



SunRise University

Approved by Govt. of Rajasthan vide Sunrise University Act, 2011
Recognized by UGC Act, 1956 u/s 2 (f)

SRU COLLEGE OF PARAMEDICAL TECHNOLOGY
SunRise University Campus, Alwar, Rajasthan, India

SYLLABUS

MASTER OF PHYSIOTHERAPY

MPT .,[PHYSIOTHERAPY IN COMMUNITY BASED REHABILITATION] /
M.Sc.,(PT IN COM BASED REHAB)

PROGRAM TITLE

Master of Physiotherapy (MPT)

Physiotherapy in COMMUNITY BASED REHABILITATION

COURSE OUTLINE :

The Master Degree in Physiotherapy is a two-year program consisting of classroom teaching, self-academic activities and clinical posting. In the first year, theoretical basis of specialty physiotherapy is refreshed along with research methodology and biostatistics. The students are posted in their areas of clinical expertise specialty during this period. They are required to choose their study for dissertation and submit a synopsis. During the second year the students will be posted in their area of specialty. They are required to complete and submit their dissertation. The learning program includes seminars, journal reviews, case presentations, case discussions and classroom teaching. Some of the clinical postings are provided at other reputed centers in the

country in order to offer a wider spectrum of experience. The students are encouraged to attend conference, workshop to enhance their knowledge during the course of study. University examinations are held at the end of second year.

GOAL

Preparation of a post graduate student towards his/ her professional autonomy with self-regulating discipline at par with global standards. 2. Formation of base of the professional practice by referral as well as first contact mode using evidence-based practice. 3. Impartation of research basis in order to validate techniques & technology in practice to physiotherapy. 4. Acquainting a student with concept of quality care at the institutional as well as the community levels. 5. Inculcation of appropriate professional relationship in multidisciplinary set up, patient management and co partnership basis. 6. Preparation of students to address problems related to health education and community physiotherapy. 7. Practicing the concept of protection of rights of the community during referral as well as first contact practice. 8. Incorporation of concept of management in physiotherapy. 9. Experience in clinical training and undergraduate teaching partly. 10. Providing the honest, competent and accountable physiotherapy services to the community.

ELIGIBILITY

Eligibility to offer Master Degree Program in Physiotherapy (MPT)

Eligibility for Admission Candidates who have passed B.Sc. (PT) or BPT degree from institutions where the mode of study is a full time program, with minimum 3½ years / 4 ½ years duration from this university or any other university in India or abroad as equivalent with not less than 50% of marks in aggregate and have completed 6 months of compulsory rotating internship in Physiotherapy Colleges recognized by UGC approved University are eligible.

Candidates who have passed BPT through correspondence or Distance Education program are not eligible.

OR

Candidates who have passed BPT through Bridge Course or through Lateral Entry after completing their Diploma in Physiotherapy from institutions where the mode of study is a full time program from this university or any other university in India or abroad as equivalent with not less than 50% of marks in aggregate and have completed 6 months of compulsory rotating internship in Physiotherapy Colleges recognized are eligible. Candidates who have passed BPT through correspondence or Distance Education program are not eligible.

Obtaining Eligibility Certificate .

No candidate shall be admitted for the postgraduate degree course unless the candidate has obtained and produced the eligibility certificate issued by the University . The candidate has to make the application to the university with the following documents along with the prescribed fee.

1. B.P.T. or B.Sc. (PT) provisional / degree certificate issued by the respective university.
2. Marks cards of all the university examinations passed.
3. Completion of internship certificate.

4. Proof of SC/ST or category-I as the case maybe. Candidate should obtain the eligibility certificate before the last date for admission as notified by the university.

A candidate who has been admitted to postgraduate course should register his/her name in the University within a month of admission after paying the registration fee.

DURATION OF THE COURSE

The duration of master of physiotherapy course shall be extended over a period of two continuous Years' on a full-time basis. Any break in the career, power of extension of the course and the fixation of the term shall be vested with the University.

MEDIUM OF INSTRUCTION

English will be the medium of instruction for the subjects of study and for the examination of the MPT course.

INTAKE

The intake of students to the course shall be in accordance with the ordinance in this behalf. The guide student ration should be 1:3

Intake to the Course: (a) An Institution while starting MPT for the first time, the fresh intake to the Master Degree Program in Physiotherapy (MPT) shall not exceed THREE students/ specialty. (b) The University may increase the intake subject to availability of Post Graduate guides and the Institution/College may apply for increase in intake, only after the first batch of students have successfully completed the above course. (c) The Post Graduate intake in the Institution/ College shall not exceed SIX seats/ specialty. (d) Existing institutions affiliated to RGUHS offering MPT, may continue their admission with their existing total intake capacity as approved by RGUHS and Government of Karnataka order. (e) Existing institutions affiliated to RGUHS offering MPT must decide the number of seats they would like to opt for in each specialty and offer them based on the availability of recognized guide for a particular specialty infrastructure and facilities available. However, The Post Graduate intake in the Institution/ College affiliated to RGUHS offering MPT shall not exceed SIX seats/ specialty. (f) Whereas, the University may increase the intake subject to availability of Post Graduate guides and the Institution/ College may apply for increase in intake in existing institutions affiliated to RGUHS offering MPT for not more than SIX seats/ specialty.

b) However, the intake for fresh commencement in new colleges for the first time shall be THREE per specialty. c) The allotment of seats for any specialty shall be subject to availability of recognized guides by RGUHS in the area of specialty chosen. d) A new institution imparting a Master's degree in Physiotherapy can apply for seat enhancement only after the first batch of Master in Physiotherapy students have passed. No increase of intake shall exceed THREE seats per year and per specialty at a time.

GUIDE

Post Graduate Guide: (a) The teacher in a Physiotherapy College having 5 years of full-time teaching experience after obtaining Master Degree Program in Physiotherapy (MPT) and the teacher has been recognized as guide by the University.

(b) Every recognized Post Graduate teacher can guide THREE students/year (c) Whereas, the existing MPT postgraduate guides in institutions affiliated to RGUHS may reapply for their recognition to guide specialty of their choice as per the specialty available in accordance to this ordinance. (d) This ordinance proposes to introduce a total of 7 specialties. This creates a need for guides in 2

additional areas in addition to the existing elective branches. A onetime measure is provided to PG guides to select the specialty branch they would guide. Once selected, the individual will be recognized as a guide for the specialty at University. The academic qualification and teaching experience required for recognition by this university is as per the criteria for recognition of MPT teachers for guides. Criteria for recognition of MPT teacher / guide 1. M.Sc. (PT) /MPT with five years teaching experience working on a full-time position at a Recognized institution. 2. The age of guide / teacher shall not exceed 63years. 3. The guide student ratio should be 1:3 Change of Guide In the event of registered guide leaving the college for any reason or in the event of death of guide, guide may be changed with prior permission from the university.

COURSE CONTENT & STRUCTURE

The course and structure are outlined under Subjects of Specialty as follows

SPECIALTY	Teaching & Learning Methods	Weekly Class Hours	Total Hours
a) Principles of Physiotherapy Practice b) Research Methodology and Biostatistics c) Exercise Physiology d) Electrophysiology e) Applied Anatomy, Applied Physiology and Biomechanics in the area of specialty f) Physical and Functional Diagnosis relevant to specialty g) Treatment planning and Physiotherapy Management h) Recent Advances in the area specialty	Lectures	3	180
	Seminars	3	180
	Practical and Demonstrations	5	360
	Discussions	3	180

	Case presentations Journal	3	180
	Teaching / Pedagogy	3	180
Synopsis & Dissertation work	Training	3	210
Field Visits, Participation in Workshops & Conference			60

ATTENDANCE:

A candidate is required to attend a minimum of 80% of training and of the total classes conducted during each academic year of the MPT course. Provided further, leave of any kind shall not be counted as part of academic term without prejudice to minimum 80% of training period every year. Any student who fails to complete the course in this manner shall not be permitted to appear the University Examinations. A candidate who does not satisfy the requirement of attendance even in one subject or more will not be permitted to appear for University Examination. He / She will be required to make up the deficit in attendance to become eligible to take subsequent examination.

