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For

"Physiotherapy"

Master of Physiotherapy (MPT)

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Atal Bihari Vajpayee Medical University UP
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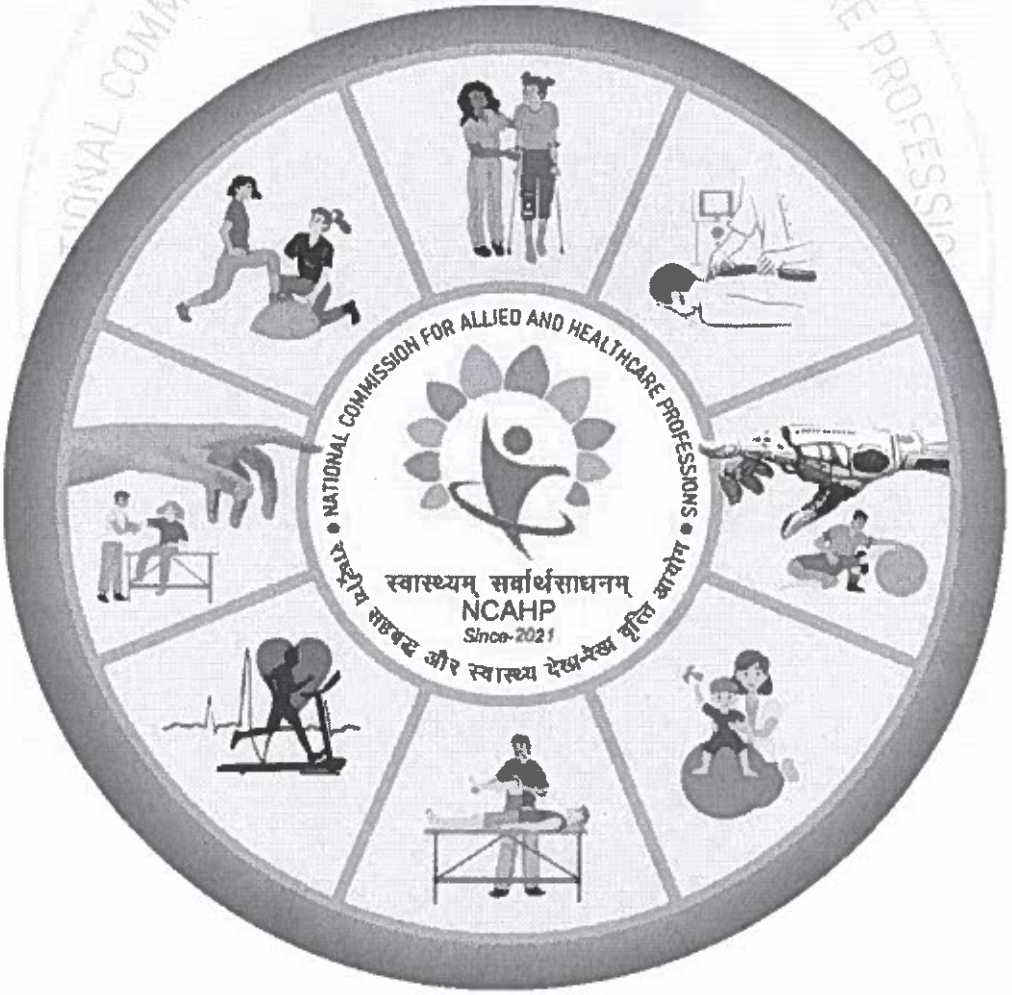
COMPETENCY BASED CURRICULUM

for

"PHYSIOTHERAPY"



As per the NCAHP Act -2021

APPROVED SYLLABUS 2026-27 ONWARDS

Atal Bihari Vajpayee Medical University

Lucknow, UP

Contents

List of Abbreviations

AED	Automated External Defibrillator
AHP	Allied and Healthcare Professional
BLS	Basic Life Support
BMW	Bio Medical Waste
B Sc	Bachelor of Science
BVMs	Bag Valve Masks
CATS	Credit Accumulation and Transfer System
CBCS	Choice-Based Credit System
CbD	Case-based Discussion
CBSE	Central Board of Secondary Education
CNS	Central Nervous System
CPR	Cardiopulmonary Resuscitation
CPU	Central Processing Unit
CR	Confidential Report
CVS	Cardio Vascular System
DOPs	Direct observation of procedures
ECTS	European Credit Transfer System
ESR	Erythrocyte Sedimentation Rate
HSSC	Healthcare Sector Skill Council
ICT	Information & Communication Technology
JCI	Joint Commission International
LAN	Local Area Network
M CEX	Mini Case Evaluation Exercise
MoHFW	Ministry of Health and Family Welfare
NABH	National Accreditation Board for Hospitals & Healthcare Providers
NCRC	National Curricula Review Committee
NIAHS	National Initiative for Allied and Healthcare Sciences
NSDA	National Skills Development Agency
NSQF	National Skills Qualification Framework
OSCE	Objective Structured Clinical Examination

OSPE	Objective Structured Practical Examination
OSLER	Objective Structured Long Examination Record
PCV	Packed Cell Volume
PPE	Personal Protective Equipment
PG	Post Graduate
TSU	Technical Support Unit
UGC	University Grants Commission
UG	Under Graduate
UHC	Universal Health Coverage
WHO	World Health Organization
WWW	World Wide Web

Chapter 1:
Introduction to the Handbook

Chapter 1

1.0.: Introduction to the Handbook

1.0.1. The **National Physiotherapy Curriculum Handbook** is an up gradation and revision of the Model Curriculum Handbook on Physiotherapy by Ministry of Health and Family Welfare, Government of India that was published in 2017. On March 28, 2021, the National Commission for Allied and Healthcare Professions bill was passed by the Parliament of India and an Interim Commission was set up under the rules of the National Commission for Allied and Healthcare Profession (NCAHP) Act, notified by the central government on May 27, 2021.

1.0.2. The Commission with the preamble to provide for regulation and maintenance of standards of education and services by allied and healthcare professionals, assessment of institutions offering related courses, maintenance of a Central and State Register, creation of a system to improve access, research and development and adoption of latest scientific advancement and related matters , initiated the process of drafting the curricula for ensuring nationwide standardized education for allied and healthcare professions in phased manner, including that of Physiotherapy in phase I. .

1.0.3. This Physiotherapy Curriculum handbook aims to provide minimum standards for Physiotherapy ensuring standardized curriculum, career pathways, nomenclature, duration of programme and other related details. The curricula focus on competency-based approach in teaching, a transition from purely didactic approach, which will create competent and clinically skilled professionals leading to improved quality of services and patient care outcomes.

1.0.4. This handbook has been designed to familiarize the universities, colleges, healthcare providers as well as educators offering Physiotherapy courses with these national (minimum) standards.

1.1. : Who is a Healthcare Professional?

1.1.1. The National Commission for Allied and Healthcare Professions Act, 2021 (mentioned hereafter as the Commission) defines the healthcare professionals as:

1.1.2. Healthcare professional includes a scientist, therapist or other professional who studies, advises, researches, supervises or provides preventive, curative, rehabilitative, therapeutic or promotional health services and who has obtained any qualification of degree under this Act, the duration of which shall not be less than three thousand six hundred hours (3600) spread over a period of three years to six years divided into specific semesters/annual terms.

1.1.3. Since past several years, many professional groups have been interacting and seeking guidance on all those who would qualify under the purview of "healthcare professionals". Wherein statutory regulatory bodies existed for clinicians, nurses, pharmacists and dental practitioners, regulatory mechanism for more than 50 professions was lacking in India. In view of the same, the National Commission for Allied and Healthcare Professions Act, 2021 was enacted by the Parliament of India, to enable regulatory provisions for 56 professions covered under the ambit of the allied and healthcare system.

1.1.4. The NCAHP Act identifies different professions based on the ILO's International Standard Classification of Occupations (ISCO-08) coding and WHO's standard documentation on classifying health workers. As per global classification, Physiotherapists with ISCO code of 2264 are healthcare professionals given their nature of duties and responsibilities for patient care and number of hours of training at entry level qualification that is Bachelor of Physiotherapy (BPT) which has been following a duration of 4.5 years including internship till now.

1.2.: Scope and need for Physiotherapy professionals in the Indian Healthcare system

1.2.1. The quality of medical care has improved tremendously in the last few decades due to the advances in technology, thus creating fresh challenges in the field of healthcare. It is now widely recognized that health service delivery is rapidly shifting to patient centric model with a multi-disciplinary team approach involving both clinicians and non- clinicians. As the country faces an increasing prevalence of chronic diseases, aging population, and rise in the life-style related ailments, the demand for rehabilitative and therapeutic services in surging. Physiotherapists play a crucial role in improving the quality of life for patients and are essential in promoting mobility, pain management, and functional independence, thereby also reducing the burden on medical and surgical treatments.

1.2.2. As the Indian government strives towards Universal Health Coverage and expansion of healthcare infrastructure including hospitals, clinics, wellness centres, academic institutions etc., physiotherapists have a major role to play and their expertise is vital in multi-disciplinary healthcare teams across different levels of healthcare delivery system contributing to comprehensive patient care. Many examples assert the need of skilled and competent physiotherapists in the system such as the National guidelines for prevention and management of stroke highlights the that physiotherapists significantly enhance management and early return to normal life for stroke survivors. The increasing awareness about the preventive healthcare and importance of physical well-being further amplifies the demand the Physiotherapy services in rural and urban settings alike. Several other examples include people of all age groups with mobility difficulties, sports persons, pregnant women, persons with soft tissue injuries, post-surgical cases, patients with cardiac and pulmonary ailments, the elderly, cancer patients, patients with chronic conditions such as diabetes people with neuropathic pain and amputees, and those suffering from other lifestyle disorders; the list of people and potential patients who benefit from Physiotherapy is indefinite. Thus, the breadth and scope of the Physiotherapy practice varies from one end to another, including areas of work listed below:

1.2.2.1. Across the age span of human development from neonate to old age;

1.2.2.2. With patients having complex and challenging physical dysfunction/ problems resulting from systemic illnesses, diseases, disorders or trauma

1.2.2.3. Towards health promotion and disease prevention

1.2.2.4. Assessment, diagnosis, management and evaluation of interventions and protocols for treatment;

1.2.2.5. In a broad range of settings, from a patient's home to community, Healthcare facilities including those in the educational institutions and corporate/industrial set up, primary care centers, to tertiary care settings; and

1.2.2.6. With an understanding of the healthcare issues associated with diverse socio-economies and cultural norms within the society.

The detailed scope is mentioned in Chapter 8.

1.3. Learning goals and objectives for Physiotherapy professionals

The handbook has been designed with a focus on performance-based outcomes pertaining to different levels of education program. The learning goals and objectives of the undergraduate and post-graduate education program will be based on performance expectations. They will be articulated as learning goals (why we teach this) and learning objectives (what the students will learn). Using the framework, students will learn to integrate their knowledge, skills and abilities in a hands-on manner in a professional healthcare setting. These learning goals are divided into nine key areas:

1.3.1. Independent Clinical Practice

1.3.2. Communication

1.3.3. Member of a multidisciplinary health team

1.3.4. Ethics and accountability at all levels (clinical, professional, personal and social)

1.3.5. Commitment to professional excellence

1.3.6. Leadership and mentorship

1.3.7. Social accountability and responsibility

1.3.8. Scientific attitude and scholarship (only at higher level-MPT and PhD)

1.3.9. Lifelong learning

1.3.1. Clinical Practice

Using a patient/family centered approach and best evidence, each student will learn to organize and implement the preventive, investigative and management plans; and will offer appropriate follow-up services. Program objectives should enable the students to:

1.3.1.1. Apply the principles of basic science and evidence-based practice

1.3.1.2. Develop competency for autonomous practice of Physiotherapy as first-hand practitioners.

1.3.1.3. Prescribe and use relevant investigations, therapeutic interventions, assistive devices, home and work place modifications, sup- port systems etc. as needed

1.3.1.4. Identify the indications of Physiotherapy for various disease, disorders and trauma and manage them in an appropriate manner with physiotherapeutic modalities.

1.3.1.5. Assessment of patients and identifying the need for appropriate referral to other medical specialties.

1.3.1.6. Provide care to patients – efficiently and in a cost-effective way – in a range of settings, and maintain foremost the interests of individual patients

1.3.1.7. Identify the influence of biological, psychosocial, economic, and spiritual factors on patients' well-being and act in an appropriate manner

1.3.1.8. Incorporate strategies for certain emergency care, health promotion and disease prevention with their patients

1.3.2. Communication [4], [1]

The student will learn how to communicate with patients/clients, care-givers, other health professionals and other members of the community effectively and appropriately. Communication is a fundamental requirement in the provision of Healthcare services. Program objectives should enable the students to:

1.3.2.1. Provide sufficient information to ensure that the patient/client can participate as actively as possible and respond appropriately to the information

1.3.2.2. Clearly discuss the diagnosis with the patient, and decide appropriate treatment plans in a sensitive manner that is in the best interests of the patients and the society in general

1.3.2.3. Explain the proposed healthcare service – its nature, purpose, possible positive and adverse consequences, its limitations, and reasonable alternatives wherever they exist

1.3.2.4. Use effective communication skills to gather data and share information including attentive listening, open-ended inquiry, empathy and clarification to ensure understanding

1.3.2.5. Appropriately communicate with, and provide relevant information to, other stakeholders including members of the healthcare team so that the team prioritizes and continuously refines its communication channels creating an environment of general and specific understanding.

1.3.2.6. Use communication effectively and flexibly in a manner that is appropriate for the reader or listener

1.3.2.7. Explore and consider the patient's ideas, beliefs and expectations during interactions with them, along with varying factors such as age, ethnicity, culture and socioeconomic background

1.3.2.8. Develop efficient methods for all forms of written and verbal communication including accurate and timely record keeping

1.3.2.9. Assess his/her own communication skills, develop self-awareness and be able to improve his/her relationships with others

1.3.2.10. Possess skills to counsel for lifestyle changes and advocate health promotion

1.3.3. Membership of a multidisciplinary health team[2]

The student will learn to put a high value on effective communication within the team, including transparency about aims, decisions, uncertainty and mistakes. Team-based Healthcare is the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively to accomplish shared goals within and across settings to achieve coordinated, high quality care. Program objectives will aim at making the students learn to:

1.3.3.1. Recognise, clearly articulate, understand and support shared goals in the team that reflect patient and family priorities

1.3.3.2. Possess distinct roles within the team; to have clear expectations for each member's functions, responsibilities, and accountabilities, which in turn optimises the team's efficiency and makes it possible for them to use division of labor advantageously, and accomplish more than the sum of its parts

1.3.3.3. Develop mutual trust within the team to create strong norms of reciprocity and greater opportunities for shared achievement

1.3.3.4. Communicate effectively so that the team prioritises and continuously refines its communication channels creating an environment of general and specific understanding

1.3.3.5. Recognise measurable processes and outcomes, so that the individual and team can agree on and implement reliable and timely feedback on successes and failures in both the team's functioning and the achievement of their goals. These can then be used to track and improve performance immediately and over the time.

1.3.4. Ethics and accountability

Students will understand core concepts of clinical ethics and law so that they may apply these to their practice as physicians. Program objectives should enable the students learn to:

1.3.4.1. Describe and apply the basic concepts of clinical ethics to actual cases and situations

1.3.4.2. Recognise the need to make Healthcare resources available to patients fairly, equitably and without bias, discrimination or undue influence

1.3.4.3. Demonstrate an understanding and application of basic legal concepts to the practice of Physiotherapy

1.3.4.4. Employ professional accountability for the initiation, maintenance and termination of patient-care provider relationships

1.3.4.5. Demonstrate respect for each patient's individual rights of autonomy, privacy, and confidentiality

1.3.5. Commitment to professional excellence[3]

The student will execute professionalism to reflect in his/her thought and action through a range of attributes and characteristics that include professional competence, appearance, image, confidence level, empathy, compassion, understanding, patience, manners, verbal and non-verbal communication, an anti-discriminatory and non-judgmental attitude, and appropriate physical contact to ensure safe, effective and expected delivery of healthcare. Program objectives will aim at making the students learn to:

1.3.5.1. Demonstrate distinctive, meritorious and high-quality practice that leads to excellence and that depicts commitment to competence, standards, ethical principles and values, within the scope/legal boundaries of practice

1.3.5.2. Demonstrate the quality of being answerable for all actions and omissions to all, including service users, peers, employers, standard-setting/regulatory bodies or oneself

1.3.5.3. Demonstrate humanity in the course of everyday practice by virtue of having respect (and dignity), compassion, empathy, honour and integrity

1.3.5.4. Ensure that self-interest does not influence actions or omissions, and demonstrate regards for service-users and colleagues

1.3.6. Leadership and mentorship[4]

The student must learn to take on a leadership role where needed in order to ensure clinical outcomes and patient satisfaction. They must be able to respond in an autonomous and confident manner to predicted and unpredicted situations, and should be able to manage them- selves and with other team members effectively. They must create and maximise opportunities for the improvement of the health seeking experience and delivery of healthcare services. Program objectives should enable the students learn to:

1.3.6.1. Act as agents of change and be leaders in quality improvement and service development, so that they contribute and enhance peoples' wellbeing and their healthcare experience

1.3.6.2. Systematically evaluate care; ensure the use of these findings to help improve peoples' experience and care outcomes, and to shape clinical treatment protocols and services

1.3.6.3. Identify priorities and effectively manage time and resources to ensure the maintenance or enhancement of the quality of care

1.3.6.4. Recognise and be self-aware of the effect their own values, principles and assumptions may have on their practice. They must take charge of their own personal and professional development and should learn from experience (through supervision, feedback, reflection and evaluation)

1.3.6.5. Facilitate themselves and others in the development of their competence, by using a range of professional and personal development skills

1.3.6.6. Work independently and in teams. They must be able to take a leadership role to coordinate, delegate and supervise physiotherapeutic healthcare safely, manage risk and remain accountable for the care given; actively involve and respect others' contributions to integrated person-centered care; yet work in an effective manner across professional and agency boundaries. They must know when and how to communicate with patients, care givers and if needed, refer them to other professionals and agencies, to respect the choices of service users and others, to promote shared decision-making, to deliver positive outcomes, and to coordinate smooth and effective transition within and between services and agencies.

1.3.7. Social Accountability and Responsibility[5]

The students will recognise that the healthcare professionals need to be advocates within the Healthcare system, to judiciously manage resources and to acknowledge their social accountability[6]. They have a mandate to serve the community, region and the nation and will hence direct all research and service activities towards addressing their priority health concerns. Program objectives should enable the students learn to:

1.3.7.1. Demonstrate knowledge of the determinants of health at local, regional and national levels and respond to the population' health needs

1.3.7.2. Establish and promote innovative practice patterns by providing evidence-based care and testing new models of practice that will translate the results of research into practice, and thus will meet individual and community needs in a more effective manner

1.3.7.3. Develop a shared vision of an evolving and sustainable Healthcare system for the future by working in collaboration with and reinforcing partnerships with other stakeholders, including academic health centres, governments, communities and other relevant professional and non-professional organisations.

1.3.7.4. Advocate for the services and resources needed for optimal patient care

1.3.8. Scientific attitude and Scholarship[10]

The student will utilise sound scientific and/or scholarly principles during interactions with patients and peers, educational endeavors, research activities and in all other aspects of their professional lives. Program objectives should enable the students to:

1.3.8.1. Engage in ongoing self-assessment and structure their continuing professional education to address the specific needs of the population

1.3.8.2. Practice evidence-based practice by applying principles of scientific methods

1.3.8.3. Takes responsibility for their educational experiences

1.3.8.4. Acquire basic skills such as presentation skills, giving feedback, patient education and the design & dissemination of research knowledge; for their application to teaching encounters.

1.3.8.5. Develop a research question and be familiar with basic, clinical and translational research in its application to patient care

1.3.9. Lifelong learning

The student will learn to be committed to continuous improvement in skills and knowledge while harnessing modern tools and technology. Program objectives will aim at making the students being able to:

1.3.9.1. Perform objective self-assessments of their knowledge and skills; learn and refine existing skills; and acquire new skills

1.3.9.2. Apply newly gained knowledge or skills to patient care

1.3.9.3. Enhance their personal and professional growth and learning by constant introspection, mentor's guidance and by utilizing experiences

1.3.9.4. Search (including through electronic means), and critically evaluate medical literature to enable its application to patient care

1.3.9.5. Identify and select an appropriate, professionally rewarding and personally fulfilling career pathway.

1.4. Introduction of new elements in Physiotherapy Competency-based curriculum

1.4.1. A significant skill gap has been observed among the professionals offering healthcare services irrespective of the hierarchy and level of responsibility in the healthcare settings. The large variation in the quality of services is due to the diverse methodologies opted for health- care education and the difference in expectations from a graduate after completion of a course and at work. **What one is expected 'to perform' at work is assumed to be learned during the course, however, the course design focuses on what each student is expected 'to know'. The competency-based curriculum thus connects the dots between the 'know what' and 'do how'.**

1.4.2. The efficiency and effectiveness of any educational program largely depends on the curriculum design that is being followed. With emerging medical and scientific knowledge, educators have realised that learning is no more limited to memorising specific lists of facts and data; in fact, by the time the professional aims to practice in the healthcare setting, the acquired knowledge may stand outdated. Thus, competency-based education is the answer: a curricular concept designed to provide the skills that professionals need.

1.4.3. A competency- based program is a mix of skills and competencies based on individual or population needs (such as clinical knowledge, patient care, or communication approaches), which is then developed to teach relevant content across a range of courses and settings. While the traditional system of education focuses on objectives, content, teacher-centric approach and summative evaluation; competency-based education has a focus on competencies, outcomes, performance and accomplishments. In such a case, teaching activities are learner centeric, and evaluation is continuous and formative in structure. The credentials depend on the demonstration of a defined set of competencies, which enables a professional to achieve targeted goals. Competency frameworks comprise of a clearly articulated statement of a person's abilities on the completion of the credential, which allows students, employers, and other stakeholders to set their expectations appropriately.7

1.4.4. Considering the need of the present and future healthcare delivery system, the curriculum design depicted in this handbook thus will **be based on skills and competencies**. The highlights of Curriculum include:

1.4.4.1. **Promoting self-directed learning of the professionals**

i. The shift in the focus from traditional to competency-based education has made it pertinent that the learning processes may also be revisited for suitable changes. It is a known fact that learning is no longer restricted to the boundaries of a classroom or the lessons taught by a teacher. The new tools and technologies have widened the platform and introduced innovative modes of how students can learn and gain skills and knowledge. One of the innovative approaches is learner-centric and follows the concept of **self-directed learning.**

ii. *Self-directed learning, in its broadest meaning, describes a process in which individuals take the initiative with or without the help of others, in diagnosing their learning needs, formulating learning goals, identifying resources for learning, choosing and implementing leaning strategies and evaluating learning outcomes (Knowles, 1975).*[8]

iii. In self-directed learning, learners themselves take the initiative to use resources rather than simply reacting to transmissions from resources, which helps them learn more in a better way.[9] Lifelong, self-directed learning (SDL) has been identified as an important ability for medical graduates (Harvey, 2003)[10] and so is applicable to physiotherapy professionals. **It has been proven through many studies worldwide that the self-directed method is better than the teacher-centric method of learning**.

Teacher-directed learning makes learners more dependent and the orientation to learning becomes subject-centred. If a teacher provides the learning material, the student is usually satisfied with the available material, whereas if a student is asked to work on the same assignment, he or she invariably has to explore extensive resources on the subject[15]. Thus the handbook promotes self-directed learning, apart from the usual classroom teaching and opens the platform for students who wish to engage in lifelong learning.

1.4.4.2. Credit hours vs. traditional system

i. The University Grants Commission (UGC) have highlighted the need for the development of a Choice-Based Credit System (CBCS), at par with global standards and the adoption of an effective grading system to measure a learner's performance.[11] All the major higher education providers across the globe are operating a system of credits. The European Credit Transfer System (ECTS), the 'National Qualifications Framework' in Australia, the Pan-Canadian Protocol on the Transferability of University Credits, the Credit Accumulation and Transfer System (CATS) in the UK as well as the systems operating in the US, Japan, etc. are examples of these. Globally, now a need exists for the use of a fully convertible credit-based system that can be accepted at other universities. It has now become imperative to offer flexible curricular choices and provide learners mobility due to the popularity of initiatives such as 'twinning programs', 'joint degrees' and 'study abroad' programs.[12]

ii. In order to ensure global acceptability of the graduates, the current curriculum structure is divided into smaller sections with focus on hours of studying which has been converted into credit hours as per the norms of National Credit Framework (NCrF) where[1]:

   a. Theory (classroom teaching) 1 credit is equal to 15 hours,

   b. Practical/Clinical – 1 credit is equal to 30 hours

   c. Experiential learning (field work) – 1 credit is equal to 45 hours

iii. The NCrF applies to credits given to students and will bear the above structure. However, the workload for academicians/ teachers should be counted at actual number of hours devoted for imparting/conducting the "Lectures/tutorials/practical/seminars/ OPD/clinical training/research and any such curricular/ extra-curricular activity".

[1] https://www.ugc.gov.in/pdfnews/9028476_Report-of-National-Credit-Framework.pdf

1.4.4.3. Integrated structure of the curriculum

i. Vertical integration, in its truest sense, is the interweaving of teaching clinical skills and knowledge into the basic science years and, reinforcing and continuing to teach the applications of basic science concepts during the clinical years. (Many efforts called 'vertical integration' include only the first half of the process).

ii. Horizontal integration is the identification of concepts or skills, especially those that are clinically relevant, that cut across (for example, the basic sciences), and then putting these to use as an integrated focus for presentations, clinical examples, and course materials. e.g. Integration of some of the basic science courses around organ systems, e.g., human anatomy, physiology, pathology; or incorporating ethics, legal issues, finance, culture and computer skills into different aspects of a course like the Clinical Continuum.

iii. The aim of an integrated curriculum is to lead students to a level of scientific fluency that is beyond mere fact and concept acquisition, by the use of a common language of medical science, with which they can begin to think creatively about medical problems.[13]

iv. This innovative new curriculum has been structured in a way such that it facilitates horizontal and vertical integration between disciplines; and bridges the gaps between both theory and practice, and between hospital-based practice and community practice. The amount of time devoted to basic and laboratory sciences (integrated with their clinical relevance) would be the maximum in the first year, progressively decreasing in the second, third and fourth year of the training, making clinical exposure and learning more dominant.[11]

1.4.4.4. Learning methodologies

i. With the focus on self-directed learning, the curriculum will include a foundation course that focuses on communication, basic clinical skills and professionalism; and will incorporate clinical training from the first year itself. It is recommended that the primary care level should have sufficient clinical exposure integrated with the learning of basic and laboratory sciences. There should also be an emphasis on the introduction of case scenarios for classroom discussion/case-based learning.

ii. Introduction of foundation course in the curriculum

a. The foundation course for healthcare professions is an immersive program designed to impart the required knowledge, skills and confidence of a professional healthcare course. This aims to orient the student to national health systems and the basics of public health, medical ethics, medical terminologies, communication skills,basic life support,computer learning, infection prevention and control,

environmental issues and disaster management, as well as orientation to the community with focus on issues such as gender sensitivity, disability, human rights, civil rights etc. The flexibility to the course designers has been provided in terms of – modifying the required numbers of hours for each foundation subject and appropriate placement of the subject throughout the program.

b. Healthcare education and training is the backbone of an efficient healthcare system and India's education infrastructure is yet to gain from the ongoing international technological revolution. The teaching and learning of clinical skills occur at the patient's bedside or in other clinical areas such as laboratories, augmented by didactic teaching in classrooms and lecture theatres. In addition to keeping up with the pace of technological advancement, there has been a paradigm shift to outcome-based education with the adoption of effective assessment patterns. However, the demand for demonstration of competence in institutions where it is currently limited needs to be promoted. With the advancement of technology, new teaching tools are being used such as skill centres with mannequins, laboratories and high-fidelity simulation laboratories using scenarios to enhance the practice and training for the students and healthcare professionals. The use of simulators addresses many issues such as suboptimal use of resources and equipment by adequately training the students on newer technologies, limitations of imparting practical training in real-life scenarios, and ineffective skills and competence assessment methods, among others. Further, new technology and techniques are being put into practice by several institutions that include Flipped classrooms, Online and blended learning, use of Learning Management Systems, among others.

c. The table 1.1 mentioned below lists various modes of teaching and learning opportunities that harness advanced tools and technologies.

Table 1.1. Clinical learning opportunities imparted through the use of advanced teaching techniques

Teaching modality	Learning opportunity examples
i.Patients	Teach and assess in selected clinical scenarios
	Practice soft skills of assessment, diagnosis and interventions
	Practice physical examination and assessment
	Assessment of physical dysfunction, movement pattern, gait, balance, posture, activity level etc. for diagnosis and prescription
	Application of Physio-therapeutic modalities and therapeutic exercises
	Receive feedback on performance
ii.Mannequins	Perform acquired techniques
	Practice basic procedural skills
	Apply bassic science understanding to clinical resolutions.
iii.Simulators	Practice teamwork and leadership
	Perform cardiac and pulmonary care skills
	Apply basic science understanding to clinical problem solving
iv.Task-under-supervision	Learn assessment, investigations, diagnosis, and physiotherapeutic interventions including but not limited to - application of exercise therapy and electrotherapy modalities, measurement of muscle strength, joint range of motion, joint mobilisation, manipulation, chest Physiotherapy, functional activities, posture, gait pattern, balance, coordination, associated physical interventions etc.

1.4.4.5. Assessment methods

i. Traditional assessment of students consists of the yearly system of assessments. In most institutions, assessments consist of internal and external assessments, and a theory examination at the end of the year or semester. This basically assesses knowledge instead of assessing skills or competencies. **In competency-based training, the evaluation of the students is based on the performance of the skills as per their competencies. Hence, all the three attributes – knowledge, skills, and attitudes – are assessed as required for the particular competency.**

ii. Several methods and tools are now readily accessible, the use of which requires special training. Some of these are given below:

   a. Objective Structured Clinical Examination (OSCE), Objective Structured Practical Examination (OSPE), Objective Structured Long Examination Record (OSLER)

   b. Mini Case Evaluation Exercise (CEX)

   c. Case-based discussion (CBD)

   d. Direct observation of procedures (DOPs)

   e. Portfolio

   f. Multi-source feedback

   g. Patient satisfaction questionnaire

iii. Physiotherapy teachers should use these tools during assessment and evaluation of competencies of Physiotherapy students. It tests the performance and competence in communication, clinical examination, clinical evaluation, physical and functional diagnosis, procedures, prescriptions and patient management. The basic essential elements consist of functional analysis of the ability to assess physical fitness, occupational roles, disability evaluation etc. and translation of these roles ("competencies") into outcomes, and assessment of trainees' progress in these outcomes on the basis of demonstrated performance. **Progress is defined solely by the competencies achieved and not by the underlying processes or time served in formal educational settings.** Most methods use predetermined, agreed assessment criteria (such as observation check- lists or rating scales for scoring) to emphasize frequent assessment of learning outcomes. Hence, it is imperative for teachers to be aware of these developments and they should suitably adopt them in the Physiotherapy education system.

Chapter 2
Methodology of Curriculum Development

Chapter 2:

2.0. Methodology of curriculum development

2.0.1. Interim Commission for Allied and Healthcare Professions constituted three committees to streamline the standardisation of education, practice and development of allied and healthcare professions. Committee three was given the mandate to set curricula standards of allied and healthcare professions in phased manner. A model curriculum handbook for Physiotherapy was developed and published by Ministry of Health and Family Welfare in the year 2017, with a view to have uniform standard for undergraduate and postgraduate Physiotherapy education in India. This handbook served as baseline for upgradation and revision considering technological advancements, changing industry needs, incorporation of new knowledge and evidence-based practice, and to match the global standards in field of Physiotherapy education and practice.

2.0.1.1. **Constitution of Physiotherapy Task force committee:** The Commission sought opinion of the professional experts in the field of academics, practice and research from leading government and private institutions across India, to constitute a task force committee for Physiotherapy. Experts were identified and taskforce was notified by the Ministry of Health and Family Welfare (2022-2023). These subject experts redesigned the curricula based on a standardized framework.

2.0.1.2. **Common guidelines:** The Commission issued guidelines and framework for developing curricula, common to all the allied and healthcare profession and for the task force committee to revise and recommend the updated norms regarding education and practice of Physiotherapy in India.

2.0.1.3. **Taskforce meetings:** a series of meeting (both online and offline) involving subject experts and officials from the Commission were organized at National Institute of health and Family welfare, Munirka New Delhi and All India Institute of Medical Sciences, New Delhi to accomplish the task.

2.0.1.4. **Literature review:** The task force sought curricula from various universities and institutions across the country and abroad and did a comprehensive literature review resulting in a detailed curriculum of the Physiotherapy undergraduate and postgraduate course, which included competency and skills-based models followed nationally as well as internationally, methodologies of curriculum development, assessment protocols, and many such aspects of curriculum development. A consensus was attained amongst the task force committee members on various suggestions by the members and literature review.

2.0.1.5. **Public opinion:** was solicited on public platform for 15 days through which more than 2300 comments were received, reviewed and incorporated appropriately as per the recommendations of the Taskforce members.

2.0.2. The versatile and immense experience of task force members in their respective streams, to assess the applicability of the curricula drafted in view of the healthcare system as a whole will be a milestone in standardization of Physiotherapy education in India.2.0.3.

Chapter 3
Background of the Profession

Chapter 3: Background of the profession

3.0. Statement of Philosophy– Why this profession holds so much importance[14]

3.0.1. Physiotherapy practice spans the continuum from health promotion to prevention to rehabilitation for individuals and populations throughout the lifespan. Physiotherapy diagnoses movement dysfunctions based on skillful examination and evaluation regardless of the cause or etiology and provide skilled therapeutic intervention to foster improvement in physical functioning and maximising overall quality of life. Physiotherapists provide the initial access into the Healthcare system for persons with impairments and functional limitations amenable to Physiotherapy and engage in collegial referral relationships with other Healthcare professionals.

3.0.2. Physiotherapists constitute essential part of the Primary care services; wherein primary care refers to the work of health professionals who act as a first point of consultation for all patients within the healthcare system. Such a professional would usually be a primary care physician, such as a general practitioner or family physician, a licensed practitioner such as a physiotherapist, or a non-physician primary care provider such as a mid-level healthcare provider. Depending on the nature of the health condition, patients may then be referred for secondary or tertiary care.

3.0.3. Physiotherapist's role also includes that of case manager, teacher, researcher, and consultant. The faculty believes the first priority of education is to prepare people for a well-rounded, balanced life with broad social and cultural interests and as involved, active citizens of our country.

3.0.4. Physiotherapists must have commitments to lifelong learning and to search for the evidence that supports and advances practice. Critical thinking, problem solving, intellectual perseverance and courage are all essential characteristics of the successful physiotherapist.

3.0.5. Physiotherapists are healthcare professionals with a significant role in health promotion and physiotherapeutic management of disorders, diseases and trauma. They combine their in-depth knowledge of the human body and its functioning with specialised hands-on clinical skills to assess, diagnose and treat physical dysfunctions due to disorders, illness, injury/trauma or disabilities.

3.0.6. All Physiotherapists registered to practice are qualified to provide safe and effective physiotherapeutic management. They have met national entry-level education and practice standards and have successfully passed a standardised Physiotherapy competence examination. The minimum education requirement is a baccalaureate degree in Physiotherapy.

3.0.7. Physiotherapy is an essential part of the health and community/welfare services delivery system.

3.0.8. Physiotherapists practice independently and also as part of the multidisciplinary rehabilitation/ habilitation team; they prescribe and implement therapeutic programs to gain, maintain or restore optimal function and quality of life in patients/ individuals with loss and disorders of movement/ functions, after necessary assessment, evaluation and investigations.

