THE HONG KONG POLYTECHNIC UNIVERSITY
香港理工大學

Department of Rehabilitation Sciences

Master in Physiotherapy Programme Requirement Document(2020-2021 Cohort)

Department of Rehabilitation Sciences

Master in Physiotherapy

Code: 51067

Programme Requirement Document

(2020-2021 Cohort)

THE HONG KONG POLYTECHNIC UNIVERSITY
香港理工大學

11 April 2022:
The pre-requisite of RS5335 and RS5336 have been updated: One of the pre-requisite "RS5331-Clinical Education I" has been removed.

This document applies to the 2020-2021 cohort

This Programme Requirement Document is subject to review and changes which the Department of Rehabilitation Sciences can decide to make from time to time. Students will be informed of the changes as and when appropriate.

TABLE OF CONTENTS

PROGRAMME INFORMATION AND SYLLABUS

TABLE OF CONTENTS

PROGRAMME REQUIREMENT DOCUMENT AND SYLLABUS

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1. INTRODUCTION

Physiotherapy is a rapidly growing industry in Hong Kong. Nowadays, physiotherapy practice is no longer limited to medical institutions, but across a continuum of care. Physiotherapy is practiced in a multitude of settings such as acute, rehabilitative, chronic and community settings to address impairments, disabilities and restrictions in participation. There has also been an increasing emphasis on evidence-based practice in both curriculum development and clinical practice. Therefore, the demand for scientific inquiry skills, ability to integrate evidence-based principles into clinical decision making, knowledge in diagnostic skills, and maturity level of students has become even higher.

The Master in Physiotherapy (MPT) Programme is designed to provide entry-level physiotherapy education and training, and aims to produce qualified physiotherapists who can provide quality physiotherapy service, and possess the ability to engage in research and to critically analyze and integrate information from different sources to problem-solve and inform practice.

2. PROGRAMME INFORMATION

2.1	Programme Title	Master in Physiotherapy 物理治療學碩士
2.2	Mode of Attendance and Study	Full-time
2.3	Student Intakes	48
2.4	Duration	Two years
2.5	Educational Programme	90 credits
2.6	Final Award	Master in Physiotherapy

3. HOST DEPARTMENT

3.1 Department of Rehabilitation Sciences

3.2 Mission Statement

The Department’s mission is to provide high quality education to our students in a caring manner, so that our graduates in either Physiotherapy or Occupational Therapy will become competent and humane practitioners, who are able to communicate effectively with diverse clienteles and related professionals, practise

ethically in a variety of clinical settings, and function credibly as valued members of multidisciplinary research teams. Cognisant of their professional roles, our graduates will be committed to life-long learning and the education of the clients, the public and the next generation of therapists.

Through vigorous training of our post-graduate students and research pursuits done in collaboration with the professional and scientific communities at local and international levels, we are further dedicated to the development of a credible scientific base that will underpin the practices of both occupational and physiotherapy. In serving the broader Hong Kong community and beyond, we shall provide competent consultancy in a cost effective and friendly manner. We aim to make a difference to the community we serve. (Department of Rehabilitation Sciences, The Hong Kong Polytechnic University, 1997, p.2).

4. PATTERN OF ATTENDANCE

4.1 The Master in Physiotherapy (MPT) is a two-year programme which is offered on a full-time basis. The normal period of study is 6 semesters in 2 years.

4.2 Subjects are presented yearly. Once introduced in the academic environment, new knowledge and skills are subsequently applied in the clinical environment in order to facilitate the transfer of skills and integration of knowledge into physiotherapy practice. This process continues in a cumulative manner throughout the two years. Clinical teaching provides students with the opportunity to apply theoretical and practical skills in different health care settings.

5. MODE OF STUDY

5.1 This is a 2-year full-time programme, comprising of 66 credits for the academic component in The Hong Kong Polytechnic University and 24 credits for the clinical education component conducted in health care settings in Hong Kong, including clinical placements in Semester 4, 5 and 6.

5.2 For subjects that have practical components, theoretical knowledge is presented in lectures, seminars and tutorials which normally precede practical classes. We use small group teaching to facilitate learning and clinical reasoning. A blended teaching and learning approach, which supplements classroom teaching with e-based learning, is also frequently

used in different subjects to provide a more flexible and dynamic learning environment, and to facilitate self-learning. The programme also emphasizes critical thinking, integrating learned knowledge into clinical decision making and evidence-based practice.

5.3 The clinical education placements are an integral and required component of the overall programme. Clinical experiences and placements are progressive in the development of a student's professional demeanor and acquisition of clinical skills throughout the six full-time clinical placement blocks (30 weeks in total) of the two-year programme. It is mandatory that all graduates undertake all clinical education placements during the MPT programme.

6. PROGRAMME AIMS AND INTENDED LEARNING OUTCOMES

6.1 Definition of Physiotherapy

Physiotherapy is the art and science of rehabilitation, preventing injuries and disabilities, restoring independence and promoting a maximal level of function to individuals with physical and psychological disorders. Physiotherapists make use of multiple physical means to provide patient care. Examples are cryotherapy, electrotherapy, exercise therapy, heat therapy, hydrotherapy, manual therapy and traction, as well as assistive devices and artificial limbs to help individuals regain maximal functional potential. The physiotherapist contributes to the multidisciplinary team through patient evaluation, treatment planning and delivery, education, research and consultation in hospitals, clinics, industry and the community. *(Department of Rehabilitation Sciences, The Hong Kong Polytechnic University, 1997, p.8).*

6.2 Programme Aims

The overall aim of the MPT programme is to equip the students to become qualified physiotherapists who can practice physiotherapy autonomously, safely and effectively in different settings, and to meet the health care needs of the society.

6.2.1 Regarding patient/client care:

- To enable the students to acquire entry-level client care and management skills including physiotherapy assessment, diagnosis,

intervention, outcome evaluation, client-therapist communication, and administration.

- To equip the students with essential skills for practicing physiotherapy autonomously in different clinical settings, and using evidence to inform practice.
- To equip the students with abilities to critically analyze and evaluate ongoing practice to enhance clinical reasoning and client outcomes.

6.2.2 Regarding professionalism:

- To foster values and behaviors that are essential to become health care professionals, including accountability, altruism, compassion, cultural competence, integrity and adherence to professional ethics.
- To equip the students with the skills required to function as participants or leaders in the interdisciplinary team.
- To instill the attitude of lifelong learning and continuing professional development.

6.3 Underpinning Education Principles

The curriculum is designed based on the following education principles. The curricular framework is depicted in Figure 1.

6.3.1 A lifespan approach

The World Confederation of Physical Therapy (WCPT) describes physiotherapy as "services to individuals and populations to develop, maintain and restore maximum movement and functional ability throughout the lifespan" (WCPT, 2007). The curriculum thus has an emphasis on movement and function while adopting a lifespan perspective. Students learn that the patient/client and all spheres of physiotherapy services are influenced by human development and ageing.

6.3.2 Strong theoretical framework with integration of knowledge

The curriculum is based upon a solid theoretical framework. Students learn and develop the ability to link theory to practice. The curriculum provides opportunities for the students to integrate knowledge from different courses (basic sciences, clinical sciences, musculoskeletal, cardiorespiratory, neurological systems, primary health, community-based rehabilitation) in order to render sound clinical judgments.

Applying the principles of physiotherapy practice under the guidance of a clinical educator and within specifically designed clinical learning experiences assists in the transition of the student therapist to an entry-level practitioner. By progressing through the series of clinical placements, the student acquires entry-level 'clinical experience'.

6.3.3 Evidence-based practice

The curriculum is built upon a strong research foundation. Applying the evidence-based principles into clinical decision making is an important component of the curriculum. Students develop their abilities to integrate and critically analyze information from different sources (e.g., scientific literature, practical experience) to problem-solve and inform practice (Shepard & Jensen, 1990).

6.3.4 Development of professionalism

Emphasis is placed on the development of professional attitudes and behavior. Accountability, altruism, compassion, cultural competence, integrity, and ethical attitudes toward both the clients and other health care team members are essential. Effective communication with clients, families, colleagues, and other stakeholders are fostered throughout the curriculum. Students develop the professional values and skills required to deliver the best client-centered physiotherapy service possible.

6.3.5 Commitment to lifelong learning and continuing professional development

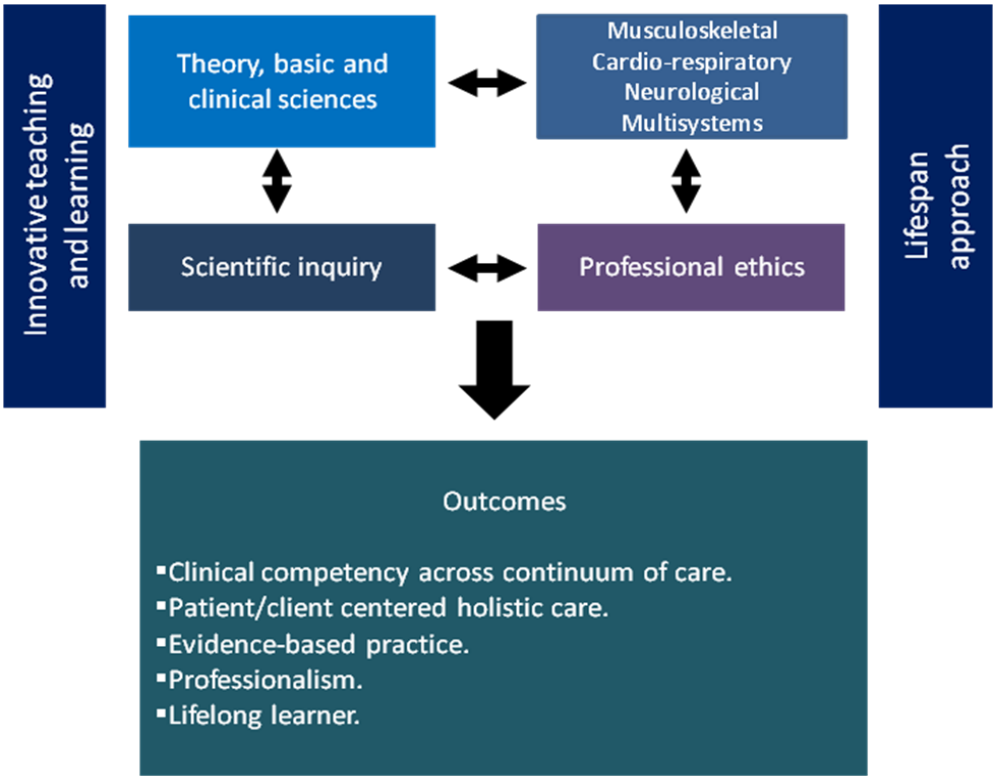
Students develop a sense of responsibility for their own learning and professional development. The students learn to become active and critical consumers of the professional and scientific literature, and to contribute to the profession's body of scientific knowledge by engaging in research. Students are given opportunities to engage in self-directed learning, which facilitates the instillation of a lifelong learning attitude.

6.3.6 Diverse learning experience

The curriculum is realized through innovative approaches to teaching and learning. The teaching material will be delivered through diverse learning experiences, including lectures, tutorials, laboratories, fieldwork, cased-based learning, bed-side teaching sessions, and clinical placements.

Additionally, e-learning will be implemented in various courses to supplement the face-to-face sessions (i.e., blended teaching and learning approach). The curriculum also incorporates inter-professional experiences to expose the students to professional practice in interdisciplinary settings.

Figure 1. Curricular Framework



6.4 Programme Intended Learning Outcomes (ILOs)

Programme intended learning outcomes refer to the intellectual abilities, knowledge, skills and attributes that an all-round preferred graduate from the Master in Physiotherapy programme should possess. To attain the goal of developing all-round students with professional competence, the programme intended learning outcome statements are encompassed in the following three categories of learning outcomes:

6.4.1 Regarding patient/client care

Assessment and diagnosis

- Undertake a comprehensive assessment/evaluation to identify the health needs of individuals, groups, and communities including prevention, health promotion, fitness and wellness.
- Assess the physical, mental and environmental factors influencing the patient and propose a physiotherapy diagnosis.
- Synthesize knowledge, assessment findings and patient/client prognoses to establish the most appropriate functional goals with the patient/client that are achievable within a specified time period and within constraints in resources.

Intervention/treatment

- Deliver and manage a plan of care/intervention/treatment that is consistent with legal, ethical, and professional obligations and administrative policies and procedure of the practice environment.**
- Demonstrate an awareness of the cultural, environmental, and psycho-social factors that may influence the context of physiotherapy practice in the country.
- Provide, whenever possible, evidence-based physiotherapy interventions/treatments to achieve patient/client goals and outcomes.**
- Integrate the physiotherapy plan of care for clients within an inter-disciplinary framework.
- Evaluate the outcome(s) of all levels of physiotherapy service in order to examine the effectiveness of interventions and adjust the plan of care/interventions accordingly.

Evidence-based practice

- Critically review literatures pertinent to management of patients/clients.
- Use evidence to inform practice and to ensure that the services rendered and the care/intervention/treatment provided to patients/clients, and communities is based on the best available evidence, taking into considerations beliefs and values and the cultural context of the local environment.**

Communication

- Communicate effectively in written, verbal and non-verbal modes with patients, caregivers, colleagues and the public.
- Interact with patients, clients, family members, other health care providers and community-based organizations for the purpose of coordinating activities for optimal patient or client care. *

Clinical decision making

- Demonstrate clinical decision-making skills including clinical reasoning, clinical judgment, and reflective practice. *
- Used clinical judgment and reflection to identify, monitor and enhance clinical reasoning to minimize errors and enhance patient/client outcomes.**

Management /administration/supervision

- Supervise and manage support personnel to whom tasks have been delegated. *
- Understand the impact of health and social care policies on professional practice.**
- Understand the roles of the other health practitioners and concepts of multi-professional practice.**
- Participate in establishing a practice business plan.**

Consultation and education

- Provide consultation and education to others on physiotherapy services using methods that meet the needs of the group.
- Engage in appropriate self-directed learning.**

6.4.2 Regarding professionalism

- Recognize his/her personal values and beliefs, and internalize professional ethics and values as personal beliefs.
- Translate theoretical and ethical principles into responsible and accountable professional and social behavior and conduct.

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* Additions from: A Consensus Model of Physical Therapist Professional Education. 3rd Revision, Education Division, American Physical Therapy Association, 1995.

** Additions from: Position Statement. WCPT Guidelines for Physical Therapist Professional Entry-Level Education. World Confederation for Physical Therapy, 2007.

- Engage in client and/or family centered practice.
- Formulate and implement a plan for personal and professional career development based upon self-assessment, reflection and feedback from others. *
- Participate in clinical education for future physiotherapists of Hong Kong.*
- Recognize his/her responsibility to maintain and promote the highest professional and ethical standard and to contribute to the development of the profession in the country. *
- Exhibit caring, compassion, and empathy in providing services to patients/clients.**
- Understand and abide by professional code of conduct, values and beliefs.**
- Demonstrate professional behavior and integrity in all interactions with patients/clients, family members, caregivers, other health care providers, and stakeholders.**
- Recognize the significance of continuing professional development.**
- Advocate for the health and wellness needs of society.**

6.4.3 Regarding attributes for all-roundedness

<u>Communication & Interpersonal Skills</u>

- Interact effectively (active listening, speaking, body language), with clarity and cultural sensitivity, when communicating information, advice, instruction and professional opinion to patients/clients, caregivers, colleagues and the public.
- Handle interpersonal situations (personal and professional issues) in an appropriate manner to reduce misunderstanding and conflict.
- Demonstrate computer literacy and use current information technology in the preparation of reports and presentations, and use visual aids effectively to support a written/oral presentation.

<u>Problem-solving ability</u>

- Recognize and define problems (personal, professional and clinical), gather and evaluate information, analyze data, generate and implement creative solutions, and evaluate outcomes.
- Demonstrate logical and systematic thinking and draw reasoned conclusions and sustainable judgments.

Entrepreneurship, Leadership and Team-work

- Supervise and manage support personnel to whom tasks have been delegated in the workplace.
- Recognize the roles and contributions of other health team members and demonstrate the ability to adapt, to work with colleagues, and to lead.
- Appraise resource constraints and work beyond the current job specifications and assume multi-disciplinary or multi-skilled roles in community-based professional practice.

Life-long learning attitude

- Formulate and implement a self-directed plan for personal and professional career development based upon self-assessment, reflection and feedback from others.

Social and Civic Responsibility

- Act responsibly as citizens fulfilling social and civic duties to promote the quality of life in the society:
    i. Engage in community services, health education and promotion projects.
    ii. Articulate the needs and act as an advocator for client-groups.
    iii. Provide consultation and education to others on physiotherapy services using methods that meet the needs of the group.

Global Outlook

- Demonstrate an awareness of local and international public health trends that may influence the context of physiotherapy practice.

In order to achieve the above educational outcome, the faculty seeks to educate 'generalist' practitioners in physiotherapy (Jensen et al., 1990, 1992) who engage in a 'reflective' approach to their practice (Shepard & Jensen, 1990). These physiotherapists will provide evidence-based physiotherapy services for the spectrum of patients/clients in a variety of settings, e.g., home and work settings, schools, hospitals, care & attention homes, community centres.

Maximising the opportunities for the students to make choices and decisions within the professional programme is an educational goal of the faculty. Our expectation is that a more active and self-directed learning style will facilitate the

future development of the students progressing to entry-level practitioners, as well as that of the profession.

6.5 Relationship between Institutional Learning Outcomes and Programme Intended Learning Outcomes

Programme Intended Learning Outcomes	**Institutional Learning Outcomes for Graduates at Taught Postgraduate Level**		
	Professional competence of specialists/leaders of a discipline/profession	***Strategic thinking***	***Lifelong learning capability***
Integrate and apply professional knowledge and skills to practise physiotherapy safely and effectively	✓	✓	✓
Personal and professional ethics	✓		
Communication & Interpersonal Skills	✓		
Problem-solving Ability	✓	✓	✓
Entrepreneurship, Leadership and Team-work	✓	✓	✓
Life-long Learning Attitude	✓		✓
Social and Civic Responsibility	✓		
Global Outlook			✓

6.6 Curriculum Mapping

A curriculum map is presented in Appendix I-1. This helps to clarify learning goals for students and gives them an overall picture of the programme intended outcomes. It also enables students to learn about the opportunities available in the programme through which they can develop academically, professionally and personally, so that they can

better manage their learning. It is important to emphasize that students are expected to be active and motivated participants in the achievement of these learning outcomes as listed in section 6.4.

7. PROGRAMME STRUCTURE AND CURRICULUM

7.1 This is a master entry level physiotherapy programme. Candidates admitted to this programme will be graduated from health-related disciplines. Therefore, students will be of mature age and have the background knowledge in human physiology and anatomy, and general education through their undergraduate training. The design of this programme is such that all essential physiotherapy professional and clinical knowledge pertinent to entry level physiotherapy practice is covered in the curriculum. There is a research and investigative component which provides the students with the inquiry skills required for evidence-based practice upon graduation.

7.2 This is a 2-year professional programme based on a structured credit-earning model. The programme consists of a total of 90 credits to be covered in 6 semesters. The credits are divided into 23 foundation credits, 43 professional credits and 24 clinical credits (Table 1). The sequencing of the academic and clinical components is illustrated in Table 1. In general, the design of the curriculum for this programme is based on MPT programmes conferred by other Universities in Australia and Canada.

7.3 The outline of curriculum for this programme and the sequence of the subjects are shown in Table 3. In year 1, the first semester will be focused on the foundation subjects. The second and third semesters will provide the students with the foundational physiotherapy knowledge and skills. At the end of the semester 3, there will be a 6-week clinical placement. In year 2, Semester 1 and 2 will be focused on advanced physiotherapy knowledge and skills. At the end of semester 1, there will be another 6-week placement. There will be two 4-week clinical placements in semester 2, followed by a 3-credit course in Administration and Management. At the beginning of semester 3, there will be two 5-week placements. Research Methods will be taught in semester 2 of year 1 and the students are required to fulfill the course requirements for the Research Project by the end of semester 3 of year 2.

7.4 One of the key components of this programme is the clinical education. The arrangement for clinical education throughout the two years is specialty-based clinical placements, termed *Clinical Education I to VI.* These clinical placements will provide students with opportunities to apply their practical skills to real patients during the course of study. Throughout the 6 semesters of study, students will have 6 clinical placements totalling 30 weeks, which meets the stipulated requirement of the World Confederation for Physical Therapy (WCPT) for 1,000 hours of clinical placements for an entry level physiotherapy programme.

7.4.1 The clinical education component provides an environment for the application of skills in specific practice environments and further professional skill development. The clinical placement blocks are coordinated with the educational focus and are identified by body systems and/or practice settings:

<table>
<tr><td>Clinical Education I
(6 weeks)</td><td>Acute management & Rehabilitation:-
(Musculoskeletal, Cardiopulmonary, Neurological System) (HA settings)</td></tr>
<tr><td>Clinical Education II
(6 weeks)</td><td>Acute management & Rehabilitation:-
(Musculoskeletal, Cardiopulmonary, Neurological System, Chronic Disease management, Mental health, Paediatric conditions, etc.) (HA settings)</td></tr>
<tr><td>Clinical Education III
(5 weeks)</td><td rowspan="2">Hospital-based & Community-based management, and/or Primary Health Care:-
(Musculoskeletal, Cardiopulmonary, Neurological System, Chronic Disease management, Mental health, Paediatric conditions, etc.) (HA settings)</td></tr>
<tr><td>Clinical Education IV
(5 weeks)</td></tr>
<tr><td>Clinical Education V
(4 weeks)</td><td rowspan="2">Community–based and Primary Health Care:-
Geriatric, Paediatric, Mental Health, Metabolic and Chronic Disease management, etc.
(non-HA primary and community-based health care settings).</td></tr>
<tr><td>Clinical Education VI
(4 weeks)</td></tr>
</table>

HA=Hospital Authority

7.4.2 Clinical placements in successive years require progressively more integrated work by the students. At the beginning, the work by the students is heavily supervised by the clinical educator. As

the placements progress to the second year, the patient caseload becomes more complex and more independent work is expected from the students.

7.4.3 The two clinical placements (Clinical Education I, II) will take place in Hospital Authority (HA) acute and rehabilitation settings. Clinical Education III and IV will have a focus on integrative holistic care (i.e. multisystem dysfunctions) which extends to outpatient community care, both in HA settings. Upon completion of the four placements, the students should be able to attain the fundamental skills required to provide physiotherapy service to patients with musculoskeletal, cardiopulmonary, neurological and multisystem pathology.

7.4.4 Clinical Education V and VI will take place in non-HA community-based and primary health care settings (e.g. home-based rehabilitation, community centres, homes for the elderly), where the caseload involved could be more complex in nature. As aforementioned, the community-based rehabilitation and primary health care is quickly expanding in demand. This arrangement of clinical placements is intended to better prepare the students to work as a physiotherapist in these complex settings after graduation.

It is recognized that some of the graduates may be interested to develop their career path in the management role. In order to enhance the knowledge on management concepts, attachments in management settings will be incorporated into the programme. **All MPT students will be required to complete a total of 15 hours of attachments in a variety to settings that can provide the students with exposure to different aspects of health care management (e.g., community rehabilitation projects, private clinics, etc.).**

Table 1. Credit Allocation by Required Subject Categories

Categories	Subject Code	Subject Title	Credit
FOUNDATION SUBJECTS (Compulsory) Total = 23 credits	RS5301	Orthopaedics and Traumatology	3
	RS5302	Clinical Neuroscience and Neurology	3
	RS5303	Research Methods and Statistics	3
	RS5304	Human Development across Lifespan	3
	RS5305	Rehabilitation Psychology	3
	RS5306	Movement Science	3
	RS5307	Exercise Science	3
	RS5308	Functional Anatomy	2
PROFESSIONAL SUBJECTS (Compulsory) Total = 43 credits	RS5310	Principles of Physiotherapy Practice	3
	RS5311	Musculoskeletal Physiotherapy I	4
	RS5312	Musculoskeletal Physiotherapy II	5
	RS5313	Manipulative Physiotherapy	2
	RS5314	Electrophysical Therapy I	3
	RS5315	Electrophysical Therapy II	2
	RS5316	Cardiorespiratory Physiotherapy	5
	RS5317	Pediatric Neurology and Developmental Disabilities	3
	RS5318	Neurological Physiotherapy I	3
	RS5319	Neurological Physiotherapy II	3
	RS5320	Primary Health and Community Care	3
	RS5322	Professional Ethics and Legal Issues	1
	RS5323	Administration and Management	3
	RS5324	Research Project	3
		University Based Education (Subtotal)	**66**

Categories	Subject Code	Subject Title	Credit
CLINICAL EDUCATION (Compulsory) Total = 24 credits	RS5331	Clinical Education I	5
	RS5332	Clinical Education II	5
	RS5333	Clinical Education III	4
	RS5334	Clinical Education IV	4
	RS5335	Clinical Education V	3
	RS5336	Clinical Education VI	3
		Clinical Setting Based Education (Subtotal)	**24**
MASTER IN PHYSIOTHERAPY TOTAL CREDITS			**90**

Abbreviations: Cr = credits; PT = Physiotherapy.

Table 2. Tentative Programme Sequence (2020/21 cohort)

Year 1				Year 2	
Month	**Semester**	**Content**	**Month**	**Semester**	**Content**
18/01/2021	1 (semester 2, 2020/21)	**University Classes**	03/01/2022		
25/01/2021			10/01/2022	1 (semester 2, 2021/22)	**University Classes**
01/02/2021			17/01/2022		
08/02/2021			24/01/2022		
15/02/2021			31/01/2022		
22/02/2021			07/02/2022		
01/03/2021			14/02/2022		
08/03/2021			21/02/2022		
15/03/2021			28/02/2022		
22/03/2021			07/03/2022		
29/03/2021			14/03/2022		
05/04/2021			21/03/2022		
12/04/2021			28/03/2022		
19/04/2021			04/04/2022		
26/04/2021			11/04/2022		
03/05/2021			18/04/2022		
10/05/2021			25/04/2022		
17/05/2021			02/05/2022		
24/05/2021			09/05/2022	2 (semester 3, 2021/22)	**Clinical Education II** **Clinical Education V** **Clinical Education VI**
31/05/2021	2 (semester 3, 2020/21)	**University Classes**	16/05/2022		
07/06/2021			23/05/2022		
14/06/2021			30/05/2022		
21/06/2021			06/06/2022		
28/06/2021			13/06/2022		
05/07/2021			20/06/2022		
12/07/2021			27/06/2022		
19/07/2021			04/07/2022		
26/07/2021			11/07/2022		
02/08/2021			18/07/2022		
09/08/2021			25/07/2022		
16/08/2021			01/08/2022		
23/08/2021			08/08/2022		
30/08/2021	3 (semester 1, 2021/22)	**University Classes**	15/08/2022		
06/09/2021			22/08/2022		
13/09/2021			29/08/2022	3 (semester 1, 2022/23)	**Clinical Education III** **Clinical Education IV** **Research Project Presentation**
20/09/2021			05/09/2022		
27/09/2021			12/09/2022		
04/10/2021			19/09/2022		
11/10/2021			26/09/2022		
18/10/2021			03/10/2022		
25/10/2021			10/10/2022		
01/11/2021			17/10/2022		
08/11/2021			24/10/2022		
15/11/2021			31/10/2022		
22/11/2021			07/11/2022		
29/11/2021		**Clinical Education I**	14/11/2022		
06/12/2021			21/11/2022		
13/12/2021			28/11/2022		
20/12/2021			05/12/2022		
27/12/2021			12/12/2022		

Table 3. Programme Progression Pattern

Updated in Nov 2020

Subject Title	Code	Cr	Subject Title	Code	Cr
1st Semester: semester 2, 2020/21			**2nd Semester: semester 3, 2020/21**		
• Orthopaedics and Traumatology	RS5301	3	• Research Methods and Statistics	RS5303	3
• Clinical Neuroscience and Neurology	RS5302	3	• Musculoskeletal Physiotherapy I	RS5311	4
• Rehabilitation Psychology	RS5305	3	• Musculoskeletal Physiotherapy II	RS5312	5
• Movement Science	RS5306	3	• Electrophysical Therapy I	RS5314	3
• Exercise Science	RS5307	3	• Neurological Physiotherapy I	RS5318	3
• Functional Anatomy	RS5308	2			
• Principles of Physiotherapy Practice	RS5310	3			
TOTAL CREDITS		**20**	**TOTAL CREDITS**		**18**
3rd Semester: semester 1, 2021/22			**4th semester: semester 2, 2021/22**		
• Human Development across Lifespan	RS5304	3	• Manipulative Physiotherapy	RS5313	2
• Electrophysical Therapy II	RS5315	2	• Pediatric Neurology and Developmental Disabilities	RS5317	3
• Cardiorespiratory Physiotherapy	RS5316	5	• Primary Health and Community	RS5320	3
• Neurological Physiotherapy II	RS5319	3	• Administration and Management	RS5323	3
• Professional Ethics and Legal Issues	RS5322	1	• Clinical Education I	RS5331	5
• Research Project (Phase I: Formulation of research topic and literature review)	RS5324	(3)	• Research Project (Phase II: Data collection)	RS5324	(3)
TOTAL CREDITS		**14***	**TOTAL CREDITS**		**16***
5th semester: semester 3, 2021/22			**6th semester: semester 1, 2022/23**		
• Clinical Education II	RS5332	5	• Clinical Education III	RS5333	4
• Clinical Education V	RS5335	3	• Clinical Education IV	RS5334	4
• Clinical Education VI	RS5336	3	• Research Project (Phase III: Oral Presentation and written report)	RS5324	3
• Research Project (Phase II: Data collection and analysis)	RS5324	(3)			
TOTAL CREDITS		**11***	**TOTAL CREDITS**		**11***

*The students are required to contribute to RS5324 (Research Project) during this semester.

