical reasoning and clinical decision making to ensure a holistic approach in evaluating the client's problems	1	1	3	3	3	3	2	3
CO 4	Apply skills in the approach of communication with clients, relatives, society and co-professionals, to promote physical functions of an individual and community.	1	3	3	3	3	3	2	3

	Physiotherapy in Orthopedics	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
CO 1	Understand relevant physiotherapy assessment techniques which will help to diagnose various orthopedic conditions	1	1	3	3	3	3	2	3
CO 2	Able to identify disability due to musculoskeletal dysfunction, set treatment goals and apply their skills in clinical situation to restore musculoskeletal function.	1	3	3	1	1	3	2	3
CO 3	Develop proficiency in integrating clinical assessment with theoretical knowledge	3	1	3	1	1	3	2	3
CO 4	Establish clinical decision making ability in treating different musculoskeletal conditions	2	3	1	3	1	3	2	3
	Establish physiotherapeutic measures in treating musculoskeletal	1	3	3	1	2	3	2	3

conditions & modify physiotherapeutic intervention as required.								
Obtain ethical skill by demonstrating safe, respectful and effective performance of Physical handling techniques taking in to account the patients clinical condition, need for privacy, the resource available and the environment	1	1	3	2	3	3	2	3

	Physiotherapy in CARDIO RESPIRATORY CONDITIONS	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
CO 1	Able to assess the clinical dysfunction and disability in the clinical conditions. Identify the impairments of various cardiopulmonary disorders, its pathophysiology and clinical manifestation and management.	3	3	1	3	1	3	2	3
CO 2	Incorporate the clinical findings with the pathophysiological concepts and inculcate the appropriate assessment.	3	3	1	3	1	3	2	3
CO 3	Illustrate and demonstrate appropriate physiotherapy assessment tools and principles of various cardiopulmonary-physiotherapeutic approaches	3	3	2	3	3	3	2	3
CO 4	Offer an opportunity in clinical reasoning and clinical decision making to ensure a holistic approach in evaluating the client's problems	3	2	2	2	3	3	2	3

CO5	Use of effective								
	therapeutic technique in								
	cardiopulmonary, thus	2	2	1	2	,	2	2	1
	enabling them to apply		3	1	3	1	3	4	1
	the required skill in the								
	clinical condition.								

	Physiotherapy in	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
	Obstetrics and								
	gynecology								
CO 1	Outline the fundamental								
	knowledge in anatomy								
	and physiology of female								
	reproductive system and	3	2	1	2	1	3	2	3
	describe the procedures								
	of obstetrics &								
	Gynecological surgeries.								
CO 2	Demonstrate the								
	application of								
	perineometer, vaginal								
	cones, Swiss ball &								
	electrotherapy modalities	1	3	1	3	2	3	2	3
	in the assessment and								
	management of obstetrics								
	and gynecological								
00.0	conditions.								
CO 3	Demonstrate various								
	treatment techniques								
	specifically appropriate for each condition in								
	obstetrics and								
	gynecology. Prepare and								
	explain the antenatal and								
	postnatal classes.								
	positional disables.	_		_					
		2	3	2	3	2	3	2	3
			lu .				1		
CO 4	Acquire a sound								
	knowledge Of the								
	specialized skills of the								
	physiotherapeutic	1	3	1	3	3	3	2	3
	interventions with special								
	emphasis on the								
	respective areas of								
	specializations.		<u> </u>						

	Apply the knowledge and	2	3	3	3	3	3	2	3
	principles of the basics to								
	assess and manage								
	women with obstetrics								
	and gynecological								
15	conditions from								
	physiotherapy								
	perspective.								

	Physical and functional diagnosis	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
CO 1	Understand the use of appropriate tools or instruments of assessment in Musculoskeletal, Neurological and Cardiovascular conditions.	1	3	2	1	1	3	2	3
CO 2	Interpretation and analysis of assessment and findings.	1	3	3	1	1	3	2	3
CO 3	Demonstrate skills of manual therapy in musculoskeletal conditions, neuro therapeutics and cardiovascular and respiratory physiotherapy skills in appropriate clinical condition as needed	1	3	3	1	1	3	2	3
CO 4	Proficiency in Selecting appropriate Physiotherapy assessment & treatment techniques to facilitate safety, sensitive practices in patient comfort and effectiveness	2	3	3	1	1	3	2	3
CO5	Obtain ethical skill by demonstrating safe, respectful and effective	1	1	3	2	3	3	2	3

	performance of Physical handling techniques taking in to account the patients clinical condition, need for privacy, the resource available and the environment				
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	Rehabilitation medicine	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
CO 1	To acquire knowledge on rehabilitation, its types and evaluation of various types of disabilities.	3	3	2	2	1	3	2	3
CO 2	To demonstrate concept of team approach on rehabilitation and apply principles of therapeutic techniques for physical dysfunctions and disabilities.	1	3	3	3	3	3	2	3
CO 3	To identify existing capabilities in patients with varying grades of disabilities.		2	1	1	2	3	2	3
CO 4	To demonstrate skills in using supportive devices for rehabilitation of various physical disabilities for independent activities of daily living.	1	3	3	3	3	3	2	3

	Ethics, Administration and management	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
CO 1	To understand the moral values and meaning of ethics	1	3	3	2	3	3	2	3
CO 2	To learn and apply ethical code of conduct in fields of clinical practice, learning, teaching, research and physiotherapist-patient relationship	1	1	3	3	3	3	2	3
CO 3	Acquire bedside manners and communication skills in relation with patients,	1	2	3	3	3	3	2	3

CO 4 Acquire the knowledge of the basics in Managerial & Management skills, & 3 use of information technology in							
professional Practice	2	3	3	3	3	2	3

	Basics of Photography	PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3
CO 1	To understand the basic skills of Photography		at .	1	3	2	1	1	1
CO 2	To use a variety of brainstorming techniques to generate novel ideas in photography	3 <b>2</b>		1	3	2	1	2	1
CO 3	Sufficient photographical mastery of technical and formal challenges pertinent to a body of original visual work.	-		1	3	2	. <del>.</del>	-	-

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Course		Hours po	er seme	ster	Hours/v	week	Cred	dits	Total
No	Course title	Tota 1	L	P	L	P	L	P	credits
C	ore subjects								
	Human Anatomy - I	120	60	60	4	4	4	2	6
	Human Physiology- I	120	60	60	4	4	4	2	6
	Sociology	60	60	0	4	0	4	0	4
	(Ability Enhancement	t – Comp	ulsory	)					
29		Hours p	er seme	ster	Hours/	week	Cre	dits	Total
Course No	Course title	Tota 1	L	P	L	P	L	P	credit s (Max )
	English & Computer application	30	30	0	2	0	2	0	2
	Basics of nursing and first aid & bed side manners, Patient hospitality		30	0	2	0	2	0	2

	Elective course								
	8	Hours p	er seme	ester	Hours/	week	Cre	dits	Total
Course No	Course title	Tota 1	L	P	L	P	L	P	credit s (Max
SE	Introduction to programming in Java	45	15	30	1	2	1	1	ì
SE	Basic Photography	45	15	30	1	2	1	1	2
Clinical /C	Others								
	Total hours / credit	405							22

PHINCIPAL
FACULTY OF PATYSIOTHERAPY
MENASCH KARCH (Deamed to be University)
No.12, Vembuliannen Koll Statel, Vlest K.K.Noger, Chennal-78.

Course	Course title	Hours p	er seme	ster	Hours/	week	Cre	dits	Total
No	Course title	Tota 1	L	Р	L	P	L	P	credits
C	ore subjects								
	Human Anatomy - 2	120	60	60	4	4	4	2	6
	Human Physiology- 2	120	60	60	4	4	4	2	6
	Ethics in physiotherapy and management	60	60	0	4	0	4	0	4
	(Ability Enhanceme Compulsory)	ent &	Discip	linar	y elec	tive–			
G		Hours p	Hours/	week <sub>.</sub>	Cre	dits	Total		
Course No	Course title	Tota 1	L	Р	L	P ,	L	Р	credit s (Max )
DE	Biochemistry	30	30	0	2	0	2	0	2
AE	Environmental science	30	30	0	2	0	2	0	2

	Elective course								
a		Hours p	er sem	ester	Hours	/week	Cre	dits	Total
Course No	Course title	Tota I	L	Р	L	Р	L	P	credit s (Max
AE	Infection prevention and control	30	30	0	2	0	2	0	)
AE	Soft skill training	30	30	0	2	0	2	o	2
Clinical /C	Others								
	Total hours / credit	390							22

PHINCIPAL
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					,				
Course		Hours p	er seme	ster	Hours/	week	Cre	dits	Total
No	Course title	Tota 1	L	P	L	P	L	P	credits
C	ore subjects								
8	Exercise Therapy with soft tissue manipulation I	150	60	90	4	6	4	3	7
	Biomechanics I	60	60	0	4	0	4	0	4
	Microbiology Pathology/Pharmacology	60	60	0	4	0	4	0	4

	Elective course												
		Hours p	er seme	ester	Hours/	week	Cre	dits	Total				
Course No	Course title	Tota 1	L	P	L	Р	L	P	credit s (Max				
SE	Disaster risk management	45	15	30	1	2	1	1	)				
SE	Culinary skills for ideal Nutrition	45	15	30	1	2	1	1	2				
Clinical /	Others												
	Total hours / credit	315				*			17				

FAGULTY OF PHYSIOTHERAPY
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							- 1		
Course	a	Hours p	er seme	ster	Hours/	week	Cre	dits	Total
No	Course title	Tota	L	P	L	P	L	P	credits
C	ore subjects								
	Exercise Therapy with soft tissue manipulation 2	150	60	90	4	6	4	3	7
	Biomechanics 2	60	60	0	4	0	4	0	4
	Internal Medicine (GM, GS Pediatrics, Geriatrics)	60	60	0	4	0	4	0	4

	Elective course				115				-1
G		Hours p	er seme	ester	Hours/	week	Cre	dits	Total
Course No	Course title	Tota 1	L	Р	L	P	L	P	credit s (Max
GE	Nutrition in health and diseases	30	30	0	2	0	2	0	)
GE	Introduction to visual communication	30	30	0	2	0	2	0	2
Clinical /C	Others		n						
	х								
	Total hours / credit	300	6						17

PIVINCIPAL
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Course		Hours po	er seme	ster	Hours/v	week	Cred	dits	Total
No	Course title	Tota 1	L	Р	L	P	L	P	credits
Co	ore subjects								
	Electrotherapy I	150	60	90	4	6	4	3	7
	Electrotherapy II	150	60	90	4	6	4	3	7
	Bio-Statistics And Research Methodology	60	60	0	4	0	4	0	4
	(Ability Enhancement	- Comp	ulsory)	)					
œ.		Hours p	er seme	ster	Hours/	week Credits			Total
No No	Course title	Tota 1	L	Р	L	Р	L	Р	credit s (Max )
AE	Basics Physics	30	30	0	2	0	2	0	2

	Elective course								
		Hours per semester			Hours/week		Credits		Total
Course No	Course title	Tota 1	L	P	L	P	L	Р	credit s (Max
GE	Yoga practice	60	30	30	2	2	2	1	)
SE	Basic Life support	60	30	30	2	2	2	1	3
Clinical /	Others								
	Clinical Training 1	90							2
	Total hours / credit	540							25

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### DISTRIBUTION OF CREDIT AND COURSE HOURS

### SEMESTER 6

Course		Hours per semester		Hours/week		Cre	dits	Total	
No	Course title	Tota 1	L	P	L	P	L	Р	credits
C	ore subjects								
	Clinical Orthopedics with Traumatology	60	60	0	4	0	4	0	4
	Clinical Neurology	60	60	0	4	0	4	0	4
	Clinical Cardio Respiratory conditions	60	60	0	4	0	4	0	4
	Women's Health (CL & PT)	120	60	60	4	3	4	2	6
	Clinical Training 2	135							3
	Total hours / credit	435							21

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43

Course	a 11	Hours per semester		Hours/week		Credits		Total	
No	Course title	Tota 1	L	P	L	P	L	P	credits
Co	ore subjects						- 14		
ь	Physical function and diagnosis	180	60	120	4	6	4	4	8
	Rehabilitation medicine								
		60	60	0	4	0	4	0_	4
	Community medicine & Community physiotherapy	60	60	0	4	0	4	0	4

	Elective course								
		Hours per semester			Hours/week		Credits		Total
Course No	Course title	Tota 1	L	P	L	P	L	P	credit s (Max
SE	Introduction to public speaking	45	15	30	1	2	1	1	Ì
SE	Fabrication and fitting of orthotics and prosthetics	45	15	30	1	2	1	1	2
Clinical /	Others								
	Clinical Training 3	135							3
	Total hours / credit	480							21

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Course	C	Hours per semester		Hours/week		Credits		Total	
No	Course title	Tota 1	L	P	L	P	L	P	credits
Co	ore subjects								
	Physiotherapy in Orthopedics and traumatology conditions	180	60	120	3	6	4	4	8
	Physiotherapy in Cardio Respiratory conditions	180	60	120	3	6	4	4	8
	Physiotherapy in Neurological Conditions	180	60	120	3	6	4	4	8

Clinical /0	Others				
	Clinical Training 4	135			3
	Total hours / credit	675	e		27



# MEENAKSHI

# ACADEMY OF HIGHER EDUCATION & RESEARCH DEEMED TO BE UNIVERSITY U/S 3 OF UGC ACT, 1956

### **FACULTY OF PHYSIOTHERAPY**

12, Vembuliamman Koil Street, West K.K. Nagar, Chennai – 600 078



CHOICE BASED CREDIT SYSTEM (CBCS)

SYLLABUS FOR

CORE & COMPULSORY ELECTIVE COURSES

BACHELOR OF PHYSIOTHERAPY (BPT)

1

#### **DEGREE PROGRAM**

#### 2021-22

### **ANATOMY I (SEMESTER 1)**

#### DISTRIBUTION OF CREDIT AND COURSE HOURS

Course		Hours pe	Hours per semester			Hours/week			Total
No	Course title	Total	L	P	L	P	L	P	credits
	Anatomy- I (Core subject)	120	60	60	04	04	4	2	6
	Anatomy-1 (Core subject)	120		"	01	0.		-	

### L\*- Lecture, P\*- Practical

### Course Objective:

After 60 hours of theory and 60 hours of Practical the student should be able to

- 1. Understand the basic terminologies pertaining to human anatomy.
- 2. Understand the framework of Human body and the role of bones, muscle and ligaments.
- 3. Analyse the relevance of signs and symptoms and co relate with clinical anatomy.
- 4. Identify and spot the structures on the go along with topographical learning.
- 5. Utilize the learnt knowledge in multidisciplinary team work and research.

		Hours of teaching	Practical's	
	Title of Content	(4 Credits = 60	(2 Credits = 60	SPT*
s.no	Title of Content	Hrs.) Theory	Hrs.)	SFT
	Introduction			
	a) Define Anatomy and mention its			
	subdivisions			
1.	b) Name regions, cavities and systems	2	1	1
14	of the body	2		1
	c) Define anatomical positions and			
	common terminologies	je .		
	d) Axes & Planes			
	Embryology			
2.	a) Introduction	2	1	_
Δ,	b) Definition		1	
	c) Stages from fertilization to birth			
	Cell			
3,	a) Define a cell	2	1	1
5.	b) Mention the shape, size and parts		1	1
	of a cell			

	c) Name and give functions of organs			
	Names of cell bodies			
	d) Define chromosomes, genes			
	e) Mitosis and meiosis main events.			
	Tissue			
	a) Classification			
	b) Microscopic structure			
	c) Connective tissue			
4.	d) Epithelial tissue	2	1	1 <b>4</b> 7
	e) Muscle tissue			
	f) Nervous			
	Note: Give examples for each type of			
	tissue.			
	Anatomy of Upper limb			
	a) Regional anatomy			
	b) Osteology: Clavicle, Scapula,			
	Humerus, Radius, Ulna, Carpals,			
	Metacarpals, Phalanges.			
	c) Arthrology: Shoulder girdle,			
	shoulder joint, elbow joints, radio			
_	ulnar joint, wrist joint and joints of			
5.	the hand	26	25	2
	d) Myology: origin, insertion, nerve			
	supply and actions of muscle of			
	corresponding joints of upper limb		2	
	along with ligaments			
	e) Major Plexus (Brachial Plexus), blood vessels and lymphatic			
	drainage of upper limb.			
	f) Applied anatomy of Upper Limb			
	Anatomy of Lower limb			
	a) Regional anatomy			
	b) Osteology: Pelvis, femur, tibia,			
	fibula, patella, tarsals, meta tarsals			
	and phalanges.			
	c) Arthrology: Hip Joint, Knee joint,	26	25	2
6.	Ankle joint(Mortise), Sub talar	26	25	2
	joint			
	d) Myology: origin, insertion, nerve			
	supply and actions of muscle of			
	corresponding joints of lower limb			
$-\infty$	along with ligaments.			
1101	4			

e) Major Plexus (Lumbar Plexus,			
Sacral plexus ), blood vessels and			
lymphatic drainage of lower limb			
f) Applied anatomy of Lower Limb			
TOTAL HOURS =120 (Theory/Practical/SPT)	60	54	6

### **SPT: Supervised Practical training**

All the SPT work should be properly documented, signed by respective in-charge of the subject, indexed in a separate file and should be submitted before the final exam. It is the responsibility of the class representative to submit the file to the teacher before the exam

#### Reference

- 1. BD Chaurasia's Human Anatomy: Vol. 1 ,Vol. 2 by B. D. Chaurasia
- 2. Gray's Anatomy by Henry Gray, Peter L. Williams
- 3. Cunningham's Manual of Practical Anatomy: Volume 1 to 3 by G. J. Romanes
- 4. Textbook of Anatomy with Colour Atlas by Inderbir Singh
- 5. Principles of Anatomy and Physiology, 14th Edition by Gerard J. Tortora, Bryan H. Derrickson

PHYSIOTHERAPY MEENAKSHI ACADEMY OF HISHER LOUGATION AND RESEARCH (Deenied to be University) No.12, Vembuliamman Koil Street, West K.K.Nogar, Chennai-78.

### PHYSIOLOGY I (SEMESTER 1)

### DISTRIBUTION OF CREDIT AND COURSE HOURS

Course		Hours per semester			Hours/v	veek	Cre	dits	Total
No	Course title	Total	L	Р	L	Р	L	P	credits
	Physiology- I (Core subject)	120	60	60	04	04	4	2	6
	Physiology- I (Core subject)	120	60	60	04	04	4	2	6

### Course Objective:

After 60 hours of theory and 60 hours of Practical the student should be able to

- 1. Understand the preliminary function of a cell and its components.
- 2. Understand the importance of maintaining homeostasis during various activities.
- 3. Obtain through knowledge about the various hormones of the body and circadian rhythm.
- 4. Gain knowledge about gut and its vital role as biological fuel.
- 5. Utilize the learnt knowledge in research.

s.no	Title of Content	Hours of teaching (4 Credits = 60 Hrs.) Theory	Practical's (2 Credits = 60 Hrs.)	SPT
1	General Physiology  a) Introduction b) Terminologies c) Cell: structure, function and Transport	2	3	2
2	Body fluids  a) Classification (list)  b) Blood: Components; and their functions; RBC; WBC, Platelets, Blood groups. (Landsteiner's law) Significance of RBC and WBC counts, ESR and other related tests. Clotting mechanisms  c) Blood volume and its regulation d) Plasma: Composition, formation, functions and Plasma proteins	8	15	5

	e) Lymph: Components and flow			
3	Integumentary system  a) Components b) Skin:Structure; functions; blood flow c) Homeostasis: Methods of regulation	5	-	5
4	Musculo-skeletal system  a) Introduction and definition b) Physiology of Skeletal muscles c) Physiology of Smooth muscles d) Physiology of Cardiac muscles e) Applied Physiology of Muscular diseases	20		10
5	Digestive System  a) Introduction and functions b) Components of digestive system c) Components and Functions of stomach, liver, Gall bladder, Spleen, Intestine d) Applied Physiology of Digestive system	10	-	10
6	Endocrine system: Secretions, function and applied physiology of the following glands  a) Pituitary gland b) Thyroid gland c) Parathyroid glands d) Adrenal glands e) Pancreas f) Gonads g) Pineal gland	15	: <del>-</del>	10
	TOTAL HOURS= 120	60	18	42

### **SPT: Supervised Practical training**

All the SPT work should be properly documented, signed by respective in-charge of the subject, indexed in a separate file and should be submitted before the final exam. It is the responsibility of the class representative to submit the file to the teacher before the exam

### Reference

- 1. Text book of physiology by L. Prakasam Reddy.
- 2. Guyton and Hall Textbook of Medical Physiology by John E. Hall.



- 3. Text book of medical physiology by Sembulingam
- 4. Review of Medical Physiology Ganong
- 5. Samson & Wright"s Applied Physiology

### COURSE TITLE: GENERAL PSYCHOLOGY AND SOCIOLOGY (SEMESTER 1)

#### DISTRIBUTION OF CREDIT AND COURSE HOURS

Course	G w	Hours pe	Hours per semester		Hours/week		Credits		Total
No	Course title	Total	L	P	L	Р	L	P	credits
9	General Psychology and sociology (Core subject)	60	60		04		4		4

### **Learning Objectives:**

At the end of the course,

- 1. The student understand specific psychological and social factors and effects in physical illness
- 2. The student will have a holistic approach in their dealings with patients during admission, rehabilitation and discharge
- 3. The students will be able to recognize and help with the psychological and social factors.
- 4. The subject will help them to understand the reason of non compliance among patients and improve compliance behaviour
- 5. The students will incorporate the factors like disability, pain, disfigurement, unconscious patients, chronic illness, death, bereavement and medical surgical patient / condition.

s.no	TITLE OF CONTENT	Hours of teaching (4 Credits = 60 Hrs) Theory
1.	DEFINITION OF PSYCHOLOGY Definition of psychology, basic information in relation to following schools methods And branches	

	Schools: Structuralism, functionalism, behaviourism, and psychoanalysis, gestalt psych. Methods: Introspection, observation, inventory and experimental method.  Branches: General, child, social, abnormal, industrial,	2
	clinical, counselling	
2.	HEREDITY AND ENVIROMENT  Twins, relative importance of heredity and environment their role in relation to physical characteristics, intelligence and personality, nature – nature controversy.	2
	DEVELOPMENT AND GROWTH BEHAVIOUR	
3.	Infancy, childhood, adolescence, adulthood, middle age, old age	2
4.	INTELLIGENCE  Definitions-IQ, mental age, list of various intelligence tests- WAIS,	2
5.	WISC, Bhatia performance test, Raven progressive matrices test	
5.	MOTIVATION  Definition – motive, drive, incentive, reinforcement, basic information about primary Needs: hunger, thirst, sleep, avoidance of pain, attitude to sex	2
6.	EMOTIONS  Definition, differentiate from feelings, physiological changes of emotion. Rule of RAS, hypothalamus, cerebral cortex, SNS, adrenal gland, heredity and emotion,  Nature and control of anger, fear, and anxiety	2
7⊕	PERSONALITY Definition. List the components: physical characteristics. Discuss briefly the role heredity, nervous system, physical characteristics, abilities, Family and culture on personal development.  Basic concepts of Freud: unconscious, conscious, id, ego, super ego. Personality assessment: interview, standardized, non standardized, exhaustive and Stress interviews. List and define inventories BAL, CPI, MMPI. Projective tests-Rorschach, TAT, Sentence completion test.	2
8.	LEARNING Definition, List the laws of learning as proposed by Thorndike. Types of learning: Classical conditioning, Operant conditioning, Insight learning, Observational, Trial and	

-	V	
	error type.  List the effective ways of learning: Massed & spaced, Whole & part, Recitation & reading, Serial & free recall, knowledge of results, associations, organizations, mnemonic methods, incidental & international learning, role of language.	2
9,	THINKING Definitions, concepts, creativity, steps in creative thinking. List the traits of creative People, delusions.	2
10.	FRUSTRATION  Definition, sources, solution, conflict; approach – approach, avoidance – avoidance, Approach – avoidance.	2
11,	SENSATION, ATTENTION AND PERCEPTION  Sensation — vision, hearing, olfactory, gestation and cutaneous sensation, movement, Equilibrium and visceral sense.  Attention — Define attention and list the factors that determine attention: nature of Stimulus intensity, colour, change, extensity, repetition, primary motives.  Perception — Define perception and list the principles of perception figure ground,  Constancy, similarity, proximity, closure, continuity, values and interest, past experience context, needs, moods, religion, sex, perceived benefits and socioeconomic status. Define illusion and hallucination	2
12	LEADERSHIP  Qualities of leadership: physical factors, intelligence, sociability, will and dominance.	2
13	HEALTH PSYCHOLOGY PSYCHOLOGICAL REACTIONS OF PATIENT Psychological reactions of patient during admission and treatment — anxiety, shock, denial, suspicion, questioning, loneliness, regression, shame, guilt, rejection, Fear, withdrawal, depression, ego, concern about small matters, narrowed interest, emotional over reaction, perpetual changes, confusion, disorientation, hallucinations, delusions, illusions, anger, loss of hope.	1
14	REACTION TO LOSS  Reaction to loss, death and bereavement, shock and disbelief, development of awareness, stage of acceptance  STRESS  Physiological and psychological changes, relation to health and	1

	TOTAL TEACHING HOURS	30
17	GERIATRIC PSYCHOLOGY  Specific psychological reactions and needs of geriatric patient  PAEDIATRIC PSYCHOLOGY  Specific psychological reactions and needs of paediatric patients	1
16	EMOTIONAL NEEDS  Emotional needs and psychological factors in relation to unconscious patient, handicapped patients, bed-ridden patients, chronic pain, spinal cord injury, paralysis, cerebral palsy, burns, amputation, head injury, parkinsonism, leprosy, incontinence.	1
15	communication, developing effective communication, specific communication technique.  Compelling — Definition, aim, differentiate from guidance, principles in counselling.  Compliance  Nature, factors, contributing to no compliance	1

	E. CONTENT	Hours of teaching (4
s.no	TITLE OF CONTENT	Credits = 60 Hrs)
		Theory
	INTRODUCTION	
	Definition of sociology, sociology as a science of society, uses of	
1,	study of sociology, application of knowledge of sociology in	
	physiotherapy.	
		2
	SOCIOLOGY AND HEALTH	
2.	Social factors affecting health status, social consciousness and	
	perception of illness. Social consciousness and meaning of illness,	
	decision making in taking treatment. Institutions of health, their	3
	role in the improvement of the people.	
	SOCIALIZATION	
3.	Meaning of socialization, influence of social factors on	

11	TOTAL TEACHING HOURS	30
11	SOCIAL SECURITY Social security and social legislation in relation to the disabled.	2
10	SOCIAL PROBLEMS OF THE DISABLED  Consequences of the following social problems in relation to sickness and disability, remedies to prevent these problems, Population explosion. Poverty and unemployment, Beggary. Juvenile delinquency, Prostitution.  Alcoholism, Problems of women in employment.	5
9.	SOCIAL CONTROL  Meaning of social control, role of norms, folkways, customs, morals, religion law and other means of social control in the regulation of human behaviour, social deviance and Disease	2
8.	SOCIAL CHANGE Meaning of social change, factors of social change, human adoption and social change. Social change and stress. Social change and deviance. Social change and health programmes, the role of social planning in the improvement of health and rehabilitation.	3
7.	CASTE SYSTEM Features of the modern caste system and its trends.	2
6.	CULTURE  Components of culture, impact of culture on human behaviour, cultural meaning of Sickness, response of sickness & choice of treatment, culture induced symptoms and disease, sub-culture of medical workers.	3
5.	FAMILY Concepts of community, role of rural and urban communities in public health, role of Community in determining beliefs, practices and home remedies in treatment.	3
4.	SOCIAL GROUPS Concepts of social groups influence of formal and informal groups on health and sickness, the role of primary groups and secondary groups in the hospital and rehabilitation settings.	2
	personality, socialization in hospital, socialization in rehabilitation of patient.	3

### REFERENCE

Psychology for Physiotherapists by Bid Dibyendunarayan, A Thangamani

### Ramalingam

- 2. Introduction to Health Psychology Val Morrison, Paul Bennett
- 3. Textbook of Sociology for Physiotherapy Students by KP Neeraja
- 4. Sociology & Health for Physiotherapists by Niraj Pandit
- 5. Parter & Alder' Psychology & Sociology Applied to Medicine. New York: W.B. Sunders.

### Course Title: BASIC NURSING AND FIRST AID, BED SIDE MANNERS, PATIENT HOSPITALITY

### DISTRIBUTION OF CREDIT AND COURSE HOURS

Course		Hours per semester		Hours/week		Credits		Total	
No	Course title	Total	L	P	L	P	L	P	credits
	Basic nursing and first aid,								
	bed side manners, patient	30	30		02		2		2
	hospitality (Ability enhancement)								

### COURSE DESCRIPTION

The Course Will Enable Students To Understand The Basic Nursing And First Aid, patient hospitality & bed side manners And Its Application In Relation With Physiotherapy.

### COURSE OBJECTIVES

The objective of this course is that after 30 hours of lectures and demonstrations the student will be able to understand the role of physiotherapy in emergency medicine.

s no	Title of content	Hours of teaching/Learning
1	First Aid Basics	
	1. Rescuer Duties	6 hrs

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		T' ' ID GG:	
	2.	Victim and Rescuer Safety	
	3.	Phoning for Help	
9	4.	Finding the Problem	_
	5.	after the emergency	
2	: Medical Emergenci	ies	ŷ.
	1.	Breathing Problems	
	2.	Choking in an Adult	
	3.	Allergic Reactions	
	4.	Heart Attack	6 hrs
	5.	Fainting	
	6.	Diabetes and Low Blood Sugar	
	7.	Stroke	
	8.	Shock	
3.	Injury Emergencies		
	1.	Bleeding You Can See	*
	2.	Wounds	
	3.	Bleeding You Can't See	3 hrs
2	4.	Head, Neck, and Spine Injuries	
	5.	Broken Bones and Sprains	
	Burns	and Electrical Injuries	
4.	: Environmental En		
	я <b>1.</b>		
	2.	Heat-Related Emergencies	3 hrs
	3.	Cold-Related Emergencies	Pa
$-\gamma$	1		

	Poison Emergencies	
5.	CPR and AED	
	CPR and AED for Adults	
	2. CPR and AED for Children	
	-	
	ű.	5 hrs
	3. How to Help a Choking Child	
	4. CPR for Infants	
	5. How to Help a Choking Infant	
6.	Bed side manners	
	1.By Nursing Staff	4 hrs
	2. By Auxillary personnel	
7.	Patient Hospitality	
	1.Ethical principles governing critical care	3 hrs
	2.Policies & Procedures	

### REFERENCE

- 1. Text book of Basic Nursing by Caroline bunker.
- 2. Text book of Tidy's physiotherapy by B.Port
- 3. Principles of hospital Administration by B.M.Sakharkar.

FACULTY OF PHYSPOTHERAPY
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### Course Title: ENGLISH AND COMPUTER APPLICATION

### DISTRIBUTION OF CREDIT AND COURSE HOURS

Course		Hours pe	r semest	er	Hours/v	veek	Cre	dits	Total
No	Course title	Total	L	P	L	P	L	P	credits
	English and computer application (Ability enhancement)		30		02		2		2 .

### Learning Objective

This course is designed to help the student acquire a good command and comprehension of the English language through individual, papers and conferences

		Hours of teaching/Learning				
S .no.	Title of the Content	Theory	Practical	SPT		
1	UNIT 1	07	<u>a</u> 1	¥		
	Introduction: Study Techniques	02	2	-		
	Organization of effective note taking and logical					
	processes of analysis and synthesis					
	The use of the dictionary					
	Enlargement of vocabulary Effective diction					
	Grammar And Vocabulary					
	· Reading Comprehension					
	Verb Forms	02	8	Ę		
	• Right Words (Synonyms, Antonyms, Homonyms					
	and One-Word Substitutes)					
	• Detection of Errors					
	· Reported Speech					
	Transformation					
	• Tenses					
	• Punctuation	8				
	Phrases and Idioms					
	Applied Grammar:	02	30	-		
00	Correct usage					

	The structure of sentences The structure of paragraphs			
	Enlargements of Vocabulary			
	Written Composition:	01	_	_
	Precise writing and summarizing	01	×36	125
	Writing of bibliography			
14	Enlargement of Vocabulary			
	Essay			
2	Unit – II	08	ā	•
	Reading and comprehension			
	Review of selected materials and express oneself	02		
	in one's words.	02		
	Enlargement of Vocabulary			
	The Study of Various Forms of Composition			
	Paragraph, Essay, Letter, Summary, Practice,			
	writing			
	Functional English		_	H
	• Introduction to Functional English			
	• English for Personal and Social Use	03		
	• English for Career and Professional Use	*		
	Verbal Communication:			
	Introduction to Communicative Grammar and		i e	
	Usage			
	Discussions and Summarization, Debates, Oral	03		
	reports, use in teaching			
	Reading Literature for English Language			
	Total Hours (Theory)	15	*	

### Reference

- 1. English Grammar Collins, Birmingham University, International Language Data Base, Rupa & Co. 1993
- 2. Wren and Martin Grammar and Composition, 1989, Chanda.& Co, Delhi
- 3. Letters for all Occasions A S Myers. Pub Harper Perennial
- 4. Spoken English V Shasikumar and P V Dhanija\_ Pub. By: Tata Mcgraw Hill, NewDelhi

FACULTY GASELY OF BALLS STUCKER AND RESEARCH
(Decimed to be University)
No.17 Vernhollers and Xel Street, Wast K.X.Hagar, Chemini-78.

