Dr. D. Y. PATIL VIDYAPEETH FACULTY OF ALLIED MEDICAL SCIENCES ACADEMIC REGULATIONS

BACHELOR OF PHYSIOTHERAPY (BPT)

PREAMBLE:

The Bachelor of Physiotherapy (BPT) undergraduate degree course is a 4-year and 6 months (8 semesters & 6 months internship) fulltime program. The program is generic in nature and has a component of additional learning of one area leading to another area with choice based study in the final year to focus the career development based on his/her interest. The program focuses on overall development of the student including language and soft skill, emergency care and professional ethics. Psychosomatic aspects of training are a component through all the areas.

NOMENCLATURE:

The course will be referred to as a Bachelor of Physiotherapy (BPT).

OBJECTIVES:

At the end of the BPT programme, the graduate shall:

- Acquire the knowledge of foundation courses like Human Anatomy, Human Physiology, Exercise Therapy and Electrotherapy along with the basic medical subjects which will provide a strong foundation for their practice of Physiotherapy.
- Develop the required skills & techniques of physiotherapy to assess & treat various physical and functional disorders of the human body.
- Acquire the attitude to practice the profession with moral and ethical values.
- Have the interests for providing physiotherapy services to the needy in the community.
- Inculcate the various skills in patient care handling including communication skills, confidence, clinical reasoning, counseling and research.

ELIGIBILITY FOR ADMISSION:

Eligibility of a candidate for admission to Bachelor of Physiotherapy programme will be according to the regulations for admission decided by Dr.D.Y.Patil Vidyapeeth, Pune.

DURATION OF THE PROGRAM:

The duration of Bachelor of Physiotherapy (BPT) programme shall be of four academic years (8 semesters) and six months of Compulsory Rotatory Internship. It shall have 8 semesters each having a span of 20 weeks of working, of which the teaching and learning program shall not be less than 16 weeks of course duration (672 clock hours) excluding the time scheduled for examination and evaluation process of the university and college. It includes a 6 months (24 weeks) internship leading to degree that equips the student with analytical and hands-on skills. Each academic year shall comprise of two semester viz. Odd and Even semesters. Odd semesters shall be from July/August to December and Even Semesters shall be from January to May/June.

MEDIUM OF INSTRUCTION:

English shall be the medium of instruction for all the courses of study and for the examinations **FACULTY/STUDENT RATIO**:

The teacher: student ratio should be such that the number of teachers to the number of students admitted per year is 1:5.

CLINICAL TRAINING OUTLINE OF THE COURSE:

Clinical training comprises all of the formal and practical "real-life" learning experiences provided for students to apply classroom knowledge and skills in the clinical environment. Experiences would include those of short and long duration (Supervised Clinical Training & Internships) and those that provide a variety of learning experiences (e.g. rotations on different units within the same practice setting, rotations between different practice settings within the health care system) to include comprehensive care of patients across the life span and related activities. Each student will be under the supervision of a faculty at the clinical education site who directly instructs and supervises students during their clinical learning experiences.

ATTENDANCE

A student must have a minimum of 80% attendance to be eligible to take up the examinations. Only those students who have pursued a regular prescribed course of study for the semester will be allowed to appear in the University Examinations that are held at the end of their respective semesters.

CONDONATION OF ATTENDANCE

There shall be no condonation of attendance in graduate studies. (However 5% compensation shall be permitted with the discrete permission of the authorities in case of Epidemic illness only.)

EXAMINATIONS AND ASSESSMENT

- 1. The examination for the BPT degree will consist of both formative and summative pattern: Written assignment as required or stipulated by the teacher, Clinical, oral, and practical examinations as the case maybe.
- 2. For the course subjects, two internal assessment examinations (one periodical & one preliminary examination) shall be conducted by the faculty at specified intervals, during the course of the semester, will be calculated and simplified for 20% of the final total of the University marks and submitted to the Head of the institution for including in the University examination.
- 3. For the Supervised Clinical/Practical Training of the respective semester, student should complete the assignments, records, journals, case submissions, case presentations, as applicable per subject. The SPT/SCT shall carry 5 marks and submitted to the Head of the institution for including in the University practical examination.
- 4. Student should pass in the Internal Assessment exams with 35 % to appear for the University examinations. Continuous clinical assessment will be carried out though out the semester.

CRITERIA FOR PASSING UNIVERSITY EXAMINATION

To pass the University Examination,

- 1. A candidate must pass in two heads of passing i.e. Theory and Practical separately at the same time.
- 2. In the Theory Examination the Candidate must obtain 50 % of the total Marks to pass theory examination irrespective of the parts.

- 3. To pass in practical exam, candidate must obtain 50% of total marks to pass practical exam.
- 4. A candidate must obtain an aggregate of 50 % to pass in the respective subject(s).

RULES FOR ATKT

The candidate shall be promoted to subsequent semester (from I semester to II semester, II semester to III semester, III semester to IV semester, from IV semester to V semester, V semester to VI semester, VI semester to VI semester to VI semester, V semester to VI semester, in the current semester of study. However, he/she must pass in these subjects within six months. To appear for subsequent examinations he/she must pass in all subjects of the previous semester. (ie, a candidate shall be promoted from I semester to II semester during his/her term of second semester. However he/she shall not be permitted to appear for the III semester unless he/she completely clears the first semester, this continues for rest of the semesters). A candidate failing in more than two subjects will not be permitted to proceed to next class. It is mandatory for the candidate to pass in all subjects of the previous even semester to be eligible for the next odd semester. The candidate shall be eligible for the next even semester.

RULES FOR GRACE MARKS

The grace marks up to a maximum of five may be awarded to a student who has failed only in one subject but has passed in all other subjects. These five marks shall be distributed in different heads of passing of that subject. Provided that these grace marks shall be awarded only if the student passes after awarding these marks. (Refer clause 59, Bye-laws of Dr. D. Y. Patil Vidyapeeth, Pune.).

SCORING – THE CBCS SYSTEM

All Programmes mention shall run on Choice Based Credit System (CBCS). It is an instructional package developed to suit the needs of students to keep pace with the developments in higher education and the quality assurance expected of it in the light of liberalization and globalization in higher education.

COURSE

Each Course (subject) shall be designed under lectures / tutorials / laboratory or field work / seminar / practical training / Assignments / Term paper or Report writing etc., to meet effective teaching and learning needs.

BIOETHICS IN THE CURRICULUM.

It is the study of the typically controversial ethical issues emerging from new situations and possibilities brought about by advances in biology and medicine. It is also moral discernment as it relates to medical policy and practice. Bioethicists are concerned with the ethical questions that arise in the relationships among life-sciences, biotechnology, medicine, politics, law, and philosophy. It also includes the study of the more commonplace questions of values ("the ethics of the ordinary") which arise in primary care and other branches of medicine. The curriculum does not have complete course, but is a source of inspiration. The course content should not be treated as a comprehensive curriculum in bioethics. It is recognized that the content of the core curriculum does not necessarily cover all aspects of bioethics. Traditional issues that have not been included could be incorporated as examples that are pertinent to one or several of the Declaration's principles within the curriculum's framework.

RATIONALE FOR INTRODUCTION OF CBCS

The UGC while outlining the several unique features of the Choice-Based Credit System (CBCS) has, in fact, given in a nutshell, the rationale for its introduction. Among the features highlighted by the UGC are:

- Enhanced learning opportunities, ability to match learners' scholastic needs and aspirations, inter-institution transferability of learners(following the completion of a semester),
- Improvement in educational quality and excellence,
- Flexibility for working learners to complete the programme over an extended period of time,
- Standardization and comparability of educational programmes across the country, etc. Some of the specific advantages of using the Credit system as outlined in the available literature on the topic are as listed below:

ADVANTAGES OF THE CREDIT SYSTEM

- Represents a much-required shift in focus from teacher-centric to learner-centric education since the workload estimated is based on the investment of time in learning, not in teaching.
- Helps to record course work and to document learner workload realistically since all activities are taken into account not only the time learners spend in lectures or seminars but also the time they need for individual learning and the preparation of examinations etc.
- Segments learning experience into calibrated units, which can be accumulated in order to gain an academic award.
- Helps self-paced learning. Learners may undertake as many credits as they can cope with without having to repeat all the courses in a given semester if they fail in one or more courses.
- Alternatively, they can choose other courses and continue their studies.
- 'Learner Autonomy'.
- Makes education more broad-based. One can take credits by combining unique combinations.
- Credits earned at one institution can be transferred to another.
- Helps in working out twinning programmes.
- Is beneficial for achieving more transparency and compatibility between different educational structures.
- A credit system can facilitate recognition procedures as well as access to higher education for non-traditional learners

GRADING:

The total of the internal evaluation marks and final University examination marks in each course will be converted to a letter grade on to confirm as per the following scheme as recommended by UGC:

Letter Grades and Grade Points:

Letter Grades	Grade Points	% of marks
O (Outstanding)	10	80 and above
A+(Excellent)	9	75-79
A(Very Good)	8	70-74
B+(Good)	7	65-69
B(Above Average)	6	60-64
C(Average)	5	55-59
P(Pass)	4	50-54
F(Fail)	0	<50
Ab (Absent)	0	0

A student obtaining Grade F (or) Grade point '0'shall be considered failed and will be required to reappear in the examination.

COMPUTATION OF <u>SGPA</u> AND <u>CGPA:</u>

The UGC recommends the following procedure to compute the Semester Grade Point Average (SGPA) and Cumulative Grade Point Average (CGPA):

- The SGPA is the ratio of sum of the product of the number of credits with the grade points scored by a student in all the courses taken by a student and the sum of the number of credits of all the courses undergone by a student, i.e SGPA (Si) = Σ(Ci x Gi) / ΣCi where Ci is the number of credits of the ith course and Gi is the grade point scored by the student in the ith course.
 The CGPA is also calculated in the same manner taking into account all the courses
- The CGPA is also calculated in the same manner taking into account all the courses undergone by a student over all the semesters of a programme, i.e. $CGPA = \Sigma(Ci \ge Si) / \Sigma Ci$

where Si is the SGPA of the ith semester and Ci is the total number of credits in that semester.

• The SGPA and CGPA shall be rounded off to 2 decimal points and reported in the transcripts.

Illustration of Computation of SGPA and CGPA and Format for Transcripts

i. Illustration for computation of SGPA for I semester

Course	Credit	Grade	Grade	Credit Point
		Letter	Point	(Credit x Grade)
Course 1	7	B+	7	7X7=49
Course 2	6	A	8	6X8=48
Course 3	3	В	6	<i>3X6=18</i>
Course 4	10	A+	9	10X9=90
Total	26			205

Thus, SGPA =205/26 =7.884

	Semester 1	Semester 2	Semester 3	Semester 4	Semester 5	Semester 6
	Credit:20	Credit:22	Credit:25	Credit:26	Credit:26	Credit:25
	SGPA:6.9	SGPA:7.8	SGPA:5.6	SGPA:6.0	SGPA:6.3	SGPA:8.0
Thus,	CGPA =	$20 \times 6.9 + 2$	22 x 7.8 + 25 x 5	$5.6 + 26 \times 6.0 +$	26 x 6.3 + 25 x	8.0
						= 6.73

i. Illustration for computation of CGPA

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INTERNSHIP:

There shall be six months (24 weeks) of Internship after successfully completing the eighth semester examination for candidates and had been declared to have passed the examination in all the subjects. Internship shall be done in any hospital recognized by the Vidyapeeth. No candidate shall be awarded degree certificate without successfully completing six months of Internship.

The Internship should be rotatory and cover clinical branches concerned with Physiotherapy such as Orthopaedics, Cardiothoracic including ICU, Neurology, Paediatrics, General Medicine, General Surgery, Obstetrics and Gynaecology both at the inpatient and outpatient services. On completion of all postings, the duly completed logbooks will be submitted to the Principal/Head of program to be considered as having successfully completed the internship program. The student has to do the project in the internship as part of the curriculum of BPT course and submit it for the fulfillment of the degree which shall be evaluated by two examiners. Passing from the project work is mandatory for completing the internship program.

AWARD OF DEGREE :

Every student of the programme who fulfils the following criteria will be eligible for the award of the degree provided

- He/She should have earned at least minimum required credits as prescribed in course structure,
- He/She should have cleared all internal and external evaluation components in every course,
- He/She should have successfully completed the internship with project work.
- He/She should have secured a minimum CGPA of 4.00 at the end of the programme BPT.

AWARD OF CLASS:

The class awarded to a student in the programme is decided by the final CGPA as per the following scheme:

Distinction: CGPA \geq 7.50 First class: CGPA of 6.50 – 7.49 Second Class: CGPA of 5.00 to 6.49

TRANSCRIPT:

The transcript issued to the student at the time of leaving the University will contain a consolidated record of all the courses taken, credits earned, grades obtained, SGPA,CGPA, class obtained, etc.