8. TEACHING AND LEARNING METHODS

8.1 Because the students in this programme are of mature age and already have the relevant undergraduate training in health-related disciplines, the subjects are designed to achieve high levels of self-learning and critical thinking appropriate to a master's degree.

8.2 The teaching and learning activities within the programme are coherently organized according to the nature and demands of the particular subject area. Students entering this programme should have the academic background to be engaged in self-directed deep learning and analytical approaches. A variety of learning methods including lectures, laboratory work, seminars, tutorials, case study, and clinical practicum will be employed in order to stimulate communications and in-depth analysis of the subject contents in fulfilment of a master degree. A detailed "Teaching activity and assessment type plan" is described in Table 4.

8.3 Lectures are conducted in large groups to present the theoretical aspects of a subject in broad perspectives. Laboratory work aims at providing students with hands-on practice of knowledge and skills learned in lectures, such as patient assessment, interview and treatment skills. Seminars provide opportunities for students to present their views and ideas to develop self-reflective abilities, and to enhance inter-disciplinary practices in the field of rehabilitation. Tutorials will be used to clarify concepts learned and to share experiences among students and teaching staff. Students are encouraged to actively participate in the seminars and tutorials for intellectual exchanges and in-depth learning. Case studies are used to contrast and compare treatment approaches and to illustrate how theories could be applied to clinical cases. Where needed, demonstrations on patients will be used to facilitate the teaching learning process.

8.4 The face-to-face teaching sessions will be supplemented by e-learning (i.e., blended teaching and learning approach). The use of e-learning will strengthen the attitude of self-learning, and enhance the interaction between the students and the teaching material. Incorporating pre-class and post-class tasks, case studies and multi-media, e-learning provides an engaging and flexible learning environment for the students.

Table 4. Teaching Activity and Assessment Type Plan

Subject	*Credit*	*Teaching Activities Hours*					*Assessment%*	
		Lec	*Tut/ Sem*	*Practical /Lab/ Fieldwork*	*Clinical Placement/ CV*	*Sub-total*	*CA*	*Exam*
Basic and Clinical Science Subjects								
• RS5301 Orthopaedics and Traumatology	3	36	3			*39*	60	40
• RS5302 Clinical Neuroscience and Neurology	3	36		5		*41*	100	
• RS5303 Research Methods and Statistics	3		9	22		*31*	100	
• RS5304 Human Development across Lifespan	3	28	14			*42*	100	
• RS5305 Rehabilitation Psychology	3	26	14			*40*	100	
• RS5306 Movement Science	3	22	22			*44*	100	
• RS5307 Exercise Science	3	22	12	12		*46*	100	
• RS5308 Functional Anatomy	2	10		36		*46*	60	40
Professional Subjects								
• RS5310 Principles of Physiotherapy Practice	3	6		44		*50*	100	
• RS5311 Musculoskeletal Physiotherapy I	4	18	12	54		*84*	100	
• RS5312 Musculoskeletal Physiotherapy II	5	14	28	56		*98*	100	
• RS5313 Manipulative Physiotherapy	2	20		16		*36*	100	
• RS5314 Electrophysical Therapy I	3	26	30			*56*	100	
• RS5315 Electrophysical Therapy II	2	14	2	18		*34*	100	
• RS5316 Cardiorespiratory Physiotherapy	5	48		34		*82*	100	
• RS5317 Pediatric Neurology and Developmental Disabilities	3	24	22	4		*50*	100	
• RS5318 Neurological Physiotherapy I	3	18	6	34	2	*60*	100	
• RS5319 Neurological Physiotherapy II	3	8	16	32	2	*58*	100	
• RS5320 Primary Health and Community Care	3	16	26			*42*	100	
• RS5322 Professional Ethics and Legal Issues	1	13				*13*	100	
• RS5323 Administration and Management	3	16	18	5		*39*	100	
• RS5324 Research Project	3		14			*14*	100	
Clinical Education Subjects								
• RS5331 Clinical Education I	5				210	*210*	100	
• RS5332 Clinical Education II	5				210	*210*	100	
• RS5333 Clinical Education III	4				175	*175*	100	
• RS5334 Clinical Education IV	4				175	*175*	100	
• RS5335 Clinical Education V	3				140	*140*	100	
• RS5336 Clinical Education VI	3				140	*140*	100	

9. ENTRANCE REQUIREMENTS

9.1 Basic Entrance requirements

- Applicants should have obtained a Bachelor's degree from a reputable university.
    - The applicant should have obtained credits for each of the following prerequisite university undergraduate-level courses before admission to the programme:
        - Human Physiology (3 credits or equivalent)
        - Human Anatomy (3 credits or equivalent)
    - Applicants should fulfill the English Language Requirements stipulated by the University. If applicants are not native speakers of English, and their Bachelor's degree or equivalent qualifications were awarded by institutions where the medium of instruction is not English, applicants are expected to fulfill the following minimum English language requirement for admission purpose. A Test of English as a Foreign Language (TOEFL) score of 80 for the Internet-based test or 550 for the paper-based test; OR
    - An overall Band Score of at least 6 in the International English Language Testing System (IELTS).
- Preference will be given to applicants who are able to communicate effectively in English, Cantonese and Putonghua.

9.2 Pre-requisite courses in Human Anatomy and Human Physiology

The course syllabus of the Human Anatomy and Human Physiology courses previously taken by the applicant will be thoroughly examined by the programme eader. Determining whether the courses taken fulfill the pre-requisite requirement is a matter of serious academic judgment based on the relevance and equivalence of the subjects to the programme of study. The following guidelines will be observed:

- The academic standing of the institution offering the subject must be credible and verification must be sought when in doubt.
- The syllabus of that subject must be critically scrutinized to ascertain that they are comparable (at least with 80% similarity) to our existing BSc (Hons) PT curriculum, namely, Generic Anatomy (HSS201) and Physiology (ABCT218).
- The subject size should be similar to if not more than our existing courses, e.g. in the number of credits earned or the number of student contact hours.
- The subject must have received at least a grade of pass or equivalent.

10. ASSESSMENT, PROGRESSION AND AWARD

10.1 General Assessment Regulations

10.1.1 Introduction

- The General Assessment Regulations shall govern the ***Master in Physiotherapy Programme*** (MPT) which leads to a University award. The *MPT programme* shall, in addition, have its own programme - specific regulations, formulated within the framework of the General Assessment Regulations, and students shall be advised of these regulations at the commencement of an academic year.
- In this programme, students' progress by credit accumulation i.e. allowing credits earned by passing individual subjects to be accumulated toward the final award.
- For the purpose of these Regulations, a subject is defined as a discrete section of the programme which is assigned a separate assessment. A list of subjects, together with their level and credit value, is shown in Table 1. The level codes to be used (with reference to 4-year undergraduate degree programmes only) are listed below:

Level Code		***Explanation***
0	=	Pre-university level standard (and remedial subjects taken by new admittees to a 4-year degree programme, or some subjects offered to Higher Diploma students only)
1	=	Standard comparable to year 1 of a 4-year degree programme
2	=	Standard comparable to year 2 of a 4-year degree programme
3	=	Standard comparable to year 3 of a 4-year degree programme
4	=	Standard comparable to the final year of a 4-year degree programme
5	=	Master's degree level
6	=	Doctoral degree level

10.1.2 Admission, subject registration and related regulations

Admission and subject registration

- Student registration will be carried out only at the start of the semester.
- Students are required to progress through the programme in which they have registered in accordance with the specified pattern.
- Full-time regular students are expected to complete subject registration before the commencement of each semester.

- Students may register for subjects for the following semester on the basis of the subject results finalized by the subject offering department.

Credit transfer

- In the case of a credit transfer, students will be given credit for recognized previous study and the assigned credit will be counted towards meeting the requirement of the award.
- Credit transfer may take place with or without the grade being carried; the former should normally occur only when the credits to be transferred have been gained from within the University.
- Normally, not more than 50% of the usual credit requirement for the academic award may be transferred from approved institutions outside the University.
- For transfer of credit from programmes offered by PolyU, usually not more than 67% of the normal credit requirement for the award can be transferred.
- In the cases where both types of credits are transferred (i.e. from programmes offered by PolyU and from approved institutions outside the University), not more than 50% of the normal credit requirement for the academic award may be transferred.
- Transfer of credit will be allowed to contribute to a University award up to **five years** after the date of earning the credit.

10.2 Regulations for assessment, progression and award *Assessment*

10.2.1 Assessment of learning and assessment for learning are both important for assuring the quality of student learning. Assessment of learning is to evaluate whether students have achieved the intended learning outcomes of the subjects that they have taken and have attained the overall learning outcomes of the academic programme at the end of their study at a standard appropriate to the award. Appropriate methods of assessment that align with the intended learning outcomes will be designed for this purpose. The assessment methods will also enable the teacher to differentiate students' different levels of performance within the subject. Assessment for learning is to engage students in productive

learning activities through purposefully designed assessment tasks.

Purpose of assessment

10.2.2 The purpose of assessment within this programme is consistent with that outlined in the University guidelines. The faculty seeks to ensure that the student has met the objectives and intended learning outcomes of individual subjects as well as the aims and intended learning outcomes of the programme overall. Within a given subject, assessment serves a dual purpose: to provide feedback to the student, and to determine whether the student has met the objectives and intended learning outcomes of the subject. Assessment goes beyond the recall of information, to include methods which recognise the student's ability to seek information, and to analyse, interpret and critically apply this information. Timely feedback should be provided to students so that they are aware of their progress and attainment for the purpose of improvement.

Assessment rationale

10.2.3 Assessment methods adopted in this programme are appropriate for the achievement of the subject objectives and intended learning outcome, and ultimately, the programme aims and intended learning outcome.

10.2.4 Students are required to demonstrate their knowledge and comprehension of the required subjects. The acquisition of factual information is essential so that students can analyze, assimilate and apply this knowledge in both the physiotherapy-specific subjects and in the clinical education subjects. The students' grasp of concepts is assessed by oral and written presentations of various types. The development of skills is assessed through such means as practical work, reports, laboratory reports and tests.

10.2.5 The achievement of programme aims relating to the acquisition of attributes such as independent thought/action and communication skills is assessed in a range of work modes throughout the programme, e.g., oral case presentations. The acquisition of these professional attributes is further reinforced in the clinical education component. The intellectual skills required of a

competent practitioner are assessed through project work, assignments and essays requiring background reading.

10.2.6 Achievement of the programme aims relating to the development of skills of inquiry and the development of a critical and analytical approach is assessed through the subjects of Research Methods and Statistics, Research Project and Clinical Education.

10.2.7 The assessment of the programme aims and objectives specific to the practice of Physiotherapy depends on the integration of theory and practice in the application of clinical problem-solving skills.

10.2.8 The assessment methods adopted for Clinical Education subjects are designed to ensure that the student's ability in clinical reasoning develops as the academic programme progresses. As Clinical Education is an integral part of the programme, the assessment takes a holistic view of the Physiotherapy process.

Methods of assessment

10.2.9 Throughout the programme, a subject is assessed on the basis of coursework and, in some subjects, a final examination. Students' performance in a subject can be assessed by continuous assessment and/or examinations, at the discretion of the individual subject offering Department. Where both continuous assessment and examinations are used, the weighting of each in the overall subject grade shall be clearly stated in the Programme Requirement Document. The subject offering Department can decide whether students are required to pass both the continuous assessment and examination components, or either component only, in order to obtain a subject pass, but this requirement (to pass both, or either, components) shall be specified in the Programme Requirement Document. Learning outcome should be assessed by continuous assessment and/or examination appropriately, in line with the outcome-based approach.

Continuous assessment

10.2.10 Students in their first two semesters spend more time learning theory and knowledge and less time learning application. The majority of the subjects in the programme are assessed by means of continuous assessment, which is considered to encourage the student to work steadily and progressively throughout the semester. It is therefore essential for the achievement of horizontal integration and vertical development of subjects within each semester/ year and progressively through the programme.

10.2.11 Continuous assessment may be in the form of tests, assignments, laboratory work, practical work, essays, case studies, project work or field work. The format and the relative weighting allocated for each subject is specified clearly in the subject syllabi. Continuous Assessment assignments which involve group work should nevertheless include individual components therein. The contribution made by each student in continuous assessment involving a group effort shall be determined and assessed separately, and this can result in different grades being awarded to students in the same group.

Examination

10.2.12 Examinations may take place at the end of each semester. All examinations planned for this programme are in written form. Questions may be essay-type, short answer, multiple choice, etc., the details of which are set out in the syllabi of the individual subjects. Students will be informed in advance of the format of the examination paper.

10.2.13 It will be the responsibility of each subject examiner to compile all examination question papers which will be checked by the Programme Leader.

Timing of continuous assessment and examination

10.2.14 This may take many different forms, as stated above, and occur at intervals throughout the year. A calendar with the timing and nature of the assessments for each subject is presented to the students at the start of the academic year. One of the responsibilities of the subject examiner is to spread the

programme workload evenly throughout the year and to maximize the advantages of this form of assessment. Students will be notified in advance of the timing of the assessments/examinations.

10.3 Grading

10.3.1 A student's overall performance in a subject shall be graded as follows from 2020/21 onwards:

Subject grade	Short description
A+ A A-	Excellent
B+ B B-	Good
C+ C C-	Satisfactory
D+ D	Pass
F	Fail

'F' is a subject failure grade, whilst all others ('D' to 'A+') are subject passing grades. No credit will be earned if a subject is failed.

10.3.2 The grade points assigned to subject grades attained by students from 2020/21 are as follows:

Grade	Grade Point
A+ A A-	4.3 4.0 3.7
B+ B B-	3.3 3.0 2.7
C+ C C-	2.3 2.0 1.7
D+ D	1.3 1.0
F	0.0

10.3.3 At the end of each semester, a Grade Point Average (GPA) will be computed as follows, and based on the grade point of all the subjects:

$$GPA = \frac{\sum_{n} Subject\ Grade\ Point\ x\ Subject\ Credit\ Value}{\sum_{n} Subject\ Credit\ Value}$$

Where *n* = number of all subjects (inclusive of failed subjects) taken by the student up toand including the latest semester/term. For subjects which have been retaken, only the grade point obtained in the final attempt will be included in the GPA calculation

In addition, the following subjects will be excluded from the GPA calculation:

- Exempted subjects
- Ungraded subjects
- Incomplete subjects
- Subjects for which credit transfer has been approved without any grade assigned^
- Subjects from which a student has been allowed to withdraw (i.e. those with the grade "W")

Subject which has been given an "S" code, i.e. absent from all assessment components, will be included in the GPA calculation and will be counted as "zero" grade point. GPA is thus the unweighted cumulative average calculated for a student, for all relevant subjects taken from the start of the programme to a particular point of time. GPA is an indicator of overall performance, and ranges from 0.00 to 4.30 from 2020/21.

^ *Subjects taken in PolyU or elsewhere and with grades assigned, and for which credit transfer has been approved, will be included in the GPA calculation.*

10.3.4. Different types of GPA's

- GPA will be calculated for each Semester including the Summer Term. This Semester GPA will be used to determine students' eligibility to progress to the next Semester alongside with the 'cumulative GPA'. However, the Semester GPA calculated for the Summer Term will not be used for this purpose, unless the Summer Term study is mandatory for all students of the programme concerned and constitutes part of the graduation requirements.
- The GPA calculated after the second Semester of the students' study is therefore a 'cumulative' GPA of all the subjects taken so far by students, and without applying any level weighting.
- Along with the 'cumulative' GPA, a weighted GPA will also be calculated, to give an indication to the Board of Examiners on the award classification which a student will likely get if he/she makes steady progress on his academic studies.
- When a student has satisfied the requirements for award, an award GPA will be calculated to determine his award classification.
- The relationship between the different types of GPA's, and the methods for calculating each, is further explained below:

Different types of GPA, and their calculation methods

Types of GPA	Purpose	Rules for GPA calculation
GPA	Determine Progression/ Graduation	(1) All academic subjects taken by the student throughout his/her study, both inside and outside the programme curriculum, are included in the GPA calculation. (2) For training subjects, including WIE and Clinical/Field subjects, departments can decide whether to include them in the GPA calculation. (3) For retake subjects, only the last attempt will be taken in the GPA calculation. (4) Level weighting, if any, will be ignored
Semester GPA	Determine Progression	Similar to the rules for GPA as described above, except that only subjects taken in that Semester, including retaken subjects, will be included in the calculation.
Weighted GPA	To give an interim indication on the likely Award GPA	(1) Similar to the rules for GPA, except that only subjects inside the programme curriculum concerned will be included in the calculation. Subjects outside the programme curriculum will be excluded. (2) Departments can decide whether the training subjects are to be counted towards the Weighted GPA. (3) For retake subjects, only the last attempt will be taken in the Weighted GPA calculation. (4) A weighting of 2 for Level 1 and 2 subjects, and a weighting of 3 for Level 3 and 4 subjects, will be included in the calculation to determine the Honours classifications for Bachelor's degree programmes. (5) The weighted GPA will be the same as the Award GPA unless a st

Types of GPA	**Purpose**	**Rules for GPA calculation**
Major/Minor GPA	For reference and determination of award classification	*Major/Minor GPA* (1) Only subjects inside the curriculum of the Major/Minor Programmes will be taken in the Major/ Minor GPA calculation. (2) Departments can decide whether the training subjects, are to be counted towards the Major/Minor GPA. (3) For retake subjects, only the last attempt will be taken in the Major/Minor GPA calculation. (4) Up to 6 credits from the Major/GUR [including Language Communication Requirements (LCR) subjects at proficiency level] can be counted towards the chosen Minor. (Ref. Section 9.2.8 of C1) Nevertheless, students must take at least 6 credits from their chosen Minor programme in order to satisfy the residential requirement of their chosen Minor. In addition, to be eligible for the Major and Minor awards, the total number of credits taken by the students for their Major-Minor studies must not be lower than the credit requirement of the single discipline Major programme. *Major GPA* Level weighting will be included in the calculation of Major GPA. *Minor GPA* Level weighting will not be included in the calculation of Minor GPA.
Award GPA	For determination of award classification	If the student has not taken more subjects than required, the Award GPA will be as follows: (1) (For single Major: Award GPA = Weighted GPA (2) For Major/Minor programmes: Award GPA = Major GPA (3) For programmes without level weighting: Award GPA = GPA

10.4 Progression

10.4.1 Board of Examiners

The Board of Examiners shall, at the end of each semester (except for Summer Term unless there are students who are eligible to graduate after completion of Summer Term subjects or the Summer Term study is mandatory for the programme), determine whether each student is

(i) eligible for progression towards an award; or
(ii) eligible for an award; or
(iii) required to be de-registered from the programme

10.4.2 When a student has a Grade Point Average (GPA) lower than 1.70, he/she will be put on academic probation in the following semester. If a student is able to pull his/her GPA up to 1.70 or above at the end of the semester, the status of "academic probation" will be lifted. The status of "academic probation" will be reflected in the examination result notification but not in the transcript of studies.

10.4.3 With effect from the cohort of 2020/21, a student will have `progressing' status unless he/she falls within any one of the following categories which shall be regarded as grounds for deregistration from the programme:

(i) the student has reached the final year of the normal period of registration for that programme, as specified in the Programme Requirement Document, unless approval has been given for extension (applicable to students admitted in or after 2020/21); or
(ii) the student has reached the maximum number of retakes allowed for a failed compulsory subject; or
(iii) the student's GPA is lower than 1.70 for two consecutive semesters and his/her Semester GPA in the second semester is also lower than 1.70; or
(iv) the student's GPA is lower than 1.70 for three consecutive semesters.

When a student falls within any of the categories as stipulated above, except for category (i) with approval for extension, the Board of Examiners shall de-register the student from the programme without exception.

10.4.4 A student may be de-registered from the programme enrolled before the time frame specified in Sections 10.4.3(iii) or 10.4.3(iv) above if his academic performance is poor to the extent that the Board of Examiners deems that his/her chance of attaining a GPA of 1.70 at the end of the programme is slim or impossible.

10.4.5 If the student is not satisfied with the de-registration decision of the Board of Examiners, he/she can lodge an appeal. All such appeal cases will be referred directly to Academic Appeals Committee (AAC) for final decision. Views of Faculties/Schools/Departments will be sought and made available to AAC for reference.

10.5 Retaking of subjects

10.5.1 Students may only retake a subject which they have failed (i.e. Grade F or S or U). Retaking of subjects is with the condition that the maximum study load of 21 credits per semester is not exceeded.

10.5.2 Except clinical education subjects, the number of retakes of a subject should be restricted to two, i.e. a maximum of three attempts for each subject is allowed.

10.5.3 For clinical education subjects, each clinical block can only be repeated once. A student who is unable to pass the clinical education subject for his/her second attempt is required to withdraw from the programme.

10.6 Exceptional circumstances

Absence from an assessment component

10.6.1 If a student is unable to complete all the assessment components of a subject, due to illness or other circumstances which are beyond his/her control and considered by the subject offering Department as legitimate, the Department will determine whether the student will have to complete a late assessment and, if so, by

what means. This late assessment shall take place at the earliest opportunity, and normally before the commencement of the following academic year (except that for Summer Term, which may take place within 3 weeks after the finalisation of Summer Term results). If the late assessment cannot be completed before the commencement of the following academic year, the Faculty/School Board Chairman shall decide on an appropriate time for completion of the late assessment.

10.6.2 The student concerned is required to submit his/her application for late assessment in writing to the Head of Department offering the subject, within five working days from the date of the examination, together with any supporting documents. Approval of applications for late assessment and the means for such late assessments shall be given by the Head of Department offering the subject or the subject teacher concerned, in consultation with the Programme Leader.

10.7 Graduation Requirements

10.7.1 A student is eligible for the MPT award if he/she meets all the conditions shown below:

* Accumulation of 90 credits as defined in this document; and
* Satisfying all the requirements defined in this document; and
* Having a cumulative GPA of 1.70 or above at the end of the programme; and
* Obtaining an Average Grade of 'C' or above for all Clinical Education Subjects.

10.7.2 A student is required to graduate as soon as he/she satisfies all conditions stated in Section 10.7.1.

10.8 Classification of awards

10.8.1 Using the following guidelines, the Board of Examiners shall exercise its judgement in coming to its conclusions regarding the award for each student, and where appropriate, may use other relevant information.

10.8.2 Any subjects passed after the graduation requirement has been met or subjects taken on top of the prescribed credit requirements

for award shall not be taken into account in the grade point calculation for award classification.

10.8.3 The following are guidelines for Boards of Examiners' reference in determining award classifications:

Guidelines	
Distinction	The student's performance /attainment is outstanding, and identifies him / her as exceptionally able in the field covered by the programme in question.
Credit	The student has reached a standard of performance / attainment which is more than satisfactory but which is less than outstanding.
Pass	The student has reached a standard of performance/attainment ranging from just adequate to satisfactory.

10.8.4 Decisions by the Boards of Examiners on award classifications to be granted to each student on completion of the programme shall be ratified by the Faculty/School Board (of Examiners).

10.8.5 Students who have committed academic dishonesty or non-compliance with examination regulations will be subject to the penalty of the lowering of award classification by one level. The minimum of downgraded overall result will be kept at a Pass. In rare circumstances where both the Student Discipline Committee and the Board of Examiners of a Department consider that there are strong justifications showing the offence to be less serious, the requirement for lowering the award classification can be waived.

10.9 Checking of eligibility for graduation

10.9.1 The computer system will identify potential graduates by generating potential graduate lists after the end of each semester. The system will check the following to determine students' eligibility for graduation:

(i) credit requirements for the MPT award; and

(ii) the minimum GPA value required for graduation

10.9.2 Departments will ensure that students wishing to graduate will have completed all necessary subjects by the desired graduation date, and will verify the eligibility of students for awards. The

potential graduates identified by the computer system will be brought to the attention of the Programme Leader for verification, and will then be presented to the BoE for determination of the award classifications.

10.10 Subject Results

10.10.1 Subject Teachers, in respect of the subject they teach, have sole responsibilities for marking and grading students' coursework and examinations scripts. Timely feedback of continuous assessment should be given to students as soon as possible (e.g. not later than a month), and in any case, before the final examination/assessment. In this regard, Subject Teachers will be accountable to the Head of the subject offering Department, to ensure that all forms of assessment, including the students' coursework and examination scripts, are correctly marked and graded where appropriate, to avoid administrative errors at all times, and to submit the grades for finalisation by Subject Assessment Review Panel (SARP) according to the schedule of the Department.

10.10.2 Subject grades shall be reviewed and finalised by SARP before being formally released to students and submitted to the Board of Examiners. Each Department must form one or several SARPs to take care of the subjects it offers. The Board of Examiners will not attempt to change any grades.

10.10.3 The authority for approving the overall results of students rests with the Board of Examiners (BoE).

10.11 Overall Results

10.11.1 For straight forward progression and deregistration cases, the authority for approving their overall results rests with the Board of Examiners (BoE).

10.11.2 One week after all the subject results have been finalised, the Board of Examiners shall make decisions on the overall results of students on the programme/scheme for further consideration and approval by the Faculty Board.

10.12 The roles of the Board of Examiners and Faculty Board

Role of Board of Examiners

10.12.1 Each programme will have a Board of Examiners which will meet at the end of each semester.

10.12.2 The Head of the Department is to be Chairman of the Board of Examiners. The minimum number of members of a BoE (including the Chairman, but excluding the Secretary) should be five, and it should be composed of staff members associated with the programme/scheme concerned and some other senior staff members. The Programme Leader will be an ex-officio member of the Board. The membership should be proposed by the Head and endorsed by the Dean.

10.12.3 This Board will not attempt to change grades for any student in any subject nor condone failures.

10.12.4 The Board will consider the following:

(i) decisions on straight forward progression and deregistration cases;

(ii) decisions on the classification of awards to be granted to each student on completion of the programme; and

(iii) decisions on cases with extenuating circumstance.

10.12.5 The above decisions of the BoE, except those on straight forward progression and deregistration cases, shall be ratified by the Faculty/School Board.

Role of Faculty Board

10.12.6 The Faculty/School Board is responsible, under the authority delegated to it by the Senate, for the ratification of decisions made by Boards of Examiners, except those on progression and deregistration cases which are straight forward, on all programmes offered by its constituent Departments.

10.12.7 For cases outside the provision of programme requirements and University regulations, the decisions of Faculty Board (in accordance with the existing terms of reference) will be referred to the Academic Regulations Committee for ratification.

10.12.8 The Faculty Board should be presented with statistical information on student performance in each programme.

11. DEPARTMENTAL POLICY / GUIDELINE ON STUDENT MISCONDUCT

Department of Rehabilitation Sciences

Penalty – PolyU Student Handbook

The University may take disciplinary action against any student who commits any misconduct, violates the laws of Hong Kong or any of the University's regulations and rules.
Appropriate disciplinary actions, depending on the seriousness of the case, will be taken against a student who is found guilty of the alleged offence. Penalties include:

- community services;
- disqualification of results;
- reprimand;
- fine;
- suspension from use of any of the University facilities for a specified period;
- suspension of studies for a specified period of time;
- expulsion for a specified period or indefinitely; and
- any other penalties as considered appropriate.

Disciplinary actions against students' misconducts will be recorded in students' records. This includes the **inclusion of a remark** to subject failure grade which is awarded due to academic dishonesty, and also putting students who have committed any misconduct on '**disciplinary probation'**. Details of the arrangements are as follows:

1. The above mentioned remark and disciplinary probation record would be recorded and shown in the students' records as well as assessment result notification, transcript of studies and testimonial.
2. For students who have been awarded a failure grade as a result of disciplinary action, a remark # will be recorded against the concerned subject failure grade denoting "Disqualification of result due to academic dishonesty". The remark will appear on the result notification and transcript of studies and will be removed upon the students' leaving the university.
3. The remark will normally cover the following misconduct cases:
   - cheating in assessment work, tests or examinations
   - aiding academic dishonesty
   - plagiarism
   - violating rules governing the conduct of examinations that are related to possible cheating (including the possession of unauthorized materials at the examination, use of mobile phones during examination, etc.)
4. Students who have been recorded with the remark will also be subject to the penalty of the lowering of award classification by one level.
5. Students who have committed disciplinary offences will be put on 'disciplinary probation'. The status of 'disciplinary probation' will be shown in the students' record as well as the assessment result notification, transcript of studies and testimonial during the probation period, until their leaving the University. The disciplinary probation is normally one year unless otherwise decided by the Student Discipline Committee.

6. Students who have been put on disciplinary probation will be deprived of certain privileges. They shall not receive honour from the University or engage in activities which represent the University including the following: scholarships/awards/prizes; selected as outstanding students/Student Ambassadors; leadership roles within the University; Pre-Global Student Challenge and Entrepreneurship Scheme

Misconduct during Clinical Placements – RS Department

The Department of Rehabilitation Sciences trains physiotherapists and occupational therapists for future practice. The previous sections concerned academic misconduct in an academic setting. Special consideration is required when students attend clinical placements. Details related to clinical education can be found in the *Clinical Education Student Handbook.*

It is necessary that students adhere to ethical and legal practice standards during clinical placements. Adherence means that the student:

- Abides by relevant ethical codes and standards of practice guidelines.
- Adheres to institutional policy and procedures.
- Identifies situations in which ethical questions are present.
- Reports violations of ethical practice.
- Abides by pertinent laws and regulations, including those applying to licensure laws.
- Identifies situations in which legal questions are present.