3.0.9. Physiotherapists are guided by their own code of ethical principles. Thus, they may be concerned with any of the following purposes:

3.0.9.1. Promoting the health and well-being of individuals and the general public/society, emphasizing the importance of physical activity and exercise.

3.0.9.2. Preventing impairments, activity limitations, participatory restrictions and disabilities in individuals at risk of altered movement behaviors due to health or medically related factors, socio-economic stressors, environmental factors and lifestyle factors.

3.0.9.3. Assessing/evaluating, prescribing necessary investigations to establish diagnosis for physical dysfunction, prescribing physiotherapeutic interventions/treatment plan to the patients/ individuals seeking opinion/guidance regarding their health issues

3.0.9.4. Providing interventions/treatment to restore integrity of body systems essential to movement, maximize function and recuperation, minimize incapacity, and enhance the quality of life, independent living and workability in individuals and groups of individuals with altered movement behaviors resulting from impairments, activity limitations, participatory restrictions and disabilities due diseases, disorders and trauma.

3.0.9.5. Modifying environmental, home and work access and barriers to ensure full participation in one's normal and expected societal roles. Physiotherapists may also contribute to the development of local, national and international health policies and public health strategies.

3.1. Practice settings for Physiotherapists

Physiotherapy is delivered in a variety of settings which allow it to achieve its purpose. Prevention, health promotion, treatment/intervention, habilitation and rehabilitation take place in multiple settings/ establishments that may include, but are not confined to, the following:

i. Hospitals (of different levels across public and private sector)

ii. Physiotherapy private clinics

iii. Nursing homes

iv. Occupational health centers

v. Out-patient clinics

vi. Home based care

vii. Sports centres/clubs

viii. Fitness clubs, health clubs, gymnasia and wellness centre

ix. Special schools and care centres

x. Senior citizen centres

xi. Community based rehabilitation facilities/ disaster management and relief centres

xii. Hospices/ Palliative care centres (terminal care centres)

xiii. Prisons

xiv. Public settings (e.g., shopping malls) for health promotion

xv. Workplaces/companies/ corporate settings

xvi. Integrated medical centres

xvii. Women's health centre

xviii. Research centres

3.2. Recognition of Title and Qualification

3.2.1. Within the multidisciplinary health professionals' team, the professional responsible for administrating Physiotherapy treatment/ management are recognized as physiotherapist. Physiotherapists at times referred as Physical therapists. The terminology Physiotherapist is an internationally adopted nomenclature and thus should also be applicable in an Indian context.

3.2.2. The Commission recognizes any Healthcare professional as Physiotherapist who has acquired Bachelor of Physiotherapy from recognized university/College as per the regulations of the Commission.

3.2.3. The recommended title thus stands as the "Physiotherapist" with the Prefix "Dr" and suffix "PT".

3.2.4. It is a known fact that with the career advancement, the nomenclature will also vary and will also depend on the sector and profile of the professional/ profession.

3.2.5. The table 3.1, 3.2 and 3.3 below indicates the various channels of career progression in three distinct sectors such as clinical setting, academic and research route. It is envisaged that the physiotherapist will have one entry pathway – students with baccalaureate. The level of responsibility will increase as the career progresses. The tables also indicate the corresponding level of qualification with experience required by the professional to fulfill the requirements of each level.

3.2.5.1. Considering the extent of patient dealing in case of physiotherapist and such other professions, Government aims to phase out the Diploma and PG Diploma level courses and promote only bachelor's and master's degree courses. In the academic front, to work at the position of a Lecturer/Assistant Professor the candidate must attain Master's degree.

Table 3.1 Nomenclature based on clinical career progression for Physiotherapist

Sector	Progression from Entry level	Eligibility and Experience		Annual Performance based appraisal
	Designation	**Direct recruitment**	**Promotion**	
Clinical	**i. Clinical Physiotherapist**	Fresh BPT graduate	Fresh BPT graduate	As they will work in the same position for next three years and they will need to have performance appraisals
	ii. Senior Clinical Physiotherapist	Three years of clinical experience	Three years of clinical experience	Proficiency test CR, self-appraisal & HOD/Principal's Appraisal/year
	iii. Superintendent Physiotherapist	Five years' of clinical experience with MPT qualification desirable	Five years' experience in the post of senior physiotherapist MPT is desirable for promotion	Proficiency test CR, self-appraisal & HOD/Principal's Appraisal/year Attended Two National / International conferences.
	iv. Chief Physiotherapist	Eight years' experience as Superintendent Physiotherapist. MPT IS Mandatory	Eight years' experience as Superintendent Physiotherapist. MPT IS Mandatory	Proficiency test CR & Self-appraisal/ year Attended Two National / International conferences
	v. Director Physiotherapy/Head of the Physiotherapy Department*	Five years' experience as Chief Physiotherapist. MPT IS Mandatory	Five years' experience as Chief Physiotherapist. MPT IS Mandatory	Proficiency test CR, Self appraisal/ year. Three national / International Conference.
	vi. Assistant Director General [A.D.G]	Five years of clinical experience as Director PT. MPT IS Mandatory	2 years' experience as Director PT. MPT IS Mandatory	Proficiency test CR, Self appraisal/ year Five National / International Conferences

Table 3.2 Nomenclature based on academic career progression for Physiotherapist

Sector	Progression from Entry level	Eligibility and Experience		Annual Performance based appraisal
	Designation	**Direct recruitment**	**Promotion**	
Academic	**i. Assistant Professor**	Fresh MPT graduate	Fresh MPT graduate	As they will work in the same position for next three years and they will need to have performance appraisals
	ii. Assistant Professor (Senior)	Three years' of experience as Assistant professor Ph.D.*** is desirable for promotion/ direct recruitment to Assistant Professor (Senior grade)	Three years' of experience as Assistant professor Ph.D.*** is desirable for promotion/ direct recruitment to Assistant Professor (Senior grade)	Proficiency test CR, self-appraisal & HOD/Principal's Appraisal/year Two Conference presentation as Asst. Professor Junior. Two publications during tenure period as Asst. Professor Junior Enrollment for PhD. (For Academics)
	iii. Associate Professor	Total Five years of experience as Assistant Professor (out of which minimum 2 yrs as Senior AP preferabely) PhD is Mandatory	Total Five years of experience as Assistant Professor (out of which minimum 2 yrs as Senior AP preferabely) PhD is Mandatory	Proficiency test CR & Self-appraisal/ year Two Conference presentation as asst. Prof. Senior Three Publications (as first author) asst. Prof. Senior
	iv. Professor	Five years of experience as Associate Professor or Total 13 years of teaching experience. PhD is Mandatory	Five years of experience as Associate Professor or Total 13 years of teaching experience. Senior most Professor will be the Principal/Dean PhD is Mandatory.	Proficiency test CR, Self appraisal/ year Three Conference presentations as Associate Professor Three publications (as first author) Associate Professor

Sector	Progression from Entry level	Eligibility and Experience		Annual Performance based appraisal
	Designation	**Direct recruitment**	**Promotion**	
	v. Dean	Five years of experience as Professor PhD is Mandatory	Five years' experience as Professor, Senior most Professor will be the Principal/Dean PhD is Mandatory	Proficiency test CR, Self appraisal/ year Five Conference presentations as Professor. Five publications (as first author) as Professor

Table 3.3 Nomenclature based on research career progression for Physiotherapist

Sector	Progression from Entry level	Eligibility and Experience		Annual Performance based appraisal
	Designation	**Direct recruitment**	**Promotion**	
Research	**i. Scientist -C**	MPT, Ph D	MPT, Ph D	Proficiency test CR, self-appraisal & HOD/Principal's Appraisal/year One Conference presentation One publication during tenure period
	ii. Scientist D	Five years of research experience as Scientist C.	Five years of research experience as Scientist C.	Proficiency test CR, self-appraisal & HOD/Principal's Appraisal/year Two Conference presentation as scientist C. Two publications during tenure period as scientist C.
	iii. Scientist E	Eight years of experience as Scientist D	Eight years of experience as Scientist D	Proficiency test CR & Self-appraisal/ year Two Conference presentation as Scientist D Three Publications (as first author) as Scientist D.
	iv. Scientist F	Five years of experience as Scientist E	Five years of experience as Scientist E	Proficiency test CR, Self appraisal/ year. Three Conference presentations as Scientist E Three publications (as first author) as Scientist E.
	v. Scientist G/ Research Head	Five years of experience as Scientist F	Five years of experience as Scientist F (Designation as per UGC / ICMR Norms) Scientist D	Proficiency test CR, Self appraisal/ year Five Conference presentations as Scientist F Five publications (as first author) as Scientist F

** For hospitals/ universities having department of physiotherapy*

*** Pay scales for Clinical, research and academic designations will be same at different levels. E.g. Pay scale of Senior Physio- therapist (Clinical), Assistant Professor (Academic) and Scientist C (Research) at the same level, will be the same.*

**** Ph. D. under any specialty/ discipline in Physiotherapy Only.*

3.2.5.2. **A minimum of 55 % marks in MPT examinations is required for taking Academic Designation or research designation. A relaxation of 5% may be provided at the graduate and master's level for the Scheduled Caste/ Scheduled Tribe/OBC/Differently-abled (Physically and visually differently-abled) categories for the purpose of eligibility and for assessing good academic record during direct recruitment to teaching positions. The eligibility marks of 55% marks (or an equivalent grade in a point scale wherever grading system is followed) and the relaxation of 5% to the categories mentioned above are permissible, based on only the qualifying marks without including any grace mark procedures.**

3.2.5.3. Mandatory Ph.D. will be applicable after five years of implementation of these Rules where ever mentioned in the Tables-3.1,3.2,3.3.These qualifications are applicable for future recruitment. The case of teachers who are already holding teaching posts and have more than 10 years teaching experience will continue to hold their post in their respective institution.

3.2.5.4. All Academic Post are full time teaching Post and a teaching experience from Head/ Principal/ Director of a recognized Physiotherapy college or Institution will only be valid for counting any Teaching experience.

3.2.5.5. All teaching staff will engage in clinical practice at the attached hospitals/OPD, assuming dual responsibilities. Their workload will be calculated accordingly, with hours spent in clinical settings considered equivalent to theory hours.

3.2.5.6. As a part of conflict of interest, no teaching faculty of college is allowed to be affiliated directly or indirectly with private clinic/ as workshops liaison.

3.2.5.7. As a part of conflict of interest, Clinician (working on Clinical Post) are not allowed to be affiliated directly or indirectly with private clinic/as workshops liaison.

3.2.5.8. It is mandatory for all teaching faculties to attend "Faculty Development programme" every three years. **The certificate of the same to be uploaded on state council website.**

3.2.5.9. Physiotherapists on clinical posts who impart and are responsible for clinical training and supervision of physiotherapy students/ interns will be provided with academic experience by the Dean /Principal of the respective recognized Physiotherapy College will only be Valid.

3.3. Definition of Physiotherapist and ISCO of Physiotherapy

3.3.1. Physiotherapist is a professional who practices physiotherapy by undertaking comprehensive examination and appropriate investigation, provides treatment and advice to any persons preparatory to or for the purpose of or in connection with movement or functional dysfunction, malfunction, disorder, disability, healing and pain from trauma and disease, using physical modalities including exercise, mobilization, manipulations, electrical and thermal agents and other electro therapeutics for prevention, screening, diagnosis, treatment, health promotion and fitness.

3.3.2. The physiotherapist can practice independently or as a part of a multi-disciplinary team and has a minimum qualification of a baccalaureate degree. (NCAHP Act 2021)

3.3.3. The International Standard Classification of Occupations (ISCO) given by the International Labour Organisation (ILO) is 2264.

3.4. Education of the Physiotherapist

When developing any education program, it is necessary that program planning should be outcome-based, meeting local and national workforce requirements, ensuring personal satisfaction and career potential for the professionals, with supporting pathway in the development of the profession. One of the major changes is the shift from a focus on traditional theoretical knowledge and skills to competency-based education and training. Optimal education/training requires that the student is able to integrate knowledge, skills and attitude in order to perform a professional act adequately in a given situation. Thus, the following curriculum aims to focus on skills, professional expertise and a competency-based approach for learning and is designed accordingly.

3.4.1. **Entry requirements:** The students entering the PT program **should have completed the recognized secondary school studies** as the qualification stipulated for physiotherapy course (degree) is **10+2 or equivalent** examination with science subjects including Physics, Chemistry, Biology (Min 50% marks) from a recognized university or board. Admission shall be on the basis of the **candidate having appeared for the National Eligibility Entrance Test (NEET)**.

3.4.2. **Course duration:** It is recommended that any program developed from this curriculum should have a minimum of the following duration to qualify as an entry level professional in physiotherapy -

i. **5 years program (including one year of internship) - Bachelor's Degree level:** The emphasis should be on the academic content establishing a strong scientific basis and on the application of theory to clinical/reflective practice. In Bachelor's degree program clinical practice should be started from 2nd year onwards and this should be on a continuum of rotation from theory to practice over the program. The aim of the five-year degree program is to enable the development of the PT as an independent healthcare practitioner as well as a key member of the multidisciplinary team and to enable him/her to execute advanced diagnosis, preparation/planning/designing/delivery of Physiotherapy treatment as well as quality assurance.

ii. **Master's Degree level** : With the change in the disease dynamics and multifold increase in the cases needing Physiotherapy treatment, it is imperative that a well- structured program of postgraduate education is also encouraged so as to enhance research capacity within the country to widen the scope of clinical practice for the profession. A Master's degree program is recommended with a minimum of two years of education in specialized field of Physiotherapy. The post graduate students are expected to contribute significantly to research and academics.

iii. **Ph.D.:** A PhD program is recommended with 3.5 to five years of research work in an elective field of choice. PhD also play a significant role in the clinical, research and academic systems of Physiotherapy.

3.4.3. **Teaching faculty and infrastructure:** Appointment of Physiotherapy teachers, with minimum qualification and experience in various departments of Physiotherapy colleges and institutions imparting graduate and post-graduate education is mandatory requirement to maintain a standard of teaching and graduates. The importance of providing an adequate learning environment for the students cannot be over emphasized. Both the physical infrastructure and the teaching staff must be as per the norms prescribed in this Regulation.

3.4.3.1. **Bachelor in Physiotherapy (B.P.T) program**

i. **Infrastructural, Functional & Equipment and human resource Requirements as per Annexure -2**

ii. **The establishment of a Physiotherapy college–** No person shall establish a Physiotherapy college/institute except after obtaining prior permission from the commission.The following organizations shall be eligible to apply for permission to set up a Physiotherapy college, namely:

a. A Central/ State Government/Union territory;

b. A University and Deemed to be University, or a private institution affiliated with a Government university;

c. An autonomous body of the Central or State Government;

d. A society registered under the Societies Registration Act, 1860 (21 of 1860) or corresponding Acts in States;

e. A public or charitable trust registered under the Trust Act, 1882 (2 of 1882);

f. Companies registered under Company Act may also be allowed to open Physiotherapy colleges.

iii. New Physiotherapy College/institute can be established preferably in colocation with a medical college recognized by the National Medical Commission (NMC). **Notwithstanding, a new Physiotherapy College needs to fulfil the entire essential requirement as prescribed by the norms in this Regulation.** The new Physiotherapy College may share common facilities, faculties and infrastructure with the medical college where feasible/ applicable.

iv. Note: All existing physiotherapy colleges/ institute or a new physiotherapy college will impart physiotherapy education provided that **conditions mentioned in Annexure -2** are fulfilled.

CHAPTER 4

Curriculum

MASTER OF PHYSIOTHERAPY [M.P.T]

Master of Physiotherapy [M.P.T]

Masters of Physiotherapy

4.0 Introduction:

4.0.1 The Master's program in Physiotherapy is designed to provide advanced education and specialized training in the field of physiotherapy. The program aims to produce highly competent practitioners capable of addressing the diverse and evolving healthcare needs of the population. This comprehensive program combines in-depth theoretical knowledge with extensive practical skills, focusing on evidence-based practice, clinical reasoning and research methodologies in various specialties such as musculoskeletal science, neuroscience, cardio-pulmonary science, sports science, pediatrics and neonatal science, obstetrics and gynecological science, oncology, community physiotherapy and many more as the profession evolves.

4.0.2 On successful completion of M.P.T programme, the Physiotherapist will be able to practice in his / her specialty area with advanced knowledge and skills, take up physiotherapy teaching assignments independently for undergraduate teaching programme, as well as will be able to design and undertake research (using sound data processing techniques and statistical methods) independently in the field of physiotherapy.

4.0.3 Learning Objectives: At the completion of this course, the student should be -

1. Able to execute all routine physiotherapeutic procedures based on evidence-based practice.
2. Able to apply advanced assessment techniques to identify and treat various conditions needing physiotherapeutic procedures.
3. Able to develop individualized treatment plans and implement advanced therapeutic techniques independently based on evidence-based practice and clinical guidelines.
4. Able to provide adequate knowledge about the treatment procedures and its benefit to patients, families and other healthcare professionals.
5. Able to transfer knowledge and skills to students as well young professionals.
6. Able to design and undertake independent research studies.
7. Able to critically appraise and apply current research in clinical practice.
8. Able to apply multidisciplinary practice skills and be a prominent member of the team.
9. Able to practice and assess patient independently.
10. Able to develop and apply leadership skills necessary for roles in clinical settings, academia and healthcare administration.

4.1. Expectation from the future graduate in the providing patient care.

1. Course work includes advanced knowledge and skills related to the respective branch of specialty.
2. Acquire in-depth knowledge of structure and function of human body related to the respective branch of specialty.
3. Acquire the in-depth knowledge of movement dysfunction of human body, cause thereof principles underlying the use of physiotherapeutic interventions for restoring movement dysfunction towards normalcy.
4. Demonstrate skills in Physical and Functional diagnosis pertaining to patient under his/her care.
5. Demonstrate ability to critically appraise recent primary and secondary literature from journals and adopt diagnostic and therapeutic procedures based on it.
6. Perform independent research within the department and help the department and the team for treatment planning of the patient.
7. Engage in continuous professional development and lifelong learning to stay abreast with the advancement and new technology in the field. The professional should opt for continuous professional education credits offered by national and international institutes recognized by the NCAHP.
8. Demonstrate ability to make clinical decision (based on evaluation) regarding Physiotherapy strategy techniques and select appropriate outcome measures based on the comprehensive knowledge of specialty.
9. Demonstrate an expertise in evidence-based skill in the management disorders including movement dysfunction in concerned specialty.
10. Demonstrate an expertise in health promotion, early identification and intervention for quality restoration of function.
11. Planning and implementation of treatment programme adequately and appropriately for all clinical conditions common as well as rare related to respective specialty in acute and chronic stage, Various situation and places related to the specialty
12. Demonstrate proficiency in creating awareness using newer technology, at various levels in community for Healthcare and professional awareness.
13. Demonstrate leadership, managerial, administrative and communication skills.
14. Demonstrate the knowledge of legislation applicable to compensation for functional disability welfare schemes and rights of the disabled, laws related to industrial workers and disabled and appropriate certification.
15. Demonstrate proficiency in classroom and clinical teaching using newer and appropriate technology.

4.2 Eligibility for admission:

4.2.1. Selection procedure:

1. He/she has passed the Bachelor of Physiotherapy recognized by any recognized University with pass marks (50%).
2. He/she has to furnish at the time of submission of application form, a certificate of physical fitness from a registered medical practitioner and two references from persons other than relatives testifying to satisfactory general character.
3. Admission to Masters of Physiotherapy course shall be made on the basis of eligibility and an entrance test to be conducted for the purpose at the State/ University level. No candidate will be admitted on any ground unless he/she has appeared in the admission test and interview.
    a) Entrance test, to be conducted by the university/State government as per the syllabus.
    b) Successful candidates based on written test will be called for the interview and shall have to face an interview board. The board will include the Head of the Department of Physiotherapy (Chairman of the Board) and other members as per the policy of institute/ university, whose recommendations shall be final for the selection of the students.
    c) During subsequent counseling (s) the seat will be allotted as per the merit of the candidate depending on the availability of seats on that particular day.
    d) Candidate who fails to attend the Medical Examination/ physical fitness on the notified date(s) will forfeit the claim for admission.

4.3. Duration of the course

Duration of the course: 2 Years Total minimum hours – 3240

4.4. Medium of instruction:

English shall be the medium of instruction for all the subjects of study and for examination of the course.

4.5. Attendance:

A candidate will be permitted to appear for the University Examination if he / she secures not less than 85% of attendance in the number of instructional days/ practical at hospitals during the calendar year, failing which he / she should complete the number of days/hours and undergo the next year/final examination conducted by the university.

4.6. Methods of training

The training of the MPT student shall be conducted on a full-time basis, with progressively increasing responsibilities in the management and treatment of patients assigned to their care. Acquisition of practical competencies being the keystone of post graduate education, the training should be skills oriented. Learning in post graduate programme should be essentially self-directed and primarily emanating from clinical and academic work. The formal sessions are merely meant to supplement this core effort. Participation of all the students in all facets of educational process is essential and each candidate should take part in seminars, group discussions, clinical rounds, case presentations, clinics, journal review meetings and continuous professional education (CPE). Training should also include involvement in clinical research studies and every Masters' candidate should be engaged in the teaching and training programs of undergraduate Physiotherapy students.

4.7. Formal teaching sessions [minimum]

Master's candidate should be subjected to at least 4-hrs of formal teaching per week per subject. The departments may select a mix of the following sessions:

Journal club once a week Seminar;

Lecture twice a week

Case discussions twice a week

Interdepartmental case or seminar once a week

4.8. Assessment:

It is essential to monitor the learning progress of each Master's candidate through continuous appraisal and regular assessments. It not only helps teachers to evaluate the students, but also students to evaluate themselves. The monitoring is done by the staff of the department, based on participation of students in various teaching / learning activities. The assessment may be structured using checklists that assess various aspects of competencies. Also stated in 5.15

4.9. Log book

4.9.1. Every candidate shall maintain a log book and record his/her participation in the training programs conducted by the department such as journal reviews, seminars etc. Candidates must also record research presentations and details of clinical research studies, if any.

4.9.2. The log book shall be scrutinized and certified by the Head of the Department (HoD) and Head of the Institution and presented in the university examination.

4.10. Periodic tests

1. The College may conduct periodic tests based on the pattern of university examination. Such tests may include written theory papers, practical, viva voce and clinical assessment. Records and marks obtained in such tests will be maintained by the HoD and shall be produced as and when called for.

2. The assessment will be a combination of formative and summative assessments-

   i. Theory, inter-departmental meeting

   ii. Practical- clinical rounds and bed side evaluation and application.

iii. Teaching Activities – UG Teaching

iv. Learning Activities: Self Learning, use of computers and library

v. Participation in departmental activities;

   a. Journal review meetings

   b. Seminars

   c. Clinical presentation

   d. Special clinics

   e. Inter departmental meetings

   f. Community work, camps / field visits

   g. Clinical rounds

   h. Dissertation work

vi. Participation in conferences/ presentation of paper -Minimum 2 in two years

vii. Any other – Specify (eg: CPE)

viii. Rotation and posting in other departments for a maximum of 6 months the candidate must spend 18 months in the department of specialty concerned

4.11. Graded responsibility in the care of patients and operative work (Structured training schedule of clinical and elective subjects only)

Table 4.1: **Graded responsibility in the care of patients and operative work**

Category	I year MPT	II year MPT
O	20 Cases	20 Cases
A	20 Cases	30 Cases
PA	100 Cases	75 Cases
PI	25 Cases	50 Cases

Key: O – Observes

A – Assists a senior Physiotherapist

PA – Performs procedure under the direct supervision of a senior specialist.

PI – Performs Independently

4.12 Intake of Students

The PG teacher/ guide to student's ratio shall be 1:3 for admission in M.P.T. first year and cannot be increased in any case. The guide should be of the same specialty stream. The intake of students to the course shall be at the starting of academic year only.

Maximum 24 students can be admitted per academic year in an institution.

4.13 Guide

1. To be recognized as a guide, one must have a minimum of 5 years' of teaching experience after post-graduation as a lecturer/assistant professor.
2. Guide should be of the same elective/ specialty stream as of student.
3. Change **of Guide:** In the event of registered guide being unavailable for any reason, the guide for the concerned students may be changed with prior permission from the university as per the following guidelines

   Students cannot be left without a guide for more than 3 months in total during their post-graduation study (i.e. in the event of resignation of guide, the college should appoint a guide within 3 months)

4.14. For student benefit, services of **visiting faculty** can be utilized, but these faculty members will not be counted in the PG teachers

4.15. Assessment:

1. **FORMATIVE ASSESSMENT:** Formative assessment should be continuous and should assess clinical knowledge, patient care, procedural and academic skills, interpersonal skills, professionalism, self-directed learning and ability to practice in the system. Quarterly assessment during the MPT training shall be done by the faculty members of the department based on:

   i. Journal based / recent advances learning

   ii. Patient based /Laboratory or Skill based learning

   iii. Self-directed learning and teaching

   iv. Departmental and interdepartmental learning activity

   v. External and Outreach Activities. The assessment may be structured using checklists that assess various aspects of competencies.

2. **SUMMATIVE ASSESSMENT**

i. **Theory Examination:** Clinical / Practical and viva voce Examination: All examiners shall be recognized post graduate teachers. At least 50 % of total examiners shall be externals. (from Other universities)

ii. **Dissertation** Thesis shall be submitted at least three months before the Theory and Clinical / Practical examination. The thesis shall be examined by a panel of three examiners; one internal and two external examiners, who shall also be the examiners of Clinical examination.

iii. **Practical examination** shall be conducted at the end of second year by a panel of 3 examiners out of which two should be from other institutions and one of these two must be from outside the State.Practical examination should be conducted in two days:

a. On day one- clinical examination (OSCE and OSPE), should be conducted.

b. On second day dissertation should be examined along with teaching skills and viva voce. Student shall make a 15-minute presentation of the dissertation followed by 10- minute question and answer session by the examiners.

iv. Marks to be awarded separately be each examiner and an average shall be taken as the final marks awarded to the student in both practical as well as dissertation

4.16 Examiners:

A Postgraduate Physiotherapy examiner should be a recognized PG teacher of same elective/ specialty.

4.17 Essential Requirements for MPT Institution

All existing Physiotherapy colleges/ institute will continue to impart Physiotherapy education provided that following conditions are fulfilled: (Also refer Annexure 2 and 3)

1. **Eligibility : Any government /Private/ Self Financing Educational Trust/Charitable Trust/Society/Company registered under the relevant Act; applicant will be eligible to apply.**

a. College should be running BPT programme for last 5 years with atleast one batch of BPT students having graduated from the institute.

2. **Physical infrastructure**

Whole campus should be accessible for persons with disabilities.

3. **Administrative Office Land and space requirement**

i. **There shall be no separate land required for starting MPT course subject to fulfillment of eligibility criteria to start the MPT program. However, the essential requirements in terms of physical infrastructure, Manpower as given below must be furnished**

a. Rooms for faculty [per specialty]

Professor	1
Associate professor	1
Assistant professor	2

b. Common room for students

c. Toilets for men

d. Toilet for women

e. Classroom - 02 rooms of 400 sq.ft. (each).

f. Laboratory - each specialty lab shall have area of 800 sq.ft. area: The laboratories should be provided with the mandatory equipment as specified under equipment requirements of specialties as mentioned in Annexure 2 and 3.

g. Standalone MPT institute must have Exercise therapy/ Kinesiotherapy Lab and Electrotherapy Lab (with atleast one equipment of each category as mentioned for BPT Program)

4. **Library:**

In addition to books requirement for undergraduate teaching additional adequate reference books to cater to the post graduate studies should be provided. Minimum 5 indexed international journals should be provided for with additional journal in each elective area/specialty. In addition, reference books,

Audio visual facility, Slide projector, Computer, Internet facility is to be provided.

5. **Clinical Facilities:**

If the course is in the premises of NMC permitted/recognized Medical College as constituent college, there is no requirement for attachment of any other hospital or else Memorandum of Understanding for clinical training should be made with specialty hospitals having the specialty of Musculoskeletal/ Trauma Units, Neurology/ Neurosurgery, Cardio Pulmonary unit with intensive care facilities, paediatrics, Community Physiotherapy and Sports unit. In either case each teaching unit shall accommodate 6 PG students only. Both training on in-door as well as outdoor patients should be provided for.

6. **Human resource requirement Teaching Faculty per speciality:**

1. **Staff Requirement (Faculty to student ratio)**

Professor 1:3

Assoc Prof 1:2

Asst prof 1:2

2. Requirement : Professor 1, Associate professor 1, Assistant professor 2

3. Services of visiting faculty can be utilized, but these faculty members will not be counted in the PG teachers and they cannot register candidates

4. Non-teaching staff

Office superintendent/ assistant 1

Computer operator 1

Lab assistant / demonstrator - BPT 1

4.18 Proposed Paper Style: MPT

1. **Theory paper : Duration: 3 Hours , Total Marks: 100**

Table 4.2. Type of Theory question paper and Question type for M.P.T and Marking scheme

Sl. No.	No. of Questions	Question Type	Marks
1	1	Long Answer	1 x 20 = 20
2	1	Long Answer	1 x 20 = 20
3	1	Long Answer	1 x 20 = 20
4	1	Long Answer	1 x 20 = 20
5	1	Long Answer	1 x 20 = 20
Total			**100**

2. **University Practical Exam: Total marks = 450**

Table 4.3.: Practical Exam Scheme and marks disrtribution for M.P.T

Sl. No.	Exams	Marks
1	ONE Clinical case presentation-Major Elective	1 x 150=150
2	TWO Clinical Presentation -Minor Elective	2 x 75 = 150
3	OSPE/OSCE	100
4	Dissertation Presentation	50
Total		**450**

4.19. SCHEME OF STUDY MASTER OF PHYSIOTHERAPY (M.P.T.)

4.19.1. First Year M.P.T Examination Scheme

Table 4.4. First Year M.P.T Examination Scheme

S. No.	Subject	Internal Assessment Marks		University Examination Marks			Total Marks	Theory hours	Practical hours	Total Hours	Credits Theory	Credits Practical	Credits Total
		Theory	Practical	Theory	Viva	Practical							
1	M.P.T -101 Laws, Ethics, Administration Educational methodology (LEM)			100			100	90		90	6		6
2	M.P.T-102 Research methodology and biostatistics, EBP (RMB)			100			100	90		90	6		6
3	M.P.T - 103 Biomechanics & Therapeu-Tics (BCT)			100			100	90		90	6		6
4	M.P.T -104 *Physical & Functional Diagnosis in the speciality.* Speciality paper-1			100			100	120	120	240	8	4	12
5	M.P.T-105 Skills acquisition and refinement (SAR-I)	(Teaching Assignment, Seminars, journal club & Case Studies etc.)							240	240		8	8

S. No.	Subject	Internal Assessment Marks		University Examination Marks			Total Marks	Theory hours	Practical hours	Total Hours	Credits Theory	Credits Practical	Credits Total
		Theory	Practical	Theory	Viva	Practical							
6	M.P.T-106 Clinical training (CT-I)								690	690		23	23
7	M.P.T-107 Dissertation (DSS-I)								90	90		3	3
	Grand Total						400	390	1140	1530	26	38	64

i. N.B.-The [NUE] Subjects will on college level and students needs to pass the college level examination before appearing for the University Examination, But the marks will be counted with University Marks and will be added in the Scheme and Marks Sheet given by University.

SCHEME OF STUDY MASTER OF PHYSIOTHERAPY (M.P.T.)

5.19.2. 2ND Year M.P.T Examination

Table 5.5. Second Year M.P.T Examination Scheme

S. No.	Subject	Internal Assessment Marks		University Examination Marks			Total Marks	Theory hours	Practical hours	Total Hours	Credits Theory	Credits Practical	Credits Total
		Theory	Practical	Theory	Viva	Practical							
1	M.P.T-201 Exercise Physiology (EP)			100			100	90		90	6	0	6
2	M.P.T-202 *Specialty Paper 2*			100			100	120	120	240	8	4	12
3	M.P.T-203 *Specialty paper 3(Recent advances in the specialty)*			100			100	120	120	240	8	4	12

S. No.	Subject	Internal Assessment Marks		University Examination Marks			Total Marks	Theory hours	Practical hours	Total Hours	Credit S Theory	Credits Practical	Credits Total
		Theory	Practical	Theory	Viva	Practical							
4	M.P.T-204 Dissertation [spread over a period of 18 months] (DSS-II)								660	660			22
5	M.P.T-205 Skills acquisition and refinement (SAR-II)	(Teaching Assignment, Seminars, journal club & Case Studies etc.)							240	240		8	8
6	M.P.T-206 Clinical training (CT-II)								660	600		20	20
	Theory Total						300	330	1740	2070	22	58	80
Practical Marks													
7	Major Elective					150	150						
8	Two Minor Elective					150	150						
9	OSPE/OSCE					100	100						
10	Dissertation					50	50						
	Practical Total					450	450						
Grand Total							750	330	1740	2070	22	58	80

N.B.-

i. Viva marks will be added in theory marks along with internal assessment theory; candidate have to get min. 50% marks in theory and viva collectively for passing the examination.

ii. The [NUE] Subjects will on college level and students needs to pass the college level examination before appearing for the University Examination, But the marks will be counted with University Marks and will be added in the Scheme and Marks Sheet given by university.

4.20. Curriculum Outline and detailed Curriculum

1. **Common subjects for all PG**
    1. Laws, Ethics, Administration and Educational methodology
    2. Research methodology, biostatistics and EBP
    3. Biomechanics and Therapeutics
    4. Locomotor Disability Assessment : *To be taught in First year as a part of syllabus*
    5. BLS and ALS- *To be taught in First year as a part of syllabus*
    6. Disaster Management – *To be taught in First year as a part of syllabus*
    7. Exercise physiology
    8. Dissertation
    9. Practical / clinical examination
2. General design for specialties
    1. Clinical and functional diagnosis in specialty
    2. Concepts of specialty
3. Recent advances in the specialty SPECIALITY OFFERED
    1. Master of Physiotherapy in Musculoskeletal science
    2. Master of Physiotherapy in Neuroscience
    3. Master of Physiotherapy in Cardio-Pulmonary science
    4. Master of Physiotherapy in Sports science
    5. Master of Physiotherapy in Pediatrics and neonatal sciences
    6. Master of Physiotherapy in Obstetrics and Gynecology science
    7. Master of Physiotherapy in Oncology science
    8. Master of Physiotherapy in Community Rehabilation

4.20. M.P.T. Curriculum

4.20.1. COURSE CODE -M.P.T-101

COURSE TITLE - **Laws, Ethics & Administration and Eductional Methodology: (LEM)**

Course Contents: M.P.T LEM Theory (L)

SECTION -A: ETHICS AND LAW

LEM 1.1. Principles of ethics History and evolution of ethics - Helsinki declaration; Nuremberg Code; Principles of ethics and its importance - Autonomy, Beneficence, Non-maleficence, Justice

LEM 1.2. Professionalism

LEM 1.3. Ethics in professional practice Principles of practice in respective profession. Privacy, confidentiality, shared decision making, informed consent, equality and equity, justice

LEM 1.4. ICMR Guidelines General principles, Responsible conduct of research, Risk benefit assessment

LEM 1.5. Informed Consent Process Components of informed consent document, Procedure in obtaining informed consent, Special situations, waivers, and proxy consent

LEM 1.6. Roles and Responsibilities of IEC Ethical Review process, Classification of projects for review, Roles and responsibilities of members, Communications with investigators and authorities

LEM 1.7. Ethics in Special and Vulnerable Populations Types of Vulnerability and vulnerable population, Challenges for research in vulnerable population, Guidelines for research in special and vulnerable population

LEM 1.8. Conflict of Interest Definition and Types of Conflict of Interest, Identifying, mitigating and managing Conflict of Interest, Conflicts of interest in international collaborations

LEM 1.9. Publication Ethics Importance of publishing, Authorship guidelines according to ICMJE, Plagiarism

LEM 1.10. Laws governing Physiotherapy practice: NCAHP Act, Consumer Protection Act, Rights of persons with disability act Ethical issues in practice of Physiotherapy-Clinical, Research and Academics

SECTION -B: Management and administration in Physiotherapy

LEM 2.1. Principles and applications of Management and Administration to Physio Therapy practice:

LEM 2.2. Management PROCESS: planning, organizing, staffing, finance, marketing, controlling, directing.