CLAS	CLASSIFICATION OF COURSE IN UG DEGREE PROGRAM:								
Sem.	Foundation course	Core course	Allied course	Enhancement course					
1	 Human Anatomy - I Human Physiology - I Electro Therapy- I * 			• English & Communication Skills					
2	 Human Anatomy - II Human Physiology- II Exercise Therapy - I* 		Biochemistry	Computer Science					
3	Exercise Therapy- II*Biomechanics		Pathology & Microbiology	 Psychology First Aid & Emergency care 					
4	• Electro Therapy- II*	 Gen. Medicine (including Gerontology & Dermatology) 	 Pharmacology, Community Medicine, Sociology & Environmental. Sciences 						
5	Physical & Functional Diagnostic skills*	 Orthopaedics & Traumatology Neurology (including Pediatrics &Psychiatry) 	Obstetrics and Gynecology						
6	Physiotherapeutic Skills	General Surgery (including Plastic Surgery)	Research Methodology and Biostatistics	Bioengineering & Professional Ethics*					
7		 Physiotherapy in Musculoskeletal Sciences Physiotherapy in Community Based Rehabilitation.* 		• Choice Based (Paediatrics/ Manual Therapy)					
8		 Physiotherapy in Neurological Condition* Physiotherapy in Cardio-Respiratory & General Conditions 		Choice Based Course (Sports Physiotherapy /Hand Rehabilitation)					

*the course curriculum of bioethics, has been segregated as per the applicability in the following subjects

SEMESTER – I

Course	Course Title	Hours						
Code		Th	Pr	SPT	Total			
PT-101	Human Anatomy- I	64	64	48	176			
PT-102	Human Physiology- I	64	32	48	144			
PT-103	English & Communication Skills	32	0	48	80			
PT-104	Electro Therapy- I	80	96	96	272			
	Total	240	192	240	672			

Th: Theory, Pr: Practical, Tot: Total, Lec: Lecture Demonstration/Tutorial/Discussion, IA: Internal Assessment

Course Title :- Human Anatomy-I Course Code:- PT 101 Course Credit for Human Anatomy –I																	
Hours Hrs/Wk Credits Evaluation Pattern																	
Th	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Writ	ten	Total	Prace	tical	Total
												IA	Final	Final	IA	Final	Final
													exam	exam		exam	exam
64	64 64 48 176 4 4 3 11 4 2 1 7 10 40 50 10 40 50																
Lea	Learning Objectives:																

Learning Objectives:

At the end of the course, the candidate will-

- 1. The student should be able to identify and describe anatomical aspects of muscle, bones & joints, & to understand and analyze movements of upper extremity.
- 2. To understand the anatomical basis of various clinical conditions e.g. Trauma, deformities, pertaining to upper limbs & spine.
- 3. To be able to localize various surface landmarks.
- 4. To identify and describe various components and contents of the Thorax- with special emphasis to tracheo-bronchial tree, & cardio- pulmonary system.
- 5. To be able to demonstrate the movements of various joints.
- 6. To be able to distinguish major arteries, veins and Lymphatic with special emphases to extremities and spine.
- 7. To be able to identify and describe the source, course of major arterial, venous and lymphatic system, with special emphasis to upper extremities, thorax and spine.

Course Content								
Topic Serial No.	Hours of teaching/learning							
		Theory	Practical					
1	General Introduction	6	-					
	• Histology-Cell, tissues of the body, epithelium, connective tissue, cartilage, bone, lymph,	2	-					
	• muscle, nerve etc.							
	• Osteology-Formation, function, growth and repair of bones.	2	-					

		2	
	• General Embryology-Ovum, spermatozoas,	2	-
	fertilization, differentiation, development of		
	various systems and foetal circulation	20	10
2	Systems of Human body (a brief Outline)	20	12
	• Cardio Vascular System –Arteries, capillaries,	4	2
	veins, heart, lymphatic system.		
	 Respiratory System – Anatomy of upper and 	4	2
	lower respiratory tract including nose, larynx,		
	trachea, bronchi, pleura and lungs.		
	• Urogenital System – Anatomy of Urinary system,	4	2
	male and female reproductive system (special		
	emphasis to female system).	3	2
	Axial skeleton	3	2
	Sensory Organs	2	2
	• Digestive System –Anatomy of the gastro-		
	intestinal tract.		
3	UPPER EXTREMITY	15	25
-	Osteology	5	15
	Outline the anatomical features, attachments, ossification and		
	side determination of the bones of U/L : Clavicle, Scapula,		
	Humerus, Radius, Ulna, Carpals, Metacarpals,		
	Phalanges		
	Myology	10	10
	• Fascia and Muscles of front and back of upper		
	arm: origin, insertion, nerve supply and action.		
	• Muscles of front and back of forearm: origin,		
	insertion, nerve supply and action.		
	• Mention the small muscles of hand with their		
	origin, insertion, nerve supply and action.		
	• Identify the nerves of upper limb and mention		
	their position course, relations and distribution.		
	• Detail explanation of joints of upper limb:		
	shoulder guide, Shoulder joint, Elbow,		
	• Wrist and joints of hand.		
	• Indicate the blood vessels of upper limb and		
	mention their position course, relations,		
	distribution and main branches. Lymphatic		
	damage of upper limb		
	 Applied anatomy of all structures of U/L 		
4	THORAX	3	4
T		2	2
	• Ribs: Parts and main features of typical rib and define true, false and floating ribs		~
	define true, false and floating ribs.		
	• Sternum: State the parts and anatomical features.		
	.		
	• Intercostal muscles and diaphragm: origin,		

insertion, nerve supply and action.		
• List layers of anterior Abdom	inal wall and	
mention its origin, insertion, ner	ve supply and	
action of these muscles.		
Joints of Thorax	1	2
• Identify the various joints and ex	plain in detail:	
Manubriosternal joint	-	
Costo vertebral joint		
Costo transverse joint		
CostoChondral joint		
Chondro sternal joints		
 Inter vertebral joint 		
0	Decrimotor	
• Movements of vertebral column movements	- Respiratory	
• Mention the course and branche	es and nerves,	
blood vessels and lymphatic draina	ge of thorax.	
• Intercostal space and its content	-	
Diaphragm-structures passing through the structure of the structure o	igh it.	
• Applied Anatomy of structures of t	-	
5 HEAD, NECK AND FACE (special emphasi		23
and osteology)		20
(Must Know)	10	15
Muscles & Vessels of neck		
• Facial muscles & orbit.		
• Temporo-Mandibular (T.M) joint, co	ervical vertebrae	
& Skull.		
• Endocrine glands.		
Cranial nerves,		
(Desirable to know)	10	8
• Triangles of neck		
Lateral wall of nose		
Larynx, Pharynx		
Salivary glands		

Sr.No.	Title
1	Williams & Warwick, Gray's Anatomy-Churchill Livingstone.
2	Inderbir Singh, Textbook of Anatomy with colour Atlas-Vol. 1, 2, 3 Jaypee Brothers.
3	B.D. Chaurasia, Human Anatomy-Volume 1, 2, 3 CBS Publishers & Distributors.
4	Mcminn's Last's Anatomy-Regional and applied, Churchill Livingstone.
5	Cunningham Manual of Practical Anatomy Vol. I, II, III, Churchill Livingstone.
6	Inderbir Singh, A Textbook on Human NeuroAntomy, Jaypee Brothers.
7	Snell-Clinical Anatomy-Lippincott.
8	Mcminn's et al-A Colour Atla s of Human Anatomy, Mosby.

Reference Books

Sr.No.	Title
1	Gray's Anatomy
2	Extremities by Quining Wasb
3	Anatomy & Physiology by Smout and McDowell
4	Kinesiology by Katherine Wells [Saunders co.]

SCHEME OF EXAMINATION

	Evaluation Pattern							
WrittenTotalPracticalTotal								
IA	Final exam	Final	IA Final		Final exam			
		exam		exam				
10	40	50	10	40	50			

Periodical Examination:

- Written Examination:-20 MCQ for 10 marks, 20 minutes
- Practical Examination:- 10 marks

Preliminary Examination / University (Final) Examination

• Written Examination (40 marks)

Sec A	MCQ	10x1=10 marks
Sec B	1. Short Notes - Answer any 5 out of 6	5x2=10 marks
	2. Short answer questions - Answer any 2 out of 3	2x5=10 marks
	3. Long Answer Questions - Answer any 1 out of 2	1x10=10 marks

• Practical Examination (40 marks)

Sr.No.		Marks
1	Spots	10x2=20 marks
	i. 3 Spots based on Urogenital/Reproductive/special senses/Cardiovascular system	3x2=06 marks
	ii. 2 Spots based on Soft part of Thorax/neck	2x2=4 marks
	iii. 5 Spots based on upper extremity	5x2=10 marks
2.	Viva (15 marks) + Journal (5 marks)	15+5=20 marks
	i. Soft Parts	
	ii. Osteology	

• <u>SUPERVISED PRACTICAL TRAINING:</u>

 \circ Journals marks = 5 marks

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the Preliminary examination .

Internal Assessment Marks

Periodical exam	= 10 marks
Prelim exam	= 40 marks
Total	= 50 marks
The total shall be Conv	verted to 10 marks (50/5=10)

			Cours					Title	:- H	uman	Phys	iolog	gy-I					
			Jours					redit	for 1	Huma	n Ph	vsiol	ogy-I					
	Н	ours		Hrs			<u> </u>	Cre					aluation	n Pa	tterr	1		
Th	Pr	SPT	Tot	Lec		SPT	Tot	Lec	Pr	SPT	Tot	Writ		Tot		Pract	tical	Total
												IA	Final	Fina		IA	Final	Final
64	32	48	144	4	2	3	9	4	1	1	6	10	exam 40	exat		10	exam 40	exam 50
-		-	ective		-		-		-	-	Ŭ	10	10	20		10		20
1. 2. 3.	 At the end of the course, the candidate will- 1. Acquire the knowledge of the relative contribution of each organ system in maintenance of the milieu interior [Homeostasis]. 2. Be able to describe physiological functions of various systems, with special reference to Musculo-skeletal, Cardio-respiratory, and alterations in function with aging. 3. Analyze physiological responses & adaptation to environmental stresses- with special emphasis on physical activity & temperature. 																	
	Resp	iratory	v syste	m, & .	Exer	cise to	olera	ince/E		aphy.	ant							
Top No.	pic Se	erial	Title	of co	onten	t									te The	ach	lours of ing/leat Prac	
	1		Gene	eral P	hysia	ology									4		-	
	Must know • The cell & cell organelles – structure & functions • Homeostasis, biofeedback mechanisms • Transport across cell membrane • Outline of membrane potential & action potential																	
	2			Ne	erve i	nusc	le								6		-	
	Must know3• Muscle -classification, structure, sarcomere & properties of muscles-• Myoneural junction & transmission-• Molecular basis of muscle contraction-• Motor unit, EMG-• Structure, Properties & Classification of nerves• Propagation of nerve impulse.• Degeneration and regeneration of nerve.																	

	Desirable to know	3	-
	 Applied aspects – Myasthenia gravis, Rigor mortis Reaction of degeneration 		
	Muscle disorders		
3	Haematology	8	-
	Must know	4	-
	 Composition and functions of blood Red blood cell – morphology, formation, normal count, functions, physiological and pathological variation. White blood cell – morphology, classification, properties, functions, physiological & pathological variation Haemoglobin – basic chemistry, fate and functions. Immunity – definition, classification, concept of antigen & antibody Haemostasis – steps, role of platelets Blood groups – A,B,O,AB and Rh system Anemias, ESR & PCV 		
	Desirable to know	3	
	Plasma proteins	5	
	Anticoagulants		
	 Blood transfusion 		
	Nice to know	1	-
	Haemophilia	-	
	Thrombocytopenia		
4	Cardiovascular system	20	
-	Must know	16	-
	 General organization and properties of cardiac muscle Origin and conduction of cardiac impulse Cardiac cycle and heart sounds Normal heart rate, bradycardia, tachycardia Normal ECG Cardiac output- normal values, physiological variations, factors affecting cardiac out- put and regulation Blood pressure – normal values, measurement, determinants, short term and long term regulation Regional circulation- Coronary, muscular, cerebral Functions of Lymph Pressure and volume changes during cardiac cycle Desirable to know Patho-physiology of circulatory shock and edema 	3	
	 Patno-physiology of circulatory shock and edema Hypertension, hypotension Nice to know 	1	
			4

5	Respiratory system	18	-
	Must know	12	-
	General organization of respiratory system		
	• Mechanics of respiration – Inspiratory and expiratory		
	muscles, intrapleural pressure, lung & thoracic		
	compliance, surfactant, lung volumes & capacities.		
	Diffusion of gases		
	 Transport of respiratory gases 		
	Regulation of respiration		
	• Outline of hypoxia (types & physiological changes)		
	Acclimatization to high altitude.		
	• Dead space, Ventilation/ perfusion ratio		
	Maximum breathing capacity & breathing reserve		
	• Pulmonary function tests.		
	Desirable to know	3	-
	Artificial respiration		
	Nice to know	3	-
	Asphyxia, cyanosis (types and physiological changes)		
6	Digestive System	8	-
	Must know	6	-
	General organization		
	Mastication and deglutition		
	• Saliva – composition, functions and regulation of salivary secretion		
	 Gastric secretion – composition, mechanism, phases of 		
	secretion, regulation and functions.		
	 Outline of gastric emptying and peristalsis 		
	 Pancreatic secretion – composition, regulation and 		
	functions.		
	• Liver and gall bladder – composition and functions of		
	bile		
	• Movements and functions of small and large intestine,		
	• Defecation reflex, constipation, diarrhea		
	Nice to know	2	-
1			
	Jaundice	-	

HUMAN PHYSIOLOY PRACTICAL

	Course Content						
Topic Serial	Fopic Serial Title of content						
No.		teaching	/learning				
		Theory	Practical				
1	Haematology	-	10				
	Hb, RBC, WBC ,Blood groups, BT & CT						

2	Properties of muscles	-	10
	• Skeletal muscle. SMC, effect of temperature, velocity of nerve conduction, fatigue, tetanus, all or none law & effect of load.	-	5
	• Cardiac muscle. Normal cardiogram, effect of speed, temperature, Stannius ligature, all or none law & incomplete tetanus, Nervous regulation of heart, vagal escape. Effect of drugs (adrenaline & acetylcholine)	-	5
3.	Other L. Ds	-	12
	 Physical fitness- Cardiopulmonary efficiency tests Stethography, Spirometry 	-	
	Ergography, PerimetryECG		

Sr.No.	Title
1	Text book on Medical Physiology-By Guyton
2	Text book of physiology for physiotherapy – Prof. A. K Jain.
3	Concise Medical Physiology – Sujit K. Chowdhuri

Reference Books

Sr.No.	Title
1	Samson & Wrights Applied physiology.
2	Principles of Anatomy & Physiology – Tortora.
3	Textbook of Medical Physiology – Indu Khurana
4	Samson & Wrights Applied physiology.

SCHEME OF EXAMINATION

Writt	en	Total	Practical		Total
IA	Final exam	Final exam	IA	Final exam	Final exam
10	40	50	10	40	50

Periodical Examination:

- Written Examination:-20 MCQ for 10 marks, 20 minutes.
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Preliminary Examination / University (Final) Examination

• Written Examination (40 marks)

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Sec B	1.	Short Notes - Answer any 5 out of 6	5x2=10 marks
	2.	Short answer questions - Answer any 2 out of 3	2x5=10 marks
	3.]	Long Answer Questions - Answer any 1 out of 2	1x10=10 marks

Sr.No.		Marks
1	Spots	10x2=20
	• Haematology- 1	
	• Graphs-2	
	• Physical fitness-1	
	• BP/ ECG/HR-2	
	• Spirometry- 1	
	• Ergography/ Stethography-1	
	• Perimetry-1	
2.		15 +5 =20
	Viva(15 marks) + Journal (5marks)	
	-Based on Theory portion	

• Practical Examination (40 marks)

• SUPERVISED PRACTICAL TRAINING:

 \circ Journals marks = 5 marks

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination .

Internal Assessment Marks

Periodical exam	= 10 marks
Prelim exam	= 40 marks
Total	= 50 marks
The total shall be Conv	erted to 10 marks (50/5=10)

				Co	ours	<mark>e Tit</mark> l							tion Sl	<u> cills</u>					
	Course Code:- PT 103																		
	Course Credit for English and Communication Skills																		
	Н	ours		Hrs	/Wk			Cre	dits			Eva	aluation	n Pa	attern				
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	• Expansion of Proverbs and Ideas																		
2	Description of Pictures. 3 COMMUNICATION SKILLS: 10																		
3				U	JIVII	NUN	IC A	110	1 N 21	MLL	3:				10		-		
			(• T	he a	bility	to	presei	nt ide	eas cle	early.	effec	tively a	nd	2		-		
	• The ability to present ideas clearly, effectively and confidently, in both oral and written form.																		
	• The ability to practice active listening skills and																		
				p	rovi	de fee	edba	ick.				-							
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				• T	he a	bility	to i	ise te	chno	logy i	n pres	senta	tion						

	T	
The ability to negotiate and reach an agreement		
• The ability to communicate with others from		
different cultures		
• The ability to develop interpersonal communication skills.		
The ability to use non-verbal skills.Clinical application		
Role Play		
Critical Thinking and problem solving skills	3	
Critical Finisking and problem solving skins	5	
The shility to identify and analyze problems in		
• The ability to identify and analyse problems in complex and vague situations as well as to make		
justified evaluations.		
 The ability to develop and improve thinking skills 		
such as to explain, analyse and evaluate		
discussions.		
• The ability to find ideas and alternative solutions.		
• The ability to think out of the box.		
• The ability to make decisions based on concrete		
evidence.		
• The ability to persevere as well as to fully		
concentrate on given task.		
• The ability to understand and to fit in with the		
culture of the community and new work environment.		
Clinical applicationRole Play		
Team work		
• The ability to build to good relation interacts with		
others and work effectively with them to achieve		
the same objectives.		
 The ability to understand and interchange roles 		
• The ability to understand and interchange roles between that of a team leader and a team member.		
• The ability to recognize and respect the attitude,		
behavior and beliefs of others.		
• The ability to contribute towards the planning and		
coordination of the team's efforts is responsible for		
the group's decisions.		
Clinical application		
Role Play		
Life long learning and information management	1	
• The ability to search and manage relevant		
	·	•

	1	
 information from different sources. The ability to accept new ideas and the capability for autonomous learning. The ability to develop a curious mind and thirst for knowledge. 		
Clinical application		
Role Play		
Entrepreneurial skills	1	
• The ability to identify business opportunities		
• The ability to outline business frameworks,		
• The ability to build explores and seizes business		
and work.		
• The ability to work independently.		
Clinical application		
Role Play		
Professional ethics and morals	1	
• The ability to recognize the effects on the economy, environmental and socio-culture in professional practice.		
• The ability to analyse and make decisions in solving problems related to ethics.		
 The ability to practice ethically apart from being responsible towards the society, have the knowledge of basic leadership theory. Clinical application, Role Play 		
Leadership skills	1	
• The ability to lead a project.		
• The ability to understand and interchange roles		
between that of a team leader and a team member.		
The ability to supervise team members.Clinical application. Role Play		
Introduction to ethics & bioethics	2	
Meaning, nature of ethics, ethical statements	_	
 Meaning of bioethics 		
 Health & disease as values and facts 		
 Principles of bioethics 		
 Medical ethics- goals, committees, 		

Reference Books

Sr.No.	Title						
1	Sherfield, R., Montgomery, R.J. & Moody, P.G. (2011). Developing Soft Skills. 3rd						
	Edi. Pearson Education, New Delhi.						
2	Kumar, S.S. (2010). Communication Skills and Soft Skills. Pearson Education, New Delhi						
3	JagdishChander, 'Creative English', OxfordUniversity Press, New Delhi.						

SCHEME OF EXAMINATION

Written		Total		
IA	Final exam	Final exam		
10	40	50		

Periodical Examination:

• Written Examination:-20 MCQ for 10 marks, 20 minutes.

Preliminary Examination / University (Final) Examination

• Written Examination (40 marks)

Sec A	MCQ (5 English+5 Communication skills)	10x1=10					
Sec B	1. Short Notes	5x3=15					
	2. Answer any 5 out of 6 (3 English+3 Communication skills)						
Sec C	1.Short Notes- Answer any 5 out of 6 (3 English+3	5x3=15					
	Communication skills)						

• <u>SUPERVISED PRACTICAL TRAINING:</u>

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination

Internal Assessment Marks

Theory:-

Periodical exam	= 10 marks							
Prelim exam	= 40 marks							
Total	= 50 marks							
The total shall be Converted to 10 marks $(50/5=10)$								

	Course Title :- ELECTRO THERAPY- I																				
	Course Code:- PT 104																				
Course Credit for ELECTRO THERAPY- I																					
	He	ours		Hrs	/Wk			Cre	dits					<mark>n Patte</mark>	Pattern Otal Practical Total						
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												IA	Final exam	Final exam	IA	Final exam	Final exam				
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				• Ef	fects	of C	urre	nt Ele	ctric	ity:											
				• Cł	nemi	cal e	ffects	s - Io	ns ar	nd ele	ctroly	tes,Io	onisatio	n,							
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	currents,Mili ammeter and Voltmeter, Transformers and		
	Choke Coil.		
	• Thermal Effects – Joule's Law and Heat		
	production.		
	 Physical Principles of sound and its properties. 		
	 Physical Principles of light and its properties. 		
	 Electromagnetic spectrum – biophysical application. 		
	 Laws of Transmission- reflection, refraction, 		
	absorption, attenuation		
2	ELECTRIC SUPPLY	5	
4		5	-
	• Brief outline of main supply of electric current.	5	-
	• Dangers – short circuits, electric shocks.		
	• Precautions – safety devices, earthing, fuses etc.		
	• First aid & initial management of electric shock		
3	THERMO & ACTINOTHERAPY	23	32
	• Physiological responses to heat gain or loss on	3	3
	various tissues of the body.	2	
	• Therapeutic effects of heat, cold	3	3
	• Physical principles of Electro – magnetic radiation.	3	3
	• Physics of sound including characteristics and	3	3
	propagation.	2	3
	• Therapeutic cold (Cryotherapy)– Sources,	3	3
	biophysical effects, types, therapeutic effects,		
	Indications, contraindications, precautions,		
	application techniques and patient preparation.	2	4
	• Thermotherapy modalities: parafine wax bath,	2	-
	contrast bath, whirl pool bath, moist heat		
	therapy:principles of application, mode of		
	application, therapeutic uses, indication and		
	contraindication.	2	5
	• Infra red rays – Wavelength, frequency, types &	-	
	sources of IRR generation, techniques of		
	irradiation, physiological & therapeutic effects,		
	indications, contraindications, precautions,		
	• Operational skills of equipment & patient	2	4
	preparation.	$\frac{1}{2}$	4
	Home remedies of heat and cold		
4	HIGH FREQUENCY CURRENTS AND WAVES	15	35
	High frequency currents (S.W.D.)	8	17
	Production, biophysical effects, types,		
	therapeutic effects, techniques of application,		
	indications, contraindications, precautions,		
	operational skills and patient preparation.		

	High frequency sound waves (Ultrasound)	7	18
	Production, biophysical effects, types, therapeutic effects, techniques of application, indications, contraindications, precautions, operational skills and patient preparation.		
5	TRACTION	7	13
	 Principles of traction, classification, types Physiological & therapeutic effects Indications, contraindications Techniques of application Operational skills & precautions 	7	13

Sr.No.	Title
1	Clayton's Electro therapy-3 rd , 9 th & 10 th ed,
2	Electro therapy explained -by Low & Reed
3	Principles and Practice of Electro Therapy –by Joseph Kahn

Reference Books

Sr.No.	Title
1	Clinical Electro Therapy-by Nelson & Currier
2	Electrotherapy – Evidence Based Practice – Sheila Kitchen

SCHEME OF EXAMINATION

Written		Total	Practical		Total
IA	Final exam	Final	IA Final		Final exam
		exam		exam	
20	80	100	20	80	100

Periodical Examination:

- Written Examination:-20 MCQ for 20 marks, 20 minutes.
- Practical Examination:- 20 marks

Preliminary Examination / University (Final) Examination

• Written Examination (80 marks)

Sec A	MCQ	10x1=10 marks
Sec B	1. Short Notes - Answer any 5 out of 6	5x3=15 marks
	2. Short answer questions - Answer any 2 out of 3	3x5=15 marks
	1. Long Answer Questions (compulsory)	1x15=15
	2. Long Answer Questions Answer any 1 out of 2	1x15=15

• Practical Examination (80 marks)

S.No.		Marks
1.	Long Case:	35 marks
	Superficial thermal agents/IR, Cold packs, Hot pack, wax bath	
2.	Short Case: any one of the following.	20 marks
	SWD, US, Contrast Bath, Whirl pool Bath	
3	Spots + Journal	20+5=25 marks
	5 Spots - (5 Minutes per Spot and four marks per spots)	(5x4=20)
	spots based on identification of electronic equipments & panel	
	diagram of equipment etc.	

• <u>SUPERVISED PRACTICAL TRAINING:</u>

\circ Journals marks = 5 marks

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination

Internal Assessment Marks

Periodical exam	= 20 marks			
Prelim exam	= 80 marks			
Total	= 100 marks			
The total shall be Converted to 20 marks (100/5=20)				

SEMESTER – II

Course	Course Title	Hours					
Code		Th	Pr	SPT	Total		
PT-201	Human Anatomy- II	48	64	48	160		
PT-202	Human Physiology- II	48	32	48	128		
PT-203	Biochemistry	48	0	-	48		
PT-204	Exercise Therapy- I	64	96	96	256		
PT-205	Computer Science	32	0	48	80		
	Total	240	192	240	672		

Th: Theory, Pr: Practical, Tot: Total, Lec: Lecture Demonstration/Tutorial/Discussion, IA: Internal Assessment

	Course Title :- Human Anatomy-II (112 Hours) Course Code:- PT 201																
						0											
	Course Credit for Human Anatomy II																
		ours								Evaluation Pattern							
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											l	IA	exam	exam	IA	Final exam	exam
48	64	48	160	3	4	3	10	3	2	1	6	10	40	50	10	40	50
Lea	rning	g Obje	ectives	s:													
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	Neuromuscular Junction																

	Sensory End Organs		
	Spinal Cord Segments & Areas		
	• Brainstem		
	• Cerebellum		
	Inferior colliculi		
	Superior Colliculi		
	• Diencephalon		
	Hypothalamus		
	• Epithalamus		
	• Thalamus		
	Cerebral hemispheres		
	Corpus striatum		
	• Rhinencephalon		
	Lateral ventricles		
	Meninges		
	 Bloody supply of the brain 		
	 Internal Capsule 		
	Visual radiation		
	Auditory radiation		
	Thalamocortical radiations		
	 Pyramidal systems 		
	 Extra-pyramidal systems 		
	 Sympathetic system 		
	Para-sympathetic system		
	 Cranial nerves 		
SECTION II	TRUNK & ABDOMEN	4	6
SECTION II	Osteology	4	U
	• Vertebral columns: Identify the parts of typical vertebra		
	and state the main features, attachments and ossification.		
	• Intervertebral disc and mention its part.		
	Myology		
	• Fascia and muscles of back		
	• Fascia and muscles connecting U/L with vertebral		
	column: origin, insertion, nerve supply, action.		
	• Fascia and muscles of post Abdominal Wall: origin,		
	insertion, nerve supply and action.➢ Mention the course and branches and nerves, blood		
	/ Mention the course and stationes and herves, brood		
	vessels and lymphatic drainage of		
	• Trunk & abdomen.		
	Lumbar Plexus: Position, formation and branches.		
	Rectus sheath: formation and contents.		
	Contents of vertebral canal		
	• Applied Anatomy of structures of trunk &		
	abdomen.		