### **COMPUTER APPLICATION**

### **Course Description:**

- 1. To study the various components of a personal computer.
- 2. To have working Knowledge of hardware and software.
- 3. To practice the operational skill of common computer application including works processing
- & spread sheet software
- 4. To have a basic knowledge of utility of multi- media.
- 5. To learn skills of web surfing-For literature, research relevance to the field of medicine

	COURSE CONTENT-COMPUTER	Hours of teaching/Learning				
S.no.	Title of the Content	Theory	Practical	SPT		
1	UNIT 1	07	-	(#)		
	Introduction to computer	03	2#17	ne:		
	Characteristics of computer, Classification of					
	Computers, IT Applications.					
	Basic computer organisation, operating system,					
	editor, compiler, interpreter, loader, linker,	02				
	program development	02				
	MS-Office – Word, Power Point, Excel, Access,					
	Publisher, outlook Corel Draw Photoshop Web		=	20		
	Designing.	02				
	Internet and its application-					
	Packet switched networks, what is					
	Internet? Types of Information					
	Available on internet Internet Address,					
	Organizational Domains			1		
	Internet Protocol Address					
	Getting Connected to Internet			100		
	Types of Internet Access,					
	Direct Connections, Internet Services, ISDN					
	(Integrated Services Digital Network),					
	NICNCT, ArchieWide Area Information					
	Server (WAIS), World Wide Web (WWW)					

	Tele Conferencing, Video Conferencing.			
2	Unit – II	08	(E)	*
	Getting started with Adobe Flash	02	2	. <del>-</del>
	<ul> <li>Using flash tools.</li> </ul>			
	<ul> <li>Programming</li> </ul>			
	Introduction to modular approach of problem			
	solving, concepts of procedure and functions			
	for effective programming			
	More on word 2010	02		
	<ul> <li>Applying drop cap</li> </ul>			
1	<ul> <li>Inserting hyperlinks and watermark</li> </ul>			
	<ul> <li>Setting line, paragraph spacing, page</li> </ul>			-
	margin			
1	<ul> <li>Changing page orientation</li> </ul>			
	<ul> <li>Applying column formatting</li> </ul>			
- 4	More on Power point 2010	01		
	<ul> <li>Inserting audio file , Video</li> </ul>	01		2
	<ul> <li>Adding Animation, Transitions</li> </ul>			
	More on Excel 2010	ľ		
	• Formatting worksheet, Numbers	02		
	• Autofill, Formula in Excel			
	• Entering a formula, Copying a formula			
	• Errors in formula and functions			
	<ul> <li>Printing in Excel</li> </ul>			
	Computer Virus			
	<ul> <li>Computer virus versus Biological virus</li> </ul>	01		
	Computer virus classification—			
	Boot sector virus, Companion virus, E-mail virus,			
	Logic Bomb, Macro virus, Cross-site scripting virus,		2.	
	Worm, Trojan Horse.			
	• Effects of computer virus, the vulnerability of			
	operating systems to virus, protection from			
	virus and use of popular antivirus software			
	Total Hours (Theory)	15		

### Reference

1. Learning to Use Your Computer by Angela Besant

2. Teach Yourself Basic Computer by Angela Besant

2. Teach Yourself Basic Computer Skills by Moira Stephen

18

FACULTY OF PER SECTION AND RESEARCH
(Opening to the University)

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### **COURSE TITLE: ANATOMY II (SEMESTER 2)**

#### DISTRIBUTION OF CREDIT AND COURSE HOURS

Course		Hours pe	r semest	er	Hours/v	veek	Cre	dits	Total
No	Course title	Total	L	Р	L	P	L	P	credits
		-							
	Anatomy- II (Core subject)	120	60	60	04	04	4	2	6

### Course Objective:

After 60 hours of theory and 60 hours of Practical the student should be able to

- 1. Understand the basic terminologies pertaining to human anatomy.
- 2. Understand the framework of Human body and the role of bones, muscle and ligaments.
- 3. Analyse the relevance of signs and symptoms and co relate with clinical anatomy.
- 4. Identify and spot the structures on the go along with topographical learning.
- 5. Utilize the learnt knowledge in multidisciplinary team work and research.

s.no	Title of Content	Hours of teaching (4 Credits = 60 Hrs) Theory	Practical (2 Credits = 60 Hrs)	SPT
1	Abdomen Define Anatomy and mention its subdivisions Name regions and cavities Define anatomical positions and common terminologies Diaphragm(origin, insertion ,action, openings, applied anatomy)	2	1	1
2	Cranial nerves d) Introduction e) Definition f) Types g) Function h) Assessment	2	1	æ
3	Anatomy of Brain Structure	4	1	1

	g) Function			
,	h) Lobes			
	i) Blood supply			
	j) Major nuclei			
	k) Applied anatomy of various lobes of brain.			
	Anatomy of spinal cord			
	g) Structure			
	h) Functions			
4	i) Coverings			
	j) Cerebrospinal fluid(origin to absorption)	12	1	59
	k) Ascending and descending pathways			
	l) Reflexes			
	m) Applied anatomy of spinal cord			
	Head and neck			
	g) Regional anatomy			
	h) Osteology: Skull (Sutures, Foramen,			
	parts), Mandible.			
	i) Arthrology: Tempero mandibular joint			
_	j) Myology: origin, insertion, nerve supply and			
5	actions of superficial and deep muscle of neck,	20	25	2
	muscles of face and muscles of mastication and	45		
	along with ligaments			
		,		
	<ul> <li>k) Major Plexus (cervical plexus), blood vessels and lymphatic drainage.</li> </ul>	•		
	Applied anatomy of Head and neck			
-	Anatomy of Thorax and vertebral column	_		
	g) Regional anatomy			
	h) Osteology: Sternum, Ribs, cervical, thoracic,			
	lumbar, sacrum, coccyx.			
	i) Arthrology: Sternoclavicular Joint, Sternocostal			
6.	joint, costochondral joint, Costovertebral joint,	20	25	2
	intervertebal joint.	20	2.5	
	j) Myology: origin, insertion, nerve supply and		<b>'</b>	
	actions of muscle of corresponding joints of	_		
	thorax and vertebral column along with ligament	S.		
	k) Major blood vessels and lymphatic drainage of			
	thorax and vertebral column			
	l) Applied anatomy of Thorax and vertebral column		F.4	
	TOTAL TEACHING HOURS= 120	60	54	6

### **SPT**: Supervised Practical training

All the SPT work should be properly documented, signed by respective in-charge of the subject, indexed in a separate file and should be submitted before the final exam. It is the responsibility of the class representative to submit the file to the teacher before the exam

### Reference

- 1. BD Chaurasia's Human Anatomy: Vol. 1 ,Vol. 2 by B. D. Chaurasia
- 2. Gray's Anatomy by Henry Gray, Peter L. Williams
- 3. Cunningham's Manual of Practical Anatomy: Volume 1 to 3 by G. J. Romanes
- 4. Textbook of Anatomy with Colour Atlas by Inderbir Singh
- 5. Principles of Anatomy and Physiology, 14th Edition by Gerard J. Tortora, Bryan H. Derrickson

PUNCIPAL OF PHYSIOTHERAPY

### PHYSIOLOGY II

### DISTRIBUTION OF CREDIT AND COURSE HOURS

Course		Liouts Po	r semest		Hours/v		Cred		
No	Course title	Total	L	P	L	P	L	P	credits
								1	6
pl	nysiology- II (Core subject)	120	60	60	04	04	4	2	6

### **Course Objective:**

After 60 hours of theory and 60 hours of Practical the student should be able to

- 1. Understand the preliminary function of special senses.
- 2. Understand the importance of maintaining homeostasis during various activities.
- 3. Obtain through knowledge about the various regulatory mechanism of body.
- 4. Gain knowledge about convection and conduction systems and its vital role.

5. Utilize the learnt knowledge in research.

	5. Utilize the learnt knowledge in research.	Hours of teaching	Practical's	
6.00	Title of Content	(4 Credits = 60 Hrs) Theory	(2 Credits = 60 Hrs)	SPT
s.no		This) Theory		
1	Special senses  a) olfaction (smell)  b) Gustation (taste)  c) Equilibrium (balance and body position)  d) Vision  e) Hearing	10	3	2
2.	Nervous System  a) Structure of neurons. b) Properties of neurons ;( excitation and conduction). c) Synapse and synaptic transmission d) Reflexes and properties of reflexes. e) Sensory endings	15	15	5

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	f) Spinal cord :ascending and descending tracts g) cerebral cortex h) cerebellum i) Thalamus j) Basal ganglia k) Control of posture and control of voluntary motor activity l) Autonomic nervous system. m) Cerebro spinal fluid: origin, composition, circulation, functions, clinical significance, applied physiology			
3.	Circulatory system  a) Structure and normal blood flow of the heart b) Cardiac cycle. c) Heart sounds: Normal and abnormal d) Cardiac output. e) Factors regulating the action of the heart. f) Blood pressure: maintenance and regulation. g) Cerebral circulation h) Renal circulation i) Pulmonary circulation. j) Effects of exercise. k) Effects of postural changes including orthostatic hypotension l) Applied Physiology of circulatory system	15	15	
4.	Respiratory System  a) Mechanics of breathing b) Lung volumes and capacities c) Transport of respiratory gases d) Nervous and chemical regulation of respiration. e) Hypoxia- types and causes. f) Effects of exercise on respiration.	15	10	
5.	Excretory system  a) Introduction and components b) Structure of the nephron. c) Formation of urine. d) Micturation e) Bladder and bowel control including types of incontinences	3	-	5
6.	Reproductive System  a) Male reproductive system b) Female reproductive system c) Outline of pregnancy d) Functions of placenta e) Parturition	2	2.	5

f) Lactation		
g) Contraceptive measures.		
h) Factors that affect fetal growth		
TOTAL TEACHING HOURS= 120	60	60

### **SPT**: Supervised Practical training

All the SPT work should be properly documented, signed by respective in-charge of the subject, indexed in a separate file and should be submitted before the final exam. It is the responsibility of the class representative to submit the file to the teacher before the exam

#### Reference

- 1. Text book of physiology by L.prakasam Reddy.
- 2. Guyton and Hall Textbook of Medical Physiology by John E. Hall,
- 3. Text book of medical physiology by Sembulingam
- 4. Review of Medical Physiology Ganong
- 5. Samson & Wright"s Applied Physiology

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### Course Title: ETHICS IN PHYSIOTHERAPY AND MANAGEMENT

### DISTRIBUTION OF CREDIT AND COURSE HOURS

Course	Course title	Hours per semester			Hours/week		Credits		Total
No		Total	L	Р	L	P	L	P	credits
					_				

### **OBJECTIVES:**

At the end of the course, the student will be compliant in following domains:

The student will

- 1. Be able to understand the moral values and meaning of ethics
- 2. Be able to learn and apply ethical code of conduct in fields of clinical practice, learning, teaching, research and physiotherapist-patient relationship
- 3. Acquire bedside manners and communication skills in relation with patients, peers, seniors and other professionals
- 4. Will acquire the knowledge of the basics in Managerial & Management skills, & use of information technology in professional Practice

	COURSE CONTENT					
s. no	Title of content		Hours of teaching/ Learning			
1	Introduction to the history CDL to	Theory	Practical	SPT*		
?	Introduction to the history of Physiotherapy	1				
4	Orientation to the curriculum, clinical areas and geographical location.	2				

25

3	Concept of morality and ethics	2		
4	Concept of professionalism and Professional dress			
	code			
	i. Ethical code of conduct			
		3		
	ii. Communication skills			
	a. Physiothera			
	pist –Patient			
	Relationship			
	6 : 4 : 5			
	b. INTERVIEWING -Types of interview,		1	
	Skills of interviewing		-	_
5	Collecting data on psychosocial factors in Medicine, Surgery, Reproductive Health, Paediatrics	3		
6	Inter professional communication	2		
7	Ethics in clinical practice	2		

	Title of content		Hours of teaching/ Learning			
s. no	Title of content	Theory	Practical	SPT*		
8	Roles of Physiotherapist as patient manager, Consultant, Critical inquirer, Educator	3				
9	Administrator Laws and regulations	3				
10	Professional development, competence and expertise	3				
11	Professional bodies	3				
12	Ethics in Research	3				
13	Ethics in Teaching	3				
14	Role of W.C.P.T. & Council	3				
15	W.C.P.T. ethics (from their website)	2				
16	Rules & Regulation of Indian Association of Physiotherapists	3				
17	Management studies related to –local health care organization,  Management & structure, planning delivery with quality assurance & funding of service delivery information technology, career development in Physiotherapy.	3				

18	Administration-principles-based on the Goal & functions -at large hospital set up / domiciliary services/ private clinic /academics	3	
19	Methods of maintaining records	2	
20	Budget-planning	3	
21	Performance analysisphysical structure / reporting system [man power / status /functions / quantity & quality of services/turn over- cost benefit revenue contribution	3	
22	Setting up Therapeutic gymnasium, Fitness clinics, Cardiac and Pulmonary Rehab centres etc.	3	
23	Time management	2	
	Total Hours (Theory /Practical / SPT)	60	

#### REFERENCE

- 1. Administration for Physiotherapists- Pai
- 2. Principles of Hospital Administration- Sakharkar

#### **COURSE TITLE: BIOCHEMISTRY**

# DISTRIBUTION OF CREDIT AND COURSE HOURS

Course		Hours per semester		Hours/week		Credits		Total	
No	Course title	Total	L	P	L	P	L	P	credits
	Biochemistry (Disciplinary elective )	30	30		02		2		2

# **Course Objective:**

After 30 hours of theory lecture the student should be able to

1. Understand the basic metabolic processes that occur in a cell and human body.

Understand the intra and extra cellular matrix and value of homeostasis.

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- 3. Read clinical reports and co relate with the clinical scenario.
- 4. Understand the importance of vital nutrients and its role in normal human functioning.
- 5. Utilize the learnt knowledge in applied research.

s.no	Title of Content	Hours of teaching (2 Credits = 30 Hrs) Theory
	Introduction to biochemistry	
1,,	a) Components of cell	2
	b) Biochemical properties of human body	
	Acids and bases	
	a) Introduction and Definition	
2.	b) Buffers and pH	3
2.	c) Ionization of water	
	d) Water and Electrolyte balance and imbalance	
	e) Acid base balance	
	Chemistry of Carbohydrates	
	a) General nature	
	b) Classification	
	c) Monosaccharide's	_
3.	d) Disaccharides	5
	e) Polysaccharides	
	f) Digestion and Absorption	
	g) Fate of Glucose	
	h) Metabolic pathways (Glycobiology)	
	Chemistry of Lipids	
	a) General nature	
	b) Classification	
	c) Phospholipids	
4.	d) Cholesterol	6
	e) Lipoproteins	
	i) Digestion and Absorption	
	j) Fate of Lipids	
	f) Metabolic pathways	
	g) Liver function test	
	Chemistry of Proteins	
	h) General nature	×
_	i) Classification	6
5.	k) Digestion and Absorption	6
	l) Fate of Amino acids	
	j) Metabolic pathways (Inborn Errors)	
	k) Renal function test	
	Chemistry of Nucleoproteins	
	<ul><li>a) Purines and Pyrimidine bases</li><li>b) Nucleotides and Nucleosides</li></ul>	3
6.	1 '	
	/	
7.	d) Clinical significance and conditions  Fundamentals of Nutrition:	3

	a) BMR, SDA, Caloric value of foods, Caloric requirements,	
	Carbohydrate in diet, Fat in diet, Protein in nutrition.	
	b) Vitamins	
	c) Minerals	
	d) Nitrogen balance	
	e) Malnutrition and conditions	
	Enzymes	
	General nature	
	Nomenclature	
8.	Classification	2
	Significance	
	Biological oxidation	
	Oxidative phosphorylation	
	TOTAL TEACHING HOURS	30

#### Reference

- 1. Textbook of Biochemistry for Physiotherapy Students New Revised 6th edition 2019-2020. by Prasad R Manjeshwar
- 2. Textbook of Biochemistry for Medical Students by Damodaran M. Vasudevan and S. Sreekumari
- 3. Biochemistry by U Satyanarayana

## **COURSE TITLE: ENVIRONMENTAL STUDIES**

#### DISTRIBUTION OF CREDIT AND COURSE HOURS

Course		Hours per semester		Hours/week		Credits		Total	
No	Course title	Total	L	P	L	P	L	P	credits
	Environmental studies (Ability enhancement)	30	30		02		2		2

**Course Objective:** 

After 30 hours of theory lecture the student should be able to

- 1. Increase awareness of environmental issues.
- 2. Provide a basic understanding of the environment and its related problems.
- 3. Develop an environment-conscious attitude.
- 4. Encourage public participation in environmental protection and improvement.
- 5. Understand proper disposal and novel methods of recycling.

s.no	Title of Content	Hours of teaching (2 Credits = 30 Hrs) Theory
1	Multidisciplinary nature of environmental studies  1. Definition, scope and importance  2. Need for public awareness.  3. Importance for Physiotherapist	1
2	Natural Resources ,Renewable and non-renewable resources : Natural resources and associated problems.  a) Forest resources b) Water resources. c) Mineral resources d) Food resources e) Energy resources f) Land resources g) Role of an individual in conservation of natural resources. h) Equitable use of resources for sustainable lifestyles.	3
3	Ecosystems  a) Concept of an ecosystem.  b) Structure and function of an ecosystem.  c) Producers, consumers and decomposers.  d) Energy flow in the ecosystem.  e) Ecological succession.  f) Food chains, food webs and ecological pyramids.  g) Forest ecosystem  h) Grassland ecosystem  i) Desert ecosystem  j) Aquatic ecosystems (ponds, streams, lakes, rivers, oceans, estuaries)	6
4	Biodiversity and its conservation  a) Introduction – Definition: genetic, species and ecosystem diversity.  b) Bio-geographical classification of India  c) Value of biodiversity: consumptive use, productive use, social, ethical, aesthetic and option values  d) Biodiversity at global, National and local levels.  e) India as a mega-diversity nation, Hot-sports of biodiversity.  f) Threats to biodiversity: habitat loss, poaching of wildlife, man-wildlife conflicts.  g) Endangered and endemic species of India	5

	h) Conservation of biodiversity: In-situ and Ex-situ conservation	
	of biodiversity	
	Environmental Pollution:	
	Definition Cause, effects and control measures of :-	
	a) Air pollution	
	b) Water pollution	
	c) Soil pollution	
	d) Marine pollution	
5	e) Noise pollution	6
ا ا	f) Thermal pollution	Ů
	g) Nuclear hazards	
	h) Solid waste Management: Causes, effects and control measures of	
	urban and industrial wastes.	
	i) Role of an individual in prevention of pollution.	
	j) Disaster management : floods, earthquake, cyclone and landslides.	
	Social Issues and the Environment	
	a) From Unsustainable to Sustainable development	
	b) Urban problems related to energy	
	c) Water conservation, rain water harvesting, watershed	
	management	
	d) Resettlement and rehabilitation of people; its problems and	
	concerns.	
	e) Environmental ethics: Issues and possible solutions.	I
	f) Climate change, global warming, acid rain, ozone layer	
6	depletion, nuclear accidents and holocaust.	6
°	g) Wasteland reclamation.	O O
	h) Consumerism and waste products.	I
	i) Environment Protection Act.	
	j) Air (Prevention and Control of Pollution) Act.	
	k) Water (Prevention and control of Pollution) Act	
	1) Wildlife Protection Act	
	m) Forest Conservation Act	
	n) Issues involved in enforcement of environmental legislation.	>
	o) Public awareness	
	Human Population and the Environment	
	a) Population growth, variation among nations.	
	b) Population explosion – Family Welfare Programme.	
	c) Environment and human health.	19
	d) Human Rights.	_
7	e) Value Education.	3
	f) HIV/AIDS.	
	g) Women and Child Welfare.	
	h) Role of Information Technology in Environment and human	
	health.	
iol.ii	TOTAL TEACHING HOURS	30

1. Textbook of Environmental Studies for Undergraduate Courses by Erach Bharucha

# COURSE TITLE: EXERCISE THERAPY WITH SOFT TISSUE MANIPULATION-I (SEMESTER 3)

# DISTRIBUTION OF CREDIT AND COURSE HOURS

Course		Hours per semester			Hours/week		Credits		Total
No	Course title	Total	L	P	L	P	L	P	credits

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Exercise therapy with soft								
tissue manipulation-I (Core	150	60	90	04	06	4	3	7
theory)	150	00	70	01	00	-	,	<i>'</i>

# **Learning Objectives**

At the end of the course the student will be able to

- Define the various terminologies used in mechanics
- Demonstrate different starting and derived positions used in therapeutics.
- Understand the mechanism of normal and abnormal pelvic tilts.
- Demonstrate passive movements in terms of the Anatomical planes.
- Demonstrate various therapeutic exercises on self & acquire the application skill on models.
- Acquire the skill to assess, re-educate and strengthen weak muscles on models.
- Acquire the skill of application of various massage manipulations and describe the Physiological effects, therapeutic use, merits /demerits of the same.

COURSE CONTENT					
Title of Content	Theory	Practical	SPT		
Unit-I					
Introduction to Exercise Therapy		3	15		
The aims of Exercise Therapy, The techniques of Exercise					
Therapy, Approach to patient's					
problems, Assessment of patient's condition -	3				
Measurements of Vital parameters, Starting					
Positions – Fundamental positions & derived Positions,					
Planning of Treatment					
Mechanics		ž.	Œ.		
Force: Composition of force, Parallelogram of forces.					
Equilibrium: Stable, unstable, neutral.					
Gravity: Centre of gravity, Line of gravity.					
Levers: 1st order, 2nd order, 3rd order, their examples in					
the human body and their practical applications in					
physiotherapy, forces applied to the body levers. Pulleys:	2				
Fixed, Movable.	3				
Springs: Series, parallel Tension					
Elasticity: Hook's law					
Axis: Sagital, Frontal, Transverse, Vertical.					
Planes: Sagittal, Frontal, Horizontal.					
Definitions of: Speed, Velocity, Work, Energy, Power,					
acceleration, Momentum, Friction and inertia.					
Mechanics		-	:=:		
Force: Composition of force, Parallelogram of forces.	3				
Equilibrium: Stable, unstable, neutral.					

Gravity: Centre of gravity, Line of gravity.  Levers: 1st order, 2nd order, 3rd order, their examples in the human body and their practical applications in physiotherapy, forces applied to the body levers. Pulleys: Fixed, Movable.  Springs: Series, parallel Tension  Elasticity: Hook's law  Axis: Sagittal, Frontal, Transverse, Vertical.  Planes: Sagittal, Frontal, Horizontal.  Definitions of: Speed, Velocity, Work, Energy, Power, acceleration, Momentum, Friction and inertia.			
Muscle action Muscle work: Isotonic (concentric, eccentric), isometric(static). Group action: Agonists (prime movers), Antagonists, Synergists, Fixators. Angle of muscle pull, Mechanical efficiency of the muscles.	3	-	i.e.
Pelvic tilt Normal pelvic tilt; Alteration from normal, anterior tilt (forward), posterior (backward), lateral tilt. Muscles responsible for alteration and pelvis rotation. Identification of normal pelvic tilt, pelvic rotation and altered tilt and their corrective measures	2	1	1
Unit-II Starting positions Definition, Purpose, Positions-Standing, Sitting, Lying, Kneeling, Hanging	3	2	1
Derived positions Definition, Purpose, Positions- Standing-High standing, Walk standing, Stride standing, Step standing, Toe standing, half standing, Cross standing Sitting-Crook sitting, long sitting, Stoop sitting, Squatting, Side sitting Lying-Prone lying, half lying, Crook lying, side lying Kneeling-half kneeling, kneel sitting, prone kneeling, inclined prone kneel Hanging-Half hanging	4	2	2
Unit-III  Movements Anatomic movements: Flexion, Extension, Abduction, Inversion, Eversion, Supination, Pronation, Internal rotation, External rotation, Gross flexion, Gross extension, Trunk side flexion. Surface anatomy of the individual joint. Rhythm of movement Timing of movement Duration of movement Classification	1		×

Passive movements Passive movement: Relaxed passive movement, mobilization (forced P.M. manipulation, serial manipulation), principles and indications of relaxed passive movements along with its effects and uses.	4	6	4
Active movements List the indications and contra- indication of the following and demonstrate the technique for each Active movement; voluntary (free, active, assisted-resisted, resisted), involuntary (associated reflex, Peristaltic/Visceral, cardiac).	6	5	5
Unit-IV			
Stretching Demonstrate passive and active stretching of following muscles/ muscle groups and describe the indications, contra-indications, physiological effects, advantages and disadvantages of each.  • Upper limb: pectoralis major, biceps brachi, triceps brachi, long flexors of the fingers.  • Lower limb: rectus femoris, Iliotibial band (tensor fascia latae), gastrocnemius, soleus, hamstring, hip adductor, iliopsoas.  • Neck: Sternocleidomastoid.  • Upper trunk,lower trunk	3	5	5
Unit-V			
Progressive resisted exercises- Techniques of the following types of PRE – FRACTIONAL SYSTEM, MACQUEENS SET SYSTEM, MACQUEENS POWER SYSTEM. • Demonstrate delormes boot, dumbbell, sand bag, pulley, power board.	3	2	2
Muscle grading- Describe the types of muscle grading, techniques of muscle grading-easy test, hard test, functional test.  • demonstrate the skill to grade upper and lower limb, neck and trunk muscles	<sub>24</sub> 3	5	5
Re-education of muscles  • Describe the following- the term re education, technique, spatial summation. temporal summation.  • Demonstrate the various re education techniques and facilitating methods on various muscle groups.  • Demonstrate the progressive exercises in strengthening using various applications from grade 1 to grade 5.	8	6	4

Unit-VI			
Soft tissue Manipulation-			
History of massage			
Mechanical points to be considered			
Physiological effects of massage on various systems of the	3	2	2
body			
Define and describe the various manipulation techniques			
used in massage- stroking manipulation, pressure			
manipulation, shaking manipulation.			
Upper limb Massage-			
Define and describe the techniques effects and uses and	3	3	3
contraindications			
Lower limb massage-			
Define and describe the techniques effects and uses and	3	3	3
contraindications			
Face massage- Define and describe the techniques effects	2	2	2
and uses and contraindications			
Back massage- Define and describe the techniques effects	3	3	3
and uses and contraindications			
Total (Hours)= 150 Hrs	60 hrs	48 hrs	42 hrs

# Supervised Practical training (SPT) (include practice session, assignment, journal presentation, seminar presentation etc)

All the SPT work should be properly documented, signed by respective in-charge of the subject, indexed in a separate file and should be submitted before the final exam. It is the responsibility of the class representative to submit the file to the teacher before the exam

#### Reference

- 1. Principles of Exercise therapy by Dena Gardiner.
- 2. Therapeutic exercise foundation and techniques by Carolyn Kisner.
- 3. Practical exercise therapy by Margarat Hollis.
- 4. Text book of therapeutic exercise by S. Lakshmi Narayan.
- 5. Therapeutic massage by sinha
- 6. Hydrotherapy Duffield
- 7. Massage for Therapists: A Guide to Soft Tissue Therapy- Margaret Hollis
- 8. Progressive resisted exercises by Margaret Hollis
- 9. Muscle testing- Kendall

Course title: BIO- MECHANICS AND APPLIED ANATOMY &KINESIOLOGY-1 (SEMESTER 3)

36

#### DISTRIBUTION OF CREDIT AND COURSE HOURS

Course	G	Hours per semester		Hours/week		Credits		Total	
No	Course title	Total	L	Р	L	Р	L	P	credits
	Bio- mechanics and applied anatomy &kinesiology-1 (Core theory)		60		04		4		4

# **Course Objectives**

At the end of the course, the candidate will

1. To acquire the knowledge of axis and planes, to review the anatomy and each movement occurring at each joint. To acquire the knowledge of forces acting at various joints and to acquire the knowledge of muscle and joint work in activities of daily living.

s. no	Title of content	Hours of	teaching/ Lea	rning
		Theory	Practical	SPT*
	Unit I	15		
	1.Biomechanical Applications			
	<ul> <li>Describe types of motion, planes of motion, direction of motion and quantity of motion.</li> </ul>			
	<ul> <li>Define forces, force vectors, components of forces.</li> </ul>			
	<ul> <li>Describe gravity, segmental centre of gravity, centre of gravity, line of gravity of the human body, stability and centre of gravity, relocation of gravity.</li> </ul>			
	Describe reaction forces, Newton's law of reaction.			
	<ul> <li>Describe equilibrium – laws of inertia and establishing equilibrium of an object.</li> </ul>			
	<ul> <li>Describe objects in motion: law of acceleration joint distraction in a linear force system and force of friction.</li> </ul>			
	<ul> <li>Describe concurrent force systems: composition of forces, muscle action lines, total muscle force vector, divergent muscle pulls, and anatomic pulleys.</li> </ul>			
	Describe parallel force systems: first class levers, second class levers, third class levers, torque, and mechanical advantage.			
	<ul> <li>Define moment arm: Moment arm of a muscle force. Moment arm of gravity and</li> </ul>			

anatomic pulleys.

Describe equilibrium of a lever

# Describe the following:

- Three types of motion
- The plane in which a given joint motion occurs, and the axis around which the motion occurs.
- The location of the centre of gravity of a solid object, the location of the centre of gravity of the human body.
- The action line of single muscle.
- The name, point of application direction, magnitude of any inters force, given its reaction.
- A linear force system, a concurrent force system, a parallel force system.
- The relationship between torque, moment arm and rotatory force component. The methods of determining torque for the same given set of forces.
- How anatomic pulleys may change action line, moment arm, and torque passing through them.
- In general terms, the point in the joint range of motion at which muscle acting over the joint is biomechanical most efficient.
- How external forces can be manipulated to maximize torque.

Friction, its relationship to contacting surface and to the applied forces.

#### Determine the following:

- The identity (name) of diagrammed forces on an object.
- The new centre of gravity of an object when segments are rearranged, give the original centre of gravity.
- The resultant vector in a linear system, a concurrent off system, and a parallel force system.
- If a given object is in linear and rotational equilibrium.
- The magnitude and direction of acceleration of an object not in equilibrium.
- Which forces is joint distraction force and which are joint compression forces, what are the equilibrium for force for each?