LEM 2.3. Quality assurance: Total Quality Management: basis of quality management, qualityassurance program in hospitals, medical audit and international quality system.

LEM 2.4. COMMUNICATION: Process of Communication Barriers to Communication Types of Communication Written vs. Oral Communication Elements of good communication

LEM 2.5. Hospital as an organization: functions and types of hospitals MANAGEMENT IN HOSPITAL Setting of a physiotherapy service unit

SECTION-C: Management of Teaching Institution and Educational Methodology In Physiotherapy

LEM 3.1. Education: definition, aims and objectives of education, Agencies of education, Formal and informal education, brief introduction to the philosophies of education, taxonomy of educational objectives, essentials of Physiotherapy education, NEP

LEM 3.2. Basics of Adult Learning Theories including Learning Styles and Motivation

LEM 3.3. Concept of teaching – learning - nature of learning, type and stages of learning, factors affecting learning, laws of learning, learning style teaching learning process, role of teacher in teaching learning process, Adult learning

LEM 3.4. Teaching skills, Teaching Methods in Classroom Setting, clinical teaching methods, planning of teaching: lesson planning and unit planning Teaching aids and educational technology

LEM 3.5. Formulating Intended Learning Outcomes Including Tyler's principles, Bloom's Taxonomy, Miller's Pyramid, Clinical Competence, and Dreyfus' Model of Skill Acquisition

LEM 3.6. **Entrepreneurship in Physiotherapy Practice: Need, Advantages and Opportunities,**

Recommended books for LEM

1. Beauchamp and Childress, Principles of Biomedical Ethics, Fourth Edition. Oxford.
2. Patricia A Marshall. Ethical challenges in study design and informed consent for health research in resource poor settings. World Health Organization. 2007.
3. Natio4n2a6l Ethical guidelines for Biomedical and Health Research involving human participants. Indian Council of Medical Research. 2017.
4. ABC of Learning and Teaching in Medicine. Editor(s): Peter Cantillon, Diana Wood, Sarah Yardley. Ed: 3
5. Understanding Medical Education: Evidence, Theory, and Practice, Editor(s): Tim Swanwick Kirsty Forrest Bridget C. O'Brien. Ed 3
6. Principles of Medical Education. Editor(s): Tejinder Singh, Piyush Gupta, Daljit Singh. Jaypee Brothers. 2012. New Delhi.

4.20.2. COURSE CODE -M.P.T-102

COURSE TITLE - Research methodology and Biostatistics and Evidence based practice (RMB)

Course Contents: M.P.T RMB Theory (L)

SECTION-A: RESEARCH METHODOLOGY

RMB 1.1. Introduction to research

RMB 1.2. Types of research

RMB 1.3. Defining a research question

RMB 1.4. Qualitative study designs

RMB 1.5. Quantitative study

RMB 1.6. Type I and type II bias

RMB 1.7. Study design: types

RMB 1.8. Case study, Case series, longitudinal cohort, Pre post design, Time series design, repeated measures design, Randomized control design.

RMB 1.9. Sampling design, calculating minimum sample size based on design

RMB 1.10. Measurement: Properties of measurement: reliability, validity, responsiveness, MCID.

RMB 1.11. Outcome measures: Use of outcome measures in rehabilitation research

RMB 1.12. Research Methods: Designing methodology, Reporting results, Type I and Type II bias.

RMB 1.13. Communicating research.

RMB 1.14. Evaluating published research: looking at the evidence

RMB 1.15. Introduction to evidence-based practice, evaluating evidence,

RMB 1.16. Asking clinical questions

RMB 1.17. Translating of evidence into practice: strategies

RMB 1.18. Use of clinical practice guidelines, clinical pathways, prediction rules to inform practice.

SECTION-B: BIOSTATISTICS

RMB 2.1. Descriptive Statistics and measurement variability

RMB 2.2. Inferential Statistics

RMB 2.3. Comparison of group means: T-test

RMB 2.4. Analysis of variance

RMB 2.5. Multiple comparison tests

RMB 2.6. Parametric and Non parametric tests

RMB 2.7. Correlations

RMB 2.8. Regression

RMB 2.9. Analysis of frequencies: Chi square

RMB 2.10. Statistical measure of validity and reliability

RMB 2.11. Factorial Design analysis

RMB 2.12. Power analysis – Determining sample size, Epidemiological Measures – Rate, Ratio, Proportion, Incidence and prevalence, Relative risk, Risk ratio, Odds ratio

RMB 2.13. Application of various statistical software.

SECTION-C: SCIENTIFIC WRITING

RMB 3.1. Definition and kinds of scientific documents – Research paper, Review paper, Book, Reviews, Thesis, Conference and project reports (for the scientific community and for funding agencies).

RMB 3.2. Publication – Role of author, Guide, Co-authors.

RMB 3.3. Structure, Style and contents; Style manuals (APA, MLA); Citation styles: Footnotes, References; Evaluation of research

RMB 3.4. Significance of Report writing; Different steps in Report writing; Mechanics and precautions of writing research reports Oral and poster presentation of research papers in conferences/symposia; Preparation of abstracts.

RMB 3.5. Structure of Thesis and Content – Preparing Abstracts.

Recommended books for RMB

1. Bailey, N.T.J. -Statistical methods in Biology. The English universities press, London
2. Bajpai, S.R.- Methods of Social Survey and Research, Kitab Ghar, Kanpur.
3. Colton - Statistics in medicine, Little Brown Company, Boston
4. Gupta, S.P -Statistical methods. Sultan Chand and Sons Publishers , New Delhi.
5. Goulden C.H.- Methods of Statistical Analysis. Asia Publishing House , New Delhi.
6. Mohsin S.M.- Research Methods in Behavioral Sciences: Orient Publications. New Delhi.
7. Mahajan - Methods in Biostatistics, Jay Pee Brothers.Medical Publishers (P) Ltd. New Delhi.
8. Hicks- Research for Physiotherapists, Churchill Livingstone, London.
9. Meenakshi. - First Course in Methodology of Research. Kalia Prakashan, Patiala.
10. Kumar , R.- Research Methodology. Pearson Education , Australia.
11. Snedecor,G.W -Statistical Methods, Allied Pacific Pvt. Ltd., London
12. Singh, I.- Elementary Statistics for Medical Workers. Jaypee Brothers Medical Publishers (P) Ltd. New Delhi.
13. Rehabilitation Research: Principles and Applications by Elizabeth Domholdt (Elsevier Science Health Science Div, 2004)

4.20.3. COURSE CODE -M.P.T-103

COURSE TITLE -BIOMECHANICS & THERAPEUTICS (BCT)

Course Contents: M.P.T BCT Theory (L)

SECTION A – Concepts of Biomechanics:

BCT 1.1. Introduction to Kinesiology and Biomechanics. Biomechanics of Tissues and structures of the musculoskeletal system

BCT 1.2. Principle of Biomechanics

BCT 1.3. Nature and importance of Biomechanics in Physiotherapy.

BCT 1.4. Methods of kinetics and kinematics investigation

BCT 1.5. Introduction to biomechanical analysis of human motion.

BCT 1.6. Analytical tools and techniques –

1. Isokinetic Dynamometer,
2. Kinesiological EMG,
3. Electronic Goniometer,
4. Force Platform,
5. Videography.

BCT 1.7. Upper Extremity: Shoulder and Shoulder girdle, Elbow joint, Wrist joint and Hand.

BCT 1.8. Lower Extremity: Pelvic Girdle, Hip joint, Knee joint, Ankle & Foot

BCT 1.9. Spine

BCT 1.10. Gait

BCT 1.11. Gait Analysis: Kinetic & Kinematic Analysis.

BCT 1.12. Pathological Gait: Kinetic & Kinematic Analysis

BCT 1.13. Ergonomic approach to lifting and handling, workspace and environment. Patient positioning, body mechanics and Transfer techniques

SECTION-B: Physiotherapy techniques

BCT 2.1. Principle of therapeutic exercises

BCT 2.2. Definition, details of effects and uses of following exercises.

BCT 2.3. Dynamic Exercises

BCT 2.4. Plyometric Exercises

BCT 2.5. Isokinetic Exercises

BCT 2.6. Kinetic chain exercises

BCT 2.7. Balance and coordination exercises

BCT 2.8. Biophysics of contractile and non-contractile tissues, Response to mechanical loading

BCT 2.9. Clinical reasoning and differential clinical diagnosis based on various approaches such as Maitland, Kaltenborne, Cyriax, Mulligan, Mckenzie etc.

BCT 2.10. Proprioceptive neuromuscular Facilitation,

BCT 2.11. Hydrotherapy Techniques

BCT 2.12. Functional assessment and re-education

BCT 2.13. Yoga: Introduction, Historical background and Origin of Yoga, Meaning and Concept of Yoga and its relationship with Physical Education and Sports, **Yoga in Global Scenario**, **Pranayama:** Meaning, Types and its importance. **Asanas:** Asanas- meaning, types, principles, Techniques of asanas and effects of asanas on various systems of the body - circulatory, respiratory and digestive system.

BCT 2.14. Electro diagnosis: introduction to methods of electro diagnosis SD CURVE

BCT 2.15. Electromyography: technique of EMG, interpretation of normal and abnormal responses

BCT 2.16. Nerve conduction studies: MNCV, SNCV, variables affecting nerve conduction, measurement of NCV of nerves of upper limb and lower limb, interpretations of normal and abnormal responses.

BCT 2.17. Evoked potentials, H-reflex, P wave, repetitive nerve stimulation, VEP, BAEP, SSEP, SSR.

BCT 2.18. Review of Principles underlying the application of following modalities with reference to their Production, biophysical and therapeutic effects, indications and contraindications and the specific uses of:

1. Superficial heating modalities
2. Deep heating modalities
3. Ultrasound
4. Cryotherapy

BCT 2.19. Review of Principles underlying the application of following modalities with reference to their Production, biophysical and therapeutic effects, indications and contraindications and the specific uses of Physiotherapy

BCT 2.20. Low Frequency Current: Diadynamic Current, Iontophoresis

BCT 2.21. High Voltage, Pulsed Galvanic Stimulation, TENS, IFT, Russian Currents. LASER

BCT 2.22. Advanced Electro Therapeutics in Tissue healing, Wound care, Management of Scars, keloids, Muscle Plasticity & Integumentary Conditions.

BCT 2.23. BIO-FEED BACK

Recommended books for BCT

1. James G. Hay – The Biomechanics of Sports Techniques, Prentice Hall.
2. Brunnstrom - Clinical Kinesiology, F.A. Davis.
3. Luttgens K., Hamilton N.: Kinesiology – Scientific Basis of Human Motion, Brown & Benchmark.
4. Kreighbaum E., Barthels K.: Biomechanics – A Qualitative approach for studying human Motion, MacMillan.
5. Rasch and Burk: Kinesiology and Applied Anatomy, Lee and Fabiger.
6. White and Punjabi - Biomechanics of Spine - Lippincott.
7. Norkin & Levangie: Joint Structure and Function - A Comprehensive Analysis - F.A.
8. Davis.
9. Kapandji: Physiology of Joints Vol. I, II & III, W.B. Saunders.
10. Northrip et al: Analysis of Sports Motion: Anatomic and Biomechanics perspectives,
11. W.C. Brown Co., IOWA.
12. Leveac B.F.: Basic Biomechanics in Sports and Orthopedic Therapy, C.V. Mosby.
13. De Boer & Groot: Biomechanics of Sports, CRL Press, Florida.
14. Basmajian - Muscle alive - Williams & Wilkins.
15. Nordin & Frankel - Basic Biomechanics of Muscular Skeletal Systm - Williams & Wilkins.
16. Bartlet - Introduction to Sports biomechanics - F & FN Spon Madras.

4.20.4. Locomotor disability Assessment content:

DISABILITY (PERMANENT PHYSICAL IMPAIRMENT) ASSESSMENT AND CERTIFICATION GUIDELINES & GAZETTE NOTIFICATION:

Detail study of Government Gazette to be done: (The Gazette of India is regularly updated, and its publications can change over time. Refer the recent Gazette publications issued by the Government of India, from the official website)

PWD Act 1995 and Rights of person with Disability Act 2016, **to study in detail.**

4.20.5. BLS and ACLS Training:

Course Title: Basics of Emergency Care and Life Support Skills (ECLS): Theory (L) Practical (P)

ECLS 1.0. Subject Description and instruction to teacher

Basic life support (BLS) is the foundation for saving lives following cardiac arrest. Fundamental aspects of BLS include immediate recognition of sudden cardiac arrest (SCA) and activation of the emergency response system, early cardiopulmonary resuscitation (CPR), and rapid defibrillation with an auto- mated external defibrillator (AED). Initial recognition and response to heart attack and stroke are also considered part of BLS. The student is also expected to learn about basic emergency care including first aid and triage. The purpose of this course is to equip the students with the skill to save the life of a person in different emergency situation as first responder. The training should be provided using Mannequins and dummies and Videos presentations and Role plays should be also used to impart knowledge and skill besides the lecture - demonstrations.

ECLS 1.0.1. Course Outcomes:

After completion of this course the student shall be able to

1. Perform Opening and maintaining and patent airway: assessment and knowledge of airway maneuvers and adjuncts
2. Ventilate patients: Assessment and management of breathing with Mouth to mouth and mouth to mask
3. Administer basic life support skills including cardiopulmonary resuscitation
4. Provide first aid of simple and multiple system trauma such as • Controlling hemorrhage • Managing Burns and wounds • Response to effects of weapons of mass destruction • manually stabilizing injured extremities
5. Provide first aid to patients with medical emergencies like heart attack and stroke • Identifying signs of Stroke and heart attack and safe transfer after first aid without delay in transfer. • Manage general medical complaints seizures and animal bites (snake /dog bite)

6. Reassure patients and bystanders by working in a confident, efficient manner • Avoid mishandling and undue haste while working expeditiously to accomplish the task
7. Manage safe patient transport Entailing-Extrication of the victim, helmet removal and spine protection during transport.
8. Explain Roles, responsibilities and limitation of first responder.

Course Contents:

SECTION -A

UNIT 1

ECLS 1.1. Emergent conditions and magnitude, Concept of golden hour, Duties and responsibilities of first responder

ECLS 1.2. Ethical issues and Gather information from observation, experience and reasoning. Identification of rapidly changing situations and adapt accordingly. Planning and organization of work. Scene safety. Dealing with emotional reactions family members and bystanders

ECLS 1.3. Well-being of first responder Personal protection

1. Steps to be taken against airborne and blood-borne pathogens
2. Personal protective equipment necessary for each of the following situations: Hazardous materials Rescue Operations Violent Scenes Crime scenes
3. Electricity, Water and ice
4. Exposure to blood-borne pathogens Exposure to airborne pathogens

UNIT 2

ECLS 2.1. Airway

1. Signs of inadequate breathing
2. Mechanism of injury to opening the airway
3. Steps in the head-tilt chin-lift
4. Steps in the jaw thrust
5. Taking out foreign body
6. Ensuring patent airway during seizures and vomiting.

ECLS 2.2. Ventilation

1. Of a patient with a mask or barrier device
2. Steps in providing mouth-to-mouth and mouth-to-stoma ventilation

ECLS 2.3. Circulation

1. Evaluate the cardiac status of the patient
2. Determine the need for and take necessary action to proper circulation
3. Steps for control of bleeding: Pressure bandage and tourniquet

ECLS 2.4. Clearing a foreign body airway obstruction

ECLS 2.5. CPR

1. Implications of cardiac arrest
2. Cardiopulmonary resuscitation (CPR)
    i. How it works
    ii. Steps
    iii. When to stop CPR
3. Brief overview of AED Automated external defibrillator (only demonstration –no hands on)

SECTION -B

UNIT 3

ECLS 3.1. Bleeding and Soft Tissue Injuries

1. Difference between arterial and venous bleeding
2. Stopping external bleeding
3. Identification of Internal bleeding
4. types and Functions of dressings and bandages
5. How to help a victim of burn injury

ECLS 3.2. Injuries to Muscles and Bones

1. Suspecting bony/spinal injury
2. Splinting –materials used
3. Importance of splinting

UNIT 4

ECLS 4.1 Medical Emergencies

ECLS 4.2 Identification of the patient steps in providing first aid to a patient with

i. A general medical complaint –

ii. Seizures

iii. Chest-pain

iv. Shortness of breath

v. Exposure to heat

vi. Including other medical complaints like allergy, diarrhea, fainting, low blood sugar, stroke

vii. Drowning

viii. Poisoning

ECLS 4.3 Transportation Importance of timely and proper transportation methods of transportation of victim from site of injury to ambulance. Importance of spine protection methods of spine protection during transportation

ECLS 4.4 Disaster preparedness -. Preparedness and risk reduction Incident command and institutional mechanisms Resource management

Practicals

Student should practice on Mannequins and dummies and should be able to

ECLS (P) 5.1. Provide Airway & Ventilation

ECLS (P) 5.2. Perform Basic Life Support: CPR

ECLS (P) 5.3. Perform Initial management of Thermal injury, electric injury

ECLS (P) 5.4. Perform stabilizing injured extremity and wound management

ECLS (P) 5.5. Demonstrate bandaging techniques to various body parts

ECLS (P) 5.6. Demonstrate Extrication, Helmet removal and spine protection

ECLS (P) 5.7. Demonstrate Stretcher use

Recommended text books for ECLS

Indian red cross : INDIAN FIRST AID MANUAL 2016 (7th edition) available at https://www.indianredcross.org/publications/FA-manual.pdf

4.20.6. **Disaster Management:**

Course Title: Disaster Management (DM): Theory (L)

DM 1.0 Subject Description and instruction to teacher: The commission's goal is to emphasize the vital role physical therapists (physios) play in disaster management and contribute to national and global preparedness. To achieve this, it's essential to raise awareness among physiotherapists about national and international organizations and emphasize the crucial role physical therapists play in disaster management, particularly within Emergency Medical Teams. Also it may be noted that the acts, policies, gazettes are regularly updated, and its publications can change over time. The teachers and students should thus refer the recent publications issued on the official website

DM 1.0.1. Course Outcomes: After completion of this course the student shall be able to

1. Understand the crucial role physical therapists play in disaster management, particularly within Emergency Medical Teams.
2. Should be able to identify national and international organizations that play a vital role in disaster management
3. Should be able to identify the legal framework for disaster management in India and disaster prone areas.
4. Provide essential information to other physical therapists interested in disaster response work and to make them aware of national and international agencies already active in the field.
5. Promote global preparedness and support physical therapists in making a meaningful difference in disaster response and recovery efforts

Course Content: Disaster Management (DM): Theory (L)

DM 1.1. Definition of disaster and the hazards associated with disaster, Vulnerable groups in Disaster

DM 1.2. Definition of Advocacy, disability advocacy, Contingency planning wrt to disaster management, Hazard, Risk , Vulnerable groups

DM 1.3. History of involvement of Physiotherapists in rehabilitation efforts during emergencies

DM 1.4. National organisations who are involved in disaster preparedness and management strategies:

1. The legal framework for disaster management in India: Key takeaways of Disaster Management Act 2005, National Policy on Disaster Management 2009 and National Disaster Management Plan 2018
2. Different types of disasters managed in India, Epidemiologic surveillance and disease control, main goal of the National Disaster Management Authority, areas in India are most prone to disasters, Institutional structure for disaster management in India at various levels, Central Ministry that coordinates disaster management and leader of NDMA in India
3. Disaster Management Act of 2005 key take aways and its significance, Phases of Disaster management, Long term prevention measures, role of various stake holders in disaster management, role of community involvement in disaster management, challenges faced in disaster management in India
4. Prime minister's 10 point agenda and Community based and Technology driven approaches: Key policies and strategies

DM 1.5. International organisations who facilitate contributions of physiotherapists in disaster preparedness and management strategies. Role of physiotherapists in:

1. Disaster management within their own countries, benefits of rehabilitation provided following disasters
2. Prevention of a disaster
3. Preparedness for disaster with respect to essential locally appropriate preparedness for a disaster,
4. Identifying and connecting professional associations, health service providers and training institutions.
5. Developing international humanitarian response
6. Response to disaster: Required skills and knowledge and required actions and secure resources with respect to assessment, coordination, psycho-social support and advocacy
7. Recovery: with respect to planning of medical management and local capacity building and physiotherapy rehabilitation, advocacy

DM 1.6. The type and distribution of injuries caused by disasters, the type of hazards, common injuries that can lead to long-lasting or permanent disability.

DM 1.7. Clinical Practice in Response phase along with documentation (conservative and surgical), record management, data and research, informed consent and confidentiality, regulations and scope of practice, hand hygiene and infection control, communication, referral, discharge planning with respect to international management strategies.

DM 1.8. International Disaster Management Rehabilitation Response Plans and role of Physiotherapists with respect to: Systems in Place, Identifying Personnel, Facilities and Resources, Advocacy and Partnerships, Training and Capacity Building

DM 1.9. Elements to be considered "essential" components in any disaster education or training programme for health professionals as defined by Global Response Framework,

DM 1.10. The World Health Organization (WHO) : the lead UN agency in the health cluster and its emergency response framework and Humanitarian principles

Recommended websites for references: Disaster management

National Disaster Management Plan, 2016. A publication of the National Disaster Management Authority, Government of India. May 2016, New Delhi at www.mha.gov.in

www.wcpt.org/disaster-management.

4.20.7. Exercise Physiology

Details presented on next page

4.20.8. **Dissertation:**

Each candidate will have to carry out of a dissertation on Speciality related subject of MPT. Ethical approval certificate from **Registered Institutional Ethical committee** and Clinical Trial Registration is mandatory for intervetional Dissertation study topic. The dissertation to be guided by Guide of the speciality of faculty of physiotherapy of the department under whom the student is persuing MPT. The dissertation will be evaluated by the External/Internal Examiners. The final dissertation duly approved by the External/Internal examiners will be submitted to the Dean/Principals office with the result. The dean/ Principal's office will send the dissertation to the library for record.

4.20.9. **Practical / clinical examination**

Compulsary rotatory Clinical Posting as per the Speciality and Clinical Assessment during Clinical posting is mandatory .

2ND YEAR M.P.T

4.20.7. COURSE CODE -M.P.T-201

COURSE TITLE -EXERCISE PHYSIOLOGY (EP) Theory (L) Practical (P)

EP 1.0. Subject description Course outcomes

1. CO1: Comprehend the basic knowledge of sources of energy, aerobic and anaerobic synthesis of ATP along with the understanding of utilization of substrates in relation to the intensity and duration of exercise
2. CO2: Appreciate the measurement of energy cost of exercise and importance of energy transfer and energy expenditure at rest and during various physical activities
3. CO3: Understand the role of various macro and micro nutrients as well as their caloric requirements along with the basic classification, functions and utilization of nutrients.
4. CO4: Acquire about importance of diet for various competitions, nutrient supplements for performance and to design caloric requirements for various sports and age groups.
5. CO5: Critically evaluate the central and peripheral mechanism that regulates the cardiovascular and respiratory systems in exercise along with the physiological responses and adaptations of these systems to exercise and training.
6. CO6: Identify the regulation and significance of acid base balance following exercise CO7: Understand the responses of various hormones with respect to exercise

SECTION -A

EP 1.1. **Bioenergetics of exercise:** High energy phosphates, Anaerobic and aerobic ATP synthesis, Bioenergetics Control, exercise intensity & substrate utilization, protecting CHO stores, muscle adaptation to endurance training, processes that potentially limit the rate of fat oxidation, regulation of substrate utilization, training - induced increase in FFA oxidization:

EP 1.2. Basal metabolic and resting metabolic rates and factors affecting them, Classification of Physical Activities by energy expenditure. Concept of MET measurement of energy cost of exercise

EP 1.3. **Nutrition metabolism** of Carbohydrate, fats, proteins, vitamin, mineral and water

EP 1.4. **Nutrition in exercise** optimum nutrition for exercise, nutrition for physical performance, pre game meal carbohydrate loading, food for various athletic events, fluid and energy replacement in prolonged exercise

EP 1.5. **Respiratory responses to exercise:** Ventilation at Rest and during Exercise, Ventilation and the Anaerobic Threshold, static and dynamic lung volume. Gas diffusion, Oxygen and carbon dioxide transport second wind, stich by side control of pulmonary ventilation during exercise adaptive changes in the respiratory systems due to regular physical activities.

EP 1.6. Cardiovascular responses to exercise- Cardiovascular system and exercise, acute vascular effects of exercise, Circulatory responses to various types of exercise regulation of cardiovascular system during exercise, Pattern of redistribution of blood flow during exercise, adaptive responses of cardiovascular system to aerobic and anaerobic training. Athlete heart

EP 1.7. Exercise and Acid Base Balance: Acid and Bases, Buffers, pH, Respiratory Regulation of pH, Alkali Reserve, The kidneys and Acid base balance, Alkalosis and Acidosis, Acid base balance following heavy exercise.

EP 1.8. Hormonal responses to exercise with respect to Growth Hormone (GH), Thyroid and Parathyroid Hormones. Antidiuretic Hormone (ADH) and Aldosterone, Insulin and Glucagons, The catecholamine; epinephrine and norepinephrine. The sex hormones. The glucocorticoids (Cortisol) and Adreno Corticotropic Hormones (ACTH). Prostaglandins and Endorphins.

SECTION -B

EP 2.1. Training and conditioning

Physiological basis of physical training, training principles, interval training, continues running concept of anaerobic threshold and vo2 max, physiological effects of various physical training methods- aerobic and anaerobic training, strength training factors influencing training effects – intensity, frequency, duration, detraining, process of recovery, post exercise oxygen consumption factors affecting recovery process, overtraining

EP 2.2. Body temperature regulation during exercise

Mechanism of regulation of body temperature, Body temperature responses during exercise, Physiological responses to exercise in the heat, Acclimatization to exercise in the heat, Effects of age and gender on body temperature regulation during exercise, Physical activity and heat illness [heat exhaustion, dehydration exhaustion heat cramps & heat stroke] Prevention of Heat Disorders

EP 2.3. Exercise in the Cold

Effects of exposure to cold and severe cold, Wind chill, Temperature receptors, Role of hypothalamus, shivering, Frost Bite and other problems, Clothing and Environment

EP 2.4. Exercise at Altitude

Exercise at altitude immediate physiological responses at high altitude, physiological basis of altitude training, phases of altitude training and specific training effects, altitude acclimatization, oxygen dissociation curve at altitude, disorders associated with altitude training

EP 2.5. Exercise and body fluids

Measurement and regulation of body fluids, Body fluid responses and adaptations to exercise, Effects of dehydration and fluid replenishment on physiological responses to exercise and performance Fluid/carbohydrate replacement beverages

EP 2.6. Physical activity, body composition, energy balance and weight control

Significance and measurement of body composition, Body composition during growth and aging, Body composition and physical performance, Effect of diet and exercise on body composition, Physical activity, energy balance, nutrient balance and weight control, Physical activity, fat distribution and the metabolic syndrome , Healthy weight loss, Ways and methods of weight reduction , fluid maintenance, disordered eating, nutritional ergogenic aids, diet supplements in athletes and others involved in physical activity.

EP 2.7. Exercise and Diabetes Mellitus

Exercise in insulin, requiring diabetes and non-insulin dependent diabetes mellitus, Effect of physical training on glucose tolerance and insulin sensitivity, Management of diabetes by diet and insulin

Books suggested for EP

1. Essentials of Exercise Physiology: McArdle, WD, Katch, FI, and Katch, VL. Lippincott Williams and Wilkins.
2. Fundamentals of Exercise Physiology: For Fitness Performance and Health, Robergs RA, and Roberts, S.O. McGraw Hill
3. Exercise Physiology: Powers, SK and Howley ET; Mc Graw Hill
4. Physiology of Sport and Exercise: Wilmore, JH and Costil, DL. Human Kinetics
5. Exercise Physiology- Human Bioenergetics and its Application: Brooks, GA, Fahey, TD, White, TP. Mayfield Publishing Company
6. Komi, P. (Ed.) Strength and power in sport. Blackwell Scientific Publications.
7. Levick, J.R. An introduction to Cardiovascular Physiology. 2nd ed. Butterworth Heinemann
8. McArdle, WD, Katch, FI & Katch, VL Exercise Physiology. Lippincott, Williams & Wilkins.
9. Shephard and Astrand Endurance in sport. Blackwell Scientific Publications.
10. Willmore, JH & Costill, DL Physiology of Sport and Exercise. 2nd ed. Human Kinetics.
11. Guyton, A.C. Textbook of Medical Physiology. Philadelphia: Saunders,
12. Nutrition for sport and exercise; Berning and Steen

4.21. Specialty papers

COURSE CODE -M.P.T-104, M.P.T 202, & M.P.T-203

1) Master of Physiotherapy in Musculoskeletal Sciences

MPT (MS)104: Clinical, Physical and Functional diagnosis in Musculoskeletal Physiotherapy

MPT (MS) 202: Musculoskeletal Physiotherapy

MPT (MS) 203: Recent advances in Musculoskeletal Physiotherapy

COURSE CODE-M.P.T (MS)-104

COURSE TITLE **Clinical, Physical and Functional diagnosis in Musculoskeletal physiotherapy (MCPFD)**

MCPFD 1.0. Subject description

MCPFD 1.0.1. Course outcome students will be able to:

1. Elicit and interpret clinical signs and symptoms of diseases commonly seen in Orthopedics& interpret clinical tests and special investigations commonly used in the diagnosis of these conditions.
2. Generate a primary diagnosis and a list of differential diagnoses consistent with typical presentations.
3. Identify normal & pathological anatomy on diagnostic images.
4. Discuss how the serious and common disorders and the specialized areas of medical practice may impact on Orthopedic Physiotherapy practice.
5. Demonstrate a broad range of technical skill in diagnosing the Physiotherapy related Orthopedic conditions.
   a) Cardiac efficiency tests and spirometry
   b) Fitness test for sports
   c) Physical disability evaluation and disability diagnosis. Gait analysis and diagnosis.
   d) Coping Strategies in chronic painful musculoskeletal conditions. Checkouts of orthotics and prosthetics for neuro-musculoskeletal problems. Effect of Immobilization on Musculoskeletal System
   e) Application of ICF in Musculoskeletal diagnosis
   f) Medical screening for potential referred pain and Red Flags

Course Content: M.P.T (MS)-104

Part I

MCPFD 1.1. Clinical Decision Making - Planning Effective Treatment. Clinical decision making models, Team approach, Foundation for clinical decision making.

MCPFD 1.2. Vital Signs. Identification of reasons for monitoring vital signs; importance of monitoring vital signs; common techniques of monitoring vital signs; identification and analysis of normal values with that of abnormal values.

MCPFD 1.3. Principles and application of investigative and imaging techniques in Physiotherapy

a. Blood test

b. Arterial Blood Gas (ABG) analysis

c. Pulmonary Function Test (PFT)

d. Radiological examination

e. Computerized Tomography (CT)

f. Magnetic Resonance Imaging (MRI)

g. Ultrasonography (US)

h. Electrocardiography (ECG)

i. Dope testing

MCPFD 1.4. Evaluation assessment and treatment planning strategies for musculoskeletal, neurological, cardiopulmonary, sports specific and other physiotherapy conditions: Principles of evaluation, clinical manifestations, general and specific clinical examination.

i. Physiotherapy assessment of the following:

a. Range of motion (ROM)

b. Tone

c. Muscular strength and endurance

d. Flexibility

e. Coordination - Non equilibrium test - Equilibrium test

f. Sports specific skills

g. Cardiac efficiency

h. Sensory evaluation

i. Functional Evaluation - Various scoring methods in functional assessment - Validity and reliability

j. Fitness evaluation - Aerobic - Anaerobic

k. Spasm

l. Trigger Point

m. Tender Point

n. Spasm

ii. Assessment of cognitive, perceptual dysfunctions and vestibular dysfunction.

MCPFD 1.5. Electro-Diagnosis:

i. Characteristics and components of Electro therapeutic stimulation systems and Electro physiological assessment devices.

ii. Instrumentation for neuromuscular electrical stimulation.

iii. Electrical properties of muscle and nerve.

iv. Neurobiology of afferent pain transmission and central nervous system mechanisms of pain modulation.

v. Electrical stimulation and circulation.

MCPFD 1.6. Clinical Electro physiological testing: Instruments, Techniques and Interpretations of

a. Nerve conduction velocity including Repetitive Nerve Stimulation (RNS)

b. Electromyography

c. Bio-feedback technique.

d. Late responses

MCPFD 1.7. Concepts of electro physiological studies in neuro muscular diseases as a diagnostic and therapeutic tool.

MCPFD 1.8. Evoked potentials – VEP, SSEP, MEP, BAEP

Part II

MCPFD 2.1. Psychological aspects of rehabilitation in disability: Psychological tests.

MCPFD 2.2. Developmental Screening

i. Factors Motor control assessment

ii. Motor control theories/mechanism

iii. Patterns of normal development

iv. specific procedures and tests used to assess motor control defects

MCPFD 2.3. Anthropometry

1. Body measurements - Height - Weight - Circumference

2. Body Proportion - Body Mass Index (BMI) - Waist Hip Ratio (WHR)

3. Body Composition

   i. Somatotyping

   ii. Methods of measurement

      a. Water displacement method for body fat.

      b. Skin fold measurement

      c. Under water weighing

      d. Bioelectric Impedance Analysis (BIA)

MCPFD 2.4. Differential diagnosis in Physiotherapy

MCPFD 2.5.

i. Functional evaluation.

   a. The concepts of health status impairment; functional limitations;
   b. Disability and Persons with Disabilities;
   c. Definition of functional activity and the purposes and components of the functional assessment;
   d. Selection of activity and roles for an individual based on his or her capabilities and functional limitations.

ii. Various forms of functional tests;

   a. Physical function test
   b. Multi-dimensional functional assessment instrument,
   c. Identification of instrument for testing function.

iii. Various scoring methods used in functional assessment;

iv. Reliability and validity of various functional assessments.

MCPFD 2.6. Evaluation of aging

SPECIALITY PAPER 2 COURSE CODE-202

COURSE CODE-M.P.T (MS)-202

COURSE TITLE **Musculoskeletal physiotherapy (MSK)**

MSK 1.0. Subject description

MSK 1.0.1. Course outcome students will be able to:

1. Develop a management plan, generally including some lifestyle factors, in co-operation with the Clinical Supervisor and consider a prognosis that reflects on the patient's problem.
2. Manage a patient in consultation and co-operation with the clinical supervisor, identifying the presenting problem, developing a basic working diagnosis and selecting a treatment regime that considers the presenting problem with some consideration for ethical, practical and pragmatic concerns.
3. Maintain legal (accurate, clear and legible) patient histories, write basic referral letters and recognize the need of further referral in conference with Clinical Supervisor and peers.
4. Discuss the Common exercise prescriptions and their clinical use, and the sequence of treatment and how to advise different sorts of patients

SECTION -A

MSK 1.1. Advanced instruction in treatment and follow-up of the musculoskeletal system

MSK 1.2. Upper Quarter and Lower Quarter Muscle imbalances leading to dysfunction with corrective measures Exercise planning and Exercise Prescription for musculoskeletal conditions

MSK 1.3. Management of pathological gaits and Postural deviations

MSK 1.4. Orthopaedic implants - designs, materials indications, post – operative Physiotherapy

MSK 1.5. Manual therapy – Principles, indications, contraindications, and methods of application of joint mobilization techniques and soft tissue manipulations Cumulative Traumatic Disorders and management

MSK 1.6. Aids and appliances, adaptive functional devices to improve neuro-musculoskeletal dysfunctions Physiotherapy management of locomotor impairments, and disabilities at institutional & community levels

MSK 1.7. Taping techniques in orthopedic conditions Sports injuries and their management

SECTION- B

MSK 2.1. Physiotherapy management in Fractures, Joint Instabilities, Soft Tissue Disorders, Deformities, Nerve Injuries, Metabolic, Hormonal Conditions, Neoplastic, Infective Conditions of Bones and Joints of musculoskeletal system pertaining to upper quarter lower quarter and spine

MSK 2.2. Pre and Post surgical Rehabilitation of Joint replacement surgeries

MSK 2.3. Physiotherapy management after tendon transfer, Electrical stimulation and biofeedback procedures Assessment and management of Paediatric and geriatric musculoskeletal disorders

MSK 2.4. Physical Agents and Electrotherapeutic management in orthopedic conditions. Rehabilitation of congenital conditions and malformation of musculoskeletal disorders. Physiotherapy management in Amputation and Prosthetic Prescription.