Examples of misconduct are

- Breach of client confidentiality
- False documentation
- False report

If under a specified level of guidance for a clinical placement (depending on the advancement of studies), a student fails to 1) practice in a safe manner that minimises risk to clients, self, and others, or 2) adhere to ethical and/or legal practice standards, or 3) complete any one placement without legitimate reasons, or 4) achieve a satisfactory level of performance, the student will be awarded a grade 'F' (Failed). If allowed to remain in the programme, the student will be required to retake a clinical placement of same focus of practice and must perform at or above a 'SATISFACTORY' level.

In accordance with The Hong Kong Polytechnic University academic regulations and procedures, only the grade obtained in the final attempt of retaking the subject will be included in the calculation of Grade Point Average (GPA). The grades obtained in previous attempts will only be reflected in transcript of studies.

Appendix I-1

Curriculum Map

This curriculum map gives a holistic view of the degree to which each intended learning outcome will be taught and assessed in Master in Physiotherapy Programme.

The following indicators (I, R, A) show the treatment of the programme intended learning outcomes in a subject:

I	(Introduced)	That the learning leading to the particular intended outcome is introduced in that subject.
R	(Reinforced)	That the learning leading to the particular intended outcome is reinforced/emphasized in that subject.
A	(Assessed)	That the performance which demonstrates the particular intended outcome is assessed in that subject

	Programme Intended Learning Outcomes	RS5301	RS5302	RS5303	RS5304	RS5305	RS5306	RS5307	RS5308	RS5310	RS5311	RS5312	RS5313	RS5314	RS5315	RS5316	RS5317	RS5318	RS5319	RS5320	RS5322	RS5323	RS5324	RS5331	RS5332	RS5333	RS5334	RS5335	RS5336
Professional/academic knowledge and skills																													
1	Comprehensive assessment, identification of health and social needs of individuals, groups and communities; deliver intervention/treatment plan		I			I A	I	R A		I A	I A	R A	R A		R	R A	R	R A	R A	R A	I A	R A		I A	R A	R A	R A	R A	R A
2	Practice physiotherapy safely and effectively		I R A		I A	R A	I	R A		I A	I A	R A	R A	I A	R A	I R A	R A	R A	R A	I R A	R A	R A		I A	R A	R A	R A	R A	R A

	Programme Intended Learning Outcomes	RS5301	RS5302	RS5303	RS5304	RS5305	RS5306	RS5307	RS5308	RS5310	RS5311	RS5312	RS5313	RS5314	RS5315	RS5316	RS5317	RS5318	RS5319	RS5320	RS5322	RS5323	RS5324	RS5331	RS5332	RS5333	RS5334	RS5335	RS5336
3	Evidence-based practice Critically review published research evidence on techniques / technology and apply relevant findings to physiotherapy practice, research and education		RA	RA			I	R			I	RA	RA	IRA	R	R	R	RA	R	R		RA	RA	I	R	R	R	R	R
4	Demonstrate clinical decision-making skills including clinical reasoning, clinical judgment, and reflective practice		I				I	R		I	IA	RA	RA	IRA	RA	RA	R	RA	R	R		RA		IA	RA	RA	RA	RA	RA
5	Use clinical judgment and reflection to identify, monitor and enhance clinical reasoning		I				I	R		I	IA	RA	RA	IRA	RA	RA	R	RA	R	R		RA		IA	RA	RA	RA	RA	RA
6	Demonstrate a holistic approach to patient/client care (ie. patient/client-centered care) by drawing on the awareness of the global economic, cultural and sociological factors which may influence the context of physiotherapy practice.		I				I	RA		IA	I				I	R	I	RA	I			RA		I	R	R	R	R	R

	Programme Intended Learning Outcomes	RS5301	RS5302	RS5303	RS5304	RS5305	RS5306	RS5307	RS5308	RS5310	RS5311	RS5312	RS5313	RS5314	RS5315	RS5316	RS5317	RS5318	RS5319	RS5320	RS5322	RS5323	RS5324	RS5331	RS5332	RS5333	RS5334	RS5335	RS5336
Professionalism																													
7	Personal and professional ethics: Recognize his/her responsibility to deliver service and practice in accordance with current legislation applicable to physiotherapy and to maintain and promote the highest professional and ethical standard and to contribute to the development of the profession		I	R		IRA	I	R			I	R	R	R	I	R	R	R	R	RA	IRA	R	R	IA	RA	RA	RA	RA	RA
Attributes for all-roundedness																													
8	Language Proficiency – Bilingualism & Professional-based Language	RA	RA	RA	IR	RA	RA	RA	RA	IR	IRA	R	R	RA	R	R	R	RA	R	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA
9	Communication & Interpersonal Skills	IRA	IR	R	IA	RA	IR	RA	IRA	IA	IRA	R	R	IRA	RA	RA	R	IRA	R	RA	RA	RA	IA	RA	RA	RA	RA	RA	RA
10	Problem-solving ability	IA	IRA	RA	IA	RA	IRA	RA	IA	IA	IRA	RA	RA	IRA	RA	RA	IRA	RA	IRA	RA	RA	RA	IRA	RA	RA	RA	RA	RA	RA

	Programme Intended Learning Outcomes	RS5301	RS5302	RS5303	RS5304	RS5305	RS5306	RS5307	RS5308	RS5310	RS5311	RS5312	RS5313	RS5314	RS5315	RS5316	RS5317	RS5318	RS5319	RS5320	RS5322	RS5323	RS5324	RS5331	RS5332	RS5333	RS5334	RS5335	RS5336
11	Entrepreneurship, Management, Leadership and Team-work		I	R	I A		I	R		I A		R A	R A		R	R A	I R	I R	I R	R A		R A	I A	R A	R A	R A	R A	R A	R A
12	Life-long learning attitude		I			R	I	R						I	I	R	R	R	R	R	R	R A	R	R	R	R	R	R	R
13	Social and Civic Responsibility				I	R A	I R	I R		I	I	R A	R A		R	R	R	R	R	R A	R A	I R A	I R A	R A	R A	R A	R A	R A	R A
14	Global Outlook				I		I	R A		I	I				R	R	I	I	I	R		R A	I	R	R		R	R	R

Appendix I-2

References / Resources Reading

American Physical Therapy Association, Education Division (1995). *A Consensus Model of Physical Therapist Professional Education. 3rd revision*. Alexandria, VA: American Physical Therapy Association (APTA).

Biggs JB, Telfer R (1987). *The Process of Learning*. Sydney: Prentice-Hall.

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Census and Statistics Department, HKSAR (2009) (http://www.censtatd.gov.hk/hong_kong_statistics/statistics_by_subject/index.jsp)

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Zimny NJ, Tandy CJ (1989). Problem-knowledge coupling: a tool for physical therapy clinical practice, *Physical Therapy* 69: 155-161.

12. SYLLABI OF SUBJECTS

Subject Code	**RS5301**
Subject Title	**ORTHOPAEDICS AND TRAUMATOLOGY**
Credit Value	3
Level	5
Pre-requisite / **Co-requisite/ Exclusion**	Nil
Objectives	To introduce basic concepts and advanced knowledge of trauma and diseases of the musculoskeletal system, including knowledge of the epidemiology, etiology, pathology and pathophysiology, and principles of diagnosis and orthopaedic management.
Intended Learning Outcomes	***Upon completion of the subject, students will be able to:*** <u>Professional/academic knowledge and skills</u> a. apply the knowledge of anatomy, physiology and biomechanics to analysis of the clinical presentation (signs & symptoms) and diagnosis of disorders of musculoskeletal system; b. understand the pathophysiology of common injuries and disorders of the musculoskeletal system at cellular, tissue and organ level; c. understand the clinical use of diagnostic imaging and modern technology for the diagnosis of musculoskeletal disorders; d. discuss the concepts and principles underlying the general management of fractures, joint and soft tissue problems; e. identify differences in pathologies and principles of management of musculoskeletal dysfunctions at different life stages (e.g., children, adult, elderly); f. introduce the common medications used in the treatment of orthopedic conditions, including mechanism of action and possible side effects to an individual's functional activities. g. compare the prevalence/incidence of musculoskeletal conditions in Hong Kong, as available, to that observed elsewhere. h. acquire adequate foundation knowledge to prepare himself/herself to be a proactive member of the team which includes other medical and health related professionals.
Subject Synopsis/ Indicative Syllabus	<u>Introduction & Common Diagnostic Tests for the Musculoskeletal System</u> General management principles following damage to bone, joints, muscle and other soft tissue. Common tests for differential diagnosis of musculoskeletal disorders, e.g., X-ray, MRI, Ultrasound, CT scan and special manoeuvres. <u>Lower Limb / Upper Limb / Trunk</u> Etiology, pathology, signs & symptoms, diagnostic tests, general management, prognosis, common complications and prevention. Topics include: Fractures, articular and soft tissue problems, dislocation, deformities, degenerative changes and amputation. <u>Rheumatic Diseases</u> Common rheumatic disease groups; pattern of development, pathological processes, related signs and symptoms, potential for functional limitations and general management.

<table>
<tr><td></td><td>
<u>Recognition of Musculoskeletal Disorders/Conditions with respect to</u> —
-definition
-prevalence/incidence in Hong Kong / elsewhere
-progress towards prevention
-cause/etiology
-clinical features (signs & symptoms)
-general management of a specific condition
• relevant health care professionals and roles
• diagnosis/usual tests
• operative/non-operative procedures
• common medications
• complications/limitations

-classification of World Health Organization (WHO). impairment, disability, handicap
-prognosis; time course
</td></tr>
<tr><td>Teaching/Learning Methodology</td><td>Through a series of interactive lectures, foundation knowledge of musculoskeletal trauma and diseases is introduced. Multimedia technology is incorporated in the interactive lectures to improve the efficiency of student learning. The aim of seminars is to encourage students' active learning. Students are required to analyze and discuss the pathology and pathophysiology of musculoskeletal disorders.</td></tr>
<tr><td>Assessment Methods in Alignment with Intended Learning Outcomes</td><td>
<table>
<tr><td rowspan="2">Specific assessment methods/tasks</td><td rowspan="2">% weighting</td><td colspan="8">Intended subject learning outcomes to be assessed</td></tr>
<tr><td>a</td><td>b</td><td>c</td><td>d</td><td>e</td><td>f</td><td>g</td><td>h</td></tr>
<tr><td>Coursework</td><td>60</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td></tr>
<tr><td>Examination</td><td>40</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td></tr>
<tr><td>Total</td><td>100</td><td colspan="8"></td></tr>
</table>

Knowledge of the epidemiology, etiology and pathology, and principles of diagnosis and orthopaedic management will be covered by written examination and quiz (2/3 coursework).

Ability to apply the knowledge of anatomy, physiology and biomechanics to analysis of the clinical presentation (signs & symptoms) and diagnosis of the disorders of musculoskeletal system will be assessed by seminar presentation (1/3 coursework).
</td></tr>
</table>

<table>
<tr><td rowspan="7">Student Study Effort Expected</td><td>Class contact:</td><td>(39 Hrs.)</td></tr>
<tr><td>▪ Lecture</td><td>36 Hrs.</td></tr>
<tr><td>▪ Seminar</td><td>3 Hrs.</td></tr>
<tr><td>Other student study effort:</td><td>(96 Hrs.)</td></tr>
<tr><td>▪ Self-learning</td><td>66 Hrs.</td></tr>
<tr><td>▪ Project</td><td>30 Hrs.</td></tr>
<tr><td>Total student study effort</td><td><u>135 Hrs.</u></td></tr>
<tr><td>Reading List and References</td><td colspan="2"><u>Required Text:</u>

Solomon L., Warwick D.J., Nayagam S. (2005). Apley’s Concise System of Orthopaedics and Fractures. 3rd Edition. London: Hodder Arnold.

<u>Recommended Reading:</u>

Hoppendfeld S and Murthy V.L.(2000). Treatment & Rehabilitation of Fractures. Philadelphia: Lippincott Williams & Wilkins.

David L. Hamblen and Hamish Simpson (2007). Outline of fractures, including joint injuries. 12th ed. Edinburgh: Churchill Livingstone.

John H. Klippel etc (eds) (2007). Primer on the rheumatic diseases. Springer.

Catherine C. etc (eds) (2008). Pathology : implications for the physical therapist 3rd ed . Philadelphia : Saunders.

Lee SW (1999). Cervical spinal disorders. A textbook for rehabilitation sciences students. Singapore: Springer-Verlag.

McRae R, Kinninmonth AWG. (1997). An illustrated colour txt. Orthopaedics and Trauma. London: Churchill Livingstone.

Shepherd, R. (1995). Physiotherapy in paediatrics (3rd ed) London: Butterworth-Heinmann.</td></tr>
</table>

Subject Code	**RS5302**
Subject Title	**CLINICAL NEUROSCIENCE AND NEUROLOGY**
Credit Value	3
Level	5
Pre-requisite / **Co-requisite/ Exclusion**	Nil
Objectives	1. Students will gain knowledge in the functions of various parts of the nervous system, and understand how structural and functional changes in certain parts of the nervous system may lead to neurological deficits for patients. 2. Students will understand recent development in clinical neuroscience, and how these concepts can be integrated in clinical applications.
Intended Learning Outcomes	***On successful completion of the subject, a student will be able to:*** <u>Professional/academic knowledge and skills</u> a. analyze mechanisms of information processing which occur at different levels of the nervous system. b. analyze functions of the nervous system, e.g., sensorimotor: sensation; control of posture, locomotion, reaching; higher cortical functions: attention, memory, perception, language. c. integrate knowledge of the structure and function of the nervous system to explain selected 'altered' states, i.e., due to development, injury or disease. d. synthesize information on the adaptive range of the nervous system in order to explain: • the recovery of function due to injury or disease • the subsequent functioning of the system, after injury or disease • the continued development of an altered system <u>Attributes for all-roundedness</u> **a.** read and summarize information from the scientific and professional literature related to clinical neuroscience.
Subject Synopsis/ Indicative Syllabus	1. Review: the neuron and synaptic transmission 2. Development of the nervous system 3. Anatomy and physiology of the nervous system – system and region approaches ▪ Somatosensory System - Pain - Sensations ▪ Autonomic Nervous System ▪ Motor System - Perception and movement - Motor control - Muscle tone

<table>
<tr><td></td><td>
- Movement disorders
▪ Auditory, Vestibular, and Visual System
▪ Blood supply and cerebrospinal fluid system
▪ Peripheral Nervous System
▪ Spinal Region
▪ Brain Stem
▪ Cerebrum
-Attention
- Memory
- Language, communication
- Perception
4. Clinical correlates: Explain how an altered state of the nervous system would lead to common neurological conditions
5. Introduce the concept of neuroplasticity as the foundation of rehabilitation
6. Introduce the advances in clinical neuroscience
</td></tr>
<tr><td>Teaching/Learning Methodology</td><td>
A blended teaching mode will be adopted. Lectures will be delivered. Based on assigned readings and/or video presentations, students will be able to understand the mechanisms underlying specific function(s) of the nervous system. Clinical correlates will be included to explain the pathophysiology of common neurological conditions.

Laboratory sessions allow students to observe brain specimens or models of different neural structures and to observe methods to study brain functions. By deepening their understanding of neuroanatomy, students can appreciate the contributions of each specific neural structure for maintaining normal neurological function in human being. Students can also appreciate approaches to examine these neural structure and functions.

Self-directed learning encourages students to review the subject content and to continue to seek current knowledge by referring to reference materials.
</td></tr>
<tr><td>Assessment Methods in Alignment with Intended Learning Outcomes</td><td>
<table>
<tr><td rowspan="2">Specific assessment methods/tasks</td><td rowspan="2">% weighting</td><td colspan="5">Intended subject learning outcomes to be assessed</td></tr>
<tr><td>a</td><td>b</td><td>c</td><td>d</td><td>e</td></tr>
<tr><td>2 MCQ tests</td><td>90</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td></tr>
<tr><td>Laboratory work</td><td>10</td><td></td><td>√</td><td>√</td><td></td><td></td></tr>
<tr><td>Self-directed learning</td><td>-</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td></tr>
<tr><td>Total</td><td>100</td><td colspan="5"></td></tr>
</table>
MCQ test: Students will be tested on the theoretical knowledge of clinical neurology and neuroscience delivered in the lectures and laboratories background

Laboratory work: In-class laboratory work assignment will be conducted to ensure that students have active learning on the materials delivered during the laboratory sessions.

Self-directed learning encourages students to review the subject content and continue to seek current knowledge by referring to reference materials.
</td></tr>
</table>

Student Study Effort Expected	***Class contact:***	***(41 Hrs.)***
	▪ Lecture	36 Hrs.
	▪ Laboratory session	5 Hrs.
	Other student study effort:	***(65 Hrs.)***
	▪ Self –directed learning	65 Hrs.
	Total student study effort	**106 Hrs.**
Reading List and References	**Required Text:** Lundy-Ekman L. (2018). *Neuroscience – Fundamentals for Rehabilitation.* 5th ed. Philadelphia: W.B. Saunders. USA. **Recommended Text / Reading:** Bear M F. (2013) Neuroscience : *exploring the brain*. 4th ed. Baltimore: Lippincott. Gazzaniga M, Ivry R B, Mangun G R. (2018). *Cognitive Neuroscience: The Biology of the Mind*. 5h ed. W. W. Norton & Company	

Subject Code	**RS5303**
Subject Title	**RESEARCH METHODS AND STATISTICS**
Credit Value	3
Level	5
Pre-requisite / **Co-requisite/ Exclusion**	Nil
Objectives	The subject is designed to provide the students with a basic level of understanding of the process of critical inquiry, research methodology, statistical concepts and data analysis.
Intended Learning Outcomes	***Upon completion of the subject, students will be able to:*** <u>Professional/academic knowledge and skills</u> a. Explain the concept of systematic inquiry and its application to the health care field with specific reference to rehabilitation services. b. Explain the fundamental concepts related to different aspects of research methodology (study designs, sampling, measurement issues). c. Select proper methods of data coding, recording, and analysis for a given investigative design. d. Use the statistical package for social science (SPSS) to conduct data analysis properly. e. Correctly present and interpret the results of the statistical analysis of a given set of data. f. Perform critical appraisal of scientific literature in the field of rehabilitation.
Subject Synopsis/ Indicative Syllabus	• Process of critical inquiry (formulation of research question, literature research, critical appraisal of literature, designing a research project) • Sampling techniques • Concepts of measurement (Reliability, validity, variables, bias) • Basic statistical concepts • Quantitative research methods • Qualitative research methods • Evidence-based practice • Research ethics • Central Limit Theorem • Probability • Descriptive and inferential statistics • Parametric and non-parametric statistics • Hypothesis testing • t-test • Analysis of variance • Correlation and regression analysis • Analysis of reliability and validity of measurement tools

<table>
<tr><td></td><td>

- Epidemiology
- Analysis of qualitative data

</td></tr>
<tr><td>Teaching/Learning Methodology</td><td>

A blended learning approach will be used. Online lectures are used to highlight the principles of critical inquiry, theory building, design of investigative studies, data analysis and statistical methods. Activity-based laboratory sessions provide experiential learning. Review seminars are used to reinforce the key concepts delivered in online lectures.

Students are also given opportunities to use computer-based search strategies for the professional and scientific literature (e.g., Internet, library resources, CD-ROM, etc.) in the tutorials. A practical component will be used for the application and discussion of these principles. A laboratory handbook with step-by-step instructions will be provided to guide the students in the use of computer software (SPSS) for data analysis, and will allow the students to acquire the necessary skills in statistical analysis independently. Seminar presentations are conducted to enhance the students' abilities to critically appraise journals and articles through discussion and presentation.

</td></tr>
<tr><td>Assessment Methods in Alignment with Intended Learning Outcomes</td><td>

<table>
<tr><td rowspan="2">Specific assessment methods/tasks</td><td rowspan="2">% weighting</td><td colspan="6">Intended subject learning outcomes to be assessed</td></tr>
<tr><td>a</td><td>b</td><td>c</td><td>d</td><td>e</td><td>f</td></tr>
<tr><td>Written test</td><td>50</td><td>√</td><td>√</td><td>√</td><td></td><td>√</td><td>√</td></tr>
<tr><td>Written assignment</td><td>20</td><td></td><td></td><td>√</td><td>√</td><td>√</td><td>√</td></tr>
<tr><td>Group seminar presentation</td><td>30</td><td></td><td>√</td><td>√</td><td></td><td>√</td><td>√</td></tr>
<tr><td>Total</td><td>100</td><td colspan="6"></td></tr>
</table>

Written test: This aim of this assessment is to evaluate the students' understanding of all the major concepts learned in the semester.

Written assignment: The students are required to integrate what is learned throughout the semester and perform a statistical analysis of a given set of data and write up a report.

Group seminar presentation: The students are required to integrate what is learned throughout the semester and perform a critical appraisal of a scientific journal paper.

</td></tr>
</table>

Student Study Effort Expected	***Class contact:***	***(31 Hrs.)***
	▪ Seminar	9 Hrs.
	▪ Laboratory	22 Hrs.
	Other student study effort:	***(78 Hrs.)***
	▪ Online lectures	22 Hrs.
	▪ Self-guided tutorials	10 Hrs.
	▪ Written assignment	6 Hrs.
	▪ Group seminar presentation	20 Hrs.
	▪ Self-study for written test	20 Hrs.
	Total student study effort	**109 Hrs.**

Reading List and References

Required textbook:

Berg KE, Latin RW. Essentials of research methods in health, physical education, exercise science, and recreation. 3rd ed. Philadelphia: Wolters Kluwer/ Lippincott Williams & Wilkins; 2008.

Reference texts:

Barbour RS. Introducing Qualitative Research: a Student's Guide to the Craft of Doing Qualitative Research. London: Sage Publications; 2008.

Berg BL. Qualitative Research Methods for the Social Sciences. Boston, MA: Pearson/Allyn & Bacon; 2007.

Huizingh E. Applied Statistics with SPSS. London: Sage Publications; 2007.

Knowles JG, Cole AL. Handbook of the Arts in Qualitative Research: Perspectives, Methodologies, Examples, and Issues. Los Angeles: Sage Publications; 2008.

Leary MR. Introduction to Behavioral Research Methods. Boston, MA: Allyn and Bacon; 2008.

Levin J. Elementary Statistics in Social Research: the Essentials. Boston: Pearson Allyn & Bacon; 2007.

Peacock JL. Presenting Medical Statistics from Proposal to Publication: a Step-by-Step Guide. Oxford, New York: Oxford University Press; 2007.

Portney LG, Watkins MP. Foundations of clinical research: applications to practice. 3rd ed. Upper Saddle River, NJ: Pearson/ Prentice-Hall Inc; 2009.

Rubin A. Statistics for Evidence-based Practice and Evaluation. Belmont, CA: Thomson Higher Education; 2007.

Willis J. Foundations of Qualitative Research: Interpretive and Critical Approaches. Thousand Oaks: Sage Publications; 2007.

Subject Code	**RS5304**
Subject Title	**HUMAN DEVELOPMENT ACROSS LIFESPAN**
Credit Value	3
Level	5
Pre-requisite / **Co-requisite/ Exclusion**	Nil
Objectives	The subject is designed to provide the students with an in-depth knowledge of different aspects of human development in various stages of life.
Intended Learning Outcomes	***Upon completion of the subject, students will be able to:*** <u>Professional/academic knowledge and skills</u> a. Identify the developmental milestones in gross motor, fine motor, cognitive, psychosocial, speech and language functions. b. Describe the different factors that may affect overall lifespan development. c. Explain the typical changes in the musculoskeletal, cardiovascular, respiratory and nervous systems throughout the lifespan and their relationship to motor and functional development. d. Describe the different factors that may affect overall lifespan development.
Subject Synopsis/ Indicative Syllabus	• Theories of lifespan development • Principles of neuromotor development and motor control models • Sensorimotor, neuromuscular, perceptual, cognitive, psychosocial, and language development in different stages of life • Drug names & classification of drugs • Basic pharmacokinetics • Effect of medications on prenatal and childhood development • Sensory integration • Developmental milestones • Play and toy selection • Development of body systems in different stages of life • Aging • Palliative care, death, dying and bereavement
Teaching/Learning Methodology	Through a series of face-to-face interactive lectures and online lectures with use of multimedia, foundation knowledge of the main stages of development in neuromotor, psychosocial, cognitive and speech and language domains across the lifespan is introduced. Video presentations, role play, case-based discussions, interactive classes involving young/older adult subjects, and critical analysis of literature are included in the tutorials to reinforce and apply the concepts learned in the face-to-face and online lectures. Online tasks are incorporated to promote active learning.

Assessment Methods in Alignment with Intended Learning Outcomes

Specific assessment methods/tasks	% weighting	Intended subject learning outcomes to be assessed							
		a	b	c	d	e	f	g	h
Online tests	20	√	√	√	√				
Written tests	80	√	√	√	√				
Total	**100**								

Online tests: The tests are designed to facilitate observational and problem-solving skills through the use of video-based clinical scenarios, and scientific journal papers. Multiple choice questions are also used to assess the students' level of understanding of the online learning material.

Written tests: This aim of this assessment is to evaluate the student's understanding of the major concepts learned in the semester.

Student Study Effort Expected

Class contact:	***(42 Hrs.)***
▪ Lectures	16 Hrs.
▪ Online lectures	12 Hrs
▪ Labs	14 Hrs.
Other student study effort:	***(65 Hrs.)***
▪ Online tests	15 Hrs.
▪ Self-study	50 Hrs.
Total student study effort	**107 Hrs.**

Reading List and References

Berk LE. Exploring lifespan development. 2nd ed. Boston, MA: Allyn & Bacon; 2010.

Boyd D, Bee H. Lifespan development. 5th ed. Boston, MA: Pearson/Allyn and Bacon; 2009.

Cech D, Martin S. Functional movement development across the lifespan. 3rd ed. Philadelphia, Pennsylvania: Elsevier, 2012.

Shumway-Cook A, Woollacott MH. Motor control: theory and practical applications. 2nd ed. Baltimore: Lippincott Williams & Wilkins; 2001.

Steinberg L. Lifespan development: infancy through adulthood. Belmont, CA: Wadsworth; 2011.

Subject Code	**RS5305**
Subject Title	**REHABILITATION PSYCHOLOGY**
Credit Value	3
Level	5
Pre-requisite / **Co-requisite/ Exclusion**	Nil
Objectives	This subject introduces the key psychosocial theories for understanding the processes of adjustment to trauma, disability, and illness. It also prepares students to examine their values of helping, to develop basic interviewing skills needed in building a helping relationship with clients, and to facilitate psychological adjustment in clients. Students are expected to develop competencies in communicating and understanding psychosocial issues of patients, and facilitate psychological and social adjustment when managing patients with physical and mental disabilities or chronic diseases.
Intended Learning Outcomes	Upon completion of the subject, students will be able to: Professional/academic knowledge and skills a. demonstrate effective communication skills in interviewing a person with disabilities or chronic illness. b. evaluate the impact of trauma, disability, and chronic illness, by applying appropriate psychological theories. c. explain the principles and strategies the facilitation of psychosocial adjustment to illness or disability. d. recognize common with mental health issues in patients in the rehabilitation process. e. understand how rehabilitation interventions (esp. physiotherapy and occupational therapy) could facilitate the psychosocial well-being of persons with physical and/or mental health problems.
Subject Synopsis/ Indicative Syllabus	<u>Psychological Adjustment to Trauma, Disability, and Chronic Illness</u> 1. Psychological impact of trauma, disability, and chronic illness 2. Theories on psychological adjustment a) Stress and coping b) Body image and self-concept c) Loss, grief, and adjustment d) Self-efficacy and self-management 3. Aspects of psychosocial adaptation a) Social attitude toward persons with disabilities b) Vocational behaviour c) Family and social support d) Intimacy and sexuality 4. Psychological aspects of specific disorders • Developmental disabilities, e.g. learning disabilities, neuromuscular disorders • Physical disabilities, e.g. stroke, spinal cord injuries • Chronic illness, e.g. rheumatoid arthritis, diabetes <u>The Helping Relationship and Interviewing Skills</u> 1. The therapeutic relationship 2. Personal values, impression management and helping 3. Effective communication and interviewing skills: listening, asking, and guiding skills and collaborative action planning <u>Mental Health Issues in Rehabilitation</u> 1. Attitude towards psychiatric illness 2. Commonly seen emotional and psychiatric disorders in rehabilitation a) Anxiety and adjustment disorders b) Mood disorders c) Substance abuse 5. Role of rehabilitation health care professionals (including physiotherapists and occupational therapists)'s role in handling psychological issues in patients with physical disabilities or chronic diseases, and mental health issues.

Teaching/Learning Methodology

Lectures will cover the theory and principles of psychology adjustment and adaptation to disabilities and chronic illnesses, illustrated with video shows and case studies.

During tutorials sessions, students will be guided to analyse based on video clips of interviews of patients, or conduct live interviews with persons with disability in class. Using written exercises and role plays, students will practice interviewing skills. Disability awareness exercise are used to help student reflect on their own attitude toward persons with disabilities and their acceptance toward them.

Assessment Methods in Alignment with Intended Learning Outcomes

Specific assessment methods/ tasks	% weighting	Intended subject learning outcomes to be assessed				
		a	b	c	d	e
Multiple choice quizzes	50	✓	✓	✓	✓	✓
Case Seminar presentation	30	✓	✓	✓		
Interviewing Skills Assessment	20	✓	✓			
Total	**100 %**					

Multiple choice quizzes to examine students' knowledge on theories of psychological adjustment and social adaptation to health conditions and disabilities, covering all topics in the subject.