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	<ul> <li>The magnitude and direction of a friction in a given problem. The class of term in a given position.</li> <li>Compare the following:         <ul> <li>Mechanical advantage in a second and third class lever. Work done by a muscle in a second and third class lever.</li> <li>Stability of an object in two given situations in which location of the centre of</li> </ul> </li> </ul>			
	gravity and the base of support of the object.			
	Draw the following:		1	
	• The action line of muscle.			
	• The rotary force component, the translatory force component, and the moment arm for a given force on a lever.			
	UNIT 2			
	Joint Structure And Function			
	<ul> <li>Describe the basic principles of joint design</li> </ul>			
	and human joint.			
	• Describe the tissue present in human joints;			
	including dense fibrous tissue, bone, cartilage and connective tissue.	15		
	<ul> <li>Classify joints – synarthrosis, amphiarthrosis,</li> </ul>			
	diarthrosis, sub classification of synovial joints.			
	<ul> <li>Describe joint function, kinematic chains, range of motion. Describe the general effects of</li> </ul>			
	injury and disease.  Recall the following:			
- 1	The elementary principles of joint design. The			
	three main classifications of joints.			
	<ul> <li>The five features common to al diarthodial</li> </ul>			
	joints.			
	<ul> <li>Types of materials used in human joint construction. Properties of connective tissue.</li> </ul>			

s. no		Title of content		Hours of teaching/ Learning			
			Theory	Practical	SPT*		
		Identify the following:					
	•	The axis of motion for any given motion at a					
		specific joint (knee, hip, metacarpophalangeal).					
	•	The plane of motion for any given motion at a					

<ul> <li>specific joint, shoulder, interphalangeal, wrist.</li> <li>The degree of freedom at any given joint.</li> <li>The distinguishing features of diarthodial joint.</li> <li>The structures that contribute to joint stability. Compare the following:</li> <li>A synarthrosis with an amphiarthrosis on the basis of methods, materials and function.</li> <li>A synarthrosis with a diarthrosis on the basis of methods, materials and function.</li> <li>Closed kinematic chain with an open kinematic chain.</li> <li>Dense fibrous tissue with bone.</li> <li>Hyaline cartilage with fibro cartilage.</li> </ul>		
3.Muscle Structure and Function Elements of Muscle Structure Composition of a Muscle Fiber Contractile Proteins Structural Proteins The Contractile Unit Organization of the Contractile Unit Cross-Bridge Interaction Types of Muscle Contraction The Motor Unit Organization of the Motor Unit Recruitment of Motor Units Muscle Structure Fiber Types Muscle Architecture: Size, Arrangement, and Length Muscular Connective Tissue Organization of Connective Tissue in Muscle Parallel and Series Elastic Components of Muscle Muscle Function, Muscle Tension Passive Tension Active Tension Isometric Length-Tension Relationship Force-Velocity Relationship Types of Muscle Action, Production of Torque Interaction of Muscle and Tendon		

s, no	Title of content	Hours of	teaching/ Lea	arning
U. 12.		Theory	Practical	SPT*
	Muscle Action under Controlled Conditions			



Summary of Factors Affecting Active Muscle			
Tension Classification of Muscles			
Based on Role of the Muscle in Movement			
Based on Muscle Architecture			
Based on Length of the Moment Arm			
Factors Affecting Muscle Function			
 Types of Joints and Location of Muscle Attachments			
Number of Joints			
Passive Insufficiency		1901	
Sensory Receptors			
Effects of Immobilization, Injury, and			
Aging Immobilization			
In Shortened Position			
In Lengthened Position			
Injury			
Overuse			
Muscle Strain			
Eccentric Exercise-Induced Muscle Injury			
Aging			
Fibre Number and Fibre Type Changes			
7.1	1	1	
Connective Tissue Changes			
Connective Tissue Changes Unit – III	15		
Connective Tissue Changes  Unit – III  .Components of the Shoulder Complex	15		
Unit – III	15		
Unit – III  Components of the Shoulder Complex  Sternoclavicular Joint	15		
Unit – III .Components of the Shoulder Complex	15		
Unit – III  Components of the Shoulder Complex  Sternoclavicular Joint  Sternoclavicular Articulating Surfaces  Sternoclavicular Disk	15		
Unit – III  Components of the Shoulder Complex  Sternoclavicular Joint  Sternoclavicular Articulating Surfaces	15		
Unit – III  Components of the Shoulder Complex  Sternoclavicular Joint  Sternoclavicular Articulating Surfaces  Sternoclavicular Disk  Sternoclavicular Joint Capsule and Ligaments	15		
Unit – III  Components of the Shoulder Complex  Sternoclavicular Joint  Sternoclavicular Articulating Surfaces  Sternoclavicular Disk  Sternoclavicular Joint Capsule and Ligaments  Sternoclavicular Motions	15		
Unit – III  Components of the Shoulder Complex  Sternoclavicular Joint  Sternoclavicular Articulating Surfaces  Sternoclavicular Disk  Sternoclavicular Joint Capsule and Ligaments  Sternoclavicular Motions  Sternoclavicular Stress Tolerance  Acromioclavicular Joint	15		
Unit – III  Components of the Shoulder Complex  Sternoclavicular Joint  Sternoclavicular Articulating Surfaces  Sternoclavicular Disk  Sternoclavicular Joint Capsule and Ligaments  Sternoclavicular Motions  Sternoclavicular Stress Tolerance  Acromioclavicular Joint  Acromioclavicular Articulating Surfaces	15		
Unit – III  Components of the Shoulder Complex  Sternoclavicular Joint  Sternoclavicular Articulating Surfaces  Sternoclavicular Disk  Sternoclavicular Joint Capsule and Ligaments  Sternoclavicular Motions  Sternoclavicular Stress Tolerance  Acromioclavicular Joint  Acromioclavicular Articulating Surfaces  Acromioclavicular Joint Disk	15		
Unit – III  Components of the Shoulder Complex  Sternoclavicular Joint  Sternoclavicular Articulating Surfaces  Sternoclavicular Disk  Sternoclavicular Joint Capsule and Ligaments  Sternoclavicular Motions  Sternoclavicular Stress Tolerance  Acromioclavicular Joint  Acromioclavicular Articulating Surfaces  Acromioclavicular Joint Disk  Acromioclavicular Capsule and Ligaments	15		
Unit – III  Components of the Shoulder Complex  Sternoclavicular Joint Sternoclavicular Articulating Surfaces Sternoclavicular Disk Sternoclavicular Joint Capsule and Ligaments Sternoclavicular Motions Sternoclavicular Stress Tolerance Acromioclavicular Joint Acromioclavicular Articulating Surfaces Acromioclavicular Joint Disk Acromioclavicular Capsule and Ligaments Acromioclavicular Motions	15		
Unit – III  Components of the Shoulder Complex  Sternoclavicular Joint  Sternoclavicular Articulating Surfaces  Sternoclavicular Disk  Sternoclavicular Joint Capsule and Ligaments  Sternoclavicular Motions  Sternoclavicular Stress Tolerance  Acromioclavicular Joint  Acromioclavicular Articulating Surfaces  Acromioclavicular Joint Disk  Acromioclavicular Capsule and Ligaments  Acromioclavicular Motions  Acromioclavicular Stress Tolerance Scapulothoracic	15		
Unit – III  Components of the Shoulder Complex  Sternoclavicular Joint  Sternoclavicular Articulating Surfaces  Sternoclavicular Disk  Sternoclavicular Joint Capsule and Ligaments  Sternoclavicular Motions  Sternoclavicular Stress Tolerance  Acromioclavicular Joint  Acromioclavicular Articulating Surfaces  Acromioclavicular Joint Disk  Acromioclavicular Capsule and Ligaments  Acromioclavicular Motions  Acromioclavicular Stress Tolerance Scapulothoracic  Joint Resting Position of the Scapula	15		
Unit – III  Components of the Shoulder Complex Sternoclavicular Joint Sternoclavicular Articulating Surfaces Sternoclavicular Disk Sternoclavicular Joint Capsule and Ligaments Sternoclavicular Motions Sternoclavicular Stress Tolerance Acromioclavicular Joint Acromioclavicular Articulating Surfaces Acromioclavicular Joint Disk Acromioclavicular Capsule and Ligaments Acromioclavicular Motions Acromioclavicular Stress Tolerance Scapulothoracic Joint Resting Position of the Scapula Motions of the Scapula	15		
Unit – III  Components of the Shoulder Complex  Sternoclavicular Joint  Sternoclavicular Articulating Surfaces  Sternoclavicular Disk  Sternoclavicular Joint Capsule and Ligaments  Sternoclavicular Motions  Sternoclavicular Stress Tolerance  Acromioclavicular Joint  Acromioclavicular Articulating Surfaces  Acromioclavicular Joint Disk  Acromioclavicular Capsule and Ligaments  Acromioclavicular Motions  Acromioclavicular Stress Tolerance Scapulothoracic  Joint Resting Position of the Scapula  Motions of the Scapula  Scapulothoracic Stability	15		
Unit – III  Components of the Shoulder Complex  Sternoclavicular Joint Sternoclavicular Articulating Surfaces Sternoclavicular Disk Sternoclavicular Joint Capsule and Ligaments Sternoclavicular Motions Sternoclavicular Stress Tolerance Acromioclavicular Joint Acromioclavicular Articulating Surfaces Acromioclavicular Joint Disk Acromioclavicular Capsule and Ligaments Acromioclavicular Motions Acromioclavicular Stress Tolerance Scapulothoracic Joint Resting Position of the Scapula Motions of the Scapula Scapulothoracic Stability Glenohumeral Joint	15		
Components of the Shoulder Complex Sternoclavicular Joint Sternoclavicular Articulating Surfaces Sternoclavicular Disk Sternoclavicular Joint Capsule and Ligaments Sternoclavicular Motions Sternoclavicular Stress Tolerance Acromioclavicular Joint Acromioclavicular Articulating Surfaces Acromioclavicular Joint Disk Acromioclavicular Capsule and Ligaments Acromioclavicular Motions Acromioclavicular Stress Tolerance Scapulothoracic Joint Resting Position of the Scapula Motions of the Scapula Scapulothoracic Stability Glenohumeral Joint Glenohumeral Articulating Surfaces	15		
Unit – III  Components of the Shoulder Complex  Sternoclavicular Joint Sternoclavicular Articulating Surfaces Sternoclavicular Disk Sternoclavicular Joint Capsule and Ligaments Sternoclavicular Motions Sternoclavicular Stress Tolerance Acromioclavicular Joint Acromioclavicular Articulating Surfaces Acromioclavicular Joint Disk Acromioclavicular Capsule and Ligaments Acromioclavicular Motions Acromioclavicular Stress Tolerance Scapulothoracic Joint Resting Position of the Scapula Motions of the Scapula Scapulothoracic Stability Glenohumeral Joint	15		



Coracoacromial Arch ,Bursae , Glenohumeral Motions

# Static Stabilization of the Glenohumeral Joint in the Dependent Arm

#### Dynamic Stabilization of the Glenohumeral Joint

Integrated Function of the Shoulder Complex Scapulothoracic and Glenohumeral Contributions Sternoclavicular and Acromioclavicular Contributions Upward Rotators of the Scapula

#### **Structural Dysfunction**

Muscles of Elevation ,Deltoid Muscle Function Supraspinatus Muscle Function Infraspinatus, Teres Minor, and Subscapularis Muscle Function

Upper and Lower Trapezius and Serratus Anterior Muscle Function

Rhomboid Muscle Function

Muscles of Depression

Latissimus Dorsi and Pectoral Muscle Function Teres Major and Rhomboid Muscle Function

# **5.The Elbow Complex**

- Describe the structure of the humeroulnar and humeroradial joints including articulating surfaces, joint capsule, ligaments and muscles.
- Describe the function of the humeroulnar and humeroradial joints including the axis of motion, range of motion, muscle action.
- Describe the structure of the superior and inferior radioulnar joints.
- Describe the function of the superior and inferior radioulnar joints.
- Describe the mobility and stability of the elbow complex and its relationship to hand and wrist.
- Describe the effects of injury and the resistance to longitudinal compression forces, to distraction forces and to medial lateral forces.
- Describe the following:
- All of the articulating surfaces associated with each of the following joints-humeroulnar, humeroradial, superior and inferior radioulnar.
- The ligaments associated with all the joints of the elbow complex.



8			
Identify the following:			
<ul> <li>Axis motion for supination and pronation and flexion and extension.</li> <li>The degrees of freedom associated with</li> </ul>			
<ul> <li>each of the joints of the elbow complex.</li> <li>Factors limiting the range of motion in flexion and extension. d Factors that create the carrying angle.</li> </ul>		e!	
Factors limiting motion in supination and pronation.			
Compare the following:			
• The translatory and rotatory components of the brachioradialis and brachialis at all points in the range of motion.			
• The moment arms of the flexors at any point in the range of motion.			
Muscle activity of the extensions in a closed kinematic chain with activity in an open kinematic chain.			
• The role of pronator teres with the role pronator quadratus.			
<ul> <li>The role of biceps with that of brachialis.</li> <li>The resistance of elbow joint to longitudinal forces with its resistance to compressive forces.</li> </ul>			
• The features of a classic tennis elbow joint to longitudinal tensile forces with its resistance to compressive forces.			
• The role of and structure of the annular ligament with the role and structure of the articular disc.			
	$u_{\parallel}$		
			1

s. no	Title of content	Hours of teaching/ Learning			
		Theory	Practical	SPT*	
	UNIT - IV	15			

# 6. Wrist And Hand Complex

- Describe the wrist complex including radiocarpal joint, midcarpal joint and the
- Ligaments of the wrist complex.
- Describe the function of the radiocarpal joint, midcarpal joints including the movements and muscles involved.
  - Describe the hand complex including: Structure of fingers (Carpometacarpal, Metacarpophalangeal and Interphalangeal joints fingers, ligaments, Range of Motion)
  - Describe the finger musculature including Extrinsic and MCP, PIP and DIP joint function and intrinsic finger muscles.
    - Describe the structure of the carpometacarpal, MCP and IP joints of thumb. Describe the structure including Extrinsic and intrinsic thumb muscles.
    - Describe Prehension, Power, Cylindrical, and Spherical and Hook grips.
    - Describe prehension handling, pad to pad, tip to tip and pad to side prehension and functional position of wrist and hand.

#### Describe the following:

- The articular surfaces of the joints of the wrist and hand complex.
- The ligaments of the joints of the wrist and hand, including the function of each.
- Accessory joint structures found in the wrist and hand including the function of each.
- Types of movements and types of motion of the radiocarpal joint, the midcarpal joint and the total wrist complex.
- The sequence of joint activity occurring from full wrist flexion to extension including the role of scaphoid, the sequence of joint activity in radial and ulnar deviation from neutral.
- The role of wrist musculature in producing wrist motion.
- Motions and ranges available to joints of the hand complex.
- The gliding mechanisms of the extrinsic finger
- The structure of the extensor mechanism, including the muscles and ligaments that compose it.

•	How M.C.P extension occurs, including the		
	muscles that produce and control it.		
•	How flexion and extension of the PIP joint		
	occur, including the muscular and		
	ligamentous forces that produce and control		
	these movements.		
	How flexion and extension of DIP joints occur,		
	including the muscular and ligamentous forces		
	that produce and control these movements.		
	The role of the wrist in optimizing		
1 1	length-tension in the extrinsic hand muscles.		
	The activity of reposition, including the		
	muscles that perform it. The functional position		
	of the wrist and hand.		
Differ	rentiate between		
	The role of the interossei and lumbrical		
	muscles at the MCP and IP joints.		
	The muscles used in cylindrical grip to		
	those active in spherical grip, hook grip,		
	and lateral prehension.		
	The muscle that is active in pad-to-pad,		
	tip-to-tip and pad to side prehension.		
Comp	pare		
	The activity of muscles of the thumb (in		
	opposition of the thumb to the index finger)		
	with the activity of those active in opposition		
	in the little finger.		
•	The characteristics of power grip with those of		
	precision handling.		
	The most easily disrupted form of precision		
	handling that may be used some on without any		
	active hand musculature; what are the	7	
	pre-requisites; for each		
Tota	l Hours (Theory /Practical / SPT)	60	

#### Reference

- 1. Joint structure and function by Cynthia.c. Norkin
- 2. Kinesiology the mechanics and patho mechanics of human movements. Carol A oatis.
- 3. Mechanics of normal and pathological locomotion by Arthur. Steindler.
- 4. Basic biomechanics of the musculoskeletal system by Nordin and Frankel.

#### COURSE TITLE: MICROBIOLOGY & PATHOLOGY / PHARMACOLOGY

#### DISTRIBUTION OF CREDIT AND COURSE HOURS

Course	*	Hours pe	Hours per semester		Hours/week		Credits		Total
No	Course title	Total	L	P	L	P	L	P	credits
	Microbiology & Pathology / Pharmacology (Core theory)	60	60		04		4		4

#### **Learning Objectives:**

At the end of the course,

- 1. The students will portray the in-depth clinical knowledge Human system wise.
- 2. The student will be able to understand the clinical conditions of the viruses and bacteria with the proper demonstration.
- 3. The Student will be able to extract the clinical pathology with the clear picture of human body mechanism.
- 4. The proper understanding of various drugs and its clinical aspects for each of the conditions.
- 5. Incorporate the overall considerate of pathological, microbiological and pharmacological aspects as a standard requirement for the physiotherapy.

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(Document to be University)

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S No	Title of Content	Hours of teaching (4 Credits = 60 Hrs) Theory
1,	Introduction and history of microbiology	1
2.	General lectures on Micro-organisms Classification Shape and arrangement, special characteristics- spores, capsules, enzymes, motility, reproduction	1
3.	Disinfection and antiseptics	2
4.	Sterilization and asepsis	2
5.	Antibacterial agents- fundamental aspect, susceptibility tests	2
6.	Infection- Source of infection Portals of entry Spread of infection	2
7,	Non-specific immunity	1
8.	Immunity-natural and acquired	1
9.	Allergy and hypersensitivity	2
10.	Outline of common pathogenic bacteria and diseases produced by them. Treatment and prevention. Respiratory tract infections. Meningitis, Enteric infection ,Anaerobic infection, Urinary tract infection. Leprosy, tuberculosis and miscellaneous infections. Wound infection. Sexually transmitted diseases. Hospital acquired infections.	4
11,	Pathogenic yeasts and fungi	1
12.	Virology- viral infection with special mention about hepatitis, poliomyelitis and rabies	1
	TOTAL HOURS	20
	PATHOLOGY	I
1	Introduction to pathology	1
2.	Cell injury: Introduction, necrosis, apoptosis, gangrene	1
3.	Degenerations and intracellular accumulations: Fatty changes, pigments, pathologic calcification, amyloidosis	1

4.	Acute inflammation: Definition, signs, aetiology, vascular and cellular events, mention chemical mediators briefly	1
5.	Chronic inflammation: Definition, types, e.g. of granulomas	1
6.	Healing and Repair: Definitions of healing, repair, regeneration, primary and secondary healing, complications of healing, factors affecting healing, fracture healing	1
7.	Introduction to infections, tuberculosis, leprosy, typhoid fever, syphilis, HIV	1
8.	Fluid and hemodynamic disorders: Oedema, hyperaemia, haemorrhage, congestion, shock, thrombosis, embolism: pulmonary, fat and air embolism, ischemia and infarction	1
9.	Deficiency diseases: Vitamin deficiencies: A, D, E, K, B Complex, C	1
10.	Cellular adaptations: Definitions and examples of atrophy, hypertrophy, hyperplasia, aplasia, metaplasia and dysplasia.  Neoplasia: Definitions, terminologies, classification, differences between benign and malignant tumours, spread of tumours, etiology and carcinogens, diagnosis of neoplasia, tumour makers. Specific tumours: lipoma, chondroma, squamous cell carcinoma, basal cell carcinoma, melanoma, teratoma, rhabdomyoma and rhabdomyosarcoma	1
11.	Haematology: RBC disorders: erythropoiesis, classification of anaemia, investigation and general features of anaemia, iron deficiency and megaloblastic anaemia in brief. What are haemolytic anaemia, causes of haemolytic anaemia with examples of congenital and acquired types of haemolytic anaemia  WBC disorders: leucopoiesis, causes of leucocytosis and leukopenia, what is agranulocytosis, clinical features and causes of agranulocytosis. Leukaemia: Definition, classification, clinical features and diagnosis in brief  Bleeding disorders: Classification, thrombocytopenia, haemophilia, DIC	I
12.	Cardiovascular system: Blood vessels: Aneurysms, atherosclerosis, TAO, Buergers disease, Raynaud's Congenital heart diseases: ASD, VSD, Co arctation of the aorta, PDA in brief. Rheumatic fever and rheumatic heart disease, infective endocarditis, myocardial infarction  Respiratory system: Pneumonias, emphysema, chronic bronchitis,	3
13.	bronchial asthma, bronchectasis, lung abscess, ARDS  Autoimmune disorders: Introduction, rheumatoid arthritis, SLE,	4

	systemic sclerosis, Psoriasis and psoriatic arthritis	
	Bone and Joint: Definition and classification of developmental disorders, Paget's disease, osteoporosis, osteomyelitis: pyogenic and tuberculosis, bone tumours: osteosarcoma, giant cell tumour, Ewing's sarcoma, chondrosarcoma and multiple myeloma, osteoarthritis, infectious and tuberculosis arthritis	
	Muscle disorders: Myopathies, poliomyelitis, myositis ossificans, Volkmann's ischemic contracture	
14.	Urinary system: Clinical manifestations of renal disease and mechanisms of renal failure.  Central Nervous System: Traumatic vascular injury, cerebrovascular diseases, hydrocephalus, viral encephalitis, stroke, brain abscess, meningitis, Brain tumours: Classification and clinical effects	2
	TOTAL HOURS	20
	PHARMACOLOGY	
1,	General Pharmacology - General Principles of Pharmacology - Drug formulations - Routes of administration of drugs - Drug receptors - Pharmacodynamics - Pharmacokinetics - Adverse drug reactions - Drug-drug interactions	2
2.	Drugs acting on CNS:  Analgesics – Narcotic and Non-narcotic agents, COX II inhibitors  Sedatives, Anaesthetics – General Anaesthetics – Gaseous and Intravenous anaesthetics - Pre aesthetic medication.  Psychotropic drugs - Tranquillisers – Anti depressants Antiepileptic	2
3.,	Drugs acting on PNS:  Sympathomimetic and Sympatholytic drugs Parasympathomimetic and Parasympatholytic drugs Skeletal muscle relaxants Local anaesthetics - mode of action - Dosage & toxicity.	2
	Drugs acting on CVS  Drugs used in Congestive Cardiac Failure Antihypertensive Vasodilators and Vasoconstrictors Pharmatherapeutic management of Shock	2
5.	Drugs acting on Hemopoietic System:  Hematinics- Iron, Vit B 12 and Folic acid Hemostatic agents, Anticoagulants: Fibrinolytic and	2

	Ant platelet agents	
6.	Drugs acting on the Urinary System:	2
	Diuretics - Acidifiers and Alkalinizers – Antiseptics	<b>₩</b>
7.	Drugs acting on Endocrine system:	
	· Hypothalamic and Pituitary hormones	
	· Thyroid and Antithyroid Drugs	
	· Corticosteroids	
	Insulin and Anti-diabetic drugs	2
	· Sex hormones and Contraceptives	2
	corticoids:	
	· Histamine & Antihistaminic	
	· Drugs used to prevent Motion sickness	
8.	Drugs acting on GIT: Drugs for Peptic Ulcer - Emetics &	
	Antiemetics – Antidiarrhoeals – Anorexic agents	2
		_
9,	Drugs acting on Respiratory system: Bronchodilators -	2
	Antitussive agents	
10.	1 0	
	Sulphonamides – Penicillin's - Beta lactam antibiotics –	
	Quinolones-Aminoglycosides – Macrolides – Tetracyclines	
	<ul><li>– Chloramphenicol</li></ul>	
	Antifungal agents	2
	Ant amoebic agents	2
	Antiviral agents – including Drugs used in HIV and	1
	Hepatitis B	
	Antineoplastic chemotherapeutic agents	20
	TOTAL HOURS	20

#### REFERENCE

- 1. Text book of microbiology by Anantha narayan and paniker.
- 2. Microbiology for physiotherapy students by B.S. Nagoba.
- 3. Pathology implication for the physical therapist by c.goodman.
- 4. Essential pathology by harsh mohan.
- 5. Text book of pharmacology bhathmaja Udyakumar.
- 6. Oxford text book of clinical pharmacology and drug therapy by J.K Aronson.

# SEMESTER 4 EXERCISE THERAPY WITH SOFT TISSUE MANIPULATION-II DISTRIBUTION OF CREDIT AND COURSE HOURS

Course		Hours pe	r semest	er	Hours/v	veek	Cre	dits	Total
No	Course title	Total	L	P	L	P	L	P	credits
							_		
	Exercise therapy with soft tissue manipulation-II (Core theory)		60	90	04	06	4	3	7

# **Learning Objectives**

At the end of the course the student will be able to

- Analyze Normal human posture [static &dynamic] & various Normal Musculo skeletal movements during Gait and in activities of daily living
- Acquire the skill of assessment of Range of motion of the joints and understand mobility of joints
- Describe types of Goniometer, merits and demerits of goniometry and to demonstrate and acquire the skill of measuring ROM with goniometer
- Describe walking aids and its measurement
- Acquire a skill of assessment of limb length/girth measurement on Models.
- Demonstrate and acquire the skill of relaxation
- Describe the movements of the Thorax during breathing

Title of Content	Lecture	Practical	SPT
Unit-I			
Gait			
• Introduction			
• Definition			
• Gait cycle			
• Phases of gait			
<ul> <li>Muscular activity during stance &amp; swing phase</li> </ul>			
Characteristic of normal gait			
• Vertical displacement of COG (Pelvic tilt), Lateral pelvic tilt,			
Horizontal dip of	4	3	3
pelvis, Pelvic forward and backward rotation, Knee flexion,	7		
Double limb support, Single limb support, cadence, step length,			
stride length, step duration, stride duration, Base width, Degree of			
toe out or foot angle			
• Pathological gait			
Trendlenburg gait, Circumductory gait, Hip hiking gait, Foot drop			1
gait, Calcaneal gait, Flexed knee gait, Scissoring gait, Parkinson			
gait, Antalgic gait, Wide base gait, Lordotic gait, Anterior trunk			
bending, Posterior trunk bending.			
Relaxation- definition, types of relaxation, relaxation techniques	2	2	1
Posture			
• Definition			
Postural control			1
Types of posture-Standing & Dynamic			
• Faulty or Abnormal postures:-	3	1	1. 1
-Excessive Lordosis		1	j .
-Kyphotic lordosis			
- Sway back			
-Flat back			
-Flat neck			



Goniometry-			
Describe the following: normal range of various joints	2	8	8
,description of goniometer, range of measuring system, techniques of goniometer.	2	0	0
of gomonicion.			
Unit-III			
Coordination- causes of in-coordination, exercises to improve	5	5	3
coordination – Frenkle exercise		-	
Balance training: Definition and Key terms, Balance control, Components of			
balance, Balance	4	3	3
Impairment, Examination of Impaired Balance, Balance training		_	
Exercises.			
Suspension therapy- definition, types, parts, advantages and			
disadvantages, indications and contraindications			
Types of suspension therapy: axial, vertical, pendular	6	6	6
Techniques of suspension therapy for upper limb			
Techniques of suspension therapy for lower limb			
Proprioceptive Neuromuscular Facilitation Definitions & goals			
Basic neurophysiologic principles of PNF: Muscular activity,			
Diagonals patterns of movement:			
upper limb, lower limb			
Procedure: components of PNF			
_	6	5	4
Il Techniques of facilitation			
Techniques of facilitation  Mobility: Contract relax. Hold relax. Rhythmic initiation			
Mobility: Contract relax, Hold relax, Rhythmic initiation			
Mobility: Contract relax, Hold relax, Rhythmic initiation Strengthening: Slow reversals, repeated contractions, timing for			
Mobility: Contract relax, Hold relax, Rhythmic initiation Strengthening: Slow reversals, repeated contractions, timing for emphasis, rhythmic stabilization			
Mobility: Contract relax, Hold relax, Rhythmic initiation Strengthening: Slow reversals, repeated contractions, timing for emphasis, rhythmic stabilization Stability: Alternating isometric, rhythmic stabilization			
Mobility: Contract relax, Hold relax, Rhythmic initiation Strengthening: Slow reversals, repeated contractions, timing for emphasis, rhythmic stabilization Stability: Alternating isometric, rhythmic stabilization Skill: timing for emphasis, resisted progression			
Mobility: Contract relax, Hold relax, Rhythmic initiation Strengthening: Slow reversals, repeated contractions, timing for emphasis, rhythmic stabilization Stability: Alternating isometric, rhythmic stabilization			

1. Definition			
2. Indication			
3. Types of walking aids			
Crutches ,Canes, Walkers, Wheel chair			
4. Crutches			
Types-Axillary, Elbow or Forearm, Gutter			
Measurement for crutches-Axillary & Elbow			
Parts of crutch-Axillary & Elbow Crutch muscles and preparatory			
exercise			
Gait pattern-Four point gait, two point gait, and three point gait,			
PWB, NWB Swing to & Swing through, stair climbing			
5.Canes			
Purpose			
Types of cane-Standard cane, Standard adjustable canes, Tripod,			
Quadripod			l
Gait pattern-Three point gait, two point gaits			
6.Walkers			
Types-Rigid walking frame, Foldable walker, Rollator, Reciprocal			
walker, Gutter Walker			
7.Wheel Chair:-			
• Introduction, Purpose			
• Parts of wheel chair			
Wheels, tyres, wheel locks, casters, hand rim, foot rest, tilt bar,			
seat and back rest.			
Measurement			
Seat width, Seat height, Seat depth, Back rest height, Arm rest			
height.			
Types of wheel chair			
Rigid, Foldable, One arm driven wheel chair, Powered wheel chair			
Measurement of limb length, girth			
Unit-V			
Aerobic Exercises - Definitions, Physiological response to		-2	=
Aerobic Exercise,			
Evaluation of aerobic capacity – exercise testing, Determinant of			
Aerobic	4		
Exercise, Physiological Changes with Aerobic Training, Aerobic			
Exercise			
Program, Applications of Aerobic Program in patients with			
chronic illness.			
Hydrotherapy:		<b>:</b>	21
Definitions, Goals and Indications, Precautions and			
Contraindications, Properties	3		
of water, Therapeutic Exercises in Hydrotherapy, Special			
equipment used.			
Unit-VI			
Breathing Exercises:			
Aims and Goals of Breathing Exercises, Procedures of	6	6	4
Diaphragmatic Breathing,			

Segmental Breathing, Pursed-Lip Breathing, Preventing and			
Relieving Episodes of			
Dyspnoea, Positive Expiratory Pressure Breathing, Respiratory			
Resistance Training,			
Glossopharyngeal Breathing.			
Exercises to mobilize the chest, Postural Drainage, Manual			
Technique used in			
Postural Drainage, Postural Drainage Positions, Modified Postural			
Drainage			
Individual and group, group exercises			
Advantages and Disadvantages, Organisation of Group exercises,	3	1	1 1
Recreational Activities and	3	1	1
Sports			
Total Hrs(Theory, Practical & SPT) = 150	60 hrs	50 hrs	40 hrs

Supervised Practical training (SPT) (include practice session, assignment, journal presentation, seminar presentation etc)

All the SPT work should be properly documented, signed by respective in-charge of the subject, indexed in a separate file and should be submitted before the final exam. It is the responsibility of the class representative to submit the file to the teacher before the exam

#### Reference

- 1. Principles of Exercise therapy by Dena Gardiner.
- 2. Therapeutic exercise foundation and techniques by Carolyn Kisner.
- 3. Practical exercise therapy by Margarat Hollis.
- 4. Text book of therapeutic exercise by S. Lakshmi Narayan.
- 5. Measurement of joint motion-goniometery Cynthia Norkins
- 6. PNF Knott and Voss
- 7. Suspension Therapy in Rehabilitation-Margaret Hollis

# COURSE TITLE: BIO- MECHANICS AND APPLIED ANATOMY &KINESIOLOGY-2

#### DISTRIBUTION OF CREDIT AND COURSE HOURS

Course					Hours/week		Credits		Total
No	Course title	Total	L	P	L	P	L	P	credits

Bio- mechanics and appli anatomy &kinesiology (Core theory)	60	04	4	4

# Learning Objective:

At the end of the course, the candidate will

1. To acquire the knowledge of axis and planes, to review the anatomy and each movement occurring at each joint. To acquire the knowledge of forces acting at various joints and to acquire the knowledge of muscle and joint work in activities of daily living

	COURSE CONTENT						
	Title Call Contact	Hours of tea	iching/Lear	ning			
S. no.	Title of the Content	Theory	Practical	SPT			
1	UNIT 1	15	i <del>=</del> :	-			
	1.THE VERTEBRAL COLUMN	15		=			
R	<ul> <li>Articulations, ligaments and muscles, typical vertebra, intervertebral disc.</li> <li>Describe factors affecting stability and mobility.</li> </ul>						
	<ul> <li>Regional structure and function of cervical, dorsal, lumbar and sacral vertebrae.</li> </ul>						
	<ul> <li>Describe the muscles of the vertebral column – flexors, extensors, rotators and lateral flexors.</li> <li>Describe the effects of injury and developmental deficits.</li> </ul>						
	Describe the following:	01	P=0	2			
	The curves of the vertebral column using appropriate terminology. The articulations of the vertebral column.						
	The major ligaments of the vertebral column.  The structural components of typical and atypical vertebrae. The intervertebral disc.  Regional characteristics of vertebral structure.  Motions of the vertebral column.  • Lumbar-pelvic rhythm.						
	Rotation of the vertebrae in each region.  Movements of the rib during rotation.						



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	1			
	Identify the following:	01	2	
	<ul> <li>Structure that provide stability for the column.</li> <li>Muscles of the vertebral column and the specific functions of each.</li> </ul>			
	• Ligaments that limit specific motions ( i.e. flexion, extension, lateral flexion, rotation)			
	<ul> <li>Forces acting on the vertebral column during specific motions.</li> </ul>	02	:: <del>=</del> 1	B1
	Explain the following:			
	The relationship between the intervertebral disc and the facet joints during motions of the vertebral column.			
	The role of the intervertebral disc in stability and mobility.	-		
	The effects of forces acting on the structural components during the motion and at rest.  Analyse the following:			
	The effects of disease process, injury, or other defects in the vertebrae.			
	<ul> <li>The effects of an increased lumbo-sacral angle on the pelvis and lumbar vertebral column.</li> <li>POSTURE</li> </ul>	03		
	<ul> <li>Static and Dynamic Postures Postural Control</li> <li>Major Goals and Basic Elements of Control Absent or Altered Inputs and Outputs Muscle Synergies</li> </ul>	5	1867	
	Describe the effects of gravity and indicate the location of the gravity line in the sagittal plane in optimal posture.			
5	Analyse posture with respect to the optimal alignment of joints in the Antero – posterior and lateral views.			
	Describe			
	The position of hip, knee and ankle joints			2)

	<ul> <li>in optimal erect posture.</li> <li>The position of body's gravity line in optimal erects posture, using appropriate points of reference.</li> </ul>			
	The effects of gravitational moments of body segments in optimal erect posture.			
	<ul> <li>The gravitational moments acting around the vertebral column, pelvis, hip, knee and ankle in optimal erect posture.</li> <li>Postural deviation</li> </ul>			
	The following postural deviations:     pes-planus, halux-valgus, pes-cavus,     idiopathic scoliosis, kyphosis and lordosis.	1		
	The effects of the above postural deviations on body structures i.e. ligaments, joints and muscles.  Determine:			
	Determine:			
	How changes in the location of the body's gravity line will effect gravitational moments acting around specific joints axes.			
	<ul> <li>How changes in the alignment of body segments will affect either the magnitude or the deviation of the gravitational moments.</li> </ul>			
	<ul> <li>How changes in the alignment will affect supporting structures such as ligaments, joint capsules, muscles and joint surfaces.</li> <li>Effects of Age, Pregnancy, Occupation, and Recreation on Posture.</li> </ul>			е
2	UNIT -2	15	2 <b>7</b> 8	(B)
F	3. HIP COMPLEX		F)	÷
	Describe the general features of the hip joint including the articulating surfaces on the pelvis &	02		
	the femur; Angulations; Angle of indication; Angle of torsion; Internal architecture of femur and pelvis; Joint capsule. Ligaments & Muscles			
	(flexors, extensors – one joint extensors, two joint extensors, Adductors medial rotators and lateral rotators).	_		
	Describe the function of hip – Rotation between pelvis, lumbar spine and hip; Pelvic motion – Anterior posterior pelvic tilting, lumbar pelvic		-	
L		1		-

rhythm, lateral pelvic tilting, and pelvic rotation. Summarize the pelvic motions in the static erect posture. Describe femoral motion. 02 Describe hip stability in erect bilateral stance, sagittal plane equilibrium and unilateral stance. o Describe reduction of forces with weight shifting and using a cane and deviations from normal in muscular weakness bony abnormalities. Describe the following: The articulating surfaces of the pelvis and The structure and function of the trabecular systems of the pelvis and femur. The structure and function of the ligaments of the hip joint. The angle of inclination and the angle of torsion. 03 The planes and the axes of the following pelvic motions and the accompanying motions at the lumbar spine and hip joints, pelvic rotation, and anterior, posterior and lateral tilting of the pelvis. The muscle activity that produces tilting and rotation of the pelvis. Motions of the femur on the pelvis including planes and axes of motion. The structure and function of all the muscles associated with the hip joints. The forces that act on the head of the femur. The position of greatest stability at the hip. Explain the following: How sagittal and frontal plane equilibrium are maintained in erect bilateral stance. How frontal plane equilibrium is achieved in unilateral stance. d How force acting on the femoral head may be reduced.