MSK 2.5. Equipment in orthopedic Physiotherapy such as: Isokinetic, EMG and Biofeedback, Proprioception assessment equipments, Gait analyzers. Home and self-help programme in orthopedic Physiotherapy.

MSK 2.6. Disability prevention and management

SPECIALITY PAPER 3

COURSE CODE-M.P.T (MS) 203

Course Title: Recent advances and Evidence Based Practice in Musculoskeletal Physiotherapy (MRAEB)

MRAEB 1.0. Subject description

MRAEB 1.0.1. **Course outcome**

Students will be able to:

1. Understand and apply the information regarding recent advances in Orthopedic Manual Therapy for patient care.
2. Search the evidences available for assessment and management of orthopedic conditions.
3. Apply the evidences available for the management of various orthopedic conditions.

SECTION A:

MRAEB 1.1. Manual therapy: soft tissue manipulations and mobilization, neural mobilization, acupressure.(Cyriax, Maitland, Butler, McKenzie, Kaltenborn, Mulligan)

MRAEB 1.2. EBP and Recent advances in clinical assessment, laboratory investigations and diagnosis of musculoskeletal disorders. EBP in Management of pain in musculoskeletal disorders.

MRAEB 1.3. Recent Advances in management of orthopedic conditions- medical, surgical and Physiotherapy Recent Advances in Physiotherapy management in arthritis and allied conditions.

MRAEB 1.4. Recent Advances and Controversies in Electrotherapy for orthopedic conditions.

MRAEB 1.5. Assessment and training for Core, postural stability and balance in musculoskeletal conditions Recent advances in Kinematic & kinetic analysis.

MRAEB 1.6. Use of advance Assistive devices and technologies in musculoskeletal system Current trends in sports injuries and management.

MRAEB 1.7. Evidence Based Physiotherapy in management of metabolic and hormonal, neoplastic and infective conditions of bones and joints.

SECTION-B

MRAEB 2.1. Recent Advances in Physiotherapy following arthroplasty, implants and soft tissue repairs.

MRAEB 2.2. EBP and recent advances in Physiotherapy after tendon transfer, Electrical stimulation and biofeedback procedures. EBP in Rehabilitation of congenital conditions and malformation of musculoskeletal disorders.

MRAEB 2.3. Recent Advances in External aids, appliances, adaptive self-help devices; prescription, biomechanical compatibility, check- out and training. EBP and Recent advances in electro diagnosis, Electromyography, NCV and evoked potential studies.

MRAEB 2.4. Community based rehabilitation in musculoskeletal disorders. Recent Advances and Controversies in Orthopaedic physiotherapy. Ergonomics assessment and management at work place.

MRAEB 2.5. Evidence Based Practice and Recent Advances of Manual Therapy in Musculoskeletal Conditions Evidence based practice and recent advances of Aquatic therapy in Orthopaedic conditions.

Suggested reading

1. Jones, M. A., &Rivett, D. A. Clinical reasoning for manual therapists. Edinburgh: Butterworth Heinemann.
2. Eyal Lederman - Fundamentals of manual therapy.
3. Grieve's Modern manual therapy
4. Walter Herzog - Clinical Biomechanics of spinal manipulation
5. Sandy Fritz, Kathleen Paholsky and M.JanesGrosenbach - Basic Science for soft tissue and movement therapies.
6. Jean Sayne Adams, Steve Wright - Theory and practice of therapeutic touch.
7. AkhouryGourang Sinha – Principle and practice of therapeutic massage
8. Carol Manheim – The Myofascial release manual 3rd Edition
9. Maitland's – Peripheral manipulation
10. Maitland's – Vertebral manipulation
11. Chaitow – Cranial manipulation theory and practice
12. Lynn Paul Taylor – Taylor's manual of physical evaluation and treatment
13. Denise Deic – Positional release technique from a dynamic systems perspective.
14. Goodman and Snyder – Differential diagnosis in physical therapy
15. Tidy's Physiotherapy, Elsevier Publication.
16. Chaitow - Muscle energy technique
17. Reid et al – Sports injury assessment and rehabilitation.
18. Kjaer et al – Text book of sports medicine
19. Scudder Mc Can - Sports medicine, A comprehensive approach
20. Norris – Sports injuries, diagnosis and management for physiotherapists.
21. Werner Kuprian – Physical therapy for sports.
22. McGinnis – Biomechanics of sports and exercises.
23. Chew, F. Skeletal radiology: The bare bones. Baltimore, MD: Williams & Wilkins.
24. Eisenberg, R. L., & Johnson, N. M. Comprehensive radiographic pathology St Louis, MO: Mosby.
25. Hughes, J., & Hughes, M.. Imaging: Picture tests. Edinburgh: Churchill Livingstone.
26. Mace, J. D., & Kowalczyk, N. Radiographic pathology for technologists. St Louis, MO: Mosby.
27. Redhead, D. N. Imaging: Colour guide. Edinburgh: Churchill Livingstone.

28. Yochum, T. R., & Rowe, L. R. Yochum and Rowe's essentials of skeletal radiology. Baltimore, MD: Lippincott Williams & Wilkins.
29. Gunn, C. Bones and joints: A guide for students. London: Churchill Livingstone.
30. Haines, D. E. Fundamental neuroscience W. B. Saunders Co.
31. Kandel, E. R., Schwartz, J. H., & Jessell, T. M. Principles of neural science McGraw-Hill.
32. Longmore, J., Wilkinson, I., & Rajagopalan, S. Oxford handbook of clinical medicine Oxford: OUP.
33. Newman D4o4r5land, W. A. Dorland's illustrated medical dictionary W. B. Saunders Co.
34. Nolte, J. The human brain: An introduction to its functional anatomy. St Louis, MO: Mosby.
35. Nolte, J., & Angevine, Jr. J. B. The human brain in photographs and diagrams. St Louis, Mosby.
36. Wicke, L. Atlas of radiologic anatomy, Munich, Germany: Lea &Febiger.
37. Seidel, H. Mosby's guide to physical examination. St Louis, MO: C.V. Mosby.
38. Cailliet, R. Neck and arm pain Philadelphia: FA Davis.
39. Cailliet, R. Shoulder pain Philadelphia: FA Davis.
40. Cailliet, R. Knee pain and disability Philadelphia: FA Davis.
41. Cailliet, R. Hand pain and impairment Philadelphia: FA Davis.
42. Cailliet, R. Low back pain syndrome Philadelphia: FA Davis.
43. Cailliet, R. Soft tissue pain and disability Philadelphia: FA Davis.
44. Chaitow, L. Cranial manipulation: Theory and practice Edinburgh: Churchill Livingstone.
45. Greenman, P. E. Principles of manual medicine. Philadelphia: Lippincott Williams & Wilkins.
46. Wilson, A. Effective management of musculoskeletal injury: A clinical ergonomics approach to prevention. Churchill Livingstone.
47. O'Sullivan, F.A. Davis, Philadelphia. Physical rehabilitation: assessment and treatment.
48. Victor H. Frankel and Mangareta Nordin Basic Biomechanics of the Musculoskeletal system 2nd Edition
49. Essentials of Orthopedics for physiotherapists by John Ebenezer – Jaypee Publications
50. Practical Fracture Treatment by Ronald Mc Rae, Max Esser – Churchill Livingstone
51. Oxford Textbook of Orthopedics & Trauma – Christopher Bulstrode, Joseph Buckwalter, Oxford University Press
52. Fractures & Joint Injuries – By Watson Jones – Churchill Livingstone
53. Measurement in Physical Therapy – Churchill Livingstone, London

54. Soft Tissue Pain & Disability – Cailliet Rene, Jaypee Brothers, New Delhi

55. Physical therapy of the low back –Twomey, Churchill, Livingstone, London

56. Clinical Orthopaedic Examination by Ronald McRae – Churchill Livingstone

57. Campbell's operative orthopedics – By S. Terry Can ale, James H. Beaty – Mosby

58. Orthopedic Physical Assessment, By David J. Magee – Saunders

59. Diagnostic Imaging for Physical Therapists – by James Swain, Kenneth W. Bush & Juliette Brosing – Elsevier

60. Differential Diagnosis For Physical Therapists: Screening for Referral – by Catherine C. Goodman & Teresa Kelly Snyder – Saunders

61. Lynn Paul Taylor – Taylor's manual of physical evaluation and treatment

62. Goodman and Snyder – Differential diagnosis in physical therapy.

63. Leon Chaitow, and Judith Walker Delany - Clinical application on neuromuscular techniques: Vol-2 (The lower body).

2) Master of Physiotherapy in NeuroSciences

SPECIALITY PAPER ONE

COURSE CODE-MPT-104

1. **MPT(N) 104: Clinical, Physical and Functional diagnosis in Neuro-Physiotherapy (NCPFD)**
2. **MPT (N) 202: Neurological Physiotherapy (NPT)**
3. **MPT (N) 203: Recent advances and Evidence Based Practice in Neuro-Physiotherapy (NRAEB)**

Course Title: MPT(N) 104: Clinical, Physical and Functional diagnosis in Neuro-Physiotherapy (NCPFD)

NCPFD 1.0. Course description

NCPFD 1.0.1. Course outcome

On successful completion of this unit, it is expected that students will be able to:

1. Elicit and interpret clinical signs and symptoms of diseases commonly seen in Neurology medicine & interpret clinical tests and special investigations commonly used in the diagnosis of these conditions.
2. Generate a primary physical diagnosis and a list of differential diagnoses consistent with typical presentations.
3. Identify normal & pathological anatomy on diagnostic images.
4. Discuss how the serious and common disorders and the specialized areas of medical practice may impact on Neurological physiotherapy practice.
5. Demonstrate a broad range of technical skill in diagnosing the physiotherapy related neurology conditions.

SECTION- A

NCPFD 1.1. ICF conceptual frame work

NCPFD 1.2. Importance of assessment & evaluation, Outlines of principles and Methods of evaluation

NCPFD 1.3. Need and types of Documentation

NCPFD 1.4. Critical decision making and selection of outcome measures in Musculoskeletal Physiotherapy

NCPFD 1.5. Assessment, differential diagnosis and diagnosis of various Neurology conditions

NCPFD 1.6. Associated functional disturbances of higher function and their testing

NCPFD 1.7. Outcome measures used in Neuro-physiotherapy-for Cognitive impairment and disability, Focal disabilities, Global measures of disability, Motor impairment, ADL and extended ADL tests, Person with Disabilities and quality of life, Multiple Sclerosis, Parkinson 's disease, Stroke, Head injury, Spinal cord injury, Pain scales

NCPFD 1.8. Clinical analysis of posture, movement and gait, use of gait analyzer

NCPFD 1.9. Principles, Techniques and interpretation of Pathological investigations and diagnostic imaging (CT, MRI, Ultra sound, PET, fMRI, bone scan and other diagnostic imaging) for diagnosis of neurological conditions.

NCPFD 1.10. Clinical examination and detection of movement dysfunction

NCPFD 1.11. Evaluation of ANS dysfunction with reference to Psycho physiological testing

NCPFD 1.12. Motor control assessment, reflexes and automatic reactions

NCPFD 1.13. Neurodevelopment assessment

SECTION- B

NCPFD 2.1. Assessment of Hand Function

NCPFD 2.2. Voluntary control assessment

NCPFD 2.3. Neuropsychological tests

NCPFD 2.4. Electrophysiological assessment devices – Instrumentation, Characteristics and components EMG (Qualitative and Quantitative EMG), NCV, Conventional Methods, RNS, EPS, EEG related to neurological disorders with interpretation.

NCPFD 2.5. Physical disability evaluation and disability diagnosis

NCPFD 2.6. Assessment of progressive locomotor disorder- Neuropathic, myopathic and NMJ conditions

NCPFD 2.7. Assessment and scales for diagnosis of pain

NCPFD 2.8. Biomarkers specific to neurological disorders

NCPFD 2.9. Assessment of Emotional Intelligence

NCPFD 2.10. Assessment of Peripheral nerve injuries and Cranial nerve disorders.

NCPFD 2.11. Neurophysiology and evaluation of Balance and Coordination

NCPFD 2.12. Assessment of Physical and Neurological Functions of Patients in ICU.

SPECIALITY PAPER TWO COURSE CODE: MPT (N)-202

MPT (N) 202: **Neurological Physiotherapy** (NPT)

NPT 1.0. Course Description

NPT 1.0.1. Course outcome

1. Develop a management plan, generally including some lifestyle factors, in cooperation with the Clinical Supervisor and consider a prognosis that reflects on the patient's problem.
2. Manage a patient in consultation and co-operation with the clinical supervisor, identifying the presenting problem, developing a basic working diagnosis and selecting a treatment regime that considers the presenting problem with consideration for ethical, practical and pragmatic concerns.
3. Maintain legal (accurate, clear and legible) patient histories, write basic referral letters and recognize the need of further referral in conference with Clinical Supervisor and peers.
4. Discuss the Common exercise prescriptions and their clinical use, and the sequence of treatment and how to advise different sorts of patients.

SECTION- A

NPT 1.1. History of neurological Physiotherapy, Epidemiology, classification of Neurology disorders, ICF classification of Neurological Disorders, symptomatology, patho-physiology and management of Neurological Disorders.

NPT 1.2. Physiotherapy interventions of various disorders of Central Motor control

NPT 1.3. Physiotherapy interventions of various disorders of the Motor Unit – Neuropathies, Myopathies and Neuromuscular Junction Disorders.

NPT 1.4. Physiotherapy interventions for Autonomic Nervous system dysfunction

NPT 1.5. Physiotherapy intervention for Peripheral Nervous system conditions (injuries and lesions)

NPT 1.6. Physiotherapy interventions for Tonal abnormalities.

NPT 1.7. Physiotherapy intervention for Traumatic conditions of CNS

NPT 1.8. Physiotherapy management for Demyelinating, Inflammatory, Infectious and Degenerative conditions.

NPT 1.9. Physiotherapy management for CNS Neoplasia.

NPT 1.10. Metabolic and Deficiency Disorders and their management

NPT 1.11. Congenital Neurological Disorders and management

NPT 1.12. Disorders of Perception & Cognition & their Rehabilitation,

NPT 1.13. Sensory System Dysfunction and rehabilitation

NPT 1.14. Oromotor Dysfunctions and Management

NPT 1.15. Visual Deficits and its management.

SECTION- B

NPT 2.1. Vestibular Dysfunction and its rehabilitation

NPT 2.2. Psychosomatic conditions and management.

NPT 2.3. Neuro - Surgical conditions and its postoperative management.

NPT 2.4. Neuro-Physiotherapy management in Intensive Care Units (ICU).

NPT 2.5. Physiotherapy interventions for muscle imbalances and corrective measures. Musculo-skeletal and Neurological complications of Locomotor Disorders

NPT 2.6. Pain Management

NPT 2.7. Adaptive and Assistive Functional Devices and technologies to improve neurological dysfunction.

NPT 2.8. Management of Bladder and Bowel Dysfunction

NPT 2.9. Neuro-physiotherapeutic approaches – Compensatory training approach, Muscle reeducation approach, Novel Approach, Neuro-physiological approaches - NDT, Brunnstrom, Roods, PNF, Sensory integration therapy. Motor relearning program, Constraint Induced movement therapy, Task Oriented approach, Novel approach, Vojta therapy. Biofeedback training, Neural mobilization and Neuro Dynamics, Sensory rehabilitation, Body Weight Supported Treadmill Training, Myofacial Release Technique, Inhibitory and Facilitation technique, Functional Re-Education, Learning skills, A.D.L, Tapping in neurological conditions.

NPT 2.10. FES, NMES, Biofeedback, Various equipment used in Neuro-physiotherapy

NPT 2.11. Problem Based Learning clinical conditions in Neurology physiotherapy.

NPT 2.12. Pharmacology in Neurophysiotherapy.

NPT 2.13. Training of Emotional Intelligence.

NPT 2.14. Hydrotherapy for Neurological conditions.

NPT 2.15. Palliative Care Approach.

NPT 2.16. Physiotherapy Management of Cerebellar Disorders.

SPECIALITY PAPER -THREE COURSE CODE: MPT (N)-203

MPT (N) 203: **Recent advances and Evidence Based Practice in Neuro-Physiotherapy** (NRAEB)

NRAEB 1.0.1. Course outcome

1. Understand and apply the information regarding recent advances in Neuro Physiotherapy for patient care.
2. Search the evidences available for assessment and management of neurological conditions.
3. Apply the evidences available for the management of various neurological conditions

SECTION- A

NRAEB 1.1. Basics of Genetic counseling, Stem cell therapy, Gene therapy

NRAEB 1.2. Recent advances in Pain Modulation and Rehabilitation.

NRAEB 1.3. Recent advances in Vocational Rehabilitation in Neurology Disorders with disability

NRAEB 1.4. Recent advancement in Neurology Orthosis – prescription and training.

NRAEB 1.5. Psychiatry problems in Neurological conditions and Physiotherapy (BAT, CBT). Psychological aspects of adaptation during various aspects of neurological disabilities

NRAEB 1.6. Institutional & community-based rehabilitation for Neurological Dysfunction.

NRAEB 1.7. Recent Neuro Physiotherapy technique - Mental Imagery technique, Virtual Reality Therapy/Virtual Clinic, Robotic Movement Therapy, Pilates therapy, Mirror Box therapy, Mime therapy, Floatation Therapy, Cupping Therapy, Jadestone Therapy, Matrix Rhythm Therapy, IASTM and Dry needling, CranioSacral therapy, Neurodynamics in Neurological conditions and Neural Mobilization, Hippo-therapy, Transcranial Direct Current Stimulation, Transcranial Magnetic Stimulation, Artificial Intelligence, Whole Body Vibrator and Neuromuscular Technique

NRAEB 1.8. Eclectic Approach.

SECTION- B

NRAEB 2.1. History of Evidence Based Practice in Neurological Physiotherapy, Clinical Decision Making, importance of Evidence Based Practice, Evidence about prognosis, experience and diagnosis, locating evidences, challenges and barriers in EBP.

NRAEB 2.2. Evidences in interventions for Neurological Impairments (Sensory, Motor, Cognitive and Perceptual)

NRAEB 2.3. Evidences for Physiotherapy in Traumatic CNS conditions

NRAEB 2.4. Evidences in Physiotherapy management of Stroke, Cerebellar Ataxia.

NRAEB 2.5. Evidences in Physiotherapy management of Peripheral Nerve Injuries

NRAEB 2.6. Evidences in Physiotherapy management of Parkinson's Disease

NRAEB 2.7. Evidences in Physiotherapy management of Myopathies, Neuropathies and NMJ Disorders

NRAEB 2.8. Sports training in Neurological Physiotherapy.

NRAEB 2.9. Tele rehabilitation in Neurological Physiotherapy

Books for Masters in Neurosciences

For paper III, IV, V.

1. American Psychological Association. Publication manual of the American Psychological Association. Washington, DC: Author.
2. Chichester, UK: John Wiley. Domholdt, E. Physical therapy research: Principles and applications, WB Saunders, Philadelphia, USA.
3. Kuzma, J. W., & Bohnenblust, S. E. Basic statistics for the health sciences. Boston: McGraw Hill.
4. Munro, B. H. Statistical methods for Healthcare research. Philadelphia: Lippincott.
5. Coakes, S. J., & Steed, L. G. SPSS: Analysis without anguish: Version 11.0 for Windows. Milton, Australia: John Wiley & Sons Inc. Jenkins, S., Price CJ, &Straker L.
6. The researching therapist. A practical guide to planning, performing and communicating research. Edinburgh: Churchill Livingstone.
7. Campbell, M.J., &Machin, D. Medical statistics: A commonsense approach. Chichester, UK: John Wiley.
8. Domholdt, E. Physical therapy research: Principles and applications. Philadelphia: WB Saunders.
9. Gowitzke,Williams and Wilkins.Scientific Basis of Human Movement .Baltimore..
10. Handbook of Physiology in Aging- Masoro, C.R.C. Press.
11. Hicks C:Research of Physiotherapists. Chrchhill Living stone, Edingburgh
12. Polgar S.: Introduction to Research in Health Sciences. Livingstone London.
13. Currier D.P: Elements of Research Physical Therapy. Williams & Wilkins, Baltimore.
14. Sproull: Hand Book of Research method. Scarecrow Press
15. Wilenski, Hale &Iremonger: Public Power and Administration.
16. Hickik Robert J: Physical Therapy Administration and management.
17. Nosse Lorry J: Management Principles for Physiotherapists.
18. Carpenter M.B: Human Neuroanatomy. Williams & Wilkins, Baltimore, n
19. Fraser: Physical Management of Multiple Handicapped. William & Wilkins, Baltimore

20. Aisen: Orthotics in neurological rehabilitation. Demos Publication, New York
21. Delisa: Manual of nerve conduction velocity techniques. Raven press, New York,
22. Kimura J, F.A Davis: Electrodiagnosis in diseases of nerve and muscle. Philadelphia ,
23. O' Sullivan, F. A Davis: Physical rehabilitation: Assessment and treatment. Philadelphia ,
24. Farber: Neuro – rehabilitation. W.B. Saimders , Philadelphia
25. Kerb D: Bio- Feedback – A practitioners guide. Guiford press.
26. Black I: The neural basis of motor control. Churchill, Livingstone, London -
27. Turnbull Gerode I: Physical therapy management of Parkinson's disease. Churchill, Livingstone, Londo -
28. Bobath B: Abnormal postural reflex activity caused by Brain Lesions. Aspen publications, Rockville
29. Eagel: Disord4e5r5s of Voluntary Muscle. Churchill, Living stone Edingburgh
30. Knot M. and Voss: Proprioception, neuro muscular facilitation techniques. Harper and Row, New York
31. Laidler, Capman and Hall: Stroke rehabilitation. London
32. Carr J.H, Shephered R.B: Motor relearning programme for stroke. Aspen publication, Rock Ville,
33. Bobath B. Heinmann: Adult hemiplegia evaluation and treatment: London
34. Brombley: Paraplegia and tetraplegia. Churchill, Livingstone, Edingburgh
35. Measurement in Physical therapy – Churchill, Livingstone, London
36. Maria stokes: Physical management neurological rehabilitation, Elsevier, Mosby.
37. Misra U.K, Kalita J: Clinical Neurophysiology NCV, EMG, Evoked Potentials, Elsevier, New Delhi,
38. Joel A Delisa, Gans B.M: Rehabilitation medicine principles and practice, revan, Philadelphia, New York,
39. Robert Gunzbng, MarekSzpalski: Whiplash Injuries, current concepts in prevention diagnosis and treatment, Lippincot Williams & wilkins.
40. Krusen's: Hand book of physical rehabilitation, kottke, lehmann, Saunder's Publications,
41. Ropper A.H, Brown R.H: Adam and victors principle of neurology, Mcgraw – hill companies USA
42. Richard S. Snell: Clinical Neuroanatomy for medical students, Lippincott Williams &wilkins
43. Martha Freeman Somers: Spinal cord injury functional rehabilitation
44. David S Butler: Mobilisation of the nervous system Churchill Livingstone, New York.
45. Darcy A. Umphred: Neurological rehabilitation, Mosby, Sydney,

46. Kenneth W. Lindsay, Ian Bone: Neurology & Neurosurgery illustrated,

47. M Flint Beal, Anthony.E. Lang, Albert Ludolph: Neurodegenerative Diseases, Cambridge University Publication, USA

48. Jose I. Suarez : Critical Care Neurology and Neurosurgery, HUMANA PRESS PUBLICATIONS,USA.

49. David R. Lynch : Neurogenetics-Scientific& Clinical Advances,Taylor& Francis Group Publication New York

50. Asbury, Mckann, Medonald: Diseases of Nervous System- Vol. I and Vol. II, Mcarthur public, 3rd edition.

3) Master of Physiotherapy in Cardio- Pulmonary Sciences

MPT (C) 104: Clinical, Physical and Functional diagnosis in Cardio- Pulmonary Physiotherapy (CCPFD)

MPT (C) 202: Cardio- Pulmonary Physiotherapy (CPT)

MPT (C) 203: Recent advances and Evidence Based practice in Cardio- Pulmonary Physiotherapy (CRAEB)

SPECIALITY PAPER ONE COURSE CODE: MPT (C)-104

Course Title: Clinical, Physical and Functional diagnosis in Cardio- Pulmonary Physiotherapy (CCPFD)

CCPFD 1.0.1. Course outcome

1. Elicit and interpret clinical signs and symptoms of cardio-vascular and pulmonary diseases & interpret clinical tests and special investigations commonly used in the diagnosis of conditions.
2. Generate a primary diagnosis and a list of differential diagnoses consistent with typical presentations.
3. Identify normal & pathological anatomy on diagnostic images in various cardio-vascular and pulmonary disorders.

SECTION- A

CCPFD 1.1. ICF conceptual frame work

CCPFD 1.2. Importance of assessment & evaluation, Outlines of principles and Methods of evaluation Need and types of Documentation

CCPFD 1.3. Critical decision making and selection of outcome measures in cardiopulmonary Physiotherapy

CCPFD 1.4. GENERAL: Review of Anatomy, Embryology and Epidemiology of cardio-vascular, pulmonary and lymphatic pulmonary system.

CCPFD 1.5. Role of cardio respiratory therapist in patient assessment.

1. Patient clinician interaction and communication with assessment findings.
2. Confidentiality, concern and universal precautions.
3. A detailed and comprehensive cardio-respiratory health history.
4. Assessment standards, common scales, questionnaire indices used for patients with cardio-pulmonary dysfunction.

CCPFD 1.6. **Detailed assessment of cardio- vascular and pulmonary symptoms** (dyspnea, cough, sputum production, hemoptysis, clubbing, cyanosis, chest pain, syncope, fever, night sweating, headaches, altered sensorium, personality changes.

CCPFD 1.7. **Vital signs assessment**

1. Obtaining vital signs, clinical impressions
2. General clinical presentation
3. Temperature
4. Pulse including the peripheral pulses
5. Blood pressure
6. Respiratory rate

CCPFD 1.8. **Fundamentals of physical examination with diagnosis in cardiovascular and respiratory Physiotherapy**

1. Examination of head and neck
2. Lung topography – thoracic cage landmarks
3. Examination of Thorax/ pulmonary system
4. Examination of Precordium/cardiac system
5. Examination of Abdomen
6. Examination of Extremities

CCPFD 1.9. **Assessment of neonatal and pediatrics patients – new born, critically ill infants, older infants and child**

CCPFD 1.10. **Comprehensive geriatric assessment – age related sensory deficits, cardio-respiratory deficits and diagnostic tests, standard scales and questionnaires used in geriatric assessment**

CCPFD 1.11. **Nutritional assessment of patients with cardio- respiratory diseases**

CCPFD 1.12. **Fitness assessment**

1. Anthropometric and biophysical measurement and body composition
2. Flexibility tests and standards
3. Muscle strength and standard
4. Endurance tests and standards
5. Agility tests and coordination tests

CCPFD 1.13. **Exercise testing and standardization and interpretation**

1. TMT protocols- Maximal and submaximal protocols
2. Field protocols
3. Bicycle protocols
4. Step test protocols
5. Six minute walk test
6. Protocols for pediatric and geriatric population

CCPFD 1.14. **Interpretation and clinical relevance of investigations in cardio- pulmonary Physiotherapy**

1. Clinical laboratory studies – hematology, microbiology, urine analysis, histology, pathology
2. Pulmonary function tests – normal values
3. Spirometry, arterial blood gas analysis and its interpretation in cardio – respiratory Physiotherapy, capnography and pulse oximetry and its relevance in cardio- pulmonary Physiotherapy
4. Clinical application of chest radiograph – chest x-ray, examination, views; computed tomography, magnetic resonance imaging, lung scans - PET scan. Evaluation of chest radiography – clinical and radiographic findings in cardio-pulmonary disorders and its relevance cardio-pulmonary Physiotherapy
5. Laboratory and bedside interpretation of ECG findings – interpretation of normal and abnormal ECGs and its importance in cardio-respiratory physio-therapy and various ECG patterns in cardiac and lung disease
6. Cardio respiratory monitoring in critically ill patients including patients with artificial airways
    i. Ventilator assessment and evaluation of oxygenation in ICU
    ii. Assessment of cardiac output in ICU
    iii. Assessment of haemodynamic pressures in ICU
    iv. Clinical diagnosis in cardio- respiratory disorders in intensive care.

SECTION- B

CCPFD 2.1. Blood flow studies-arteriography, venography, Color Doppler, ANS testing and interpretation used in cardio- respiratory Physiotherapy and edema evaluation and interpretation.

CCPFD 2.2. Cardio respiratory assessment and diagnosis of patient on mechanical ventilator and interpretation of graphical forms, weaning modes and indices

CCPFD 2.3. Risk factor stratification, disability evaluation with reference to cardio vascular and pulmonary disorders

CCPFD 2.4. Psychological evaluation with reference to stress and anxiety in cardio- pulmonary disorders, Evaluation of stress and anxiety using various scales and questionnaires

CCPFD 2.5. Outcome measures used in Cardio – vascular and pulmonary Physiotherapy

CCPFD 2.6. Cardio-pulmonary Exercise Testing, VO2 max, METs – its importance in calculating energy expenditure and physical activities

CCPFD 2.7. Calculating energy expenditure using calorimetry method, various formulae and equations with emphasis on its importance in prescribing exercise in various patient population

CCPFD 2.8. Evaluation and diagnosis of sleep and breathing disorders.

SPECIALITY PAPER TWO

COURSE CODE: MPT (C)-202

Course Title: MPT (C) 202: Cardio and pulmonary Physiotherapy (CPT)

CPT 1.0.1. Course Outcomes:

1. Develop a management plan, generally including some lifestyle factors, incorporation with the Clinical Supervisor and consider a prognosis that reflects on the patient's problem.
2. Manage a patient in consultation and co-operation with the clinical supervisor, identifying the presenting problem, developing a basic working diagnosis and selecting a treatment regime that considers the presenting problem with some consideration for ethical, practical and pragmatic concerns.
3. Maintain legal (accurate, clear and legible) patient histories, write basic referral letters and recognize the need of further referral in conference with Clinical Supervisor and peers.
4. Discuss the Common exercise prescriptions and their clinical use, and the sequence of treatment and how to advise different sorts of patients.

SECTION- A

CPT 1.1. Principles of exercise prescription and exercise program adherence.

CPT 1.2. Components of physical fitness and Basic principles of exercise program design.

CPT 1.3. The art of science of exercise prescription in various patient population

CPT 1.4. Bioenergetics of exercise and training

CPT 1.5. Warm ups, stretching and cool down and its importance

CPT 1.6. Exercise program adherence and factors affecting exercise adherence.

CPT 1.7. Different forms of training methods.

CPT 1.8. Designing cardio-respiratory exercise programs for cardiac and pulmonary patients, geriatric and general population. Essentials of a C.R. exercise work- out, Aerobic training. Methods and modes, personalized programs.

CPT 1.9. Designing Resistance exercise programs.

1. Types of resistance training and developing respiratory exercise program including calisthenics.
2. Resistance exercise program for children and older adults.

CPT 1.10. Designing flexibility and stretching programs.

CPT 1.11. Designing weight management (weight loss and weight gain) and

CPT 1.12. Application of exercise prescription principles in various cardio-pulmonary disorders including edema management

SECTION- B

CPT 2.1. Nutrition and cardio-vascular and pulmonary diseases including diabetic population- Role of carbohydrates, proteins, fats, vitamins in health and disease.

CPT 2.2. Diet prescription in diabetic, hypertensive, cardio-metabolic syndromes, obesity and cancer patients according to calorie expenditure.

CPT 2.3. Exercise prescription/ physical activity in a high risk cardiac patient including L.V Dysfunction, chronic heart failure, myocardial ischemia.

CPT 2.4. Exercise prescription in prevention of CAD, obesity, renal dysfunction, diabetes mellitus, hypertension.

CPT 2.5. Cardio-vascular disorders and physiotherapy management including exercise prescription in:

i. Myocardial infarction

ii. Acquired heart conditions

iii. Hypertension, hypotension

iv. Rheumatic fever, rheumatic heart disease and non- rheumatic valvular diseases.

v. Diseases of myocardium, pericardial diseases, cardiomyopathies

vi. Vascular diseases, peripheral vascular diseases and lymphatic diseases

vii. Tumors of heart

viii. Athlete heart

ix. Congestive cardiac failure

x. Cardiac arrhythmias

xi. Congenital heart diseases

xii. Cardiac transplantation

SECTION- C

CPT 3.1. PULMONARY DISORDERS AND PHYSIOTHERAPY MANAGEMENT INCLUDING EXERCISE PRESCRIPTION IN:

i. Obstructive pulmonary diseases

ii. Restrictive pulmonary diseases

iii. Infective lung diseases

iv. Occupational lung diseases

v. Lung cancer

vi. Chest wall deformities and spinal cord injury

vii. Diaphragmatic diseases

viii. Sleep apnea/ hyperventilation syndrome

ix. Respiratory disorders in children, cystic fibrosis

x. COVID-19

CPT 3.2. Common emergency conditions in cardio-respiratory system in adults and children and ethical issues in intensive care

CPT 3.3. Management of Pediatric and geriatric Cardiac and pulmonary disorders

CPT 3.4. Burns rehabilitation in Critical Care unit

CPT 3.5. Cardio-pulmonary problems and complications in various neuromuscular disorders, facilitatory and inhibitory techniques and PNF techniques in various pulmonary disorders, manual techniques for various pulmonary disorders.

CPT 3.6. Physical agents used in various cardio-vascular and respiratory disorders

CPT 3.7. Cardio-vascular and pulmonary pharmacology- Indications, contraindications and effects and pharmacological management in cardiac and pulmonary disorders.

CPT 3.8. Body positioning: art and its physiological importance in general and in ICUs

CPT 3.9. Aerosol therapy- Principles and its role in physiotherapy.

CPT 3.10. Humidifiers and Atomizers role in physiotherapy.

CPT 3.11. Stress, Importance of exercise in stress management and various stress coping strategies, relaxation techniques including yogic postures and yogic breathing in various lifestyle disorders and other cardio-vascular and pulmonary conditions.

CPT 3.12. Importance of Patient education and counseling in various cardio-vascular and pulmonary disorders in cardio- respiratory conditions, CBR in cardio vascular and respiratory conditions.

CPT 3.13. Role of Tele-rehabilitation in cardiac and pulmonary disorders.

CPT 3.14. Clinical decision making in Cardiovascular and pulmonary physiotherapy.

SPECIALITY PAPER THREE

COURSE CODE: MPT (C)-203

MPT (C) 203: Recent advances and Evidence Based Practice in Cardio and pulmonary Physiotherapy (CRAEB)

CRAEB 1.0.1. Course Outcome

1. Understand and apply the information regarding recent advances in cardio-pulmonary physiotherapy for patient care.
2. Search the evidences available for assessment and management of cardiopulmonary conditions.
3. Apply the evidences available for the management of various cardio-pulmonary conditions

SECTION- A

CRAEB 1.1. GENERAL:

i. Optimizing treatment prescription: relating treatment to the underlying pathophysiology of cardio-vascular and pulmonary disorders- an evidence-based practice

ii. Documentation of the data, Report writing –prescription of exercises

iii. Importance of creating awareness in community, Patient education and psychological counseling in various cardio-vascular and pulmonary disorders evidence-based practice

iv. Recent advancement in Cardio- pulmonary resuscitation (basic and advanced)

CRAEB 1.2. Bronchial hygiene- Physiological basis and clinical application, evidence-based practice and recent advances of airway clearance techniques, including Facilitating airway clearance with coughing techniques.