METHOD OF TRAINING:

The training of postgraduate for MPT degree shall be on a full-time pattern with graded responsibilities in the management and treatment of patients entrusted to his / her care. The participation of all the students in all facets of educational process is essential. Every candidate should take part in seminars, group discussions, clinical rounds, care demonstrations, clinics, journal review meetings & Continuing Professional Education.

Every candidate should be required to participate in the teaching and training programs of undergraduate students. Training should include involvement in laboratory experimental work and research studies. Clinical Facility: Every Institution/College shall have provision for clinical facility for the specialties offered. This must be available in your own hospital or affiliated hospital. Clinical Department required in the Hospital. Every Institution/College shall have provision for clinical facility as specified in Schedule III of the BPT Ordinance 2016 The minimum number of beds required for Master degree program is 150. They may be distributed for the purposes of clinical teaching as specified in Schedule III of the BPT Ordinance 2016. OPD – in campus requirement Minimum number of outpatient flow shall be 20 per day in the College campus. This is in addition to the OPD at the attached hospital of the college. OPD Unit: Mandatory 2000 sq. ft (minimum) to accommodate exercise and electro therapy units and make provision for mat area and a consultation room. An outpatient department at the tie up facility cannot be considered as an independent OPD Unit of the college. Staff Room of 200 Sq. ft. to be provided for staff in OPD unit. Laboratories: (a) Every Institution/College running Master Degree Program in Physiotherapy (MPT) shall have adequate laboratory facilities as specified in the ordinance for

Bachelor of Physiotherapy, BPT (b) The standard of such laboratory, space, equipment, supplies, and other facilities shall be in consonance with the ordinance for BPT i. Biomechanics / (Research Lab) ii. Electro therapy Lab iii. Exercise therapy Lab Each lab shall have a minimum area of 800 sq. ft comprising of 5 treatment tables. The Physiotherapy Labs must have the necessary equipment as prescribed the BPT Ordinance Practical: (a)The students shall carry out the practical learning under the guidance and supervision of a recognized guide. (b)Every batch for practical learning shall consist of not more than SIX students. (c)e – Learning shall be part and parcel of the Master Degree Program in Physiotherapy (MPT). Laboratories: (a) Every Institution/College running Bachelor Degree Program in Physiotherapy shall have adequate laboratory facilities specified in Schedule IV of the BPT Ordinance. (b) The standard of such laboratory, space, equipment, supplies, and other facilities shall be in consonance with Schedule IV of the BPT Ordinance. MPT course – Mandatory additional clinical section/ equipment/ Lab requirement. The detailed list is provided in the curriculum under each Specialty area and the same is a part of this ordinance (a) MPT –MSK i. Affiliation with a hospital having Orthopedic department must be established if offering this elective ii. The center MUST have the equipment and facilities mentioned in the curriculum for this specialty. (b) MPT –Sports i. Affiliation with a Sports facility must be established if offering this elective. ii. A working MOU for utilizing the Lab facilities at the Affiliated Sports facility will be acceptable. iii. The center MUST have the equipment and facilities mentioned in the curriculum for this specialty. iv. (c) MPT –CVP i. Affiliation with a hospital having General Medicine, General Surgery, Pulmonary and Cardiac department, Medical and surgical ICU, Burns and Plastic surgery department must be established if offering this specialty. ii. The center MUST have the equipment and facilities mentioned in the curriculum for this specialty.

MONITORING PROCESS OF STUDENTS (INTERNAL MONITORING)

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

Model checklist are given in the table 1 to 7 (APPENDIX) which may be copied and used Portfolio: Every candidate shall maintain a work diary and record his/her participation in the training programmers conducted by the department such as journal reviews, seminars etc. Special mention may be made of the presentations by the candidate as well as details of clinical of laboratory procedures, if any conducted by the candidate. The work diary shall be scrutinized and certified by the Head of the Department and Head of the Institution and presented in the university examination. Periodic tests: The College may conduct periodic tests. The test may include written theory papers, practical, viva voce and clinical in the pattern of university examination. Records and marks obtained in such tests will be maintained by the Head of Department and sent to the University, when called for.

DISSERTATION

Every candidate pursuing MPT degree course is required to carry out work on a selected research Project under the guidance of a recognized postgraduate teacher. This may include qualitative research, systematic review or empirical research. The results of

such a work shall be submitted in the form of dissertation. The dissertation is aimed to train a graduate student in research methods and techniques. It includes identification of a problem, formulation of a hypothesis search and review of literature getting acquainted with recent advances, designing of a research study, collection of data, critical analysis, and comparison of results and drawing conclusions. Every candidate shall submit to the Registrar of university in the prescribed proforma a synopsis containing particulars of proposed dissertation work within 6 months from the date of commencement of the course on or before the dates notified by the university. The synopsis shall be sent through the proper channel. Such synopsis will be reviewed and the university will register the dissertation topic. No change in the dissertation topic or guide shall be made without prior approval of the university. Guide will be only a facilitator, advisor of the concept and hold responsible in correctly directing the candidate in the methodology and not responsible for the outcome and results. The written text of dissertation shall not be less than 50 pages and shall not exceed 200 pages excluding references, tables, questionnaires and other annexure. It should be neatly typed in double line spacing on one side of paper (A4 size, 8.27”x 11.69”) and bound properly. Spiral binding should be avoided. The guide, head of the department and head of the institution shall certify the dissertation. Dissertation thus prepared shall be submitted to the Registrar (Evaluation) as per the format notified by the University, three months before final examination on or before the dates notified by the university. The examiners appointed by the university shall value the dissertation. Approval of dissertation work is an essential precondition for a candidate to appear in the university examination. The dissertation shall be valued by the evaluator (Examiners) apart from the guide out of which one is external outside the university and one internal from other college of the same university. Any one-evaluator acceptance other than the guide will be considered as a precondition for eligibility to take the examination. Dissertation once defended need not be defended at successive examination attempts.

SCHEDULE OF EXAMINATION

The University shall conduct examination for MPT course at the end of 2nd year. The Examinations shall be known as MPT Final Examination. A student shall register for all the papers when he/she appears for the first time. If a student fails in theory and/or practical of MPT Final Examination, he/she has to reappear for all the papers of examination in both theory and practical respectively.

PAPER I IS COMMON FOR ALL THE SPECIALTIES

A written examination consisting of 4 question papers each of three hours duration & each paper carrying 100 marks. Particulars of Theory question paper & distribution of marks are shown here in this syllabus.

PARTICULARS OF PRACTICAL AND VIVA-VOCE

Examination will be aimed at examination of clinical skills and competence of the candidates for undertaking independent work as a specialist.

PARTICULARS OF VIVA VOCE

Viva- Voce examination shall aim at assessing depth of knowledge, logical reasoning, confidence & oral communication skills and spotters. Special emphasis shall be given to dissertation work during the MPT Part examination. (The Student need not defend

their dissertation at successive attempts). The marks of Viva-Voce examination shall be included in the clinical examination to calculate the percentage and declaration of results.

EXAMINERS

Practical– I - There shall be 2 examiners. One of them shall be external outside the zone from the same specialty and the other shall be internal from the same specialty from the same college. Practical – II - There shall be 2 examiners. One of them shall be external outside the University from the same specialty and the other will be guide assigned to the student from the same college.