PHATCIPAL OF PHYSIOTHER

How the function of the two joint muscles at the hip are affected by changes in the

position of the knee and the hip.

• The functional and structural relationship among the hip, knee, pelvis and lumbar spine.

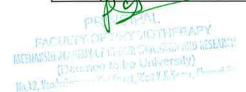
#### Compare the following

- Forces acting on the femoral head in erect bilateral stance with the forces acting on the head in erect unilateral stance.
- Coxa valga with coxa vara on the basis of hip stability and mobility.
- The motions that occur at the hip, pelvis and lumbar spine during forward trunk bending with the motions that occur during anterior and posterior tilting on the pelvis in the erect standing position.
- Antero version with retroversion on the basis of the hip stability and mobility.
- The structure and function of the following muscles flexors, extensors, abductors, adductors, lateral and medial rotators.

#### 4.THE KNEE COMPLEX

- Describe the structure of the tibio femoral joint articulating surfaces on the femur and tibia, the menisci, joint capsule and bursae, ligaments and the other supporting structures, anterior posterior and medio lateral stability; muscle structure; knee flexors & extensors; axes of knee complex: mechanical axis, anatomic axis and axis of motion.
- Describe the function of the tibiofemoral joint: range of motion. Flexion, extension, rotation, abduction, adduction, locking and unlocking; function of menisci and muscle function.
- Describe the structure of the patello femoral joint. Describe the function of the patello femoral joint.
- Describe the effects of injury and disease in the tibiofemoral and patellofemoral joints.

Describe the following



- the articulating surfaces of tibiofemoral and patellofemoral joints. The joint capsule.
- The anatomic and mechanical axes of knee.
- Motion of the femoral condyles during flexion ad extension in a closed kinematic chain.
- Motion of the tibio in flexion & extension in an open kinematic chain.

#### Draw:

- The Q angle when given an illustration of the lower extremity.
- Moment arm of the quadriceps at the following degree of knee flexion: 90 deg., 130 deg., 30 deg., 10 deg.
- The action lines of vastus lateralis and the vastus medialis oblique.

#### Locate:

- The origins and insertion of all the muscles at the knee. The bursae surrounding the knee.
- The attachments of the ligaments of the, medial and lateral compartments.

#### Identify:

- Structures that contribute to the medial stability of the knee including dynamic and static stabilizers.
- Structures that contribute to the lateral stability of the knee including dynamic and static stabilizers.
- Structures that contribute to the posterior stability of the knee including dynamic and static stabilizers.
- Structures that contribute to the anterior stability of the knee including dynamic and static stabilizers.
- Structures that contribute to the rotary of knee. The normal forces that are acting on the knee.

02

#### Compare:

• The knee and the elbow joint on the basis

61

	of similarities / dissimilarities in structure and function.			
•	The lateral with the medial meniscus on the basis of the structure and function. d The forces on the patellofemoral joint in full flexion with full extension.			
	The action of quadriceps in an open kinematic chain with that in a closed kinematic chain.			
	The effectiveness on the hamstrings as knee flexors in each of the following hip positions: hyperextension, ten degrees of flexion and full flexion (open kinematic chain).			-
	The effectiveness of the rectus femoris as a knee extensor at sixty degree of knee flexion with its effectiveness at ten degrees of knee flexion.			
Expla	in			
·	The function of the menisci.			
•	How a tear of the medial collateral ligament may affect the joint function.  The function of the suprapatellar, gastrocnemius, infrapatellar and prepatellar bursae.  Why the semi flexed position of the knee is the least painful position.  Why the knee may be more susceptible to injury than the hip joint.			
	UNIT -3	15		
	E ANKLE – FOOT COMPLEX:  Describe the structure ,ligaments, axis and function of the following: ankle joint, tibiofibular joints, subtalar joints, talocalcaneonavicular joints, transverse tarsal joint, Tarsometatarsal joint, plantar arches, metatarsophalangeal joints, interphalangeal joints.  e the terminology unique to the ankle foot	03	=	
comp supin	lex, including inversion, eversion, pronation, ation, dorsiflexion, plantar flexion, flexion, sion, adduction and abduction.			

Descri	iha.	02		
Descri	De:	03	3#	:#Y
	The compound articulations of the ankle, subtalar, talocalcaneonavicular, transverse tarsal and Tarsometatarsal joints.  The role of the tibiofibular joints and supporting ligaments.			2
٠	The degrees of freedom and the range of motion available at the joint of the ankle and the foot.			
3	The significant ligaments that support the ankle, subtalar and transverse tarsal joints.	1		
•	The tri planar nature of the ankle joint motion.	05		
	The articular movements that occur in the weight-bearing subtalar joint during inversion-eversion.			
*	The relationship between tibial rotation and subtalar/ talocalcaneonavicular inversion – eversion.			
•	The relationship between hind foot inversion, version and mobility- stability of the transverse tarsal joint.		21	
•	The function of the Tarsometatarsal joints, including when motion at these joints is called upon.			
• Arches	Supination- pronation of the fore foot at the Tarsometatarsal joints.  Distribution of weight within the foot. of foot			
•	The structure and function of the plantar arches including the primary supporting structure.	9		
;•(/)	When muscles supplement arch support, including those muscles that specifically contribute.			
<b>.</b>	The effects of toe extension on the plantar arches.			
•	The general function of the extrinsic muscles of ankle and foot.			

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support phases of		a	
		; <del>•</del> :	•
rele, including why muscle is active and irred.			20
t occurs in the upper			
ninology with new		**************************************	-
ensors and			
arious Activities of			
g, pulling, pushing,			) T
	and swing phases of ameters of gait.  knee and ankle for gait cycle.  gravity in relation to le during the stance  tents of force acting kle during the stance  hip, knee and ankle ycle, including why muscle is active and uired.  terminants of gait.  It occurs in the upper  mities and trunk with ower extremities.  minology with new  tin which there is a tensors and  tin which there is various Activities of  standing, squatting, g, pulling, pushing, mechanics of these.	and swing phases of ameters of gait.  knee and ankle for gait cycle.  gravity in relation to le during the stance  tents of force acting kle during the stance  hip, knee and ankle ycle, including why muscle is active and uired.  terminants of gait.  It occurs in the upper  mities and trunk with ower extremities.  minology with new  in which there is a tensors and  it in which there is  various Activities of  standing, squatting, g, pulling, pushing,	and swing phases of ameters of gait.  knee and ankle for gait cycle. gravity in relation to le during the stance  tents of force acting kle during the stance  hip, knee and ankle ycle, including why muscle is active and nired. terminants of gait.  It occurs in the upper  mities and trunk with ower extremities. minology with new  in which there is a tensors and thin which there is warious Activities of  standing, squatting, g, pulling, pushing,

	Stair and Running Gaits Stair Gait Running Gait Joint Motion and Muscle Activity Moments, Powers, and Energies Summary		
	Effects of Age, Gender, Assistive Devices, and Orthoses		
tt	Abnormal Gait, Structural Impairment, Functional Impairment, Pain, Adaptation/Compensation		
	Total Hours (Theory )	60	

# Reference

- 1. Joint structure and function by Cynthia.c. Norkin
- 2. Kinesiology the mechanics and patho mechanic of human movements. Carol A oatis.
- 3. Mechanics of normal and pathological locomotion by Arthur. Steindler.
- 4. Basic bio mechanic of the musculoskeletal system by Nordin and Frankel.

# GENERAL MEDICINE, GENERAL SURGERY, PAEDIATRICS, GERIATRICS

# DISTRIBUTION OF CREDIT AND COURSE HOURS

Course		Hours per semester		Hours/week		Credits		Total	
No	Course title	Total	L	P	L	P	L	P	credits
						_	_		
	General medicine, General surgery, Paediatrics, Geriatrics (Core theory)	60,	60		04		4		4

## **COURSE DESCRIPTION**

The course will enable students to understand the conditions in general medicine, General surgery, paediatrics and Geriatrics and its application in relation with physiotherapy.

# **COURSE OBJECTIVES**

The objective of this course is that after 60 hours of lectures and demonstrations so that student will be able to understand the causes, findings, management in relation with physiotherapy.

s.no	Title of content	Hours of teaching/ Learning			e of content Hours of teaching		rning
1	GENERAL MEDICINE	Theory	Practical	SPT*			
	INFECTIONS						
	Bacteria – tetanus						
	<ul> <li>Viral - Herpes simplex, zoster, varicella, measles,</li> </ul>	2					
	German measles, hepatitis B, AIDS						
	• Protozoal – Filarial						
	HAEMATOLOGY						
	Iron deficiency anaemia, B 12, folic acid deficiency	2					
	anaemia, Types of bleeding diathesis, Haemophilia						
	RESPIRATORY SYSTEM						
	Define, actiology, pathogenesis, pathology, clinical features, management of the following  COPD — chronic bronchitis and emphysema  Proumonia — lobar, bronco, aspiration Asthma	4					



Tuberculosis Lung abscess			
RLD – occupational lung diseases		1	
Chest wall deformities – funnel chest, pigeon chest,			
barrel chest, kyphoscoliosis46			
CARDIO-VASCULAR SYSTEM			
Define, aetiology, pathogenesis, pathology, clinical			
features, management of the following			
Ischemic heart diseases			
Myocardial infarction			
Angina pectoris			
Heart failure			
Rheumatic fever	6		
Infective endocarditis	"		
Hypertension			
• Congenital heart disease – ASD, VSD,			
tetralogy of Fallot, PDA, COA, AS, AR, MS,			
MR			
• Pulmonary infarction, pulmonary embolism			
DONE TOTAL AND CONNECTIVE TROUB			
BONE, JOINT AND CONNECTIVE TISSUE DISORDERS	1		
Define, ethology, clinical findings, pathology,			
management of			5.0
Osteoarthritis	3		
Rheumatoid arthritis			
Systemic lupus erythematous			
<ul> <li>polymyositis , dermatomyositis</li> </ul>			
polyarthritis nodosa, scleroderma			
RENAL DISEASES			
Acute and Chronic renal failure			
	1		
Urinary tract infection - common clinical			
conditions complicated by UTI			
METABOLIC DISEASES			
Diabetes mellitus – Types of diabetes, complication,	1		
management of Obesity			
NEUROLOGY			
CVA – thrombosis, embolism, haemorrhage			
• Extra pyramidal lesion – parkinsonism,			
athetosis, chorea, dystonia			
Disorders of muscle – myopathy, SMA,			
MND, Syringomyelia			
Multiple sclerosis			
1 1	6		
Infections of nervous system – encephalitis,			
neurosyphilis, meningitis, transverse Myelitis,			
tabes dorsalis, TB spine			
• Epilepsy			
Alzheimer's disease			

Disorder of myoneural junction – myasthenia gravis			
GENERAL SURGERY	Theory	Practical	SPT*
Describe abdominal surgical incisions Outline the incision and its complications of  Appendicectomy  Mastectomy  Hysterectomy  Colostomy  Herniorrhaphy  Cholecystectomy  Ileostomy  Thyroidectomy  Adrenalectomy  Prostatectomy	5		
Define burns. Classify burns by depth and surface area. Explain aetiology, clinical findings, complication, management, deformities due to burns, plastic surgery procedures in the management of burns.	3		
<ul> <li>Outline the principles of tendon transfers – emphasis to hand, foot, facial paralysis.</li> <li>Outline the principles of plastic surgery</li> <li>Skin graft/flap – pedicle, tube, muscle flap Indication with burns/ wounds/ulcers Breast reconstruction</li> </ul>	3		
Hypertrophic scar / keloid management.			
PAEDIATRICS	Theory	Practical	SPT*
<ul> <li>Describe growth and development of a child from birth to 12 years – physical, social, Adaptive development.</li> </ul>	2	e	
<ul> <li>Cerebral palsy – Define, aetiology, types, clinical findings, examination, management, briefly outline associated defects – MR, microcephaly, blindness, Hearing and speech impairment, squint, convulsion.</li> </ul>	3		
<ul> <li>Muscular dystrophy – Define, various forms, clinical manifestation disabilities, management.</li> </ul>	2		
Spina bifida, meningomyelocele – outline development, clinical features, hydrocephalus	2		
<ul> <li>Medical and surgical management</li> <li>Still disease – classification, pathology, clinical findings, treatment</li> <li>Normal diet of new born and child – dietary calorie, requirement for normal child, Malnutrition, rickets, vitamin D deficiency</li> </ul>	3		

x-ray demonstrations, of and obstetrics and gyna		2	
GERIATE	ICS		
Theories of Aging Physiological changes that occ Diseases commonly encountered Hypertension Ischemic heart disease Cerebrovascular accided Benign prostatic hyper Cataracts Senile Osteoporosis Deconditioned status Pneumonia	d in elderly population	10	
Total Hours (T	heory)	60	

# REFERENCE

- 1. Davidson's principles and practice of medicine
- 2. Text of pediatric by OP Ghai.
- 3. Baileys and love short practice of surgery.
- 4. Oxford hand book of geriatric medicine.

## **COURSE TITLE: ELECTROTHERAPY I (SEMESTER 5)**

DISTRIBUTION OF CREDIT AND COURSE HOURS

Course		Hours pe	Hours per semester		Hours/week		Credits		Total
No	Course title	Total	L	P	L	P	L	P	credits

#### COURSE DESCRIPTION

In this course the student will explore to fundamental skills in application of electrotherapeutic modalities and knowledge of principles, technique, indications, contraindications and effects in the restoration of physical function.

## **LEARNING OBJECTIVES:**

At the end of the course, the candidate will able to

- 1. Acquire the knowledge of fundamental of physics in the application of electrotherapy and describe the Production & Physiological effects, Therapeutic uses, indication & contraindications of various low/medium Frequency Currents.
- 2. Acquire the knowledge about the physiology of pain, theories of pain, levels of pain modulation, selection of appropriate modality for Pain modulations.
- 3. Acquire the skills of application for the purpose of Assessment & Treatment in various clinical significance.

S. No	Title Of Content	Hours of	rning	
		Theory	Practical	SPT*
I	FUNDAMENTALS OF ELECTROTHERAPY	10		
(N	Electricity- Static Electricity, Current Electricity- Units of Electricity, Potential difference, Thermionic emission	01		



	1	Resistance and Capacitance, Inductance	1		
		In Series And Parallel, Its Unit ,Principle, Working, Types And Function	02		
		Magnetism - Electromagnetic Induction	01		
		Electronic Components: Direct current and Alternating current Transformer and Chokes - Principle, Working, Types And Function	02	*	
		Rectifying Devices – Thermionic Valves, Transistors, Full Wave And Half Wave Rectification - Principle, Working, Types And Function	03		
		Chemical effects - Ionization	01		
II	BASI	CS OF MUSCULAR &NERVOUS SYSTEM	12		-
	~	Upper Motor Neuron, Lower Motor Neuron, Reflex Arc	01		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Neuromuscular Junction And Its Transmission Electrical Activity of Nerves and Muscles Physiology Of Muscle Contraction	02		
	~	Neurophysiology of Pain, Its Receptors, Nerve Fibres And Its Pathways	. 02		
	V	Peripheral Nerves And Its Supply & Functions to the Muscles and Applied Clinical Manifestation Dermatomes And Myotomes	04		i)
		7 <sup>th</sup> Cranial Nerves And Its Supply & Functions to the Muscles and Applied Clinical Manifestation	02		
	~	Skin resistance : Factors Affecting Skin Resistance And Methods To Reduce Skin	01	1	
Ш		LOW FREQUENCY CURRENT	18	22	28
	V	Galvanic / Direct currents (Continuous & Interrupted ): Principle, Physiological & Therapeutic effects, Indications, Contraindications, Techniques or Methods of Applications, Dangers, Property of	02		
<u></u>		Accommodation			

	✓ Faradic currents : Principle, Physiological &			
	Therapeutic effects, Indications,			
	Contraindications, Techniques or Methods of	02		
	Application, Dangers, Surge faradic and			
	Sinusoidal current			
	✓ Methods Of Treatment in Levels of peripheral Nerve Injury : Proforma For Patients Assessment Treatment Of Patients Condition:			
a)	Facial Nerve Stimulation Median Nerve Stimulation Radial Nerve Stimulation Ulnar Nerve Stimulation Lateral Popliteal Nerve Stimulation Erbs Paralysis Deltoid Inhibition Quadriceps Inhibition Faradism Under Pressure Faradism Foot Bath	14		
IV	OTHER LOW FREQUENCY CURRENTS	04	02	
	OTHER DOWN TREE OF THE PROPERTY OF THE PROPERT			
	✓ Ionotophoresis- Principle, Physiological & Therapeutic effects, Mechanism, Indications, Contraindications, Techniques or Methods of Application, Dangers	01		
	✓ Transcutaneous Electrical Nerve Stimulation (T E N S - Principle, Physiological & Therapeutic effects, Pain gate Mechanism, Indications, Contraindications, Techniques or Methods of Application, Dangers	01		
	✓ High Voltage Pulsed Galvanic Current	01		
	<ul> <li>Di dynămic current and Micro current therapy</li> </ul>	01		
V	MEDIUM FREQUENCY CURRENT	08	12	16
	✓ Interferential therapy: Principle, Production,			
	Physiological & Therapeutic effects,	02		
	Indications, Contraindications, Techniques or			
	Methods of Application, Dangers			
	<ul> <li>✓ Russian current: Principle, Physiological &amp;         Therapeutic effects, Indications,         Contraindications, Techniques or Methods of         Application, Dangers</li> </ul>	02	1	
	(V)(10)			*

	Methods Of Treatment Proforma For Patients Assessment Treatment Of Patients Condition: Low Back Pain Periarthritis Shoulder Osteoarthritis Knee Absorption Of Exudates Stress Incontinence	04		
VI	ELECTRO DIAGNOSTIC TEST	04	02	08
	<ul> <li>✓ Strength Duration Curve Test: Principle of S-D curve, Technique of plotting, Interpretation of normal curves, Advantages and Disadvantages</li> <li>✓ Chronaxie, Rheobase, Masking</li> <li>✓ Faradic - Galvanic test: Principle, Technique of plotting, Interpretation</li> </ul>	02		
	✓ IDC test : Principle, Technique of plotting, Interpretation			
VII	MISCELLANEOUS	04		
	<ul> <li>✓ Outline of Electromyography &amp; Biofeedback</li> <li>✓ Nerve Conduction Velocity</li> <li>✓ Electrical Stimulation for Other Cranial Nerves</li> <li>✓ Combination Therapy</li> <li>✓ Functional Electrical Stimulation</li> </ul>			
	Total hrs (Theory, Practical & SPT) = 150 Hrs	60 Hrs	38 Hrs	52 Hrs

# **SPT**: Supervised Practical training

All the SPT work should be properly documented, signed by respective in-charge of the subject, indexed in a separate file and should be submitted before the final exam. It is the responsibility of the class representative to submit the file to the teacher before the exam

## **Recommended Textbooks**

- 1. Clayton's Electro therapy- 9<sup>th</sup> & 10<sup>th</sup> edition
- 2. Electro therapy explained -by John Low & Ann Reed, 4th edition
- 3. Electrotherapy Simplified- by Basanta Kumar Nanda, 2<sup>nd</sup> edition

## **Recommended Reference Books**

- 1. Textbook of electrotherapy by Jag Mohan Singh, 2<sup>nd</sup> edition
- 2. Principles and Practice of Electro Therapy –by Joseph Kahn, 3<sup>rd</sup> edition
- 3. Electrotherapy Evidence Based Practice by Sheila Kitchen, 11th edition



73

# COURSE TITLE: ELECTROTHERAPY II (SEMESTER 5)

DISTRIBUTION OF CREDIT AND COURSE HOURS

Course		Hours pe	Hours per semester			Hours/week			Total
No	Course title	Total	L	Р	L	Р	L	Р	credits
	Electrotherapy- II (Core subject)	150	60	90	04	06	4	3	7

## **COURSE DESCRIPTION**

In this course the student will explore to fundamental skills in application of electrotherapeutic modalities and knowledge of principles, technique, methods, indications, contraindications, placement and effects in the restoration of physical function.

#### **LEARNING OBJECTIVES:**

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At the end of the course, the candidate will able to

- 1. Acquire the knowledge of fundamental of physics in the application of electrotherapy and describe the Production & Physiological effects, Therapeutic uses, indication & contraindications of various high frequency currents.
- 2. Acquire the knowledge about the skeletal and physiology of pain, theories of pain, levels of pain modulation, selection of appropriate modality for Pain modulations.
- 3. Acquire the skills of application for the purpose of Assessment & Treatment in various clinical significance.

s.no	Title of content	Hours of teaching/ Learning
	<b>A</b>	

74

1	Electro therapy-II	Theory	Practical	SPT*
	SHORT WAVE DIATHERMY			
	• Properties of H.F. currents			
	<ul> <li>Sustained and Un sustained,</li> </ul>			
	<ul> <li>Damped and undamped,</li> </ul>	3		
	• Impedance,			
	<ul> <li>Define nodes and Antinodes. Explain,</li> </ul>			
	with examples, the fields, Setup, etc.,			
	Define wavelength.			
	• Types of high freq. currents (in brief)	1		
	• Production of H.F. currents			
	<ul><li>Principles,</li></ul>			
	<ul> <li>Construction of apparatus with diagram,</li> </ul>			
	<ul> <li>Tuning of machine,</li> </ul>	2		
	Regulation of current.			
	• Methods			
	• Condenser field,			
	• Cable method,			
	Effects of above methods. Physiological			
	and therapeutic effects of S.W.D.	2	2	
	Technique of Application			
	Testing machine,			
	Preparation of patient,			
	Types of electrodes,			
	<ul> <li>Position and size to electrodes,</li> </ul>			
	• Leads,	4	4	14
	Application of current,			
	Dosage.			
	Specific requirement - application of			
	Condenser field method			
	• Cable			

	<ul> <li>Spacing - need &amp; type,</li> </ul>			
	• Position,			
	<ul> <li>Application,</li> </ul>			
	Size of electrode;			
	Method - type of application.	2	5	4
	<ul> <li>Dangers and precautions.</li> </ul>			
-	Pulsed diathermy: Indications and contra-			
	indications.			
	Procedure			
	Proforma For Patients Assessment			
	Treatment Of Patients Condition:			
	Musculoskeletal	3	3	5
	Neurological condition			
	Women health			2
	ACTINOTHERAPY			
	Define heat and temperature (in brief)			
	• Physical effects of heat - (in brief)			
	Transmission of heat (in brief)	2		
	Sources of therapeutic heating and its			
	physiological effects. Radiation energy and its			
	properties.			
	• Electromagnetic spectrum - production and its			
	properties. Laws governing radiation.			
	.Skin			
	• Structure,			
	<ul> <li>Depth of penetration. Discuss in brief</li> </ul>	3	3	5
	Piezo - electric effect.			
	INFRA- RED			
	• I.R. rays - wavelength and frequency,			
	• Types of generators and its working,	3		
	Physiological effects,			
				-

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T1 4' (C) 4 1			
Therapeutic effects and uses.			
Technique of Irradiation			
Choice of apparatus,			
Preparation of patient,			
• Arrangement of lamp,			
Application of treatment,	4	4	5
Duration and Frequency.			
❖ Dangers - briefly discuss.			
Indications & contra - indications.			
Therapeutic uses, Physiological effects.			
MICROWAVE DIATHERMY (M.W.D.)			
Production - explain with diagram, Explain how			
the magnetron works, Application of M.W.D,			
Physiological effects, Therapeutic effects	3	2	4
Technique of application - dosage (in detail)			
• Indications & contra-indications, Dangers.	)		
PARAFFIN WAX & MOIST HEAT			
Definition			
Method.			
<ul> <li>Effects and uses, Indications &amp;</li> </ul>	4	2	3
contraindications, Dangers and			
precautions.			
ULTRASONIC THERAPY			
• What is U.S. therapy?			
Explain with the aid of diagram production of			
U.S.			
• Properties of U.S.			
• reflection,	2		
• transmission,			
absorption (in detail)			
• Properties of ultrasonic field:			

depth of penetration in relation to intensity			
frequency.			
Effect on tissues			
• thermal,			
• mechanical,			
Chemical and biological.	4	4	8
Coupling media.			
Pulsed U.S.			
• Uses of U.S.			
Techniques of application Methods			
• direct contact,			
• water bath,			
Water bag;			
Dosage in acute and chronic conditions,	=		
<ul> <li>Indications</li> </ul>			
Contra- indications.			
CRYOTHERAPY			
• Physical Principles.		1	
Physiological effects and uses			
<ul> <li>Circulatory response and uses,</li> </ul>	3		
<ul> <li>Normal</li> </ul>			
Response and uses.			
Technique of application			
• Preparation,			
• Application,	2	3	3
Modification.			
• Methods			
Ice pack, Ice towel, Immersion, Ice cube.			
<ul> <li>Indications &amp; contra-indications to</li> </ul>			
treatment.	2	3	4
LASER (H.F.)			

	indications, efficacy,	4	3	4
3	<ul> <li>precautions advisable.</li> </ul>			
3	• Laser use of condition			
ULI	TRA VIOLET RADIATION (H.F.)			
3	<ul><li>process of ionization</li></ul>			
	physician electric arc			
cons	structions of lamp			
	<ul> <li>high pressure mercury vapour lamps</li> </ul>	2		
•	<ul><li>kromayer lamp</li></ul>			
	triymite formation			
	cooling			
	spectrum			
• Ph	ysiological and Therapeutic effects in detail -			
Phot	tosensitization			
•	Indication,			
	contra- indications			
	dangers.	3	3	4
10	Technique of application Test dose,			
•	Local treatment,			
	General irradiation,			
	Treatment.			
• Cor	nditions (common) in which above treatment	2		
giver	n. d Sensitizers (in brief) Filters.			
Com	parison between Infrared radiation & Ultra			
viole	t radiation.			
Total	hrs (Theory, Practical & SPT) = 150 Hrs	60	41	49

Supervised Practical training (SPT) (include practice session, assignment, journal presentation, seminar presentation etc)

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All the SPT work should be properly documented, signed by respective in-charge of the subject, indexed in a separate file and should be submitted before the final exam. It is the responsibility of the class representative to submit the file to the teacher before the exam

## **Recommended Textbooks**

- 1. Claytons Electrotherapy by Forster & Plastangs
- 2. Electrotherapy Explained by Low & Reed
- 3. Clinical Electrotherapy by Nelson
- 4. Electrotherapy Evidene based practice by Sheila Kitchen
- 5. Physical agents by Michile Cameroon
- 6. Principles of Electrotherapy by Michile Camreeon
- 7. Thermal agents by Susan Michlovitz.

# COURSE TITLE: BIO-STATISTICS AND RESEARCH METHODOLOGY

DISTRIBUTION OF CREDIT AND COURSE HOURS

Course		Hours per semester			Hours/week		Credits		Total
No	Course title	Total	L	Р	L	P	L	P	credits
		16		,					

## **Learning Objectives**

The objective of this course is that after 60 hours of lectures & demonstrations, in addition to clinics, the student will be able to demonstrate an understanding of statistics and Research in the field of physiotherapy.

		Hours of teaching/
	Title of content	Learning
		(Theory)
1	Introduction to research	4 hrs

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	Concepts and variables	
2	Research process Steps in detail	6 hrs
3	Hypothesis-functions of hypothesis in quantitative research, types, characteristics and hypothesis testing	6 hrs
4	Research design      Basic designs     Factorial design     Repeated measures design     Advantages and disadvantages of experiments     Quasi experimental Research	4 hrs
5	Collection of data	7 hrs
6	Sampling methods <ul><li>Populations</li><li>Non probability and probability sampling</li></ul>	5 hrs
7	Importance of research in physiotherapy	4 hrs
8.	Ethical considerations in physiotherapy research	4 hrs
9.	Introduction to statistics	2hrs
10.	Types of variables	3 hrs
11.	Measures of central Tendency	5 hrs
12.	Measures of Dispersion	5 hrs
13.	Significance testing	5 hrs
	Total Hours (Theory)	60 hrs

# REFERENCES

- 1. Research methodology methods and techniques C.R. Kothari.
- 2. Bio-statistics a methodology for the health sciences by Patrick.
- 3. Statistical methods by S.P.Gupta

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## **COURSE TITLE: BASICS OF PHYSICS**

## DISTRIBUTION OF CREDIT AND COURSE HOURS

Course		Hours pe	r semest	er	Hours/v	veek	Cree	dits	Total
No	Course title	Total	L	P	L	P	L	P	credits
	Basic of physics (Ability Enhancement)	30	30		02		02		02

# **COURSE DESCRIPTION**

In this course the student will explore to fundamental skills in the application of basic physics in electrotherapeutic modalities.

## **LEARNING OBJECTIVES:**

At the end of the course, the candidate will able to

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82

- 1. Acquire the knowledge in basics of physics and will describe the working and Production of electricity, magnetism, electromagnetic spectrum etc.
- 2. Acquire the knowledge about the electrical components like resistor, capacitor, and valves etc.
- 3. Acquire the knowledge about the types & Production of various therapeutic electrical currents such as low frequency, medium frequency and high frequency

s. no	Title of content	Hours of	teaching/ Lea	rning
		Theory	Practical	SPT
I	INTRODUCTORY TO PHYSICS	08	- I WOULCH!	DI I
	Rasia concept of all			
	Basic concept of physics			
	Structure of atom, molecules, elements and			
	compounds, States Of Matter	02		
	Conductors, Insulators, Potential difference,			
	Thermionic emission	1 1		
	Transmission of heat and Physical effects of			
	heat			
	Electricity			
1	Static Electricity- Production of Electric			
	Charge			
	Characteristics of charged electrical body			
	Current Electricity- EMF, DC &AC, Thermal			
	effects of electric current-Joule's Law	00		
	Units of Electricity-Farad, Volt, Ampere,	02		
	Coulomb, Watt.			
	Resistance, Capacitance and Inductance			
	Resistance In Series And Parallel, Ohms Law			
1	And Its Application			
	Resistors- Principle, Working, Types of			
	Resistor And Function			
	Capacitance In Series And Parallel, Volt And		1	
1	Its Application	04		
	Condenser/ Capacitor – Principle, Working,			m
	Types And Function			
	Inductance In Series And Parallel, Henry And			
	Its Application			
	Inductors - Principle, Working, Types And Function			
	BIO-ELECTRONICS	12		
M		14		

	Total Hours(Theory) =30 Hrs	30	
	Transmission of Impulses	20	
	Action Potential Resting Membrane Potential		
IV	BIO-PHYSICS		
	BIO-PHYSICS	02	
	Principles of Sound and its properties Amplifiers and Transducers	02	
	Inverse Square Law, Grothus Law		
	Attenuation ,Cosine Law,		
	Reflection, Refraction, Absorption,		
	Laws of Transmission	03	
	Electromagnetic spectrum  Electro Magnetic Radiation  Laws Governing E.M.R.		
	Eddy current.  Electromagnetic spectrum	03	
	Magnetism  Magnetic fields, Electromagnetic Induction,	03	
II	ELECTROMAGNETISM OF LIGHT & SOUND	00	
	Oscillating current, Circuits	08	
	Direct Current ,Alternating Current ,		
	Chemical effects - Ionization		1
	Fuse, Electric Shock And Earth Shock		
	Electric supply- Main Supply, Grid, Switch,		
	Function		
	rectifier - Principle, Working, Types And		
	Rectifying Devices – Thermionic Valves, Semiconductors, Transistors, Metal oxide		
	Types And Function		
	Transformer and Chokes - Principle, Working,		
	Principle, Working, Types And Function		
	Moving coil Milliammeter and Voltmeter -		

# **Recommended Textbooks**

- 1. Clayton's Electro therapy- 9th & 10th edition
- 2. Physical Principles Explained -by John Low & Ann Reed

3. Figetrotherapy Simplified- by Basanta Kumar Nanda, 2<sup>nd</sup> edition

FACULTY OF PHYSIOTHERAPY

84

# **Recommended Reference Books**

1. Principles and Practice of Electro Therapy -by Joseph Kahn, 3<sup>rd</sup> edition

# SEMESTER 5

# COURSE TITLE: CLINICAL POSTING/PRACTICE

DISTRIBUTION OF CREDIT AND COURSE HOURS

Course	G. Wa	Hours per semester			Hours/week		Credits		Total	
No	Course title	Total	L	P	L	P	L	P	credits	

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Clinical Posting: Our students are posted in various clinical areas/ wards on rotation basis. During clinical posting they are clinically trained to provide Physiotherapy care under supervision. They also trained on patient assessment, performing special test, identifying indications for treatment, ruling out contraindications, bed side approach, decision on treatment parameters, dosage and use of relevant outcome measures under supervision. Evidence based practice will be part of clinical training.