Seminar presentation This is a group project in which students conduct interview with a person with chronic illness or disability. They need to conduct a case analysis of client's psychological adjustment and community adaptation, and then present it during a seminar.

Interviewing Skills Assessment Students are required to demonstrate their competence in basic patient interviewing skills in short online written assignments, and in a role play assessment. During role play assessment, student will take turn to perform role play as interviewer and patients according to case information. We would assess student's interviewing skills based on their performance as interviewers in the role play.

Student Study Effort Expected

Class contact:	***(40 Hrs.)***
▪ Lectures	26 Hrs.
▪ Tutorials/practical	14 Hrs.
Other student study effort:	***(65 Hrs.)***
▪ Interview with patients	5 Hrs.
▪ Group discussion/preparation of seminar presentation	25 Hrs.
▪ Written assignment	10 Hrs.
▪ Self-study	25 Hrs.
Total student study effort	**105 Hrs.**

Reading List and Reerences

Key texts

Egan, G., & Reese, R.J. (2018). *The skilled helper: a problem-management and opportunity-development approach to helping*. (11th ed.) Belmont, CA USA: Cengage Learning.

Martz, E, & Livheh, H. (Eds.). (2007). *Coping with chronic illness and disability: Theoretical, empirical, and clinical aspects*. New York: Springer.

References

Chan, Fong, Berven, Norman L., & Thomas, Kenneth R., (Eds.) (2015). Counseling theories and techniques for rehabilitation and mental health professionals, (2nd ed.). Sl: Springer Publishing Company.

	DeVellis, B. M., & DeVellis, R. F. (2001). Self-efficacy and health. In R. G. Frank (Ed). Rehabilitation. In A. Baum, T. A. Revenson, & J. E. Singer (Eds.) Handbook of health psychology (pp.235-247). NJ, USA: Lawrence Erlbaum. Drench, M. E., Noonan, A. C., Sharby, N., Ventura, S. H. (2007). Psychosocial aspects of health care. (3rd ed.). Upper Saddle River, NJ, USA: Pearson Prentice Hall. Frank, R.G, Rosenthal, M., & Caplan, B. (Eds.) (2010). Handbook of rehabilitation psychology (2nd Ed.). Washington, DC, USA: American Psychological Association. Glover-Graf, N. N., Millington, M., & Marini, I. (2011). Psychosocial Aspects of Disability: Insider Perspectives and Strategies for Counselors. USA: Springer. Gutman, S. A. (2005). Living with illness or disability: 10 lessons of acceptance, understanding, and perseverance. AOTA Press, The American Occupational Therapy Association, Inc. Livneh, H., & Antonak, R. F. (2005). Psychosocial adaptation to chronic illness and disability: A primer for counselors. Journal of Counseling & Development, 83(1), 12-20. Robertson, S. E. & Brown, R. I. (1997). Rehabilitation counselling: Approaches in the field of disability (2nd Ed.). Cheltenham, England: Stanley Thornes. Rollnick, S., Miller, W. R., & Butler, C. (2008). Motivational interviewing in health care: helping patients change behavior. Guilford Press. 江瓊珠 《是我又如何：十八位長期病患者的抗病經歷》香港：香港復康會社區復康網絡，1999 年。

Subject Code	**RS5306**
Subject Title	**MOVEMENT SCIENCE**
Credit Value	3
Level	5
Pre-requisite / **Co-requisite/ Exclusion**	Nil
Objectives	1. To develop a keen interest in students to human biomechanics and kinesiology (and science in general) which will encourage independent, continuing learning after completion of this subject. 2. Encourage students' critical thinking and their use of investigative technique in pursuing knowledge in movement science. 3. To enhance communication skills through tutorial discussions and presentations. 4. To appreciate the importance of evidence-based practice.
Intended Learning Outcomes	***Upon completion of the subject, students will be able to:*** a. Understand the biomechanics and kinesiology of the human musculoskeletal system. b. Learn the biomechanical properties of the various tissues of the musculoskeletal system. c. Analyze movements of the body using sound anatomical and biomechanical principles. d. Analyze the biomechanical mechanisms underlying musculoskeletal disorders and their treatment. e. Apply the principles of kinesiology in clinical decision-making in physiotherapy practice.
Subject Synopsis/ Indicative Syllabus	a. Definitions of biomechanical terms and body mechanics. b. Material and structural properties of musculoskeletal tissues. c. Joint integrity and mobility. d. Muscle performance, functional role, strength, power and endurance, muscle tension, length/speed/tension relationship, and electromyography. e. Motor function and motor control. f. Posture (static and dynamic). g. Walking gait, locomotion and balance. h. Introduction to prosthetic device, alignment and functional design.
Teaching/Learning Methodology	Lecture: mainly in didactic format to introduce the theories and concepts of movement science with some introductory pathology on muscles and joints. Tutorial: Through interactive learning, group discussions and presentations, students will be able to develop a deeper understanding of the lecture materials. They will also be able to develop their communication and language skills during discussion and presentations. Laboratory: There are laboratory sessions in which the students will appreciate the applicability of the theories taught in lectures. They will conduct the practicals in groups and learn to communicate, and work as a team to collect data and critically analyze the data collected. Written test: The test will involve different formats of MCQ, short responses and

<table>
<tr><td></td><td>essays. Students will need to develop their comprehensive and writing skills in each of the components.</td></tr>
<tr><td>Assessment Methods in Alignment with Intended Learning Outcomes</td><td>
<table>
<tr><td rowspan="2">Specific assessment methods/tasks</td><td rowspan="2">% weighting</td><td colspan="5">Intended subject learning outcomes to be assessed</td></tr>
<tr><td>a</td><td>b</td><td>c</td><td>d</td><td>e</td></tr>
<tr><td>Mid-term test</td><td>40</td><td>√</td><td>√</td><td>√</td><td></td><td></td></tr>
<tr><td>Final test</td><td>60</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td></tr>
<tr><td>Total</td><td>100</td><td colspan="5"></td></tr>
</table>
Assessments are in the form of multiple choice questions, short responses to questions and short essays. The questions are based on the concepts and theories of human movement science in order to achieve the learning outcomes.
</td></tr>
<tr><td>Student Study Effort Expected</td><td>
<table>
<tr><td>Class contact:</td><td>(44 Hrs.)</td></tr>
<tr><td>▪ Lectures</td><td>22 Hrs.</td></tr>
<tr><td>▪ Tutorial/ Laboratory</td><td>22 Hrs.</td></tr>
<tr><td>Other student study effort:</td><td>(86 hrs.)</td></tr>
<tr><td>▪ Self-study</td><td>60 Hrs.</td></tr>
<tr><td>▪ Preparation for tutorial and practical</td><td>26 Hrs.</td></tr>
<tr><td>Total student study effort</td><td><u>130 Hrs.</u></td></tr>
</table>
</td></tr>
<tr><td>Reading List and References</td><td>Levangie PK and Norkin CC (2011) Joint Structure and Function: A Comprehensive Analysis. 5th ed., Philadelphia: F.A. Davis Company.

Nordin M and Frankel VH (2012). Basic Biomechanics of the Musculoskeletal System. 4th ed., Philadelphia: Lippincott Williams and Wilkins.</td></tr>
</table>

Subject Code	**RS5307**
Subject Title	**EXERCISE SCIENCE**
Credit Value	3
Level	5
Pre-requisite / **Co-requisite/ Exclusion**	Nil
Objectives	The overall objective of this subject is to equip students with the knowledge and skills of exercise sciences for health and fitness promotion, injury prevention and rehabilitation of musculoskeletal injuries across the life span.
Intended Learning Outcomes	***Upon completion of the subject, students will be able to:*** <u>Professional/academic knowledge and skills</u> a. present the role of physiotherapy in applying the knowledge of exercise sciences for health and fitness promotion, injury prevention and rehabilitation of musculoskeletal injuries across the life span. b. elaborate increased knowledge in exercise physiology, specifically of the acute physiological changes and long-term adaptations of the body systems to exercise and inactivity, and to evaluate the effects of exercise on growth, development and the ageing process. c. apply the physiological principles of exercise to individuals representing different life stages as well as to individuals representing special populations; integrate the principles of exercise training and modification of training methods for different age groups and to address different needs, i.e., exercise for health promotion, for injury prevention or for performance enhancement; and to apply the principles of group exercise programmes to meet the health needs of special populations, e.g., for pregnancy, children, older athletes, people with chronic conditions - diabetes, osteoporosis, cardiac, respiratory, asthma, hypertension and rehabilitation of the injured population. <u>Attributes for all-roundedness</u> a. communicate effectively in oral and written English when presenting/expressing information and ideas to colleagues and patients, and develop personal skills to function as responsible and effective members in a team. b. develop an active and healthy life style and develop values and attitudes appropriate to a profession committed to meeting the health care needs of the society. c. develop problem-solving strategies by extracting and analysing relevant information, formulating an hypothesis and evaluating outcomes, and reading scientific and professional literature in order to apply relevant findings to physiotherapy practice and acquire the skills essential for life-long learning.
Subject Synopsis/ Indicative Syllabus	1. Introduction of the physiotherapy perspective in health and fitness promotion. • Physiotherapy input to preventative, health promotional and rehabilitative exercise and recreational activity in the normal population and in those with specific conditions (emphasis on local scenario, demands and inadequacies). 2. Principles of exercise physiology • Cardiovascular, respiratory, neuromuscular, metabolic, and thermal responses to exercise • Biochemistry of exercise

- Acute and chronic adaptations to exercise
- Nutrition and ergogenic aids in exercise
- Environmental considerations for exercise

3. Application of physiological principles in health promotion
   - Concept of physical fitness and fitness testing
   - Physiological principles in conditioning and training
   - Training methods
     - Aerobic training
     - Anaerobic training
     - Strength and power training
     - Speed and agility training
     - Specific skill training
     - Flexibility training
     - Training and recovery
     - Over training, s/s, role of physiotherapy
     - Muscle pain, fatigue and DOMS
4. Application of physiological and exercise principles for the special population
   - Children and adolescents
     - Physical development and characteristics
     - Growth and musculoskeletal development
     - Body composition
     - Cardiorespiratory system development
     - Responses to exercises and adaptations to training
     - Chronic childhood illness and exercises participation (e.g. Asthma)
     - Special issues (e.g. weight training and distance running for children)
   - Female population
     - Gender differences
     - Pre- and postpubertal differences
     - Muscle performance - power, strength and endurance
     - Cardiovascular system - vo2 max
     - Menstrual cycle
   - Elderly population
     - Adaptations based on aging of body systems
     - Value of physical fitness
     - Essential elements of physical fitness for the elderly
   - People with chronic diseases
     - Exercise needs for people with chronic diseases
     - Physiological responses/adaptations to physical activity
     - Risk factors/ precautions/contraindications prior to participation in physical activity
     - Define ways to monitor and evaluate the effectiveness of the

programme

5. Application of physiological principles in rehabilitation
   - Effects of inactivity and immobilization
   - Physiological principles of exercise prescription in rehabilitation
   - Biomechanical principles of exercise prescription in rehabilitation
   - Mode of exercise in rehabilitation
   - Functional progress in rehabilitation
   - Aquatic exercises in rehabilitation

~~6.~~ Application of physiological principles in sports specific training skills.

Teaching/Learning Methodology

An integrative learning approach is used which makes use of problem solving and case studies to allow students to integrate knowledge and skills gained in other subjects with that of exercise science. Students apply the physiological principles of exercise in order to use exercise as a means for health promotion, injury prevention or to enhance performance for individuals from different populations (e.g. children and adolescents, elderly, females, people with chronic conditions) and life stages.

Assessment Methods in Alignment with Intended Learning Outcomes

Specific assessment methods/tasks	% weighting	Intended subject learning outcomes to be assessed					
		a	b	c	d	e	f
Exercise log book	15			√	√	√	√
Seminar presentation & written assignment	25	√	√	√	√	√	√
Written tests	60	√	√	√		√	√
Total	**100 %**						

Explanation of the appropriateness of the assessment methods in assessing the intended learning outcomes:

Exercise log book: Students acquire and consolidate their knowledge in exercise science through learning by participation. In conjunction with the lectures, laboratory activities and tutorials, students decide their own exercise training schedule and adhere to their training schedule for 6 weeks. This learning-through-participation approach allows in-depth understanding, and aims to develop an active and healthy life style such that they will pursuit exercise lifelong attitudes and role models and leaders in exercise participation in the community.

Seminar presentation: This assessment aims to provide an opportunity for students to search for information on a particular topic related to exercise science, to present information and ideas in an organized manner, express and defend an opinion and function as a responsible group member.

Written assignment: This assessment aims to provide an opportunity for students to present their review topic in a well structured and succinct manner.

Written tests: Both MCQ and essay questions are used in the written tests. MCQ tests are used to test the students' ability to recall the key elements of exercise sciences. Essay question aims to test the students' ability to integrate and synthesise the content knowledge of exercise science and apply it in different scenarios.

Student Study Effort Expected

Class contact:	***(46 Hrs.)***
▪ Lecture	22 Hrs.
▪ Tutorial/seminar	12 Hrs.

	▪ Laboratory/practical	12 Hrs.
	Other student study effort:	***(85 Hrs.)***
	▪ Journal and textbook readings	45 Hrs.
	▪ Preparation of seminar presentation, tests and written assignments	40 Hrs.
	Total student study effort	**<u>131 Hrs.</u>**
Reading List and References	**<u>Required Texts:</u>** McArdle WD, Katch FI, Katch VL (2007). *Exercise Physiology: Energy, Nutrition and Human Performance. 6th ed*. Baltimore: William and Wilkins. Thompson WR, et al. (2010) *ACSM's guidelines for exercise testing and prescription*. 8th edition, Lippincott William & Wilkins **<u>Recommended Reading:</u>** Durstine JL, et al. (2009) *ACSM's Exercise management for persons with chronic diseases and disabilities*. 3rd edition. Human Kinetic. Kisner C, Colby LA (2007) *Therapeutic exercise: Foundations and Techniques* 5th edition, Philadelphia: FA Davis Co.	

Subject Code	**RS5308**
Subject Title	**FUNCTIONAL ANATOMY**
Credit Value	2
Level	5
Pre-requisite / Co-requisite/ Exclusion	Nil
Objectives	By completing this subject, the students will be able to demonstrate an understanding of structures of human body and apply the anatomy knowledge to clinical practice in functional perspectives.
Intended Learning Outcomes	Upon completion of the subject, students will be able to: a. identify the gross structures of the human body using skeletons, plastic models, cadavers, and living models. b. identify the connective tissue structures supporting joints. c. integrate joint movements and the muscles which produce them. d. identify accurately bony and soft tissue structures of the human body. e. analyze the relevant anatomical structures involved given a particular brief case study. f. synthesize patterns of muscle weakness/paralysis and/or sensory loss based on the segmental and peripheral distribution of the normal body's nerve supply and apply anatomy knowledge in functional perspectives of the human body.
Subject Synopsis/ Indicative Syllabus	<u>Overview of the Body</u> • The systems of neurology, osteology, and mycology will be introduced. • Focus includes anatomical terminology and descriptive terms, arrangement of the skeletons, gross structure and classification of bones, classification and function of joints and muscles and the regional distribution of nerves and blood vessels. <u>Regional Study:</u> • Lower Limb and Pelvis • Upper Limb and Shoulder Girdle • Trunk, Head & Neck <u>Regional Study:</u> • Overview of regions of the brain and introduction to neuroanatomy (cranial nerves, their functions and pathways)
Teaching/Learning Methodology	Through lectures, independent and group-study, students will gain a basic knowledge of the structure of the human body, focusing on the functional perspectives of the musculoskeletal and neurology systems. Required pre-readings will introduce the terminology, organization, and relevant development, structure and function of the systems or regions of the body under study each week. Lecture format is used to provide overviews of the structures underlying the systems and regions of the body, to clarify difficult concepts involving these structures and to provide brief case studies which highlight the relevance of anatomical knowledge in rehabilitation. In laboratory sessions, a variety of educational media (e.g., skeletons, cadaver prosections, models, reference materials, multimedia self-learning packages) are used to enhance learning. Students will be expected to

<table>
<tr><td></td><td>complete pre-readings prior to the laboratory sessions so that they can participate actively in the learning process. Also, to that end, students will teach small portions of lab materials to their peers on occasion. The remainder of laboratory material is learned via instructor-facilitated, independent and/or small group study.</td></tr>
<tr><td>Assessment Methods in Alignment with Intended Learning Outcomes</td><td>
<table>
<tr><td rowspan="2">Specific assessment methods/tasks</td><td rowspan="2">% weighting</td><td colspan="6">Intended subject learning outcomes to be assessed (Please tick as appropriate)</td></tr>
<tr><td>a</td><td>b</td><td>c</td><td>d</td><td>e</td><td>f</td></tr>
<tr><td>Continuous assessment</td><td>60</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td></td></tr>
<tr><td>Examination</td><td>40</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td></tr>
<tr><td>Total</td><td>100</td><td colspan="6"></td></tr>
</table>
<u>Continuous assessment</u>

A variety of assessment tools will be used, the students can achieve the intended learning outcomes through the multiple choices and labeling questions in quizzes; body structures identification in the laboratory test; and integration of knowledge related to joint movements and muscle functions in student-led peer teaching.

<u>Examination</u>

Final examination (40%) – through multiple choice questions and case-related questions which will assess all of the intended learning outcomes for the subject and specifically will be checking their ability in applying anatomy knowledge in functional perspectives of the human body.</td></tr>
<tr><td>Student Study Effort Expected</td><td>
<table>
<tr><td>Class contact:</td><td>(46 Hrs.)</td></tr>
<tr><td>▪ Lecture</td><td>10 Hrs.</td></tr>
<tr><td>▪ Laboratory</td><td>36 Hrs.</td></tr>
<tr><td>Other student study effort:</td><td>(90 Hrs.)</td></tr>
<tr><td>▪ Independent study and peer teaching preparation</td><td>30 Hrs.</td></tr>
<tr><td>▪ Preparation for continuous assessment and examination</td><td>60 Hrs.</td></tr>
</table>
</td></tr>
<tr><td></td><td>
<table>
<tr><td>Total student study effort</td><td><u>136 Hrs.</u></td></tr>
</table>
</td></tr>
<tr><td>Reading List and References</td><td>Agur AMR, Dalley AF (2013) Grant's Atlas of Anatomy, 15th ed. Philadelphia: Lippincott Williams & Wilkins.

Moore KL, Dalley AF, Agur AMR (2014) Clinically Oriented Anatomy, 8th ed. Philadelphia: Lippincott Williams & Wilkins.</td></tr>
</table>

Subject Code	**RS5310**
Subject Title	**PRINCIPLES OF PHYSIOTHERAPY PRACTICE**
Credit Value	3
Level	5
Co-requisite	RS5308 Functional Anatomy
Objectives	1. Highlight principles and establish framework for practice in physiotherapy. 2. Develop knowledge and skills in basic physical assessment and exercise to promote health, to prevent injury/disability as well as to remedy specific clinical problems.
Intended Learning Outcomes	***Upon completion of the subject, students will be able to:*** <u>Professional/academic knowledge and skills</u> a. Identify components of the decision-making process in the practice of physiotherapy. b. Apply basic principles of measurement theory and testing to assessment procedures (e.g. use of standardized measures). c. Observe and perform fundamental tests for the assessment of physical function. d. Using observational skills, recognize the range of normal performance and appreciate individual variations. e. Apply the principles of communication to interview and instruct subjects. f. Integrate the principles of exercise to design a progressive activity/exercise programme. g. Teach and instruct subjects in physical activities and selected exercise programmes, applying principles from current theories of teaching and motor learning. h. Select the mode of exercise (including intensity, frequency, duration) for an intervention (e.g., to promote physical fitness, to prevent injury/disability or to remediate an identified clinical problem. i. Document observations (e.g. normal movement patterns) and measurement findings. j. Demonstrate selected "patient care" skills (e.g. ambulation with assistive device). <u>Attributes for all-roundedness</u> a. Reflect on personal performance to relate how knowledge learned is applied in real life situation. b. Practice effective interpersonal communication (written, oral, non-verbal) by seeking and providing feedback on performance. c. Read and summarize information from the professional literature.
Subject Synopsis/ Indicative Syllabus	<u>Factors and Attributes Affecting Function</u> e.g., sensation, balance, medical, environmental <u>Analysis of Movement by Observation</u> • Body build and shape • Posture • Gait • Transfer, mobility, transitional movement

	• Physical dysfunction in health and disease • Functional activities at different life stages (young and old; healthy and diseased) <u>Principle and Skills of Physiotherapy Practice - Assessment</u> • Communication (interviewing, documentation, information retrieval) • Reasoning, judgment and decision-making • Visual inspection/observation (body build, posture) • Palpation of bony and soft tissue landmarks • Measurement o Joint range - goniometry o Muscle strength - manual muscle testing, hand-held dynamometer o Seating/ positioning o Transitional movements o Balance o Posture o Gait • Patient status (vital signs, mobility, physical condition/activity-level) <u>Principle and Skills of Physiotherapy Practice - Intervention</u> • Motor learning (Psychomotor Skill Development) • Patient care skills o Transfer o Turning and positioning o Wheelchair prescription o Ambulation with assistive devices • Teach Activity/Exercise o Types of contractions (isometric, isotonic, concentric, eccentric, isokinetics) o Types of movement (passive, active, active-assisted, active-resisted (gravity, water, manual/therapist, equipment). <u>Equipment</u>: springs, pulleys, weights, theraband o Components: individual movements, activity/exercise, programme to increase - Range of motion, flexibility - Postural - Strength - Endurance - Power - Assisted gait pattern - Transitional movement (e.g. transfer from chair-to-chair) • Documentation. (e.g., body chart, assessment forms)
Teaching/Learning Methodology	A blended learning approach will be used. Online and face-to-face lectures are used to highlight principles and to establish the framework for practice in physiotherapy. In laboratory and practical sessions, students consolidate skills in physical assessment and exercise prescription, after viewing the online video clips prior to classes. Learning activities in the testing of muscles and joints are organized using a regional approach that

	is complementary to the subject, *Functional Anatomy (RS5308).* Activity/exercise is explored as an intervention to promote health, to prevent injury/disability as well as to remedy specific clinical problems.

Assessment Methods in Alignment with Intended Learning Outcomes

Specific assessment methods/tasks	% weighting	Intended subject learning outcomes to be assessed												
		a	b	c	d	e	f	g	h	i	j	k	l	m
Written (MCQ) test	40	√	√				√		√	√				
Practical tests	60	√	√	√	√	√	√	√	√	√	√	√	√	√
Total	**100**													

Written test (MCQ): Aims to assess students' understanding of knowledge/theory, framework and clinical reasoning in basic physiotherapy practice.

Practical test: The ability of students to integrate and translate theory into safe and effective practice in preparation for clinical practice is assessed through practical tests.

Student Study Effort Expected

Class contact:	***(50 Hrs.)***
▪ Lecture	6Hrs.
▪ Laboratory/Practical	44Hrs.
Other student study effort:	***(53 Hrs.)***
▪ Online lectures	6Hrs.
▪ Online pre-practical materials	11Hrs.
▪ Self-study for written test	12Hrs.
▪ Self-study for practical test	24Hrs.
Total student study effort	**103Hrs.**

Reading List and References	**Required Text:** For Assessment: Clarkson HM (2013). *Musculoskeletal Assessment - Joint Range of Motion and Manual Muscle Strength*. 3rd ed. Philadelphia. Lippincott Williams & Wilkins. For activity/ exercise/ Interventions: Kisner C and Colby L A (2007). *Therapeutic Exercise. Foundations and Techniques*. 5th ed. Philadelphia. F. A. Davis Company. (Selected learning material and guidelines for different topics are provided in class). **Recommended Reading:** For measurement issues: Rothestein JM, Echternach JL (1993). *Primer in Measurement.* Alexandria, VA: American Physical Therapy Association For activity/ exercise/ Interventions: American College of Sports Medicine (2009). *ACSM's Guidelines for Exercise Testing and Prescription.* 6th ed. Baltimore: Lippincott Williams & Wilkins. For palpation: Tixa S (2007). *Atlas of surface palpation: Anatomy of the Neck, Trunk, Upper and Lower Limbs* (Netter Basic Science). Churchill Livingstone Elsevier.

Subject Code	**RS5311**
Subject Title	**MUSCULOSKELETAL PHYSIOTHERAPY I**
Credit Value	4
Level	5
Pre-requisite	RS5301 Orthopaedics and Traumatology
Objectives	The overall objective of the series Musculoskeletal Physiotherapy is to provide students with theories, skills and clinical application for musculoskeletal physiotherapy practice. This subject focuses on developing competencies of physiotherapy professional practice in the areas of assessment, clinical reasoning, diagnosis and treatment selection of musculoskeletal dysfunction. This subject incorporates (i) the regional assessment and management of musculoskeletal problems of the peripheral joints; and (ii) the overall integration of physiotherapy modalities including the principles and practice of therapeutic exercises and manual therapy. Interventions for common conditions including soft tissue, joint, bony lesions and common surgical interventions will be covered.
Intended Learning Outcomes	***Upon completion of the subject, students will be able to:*** Professional/academic knowledge and skills a. integrate knowledge of the process of injury/disease with dysfunction of the musculoskeletal system to determine a physical diagnosis within the scope of physiotherapy. b. undertake an appropriate subjective examination of a patient identifying appropriate signs and symptoms. c. undertake an appropriate physical examination guided by the subjective examination. d. extract relevant information from the examination and formulate an hypothesis for clinical decision making. e. select and apply manipulative and exercise therapy techniques in a safe, effective and ethical manner. f. document an accurate clinical record based on a given format. g. design a total plan of care that includes the full-range of physiotherapeutic interventions (e.g. mobilisation, exercises, electrophysical modalities) taking into consideration the nature and the pathology of the clinical problem and the needs of the patient. Clinical settings at the secondary and tertiary levels of care may include acute care hospitals to outpatient (ambulatory care) settings. h. review the effectiveness of therapeutic interventions relating to the outcome of short and long term plans. Attributes for all-roundedness a. develop problem-solving strategies by extracting and analyzing relevant information, formulation of hypothesis and evaluation of outcome. b. communicate effectively when presenting/expressing information and ideas to colleagues and patients. c. develop skills essential for independent study and life-long learning. d. develop values and attitudes appropriate to a profession committed to meeting the health care needs of the society. e. develop personal skills to function as a responsible and effective member of a team. f. read scientific and professional literature in order to apply relevant findings to

	physiotherapy practice.
Subject Synopsis/ Indicative Syllabus	1. Principles and Concepts ▪ Concept of diagnosis in physiotherapy - physical vs. medical diagnosis ▪ Clinical reasoning - characteristics and process ▪ Clinical decision making - cue acquisition, hypothesis generation, data interpretation and hypothesis evaluation ▪ Principles of intervention of selected pathologies that affect joints, soft tissue, connective tissue and bone: o Characteristics and clinical signs/symptoms of arthritis; design rehabilitation programmes to address impairments associated with the condition o Stages of soft tissue/connective tissue healing process; characteristics and clinical signs/symptoms of inflammatory, reparative and remodeling phase, design rehabilitation programmes that are appropriate for the stages of healing o Stages of fracture healing; principles of management for fracture during the period of immobilization and post-immobilization o Indications of surgical interventions for musculoskeletal pathology (joint replacement and common orthopaedic post-operative conditions); guidelines for preoperative and postoperative rehabilitation; interventions to prevent potential post-operative complications associated with surgery o Physiological changes associated with bedrest; physiotherapy interventions to prevent the adverse effects associated with bedrest ▪ Concepts of radiological imaging; normal anatomy and common pathology on musculoskeletal imaging procedures such as X-rays, computed tomography and magnetic resonance imaging. 2. Assessment a. Conduct patient interview (subjective examination) and review pertinent medical records including: ▪ general demographics ▪ chief complaints (use of body chart) ▪ behavior of symptoms (including irritability, severity and 24-hour pattern) ▪ functional status and activity level ▪ current and past history ▪ general health status ▪ medical/surgical history ▪ medications ▪ family and social history ▪ living environment ▪ employment ▪ social health habits ▪ patient/client's perception of problems and needs ▪ precautionary questions to rule out symptoms arising from systems other than the musculoskeletal system ▪ other clinical tests (review imaging, laboratory reports, available records and other clinical findings) b. Conduct physical examination pertaining to the musculoskeletal system that includes: ▪ posture (static and dynamic)

	▪ bed mobility, transfer, gait, and balance ▪ use of assistive devices and equipment ▪ functional activities and limitations ▪ active range of motion ▪ passive physiological and accessory joint movements (for joint integrity, mobility and joint play movements) ▪ ligament laxity tests ▪ muscle performance (strength, power and endurance) ▪ muscle length and soft tissue extensibility ▪ functional tests ▪ palpation ▪ 'when applicable' tests ▪ screening tests 3. Diagnosis and Plan of care ▪ analyze and interpret examination/assessment findings ▪ synthesize available information and generate a working hypothesis ▪ recognize signs and symptoms that are beyond the scope of physiotherapy practice ▪ integrate examination findings to determine the physical diagnosis of the patient/client (in terms of human movement dysfunction) ▪ identify and prioritize impairments to determine a specific dysfunction towards which the intervention will be directed ▪ determine the prognosis and time required for improvement in patient/client function ▪ determine short-term and long-term goals for treatment ▪ select and prioritize treatment intervention ▪ evaluate the effectiveness of intervention ▪ progress treatment intervention in response to the patient/client's status ▪ establish criteria for discharge based on patient/client's goals and functional status ▪ use of evidence-based outcome measures ▪ discharge plan ▪ documentation ▪ recognition of precautions and contraindications to physical examination and treatment (manual therapy and exercise therapy) 4. Treatment Intervention a. Prescription and application of therapeutic exercises including: ▪ muscle strength, power and endurance training (active-assistive, active, resistive including isometric, isotonic, concentric, eccentric and plyometric) ▪ flexibility exercises (tissue extensibility, prevention of contractures) ▪ sensory training or retraining ▪ ambulation skills including choice of assistive devices and gait-retraining ▪ functional training in self-care and home management (e.g. bed mobility, transfer, ADL training) ▪ balance, co-ordination and training of functional or sports-specific activities

- task-specific performance training

b. Prescription and application of manual therapy techniques including:

- manipulative therapy skills - passive physiological and accessory joint mobilization
- scar massage or soft tissue mobilization
- therapeutic massage

c. Prescription and application of mechanical modalities including:

- compression therapy – e.g. compression bandages
- mechanical motion device – e.g. continuous passive motion
- protective and supportive devices – e.g. splints, braces

5. Patient/client related instruction

- injury prevention education
- education, advice and training of patients/clients and caregivers

Teaching/Learning Methodology

A student-centered learning approach is used with a combination of lectures, tutorials/seminars and self-directed learning methods. A case-based learning approach is adopted for the overall integration of theoretical knowledge, different therapeutic modalities and skills. The clinical cases will reflect problems across the life span that address psychosocial and environmental factors and examine underlying physiological responses to inactivity or trauma etc. Students are guided in the development of their assessment, problem-solving and treatment skills in physiotherapy management. In clinical laboratory sessions, students focus on the development and application of skills in assessment and treatment techniques. To consolidate and reinforce what the students have learnt in classrooms, bedside teaching activities are organized in clinical settings.