CRITERIA FOR DECLARING PASS IN THE UNIVERSITY EXAMINATION

A candidate shall be declared pass if he / she secures a 50% of marks in theory aggregate and secures a 50% of marks in Practical / Clinical and Viva-Voce aggregate. **DECLARATION OF CLASS** First class with distinction – 75% & above in aggregate provided the candidate passes the examination in 1st attempt. First class – 60% & above in aggregate provided the candidate pass the examination in 1st attempt. Pass – 50% of maximum marks in theory aggregate and 50% of maximum marks in clinical and Viva-Voce aggregate.

DESCRIPTIVE COURSE CONTENT

Paper I

Fundamentals in Physiotherapy , Pedagogy and Research

Principles of Physiotherapy

Definition of Physiotherapy, Scope of Practice

b. General and Professional competencies

c. Physiotherapy Knowledge, Skill and Education Framework

d. Principles of Evidence Based Practice in Physiotherapy

a. History taking, assessment tests, Patient Communication, documentation of findings, treatment planning and organization.

b. Documentation of rehabilitation assessment and management using International Classification of Functioning Disability and Health (ICF).

c. Use of Standardized scales and tests in various assessments. Psychometric properties and its Interpretation in Physiotherapy practice.

2. Core Professional Values in Physiotherapy including Professional and Research Ethics

a. Introduction to World Physiotherapy Standards of Physical Therapy Practice Guideline

b. Core Professional Values across Different Countries and Regions

c. ICMR Ethical Guidelines

d. Ethical issues in practice of physiotherapy.

3. Research Methodology and Biostatistics

a. Designing Clinical Research: Basic Ingredients

i. Getting Started:

The Anatomy and Physiology of Clinical Research

ii. Fundamentals of Literature Search and Review

iii. Conceiving the Research Question and Developing the Study Plan

iv. Choosing the Study Subjects: Specification, Sampling, and Recruitment

v. Planning the Measurements: Precision, Accuracy, and Validity

vi. Hypotheses and Underlying Principles to Estimating Sample Size and Power

b. Designing Clinical Research: Study Designs

i. Designing Cross-Sectional, Case-Control and Cohort Studies

ii. Enhancing Causal Inference in Observational Studies iii. Designing a Randomized Blinded Trial, Alternative Clinical Trial

Designs and their Implementation Issues iv. Designing Studies of Diagnostic Tests v. Research Using Existing Data vi.

Fundamentals of Qualitative Research Methods vii. Fundamentals of Systematic Reviews and Metaanalysis viii. Designing a

systematic review protocol c. Implementation of Clinical Research i. Designing Questionnaires, Interviews, and Online Surveys ii.

Implementing the Study and Quality Control iii. Data Management iv. Designing qualitative studies d. Biostatistics i. Basic

Fundamentals of Biostatistics ii. Probability and Normal Distribution iii. Descriptive Statistics: Measures of Central Tendency and

Spread iv. Hypothesis Testing: One-Sample Inference, Two-Sample Inference, Multi-sample Inference, v. Hypothesis Testing:

Nonparametric Methods, Categorical Data vi. Regression, Correlation Methods and Diagnostic Tests vii. Data synthesis in

qualitative design e. Consuming and Disseminating Research i. Strategies for following Emerging Evidence, Clinical Practice

Guidelines and Clinical pathways ii. Best Practices in Research Dissemination iii. Writing a Manuscript for Publication 4. Exercise

Physiology a. Fundamentals of Human Energy Transfer b. Source of Nutrition and Energy, Macro and Micro Nutrients, Food

Energy and Optimum Nutrition for Exercise c. Energy Expenditure During Rest and Physical Activity d. Measuring and

Evaluating Human Energy-Generating Capacities During Rest and Exercise e. Responses and Adaptations of Pulmonary,

Cardiovascular, Neuromuscular, Musculoskeletal, Endocrine System to Different Types of Exercise and Training f. Body

Composition, Its Evaluation, Obesity and Weight Control g. Training the Anaerobic and Aerobic Energy Systems h. Training

Muscles to Become Stronger i. Factors Affecting Physiological Function: The Environment and

Special Aids to Performance j. Influence of Age and Gender in Exercise and Training. 5. Electrophysiology a. Anatomy and

physiology of peripheral nerve, muscle and neuromuscular junction. b. Electrical properties of muscle and nerve. c.

Instrumentation for neuromuscular electrical stimulation. d. Muscles plasticity in response to electrical stimulation. e. Electrical

stimulation and its effects on various systems. 6. Pedagogy in Physiotherapy Education a. Competency Based Education in

Physiotherapy b. Basics of Adult Learning Theories including Learning Styles and Motivation c. Formulating Intended Learning Outcomes Including Tyler's principles, Bloom's Taxonomy, Miller's Pyramid, Clinical Competence, and Dreyfus' Model of Skill Acquisition d. Instructional Design and Individual Assessment such as Multiple-choice Question Writing, Skill assessment, Oral Presentation, and Rubrics and Standardization e. Instructional Techniques: Knowledge Transfer f. Instructional Techniques: Skill Development g. Instructional Techniques: Attitudes h. Instructional Techniques: Teaching with Technology i. Academic Planning and Organisation 7. Management, Entrepreneurship and Leadership in Physiotherapy Practice a. Introduction to Management in Physiotherapy: Definition, Principles, Functions and Evolution of Management Thought b. Management Process: Planning, Organizing, Directing, Controlling. Decision making. c. Responsibilities of the Physiotherapy Manager: Staffing Responsibilities; Responsibility for Patient Care; Fiscal Responsibilities; Responsibility for Risk Management; Legal and Ethical Responsibilities; Communication Responsibilities d. Entrepreneurship in Physiotherapy Practice: Need, Advantages and Opportunities, Challenges and Barriers e. Leadership: Need, Relevance, Competencies and Characteristics References 1. World Physiotherapy (2019)

Description of Physical Therapy: Policy Statement. Available from

World Physiotherapy (2011) Physical Therapist Professional Entry Level Education Guideline. (Available from: <https://world.physio/sites/default/files/2020-07/G-2011-Entrylevel-education.pdf>) 3. CSP (2011) Physiotherapy Framework: Putting physiotherapy Behaviours, Values, Knowledge & Skills into Practice [updated May 2020](Available from: <https://www.csp.org.uk/professionalclinical/cpd-education/professional-development/professionalframeworks>) 4. Expected Minimum Competencies for an Entry Level Physiotherapist in the Europe Region World Physiotherapy Guidance Document (Available from: https://www.erwcpt.eu/education/expected_minimum_competencies_for_entry_level) 5. Evidence-Based Medicine: How to Practice and Teach EBM, 2nd Edition: By David L. Sackett, Sharon E. Straus, W. Scott Richardson, William Rosenberg, and R. Brian Haynes, Churchill Livingstone, 2000 6. Rob Herbert, Gro Jamtvedt, Kåre Birger Hagen, Judy Mead. Practical Evidence-Based Physiotherapy (Second Edition), Churchill Livingstone, 7. 2011, ISBN 9780702042706, 8. World Physiotherapy (2011) Standards of Physical Therapy Practice Guideline(Available from: <https://world.physio/sites/default/files/2020-06/G-2011- Standards-practice.pdf>) 9. 2017 ICMR National Ethical Guidelines for Biomedical and Health Research involving Human Participant 10.2020 ICMR Policy on Research Integrity and Publication Ethics (RIPE) 11.Designing Clinical Research 4th Edition. Stephen B. Hulley et al. Published By: Lippincott Williams & Wilkins. ISBN-13: 9781469840543 12.Medical Biostatistics (Chapman & Hall/CRC Biostatistics Series). 4th Edition 2017. Abhaya Indrayan, Rajeev Kumar Malhotra. Chapman and Hall/CRC. ISBN 9781498799539 13.Exercise Physiology Nutrition, Energy, and Human Performance. 8th Edition. William D. McArdle PhD, Frank I. Katch , Victor L. Katch. Lippincott Williams & Wilkins. ISBN/ISSN: 9781451191554 14.Principles of Medical Education. 4th Edition. Tejinder Singh, Piyush Gupta, Daljit Singh. 2013. Jaypee Publishers. 15.Management in Physical Therapy Practices, 2nd Edition. Catherine G. Page PT, MPH, PhD. ISBN-13: 978-0-8036-4033-7 16.Heather A. Current thinking on Leadership and Physiotherapy Practice. 2016. Report Prepared for AGILE Professional Network of the Chartered Society of Physiotherapy (Available from: https://agile.csp.org.uk/system/files/current_leadership_thinking_and_physiotherapy_practice.pdf)