During the clinical practice, student should be able to successfully execute the competencies in assessment, physical diagnosis on ICF basis, plan of care and therapeutic interventions relating to neuromuscular, orthopedic & cardiorespiratory dysfunctions. Student should become familiar with performance of these skills in all settings (inpatient and outpatient) as well as on all types of conditions (surgical, non-surgical, pediatric and geriatric). Student should learn to objectively perform these skills under the supervision of trained physical therapists. Student is required to keep a performance record of all listed competencies during the clinical practice and successfully perform on real patients during the final evaluation of the course.

All the clinical training work should be properly documented, signed by respective clinical in-charge, indexed in a separate file and should be submitted before the final exam.

The students should maintain a clinical log book as per the instruction by respective clinical in charge.

#### SEMESTER 6

# COURSE TITLE: CLINICAL ORTHOPEDICS WITH TRAUMATOLOGY

DISTRIBUTION OF CREDIT AND COURSE HOURS

Course		Hours pe	r semest	er	Hours/	week	Cred	lits	Total
No	Course title	Total	L	P	L	P	L	P	credits
	Clinical orthopedics with traumatology	60	60		4		4		4

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(core theory)			
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#### **COURSE DESCRIPTION**

Following the basic science and clinical science course, this course introduces the student to the orthopaedic conditions which commonly cause disability. Particular effort is made in this course to avoid burdening the student with any detail pertaining to diagnosis which will not contribute to their understanding of the limitations imposed by the orthopaedic pathology on the functioning of the individual.

#### LEARNING OBJECTIVES

The objective of this course is that after 60 hours of lectures & demonstrations, in addition to clinics, the student will be able to demonstrate an understanding of orthopaedic conditions causing disability and their management. In addition, the student will be able to fulfil with 75% accuracy (as measured by written, oral &internal evaluations) the following objectives of the course.

COURSE CONTENT		
Title of content Hour	s of Theory	
UNIT 1	15	:=:
Introduction to orthopedics	01	€.
<ul> <li>Introduction to orthopedic terminology.</li> <li>Types of pathology commonly deal with,</li> <li>Radiological and Imaging techniques in Orthopedics</li> <li>Outline of non-operative &amp; management.</li> <li>Traumatology</li> </ul>		
<ul> <li>Fracture: definition, types, signs and symptoms.</li> <li>Stages of Fracture healing.</li> <li>Complications of fractures. Prevention &amp; treatment of complications including, Fracture, disease, Volkmann's ischemic contracture, Sudek's atrophy, Carpal tunnel syndrome, Myositis ossificans and Shoulder hand syndrome</li> <li>Conservative and surgical approaches.</li> <li>Principles of management – reduction (open/closed, immobilization etc.).</li> <li>Subluxation/ dislocations – definition, signs and symptoms, management (conservative and operative).</li> </ul>	03	
Fractures and Dislocations of Upper Limb  Fractures of Upper Limb - causes, clinical features, mechanism of injury, complications, conservative and surgical management of the following fractures:		

Fractures and Dislocations of Lower Limb	05	G.
UNIT -2	15	ш
<ul> <li>Fracture of atlas.</li> <li>Fracture of Thoracic and Lumbar Regions - Mechanism of injury, clinical features, conservative and surgical management of common fractures around thoracic and lumbar regions.</li> <li>Fracture of coccyx.</li> <li>Fracture of Rib Cage - Mechanism of injury, clinical features, management for Fracture Ribs, Fracture of sternum.</li> </ul>	05	
<ul> <li>Scaphoid fracture.</li> <li>Fracture of the metacarpals.</li> <li>Bennett's fracture.</li> <li>Fracture of the phalanges. (Proximal and middle.)  Dislocations of Upper Limb and Lower limb</li> <li>Anterior dislocation of shoulder – mechanism of injury, clinical feature, complications, conservative management, surgical management.</li> <li>Recurrent dislocation of shoulder.</li> <li>Posterior dislocation of shoulder – mechanism of injury, clinical features and management.</li> <li>Posterior dislocation of elbow– mechanism of injury, clinical feature, complications &amp; management.</li> <li>Fracture of Spine</li> <li>Fracture of Cervical Spine - Mechanism of injury, clinical feature, complications (quadriplegia);</li> <li>Management- immobilization (collar, cast, brace, traction); Management for stabilization, management of complication (bladder and bowel, quadriplegia).</li> <li>Clay shoveller's fracture.</li> <li>Hangman's fracture.</li> <li>Fracture odontoid.</li> </ul>	06	
<ul> <li>Fractures of greater tuberosity and neck of humerus.</li> <li>Fracture shaft of humerus.</li> <li>Supracondylar fracture of humerus.</li> <li>Fractures of capitulum, radial head, olecranon, coronoid, and epicondyles.</li> <li>Both bone fractures of ulna and radius.</li> <li>Fracture of forearm – monteggia, galaezzi fracture – dislocation.</li> <li>Chauffer's fracture.</li> <li>Colle's fracture.</li> <li>Smith's fracture.</li> </ul>		

Fracture of Pelvis and Lower Limb - causes, clinical features, mechanism of injury, complications, conservative and surgical management of the following fractures:

- Fracture of pelvis.
- Fracture neck of femur classification, clinical features, complications, management conservative and surgical.
- · Fractures of trochanters.
- Fracture shaft femur—clinical features, mechanism of injury, complications, management-conservative and surgical.
- Supracondylar fracture of femur.
- Fractures of the condyles of femur.
- Fracture patella.
- · Fractures of tibial condyles.
- · Both bones fracture of tibia and fibula.
- Dupuytren's fracture
- · Maisonneuve's fracture.
- Pott's fracture mechanism of injury, management.
- Bimalleolar fracture, Trimalleolar fracture
- Fracture calcaneum mechanism of injury, complications and management.
- · Fracture of talus.
- Fracture of metatarsals—stress fractures Jone's fracture.
- Fracture of phalanges.

#### **Dislocations of Lower Limb**

Mechanism of injury, clinical features, complications, management of the following dislocations of lower limb.

- · Anterior dislocation of hip.
- · Posterior dislocation of hip.
- · Central dislocation of hip.
- Dislocation of patella. Recurrent dislocation of patella.

# **Orthopedic Surgeries**

Indications, Classification, Types, Principles of management of the following Surgeries:

- · Arthrodesis
- Arthroplasty (partial and total replacement)
- Osteotomy
- External fixators 3 –
- Spinal stabilization surgeries (Harrington's, Luque rod, Steffi plating) etc.

# **Soft Tissue Injuries**

- Define terms such as sprains, strains, contusion, tendinitis, rupture, tenosynovitis, tendinosis, bursitis.
- Strains- quadriceps, hamstrings, calf, biceps, triceps etc. ¬
  Contusions- quadriceps, gluteal, calf, deltoid etc. ¬ Tendon
  ruptures-Achilles, rotator cuff muscles, biceps, pectorals.

5

Mechanism of injury, clinical features, managements conservative		
and surgical of the following sprain:		
Meniscal injuries of knee.		
Ligamentous injuries of knee.		
Ankle Sprain		
Wrist sprain		
Hand Injuries		
Mechanism of injury, clinical features, and surgical management of		
the following:		
Crush injuries.	1	
• Flexor and extensor injuries.		
Burn injuries of hand	01	
Regional Conditions		
Definition, Clinical features and management of the following		
regional conditions:  • Shoulder: Peri arthritic shoulder (adhesive capsulitis). Rotator cuff		
tendinitis. Subacromial Bursitis. • Elbow: Tennis Elbow. Golfer's Elbow. Olecranon Bursitis (student's		
elbow). Triceps Tendinitis.		
Wrist and Hand: De Quervain's Tenosynovitis. Ganglion. Trigger		
Finger/ Thumb. Mallet Finger, Carpal Tunnel Syndrome, Dupuytren's		
Contracture.		
• Pelvis and Hip : IT Band Syndrome. Piriformis Syndrome. Trochanteric Bursitis.		
Knee: Osteochondritis Dissecans. Prepatellar and		
Suprapatellar Bursitis. Popliteal Tendinitis. Patellar	03	
Tendinitis. Chondromalacia Patella. Plica Syndrome. Fat Pad Syndrome (Hoffa's syndrome).		
· Ankle and Foot: Ankle Sprains. Plantar Fasciitis / Calcaneal		
1		
Spar. Tarsar Tarmer Symptonic		
Metatarsalgia. Morton's Neuroma.		
UNIT -3	15	
Diseases of Bones and Joints	04	
Outline the etiology ,Clinical features, Complications, Management-		
- medical and surgical of the following conditions:	1	-
• Infective: Osteomyelitis, TB Spine and other major joints	1	
Bone tumors:		-
Classification, clinical features, management of (benign/ malignant		
bone and joint tumors, osteoma, osteosarcoma,		
osteoclastoma, Ewing's sarcoma, multiple myeloma.	1	1



	· Perthes, Slipped Capital Femoral Epiphysis, Avascular Necrosis		
	Metabolic: Osteoporosis, Osteopenia Osteomalacia, Rickets		
	Amputations		
	• Definition ,Types		
	• Levels of amputation of both lower and upper limbs		
	• Indications		
	• Complications		
I	• Management		.e.
1	Inflammatory and Degenerative Conditions		
	Causes, clinical feature, complications, deformities, radiological		
	features, management- conservative and surgical for the following		
	conditions:		
	• Osteoarthritis.		
	• Rheumatoid arthritis.		
	<ul> <li>Ankylosing spondylitis</li> </ul>		
	• Gouty arthritis.		
1	Psoriatic arthritis.	03	
	Hemophilic arthritis.		
	· Still's disease (Juvenile Rheumatoid Arthritis)		
	. • Charcot's joints.		
	Connective Tissue Disorders		
	Systemic Lupus Erythematosis		
	• Scleroderma		
	• Dermatomyositis		
	• Mixed connective tissue Disease (MCTD)		
	Deformities		
	Clinical Features, Complications, Medical and Surgical Management	1	
	of the Following Congenital and Acquired Deformities.	03	
	Congenital Deformities	03	
	• CTEV ,CDH, Torticollis, Scoliosis, Flat foot, Vertical talus.		
	<ul> <li>Hand anomalies- syndactyly, polydactyly and ectrodactly.</li> </ul>		
	<ul> <li>Arthrogryposis multiplex congenital(amyoplasia congenita).</li> </ul>		
	· Limb deficiencies- Amelia and Phocomelia		
	. • Klippel feil syndrome.		
	<ul> <li>Osteogenesis imperfecta(fragile ossium).</li> </ul>		
	• Cervical rib.		
	Acquired Deformities		
	<ul> <li>Acquired Torticollis, Scoliosis, Kyphosis, Lordosis, Genu varum,</li> </ul>	4	
	Genu valgum, Genu recurvatum, Coxa vara., Pes cavus, Pes Planus,		
	Hallux rigidus. Hallux valgus, Hammer toe. Metatarsalgia.		
	Leprosy		
	Outline the clinical features, management complications of neuritis,		
	muscle paralysis, trophic ulcer of hand and feet deformities.		
- 1			

PRINCIPAL

FACULTY OF PRYSICTHERAPY

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UNIT 4-Miscellaneous	15	- 7
Cervical and Lumbar Pathology	04	*
Causes, clinical feature, patho-physiology, investigations, management-Medical and surgical for the following:  • Prolapsed interverbral disc (PID)  • Spinal Canal Stenosis.		
• Spondylosis (cervical and lumbar)		
• Spondylolysis.		
• Spondylolisthesis.		
• Lumbago/ Lumbosacral dysfunction		
Sacralisation. Lumbarisation		
. •Coccydynia.		
• Hemivertebra	š.	
Peripheral nerve injuries		
Outline the clinical features and management, including reconstructive surgery of:	2	
<ul> <li>Radial, median &amp; ulnar nerve lesions,</li> <li>Sciatic &amp; lateral popliteal nerve lesions,</li> <li>Brachial plexus injuries including Erbs palsy, Klumpke's paralysis, and crutch palsy.</li> </ul>		
Poliomyelitis	05	
<ul> <li>Describe the pathology, microbiology, prevention, management and residual problems of polio;</li> <li>Outline the treatment of residual paralysis including use oforthosis.</li> </ul>	03	
Principles of muscle transfers.		
Syndromes Causes, Clinical features, complications, management conservative and surgical of the following:		
Cervico brachial syndrome		
Thoracic outlet syndrome		
· Vertebro- basilar syndrome		
Scalenus syndrome		
Costo clavicular syndrome	04	
• Levator scapulae syndrome		
• Piriformis syndrome.	60	
Total Hours (Theory /Practical / SPT)	00	1

# REFERENCE

- 1. Text of orthopaedics with traumatology by Natrajan.
- 2. Clinical orthopedic rehabilitation by Brotzman.
- 3. Textbook of orthopaedic medicine Vol I & II by James Cyriax Bailliere



- 4. Apley and Solomon's system of Orthopaedics and Trauma
- 5. Essentials, of Orthopaedics for Physiotherapists by John Ebenezar JaypeePublications
- 6. Practical Fracture Treatment By Ronald McRae, Max Esser Churchill Livingston
- 7. Oxford Textbook of Orthopaedic & Trauma By Christopher Bulstrode, Joseph Buckwalter Oxford University Press
- 8. Campbell's operative Orthopaedics. By S. Terry Canale, James H. Beaty Mosby
- 9. Fractures & joint injuries By Watson Jones Churchill Livingston
- 10. Clinical Orthopaedic Examination By Ronald McRae Churchill Livingstone

#### **COURSE TITLE: CLINICAL NEUROLOGY**

# DISTRIBUTION OF CREDIT AND COURSE HOURS

Course	li i	Hours <sub>J</sub>	oer sem	ester	Hours	week/	Cre	dits	Total
No	Course title	Total	L	P	L	P	L	P	credits

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Clinical Neurology (Core 60 60 04 04 4 subject)
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#### **COURSE DESCRITPION**

This course intends to familiarize students with medical terminology that explores about the basic sciences focusing on the clinical aspects. It intends to view on clinical neurological condition that commonly cause physical and mental disabilities.

#### LEARNING OBJECTIVES

At the end of the course, the candidate will

- 1. Acquire knowledge on basics of nervous system ,its primary & secondary clinical characteristics
- 2. Be able to explore on various neurological conditions, its clinical significance and management.
- 3. Acquire skill in application of clinical examination on neurological conditions.
- 4. Acquire knowledge in ruling out clinical investigations and clinical diagnosis for the plan of care.

COURSE CONTENT					
S. No	Title Of Content	Hours Of Teaching/ Learning			
		Theory	Practical	SPT*	
I	NEUROANATOMY	06			
	Enumerate the Structure, Function And Applied				
	Anatomy of				
	1. The Cerebrum & The Cerebellum				
	2. The Sub - Cortex				
	3. The Brainstem				
	4. The Spinal Cord				
	5. Peripheral Nervous System				
	6. Autonomic Nervous System				
II	NEUROPHYSIOLOGY	06			
	Review in brief about the physiological basis on 7. Tone, Muscle Contraction 8. Bladder control 9. Pathways of Motor (Movement, Reflexes) 10. Pathways of Sensory Functions 11. Circulation of Brain, Spinal Cord and Cerebro Spinal Fluid 12. Vestibular system				
III	NEUROLOGICAL EXAMINATION	10			
B					

	13. Assessment	f		r
	Subjective examination and Objective examination			
	that include			
	Brief Collection Of History and Framing			
	Hypothesis			
	Examination of Higher Cortical/Mental Function			
	Examination of Cranial Nerves Function			
	Examination of Perceptual Function			
	Examination of Sensory & Motor Function			
	Examination of Balance & Coordination			
	Examination of Posture & Gait			
	Examination of Activities Of Daily Living			
	Examination of Musculoskeletal, Autonomic,			
	Respiratory Functions			
	Management strategies			
	Framing Physical Diagnosis Or Clinical			
	Diagnosis Or Differential Diagnosis			
	Clinical Manifestation & Plan of Care			
	Intervention		9.	
IV	NEUROLOGICAL INVESTIGATIONS	02	-	
11	NEUROLOGICAL INVESTIGATIONS	02		
	14. Brief knowledge and clinical significance of			
	O Radiological Investigation			
	O Computerized Tomography			
	O Magnetic Resonance Imaging			
	O CSF Culture & Lumbar Puncture			
	O Electromyography & Nerve Conduction			
	Velocity & Evoked Potential O Blood And Urine Culture			
v	NEUROLOGICAL CONDITIONS	28		
	TIEGROEGICIAE COMBITTORIS	20		
	15. Cerebro –Vascular Accidents	02		
	Define: Stroke, TIA, Risk Factors, Causes, Clinical	02		
	manifestations, Pathophysiology, Investigations,			
	Differential Diagnosis, Management- Medical &			
	Surgical, Complications			
	16. Parkinson's Disease			
	Definition, actiology, risk factors, pathophysiology,	02		
	classification, signs & symptoms, investigations,	02		
	differential diagnosis, medical & surgical management and complications			
	17. Trauma			
	17. Maulia			1
				1

		04		
	Broad localization, first aid and management of	Ŭ		
	sequelae of			
	Head Injury			
	Spinal Cord Injury			
	18. Demyelinating disorders			
	Aetiology, pathophysiology, classification, clinical	0.2		
	signs & symptoms, investigations, differential	03		
	diagnosis, medical management, and complications			
	of:			
	_			
	1			
	· · ·			
4				
	I I			
	diagnosis, medical management, and complications	03		
	of following disorders of:			
	Amyotrophic lateral sclerosis			
	Spinal muscular atrophy			
	Bulbar palsy			
	20. Infections of brain and spinal cord			1
	aetiology, pathophysiology, classification, clinical		. "	
	signs & symptoms, investigations, differential			
	diagnosis, medical & surgical management and			
	complications of following disorders:			
	Meningitis & Encephalitis	03		
	Neurosyphilis or Tabes Dorsalis			
	Tuberculosis			
	Poliomyelitis and Post-polio syndrome			
	21. Muscular Dystrophy			
	aetiology, pathophysiology, classification, clinical			
	signs & symptoms, investigations, differential			
	diagnosis, medical & surgical management and			
	-	02		
	-			
	1			
		04		
•	Amyotrophic lateral sclerosis Spinal muscular atrophy Bulbar palsy 20. Infections of brain and spinal cord aetiology, pathophysiology, classification, clinical signs & symptoms, investigations, differential diagnosis, medical & surgical management and complications of following disorders: Meningitis & Encephalitis Neurosyphilis or Tabes Dorsalis Tuberculosis Poliomyelitis and Post-polio syndrome 21. Muscular Dystrophy aetiology, pathophysiology, classification, clinical	02		

	Total Hours (Theory)	60 Hrs	
	arachnoiditis		
	Cervical and lumbar disc lesions, Spinal		
	Craniocerebral junction anomalies, Syringomyelia		
	Diseases of spinal cord:		
	Tumours of Brain And Spinal Cord		
	Epilepsy		
	Myasthenia gravis/ Eaton - Lambert syndrome		
	Alzheimer's disease/ Dementia	-	
	of following disorders:		
	medical & surgical management and complication	ľ	
	symptoms, investigations, differential diagnosis,		
	aetiology, pathophysiology, stages, clinical signs &		
VI	MISCELLANEOUS	08	
X7T	complication	00	
	diagnosis, medical & surgical management and		
	signs & symptoms, investigations, differential		
	aetiology, pathophysiology, classification, clinical	02	
	24. Cerebellar disorders		
	Arnold Chairi Malformation		
	Cerebral palsy, Hydrocephalus, Spina bifida		
	complications of following disorders:		
	diagnosis, medical & surgical management and	03	
	signs & symptoms, investigations, differential		
	aetiology, pathophysiology, classification, clinical		
	23. Congenital childhood disorders		
	Diabetic neuropathy) Entrapment Neuropathy:-		

#### **Recommended Textbooks**

- 1. Neurology and neuro surgery- Illustrated by Kenneth W Lindsay, 5th edition
- 2. Cash Text Book Of Neurology For Physiotherapist- by Patricia A Downie, 4th edition
- 3. Physical Rehabilitation- by Susan B.O'Sullivan, 7th Edition
- 4. Lange Clinical Neurology Simon, 10th Edition
- 5. Manter and Gatz Essentials Of Clinical Neuroanatomy And Neurophysiology Sid &Sarah, 10th Edition
- 6. Neurological examination made easy -by Geriant fuller, 6th edition

**Recommended Reference Books** 

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- 1. Clinical Neurology Essential Concepts- Simon J Ellis
- 2. Neurological Assessment A Clinicians Guide- Jones K

PROPAL
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MENAKSIII ACIDERATE CHECATE CHECATER MEDIATOR MEDIATOR
(Despried to the University)
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### COURSE TITLE: CLINICAL CARDIO - RESPIRATORY CONDITION

DISTRIBUTION OF CREDIT AND COURSE HOURS

Course	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Hours/week		Credits		Total		
No	Course title	Total	L	P	L	P	L	P	credits
	Clinical cardio – respiratory condition (Core subject)	60	60		04		04		4

# **Learning Objectives:**

At the end of the course, the candidate will-

- 1. The students will portray the in-depth clinical anatomical and physiological knowledge in heart and lungs.
- 2. The student will be able to understand the clinical conditions with the proper demonstration and its disabilities.
- 3. The Student will be able to extract the clinical knowledge with the clear picture of surgical management.
- 4. The proper utilization of diagnostic approaches and its clinical aspects for each of the cardiorespiratory conditions.
- 5. Incorporate the pathological aspects of cardio respiratory conditions as a baseline requirement for the physiotherapy approach.

s. no	Title of Content	Hours of teaching (4 Credits = 60 Hrs) Theory
	ANATOMY AND PHYSIOLOGY OF LUNGS	
	Respiratory system	
1	i. Upper respiratory tract	
1	ii. Lower respiratory tract – Trachea, Bronchial tree, Bronchopulmonary segments	
	iii. Respiratory unit, hilum of lung.	6
	iv. Muscles of respiration	
	^	
	i. Pleura, intra pleural space, intra pleural pressure, surfactant	
	ii. Mechanics of respiration – Chest wall movements, lung &	
	chest wall compliance	
	iii. V/Q relationship, airway resistance	I
	iv. Higher centres of Respiration, Neural & chemical regulation of	
	respiration.	6
	v. Lung volumes and lung capacities.	
	vi. Pulmonary circulation, Lung sounds, cough reflex.	
	vii. List the mechanical factors involved in breathing. Describe	
VO	briefly factors, affecting lung compliance and airway resistance	

_		
	ANATOMY AND PHYSIOLOGY OF HEART	
	i. Chambers of heart, semi lunar and atria ventricular valves	
2	ii. Coronary circulation, conductive system of heart	
	iii. Cardiac cycle,	_
	iv. ECG,	6
	v. Heart sounds	
	vi. Blood pressure, pulse, cardiac output, Blood supply of heart	
3	CARDIAC CONDITIONS	
	CONGENITAL CARDIAC CONDITIONS	
	i. Atrial septal defect,	
	ii. Ventricular septal defect,	
	iii. pulmonary stenosis,	
	iv. Tetralogy of Fallot,	6
	v. Patent Ductus Arteriosus, Coarctation of Aorta	
	vi. Transposition of great vessels and A.V. malformation	
	ACQUIRED CARDIAC CONDITIONS	
	i. Mitral stenosis,	
	ii. Mitral regurgitation	6
	iii. Aortic stenosis & regurgitation	
	iv. Coronary artery disease	
	DISEASES AND DISORDERS OF THE HEART:	
	*	
	i. Pericarditis	
	ii. Myocarditis	
	iii. Endocarditis	6
	iv. Rheumatic Fever	
l	v. Ischemic Heart Disease,	
	vi. Cardiac Arrest	
	vii. Hypertension	
	RESPIRATORY CONDITIONS	
		6
	Patterns of lung disease – Chronic Obstructive Lung Disease and	
	Restrictive Lung Disease;	
	i. Definition, Aetiology, Clinical features, signs and	
	symptoms, complications, management and treatment of	
	following lung diseases: Chronic Bronchitis,	
	ii. Emphysema,	
	iii. Asthma,	
	iv. Bronchiectasis,	
	v. Cystic Fibrosis,	
	vi. Upper Respiratory Tract Infections,	
	vii. Pneumonia,	
	viii. Tuberculosis,	
	ix Fungal Diseases,	588

	Y	
	x. Interstitial Lung Diseases,	
	xi. Diseases of the pleura, diaphragm and chest wall;	
	xii. Respiratory failure – Definition, types, causes, clinical	
	features, diagnosis and management.	
7	DISEASE AND DISORDER OF LUNGS	
	Definition, Clinical features, diagnosis and choice of management	6
	for the following disorders – chest wall deformities,	
	a) Cervical rib	
1 1	b) Rickets-rickety rosary	
	c) Pigeon chest	
	, 6	
	d) Funnel chest	
	e) Scoliosis	
	f) Kyphosis	
	i. chest wall tumours,	
	ii. Spontaneous Pneumothorax,	
	iii. Pleural Effusion,	
	iv. Empyema Thoracis,	
	v. Lung abscess,	
	vi. Bronchiectasis, Tuberculosis,	
	vii. Bronchogenic Carcinoma,	
	viii. Bronchial Adenomas,	
	ix. Metastatic tumours of the Lung,	
	x. tracheal Stenosis,	
	xi. Congenital tracheomalacia,	
	,	
	xii. Neoplasms of the trachea,	
1 1	xiii. Lesions of the Mediastinum.	
_	xiv. Carcinoma of the female breast.	
8		
	CLINICAL MANIFESTATION	6
	CARDIAC SYSTEM	
	i. ECG	
	ii. Exercise Stress Testing	
	iii. Radiology related to heart.	
	RESPIRATORY SYSTEM	
	i. Chest Radiographs	
	ii. Pulmonary Function Testing	
	iii. Arterial Blood Gas Analysis	
9	100000000000000000000000000000000000000	3
	Describe the principles of cardio – pulmonary resuscitation: cardiac	3
	massage, artificial respiration defibrillators and their use.	
	massage, armiciai respiranon demormators and men use.	
10	SUDCICAL IMPLICATION	2
1 11	SURGICAL IMPLICATION	3
	Outline the extent, use and complication of the following surgical	
	incisions: Antero lateral thoracotomy, postero lateral thoracotomy	
	and median sternotomy.	
	TOTAL TEACHING HOURS	60 Hrs

#### REFERENCE

- 1. Beachey, Respiratory care- Anatomy and physiology :foundation, CBS ,3rd ed, 2013.
- 2. Bhalrao, Essentials of clinical cardiology, Jaypee, 1st ed, 2013
- 3. Chattergee, Cariology an illustrated Text book , Jaypee,1st ed, 2012.
- 4. Tiddys physiotherapy by Stuart B Porter.
- 5. Cash text book of chest heart and vascular disorder for physiotherapist by Patricia Downie

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# COURSE TITLE: PHYSIOTHERAPY IN WOMEN'S HEALTH

DISTRIBUTION OF CREDIT AND COURSE HOURS

	DISTRIBUTION OF CREDIT AND COURSE HOURS								
Course	G	Hours p	er sem	ester	Hours	week	Cre	dits	Total
No	Course title	Total	L	P	L	P	L	P	credits
	Physiotherapy in women's health (Core	120	60	60	04	4	04	2	6
	subject)								

# **Learning Objectives:**

At the end of the course, the candidate should

- 1. Be able to describe the normal & abnormal physiological events during the Puberty, Pregnancy, Labour, Puerperium, post natal & Pre, Peri & Post Menopause.
- 2. Be able to discuss common complications during Pregnancy, Labour, Breast feeding, Puerperium & Pre, Peri & Post-Menopausal stage.
- 3. Various aspects of Urogenital Dysfunction & the management in brief.
- 4. Acquire the skills of the clinical examination of Pelvic Floor and its Physiotherapeutic management in case of abnormalities.

	Course Content						
s no.	Title of content	e of content Hours of teaching/learni					
		Theory	Practica 1	SP T			
1.	Anatomy Anatomy of female genital system Anatomy of Pelvic floor muscles-Origin, insertion, nerve supply, actions. Anatomy of abdominal muscles- Origin, insertion, nerve supply, action. Anatomy of breast	5	2.				

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	Puberty	3	=	
2.	Definition			
	Stages			
	Normal and abnormal puberty			
	Physical and Physiological changes			
	Hormonal changes		-	
3	Menstrual disorders			
	Amenorrhea, Dysmenorrhea, Oligomenorrhea			
	Menorrhagia, Metrorrhagia, menometrorrhagia	4	5	3
	PT Assessment and management			
	Pregnancy	10	5	4
4	Pregnancy and fetal development			1
01	Normal Gestations			
	Maternal Physiology in Pregnancy	1		
	The endocrine system			
	The reproductive system			
	<ul> <li>Musculoskeletal system</li> </ul>			
	<ul> <li>Cardiovascular system</li> </ul>	1		
	<ul> <li>The hematologic system</li> </ul>			
	<ul> <li>Respiratory system</li> </ul>	N.		
	<ul> <li>Urinary tract</li> </ul>	N.	4	
	Pregnancy discomfort			
	Complications during pregnancy			
	Antenatal			
	Antenatal care			
	Antenatal screening			
	Preconception care			
	Antenatal classes			+
5	Labour	5	6	2
	Introduction			
	Stages of labour	l'		
	Complications of labour			
	Interventions in labour			
	Role of Physiotherapy in labour			
	Postnatal assessment and management			
6	Puerperium	5	4	2
	Definition			
	Stages			
	Changes of Reproductive system in postpartum			
	period			
	Hormonal changes during postpartum period			
	Postpartum complications			

	Overview of contraception Role of physiotherapy in postpartum			
7	Lactation	3	5	2
·	Anatomy of breast	"	"	-
	Hormonal control of breastfeeding			
	Compositions of breastfeeding			
	Positions for successful breastfeeding			
	Common problems during breastfeeding			
	Role of physiotherapy in breastfeeding			
8	Urogenital dysfunctions	5	6	2
	Incontinence			
	Prolapse			
	PT Assessment and management			
9	Climacteric	4	5	1
	Introduction			1
	A etiology			
	Signs and symptoms			
	Postmenopausal problems			
	Clinical management	1		
	Osteoporosis and PT management			
10	Gynecological conditions	6	-	E
	Pelvic inflammatory disease.			
	Fibroid uterus. Gynecological Infections			
11	Obstetrics surgeries & Gynecological surgeries	4	6	2
	Caesarean, Oophorectomy, Hysterectomy, D&E,			
	MTP, Tubectomy &		, ,	
	Prevention of thromboembolism			
	PT Assessment and management	¥		
12	Neoplasm	2	). <del></del>	:=:
	Introduction, Types, etiology, Signs and symptoms			
	Clinical management			
13	Overview of family planning	2	120	-
14	Early pediatric problems	2	-	i=:
	Total Hours (Theory /Practical / SPT)	60	43	17

# Supervised Practical training (SPT) (include practice session, assignment, journal presentation, seminar presentation etc)

All the SPT work should be properly documented, signed by respective in-charge of the subject, indexed in a separate file and should be submitted before the final exam. It is the responsibility of the class representative to submit the file to the teacher before the exam





- 1. Text book of Gynecology- Datta-New central book agency.
- 2. Text book of Obstetrics- Datta-New central book agency.
- 3. Physiotherapy in obstetrics and gynecology-Margaret Polden and Jill Mantle.
- 4. Physiotherapy care for women's health R. Baranitharan, V. Mahalakshmi, V. Kokila.
- 5. Obstetric and Gynecologic physical therapy-Elaine wilder.
- 6. Essential exercises for the childbearing year-Elizabeth Noble, PT.

#### **SEMESTER 6**

#### COURSE TITLE: CLINICAL POSTING/PRACTICE

#### DISTRIBUTION OF CREDIT AND COURSE HOURS

Course		Hours pe	Hours per semester		Hours/week		Credits		Total
No	Course title	Total	L	P	L	P	L	P	credits
	h jr								
	Clinical posting/practice (clinical rotation CR)	90		90		4		3	3

Clinical Posting: Our students are posted in various clinical areas/ wards on rotation basis. During clinical posting they are clinically trained to provide Physiotherapy care under supervision. They also trained on patient assessment, performing special test, identifying indications for treatment, ruling out contraindications, bed side approach, decision on treatment parameters, dosage and use of relevant outcome measures under supervision. Evidence based practice will be part of clinical training.

During the clinical practice, student should be able to successfully execute the competencies in assessment, physical diagnosis on ICF basis, plan of care and therapeutic interventions relating to neuromuscular, orthopedic & cardiorespiratory dysfunctions. Student should become familiar with performance of these skills in all settings (inpatient and outpatient) as well as on all types of conditions (surgical,

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non-surgical, pediatric and geriatric). Student should learn to objectively perform these skills under the supervision of trained physical therapists. Student is required to keep a performance record of all listed competencies during the clinical practice and successfully perform on real patients during the final evaluation of the course.

All the clinical training work should be properly documented, signed by respective clinical in-charge, indexed in a separate file and should be submitted before the final exam.

The students should maintain a clinical log book as per the instruction by respective clinical in charge.