 PELVIS Features of pubic symphysis and sacroiliac joints. Muscles of pelvic floor and mention their attachments, action and nerve supply. Difference between male and female pelvis. Main features of subdivision, boundaries, walls and floor of pelvis. Urogenital diaphragm (outlines only) Applied anatomy of lumbar plexus Lymphatic drainage Nerve supply Sacral Plexus Mention the blood vessels of the region with course 	4	12
LOWER EXTRIMITY Osteology	16	19
 Hip bone, femur, Tibia, Fibula, Patella, and bones of the foot Myology-,-Origin, Insertion, Nerve Supply, Action of the following: Fascia and muscles in anterior of thigh Fascia and muscles of medial side of thigh Fascia and muscles of posterior of thigh Fascia and muscles of gluteal region Fascia and muscles of lateral side of leg Fascia and muscles of back of leg and sole of foot Detailed explanation of joints of Lower Limb: Pelvic Girdle, Hip, joint, Knee joint, Ankle joint, joints of foot. Identify the nerves of Lower Limb and mention their position course, relations distribution Indicate the blood vessels of Lower Limb a mention their position course, relation, distribution and main branches Lymphatic drainage of Lower Limb Explain femoral triangle and subsartorial canal Poptileal fossa Anatomy of structures of Lower Limb 		
 REGIONAL ANATOMY Radiographic appearance of Musculo-skeletal system of Upper limb, Lower limb, Spine. Surface Anatomy Bony landmarks of HNF, upper extremity, lower extremity, spine Demonstration of muscles – HNF, superior extremity, inferior extremity 	4	12
	 Features of pubic symphysis and sacroiliac joints. Muscles of pelvic floor and mention their attachments, action and nerve supply. Difference between male and female pelvis. Main features of subdivision, boundaries, walls and floor of pelvis. Urogenital diaphragm (outlines only) Applied anatomy of lumbar plexus Lymphatic drainage Nerve supply Sacral Plexus Mention the blood vessels of the region with course, variations, distribution and main branches. LOWER EXTRIMITY Osteology Hip bone, femur, Tibia, Fibula, Patella, and bones of the foot Myology-,-Origin, Insertion, Nerve Supply, Action of the following: Fascia and muscles in anterior of thigh Fascia and muscles of posterior of thigh Fascia and muscles of gluteal region Fascia and muscles of lateral side of leg Fascia and muscles of back of leg and sole of foot. Detailed explanation of joints of Lower Limb: Pelvic Girdle, Hip, joint, Knee joint, Ankle joint, joints of foot. Identify the nerves of Lower Limb an mention their position course, relations distribution Indicate the blood vessels of Lower Limb a mention their position course, relation, distribution and main branches Lymphatic drainage of Lower Limb Explain femoral triangle and subsartorial canal Poptileal fossa Anatomy of structures of Lower Limb REGIONAL ANATOMY Radiographic appearance of Musculo-skeletal system of Upper limb, Lower limb, Spine. Surface Anatomy Bony landmarks of HNF, upper extremity, lower extremity, spine Deconstration of muscles – HNF, superior extremity, inferior extremity 	 Features of pubic symphysis and sacrolliac joints. Muscles of pelvic floor and mention their attachments, action and nerve supply. Difference between male and female pelvis. Main features of subdivision, boundaries, walls and floor of pelvis. Urogenital diaphragm (outlines only) Applied anatomy of lumbar plexus Lymphatic drainage Nerve supply Sacral Plexus Mention the blood vessels of the region with course, variations, distribution and main branches. IOWER EXTRIMITY Osteology • Hip bone, femur, Tibia, Fibula, Patella, and bones of the foot • Myology-,-Origin, Insertion, Nerve Supply, Action of the following: Fascia and muscles of medial side of thigh Fascia and muscles of gluteal region Fascia and muscles of lateral side of leg Fascia and muscles of back of leg and sole of foot Detailed explanation of joints of Lower Limb Pelvic Girdle, Hip, joint, Knee joint, Ankle joint, joints of foot. Identify the nerves of Lower Limb a mention their position course, relation, distribution Indicate the blood vessels of Lower Limb a mention their position course, relation, distribution and main branches Lymphatic drainage of Lower Limb Explain femoral triangle and subsartorial canal Poptileal fossa Anatomy of structures of Lower Limb Radiographic appearance of Musculo-skeletal system of Upper limb, Lower limb, Spine. Surface Anatomy Bony landmarks of HNF, upper extremity, lower extremity, spine Demonstration of movements of joints

Title					
Williams & Warwick, Gray's Anatomy-Churchill Livingstone.					
Inderbir Singh, Textbook of Anatomy with colour Atlas-Vol. 1, 2, 3 Jaypee Brothers					
B.D. Chaurasia, Human Anatomy-Volume 1, 2, 3 CBS Publishers & Distributors.					
Mcminn's Last's Anatomy-Regional and applied, Churchill Livingstone.					
Mcminn's et al-A Colour Atlas of Human Anatomy, Mosby.					
Cunningham Manual of Practical Anatomy Vol. I, II, III, Churchill Livingstone.					
Inderbir Singh, A Textbook on Human NeuroAntomy, Jaypee Brothers.					
Snell-Clinical Anatomy-Lippincott					

Reference Books

Sr.No.	Title
1	Gray's Anatomy
2	Extremities by Quining Wasb
3	Anatomy & Physiology by Smout and McDowell
4	Kinesiology by Katherine Wells [Saunders co.]

SCHEME OF EXAMINATION

Written		Total Practical			Total
IA	Final exam	Final exam	IA	Final exam	Final exam
10	40	50	10	40	50

Periodical Examination:

- Written Examination:-20 MCQ for 10 marks, 20 minutes.
- Practical Examination:- 10 marks

Preliminary Examination / University (Final) Examination

• Written Examination (40 marks)

Sec A	MCQ	10x1=10 marks
Sec B	1. Short Notes - Answer any 5 out of 6	5x2=10 marks
	2. Short answer questions - Answer any 2 out of 3	2x5=10 marks
	3. Long Answer Questions - Answer any 1 out of 2	1x10=10 marks

• Practical Examination (40 marks)

S.No.		Marks
1	 Spots 1. 2 Spots based on Urogenital/Reproductive/special senses/Cardiovascular system 2. 3 Spots based on Soft part of Thorax/neck 3. 5 Spots based on upper extremity 	10x2=20
2.	Viva + Journal 1. Soft Parts 2. Osteology	15+5=20

• SUPERVISED PRACTICAL TRAINING:

 \circ Journals marks = 5 marks

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination.

Internal Assessment Marks

Periodical exam	= 10 marks
Prelim exam	= 40 marks
Total	= 50 marks
The total shall be Conv	verted to 10 marks (50/5=10)

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Th	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Writ		Total	Prac		Total
												IA	Final exam	Final	IA	Final exam	Final
48	32	48	128	3	2	3	8	3	1	1	5	10	40	exam 50	10	40	exam 50
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				-	•	-						•	on with	-			
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No.															tea		/learning
1.00															The		Practical
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2			Bod	ly Ter	nper	ature	reg	ulatio	n-						4		-
			Mus	st kno	w		-										
				• No	orma	l bod	y ter	nperat	ure 8	z its re	gulati	on					
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				• Sk	cin-st	ructu	re ar	nd fun	ctions	5							
3				ocrine	•	tem-									8		-
			Mus	st kno													
									•				rine gla	nds			
						-		ones fr									
	• Anterior & Posterior pituitary hormones – physiological								logical								
	 actions, regulation & disorders Thyroid Hormones – physiological actions, regulation 																
					•		ormo	ones –	- phy	ysiolog	gical	action	ns, reg	ulation			
					disor		• •	r			1		. 1	<i>.</i>			
					•	roid		lormoi	nes		physi	iologi	ical a	ctions,			
								orders		11 ~				ationa			
								&	mec	iuna–	pnys	810108	gical a	ctions,			
				re	gulat	iona	uisc	orders									

	• Pancreatic hormones – physiological actions, regulation&		
	disorders		
	Mechanism of hormone action		
4	Must know	6	-
	Functional anatomy of reproductive system		
	• Puberty, changes in males and females, menarche,		
	menopause		
	• Spermatogenesis - stages and regulation, Physiological		
	actions of testosterone		
	• Menstrual cycle and ovarian cycles – phases and hormonal		
	regulation, ovulation		
	Physiology of pregnancy		
	 lactation – initiation, maintenance and control, 		
	 Functions of placenta 		
	Desirable to know		
	Pregnancy tests		
	Nice to know		
	Sex chromosomes		
	Precocious and delayed puberty		
5	Must know	20	-
	General organization of nervous system		
	• Receptors – definition, classification and functions		
	• Synapse – definition, physiological anatomy, synaptic		
	transmission		
	• Reflexes – classification, properties and functions		
	• Spinal cord – ascending and descending tract and		
	functions		
	• Ascending tracts – sensations carried, pathways and		
	functions		
	• Descending tract – Origin, course and termination and		
	functions		
	 Pain sensation – types of pain, pathways for conduction of 		
	pain, referred pain, central analgesia system		
	 Posture & equilibrium, Vestibular apparatus 		
	 Tostale & equilibrium, vestibular apparatus Thalamus – Functions 		
	• Hypothalamus – functions		
	Cerebellum – functions, effects of lesion		
	• Basal ganglia – functions, effects of lesion, Parkinsonism		
	• Muscle tone		
	• Cerebral cortex – Gross anatomy and division, functions of		
	each lobe		
	• Autonomic nervous system – Organization & functions of		
	parasympathetic, sympathetic system and functions		
	• CSF – Composition, formation, circulation, functions &		
	Blood brain barrier- Applied aspects		
	• Differences between Upper Motor Neuron and Lower		
1			
Į	Motor Neuron lesions		

	Desirable to know		
	• Synthesis of neurotransmitters		
	Limbic system and its functions		
	Nice to know		
	• Effects of spinal transection		
	Decerebrate and decorticate rigidity		
	Thalamic syndrome		
	• Ascending and descending reticular activating system		
	• Speech, memory and learning,		
6	Special Senses-	6	-
0	Vision	Ŭ	
	Must know		
	• Vision – Structure of eye ball, retina, refractory errors,		
	• Accommodation, visual pathway, Pupillary reflexes		
	Desirable to know		
	Light and dark adaptation		
	 Photochemistry of vision 		
	Ear		
	Must know		
	• Functional anatomy of ear		
	• Functions of middle ear, Functional anatomy of cochlea &		
	functions of inner ear		
	Desirable to know		
	Audiometry		
	• Auditory pathway		
	Nice to know		
	• Physics of sound		
	• Theories of hearing		
	Taste & smell		
	Must know		
	• Functional anatomy, factor affecting.		
	Lecture demonstrations & Practicals(L.Ds)-	-	32
	a) Clinical examination of arterial pulse.		3
	b) Determination of arterial blood pressure.		4
	c) Clinical examination of cardiovascular system.		3
	d) Clinical examination of respiratory system.		3
	e) Clinical examination of higher functions.		3
	f)Clinical examination of sensory system.		4
	g) Clinical examination of motor system –I.		
			4
	h)Clinical examination of motor system –II i) Clinical examination of all annual names		4
	i) Clinical examination of all cranial nerves.		4

Sr.No.	Title
1	Text book on Medical Physiology-By Guyton
2	Text book of physiology for physiotherapy – Prof. A. K Jain
3	Concise Medical Physiology – Sujit K. Chowdhuri

Reference Books

Sr.No.	Title
1	Samson & Wrights Applied physiology.
2	Textbook of Medical Physiology – Indu Khurana

SCHEME OF EXAMINATION

Written		Total	Practical		Total
IA	Final exam	Final exam	IA	Final exam	Final exam
10	40	50	10	40	50

Periodical Examination:

- Written Examination:-20 MCQ for 10 marks, 20 minutes.
- Practical Examination:- 10 marks

Preliminary Examination / University (Final) Examination

• Written Examination (40 marks)

Sec A	MCQ	10x1=10 marks
Sec B	1. Short Notes - Answer any 5 out of 6	5x2=10 marks
	2. Short answer questions - Answer any 2 out of 3	2x5=10 marks
	3. Long Answer Questions - Answer any 1 out of 2	1x10=10 marks

PRACTICAL

PRACTICA	L	40 Marks
S.No.		Marks
1	Clinical physiology	20 marks
	• Respiration – clinical examination of respiratory system	
	• CVS- pulse B.P. clinical examination of CVS	
	Cranial nerves	
	• Reflexes	
	• Motor and Sensory system	
2.	Viva(15) + Journal(5)	15+5=20
	Based on Theory portion	

SUPERVISED PRACTICAL TRAINING: •

 \circ Journals marks = 5 marks

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination

Internal Assessment Marks

Periodical exam	= 10 marks
Prelim exam	=40 marks
Total	= 50 marks
The total shall be Conv	erted to 10 marks (50/5=10)

	Course Title :- Biochemistry (48 Hours)																
Course code :- PT 203 Biochemistry																	
Course Credit for Biochemistry																	
Hours Hrs/Wk Cre				Credits Evaluation Pattern													
Th	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Written		Total	Prac	tical	Total
												IA	Final	Final	IA	Final	Final
													exam	exam		exam	exam
48	-	-	48	3	-	-	3	3	-	-	3	10	40	50	-	-	-

Learning Objectives:

At the end of the course, the candidate will-

- 1. Be able to describe structures & functions of cell in brief.
- 2. Be able to describe normal functions of different components of food, enzymes,
- 3. Define Basal Metabolic Rate & factors affecting the same [in brief], with special reference to obesity.
- 4. Be able to discuss nutritional aspects of carbohydrates, lipids, proteins & vitamins & their metabolism with special reference to obesity.
- 5. Define enzymes; discuss in brief, factors affecting enzyme activity.
- 6. Describe in details biochemical aspects of muscle contraction.
- 7. Acquire knowledge in brief about the Clinical biochemistry, with special reference to Liver & renal function test, Blood study for Lipid profile, metabolism of fat, Carbo-hydrates, proteins, bone minerals, and electrolyte balance.