Paper – I

Fundamentals in Physiotherapy , Pedagogy and Research

1. Principles of Physiotherapy

- a. Definition of Physiotherapy, Scope of Practice b. General and Professional competencies c. Physiotherapy Knowledge, Skill and Education Framework d. Principles of Evidence Based Practice in Physiotherapy a. History taking, assessment tests, Patient Communication, documentation of findings, treatment planning and organization. b. Documentation of rehabilitation assessment and management using International Classification of Functioning Disability and Health (ICF). c. Use of Standardized scales and tests in various assessments. Psychometric properties and its Interpretation in Physiotherapy practice.
- 2. Core Professional Values in Physiotherapy including Professional and Research Ethics a. Introduction to World Physiotherapy Standards of Physical Therapy Practice Guideline b. Core Professional Values across Different Countries and Regions c. ICMR Ethical Guidelines d. Ethical issues in practice of physiotherapy.
- 3. Research Methodology and Biostatistics
 - a. Designing Clinical Research: Basic Ingredients
 - i. Getting Started: The Anatomy and Physiology of Clinical Research
 - ii. Fundamentals of Literature Search and Review
 - iii. Conceiving the Research Question and Developing the Study Plan
 - iv. Choosing the Study Subjects: Specification, Sampling, and Recruitment
 - v. Planning the Measurements: Precision, Accuracy, and Validity
 - vi. Hypotheses and Underlying Principles to Estimating Sample Size and Power
 - b. Designing Clinical Research: Study Designs
 - i. Designing Cross-Sectional, Case-Control and Cohort Studies
 - ii. Enhancing Causal Inference in Observational Studies
 - iii. Designing a Randomized Blinded Trial, Alternative Clinical Trial Designs and their Implementation Issues
 - iv. Designing Studies of Diagnostic Tests
 - v. Research Using Existing Data
 - vi. Fundamentals of Qualitative Research Methods
 - vii. Fundamentals of Systematic Reviews and Metaanalysis
 - viii. Designing a systematic review protocol
 - c. Implementation of Clinical Research
 - i. Designing Questionnaires, Interviews, and Online Surveys
 - ii. Implementing the Study and Quality Control
 - iii. Data Management
 - iv. Designing qualitative studies
 - d. Biostatistics
 - i. Basic Fundamentals of Biostatistics
 - ii. Probability and Normal Distribution
 - iii. Descriptive Statistics: Measures of Central Tendency and Spread
 - iv. Hypothesis Testing: One-Sample Inference, TwoSample Inference, Multi-sample Inference,
 - v. Hypothesis Testing: Nonparametric Methods, Categorical Data
 - vi. Regression, Correlation Methods and Diagnostic Tests
 - vii. Data synthesis in qualitative design
 - e. Consuming and Disseminating Research
 - i. Strategies for following Emerging Evidence, Clinical Practice Guidelines and Clinical pathways
 - ii. Best Practices in Research Dissemination
 - iii. Writing a Manuscript for Publication
- 4. Exercise Physiology
 - a. Fundamentals of Human Energy Transfer
 - b. Source of Nutrition and Energy, Macro and Micro Nutrients, Food Energy and Optimum Nutrition for Exercise
 - c. Energy Expenditure During Rest and Physical Activity
 - d. Measuring and Evaluating Human Energy-Generating Capacities During Rest and Exercise
 - e. Responses and Adaptations of Pulmonary, Cardiovascular, Neuromuscular, Musculoskeletal, Endocrine System to Different Types of Exercise and Training
 - f. Body Composition, Its Evaluation, Obesity and Weight Control
 - g. Training the Anaerobic and Aerobic Energy Systems
 - h. Training Muscles to Become Stronger
 - i. Factors Affecting Physiological Function: The Environment and

Special Aids to Performance j. Influence of Age and Gender in Exercise and Training. 5. Electrophysiology a. Anatomy and physiology of peripheral nerve, muscle and neuromuscular junction. b. Electrical properties of muscle and nerve. c. Instrumentation for neuromuscular electrical stimulation. d. Muscles plasticity in response to electrical stimulation. e. Electrical stimulation and its effects on various systems. 6. Pedagogy in Physiotherapy Education a. Competency Based Education in Physiotherapy b. Basics of Adult Learning Theories including Learning Styles and Motivation c. Formulating Intended Learning Outcomes Including Tyler's principles, Bloom's Taxonomy, Miller's Pyramid, Clinical Competence, and Dreyfus' Model of Skill Acquisition d. Instructional Design and Individual Assessment such as Multiple-choice Question Writing, Skill assessment, Oral Presentation, and Rubrics and Standardization e. Instructional Techniques: Knowledge Transfer f. Instructional Techniques: Skill Development g. Instructional Techniques: Attitudes h. Instructional Techniques: Teaching with Technology i. Academic Planning and Organisation 7. Management, Entrepreneurship and Leadership in Physiotherapy Practice a. Introduction to Management in Physiotherapy: Definition, Principles, Functions and Evolution of Management Thought b. Management Process: Planning, Organizing, Directing, Controlling. Decision making. c. Responsibilities of the Physiotherapy Manager: Staffing Responsibilities; Responsibility for Patient Care; Fiscal Responsibilities; Responsibility for Risk Management; Legal and Ethical Responsibilities; Communication Responsibilities d. Entrepreneurship in Physiotherapy Practice: Need, Advantages and Opportunities, Challenges and Barriers e. Leadership: Need, Relevance, Competencies and Characteristics References 1. World Physiotherapy (2019) Description of Physical Therapy: Policy Statement. Available from <https://world.physio/sites/default/files/2020-07/PS-2019-Description-of-physical-therapy.pdf>

2. World Physiotherapy (2011) Physical Therapist Professional Entry Level Education Guideline. (Available from: <https://world.physio/sites/default/files/2020-07/G-2011-Entrylevel-education.pdf>) 3. CSP (2011) Physiotherapy Framework: Putting physiotherapy Behaviours, Values, Knowledge & Skills into Practice [updated May 2020](Available from: <https://www.csp.org.uk/professionalclinical/cpd-education/professional-development/professionalframeworks>) 4. Expected Minimum Competencies for an Entry Level Physiotherapist in the Europe Region World Physiotherapy Guidance Document (Available from: https://www.erwcpt.eu/education/expected_minimum_competencies_for_entry_level) 5. Evidence-Based Medicine: How to Practice and Teach EBM, 2nd Edition: By David L. Sackett, Sharon E. Straus, W. Scott Richardson, William Rosenberg, and R. Brian Haynes, Churchill Livingstone, 2000 6. Rob Herbert, Gro Jamtvedt, Kåre Birger Hagen, Judy Mead. Practical Evidence-Based Physiotherapy (Second Edition), Churchill Livingstone, 7. 2011, ISBN 9780702042706, 8. World Physiotherapy (2011) Standards of Physical Therapy Practice Guideline(Available from: <https://world.physio/sites/default/files/2020-06/G-2011-Standards-practice.pdf>) 9. 2017 ICMR National Ethical Guidelines for Biomedical and Health Research involving Human Participant 10.2020 ICMR Policy on Research Integrity and Publication Ethics (RIPE) 11.Designing Clinical Research 4th Edition. Stephen B. Hulley et al. Published By: Lippincott Williams & Wilkins. ISBN-13: 9781469840543 12.Medical Biostatistics (Chapman & Hall/CRC Biostatistics Series). 4th Edition 2017. Abhaya Indrayan, Rajeev Kumar Malhotra. Chapman and Hall/CRC. ISBN 9781498799539 13.Exercise Physiology Nutrition, Energy, and Human Performance. 8th Edition. William D. McArdle PhD, Frank I. Katch , Victor L. Katch. Lippincott