Other activities to promote self-directed learning include open laboratory session.

Assessment Methods in Alignment with Intended Learning Outcomes

Specific assessment methods/tasks	% weighting	Intended subject learning outcomes to be assessed												
		a	b	c	d	e	f	g	h	i	j	k	l	m	n
Written test	40	√			√	√	√		√	√				√	
Seminar presentation	20	√			√			√	√	√	√	√	√		√
Practical test	40	√	√	√	√	√			√	√	√		√	√	
Total	**100**														

Written test: The aim of this assessment is to evaluate the student's understanding of the principles and concepts of musculoskeletal assessment and treatment intervention.

Seminar presentation: This assessment aims to provide the opportunity for students to develop and/or refine their ability to search for information on a designated topic, to develop skills in presenting information and ideas in an organized manner, to express and defend an opinion and function as a responsible group member.

Practical test: This assessment component aims to evaluate students' clinical skills competence, and application of their knowledge to the planning of examination and treatment.

Student Study Effort Expected	***Class contact:***	***(84 Hrs.)***
	▪ Lecture	18 Hrs.
	▪ Tutorial/Seminars	12 Hrs.
	▪ Laboratory/Practical	54 Hrs.
	Other student study effort:	***(62 Hrs.)***
	▪ Self-study	42 Hrs.
	▪ Seminar preparation	20 Hrs.
	Total student study effort	**<u>146 Hrs.</u>**
Reading List and References	**<u>Required Text:</u>** Kisner C, Colby LA (2007). *Therapeutic Exercise: Foundations and Techniques.5th ed.* Philadelphia: FA Davis Co. Magee DJ (2008). *Orthopaedic Physical Assessment. 5th ed*. Philadelphia: WB Saunders. Maitland GD (2005). *Peripheral Manipulation*. *4th ed*. London: Butterworth-Heinemann. **<u>Recommended Reading:</u>** Atkinson K, Coutts F, Hassenkamp A-M (2005). *Physiotherapy in Orthopaedics: A Problem-Solving Approach. 2nd ed*., Edinburgh: Churchill Livingstone Henegeveld E, Banks K (2005). *Maitland's Peripheral Manipulation. 4th ed*. London: Butterworth-Heinemann. Magee DJ, Zachazewski JE, Quillen WS (2007). *Scientific Foundations and Principles of Practice in Musculoskeletal Rehabilitation*. Philadelphia: WB Saunders. Magee DJ, Zachazewski JE, Quillen WS (2009). *Pathology and Intervention in Musculoskeletal Rehabilitation*. Philadelphia: WB Saunders. Maxey L, Magnusson J (2006). *Rehabilitation for the Postsurgical Orthopedic Patient - Procedures and Guidelines, 2nd ed*., Mosby Co. Other relevant journal articles and texts will be recommended as appropriate.	

Subject Code	**RS5312**
Subject Title	**MUSCULOSKELETAL PHYSIOTHERAPY II**
Credit Value	5
Level	5
Pre-requisite	RS5311 Musculoskeletal Physiotherapy I RS5314 Electrophysical Therapy I
Objectives	a. A student-centred learning focus is used to empower students' ability to identify and treat clinical problems that are associated with disorders of the musculoskeletal system relating to the hand, the spine and amputation. b. Problem-based and case-based learning will be used to enable students to appreciate the role of physiotherapist in primary, secondary and tertiary care settings in managing disorders of the musculoskeletal system relating to the hand, the spine and amputation. c. Concepts of occupational health and ergonomic consideration will be introduced in managing disorders of the musculoskeletal system relating to the hand, the spine and amputation.
Intended Learning Outcomes	Upon completion of the subject, students will be able to: a. search knowledge on medication and information on the etiology and disease process of some common musculoskeletal disorders related to the spine, hand and amputation . b. extract, interpret and hypothesize on clinical findings through the use of subjective examination, objective tests, measurement scales and other secondary information such as medical imaging and surgical management to determine a physical diagnosis within the scope of physiotherapy. c. design and implement manipulative techniques and exercise therapy, with maximum and appropriate level of safety, effectiveness, efficiency and ethical standards and evaluate its outcome. d. document and communicate relevant findings and the treatment programme, as appropriate. e. Concept of primary, secondary and tertiary care and to utilize the concept to promote health in the community.
Subject Synopsis/ Indicative Syllabus	1. Principles and concepts 2. Acquire and Conduct physical examination pertaining to the hand, the spine and amputation that includes: Generate physiotherapy Diagnosis and treatment plan 3. Deliver physiotherapeutic treatment intervention using manual therapy and exercise therapy 4. Patient/client self-management concepts in the community setting as well as hospital out-patients.
Teaching/Learning Methodology	1. Lecture, 2. Web-based clinical cases 3. Practical laboratory 4. Seminar 5. Tutorials

A student-centred learning focus is used to identify and treat clinical problems that are associated with disorders of the musculoskeletal system relating to the hand, the spine and amputation. Principles and concepts are introduced in lectures and subsequently reinforced through guided learning in tutorials and laboratories with clinical reasoning and demonstration sessions. Seminars help to develop the integration of principles and practice in the use of manipulative techniques and other therapeutic modalities in near and long-term management. Throughout, students are guided to identify and critically appraise the evidence underlying the rationale and practice of different treatment techniques, drawing from recent articles in various fields (e.g., epidemiology, images). Students must integrate this knowledge to develop methods to educate their clients and the public, at large, in disease/injury prevention and health promotion in the community setting as well as hospital environment.

In addition, "e-platform" has been developed which facilitates students' clinical reasoning skill.

Assessment Methods in Alignment with Intended Learning Outcomes

Specific assessment methods/tasks	% weighting	Intended subject learning outcomes to be assessed (Please tick as appropriate)				
		a	b	c	d	e
Written Assignment	10	√				
Clinical Reasoning Test	30	√	√		√	
Practical Tests	40			√		
Seminar Presentation	20					√
Total	**100**					

Written and clinical reasoning test are directed towards assessing students' ability on clinical reasoning. From the information provided on the cases, students are expected to extract and analysis relevant information, identify problems, provide an appropriate treatment plan, and suggest appropriate PT intervention.

Students' clinical skills are being evaluated during and at the end of the semester. All manipulative and exercises therapy skills being taught will be examined.

Seminar presentation aims to provide students an opportunity to have a deeper exploration on a selected topic, to extract information from journal articles, and to share information and ideas in an organized manner.

<table>
<tr><td rowspan="8">Student Study Effort Expected</td><td>Class contact:</td><td>(98 Hrs.)</td></tr>
<tr><td>▪ Lecture</td><td>14 Hrs.</td></tr>
<tr><td>▪ Tutorial</td><td>22 Hrs.</td></tr>
<tr><td>▪ Laboratory</td><td>56 Hrs</td></tr>
<tr><td>▪ Seminar</td><td>6 Hrs</td></tr>
<tr><td>Other student study effort:</td><td>(75 Hrs.)</td></tr>
<tr><td>▪ Web-based clinical cases</td><td>25 Hrs.</td></tr>
<tr><td>▪ Self-reading & practice</td><td>50 Hrs.</td></tr>
<tr><td colspan="2">Total student study effort</td><td><u>173 Hrs.</u></td></tr>
<tr><td>Reading List and References</td><td colspan="2"><u>Required Texts:</u>
Engstrom B; van der Ven, Catherine (1999) Therapy for Amputees. 3rd Edition. Edinburgh: Churchill Livingstone.

Magee DJ (2008). Orthopaedic Physical Assessment. 5rd ed. Philadelphia: WB Saunders.

Maitland GD (2000). Vertebral Manipulation. 5th ed. London: Butterworth-Heinemann.

<u>Recommended Reading:</u>
Grant R (2002). Physical therapy of the cervical and thoracic spine. 3nd ed. New York: Churchill Livingstone

Butler DS (2000). The Sensitive Nervous System. Noigroup Publication, Australia

McGill S (2007). Low Back Disorders. Human Kinetics, NZ

Note: other relevant journal articles and texts will be recommended as appropriate.</td></tr>
</table>

Subject Code	**RS5313**
Subject Title	**MANIPULATIVE PHYSIOTHERAPY**
Credit Value	2
Level	5
Pre-requisite	RS5311 Musculoskeletal Physiotherapy I RS5312 Musculoskeletal Physiotherapy II
Objectives	In Students can identify and practice the recent developments and perspectives in manipulative therapy approaches in interactive lectures. To develop students' ability to critically appraise the evaluation, rationale and efficacy of these different approaches in tutorials and seminars.
Intended Learning Outcomes	Upon completion of the subject, students will be able to: 1. integrate knowledge from a range of manipulative approaches into their clinical reasoning model for the assessment and management of neuro-musculoskeletal problems 2. synthesize knowledge on the principles, safe and effective application of manipulative therapy approaches in the examination and treatment of neuro-musculoskeletal disorders. 3. critically appraise the rationale and efficacy of manipulative therapy approaches and treatment strategies. 4. apply and evaluate the effect of appropriate manipulative physiotherapy techniques to the spinal and peripheral joints in the management of a variety of neuro-musculoskeletal problems. 5. assessing patients and making rational decisions regarding physiotherapeutic approaches to treatment, through a logical clinical reasoning process. 6. identify and apply different measurement tools for the evaluation of treatment outcomes. 7. communicate effectively with patients and other health professionals
Subject Synopsis/ Indicative Syllabus	**1. <u>Learning</u>** • Integrate knowledge from a range of manipulative approaches into their clinical reasoning model for the assessment and management of neuro-musculoskeletal problems ▪ Apply and evaluate the effect of appropriate manipulative physiotherapy techniques to the spinal and peripheral joints in the management of a variety of neuro-musculoskeletal problems • Identify and apply different measurement tools for the evaluation of treatment outcomes. • Communicate effectively with patients and other health professionals **2. <u>Strategies</u>** ▪ A problem-orientated approach with case studies is adopted to enhance the overall integration and consolidation of the theory and practice of manipulative therapy Problem-based learning in clinical reasoning and decision making ▪ An inquiry-based approach is used and students learn to actively apply theories into practice and the essential skills.

3. <u>Physiotherapist Practice</u>

a. Assessment

- Use hypothetico-deductive strategies to determine the specific tests and measures.
- Introduce reliable and valid tests and measures.

b. Evaluation and Diagnosis

- Foumulate a Differential Physical Diagnosis with clinical reasoning in the form of case studies and clinical reasoning forum with experienced Manipulative Physiotherapists.

c. Plan of care /intervention and treatment

- Recent developments in manipulative therapy, including Neural Tissue Longitudinal Provocation Tests, Active muscle stabilization of spine and peripheral joints, Combine movements etc.
- Apply/demonstrate mobilisation techniques for the spinal and peripheral joints (thrust and nonthrust).
- Manipulative therapy perspectives: Traditional Chinese Manipulative Therapy, McKenzie approach & Mulligan's techniques etc.

d. Evidence Based Practice

- Critically evaluate sources of information related to manual therapy.
- Consistently integrate the best evidence for practice from sources of information with clinical judgment

Teaching/Learning Methodology

A problem-orientated approach with case studies is adopted to enhance the overall integration and consolidation of the theory and practice of musculoskeletal therapy. In practical sessions, an inquiry-based approach is used and students learn to actively apply theories into practice and the essential skills. VCDs are used to facilitate the application of manipulative therapeutic techniques. A subject-specific website has been developed to allow students' access to teaching material and discussion of issues relating to the subject is encouraged via the 'Discussion Forum'. Frequently asked questions are also posted on the website for student reference.

Assessment Methods in Alignment with Intended Learning Outcomes

Specific assessment methods/tasks	% weighting	Intended subject learning outcomes to be assessed (Please tick as appropriate)						
		a	b	c	d	e	f	g
1 Clinical Reasoning Test.	40	√	√	√		√		√
2. Practical Examination	60	√	√		√	√		
Total	**100**							

Clinical Reasoning Test: This assessment aims to assess students' understanding of theory, pathology, and management of people with musculoskeletal dysfunctions.

Practical Examination: This assessment aims to evaluate students' clinical reasoning, selection of evaluation and treatment choice and skills in managing simulated patients with common musculoskeletal dysfunctions.

Student Study Effort Expected	***Class contact:***	**(36 Hrs.)**
	▪ Lecture/Tutorial/Seminar	20 Hrs.
	▪ Practical	16 Hrs.
	Other student study effort:	**(35 Hrs.)**
	▪ Reading/Self-practice	35 Hrs.
	Total student study effort	**71 Hrs.**
Reading List and References	**Required Texts:** Butler DS (2000). *The Sensitive Nervous System*. Noigroup Publications, Australia Maitland GD (2005). *Peripheral Manipulation*. *4th ed.* London: Butterworths. Maitland GD (2001). *Maitland's Vertebral Manipulation*. *6th ed.* London: Butterworths. Higgs J, Jones M (2008). *Clinical Reasoning in the Health Professions*. *3rd ed*. Edinburgh: Elsevier Churchill Livingstone, **Recommended Reading:** Grant R (2002). *Physical therapy of the cervical and thoracic spine. 3rd ed.* New York: Churchill Livingstone Twomey LT, Taylor JR (2000). *Physical therapy of the low back. 3rd ed*. New York: Churchill Livingstone Boyling JD, (2004). ***Grieve's modern manual therapy: the vertebral column***. *3rd ed*. Edinburgh: Churchill Livingstone Deutsch, J. E, Anderson E Z (2008) Complementary therapies for physical therapy: a clinical decision-making approach. Journal articles appropriate to the topics are recommended in class.	

Subject Code	**RS5314**
Subject Title	**ELECTROPHYSICAL THERAPY I**
Credit Value	3
Level	5
Pre-requisite / **Co-requisite/ Exclusion**	Nil
Objectives	Students will understand the theoretical knowledge and the practical application of electrophysical agents for managing patients with disorders and injuries to the musculoskeletal system.
Intended Learning Outcomes	***Upon completion of the subject, students will be able to:*** <u>Professional/academic knowledge and skills</u> a. integrate knowledge of physics, anatomy and physiology to select and apply the appropriate thermal and/or neuromuscular electrical stimulation agent(s) for treatment of various musculoskeletal conditions. b. understand the biophysical and therapeutic effects of thermal agents and neuromuscular electrical stimulation agents on body tissues, covering all the common musculoskeletal injuries. c. select and apply the most appropriate thermal agent and/or neuromuscular electrical stimulation agent for an individual case in a safe, effective and efficient manner. d. evaluate and prioritise the effectiveness of different electrophysical agents, and modify the method as appropriate. e. document and interpret details of treatment, modifications and patient's response. f. critically appraise and synthesise information from scientific and professional literature on various aspects of physical and electrical agents. The concept of evidence-based practice applicable to the use of electrotherapy will be fostered. <u>Attributes for all-roundedness</u> g. enhance language proficiency by reading reference materials and writing a report in academic writing style h. enhance communication and interaction by practicing how to interview patients and give instructions to patients about electrophysical therapy i. acquire problem-solving skills in order to make clinical decisions on how to select various modalities, determine dosage and method of applications for the different case types presented. j. personal and professional ethics are emphasized in ensuring safety measures are taken and patient confidentiality and privacy are respected.
Subject Synopsis/ Indicative Syllabus	1. Principles and concepts of biophysical, physiological and therapeutic effects of thermal agents and neuromuscular electrical stimulation agents applied to body tissues, covering all the common musculoskeletal injuries. 2. Selection and methods of application of appropriate thermal agent(s) and/or neuromuscular electrical stimulation agent(s) in a safe, effective and efficient manner. 3. Electrophysical therapy agents covered include: ▪ Superficial thermal agents – hot packs, paraffin baths, dry heat

- Deep thermal agents – shortwave diathermy
- Cryotherapy- cold packs, ice massage, vapocoolant spray
- Ultrasound therapy – application using gel, water as medium,
- Electrical stimulation (sensory) – transcutaneous electrical stimulation (TENS) and interferential therapy (IFT) for pain management
- Electrical stimulation (motor) – neuromuscular electrical stimulation using low-frequency and medium frequency currents (IFT and Russian current),

4. Principles of evaluation of treatment effects, and the application of a clinical reasoning approach to modify or progress the treatment method and dosage as appropriate.
5. Documentation and interpretation of details of treatment, modifications and patient's response.
6. Integration of electrophysical therapy into the overall physiotherapy management approach for musculoskeletal disorders and injuries.
7. Learning to read and synthesise information from scientific and professional literature on various aspects of physical and electrical agents. The concept of evidence-based practice, with respect to the use of electrotherapy, will be fostered.

Teaching/Learning Methodology

An interactive learning approach is used in this subject, and teaching content is integrated horizontally with other related subjects taught in this semester, such as Principles of Physiotherapy Practice and Musculoskeletal Physiotherapy I. Through a series of interactive lectures, students learn about the theoretical knowledge involved in the production and application of electrophysical therapy agents, as part of the PT management of musculoskeletal injuries/dysfunctions. In the practical classes, students learn to perform practical procedures in applying these EPT modalities to the relevant parts of the human body to simulate treatment of musculoskeletal injuries. Tutorials are organised to help students to review and integrate their knowledge. A subject-specific website is developed to enhance interactive learning and provide supplementary information to students. "Open" laboratory sessions are organised to encourage independent learning and revision.

Assessment Methods in Alignment with Intended Learning Outcomes

Specific assessment methods/tasks	% weighting	Intended subject learning outcomes to be assessed									
		a	b	c	d	e	f	g	h	i	j
Written Test	40	√	√	√						√	√
Written Assignment	10	√	√				√	√		√	√
Practical Test	50		√	√	√	√			√	√	√
Total	**100 %**										

Written test Students will be tested on all aspects of theoretical knowledge on EPT modalities for musculoskeletal disorders.

Written assignment requires the students to conduct a literature search for a specific musculoskeletal patient scenario (under guidance) and learn to appreciate the research evidence for electrotherapy.

Practical test requires the student to perform applications of various modalities and to evaluate their ability to conduct this procedure in a safe, professional and effective manner.

Student Study Effort Expected	***Class contact:***	***(56 Hrs.)***
	▪ Lectures	26 Hrs.
	▪ Practical /tutorial classes	30 Hrs.
	Other student study effort:	***(50 Hrs.)***
	▪ Literature review and written assignment	30 Hrs.
	▪ Open lab – self practice	20 Hrs.
	Total student study effort	**106Hrs.**
Reading List and References	Robertson V., Ward A., Low J. (2006). *Electrotherapy Explained: Principles and Practice*,4th Ed.Edinburgh: Butterworth Heinemann, Elsevier. Watson, Tim (2008). *Electrotherapy E-Book: Evidence-Based Practice*. Long: Elsevier Health Sciences. Belanger AY. (2009). *Therapeutic Electrophysical Agents: Evidence Behind Practice. 2nd ed.* Baltimore: Lippincott Williams & Wilkins. Michlovitz, S., Bellew, J. and Nolan, T. (2016). *Modalities for Therapeutic Intervention*. 6th ed. Philadelphia: F.A. Davis Company. Knight, K. and Draper, D. (2013). *Therapeutic Modalities: the Art and Science*. 2nd Edition. Philadelphia: Lippincott Williams & Wilkins.	

Subject Code	**RS5315**
Subject Title	**ELECTROPHYSICAL THERAPY II**
Credit Value	2
Level	5
Pre-requisite	RS5314 Electrophysical Therapy I
Objectives	Students will acquire the knowledge and skills necessary to manage clinical conditions by effective use of electrophysical modalities including microcurrent, pulsed electromagnetic field, biofeedback, laser, ultraviolet radiation, and functional electrical nerve stimulation etc.
Intended Learning Outcomes	***On successful completion of the subject, given a clinical problem or a case history, a student will be able to:*** Professional/academic knowledge and skills a. apply knowledge of physics, anatomy and physiology to the effective use of microcurrent, pulsed electromagnetic field, biofeedback, laser, and ultraviolet radiation, functional electrical nerve stimulation, and electrical stimulation for managing neurological conditions. b. understand the biophysical and therapeutic effects of various electrophysical agents in performing electrodiagnosis, pain modulation, wound management and integumentary repair using electrophysical modalities reducing edema and promoting nerve repair. c. compare and contrast the electrophysical agents in terms of physical properties, therapeutic effects, and versatility in clinical applications, and potential health benefits or hazards. d. select and apply the most appropriate electrophysical agent safely, effectively and efficiently. e. discuss the rationale and/or evidence supporting the selection of a given electrophysical modality. f. evaluate the outcome of different applications and modify methods as needed. g. document details of treatment parameters, modifications and patient response. h. introduce the contemporary trend of clinical use of electrophysical agents. Attributes for all-roundedness a. practise effective communication skills by explaining treatment effects to patients, or the progress of treatment to other health professionals. b. develop problem-solving strategies by extracting and analyzing information from written reports and patients, then make appropriate clinical decision on treatment planning c. develop professional values and attitudes **d.** aware of the safety issues of delivering treatment to patients
Subject Synopsis/ Indicative Syllabus	1. Principles and concepts of biophysical, physiological and therapeutic effects of electrophysical agents 2. Selection and administration of the most appropriate electrophysical agents: a. Stimulation of afferent nerve including microcurrent, acupuncture and electroacupuncture b. Electrical stimulation for neurological conditions for reducing spasticity, treating shoulder subluxation, reducing drop foot phenomenon in hemiplegic patients and managing Bell's Palsy

c. Laser therapy for soft tissue injuries and wound healing

d. Pulsed electromagnetic field for managing musculoskeletal conditions

e. Biofeedback for muscle relaxation and re-education

f. Ultraviolet radiation for managing skin condition and promote wound healing

g. Newly developed treatment modalities including extracorporeal shock wave therapy, monochromatic infrared irradiation, polychromatic light therapy

3. Evaluation and electrodiagnosis:

a. Biofeedback for research and evaluation of treatment outcomes

b. Contemporary electrical evaluation techniques such as strength duration curve, nerve conduction test, clinical electromyography (EMG)

c. Consideration for clinical application, data acquisition, normal and abnormal findings

4. Clinical applications & decision making

Students will be able to formulate the plan of care underpinned by clinical reasoning, and understand the rationale behind the selection of electrophysical modalities, treatment parameters, progression of treatment and their integration of electrophysical therapy into the overall physiotherapy treatment plan for patients.

5. Recording of treatment methods, parameters and clinical outcomes

6. Evaluation and modification of the treatment for achieving optimal treatment efficacy

7. Integration of best evidence-based physiotherapy in the application of electrotherapeutic agents

Teaching/Learning Methodology

Lectures provide the opportunity for students to learn the theoretical background of electrophysical modalities.

Practical sessions and tutorials allow students to develop the skills necessary to apply various electrophysical modalities safely, effectively and efficiently. They will learn how to choose the correct treatment parameters for:

- microcurrent
- laser therapy
- biofeedback
- pulsed electromagnetic field
- ultraviolet radiation
- functional electrical stimulation

Self-directed learning encourages students to review the subject content and practice the skills that they have learned.

Assessment Methods in Alignment with Intended Learning Outcomes

Specific assessment methods/tasks	% weighting	Intended subject learning outcomes to be assessed										
		a	b	c	d	e	f	g	h	i	j	k
Written test	50	√	√	√	√				√			
Practical test	50	√		√	√	√	√	√		√	√	√
Self–directed learning	-	√	√	√	√	√	√	√	√			
Total	**100**											

	Written test: Students will be tested on the theoretical background about the biophysical and therapeutic effects of various electrophysical agents in performing electrodiagnosis, pain modulation, wound management, reducing edema and promoting nerve repair **Practical test:** Given a clinical case, students are required to demonstrate clinical reasoning in selecting appropriate electrophysical modality and treatment parameters, then demonstrate the technique and skills to apply electrophyscial modalities in an effective and safe manner. **Self-directed learning** encourages students to review the subject content and practice the skills that they have learned.	
Student Study Effort Expected	***Class contact:***	***(34 Hrs.)***
	▪ Lecture	14 Hrs.
	▪ Tutorial	2 Hrs.
	▪ Practical/ Laboratory	18 Hrs.
	Other student study effort:	***(36 Hrs.)***
	▪ Self–directed learning	36 Hrs
	Total student study effort	**70 Hrs.**
Reading List and References	**Recommended Reading:** Belanger AY. (2009). *Therapeutic Electrophysical Agents: Evidence Behind Practice. 2nd ed.* Baltimore: Lippincott Williams & Wilkins. Cameron M H (2008). *Physical Agents in Rehabilitation: From research to practice*. 3rd *ed*, Philadelphia: Saunders. Robertson V., Ward A., Low J, Reed A. (2006). *Electrotherapy Explained: Principles and Practice,4th ed.* Butterworth Heinemann, Elsevier. Watson T (2008). *Electrotherapy: Evidence-based practice. 12th ed.* Edinburgh: Churchill Livingstone.	