CRAEB 1.3. Care of a dying patient. – Ethical issues and recent guidelines

CRAEB 1.4. Cardiopulmonary training in various patient populations. Athletes, Geriatric and pediatric population

CRAEB 1.5. Medical gas therapy including oxygen therapy: physiological basis, modes of administration, and home delivery care- an evidence-based practice and recent advances including hyperbaric oxygen therapy.

CRAEB 1.6. Aerosol therapy- An Evidence based practice in chest physiotherapy.

SECTION- B

CRAEB 2.1. Recent advances and evidence-based practice in Exercise testing, planning, principles of exercise prescription and PT management in cardio- vascular and pulmonary conditions.

CRAEB 2.2. Recent advances and evidence base practice in cardio-respiratory Physiotherapy and exercise prescription in special populations like cancer, renal conditions, burns, abdominal surgeries, Neurological patients and Diabetic mellitus patients.

CRAEB 2.3. Recent advances in the use of physical agents and PT management in wounds, ulcers, grafts and incisions and vascular disorders.

CRAEB 2.4. Evidence based practice of core muscle strengthening, resistance training, endurance training, and other training methods in cardiac and pulmonary rehabilitation

CRAEB 2.5. Pilates- school of thought for cardiopulmonary conditions.

CRAEB 2.6. Physiotherapy management in oncology- Evidence based practice and recent advances.

CRAEB 2.7. Recent advances and evidence-based practice in Respiratory Physiotherapy training techniques and respiratory Physiotherapy devices.

CRAEB 2.8. Evidence based practice and recent advances in improving Cardio-respiratory fitness training in all populations including general, pediatric and geriatric population.

CRAEB 2.9. Evidence based practice and Recent guidelines in cardiac rehabilitation and pulmonary rehabilitation

CRAEB 2.10. Role of exercise and quality of life and cardio-pulmonary rehabilitation, health status measurements and recent advances

CRAEB 2.11. Use of advance Assistive devices like Robot therapy, continuous lateral rotation therapy, intrapulmonary percussive ventilator and technologies in Cardiovascular and pulmonary system.

CRAEB 2.12. Evidence based practice and recent advances of Aquatic therapy in Cardiovascular conditions like diabetes, PVD, hypertension etc.

BOOKS for Physiotherapy in Cardio Pulmonary Sciences:

1) Froelicher /Myers- "Exercise and heart' Saunders publication.
2) Jean Jobin et al. Advances in Cardio-Pulmonary Rehabilitation"
3) Scot Irvin, Lan Stephen Tecklin- "Cardio-Pulmonary physical therapy-a guide to practice", Mosby.
4) Frances J Brannon, Margaret W Foley, Julie Ann Stars, Lauren M Saul
5) "Cardio-Pulmonary Rehabilitation-Basic Theory and Application", F A Davis Company.
6) Cynthia Coffin Zadai- "Pulmonary management in Physical therapy", Churchill Livingstone.
7) Barbara A Webber and Jennifer A Pryor- "Physiotherapy for respiratory and cardiac problems", Churchill Livingstone.
8) George G. Burton, John E Hodgin, Jeffrey J Ward- "Respiratory Care-A Guide to Clinical Practice" 4th edition, Lippincott Williams and Wilkins,
9) Robert MBerne, Matthew N Levy- "Cardio-vascular physiology", Mosby.
10) John B. West- "Respiratory Physiology-the essentials", Lippincott Williams and Wilkins.
11) Macleod's Clinical Examination.
12) Andrews Davies and Carl Moores- "The Respiratory System", illustrated by Robert Britton, Churchill Livingstone.
13) George G. Burton, John E Hodgin, Jeffrey J Ward- "Respiratory Care-A Guide to Clinical Practice", Lippincott Williams and Wilkins,
14) Richard d Branson/Robert L Chatburn- "Respiratory Care Equipment", J B Lippincott Company.
15) N R Malentyre/R D Branson- "Mechanical Ventilation", Saunders.
16) Joanne Watchie- "Cardio-Pulmonary Physical Therapy", Saunders.
17) Hillegass and Sadowsky. "Essentials of Cardio-Pulmonary Physical Therapy", Saunders, Elsevier.
18) Michael L. Pollock and Donald H Schmidt- "Heart disease and Rehabilitation".
19) Scot Irvin, Lan Stiphen Tecklin. "Cardio-Pulmonary physical therapy-a guide to practice", Mosby.
20) Frances J Brannon, Margaret W Foley, Julie Ann Stars, Lauren M Saul
21) Cardio-Pulmonary Rehabilitation-Basic Theory and Application". F A Davis Company

4) Master of Physiotherapy in Sports Sciences

MPT (S) 104: Sports traumatology (STT)

MPT (S) 202: Concepts in sports medicine (SSM)

MPT (S) 203: Recent advances and Evidence Based practice in Sports Physiotherapy (SRAEB)

SPECIALITY PAPER - ONE COURSE CODE: MPT (S)-104

Course Title: MPT (S) 104: **SPORTS TRAUMATOLOGY (STT)**

SECTION- A

STT 1.1. ICF conceptual frame work

1. Importance of assessment & evaluation, Outlines of principles and Methods of evaluation Need and types of Documentation
2. Critical decision making and selection of outcome measures in SPORTS Physiotherapy
3. Investigative Procedures. Diagnostic imaging (CT, MRI, Ultra sound, bone scan and other diagnostic imaging's) for diagnosis of congenital anomalies and normal variants, traumatic injuries, scoliosis, degenerative disorders and infections)
4. Principles of pathological investigations and imaging techniques related to musculoskeletal disorders with interpretation Causes & Mechanism of Sports Injuries

STT 1.2. Evaluaton Of Risk Factors And Pre-Participation Examination:

1. Components of pre-participation evaluation, Scope and implementation of pre-participation program in Sports PT
2. Evaluation of Physical Fitness: Assessment of components of physical fitness including functional tests: muscle strength, flexibility, agility, balance, co-ordination, sensory deficits, cardio-pulmonary endurance
3. Sports-Specific evaluation and criteria for return to sport
4. Examination of lower limb
    i. Pelvis
    ii. Hip
    iii. Thigh
    iv. Knee
    v. Leg
    vi. Ankle and Foot

5. Examination of Upper Extremity

   i. Shoulder girdle

   ii. Shoulder

   iii. Arm

   iv. Elbow &Forearm

   v. Wrist and hand.

6. Assessment of vertebral column:

   i. Cervical

   ii. Thoracic

   iii. Lumbosacral including Tests of Neural Tension

7. Sporting emergencies screening

   i. Head and neck

   ii. Face

   iii. Abdominal injuries

8. Anthropometric evaluation

9. Kinesiological EMG

SECTION- B

STT 2.1. Causes & Mechanism of Sports Injuries

STT 2.2. Prevention of Sports injuries

STT 2.3. Principle of management of sports injuries

STT 2.4. Common acute and overuse injuries, causation, prevention and management of lower Extremity in Sports PT

STT 2.5. Common acute and overuse injuries, causation, prevention and management of upper Extremity in Sports PT

STT 2.6. Common sports injuries of spine with respect to causation, prevention and management

STT 2.7. Sporting emergencies first aid

STT 2.8. Emergency Medical Planning and Cover for Sports Events

STT 2.9. Emergency Situations, Primary and secondary emergency assessment, emergency plan, Transportation of an injured person

STT 2.10. Treatment of collapsed athlete- Severe head injury, Athlete with spinal injury,

STT 2.11. Causes of Collapse

STT 2.12. Sports specific injuries, with special emphasis on the specific risk factor, nature of Sports,

STT 2.13. Biomechanical Analysis of Skills, kind of medical intervention anticipated and prevention with respect to various sporting events

i. Individual events: Field & Track

ii. Team events

iii. Contact and Non-contact sports

iv. Water sports

SPECIALITY PAPER –TWO

COURSE CODE: MPT (S)-202

Course Title: MPT (S) 202: Concepts in sports medicine (SSM)

SECTION- A

Sports Training Parameters and Methods

SSM 1.1. Training Load, Adaptation and Recovery: Relationship of load and recovery, physiotherapeutic and psychological means of Recovery, Variables of Training:

Volume, Intensity, Density, Complexity.

SSM 1.2. Relationship between volume and intensity

SSM 1.3. Fatigue and overtraining: Diagnosis, Monitoring and preventing overtraining. RECOVERY METHODS

SSM 1.4. Training Methods: Interval training, Continuous training, Circuit training, Fartlek training, Weight training, Plyometric method, Cross training

SSM 1.5. Bio Motor Abilities and Program Design

SSM 1.6. Anaerobic Exercise Training & Prescription: Prerequisites, types and Factors affecting the training variables: Strength Development, Plyometric Training, Speed, Agility and Speed Endurance Development

SSM 1.7. Aerobic Exercise Training & Prescription: Prerequisites, types and Factors affecting the training variables

SSM 1.8. Coordination Training: Definition, Classification of coordinative abilities, factors affecting coordination and Methods to develop coordination

SSM 1.9. **Sports Psychology**-Role of Sports Psychology in Sports performance, Factors affecting growth and development & role of heredity & environment Biofeedback, Mental coping strategies, Visual Imagery, Meditation History and current status of Sports Psychology

i. Personality assessment and sports personality · Attention and perception in sports

ii. Concentration training in sports · Motivational orientation in sports

iii. Pre-competitive anxiety · Relaxation training · Aggression in sports · Role of Psychology in dealing with injuries · Eating disorders · Goal setting (Psychological aspect of doping, stress management, group behaviour and leadership, emotion

SSM 1.10. Para SPORTS

SSM 1.11. Sports Massage

SECTION- B

Non traumatic conditions of athletes

SSM 2.1. General Illness

SSM 2.2. Chronic/ non-communicable diseases

SSM 2.3. Exercise Induced Asthma

SSM 2.4. Anemia

SSM 2.5. Delayed onset muscle soreness (DOMS)

SSM 2.6. Runner's high & Exercise addiction

SSM 2.7. G.I.T. Diseases

SSM 2.8. Eating disorders in athletes

SSM 2.9. AIDS in sports people

SSM 2.10. **Sports for diseased**

1. Exercises and congestive heart failure
2. Exercise for Post coronary & bye pass patients
3. Exercise for diabetics
4. Diagnosis and management of skin conditions of Athletes:
    a. Bacterial infections
    b. Fungal Infections
    c. Viral infections
    d. Boils
    e. Cellulites.

SSM 2.11. **Female athlete problems**

i. Sports Amenorrhea.

ii. Injury to female reproductive tract.

iii. Menstrual Synchrony.

iv. Sex determination.

v. Exercise and pregnancy

SPECIALITY PAPER -THREE

COURSE CODE: MPT (S)-203

Course Title: Recent advances and evidence-based practice in Sports Physiotherapy (SRAEB)

SECTION A

SRAEB 1.1. Exercise and Common Pulmonary Conditions

i. Exercise induced bronchial obstruction

ii. Exercise in chronic airway obstruction

iii. Air pollution and exercise

SRAEB 1.2. Exercise and Cardiac Conditions

i. Exercise prescription for heart disease

ii. Exercise in primary prevention in ischemic heart disease

iii. Exercise for secondary prevention of ischemic heart disease

SRAEB 1.3. Diabetes and Exercise

i. Exercise in diabetic patients

ii. Exercise as a method of control of diabetes

SRAEB 1.4. Protective equipment design of shoe safety factors in equipment. Health club and fitness concept, use and misuse of equipment

SRAEB 1.5. Special concerns for para-athletes

SECTION B

SRAEB 2.1. Exercises for special categories

i. Child and adolescent athlete's problems (Exercise for growing bones)

ii. Special problems of older athletes

iii. Sports and exercise programme for geriatrics and rheumatic population

SRAEB 2.2. Doping in Sports

i. IOC prohibited drugs- groups and classifications

ii. IOC rules and regulations on doping in sports hazards of prohibited substances

SRAEB 2.3. Identification of talent for sports –

i. Detailed procedure for screening and identification of sports talent

ii. Prediction of adult potentials at the young age.

SRAEB 2.4. Sports Pharmacology and medico-legal issues in sports

SRAEB 2.5. Segmental Stabilization Concepts of spine

SRAEB 2.6. Emergency medical planning and cover for Sports events

SRAEB 2.7. Effect of physical activity intervention in youth

SRAEB 2.8. Precision heart rate training

SRAEB 2.9. Current concepts in obesity management XIII· Electromyography and Rehabilitation

SRAEB 2.10. Current concepts in comprehensive physical examination for the instabilities of knee

SRAEB 2.11. Current concepts in tendinopathies

BOOKS for Physiotherapy in Sports Medicine

1. Chew, F. (110107). Skeletal radiology: The bare bones (2nd ed.). Baltimore, MD: Williams & Wilkins.
2. Eisenberg, R. L., & Johnson, N. M. (2003). Comprehensive radiographic pathology (3rd ed.). St Louis, MO: Mosby.
3. Hughes, J., & Hughes, M. (110107). Imaging: Picture tests. Edinburgh: Churchill Livingstone.
4. Mace, J. D., &Kowalczyk, N. (110104). Radiographic pathology for technologists (2nd ed.). St Louis, MO: Mosby.
5. Redhead, D. N. (110105). Imaging: Colour guide. Edinburgh: Churchill Livingstone.
6. Yochum, T. R., & Rowe, L. R. (2005). Yochum and Rowe's essentials of skeletal radiology (3rd ed., Vols. 1-2). Baltimore, MD: Lippincott Williams & Wilkins.
7. Nolte, J., & Angevine, Jr. J. B. (2000). The human brain in photographs and diagrams (2nd ed.). St Louis, MO: Mosby.
8. Wicke, L. (110107). Atlas of radiologic anatomy (6th ed.). Munich, Germany: Lea &Febiger.
9. Seidel, H. (110105). Mosby's guide to physical examination. St Louis, MO: C.V. Mosby.
10. Cailliet, R. Neck and arm pain Philadelphia: FA Davis.
11. Cailliet, R. Shoulder pain Philadelphia: FA Davis.
12. Cailliet, R. Knee pain and disability Philadelphia: FA Davis.
13. Cailliet, R. Hand pain and impairment Philadelphia: FA Davis.
14. Cailliet, R. Low back pain syndrome Philadelphia: FA Davis.
15. Cailliet, R. Soft tissue pain and disability Philadelphia: FA Davis
16. O'Sullivan, F.A. Davis, Philadelphia 110104. Physical rehabilitation: assessment and treatment.

17. Kuprian: Physical Therapy for Sports, W.B. Saunders

18. Malone: Orthopeadic and Sports Physical Therapy, C.V. Mosby.

19. Zulunga et al: Sports Physiotherapy, W.B. Saunders.

20. Reed: Sports Injuries – Assessment and Rehabilitation, W.B. Saunders.

21. Gould: Orthopaedic Sports Physical Therapy, Mosby.

22. Norris: Sports Injuries – Diagnosis and Management for Physiotherapists, Heinmann.

23. Gait analysis – Perry J., Black Thorofare, New Jersy, 110102.

24. Mc Ardle, Katch, Katch: Exercise Physiology Edition IV.

25. Era Volinski: Nutrition and exercise in Sports - CRC Press, New York.

26. George A. Brooks, Thomas D. Fahey: Exercise Physiology – Human Bioenergetics and its applications 11084, John Wiley & Sons, New York.

27. Astrand&Rodahl: Text Book of Work Physiology, McGraw Hill.

28. Fox and Mathews - The Physiological Basis of Physical Education and athletics – Holt Saunders.

29. Erston and Reilly - Kinanthropometry and Exercise Physiology Laboratory Manual tests, Procedures and Data - F & FN Spon Madras.

30. Rowland - D4e7v4elopmental Exercise Physiology - Human Kinetics.

31. Clarke - Exercise Physiology - Prentice Hall.

32. Gardiner M. Dena: The Principles of Exercise Therapy - CBS Publishers Delhi.

33. Kisner and Colby: Therapeutic Exercises – Foundations and Techniques, F.A. Davis.

34. Basmajian John V.: Therapeutic Exercise, Williams & Wilkins.

35. Wood & Baker: Beard's Massage, W.B. Saunders.

36. William E. Prentice: Rehabilitation Techniques - Mosby.

37. Werner Kuprian: Physical Therapy for Sports, W.B. Saunders.

38. Kennedy: Mosby's Sports Therapy Taping Guide.

39. Malone: Orthopeadic and Sports Physical Therapy, C.V. Mosby.

40. William E. Prentice: Therapeutic Modalities in Sports Medicine - Mosby.

41. William E. Prentice: Rehabilitation Techniques - Mosby.

42. O' Sullivan, Schmitz: Physical Rehabilitation – Assessment and Treatment - F.A. Davis.

43. John Low & Reed: Electrotherapy Explained, Butterworth.

44. Meryl Roth Gersh: Electrotherapy in Rehabilitation, FA Davis.

45. Joseph Kahn: Principles and Practice of Electrotherapy, Churchill Livingstone.

46. Harrelson and Andrews: Physical Rehabilitation of Injured Athlete.

47. Nelson and Currier: Clinical Electrotherapy, Prentice Hall.

48. Greenman: Principles of Manual medicine, William and Wilkins.

49. Kuprian: Physical Therapy for Sports, W.B. Saunders.

50. Bates: Aquatic Exercise Therapy, W.B. Saunders.

51. Michlovitz - Thermal agents in Rehabilitation - F.A. Davis.

52. Lehmann - Therapeutic Heat and Cold - Williams & Wilkins

53. Morgan and King: Introduction to Psychology - Tata McGraw Hill.

54. Suinn: Psychology in Sports: Methods and applications, Surjeet Publications.

55. Grafiti: Psychology in contemporary sports, Prentice Hall.

56. Manual of nerve conduction velocity techniques – De Lisa, Raven press, New York, 11082.

57. Physical rehabilitation: assessment and treatment – O'Sullivan, F.A. Davis, Philadelphia 110104.

58. Bio-feedback – A practitioners guide – Kerb D, Guiford press

59. James G. Hay – The Biomechanics of Sports Techniques, Prentice Hall. Brunnstrom - Clinical Kinesiology, F.A. Davis.

60. Luttgens K., Hamilton N.: Kinesiology – Scientific Basis of Human Motion, Brown & Benchmark.

61. Kreighbaum E., Barthels K.: Biomechanics – A Qualitative approach for studying Human Motion, MacMillan.

62. Rasch and Burk: Kinesiology and Applied Anatomy, Lee and Fabiger.

63. White and Punjabi - Biomechanics of Spine - Lippincott.

64. Norkin&Levangie: Joint Structure and Function - A Comprehensive Analysis - F.A. Davis.

65. Kapandji: Ph47y5siology of Joints Vol. I, II & III, W.B. Saunders.

66. Northrip et al: Analysis of Sports Motion: Anatomic and Biomechanic perspectives, W.C. Brown Co., IOWA.

67. Leveac B.F.: Basic Biomechanics in Sports and Orthopeadic Therapy, C.V. Mosby.

68. Morris B. Mellion: Office Sports Medicine, Hanley & Belfus.

69. Richard B. Birrer: Sports Medicine for the primary care Physician, CRC Press.

70. Torg, Welsh &Shephard: Current Therapy in Sports Medicine III - Mosby.

71. Zulunga et al: Sports Physiotherapy, W.B. Saunders.

72. Brukner and Khan: Clinical Sports Medicine, McGraw Hill.

73. Reed: Sports Injuries – Assessment and Rehabilitation, W.B. Saunders.

74. Gould: Orthopaedic Sports Physical Therapy, Mosby.

75. C. Norris: Sports Injuries – Diagnosis and Management for Physiotherapists, Heinmann.

76. D. Kulund: The Injured Athlete, Lippincott.

77. Nicholas Hershman:

78. Vol. I The Upper Extremity in Sports Medicine.

79. Vol. II The Lower Extremity and Spine in Sports Medicine.

80. Vol. III The Lower Extremity and Spine in Sports Medicine. Mosby.

81. Lee & Dress: Orthopaedic Sports Medicine - W.B Saunders.

82. Fu and Stone: Sports Injuries: Mechanism, Prevention and Treatment, Williams and Wilkins.

83. Scuderi, McCann, Bruno: Sports Medicine – Principles of Primary Care, Mosby.

84. First Aid to Injured: St. John's Ambulance Association.

85. Andrea Bates and Norm Hanson: Aquatic Exercise Therapy, W.B. Saunders.

86. Dvir: Isokinetics: Muscle Testing, Interpretation and Clinical Applications,

87. W.B. Saunders.

88. Hartley: Practical Joint Assessment, A Sports Medicine Manual, upper and lower quadrants, C.V. Mosby.

89. Albert: Eccentric Muscle Training in Sports and Orthopedics, W.B. Saunders.

90. Voss et al - Proprioceptive Neuromuscular Facilitation - Patterns & Techniques - Williams & Wilkins

91. Torg, Welsh andShephard: Current Therapy in Sports Medicine III - Mosby.

92. Reed: Sports Injuries – Assessment and Rehabilitation, W.B. Saunders.

93. Nordinand Frankel: Basic Biomechanics of Muscular Skeletal System: Williams and Wilkins.

94. Mc Ardle, Katch, Katch: Exercise Physiology.

95. Brukner and Khan: Clinical Sports Medicine, McGraw Hill.

96. O'Leary: Drugs and Doping in sports.

97. Wilson, A. Effective management of musculoskeletal injury: A clinical ergonomics approach to prevention. Churchill Livingstone.

98. Lee and Dres4s7:6 Orthopaedic Sports Medicine - W.B Saunders

99. Kurt Dorr and Jonathan S. Rakich: *Hospital Organization and Management:*

5) Master of Physiotherapy in Pediatrics and Neonatal Sciences:

MPT (P) 104: Clinical, physical & functional diagnosis in pediatric physiotherapy (PCPFD)

MPT (P) 202: Pediatric physiotherapy (PPT)

MPT (P) 203: Recent advances and Evidence Based practice in PEDIATRIC PHYSIOTHERAPY (PRAEB)

SPECIALITY PAPER -ONE

COURSE CODE: MPT (P)-104

Course Code: CLINICAL, PHYSICAL & FUNCTIONAL DIAGNOSIS IN PEDIATRIC & NEONATAL PHYSIOTHERAPY MPT (P) 104 (PCPFD)

PCPFD **1.0.1. Course outcome**

On successful completion of this unit, it is expected that students will be able to:

1. Elicit and interpret clinical signs and symptoms of diseases commonly seen in Pediatric (neurology, cardio-respiratory, musculoskeletal) medicine & in- terpret clinical tests and special investigations commonly used in the diagnosis of conditions.
2. Generate a primary diagnosis and a list of differential diagnoses consistent with typical presentations.
3. Identify normal & pathological anatomy on diagnostic images.
4. Explain the medical management of various conditions typically presented in Pediatric disorders.
5. Discuss how the serious and common disorders and the specialized areas of medical practice may impact on Pediatric physical therapy practice.
6. Demonstrate a broad range of technical skills, including the ability to manage common pediatric conditions.

SECTION- A

PCPFD 1.1. Review of Embryology

PCPFD 1.2. Maturational, patho -physiological & recovery process in the CNS

PCPFD 1.3. Genetic basis of pediatrics disorders

PCPFD 1.4. Pain assessment in neonates & children

PCPFD 1.5. Patho-mechanics and clinical biomechanics of posture and movement in various Pediatric conditions

PCPFD 1.6. Analysis and diagnosis of functional mechanics and patho-mechanics of gait in children

PCPFD 1.7. Principles, procedure, interpretation and significance of Diagnostic imaging (CT, MRI, Ultra sound, bone scan, PET scan, fMRI) for clinical and functional diagnosis in various orthopedic, cardio-respiratory and neurological conditions in children

PCPFD 1.8. Clinical examination in general and physical and functional diagnosis for detection of movement dysfunction

PCPFD 1.9. Principles of pathological investigations, Electro-diagnosis and its interpretation related to common pediatric disorders- Laboratory investigation, clinical tests (EEG, ECG, Evoked potentials, qualitative and quantitative EMG, NCV & Biofeedback)

PCPFD 1.10. Evaluation of typical and atypical development of children in various domains of development (Gross, fine, cognitive, speech & language, personal social and adaptive functions)

PCPFD 1.11. Evaluation, epidemiology, symptomatology and patho-physiology of common Pediatric congenital, cardio-respiratory, neurological and musculo-skeletal disorders

PCPFD 1.12. Clinical, physical and functional diagnosis of developmental disorders

PCPFD 1.13. Neurodevelopment assessment

PCPFD 1.14. Hand Function-Assessment and diagnosis

PCPFD 1.15. Theories of Motor control and Motor learning processes

PCPFD 1.16. Principles, administration and interpretation of Developmental screening tools

SECTION- B

PCPFD 2.1. Voluntary control assessment

PCPFD 2.2. Outcome measures used in Pediatric Physiotherapy

PCPFD 2.3. Pre and post- surgical physiotherapeutic (Physical and functional) evaluation for various surgical conditions in children

PCPFD 2.4. Anthropometrics measurements in children- Principles, methods, normal values for different ages, deviation and its clinical and functional significance

PCPFD 2.5. Exercise testing & Physical fitness assessment in children with & without disability (Range of motion, Muscle strength, endurance and skills, Body composition, Cardiac efficiency tests and spirometry

PCPFD 2.6. Fitness evaluation in children for sports

PCPFD 2.7. Physical and functional assessment for Aids, appliances& adaptive devices in Pediatric disorders

PCPFD 2.8. Physical disability evaluation and disability diagnosis

PCPFD 2.9. Assessment of various pediatric medical and surgical conditions

SPECIALITY PAPER -TWO COURSE CODE: MPT(P) -202

MPT (P) 202: Pediatric & Neonatal physiotherapy (PPT)

PPT 1.0. Course outcomes

1. Demonstrate an understanding of dysfunctions affecting Pediatric musculoskeletal, neurological and cardio -respiratory system including their patho- physiology.
2. Demonstrate a range of technical skills related to Pediatric therapy such as NDT, Sensory integration concept, classification and their application following diagnosis of dysfunction, indication, contraindication and adjunct therapies.
3. Demonstrate specific rehabilitation skills, principles of rehabilitation of Pediatric disorders.
4. Explain factors involved in effective management of patients and also justify the importance of preventive care in rehabilitation

SECTION- A

PPT 1.1. Genetic counseling

PPT 1.2. Physiotherapy management of growth and developmental disorders (gross motor, fine, speech & language, personal- social –adaptive

PPT 1.3. Therapeutic techniques used in Neuro- pediatric conditions- Handling & positioning techniques, NDT, Vojta, Roods, CIMT, Sensor-motor re-education, PNF, Peto, Temple Fay, Phelps

PPT 1.4. Adjunct therapies- Manipulation, mobilization, taping, MFR, Cranio-sacral therapy, Body suits, hydrotherapy, hippo-therapy

PPT 1.5. Pain control & management in children

PPT 1.6. Motor learning techniques

PPT 1.7. Sensory integration disorders and management

PPT 1.8. Management of perceptual and cognitive disorders

PPT 1.9. Play behavior & its clinical application in therapy

PPT 1.10. Integrated approach in management of Pediatric disorders

PPT 1.11. Neonatal care and early intervention for risk babies

PPT 1.12. Physiotherapy management for congenital loco-motor disorders including prosthetic and orthotic prescription

PPT 1.13. Pediatric disability management at institutional & community levels

PPT 1.14. Pre and Post-operative management of pediatric surgeries

PPT 1.15. Rehabilitation of common pediatric musculo-skeletal disorders

PPT 1.16. Management of progressive loco-motor disorders- Neuropathic and Myopathic conditions

SECTION- B

PPT 2.1. Management of learning disabilities, ADHD, Autism, Developmental coordination disorders and behavioral disorders

PPT 2.2. Physiotherapeutic management of A.D.L and functional activities

PPT 2.3. Sports training in pediatrics

PPT 2.4. Psychological and mental health problems in children

PPT 2.5. Management of Child abuse and its associated problems

PPT 2.6. Management of common congenital, neurological, musculo-skeletal and cardio-respiratory disorders

PPT 2.7. Vocational rehabilitation for pediatric disorders

PPT 2.8. Metabolic disorders and their management

PPT 2.9. Exercise prescription for pediatric disorders

PPT 2.10. Oromotor dysfunction in children

SPECIALITY PAPER THREE COURSE CODE: MPT (P)-203

MPT (P) 203: Recent advances and Evidence Based practice in PEDIATRIC &NEONATAL PHYSIOTHERAPY (PRAEB)

PRAEB 1.0.1. Course outcomes

1. Understand and apply the information regarding recent advances in Pediatric Physiotherapy for patient care.
2. Search the evidences available for assessment and management of Pediatric conditions.
3. Apply the evidences available for the management of various Pediatric conditions

SECTION- A

PRAEB 1.1. Advanced instruction in physical examination, diagnosis, treatment and reassessment of the Pediatric neurological, musculoskeletal, cardio – respiratory system

PRAEB 1.2. Psychosocial affects in children and parents

PRAEB 1.3. Evidence based practice for exercise prescription for home program

PRAEB 1.4. Report writing for clinical cases & research

PRAEB 1.5. Recent advances in prescription, indications, assessment and training for orthosis, prosthesis and adaptive equipment in physically challenged children

PRAEB 1.6. EBP in Muscul4o81skeletal and Neurological loco-motor disorders in children

SECTION- B

PRAEB 2.1. Rationale of basic and advanced investigative procedures with differential diagnosis

PRAEB 2.2. EBP & recent advances on the role of Physical therapy in public and special schools-

PRAEB 2.3. Recent advances in exercise prescription for children

PRAEB 2.4. EBP for management of pediatric oncology & burns

PRAEB 2.5. Recent advances in Pain control, assessment & management in children

PRAEB 2.6. Equipment's, assessment & treatment in neonatal & pediatric intensive care units

PRAEB 2.7. Recent advances in instrumentations, theories, handling and pediatric physical therapy techniques

PRAEB 2.8. Problem based learning relevant to clinical conditions typically seen in pediatrics

Books for Pediatrics and neonatal sciences

1. Scientific basis of human movement –Gowitzke, Williams and Wilkins, Baltimore,
2. Clinical biomechanics of spine – White A, and Panjabi- J, B. Lippincot, Philadelphia
3. Human Neuroanatomy – Carpenter M.B. Williams & Wilkins, Baltimore,
4. Physical therapy in early infancy – Wilhelm, Churchill Livingstone, New York
5. Physical therapy for children – Campbell Suzann K. W.B Saunders, Philadelphia,
6. Physical management of multiple handicapped – Fraser, William and Wilkins, Baltimore.
7. Elements of paediatric Physiotherapy – Eckersley, Churchill Livingstone, Edinburgh,
8. Physiotherapy in paediatrics - Shepherd R Heinmann, London,
9. The growth chart – WHO, Geneva,
10. Orthotics in neurological rehabilitation – Aisen, Demos Publication, New York
11. Electrodiagnosis in diseases of nerve and muscle – Kimura J, F.A. Davis, Philadelphia.
12. Orthopaedic physical therapy – Donatteli, London, Churchill Livingstone,
13. Gait analysis – Perry J., Black Thosofare, New Jersey,
14. Biofeedback – A practitioner's guide – Kerb D, Guilford press.
15. Abnormal postural reflex activity caused by Brain lesions – Bobath B. Aspen publications, Rockville, 1897.
16. Disorders of voluntary muscle – Eagel, Churchill, Livingstone, Edinburgh
17. Proprioceptive Neuro muscular facilitation techniques – Knot M. and Voss, Haroer and Row, New York
18. Child with Spina Bifida – Anderson E.M, and Spain B. Methun, London
19. A manual of neonatal intensive care – Robert N.R.C, Edward Arnold, London
20. Pulmonary rehabilitation: guidelines to success – Hoidkina, Butterworth, Boston,
21. Cardiac rehabilitation – Amundsen L.R, Churchill, Livingstone, London

6) Master of Physiotherapy in Obstetrics and Gynaecology Sciences

MPT (OG) 104: Clinical, physical & functional diagnosis in in OBG Physiotherapy (OGCPFD)

MPT (OG) 202: OBG physiotherapy (OGPT)

MPT (OG) 203: Recent advances and Evidence Based practice in in OBG Physiotherapy (OGRAEB)

SPECIALITY PAPER -ONE

COURSE CODE: MPT (OG)-104

MPT (OG) 104: Clinical, physical & functional diagnosis in in OBG Physiotherapy (OGCPFD)

OGCPFD 1.0.1. Course Outcomes:

On successful completion of this subject it is expected that students will be able to-

1. Elicit and interpret clinical signs and symptoms of diseases commonly seen in OBG conditions & interpret clinical tests and special investigations commonly used in the diagnosis of these conditions.
2. Generate a primary diagnosis and a list of differential diagnoses consistent with typical presentations.
3. Identify normal & pathological anatomy on diagnostic images.
4. Discuss how the serious and common disorders and the specialized areas of medical practice may impact on OBG Physiotherapy practice.
5. Demonstrate a broad range of technical skill in diagnosing the physiotherapy related OBG conditions.

SECTION- A

OGCPFD 1.1. GENERAL ANATOMY AND PHYSIOLOGY OBG

1. Anatomy of female reproductive system and abdominal wall
2. Contents of the pelvic cavity- Pelvic diaphragm, Pelvic floor muscles, Perineum and external genitalia
3. Pelvic axis, position, obstetric diameters and shape, abnormal bony pelvis
4. Clinical biomechanics and patho-mechanics of spine, female pelvis, posture, movement and gait.
5. Ovulation induction, Ovarian function, clinical aspects of ovulation

6. Premenstrual syndrome
7. Polycystic ovarian syndrome
8. Menstruation cycle and other clinical phenomena such as amenorrhea, dysmenorrhea, hemorrhagia, polymenorrhea, oligomenorrhea and hypothalamic pituitary dysfunction

OGCPFD 1.2. PREGNANCY, LABOR AND PUERPERIUM

1. Preconception health, factors affecting conception
2. Conception
3. Physiological changes during pregnancy.
4. Physiology of labor.
5. Physiological changes and physical problems in puerperium.
6. Injuries of uterine support & pelvic joints during labor, Repair of perineum after delivery.
7. Anatomical & physiological changes during postpartum period.

OGCPFD 1.3. CONTRACEPTION, STERILIZATION AND FERTILITY

1. Inject able and implantable contraception.
2. Intra uterine devices.
3. Abortion and Miscarriage.
4. MTP and sterilization.
5. Fertility, infertility, sub fertility.

OGCPFD 1.4. Role of PT in high-risk pregnancy

1. Abortion, ectopic pregnancy.
2. Heart disease in pregnancy assessment.
3. Diabetes mellitus in pregnancy.
4. UTI in pregnancy.
5. HIV in pregnancy.
6. Trauma in pregnancy.
7. Hypertension in pregnancy.
8. Gastrointestinal disorders in pregnancy.
9. Viral exposure during pregnancy.
10. Vaginal birth after cesarean section.

OGCPFD 1.5. UROGYNAECOLOGY SYSTEM

1. Review of mechanism of continence and voiding difficulties.
2. Review of Sexual dysfunction in Urogynecology.
3. Assessment of Urinary bladder dysfunction.
4. Genital Prolapse, Assessment and diagnosis.
5. Other displacements of uterus, assessment and diagnosis.
6. Overactive bladder syndrome, assessment and diagnosis.