Williams & Wilkins. ISBN/ISSN: 9781451191554 14.Principles of Medical Education. 4th Edition. Tejinder Singh, Piyush Gupta, Daljit Singh. 2013. Jaypee Publishers. 15.Management in Physical Therapy Practices, 2nd Edition. Catherine G. Page PT, MPH, PhD. ISBN-13: 978-0-8036-4033-7 16.Heather A. Current thinking on Leadership and Physiotherapy Practice. 2016. Report Prepared for AGILE Professional Network of the Chartered Society of Physiotherapy (Available from: https://agile.csp.org.uk/system/files/current_leadership_thinking_and_physiotherapy_practice.pdf)

OBJECTIVES:

The objective of the course is to develop a cadre of dynamic, progressive postgraduate physiotherapist, who upon completion of the course will be 1. Competent to use the physiotherapy knowledge and skills framework to work with people at both individual and population level to promote inclusive health, prevent disease, and identify and treat health conditions; with a goal to maximize their functioning, independence in activities and participation 2. Able to effectively use their knowledge and leadership skills to integrate all resources and strategies, as described in the course content, to deliver high quality innovative services that are affordable, accessible, effective and efficient. 3. Competent to teach and mentor undergraduate and postgraduate students; undertake independent research; strengthen existing and develop new clinical care pathways 4. Able to efficiently advocate for maximizing access to physiotherapy service provisions within the healthcare delivery framework.

SCOPE:

The postgraduate specialised physiotherapist in community health will be competent as autonomous clinical practitioners to promote health, prevent disease, restore health, maximize body functioning and independence in activities and participation of individuals, families and communities. They will use their subject and domain expertise as described in the course content to deliver need and context-based care. They would be competent to work in various settings such as independent practitioners in the community, primary, urban and community health centers, health and wellness clinics, general and targeted population clinics, hospitals, teaching institutions, research institutions, non-governmental organizations, various central and state government health programs viz National Program for Health care for Elderly, National Leprosy Eradication Program, Government institutions, international health organizations, industrial and office settings, schools, specialized care institutions such as assisted living facilities, geriatric homes, child care institutions.

PAPER II

APPLIED THEORIES, PHILOSOPHIES & GLOBAL PERSPECTIVES FOR PHYSIOTHERAPY IN COMMUNITY HEALTH I,II,III,IV

1. Medical Anthropology & Global Health a. Introduction to Medical Anthropology and Global Health b. Cultural Anthropology and Its Relevance to Healthcare c. Introduction to Ethno medicine d. Anthropology of Women's Health e. Anthropology and Child Development f. Anthropology of Aging and Care g. Anthropology of Disability 2. Introduction to Behavioral Medicine a. Biopsychosocial approach to Health and Illness b. Behavioral Influence on Health c. Behavior

Change Theories in Healthcare d. Health Professionals' Behavior and Healthcare Delivery e. Application of Behavioral Medicine in Health Promotion & Disease Prevention f. Role of Behavior Medicine in Healthcare Delivery for Chronic Neuromuscular, Musculoskeletal and Non-Communicable Diseases 3. Health Education a. Principles of and Rationale for Health Education b. Communication Skills and Strategies in Health Education c. Principles and Guidelines for Development of Health Information Education and Communication Strategies 4. Community Health a. Definition and Scope of Community Health b. Consequences of Neglecting Community Health c. Relevance of Community Health to Sustainable Development Goals d. Principles of Community Health e. Strategies for Promoting Community Health 5. Health Care Delivery System a. Evolution of Health Care Delivery Systems b. Components of Healthcare Delivery System c. Healthcare Delivery Systems in low- and High-Income Economies d. Health Care Delivery System in India e. Healthcare Access Disparities f. Overview of Access to Physiotherapy Services g. National Health Programs h. Significance of Clinical care Pathways in Healthcare Access and Delivery 6. Technology in Healthcare Delivery a. Role of Technology in Improving Access to Healthcare b. Introduction to Health Informatics c. Introduction to Telehealth d. Remote Monitoring and Access to Healthcare 7. Disability & Health a. Models of Disability b. ICF Framework c. Prevalence and Burden of Disability d. Implications of Disability on Health and Wellbeing e. Disability and Sustainable Development Goals 8. Disability Laws, Policies and Advocacy a. Disability Rights Movement b. Legislating for Disability Rights c. International Conventions and Laws on Disability d. National and State Laws, Rules and Regulations for Disability 9. Rehabilitation a. Definition, Models, & Components b. Rehabilitation as a Key Strategy for Health in 21st Century c. Rehabilitation in Health Systems d. Strengthening Health Systems to Improve Access to Rehabilitation Services e. Access to Rehabilitation in Primary Health Care f. Community Based Rehabilitation g. Rehabilitation in Emergencies: Minimum Technical Standards and Recommendations for Rehabilitation 10. Principles & Biomechanics of Assistive Technology and Products a. Principles of Assistive Technology b. Concept of Universal Design c. Biomechanical considerations of mobility devices d. Biomechanical Principles of Prosthetics and Orthotics 11. Occupational Biomechanics and Ergonomics a. Common Physical Principles in Occupational Biomechanics and Ergonomics b. Biomechanical Principles of Load Analysis c. Biomechanics of Human Posture d. Factors influencing Load Bearing Abilities of Human Body e. Biomechanics of Lifting and Material Handling f. Biomechanics of Overexertion injuries 12. Gerontology a. Aging and Population Health b. Population Demographics with Aging c. Aging and Disability d. Theories of Aging e. Physiological, Functional and Behavioral Changes with Aging 13. Health and gender a. Gender Influence of Health Behavior and Outcomes b. Anatomical and Physiological Changes Across the Life Span and their Implications for Health and Functioning c. Biomechanics during Pregnancy d. Biomechanics of Pelvic Floor in aging and specific conditions including surgical interventions e. Health and the third gender f. Body Image and Health Behaviors 14. Oncology a. Overview of Cancer and its Primary Therapies b. Health Behaviors during and after a Cancer Diagnosis c. Impact of Cancer Diagnosis and its Therapies on Body Functioning, Activity and participation d. Lifestyle Medicine and Cancer Survivorship