#### **SEMESTER 7**

Course title: PHYSICAL AND FUNCTIONAL DIAGNOSIS

# DISTRIBUTION OF CREDIT AND COURSE HOURS

Course		Hours per semester		Hours/week		Credits		Total	
No	Course title	Total	L	P	L	P	L	P	credits
	Physical and functional diagnosis (Core subject)	180	60	120	03	6	4	4	8

#### **OBJECTIVES:**

At the end of the course, student will be able to:

- 1. Understand the use of ICF.
- 2. Acquire the knowledge of human growth and development from new life to birth and adulthood
- 3. Understand structure and function of nerve and muscle as a base for understanding the electro-diagnostic assessment.
- 4. Understand the use of appropriate tools or instruments of assessment in Musculoskeletal, Neurological and Cardio-vascular conditions.
- 5. Understand the theoretical basis and principles of manipulative skills, neuro therapeutic skills and skills of cardiopulmonary care and resuscitation
- 6. Document results of assessment to evaluate the patient from time to time

	COURSE CONTE	ENT
s. no	Title of content	Hours of teaching/ Learning

		Theory	Practical	SPT*
	SECTION I			
1	Functional Diagnosis using International Classification of Function, Disability & Health (I.C.F.) (Applicable for all the Sections mentioned below)	2		
2	SECTION II: MUSCULOSKELETAL EVALUATION AND MANIPULATIVE SKILLS  a. Assessment of Musculoskeletal System:  i. Soft tissue flexibility	3	3	2
	ii. Joint mobility			
	iii.Muscle strength & Endurance			
	iv. Trick movements			
	v. Sensations, Limb length, Abnormal posture			
	J.			
	VI. Gait deviations due to musculoskeletal dysfunction			

s. no	Title of content	Hours of teaching/ Learning		
		Theory	Practical	SPT*
	b. Assessment of Joints with special tests:	3	8	2

i. Cervical Spine: Foraminal compression, Distraction	,		
Shoulder depression, vertebral artery, Dizziness tests.			
ii. Shoulder: Yergason's, Speed's, Drop-Arm,			
Supraspinatus Impingement, Anterior & Posterior			
Apprehension, Allen, Adson.	1-		
iii. Elbow: Cozen's, Mill's, Tinel's sign			
iv. Forearm, Wrist & Hand: Phalen's, Bunnel-Littler,			
Froment's sign			
v. Lumbar Spine: Schober's, SLR, Prone Knee			
Bending, Slump.			
vi. Sacro Iliac joint: Faber- Patrick's, Gaenslen, Gillet,	) I		
March			
vii. <b>Hip:</b> Nelaton's line, Bryant's triangle, Thomas,			
Ober's, Tripod sign, Trendlenburg sign,			
viii. Knee: Tests for collateral & cruciate ligaments			
(valgus, varus, Lachman, Lag, Drawer's,			
McMurray's, Fluctuation, Patellar tap, Q- angle,			
Clarke'S)			
ix. Ankle & Foot: Anterior Drawer, Talar Tilt, Homan's			
& Moses (for D.V.T.)			
c. Response of soft tissues to trauma :			
i. Trigger points			
	2	3	1 1
ii. Spasm		-	
iii. Ligament Sprains			
iv. Muscle Strains			
d. Basics in Manual Therapy and Applications	2	2	
with Clinical Reasoning:	2	3	2
i. Assessment of Articular and extra-articular soft			
1.7155655ment of 71 theulai and extra-articulai soit			
tissue status			
a. Contractile tissues			
a. Contractile tissues			

	b.	Non	con	tractile	tissues			
ii.	Examin	ation	of	joint	integrity			
	a.	Ac	cessory		movement			
	b. End f	eel				Σ.	II.	

s. no	Title of content	Hours of t	eaching/ Lea	rning
		Theory	Practical	SPT*
	i. Subjective examination ii. Objective examination iii. Special tests	3	5	4
	iv. Functional Diagnosis using ICF			
	i. Types of pain: Somatic, Somatic referred,	2	4	1
	Neurogenic, Visceral			
*	ii. Subjective Assessment:			
	a. Location, duration, progression, distribution, quality, diurnal variations, modifying factors.	Ç4		
	modifying factors.			

		Y-		
	b. Severity, nature of pain, tissue irritability iii. Objective Measurement & Documentation-	×		
	a. Visual Analogue Scale (V.A.S)			
-	b. Numerical Rating Scale(N.R.S)			
	c. McGill's modified questionnaire(including			
	Body charts)			
	g. Basic principles, indications, contra indications			
	of mobilization skills for joints			
	and Soft tissues:			
		4	6	4
	(a)			
				5
	i. Maitland			
	ii. Mulligan			
	iii. Kaltenborn			
	iv. Mckenzie			
	v. Cyriax			
	v. Cyriax vi. Myofascial Release Technique			
	vi. Myofascial Release Technique			

(Neuro Dynamic Testing)		

s. no	Title of content	Hours of teaching/ Learning			
		Theory	Practical	SPT*	
3	SECTION III : CARDIO VASCULAR RESPIRATORY EVALUATION & RELATED SKILLS				
	a. Assessment of Cardio Vascular & Pulmonary				
	System:				
	i. Vital parameters				
	ii. Chest expansion				
	iii. Symmetry of chest movement				
	v. Breath Holding Test				
	vi. Breath Sounds				
	Breath Sounds	5	7	3	
	Breath Holding Test				
	Breath Sounds				
	Symmetry of chest movement				
	Breath Holding Test				
	Breath Sounds				
	vii. Rate of Perceived Exertion (R.P.E.)				
	Energy Systems & Exercise Physiology -				
	Energy Systems & Exercise Physiology -				

a. Physiological response to immobility and			
Activity. b. Aerobic & Anaerobic metabolisms			
b) Aerobic & Anaerobic metabolisms			
š.			
c. Evaluation of Functional Capacity using sub maximal tests (Exercise Tolerance –Walk Test Six Minutes Walk test)			
d. Theoretical bases of different protocols for maximal exercise testing (e.g.: Bruce Protocol, Modified Bruce protocol, Balke			
Protocol, Balke )			
viii. Interpretation of reports – A.B.G., P.F.T., P.E.F.R., E.C.G (Normal & Variations due			
to Ischemia & Infarction), X-ray Chest, Biochemical Reports			
Biochemical			
ix. Ankle Brachial Index			
x. Tests for Peripheral Arterial & Venous circulation.		9	
b. Examination of Cardiovascular Respiratory			
Dysfunction	4	5	
	4	3	
i. Subjective examination			

ii. Objective examination		
iii.Special tests: Exercise Tolerance Testing –		
6 Minute Walk Test, Breath Holding Test,P.E.F.R		
iv. Functional Diagnosis using I.C.F.		

s. no	Title of content	e of content Hours of teaching/ Lea		
		Theory	Practical	SPT*
	c. Assessment of Fitness & Health  Screening for risk factors  a. Body composition-B.M.I.,  b. Use of skin fold caliper,  c. Girth measurement  d Physical fitness: Flexibility, Strength,  Endurance, Agility  e Physical Activity Readiness Questionnaire  f Screening for health and fitness in childhood,  adulthood and geriatric group  g Quality of life  h Principles & components of exercise prescription  for healthy	3	3	2
4	SECTION IV: NEUROTHERAPEUTIC EVALUATION & ELECTRO DIAGNOSIS  a. General principles of Human development & maturation i. Aspects			
	Physical, motor, Sensory, Cognitive & Perceptive,	4	3	2

	ii. Factors influencing human development &		
	growth:		
	-		
	a. Biological		
	b. Environmental inherited		
	iii.Principles of maturation in general & anatomical		
	directional pattern –		
	a. Cephelo – caudal		
-	b. Proximo – distal		
	c. Centero – lateral		
	d. Mass to specific pattern		
		G.	
	e. Gross to fine motor development		
	f. Reflex maturation tests		
	iv. Development in specific fields - Oromotor		-
	development, sensory development,		
	neurodevelopment of hand function		
	neurodevelopment of hand function		
		9	

s. no	Title of content	Hours of teaching/ Learning			
		Theory	Practical	SPT*	
	b. Basics in Neuro Therapeutics Skills &				
	Applications with Clinical reasoning.				
	*				
		*			
	i. Principles, Technique & Indications for	4	3	2	
	a) Bobath				
	b) Neuro Developmental Technique				

	c) Roods Tecl	nnique				
	d) P.N.F.					
	e) Brunnstron	1,				
f)Т	echniques of Moto	Relearning Progra				
c.	Assessment	of Movement	Dysfunction			
	i. Higher		functions			
	ii. Cranial		nerves	5	7	3
	iii.Sensations, s	ensory organization	& body image		1.21	
	iv.	Joint	mobility			
	v. Tone					
	vi. Reflex	es-Superficial	& Deep			
	vii.Voluntary		control			
i.	Muscle		Strength			
	ix.		Co-ordination			
В	alance					
E	Indurance					Ξ

						P
	xi. Trick n	novements				
	xiii.	Limb	Length			
	xiv.	Posture	deviations			
		2 00001	ac viations			
	0.4.1					
	XV. Gait de	eviations due to neurolo	gical dysfunction			
	xvi. Functi	onal Diagnosis using I.0	C.F.			
	xvii. Inter	pretation of Electro dia	gnostic findings,			
	routine Bio	ochemical investigations	S			
	d. Electro dia					
		y of resting membrane	potential, action			
	potential,	Propagation		6	6	4
	of Action	Potential				
	Of Action	1 Otentiai				
	ii. Physiolog	gy of muscle contraction	n			
		1. 0. D				
	1	nit & Recruitment patter	rn of motor unit			
	– Size pr	inciple				
	4	V.				
	l	Therapeutic current —as	a tool for electro			
	diagnosis		a tool for electro			
	araginous.	•				
	a. Electr	ophysiology of muscle	& nerve			
		c Galvanic Test, Strengt				
		tests should be carried	out on relevant			
	patient	rs,				
L,						

c.Test for Sensory & Pain Threshold/Pain		
Tolerance – technique only		

s. no	Title of content	Hours of t	eaching/ Lea	rning
		Theory	Practical	SPT*
	v. Electro-Myography			
	a. Definition			
	Instrumentation – Basic components like C.R.O., Filter, Amplifier & Preamplifier, and Types of Electrode			
	b) Normal & Abnormal E.M.G. pattern			
	i. at rest			
	ii. on minimal contraction			
	iii.on maximal contraction			
	c) Nerve Conduction Studies			
	i. Principles & Technique			
	ii. F wave			
	iii. H reflex			
	d. SCALES: Berg Balance, Modified Ashworth, F.I.M., Barthel Index, G.C.S., D.G.I., M.M.S.,S.T.R.E.A.M. &	2	2	
	A.S.I.A.			
	DOCUMENTATION:  A Documentation & Interpretation of following investigations:	3	6	4
	i. Electro diagnosis : <u>2 each</u> a) S.D.C.			

b) Faradic Galvanic Test	
c) E.M.G. & N.C. Studies	
ii. Cardio Vascular & Pulmonary: (1 each) -	
A.B.G., P.F.T., E.C.G., X-ray Chest, Exercise	
Tolerance Test.	
iii. Neurological Scales (1 each )- Modified	
Ashworth, Berg's Balance, D.G.I., Glasgow	
coma	
iv. Barthel Index, F.I.M.	

s. no	Title of content	Hours of t	Hours of teaching/ Learning	
		Theory	Practical	SPT*
	<b>B.</b> Case presentation with Functional diagnosis:			
	Total 12 cases			
	iii. Three cases each in –			
	a. Musculoskeletal			
	b. Neurological			
	ci.Cardiovascular & Respiratory	3	8	2
	(Including General Medical & Surgical			
	Cases)			
	d. General & Community Health			
	(Including Fitness & Health, Women			
	& Child Health, Occupation Health)			
	Total Hours (Theory /Practical / SPT)=180 hrs	60	82	38 hrs

# SPT: Supervised Practical training\* (include practice session, assignment, journal presentation, seminar presentation etc)

All the SPT work should be properly documented, signed by respective in-charge of the subject, indexed in a separate file and should be submitted before the final exam. It is the responsibility of the class representative to submit the file to the teacher before the exam

# REFERENCE

- 1. Orthopedic Physical Examination Magee
- 2. Clinical Electromyography Mishra
- 3. Physical Rehabilitation, Assessment and treatment Susan B O's Sullivan
- 4. Neurological Examination John Patten
- 5. Maitland's book on Manual therapy,

- 6. Mobilization of Extremities Kaltenborn
- 7. Clinical Electromyography Kimura
- 8. NAGS, SNAGS and MWMS Brian Mulligan

# COURSE TITLE: REHABILITATION MEDICINE

DISTRIBUTION OF CREDIT AND COURSE HOURS

	DISTRIBUTION OF C	KLDII AI	ID CO	UIXBI	2 1100				
Course	Hours p	er sem	ester	Hours	week	Cre	dits	Total	
	Course title	Total	L	P	L	P	L	P	

No						credits
Э	Rehabilitation medicine (Core subject)	60	60	03	4	4

# COURSE DESCRIPTION

Following the basic sciences and clinical sciences this course will enable the students to understand their role in the management of disability within the rehabilitation.

# **COURSE OBJECTIVES**

The objective of this course is that after 60 hours of lectures and demonstrations in addition to clinical the student will be able to demonstrate concept of team approach in Rehabilitation, identification of residual potential in patient with partial or total disability.

	COURSE CONTENT				
S. No	Title of content	Hours of teaching/ Learning			
NO	UNIT I	Theory	Practical	SPT	
1,	<ul> <li>Introduction</li> <li>Define the term rehabilitation. Explain its aims and principles.</li> <li>Discuss the team work involved in rehabilitation, explaining briefly the role of each team member.</li> </ul>	01	Tractical	SII	
	Therapeutic techniques  • Explain the principles and mechanism of therapeutic techniques with relevant precaution and contraindication.  1. Joint mobilization 2. Reducing spasm 3. Assisting weak muscles 4. Increasing endurance 5. Muscle re-education following muscle transfer surgery 6 Strengthening muscles 7. Increasing co-ordination 8. Improving balance 9. Gait training	07			
	Pain  • Describe the theories of pain and discuss therapeutic management of pain using	4			

	various modalities.			
	• Define myofascial pain syndrome and outline the			
	management.	3		
	Dirability evaluation			
	Disability evaluation			
	Outline the principles of disability evaluation and			
	discuss its use.	15		
	UNIT II			
2.	ORTHOTICS	01		
	Terminology and types of orthoses			
	Indication. Contra indications, Principle of Orthosis,			
	Biomechanical and Anatomic Considerations,			
	Prescription of Orthosis, PT management.	03		
	Lower extremity orthoses			
	• Shoes		1	
	• Foot Orthoses			
	Ankle-Foot Orthoses	1		
	Knee-Ankle-Foot Orthoses		1	
	Hip-Knee-Ankle-Foot Orthoses			
	Trunk-Hip-Knee-Ankle-Foot Orthoses			
	Orthotic Options for Patients with Paraplegia			
	Trunk orthoses			
	• Corsets	02		
	Rigid Orthoses	02	ı "	
	Cervical Orthoses			
	Scoliosis Orthoses			
	Orthotic maintenance			,
	• Shoes			
	Shells, Bands, and Straps			
1	• Uprights	1		
	Joints and Locks			
	Physical therapy management			
	Preorthotic Examination			
	Orthotic Prescription	01		
	Orthotic Examination			
	Facilitating Orthotic Acceptance			
	Orthotic Instruction and Training			1
	Final Examination and Follow-up Care		1	
	Functional Capacities			
	Paraplegia			
	• Hemiplegia			
	"			
	PROSTHESIS			
	Lower Limb Prosthesis			
	Terminology and types of Prosthesis			
	Indication. Contra indications, Prescription of			
	Prosthesis, PT management			

122

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		_
Partial foot and Syme's prostheses		
Transtibial prostheses		
<ul> <li>Foot-Ankle Assemblies</li> </ul>	:4	
<ul> <li>Rotators and Shock Absorbers</li> </ul>		
• Shank		
• Socket		
<ul> <li>Suspension</li> </ul>		Ì
Transfemoral prostheses		
<ul> <li>Foot-Ankle Assemblies and</li> </ul>		1
<ul> <li>Shanks</li> </ul>		
Knee Units		1
<ul> <li>Sockets</li> </ul>		1
<ul> <li>Suspensions</li> </ul>		1
Disarticulation prostheses	05	1
<ul> <li>Knee Disarticulation Prostheses</li> </ul>		١
Hip Disarticulation Prostheses		1
Bilateral prostheses		1
Bilateral Syme's and Transtibial Prosther	eses	
Bilateral Transfemoral Prostheses		1
Prosthetic maintenance		1
<ul> <li>Foot-Ankle Assemblies</li> </ul>		1
• Shanks		1
Knee Units		
<ul> <li>Sockets and Suspensions</li> </ul>		
Physical therapy management		
Preprescription		
<ul> <li>Considerations</li> </ul>		1
Physical Examination		ı
<ul> <li>Psychosocial Considerations</li> </ul>		
Temporary Prostheses		ı
Prosthetic Prescription		
Prosthetic Examination/Evaluation		ı
Facilitating Prosthetic Acceptance		
Prosthetic Training		
Final Evaluation and		
Follow-up Care		
Functional Capacities		
Upper Limb Prosthesis		
Types, Parts, Indications, Contraindica	ations.	
Evaluation and PT management of		
limb prosthesis		
	03	

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. no	Title of content	Hours of	Hours of teaching/ Learning					
		Theory	Practical	SPT				
3.	UNIT III	15						
	Mobility aids	06						
	• Explain about the various types of mobility							
	aids and their functions. Wheelchair, walker,		1					
	crutch, cane							
	• Definition							
	P. 11 - 1 1							
	<ul> <li>Epidemiology</li> <li>Assessment and Evaluation</li> </ul>							
	• Treatment							
	• Examination							
	History Taking							
	Overview: Tests and Measures							
	Seating principles							
	Principle 1: Stabilize Proximally to Promote Improved							
	Distal Mobility and Function							
	Principle 2: Achieve and Maintain Pelvic Alignment							
	Principle 3: Facilitate Optimal Postural Alignment in all							
	Body Segments, Accommodating for Impairments in							
	Range of Motion							
	Principle 4: Limit Abnormal Movement and Improve							
	Function							
	Principle 5: Provide the Minimum Support Necessary to							
	Achieve Anticipated Goals and Expected Outcomes							
	Principle 6: Provide Comfort							
	Wheelchair Prescription							
	Function and Posture in Existing Equipment							
	Mat Table Measures							
	Seated Examination							
	Wheelchair Testing							
	Intervention							
	Problem Solving Model		l .					
	Postural Support System							
	The Wheeled Mobility Base							
	Seating System Features		1					
	Standers		1					
	Power Assist Wheels		1					
	Specific Wheelchair Frame Feature							
	Evaluation of physical dysfunction	09						
	Demonstrate methods of evaluation for physical							
	dysfunction and management of disabilities for							
	1. spinal cord injury							
	2. Stroke							
	3. Cerebral palsy							
	4. arthritis							
	5. Muscular dystrophy			Sf				

	W			
	6. Hansen disease			
	7. peripheral nerve lesion			
	8. Fracture			
	9. Cardio –respiratory dysfunction			
4.	UNIT IV	15		
	Architectural barriers	02		
	Describe architectural barriers and possible			
	modifications with reference to RA, CVA, SCI and			
	other disabling conditions.			
	g.			
	Communication problems	04		
	Identify communication problems, classify these and	04		
	outline principles of treatment.			
	Behavioral problems			
	Identify behavioral problems in the disabled and	02		
	outline the principles of management.			
	Pre – vocational evaluation			
	Discuss methods and term involved in pre-vocational	02		
	evaluation and training.			
	Social implications	03		
	Outline the social implications of disability for the	0.5		
	individual and for the community.			
	Community based rehabilitation			
	Describe a CBR module and compare this with an	03		
	institutional based rehabilitation system			
	Total Hours (Theory)	60	<u></u>	5.00

# Text book Reference:

- 1. Physical text book of rehabilitation-.o'susan o Sullivan
- 2. Textbook of Rehabilitation medicine by Sundar
- 3. Handbook of Physical Medicine and Rehabilitation Susan J.Garrison
- 4. Braddom's Physical Medicine and Rehabilitation.
- 5. Orthotics and Prosthetics in Rehabilitation- Michelle M.Lusardi

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# COURSE TITLE: COMMUNITY MEDICINE AND COMMUNITY PHYSIOTHERAPY

#### DISTRIBUTION OF CREDIT AND COURSE HOURS

Course		Hours p	er sem	ester	Hours	/week	Cre	dits	Total
No	Course title	Total	L	P	L	P	L	P	credits
	Community medicine and Community Physiotherapy (Core subject)	60	60		03	190	4		4

# **Learning Objectives**

At the end of the course the student will be able to Understand

- Fundamental concept of health & disease, epidemiological effects, socio economical and cultural issues in community medicine
- Explain the importance of family planning, immunization programme and other important national health schemes.
- Know The basic concepts about health, disease and physical fitness.
- Physiology of aging process and influence of aging on physical fitness.
- National policies for the rehabilitation of disabled and the role of Physiotherapist.
- Learn how to evaluate persons with disability and plan for the prevention and rehabilitation
- Have knowledge about occupation hazards, Health education and waste management

sl.no	Topic	Hrs of	Teaching
		Theory	Practical
I	FUNDAMENTALS OF COMMUNITY MEDICINE		
1,	Definitions: National & International, Concepts, Dimensions and Indicators of Health, Concept of well-being, Spectrum and Determinants of Health Natural history of diseases and the influence of social and economic and cultural aspects of health and diseases.	2	

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2.	National care delivery system and the public health administration system at the central and state government level	2	
3. 4.	Selective national health schemes.  - Nutritional problems in public health - Community nutrition programmes - Vector borne disease control programme - National leprosy eradication programme - National tuberculosis programme, - National AIDS control programme, - National programme for control of blindness - Iodine deficiency disorders (IDD) programme, - Universal Immunization programme - Reproductive and child health programme - National cancer control programme - National mental health programme - National programme for control of blindness - National programme for prevention and control of deafness - National diabetes control programme - National family welfare programme - National sanitation and water supply programme, - Minimum needs programme - Employees state insurance scheme and its benefits.	8	
4.	Social security measures for protection from occupational hazards, accidents, diseases, and workman's compensation act.  Objectives and strategies of the national family welfare programme.	4	Si Si
II	HEALTH EDUCATION		
5.	Concepts, aims and objectives Approaches to health education Models and Contents of health education Principles of health education, methods of communication, role of health education in rehabilitation service. Role of community leaders and health professionals in health education.	4	
	COMMUNITY BASED REHABILITATION		
6.	i. Urban area e.g. UHC, community centre, clubs, mahila mandals, Social centers, Schools, industries, sports centers. ii. Rural area- by using PHC / rural hospital, district hospital infrastructure.	3	

7	Community based rehabilitation and institution based		
	rehabilitation. Describe the advantages and disadvantages of	2	
	the institution based and community based rehabilitation.		
III	HEALTH PROMOTION		
8.	W.H.O. definition of health and disease.		
	Health Delivery System – 3 tier	2	
9,	Physical Fitness: definition and evaluation related to:	2	
	I. Effect in Growing Age		
	ii. Effect in Obesity		1 1
	iii. Physical Fitness in women - Pregnancy, Menopause,		
	Osteoporosis		2
	iv. Physiology of Aging – Related to Physiological changes		
	in Aging.		
10.	Assessment of Fitness	1	
11.	Outline the various measures of prevention and methods of	2	
	intervention-especially for the diseases with disability.		
12.	Preventive Measures in all the above groups of community	3	
12.	with their related complications of physiological changes,		
	growth, degenerative changes and lifestyle diseases.		
	Role of international health agencies in rehabilitation of the		1
	disabled.		
IV	WOMEN'S HEALTH		
13.	a. Women in India	3	
	b. Social issue having impact on physical Function.		
	c. Legal rights and benefits related to health.		
	d. Anatomical & Physiological variations associated with		
	pregnancy &menopause.		
	e. Antenatal, post natal care, advice on labour positions, pain		
- 1	relief	N S	1
	f.Urogenital dysfunction		
V	GERIATRICS		
14.	a. Senior citizens in India	3	
	b. NGOs and Health related Legal rights and benefits for the		
	elderly. Institutionalized & Community dwelling elders		
	c. theories of Aging		
VI	INDUSTRIAL HEALTH		
15.	Define occupational health and list methods of prevention of	2	
	occupational hazards.		
16.	a. Introduction to Industrial Health: Definition, Model of	3	
	Industrial Therapy (Traditional Medical & Industrial Model)		
17.	b. Worker Care Spectrum:	2	
	i. Ability Management –		

	Job analysis:- Job description, Job demand Analysis, Task Analysis, Ergonomics Evaluation, Injury Prevention, Employee Fitness Program.		
18.	ii. Disability Management: - Acute care, Concept of Functional Capacity assessment, Work Conditioning, Work Hardening	2	
19.	<ul> <li>iii. Environmental stress in the industrial area—accidents due to</li> <li>a) Physical agents e.g. heat/cold, light, noise, vibration, UV radiation, ionizing radiation.</li> <li>b) Chemical agents- inhalation, local action and ingestion.</li> <li>c) Mechanical</li> </ul>	2	
20.	<ul> <li>iv. Mechanical stresses:</li> <li>a) Sedentary table work-executives clerk.</li> <li>b) Inappropriate seating arrangement-vehicle drivers.</li> <li>c) Constant standing- watchman, defence forces, surgeons.</li> <li>d) Over execution in labourers -stress management.</li> <li>e) Psychological hazards e.g. monotonicity and dissatisfaction in job, anxiety of work completion with quality</li> </ul>	4	
21.	Role of Physiotherapist in industrial set up and stress management relaxation modes and ergonomics.	2	
VII	HOSPITAL WASTE MANAGEMENT		
22.	Sources of hospital waste, Health hazards, Waste management	2	
23.	Total Hours (Theory)	60	

# References

- 1. Text book of Work Physiology Astrand P A Rodahe K
- 2. Essential of community physiotherapy and ethics by Rajendra Rajput
- 3. Therapeutic Exercise By Kisner & Colby.
- 4. Text book of community medicine & Community Health by Bhaskar Rao.
- 5. Geriatrics Physiotherapy By Andrew Guccione.
- 6. Industrial Therapy by Glenda Key
- 7. Preventive & Social Medicine -by Park
- 8. Physiotherapy in Obstetrics and Gynaecology 2nd Edition by Jill Mental ( Elsevier)
- 9. Textbook of Rehabilitation Sundar

#### **SEMESTER 7**

# COURSE TITLE: CLINICAL POSTING/PRACTICE

#### DISTRIBUTION OF CREDIT AND COURSE HOURS

Course		Hours pe	r semest	ter	Hours/v	veek	Cre	dits	Total
No	Course title	Total	L	P	L	P	L	P	credits
Ж	Clinical posting/practice (clinical rotation CR)	90		90		4		3	3

Clinical Posting: Our students are posted in various clinical areas/ wards on rotation basis. During clinical posting they are clinically trained to provide Physiotherapy care under supervision. They also trained on patient assessment, performing special test, identifying indications for treatment, ruling out contraindications, bed side approach, decision on treatment parameters, dosage and use of relevant outcome measures under supervision. Evidence based practice will be part of clinical training.

During the clinical practice, student should be able to successfully execute the competencies in assessment, physical diagnosis on ICF basis, plan of care and therapeutic interventions relating to neuromuscular, orthopedic & cardiorespiratory dysfunctions. Student should become familiar with performance of these skills in all

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settings (inpatient and outpatient) as well as on all types of conditions (surgical, non-surgical, pediatric and geriatric). Student should learn to objectively perform these skills under the supervision of trained physical therapists. Student is required to keep a performance record of all listed competencies during the clinical practice and successfully perform on real patients during the final evaluation of the course.

All the clinical training work should be properly documented, signed by respective clinical in-charge, indexed in a separate file and should be submitted before the final exam.

The students should maintain a clinical log book as per the instruction by respective clinical in charge.

# SEMESTER 8 Course title: PHYSIOTHERAPY IN ORTHOPAEDIC AND TRAUMATOLOGY CONDITION

#### DISTRIBUTION OF CREDIT AND COURSE HOURS

Course		Hours p	er sem	ester	Hours	week	Cre	dits	Total
No	Course title	Total	L	P	L	P	L	P	credits
	Physiotherapy in orthopedic and traumatology condition	180	60	120	03	6	4	4	8
=	(Core subject)								

#### A. COURSE DESCRIPTION

This course serves to integrate the knowledge gained by the students in clinical orthopedics with the skills gained in exercise therapy, electrotherapy and massage, thus enabling them to apply these in clinical situations of dysfunction due to the musculoskeletal pathology.

#### **B. COURSE OBJECTIVES**

The objective of this course is that after 180 hours of lectures & demonstrations, practical and clinics, the student will be able to identify disability due to musculoskeletal dysfunction, set treatment goals and apply their skills in exercise therapy, electrotherapy and massage in clinical situation to restore musculoskeletal function.

In addition, the student will be able to fulfill with 75% accuracy (as measured by written, oral &practical internal evaluations) the following objectives of the course.