Subject Code	**RS5316**
Subject Title	**CARDIORESPIRATORY PHYSIOTHERAPY**
Credit Value	5
Level	5
Pre-requisite / Co-requisite/ Exclusion	Nil
Objectives	*This subject aims to prepare the student with the ability to:* - interpret medical records and accurately perform a physiotherapy assessment to identify problems in patients with cardiopulmonary disorders - explain the pathophysiology and create an awareness of the current management strategies for common cardiopulmonary conditions particular to specific age groups (children/adolescents and adults) - formulate and implement a holistic intervention plan for patients with cardiopulmonary disorders - communicate effectively with clients and other professionals in the rehabilitation team, both orally and in writing - understand the fundamental role of a cardiopulmonary physiotherapist from health promotion through to patient management in critical care - maximize the potential of clients in promotion of quality of life - achieve best evidence practice in cardiopulmonary techniques through the process of critical evidential analysis
Intended Learning Outcomes	Upon completion of the subject, students will be able to: ***Professional/academic knowledge and skills*** a. Apply principles of functional anatomy and applied physiology of the cardiopulmonary system to different cardiopulmonary conditions. b. Differentiate structural and functional differences in the anatomy and applied physiology of the paediatric and adult cardiopulmonary systems. c. Conduct a systems review for screening the cardiovascular and pulmonary systems and other major systems (integumentary, musculoskeletal and neurological) d. Integrate the epidemiology, predisposing factors, aetiology and clinical features of some common respiratory and cardiovascular conditions affecting neonates, children and adults. e. Interpret investigatory reports related to cardiopulmonary disorders. f. Appreciate the effects of common respiratory and cardiovascular drugs on patient rehabilitation. g. Synthesise appropriate hypotheses from the presenting clinical signs and symptoms to enable a physiotherapeutic diagnosis. h. Critically analyse the evidence supporting a clinical decision i. Prioritise major problems identified in patients and implement an effective physiotherapy programme during both the acute and rehabilitative stages of the respiratory and/or cardiac disorder. j. Supervise simple exercise testing procedures for health maintenance and improvement of cardiovascular or cardiorespiratory fitness

	k. Able to educate patients regarding secondary prevention of cardiovascular and cardiorespiratory dysfunction l. Appropriately select and safely apply cardiopulmonary physiotherapy interventions during secondary and tertiary care m. Design and coordinate an effective pulmonary and/or cardiac rehabilitation programme in the hospital or community setting. n. Critically analyse an individual client/patient's response to a physiotherapeutic intervention. o. Recognise ventilatory circuits and monitoring equipment used in critical care units. p. Appreciate the effect of TENS over acupuncture points in cardiovascular and respiratory systems. ***Attributes for all-roundedness*** a. communicate effectively in English, both written and verbally, with patients/clients, patients' relatives or carers, colleagues and other medical or allied professions, b. develop personal skills to function as a responsible and effective member in a team, c. develop problem-solving strategies by extracting and analysing relevant information from clients, d. develop values and attitudes appropriate to a profession, e. recognise social demands for health care services in the community, f. develop an ability to critically evaluate indices of provided services, g. develop an ability to engage in evidence-based practice.
Subject Synopsis/ Indicative Syllabus	Review of a. Functional anatomy of the respiratory and cardiovascular systems b. Applied physiology of the respiratory and cardiovascular systems General management of common cardiopulmonary disorders a. Medical respiratory conditions Chronic airflow limitation (asthma, chronic bronchitis, emphysema); pneumonia; infectious respiratory disease (acquired immune deficiency syndrome (AIDS), tuberculosis); suppurative disease (bronchiectasis, cystic fibrosis); pleural diseases; occupational lung diseases; lung tumours; adult respiratory distress syndrome (ARDS) b. Surgical respiratory, cardiovascular and abdominal conditions Thoracoscopy, video-assisted thoracoscopy, open thoracic surgery, laparoscopy and abdominal surgery. c. Paediatric respiratory conditions Pneumonia, asthma, bronchiolitis, bronchitis, infant respiratory distress syndrome (IRDS). d. Cardio-vascular conditions Cardiac failure, valvular disease, ischaemic heart disease, coronary care, pulmonary and systemic hypertension, congenital heart conditions, cardiopulmonary transplantation

	e. Peripheral vascular diseases Raynaud's disease, Buerger's disease, varicose veins and ulcers, deep venous thrombosis, vascular surgery f. Introduction to anaesthesia and analgesia and the methods of administration Cardiopulmonary physiotherapy in acute and rehabilitative care a. Examination and assessment of the respiratory system (including 6MWT, BODE index) b. Introduction to chest X-ray interpretation c. Principles of physiotherapy interventions d. Specific treatment techniques (including ACBT, percussion, vibration, positioning, suctioning, thoracic exercise, pursed lip breathing, sustained maximal inspiration, manual hyperinflation) e. Planning and design of programmes for appropriate intervention f. Oxygen therapy and humidification, oxygen toxicity g. Role of physiotherapy in acute pain management h. Physiotherapy assessment/intervention for post-surgical patients i. Physiotherapy assessment/intervention for patients with acute burns j. Role of physiotherapy in Pulmonary Rehabilitation k. Role of physiotherapy in Cardiac Rehabilitation l. Principles of exercise tests and exercise prescription m. Role of cardiopulmonary physiotherapy in health promotion and primary care in the community Role of physiotherapy in the intensive care unit (ICU) a. Introduction to organisation and management of the ICU b. Introduction to the general management of the critically ill in the ICU c. Equipment and monitoring devices used in the ICU d. Physiotherapy controlled ventilation e. Care of the patients with mechanical ventilation f. Social-psychological impact on patient and family g. Social-psychological impact of ICU work on the physiotherapists
Teaching/Learning Methodology	A clinical decision-making approach is used to identify and treat clinical problems that are associated with disorders of the cardiopulmonary system. Interactive lectures will be delivered to highlight essential concepts required for the understanding of this subject. Videos, demonstration of techniques and short quizzes will also be used during lectures. Role play as well as discussion will be the main features of most tutorial sessions. Tutorials will usually be based on a clinical case to enhance understanding of the problems encountered by clinicians. 1. Lectures will cover the knowledge base of cardiovascular and respiratory systems reviews, pathophysiology and principles of management for common cardiopulmonary conditions, and current management strategies (medical, pharmacological and surgical) for cardiopulmonary conditions.

2. In tutorials sessions, students will discuss clinical reasoning, appraise best evidence-based practice, and outcome measures relevant to current cardiopulmonary physiotherapy.

a. In practical sessions, students will learn assessment and treatment skills and the rationale for selecting a particular treatment/technique.

Assessment Methods in Alignment with Intended Learning Outcomes

		Intended subject learning outcomes to be assessed (Please tick as appropriate)																				
Specific assessment methods/tasks	% weighting	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u
Short-clinical question paper	30	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Practical test	30	√	√	√	√		√		√		√	√		√	√	√		√				√
MCQ	40	√	√	√	√	√	√	√	√	√		√	√	√	√	√		√			√	√
Total	**100**																					

Explanation of the appropriateness of the assessment methods in assessing the intended learning outcomes:

Written test: This assessment aims to, based on hospital notes of a patient, evaluate students' ability to identify the problems encountered by the patients, propose an intervention plan with justification to maximize the patients recovery of cardiopulmonary dysfunction.

Practical test: This assessment aims to evaluate students' clinical reasoning, selection of evaluation and treatment choice and skills in managing patients with simulated cardiopulmonary problems

MCQ test: This assessment aims to assess students' understanding of theory, pathology, laboratory investigations and management of people with cardiopulmonary dysfunction

Student Study Effort Expected

Class contact:	***(82 Hrs.)***
▪ Lecture	48 Hrs
▪ Laboratory	34 Hrs
Other student study effort:	***(100 Hrs)***
▪ Self-study	70 Hrs
▪ Practice of skills	30 Hrs
Total student study effort	**182 Hrs.**

Reading List and References

Required Texts:

Main E and Denehy L (2016). Cardiorespiratory Physiotherapy. Adults and Paediatrics. 5th Edition. Italy: Elsevier.

Corne J, Pointon K (2016). Chest X-ray made easy. 4th Edition. China: Elsevier.

Hampton JR (2013). *The ECG made easy*. 8th Edition. Edinburgh: Churchill Livingstone.

Recommended Reading:

West J B, Luks AM (2016). West's Respiratory Physiology-The Formatted: Strikethrough

Essentials. 10th Edition. China: Wolters Kluwer.

ACSM (2013). *ACSM's Guidelines for exercise testing and prescription*. 9th ed. American College of Sports Medicine. Philadelphia: Lippincott Williams & Wilkins.

	Bourke SJ (2011). *Lecture Notes: Respiratory Medicine.* 8th ed. Malden, Mass: Blackwell Publishing. Gray H, Dawkins K, Morgan J, Simpson I (2008). *Lecture Notes. Cardiology*. 5th ed. Malden, Mass: Blackwell Publishing Kenyon J and Kenyon K (2004). *The Physiotherapist's Pocket Book*. Churchill Livingstone. McArdle WD, Katch FI & Katch VL (2006). *Essentials of Exercise Physiology*. 3rd ed. Baltimore, Md: Lippincott Williams & Wilkins.

Subject Code	**RS5317**
Subject Title	**PEDIATRIC NEUROLOGY AND DEVELOPMENTAL DISABILITIES**
Credit Value	3
Level	5
Pre-requisite	RS5302 Clinical Neuroscience and Neurology
Objectives	1. Identify, assess, analyze, plan and manage the multiplicity of problems associated with pediatric neurological dysfunction and developmental disabilities in primary, secondary and tertiary care. 2. Integrate and apply motor learning and contemporary approaches to the treatment of motor control-related problems in children. 3. Taking into context the whole child, select and apply appropriate handling skills and educationally-relevant therapeutic skills to assist the child's sensor-motor development and learning. 4. Collaborate with caregivers and other member of pediatric developmental teams to assist children in their natural settings (e.g. schools and homes), and to emphasize the need for the overall balanced development of young clients as individuals, and the need for planning for their future.
Intended Learning Outcomes	***Upon completion of the subject, students will be able to:*** <u>Professional/academic knowledge and skills</u> a. Integrate knowledge of pathology and developmental milestones to determine the functional status, activity and participation levels of children. b. Implement age-appropriate assessment (including standardized tests) to identify physical, sensori-motor, attention, arousal status and cognitive function of the child within the scope of practice of physiotherapy. c. Design age-appropriate therapeutic play activities. d. Formulate management priorities using a clinical decision-making process and best evidence available. e. Integrate therapy into an individualized educational plan for the child within the multi-disciplinary framework, including: • Developmental and therapeutic exercises to enhance perception, balance, posture, transitional/transfer movement and locomotion • Self-care and upper limb function • Use of assistive devices, prosthetics & orthotics, and mobility aids • Instrumental activity of daily living • Oral-motor function and speech • Educate care-givers in home therapy and injury prevention. f. Project habilitation or rehabilitation pathway as appropriate, with reference to: • Functional status • Living environment • Work, employment, leisure and safety g. Implement and monitor a physiotherapy plan to ensure best functional outcome. h. Critique various management approaches based on published studies. i. Recommend community service and resources for the individual child.

	j. Identification of children with special education needs, and the promotion of their integration into mainstream education. Attributes for all-roundedness a. Work and communicate effectively as a team member with children, their caregivers and/ or their families. b. Apply problem-solving strategies regarding the paediatric services for a given child. c. Seek feedback on professional performance from team members.
Subject Synopsis/ Indicative Syllabus	1. Principles and Concepts • Conceptual framework for pediatric physiotherapy • International Classification of Function, Disability, and Health (ICF) • Clinical reasoning and decision process • Principles of assessment and management • Holistic approach of assessment and management with consideration of all body systems and environmental factors. 2. Assessment • Plan a developmental age-appropriate assessment • Interview parents/caregiver and extract relevant history of the child • Select and conduct tests (including standardized test) in accordance with areas of concern of child & parents 3. Diagnosis and Plan of Care • Analyze, interpret and synthesize assessment findings • Determine the functional status and participation level of child • Identify factors affecting function, treatment outcome and prognosis • Prioritize short-term and long-term treatment goals • Set functional measurable goals and specific treatment plans • Determine an individualized and educational-relevant care plan that incorporate child-centre and family-centre concepts • Evaluate effectiveness of treatment • Progress treatment intervention • Project prognosis and "habilitation" and "rehabilitation" pathway • Use of evidence-based outcome measures • Provide accurate documentation • Recognize signs and symptoms of developmental problems or complications 4. Treatment Intervention Principles and applications of: • physiologically based stretchings • sensorimotor facilitation • appropriate play and toys for free or designed play/ play group

	• preventive measures
	• teaching caregivers
	• paediatric aids and equipment, etc.
	  o Mobility aids such as walking aids, scooters, modified bicycles etc
	  o Positioning equipment such as standing frames, wheelchairs, buggies, pressure relief cushions, sleep system etc
	  o Alternative communication devices
	• Intensive physiotherapy programmes for pre- and post-selective surgery and special medical interventions.
	• Prosthetics & Orthotics
	  o inhibitory casting
	  o ankle-foot orthosis
	  o prophylactic support and splintage
	  o corrective splintage, etc.
	• Adaptive equipment and mobility aids
	  o standing frames, buggies, scooters, wheelchairs, workboards, tilt tables, etc
	• Integrating physiotherapy programmes within the daily routine of the child
	• Conductive education/learning (Peto)
	• Bobath/Neurodevelopmental therapy (NDT)
	• Proprioceptive neuromuscular facilitation (Voss, Knott)
	• Sensorimotor facilitation techniques
	• Technologically-based and electrically-powered assistances in cases of severe and multiple handicaps.
	• Selected electrotherapy-based assistance
	  o Functional electrical stimulation (FES)
	  o Biofeedback (EMG).
	• Clinical gait analysis and Harness weight-support for gait training (Barbeau)
	
	5. <u>Child/family related instruction and education</u>
	Community services and resources for individual child.

Teaching/Learning Methodology	Guided by reading references, students will integrate knowledge of diseases of the neurological system and developmental disabilities into the physiotherapy management of clinical problems (e.g. transitional movement, coordination). Following analysis of clinical problems, students will identify and prioritize a problem list, select and apply appropriate handling skills and educationally-relevant therapeutic skills to assist the sensorimotor development and learning of children. Content knowledge and practical skills will be extended in the area of motor learning, and several contemporary approaches to the treatment of motor control-related problems will be introduced. Inclusion of caregivers, families and other members of the pediatric developmental teams in assisting children with special needs in their natural settings (e.g. schools and homes) will be discussed in tutorials. The need for an overall balanced development of the young clients as individuals with plans projecting into the future will be emphasized. A student-centered learning approach is used in lectures, tutorials, seminars, practicals and video presentations. Guided by clinical physiotherapists in various paediatric settings, students will have “hands-on” practice in the assessment and management of children, and in the holistic management of a given child condition.

Assessment Methods in Alignment with Intended Learning Outcomes

Specific assessment methods/tasks	% weighting	Intended subject learning outcomes to be assessed											
		a	b	c	d	e	f	g	h	i	j	k	l	m
Written assignment	50	√	√	√		√	√	√	√	√	√		√	
Practical Test	30		√	√	√	√	√	√	√				√	
Seminar presentation	20	√	√	√	√	√	√	√	√	√	√	√	√	√
Total	**100**													

Written assignment: aims to evaluate students' ability to search relevant evidence, to critically analyze on existing evidence on clinical-related topics and how to implement the evidence within the scope of physiotherapy practice.

Practical test aims to evaluate students' ability to draw relevant findings from clinical examination, prioritize problems, prescribe an intervention according to the problem and how to progress the intervention.

Seminar presentation Assesses the students' ability to draw upon their experience in interacting with children during clinical attachments, to synthesize information, to reflect and present the decision-making process and the skills required in assessing and managing a given child's condition, with short and long term planning and projection into the future.

Student Study Effort Expected

Class contact:	***(50 Hrs.)***
▪ Lecture	24Hrs
▪ Tutorial/Laboratory	20Hrs
▪ Seminar	2Hrs
▪ Fieldwork	4Hrs
Other student study effort:	***(60 Hrs.)***
▪ Preparation of written assignment	35Hrs
▪ Preparation of seminar presentation	10Hrs
▪ Self-study	15Hrs
Total student study effort	**110 Hrs.**

Reading List and References

Required Texts:

Long TM & Toscano K (2002). Handbook of pediatric physical therapy. *Philadelphia: Lippincott Williams & Wilkins.*

Tecklin J S (2008). Pediatric physical therapy *(4rd Edition) Philadelphia: Lippincott Williams Wilkins.*

Provided in Class:

World Health Organization (1993). *Promoting the Development of Young Children with Cerebral Palsy.* Geneva, Switzerland: World Health Organization (WHO).

Recommended Reading:

(Notification of selected parts for reading will be provided prior to respective classes)

	Campbell SK. Ed (1999). Decision Making in Pediatric Neurologic Physical Therapy. Philadelphia, Pennsylvania: Churchill Livingstone. Campell SK, Vanden Linden DW, Palisanno RJ. (2005). Physical Therapy for Children. Philadelphia, Pennsylvania: W.B. Saunders Company, 3rd ed. Shumway-Cook A, Woollacott MH (2007). Motor Control: Translating Research into Clinical Practice. Baltimore, Maryland: Lippincott Williams & Wilkins, 3rd ed. Kurtz LA, Dowrick PW, Levy SE, Batshaw ML (1995). Handbook of Developmental Disabilities. Gaithersburg, Maryland: Aspen Publishers, Inc. Mak Rose HL, Lam Catherine CC, Ho Cherri CY, Wong May MY (ed). (2006). A Premier in Common Developmental Disabilities: experience at Child Assessment Service, Hong Kong. Child Assessment Service, Department of Health, Hong Kong Special Administrative Region Government C W Chan et al. (eds.). Manual of Child Neurology (1999). The Hong Kong Society of Child Neurology & Developmental Paediatrics. Icon Media Co.: Authors. Gallahue KL and Ozmun JC (1998). *Understanding motor development: Infants, children, adolescents and adults* (4th ed.) Boston: McGraw-Hill.

Subject Code	**RS5318**
Subject Title	**NEUROLOGICAL PHYSIOTHERAPY I**
Credit Value	3
Level	5
Pre-requisite	RS5302 Clinical Neuroscience and Neurology
Objectives	This subject is designed to achieve the competence and clinical skills in neuro-rehabilitation for an entry level physiotherapist.
Intended Learning Outcomes	***Upon completion of the subject, students will be able to:*** <u>Professional/academic knowledge and skills</u> a. describe the pathophysiology, medical, pharmacological, and surgical management of common neurological conditions b. apply the principles of neuroplasticity, motor control and motor learning to the physiotherapy management of neurological dysfunction. c. identify problems of the patient that are within the scope of physiotherapy, using a clinical decision-making process. d. select, implement and/or interpret the findings of validated outcome measures. e. design a comprehensive plan of care that incorporates the principles of patient- and /or family-centered care, including goals which have been agreed to by the patient. f. implement, modify and progress the physiotherapy plan to ensure the best functional outcome. g. integrate the physiotherapy plan of care for neurological patients within an inter-disciplinary holistic framework. h. critically evaluate published studies on the rationale and scientific evidence for given techniques/technology, and to apply relevant findings to physiotherapy practice, research and education. <u>Attributes for all-roundedness</u> a. practice effective interpersonal communication (i.e., written, oral, nonverbal) by seeking and providing feedback on professional performance. b. reflect on personal performance in the decision-making process and in the application of technical procedures.
Subject Synopsis/ Indicative Syllabus	1. <u>Principles of holistic management of individuals with neurological impairment</u> • Application of neuroplasticity and neurophysiology to neuro-rehabilitation • Application of motor learning principles to neuro-rehabilitation • Concept of International Classification of Functioning, Disability and Health (ICF) • Rehabilitation pathways including primary, secondary and tertiary care, extended care 2. <u>General management of common neurological conditions, with respect to their --</u> • Definition • Prevalence/incidence in Hong Kong/elsewhere • Cause/etiology • Clinical features/signs & symptoms

- Management of a specific condition (diagnostic tests, operative vs. non-operative management, common medications, complications/ limitations)
- Prognosis; time course; assessment and treatment

* Head injury

* Stroke

3. Assessment

a. Examine patients/clients by obtaining a history from them and from other relevant sources:

- General demographic
- Family history
- Social history
- Living environment (home and community, device and equipment)
- Environmental and home barriers
- Employment
- Functional status and activity level (current and premorbid functional status)
- Medical/surgical/neurological history
- Chief complaints
- Medications
- Medical/surgical treatment
- Laboratory and diagnostic tests (neuroimaging, electrophysiology)
- Fall history

b. Perform systematic assessment of:

- Neuromuscular system
- Sensory integrity and Perception
- Sensory integration
- Motor control, control of voluntary movement
- Muscle length, active and passive range of movement,
- Muscle strength
- Reflex integrity
- Muscle tone
- Hand function, dexterity
- Movement patterns
- Coordination and agility
- Posture
- Balance, gait and locomotion
- Function, ADL, IADL, self-care
- Arousal, consciousness, cognition, attention, recall
- Mental status, cognition
- Integrity of cranial and peripheral nerves
- Orthotic and assistive devices
- Home environment
- Work, community, and leisure re-integration

4. Diagnosis and plan of care

- Interpret and analyse the assessment findings
- Formulate a diagnosis utilizing a hypothesis-driven clinical decision making process to identify existing impairments, activity limitations, and participation restrictions
- Incorporate additional information from other professionals, as needed, in the diagnostic process
- Determine short- and long-term functional goals
- Address required functions
- Establish a treatment plan that is safe, effective and client-centered
- Prioritize treatment interventions
- Evaluate the effectiveness of treatment interventions
- Utilize reliable and valid outcome measures
- Progress/modify treatment interventions in response to client status
- Admission and discharge planning
- Data collection, analysis and reporting
- Documentation
- Interdisciplinary teamwork
- Collaboration and communication among team members
- Refer to another health practitioner if appropriate

5. Treatment interventions

Design and implementation of a physiotherapy treatment plan, based on scientific evidence, which integrates techniques/components from what some consider different 'approaches', for example:

- Motor Control 'systems'
- Motor relearning model
- Biomechanical principles
- Facilitation principles - Bobath/Neurodevelopmental therapy (NDT)/ Proprioceptive neuromuscular facilitation
- Constraint-induced therapy
- Harness body weight-support for gait training
- Movement control, Movement pattern training
- Flexibility exercises
- Coordination training
- Proprioception training
- Somatosensory training
- Practice of functional tasks
- Transfer training
- Gait and locomotion training
- Balance and fall prevention
- Gaze stabilization
- Posture, postural stabilization
- Chinese therapeutics: Tai Chi, acupuncture

- Technology Application - Functional electrical stimulation (FES), Biofeedback (EMG, electromyography), Prosthetics & Orthotics: Inhibitory casting, ankle-foot orthosis

6. Patient/client related instruction

- Education, advice and training of patients/clients and carers
- Level of communication and instruction

Teaching/Learning Methodology

Lectures will cover medical/ neurosurgerical management, neuroplasticity and motor-learning theories in neuro-rehabilitation. In seminars and tutorials sessions, students will discuss clinical reasoning, appraise evidence-based practice and outcome measures. In practical classes, students will learn assessment and treatment skills and the rationale of selecting these skills. There is also case-based clinical teaching enabling students to apply their theory and knowledge into clinical practice. Web-based learning allows students to learn and enhance their clinical problem ability at their own pace.

Assessment Methods in Alignment with Intended Learning Outcomes

Specific assessment methods/tasks	% weighting	Intended subject learning outcomes to be assessed									
		a	b	c	d	e	f	g	h	i	j
Written Test	50	√	√	√	√	√	√	√	√	√	√
Practical Test	35		√	√	√	√	√	√	√	√	√
Written Assignment	15		√	√	√	√	√	√	√	√	√
Total	**100**										

Written test: Aims to assess students' understanding of theory, pathology, and management of people with neurological dysfunctions

Practical test: Aims to evaluate students' clinical reasoning, selection of evaluation and treatment methods, and skills in managing simulated common neurological problems

Written assignment: Aims to evaluate students' ability to critically select relevant journal articles and appraise evidence-base physiotherapy practice in the area of neuro-rehabilitation

Student Study Effort Expected

Class contact:	***(60 Hrs.)***
▪ Lecture	18 Hrs.
▪ Tutorial/Seminar	6 Hrs.
▪ Laboratory	34 Hrs.
▪ Clinical Teaching	2 Hrs.
Other student study effort:	***(50 Hrs.)***
▪ Self-study	20 Hrs.
▪ Web-based activities	15 Hrs.
▪ Preparation for seminar presentation	15 Hrs.
Total student study effort	**110 Hrs.**

Reading List and References

Alder SS, Beckers D, Buck M (2000) *PNF in practice: An illustrated Guide*. *2nd ed.* Hong Kong: Springer.

Edward S (2002). *Neurological Physiotherapy - A Problem Solving Approach*. *2nd ed.*

	Edinburgh: Churchill Livingstone. Bossoe Gjelsvik BE (2008) *The Bobath Concept in Adult Neurology. 1st ed.* New York: Thieme Raine S, Meadows L, Lynch-Ellerington M (2009) *Bobath Concept: Theory and Clinical Practice in Neurological Rehabilitation*. Iowa: Wley-Blackwell Publishing Co. Shumway-Cook, A. and Woollacott, M. (2012) *Motor Control – Translating Research into Clinical Practice 4th ed.* Baltimore: Lippincott Williams and Wilkins. Stokes M. Stack E (2006) Physical Management in Neurological Rehabilitation. 2nd ed. Churchill Livingstone: Elsevier Stokes M. Stack E (2011) Physical Management in Neurological Rehabilitation. 3rd ed. Churchill Livingstone: Elsevier

Subject Code	**RS5319**
Subject Title	**NEUROLOGICAL PHYSIOTHERAPY II**
Credit Value	3
Level	5
Pre-requisite	RS5302 Clinical Neuroscience and Neurology RS5318 Neurological Physiotherapy I
Objectives	To achieve the competence and clinical skills in neuro-rehabilitation necessary for an entry level physiotherapist.
Intended Learning Outcomes	***Upon completion of the subject, students will be able to:*** <u>Professional/academic knowledge and skills</u> a. Discuss the plan of care, intervention, treatment efficacy and expected outcomes for commonly encountered diagnoses in neuro-rehabilitation b. Prioritize physiotherapy-related problems and develop appropriate intervention strategies c. Implement, modify and progress the physiotherapy plan to ensure the best functional outcome. d. Recognize what is beyond the scope of physiotherapy and instigate referrals to other health care professionals or community resources e. Discuss the key prognostic indicators for specific diagnosis. f. Develop a plan of discharge from physiotherapy and for follow-up care including community re-integration, home management, and barrier modification. g. Select the community services and other resources available for individuals with neurological impairments h. Discuss the role of physiotherapists in primary health care and disease prevention i. Critique the optimal intervention strategies based on the best available research evidence specific to each diagnostic group. <u>Attributes for all-roundedness</u> a. practice effective interpersonal communication (i.e., written, oral, nonverbal) by seeking and providing feedback on professional performance. b. reflect on personal performance in the decision-making process and in the application of technical procedures.
Subject Synopsis/ Indicative Syllabus	1. <u>Principles of holistic management of individuals with neurological impairment</u> • Application of neuroplasticity and neurophysiology to neuro-rehabilitation • Application of motor learning principles to neuro-rehabilitation • Concept of International Classification of Functioning, Disability and Health (ICF) • Role of health care professionals within the 'rehabilitation pathway' i.e. primary, secondary and tertiary care, extended care • Outcome measures, preventive measures, community resources • Environmental, social & cultural factors and their effects on the overall management.

	2. <u>General management of common neurological conditions, with respect to their --</u> • Definition • Prevalence/incidence in Hong Kong/elsewhere • Cause/etiology • Clinical features/signs & symptoms • Management of a specific condition (diagnostic tests, operative vs. non-operative management, common medications, complications/ limitations) • Prognosis; time course; assessment and treatment * Peripheral nerve lesion * Spinal cord injury * Cerebral infection * Balance and vestibular dysfunction * Ataxia and In-coordination disorders * Cognitive and perceptual problems * Neurodegenerative disease - Parkinson's disease, Alzheimer's disease * Neuropathy - Guillain-Barre Syndrome, Motor Neurone Disease, Poliomyelitis/ Post-Polio Syndrome 3. <u>Assessment</u> Examine patients/clients by obtaining a history from them and from other relevant sources: • General demographic • Family history • Social history • Living environment (home and community, device and equipment) • Environmental and home barriers • Employment • Functional status and activity level (current and premorbid functional status) • Medical/surgical/neurological history • Chief complaints • Medications • Medical/surgical treatment • Laboratory and diagnostic tests (neuroimaging, electrophysiology) • Fall history • Perform systematic assessment procedures: • Neuromuscular system • Sensory integrity and Perception • Sensory integration • Motor control, control of voluntary movement • Muscle length, active and passive range of movement, • Muscle strength • Reflex integrity

	• Muscle tone • Hand function, dexterity • Movement patterns • Coordination and agility • Posture • Balance, gait and locomotion • Function, ADL, IADL, self-care • Arousal, consciousness, cognition, attention, recall • Mental status, cognition • Integrity of cranial and peripheral nerves • Orthotic and assistive devices • Home environment • Work, community, and leisure re-integration 4. <u>Diagnosis and plan of care</u> • Interpret and analyse the assessment findings • Formulate a diagnosis utilizing a hypothesis-driven clinical decision- making process to identify existing impairments, activity limitations, and participation restrictions • Incorporate additional information from other professionals, as needed, in the diagnostic process • Determine short- and long-term functional goals • Address required functions • Establish a treatment plan that is safe, effective and client-centered • Prioritize treatment interventions • Evaluate the effectiveness of treatment interventions • Utilize reliable and valid outcome measures • Progress/modify treatment interventions in response to client status • Admission and discharge planning • Data collection, analysis and reporting • Produce accurate documentation • Engage interdisciplinary teamwork • Collaborate and communicate effectively among team members • Refer to other health practitioners if appropriate 5. <u>Treatment interventions</u> Design and implementation of a physiotherapy treatment plan, based on scientific evidence, which integrates techniques/components from what some consider different 'approaches', for example: • Motor Control 'systems' • Motor relearning model • Biomechanical principles • Facilitation principles - Bobath/Neurodevelopmental therapy (NDT)/

	Proprioceptive neuromuscular facilitation • Constraint-induced therapy • Harness body weight-support for gait training • Movement control, Movement pattern training • Strength and endurance programme • Flexibility exercises • Coordination training • Proprioception training • Somatosensory training • Practice of functional tasks • Transfer training • Gait and locomotion training • Balance and fall prevention • Application of Tai Chi in fall management • Gaze stabilization • Posture, postural stabilization • ADL: bathing, bed mobility, transfer, dressing, eating, grooming • Instrumental ADL training: home maintenance • Home exercise programme • Functional training in self-care and home management • Environmental modifications • Prescription of assistive/adaptive device, use and training • Barrier accommodation or modifications • Technology Application - Functional electrical stimulation (FES), Biofeedback (EMG, electromyography), Prosthetics & Orthotics: Inhibitory casting, ankle-foot orthosis • Vestibular rehabilitation 6. <u>Patient/client related instruction</u> • Health promotion • Disease prevention i.e. recurrence of stroke • Education, advice and training of patients/clients and carers • Level of communication and instruction
Teaching/Learning Methodology	Lectures will cover medical/neurosurgerical management, neuroplasticity and motor-learning theories in neuro-rehabilitation. In seminars and tutorials sessions, students will discuss clinical reasoning, and appraise evidence-based practice and outcome measures. In practical classes, students will learn assessment and treatment skills and the rationale of selecting these skills. There is also case-based clinical teaching enabling students to apply their theory and knowledge into clinical practice. Web-based learning allows student to learn the knowledge and enhance their clinical problem ability at their own pace.