ASSESSMENT FRAMEWORK FOR PHYSIOTHERAPY SERVICE PROVISIONS IN COMMUNITY HEALTH I,II,III,IV

1. International Classification systems of disease and health a. Relationship and Difference between ICD and ICF b. ICF as a Universal Tool for Measuring Functioning in Society c. ICF Applications: Service Provision, Policy Development, Economic Analysis, Research Use 2. Outcome Measures for Physiotherapy in Community Health a. Outcome Measures for Assessment of Body structure & Functioning b. Outcome Measures for Assessment of Activity and Participation c. Assessment of contextual factors and quality of life in various contexts 3. Assessment of Health Behavior Relevant to Physiotherapy Service Provision a. Approaches to Health Behavior Assessment b. Components of Health Behavior Assessment c. Tools for Health Behavior Assessment 4. Health Education Assessment a. Assessment for Health Literacy b. Tools for Health Education Assessment c. Patient Education Needs Assessment d. Need Assessment for the Development of IEC Material 5. Assessment of Health Systems and Pathways a. Overview of WHO Framework for Health System Performance Assessment b. Clinical Pathways as a Healthcare Tool c. Assessment of Clinical Care Pathways 6. Community Health Assessment Relevant to Physiotherapy Service Provision a. Principles of Community Health Assessment b. Community Health Assessment & Planning Models, Frameworks & Tools c. Common Elements of Assessment and Planning Frameworks d. Application of Community Health Assessment Strategies in Different Settings (Urban and Rural Communities, Special Population Communities, Institutions, Industries, Schools) 7. Physical Fitness Assessment
 - a. Relationship between Physical Fitness and Health b. Components of Health-related Fitness c. Factor influencing Physical Fitness Assessment d. Methods and Tools for Health-related Fitness Assessment e. Fitness Assessment in Special Population including individuals with Disabilities f. Fitness Assessment in Resource-limited Settings 8. Disability and Rehabilitation a. Assessment of disability Across Lifespan (Childhood Disability to Disability in the Elderly) b. Methods of Disability Assessment c. Rehabilitation Need Assessment of individuals and societies 9. Assistive Technology & Products a. Assistive Technology Need Assessment Across Lifespan b. Seating, assessment c. Wheelchair prescription and Skills Assessment d. Assessment for Orthotic Prescription e. Assessment for Prosthetic Prescription f. Assistive Technology Need Assessment for Inclusive Education g. Assistive Technology Need Assessment for Physical Activity and Sports h. Assessment for environment, adaptations and home access 10. Industrial Health and Ergonomics a. Assessment of Occupational Hazards (Physical hazards/ Biological Hazards/ Chemical hazards/Mechanical hazards/ Psychological hazards) b. Common Ergonomic Assessment Tools c. Technology-enabled Ergonomic Assessment d. Evaluation of Workplace Physical Demand e. Return to Work Evaluation 11. Geriatrics a. Health Behavior in Elderly b. Multisystem Assessment c. Assessment of Chronic Pain and Disability in Elderly d. Assessment of Fall Risk and Frailty 12. Health and gender a. Adolescent Health b. Assessment of Pelvic Floor Integrity and Function c. Antenatal & Postnatal Assessment d. Assessment of infant care - participatory techniques e. Aging and pelvic Health (incontinence, constipation, sexual function) 13. Oncology and Palliative Care

- a. Health Behavior Change Assessment
- b. Assessment for Pre-rehabilitation
- c. Assessment for Cancer Related Fatigue and Pain
- d. Evaluation of Complication of Cancer Therapies
- e. Palliative Care Need Assessment
- 14. Accessibility Audit
 - a. Principles of Accessibility Audit
 - b. Guidelines for Accessibility Audit in Built Environment, Public Spaces & Access to Technologies
 - c. Components of Accessibility Audit

PAPER – IV

PLANNING AND MANAGEMENT FRAMEWORK FOR PHYSIOTHERAPY SERVICE PROVISIONS IN COMMUNITY HEALTH I,II,III,IV

1. Improving Physiotherapy Service Provisions within Healthcare Delivery Pathways
 - a. Strategies for Developing Clinical Care Pathways
 - b. Strategies for Educating Healthcare Team Members on Service Provisions and Delivery
 - c. Strategies for Communicating Evidence and Advocacy for Physiotherapy Service provisions with Stakeholders (Government, Institutions, Professional Organizations, Funding Bodies, Healthcare Providers, Patients & caregivers, and General population).
 - d. Translating Research Evidence to Practice within Healthcare Delivery Pathways (National, State, Community & Institutional Care Pathways)
2. Health Promotion
 - a. Components of Health Promotion Interventions
 - b. Strategies for Health Promotion Interventions
 - c. Implementation and Monitoring of Health Promotion Interventions in different settings (School, Workplace, Industries, Urban and Rural Communities)
3. Health Education
 - a. Design and Development of IEC Resources
 - b. Planning for IEC Interventions
 - c. Implementation and Monitoring of Health Education Interventions
 - d. Strategies for Effective Implementation of Health Education Interventions
 - e. Facilitators and Barriers to Implementation of Health Education Interventions
 - f. Training of Healthcare Providers, Caregivers and Community Workers and Volunteers in Health Education Delivery
4. Behavioral and Community Health Approaches to Management of Chronic Neuromuscular, Musculoskeletal and Non-Communicable Diseases
 - a. Facilitators and Barriers to Behavior Change Intervention
 - b. Principles & Strategies for Behavior Change Interventions
 - c. Guidelines for Behavior Change Initiation and Adherence Enhancing Strategies
 - d. Implementation and Monitoring of Behavior Change Intervention
 - e. Community-based Approaches towards Management and Care of Chronic Health Impairments
5. Planning and Implementation of Rehabilitation Interventions
 - a. Sustainable Development Goals and Rehabilitation
 - b. WHO Recommendations on Rehabilitation in Health Systems
 - c. Rehabilitation in Health Systems-WHO Guide for Action
 - d. Delivery of Effective Rehabilitation Interventions Across Lifespan
 - e. Best Practices in Implementation of Rehabilitation Interventions
6. Community Based Approach to Healthcare
 - a. Community participations a Fundamental Component of Primary Health Care
 - b. Strategies for Community Engagement in Healthcare Delivery
 - c. Implementing Health Promotion through Community Participation
 - d. Evidence-based Strategies for Community Mobilization and Participation
 - e. Community-Based Rehabilitation as a Strategy within Community Development for People with Disabilities
 - f. Understanding and Implementing WHO CBR Guidelines
 - g. Planning and Management of CBR Programs
7. Assistive Technology and Products
 - a. Use of Assistive Technology across Lifespan
 - b. Integrating Universal Design Assistive Technology Products
 - c. Adapting WHO's Eight-Step Wheelchair Service Provision

for Assistive Technology Prescription d. WHO Priority Assistive Products List and National List of Essential Assistive Products e. Guidelines for Prescription & Training of Orthosis and Prosthesis f. Guidelines for adapted seating systems g. Guidelines for Wheelchair Prescription & Training h. Usability and aesthetics of Assistive Technologies 8. Industrial Health and Ergonomics a. Workstation Modifications to Prevent Occupational Hazards b. Ergonomic Interventions as a Treatment and Preventative Tool for Work-Related Musculoskeletal Disorders c. Principles of Work-hardening and Conditioning Programs d. Return-to-Work Health and Fitness Programs e. Education and Training of Employers & Employees in Ergonomic Solutions 9. Geriatrics a. Implementation of Healthy Aging Programs b. Components of Geriatric Care and Rehabilitation c. Developing a Multi-component Geriatric Rehabilitation d. Improving Geriatric Rehabilitation Service Provisions in Healthcare Delivery e. Implementing Geriatric Rehabilitation Programs across Settings (Inpatient, out-patient, specialized institutions, communities)