FACULTY OF PHYSIOTHERAPY
MEENAKSHI ACADIAN OF MOUER EDUCATION AND RESEARCH
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COURSE CONTENT						
s. no	Title of content	Hours of t	eaching/ Lea	rning		
		Theory	Practical	SPT*		
1	PT ASSESSMENT FOR ORTHOPEDIC CONDITIONS	5	5	5		
	SOAP format. Subjective - history taking, informed consent, personal, past, medical and socioeconomic history, chief complaints, history of present illness.  Pain assessment- intensity, character, aggravating and relieving factors, site and location. Objective- on observation - body built swelling, muscle atrophy, deformities, posture and gait.  On palpation- tenderness-grades, muscle spasm, swelling-methods of swelling assessment, bony prominences, soft tissue texture and integrity, warmth and vasomotor disturbances:  On examination –ROM – active and passive, resisted isometric tests, limb length-apparent, true and segmental, girth measurement, muscle length testing-tightness, Contracture and flexibility, manual muscle testing, peripheral neurological examination dermatomes, myotomes and reflexes, special tests and functional tests. Prescription of home program. Documentation of case records, and follows up.					

s. no	Title of content	Hours of teaching/ Learning		
		Theory	Practical	SPT*
2	Describe the PT assessment of a patient with a fracture during the immobilization and post immobilization periods.	2	3	2
3	List the aims of PT management in a patient with a fracture.	2	2	2
4	Review manual, mechanical skin, skeletal, lumbar and cervical traction	2	2	2
5	Describe the methods of mobilization of a patient /extremity after healing of a fracture	3	2	1,
6	Review the mechanism of injury. Clinical features, treatment and complications and describe the PT management and home programme for the following			

	injuries: Fracture clavicle, upper 1/3 of humerus,			
	Fracture head of radius, olecranon process, shaft of			
	radius and ulna, colles Fracture scaphoid, Bennett's		4	2
	and metacarpal neck Fracture proximal tibia, both			_
	bones of leg, Pott's fracture and Dupetrens			
	contracture, calcaneum and meta tarsal (march)			
	Dislocation of (a) hip (congenital), traumatic			
	posterior & central (b) shoulder- anterior & recurrent			
	(c) patella.			
7	Describe briefly the general and PT assessment of the			
	vertebral column:			
	Subjective evaluation: occupation, symptoms etc	4	5	2
	Objective evaluation : Observation- body type,	*	5	
	musculature, deformity			
	Palpation- temperature, swelling, bony			
	prominence, tenderness and Postural			
	evaluation using a plumb line  Active movement: the vertebral column- flexion,			
	extension, lateral flexion& rotation.			
	Specific tests- straight leg raising, prone knee			
	bend, passive neck flexion Kernig's sign. Proximal			
	joints of pelvic & shoulder girdles			
	Neurological tests, muscle strength, sensation and			
	reflexes			
1				

s. no	Title of content	ent Hours of teaching/ Learning		arning
		Theory	Practical	SPT*
8	Review cervical and lumbar spondylosis, spondylolisthesis, TB spine and spinal fracture. Outline PT assessment, PT aims and management and detailed home programme.	3	3	2
9	List the common postural abnormalities affecting the spine. Review kyphosis, lordosis and scoliosis; Outline PT assessment, PT aims and management along with home programme.	3	3	2
10	Review the clinical features and describe the PT management of Ankylosing spondylitis	2	2	1
11	Intervertebral disc prolapse: review basic anatomy and biomechanics of the spine. Review causes, sign, symptom and investigations done for IVDP. Review	2	2	1

	the different types and degrees of IVDP. List the PT			
	aims and demonstrate the treatment techniques.			
12	Review the clinical features and describe the PT assessment and management of hand lesions and surgery	2	2	1
13	Define the following terms ,review their PT assessment, aetiology & clinical features and describe their treatment:  Strain, sprain (medial ligament of knee, and lateral ligament of ankle), bursitis (subacromial & pre patellar) synovitis, tendonitis, tenosynovitis, fibrositis, fibro myositis, rupture and avulsion of tendons (tendoachilles&quadriceps) tennis elbow, torticollis, tendonitis (supraspinatus & biceps), periarthritis shoulder and shoulder hand syndrome.	3	3	2
14	Review upper & lower limb and spinal orthosis and prosthesis. Describe the principles and function of each list indications and contra- indications, advantages and disadvantages of each. Demonstrate the fabrication of simple hand and foot splints out of POP.	3	3	2

s. no	Title of content	Hours of teaching/ Learning		
		Theory	Practical	SPT*
15	Review the indications and principles of amputations			
	of the upper and lower limbs and describe the PT			
	management and training of amputees before and after	3	4	2
	prosthetic fitting. Review immediate post- operative			
	prosthetic fitting and list its advantage.			
16	Define poliomyelitis and review the aetiology, clinical			
	features, staging and medical management. Outline			
	the PT assessment during the acute, sub acute and	3	3	2
	chronic stages. Describe the PT aims and demonstrate			_
	treatment techniques. List the common deformities			
	seen in polio and methods of preventing them. Review		,	
	common reconstructive tendon transfer operations in			
	polio and its PT management. Review the common			
	orthoses used, and describe the technique of			
	measurement for a KAFO and check out along with			
	detailed home programme including care of the			

	orthosis.			
17	Define cerebral palsy. Review its causes, signs, symptoms, classification and common deformities. Outline PT assessment, PT aims and management alone with home programme. Review common surgical correction and its PT management.	3	3	2
18	Define rheumatoid arthritis. Review its signs, symptoms and radiological features, pathology, common deformities, medical and surgical management. Describe the PT assessment, aim and management in the acute and chronic stage and detailed home programme.	2	2	1
19	Define osteoarthritis. Review its signs, symptoms and radiological features, pathology, common deformities, medical and surgical management. Describe the PT assessment, aims and management and detailed home programme with special emphasis on osteoarthritis of hip, knee & ankle	2	2	1

s. no	Title of content	Hours of t	ırning	
		Theory	Practical	SPT*
20	Define leprosy. Review the incidence and mode of transmission of leprosy. Review the clinical features, common deformities and medical management. Review the tendon transfer operations and describe the PT management before and following transfers. Describe the risk of anaesthetic limbs and outline its care to prevent complications. Review the planter ulcer in leprosy and its management (including foot wear).	2	2	2
21	Describe the different degrees of burns and review relevant first aid measures. Outline the PT assessment of burns as follows: degree and percentage of burns, presence of oedema and adherent skin, ROM of involved joints, muscle power, contractures, deformities, and altered posture and chest movements. Review medical and surgical management including skin grafting. Describe the PT aims and management of a patient with burns along with home programme.	2	3	2

22	THERAPEUTIC TECHNIQUES - Explain the theory			
	and mechanism of therapeutic techniques and relevant			
	precautions, for the following:	2	3	2
	Joint mobilization, Reducing spasm, Assisting	-	5	_
	weak muscles, Increasing endurance, Muscle re			
	-education following muscle transfer surgery,			
	Strengthening muscles, Increasing co-ordination,			
	Improving balance, Gait training			
23				
	ORTHOTIC DEVICES			
1	Explain the principles involved in prescribing orthotic			
1	devices for different parts of body. Outline the purpose			
	of each type and list major indications and Contra-	2	3	2
	indications and demonstrate methods of training in			
	their use.			

s. no	Title of content	Hours of teaching/ Learning		
		Theory	Practical	SPT*
24	PROSTHETIC DEVICES			
	Describe types of artificial limbs and their functions.	2	3	2
	Demonstrate methods of training in their use.			
25	PRINCIPLES OF VARIOUS MANUAL THERAPY APPROCH – Maitland, Mckenzie, Cyriax	2	4	2
	Total Hours (Theory /Practical / SPT)= 180	60	73	47

Supervised Practical training (SPT) (include practice session, assignment, journal presentation, seminar presentation etc)

All the SPT work should be properly documented, signed by respective in-charge of the subject, indexed in a separate file and should be submitted before the final exam. It is the responsibility of the class representative to submit the file to the teacher before the exam

#### REFERENCE

- 1. Essential of orthopedics for physiotherapist by Ebnezar
- 2. Essential orthopedics by J. Maheshwari
- 3. Orthopedic physical assessment by David J. Magee.
- 4. Essential of orthopedics and applied physiotherapy be Jayanth Joshi

FAGUETY OF PROSESTISEFRADY

MERABAN ACTUAL OF BANK (PAGANOS MID REFARCE

(Deemed to be University)

# COURSE TITLE: PHYSIOTHERAPY IN CARDIO - RESPIRATORY CONDITIONS

DISTRIBUTION OF CREDIT AND COURSE HOURS

Course		Hours per semester		Hours/week		Credits		Total	
No	Course title	Total	L	Р	L	P	L	P	credits
	Physiotherapy in cardio – respiratory conditions (Core subject)	180	60	120	03	6	4	4	8

#### **Learning Objectives:**

At the end of the course,

- 1. The students will portray the in-depth assessment knowledge in heart and lungs.
- 2. The student will be able to understand the clinical conditions with the proper demonstration physiotherapy approaches.
- 3. The Student will be able to extract the clinical findings with the proper assessment and plan of management.
- 4. The proper utilization of different tools of physiotherapy to improve the functional status of the individual.
- 5. Incorporate the therapeutic aspects of cardio respiratory technique as a baseline requirement for the physiotherapy approach.

s. no	TITLE OF CONTENT	Theory	Practical	SPT*
1,	ANATOMY  Review the regional anatomy of thorax; upper respiratory tract – trachea and bronchial tree; lungs and bronchopulmonary segment: muscles of respiration: heart and great vessels: Movements of the chest wall and surface anatomy of lung and heart	5	1	5
2.	PHYSIOLOGY Review the mechanics of respiration inspiration &	5	1	5
	expiration, lung volumes, respiratory muscles,			

	compliance of lung and chest wall, work of breathing, dead space gas exchange on lung and pulmonary circulation			
3.	GENERAL OVERVIEW - ASSESSMENT ADULT/PEDIATRIC  Describe physical assessment in cardio respiratory dysfunction: inspection: Posture (recumbent, erect,): breathing pattern (rate, rhythm, use of accessory muscles): Chest movement (Symmetry, intercostals and diaphragmatic components) Chest deformity (Barrel chest, Pigeon chest): spinal deformity (scoliosis, kyphosis, 'kyphoscoliosis), Sputum (colour, type, volume consistency), Cough (types productive / non-productive, presence of a normal cough reflex). Palpation: Tactile and vocal fremitus, mobility of thoracic spine and rib cage. Percussion: dullness and hyper resonance. Auscultation: Normal and abnormal breath sounds.	5	4	6
	Measurement: Chest expansion at different levels (axillary), nipple, xiphoid); exercise tolerance (six minute walking test) Post – operative range of motion and muscle assessment	27	-	
4.	GENERAL OVERVIEW - PHYSICAL TREATMENT FOR ADULT AND PEDIATRIC Describe indication, goals and procedure of breathing exercises, Describe Diaphragmatic breathing, localized basal expansion, apical expansion, specific segmental exercise raising the resting respiratory level. Describe chest mobilization exercises. Describe relaxation positions for the breathless patient – high side lying forward lean sitting, relaxed sitting, forward lean standing, relaxed sitting, forward lean standing during walking and during functional activity. Describe exercise for the breathless patient: exercise tolerance testing and exercise programme. Describe the technique, vibratory chest shaking and percussion. Describe technique of Postural drainage, including indications, general precautions and Contraindications, preparation drainage of individual bronchopulmonary segments, modified postural drainage and continuing postural drainage as a home programme. Outline the history of mechanical respiration, Define	10	10	14

	the following terms  a) Respiratory b) lung ventilator c) resuscitators d) bird ventilator e) IPPB f) PEEP g) CPAP h) SIMV i) PEEP. Classify ventilators by third cycling control (volume cycling, pressure cycling, time cycling and mixed cycling). Describe the principles of operation of commonly used ventilators and outline the use of the following types: i) Bear ii) Bennett iii) Emerson iv) Bird. Outline the principles of Aerosol Therapy. Describe the physical properties of aerosol and their deposition in the alveoli Describe the principles of nebulizers. d Outline the principles of humidification therapy and methods of correcting humidity deficits. Describe the principles of operation of pass- over humidifiers and bubble- diffusion humidifiers. Describe techniques of sterile nasopharyngeal and endotracheal suctioning.			į.
5,	PHYSIOTHEARPY IN OBSTRUCTIVE LUNG DISEASES  Assess: effort of breathing, extent of weeks, pattern of breathing, sputum production, chest deformity, exercise tolerance (patients efforts tolerance).  Identify problems: decreased outflow due to bronchospasm anxiety due to difficulty in ventilation, exhaustion due to increased work of disturbed breathing, increased secretions which are difficult to remove, decreased exercise tolerance. Demonstrate treatment techniques: relaxation postures and techniques, reassurance and education about disease, controlled breathing, breathing exercise, postural drainage, vibratory shaking, huffing and coughing, graduated exercise programme and posture correction.	4	3	7
6.	PHYSIOTHERAPY IN RESTRICTIVE LUNG DISORDERS  Assess: chest expansion at different levels, mobility of thorax and spine, posture (kyphosis, scoliosis) and tests for exercise tolerance (six minute walking test)  Identify problems: decreased expansion of lung due to restriction of chest wall movement causing decreased ventilation, defective posture and decreased exercise tolerance. Demonstrate the treatment techniques. Vigorous mobilizing exercise	4	3	7

	to thorax and spine, breathing exercise to increase ventilation and drain secretions, exercises for posture correction, graduated exercises to increase tolerance.			
7.	PHYSIOTHERAPY IN CHEST INFECTIONS Assess: sputum, cough, fever and dyspnoea. Identify problems: productive cough with risk of haemoptysis, exhaustion due to increased work of breathing, chest deformity, and decreased exercise tolerance. Demonstrate treatment techniques: postural drainage with use of adjuncts, percussion, vibration, huffing and coughing to expectorate mobilizing exercises to thorax and graduated exercises.	4	3	5
8.	PRINCIPLES OF INTENSIVE CARE PHYSIOTHERAPY  Describe the principles of intensive care therapy. Demonstrate knowledge of the following equipment: Endo tracheal tubes, tracheal tubes, humidifier, and ventilators. High frequency ventilators. Differential ventilators, CPAP masks, suction pump, electrocardiogram, pressure monitors — arterial, central venous, pulmonary artery, and pulmonary wedge: intra cranial and temperature monitors.  Assess: special instructions pertaining to any operation performed, respiration, level of consciousness, colour blood pressure, pulse temperature, sputum, expectorated (colour and quantity), drugs (time last dose of analgesic given), drains, presence of pace maker or intra-aortic balloon pump, ECG and blood gas results, size of heart, presence of secretions and placement of chest tubes	6	3	7
9.	PHYSIOTHERAPY AFTER PULMONARY SURGERY  Pre operative: demonstrate treatment techniques: explanation to patient, care of incision, mechanical ventilation, breathing exercise, huffing and coughing, mobilizing exercise, posture correction, graduated exercise programme.  Post operative: assess: special instructions pertaining to operative procedure performed, breath sounds, cyanosis, respiratory rate, temperature and pulse, blood pressure, drainage from pleural drain( pudding or swinging), sputum expectorated, analgesia, movements of chest wall ( symmetry ) position of the patient and effort of breathing, chest radiograph and blood gases.	5	3	7

	Identify problems: pain intercostal drains in situ, decreased air entry, retained secretions, decreased movement of the shoulder of affected side, decreased mobility and poor posture.  Demonstrate treatment techniques: deep breathing and segmental breathing exercises, vibrations, percussions, huffing and coughing, full range active assisted arm exercises, ankle foot exercises, trunk exercises, posture correction, positioning of patient IPPB and inhalations.			
10.	PHYSIOTHERAPY AFTER CARDIAC SURGERY Pre operative: Assess patients medical history, normal breathing pattern of patient, pulse, respiratory rate, BP, thoracic mobility, posture and patients exercises tolerance.  Identify problems: excess secretions, decreased mobility of thorax, defective posture, and decreased exercise tolerance. Demonstrate treatment techniques: Explain to the patients about their operation and incision, ICU, endotracheal tube, central lines, naso gastric tube, ECG leads, drains, peripheral lines, temperature probe, etc. teach breathing exercises, splinting of incision, huffing and coughing, correct posture, range of motion exercises to trunk and shoulders, active exercise to ankle and foot. Post operative: assess, special instructions pertaining to operative procedure performed, type of incision, blood pressure, pulse rate, respiration, colour, time of last analgesic dose, drains, temperature, ECG, Chest x-ray and blood gases.  Identify problems: pain decreased air entry, retained secretions, reduced arm and led movements, decreased mobility.  Demonstrate treatment techniques: deep breathing exercises, suctioning, active / assisted exercises top arm and leg, graduated exercise programme.	6	3	7
11,	PHYSIOTHERAPY IN GENERAL HISTORY Assess the patients, medical history, past treatment, breathing pattern, ability to cough and pain. Identify problem pain, increased secretions, defective posture and decreased exercise tolerance Demonstrate treatment techniques: Breathing exercise, huffing and coughing, mobilizing exercise, posture correction, graduated exercise programme.	2	3	5

12.	PHYSIOTHERAPY IN REHABILITATION AFTER MYOCARIDAL INFARCTION  Describe the role of physiotherapist in a coronary care unit during the first 48 hours. Describe the principles of formulate of an exercise programme. Bed exercise, walking, stair climbing. Describe a home exercise programme and advice on leisure activities. Describe physiotherapy for complication after myocardial infarction: chest infections, cerebral embolism and shoulder hand syndrome	3	3	5
	TOTAL HOURS (Theory, Practical & SPT)=180	60	40	80

Supervised Practical training (SPT) (include practice session, assignment, journal presentation, seminar presentation etc)

All the SPT work should be properly documented, signed by respective in-charge of the subject, indexed in a separate file and should be submitted before the final exam. It is the responsibility of the class representative to submit the file to the teacher before the exam

#### REFERENCE

- 1. Cash's text book of chest heart and vascular disorder for physiotherapist by Patricia Downie.
- 2. Tidy's physiotherapy by Stuart B. Porter.

# COURSE TITLE: PHYSIOTHERAPY IN NEUROLOGICAL CONDITIONS

#### DISTRIBUTION OF CREDIT AND COURSE HOURS

Course		Hours p	er sem	ester	Hours	week/	Cre	dits	Total
No	Course title	Total	L	P	L	P	L	P	credits
	Physiotherapy in Neurological conditions	180	60	120	03	6	4	4	8
	Neurological conditions (Core subject)	100		120	0.5	· ·	·	•	

#### **COURSE OBJECTIVES**

The objective of this course is that after 180 hours of lectures & demonstrations, practical and clinics, the student will be able to identify disability due to neurological dysfunction, set treatment goals and apply their skills in exercise therapy, electrotherapy and massage in clinical situation to restore neurological function.

s no	Title of content	Hrs of teaching		
		Theory	Practical	SPT*
1.	Tonal regulation	2 Hrs	-	1 Hr



2.	2. PRINCIPLES OF ASSESSMENT			
	Skill in history taking Assessment of higher functions, cortical sensations, cranial nerves, dorsal column sensation and pain & temperature sensation Assessment of motor function: grading of muscle power, assessment of range of movement, balance and coordination Assessment of superficial and deep reflexes Assessment of reflex maturation in terms of stimulus, position negative/positive reactions and their significance Assessment of gait – both normal and abnormal (spastic, ataxic and paralytic patterns). Emphasis should be placed on teaching accurate assessment techniques and various recording methods e.g. colour coding on body charts, graphs etc.	8Hrs	8Hrs	3Hrs
3.	PRINCIPLES OF TREATMENT  Sensory re — education: hypersensitivity, hyposensitivity and anaesthesia. d Treatment of altered tone: hyper tonicity and hypo tonicity.  Motor re-education: strengthening exercise, coordination exercise, joint mobilization exercise, use of equilibrium and labyrinthine systems, use of PNF patterns, controlled sensory stimulation to bias the spindle cells e.g. vibration, tactile, ice etc., use of stretch to elicit movement (facilitation), light joint compression (inhibition), use of reflex activity to improve motor function,  phylogenic sequence of motor behaviour.  Treatment to improve function: free exercise, gait training with or without aids, activities of daily living, mat exercise, exercises for recreation.  Review the use of ambulatory aids in neurological conditions: in spastic upper motor neuron lesions, in lower motor lesions, in dorsal column dysfunction and cerebral dysfunction.  Review the use of splints and braces in spastic upper motor neuron and in flaccid lower motor neuron lesions, in both upper and lower limbs.  Review the management of chronic pain in neurological conditions with respect to the type of pain, treatment modalities available, selection criteria for each modality and possible complications.	10 Hrs	10 Hrs	3Hrs

4.	PERIPHERAL NERVE LESIONS Anatomy of peripheral Nerves,  Identify the types of peripheral nerve lesions. Assess the motor system: specific muscles, range of motion, active and passive ranges, muscle girth. Assess sensory system: touch, pain, temperature, par aesthesia, nerve reverberation. Assess autonomic function: sweating, skin condition, soft tissue atrophy.  Treatment - Describe muscle re-education techniques: electrical stimulation (selection of current): active, assisted, resisted movements, passive and self assistive stretching and massage. Describe sensory re education and pain relief by various modalities. Describe the common splints used in peripheral nerve lesions- static, dynamic and functions: isolating muscle contraction, specific muscle strengthening. Post operative management: pressure bandaging and muscle re education after transfer. Describe a home programme.	4 Hrs	8 Hrs	3 Hrs
5,	MUSCULAR DYSTROPHY Muscular Anatomy, Physiology Describe stages of the disease: ambulatory, wheel chair and bed stages. Describe significance of exercises: resisted, active, free. Identify and assess common contractures and deformities. Assess range of motion and muscle power. Assess functional ability.  Demonstrate the treatment programme for strengthening weak muscles: active movements and hydrotherapy. Increase range of motion by suspension therapy, power board, passive stretching, positioning etc. demonstrates gait training with appropriate orthosis. Describe management of chest complications: breathing exercises, chest percussion, drainage of secretions and assisted coughing.	3 Hrs	3Hrs	3 Hrs
6.	PARKINSONISM Anatomy of Basal ganglia Review the natural history, course, and	4Hrs	7 Hrs	3 Hrs

	prognosis of the disease, identify and assess problems in posture, sitting, kneeling and standing balance, voluntary and autonomic movements, rigid, tremor and gait.  Assess also hearing, speech			
	and finger dexterity. Describe disability grading according to Yulu.			
	Demonstrate treatment: postural awareness and relaxation training, gait training techniques, associated reaction, heel-toe gait, overcoming obstacles, start and stop on command, turning and walking backwards, forwards and side wards. Describe an appropriate home exercise programme.			
7,,	SPINAL CORD LESIONS Anatomy of spinal cord,tracts,			
	Describe types of spinal cord lesions. Describe signs of tract and root interruptions. Describe positioning of the patient in acute spinal cord injury. Describe assessment of the motor system: tone, power of specific muscles, and range of motion and limb girth. Describe assessment of sensory system and reflexes. Describe the assessment of functional ability and balance reactions in appropriate cases. Describe assessment of respiratory function. Muscles of respiration, coughing ability and vital capacity. Describe how the level of lesion is ascertained.  Treatment – Describe the stages of immobilization and stage when weight bearing is allowed. Describe spinal orthoses. Demonstrate motor re education programmes and programme for respiratory care in high level paraplegics and quadriplegics. Demonstrate progressive amputation, mat exercise, variou8s strengthening programmes, methods of decreasing spasticity and improving sitting balance. Demonstrate paraplegic gaits and re education in functional activities: transfers and protective falling. Describe common ambulatory aids used in paraplegics and common splints used in tetraplegics. Describe the concept of team approach in rehabilitation of these patients.	4 Hrs	8 Hrs	3 Hrs
8.	HEMIPLEGIA Circle of Willis Define hemiplegia and identify the following: sensory disturbance, alteration in tone, loss of selective movement, loss of	4 Hrs	8 Hrs	3Hrs

Treatment - Describe the unilateral and bilateral approaches to treatment. Describe the positioning in the supine position, on the affected and on the un affected sides. Demonstrate activities in the recumbent position: arm mobilization. Trunk elongation. Scapular movement, arm elevation, activities for recovering arm, activities for the lower limb i.e. hip and knee flexion over the side of the bed, knee extension with dorsiflexion, hip control, isolated knee extension with dorsiflexion, hip control, isolated knee extension.  Mat activities: Demonstrate rolling on the affected and unaffected sides, sitting and kneeling. Describe the technique of making a patient sit passively and active assisted a sitting, demonstrate transfer technique. Describe activities in sitting: equal weight transfere on both buttocks shuffling on buttocks, weight transfer through arms balance reactions of trunk- head. Demonstrate activities in standing is standing for plinth, from chair (assisted and independent), weight bearing on affected leg, knee control in standing weight transfers forward, back ward and side wards, gait training and stair climbing. Describe atilt board activities in the lying and sitting positions. Describe additional methods of stimulation using verbal cues, ice, pressure & tapping. Describe management of shoulder pain and shoulder hand syndrome. Identify and describe hemiplegic gait, identify synergy components and abnormal reflex activities.  Demonstrate re education of gait: motor relearning techniques functional approach and use of orthosis  9. CEREBELLAR LESIONS Anatomy of cerebellum, Identify and assess abnormal tone, decomposition of movement, rapid alternate movements, pleurosthotoms, proprioception, dysmetria, posture and gait.  Treatment - Demonstrate exercise for incoordination – Frenkel's and weighted exercises. Demonstrate techniques for re education of balance and equilibrium reactions by visual compensation. Describe use of appropriate aids for ambulation depending on the severity of affection – wa				T	
9. CEREBELLAR LESIONS Anatomy of cerebellum, Identify and assess abnormal tone, decomposition of movement, rapid alternate movements, pleurosthotonus, proprioception, dysmetria, posture and gait.  Treatment - Demonstrate exercise for incoordination – Frenkel's and weighted exercises. Demonstrate techniques for re education of balance and equilibrium reactions by visual compensation. Describe use of appropriate aids for ambulation depending on the severity of affection – walker, elbow crutches, quadripod, walking sticks, etc.		approaches to treatment. Describe the positioning in the supine position, on the affected and on the un affected sides. Demonstrate activities in the recumbent position: arm mobilization. Trunk elongation. Scapular movement, arm elevation, activities for recovering arm, activities for the lower limb i.e. hip and knee flexion over the side of the bed, knee extension with dorsiflexion, hip control, isolated knee extension.  Mat activities: Demonstrate rolling on the affected and unaffected sides, sitting and kneeling. Describe the technique of making a patient sit passively and active assisted n sitting, demonstrate transfer technique. Describe activities in sitting: equal weight transfere on both buttocks shuffling on buttocks, weight transfer through arms balance reactions of trunk-head. Demonstrate activities in standing: standing for plinth, from chair (assisted and independent), weight bearing on affected leg, knee control in standing weight transfers forward, back ward and side wards, gait training and stair climbing. Describe atilt board activities in the lying and sitting positions. Describe additional methods of stimulation using verbal cues, ice, pressure & tapping. Describe management of shoulder pain and shoulder hand syndrome. Identify and describe hemiplegic gait, identify synergy components and abnormal reflex activities.  Demonstrate re education of gait: motor relearning			
Frenkel's and weighted exercises. Demonstrate techniques for re education of balance and equilibrium reactions by visual compensation. Describe use of appropriate aids for ambulation depending on the severity of affection — walker, elbow crutches, quadripod, walking sticks, etc.	9.	Anatomy of cerebellum,  Identify and assess abnormal tone, decomposition of movement, rapid alternate movements, pleurosthotonus, proprioception, dysmetria, posture and gait.	3 Hrs	4 Hrs	3 Hrs
10 POLIOMYELITIS 3 Hrs 4 Hrs 3 Hrs		Frenkel's and weighted exercises. Demonstrate techniques for re education of balance and equilibrium reactions by visual compensation. Describe use of appropriate aids for ambulation depending on the severity of affection – walker, elbow crutches, quadripod, walking sticks, etc.			2 11
Mark A	10	POLIOMYELITIS	3 Hrs	4 Hrs	3 Hrs

		r		
1 1	y of Anterior horn cell			
Define po	liomyelitis and review the stages in the			
disease – a	cute, recovery and			
residual pa	ralysis.			
Describ	be treatment in the acute stage: heat, chest			
care, positi				
1 -	ne assessment of patient in recovery stage:			
	passive range of motion, soft tissue			
	and muscle power and spinal deformities.			
	te treatment in the recovery stage: muscle			
1 1	ng – progressive resisted exercises, active –			
	xercises, active and active - resisted			
1 1	Describe the role of suspension and			
I I	by. Describe the treatment of soft tissue			
1 1 '	y passive stretching, auto stretching, pre			
	assessment of contractures: hip flexion, TA			
	, knee flexion and foot deformities.			
1 1	so assessment of limb strength discrepancy			
and spina				
1 1	used the management of polio. Describe			
	insfer operations commonly performed.			
	functional retraining for self care, gait			
	l posture correction.			
11. 4. CEREBI	•			
	Define cerebral palsy and describe the			
topographica	al classification – monoplegia, diplegia,			
	nemiplegia and tetraplegia.			
	be types of cerebral palsy: visual, hearing,			
speech, and				
	reflex activity at different levels: cortical,		)	
	, brain stem, spinal. d Assess			
	nental mile stones from birth to five		1	1
years.				
Assess	functional ability: Prone to supine (rolling)			
	tting, quadripod, crawling, kneeling, knee-			
	with support and walking.	4 Hrs	6 Hrs	3Hrs
	ne for contractures as follows: Hip flexion,			
	nternal rotation, knee flexion, ankle plantar			
	ersion / eversion, flexion contracture of			
	fingers and spinal deformities.			
	reatment – Describe and demonstrate the			
treatment n				
	soft tissue tightness, use of ice to reduce			
	ositioning the child to prevent soft tissue			
	to inhibit abnormal reflexes and to	-+		
	volitional movement. Describe and			
	the techniques of carrying of different		×	
townson of alati	dren, encouraging bi manual activities in			

	different starting positions like prone, sitting, and standing and activities across the midline. Describe appropriate home programmes for positioning the child, handling them and assisting improvement of function. Introduction to treatment techniques: Bobath, Rood.		E-	
12.	Traumatic brain Injury Anatomy -Parts of Brain, Assessment of TBI, Management of TBI	5 Hrs	8Hrs	4 Hrs
13.	Motor Neuron Disease- Anatomy of Motor Neurons Assessment of TBI, Management of MND	3 Hrs	3 Hrs	3Hrs
14.	Multiple sclerosis- Anatomy of Myelin Sheath Assessment of Multiple sclerosis, Management of Multiple sclerosis	2Hrs	3Hrs	3Hrs
	Total hours (Theory /Practical / SPT)= 180	60 Hrs	80 Hrs	40 hrs

Supervised Practical training (SPT) (include practice session, assignment, journal presentation, seminar presentation etc)

All the SPT work should be properly documented, signed by respective in-charge of the subject, indexed in a separate file and should be submitted before the final exam. It is the responsibility of the class representative to submit the file to the teacher before the exam

#### REFERENCE

- 1. Cash's text book of neurology for physiotherapist by Patricia Downie.
- 2. Physical rehabilitation by Susan O. Sullivan.
- 3. Physical management for neurological conditions by Maria stokes.

#### **SEMESTER 8**

#### COURSE TITLE: CLINICAL POSTING/PRACTICE

Course		Hours pe	Hours per semester			Hours/week		dits	Total
No and	Course title	Total	L	P	L	Р	L	P	Credits

Clinical posting/practice (clinical rotation CR)	90	90	4	3	3

Clinical Posting: Our students are posted in various clinical areas/ wards on rotation basis. During clinical posting they are clinically trained to provide Physiotherapy care under supervision. They also trained on patient assessment, performing special test, identifying indications for treatment, ruling out contraindications, bed side approach, decision on treatment parameters, dosage and use of relevant outcome measures under supervision. Evidence based practice will be part of clinical training.

During the clinical practice, student should be able to successfully execute the competencies in assessment, physical diagnosis on ICF basis, plan of care and therapeutic interventions relating to neuromuscular, orthopedic & cardiorespiratory dysfunctions. Student should become familiar with performance of these skills in all settings (inpatient and outpatient) as well as on all types of conditions (surgical, non-surgical, pediatric and geriatric). Student should learn to objectively perform these skills under the supervision of trained physical therapists. Student is required to keep a performance record of all listed competencies during the clinical practice and successfully perform on real patients during the final evaluation of the course.

All the clinical training work should be properly documented, signed by respective clinical in-charge, indexed in a separate file and should be submitted before the final exam.

The students should maintain a clinical log book as per the instruction by respective clinical in charge.

#### DETAILS OF CREDITS FOR COMPULSORY INTERNSHIP TRAINING

All candidates of Bachelor of physiotherapy must undergo a compulsory rotatory internship for a period of six months after the successful completion of the final semester examination.

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COMPUL	LSORY INTERNSHIP TI	
Total days	Hours per day	Total hours of Practice
180 days (6 months)	7	1260
8	DETAILS OF CREDITS	ħ.
For internship 45 course hou	ırs= 1 credit	Total credits
Total hours =1260		28 credits
Internship credit= 1260hrs/4	5hrs=28 credits	

# MEENAKSHI

# **ACADEMY OF HIGHER EDUCATION & RESEARCH**

DEEMED TO BE UNIVERSITY U/S 3 OF UGC ACT, 1956

FACULTY OF PHYSIOTHERAPY

12, Vembuliamman Koil Street, West K.K. Nagar, Chennai – 600 078



**CHOICE BASED CREDIT SYSTEM (CBCS)** 

CHOICES AND SYLLABUS FOR

GENERIC ELECTIVES, ABIITY ENHANCEMENT & SKILL

**ENHANCEMENT COURSES** 

**BACHELOR OF PHYSIOTHERAPY (BPT)** 

**DEGREE PROGRAM** 

2021-22

PARTITION OF PHYSIOTHERAPY
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# **INDEX**

S.NO	ELECTIVES	SEM	PAGE NO
1	Introduction to programming in Java (Skill Enhancement)	1- 4	
2	Basic Photography (Skill Enhancement)	1	
3	Infection prevention and control (Ability Enhancement)	2	
4	Soft skill training (Ability Enhancement)	2	
5	Disaster risk management (Skill Enhancement)	3	
6	Culinary skills for ideal Nutrition (Skill Enhancement)	3	
7	Nutrition in health and diseases (Generic Elective)	4	
8	Introduction to visual communication (Generic elective)	4	
9	Yoga practice (Generic Elective)	5	
10	Basic Life support (skill Enhancement)	5	
11	Introduction to public speaking (skill Enhancement)	7	
12	Fabrication and fitting of orthotics and prosthetics (skill Enhancement)	7	

# COURSE TITLE: INTRODUCTION TO PROGRAMMING IN JAVA SEMESTER 1

#### **Course Outcomes:**

- > Understand why Java is useful for the design of desktop and web applications.
- > Knowledge on how to implement object-oriented designs with Java.
- > To identify Java language components and how they work together in applications.
- > To design and program stand-alone Java applications.

Course	Course title	Hours per semester		Hours/week		Credits		Total	
No		Total	L	P	L	P	L	P	credits
	Introduction to programming in Java	45	15	30	01	01	1	1	2
	(Skill Enhancement)								

	COURSE CONTENT			
s. no	Title of content	Hours of te		
		Theory	Practical	SPT*
1	Unit 1: Introduction to Java-Features of Java-Basic Concepts of Object Oriented Programming-Java Tokens-Java Statements-Constants-Variables -Data Types- Type Casting-Operators-Expressions-Control Statements: Branching and Looping Statements.	5	5	5
2	Unit-2: Classes, Objects and Methods-Constructors- Methods Overloading- Inheritance-Overriding Methods-Finalizer and Abstract Methods-Visibility Control –Arrays, Strings and Vectors-String Buffer Class-Wrapper Classes.	5	5	5
3	Unit 3: Interfaces-Packages-Creating Packages-Accessing a Package- Multithreaded Programming-Creating Threads-Stopping and Blocking a Thread-Life Cycle of a Thread-Using Thread Methods-Thread Priority- Synchronization-Implementing the Runnable Interface	5	5	5
	Total 45 Hrs. (Lecture & Practical)	15	15	15

#### **SPT: Supervised Practical training**

All the SPT work should be properly documented, signed by respective in-charge of the subject, indexed in a separate file and should be submitted before the final exam. It is the responsibility of the class representative to submit the file to the teacher before the exam

#### **Textbook Reference:**

- 1. Balagurusamy,2004,Programming with JAVA, 2 <sup>nd</sup> Edition,Tata McGraw-Hill Publishing Co.Ltd.
- 2. Herbert Schildt,2005,The Complete Reference Java<sup>TM</sup> 2, 5<sup>th</sup> Edition,Tata McGraw -Hill PublishingCo. Ltd.
- 3. Y. Daniel Liang ,2003, An Introduction to JAVA Programming, Prentice -Hall of India Pvt. Ltd.
- 4. Cay S. Horstmann and Gary Cornell,2005, Core Java<sup>TM</sup> 2 Volume I -Fundamentals, 7<sup>th</sup> Edition-Pearson Education.
- 5. Ken Arnold, James Gosling and David Holmes,2003, The Java<sup>TM</sup> Programming Language,3rd Edition, Pearson Education.



#### COURSE TITLE: BASIC PHOTOGRAPHY

#### **Course Outcomes:**

- > To understand the basic skills of Photography
- > To use a variety of brainstorming techniques to generate novel ideas in photography
- > Sufficient photographical mastery of technical and formal challenges pertinent to a body of original visual work.