Assessment Methods in Alignment with Intended Learning Outcomes

Specific assessment methods/tasks	% weighting	Intended subject learning outcomes to be assessed										
		a	b	c	d	e	f	g	h	i	j	k
Written test	45	√	√	√	√	√	√	√	√	√	√	√
Practical test	40	√	√	√	√	√	√			√	√	√
Seminar presentation	15	√	√	√	√	√	√	√	√	√	√	√
Total	**100**											

Written test: Aims to assess students' understanding of theory, pathology, and management of people with neurological dysfunctions

Practical test: Aims to evaluate students' clinical reasoning, selection of evaluation and treatment choice and skills in managing simulated patients with common neurological problems

Seminar presentation: Aims to evaluate students' ability to critically review the best available research evidence to identify the management strategies in the area of neuro-rehabilitation

Student Study Effort Expected

Class contact:	***(58 Hrs.)***
▪ Lecture	8 Hrs.
▪ Tutorial/Seminar	16 Hrs.
▪ Laboratory	32 Hrs.
▪ Clinical Teaching	2 Hrs.
Other student study effort:	***(50 Hrs.)***
▪ Self-study	20 Hrs.
▪ Web-based activities	15 Hrs.
▪ Preparation for written assignment	15 Hrs.
Total student study effort	**108 Hrs.**

Reading List and References

Agency for Health Care Policy and Research (1995). *Post-Stroke Rehabilitation, Clinical Practice Guideline No. 16*. Rockville, MD: US Dept. of Health and Human Services. (http://text.nlm.nih.gov/tempfiles/tempD134085)

Alder SS, Beckers D, Buck M (2000) *PNF in practice: An illustrated Guide*. *2nd ed.* Hong Kong: Springer.

Bossoe Gjelsvik BE (2008) *The Bobath Concept in Adulat Neurology. 1st ed.* New York: Thieme.

Bromley I (2006). *Tetraplegia and Paraplegia: A Guide for Physiotherapists. 6th ed.* Edinbergh: Churchill Livinstone.

Burton & Lazaro & Roller (2012) *Umphred's Neurological Rehabilitation.* 6th ed. Mosby Elsevier.

	Edward S (2002). *Neurological Physiotherapy - A Problem Solving Approach*. *2nd ed*. Edinburgh: Churchill Livingstone. Raine S, Meadows L, Lynch-Ellerington M (2009) *Bobath Concept: Theory and Clinical Practice in Neurological Rehabilitation*. Iowa: Wley-Blackwell Publishing Co. Shumway-Cook, A. and Woollacott, M. (2007) *Motor Control – Translating Research into Clinical Practice 3rd ed.* Baltimore: Lippincott Williams and Wilkins.

Subject Code	**RS5320**
Subject Title	**PRIMARY HEALTH AND COMMUNITY CARE**
Credit Value	3
Level	5
Pre-requisites	RS5303 Research Methods and Statistics RS5305 Rehabilitation Psychology RS5307 Exercise Science RS5316 Cardiorespiratory Physiotherapy RS5319 Neurological Physiotherapy II RS5312 Musculoskeletal Physiotherapy II RS5322 Professional Ethics and Legal Issues
Objectives	1. To acquaint students with the bio-psychosocial, cultural and environmental attributes of health and disease across the life span 2. To integrate knowledge of holistic health care, including primary to tertiary care, in managing non-communicable diseases, and in preventing and managing health risks for individuals and target populations. 3. To acquire knowledge of health care management, resources and evidence-based interventions in chronic disease management, health promotion and disease prevention in primary health and community settings.
Intended Learning Outcomes	***Upon completion of the subject, students will be able to:*** a. synthesize knowledge of epidemiology of health and non-communicable diseases in the health care burden; b. appraise needs and resources (patients/clients, caregivers, health care providers, educational and community resources) in holistic health care for chronic health problems; c. determine strategies to meet identified goals for optimal bio-psycho-social functioning and quality of life, taking into consideration physical, psychological, cognitive, social and environmental factors, as well as ethics; d. specify the role and activities of physiotherapists in health promotion and primary care of people with chronic health problems; e. select evidence-based intervention and outcome evaluation for specific/ overall health care management in primary health and community settings. f. apply management concepts in organizing health promotion and primary care activities. g. Interact with peers, clinical experts and clients through effective communication, both self-directed and actively, in order to achieve the learning goals.
Subject Synopsis/ Indicative Syllabus	1. Epidemiology of health and chronic illnesses a. *metabolic/environmental/lifestyle* – e.g., cancer, DM, renal disorders, obesity, COPD b. *mental health* – e.g., stress, sleep disorders, depression, schizophrenia, substance abuse c. *neuro-/musculo-skeletal degenerative/auto-immune conditions* – e.g., aging, dementia, chronic pain, arthritis 2. Addressing ICF and quality of life in chronic illness management

	3. Economics and management concepts in primary health care versus secondary and tertiary health care. 4. Health risk assessment and drugs implication 5. Primary, secondary and tertiary prevention of illness 6. Physiotherapy in primary and community health care delivery – strategies of empowerment, evidence based interventions, inter-professional communication, education, integration of primary health and community care resources **7.** Determining outcomes and evaluation in provision of primary and community health care services
Teaching/Learning Methodology	Lectures, interactive tutorials and seminars, self-directed experiential learning, and reading of literature.
Assessment Methods in Alignment with Intended Learning Outcomes	See table below

Specific assessment methods/tasks	% weighting	Intended subject learning outcomes to be assessed						
		a	b	c	d	e	f	g
Experiential project written report and literature reviews	40	√	√	√	√	√	√	√
Seminar /Tutorial participation (includes project presentation)	60	√	√	√	√	√	√	√
Total	**100**							

Experiential project written reports /and literature review would be the individual student's learning experience in visiting NGOs, and their portfolio on the designated learning task on literature review of related health care topic. Through interim and final reports, sStudents should obtain the most updated knowledge regarding primary health care in local and/or oversea via should obtain feedback from peers and faculty consultants to improve the necessary skills of analytical and critical thinking in self-directed learning and literature review.

Seminar/Tutorial participation will indicate the students' active learning capacity, critical thinking, collegiality and creativity. Both tasks also demonstrate students' communication and literacy skills.

Student Study Effort Required		
	Class contact:	***(42 Hrs.)***
	▪ Lecture	16 Hrs.
	▪ Tutorial	19 Hrs.
	▪ Seminars	7 Hrs.
	Other student study effort:	***(74 Hrs.)***
	▪ Experiential learning project	18 Hrs.
	▪ Reading and coursework preparation	56 Hrs.
	Total student study effort	**<u>116 Hrs.</u>**
Reading List and References	Cattan M., Tilford S. Mental health promotion: a lifespan approach. Maidenhead; New York: Open University Press, 2006. Greenhaigh T. Primary health care: theory and practice. Malden, Mass: Blackwell Pub. 2007. Sapsford R, Bullock-Saxton J, Markwell S. Women's health: a textbook for physiotherapists. London, Philadelphia: W.B. Saunders, 1998.	

	World Health Organization. The world health report 2008: primary health care now more than ever. Geneva: WHO Press, 2008. Flinders Human Behaviour and Health Research Unit, Flinders University. Capabilities for Supporting Prevention and Chronic Condition Self-Management. Commonwealth of Australia 2009.

Subject Code	**RS5322**
Subject Title	**PROFESSIONAL ETHICS AND LEGAL ISSUES**
Credit Value	**1**
Level	**5**
Pre-requisite / Co-requisite/ Exclusion	Nil
Objectives	By completing this subject, the students will be able to demonstrate an adequate understanding of the ethical principles and legal issues relating to physiotherapy practice, with a special focus in Hong Kong.
Intended Learning Outcomes	Upon completion of the subject, students will be able to: a. recognize the roles of different organisations in the governance of physiotherapy practice. b. recognize the legal responsibilities in physiotherapy practice and appreciate the significance of self-regulation. c. observe the rules and regulations relating to physiotherapy practice and maintain the highest professional and ethical standard during practice. The rules and regulations include Personal Data (Privacy) Ordinance, Prevention of Bribery Ordinance, Standards of Physiotherapy Practices and Service, Code of Practice and Code of Ethics. d. respect and observe “patients’ rights" and comply with “confidentiality” and “informed consent” during practice. e. translate theoretical and ethical principles into responsible and accountable professional behaviour and conduct.
Subject Synopsis/ Indicative Syllabus	1. Role of professional organizations in the governance of physiotherapy practice: i. Hong Kong Physiotherapy Association (HKPA); ii. World Confederation for Physical Therapy (WCPT); iii. Hong Kong Supplementary Medical Professions Council (SMPC) iv. The Physiotherapists’ Board of Hong Kong 2. Legal and professional responsibilities and rights i. Patient’s Rights & the Patient’s Charter (Hospital Authority) – confidentiality and informed consent. ii. Professional Liability and Malpractice – Standards of Physiotherapy Practices and Service, Code of Ethics, Code of Practice, Supplementary Medical Professions Ordinance - Physiotherapists (Registration and Disciplinary Procedure) Regulations (CAP 359J). iii. Personal Data (Privacy) Ordinance & Prevention of Bribery Ordinance iv. Risk management to reduce professional liabilities – liability insurance and documentation of physiotherapy reports.
Teaching/Learning Methodology	An interactive learning approach is used in this subject, through various teaching and learning methodologies including interactive lectures, tutorials and seminar. With this interactive learning approach, students “read, reflect upon, respond to, and, in general, experience” (Davis, 1998) how to become physiotherapists, practice with an ethical and legal standard expected by our society and population at large. Role-play, simulations, and reflection activities, together with case studies analysis provide opportunities for students to interpret the meaning of the Rules & Regulation governing physiotherapy practice and relate ethical principles to professional practice.

<table>
<tr><td></td><td>Discussion during tutorial sessions provides students with opportunities to use English to articulate, analyze and evaluate information and ideas.

A subject-specific website has been developed to allow students' access to teaching and suggested reading material. Assigned reading material provides students with information to the legal requirements of physiotherapy practice. Preparation (pre-reading) prior to tutorials is essential.</td></tr>
<tr><td>Assessment Methods in Alignment with Intended Learning Outcomes</td><td>
<table>
<tr><td rowspan="2">Specific assessment methods/tasks</td><td rowspan="2">% weighting</td><td colspan="5">Intended subject learning outcomes to be assessed (Please tick as appropriate)</td></tr>
<tr><td>a</td><td>b</td><td>c</td><td>d</td><td>e</td></tr>
<tr><td>Quiz</td><td>25</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td></tr>
<tr><td>Class Participation</td><td>25</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td></tr>
<tr><td>Learning Portfolio</td><td>50</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td></tr>
<tr><td>Total</td><td>100</td><td colspan="5"></td></tr>
</table>

A quiz at the end of the semester will be held to assess the students' understanding of the materials covered in the subject.

Interactive activities such as small group discussions and case studies will be conducted in the tutorial sessions. The learning portfolio required the students to write up a reflection based on either bioethics articles or recent reported medico-legal incidents.

Throughout these processes, the students are required to gather information relating to the scenarios and incidents, critically appraise and objectively analyse the scenario with reference to the rules and regulation governing physiotherapy practice. The ability to express their integrated idea verbally and in written format will be reflected in the "class participation" and "learning portfolio" component.</td></tr>
<tr><td>Student Study Effort Expected</td><td>
<table>
<tr><td>Class contact:</td><td>(13 Hrs.)</td></tr>
<tr><td>▪ Lecture / Seminar / Tutorial</td><td>13 Hrs.</td></tr>
<tr><td>Other student study effort:</td><td>(30 Hrs.)</td></tr>
<tr><td>▪ Self-study</td><td>15 Hrs.</td></tr>
<tr><td>▪ Preparation of learning portfolio</td><td>15 Hrs.</td></tr>
<tr><td>Total student study effort</td><td><u>43 Hrs.</u></td></tr>
</table>
</td></tr>
</table>

Reading List and References	**Required Text:** Hong Kong Government SAR. (1992). *The Supplementary Medical Professions Ordinance*. Chapter 359. Hong Kong: Hong Kong Government SAR. Hong Kong Government SAR. (1999) *Physiotherapists (Registration and Disciplinary Procedures) Regulation. (CAP.359 sub. Leg. J).* Hong Kong: Hong Kong Government SAR. Hong Kong Physiotherapy Association (Ltd). Publications on *Standards of Professional Practice and Services.* Physiotherapists Board, Hong Kong Government SAR. (1999) *Code of Practice of the Physiotherapists Board of Hong Kong*. Hong Kong: Hong Kong Government SAR. Selected articles and newspaper cuttings. **Recommended Reading:** The Hong Kong Medical Association & The Independent Commission Against Corruption. *Integrity in Practice: A Practical Guide for Medical Practitioners on Corruption Prevention.* Gabard, DL. (2011). *Physical therapy ethics*. 2nd ed. F. A. Davis Co. Philadelphia. ISBN-13: 978-0803623675 Beauchamp TL, Childress JF. (2009). *Principles of biomedical ethics*. 6th ed. Oxford University Press. New York, N.Y. ISBN-13: 978-0195335705 Purtilo R. (2004). *Ethical Dimensions in the Health Professions.* 4th ed. Saunders. ISBN-13: 978-0721602431

Subject Code	**RS5323**
Subject Title	**ADMINISTRATION AND MANAGEMENT**
Credit Value	3
Level	5
Pre-requisite / Co-requisite/ Exclusion	Nil
Objectives	Students learn to be aware of the current healthcare system in Hong Kong and around the world. They need to be aware of the concepts of entrepreneurship and management so as to cope with their future roles as a manager and clinician in a variety of practice settings.
Intended Learning Outcomes	Upon completion of the subject, students will be able to: a. Identify and understand the impact of sociological, political, economic, and epidemiological factors on the delivery of physiotherapy / occupational therapy in Hong Kong. b. demonstrate an awareness of local and international public health trends that may influence the context of physiotherapy/occupational therapy practices. c. draw upon the concepts of entrepreneurship and management in designing a business plan of a physiotherapy / occupational therapy practice. d. formulate marketing strategies to enhance service (business) opportunities. e. understand and apply the concepts of quality assurance and staff performance criteria to develop effective plans for achieving quality practice/service. f. identify means of promoting and upgrading the service and status of therapy professions. g. relate and discuss the implications of professional ethics and the law on physiotherapy / occupational therapy practices.
Subject Synopsis/ Indicative Syllabus	1. Overview of the current and future Health Care System in Hong Kong and overseas. 2. Introduction to Health Care Management – basic concepts and skills of management and administration. 3. Therapist as a Manager and as a Clinician i. Operational management a. Organizational structure b. Planning on space and equipment c. Basic concepts of financial management ii. Strategic and Business planning and administration a. Concepts of entrepreneurship b. Marketing & health promotion strategies c. Concepts of quality assurance and risk management iii. Human Resource Management a. Leadership & communication b. Inter-professional collaboration and team work c. Change management

<table>
<tr><td></td><td>
d. Staff appraisal, training and development
4. Health Service Legislation and professional development
i. Supplementary Medical Professions Ordinance
ii. Professional Registration Board
iii. Professional associations
iv. Professional and ethical standards
5. Introduction to different healthcare service delivery models
i. Public sector
ii. Private sector
iii. Community-based rehabilitation services
iv. Concepts on medical insurance models
</td></tr>
<tr><td>Teaching/Learning Methodology</td><td>Interactive lectures highlight the concepts of business administration, management and entrepreneurship and in the health care and rehabilitation service. Organizational structure and management models of different healthcare organizations in the public and private sectors will be examined and compared. Experienced managers and therapists will share their managerial and administrative experiences with students in seminar sessions. Students in small groups will work independently, applying administrative and management concepts to formulate business plans for simulated-practice models. Through learning activities such as student-presentations, students learn to appreciate how the organizational structures impact on their daily professional practices and how marketing strategies helps to promote professional services.</td></tr>
<tr><td>Assessment Methods in Alignment with Intended Learning Outcomes
(Note 4)</td><td>
<table>
<tr><td rowspan="2">Specific assessment methods/tasks</td><td rowspan="2">% weighting</td><td colspan="7">Intended subject learning outcomes to be assessed (Please tick as appropriate)</td></tr>
<tr><td>a</td><td>b</td><td>c</td><td>d</td><td>e</td><td>f</td><td>g</td></tr>
<tr><td>Business plan (group project)</td><td>40</td><td></td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td></tr>
<tr><td>Individual report</td><td>40</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td></tr>
<tr><td>Class work</td><td>20</td><td>√</td><td>√</td><td></td><td></td><td></td><td>√</td><td>√</td></tr>
<tr><td>Total</td><td>100</td><td colspan="7"></td></tr>
</table>

Explanation of the appropriateness of the assessment methods in assessing the intended learning outcomes:

1. Business plan: This group project will allow the students an opportunity to develop their own ideas and apply the concepts that they have learnt in this subject into this business plan. There will be a group presentation and a written report to be submitted.

2. Individual report: Students will be asked to select a topic out of several topics which are current healthcare issues that are relevant for their learning, and they need to find the appropriate literature to support their viewpoints and write a complete essay on the issue.

3. During tutorial sessions, there will be opportunities for students to participate in group discussions, debates and submit short written reports on various topics and this will be evaluated.
</td></tr>
<tr><td>Student Study Effort Expected</td><td>
<table>
<tr><td>Class contact:</td><td>(39 Hrs.)</td></tr>
<tr><td>▪ Lectures</td><td>16 Hrs.</td></tr>
<tr><td>▪ Tutorials</td><td>12 Hrs.</td></tr>
<tr><td>▪ Seminars</td><td>6 Hrs.</td></tr>
<tr><td>▪ Field visit</td><td>5 Hrs.</td></tr>
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	Other student study effort:	***(66 Hrs.)***
	▪ Group discussion/ work on business plan	34 Hrs.
	▪ Self-reading/literature search/ written assignment	32 Hrs.
	Total student study effort	**<u>105 Hrs.</u>**
Reading List and References	Egan, G. (2007). *The skilled helper: a problem-management and opportunity-development approach to helping*. (8th ed.) Pacific Grove, USA: Thomson/Brooks/Cole. Everett, T. Donaghy M. & Feaver S. (2003). *Interventions for mental health. - an evidence-based approach for physiotherapists and occupational therapists.* Butterworth Heinemann. Frank, R. G., & Elliott, T. R. (Eds.) (2000). *Handbook of rehabilitation psychology*. Washington, DC, USA: American Psychological Association. French, S. & Sim, J. (Eds.) (2004). *Physiotherapy: a psychosocial approach.* Edinburgh. Butterworth Heinemann.	

Subject Code	**RS5324**
Subject Title	**RESEARCH PROJECT**
Credit Value	3
Level	5
Pre-requisite	RS5303 Research Methods and Statistics
Objectives	By completing this subject, the students will be able to demonstrate an initiative, independence, and the ability to solve problems during the pursuit of a defined project.
Intended Learning Outcomes	Upon completion of the subject, students will be able to: ***Professional/academic knowledge and skills*** a. Demonstrate initiative, independence and the ability to solve problems during the pursuit of a defined project. b. Based on information from the scientific literature, justify, design and interpret project work. c. Integrate understanding of the interrelationships between project rationale, project design/methodology and final project outcomes. d. Integrate depth of understanding of the subject content and methodology within their specific project e. Present the results of the project in an appropriate written and oral scientific manner. ***Attributes for all roundedness*** a. Read and summarize information from the professional literature. b. Use English to articulate, analyze and evaluate information and ideas verbally.
Subject Synopsis/ Indicative Syllabus	The content and organization of the project study will depend on the specific project and its objectives. Each student will be expected to spend approximately 135 hours for the project. It is anticipated that each student will monitor their time in at least three areas: independent study, discussion time with supervisor(s), and group-related activities. Organizational meetings will be held to assist students to understand subject expectations and to prepare for final project presentations.
Teaching/Learning Methodology	Independent study is the primary mode of learning. It is focused on a specific project with identified objectives. Students will form small groups and undertake an independent project under the guidance of a project supervisor. The guidance may take the form of regular meetings, laboratory sessions, tutorials and/or consultations during field visits. Together with the Research Methods and Statistics course (RS5303), a range of learning experiences are provided to allow the student to develop beginning-level skill in the process of scientific inquiry. The aim is to *develop 'critical consumers of the professional/scientific literature and to have the ability to collaborate in investigative projects'*. The development of an investigative project allows students to practice skills required in the scientific inquiry process. The final written report on the project is assessed in *Research Project (RS5324).*

The project will represent a component of an on-going project or a new venture (e.g. pilot project). The project consists of three components: i) critical review of the literature review; ii) formulation of research questions and study design; and iii) data collection and analysis. Whichever type, a range of projects may meet the global objectives for the MPT Project. Projects may reflect different areas and approaches, such as:

- experiment-based (e.g., measures of change, reliability);
- service-based (e.g., 'needs' assessment, develop/evaluate exercise or intervention programmes);
- survey-based (e.g., quality of life measures, profile of continuing education);
- observation-based (e.g., interactions between clients and rehabilitation professionals, rehabilitation team interactions);
- interview-based (e.g., client's perception of service/intervention, impact of disability on client's daily living), or
- aids and technology development (e.g., develop/adapt an assistive device/aid).

To further assess the students' planning process and critical thinking, each student is required to submit a portfolio describing the significance of the project, the process of planning the various aspects of the study (e.g., research question, study design, outcome measurements, statistical analysis), and the difficulties encountered.

Assessment Methods in Alignment with Intended Learning Outcomes

Specific assessment methods/tasks	% weighting	Intended subject learning outcomes to be assessed (Please tick as appropriate)						
		a	b	c	d	e	f	g
Individual assessment with viva examination	30	√	√	√	√	√	√	√
Portfolio	10	√	√	√	√	√	√	√
Final written report	40	√	√	√	√	√	√	√
Oral presentation	20	√	√	√	√	√	√	√
Total	**100**							

Explanation of the appropriateness of the assessment methods in assessing the intended learning outcomes:

<u>Continuous assessment</u>

Individual Assessment (30%) – achieve intended learning outcomes #a-g through continuous assessment with regard to active participation and critical questioning of each student.

Portfolio (10%) – achieve intended learning outcomes #a-g through the submission of a portfolio.

Written Report (40%) – achieve intended learning outcomes #a-g through completion of written report in the form of a submission for publication to the local PT or OT journal.

Presentation (20%)- Achieve intended learning outcomes #a-g through the scientific oral presentation.

Student Study Effort Expected	**Class contact:**	***(14 Hrs.)***
	▪ Tutorial/Seminar	14 Hrs.
	Other student study effort:	***(120 Hrs.)***
	▪ Independent study + discussion time with supervisor(s) + group-related activities	120 Hrs.
	Total student study effort	**134 Hrs.**
Reading List and References	Cooper, H.M. (1989). Integrating research: a guide for literature reviews. 2nd Edition. Newbury Park: Sage Publications. Day, R.A. (2006). How to Write and Publish a Scientific Paper. 6th Edition. Phoenix, Az: Oryx Press. Domholdt, D. (2005). Rehabilitation research: principles and applications. 3rd Edition. St. Louis, Mo.: Elsevier Saunders. Hicks, C.M. (1995). Research for Physiotherapists: Project Design and Analysis. 2nd Edition. Edinburgh: Churchill Livingstone. Ottenbacher, K.J. (1986). Evaluating Clinical Change: Strategies for Occupational and Physical Therapists. Baltimore: Williams & Wilkins. Portney, L.G. & Watkins, M.P. (2009). Foundations of Clinical Research: Applications to Practice. 3rd Edition. Upper Saddle River, New Jersey: Prentice-Hall Inc.	

Subject Code	**RS5331**
Subject Title	**CLINICAL EDUCATION I**
Credit Value	5
Level	5
Pre-requisite	RS5304 Human Development across Lifespan RS5307 Exercise Science RS5310 Principles of Physiotherapy Practice RS5312 Musculoskeletal Physiotherapy II RS5315 Electrophysical Therapy II RS5316 Cardiorespiratory Physiotherapy RS5319 Neurological Physiotherapy II RS5322 Professional Ethics and Legal Issues
Co-requisite	Nil
Objectives	To develop skills in assessment and client care management with a focus on the musculoskeletal, cardiorespiratory and/or neurological systems in acute and/or rehabilitation settings of the Hospital Authority, and the ability to apply treatment techniques integrating theory and science into physiotherapy practice.
Intended Learning Outcomes	***Upon completion of the subject, students will be able to:*** <u>Professional/academic knowledge and skills</u> a. Demonstrate a knowledge base and a level of competence in musculoskeletal, cardiorespiratory and/or neurological physiotherapy practice. b. Obtain and analyse the pertinent history including current condition, relevant medical, social and family history from the client's/patient's medical record. c. Undertake a comprehensive examination, assessment and evaluation of the clients/patients by performing system reviews. d. Formulate a prioritised list of clinical problems, diagnosis, prognosis and a comprehensive management plan with measurable objectives and goals through clinical reasoning procedures e. Implement interventions with the best evidence-based physiotherapy practice for holistic care f. Address the required functions of the clients/patients, and suggest appropriate accommodations or modifications to environmental, home and work barriers g. Establish and maintain accurate, clear and current records of relevant information within the legal and ethical framework h. Evaluate the effectiveness of treatment in achieving the planned outcome i. Modify the plan of care as appropriate and plan for admission, discharge and follow-up care j. Engage in self-directed learning to enhance the outcomes of client/patient care k. Collaborate and communicate effectively with clients/patients, family members, health care professionals and other individuals in interdisciplinary team in written, verbal and non-verbal modes l. Exhibit professional and caring interpersonal relationships with clients/patients,

	relatives/caregivers, and other health care professionals m. Refer clients/patients to other health care professionals when appropriate n. Reflect on personal performance through self, peer and/or clinical educator reviews on clinical judgments o. Understand the roles of other health care professionals and the concepts of multi-professional practice in holistic client/patient care, and assure safety and organization of the unit. <u>Attributes for all-roundedness</u> a. Show awareness and ability to develop values and attitudes appropriate to the profession b. Practise effective interpersonal communication (written, oral and nonverbal) with patients, relatives, carers, colleagues and other medical or allied health professionals. c. Develop problem-solving strategies in clinical settings d. Recognise the socio-economical implications of disease and health care.
Subject Synopsis/ Indicative Syllabus	1. Patient/ client care/ management with focus on musculoskeletal, cardiorespiratory and/or neurological system 2. History analysis (current condition, medical/social/family history) through system reviews 3. Use of relevant clinical tests and outcome measures and their recording 4. Identification of clinical problems according to the ICF model 5. Identification of clients' functional needs and bio-psychosocial barriers 6. Determination of client/patient prognosis 7. Formulation of plan of care with measurable goals underpinned by clinical reasoning 8. Identification of evidence-based intervention strategies for patient/client care/management (including appropriate accommodations, assistive technology and environmental modifications) 9. Effective communication and collaboration with clients, family members, health care professionals and other individuals to determine a plan of care 10. Best evidence-based physiotherapy treatments for musculoskeletal, cardiorespiratory and/or neurological conditions 11. Monitoring and adjustment of the plan of care 12. Evaluation of the effectiveness of treatment and/or plan of care 13. Plan for admission, discharge and follow-up care 14. Maintenance of clear and accurate documentation 15. Provision of referral to other healthcare professionals when appropriate 16. Use of clinical judgment and reflection

Teaching/ Learning Methodology

Clinical placement provides the opportunity for students to experience placements in a range of different facilities for acute and rehabilitation management in HA settings. Students will learn to assess, evaluate and treat clients under the supervision of a Clinical Educator (CE) on a daily basis. Students will have case discussions with the CE during tutorials in order to enhance the integration of foundation knowledge acquired at the University into physiotherapy practice.

Self-directed learning encourages students to identify their learning objectives and continue to seek up-to-date information from reference materials. Students may work alone or in a group in the learning activities and must develop a written or verbal presentation under the supervision of a CE.

Assessment Methods in Alignment with Intended Learning Outcomes

Specific assessment methods/ tasks	% weight -ing	Intended subject learning outcomes to be assessed																		
		a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s
Clinical placement (cont -inuous assess -ment)	100	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Self-directed learning	-	√	√	√	√	√	√		√	√	√	√			√		√	√	√	√
Total	**100**																			

Clinical placement: The nature of physiotherapy practice requires a range of complex skills which is more appropriately assessed on a continuous basis. Students are provided with on-going feedback on their performance during clinical placement which enables the students to monitor their own learning process. Continuous assessment also encourages students to have regular and systematic study.

Self-directed learning: Students are required to reflect critically on their clinical experiences through written reports or case presentations. Students are also required to engage in appropriate self-directed learning that allows them to keep abreast of current knowledge.

Student Study Effort Expected

Class contact:	***(210 Hrs.)***
• Clinical placement (210 hours within a specified period)	210 Hrs.
Other student study effort:	***(25 Hrs.)***
• Self-directed learning	25 Hrs.
Total student study effort	**<u>235 Hrs.</u>**

Reading List and References

Students are required to integrate knowledge obtained from all previous subjects.