Course Content				
Topic Serial No.	Title of content	Hours of teaching/learning		
		Theory	Practical	
1	CELL BIOLOGY Must Know • Membrane, structure & function • Junction of intracellular organelle in brief- [no structural details needed]	1		
2	 CARBOHYDRATES- Must Know Metabolism-Digestion and absorption of carbohydrates, Glycolysis- aerobic, anaerobic & its regulation Kreb`s cycle &its regulation Glycogenesis, glycogenolysis& their regulation, role of liver in muscle glycogen Glyconeogenesis, significance of H.M.P. shunt Hormonal regulation of blood sugar levels, Important metabolic disorders of glycogen, lactose intolerance, Diabetes mellitus. Clinical biochemistry: Relevance of blood levels of glucose, Glycosuria 	6		
3	 PROTEINS- Must Know Chemistry-definition-function-classification of Amino acids-protein structure-effect of temperature on proteins- denaturation-coagulation; isoelectric pH & 	6		

Г		I
	 its importance Metabolism-Digestion and absorption- Decarboxylation- De-amination- Transmethylation- transamination & their importance-Detoxification of ammonia including urea cycle. Clinical biochemistry: Relevance of blood levels of, urea, & uric acid, Protein in urine 	
4	LIPIDS-	6
	 Must Know Chemistry-definition-classification-[including fatty acids with examples]-function Metabolism-Digestion and absorption of lipids—β oxidation of saturated fatty acids and its energetics and regulation of fat metabolism in adipose tissue-Ketone bodies formation & utilization—cholesterol and its importance[no biosynthesis needed]-classification, sources & function of lipoproteins-lipoproteinemia atherosclerosis. Clinical Biochemistry - Lipid profile-Tri - glyceride, cholesterol/HDL/LDL/VLDL etc, Liver function test & Renal function test 	
	Phospholipid synthesis	
5	 NUCLEIC ACIDS- Desirable to Know D.N.A. /R.N.Adefinition-structure and function- types-Genetic code-catabolism of purine –gout 	2
6	 ENZYMES- Must Know Definition-Co-Enzymes, modern classification, factors affecting enzymes action Iso-enzymes Clinical and therapeutic use of enzymes: Clinical relevance: Enzymes-Amylase, CPK, LDH, isoenzymes Desirable to Know Inhibition and types of inhibitors 	3
7	VITAMINS- Must Know • Water and fat soluble-definition-classification • Individual vitamins-sources-Co-enzyme forms- function • RDA, absorption and transport-deficiency and toxicity	7
8	 BIOLOGICAL OXIDATION- Desirable to Know Oxidative phosphorylation & ETC in brief. 	2

9	MINERALS-	4	
	Must Know		
	• Phosphate, calcium and iron [in detail]		
	• Magnesium, Flouride, Zinc, Copper, Selenium		
	Molybdenum, Iodine-sources, absorption, transport-		
	excretion, functions and deficiency		
	 Clinical Biochemistry-Relevance of blood levels of Ca, 		
	phosphate & Iron		
10	ACID – BASE BALANCE, WATER & ELECTROLYTE-	4	
	Must Know		
	• Body water, pH-osmolarity Extra and Intra cellular		
	fluid.		
	• Buffers-pH, buffer system in blood.		
	• Role of kidneys & lungs in acid-base balance.		
	• Water- electrolyte balance - imbalance-dehydration.		
11	MUSCLE CONTRACTION-	2	
	Must Know		
	Contractile elements		
	Biochemical events during contraction		
	 Energy metabolism in skeletal & cardiac muscle 		
12	CONNECTIVE TISSUE-	2	
	Must Know	-	
	• Biochemistry of connective tissue-collagen – Glyco-		
	protein – proteoglycans		
13	NUTRITION-	3	
10	Must Know	C	
	• Importance of nutrition		
	• Basal metabolic rate – definition – normal values-factors		
	affecting BMR		
	• energy requirement with – age/sex/ thermogenesis –		
	specific dynamic action of food,-energy expenditure for		
	various activities		
	• Composition of food, balanced Diet, dietary		
	recommendations, nutritional supplementation –		
	nutritional value of carbohydrates/proteins/fats & Fibers,		
	 Nitrogen balance & its significance, Protein energy 		
	malnutrition – Kwashiorkor & Marasmus		

S.NO	Title
1	Biochemistry-by Dr. Deb Jyoti Das,
2	Biochemistry-by-Dr. Satyanarayan
3	Text book of Biochemistry for Medical students by-Dr Vasudevan/ Shrikumar
D.f	

Reference Books

S.NO	Title
1	Review of Biochemistry [26 th edition] by Harper.

Written		Total
IA	Final exam	Final exam
10	40	50

SCHEME OF EXAMINATION

Periodical Examination:

• Written Examination:-20 MCQ for 10 marks, 20 minutes.

Preliminary Examination / University (Final) Examination Written Examination (40 marks)

Sec A	MCQ		10x1=10 marks
Sec B	1.	Short Notes - Answer any 5 out of 6	5x2=10 marks
	2.	Short answer questions - Answer any 2 out of 3	2x5=10 marks
	3.	Long Answer Questions - Answer any 1 out of 2	1x10=10 marks

Internal Assessment Marks

Theory:-

Periodical exam	= 10 marks
Prelim exam	= 40 marks
Total	= 50 marks
The total shall be Conv	erted to 10 marks (50/5=10)

Course Title :- Exercise Therapy- I [160 hours] Course Code:- PT 204 Course Credit for Exercise therapy- I																	
	Hours Hrs/Wk Credits Evaluation Pattern																
Th	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Lec	Pr	SPT	То	Writ	ten	Total	Prac	tical	Total
											t	IA	Final	Final	IA	Final	Final
													exam	exam		exam	exam
64	96	96	256	4	6	6	16	4	3	2	9	20	80	100	20	80	100
Lac	Learning Objectives:																

Learning Objectives:

At the end of the course, the candidate will-

- 1. To define the various terms used in mechanics, Biomechanics and Kinesiology.
- 2. Recall the basic principles of Physics related to mechanics of movement /motion & will be able to understand the application of such principles to the simple equipment designs, and their efficacy in therapeutic gymnasium and various starting positions used in therapeutics.
- 3. To describe and also acquire the skill of use of various tools of the Therapeutic gymnasium.
- 4. To demonstrate passive movements in terms of various Anatomical planes.
- 5. To demonstrate various starting and derived positions.
- 6. Acquire the skill of application of various massage manipulations and describe the Physiological effects, therapeutic use, merits /demerits of the same.
- 7. Acquire a skill of assessment of sensations, superficial and deep reflexes, pulse rate/ Blood pressure, Chest expansion/respiratory rate, and limb length/girth measurement on Models.
- 8. To demonstrate and also acquire the skill of relaxation.
- 9. To describe types of Goniometer ,merits and demerits of goniometry and to demonstrate and acquire the skill of measuring ROM with goniometer.
- 10. To describe the skill and usefulness of group and recreational activities-and will be able to demonstrate general fitness exercises used in Physical Training.
- 11. Be able to define Yoga and its types, its physiological and Psycho-somatic effects and will be able to demonstrate standard yoga postures used by the beginners.
- 12. Be able to demonstrate General Fitness exercises and shall gain fitness for self.

	Course Content		
Topic Serial No.	Title of content	Hour teaching	
		Theory	Practical
1	 Basic Biomechanics- Axis/planes, Newton's law of motion, mechanics of Forces, levers, pendulum, equilibrium , Torque, stability, base of support, COG, law of gravity Types of muscle work-angle of pull- Mechanical advantage- applied mechanics in the Therapeutic Gymnasium 	14	-
2	Starting and derived positions	3	10
3	Classification of movements (active, passive, assisted, resisted)	5	20
4	Goniometry- principles, techniques, uses, types.	5	14
5	Limb length (only lower limb - apparent, true, supratrochantric) and girth measurements	4	4
6	Assessment of Sensations / Reflex testing.	2	4

7	Assessment of Blood pressure / pulse rate /chest expansion and Respiratory rate	2	4
8	 Relaxation- all methods. Describe relaxation, muscle fatigue, muscle spasm and tension (mental & physical). Factors contributing to fatigue & tension. Techniques of relaxation (local and general). Effects, uses & clinical application. Indication & contraindication. 	4	6
9	 Massage manipulations-principles effects/merits/demerits -skills on extremities / scalp / spine/ abdomen / face. History, various types of soft tissue manipulation techniques. Physiological effects of soft tissue manipulation on the following systems of the body; Circulatory, Nervous, Musculoskeletal, Excretory, Respiratory, Integumentary system and Metabolism. Classify, define and describe: - effleurage, stroking, kneading, petrissage, deep friction,percussions ,vibration and shaking etc. Preparation of patient: Effects, uses, indications and contraindications of the above manipulation. 	5	10
10	 Therapeutic Gymnasium- Setup of a gymnasium & its importance. Various equipment in the gymnasium. Operational skills, effects & uses of each equipment (shoulder wheel, finger ladder, therapeutic balls, parallel bars etc.) Suspension therapy, use of accessories such as pulleys, springs 	4	8
11	Walking aids – Introduction, types, parts, measurement	3	2

10	$\mathbf{D}_{\mathbf{x}} = \left\{ \mathbf{x}_{\mathbf{x}} = \mathbf{x}_{\mathbf{x}} \right\} + \left\{ \mathbf{x}_{\mathbf{x}} = \mathbf{x}_{\mathbf{x}} \right\} + \left\{ \mathbf{x}_{\mathbf{x}} = \mathbf{x}_{\mathbf{x}} \right\}$	~	10
12	Principles of Yoga & basic Yogic postures and their physiological	5	10
	effects.		
	Yogic postures:-		
	Supine Position		
	> Shavasana		
	> Halasana		
	Sarvangasana		
	Setubandhasana		
	Pavanmuktasana		
	Prone Position		
	Dhanurasana		
	Salabhasana		
	Bhujangasana		
	Naukasana		
	• Standing		
	Padahastasana		
	Trikonasana		
	Utkatasana		
	• Sitting		
	 Padmasana 		
	 Siddhasana 		
	 Paschimottanasan 		
	 Yogamudrasana 		
	 Vajrasana 		
	 Gomukhasana 		
13	Hydrotherapy-physics-application-effects-merits /demerits -	6	4
15		0	4
	Basic principles of fluid mechanics, as they relate to		
	hydrotherapy.		
	• Physiological & therapeutic effects of hydrotherapy,		
	including joint mobility muscle Strengthening &		
	wound care etc.		
	• Types of Hydrotherapy equipment, indications,		
	contraindications, operation skills & patient		
	preparation		
14	Human dignity and human rights	2	
	• Human dignity as an intrinsic value		
	• Respect, care and Equality in dignity of all human		
	beings		
	• human dignity in different cultural and moral		
	traditions		
	• ethical aspects of physiotherapists in patients relation		
	in regard to human dignity in handling children,		
	women, elderly ,mental & Physically challenged.		

Sr.No.	Title				
1	Principles of Exercise Therapy – Dena Gardiner				
2	Massage, manipulation & traction- Sydney Litch				
3	Therapeutic Exercise Colby Kisner				
4	Massage- Hollis				
5	Suspension Therapy in Rehabilitation-Margaret Hollis				
6	Biomechanics- Cynthia Norkins				
7	Hydrotherapy - Duffield				
8	Measurement of joint motion - Cynthia Norkins				

Reference Books

Sr.No.	Title
1	Clinical Kinesiology – Brunnstrom

SCHEME OF EXAMINATION

Written		Total	Practical		Total
IA	Final exam	Final	IA	Final	Final exam
		exam		exam	
20	80	100	20	80	100

Periodical Examination:

- Written Examination:-20 MCQ for 20 marks, 20 minutes.
- Practical Examination:- 20 marks

Preliminary Examination / University (Final) Examination

• Written Examination (80 marks) THEROY

Theory-80 marks Internal Assessment 20 marks

Sec A	MCQ	20x1=20 marks
Sec B	1.Short Notes. Answer any 5 out of 6	5x3=15
	2.Short answer questions. Answer any 3 out of 4	3x5=15
Sec C	1.Long Answer Questions (compulsory)	1x15=15
	2.Long Answer Questions Answer any 1 out of 2	1x15=15

PRACTICAL
Theory-80 marks Internal Assessment 20 marks

1.	Long Case:	35 marks
	Massage/ Goniometry / Suspension therapy	
2.	Short Case: any one of the following.	20 marks
	Short case based on passive movements /Relaxation/Limb	

	Length-Girth/Sensation/Reflex testing/	
	Yoga/posture/Aerobics/group exercise/warm ups /BP &	
	Pulse/Chest Expansion and Respiratory Rate/Starting and	
	Derived position etc.	
3	Spots (20)+ Journal(5)	20+5=25 marks
	Five spots based on therapeutics gymnasium. 4 marks per	(5x4=20)
	spot, 5 minutes per spot.	

• <u>SUPERVISED PRACTICAL TRAINING:</u>

 \circ Journals marks = 5 marks

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination

Internal Assessment Marks

Theory / Practical:-

Periodical exam	= 20 marks
Prelim exam	= 80 marks
Total	= 100 marks
The total shall be Conv	verted to 20 marks (100/5=20)

	Course Title :- Computer Science [32 hours] Course Code:- PT 205																
	Course Credit for Computer Science																
Hours Hrs/Wk Credits Evaluation Pattern																	
Th	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Writ		Total	Prac		Total
												IA	Final	Final	IA	Final	Final
32	-	48	80	2	-	3	5	2	-	1	3	10	exam 40	exam 50	-	exam	exam
Lear	ming	g Obje	ective	s:	1	-		1		1	-						
2. I 3. 7 1 4. 7	 To utilize PowerPoint presentations and Picture management for effective teaching and learning. To learn the use of computer for basic statistics using excel. 																
Topi No.	ic Se	erial	Title	of co	nten	t										lours o ing/lea	
														Т	heory	Pra	ctical
	1		prac	tice.			-	-	-		-		nerapy	5		-	
	2																
	3		Windows, MS office, Word, Excel, Power Point. 6 -														
	4		Internet, Literature search. 6 -														
	5		Intro	ducti	on to	Stat	istic	cal Pa	ckag	e				5		-	
	6		Intro softv		on to	Hos	spita	l man	agen	nent i	nform	ation	system	n 5		-	

Sr.No.	Title
1	Fundamental of Computer system

SCHEME OF EXAMINATION

Written	l	Total
IA	Final exam	Final
		exam
10	40	50

SCHEME OF EXAMINATION

Periodical Examination:

• Written Examination:-20 MCQ for 10 marks, 20 minutes.