10. Gender and Health a. Health Promotion in Adolescents b. Screening and Education Programs for lifestyle diseases c. Pelvic Floor Dysfunction and Management Across Lifespan d. Exercise Programs for Improvement of ante natal, Post-Natal Health and Fitness e. Management of Urinary & bowel Incontinence and other dysfunctions f. Exercise Interventions for Health and Fitness specific to gender concerns (men, women and third gender) 11. Oncology and Palliative care a. Evidence Summary of Benefits of Physiotherapy Interventions in Cancer care b. Integrating Physical Activity and Exercise as an Intervention Strategy across the Spectrum of Cancer Care c. Implementing Evidence-based Physiotherapy Interventions in Cancer Rehabilitation d. Physiotherapy Service Provisions in Palliative Care (Health Education, Improving Self-efficacy, Pain management, Prescription of assistive technologies, Maintenance of ADL and Functional Independence, Training of Caregivers) 12. Research and Innovation in Community Health and Rehabilitation a. Principles of community participation research including action research methodologies b. Evidence summaries of Assessment and Intervention Strategies in Community Health and Rehabilitation c. Best Practice Guidelines in Community Health and Rehabilitation d. Opportunities for Innovation in Community Health and Rehabilitation

REFERENCES:

Recommended books 1. Robert Pool, Wenzel Geissler. Medical Anthropology (Understanding Public Health). 2006 OPEN UNIVERSITY PRESS. ISBN13: 9780335218509 2. Mechanick JI, Kushner RF, editors. Creating a Lifestyle Medicine Center: From Concept to Clinical Practice. Springer Nature; 2020 Sep 4. ISBN: 978-3-030-48087-5 3. Park's Textbook of Preventive and Social Medicine 25th Edition 2019. Publisher: Banarsidas Bhanot Publishers Year: 2019. ISBN: 9789382219156 4. COOK, A. M., & POLGAR, J. M. (2015). Assistive Technologies: Principles and Practice. 4th ed. Missouri. ISBN: 978-0-323-09631-7 5. Bella J. May, Margery A. Lockard. 2011. Prosthetics & orthotics in clinical practice: A Case Study Approach F. A. Davis Company. ISBN13: 978-0-8036-2257-9 6. Shrawan Kumar. 2007 Biomechanics in Ergonomics 2nd Edition Taylor & Francis. eBook ISBN: 9780429125133 7. Katrin Kroemer Elbert Henrike Kroemer Anne D. Kroemer Hoffman 2018. Ergonomics: How to Design for Ease and Efficiency. 3rd Edition. Academic Press ISBN: 9780128132968 8. Susan B. O'Sullivan, Thomas J. Schmitz, George D. Fulk. 2014. Physical Rehabilitation, 6th edition. F.A. Davis Co. ISBN

9780803625792 9. Bharati Vijay Bellare, Pavithra Rajan, Unnati Nikhil Pandit. 2018. Textbook of Preventive Practice and Community Physiotherapy. Vol 1 & 2. ISBN: 9789352703258 & ISBN: 9789352704033 10. Dale Avers, Rita Wong. Guccione's Geriatric Physical Therapy. 4th Edition 2019. Mosby. ISBN: 9780323609128 11. Jill Mantle Jeanette Haslam Sue Barton. Physiotherapy in Obstetrics and Gynaecology 2nd Edition. 2004. Butterworth-Heinemann ISBN: 9780750622653 12. Giammatteo, Sharon; Giammatteo, Thomas. Functional Exercise Program for Women's and Men's Health Issues (International College of Integrative Manual Therapy Wellness). 2001. North Atlantic Books ISBN 13: 9781556433665 13. American College of Sports Medicine. ACSM's exercise testing and prescription. Lippincott Williams & Wilkins; 2017. ISBN/ISSN: 9781496339065 14. Mary M. Yoke and Carol Armbruster. Methods of Group Exercise Instruction. 2019. Human Kinetics, Inc. ISBN: 9781492571766 URL 17. Dean E, Al-Obaidi S, De Andrade AD, et al. The First Physical Therapy Summit on Global Health: implications and recommendations for the 21st century. Physiother Theory Pract. 2011;27(8):531-547. 18. Dean E, Skinner M, Myezwa H, et al. Health Competency Standards in Physical Therapist Practice. Phys Ther. 2019;99(9):1242-1254. 19. Johanna Fritz, Lars Wallin, Anne Söderlund, Lena Almqvist & Maria Recommended Journal 1. Annals of Physical and Rehabilitation Medicine <https://www.journals.elsevier.com/annals-of-physical-and-rehabilitation-medicine> 2. Disability and Rehabilitation. <https://www.tandfonline.com/loi/idre20> 3. American Journal of Health Promotion. <https://journals.sagepub.com/home/ahp> 4. Clinical Rehabilitation. <https://journals.sagepub.com/home/cre> 5. Archives of Physical Medicine and Rehabilitation. <https://www.sciencedirect.com/journal/archives-of-physical-medicine-and-rehabilitation> 6. Disability and Rehabilitation: Assistive Technology <https://www.tandfonline.com/loi/iidt20> 7. Disability, CBR & Inclusive Development. <https://dcidj.org/>

FACULTY & INFRASTRUCTURE REQUIREMENTS:

1. Minimum Faculty Position for MPT- Com Based Rehab. program a. Professor/ Associate Professor – ONE b. Assistant Professor – ONE c. Faculty must be recognized from the area of Community Health Specialty d. Faculty position is inclusive from the minimum faculty position for BPT program 2. Minimum Infrastructure requirement a. Affiliation with a Primary Health Center/ Community Health Center must be established if offering this Specialty b. The center MUST have ALL the equipment and facilities mentioned under the METHODS OF TRAINING in this ordinance for this specialty in consonance with Schedule IV of the BPT Ordinance. c. Community Outreach Facilities or Working MoU's for Community Outreach Programs viz i. Geriatric Homes ii. Special Schools iii. Regular Schools (for implementation of School Health Programs) iv. Outreach Programs in Community Centers v. Adoption of Rural Communities for Implementation of Community Health Programs vi. Liaison and MoU with Primary/Community Health Centers vii. MoU with Engineering/Technology Institutions for Research and Innovation in Assistive Technology viii. Tie up with minimum of two employers who have various types of employments including manual material handling, assembly line and sedentary jobs ix. Transport Provisions for Field Visits and Outreach Activities

I SEMESTER

PAPER CODE	SUBJECTS	INTERNAL	EXTERNAL	TOTAL
1MPTCBR01	Fundamentals in Physiotherapy, Pedagogy and Research I	40	60	100
1MPTCBR02	APPLIED THEORIES, PHILOSOPHIES & GLOBAL PERSPECTIVES FOR PHYSIOTHERAPY IN COMMUNITY HEALTH I	40	60	100
1MPTCBR03	ASSESSMENT FRAMEWORK FOR PHYSIOTHERAPY SERVICE PROVISIONS IN COMMUNITY HEALTH I	40	60	100
1MPTCBR04	PLANNING AND MANAGEMENT FRAME WORK FOR PHYSIOTHERAPY SERVICE PROVISIONS IN COMMUNITY HEALTH I	40	60	100
1MPTCBR05	PRACTICALS I	40	60	100

II SEMESTER

PAPER CODE	SUBJECTS	INTERNAL	EXTERNAL	TOTAL
2MPTCBR01	Fundamentals in Physiotherapy, Pedagogy and Research II	40	60	100
2MPTCBR02	APPLIED THEORIES, PHILOSOPHIES & GLOBAL PERSPECTIVES FOR PHYSIOTHERAPY IN COMMUNITY HEALTH II	40	60	100
2MPTCBR03	ASSESSMENT FRAMEWORK FOR	40	60	100

	PHYSIOTHERAPY SERVICE PROVISIONS IN COMMUNITY HEALTH II			
2MPTCBR04	PLANNING AND MANAGEMENT FRAMEWORK FOR PHYSIOTHERAPY SERVICE PROVISIONS IN COMMUNITY HEALTH II	40	60	100
2MPTCBR03	PRACTICALS II	40	60	100