#### DISTRIBUTION OF CREDIT AND COURSE HOURS

Course	Comme CO	Hours pe	r semest	er	Hours/v	veek	Cred	dits	Total
No	Course title	Total	L	P	L	P	L	P	credits
	Basic Photography	45	15	30	01	01	1	1	2
	(Skill Enhancement)								2

**COURSE CONTENT** 

s. no	Title of content	Hours of te	aching/ Learni	ng
		Theory	Practical	SPT*
18	Unit I Human Eye and Camera. Basics of Camera.(aperture, shutter speed, Focal length, f-stop, Depth of field, Depth of focus, etc.,) Camera operations. Types of Camera. Types of Lenses. Visual Perception, Composition - Framing Shots, Perspectives, filters, bellows, converters etc.,	3	2	2
2	Unit II Understanding lighting - Indoor and Outdoor, Exposing and Focusing, Types of lighting, Natural and Artificial Lights, Controlling lights, Exposure Meters, Differential focus, Filters, Flashes. Designing with light.	3	2	2
3	Unit III  Digital Photography – Introduction to Digital photography, Still cameras – SLR, DSLR, Digital Video Cameras, Professional Cameras, Pixels, Mega pixels Storage devices – Memory Card SD / HD format, Lighting for digital Photography, LED cool	3	2	2

lights, usages, Impact of Mobile Phone over Digital

Cameras.

s. no	Title of content	Hours of	teaching/ Le	earning
		Theory	Practical	SPT*
4	Unit IV Basic Principles. Aesthetics. Basics of photo- journalism, Photo-features, Photo -essays, Writing captions, Visual story telling. Photography for advertising—Consumer and industrial. Planning a shoot-studio, location, set props and casting.	3	2	2
5	Exercises:  Landscape (scenic, people, birds/animals, monuments), Portraits, Photo story, Photo language, Environmental exposure – wildlife photography, Panorama, Montage, Indoor photography – Still life, etc.,	3	7	7
	Total 45 Hrs. (Lecture & Practical)	15	- 15	15

#### SPT: Supervised Practical training

All the SPT work should be properly documented, signed by respective in-charge of the subject, indexed in a separate file and should be submitted before the final exam. It is the responsibility of the class representative to submit the file to the teacher before the exam

#### Textbook Reference:

- 1. Calder, Julian & Garrett, John (1999):The 35 mm Photographer's Handbook, Marshall Editions Limited, London.
- 2. Constantine, John & Valice, Julia (1983): The Thames-Hudson Manuel of Professional Photography, Thames-Hudson, London.
- 3. Solomon, Alain (1987): Advertising Photography, American Photographic Publishing and Imprint of Watson Guptill Publication, New York.



#### **SEMESTER 2**

#### COURSE TITLE: INFECTION PREVENTION AND CONTROL

#### DISTRIBUTION OF CREDIT AND COURSE HOURS

Course	Co 441-	Hours pe	r semest	er	Hours/v	veek	Cre	dits	Total
No	Course title	Total	L	P	L	P	L	P	credits
	Infection prevention and control (Ability Enhancement)	30	30		02		2		2

Aim: The program is expect to give knowledge about the various practices in prevention of infection in both hospital & community. The students will understand the principles and practices of infection control & how to implement them effectively.

### **Learning Objectives**

At the end of the course the student should be knowledgeable about

- 1. How to prevent and control infections in hospitalized patient to ensure patient safety.
- 2. How to prevent infections in employees thus assuring employees safety within the organization
- 3. How to prevent and control infections in the environment with in the hospital and homes thus ensuring environmental safety

4. How to plan and implement an infection prevention program

	COURSE CONTENT					
s. no	Title of content	Hours of teaching/ Learning				
		Theory	Practical	SPT*		
1	Unit 1: Overview of infectious diseases with special reference to communicable pathogens. Hand hygiene principles, practice and audit. Handling of patients with communicable diseases and the principles of isolation policies. Reporting of communicable diseases to the governmental agencies. Biomedical waste management and the current regulations.	10				
2	Unit 2: Infection prevention in Operating rooms, Casualty, Dialysis, transplant units, Burns unit. Occupational exposure to infection and management, environmental surveillance protocols.	8				
3	Unit 3: Infection control in Central Sterilization Services department, Laundry, Diet kitchen. Infection control in Intensive Care Units including prevention of Device Associated Infections.	8				
4	Unit 4 : Monitoring of Antimicrobial use	4				
	Total Hrs.	30				

#### Reference

1. Handbook Of Hospital Infection Control – Sanjay Singhal

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#### COURSE TITLE: SOFT SKILL TRAINING

### **Course Objective:**

After 30 hours of theory lecture the student should be able to

- 1. Create an overall development of the student.
- 2. Assist themselves with the formulation of problem-solving skills
- 3. Take appropriate and responsible decisions.
- 4. Build a desire to achieve individual goals.
- 5. Grow proper behavioral and behavioral aspects and build the same equities.

Course		Hours pe	r semest	er	Hours/v	veek	Cred	dits	Total
No	Course title	Total	L	P	L	P	L	P	credits
	Soft skill training (Ability Enhancement)	30	30	00	02	00	02	0	02

s.no	Title of Content	Hours of teaching (2 Credits = 30 Hours) Theory
	Soft Skills	
	i. Introduction.	
	ii. Definition and Various components.	1
1	iii. Importance of learning.	
	iv. Soft skills vs. Hard Skills.	
	Work Ethic	
	i. Meaning and definition	2
2	ii. Importance	3
	iii. Various categories of work ethnics	
	iv. Role in career development	
	Positive Thinking  Linderstanding positivity	
	i. Understanding positivity	
3	ii. Moving out negativity	3
3	iii. Overcoming complexes	
	iv. Self introspection	
	v. Self motivation	
4	Non verbal communication	
	I. Kinesics.	
	II. Hap tics.	4
	III. Vocalic.	
	IV. Proxemics.	
	V. Chronemics.	92



5	Verbal communication	
	I. KISS Principle	
	II. Intrapersonal Communication	4
	III. Interpersonal Communication	4
	IV. Small group communication	
	V. Public communication	
6	Etiquette and Good Manners	
	I. Introduction	
	II. Types	
	III. Principles	3
	IV. Method of Application	
	V. Overcoming masking VI. Being infallible	
7	Emotional literacy	
,	I. Definition and Basic Principles	2
	I. Classification	_
	II. Method of utilization in home and workplace	
0	III. Achieving holistic mindset	
8	Creative thinking	2
	I. Introduction	2
	II. Principles	
	III. Theory of Inventive Problem Solving	
	IV. Standing out	
9	Art of negotiation	
	I. Stages	2
	II. Rules	
	III. Tactics	
10	Capacity Building	
	I. Peer Learning.	2
	II. Leadership Development.	
	III. Collaboration Planning.	
11	Resume structuring	
	I. Core components	
	II. Chronologically placing	2
	III. Need based skill Projection	
12	Acumen	
	I. Definition	2
	II. Principles	
	III. Various disciplines	
	IV. Imbibing into career	

#### Reference

- 1. SOFT SKILLS & PROFESSIONAL COMMUNICATION. N.p., Tata McGraw-Hill Education.
- 2. Managing Soft Skills for Personality Development edited by B.N.Ghosh, McGraw Hill India, 2012.
- 3. English and Soft Skills S.P.Dhanavel, Orient Blackswan India, 2010.
- 4. Pease, Allan and Peas, Barbara. The Definitive Book of Body Language. New York: Random House.2006.Print
- 5. Schafer, W. (1998). Stress Management for Wellness. 4th edition. Australia: Thomson & Wadswoth.



#### **SEMESTER 3**

#### COURSE TITLE: DISASTER RISK MANAGEMENT

#### DISTRIBUTION OF CREDIT AND COURSE HOURS

Course	0 120	Hours pe	r semest	er	Hours/v	veek	Cred	dits	Total
No	Course title	Total	L	P	L	P	L	P	credits
	Disaster risk management (Skill Enhancement)	45	15	30	1	2	1	1	2

#### Learning objectives

At the end of the course, the candidate will-

- 1. Able to increase the knowledge and understanding of the disaster phenomenon, its different contextual aspects, impacts and public health consequences.
- 2. Able to increase the knowledge and understanding of the International Strategy for Disaster Reduction (UN-ISDR) and to increase skills and abilities for implementing the Disaster Risk Reduction (DRR) Strategy.
- 3. To ensure skills and abilities to analyses potential effects of disasters and of the strategies and methods to deliver public health response to avert these effects.
- 4. To ensure skills and ability to design, implement measures in reducing the risk.

s. no	Title of content	Hours of teaching/ Learning				
		Theory	Practical	SPT*		
1	Introduction to Disaster					
	Different types of disaster  Natural disaster: Flood, cyclone, landslides, earthquakes etc.  Man made disaster: Fire, Industrial Pollution, Nuclear Disaster, Biological Disasters, Accidents (Air, Sea, Rail & Road), Structural failures(Building and Bridge), War & Terrorism etc.  Causes, effects & practical examples for all disaster	3				
2	Risk and Vulnerability Analysis  1. Risk: Its concept and analysis 2. Risk Reduction  3. Vulnerability: Its concept and analysis 4. Strategic Development for Vulnerability Reduction	3	8			
s. no	Title of content	Hours of t	eaching/ Lea	rning		
		Theory	Practical	SPT*		
3	Disaster Preparedness and Response	5	8	2		

	Total Hours = 45 hrs.	15	26	4
5	Training, awareness program on disaster management Training and drills for disaster preparedness, Awareness generation program, Usages of GIS and Remote sensing techniques in disaster management,			
4	<ul> <li>Approaches to disaster management</li> <li>Approaches to Disaster Risk reduction</li> <li>Disaster cycle - its analysis, Phases, Culture of safety, prevention, mitigation and preparedness.</li> <li>Community based DRR, Structural-nonstructural ensures.</li> <li>Roles and responsibilities of- community.</li> </ul>	4	10	2
	Preparedness 1. Disaster Preparedness: Concept and Nature 2. Disaster Preparedness Plan 3. Prediction, Early Warnings and Safety Measures of Disaster. 4. Role of Information, Education, Communication, and training, Role of Government, International and NGO Bodies.  Response 1. Disaster Response: Introduction 2. Disaster Response Plan 3. Communication, Participation, and Activation of Emergency Preparedness Plan 4. Search, Rescue, Evacuation and Logistic Management			

#### References:

- 1. Handbook of Disaster and Emergency Management Amir Khorram-Manesh
- $2.\ Disaster\ management-M.M. Sulphey.$
- 3. Techniques for Disaster Risk Management and Mitigation Prashant K. Srivastava, Sudhir Kumar Singh.

#### **SEMESTER 3**

#### **CULINARY SKILLS FOR IDEAL NUTRITION**

Course	Hours per semester	Hours/week	Credits	Total
Course	Trouts per semicore.			

No	Course title	Total	L	P	L	P	L	P	credits
	Culinary skills for ideal Nutrition (Skill Enhancement)	45	15	30	1	2	1	1	2

#### Learning objectives

- > Enable students to understand the basic food groups, their nutrient composition and function
- > Aware about the concept of balanced diet and ideas for planning a healthy menu
- > Gain knowledge about cooking methods and be able to make healthier food choices
- > To develop the skills healthy dishes using the food groups

s. no	Title of content	Hours of to	eaching/ Learn	ning
		Theory	Practical	SPT*
	UNIT I - Introduction Foods and Nutrients  Foods- definition, basic four and five food groups - cereals and millets, pulses, fruits and vegetables, fats and oils, sugar and jaggery,  Foods and Nutrients, Functions of Foods- energy yielding, body building and protective foods, balanced diets, vegetarian vs non vegetarian foods, Functional foods and Dietary supplements. Food adulteration, common adulterants used and methods of identification, nutrition labeling, food standards.	4		٠
	UNIT II- Methods of Cooking, Preservation and Sensory Evaluation Principles and techniques of sensory evaluation, interpretation tools Cooking methods – moist heat, dry heat, advantages and disadvantages, changes during cooking, nutrient preservation while cooking Preservation techniques, advantages and disadvantages	4	1	
	UNIT III- Nutritional Requirements and Meal Planning Basic nutritional requirements through different stages of life cycle, basic principles of meal planning, revisiting concept of balanced diets  REGIONAL COOKERY	4	2	
	North & south Indian  MENU PLANNING  Types of Menu • Principles • Presentation	3	2	

Practical (20 hrs.)			
1. Introduction to cutlery and crockery		20	5
2. Art of table setting			
3. Preparation of few commonly consumed cereal			
preparations			
4. Preparation of few commonly consumed pulse			
dishes			
5. Vegetable cooking without nutrient loss			
6. Preparation and display of fruit salads			
7. A day's menu for an adult sedentary worker			
8. A day's menu for an 8 months old infant			
9. Nutritious snacks for a preschooler			
10. Nutritious lunch for a school going boy and girl			
11. A day's menu for an 16 year old boy and girl			
12. Consistency modified menu for a 80 year old			
13. Simple tests to identify food adulteration			
14. Sensory evaluation of the prepared items			
15. Preparation of some specialized Indian Sweets			
a. Milk based b. Cereal based c. Vegetable based			
16. Preparation of some specialized bakery items			
a. Pizza b. Pastry c. Show piece brea			
17. Types of salads & different salad dressings			
Sandwiches			
18. Bakery theory			
· Principles, Bread making, Faults & remedies ·			
General idea of cakes, pastries, sponge & icing		×	
Total Hours (Theory /Practical / SPT)	15	25	5

# SPT : Supervised Practical training\* (include practice session, assignment, journal presentation, seminar presentation etc.)

All the SPT work should be properly documented, signed by respective in-charge of the subject, indexed in a separate file and should be submitted before the final exam. It is the responsibility of the class representative to submit the file to the teacher before the exam

#### **Text Books**

1. Peckham, G.G., Foundation of Food Preparation, The MacMillan Company, London, 1994

2. Sumati, M.R. Food Science, New Age International (p) Ltd Publishing House, New Delhi, 1997

14

Reference Text

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- 1. Gupta LC, Gupta K, Gupta A. Foods and Nutrition Facts and Figures, 6th Ed., Jaypee, 2006.
- 2. Parker R O. Introduction to Food Science, Thomson Delmar Learning, 200

# SEMESTER 4 COURSE TITLE: NUTRITION IN HEALTH AND DISEASES

#### DISTRIBUTION OF CREDIT AND COURSE HOURS

Course	C (14)	Hours pe	r semest	er	Hours/v	veek	Cree	dits	Total
No	Course title	Total	L	P	L	P	L	P	credits
	Nutrition in health and diseases (Generic Elective)	30	30		2		2		2

# **Learning Objectives:**

At the end of the course, the candidate will-

1. Enable the student to have a clear understanding of dietary management in health & disease conditions

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2. To enable the students to have a clear understanding of diet and its health implications along with the management of diet-related health issues.

s. no	Title of content	Hours of	teaching/ Lea	rning
		Theory	Practical	SPT*
	UNIT I Definition for Nutrition, balanced diet-carbohydrate, lipids, proteins, vitamins, minerals. PCM - Kwarshiorkar and marasmus, obesity, Measurement of energy expenditure, calorimeter, BMR and its measurement, Calorific values of foods,	6		
	UNIT II Dietary managements with reference to Gastro Intestinal problem-upper GI tract- peptic ulcer disease, lower intestinal tract — Diarrhea, cystic fibrosis, inflammatory bowel diseases, large intestine disease — Diverticular diseases, Irritable bowel syndrome, constipation.  UNIT III Common food allergy, Food intolerance,	6		
	Lactose intolerance. Requirements during infancy, adolescence, adulthood, pregnancy, lactation and old age	6		

s. no	Title of content	Hours of 1	teaching/ Lea	ırning
		Theory	Practical	SPT*
	UNIT IV Dietary managements with reference to coronary heart diseases and hypertension, Diabetes mellitus, renal disease-Glomerulonephritis, Nephrotic syndrome, Rena failure- acute, chronic and kidney stone problem	6		
	UNIT V Dietary managements with reference to AIDS, Cancer, Surgery and Nutritional support. Dietary management in Dehydration and water intoxication, Management in acid base imbalance.	6		
	Total hours = 30 hrs.	30		

Text books

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(Cheering Job Dr. University)
Heill, Vembulisamon Kall Street, West K.Y. Sugur, Chemisi 78.

- 1. William's Basic Nutrition and Diet Therapy Staci Nix.
- 2. Nutritional Biochemistry Swaminathan

#### Reference books

- 1. Human Nutrition Catherine Geissler and Hilary Powers
- 2. Nutrition Essentials and Diet therapy.
- 3. Lipid disorders-John Reckless and Jonathan Morell
- 4. Diet management Rekha Sharma

#### **SEMESTER 4**

#### COURSE TITLE: INTRODUCTION TO VISUAL COMMUNICATION

#### DISTRIBUTION OF CREDIT AND COURSE HOURS

Course	G 410	Hours pe	r semest	er	Hours/v	veek	Cre	dits	Total
No	Course title	Total	L	P	L	P	L	P	credits
	Introduction to visual communication (Generic elective)	30	30		2		2		2

LEARNING OBJECTIVE: Apply appropriate communication skills across settings, purposes, and audiences.

Demonstrate knowledge of communication theory and application

#### LEARNING OUTCOMES:

- 1. Demonstrate critical and innovative thinking.
- 2. Display competence in oral, written, and visual communication.
- 3. Apply communication theories.

s. no Title of content Hours of teaching/ Learning

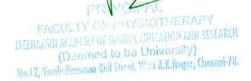
17

	Theory	Practical	SPT*
Unit I Need for and the Importance of Human and Visual Communication. Communication a expression, skill and process, Understanding Communication: SMRC- Model	6		
Unit II Communication as a process. Message, Meaning, Connotation, Denotation Culture/Codes etc. Levels of communication: Technical, Semantic, and Pragmatic. The semiotic landscape: language and visual communication, narrative representation	6		
Unit III Fundamentals of Design: Definition. Approaches to Design, Centrality of Design, Elements of Design: Line, Shape, Space, Color, Texture. Form Etc. Principles of Design: Symmetry. Rhythm, Contrast, Balance Mass/Scale etc. Design and Designers (Need, role, process, methodologies etc.)	6		

s. no	Title of content	Hours of t	teaching/ Lea	arning
		Theory	Practical	SPT*
	Unit IV Principles of Visual and other Sensory Perceptions. Color psychology and theory (some aspects) Definition, Optical / Visual Illusions Etc. Various stages of design process- problem identification, search for solution refinement, analysis, decision making, and implementation.	6		
	Unit V Basics of Graphic Design. Definition, Elements of GD, Design process-research, a source of concept, the process of developing ideas-verbal, visual, combination & thematic, visual thinking, associative techniques, materials, tools (precision instruments etc.) design execution, and presentation.	6		
	Total Hours = 30hrs	30		

#### REFERENCES:

- 1. Communication between cultures Larry A. Samovar, Richard E. Porter, Edwin R. McDaniel & Carolyn Sexton Roy, Monica Eckman, USA, 2012
- 2. Introduction to Communication studies John Fiske & Henry Jenkins 3rd edition, Routledge, Oxon 2011
- 3. An Introduction to communication studies Sheila Steinberg, Juta & Co., Cape Town, 2007, \_\_\_



4. One World Many Voices: Our Cultures - Marilyn Marquis & Sarah Nielsen, Wingspan Press, California, 2010

#### **Course Title: YOGA PRACTICE**

#### Learning objective:

- After completion of the course the students will be able to understand various principles of Yoga, formulate yoga therapy for specific diseases and causes of diseases and role of yoga in its healing of various ailments affecting the human body.
- > Gain knowledge about benefits and practice of asana
- > Understand general guidelines for practicing yoga
- > Understand different methods & types of yoga

Course	0 111	Hours pe	r semest	er	Hours/v	veek	Cred	dits	Total
No	Course title	Total	L	P	L	P	L	P	credits
	YOGA PRACTICE (Generic Elective)	60	30	30	02	01	2	1	3

s. no	Title of content	Hours of	teaching/ Lea	arning
		Theory	Practical	SPT*
1	UNIT 1	7	4	2
	Fundamentals of Yoga:		-	
	Definitions, Misconceptions, Aim and Objectives of Yoga.			
	• Introduction to Vedas, Upanishads and			9

	Prasthanatrayee; Concept of Purushartha	
•	Chatushtaya General introduction to Shad-darshanas with special emphasis on Samkhya and Yoga	
	Darshana, Yoga in Vedanta. Principal Upanishads, BhagavadGita, Yoga Vasishth	
•	Streams of Yoga Streams of yoga, karma yoga, bhakthi yoga, jana yoga, raja yoga, hatha yoga, yoga disciplined way of life.	
•	Astanga Yoga Astanga yoga-Yama, Niyama, Asana, Pranayama, Pratyahara, Dharana, and Samadhi Concept of Kaivalya Pada	

s. no	Title of content	Hours of	f teaching/ L	
		Theory	Practical	SPT*
2	UNIT 1I	7	4	2
	<ul> <li>Therapeutic Yoga</li> <li>Yogic Practice –</li> <li>Management of the diseases through suitable yogic practices - Yogic diet, Yama and Niyama, Shatkarma, Asanas, Pranayama; Meditation; changes in lifestyle according to yogic scriptures.</li> <li>Integrated Approach of Yoga therapy for the following Common Ailments:</li> <li>Respiratory disorders –</li> <li>Allergic Rhinitis &amp; Sinusitis: Chronic Bronchitis, Bronchial Asthma</li> <li>Cardiovascular disorders:</li> <li>Hypertension, Angina pectoris, Cardiac asthma:</li> <li>Endocrinal and Metabolic Disorder - Diabetes</li> </ul>	7		
)	Mellitus, Hypo and Hyper- Thyroidism; Obesity: Metabolic Syndrome			
3	UNIT 1II	6	4	2
6	Management of the diseases through suitable yogic practices  Obstetrics and Gynecological Disorders  Menstrual Disorders: Dysmenorrhea, Menopause and perimenopausal syndrome: Yoga for Pregnancy and Childbirth, Antenatal care, Post-natal care.  • Gastrointestinal Disorders:  Gastritis, Indigestion, Peptic Ulcers, Constipation, Diarrhea, Irritable Bowel Syndrome, colitis, Piles.			

Muscular-Skeletal Disorders:		
Back Pain, Intervertebral disc prolapse (IVDP) Lumbar		
Spondylosis, Cervical Spondylosis, , Arthritis		
Neurological Disorders:	*	
Migraine, Tension-headache, Epilepsy • Psychiatric		
Disorders: Neurosis, Anxiety disorders, Phobias,		
Depression		

s. no	Title of content	Hours of	f teaching/ <b>I</b>	earning
		Theory	Practical	SPT*
4	UNIT IV	5	4	2
	Practical Yoga Yogic Practices			
	• Shatkarmas			
	Vamandhauti, Vastradhauti, Dandadhauti, Laghoo			
	and Poorna sankhaprakshalana, Neti (Sutra and Jala),			
	Kapalbhati(Vaatkrama, Vyutakrama & Sheetkarma),			
	Agnisara, Nauli, Tratak			
	Suryanamaskar			
	Suryanamaskar must be practiced traditionally			
	• Asanas (yogic postures)			
	Standing Postures			
	Ardhakatichakrasana, Padahastasana,			
	Ardhachakrasana, Trikonasana, Parivrittatrikonasana,			
	Parsvakonasana, Veerasana.			
	• Sitting postures			
	-Paschimottanasana, Suptavajrasana,			
	Ardhamatsyendrasana, Vakrasana, Baddhakonasana,			
	Merudandasana, Akarnadhanurasana, Gomukhasana,			
	• Prone postures			
	Bhujangasana, Shalabhasana, Dhanurasana,			
	Urdhvamukhosvanasana, Makarasana,			
	• Supine postures- Halasana, Chakrasana,			
	Sarvangasana, Matsyasana, Shavasana,			
	Setubandhasana,			
5	UNIT V	5	4	2
	Balancing postures-		-	
	Vrikshasana, Garudasana, Namaskarasana, Tittibhasana,			
	Natrajasana	5		

Total hrs. (Lecture & Practical)	30	20	10
Savita Ki Dhyan Dharana (DSVV)			
Meditation (Maharshi Mahesh Yogi); Yoga Nidra (BSY);			
Sound Resonance Technique (SVYASA); Transcendental			
Brahmchari), Cyclic Meditation (S-VYASA); Mind			
Yogic Sukshma Vyayama (Swami Dheerandra			
Contemporary Yogic Practices			
VipareetKarni Mudra			
Maha Mudra, Shanmukhi Mudra, Tadagi Mudra,			
Mula Bandha, Jalandhara Bandha, Uddiyana Bandha, Maha Bandha, Yoga Mudra,			
Bandhas and Mudras:  Mula Bandha Jalandhara			
Meditation, Practices leading to Vipassana  Meditation			
leading to Om Meditation, Practices leading to Vipassana			
Jap, Practices leading to Breath Meditation, Practices			
• Practices leading to Meditation: Pranav and Soham Japa, Yoga Nidra, Antarmauna, Ajapa			
Bahyavritti, Abhyantarvritti, Stambhavritti Pranayama			
Suryabhedan, , Ujjai , Sitali, Sitkari, Bhastrika, Bhramari,			
Breath awareness, Sectional breathing, Nadishuddhi,			
• Pranayama:			

#### **SPT: Supervised Practical training**

All the SPT work should be properly documented, signed by respective in-charge of the subject, indexed in a separate file and should be submitted before the final exam. It is the responsibility of the class representative to submit the file to the teacher before the exam

#### Reference

- 1.B.K.S.Iyenkar- Light on Yoga Sutras of Patanjali(Haper Collins Publications India Pvt. Ltd. New Delhi) Swami Sivananda: Practice of Yoga (The Divine Life Society, Shivananda Nagar, P.O.,
- 2.U.P.Himalayas, India) Swamy Satyanada Saraswathi: Asanas, Prnanayama, Mudra, Bhndha, (India: Yoga Publications Trust, Munger, Bihar
- 3.Swami Satyananda Saraswati: Yoga and Cardio Vascular Management. Yoga Publication Trust, Mungar-2005
- 4. Clennell B. The Woman's Yoga Book: Asana and Pranayama for All Phases of the Menstrual Cycle. Shambhala Publications; 2016;
- 5. Nagarathna R, Nagendra HR, Monro R. Yoga for common ailments. Gaia Books Limited; 1990.

FACULTY OF FRYSIOTHERAPY
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(Decreed to be University)
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# **COURSE TITLE: BASIC LIFE SUPPORT**

#### **Course Objective:**

After 30 hours of theory lecture:

- 1. Student will be able to address the emergency situation and provide the effective rescue technique.
- 2. The student will be able to identify the restriction of involvement of breathing.
- 3. The student will be able to assess the individual and proceed further in chain of survival.
- 4. The complete learning skill will be demonstrated and student will be able to provide effective chest compressions and manage victims of chocking.
- 5. The student will be able to differentiate the CPR method of approach for adult, children and infants

### DISTRIBUTION OF CREDIT AND COURSE HOURS

Course	Course title	Hours pe	er semes	ter	Hours/v	week	Cred	lits	Total
No		Total	L	P	L	P	L	P	credits
	Basic Life support (skill Enhancement)	60	30	30	02	02	2	1	3

	COURSE CONT	ENT		
S.N.O	TITLE OF CONTENT	HOURS	OF TEACHING	G/ LEARNING
		THEORY	PRACTICAL	SPT (Supervised Practical training)
1	<ul> <li>PRINCIPLES OF CPR</li> <li>INTRODUCTION TO CPR</li> <li>SIGNIFICANCE OF CPR AS FIRST AID</li> </ul>	6	2	4

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(1947 - 1948 University)
No.12 Visit (Francoi-78)

2	<ul> <li>CHAIN OF SURVIVAL AND         CRITICAL CONCEPTS OF CPR</li> <li>AHA GUIDELINES AND METHOD OF         APPORACH</li> <li>ONE RESCUER ADULT CPR</li> <li>TWO RESCUER ADULT CPR</li> </ul>	6	2	4
	TITLE OF CONTENT	THEORY	Practical	SPT
3	<ul> <li>SKILL IN HANDLING THE         CHOKING/DROWNING CONDITIONS</li> <li>ADULT CHOKING</li> <li>CHILD CHOKING</li> <li>INFANT CHOKING</li> </ul>	6	2	4
4	<ul> <li>MANAGEMENT OF RESPIRATORY         ARREST</li> <li>CHILD CPR</li> <li>INFANT CPR</li> </ul>	6	2	4
5	<ul> <li>CPR MODIFICATIONS IN SPECIAL POPULATION</li> <li>PATIENT WITH DISABILITIES, PREGNANCY</li> <li>AUTOMATED EXTERNAL DEFIBRILLATOR</li> </ul>	6	2	4
	Total hours (Theory /Practical / SPT)= 60 Hrs	30	10	20

THEORY=30, PRACTICAL=10 SUPERVISED PRACTICAL TRAINING= 20

# SPT: Supervised Practical training\*

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#### **REFERENCES:**

- 1. Davidson, A Text Book of Medicine, Churchill Livingston, 21 st Ed, 2010.
- 2. Chandra, Handbook of Interventional Cardiology, JP, 1 Ed, 2015
- 3. Nancy caroline Emergency care in the streets seventh edition
- 4. AHA—Basic Life Support Manual 2020 guidelines.

# COURSE TITLE: INTRODUCTION TO PUBLIC SPEAKING

### Course objective

- > Develop skills in effective speaking & listening
- > Develop skills in speech composition
- > Demonstrate knowledge of speech delivery technique
- > Use supporting materials and presentation aids in speech preparation
- > Write speech with a purpose

#### DISTRIBUTION OF CREDIT AND COURSE HOURS

Course		Hours pe	r semest	er	Hours/v	veek	Cred	dits	Total
No	Course title	Total	L	P	L	P	L	P	credits
	Introduction to public speaking (skill Enhancement)	45	15	30	01	01	1	1	2

s. no	Title of content	Hours of	teaching/ Le	arning
		Theory	Practical	SPT*
	Unit 1 Introduction to Public speaking Basic communication concepts, processes, and models; Communication concepts and principles and public speaking; Steps and methods of speech preparation; Ethics in public speaking	2		í.
	Unit 2 Listening and speech criticism Effective listening, the listening process, and types of listening; Listening barriers; Identifying and improving listening styles; Evaluating speech and effective speech techniques.	3	2	
	Unit 3 Selecting topic and Knowing your audience Identifying sources; Tools and techniques for selecting and refining speech topics; Identifying speech purposes; Central idea statement; The central idea; Audience analysis techniques	3	2	2

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s. no	Title of content	Hours of t	teaching/ Lea	ırning
		Theory	Practical	SPT*
	Unit 4			_
	Speaking with a purpose	2	6	2
	Informative, persuasive, and ceremonial speeches			
	Unit 5			
	Organizing and outlining your speech	2	6	2
	Efficient organizational methods; Good form in speech	2	0	2
	preparation; Guidelines for organizing components and			
	main points in a speech; Patterns of organization;			
	Constructing an outline			
	Unit 6			
	Delivering your speech using visual aids			
	The mechanics of verbal and nonverbal			2
	communication in speech delivery; Modes of speech	3	6	
	delivery; Speaking style and language; Effective			
	delivery techniques; Incorporating presentation aides			
	Total hours (Theory /Practical / SPT)= 45 Hrs.	15	22	8

Supervised Practical training (SPT) (include practice session, assignment, journal presentation, seminar presentation etc.)

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#### Textbook reference

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HERRICKSHI DUGARAN GERRARA EDAGELIAH KIND KESENGUI RACULTY OF PHYSIOTHERAPY PRINCIPAL

- DeVito, J.A. (2009). The Essential Elements of Public Speaking. (3rd ed.) Boston: Pearson Education, Inc.
- Lucas, S.E. (2009). The Art of Public Speaking. (10th ed.) New York: McGraw Hill Co.
- Zarefsky, D. (2011). Public Speaking: Strategies for Success. (6th ed. Boston: Pearson Education, Inc).

OURSE TITLE: FABRICATION AND FITTING OF ORTHOTICS AND **PROSTHETICS** 

26

#### **Course objective**

- 1. Gains Knowledge about Formulation methods of Prosthetics & Orthotics designs including selection of materials, components and additional aids.
- 2. Acquire knowledge about taking measurements for all casts that are necessary for proper fabrication and fitting.
- 3. Understand about the layout of design to obtain optimal fit and alignment.
- 4. Provides training in fitting & assessing static and dynamic alignment, where appropriate
- 5. Learn the technique of fabrication of prosthesis and orthotics

Course			Hours/week		Credits		Total		
No	Course title	Total	L	P	L	P	L	P	credits
	Fabrication and fitting of orthotics and prosthetics (skill Enhancement)	45	15	30	01	01	1	1	2

s. no	Title of content	Hours of teaching/ Learning		
		Theory	Practical	SPT*
1	Introduction to orthotics & prosthetics  Types of orthotics & prosthetics (Upper & lower limb	2	4	
	) & various materials used in orthotics & prosthetics			
2	Introduction to Material science Common materials used in orthotics & prosthetics Metals, alloys, wood, leather, fabric, foams (Types, seasoning, tanning, preservation, lamination & properties)	3	4	
3	Fabrication of orthotics & prosthetics:  Cast and measurement techniques, appropriate selection of materials and components, cast modification, fabrication and alignment technique, using of different technologies – its advantages and disadvantages	3	4	2

s. no	Title of content						Hours of teaching/ Learning			
								Theory	Practical	SPT*
	Design concept:							3	4	
	Buckling,	theories	in	failure,	fatigue	and	stress	3	<b>_</b>	

4	concentrations, connections, Shear force and bending moment diagrams, centroids, 2nd moment of area and mass, theorem of parallel axes, bending stress, torsional stress of circular shafts, combined axial and bending stresses			
5	Control systems:  Introduction to control theory and its applications in Prosthetics and Orthotics	2	4	2
6	Plaster of Paris & Silicon and its application procedure in Prosthetic & Orthotic techniques	2	4	2
	Total hours (Theory /Practical / SPT)= 45 Hrs	15	24	6

# Supervised Practical training (SPT) (include practice session, assignment, journal presentation, seminar presentation etc)

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#### **Text Book Reference**

- ➤ Material science & process by MK Muralidhar
- ➤ Work shop technology by chapman