Preliminary Examination / University (Final) Examination

• Written Examination (40 marks)

	Theory 40 marks internal Assessment to marks								
Sec A	MCQ	10x1=10							
Sec B	1. Short Notes-Answer any 5 out of 6	5x2=10							
	2. Short answer questions-Answer any 2 out of 3	2x5=10							
	3. Long Answer Questions-Answer any 1 out of 2	1x10=10							

Theory-40 marks Internal Assessment 10 marks

• <u>SUPERVISED PRACTICAL TRAINING:</u>

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination

Internal Assessment Marks

Theory :-

Periodical exam	= 10 marks
Prelim exam	= 40 marks
Total	= 50 marks
The total shall be Conve	erted to 10 marks (50/5=10)

SEMESTER – III

Syllabus

Course	Course Title		Hours							
Code		Th	Pr	SPT	Tot					
PT-301	Pathology & Microbiology	80	0	0	80					
PT-302	Exercise Therapy-II	64	128	96	288					
PT-303	Psychology	48	0	0	48					
PT-304	Biomechanics	64	32	48	144					
PT-305	First Aid & Emergency care	32	32	48	112					
	Total	288	192	192	672					

Th: Theory, Pr: Practical, Tot: Total, Lec: Lecture Demonstration/Tutorial/Discussion,

SPT:Supervised Practical Training, IA: Internal Assessment

	Course Title :- Pathology & Microbiology Course Code:- PT 301																
Course Credit for Pathology & Microbiology																	
Hours Hrs/Wk Credits Evaluation Pattern																	
Th	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Writ		Total	Practi		Total
												IA	Final exam	Final exam	IA	Final exam	Final exam
80			80	5			5	5			5	20	80	100			
Lea	rning	z Obje	ective	S				_	1	1	-						
		2 3	ne cou		e can	didat	e wi	11-									
1.	Acqu	uire t	he kn	owled	lge d	of co	once	pts o	f cel	l inju	ıry &	cha	nges pi	roduced	there	eby in	different
	-				-			-		•	proces		0 1			2	
			0	-				•		<u> </u>			he clini	co – pa	tholog	gical co	orrelation
			n infe											1			
3.	Acqu	uire t	he kn	owled	lge o	of co	once	pts o	f Ne	oplas	ia wit	th re	ference	to the	Etio	logy, g	ross &
														rgans of			·
																	s needed
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			keleta	-		-					U			1	1		
											isorde	rs &	their re	esultant	effec	ts on th	e human
	body			U					U								
6.	Und	erstan	d in l	orief,	abou	it the	e He	emato	logic	al dis	seases	& i	nvestig	ations r	necess	ary to	diagnose
	them	n & de	etermi	ne the	eir pr	ogno	osis.		-				_			-	-
7.	At th	ne enc	l of th	ne Mi	crob	iolog	y co	ourse,	the	candi	date v	vill h	ave so	und kno	wledg	ge of th	ne agents
																	eletal &
	Resp	oirator	y syst	em.													
						(Cour	se Co	ntent	t- A/B	if ap	plica	ble				
Top	oic Se	erial						A) Pa	athol	ogy						Hours of	of
No.															teac	hing/lea	arning
														Т	heory	r P	Practical
1			Cell	injury	7							_		4		-	
	1E																

	• causes, mechanism & toxic injuries with special reference to Physical,		
	• Chemical & ionizing radiation.		
	• Reversible injury (degeneration)-types-morphology,		
	swelling, hyaline, fatty		
	• changes.		
	• Intra-cellular accumulation-hyaline mucin& pigment disorders.		
	• Irreversible cell injury-types of necrosis-apoptosis		
	• Extra-cellular accumulation- amyloidosis,		
	calcification metastasis, &dystrophic -		
	Pathogenesis, morphology		
2	Inflammation & Repair	3	-
	• Acute inflammation – features, causes, vascular &		
	cellular events,		
	• Morphologic variations,		
	• Inflammatory cells & mediators,		
	• Chronic inflammation:-causes, types, non- specific		
	& granulomatous – with		
	• examples		
	• Wound healing by primary &secondary union		
	factors promoting & delaying		
	• healing process.		
	• Healing at various sites - including-bones, nerve &		
	muscle		
	• g) Regeneration & repair		
3	Immuno – pathology – (basic concepts)	2	-
	• Immune system:-organization-cells- antibodies -		
	regulation of immune responses,		
	• Hyper-sensitivity,		
	 Secondary immuno-deficiency including HIV, 		
	• d) Organ transplantation		
4	Circulatory disturbances	3	-
	• Edema -pathogenesis -types -transudates /exudates,		
	• Chronic venous congestion-lung, lever, spleen,		
	 Thrombosis – Mechanism and Morphology 		
	• Embolism – types-clinical effects,		
	• Infarction – types – common sites		
	• Gangrenes – types – etiopathogenesis		
	• Shock – Pathogenesis, types, morphologic changes		
5	Growth Disturbance	3	-
	• Atrophy-malformation, agenesis, dysplasia,		
	• Neoplasia classification, histogenesis, biologic		
	behavior, difference between		

	 benign & malignant tumour Malignant neoplasms -grades-stages-local & distal spread Precancerous lesions &ca in situ Tumor & host interactions – systemic effects-metastatic or direct spread of tumors affecting bones, spinal cord, leading to paraplegia, etc. 		
6	Cardiovascular system	3	-
	• Atherosclerosis -Ischemic heart diseases- myocardial		
	• infarction – Pathogenesis / Pathology		
	• Hypertension		
	CongestiveCardiacFailure,Pericarditis, Cardiomyonathy		
	CardiomyopathyRheumatic Heart Disease, Infective endocarditis		
7	Peripheral vascular diseases Respiratory system	3	_
/	• COPD,	5	-
	Pneumonia (lobar, broncho, viral),		
	 T.B. Primary, secondary – morphologic types, 		
	 Pleuritis, complications, 		
	 Lung collapse – atelectasis 		
8	Neuropathology	3	
	 Reaction of nervous tissue to injury – infection & ischemia 		
	Pyogenic meningitis, TBM, Viral		
	• Cerebrovascular disease, atherosclerosis,		
	Thrombosis, embolism, aneurysm, hypoxia,		
	infarction & hemorrhage.		
	Effects of Hypotension on CNS		
	• Coma		
	 Poliomyelitis, Leprosy, Demyelinating diseases, Parkinsonism, Cerebral palsy, metachromatic leucodystrophy, Dementia, Hemiplegia, paraplegia, Wilson's disease Space Occupying Lesions (SOL) (in brief) 		
	 Space Occupying Lesions (SOL) - (in brief) Peripheral nerve injury 		
9	Diseases of muscle Muscular dystrophy, hypertrophy, Pseudo, hypertrophy, atrophy, Myositis ossificans, necrosis, regeneration, Myotonia, Muscle biopsy.	1	
10	Neuromuscular junction Myasthenia gravis, Myasthenic syndrome, Nerve biopsy.	1	

11 12 13	 Bone & Joints: Fracture healing, Osteomyelitis, rickets, Osteomalacia, Bone Tumors, Osteoporosis, Spondylosis, Prolapse Interverbral Disc, Scoliosis, Haemarthrosis, Gout, T.B., Arthritis –degenerative, inflammatory, RA, Ankylosing spondylitis, Tenosynovitis. Clinical pathology – (including Demonstrations) Lab investigation in liver & renal failure Haematology T.C./D.C./PBS, Eosinophilia, E.S.R., Anaemia Bleeding and coagulation disorders Disorders of haemoglobin structure and synthesis 	2 2 3	
	 Lymphoid and myeloid neoplasmas Desirable to Know: - Growth Disturbance - Carcinogenesis – environmental carcinogens Endocrine – Hyperthyroidism – Diabetes Hepatic diseases -Cirrhosis – emphasis to systemic effects of portal Hypertension. 	3	
	 Nice to Know: - Deficiency disorders – Vitamins A, B, C, D. Growth Disturbance - Chemical, Occupational, heredity, viral. Medical Genetics – (In Brief) Urinary – commonly encountered in paralytic bladder, common urinary tractinfections (brief)-urinary calculi. G.I. systemGastric/duodenal ulcer, enteric fever, TB, enteritis, Gastritis(Related to consumption of NSAID) Skin - Melanin pigment disorders, Vitiligo, Teniaversicolor, Psoriasis, Bacterial / fungal infections, cutaneous TB, Scleroderma, SLE, Leprosy, Alopecia, Skin Biopsy. 	4	
Topic Serial No.	B) Microbiology	Hour teaching/	
		Theory	Practical
1	General Microbiology - Introduction & scope	2	
2	Classification of Micro - organisms & morphology of Bacteria a)Bacterial cell, its organelles Gram and Ziehl - Neelson and itsImportance in lab diagnosis.	2	
3	Sterilization & disinfection [basic concepts] Must know - Definition of Sterilization, Disinfection, Enumeration of	3	

		1	
	physical methods of sterilization including principles and their		
	applications, commonly used Disinfectants.		
	Desirable to know: -		
	Central sterile department (CSSD) concept only.		
	Hospital Acquired Infection		
	Must know –	2	
	Definition, factor influencing infection, mode of transmission &		
	prevention of MAI.		
	Desirable to know: -		
	Infection control committee.		
	Universal safety precautions		
	Must know : -	1	
	Universal safety precautions, definition of waste classification,	-	
	segregation Transport & disposal.		
4	Immunology		
+	Must know : -		
		6	
	• Definition. Types of Immunity active & passive,	0	
	local Immunity vaccines.		
	• Antigen antibody reaction – Definition of Antigen &		
	antibody, Types and property & application for		
	diagnosis.		
	• Immune response –		
	Must Know – Type of cells involved Ag processing &		
	presentation Primary & secondary immune response. CMI –		
	Definition, role of T. cells and macrophages.		
	Desirable to know – Principles & uses of monoclonal Abs.		
	Hypersensitivity & auto-immunity -		
	Must know –		
	Definition, Classification Anaphylaxis – mechanism,		
	manifestations & tests for Anaphylaxis, definitions of		
	autoimmunity, Classification& Mechanism.		
5	Laboratory diagnosis of Infostion	4	
5	Laboratory diagnosis of Infection	4	
	• Host parasite relationship & bacterial infections.		
	Must know – Different sources and modes of transmission of		
	infection, microbial factors leading to establishment of infection.		
	 Methods of identification of bacteria - 		
	Must know – Principle of laboratory diagnosis of infectious		
	diseases, General procedure for collection.		
	Diagnosis of infectious diseases.		
	Must know – Transport and processing of specimen for		
	microbial diagnosis.		
6	Bacteriology	8	
0	Infection caused by GM + ve& GM – Vecocci		
	Must know – Morphology, pathogenicity & lab diagnosis of		
	Staphylococci, Streptococci & Neisseria.		
	Desirable to know – Role of Staphylococci in hospital infection. Infection caused by GM + ve bacillus –		
	Must know – Morphology, pathogenicity & lab diagnosis of		

	Coryne bacterium diphtheria, Clostridium Perfringens& clostridiumtetani. Infection caused by Gram –ve bacilli – Must know – Morphology, pathogenicity & lab diagnosis of E. coli, Klebsiella, Pseudomonas, Shigella, Salmonella, V. Cholera. Desirable to know – Role of Pseudomonas in HAI. Infection caused by Mycobacteria – Must know - Morphology, pathogenicity & lab diagnosis of M. tuberculosis, M leprae& atypical Mycobacteria. Spirochaetes – Must know - Morphology, pathogenicity & lab diagnosis of TreponemaPallidum (VDRL test & TPHA) Desirable to know – LeptospiraBorrelia.		
7	 Viruses Introduction & General properties of viruses – Must know – Size, shape, symmetry, Structure of viruses, classification, cultivation of Viruses& methods for diagnosis of viral infections HIV. Must know – Morphology transmission clinical syndromes, Laboratory diagnosis & Prevention. Hepatitis – Must know – List of viruses causing Hepatitis, pathogenicity, Laboratory diagnosis & Prevention. Polio, measles, congenital, Viral infection, Rubella, CMV, Herpes - Must know – Clinical syndrome & Laboratory diagnosis. 	4	
8	Mycology Must know – Morphological classification & general lab Diagnosis, Definition, causative Agents & lab Diagnosis of mycetoma, Pathogenicity & lab diagnosis of Aspergillosis& Candidiasis	2	
9	Parasites affecting CNS Must know – List of parasites affecting CNS, on short about lab diagnosis of malaria, Filarial, Toxoplasma, Cysticercosis, echinococcus.	2	
10	 Applied Microbiology Diseases affecting bones, joints & muscles - Must know – Osteomyelities – etiology, lab diagnosis, Arthritis. Disease involving brain & nerves - Must know – Meningitis, brain abscess is Infective neuritis, etiology & clinical manifestations & lab diagnosis. Diseases involving cardiopulmonary system, skin & burns - Must know – Infective Carditis PUO, URTL, LRTI, Skin & burn Infections etiology Laboratory diagnosis. 	4	

Sr.No.	Title
1	Text book of Pathology -by Harsh Mohan
2	Pathologic basis of disease by Cotran, Kumar, Robbins
3	A Hand book of medical laboratory technology – V. H. Talib
4	General Pathology – by Bhende
5	Textbooks of Microbiology – by R. Ananthnarayan& C. K. JayramPanikar

Periodical Examination:

• Written Examination:-20 MCQ for 20 marks , 20 minutes.(10 pathology & 10 Microbiology)

Preliminary Examination / University (Final) Examination

• Written Examination (80 marks)

Sec A	MCQ (10 Pathology, 10 Microbiology)	20x1=20 marks
Sec B	1.Short Notes. Answer any 5 out of 6	5x3=15
Pathology	2.Short answer questions. Answer any 3 out of 4	3x5=15
Sec C	1.Short Notes. Answer any 5 out of 6	5x3=15
Microbiology	2.Short answer questions. Answer any 3 out of 4	3x5=15

THEORY <u>Theory-80 marks Internal Assessment 20 marks</u>

Internal Assessment Marks

Theory:-

Periodical exam	= 20 marks
Prelim exam	= 80 marks
Total	= 100 marks
The total shall be Conv	verted to 20 marks (100/5=20)

	Course Title :- Exercise Therapy II Course Code:- PT 302 Course Credit for Exercise Therapy II																
	Hours Hrs/Wk Credits Evaluation Pattern																
Th	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Writ	ten	Total	Prac	tical	Total
												IA	Final	Final	IA	Final	Final
													exam	exam		exam	exam
64	12	96	288	4	8	6	1	4	4	2	10	20	80	100	20	80	100
	8						8										

Learning Objectives:

At the end of the course, the candidate will

- 1. Analyze Normal human posture [static &dynamic] & various Normal Musculo skeletal movements during Gait, activities of daily living, & describe the movements of the Thorax during breathing.
- 2. Describe the Biophysical properties of connective tissue, effect of mechanical loading, factors influencing the Muscle strength, mobility of articular &peri-articular soft tissues.
- 3. Describe the physiological & Therapeutic uses, merits /demerits of various exercise modes.
- 4. Demonstrate various therapeutic exercises on self & acquire the application skill on models.
- 5. Acquire the skill of assessment of isolated &group muscle strength, & Range of motion of the joints subjectively & objectively.