For specific information, policies and procedures for clinical education, please refer to the following documents:

1. Department of Rehabilitation Sciences (current year). *Master in Physiotherapy Programme Clinical Education Handbook*. The Hong Kong Polytechnic University.
2. Clinical Education Information on LEARN@PolyU

Subject Code	**RS5332**
Subject Title	**CLINICAL EDUCATION II**
Credit Value	5
Level	5
Pre-requisite	RS5331 Clinical Education I
Co-requisite	Nil
Objectives	To develop skills in assessment and client care management with a focus on the musculoskeletal, cardiorespiratory and/or neurological systems in acute and/or rehabilitation settings of the Hospital Authority, and the ability to apply treatment techniques integrating theory and science into physiotherapy practice.
Intended Learning Outcomes	***Upon completion of the subject, students will be able to:*** <u>Professional/academic knowledge and skills</u> a. Demonstrate a knowledge base and a level of competence in musculoskeletal, cardiorespiratory and/or neurological physiotherapy practice. b. Obtain and analyse the pertinent history including current condition, relevant medical, social and family history from the client's/patient's medical record. c. Undertake a comprehensive examination, assessment and evaluation of the clients/patients by performing system reviews. d. Formulate a prioritised list of clinical problems, diagnosis, prognosis and a comprehensive management plan with measurable objectives and goals through clinical reasoning procedures e. Implement interventions with the best evidence-based physiotherapy practice for holistic care f. Address the required functions of the clients/patients, and suggest appropriate accommodations or modifications to environmental, home and work barriers g. Establish and maintain accurate, clear and current records of relevant information within the legal and ethical framework h. Evaluate the effectiveness of treatment in achieving the planned outcome i. Modify the plan of care as appropriate and plan for admission, discharge and follow-up care j. Engage in self-directed learning to enhance the outcomes of client/patient care k. Collaborate and communicate effectively with clients/patients, family members, health care professionals and other individuals in interdisciplinary team in written, verbal and non-verbal modes l. Exhibit professional and caring interpersonal relationships with clients/patients, relatives/caregivers, and other health care professionals m. Refer clients/patients to other health care professionals when appropriate n. Reflect on personal performance through self, peer and/or clinical educator reviews on clinical judgments o. Understand the roles of other health care professionals and the concepts of multi-professional practice in holistic client/patient care, and assure safety and organization of the unit.

	Attributes for all-roundedness a. Show awareness and ability to develop values and attitudes appropriate to the profession b. Practise effective interpersonal communication (written, oral and nonverbal) with patients, relatives, carers, colleagues and other medical or allied health professionals. c. Develop problem-solving strategies in clinical settings d. Recognise the socio-economical implications of disease and health care.
Subject Synopsis/ Indicative Syllabus	1. Patient/ client care/ management with focus on musculoskeletal, cardiorespiratory and/or neurological system 2. History analysis (current condition, medical/social/family history) through system reviews 3. Use of relevant clinical tests and outcome measures and their recording 4. Identification of clinical problems according to the ICF model 5. Identification of clients' functional needs and bio-psychosocial barriers 6. Determination of client/patient prognosis 7. Formulation of plan of care with measurable goals underpinned by clinical reasoning 8. Identification of evidence-based intervention strategies for patient/client care/management (including appropriate accommodations, assistive technology and environmental modifications) 9. Effective communication and collaboration with clients, family members, health care professionals and other individuals to determine a plan of care 10. Best evidence-based physiotherapy treatments for musculoskeletal, cardiorespiratory and/or neurological conditions 11. Monitoring and adjustment of the plan of care 12. Evaluation of the effectiveness of treatment and/or plan of care 13. Plan for admission, discharge and follow-up care 14. Maintenance of clear and accurate documentation 15. Provision of referral to other healthcare professionals when appropriate 16. Use of clinical judgment and reflection
Teaching/ Learning Methodology	Clinical placement provides the opportunity for students to experience placements in a range of different facilities for acute and rehabilitation management in HA settings. Students will learn to assess, evaluate and treat clients under the supervision of a Clinical Educator (CE) on a daily basis. Students will have case discussions with the CE during tutorials in order to enhance the integration of foundation knowledge acquired at the University into physiotherapy practice. **Self-directed learning** encourages students to identify their learning objectives and continue to seek up-to-date information from reference materials. Students may work alone or in a group in the learning activities and must develop a written or verbal presentation under the supervision of a CE.

Assessment Methods in Alignment with Intended Learning Outcomes

Specific assessment methods/ tasks	% weight -ing	Intended subject learning outcomes to be assessed																		
		a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s
Clinical placement (cont -inuous assess -ment)	100	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Self-directed learning	-	√	√	√	√	√	√		√	√	√	√			√		√	√	√	√
Total	**100**																			

Clinical placement: The nature of physiotherapy practice requires a range of complex skills which is more appropriately assessed on a continuous basis. Students are provided with on-going feedback on their performance during clinical placement which enables the students to monitor their own learning process. Continuous assessment also encourages students to have regular and systematic study.

Self-directed learning: Students are required to reflect critically on their clinical experiences through written reports or case presentations. Students are also required to engage in appropriate self-directed learning that allows them to keep abreast of current knowledge.

Student Study Effort Expected

Class contact:	***(210 Hrs.)***
▪ Clinical placement (210 hours within a specified period)	210 Hrs.
Other student study effort:	***(25 Hrs.)***
▪ Self-directed learning	25 Hrs.
Total student study effort	**<u>235 Hrs.</u>**

Reading List and References

Students are required to integrate knowledge obtained from all previous subjects.

For specific information, policies and procedures for clinical education, please refer to the following documents:

1. Department of Rehabilitation Sciences (current year). *Master in Physiotherapy Programme Clinical Education Handbook*. The Hong Kong Polytechnic University.
2. Clinical Education Information on Blackboard

Subject Code	**RS5333**
Subject Title	**CLINICAL EDUCATION III**
Credit Value	4
Level	5
Pre-requisite	RS5331 Clinical Education I RS5313 Manipulative Physiotherapy RS5317 Pediatric Neurology and Developmental Disabilities RS5320 Primary Health and Community Care
Co-requisite	Nil
Objectives	This placement is conducted in either hospital-based or **c**ommunity-based rehabilitation setting under Hospital Authority (HA). It aims to develop skills in assessment and integrative holistic physiotherapy management of a variety of conditions (injuries, communicable or non-communicable diseases) across the lifespan.
Intended Learning Outcomes	***Upon completion of the subject, students will be able to:*** <u>Professional/academic knowledge and skills</u> a. Demonstrate a knowledge base and a level of competence in integrative holistic physiotherapy management of the bio-psychosocial effects of injuries and diseases. b. Obtain and analyse the pertinent history including current condition, relevant medical, social and family history from the client's/patient's medical record. c. Undertake a comprehensive examination, assessment and evaluation of the clients/patients by performing system reviews. d. Formulate a prioritised list of clinical problems according to the ICF model, establish diagnosis, prognosis and a comprehensive management plan with measurable objectives and goals through clinical reasoning procedures e. Implement interventions with the best evidence-based physiotherapy practice for holistic care in hospital and community settings f. Address the required functions of the clients/patients, and suggest appropriate accommodations or modifications to environmental, home and work barriers g. Establish and maintain accurate, clear and current records of relevant information within the legal and ethical framework h. Evaluate the effectiveness of treatment in achieving the planned outcome i. Modify the plan of care as appropriate and plan for admission, discharge and follow-up care j. Engage in self-directed learning to enhance the outcomes of client/patient care k. Collaborate and communicate effectively with clients/patients, family members, health care professionals and other individuals in interdisciplinary team in written, verbal and non-verbal modes l. Exhibit professional and caring interpersonal relationships with clients/patients, relatives/caregivers, and other health care professionals m. Refer clients/patients to other health care professionals when appropriate n. Reflect on personal performance through self, peer and/or clinical educator

	reviews on clinical judgments o. Understand the roles of other health care professionals and the concepts of multi-professional practice in holistic client/patient care, and assure safety and organization of the unit. <u>Attributes for all-roundedness</u> a. Show awareness and ability to develop values and attitudes appropriate to the profession b. Practise effective interpersonal communication (written, oral and nonverbal) with patients, relatives, carers, colleagues and other medical or allied health professionals. c. Develop problem-solving strategies in clinical settings d. Recognise the socio-economical implications of diseases and various level of health care.
Subject Synopsis/ Indicative Syllabus	1. Patient/ client care/ management with focus on integrative holistic care for the bio-psychosocial effects of physical injuries, communicable and non-communicable diseases 2. History analysis (current condition, medical/social/family history) through system reviews 3. Use of relevant clinical tests and outcome measures and their recording 4. Identification of clinical problems according to the ICF model 5. Identification of clients' functional needs and bio-psychosocial barriers 6. Determination of client/patient prognosis 7. Formulation of holistic care plan with measurable goals underpinned by clinical reasoning 8. Identification of evidence-based intervention strategies for patient/client care/management (including appropriate accommodations, assistive technology and environmental modifications) 9. Effective communication and collaboration with clients, family members, health care professionals and other individuals to determine a plan of care 10. Best evidence-based physiotherapy treatments for musculoskeletal, cardiorespiratory, neurological and/or multiple system dysfunctions 11. Monitoring and adjustment of the plan of care 12. Evaluation of the effectiveness of treatment and/or plan of care 13. Plan for admission, discharge and follow-up care 14. Maintenance of clear and accurate documentation 15. Provision of referral to other healthcare professionals when appropriate 16. Use of clinical judgment and reflection
Teaching/ Learning Methodology	**Clinical placement** provides the opportunity for students to experience placements in a range of different facilities for primary, secondary and tertiary health care in HA settings. Students will learn to assess, evaluate and treat clients under the supervision of a Clinical Educator (CE) on a daily basis. Students will have case discussions with the CE during tutorials in order to enhance the integration of foundation knowledge acquired at the University into physiotherapy practice. **Self-directed learning** encourages students to identify their learning objectives and continue to seek current knowledge through the use of reference materials. Students will work alone or in a group in the learning activities and to develop a written and

	verbal presentation under the supervision of the CE.

Assessment Methods in Alignment with Intended Learning Outcomes

Specific assessment methods/tasks	% weight-ing	Intended subject learning outcomes to be assessed																	
		a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s
Clinical placement (continuous assessment)	100	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Self-directed learning	-	√	√	√	√	√	√		√	√	√	√			√		√	√	√	√
Total	**100**																			

Clinical placement: The nature of physiotherapy practice requires a range of complex skills which is more appropriately assessed on a continuous basis. Students are provided with on-going feedback on their performance during clinical placement which enables the students to monitor their own learning process. Continuous assessment also encourages students to have regular and systematic study.

Self-directed learning: Students are required to reflect critically on their clinical experiences through written reports or case presentations. Students are also required to engage in appropriate self-directed learning that allows them to keep abreast of current knowledge.

Student Study Effort Expected

Class contact:	***(175 Hrs.)***
▪ Clinical placement (175 hours within a specified period)	175 Hrs.
Other student study effort:	***(25 Hrs)***
▪ Self-directed learning	25 Hrs.
Total student study effort	**<u>200 Hrs.</u>**

Reading List and References

Students are required to integrate knowledge obtained from all previous subjects.

For specific information, policies and procedures for clinical education, please refer to the following documents:

1. Department of Rehabilitation Sciences (current year). *Master in Physiotherapy Programme Clinical Education Handbook*. The Hong Kong Polytechnic University.
2. Clinical Education Information on Blackboard.

Subject Code	**RS5334**
Subject Title	**CLINICAL EDUCATION IV**
Credit Value	4
Level	5
Pre-requisite	RS5331 Clinical Education I RS5313 Manipulative Physiotherapy RS5317 Paediatric Neurology and Developmental Disabilities RS5320 Primary Health and Community Care
Co-requisite	Nil
Objectives	This placement is conducted in a health care/rehabilitation setting of HA, preferably with a focus on primary healthcare. It aims to develop skills in assessment and integrative holistic physiotherapy management of a variety of conditions (injuries, communicable or non-communicable diseases) across the lifespan.
Intended Learning Outcomes	***Upon completion of the subject, students will be able to:*** <u>Professional/academic knowledge and skills</u> a. Undertake a comprehensive examination, assessment and evaluation of clients with different conditions and for determination of health risks b. Formulate a diagnosis, prognosis and management plan that is within the scope of physiotherapy practice c. Implement physiotherapy practice by applying clinical reasoning and best evidence-based interventions d. Evaluate the effectiveness of treatment/intervention and adjust the plan of care as appropriate e. Reflect on personal performance through self, peer and/or clinical educator reviews on clinical judgments f. Engage in self-directed learning to enhance the outcomes of client care g. Communicate effectively with clients, family members, health care professionals and other individuals in interdisciplinary team in written, verbal and non-verbal modes h. Demonstrate cultural competence, professional integrity and ethical behaviors in physiotherapy practice <u>Attributes for all-roundedness</u> a. Show awareness and ability to develop values and attitudes appropriate to the profession b. Practise effective interpersonal communication (written, oral and nonverbal) with patients, relatives, carers, colleagues and other medical or allied health professionals. c. Develop problem-solving strategies in clinical and community settings d. Recognise the socio-economical implications of health and illnesses on health care services in the community

Subject Synopsis/ Indicative Syllabus	1. Patient/ client care/ management across lifespan (paediatrics to geriatrics) 2. History analysis (current condition, medical/social/family history) by performing system reviews 3. Use of relevant clinical tests and outcome measures 4. Identification of intervention strategies for patient/client care or management with measureable goals and outcomes 5. Determination of client/patient prognosis 6. Formulation of plan of care underpinned by clinical reasoning 7. Understanding clients' bio-psychosocial barriers and functional needs 8. Effective communication and collaboration with clients, family members, health care professionals and other individuals to determine a plan of care 9. Best evidence-based physiotherapy treatments and integrative intervention strategies 10. Adjustment to and monitoring of the plan of care 11. Evaluation of the effectiveness of treatment and recording of outcomes 12. Plan for admission, discharge and follow-up care 13. Provision of clear and accurate documentation 14. Provision of referral to other healthcare professionals when appropriate 15. Clinical judgment and reflection 16. Interdisciplinary or transdisciplinary teamwork 17. Integration of cultural competence, professional integrity and ethical behaviors into physiotherapy practice with guidance 18. Practice in multiple settings for primary health and community-based rehabilitation 19. Development of community-based rehabilitation, health promotion and education, function training rogrammes and/or instrumental activities of daily living training in community, school and work settings 20. Facilitation of injury prevention or reduction (injury prevention education and safety awareness) and independent living (ADL training, home management and self-care) 21. Promotion of fitness, wellness and mental health to improve quality of life for clients/patients
Teaching/Learning Methodology	**Clinical placement** provides the opportunity for students to experience placements in a range of different facilities, including public, community and private organizations. Students will learn to assess, evaluate and treat clients, plan and implement health care and rehabilitation programmes under the supervision of a Clinical Educator (CE) on a daily basis. Students will have case discussions with the CE during tutorials in order to enhance the integration of foundation knowledge acquired at the University into physiotherapy practice. **Self-directed learning** encourages students to identify their learning objectives and continue to seek current knowledge through the use of reference materials. Students may work alone or in a group in the learning activities and to develop a written or verbal presentation under the supervision of CE.

Assessment Methods in Alignment with Intended Learning Outcomes

Specific assessment methods/ tasks	% weight -ing	Intended subject learning outcomes to be assessed											
		a	b	c	d	e	f	g	h	i	j	k	l
Clinical placement (continuous assessment)	100	√	√	√	√	√	√	√	√	√	√	√	√
Self-directed learning	-					√	√	√	√				
Total	**100**												

Clinical placement: The nature of physiotherapy practice requires a range of complex skills which is more appropriately assessed on a continuous basis. Students are provided with on-going feedback on their performance during clinical placement which enables the students to monitor their own learning process. Continuous assessment also encourages students to undertake regular and systematic study.

Self-directed learning: Students are required to reflect critically on their clinical experiences through written report or case presentation. Students are also required to engage in appropriate self-directed learning that allows them to keep abreast of current knowledge.

Student Study Effort Expected

Class contact:	***(175 Hrs.)***
▪ Clinical placement (175 hours within a specified period)	175 Hrs.
Other student study effort:	***(25 Hrs.)***
▪ Self-directed learning	25 Hrs.
Total student study effort	**<u>200 Hrs.</u>**

Reading List and References

Students are required to integrate knowledge obtained from all previous subjects.

For specific information, policies and procedures for clinical education, please refer to the following documents:

1. Department of Rehabilitation Sciences (current year). *B.Sc.(Honours) Physiotherapy Programme Clinical Education Handbook*. The Hong Kong Polytechnic University.
2. Clinical Education Information on Blackboard.

Subject Code	**RS5335**
Subject Title	**CLINICAL EDUCATION V**
Credit Value	3
Level	5
Pre-requisite	RS5313 Manipulative Physiotherapy RS5317 Paediatric Neurology and Developmental Disabilities RS5320 Primary Health and Community Care
Co-requisite	Nil
Objectives	This placement is conducted in either a local primary health or **c**ommunity-based rehabilitation setting of non-HA settings, or in a non-local clinical centre overseas. It aims to develop skills in assessment and integrative holistic physiotherapy management of a variety of conditions (injuries, communicable or non-communicable diseases) across the lifespan.
Intended Learning Outcomes	***Upon completion of the subject, students will be able to:*** <u>Professional/academic knowledge and skills</u> a. Undertake a comprehensive examination, assessment and evaluation of clients with different conditions and for determination of health risks b. Formulate a diagnosis, prognosis and management plan that is within the scope of physiotherapy practice c. Implement physiotherapy practice by applying clinical reasoning and best evidence-based interventions d. Evaluate the effectiveness of treatment/intervention and adjust the plan of care as appropriate e. Reflect on personal performance through self, peer and/or clinical educator reviews on clinical judgments f. Engage in self-directed learning to enhance the outcomes of client care g. Communicate effectively with clients, family members, health care professionals and other individuals in interdisciplinary team in written, verbal and non-verbal modes h. Demonstrate cultural competence, professional integrity and ethical behaviors in physiotherapy practice <u>Attributes for all-roundedness</u> a. Show awareness and ability to develop values and attitudes appropriate to the profession b. Practise effective interpersonal communication (written, oral and nonverbal) with patients, relatives, carers, colleagues and other medical or allied health professionals. c. Develop problem-solving strategies in clinical and community settings d. Recognise the socio-economical implications of health and illnesses on health care services in the community

Subject Synopsis/ Indicative Syllabus	1. Patient/ client care/ management across lifespan (paediatrics to geriatrics) 2. History analysis (current condition, medical/social/family history) by performing system reviews 3. Use of relevant clinical tests and outcome measures in determining health risks, and in evaluating body dysfunctions according to the ICF model 4. Identification of intervention strategies for patient/client care/management with measureable goals and outcomes 5. Determination of clients'/patients' prognosis 6. Formulation of plan of care underpinned by clinical reasoning 7. Understanding clients' bio-psychosocial barriers and functional needs 8. Effective communication and collaboration with clients, family members, health care professionals and other individuals to determine a plan of care 9. Best evidence-based physiotherapy treatments and integrative intervention strategies 10. Adjustment to and monitoring of the plan of care 11. Evaluation of the effectiveness of interventions and recording of outcomes 12. Plan for discharge and follow-up care 13. Provision of clear and accurate documentation 14. Provision of referral to other healthcare professionals when appropriate 15. Clinical judgment and reflection 16. Interdisciplinary or transdisciplinary teamwork 17. Integration of cultural competence, professional integrity and ethical behaviors into physiotherapy practice with guidance 18. Practice in multiple settings for primary health and community-based rehabilitation 19. Development of community-based rehabilitation, health promotion and education, function training programmes and/or instrumental activities of daily living training in community, school and work settings 20. Facilitation of injury prevention or reduction (injury prevention education and safety awareness) and independent living (ADL training, home management and self-care) 21. Promotion of fitness, wellness and mental health to improve quality of life for clients/patients
Teaching/Learning Methodology	**Clinical placement** provides the opportunity for students to experience placements in a range of different facilities, including public, community and private organizations. Students will learn to assess, evaluate and treat clients, plan and implement primary health care programmes under the supervision of a Clinical Educator (CE) on a daily basis. Students will have case discussions with the CE during tutorials in order to enhance the integration of foundation knowledge acquired at the University into physiotherapy practice. **Self-directed learning** encourages students to identify their learning objectives and continue to seek current knowledge through the use of reference materials. Students may work alone or in a group in the learning activities and to develop a written or verbal presentation under the supervision of CE.

Assessment Methods in Alignment with Intended Learning Outcomes

Specific assessment methods/ tasks	% weight -ing	Intended subject learning outcomes to be assessed											
		a	b	c	d	e	f	g	h	i	j	k	l
Clinical placement (continuous assessment)	100	√	√	√	√	√	√	√	√	√	√	√	√
Self-directed learning	-					√	√	√	√				
Total	**100**												

Clinical placement: The nature of physiotherapy practice requires a range of complex skills which is more appropriately assessed on a continuous basis. Students are provided with on-going feedback on their performance during clinical placement which enables the students to monitor their own learning process. Continuous assessment also encourages students to undertake regular and systematic study.

Self-directed learning: Students are required to reflect critically on their clinical experiences through written reports or case presentations. Students are also required to engage in appropriate self-directed learning that allows them to keep abreast of current knowledge.

Student Study Effort Expected

Class contact:	***(140 Hrs.)***
▪ Clinical placement (140 hours within a specified period)	140 Hrs.
Other student study effort:	***(25 Hrs.)***
▪ Self-directed learning	25 Hrs.
Total student study effort	**<u>165 Hrs.</u>**

Reading List and References

Students are required to integrate knowledge obtained from all previous subjects.

For specific information, policies and procedures for clinical education, please refer to the following documents:

1. Department of Rehabilitation Sciences (current year). *Master in Physiotherapy Programme Clinical Education Handbook*. The Hong Kong Polytechnic University.
2. Clinical Education Information on Blackboard.

Subject Code	**RS5336**
Subject Title	**CLINICAL EDUCATION VI**
Credit Value	3
Level	5
Pre-requisite	RS5313 Manipulative Physiotherapy RS5317 Paediatric Neurology and Developmental Disabilities RS5320 Primary Health and Community Care
Co-requisite	Nil
Objectives	This placement is conducted in either a local primary health or **c**ommunity-based rehabilitation setting of non-HA settings, or in a non-local clinical centre overseas. It aims to develop skills in assessment and integrative holistic physiotherapy management of a variety of conditions (injuries, communicable or non-communicable diseases) across the lifespan.
Intended Learning Outcomes	***Upon completion of the subject, students will be able to:*** <u>Professional/academic knowledge and skills</u> a. Undertake a comprehensive examination, assessment and evaluation of clients with different conditions and for determination of health risks b. Formulate a diagnosis, prognosis and management plan that is within the scope of physiotherapy practice c. Implement physiotherapy practice by applying clinical reasoning and best evidence-based interventions d. Evaluate the effectiveness of treatment/intervention and adjust the plan of care as appropriate e. Reflect on personal performance through self, peer and/or clinical educator reviews on clinical judgments f. Engage in self-directed learning to enhance the outcomes of client care g. Communicate effectively with clients, family members, health care professionals and other individuals in interdisciplinary team in written, verbal and non-verbal modes h. Demonstrate cultural competence, professional integrity and ethical behaviors in physiotherapy practice <u>Attributes for all-roundedness</u> a. Show awareness and ability to develop values and attitudes appropriate to the profession b. Practise effective interpersonal communication (written, oral and nonverbal) with patients, relatives, carers, colleagues and other medical or allied health professionals c. Develop problem-solving strategies in clinical and community settings d. Recognise the socio-economical implications of health and illnesses on health care services in the community

Subject Synopsis/ Indicative Syllabus	1. Patient/ client care/ management across lifespan (paediatrics to geriatrics) 2. History analysis (current condition, medical/social/family history) by performing system reviews 3. Use of relevant clinical tests and outcome measures in determining health risks, and in evaluating body dysfunctions according to the ICF model 4. Identification of intervention strategies for patient/client care/management with measureable goals and outcomes 5. Determination of client/patient prognosis 6. Formulation of plan of care underpinned by clinical reasoning 7. Understanding clients' bio-psychosocial barriers and functional needs 8. Effective communication and collaboration with clients, family members, health care professionals and other individuals to determine a plan of care 9. Best evidence-based physiotherapy treatments and integrative intervention strategies 10. Adjustment to and monitoring of the plan of care 11. Evaluation of the effectiveness of treatment and recording of outcomes 12. Plan for discharge and follow-up care 13. Provision of clear and accurate documentation 14. Provision of referral to other healthcare professionals when appropriate 15. Clinical judgment and reflection 16. Interdisciplinary or transdisciplinary teamwork 17. Integration of cultural competence, professional integrity and ethical behaviors into physiotherapy practice with guidance 18. Practice in multiple settings for primary health and community-based rehabilitation 19. Development of community-based rehabilitation, health promotion and education, function training programmes and/or instrumental activities of daily living training in community, school and work settings 20. Facilitation of injury prevention or reduction, safety awareness and independent living (ADL training, home management and self-care) 21. Promotion of fitness, wellness and mental health to improve quality of life for clients/patients
Teaching/ Learning Methodology	**Clinical placement** provides the opportunity for students to experience placements in a range of different facilities, including public, community and private organizations. Students will learn to assess, evaluate and treat clients, plan and implement primary health programmes under the supervision of a Clinical Educator (CE) on a daily basis. Students will have case discussions with the CE during tutorials in order to enhance the integration of foundation knowledge acquired at the University into physiotherapy practice. **Self-directed learning** encourages students to identify their learning objectives and continue to seek current knowledge through the use of reference materials. Students may work alone or in a group in the learning activities and to develop a written or verbal presentation under the supervision of CE.

Assessment Methods in Alignment with Intended Learning Outcomes

Specific assessment methods/ tasks	% weight -ing	Intended subject learning outcomes to be assessed											
		a	b	c	d	e	f	g	h	i	j	k	l
Clinical placement (continuous assessment)	100	√	√	√	√	√	√	√	√	√	√	√	√
Self-directed learning	-					√	√	√	√				
Total	**100**												

Clinical placement: The nature of physiotherapy practice requires a range of complex skills which is more appropriately assessed on a continuous basis. Students are provided with on-going feedback on their performance during clinical placement which enables the students to monitor their own learning process. Continuous assessment also encourages students to undertake regular and systematic study.

Self-directed learning: Students are required to reflect critically on their clinical experiences through written report or case presentation. Students are also required to engage in appropriate self-directed learning that allows them to keep abreast of current knowledge.

Student Study Effort Expected

Class contact:	***(140 Hrs.)***
▪ Clinical placement (140 hours within a specified period)	140 Hrs.
Other student study effort:	***(25 Hrs.)***
▪ Self-directed learning	25 Hrs.
Total student study effort	**<u>165 Hrs.</u>**

Reading List and References

Students are required to integrate knowledge obtained from all previous subjects.

For specific information, policies and procedures for clinical education, please refer to the following documents:

1. Department of Rehabilitation Sciences (current year). *Master in Physiotherapy Programme Clinical Education Handbook*. The Hong Kong Polytechnic University.
2. Clinical Education Information on Blackboard.

13. FACULTY MEMBERS LIST

Department of Rehabilitation Sciences
Master in Physiotherapy

FACULTY MEMBERS LIST

Name	Telephone No.	Room No.	E-mail
AL ZOUBI, Fadi (Dr.)	6705	ST534	fadi.alzoubi
AU-YEUNG, Jacqueline (Ms.)	4198	ST523	jacqueline.auyeung
CHAN, Denis (Mr.)	6696	QT523	denis.pt.chan
CHAN, Pamela (Ms.)	6695	QT523	pamela-pw.chan
CHAN, Wayne (Dr.)	6742	ST505	wayne.ls.chan
CHAU, Sammi (Ms.)	4839	GH156	Sammi.chau
CHEING, Gladys (Prof.)	6738	QT519	Gladys.Cheing
CHEUNG, Alex (Dr.)	7144	ST541	Alexkk.Cheung
CHEUNG, Raymond (Mr.)	#8973	QT525F	Ray.W.Cheung
CHUNG, Kenneth (Mr.)	7091	GH155	kenneth.ch.chung
FONG, Howard (Mr.)	6739	TU508	howard.fong
FU, Amy (Prof.)	6726	QT514	Amy.Fu
KWOK, Eugene (Mr.)	#3467	GH155	eugene-ch.kwok
LAM, Freddy (Dr.) *(Year Coordinator)*	6720	ST511	freddy-mh.lam
LAW, Angus (Mr.)	6724	QT525F	YMLaw.Law
LO, Raymond (Mr.)	6729	QT524F	Raymond.WM.Lo
MA, Bonnie (Ms.)	6737	QT523	bonnie.sc.ma
MAK, Margaret (Prof.)	6708	QT521	Margaret.Mak
NG, Shamay (Prof.)	4889	QT516	Shamay.Ng
NGAI, Shirley (Dr.)	4801	QT504	Shirley.Ngai
PANG, Marco (Prof.)	7156	QT515	Marco.Pang
PIN, Tamis (Dr.) *(Programme Leader)*	6751	ST530	Tamis.Pin
PRIYA, Kannan (Dr.)	#3277	ST532	Priya.Kannan
RAUSZEN, Jessica (Ms.)	7090	QT525	j.s.rauszen
SO, Billy (Dr.)	4377	ST506	Billy.So
TSANG, Hector (Prof.)	6750	QT510	Hector.Tsang
TSANG, Sharon (Dr.)	4332	ST535	Sharon.Tsang
WINSER, Stanley (Dr.)	6746	ST514	Stanley.J.Winser
WONG, Arnold (Dr.)	6741	ST512	Arnold.Wong
WONG, Thomson (Dr.)	6717	ST510	thomson.wong
WOO, Alexander (Mr.) *(Clinical Coordinator)*	5386	ST526A	Alexander.Woo
WU, Stanley (Mr.)	#3957	GH155	stanley-tm.wu
YAU, Sonata (Dr.)	4890	ST508	Sonata.Yau
YEE, Benjamin (Prof.)	4831	QT520	Benjamin.Yee
YU, Clare (Dr.)	#3251	ST539	clare-chung-wah.yu
GENERAL OFFICE	5398 / 5399 6719 / 6728 / 6730	QT512	

Telephone No. prefix:2766- (# prefix: 3400-)
E-mail suffix: @polyu.edu.hk