III SEMESTER

PAPER CODE	SUBJECTS	INTERNAL	EXTERNAL	TOTAL
1MPTCBR01	Fundamentals in Physiotherapy, Pedagogy and Research III	40	60	100
1MPTCBR02	APPLIED THEORIES, PHILOSOPHIES & GLOBAL PERSPECTIVES FOR PHYSIOTHERAPY IN COMMUNITY HEALTH III	40	60	100
1MPTCBR03	ASSESSMENT FRAMEWORK FOR PHYSIOTHERAPY SERVICE PROVISIONS IN COMMUNITY HEALTH III	40	60	100
1MPTCBR04	PLANNING AND MANAGEMENT FRAMEWORK FOR PHYSIOTHERAPY SERVICE PROVISIONS IN COMMUNITY HEALTH III	40	60	100
1MPTCBR05	PRACTICALS III	40	60	100

IV SEMESTER

PAPER CODE	SUBJECTS	INTERNAL	EXTERNAL	TOTAL
2MPTCBR01	Fundamentals in Physiotherapy, Pedagogy and Research IV	40	60	100
2MPTCBR02	APPLIED THEORIES, PHILOSOPHIES & GLOBAL PERSPECTIVES FOR PHYSIOTHERAPY IN COMMUNITY HEALTH IV	40	60	100
2MPTCBR03	ASSESSMENT FRAMEWORK FOR PHYSIOTHERAPY	40	60	100

	SERVICE PROVISIONS IN COMMUNITY HEALTH IV			
2MPTCBR04	PLANNING AND MANAGEMENT FRAMEWORK FOR PHYSIOTHERAPY SERVICE PROVISIONS IN COMMUNITY HEALTH IV	40	60	100
2MPTCBR03	PRACTICALS IV	40	60	100

CHECK LISTS

APPENDIX 1:

TEACHING SKILL EVALUATION FORM

Student:

Date :

Evaluator:

Rating of Skill

5 - Outstanding

4 - Good

3 - Satisfactory

2 - Poor

1 - Unacceptable

1. Specifies purposes of the lecture clearly in the Introduction
 2. Makes clear transitions between segments of the lecture
 3. Presents divergent view points for contrast and comparison
 4. Uses clear, relevant examples to illustrate main ideas
 5. Clarifies technical terminology
 6. Speaks at suitable volume/ pace, speaking style
 7. Uses eye contact (Scans total audience)
 8. Uses a variety of facial expressions
 9. Uses hands and arms appropriately/moves purposefully
 10. Effectively used Black Board, AV Aids
 11. Summary of main points
 12. Ask questions
 13. Answer questions asked by audience
 14. Content coverage
 15. Rapport with students
- Total Score Overall Score 61 – 75 : Excellent 51 – 60 : Good 41 – 50 : Satisfactory 31 – 20 : Poor Less than 20 : Unacceptable

APPENDIX 2:

JOURNAL CLUB PRESENTATION EVALUATION FORM Student : Date : Evaluator : Rating of Skill 5 - Outstanding 4 - Good 3 - Satisfactory 2 -

Poor 1 - Unacceptable

1. Article chosen

2. Specifies purposes / goal of the study

3. Whether cross references have been consulted

4. Presents the Methodology Clearly

5. Clarifies Outcome measures

6. Presents the Results Clearly

7. Power of the study

8. Presents the discussion clearly

9. Limitations of the study

10. Ethical issues

11. Describe how the results can or cannot be applied in our situation

12. Their own decision about the utility of the study in our practice

13. Does not needed to reread article

14. Summarizes Presentation

15. Ability to defend their study

Total Score Overall Score 61 – 75 : Excellent 51 – 60 : Good 41 – 50 : Satisfactory 31 – 20 : Poor Less than 20 : Unacceptable

APPENDIX 3:

PERFORMANCE EVALUATION FORM Student : Date : Evaluator : Rating of Skill 5 - Outstanding 4 - Good 3 - Satisfactory 2 - Poor 1 - Unacceptable 1. Patient Interview 2. Physiotherapy observation skills 3. Physiotherapy assessment skills 4. Procedural skills 5. Knowledge of physiotherapy Instrumentation 6. Treatment planning 7. Principle of treatment intervention 8. Execution of treatment intervention 9. Evidence Based Practice 10. Practice based learning and improvement 11. Planning and conducting clinical research 12. Work Ethics 13. Interpersonal skills / Communication skills 14. Instructional skills 15. Documentation Total Score Overall Score 61 – 75 : Excellent 51 – 60 : Good 41 – 50 : Satisfactory 31 – 20 : Poor Less than 20 : Unacceptable

APPENDIX 4:

SEMINAR EVALUATION FORM Student : Date : Evaluator : Rating of Skill 5 - Outstanding 4 - Good 3 - Satisfactory 2 - Poor 1 - Unacceptable 1. Met the Professional objectives 2. Makes clear transitions between segments of the lecture 3. Presents divergent view points for contrast and comparison 4. Presentation was logical and clear 5. Clarifies terminologies in Physiotherapy 6. Speaks at suitable volume/ pace, speaking style 7. Eye contact 8. Absence of distracting mannerisms 9. Effectively used Black Board, AV Aids 10. Content coverage 11. Provide appropriate duration 12. Interaction with others was beneficial 13. Provided concise and thoughtful answer to the questions asked by the audience 14. Demonstrated competence in Subject matter 15. Present the references and Sources effectively Total Score Overall Score 61 – 75 : Excellent 51 – 60 : Good 41 – 50 : Satisfactory 31 – 20 : Poor Less than 20 : Unacceptable

APPENDIX 5:

CASE PRESENTATION EVALUATION FORM Student : Date : Evaluator : Rating of Skill 5 - Outstanding 4 - Good 3 - Satisfactory 2 - Poor 1 - Unacceptable 1. Subjective Examination 2. Objective Examination 3. Logical sequences 4. Treatment planning 5. Demonstration of examination skills 6. Demonstration of intervention skills 7. Explain the rationale of Treatment interventions 8. Understanding of movement dysfunction 9. Clarity of Presentation 10. Answer to the questions Total Score Overall Score 41 – 50 : Excellent 31 – 40 : Good 21 – 30 : Satisfactory 15 – 20 : Poor Less than 15 : Unacceptable

APPENDIX 6:

DISSERTATION PRESENTATION EVALUATION FORM Student : Date : Evaluator : Rating of Skill 5 - Outstanding 4 - Good 3 - Satisfactory 2 - Poor 1 - Unacceptable 1. Selection of topic 2. Knowledge about the selected topic 3. Need of the study 4. Statement of hypothesis 5. Review of literature 6. Selection of research design 7. Selection of appropriate Sample size 8. Selection of appropriate Sampling technique 9. Selection of appropriate statistical tool 10. Selection of appropriate Outcome measures 11. Quality of protocol 12. Power of the study 13. Logical sequence of presentation 14. Answer questions asked by evaluators 15. Use of research terminologies Total Score Overall Score 61 – 75 : Excellent 51 – 60 : Good 41 – 50 : Satisfactory 31 – 20 : Poor Less than 20 : Unacceptable

APPENDIX 7:

EVALUATION OF DISSERTATION WORK BY THE GUIDE Student : Date : Guide : Rating of Skill 5 - Outstanding 4 - Good 3 - Satisfactory 2 - Poor 1 - Unacceptable 1. Periodic consultation with the guide 2. Regular collection of case material 3. Depth of analysis and discussion 4. Presentation of findings 5. Quality of final output Total Score Overall score: 21 – 25 - Outstanding 16 – 20 - Good 11 – 15 - Satisfactory 6 – 10 - Poor 5 and below 5 – Unacceptable