6. Describe the pattern of normal and abnormal movements of various joints and activities.

	Course Content						
Topic Serial	Title of content	Hou	rs of				
No.		teaching/	learning				
		Theory	Practical				
1	Principle, classification, techniques, physiological& therapeutic effects, indications & contraindications of therapeutic exercises	2	-				
2	 Muscle Strength Assessment of muscle strength, [group/individual] subjective & objective methods 1/10 RM – dynamometry Factors that influence the strength, hypertrophy, recruitment of motor units, change after training /type of contraction - Isometric / Isotonic / Isokinetic / Eccentric. General principles of strength training:-overload /intensity / Motivation / learning / duration / frequency / reversibility / specificity 	10	16				
3	Joint & connective tissues. Bio-physical properties of connective tissue, [contractile &non- contractile]Elasticity /Plasticity – response to sudden/slow/sustained loading –Stress strain Curve, Creep, Hysteresis, joint classification and joint movements, Open Kinetic Chain and Closed Kinetic Chain exercises. Mobilization – Methods - stretching /traction [cervical &lumbar] rhythmic movements/oscillations. Mobilization of muscles & Fasciae - around the shoulder /elbow/wrist/Hip/knee/ankle /Spine [dorso-lumbar fascia], /Hold – Relax	10	12				

4	Posture	5	5
4	 Normal Posture – Overview of the mechanism of 	5	5
	normal posture.		
	• Abnormal Posture – Assessment, Types, etiogenesis,		
	management, including therapeutic exercises.		
	 Methods of Assessment of the Posture – Sitting 		
	/standing /Lying		
	• /Physiological, Deviations of the posture		
	• Methods of assessment – Sagittal & frontal plane		
	with plumbline & postural		
	• frame, by spondylometer, retraining after		
	assessment.		
	 Mobility evaluation of joint / muscles & its 		
	implication on posture.		
	· ·		
	• Static and Dynamic Balance – Assessment &		
	management including		
~	• therapeutic exercises.	~	1.4
5	Gait	5	14
	• Overview of normal gait & its components.		
	• Gait deviations - Assessment, Types, etiogenesis,		
	management, including therapeutic exercises		
	• Methods of assessment of Gait-measurements for		
	walking aids		
	• Types of walking aids: (axillary /elbow crutches,		
	walking sticks) indications, effects & various		
	training techniques		
	• Crutch gaits, Crutch muscle, Pre – crutch training –		
	on bed, parallel Bar, off Bed, crutch hold / balance.		
	• Training for different conditions (Paraplegia,		
	Hemiparesis, Amputation, etc.)		
6	Co-ordination & Balance	4	8
0	Principles, Technique, Neural control, Methods of co-ordination	-	0
	exercises, Frenkel's exercises Differentiate types of co-ordination		
	loss & balance loss. Physiology of inco-ordination, Balance loss		
	& training.		
7	Principles of P.N.F.	3	3
	Theory, Principles ,Patterns of P.N.F., Techniques of P.N.F.	-	
8	Breathing exercises	5	10
	Goals – Inspiratory – Expiratory / Segmental		-
	Forced Expiratory – coughing – huffing /Modified		
	Inspiratory /Active cycle of breathing.		
	Indication & its importance for patients.		
	Physiology of the above mentioned techniques.		
9	Bronchial Hygiene	5	12
	Postural drainage position / Autogenic drainage.		
	Humidification		

10	Principles of Home programme& Ergonomic advice	2	3
11	Functional Re-education	10	14
	• Functional motor skills, -Motor skills to function		
	independently in ADL		
	• Mobility, Bed /Wheel chair mobility, ambulation		
	training		
	• Practical application on – Hemiplegia, Paraplegia,		
	General Weakness.		
	• Application of mat exercises [to practice on self &		
	on models]		
12	6 Minute walk test – on models (with interpretations)	1	4
	Procedure, Data recording and data Interpretation, Indications &		
	contra indication & practical execution Risk factors and care to		
	be taken during the test. Other tests similar to this (3min. walk		
10	test, 12 min walk test)		
13	Benefit and harm of patient's right & dignity in Health	2	
	care settings by physiotherapy		
	• The WHO definition of health as a possible solution		
	of health problems		
	• What is the health benefit by physiotherapy		
	• Possible harm for a patient during physiotherapy		
	• Dimensions of comparing harms and benefits in		
	individual patients		
13	SUPERVISED LABORATORY TRAINING		25

Sr.No.	Title
1	Progressive resisted exercises – by Margaret Hollis,
2	Therapeutic Exercise by Carolyn Kisner
4	PNF – Knott and Voss
5	Principles of Exercise therapy – Dena M. Gardiner
	1

Reference Books

Sr.No.	Title
1	Therapeutic exercise by Basmijjan& Wolf.
2	Muscle testing by Daniel Kendall
3	Clinical evaluation – Lacote (for isolated assessment of abdominal muscles)
4	Muscle stretching & Auto stretching – Olaf Evjenth
5	Orthopaedic Evaluation – Magee (only for assessment of posture)

SCHEME OF EXAMINATION

Written		Total	Practica	ıl	Total
IA	Final exam	Final	IA	Final	Final exam
		exam		exam	
20	80	100	20	80	100

Periodical Examination:

- Written Examination:-20 MCQ for 20 marks, 20 minutes.
- Practical exam 20 MARKS

Preliminary Examination / University (Final) Examination

- Written Examination (80 marks)
- Practicals (80 marks)

Sec A	Q-1 MCQ	20x1=20 marks
Sec B	1. Short answer questions - Answer any 5 out of 6	5x3=15 marks
	2. Short answer questions - Answer any 2 out of 3	3x5=15 marks
Sec C	L.A.Q 1. [Compulsory] Based on Muscle strength/ mobility	1x15=15 marks
	2. Therapeutic application for Posture / Gait15 marks	
	OR	
	Therapeutic application for Pulmonary function15 marks	1x15=15 marks
	*[LAQ should give Break up of 15 marks – e.g. [3+5+7] etc]	

• Practical Examination (80 marks)

S.No.		Marks
1	A. Long case (any one) including Journal marks –	35 + 5 = 40
	• Muscle training (Testing & strengthening)	
	• Mobility (Passive, Active, Active Assisted, Mobilization of	
	Peripheral joints, stretching)	
	Pulmonary function training	
	Breathing exercises	
	Bronchial hygiene technique	
	Co-ordination training	
	Crutch training & assisted ambulatory training	
2.	. Two Short Case:-	20 x2=40
	• M.M.T. (Individual & group)	
	Posture Assessment	
	Posture re-training	
	• Normal Gait, Abnormal Gait Demonstration & reasoning.	
	• Functional re-education	
	Bed mobility	
	Wheel chair Mobility	
	Gait Re-training	
	Mat Activities	
	• Muscle work analysis	
	• 6 minute walk test.	

• SUPERVISED PRACTICAL TRAINING:

 \circ Journals marks = 5 marks

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination

Internal Assessment Marks

Theory / Practical:-

Periodical exam	= 20 marks
Prelim exam	= 80 marks
Total	= 100 marks
The total shall be Conve	erted to 20 marks (100/5=20)

	Course Title :- Psychology																	
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	& Frustration – Types of conflicts, Common Defense mechanism, stress																	
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			-Deference between normal & Abnormal, Causes of abnormality															

Topic Serial No.	Psychology Section – II-Health Psychology	Hour teaching	
		Theory	Practical
1	Psychological Reactions of a Patient: Psychological reactions of a patient during admission and treatment anxiety, shock, denial, suspicion, questioning, loneliness, regression, shame, guilt, rejection, fear, withdrawal, depression, egocentricity, concern about small matters, narrowed interests, emotional overreactions, perpetual changes, confusion, disorientation, hallucinations, delusions, illusions, anger, hostility, loss of hope.	4	-
2	Reactions to Loss: Reactions to loss, death and bereavement shock and disbelief, development of awareness, restitution, resolution. Stages of acceptance as proposed by Kubler – Ross.	4	-
3	Stress: Physiological and Psychological relation to health and sickness: psychosomatic, professional stress burnout.	4	-
4	Compliance: Nature, factors, contributing to non – compliance, improving compliance.	4	-
5	Behavior Modifications: Application of various conditioning and learning principles to modify patient behaviours.	4	-
6	Personality Styles: Different personality styles of patients.	4	-

Textbooks

Sr.No.	Title
1	Morgan C.T. & King R. A. Introduction to Psychology – 7 thedn [Tata McGraw-Hill publication]
2	Hurlock, E.B, (2005). Developmental Psychology – A life span Approach. (5 th Ed.) Tata McGraw Hill Publication, New Delhi
3	Feldman, R.S. (1997). Understanding Psychology, (4th Ed), Tata McGraw Hill Publication, New Delhi

SCHEME OF EXAMINATION

Written		Total	Practical		Total
IA	Final exam	Final exam	IA	Final exam	Final exam
10	40	50	-	-	-

Periodical Examination:

• Written Examination:-20 MCQ for 10 marks, 20 minutes.

Preliminary Examination / University (Final) Examination

• Written Examination (40 marks)

Sec A	MCQ		10x1=10 marks
Sec B	1.	Short Notes - Answer any 5 out of 6	5x2=10 marks
	2.	Short answer questions - Answer any 2 out of 3	2x5=10 marks
	3.	Long Answer Questions - Answer any 1 out of 2	1x10=10 marks

Internal Assessment Marks

Theory :- Periodical exam = 10 marks

Prelim exam = 40 marks

Total = 50 marks

The total shall be Converted to 10 marks (50/5=10)

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2		Section – I - Mechanics 2 1 Introduction to mechanics including motion, forces, parallel forces system Newton's law of motion, concurrent force systems – composition forces, muscle action line etc. Centre of Gravity, line of gravity, stability and equilibrium. Introduction to Bio-Mechanics and terminology. Axes and planes with movements occurring at each joint in respective plane. 															
	 2 Section - II - Muscle Structure and function Muscle structure: Composition, unit, structure, architecture of muscle Classification of Muscles Functions of muscles and factors affecting its function. Effect of immobilization, injury and aging on muscle. Group action of muscle 																

3	Section – III	2	1
	 Basic principles of Joint design and a human joint. Tissues present in human joint including fibrous 	1	-
	tissue, bone cartilage and connective tissue.	1	
	Classification of joints.Recall anatomy and study the biomechanics in detail	2	1
	of following joints-		
	 Upper limb: shoulder girdle, elbow, wrist and hand Lower Limb: Hip complex, knee, ankle and foot 	18	5
	 Vertebral Column: Cervical, Thoracic, thoracic cage, 		
	 Lumbar and Sacroiliac spine. Temporomandibular joint 	18	5
	 Joint function, Kinematics chains and range of motion. Kinetics &Kinematics of various activities 	11	5
	of daily living e.g. supine to sitting, sitting to standing, squatting, climbing up &down, lifting,	2 3	1 9
	pulling, pushing, overhead activities, walking running, jogging	5	,
	Desirable to know –	2	2
	Biomechanical alterations of all joint due to muscle weakness, joint stiffness and its implications		

Textbook

Sr.No.	Title
1	Joint Structure and Function- Cynthia Norkins&Pamela Lavengie
2	Clinical Kinesiology – Brunnstroms.
3	Fundamentals of biomechanics- nihatozkaya,margaretanordin
4	Fundamentals of biomechanics- duaneknudson

SCHEME OF EXAMINATION

Written		Total	Practica	ıl	Total
IA	Final exam	Final	IA	Final	Final exam
		exam		exam	
20	80	100	-	-	-

Periodical Examination:

• Written Examination:-20 MCQ for 20 marks, 20 minutes.

Preliminary Examination / University (Final) Examination

• Written Examination (80 marks)

Sec A	MCQ	20x1=20 marks
Sec B	1.Short Notes. Answer any 5 out of 6	5x3=15
	2.Short answer questions. Answer any 3 out of 4	3x5=15
Sec C	1.Long Answer Questions (compulsory)	1x15=15
	2.Long Answer Questions Answer any 1 out of 2	1x15=15

THEROY Theory-80 marks Internal Assessment 20 marks

• <u>SUPERVISED PRACTICAL TRAINING:</u>

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination

Internal Assessment Marks

Theory :-

Periodical exam	= 20 marks
Prelim exam	= 80 marks
Total	= 100 marks
The total shall be Conve	erted to 20 marks (100/5=20)

				Cou	irse	Title						-	ENCY (CARE	E			
				<u></u>				Cours						~				
	Course Credit for FIRST AID AND EMERGENCY CARE Hours Hrs/Wk Credits Evaluation Pattern																	
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SCHEME OF EXAMINATION

Written		Total
IA	Final exam	Final exam
10	40	50

Periodical Examination:

• Written Examination:-20 MCQ for 10 marks, 20 minutes.