SECTION- B

OGCPFD 2.1. THE AGEING FEMALE

1. Anatomical & physiological & psychological changes of Menopause
2. Assessment and diagnosis of Senile osteoporosis & related complications
3. The climacteric- assessment and diagnosis

OGCPFD 2.2. INVESTIGATIONS IN OBSTETRICS AND GYNECOLOGY WITH INTERPRETATION

1. Pregnancy tests and investigations
2. Imaging techniques in obstetrics and gynecology
3. Urodynamics investigations
4. Investigations in endocrinal disorders in females
5. Instrumentation for assessment of Pelvic floor muscles- Perineometer
6. Outcome measures in OBG Physiotherapy

OGCPFD 2.3. MISCELLANEOUS

1. Antenatal Physiotherapy assessment.
2. Postnatal Physiotherapy assessment.
3. Breast function, disorders and assessment
4. Abdominal incisions & assessment
5. Anthropometric measurements
6. Assessment, clinical tests and diagnosis of movement dysfunction and other musculoskeletal dysfunctions during pregnancy and postpartum period.

SPECIALITY PAPER TWO

COURSE CODE: MPT-202

MPT (OG) 202: OBG physiotherapy (OGPT)

OGPT 1.0.1. Course outcomes

On successful completion of this subject it is expected that students will be able to-

1. Develop a management plan, generally including some lifestyle factors, in co- operation with the Clinical Supervisor and consider a prognosis that reflects on the patient's problem.
2. Manage a patient in consultation and co-operation with the clinical supervisor, identifying the presenting problem, developing a basic working diagnosis and selecting a treatment regime that considers the presenting problem with some consideration for ethical, practical and pragmatic concerns.
3. Maintain legal (accurate, clear and legible) patient histories, write basic referral letters and recognize the need of further referral in conference with Clinical Supervisor and peers.
4. Discuss the Common exercise prescriptions and their clinical use, and the sequence of treatment and how to advise different sorts of patients

SECTION- A

OGPT 1.1. **PHYSIOTHERAPY MANAGEMENT OF MENSTRUAL PROBLEMS**

1. Nutrition in adolescence
2. Physiotherapy management of puberty disorders

OGPT 1.2. **PHYSIOTHERAPY MANAGEMENT OF MATERNAL MUSCULOSKELETAL DISORDERS**

1. Neck and upper back strain
2. TMJ Pain
3. Thoracic outlet syndrome, costal rib pain
4. Carpel tunnel syndrome
5. Dequervain's diseases
6. Diastasis Recti abdominis
7. Sacroiliac joint dysfunction (anterior and posterior innominate)
8. Symphysis pubis dysfunction
9. Low back pain, piriformis syndrome, coccyx pain
10. Knee and patella dysfunction
11. Nerve palsies, muscle and tendon injuries.

OGPT 1.3. **PHYSICAL THERAPY MANAGEMENT DURING ANTENATAL PERIOD**

1. Early bird classes (Classes taken in first or second trimester about nutrition, Exercise, fetal development)
2. Methods of relieving pregnancy discomfort
3. Preparation for labour
4. Relaxation techniques and Stress Management during pregnancy
5. Aquanatal exercises during antenatal period
6. Exercise prescription during antenatal period
7. Orthotic management during pregnancy
8. Ergonomics in pregnancy

OGPT 1.4. **PHYSICAL THERAPY MANAGEMENT DURING LABOUR PAIN**

1. Perinatal care- Coping strategies for labour
2. TENS in labour
3. Traditional practices related to pregnancy and postpartum management
4. Positions for delivery, types of delivery
5. Pain management and management of discomforts during labour
6. Maternal positions and state during labour
7. Stress management during labour
8. Relaxation techniques
9. Breathing techniques
10. Massage

OGPT 1.5. **PHYSICAL THERAPY MANAGEMENT DURING POSTPARTUM PERIOD**

1. Exercise prescription during postpartum period
2. Lactation management and breast clinic
3. The postnatal period, postnatal exercises and advise
4. Alternative therapies related to pregnancy and postpartum management
5. Schools of manual therapy and joint mobilization techniques
6. Aquanatal exercises during postnatal period
7. Orthotic management during postpartum

8. Stress management during postpartum period
9. Maternal position and state during postpartum period
10. Ergonomic advice in postpartum period
11. Massage techniques
12. Handling techniques of new born

SECTION- B

OGPT 2.1. GENERAL GYNAECOLOGICAL INFECTIONS

1. Physiotherapy management for incontinence
2. Physiotherapy management for genital prolapse
3. Physiotherapy management for endometriosis
4. Physiotherapy management for chronic pelvic pain and dyspareunia
5. Physiotherapy management for pelvic inflammatory disease
6. Physiotherapy management for sexually transmitted diseases

OGPT 2.2. PHYSIOTHERAPY MANAGEMENT FOR SEXUAL DYSFUNCTION

1. Sexual desire disorders- Hypoactive sexual desire dysfunction, Sexual Aversion disorders
2. Sexual arousal disorders
3. Sexual pain disorders- Dyspareunia, Vaginismus
4. Female orgasmic disorder

OGPT 2.3. OPERATIVE PROCEDURES AND PHYSIOTHERAPY MANAGEMENT

1. Principles of surgery and physiotherapy management of intra operative complications
2. Preoperative and post operative care
3. Hysterectomy and Physiotherapy management
4. Fertility awareness and family planning methods
5. Cancer rehabilitation (Breast and Cervical cancer)

OGPT 2.4. **MISCELLANEOUS**

1. Physiotherapy management for musculoskeletal complications during menopause
2. Nutrition for menopause women
3. The method of infection control for physiotherapist working with women's health
4. Assisted reproduction treatments

SPECIALITY PAPER -THREE

COURSE CODE: MPT-203

MPT (OG) 203: Recent advances and Evidence Based practice in in OBG Physiotherapy (OGRAEB)

OGRAEB 1.0.1. Course outcome

On successful completion of this subject it is expected that students will be able to-

1. Understand and apply the information regarding recent advances in OBG Physiotherapy for patient care.
2. Search the evidences available for assessment and management of OBG conditions.
3. Apply the evidences available for the management of various OBG conditions.

SECTION- A

OGRAEB 1.1. Antenatal Pilates and Postnatal Pilates Alternative therapies in OBG conditions

OGRAEB 1.2. Alternate approaches to fitness in antenatal and postpartum period

OGRAEB 1.3. Recent advances in outcome measures used in OBG physical therapy

OGRAEB 1.4. Recent advances in evaluation and treatment of maternal musculoskeletal disorders in obstetrics and gynaecology

OGRAEB 1.5. EBP and Recent advances of electrotherapy in OBG Physiotherapy EBP and Recent advances of exercise therapy in OBG Physiotherapy

SECTION- B

OGRAEB 2.1. EBP and Recent advances of Hydrotherapy in OBG Physiotherapy

OGRAEB 2.2. EBP and Recent advances of Thermotherapy in OBG Physiotherapy

OGRAEB 2.3. EBP and Recent advances of Cryotherapy in OBG Physiotherapy

OGRAEB 2.4. EBP and Recent advances of joint mobilization techniques in OBG Physiotherapy

OGRAEB 2.5. Recent Advances in Pelvic Floor Assessment, Devices/ Instrumentation for pelvic rehabilitation

OGRAEB 2.6. EBP of Nutrition in women from adolescence to menopause

OGRAEB 2.7. EBP and Recent Advances in PT following OBG surgeries

OGRAEB 2.8. EBP and Recent Advances in Breast Disorders from menarche to menopause

OGRAEB 2.9. Recent Advances in evaluation and treatment in musculoskeletal conditions – Puberty, Reproductive, Menopausal women

Recommended Reading for OBG Physiotherapy

1. Gray, Henry. Anatomy of the Human Body,
2. C.Guyton, John E. Hall, Textbook of medical physiology, W.B. Saunder company- Harcourt Brace Jovanovich, Inc.
3. D.K.James et al. High Risk Pregnancy-management options, Saunders-An imprint of Elsevier.
4. Margaret Polden, Jill Mantle, Physiotherapy in obstetric and gynecology, Butterworth-Heinemann, Linacre house, Jordan Hill, Oxford, Ann Thomson, Tidy's Physiotherapy, Varghese publishing House, Bombay.
5. Ruth Sapsford, Joanne Bullock-Saxton, Sue Markwell. Women's Health: A Textbook for Physiotherapists,
6. Scientific basis of human movement –Gowitzke, Williams and Wilkins, Baltimore,
7. Clinical biomechanics of spine – White A, and Panjabi- J, B. Lippincot, Philadelphia
8. Physiotherapy in Obstetrics and Gynaecology- 2nd edition- Jill Mantle, Jeanette Haslam, Sue Bartom. Forwarded by Professor Linda Cardow
9. Physiotherapy in Obstetrics &Gynaecology – Polden& Mantle, Jaypee Brothers, New Delhi,
10. D.C Datta -Textbook of Gynaecology. 1st edition
11. Women's Health- A textbook for Physiothgerapists. R. Sapsford J. Bullock. Saxton. S, Markwell. - (W.B. Saunders)
12. Obstetrics &Gynaecologic care in Physical Therapy - 2nd edition - Rebecca. C. Stephenson, Linda. J. O'contuor
13. Clinical Cases in Obstetreics & Gynaecology - Haresh U. Doshi, published by Arihant publishers
14. Advanced in Obstetrics &Gynaecology (vol 2) - ShaliniRajaram, Sumita Mehta, Niraj Goel (Jaypee brothers.
15. Physiotherapy Care for Women's Health – R. Baranitharan, V. MahalaKshmi (jaypee brothers)
16. Williams O Obstetrics- 22nd edition- F. Gary Cunninghan, Krenneth J Leveno, Steven L Bloom.
17. Women's Health- 5th edition edited by Deborah Waller, Ann McPherso (oxford)
18. Het's Manual of Pelvic floor rehabilitation
19. Het's MMT for assessment of pelvic floor muscles.
20. Steven G Gabbe, Jennifer.R. Niebyl Joe Leigh simpson- Obstetrics Normal & Problem Pregnancies - 5th edition- associate editors : Henry Galon, Laura Guetzl, Mark Landson, Eric.R.M. Jauniau

7) Master of Physiotherapy in Oncology Sciences

MPT (O) 104: Clinical, physical & functional diagnosis in **oncology** physiotherapy (OCPFD)

MPT (O) 202: **Oncology** physiotherapy (OPT)

MPT (O) 203: Recent advances and Evidence Based practice in **oncology** PHYSIOTHERAPY (ORAEB)

SPECIALITY PAPER ONE

COURSE CODE: MPT (O)-104

MPT (O) 104: Clinical, physical & functional diagnosis in oncology physiotherapy (OCPFD)

OCPFD 1.0.1. Course Outcome: On successful completion of this subject it is expected that students will be able to-

1. Elicit and interpret clinical signs and symptoms of diseases commonly seen in oncology & interpret clinical tests and special investigations commonly used in the diagnosis of these conditions.
2. Generate a primary diagnosis and a list of differential diagnoses consistent with typical presentations.
3. Identify normal & pathological anatomy on diagnostic images.
4. Discuss how the serious and common disorders and the specialized areas of medical practice may impact on oncological Physiotherapy practice.
5. Demonstrate a broad range of technical skill in diagnosing the Physiotherapy related oncology conditions.

SECTION- A

OCPFD 1.1. Assessment of clinical signs and symptoms, physical and functional evaluation, differential diagnosis of (bone and soft tissue, breast, gynecological, lung,

OCPFD 1.2. GI, head and neck and pediatric cancers

OCPFD 1.3. clinical analysis of cardiorespiratory fitness, posture, gait, movement and movement dysfunction in cancer patients

OCPFD 1.4. Outcome measures and evaluation in oncological Physiotherapy for cognitive impairment and disability, focal disabilities, global measures of disability, motor impairment, ADL and extended ADL tests, Quality of life, pain, stress and anxiety.

OCPFD 1.5. Diagnostic imaging- types of diagnostic imaging techniques in various types of cancer, clinical interpretation and significance (Chest X-Ray, Barium swallow, Barium enema, USG abdomen, Endoscopy, colonoscopy Mammography and mammogram, MRI, Ultra sound, PET and SPECT, CT scan Gastroscopy, Laparoscopy, Pap smear test, bone scan and other diagnostic imaging, fiber optic endoscopy for diagnosis) histo-pathological, hematological, bacteriological investigations. Nuclear and radio imaging.

OCPFD 1.6. Principles of pathological, hematological, bacteriological investigations related to oncological disorders with interpretation.

SECTION- B

OCPFD 2.1. Influence and relation of physical activity, diet, nutrition, life style, obesity and anthropometric measurement in cancer Neuropsychological tests.

OCPFD 2.2. Evaluation of Cancer Complications like Lymphedema, musculoskeletal, neurological, cardio respiratory. Exercise and cancer related fatigue and its evaluation

OCPFD 2.3. Detailed lymphatic system examination

OCPFD 2.4. Medical intervention (radiation, chemotherapy and surgery) in cancer

SPECIALITY PAPER TWO

COURSE CODE: MPT(O)-202

MPT (O) 202: Oncology physiotherapy (OPT)

OPT 1.0.1. Course Outcome: On successful completion of this subject, it is expected that students will be able to-

1. Elicit and interpret clinical signs and symptoms of diseases commonly seen in oncology & interpret clinical tests and special investigations commonly used in the diagnosis of these conditions.
2. Generateaprimarydiagnosisandalistofdifferentialdiagnosesconsistentwithtypicalpresentations.
3. Identify normal & pathological anatomy on diagnostic images.
4. Discuss how the serious and common disorders and the specialized areas of medical practice may impact on oncological Physiotherapy practice.
5. Demonstrate a broad range of technical skill in diagnosing the Physiotherapy related oncology conditions.

SECTION- A

OPT 1.1. Assessment of clinical signs and symptoms, physical and functional evaluation, differential diagnosis of (bone and soft tissue, breast, gynecological, lung,

OPT 1.2. GI, head and neck and pediatric) cancers

OPT 1.3. clinical analysis of cardiorespiratory fitness, posture, gait, movement and movement dysfunction in cancer patients

OPT 1.4. Outcome measures and evaluation in oncological Physiotherapy for cognitive impairment and disability, focal disabilities, global measures of disability, motor impairment, ADL and extended ADL tests, Quality of life, pain, stress and anxiety.

OPT 1.5. Diagnostic imaging- types of diagnostic imaging techniques in various types of cancer, clinical interpretation and significance (Chest X-Ray, Barium swallow, Barium enema, USG abdomen, Endoscopy, colonoscopy Mammography and mammogram, MRI, Ultra sound, PET and SPECT, CT scan Gastroscopy, Laparoscopy, Pap smear test, bone scan and other diagnostic imaging, fiber optic endoscopy for diagnosis) histo-pathological, hematological, bacteriological investigations. Nuclear and radio imaging.

OPT 1.6. Principles of pathological, hematological, bacteriological investigations related to oncological disorders with interpretation.

OPT 1.7. Influence and relation of physical activity, diet, nutrition, life style, obesity and anthropometric measurement in cancer Neuropsychological tests.

OPT 1.8. Evaluation of Cancer Complications like Lymphedema, musculoskeletal, neurological, cardio respiratory. Exercise and cancer related fatigue and its evaluation

OPT 1.9. Detailed lymphatic system examination

OPT 1.10. Medical intervention (radiation, chemotherapy and surgery) in cancer

OPT 1.11. Oncology Epidemiology, classification, symptomatology, patho- physiology and management of different oncological condition

OPT 1.12. Common pediatric oncology conditions and their assessment, signs and symptoms medical management and Physiotherapy treatment

OPT 1.13. Common pediatric oncology conditions and their assessment, signs and symptoms medical management and Physiotherapy treatment.

SECTION- B

Physiotherapy intervention for

OPT 2.1. Head and neck cancers.

OPT 2.2. Breast cancer

OPT 2.3. Cancers of Reproductive system. Bone tumors.

OPT 2.4. Systemic cancers. CNS Neoplasia. Lung cancer.

OPT 2.5. Metastatic cancers Gastrointestinal cancers.

OPT 2.6. Chemotherapy, radiation therapy and adjunct therapy in cancer patients. Physiotherapy management for neuro-musculoskeletal complications due to cancer treatments

OPT 2.7. Physiotherapy management for various dysfunctions (Bowel and Bladder, Sexual, Neuro-musculoskeletal and Nutritional deficiency) seen in cancer patients.

OPT 2.8. Supportive and Palliative therapy, and pain management in cancer and palliative therapy in cancer patients

OPT 2.9. Rehabilitation act and financial aid for cancer patients

OPT 2.10. Psychosomatic conditions in cancer and their management

OPT 2.11. Physiotherapy management in Intensive care units (ICU)of cancer patients

OPT 2.12. Aids and appliances, adaptive functional devices to improve dysfunction in cancer patients

OPT 2.13. FES, NMES, Biofeedback, Various equipment used in oncology Physiotherapy, Muscle re-education approach, Sensory rehabilitation, Myofascial release technique, Inhibitory and facilitation technique, Functional re-education, skill training, A.D.L training, Tapping in oncological conditions. Balance training

OPT 2.14. Problem based learning for various clinical conditions in oncology Physiotherapy

SPECIALITY PAPER THREE

COURSE CODE: MPT(O)-203

MPT (O) 203: Recent advances and Evidence Based practice in ONCOLOGY PHYSIOTHERAPY (ORAEB)

Recent advances and evidence-based practice in oncology Physiotherapy

ORAEB **1.0.1.** **Course Outcome:** On successful completion of this subject it is expected that students will be able to-

1. Understand and apply the information regarding recent advances in neuro Physiotherapy for patient care.
2. Search the evidences available for assessment and management of neurological conditions.
3. Apply the evidences available for the management of various neurological conditions

SECTION- A

ORAEB 1.1. Recent advances in oncological Physiotherapy and Evidences in interventions for oncology related impairments.

ORAEB 1.2. Genetic counselling, Stem cell therapy, Gene therapy, Targeted therapy, Immunotherapy, hormone therapy, thermal ablation, radionics, atomics and Nano medicine

ORAEB 1.3. Recent advances in pain modulation and rehabilitation

ORAEB 1.4. Institutional & community-based rehabilitation and vocational rehabilitation in oncological patients

ORAEB 1.5. Recent advancement in oncology Orthosis – prescription and training. Prosthetic management for mastectomy

ORAEB 1.6. Psychiatry problems in oncological conditions and Physiotherapy (BAT, CBT). Psychological aspects of adaptation during various aspects of disabilities Self-treatment, Exercise precaution, management and exercise prescription for home program, Report writing. Conceptual framework for clinical practice. Requirements for medical opinion or treatment, documentation, prescription, management and advice. Protocol writing

ORAEB 1.7. Recent oncological Physiotherapy technique - Mental imagery technique, virtual reality therapy, Pilate's therapy, Hydrotherapy/ Aqua therapy in oncological patients.

SECTION- B

ORAEB 2.1. Impact of cancer treatment on function and its rehabilitation Psychosocial impact on cancer patient, spouse, family members, society

ORAEB 2.2. History of Evidence Based Practice in Physiotherapy, clinical decision making, importance of evidence-based practice, Evidence about diagnosis, prognosis and therapy. Locating evidences, challenges and barriers in EBP.

ORAEB 2.3. Recent advances in Physiotherapy management of head Neck cancer Recent advances in Physiotherapy management of breast cancer

ORAEB 2.4. Recent advances in Physiotherapy management of Bone tumors

ORAEB 2.5. Recent advances in Physiotherapy management of Lung and respiratory tract Cancer Recent advances in physiotherapy management of systemic cancer

ORAEB 2.6. Sports and physical training in oncological conditions

Recommended books for Oncology Physiotherapy

1. Cancer Rehabilitation: Principles and Practice by Michael Stubblefield & Michael O'Dell 1st Edition
2. Cancer Rehabilitation and Survivorship: Trans disciplinary approaches to Personalized care by Joanne L & Patricia Schmitt 1st Edition
3. Palliative Care & Rehabilitation of Cancer Patients (Cancer Treatment and research) by Charles F. Von Gunten 1st edition
4. Textbook of Palliative Medicine and Supportive Care by Edurdo Bruera 2nd edition
5. ACSM's Guide to Exercise and Cancer survivorship By American College of Sports medicine, Melinda Irvin
6. Fatigue in Cancer: A Multidimensional Approach by Maryl Lynne Winningham, Margaret Barton Burke
7. The Concise Guide to Physiotherapy - Volume 2: Treatment edited by Tim Ainslie.
8. Innovations in Cancer and Palliative Care Education by Lorna Foyle, Janis Hostad.
9. Practical Evidence-based Physiotherapy By Rob Herbert 1st edition
10. Oxford Textbook of Palliative Medicine By Geoffrey Hanks, Nathan I. Cherny, Nicholas A. Christakis, Stein Kaasa 4th Edition
11. Legal Aspects of Physiotherapy By Bridgit Dimond 2nd Edition
12. Rehabilitation and palliation of cancer patients: (Patient care) By Herrmann Delbrück 1st edition
13. Physiotherapy a Psychosocial Approach edited by Sally French 1st Edition

14. Everyone's Guide to Cancer Survivorship: A Road Map for Better Health By Ernest Rosenbaum, Holly Gautier, R.N 1st edition
15. Lymphedema: A Concise Compendium of Theory and Practice By Byung-Boong Lee, John Bergan, Stanley G. Rockson 1st edition
16. Contemporary Issues in Women's Cancers By Suzanne Lockwood 1st Edition
17. Rehabilitation in Cancer Care by Rankin 1st Edition
18. Occupational Therapy In Oncology by Cooper 2nd edition
19. Cancer Rehabilitation: An Introduction for Physiotherapists and Allied Professions by Patricia A. Downie 1st Edition
20. Potential & Possibility Rehabilitation at end of life by Jenny Taylor 1st Edition
21. Cancer Pain Management: A Comprehensive Approach by Karen H. Simpson, Keith Budd
22. Exercise and Cancer Survivorship: Impact on Health Outcomes and Quality of Life edited by John Saxton, Amanda Daley 1st edition
23. Physical Rehabilitation by Osullivan.S.B. & Schmitz.T.J 3rd Edition
24. Physiological Basis of Rehabilitation Medicine by Downey.J.A. & Myers.S.J 2nd Edition
25. Krusens Handbook Of Physical Medicine And Rehabilitation Kottke.F.J. & Lehmann.J.F 4th Edition
26. Clinical Decision Making In Rehabilitation by Basmajian.J.V. & Banerjee.G.N 10th Edition.
27. Rehabilitation Medicine by Delisa.J.A.& Gans.B.M 2nd Edition
28. Physical Medicine and Rehabilitation by Braddom.R.L 1st edition
29. Evidence-Based Rehabilitation; a Guide to Practice by Law.M. 1st edition
30. Assistive Technologies; Principles and Practice by Cook.A.M. & Hussey.S.M. 1st Edition
31. Home Rehabilitation; Guide To Clinical Practice by Anemaet.W.K. & Moffa- Trotter.M 1st Edition
32. Manual Of Physical Medicine And Rehabilitation by Brammer.C.M.;Spires.M 1st edition
33. Essential Physical Medicine And Rehabilitation by Cooper 1st Edition
34. Management In Rehabilitation by Schuch C. P & Sekerak D. K 1st edition
35. American Cancer Society Textbook Of Clinical Oncology By Murphy.G.P.;Lawrence.W 2nd Edition
36. Cancer: Principles And Practice Of Oncology By Devita.V.T; Hellman.S. 7th Ed
37. Clinical Onco5l0o0gy; By Abeloff.M.D; Armitage.J.O. 3rd Ed.
38. Bone Tumours (A Clinico Pathological Study) by Vastrad.M.C. 1st edition

39. Therapeutic Exercise by Caroline Kisner 5th edition
40. Exercise Management: Concepts and Professional Practice by Laurel T. Mackinnon 2nd Edition
41. Advances In Exercise Immunology By Laurel T. Mackinnon 2nd Edition
42. Principles Of Exercises In Physiotherapy 2nd edition
43. Kinesiology Of The Musculoskeltal System : Foundations Of Rehabilitation By Donald A. Neumann 2nd Edition
44. Exercise Therapy: Prevention & Treatment Of Disease by John Gormley, Juliette Hussey 1st edition
45. Physical Examination & Health Assessment by Carolyn Jarvis 5nd Edition
46. Practical Evidence-Based Physiotherapy By Robert Herbert, Gro Jamtvedt 4th edition
47. Principles Of Exercise Therapy by M. Dena Gardiner 6th edition
48. Clinical Decisions In Therapeutic Exercise by Patricia E. Sullivan, Prudence D. Markos 2nd edition
49. Therapeutic Exercise : Treatment Planning For Progression Frances E. Huber, Chris L. Wells 1st edition
50. Textbook Of Therapeutic Exercises By Narayanan 1st edition
51. Exercise Management Concepts And Professional Practice by Laurel T. Mackinnon 1st Edition
52. Clinical Exercise Testing And Prescription 1st Edition
53. Evidence-Based Guide To Therapeutic Physical Agents 1st Edition
54. Therapeutic Exercise Moving Toward Function by Lori Thein Brody, Carrie M.Hall 2nd edition
55. Exercise In Health And Disease 2nd edition
56. Aquatic Rehabilitation by Richard Gene Ruoti, David Michael Morris, Andrew J. Cole 1st Edition
57. ACSM Resou5r0c1es For Clinical Exercise Physiology 1st Edition
58. Advanced Fitness Assessment And Exercise Prescription 3rd Edition
59. ACSMS Resource Manual For Guidelines For Exercise Testing And Prescription 4th Edition
60. ACSMS Guidelines For Exercise Testing And Prescription 6th Edition
61. Exercise Testing And Exercise Prescription For Special Cases by James S. Skinner 2nd Edition
62. Therapeutic Exercise by Basmajian.J.V. & Wolf.S.L 5th Edition.
63. Yogic Exercises: Physiologic And Psychic Processes by Ray.D.S 1st edition
64. Fitness Programming And Physical Disability by Miller.P.D 1st Edition

65. Community Rehabilation Services For People With Disabilities by Karan.O.C. & Greenspan.S 1st edition

66. Essential Readings In Rehabilitation Outcomes Measurement by Dobrzykowski.E.A 1st edition

67. Disability Evaluation by Demeter.S.L. & Andersson.G.B.I 1st edition

68. Safer Lifting For Patient Care by Hollis.M. 3rd edition

69. Disabled Village Children by Werner.D. 1st edition

70. Conditioning With Physical Disabilities by Lockette.K.F. & Keyes.A.M. 1st edition

71. Community Based Rehabilitation Of Persons With Disabilities by Pruthvish.S 1st edition

8) Master of Physiotherapy in Community Rehabilitation Sciences.

MPT (R) 104: **Physiotherapy in Community Rehabilitation Sciences** (PRC)

MPT (R) 202: **Rehabilitation –Assessment, Evaluation and Assistive Technology** (RAEA)

MPT (R) 203: **Physiotherapy in Clinical Rehabilitation conditions** (PCR)

REHABILITATION COURSE CODE: MPT (R)-104

Course Title: MPT (R) 104: **Physiotherapy in Community Rehabilitation Sciences** (PRC)

Section-A

PRC 1.1. Definition, Concept, principles & Scope of Rehabilitation, Community, Healthcare delivery system, Health Administration, Institutional based rehabilitation and community based rehabilitation – its principles and differences, multi-disciplinary approach, role of national institutes, District rehabilitation centre and primary health centre. Physiotherapist as a Master Trainer in CBR & IBR.

PRC 1.2. Epidemiology of dysfunctions & advance skills of physical and functional assessment related to Community. Clinical decision-making skill in management of dysfunction

PRC 1.3. Evidence Based Practice & Recent advances in Community Health. Indian Health statistics

SECTION-B

PRC 2.1. Fitness and health promotion –

i. Principles of fitness for health promotion in community,

ii. Nutrition and Diet.

iii. Stress management through yoga and psycho- somatic approaches.

PRC 2.2. Natural calamity & disaster management – Role of P.T. in disaster management team.

PRC 2.3. I.C.F. [Impairment, Disability, Persons with Disabilities and its implications] Evaluation of Disability & Compensation for Persons with disability Act – 1995 and related Government infrastructure.

PRC 2.4. Physiotherapy Ethics –

i. Code of conduct,

ii. Regulatory Agencies and Legal Issues.

iii. W.H.O.`s policies-about rural Healthcare –

iv. Role of P.T.-Principles of a team work of Medical person/P.T./O.T. audiologist/speech therapist /P.&O./vocational guide in C.B.R. of physically Persons with Disabilities,

PRC 2.5. Public health education methods and appropriate media – Public awareness to the various disabilities, communications, message generation and dissipation.

PRC 2.6. Role of Government & NGOs in CBR, inter-sectoral programs and co- ordination, Implementation of the Act.

PRC 2.7. Rights of persons with disability

Specialty 2

COURSE CODE: MPT (R)-202

Course Title: MPT (R) 202: **Rehabilitation –Assessment, Evaluation and Assistive Technology** (RAEA)

SECTION- A:

RAEA 1.1. Orthotics & Prosthetics: definition, classification, bio mechanical principles; assessment and evaluation, prescription & fabrication

RAEA 1.2. Designing & Training of UL, LL, trunk, neck Orthosis, footwear modifications in various conditions

RAEA 1.3. Designing & Training of UL, LL prosthesis in Amputees.

RAEA 1.4. Indications / Contraindications, psychological aspects of its application.

RAEA 1.5. Use of adaptive devices, design & construction e.g. canes, walkers, wheelchairs.

SECTION- B: Industrial Health

RAEA 2.1. Applied anatomy, physiology and biomechanics related to Industrial health.

RAEA 2.2. Clinical decision-making skill in assessment and management of dysfunction related to Industrial health.

RAEA 2.3. Industrial Physiotherapy- prevention of injuries, physiological restoration, rehabilitation in industrial injuries, work station adaptations/ modifications.

RAEA 2.4. Environmental stress in the industrial area --Accidents due to

1. Physical agents- e.g.-Heat/cold, light, noise, Vibration, U.V. radiation, Ionizing radiation.
2. Chemical agents-Inhalation, local action, ingestion,

3. Mechanical hazards-overuse/fatigue injuries due to ergonomic alteration & evaluation of work place-mechanical stresses as per hierarchy –

   i. Sedentary table work –executives, clerk,

   ii. Inappropriate seating arrangement- vehicle drivers

   iii. Constant standing- watchman- Defence forces, surgeons,

   iv. Over-exertion in labourers - common accidents

4. Psychological hazards- e.g.-executives, monotony & dissatisfaction in job, anxiety of work completion with quality,

   i. Role of P.T. in Industrial setup & Stress management- relaxation modes.

   ii. Physiotherapy role in industry – preventive, promotive, curative, intervention, ergonomic and rehabilitative services.

   iii. Ergonomic considerations and health promotion in the industry

RAEA 2.5. Understanding, and anlysing occupation, job description, job demand analysis, task analysis, Employee fitness, job modification, Employment acts.

RAEA 2.6. Vocational Rehabilitation, evaluation & management.

COURSE CODE: MPT (R)-203

Course Title: MPT (R) 203: **Physiotherapy in Clinical Rehabilitation conditions** (PCR)

SECTION-A

PCR 1.1. Rehabilitation in musculoskeletal conditions, sport sciences and health promotion

PCR 1.2. Rehabilitation in cardio-pulmonary conditions, and health promotion

PCR 1.3. Rehabilitation in Geriatric conditions

PCR 1.4. Rehabilitation in women's Health

SECTION -B

PCR 2.1. Rehabilitation in neurological conditions, movement & psycho-somatic disorders, pediatric conditions

PCR 2.2. General fitness strategies- body mass composition, assessment, obesity and weight control

4.22. Skills based outcomes and monitorable indicators for Master of Physiotherapy

4.22.1. Competency Statements

1. Analyse and discuss the biomedical, behavioural and social science bases of Physiotherapy and integrate the bases into Physiotherapy practice.
2. Collects assessment data relevant to the client's needs and Physiotherapy practice.
3. Be able to practice in all types of Healthcare setups independently as well as a team member.
4. Be able to screen, assess, diagnose, treat, prescribe and refer a patient independently.
5. Be able to conduct the patient evaluation and assessment as per condition.
6. Assess, analyse, and plan Physiotherapy management.
7. Apply and evaluate Physiotherapy management.
8. Advise patient on appropriate nutrition, exercises, rest, relaxation and other issues
    i. Demonstrate professional practice.
    ii. Demonstrate autonomous Physiotherapy practice.
    iii. Demonstrate the ability to search and retrieve scientific literature
    iv. Demonstrate an understanding of research methods.
    v. Demonstrate the ability to critically analyse scientific literature
    vi. Prepare Report findings of critical analysis in a scientific format

4.22.2. The Table shows Skill based Learning Outcomes and monitorable indicators:

Table 5.6: Skill based Learning Outcomes, knowledge and monitorable indicators

Sl. No.	Learning outcomes	Knowledge/comprehension	Applications / synthesis /evaluation
1.	Analyse and discuss the biomedical, behavioural and social science bases of Physiotherapy and integrate the bases into Physiotherapy practice	i. Be familiar with normal & abnormal patterns of human development and movement. ii. Understand the anatomical framework of the human body including major systems and aspects of the social, cultural, psychological, environmental, spiritual and belief systems influencing human development. iii. Able to understand the concept of health & its contribution to well- ness.	a. Analyse normal and abnormal patterns of human development and movement. b. Demonstrate understanding of structural and functional anatomy. c. Identify anatomical structure from surface landmarks. d. Describe the normal physiological process and the changes throughout the life span. e. Analyse basic human movement. f. Evaluate the significance of healthy lifestyles for patients/ clients
2	Collects assessment data relevant to the client's needs and Physiotherapy practice.	i. Informs the client of the nature and purpose of assessment as well as any associated significant risk.	a. Perform patient assessment technique which includes to know the condition and to gather information about his/her ailment. b. Monitors the client's health status for significant changes during the course of assessment and takes appropriate actions as required. c. Perform assessment procedure safely and accurately , taking into account client consent, known indications, guidelines, limitations and risk- benefit considerations.

Sl. No.	Learning outcomes	Knowledge/comprehension	Applications / synthesis /evaluation
3.	Be able to conduct the patient evaluation and assessment as per condition.	i. Be familiar with different assessment techniques. ii. Able to examine higher motor functions, cranial nerves, ROM, MMT, Muscle tightness, muscle tone, myotome, sensory evaluation, balance, coordination, hand function, functional outcome measures, Physical fitness, cardio respiratory evaluation, posture &gait. iii. Be familiar with special tests. iv. Basic knowledge on radiological findings & other investigations. v. Demonstrate clinical reasoning with choice of assessment and ex- amination procedures	a. Perform patient assessment technique to know the condition and to gather information about his/ her ailment. b. Safely and accurately examines and re-examines a patient using standardized measures. c. Apply pertinent tests and measurements. d. Interpret all assessment findings to allow for identification of the patient's/client's impairments, activity limitations and participation restrictions. e. Interpret findings and reach a differential diagnosis f. Establish a diagnosis for physiotherapy, identify risks of care, and make appropriate clinical decisions based upon the examination, evaluation and current available evidence.
4	Assess, analyse, and plan Physiotherapy management	i. Identify the principles of assessment, clinical reasoning, problem identification, goal set- ting, treatment planning. ii. Be familiar with different assessment techniques and protocols. iii. Know the protocols used in the department. iv. Justify treatment choices with a sound pathophysiological rationale`	a. Develop rapport to obtain history, current health status and previous functional abilities. b. Interpret the patient's/client's verbal and non-verbal responses. c. Determines the personality traits and analyze how the differences in personality influence approach d. Perform patient assessment technique which includes to know the condition and to gather information about his/her ailment.

Sl. No.	Learning outcomes	Knowledge/comprehension	Applications / synthesis /evaluation
5.	Apply and evaluate Physiotherapy management	i. Know the protocols used in the department. ii. Understand and Prevent/minimise risks and hazards during Physiotherapy interventions iii. Establish equipment is within safety check time frames. iv. Demonstrate knowledge of emergency procedures	a. Demonstrate safe, effective and efficient interventions. b. Evaluate the effectiveness of the Interventions
6	Advise patient on appropriate nutrition, exercises, rest, relaxation other issues	i. Explain the impact of exercise and nutritional status of patient during treatment	a. Assess the patient's status after exercise and proper diet.
7.	Demonstrate professional Practice.	i. Demonstrate attitudes and behavior acceptable to society and the profession ii. Practise in accordance with the Standards of Ethical Conduct iii. Explain the health and safety issues for patients and staff iv. Able to deliver safe, effective and timely Physiotherapy interventions v. Recognizes risk & hazards which can happen during intervention. vi. Ability to reflect and evaluate own practice vii. Modify and adapt professional practice in response to evaluation	a. Demonstrate professional behavior. b. Demonstrate safe Practice Plan and show evidence of Professional development.
8.	Demonstrate autonomous Physiotherapy practice	i. Recognize the critical conditions of patients ii. Be familiar with current literature and evidence based best practice	a. Independently assess and treat patients with single or multiple problems which needs physiotherapeutic intervention. b. Demonstrate an ability to refer to other health professionals when beyond the scope of Physiotherapy

Sl. No.	Learning outcomes	Knowledge/comprehension	Applications / synthesis /evaluation
9.	Demonstrate the ability to search and retrieve scientific literature	i. Define search terms Knowledge on available data search resources ii. Identify relevant sources of Research	a. Develop and modify search strategies appropriately complete searches using relevant and available resources such as electronic data bases. b. Discuss different methods of statistical analysis in relation to different research designs. c. Discuss the possible ethical implications and requirements in health research
10.	Demonstrate an understanding of research methods.	i. Have a basic understanding of the value of different research paradigms to Physiotherapy research. ii. Demonstrate a basic understanding of research processes. iii. Understand the ethics of the research process including plagiarism and consent	a. Describe appropriate research methodologies that may be used to examine a variety of research questions. b. Describe the key elements of research design. c. Describe different methods of data Collection. d. Demonstrate knowledge of basic biomedical statistics
11	Demonstrate the ability to critically analyse scientific literature	i. Identify appropriate criteria to assess quality of different types of literature.	a. Demonstrate an understanding of the process of critical review. b. Demonstrate the use of an appropriate critiquing tool to guide interpretation. c. Critically analyse an appropriate selection of scientific papers

Sl. No.	Learning outcomes	Knowledge/comprehension	Applications / synthesis /evaluation
12	Prepare Report findings of critical analysis in a scientific format	i. Be familiar with different writing format depending on the re search methodology. ii. Be familiar with different referencing styles. iii. Knowledge on presentation methods. iv. Integrate the current literature into physio- therapy practice	a. Use standardized writing format b. Cite references using a recognized scientific method c. Demonstrate an ability to synthesise information from several resources d. Demonstrate the ability to communicate research findings using a variety of presentation methods. e. Critique current Physiotherapy practice with reference to contemporary research literature

Chapter 5
Job Description

Chapter 5: Job Description for all levels

5.0. A brief overview of the proposed job description is mentioned below for various levels; however, this may be customized based on different work settings.

5.1. Clinical Physiotherapist

1. Patient identification and verification of the patient and assisting in treatment implementation.
2. Basic knowledge in Physiotherapy protocol
3. Treatment preparation
4. Data entry including treatment recording
5. General knowledge pertaining to biomedical waste disposal
6. Familiarization with Physiotherapy equipment
7. Knowledge of patient transport and physiotherapy equipment management.
8. Physiotherapy Equipment preparation for the simulation and treatment
9. Basic Knowledge of exercise therapy and electrotherapy and its implementation.
10. Information management / communication for inter disciplinary
11. Supervision of the Physiotherapy procedure, health and safety
12. Professional responsibility including quality check on treatment delivery, chart verification
13. Special procedures for treatment and assessment including MMT, different mobilization etc.

5.2. Senior Clinical Physiotherapist/ Superintendent Physiotherapist

1. Professional developmental skill
2. Special treatment skill
3. Ability to critically evaluate practice
4. Verifies the accuracy of the patient Physiotherapy procedure before and after the treatment Monitors the patients for clinical reaction for all the patients

5.3. Chief Physiotherapist

1. Consult and discuss with appropriate health physicians when immediate clinical response is necessary based on emergency and for critical patient condition.

5.4. Assistant prof / Asst Prof Senior /Associate Professor /Professor

1. Standardizing the teaching skills and implementing curriculum of the teaching program.
2. Involvement in research and development

5.5. Professor/Dean/Director Physiotherapy/Head of Physiotherapy Department/Assistant Director General

1. Setting the guidelines
2. Judgment on all aspects of Physiotherapy work
3. Protocol development on treatment delivery and Quality Assurance
4. Involvement on departmental up gradation programme
5. Assesses service procedure and environment to meet established guidelines for proper working and adjust the action plan as per clinical compliance

Chapter 6
Scope of Job and areas of Physiotherapy Interventions

6.Scope of Job and areas of Physiotherapy Interventions

6.0 Whereas Physiotherapy field and Physiotherapy services has extended to the added services in various specialties like Early Intervention, Preventive Medicine (Cardiac/Pediatric field etc), Sports Physiotherapy, Ergonomics, Community Based Rehabilitation, Manual Therapy and delivering excellent services for betterment of mankind. The following specialty area in the field of Physiotherapy, will create posts and special units from the level of Primary Health Centers up to Medical College Hospitals (both in public and private centers) to deliver up-to-date care to common public and Research Scientists in the special programs.

6.1 Physiotherapy Services Network: Professionals like Doctors, Dentists, Nurses, and other Allied Health Sciences persons, Physiotherapy Services and Physiotherapists' MUST have network and linked services. The Physiotherapy services and Physiotherapy Departments/units must have linked referral services of patients and follow-up documentation from PHC level to Medical College Hospitals to provide continued follow-up service and current new area of services to society effectively. The following area has to be established to deliver added services in Physiotherapy in various levels.

1. **Early Identification/ Intervention Centers**
2. **Rural Preventive Care Centers:**
    i. **Preventive Cardiac Care**
    ii. **Preventive Disability Care**
    iii. **Diabetic Care program**
3. **Role of Physiotherapy in Women's Health**
    i. **Anti-natal & Post Natal care**
4. **Community Based Rehabilitation**
5. **Ergonomics care program**
6. **Sports Injuries care centre**
7. **Pediatric Care Units**
8. **Disaster prevention, training and management Teams**
9. **Preventive Physiotherapy Care in IT Industry**
10. **Role of Physiotherapy in Geriatric Health**
11. **Role of Physiotherapy in Oncology and Cancer Survivors**
12. **Role of Physiotherapy in Indian Defense Services**
13. **Emergency Care and ICUs**
14. **Preventive Care in Schools and Colleges**

15. **Research Scientists**

16. **Hospital Administrative Services**

17. **Space and Oceanography**

18. **Indian Administrative Services**

19. **Insurance Team Consultants and Advisors**

1. **Early Identification/ Intervention Centers:** We noticed that awareness of benefits of Physiotherapy for early orthopedic, Neurological and Pediatric conditions are very poor and those therapeutic values are not delivered to the rural population due to lack of Physiotherapy services. Certain Exercise program will minimize the disability/deficit levels of individuals if it is identified and treated in early stage and the individual's performance skill will grossly increase. This is as good as delivering a large Rehabilitation to rural Population. Hence five Physiotherapists must be posted in all the primary Health Centers in Govt and those posted persons must be assigned to screen all the Schools Children, Community Centers and Rural Population and treat and educate them about the precautions to be taken. Cases detected in the large at Taluk, District and Medical College Institutions must be referred to such Physiotherapists in Primary Health Centers to deliver proper Physiotherapy care exercise program and modified life style if required.

2. **Rural Preventive Care Centers:**

   i. Preventive Cardiac Care: You must be aware that large number of people dies due to Cardiac arrest now days. This is due to improper diet habits and lack of Exercise programs. The Cardiologists have suggested that many Cardiac Arrest cases can be prevented or incidents can be minimized be proper exercise program (METS Exercise). This is a specialized training given to Physiotherapists during the BPT program Hence Physiotherapy Units can be created at various levels at Taluk, District and Medical College Institutions to deliver this Preventive Cardiac Care Centers. We can use the Physiotherapists posted at Primary Health Centers to follow-up the programs and keep reporting periodically to the main centers at District Head Quarts Hospitals.

   ii. Preventive Disability Care: Lots of Physical disabilities can be treated if it is identified at an early stage. Many of the rural people identify the physical disability of their children at a later stage due to which rehabilitating them become difficult. Rural poor people do not get the early Physiotherapy services which are very vital. Hence Physiotherapists should assigned to asses all the school children and rural population by periodical camps which will help to identify the minor physical disabilities and Physiotherapy services can be extended at the village level so that they do not have to go the nearby bigger carters. It is appropriate to note that Govt is allotting huge amount for rural rehabilitation. Early Physiotherapy services will reduce the physical illness state of rural population.

iii. Diabetic Care program: Diabetic is the largest problem in India. Proper tailor made exercise program to such people has scientifically shown to prevent lots of post diabetic complications. Hence a diabetic care Physiotherapy unit must be established in all rural areas to deliver proper health care.

3. **Role of Physiotherapy in Women's Health** : Physiotherapy plays a significant role in women's health by addressing assessment and interventions during antenatal and postnatal Care, pelvic floor health, menstrual health, dysmenorrhea, endometriosis. Physiotherapists have a significant role in pain management strategies and exercise programs to help manage symptoms in cases of oncology and survivors, in osteoporosis prevention and management, chronic pain management in managing chronic pain conditions like fibromyalgia, vulvodynia, and chronic pelvic pain and in women's health education and can significantly improve women's health, quality of life, and overall well-being.

   i. **Anti-natal & Post Natal care: Many of the women health care units and experts face lots of gynecological** and orthopedic problems after pregnancy and child birth. This is due to lack to postural awareness, anti-natal and post-natal exercise program. This is a special program learnt by Physiotherapist during BPT course. Govt is providing lots of special care and programs for women's health and child birth. But Gynecological and orthopedic problems occur due to lack of Physiotherapy program to rural populations. Hence a Physiotherapist should be assigned to give pre and post natal care and teach regular exercise program to all pregnant women. This can be combined with primary women's health program and staff. Hence it is highly important to have Physiotherapist posted in all primary health centres to take care of his work.

4. **Community Based Rehabilitation:** There are multi-community populations living together with different life style and habits and customs. Even the day to day living including their working area, living pattern varies between each other. Hence, we Physiotherapists design home program suggest and design modifications etc to suit their life style. This is part our Physiotherapy learning. Hence, we can give tailor made programs rural populations.

5. **Ergonomics care program:** With kind support of our government, rural Industrial growth and use of Computer by village people has considerably increased. But lack of postural awareness and improper position and work style in a long run many will land into orthopedic problems. Physiotherapists are specially trained to tackle all ergonomics problems and skilled in biomechanics of human body. Hence a Physiotherapist should be assigned to assess all such people to suggest care and exercise program to prevent such problems.

6. **Sports Injuries care center and National and International Sports Programs:** With kind support of our government, Sports field is developing by leaps and bounds in rural areas and lots to sports persons are emerging bringing laurels to the nation. But due to lack of knowledge, unavailability of immediate care in case of sports injury these potential sportsmen fail to recover and succumb to their injuries. As a result they do not succeed to come out as efficient sports persons and fail to add to the long term glory of the nation. Hence rural sports care centre is the dire need of the hour in all villages, for the emergent sports persons.

7. **Pediatric Care Units:** Pediatric physiotherapists play a vital role in promoting healthy development, function, and mobility in children, and their scope of practice continues to evolve with advances in research and clinical practice. Physiotherapy interventions for premature or critically ill newborns, focusing on respiratory support, mobility, and developmental stimulation. Conduct comprehensive assessments to identify developmental delays, movement disorders, and other conditions affecting pediatric patients, develop individualized treatment plans to address specific goals, outcomes, and interventions, provide evidence-based physiotherapy interventions, including exercises, manual therapy, and education, to promote optimal development, function, and mobility starting from developmental delays to neuro muscular problems as well as in oncology and palliative care. Collaborate and Communicate and work with interdisciplinary teams, including pediatricians, occupational therapists, speech therapists, and families, to ensure comprehensive care and educate families, caregivers, and healthcare professionals on pediatric physiotherapy principles, interventions, and strategies.

8. **Disaster management Teams:** Physiotherapists play a crucial role in disaster management, providing essential services to affected individuals and communities. Their scope of practice would include providing immediate physiotherapy interventions in emergency settings, such as triage, first aid, and stabilization of injuries, conducting rapid assessments to identify individuals with physiotherapy needs, prioritizing those with life-threatening or limb-threatening conditions, providing physiotherapy interventions in acute care settings, such as hospitals, clinics, or temporary medical facilities.Designing and implementing rehabilitation programs to promote recovery, functional mobility, and independence in affected individuals and collaborating with community organizations, NGOs, and government agencies to provide physiotherapy services, education, and support to affected communities would also be handled efficiently by them. Interventions related to managing acute injuries, such as fractures, soft tissue injuries, and amputations, promoting wound healing, prevent complications, and manage pain, implementing pain management strategies, such as exercise, manual therapy, and education, to alleviate pain and discomfort, promoting functional mobility, strength, and independence in individuals, offering emotional support, counseling, and stress management techniques to individuals and communities affected by disasters and educating individuals and communities on disaster preparedness, injury prevention, and healthy lifestyle practices.

9. **Preventive Physiotherapy Care in IT Industry:** Physiotherapists play a crucial role in preventive care in the IT industry, helping to mitigate the risks associated with sedentary work and promoting overall well-being and promote a healthy lifestyle by employee education and working towards injury prevention. Interventions related to posture and body mechanics for health screening, physical fitness and those for mental health for a productive work environment in the IT industry.

10. **Role of Physiotherapy in Geriatric Health** : Physiotherapy plays a vital role in promoting healthy aging and addressing the unique needs of older adults in geriatric health. The scope of physiotherapy in geriatrics encompasses a wide range of interventions aimed at preventing, diagnosing, and managing age-related conditions, such as osteoporosis, arthritis, balance disorders, and cognitive impairment. Physiotherapists work with older adults to maintain functional independence, mobility, and quality of life through exercises, education, and lifestyle modifications. Interventions may include fall prevention strategies, balance and gait training, strengthening and flexibility exercises, pain management, and education on proper body mechanics and posture. Additionally, physiotherapists may address age-related issues such as incontinence, dementia, and polypharmacy, and collaborate with other healthcare professionals to provide comprehensive care. By addressing the physical, cognitive, and emotional needs of older adults, physiotherapy can further significantly impact geriatric health outcomes, enabling older adults, a growing category of population, to live healthier, more independent, and fulfilling lives.

11. **Role of Physiotherapy in Oncology and Cancer Survivors:** Scope of Physiotherapy in the management of cancer patients and survivors, encompasses diagnosis to survivorship by addressing the physical, emotional, and functional challenges associated with cancer diagnosis, treatment, and survivorship. The scope of physiotherapy in oncology and cancer survivorship encompasses a wide range of interventions, including pre-operative exercise programs, management of cancer-related fatigue, pain, and lymphedema, and rehabilitation programs to restore function, mobility, and independence. Physiotherapists also provide education on proper body mechanics, posture, and movement techniques, pain management strategies, and lymphedema management. Additionally, they offer respiratory therapy, psychosocial support, and counseling to enhance coping skills and psychological well-being. By providing these interventions, physiotherapy has shown to improve physical function, mobility, and independence, enhance quality of life and overall well-being, reduce cancer-related fatigue, pain, and lymphedema, and improve survivorship and reduce the risk of cancer recurrence.

12. **Role of Physiotherapy in Indian Defense Services:** Physiotherapy plays a vital role in the Indian Defense Services, contributing to the health, fitness, and well-being of military personnel. The scope of physiotherapy in the Indian Defense Services encompasses a wide range of interventions, including injury prevention and management, rehabilitation and recovery, fitness and conditioning, and ergonomic and workplace design. Physiotherapists work in various settings, including military hospitals, rehabilitation centers, and field hospitals, to provide care to military personnel. Interventions may include exercises, manual therapy, education, and pain management to address musculoskeletal injuries, cardiovascular conditions, and neurological disorders. Additionally, physiotherapists play a crucial role in promoting health and wellness, conducting research, and developing policies to enhance the overall health and fitness of military personnel. By providing these interventions, physiotherapy can significantly impact the health, fitness, and readiness of military personnel, ultimately contributing to the effectiveness and success of the Indian Defense Services.

13. **Role of Physiotherapy in Emergency Care and ICUs:** Physiotherapy plays a crucial role in Emergency Care and Intensive Care Units (ICUs), addressing the complex needs of critically ill patients. The scope of physiotherapy in Emergency Care and ICUs encompasses various areas, including respiratory care, cardiovascular management, neurological rehabilitation, and musculoskeletal interventions. Physiotherapists work collaboratively with healthcare teams to provide early mobilization, mechanical ventilation management, pain management, and family-centered care. By providing these interventions, physiotherapists have significantly impacted patient outcomes, reducing morbidity, mortality, and healthcare costs in Emergency Care and ICUs.

14. **Role of Physiotherapy in Preventive Care in Schools and Colleges:** Physiotherapists in schools and colleges work to promote physical health, well-being, and inclusion for students with physical disabilities, injuries, or chronic conditions. Their role involves assessing and identifying students' physical therapy needs, developing and implementing individualized physical therapy plans, sports training needs, poviding direct physical therapy interventions, such as exercises, manual therapy, and education, collaborating with teachers, parents, and other healthcare professionals to support student care and sports related needs and preventing and addressing injuries to return to safe play, promoting inclusive physical education and play opportunities for students with disabilities. Thus, addressing students' academic and functional goals and overall health of the future generation.

15. **Role of Physiotherapy as Research Scientists:** Presently physiotherapists are playing a crucial role in advancing the field of health care through rigorous scientific inquiry. Their scope involves designing, conducting, and disseminating research studies that investigate the efficacy, effectiveness, and mechanisms of multidisciplinary health interventions. This development and testing of novel treatments, of examining the underlying physiological and psychological mechanisms of health care, and exploring the impact of physiotherapy on healthcare outcomes and policy can be enhanced further by involvement of funding agencies, for direct collaboration with interdisciplinary teams, and communicating research findings through publications, presentations, and knowledge translation activities. Ultimately the goal is to generate high-quality all-inclusive evidence that keeps the health care professionals and community informed and improves the health and well-being of individuals and communities.

16. **Role of Physiotherapy in Hospital Administrative Services:** Physiotherapist having the basic understanding of health care and need of resources, work with hospital administrators to develop and manage budgets, personnel, and resources, and to evaluate the effectiveness of healthcare programs and services.

17. **Role of Physiotherapy in Space and Oceanography:** By addressing the unique challenges faced in the field of Space and Oceanography by astronauts, cosmonauts, and deep-sea divers, physiotherapists play a vital role in ensuring the health, safety, and performance of astronauts, cosmonauts, and deep-sea divers in extreme environments. The scope extends from pre-preparation to maintain muscle health, bone density, and cardiovascular and neuro-muscular fitness, also to mitigate the effects of microgravity or decompression on the body. Physiotherapists can collaborate with engineers to design space suits that minimize the risk of injury and optimize mobility and also to design submarines and underwater habitats that promote crew comfort, safety, and productivity.

18. **Role of Physiotherapy in Indian Administrative Services:** Physiotherapists can contribute in Administrative Services (IAS) by providing expertise in healthcare policies, planning, and management. As an IAS official a physiotherapist can work to develop and implement policies and programs that promote healthcare access, equity, and quality. They can also provide technical assistance and guidance on healthcare initiatives, such as the National Health Mission, the National Rural Health Mission, and the Ayushman Bharat Yojana. Additionally, physiotherapists can work with IAS officers to develop and manage budgets, personnel, and resources, and to evaluate the effectiveness of healthcare programs and services.

19. **Role of Physiotherapy as Insurance Team Consultants and Advisors :** As Insurance Team Consultants and Advisors, physiotherapists play a crucial role in policy review and development, claim processing and management, provider network development, education and training to company staff, healthcare providers, and policyholders on the benefits and coverage of the services. They also involve in data analysis and research to work on both mutual cost effectiveness and health benefits with stakeholder engagement by involving and collaborating with healthcare providers, insurance companies, and government agencies.

6.2 Extended Scope Physiotherapy Practice

Extended Scope Physiotherapists or ESPs, are advanced physiotherapists with many years of clinical practice, who work beyond the recognised scope of physiotherapy practice.

1. **Perform musculoskeletal ultrasound scanning**

   We have a number of extended scope physiotherapists who are trained to perform diagnostic ultrasound. If from your assessment an Ultrasound is required these will either be ordered, or most commonly performed as part of your assessment. This allows a time efficient functional and postural investigation to be undertaken with the results explained to you on the same day

2. **Injection Therapy**

   Many of our extended scope physiotherapists have completed training to allow them to administer injections that in some cases has been shown to provide pain relief for a variety of joints and musculoskeletal problems

3. **Physiotherapists as a part of Pain Management Programme (PMP)**

   A long term programme brings together the experiences of patients with persistent pain and the expertise of specialist pain clinicians, including occupational therapists, physiotherapists, clinical psychologists and nurses. The group manages persistent pain to achieve a life of quality despite their pain.

4. **Intra Muscular Dry Needling Therapy**
5. **Manual Therapy (Mulligan / Maitland / McKenzie/ Cyriax)**
6. **Tapping Techniques**
7. **Aquatic Therapy**
8. **Fascia Therapy**
9. **Ball / Band Therapy**
10. **Chiropractics / Osteopathy**

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ANNEXURE 1
LOGBOOK PROFORMA

Institute's Name

Logo of the institute

P.G. LOG BOOK

DEPARTMENT OF PHYSIOTHERAPY

AIMS AND OBJECTIVES OF THE DEPARTMENT

Provide quality care to the patient; Provide care on agreed and established clinical standards; Communicate clearly and effectively with patients and careers; Treat patients with respect; Work as effective members of the health care team. (Model)

SCOPE OF THE POSTGRADUATE COURSE

Critically evaluate approaches to Physiotherapy care and increase the practical skill in chosen areas. Gain an understanding of clinical audit in applied Physiotherapy and to develop the ability to initiate change and lead in the development of their profession through research. To upgrade their communicating skills and develop their ability as life-long learners. (Model)

STUDENT'S PROFILE

NAME :

ADDRESS :

TELEPHONE NO. :

EMAIL ADDRESS :

EDUCATIONAL QUALIFICATION :

QUALIFICATION	INSTITUTE	UNIVERSITY	YEAR OF PASSING	PERCENTAGE
BPT				

ACADEMIC ACHIEVEMENTS :

EXPERIENCE :

DESIGNATION	DEPARTMENT	INSTITUTION	FROM	TO

COURSE JOINED:

DATE OF JOINING:

DATE OF COMPLETION:

INDEX

SL. NO.	ACADEMIC ACTIVITIES	TOTAL	
1	DISSERTATION PRESENTATION		
2	SEMINARS	Minimum 25	
3	CLINICAL (CASE) PRESENTATION	Minimum 20	
4	SPECIAL CLINICS	Minimum 10	
5	JOURNAL PRESENTATION	Minimum 12	
6	PEDAGOGY (U.G. CLASSES TAKEN)	Minimum 20	
7	INTER DEPARTMENTAL MEETING	Minimum 10	
8	COMMUNITY WORK / CAMP / FIELD VISITS	Minimum 6	
9	CONTINUING PHYSIOTHERAPY EUDCATION / CONFERENCE ATTENDED	Minimum 2	
10	PAPER PRESENTED	Minimum 1	

Academic activities will be evaluated by using the following Grade:

0- Poor; 1- Fair; 2- Average; 3- Good; 4- Very Good

SL. NO.	PROCEDURES	OBSERVED	PERFORMED	TOTAL
1	MUSCULOSKELETAL ASSESSMENT			
2	NEUROLOGICAL ASSESSMENT			
3	CARDIO PULMONARY ASSESSMENT			
4	PAEDIATRIC ASSESSMENT			
5	OTHER ASSESSMENTS			
6	HAND EVALUATION			
7	EMG / NCV			
8	PFT			
9	EXERCISE TESTING			
10	GAIT ANALYSIS			

1. THESIS/DISSERTATION

Submission of Topic : **(2nd month after joining)**

Initial Presentation : **(2nd month after joining)**

Review of Literature (Part 1) : **(6 month after joining)**

Final Submission : **(6 month before the university exam)**

TITLE :

GUIDE :

CO-GUIDE :

I.THESIS PROGRESS REVIEW

Date															
i.Collection of Case/Material															
ii.Periodic consultation with Guide															
iii.Any other finding															
Signature Guide															
Signature HOD															
Signature DEAN															

CHECKLIST FOR DISSERTATION PRESENTATION

(To be evaluated by the Head of Dept. and Professor other than Guide)

II.Initial presentation							
Date	iv.Selection of Topic	v.Preliminary review of literature	vi.Discussion with Guide	vii.Quality of Protocol	viii.Overall Interest shown	ix.Grade	Signature
III.Final Presentation							
Date	x.Periodic progress schedule maintained	xi.Quality of review of literature	xii.Statistical analysis	xiii.Discussion and Summary	xiv.Overall Interest shown	xv.Grade	Signature

2. SEMINARS

Minimum requirements: 25

Checklist for evaluation of Seminar:

No.	Date	Topic	Whether other relevant publications consulted	Whether cross references have been consulted	Completeness of preparation	Clarity of presentations	Under-standing of subject	Ability of answer questions	Time scheduling	Appropriate use of Audio-Visual aids	Overall performance	Any other observations	Total Score

0 - Poor; 1 - Fair; 2 - Average; 3 - Good; 4 - Very Good

2. SEMINARS

Minimum requirements: 25

Checklist for evaluation of Seminar:

No.	Date	Topic	Whether other relevant publications consulted	Whether cross references have been consulted	Completeness of preparation	Clarity of presentations	Under-standing of subject	Ability of answer questions	Time scheduling	Appropriate use of Audio-Visual aids	Overall performance	Any other observations	Total Score

0 - Poor; 1 - Fair; 2 - Average; 3 - Good; 4 - Very Good

3. CLINICAL CASE PRESENTATION

Minimum requirements: 30

Evaluation form for clinical case presentation:

No.	Date	Diagnosis	Completeness of History	Whether all relevant points elicited	Clarity of presentation	Logical order	Accuracy of general physical examination	Whether all physical signs have been assessed	Diagnosis-Whether it follows logically from history & findings	use of outcome measures	Investigations consulted	Problems identified (ICF)	Short term goals

0 - Poor; 1 - Fair; 2 - Average; 3 - Good; 4 - Very Good

4. SPECIAL CLINIC CASE PRESENTATION

Minimum requirements: 10

Evaluation form for clinical case presentation:

No.	Date	Diagnosis	Completeness of History	Whether all relevant points elicited	Clarity of presentation	Logical order	Accuracy of general physical examination	Whether all physical signs have been assessed	Diagnosis-Whether it follows logically from history & findings	use of outcome measures	Investigations consulted	Problems identified (ICF)	Short term goals

0 - Poor; 1 - Fair; 2 - Average; 3 - Good; 4 - Very Good

5. JOURNAL PRESENTATIONS

Minimum requirement: 12

Evaluation form for Journal Presentation

No.	Date	Topic/Journal	Article chosen was Appropriate	Extent of understanding the scope & objectives of the paper by the candidate	Whether cross references have been consulted	Whether other relevant publications consulted	Ability to respond to questions on the paper/subject	Audio-Visual aids used	Critical Appraisal	Clarity of presentation	Any other observation	Total Score

0 - Poor; 1 - Fair; 2 - Average; 3 - Good; 4 - Very Good

5. JOURNAL PRESENTATIONS

Minimum requirement: 12

Evaluation form for Journal Presentation

No.	Date	Topic/Journal	Article chosen was Appropriate	Extent of understanding the scope & objectives of the paper by the candidate	Whether cross references have been consulted	Whether other relevant publications consulted	Ability to respond to questions on the paper/subject	Audio-Visual aids used	Critical Appraisal	Clarity of presentation	Any other observation	Total Score

0 - Poor; 1 - Fair; 2 - Average; 3 - Good; 4 - Very Good

6. PEDAGOGY

Minimum requirement: 20

Evaluation form for Teaching skills:

No.	Date	Topic	Introduction of topic	Speaking style	Use of AV Aids	Summary	Audience Interest	Asking Questions	Answering Questions	Grade	Staff Signature

0 - Poor; 1 - Fair; 2 - Average; 3 - Good; 4 - Very Good

6.PEDAGOGY

Minimum requirement: 20

Evaluation form for Teaching skills:

No.	Date	Topic	Introduction of topic	Speaking style	Use of AV Aids	Summary	Audience Interest	Asking Questions	Answering Questions	Grade	Staff Signature

0 - Poor; 1 - Fair; 2 - Average; 3 - Good; 4 - Very Good

6. PEDAGOGY (BEDSIDE CLINICS)

Sl.No.	Date	Case	Grade	Staff Signature

7. INTER DEPARTMENTAL MEETING

Minimum: 10

SL.NO.	DATE	DEPARTMENT	CASE	GRADE	SIGNATURE

9. ATTENDENCE AT OTHER ACADEMIC ACTIVITIES

CME/WORKSHOP/CONFERENCE

MINIMUM : CONFERENCE : 1

CME (STATE LEVEL) : 2

DATE	NATURE OF ACTIVITY	ORGANISED BY / PLACE

10.SCIENTIFIC PAPERS PUBLISHED/PRESENTED:

Minimum score requirement for various teaching learning activities:

SL.NO.	TEACHING & LEARNING ACTIVITIES	REQUIRED
1	DISSERTATION THESIS	
2	SEMINARS	25
3	CLINICAL PRESENTATION	30
4	SPECIAL CLINICS	10
5	JOURNAL CLUB	12
6	INTER DEPARTMENTAL MEETING	10
7	PEDAGOGY (U.G. CLASSES TAKEN)	20
8	COMMUNITY WORK / CAMP / FIELD VISITS	6
9	CONTINUING PHYSIOTHERAPY EDUCATION/CONFERENCE ATTENDED	2
10	PAPER PRESENTED	1

SL.NO.	PROCEDURES	Specialty	OTHERS
1	MUSCULOSKELETAL ASSESSMENT	40	20
2	NEUROLOGICAL ASSESSMENT	40	20
3	CARDIO PULMONARY ASSESSMENT	40	20
4	PAEDIATRIC ASSESSMENT	25	15
5	CBR ASSESSMENT	40	20
6	OTHER ASSESSMENTS		10
7	EMG / NCV	10 (O)	5(O)
8	PFT	20	10(O)
9	EXERCISE TESTING	15 (O)	5(O)
10	GAIT ANALYSIS	15	10(O)

PROCEDURES PERFORMED

SL.NO	DATE	NAME OF THE PATIENT	AGE	SEX	PROCEDURE	SIGNATURE

ANNEXURE 2
MINIMUM STANDARD REQUIREMENT FOR B.P.T.

ANNEXURE- 2

9. Minimum Standard Requirement for Bachelor in Physiotherapy (B.P.T) program (Maximum intake of 50/100 students)

9.0 The establishment of a Physiotherapy college–

9.0.1. No person shall establish a Physiotherapy college/institute except after obtaining prior permission from the commission. The following organizations shall be eligible to apply for permission to set up a Physiotherapy college, namely:

1. A Central/ State Government/Union territory;
2. A University and Deemed to be University, or a private institution affiliated with a Government university;
3. An autonomous body of the Central or State Government;
4. A society registered under the Societies Registration Act, 1860 (21 of 1860) or corresponding Acts in States;
5. A public or charitable trust registered under the Trust Act, 1882 (2 of 1882);
6. Companies registered under Company Act may also be allowed to open Physiotherapy colleges.

9.0.2. New Physiotherapy College/institute can be established preferably in colocation with a medical college recognized by the National Medical Commission (NMC). **Notwithstanding, a new Physiotherapy College needs to fulfill the entire essential requirement as prescribed by the norms in this Regulation.** The new Physiotherapy College may share common facilities, faculties and infrastructure with the medical college where feasible/applicable

9.0.3. Note: All existing physiotherapy colleges/institute or a new physiotherapy college will impart physiotherapy education provided that **conditions mentioned in Annexure -2** are fulfilled.

9.1. **Infrastructural, Functional & Equipment and human resource Requirements:**

Note: The Lab Infrastructure is given for average 50 Student intake, if Higher no. of seats [i.e. 100 intakes] is to be granted than the lab facilities should be doubled in each lab and for every equipment Listed for the given details infrastructure for lab and facilities in the college building.

9.1.1. **LAND AND BUILDING –**

1. Minimum 10 acres land is required for Physiotherapy College.
   i. If the college is in the premises of NMC permitted/ recognized medical college, no separate land is required. Besides, **norms for independent building for Physiotherapy College must be fulfilled** as per the requirement mentioned below.
   ii. In all other cases, the applicant must provide the land details on which the institution will be established for providing Physiotherapy education. The land should be in the name of society/ trust/company applying for the same (sale deed/lease/gift deed etc.).
2. The applicant Institution / Trust should have a separate facility for clinical training as per the curriculum prescribed by the NCAHP from time to time.
3. Adequate parking space and recreational area or open space for students must be ensured as per applicable Government norms.
4. Adequate space for out-patient Physiotherapy department, various laboratories, office space, class rooms, hostel and other ancillary facilities must be available as prescribed by the NCAHP.
5. Minimum exclusive built-up area must be 35,000 sq.ft.
6. Building should be barrier free accessible to persons with disability and as per NBCI guidelines (National Building Code of India).
7. Building must be recorded on the appellate institute name or if the land is under lease agreement, it must be for at least 10 years.
8. Building must have requisite clearances from the respective civic and administrative authorities like- i. Fire NOC, ii. structural stability certificate, iii. land use certificates etc.
9. Building must have CCTV camera for surveillance for every area of common use as can be prescribed.
10. Biometric facility for students and staff, faculty attendance record/documentation

9.1.2. PHYSIOTHERAPY Department/ O.P.D:

1. A well-equipped OPD facility in physiotherapy department with instruments of all specialties like Musculoskeletal, Neurology, Cardio respiratory, sports medicine, Women Health and community physiotherapy, among others, should be available at the college premises.

2. Every Physiotherapy college should have its own OPD for adequate training of the students. Student/ patient ratio of 1:5 should be maintained in the hospital.

3. A stand-alone Physiotherapy college can sign MOUs with up to five different hospitals having at least 50 beds each. **This MoU arrangement for OPD would be allowed for a maximum period of five years only**, during which the college must establish its own OPD.

4. An out-patient physiotherapy department at the tie-up facility cannot be considered as an independent physiotherapy OPD/ unit of the college.

5. Besides the physiotherapy OPD at the campus, the institute should also start a community / extension centre in nearby rural /semi urban area.

9.1.3. HOSPITAL / HOSPITAL ATTACHMENT –

1. If the college is in the premises of NMC permitted/recognized Medical College, there is no requirement for attachment of any other hospital.

2. In all other cases, Proof of availability of 250 beds own/attached hospital (Government/Private) for clinical training of 50 students shall be furnished (student: Bed ratio of 1:5). The hospital must be within 20 km radius of the College. College must provide mandatory bus service to the students if the hospital is located more than 1 km away from the College. Within 5 years of application of these Rules the colleges must have Own Prescribed Hospital in the college Premises.

3. College can be affiliated to maximum five (05) hospitals having indoor and outdoor facility in the following specialties to have cumulative /total 250 beds for clinical training of 50 students.

Sl. No.	Specialties/ Super specialties
1	Orthopedics/ musculoskeletal departments
2	Medicine including rheumatology, geriatrics and emergency medicine
3	Surgery including plastic surgery and burns
4	Gynecology and Obstetrics
5	Neurology/Neurosurgery
6	Pediatrics, pediatric surgery and neonatal ICUs
7	Respiratory medicine
8	Cardiology including critical care and cardiothoracic surgery
9	Oncology and Radiotherapy
Total bed strength = 250	

4. Tie up hospitals cannot get attached to more than two colleges. If the affiliated hospital is attached with two colleges, the bed strength must be adequately divided amongst the colleges as per the prescribed student: bed ratio.

5. The affiliated hospital shall provide information regarding any MOU with other colleges, if any.

6. The MOU should mention the available clinical specialties, patient loads, and availability of required equipment for clinical training with names and designations of the faculties responsible for the training in the hospital.

7. FACULTY: The college/institute must arrange for physiotherapy faculties for supervision and clinical teaching of students inside the hospital. This can be done either by posting its own physiotherapy faculties in the hospital or making remunerative arrangement for recruiting physiotherapy faculties of the hospital.

8. Hospitals may recruit its faculties of physiotherapy for supervision and clinical training of physiotherapy students and supervision of physiotherapy interns with similar eligibility, pay scales and promotional avenues of physiotherapy institutes.

9.1.4. Space allotment for an annual intake of 50 students of B.P.T.

	Unit name	Requirement per unit (in sq. ft)	No. of Units	Total area required (In sq.ft.)
1.	Department Office	500	1	500
2.	Director/ Dean/ Principal/ HOD`s Office	300	1	300
3.	Professor's Office	200	2	400
4.	Associate Professor's office	100	4	400
5.	Assistant Professor's office	50	8	400
6.	Common room for Staff	500	1	500
7.	Room for visiting faculty	300	1	300
8.	Seminar room/ Mini Auditorium	1000	1	1000
9.	Conference Room	1500	1	1500
10.	Class Rooms with LCD projector/ smart class rooms with demonstration couches	1200	4	4800
11.	Students common room [Girls]	500	1	500
12.	Students common room [Boys]	500	1	500
13.	Library with Reading Room	2500	1	2500
14.	Discussions /Interaction room	200	1	200
15.	Out-door Physiotherapy Department	2500	1	2500
16.	Therapeutic exercise Room	1000	1	1000
Laboratories:				
17.	Anatomy Laboratory	1200	1	1200
18.	Physiology Laboratory	1200	1	1200
Departments:				
19.	Exercise Therapy/ Therapeutic Exercise/ Kinesiotherapy Department	1200	1	1200
20.	Electrotherapy & Electro- diagnosis Department	1200	1	1200
21.	Department of Musculoskeletal & Sports Physiotherapy	1200	1	1200
22.	Department of Neurophysiotherapy	1200	1	1200

Unit name	Requirement per unit (in sq. ft)	No. of Units	Total area required (In sq.ft.)
23. Department of Cardio-respiratory Physiotherapy	1200	1	1200
24. Department of Community Physiotherapy	1200	1	1200
25. Department of sports physiotherapy, exercise fitness & analysis	1200	1	1200
Other Facilities:			
26. Hostel for Girls	Separate / shared with other institutions of the same management	1	
27. Hostel for Boys		1	
28. Play ground out door			Minimum 3000
29. Library			

Item	Requirement
i. Text Books As per syllabus one copy of Book per 10 students per subject.	600-700
ii. Reference books	300 Advanced Books As per requirement
iii. Journals	At least four international and four national journal
iv. Subscription to electronic data base / e-journals	Required
v. Mandatory Internet facility Access to e-library Equipment	Minimum 15 computer terminals for 60 students

9.1.5. **Teaching Department:**

Following departments should be available at the commencement of First year BPT:

1. Department of Kinesiotherapy and Exercise Therapy
2. Department of Electrotherapy and Electro-Diagnosis

Following departments should be available at the commencement of Third year:

3. Department of Musculoskeletal Sciences Physiotherapy
4. Department of Neurosciences Physiotherapy
5. Department of Cardio-Pulmonary Physiotherapy

6. Department of Physiotherapy in Community Health
7. Department of Paediatrics
8. Department of sports physiotherapy
9. **Other Facilities:**
    i. Ladies common room with attached wash area
    ii. Boys common room with attached wash area
    iii. Canteen facility for students and staff
    iv. Water Cooler/safe drinking water facility
    v. Internet facility inside campus (Office/Principal Room/Staff Room)
    vi. Cycle \ Motorcycle \ Car Parking

Note that as per 8.1.: The Lab Infrastructure is given for average 50 Student intake, if Higher no. of seats [i.e. 100 intakes] is to be granted than the lab facilities should be doubled in each lab and for every equipment Listed for the given details infrastructure for lab and facilities in the college building.

9.1.6. **Laboratories (equipment for Fifty students)**

1. **Anatomy**

S. No.	Components	Laboratory
1.	Dissection facility	Minimum 2 cadavers
2.	Disarticulated bone set including spine set	Minimum 5 sets
3.	Specimen/model for soft parts [heart, lung, brain, spinal cord, lower limb, upper limb, spine, GI system, male and female urogenital system]	Minimum 2 sets
4.	Anatomy Software and Virtual Anatomy Models computer with internet connection along with multimedia projector and screen. PC should be installed with software and virtual anatomy models for teaching musculoskeletal and neurological anatomy	Updated version of software

2. **Physiology**

S. No.	Components	Laboratory
1.	Microscope oil immersion with single and double demonstration eye piece	Ten
2.	Westergren's pipette for E.S.R. on stand (with space pipette)	Minimum Fifty
3.	Wintrobe's pipette for ESR and PCV with stand	Minimum Fifty
4.	Hemoglobin-meter	Minimum Fifty
5.	Hemocytometer	Five
6.	Tuning fork time marker	Two
7.	Sphygmomanometer (mercury and digital)	Ten each
8.	Stethoscopes	Ten
9.	Stethoscopes for demonstration with multiple earpieces (desirable)	Five
10.	Polygraphs	One
11.	Spirometer	Twenty
12.	Gas analysis apparatus. Halden's student type	One
13.	Van Slyke's apparatus manometric	One
14.	Shenington Starling kymograph (electrically driven)	Two
15.	Gas analyser automatic for CO2. 02, N2	One
16.	Basal metabolism apparatus	One
17.	Mosso's Ergograph	Five
18.	Clinical thermometer	Twenty
19.	Compass aesthesiometer	One
20.	Thermo-aesthesiometer	One
21.	Algometer	One
22.	Knee hammer	Twenty five
23.	Bicycle Ergometer	Two
24.	Schematic eye	One
25.	Newtons color wheel	One
26.	Tuning fork to test hearing 32-10000 cps(sets-100.256.512Hz)	One
27.	Dynamometer	One
28.	Perimeter with charts (Lister"s)	One
29.	Color perception lantern Edridge green	One

3. **Exercise therapy/ Kinesiotherapy/ Gymnasium**

S. No.	Name of Instruments	Laboratory	OPD
1.	Parallel bar	One	One
2.	Wall bar	One	One
3.	Suspension frame with apparatus	Four	One
4.	Ergocycles	One	One
5.	Blood pressure apparatus	Ten	Two
6.	Large full size mirrors	one	One
7.	Wrist roller/exercise	One	One
8.	Stepper	One	One
9.	Shoulder wheel	One	One
10.	Walker with adjustable heights	Five	Two
11.	Walker with adjustable heights with castor	Two	One
12.	Axillary and elbow crutches (adjustable)	10 Pairs each	2 Pairs each
13.	Tripod stick, quadripod adjustable	Ten each	Two each
14.	Aluminum sticks	Ten	Two
15.	Vestibular balls – 26", 30", 34"	Two each	One each
16.	Delorme shoes with weights	Six Pairs	One Pair
17.	Staircase and slope	One	One
18.	Tilt table	One	One
19.	Goniometers – 180, 360	Ten each	One each
20.	Digital goniometres	Five	One
21.	Inclinometer	Five	One
22.	Spinal goniometer	One	One
23.	Reflex Hammers	Ten	One
24.	Quadriceps table with weights	One	One
25.	Equilibrium board both adult and pediatric	One each	One each
26.	Exercise mats	Six	Four
27.	Dumbbells, weight cuffs, sandbags, springs of different weights and strengths	Four sets each	One set each
28.	Rope & Pulley set	Twenty	Five
29.	Progressive resistance station /Multi- Gym	One	One

S. No.	Name of Instruments	Laboratory	OPD
30.	Bolster 3 sizes	One each	One each
31.	Rowing machine	One	One
32.	Ankle exerciser	One	One
33.	Wedge	Two	One
34.	Medicine balls	Ten	Three
35.	Resistive bands Different colors	Ten each	Five each
36.	Finger ladder	One	One
37.	Skates	Six	Two
38.	Pedo cycle	One	One
39.	Wheel chairs with detachable arm rest	Five	Two
40.	Wooden Plinth	Six	Three
	b) Exercise therapy & Kinesiotherapy (For 3rd & 4th Year):		
41.	Hand dynamo meter	One	One
42.	Skin fold caliper	One	One
43.	Body composition analyzer	One	
44.	Weighing scale	One	One
45.	Stadiometer (Height Measuring scale)	One	One
46.	Computerized Treadmill	One	One
47.	Sensory assessment kit)	One	One
48.	Pain assessment instrument (PPT-Algometer	Four	One
49.	Hydrotherapy Unit	One	One

4. Electro Therapy & Electrodiagnosis Lab (For 1st & 2nd Year)

S. No.	Name Of Instruments	Laboratory	OPD
1.	Short wave diathermy	Four	Two
2.	Microwave Diathermy	One	One
3.	Pulse Diathermy (PEME)	Two	One
4.	Diagnostic stimulator	Four	Two
5.	Ultrasound therapy unit 1 &3 MHz	Four	Two
6.	Paraffin wax bath unit	Two	One
7.	Infrared lamp- Luminous & non-luminous	Four	Two
8.	Cold pack unit/ refrigerator with cryo pack of different sizes	One	One
9.	Hot pack unit/ hydro collator unit with 6 packs	Two	One
10.	Laser Unit	Three	One
11.	Interferential Theory Unit	Three	Two
12.	Trans Cutaneous Nerve Stimulator (TENS)	Three	Two
	Electro Therapy & Electro diagnosis Lab (For 3rd & 4th Year)		
13.	E.M.G./N.C.V	One	One
14.	Diagnostic stimulator	Two	Two
15.	EMG Biofeedback unit	One	One
16.	Extracorporeal shock wave therapy	One	One
17.	Combination therapy	One	One

5. **Department of Musculoskeletal & Sports Physiotherapy**

S. No.	Name Of Instruments	Lab [min]	OPD [min]
1.	Wheel chair with detachable arm rest	1	1
2.	Cambered wheel chair	1	1
3.	Crutch axillary	5	5
4.	elbow crutch	5	5
5.	Walking stick with adjustable height	5	5
6.	Tripod /terapod walking stick	5	5
7.	Set of orthosis and splints for upper limb	10	10
8.	Set of orthosis and splints for lower limb	10	10
9.	Set of orthosis and splints for spine	10	10
10.	Treatment couch	10	10
11.	Pillows	10	10
12.	Tilt table	1	1
13.	Articulated bone set	1	1
14.	articulated spine model	3	3
15.	balance board	1	2

6. **Department of Neuro - Physiotherapy**

S. No.	Name of Instruments	Lab [min]	OPD [min]
1.	Suspension frame	1	1
2.	Wheel chair	1	2
3.	Parallel bar	1	1
4.	Stair case	1	1
5.	Sensory testing kit monofilament	1	1
6.	Reflex Hammer	1	2
7.	Balance board	1	1
8.	Pillows	10	10
9.	Transfer board	1	1
10.	Wheel chair	1	2
11.	Crutches	10	10
12.	Mat	5	5
13.	Gym ball	2	5
14.	bolsters	2	5
15.	Wedge	5	5

7. **Department of Cardio-respiratory Physiotherapy**

S. No.	Name of Instruments	Lab [min]	OPD [min]
1.	Hand held Doppler and venogram	One	1
2.	Motorized Treadmill with inclination control	One	1
3.	Cardio-pulmonary exercise testing Unit	One	1
4.	Nebulizer	Four	One
5.	Peak Flow Meter	One	One
6.	Inspiratory Muscle trainer	Five	Five
7.	Portable Oxygen Cylinder with accessories	One	One
8.	Non invasive ventilation (BiPAP, CPAP, Auto PAP)	One	1
9.	Ambu bag	Two	1
10.	Mechanical vibrator	Four	1
11.	Arm Ergometer	One	1
12.	Suction Devices- Electronic and foot operated	Two each	One each
13.	Pulmonary Function Testing (PFT) System	One	1
14.	Endotracheal tube, Tracheostomy tube of different sizes	One each	
15.	Suction catheter of different sizes	5 each	2 each
16.	Couch for postural drainer	Four	2
17.	Pillows	Ten	10
18.	Pedometer	One	1
19.	Pulmonary function test Machine	One	1
20.	Incentive Spirometer (Volume and Flow each)	Three each	Three each

8. **Department of Community Physiotherapy**

S. No.	Name of Instruments	Lab [min]	OPD [min]
1.	Weighing machine	Two	1
2.	Baby weighing machine	Two	1
3.	Skin fold caliper	4 sets	5
4.	Goniometer	4 sets	5
5.	Height measuring stand	Two	5
6.	Vehicle for transport of students / interns and staff to community visits	One	
7.	Multimedia projector with screen	Two	1
8.	Portable Public address system	Two	1
9.	First aid kit	Four sets	4
10.	Body Composition Analyzer	Two	2
11.	Portable couch	Four	4
12.	Portable table	Four	4
13.	Portable chair	Four	4

9. **Skill lab**

Sl. No.	Name of Instruments	Lab [min]
1	Couch	Ten
2	Mannequin for CPR	One
3	Bandages tapes	Five sets
4	Therabands	5 sets
5	Bed having facility for propping up patient	Two
6	Spine board	Two
7	Bolsters	Four
8	Mat	Four
9	Gym ball	1 set

10. Physiotherapy Out Patient Department (PT-OPD)

1. Infrastructure requirements

i. Reception area

ii. Waiting hall with adequate sitting arrangements

iii. Consultation rooms

iv. Ancillary area: space for storage of records, reagents, consumables, stationary etc including eating area for staff shall be available in accordance with the workload

v. Electrotherapy unit: six chambers for different modalities

vi. Separate space for Cryotherapy unit, Wax Bath and Hydrocollator

vii. Two consultation chambers with examination couches

viii. Exercise Therapy unit

ix. Minimum one consultation room (8 ftX8 ft at least),

x. Treatment rooms or cabins (three of 10ftX10ft each)

xi. Gymnasium for exercise training (25 ft X 20 ft)

xii. Adequate space for the Parallel bars, Gait training and Floor or mat exercises.

xiii. Hydrotherapy/ aquatherapy unit: It should be placed in the separate chamber of the size as per the equipment specifications. For example, if Hubbard's equipment is used, it requires a chamber of not less than 15ftX15ft along with the facility of changing room and wash room.

xiv. The centre should have essential facilities like washbasins, wash rooms, drinking water etc.

xv. Furniture and Fixtures for all the department (as per need)

a. Table

b. Chairs

c. Patient examination revolving stool

d. Examination Table or couch

e. Blind Screens/ curtains

f. Step-up stool

g. Storage Cabinet for records etc.

h. Biomedical Waste disposal bins

xvi. List of Essential Equipment

a. Stethoscope - 1
b. Thermometer Digital - 1
c. Torch (flash lights) - 1
d. Sphygmomanometer (B.P. Apparatus) Digital - 1
e. Weighing machine - 1

xvii. Fire extinguisher (as per the norms)

9.1.7. **Human Resource Requirements**

1. **Physiotherapy FACULTY [core]:** Minimum basic qualification and teaching experience required for teachers

SI No.	DESIGNATION	QUALIFICATION & EXPERIENCE	PUBLICATION	PAY SCALE
i.	Assistant Professor	Bachelor Degree in Physiotherapy (B.P/T./B. Th./P./B.P.Th.), Masters in Physiotherapy (M./P.Th/ M.Sc. P.T/M.PT.) with at least 55% marks (or an equivalent grade in a point scale wherever grading system is followed) from recognized University	Essential 02 publications [in total]	As per UGC norms
ii	Associate Professor	Master in Physiotherapy (M.P.T./ M.P.Th. /M.Sc. P.T.) with Five years total experience as Assistant Professor (out of which minimum 2 yrs as Senior AP preferabely) Ph. D. in any discipline in Physiotherapy recognized by U.G.C.	Essential 05 publications [in total]	As per UGC norms
iii	Professor	Masters in Physiotherapy (M.P.T. / M.P.Th./ M.Th.P. / M.Sc. P.T.) with ten years total experience including five years' experience as Associate Professor (Physiotherapy) With Ph.D. in any discipline in Physiotherapy recognized by U.G.C.	Essential 08 publications [in total]	As per UGC norms
iv	Dean	Masters in Physiotherapy (M.P.T./ M.Th.P./M.Pth./M.Sc. P.T.) with ten years total experience, with Ph.D. including five years' experience as Professor (Physiotherapy). Senior- most Professor shall be the Principal / Director / Dean recognized by the UGC.	Very good academic and research record	As per UGC norms
v	Tutors/ Demonstrator (non-academic position)	BPT Degree of Indian University or an equivalent qualification with at least two year experience [Full time Regular mode only]		

a. **Superannuation age for teaching faculty shall be 65 years**

b. These qualifications are applicable for future recruitment. The case of teachers who are already holding teaching posts and have more than 10 years teaching experience will continue to hold their post in their respective institution.

c. Existing Experienced teachers having more than 10 years of teaching experience may be considered for promotion to Assistant Professor, subject to fulfillment of essential qualification of Assistant Professor.

d. There shall be only three designations in respect of teachers in universities and colleges, namely, Assistant Professors, Associate Professors and Professors. However, the senior most professor will be eligible for Dean / Director.

e. Notwithstanding anything contained in these Regulations, any appointment made prior to this recommendation of the Commission shall be protected. Existing faculty in associate professors and professors designation shall be given a time frame of five academic years to pursue a PhD qualification from the notification.

f. The post of Demonstrator/tutor will be considered as non-academic teaching faculty positions.

2. **Teachers of Pre, Para and Clinical/ Medical Subjects*:**

a. Anatomy, Physiology, Biochemistry, Pathology, Microbiology, Pharmacology Orthopedics, General Medicine, General Surgery, Neurology, Neurosurgery, Prosthetics and Orthotics, Pediatrics, Geriatrics, Obstetrics and gynecology, Cardiology, Cardiac surgery, Plastic surgery- MD/MS/ M.Sc./ PhD/ DM/ M.Ch. in respective specialty.

b. Psychology &Sociology, Biostatistics – post graduate with 55% marks in respective subject

c. English, Computer Applications: post graduate with 55% marks in respective subject

*Staff for pre-clinical/paraclinical, clinical/Medical Subjects can be appointed on fulltime or part time basis.

3. **Staffing Pattern – Teaching & Non-Teaching Staff**

i. It is recommended that a core faculty and student ratio of 1:3 for PG and for UG 1:10 to be followed.

	50 seats	51-100 Seats
iii. Before the start of 1st year of BPT course	Professor – 1, Assoc. Prof. –2, Asst. Prof. – 3, Demonstrator –6	Professor-1, Assoc. Prof.-2, Asst. Prof.-4, Demonstrator-10
iv. Before the start of 2nd year of BPT course	Professor – 1, Assoc. Prof. –2, Asst. Prof. – 5, Demonstrator –8	Professor – 2, Assoc. Prof. –3, Asst. Prof. – 8, Demonstrator –6
v. Before the start of 3rd year of BPT course	Professor – 2, Assoc. Prof. –3, Asst. Prof. – 5, Demonstrator –9	Professor – 3, Assoc. Prof. –5, Asst. Prof. – 10, Demonstrator –15
vi. Before the start of 4th year of BPT course	Professor – 2, Assoc. Prof. –4, Asst. Prof. – 6, Demonstrator –10	Professor – 4, Assoc. Prof. –8, Asst. Prof. – 12, Demonstrator –20

ii. **Minimum Teaching Workload of Faculty**:

a. Professor– 8 hrs. per week

b. Associate Professor – 12 hrs. per week

c. Assistant professor – 18 hrs. per week

iii. **Adjunct and Visiting Faculty:** Institutions may appoint additional Faculty Members from abroad with equivalent qualifications as Adjunct or Visiting Faculty on part time basis

iv. **Non-teaching Staff for institution having fifty (50) seats**

Sr. No	Post	Numbers
a.	Physiotherapists	6
b.	Librarian	1
c.	Asst. Librarian	1
d.	Office Superintendent	1
e.	Accountant	1
f.	Office Assistant Clerk/DEO	1
g.	Lab Attendants	8
h.	Peon/Sweepers/Cleaners	as per the requirement

ANNEXURE -3:

Minimum standard requirement for M.P.T.

10. Minimum Equipment requirements for MPT specialties:

10.0. Fully equipped Electrotherapy Lab, exercise therapy labs are mandatory for master of Physiotherapy programs.

10.1. For each postgraduation specialty of Physiotherapy (MPT) program fully equipped corresponding laboratory is mandatory.

1. **Neuro-Physiotherapy Laboratory [Minimum One Unit]:**

   i. Neuro-Exercise Unit-

   ii. 4 Channel EMG with nerve-conduction testing facility

   iii. Biofeedback unit with the facility to do quantitative analysis and therapy

   iv. Sensory integration kits

   v. Balance boards

   vi. Gait analyser-

   vii. Balance analyser and balance trainer

   viii. Functional Electrical Stimulator

   ix. Trancranial Magnetic stimulation device

   x. Transcranial Direct current stimulation device

   xi. Mirror therapy

   xii. Unweighing harness system with treadmill

   xiii. Tilt table

   xiv. Dynamometers

   xv. Gait belts

   xvi. Video camera and player (with jog shuttle facility) for movement analysis (desirable)

   xvii. Robotics for upper limb and lower limbs- Desirable

   xviii. Virtual / Augmented reality device (desirable)

2. **Musculoskeletal Physiotherapy Laboratory [Minimum One Unit]**

   i. Dynamometer – myometer

   ii. Electronic goniometry

   iii. Algometer

   iv. Hand Evaluation kit

   v. Biofeedback unit with facility EMG unit with integrated analysis software provided

   vi. Video camera and player (with jog shuttle facility) for movement analysis

   vii. Isokinetic Unit – desirable

   viii. Motion analysis

   ix. Continuous passive motion devices

   x. Shock wave unit

   xi. Spinal Decompression unit

   xii. Attachment with prosthetic orthotic unit

3. **Cardio-Pulmonary Laboratory-[Minimum One Unit]-**

   i. Treadmill / Bicycle Ergo meter with facility for TMT

   ii. Spiro meter Portable

   iii. Pulmonary function test unit

   iv. Suction apparatus

   v. Peak Flow meters

   vi. Pulse Oximeters

   vii. Mannequin for CPR training

   viii. Flutter

   ix. Fat fold caliper 6

   x. BiPAP/CPAP – desirable

   xi. Body Composition analyzer- desirable

   xii. Energy Consumption analyzer – desirable

   xiii. Couches pillows bed sheets chairs

4. **Pediatric physiotherapy Laboratory-[Minimum One Unit]**

   i. Well-equipped Play room

   ii. Sensory Integration Room

   iii. Swiss balls

   iv. Positioning devices

   v. Attachment to a CHC is a must, attachment to a pediatric cardio and ortho hospitals

   vi. Ball pool

   vii. Mannequin for pediatric CPR training

   viii. Audio-Visual room

   ix. Accessibility to a mobile Physiotherapy Unit is desirable Attachment with prosthetic orthotic unit

   x. Couches pillows bed sheets chairs

5. **Sports Physiotherapy Laboratory-[Minimum One Unit]**

   i. Fitness measurement instrumentation

   ii. Access to advanced sports center/gymnasium

   iii. Hydrotherapy pool for underwater treadmill /bicycle

   iv. Sauna bath

   v. Medicine ball/ Swiss balls Thera bands

   vi. Equipment for arthrometric measurements

   vii. Body composition analyzer

   viii. Mannequin for CPR training

   ix. Biofeedback unit with facility EMG unit with integrated analysis software provided

   x. Video camera and player (with jog shuttle facility) for movement analysis desirable

   xi. Isokinetic Unit – desirable

   xii. Equipment for Motion analysis – desirable

   xiii. Tie up with a recognized sports academy/ center

6. **Obstetrics and Gynecology Physiotherapy: [Minimum One Unit Each]**

   i. Mirror

   ii. Ultrasound machine

   iii. TENS

   iv. IFT

   v. Electrical stimulator with vaginal electrode

   vi. Perineometer

   vii. Vaginal cones with different weights

   viii. Pressure biofeedback

   ix. Medicine ball/ Swiss balls

   x. Dumbbells set/TheraBand's/Thera tubes

   xi. Weighing machine

   xii. Low mats/Chairs

7. **Oncological Physiotherapy [Minimum One Unit Each]**

   i. Pneumatic compression therapy unit with accessories for both upper and lower limbs (2)

   ii. EMG Bio feed back Unit (1)

   iii. Muscle stimulator (1)

   iv. Interferential Therapy Unit (1)

   v. Attachment with tertiary care oncological hospital.

8. Community Physiotherapy

   i. Attachment to a PHC is a must

   ii. Accessibility to a mobile Physiotherapy Unit

   iii. Basic Rehabilitation set up in college building.

10.2. Library:

1. In addition to books requirement for undergraduate teaching additional adequate reference books to cater to the post graduate studies should be provided. Minimum 5 indexed international journals should be provided for with additional journal in each elective area/specialty. In addition, reference books,
2. Audio visual facility, Slide projector,
3. Computer, Internet facility is to be provided.

10.3. Clinical Facilities:

If the course is in the premises of NMC permitted/recognized Medical College as constituent college, there is no requirement for attachment of any other hospital or else Memorandum of Understanding for clinical training should be made with specialty hospitals having the specialty of Musculoskeletal/ Trauma Units, Neurology/ Neurosurgery, Cardio Pulmonary unit with intensive care facilities, pediatrics, Community Physiotherapy and Sports unit. In either case each teaching unit shall accommodate 6 PG students only. Both training on in-door as well as outdoor patients should be provided for.

10.4. Human resource requirement Teaching Faculty

1. **Staff Requirement (Faculty to student ratio)**

   Professor 1:3

   Assoc Prof 1:2

   Asst prof 1:2

2. Teaching Faculty per specialization for a minimum intake of 5 students per year (Total 10 students for the program):

   i. Professor 1

   ii. Associate professor 1

   iii. Assistant professor 2

3. Services of visiting faculty can be utilized, but these faculty members will not be counted in the PG teachers and they cannot register candidates

4. **Non teaching staff**

   i. Office superintendent/ assistant 1

   ii. Computer operator 1

   iii. Lab assistant / demonstrator - BPT 1

10.5. Essential Requirements for MPT Institution

All existing Physiotherapy colleges/ institute will continue to impart Physiotherapy education provided that following conditions are fulfilled: -

1. **Eligibility : Any government /Private/ Self Financing Educational Trust/Charitable Trust/Society/Company registered under the relevant Act; applicant will be eligible to apply.**

   a. College should be running BPT programme for last 5 years with atleast one batch of BPT students having graduated from the institute.

2. **Physical infrastructure**

   Whole campus should be accessible for persons with disabilities.

3. **Administrative Office Land and space requirement**

   i. **There shall be no separate land required for starting MPT course subject to fulfillment of eligibility criteria to start the MPT program. However, the essential requirements in terms of physical infrastructure, Manpower as given below must be furnished**

   a. Rooms for faculty [per specialty]

Professor	1
Associate professor	1
Assistant professor	2

   b. Common room for students

   c. Toilets for men

   d. Toilet for women

   e. Classroom - 02 rooms of 400 sq.ft. (each).

   f. Laboratory - each specialty lab shall have area of 800 sq.ft. area: The laboratories should be provided with the mandatory equipment as specified under equipment requirements of specialties as mentioned in Annexure 2 and 3.

   g. Standalone MPT institute must have Exercise therapy/ Kinesiotherapy Lab and Electrotherapy Lab (with atleast one equipment of each category as mentioned for BPT Program)

ANNEXURE 4
CLINICAL FELLOWSHIP GUIDELINES

11. Annexure 4: Guidelines of clinical fellowship in Physiotherapy:

11.0. **Fellowship Program**:

1. Fellowship programs should be structured training in an academic institute or hospital setting, not leading to an award of postgraduate degree.
2. Any degree with title "fellow" fulfilling the criteria of post graduate degrees is excluded

11.1. The institutions need to follow these guidelines:

1. **Program Requirements**: By adhering to these guidelines, institutions can ensure their clinical fellowship programs meet the necessary standards for acknowledgement.
    1. Duration: At least 12 months (by date).
    2. Subject Affiliation: Only subjects or subspecialties stemming from the main specialty are considered.
    3. Aims and Objectives: Relevant program guidelines should clearly state the program's aims, objectives, and expected outcomes after training.
    4. Fellowship Committee and Faculties: Provide details (List the degree, current designation, work experience, and other relevant experiences of each faculty member should be clearly stated) of the committee and faculties involved to the commission, and ensure all faculties are registered.
2. **Faculty**: The minimum requirements for faculty for institutions offering clinical fellowship programs in Physiotherapy are
    1. Eligible Qualification and Experience: (must be registered with the National Commission for Allied and Healthcare Professions.)
        i. Faculty:
            a. Postgraduate degree in Physiotherapy in the specified specialty
            b. At least 5 years of clinical/teaching experience
        ii. Senior Faculty:
            a. Postgraduate degree in Physiotherapy in the specified specialty
            b. At least 8 years of clinical/teaching experience
    2. Desirable Qualification for both i and ii: Published at least 2 research papers in UGC CARE indexed journals

3. Faculty Set Requirements for the Program: Minimum Faculty for a fellowship program with 3 students:

   i. 1 Senior Faculty (SF)

   ii. 1 Faculty (F)

   iii. 1 Medical Professional (as required)

3. Institution and Training Site Requirements

1. Hospital/University/academy or institute Requirements: (for their structured program to be considered should have affiliation with

   i. Mixed multi-specialty hospital with at least 100 beds or Subspecialty hospital with at least 50 beds

   ii. Functioning for more than 3 years

2. Site Requirements:

   i. Affiliated to an academic institution or approved by the National Commission for Allied and Healthcare Professions, for the said program

   ii. Outpatient Physiotherapy department with at least 1200 sq. ft. area

   iii. Registered full-time Physiotherapists with National Commission for Allied and Healthcare Professions

   iv. Providing specified specialty services for 3 consecutive years

   v. Adequate patient flow for clinical exposure

3. Approval and Inspection:

   i. Obtain necessary approval from National Commission for Allied and Healthcare Professions before commencing the fellowship program.

   ii. An inspection team from the National Commission for Allied and Healthcare Professions shall be sent to ensure the appropriateness of the fellowship training

4. Proposal Submission:

    i. Submit a detailed proposal to the authority, including:

        a. Training structure

        b. Course curriculum

        c. Faculties

        d. Existing clinical services

        e. Administrative and academic management

        f. Entry and exit criteria

        g. Evaluation of the trainee and the training program

4. Entry Criteria

1. Registration: Candidate must be registered with the National Commission for Allied and Healthcare Professions.
2. Prerequisite Knowledge and Experience: Candidate must have at least one year of experience in a related subject/discipline and fulfil the necessary knowledge, skills, and qualifications.
3. Admission Frequency: Candidates can apply for admission for a maximum of ONCE a year.
4. Eligibility of candidate: The eligibility of the trainee for the programme is determined on the basis of prescribed criteria in the information bulletin for respective institution.

5. Selection Criteria

1. Public Advertisement: Admission to the fellowship program must be advertised in a public news portal.
2. Entrance Examination: A written and/or oral entrance examination will be conducted for candidate selection.

6. Learning Outcomes

1. Definition: A learning outcome is a statement that outlines what a participant is expected to know, understand, and demonstrate by the end of the learning period.
2. Components: Learning outcomes include communication skills, knowledge, understanding, clinical skills, and technical know-how.

7. Logbook and Records

1. Maintenance: A logbook must be maintained by the candidate, detailing academic competency, clinical competency, skills obtained, and related activities.

2. Clinical Competencies: The logbook should include details of clinical competencies with prespecified number of minimum records for:

   i. Patient Case logs/ records

   ii. Procedures

   iii. Presentations

   iv. Journal club meetings

3. Program Structure: The logbook should outline the program's content, structure, and timetable.

4. References: Each topic and subtopic should be supported by references used by the presenter and facilitator.

5. Project Work: Writing a Project is essential for all candidates towards partial fulfillment of eligibility for award of the qualification and they are required to submit their thesis before the cutoff date prescribed by institution for the purpose of their eligibility for Final Examination.

8. Job Description and Stipend

1. Clear Job Description: Details about the fellow's duties, responsibilities, and stipend must be explained before enrollment. Candidates already pursuing or have joined the program are not eligible for admission to any other seat for the entire duration prescribed for the course already joined by them earlier. This shall be irrespective of their resignation or discontinuation from the said program due to any reason.

2. Candidates desirous of applying for admission should seek requisite "No Objection Certificates" (NOC) from their employers well in advance.

3. Stipend: A stipend is strongly recommended for the fellow. The trainees should be paid stipend for the entire duration of training including their eligible leave as per leave guidelines. However, they shall not be paid stipend for a period more than the duration of the training program, if in case their training gets extended due to excess leave availed by them.

9. Clinical Rotations and Leave

1. Posting Duration: The posting duration in various units should be specified, with a minimum of 2/3rd of the total duration spent in the core specialty/subspecialty.
2. Elective Posting and Research: The remaining one third duration can be used for elective posting, research, and related supporting disciplines
4. Minimum work hours should be 7 hours/day for 6 days/week.
5. Minimal Requirements and Criteria: Minimal requirements and criteria can be developed or modified with prior permission from the licensing authority.
6. Leave Policy: Leave should not exceed 1 day per month. Leave taken beyond 12 days must be compensated to maintain program validity. The extension of leaves might even affect the eligibility of the trainee for Final Examination. In case his/her extended training goes beyond the prescribed cut-off date for completion of training/ excess leave beyond a prescribed limit may even lead to cancellation of the registration of trainees for the program.
7. Logbook Records: Attendance, leave, and clinical rotations must be recorded in the logbook. A regular review of the said e-logbook by the mentor/guide of the trainee is a mandatory requisite

10. Method of Assessment and Evaluation

1. Internal Assessments: At least two formal internal assessments must be conducted during the fellowship program.
2. Final Exit Examination: A final exit examination is mandatory after completing clinical fellowship training conducted once in a year.
3. Examination Components: The final exit examination consists of:
    a. Written examination (3 hours, 100 marks, corrected by an external examiner)
    b. Clinical examination (long case, short case, OSCE, and viva with a total of 100 marks), with at least one external and one internal examiner
4. Minimum number of Credits: It is mandatory for all trainees to attend the minimum number of Internal Assessments during their training to be specified in program brochure and after pre approval from the governing authority.
5. Passing Criteria: Candidates must secure 50% in both theory and clinical exams to pass the final fellowship examination and be awarded a Clinical Fellowship Certificate by the organizing institution.

6. The Project work of the candidate shall be evaluated by the examiner on the following parameters: Protocol Submission and Assessment of Project and Project Viva wrt

   i. Research Purpose
   ii. Review of Literature
   iii. Data collection and analysis
   iv. Analysis and interpretation of Findings
   v. Conclusion and Recommendations
   vi. Referencing
   vii. Readiness for Project work Completion and Quality in terms of clinical Applicability

11. Inspection Fee

An inspection fee of ₹50,000 (Rupees Fifty Thousand) will be charged per visit by the National Commission for Allied and Healthcare Professions.

Acknowledgement and Reference:

https://www.gscpt.in/guidence-for-fellowship-program

Manual for DNB Broad Speciality Trainees 2022