Preliminary Examination / University (Final) Examination

• Written Examination (40 marks)

Sec A	MCQ	10x1=10 marks
Sec B	1. Short Notes - Answer any 5 out of 6	5x2=10 marks
	2. Short answer questions - Answer any 2 out of 3	2x5=10 marks
	3. Long Answer Questions - Answer any 1 out of 2	1x10=10 marks

• <u>SUPERVISED PRACTICAL TRAINING:</u>

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination

Internal Assessment Marks

Theory :-

Periodical exam	= 10 marks
Prelim exam	=40 marks
Total	= 50 marks
The total shall be Conv	erted to 10 marks (50/5=10)

IV SEMESTER

SYLLABUS

Course	Course Title		Hours						
Code		Th	Pr	SCT	Tot				
PT-401	Pharmacology	48	-	-	48				
PT-402	Electro Therapy- II	64	96	96	256				
PT-403	Gen. Medicine(including Gerantology& Dermatology)	80	32	96	208				
PT-404	Community Medicine, Sociology & Environmental Sciences	80	32	48	160				
	Total	272	160	240	672				

Th: Theory, Pr: Practical, Tot: Total, Lec: Lecture Demonstration/Tutorial/Discussion, IA: Internal Assessment

	Course Title :- Pharmacology Course Code:- PT 401																
	Course Credit for Pharmacology																
	Hours Hrs/Wk Credits Evaluation Pattern																
Th	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Writ	ten	Total			Total
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1	ist th	neir ac	lverse	e react	tions	, pre	caut	ions	to be	e take	n & c	ontra	aindicat	ions, F	ormu	lation	& route of
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								topic	s 10,	11						5	
1			Gen	eral P	harn	nacol	ogy							6	j		-
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	Factors modifying drug action.		
2	Drugs acting on Central Nervous System	8	-
-	Alcohol	-	
	Sedatives and Hypnotics		
	 Anti-epileptic drugs 		
	 General Anaesthetics 		
	 Opioid Analgesics 		
	 NSAIDS 		
	Antipyretics		
	Anti-psychotics, Antidepressants		
2	Drug Therapy in Parkinsonism	2	
3	Drugs acting on Peripheral Nervous System	2	-
	• Skeletal muscle relaxants.		
	Local Anaesthetics.	-	
4	Drugs acting on CVS and blood	6	-
	• Anti-hypertensives, B blockers, Ca channel ACEI		
	Treatment of Angina		
	Treatment of Congestive cardiac failure		
	Haematinics and erythropoietin		
	• Drugs affecting coagulation, bleeding, thrombosis.		
	• Treatment of Shock.		
5	Drugs acting on Respiratory system	2	-
	• For upper respiratory tract infections, Sinusitis – cough,		
	laryngitis, Pharyngitis.		
	• Drugs for treatment of bronchial asthma, COPD		
6	Drugs acting on Autonomic Nervous System	4	-
	• Introduction to ANS and Cholinergic agonists – I		
	• Cholinergic agonists – II		
	Cholinergic antagonists		
	• Adrenergic agonists – I		
	• Adrenergic agonists – II		
	Adrenergic antagonists		
7	Endocrinology	4	-
	• Introduction to Endocrinology, Thyroid hormones and		
	Antithyroid drugs.		
	 Treatments of diabetes mellitus. 		
	Corticosteroids		
	 Oestrogen and Progesterone 		
8	Drugs acting on Kidney	2	_
0	Diuretics	-	
9	Chemotherapy	8	
フ	 General principles of chemotherapy. 	0	-
	Sulfonamides &Fluoroquinolones.		
	• Beta – Lactam antibiotics – I (Penicillins)		
	• Beta – Lactam antibiotics – II (Cephalosporins)		
	Macrolides & aminoglycides		
	Tetracyclines& chloramphenicol (Broad spectrum		

	antibiotics)		
	Anti-Tuberculosis drugs		
	• Anti –Leprosy drugs		
10	Drugs used in Gastrointestinal Disorders	4	
	Peptic Ulcer		
	• Antiemetics		
	• Laxatives		
	Antidiarrhoeal drugs		
11	Miscellaneous Topics	2	
	Vaccines & Sera		
	• Dermatological – Scabies – Psoriasis – Local Antifungals		
	• Vitamins & Calcium Metabolism, Phosphorus,		
	magnesium		

Sr.No.	Title
1	Essentials of Medical Pharmacology – K. D. Tripathi
2	Pharmacology and Pharmaco therapeutics – R.S. Satoskar
3	Pharmacology by Gaddum

Reference Books

Sr.No.	Title
1	Medical Pharmacology by Drill
2	Pharmacology principle of Medical practice – by Krantx& Carr
3	Pharmacological basis of Therapeutics – by Goodman, L.S. Gilman A.

SCHEME OF EXAMINATION

Written		Total
IA	Final exam	Final exam
10	40	50

Periodical Examination:

• Written Examination:-20 MCQ for 10 marks, 20 minutes.

Preliminary Examination / University (Final) Examination

• Written Examination (40 marks)

Sec A	MCQ	10x1=10 marks
Sec B	1. Short Notes - Answer any	5 out of 6 5x2=10 marks
	2. Short answer questions - A	nswer any 2 out of 3 2x5=10 marks
	3. Long Answer Questions -	Answer any 1 out of 21x10=10 marks

• SUPERVISED PRACTICAL TRAINING:

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Internal Assessment Marks

Theory :-

Periodical exam	= 10 marks				
Prelim exam	=40 marks				
Total	= 50 marks				
The total shall be Converted to 10 marks $(50/5=10)$					

	Course Title :- ELECTROTHERAPY- II Course Code:- PT 402 Course Credit for ELECTROTHERAPY- II																
Hours Hrs/Wk					Cre			KOTI	Evaluation Pattern								
Th	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Writ	ten	Total	Prac	tical	Total
												IA	Final	Final	IA	Final	Final
													exam	exam		exam	exam
64	96	96	256	4	6	6	1 6	4	3	2	9	20	80	100	20	80	100

Learning Objectives:

At the end of the course, the candidate will-

- 1. Describe the Production & Physiological effects, Therapeutic uses, merits, demerits indication & contraindications of various low/medium Frequency Currents modes.
- 2. Describe the Physiological effects & therapeutic uses of various therapeutic ions & Topical Pharmaco-therapeutic agents to be used for the application of Iontophoresis & sono/phonophoresis
- 3. Acquire the skill of Application of the Electro therapy modes like UVR and LASER on models, for the purpose of Assessment &Treatment.
- 4. Acquire an ability to select the appropriate mode as per the tissue specific & area specific application.

application	Course Content – (section A/B/C if applicable)		
Topic Serial No.	Title of content	Hour teaching	
		Theory	Practical
1	 Low frequency currents – Must know Physiological effects, therapeutic uses, indications and contraindications and dangers of faradic type current, intermittent galvanic current and galvanic 	10	15
	 current Cathodal /Anodal Galvanism, Iontophoresis – with various ions &Pharmaco therapeutic drugs. 	3	5
	• Electrical stimulation for re-education – short /long pulse motor points	8	10
	• Strong surged faradic current under pressure /elevation.	2	4
	• Electrical Reactions and Electro – diagnostic tests: Electrical Stimuli and normal behaviour of Nerve and muscle tissue.	10	20
	• Types of lesion and development of reaction of degeneration.		
	 Faradic – Intermittent direct current test. S.D. Curve and its application and characterstics Chronaxie, Rheobase& pulse ratio 	1 4	2 4
	 High voltage pulsed galvanic current TENS: Define, Principles of production, types, 	1	0

-	-	1	1
	dosage, electrode placement, Physiological and	1	1
	therapeutic effects, indication and contraindications. Desirable to know -	1	1
		1	1
	Micro –currents		
2	Didynamic currents	5	10
2	Medium frequency currents must know –	5	10
	Interferential therapy: Define, Principles of production, static		
	Interferential system, dynamic interference system, dosage,		
	electrode placement, Physiological and therapeutic effects,		
	indication and contraindications.		
	Russian currents	1	1
	Rebox type currents	1	1
3	Biofeedback method: Instrumentation, principles, therapeutic	2	2
	effects, indications, contraindications, limitations, precautions,		
-	operational skills and patient preparation		
4	Ultra – violet rays (UVR):	4	6
	• Wavelength, frequency, types & sources of UVR		
	generation, techniques of irradiation, physiological		
	& therapeutic effects, indications, contraindications, precautions, operational skills of equipment &		
	patient preparation. Dosimetry of UVR.		
5	Light Amplification of stimulated Emission of Radiation	3	5
5	(LASER)– Definition, historical background, physical	5	5
	principles, biophysical effects, types, production, therapeutic		
	effects, techniques of application, indications, contraindications,		
	precautions, operational skills and patient preparation.		-
6	Care of wound –application of Therapeutic currents, Ultrasound,	2	3
7	U.V.R. & LASER Combination Therapy	2	2
8	Desirable to Know	1	2
0	Intermittent Therapy unit, its operation and different methods	1	2
	of application region wise.		
	Interferential Pneumatic Therapy unit, its operation and		
	different methods of application – region wise.	1	2
9	Respect for human vulnerability and personal integrity	1	
	• Different aspects of vulnerability - biological, social		
	, cultural		
	• Success and failures in physiotherapy treatments		
	• Problems with the basic assumption that		
	vulnerability should be eliminated		
	• Care ethics- New approaches in bioethics,		
	Solidarity, The duty to care		
	Relation between vulnerability and personal		
	integrity		

Sr.No.	Title
1	Clayton's Electro Therapy
2	Electro therapy Explained – by Low &Reed
3	Electro Therapy – by Kahn
4	Therapeutic Electricity – by Sydney Litch

Reference Books

Sr.No.	Title
1	Clinical Electro Therapy – by Nelson & Currier

SCHEME OF EXAMINATION

Written		Total	Practical	l	Total
IA	Final exam	Final exam	IA	Final exam	Final exam
20	80	100	20	80	100

Periodical Examination:

- Written Examination:-20 MCQ for 20 marks, 20 minutes.
- Practical Examination:- 20 marks

Preliminary Examination / University (Final) Examination

• Written Examination (80 marks)

Sec A	1. MCQ	20x1=20 marks
Sec B	1. Short answer questions - Answer any 5 out of 6	5x3=15 marks
	2. Short answer questions - Answer any 2 out of	3x5=15 marks
Sec C	Long Answer Questions	
	1. Based on Low frequency modes15 marks	15 marks
	2. Based on Medium frequency currents	15 marks
	OR	
	2. Based on U.V.R./LASER15 marks	15 marks
	LAQ should give break up of 15 marks – e.g. [3 +5+7]	

PRACTICAL /LABORATORY

1. Long Case + Journal :- On model Motor points /U. V. R. Test Dose. Faradism under Pressure (35 + 5 = 40 marks)

2. Two Short Cases - based on TENS/LASER/ medium Freq current/low frequency current ($20 \ge 2 = 40$ marks)

• <u>SUPERVISED PRACTICAL TRAINING: Journal=5marks</u>

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Internal Assessment Marks

Theory/ Practical :-

Periodical exam	= 20 marks				
Prelim exam	= 80 marks				
Total	= 100 marks				
The total shall be Converted to 20 marks (100/5=20)					

Course Title :- GENERAL MEDICINE (INCLUDING CARDIO-RESPIRATORY, GERANTOLOGY, DERMATOLOGY) Course Code:- PT 403 Course Credit for GENERAL MEDICINE (INCLUDING CARDIO-

Course Credit for GENERAL MEDICINE (INCLUDING CARDIO-RESPIRATORY, GERANTOLOGY, DERMATOLOGY)

	Hours Hrs/Wk					Credits				Evaluation Pattern							
Th	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Written		Total	Practical		Total
												IA	Final	Final	IA	Final	Final
													exam	exam		exam	exam
80	32	96	208	5	2	6	1	5	1	2	8	20	80	100			
							3										

Learning Objectives:

At the end of the course, the candidate will

- 1. Be able to describe Etiology, Pathophysiology, Signs &Symptoms &Management of the various Endocrinal, Metabolic, Geriatric &Nutrition Deficiency conditions.
- 2. Be able to describe Etiology, Pathophysiology, Signs & Symptoms, Clinical Evaluation & Management of the various Rheumatological Cardiovascular and Respiratory Conditions.
- 3. Be able to interpret Chest X-ray, Blood gas analysis, P.F.T. findings, Blood investigations done for various medical and Rheumatological conditions.
- 4. Be able to describe the principles of Management at the Medical Intensive Care Unit.

Topic Serial No.	A-CARDIO-VASCULAR & RESPIRATORY/ PULMONARY MEDICINE	Hours of teaching/learning		
		Theory	Practical	
1	MUST KNOW AREA DISEASES OF THE CARDIO-VASULAR SYSTEM			
	Examination of Cardiovascular System	3		
	 ECG – Normal & Variations due to ischemia &infarction 	2		
	Stress Test	1		
	• Definition, Etiology, Clinical Features, Complications, Management of the following Cardio-vascular diseases:			
	I.H.D.–Myocardial infarction	2		
	Valvular Heart Disease – i) Congenital ii) Acquired	2		
	Rheumatic Fever & Rheumatic Heart Disease	2		
	Infective Endocarditis	1		
	Congenital Heart Diseases	2		
	Unstable Angina	1		
2	DISEASES OF THE RESPIRATORY SYSTEM			
	• Examination of Respiratory System	2		
	 Introduction of clinical examination–Breath sounds, X ray chest, ABG, PFT 	1		

		1	
	• Patterns of Respiratory Diseases: Obstructive &	1	
	Restrictive		
	 Definition, Etiology, Clinical Features, 		
	Complications, Management of Diseases of the		
	respiratory system :		
	 Common Infectious diseases like Tuberculosis, 	5	
	Pneumonia, Lung Abscess, Bronchiectasis.		
	Diseases of Pleura like Pleural Effusion,	5	
	Pneumothorax, Hydropneumothorax, Empyema.		
	 Obstructive Lung Diseases like Bronchitis, 	2	
	Emphysema, Bronchial Asthma, Cystic Fibrosis.		
	Interstitial Lung Diseases	2	
	 Respiratory Failure: Definition, Types, Causes, 	2	
	Clinical Features, Diagnosis and Management		
	 Intensive Medical Unit – Infrastructure & Treatment 	1	
	DESIRABLE TO KNOW		
	 Arrhythmia – classification Occupational lung discoses like Silicosia 	1	
	Occupational lung diseases like Silicosis	1	
	Asbestosis, Pneumoconiosis, Brucellosis, Farmer's	-	
D	Lung		
В	GENERAL MEDICINE, RHEUMATOLOGY &		
	GERONTOLOGY		
1	GERONTOLOGY General Medicine		
1	GERONTOLOGY General Medicine MUST KNOW		
1	General Medicine MUST KNOW	3	
1	General Medicine MUST KNOW • Diabetes Mellitus	3	
1	 General Medicine MUST KNOW Diabetes Mellitus Etiology and pathogenesis, Clinical manifestations, 	3	
1	General Medicine MUST KNOW • Diabetes Mellitus		
1	 General Medicine MUST KNOW Diabetes Mellitus Etiology and pathogenesis, Clinical manifestations, Management and Complications of diabetes. Diseases of Blood 	3 3	
1	 General Medicine MUST KNOW Diabetes Mellitus Etiology and pathogenesis, Clinical manifestations, Management and Complications of diabetes. 		
1	 General Medicine MUST KNOW Diabetes Mellitus Etiology and pathogenesis, Clinical manifestations, Management and Complications of diabetes. Diseases of Blood Anemia : Signs and symptoms – types and management Hemophilia Cause – clinical features severity of disease – management – Complications due to repeated 		
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1	 General Medicine MUST KNOW Diabetes Mellitus Etiology and pathogenesis, Clinical manifestations, Management and Complications of diabetes. Diseases of Blood Anemia : Signs and symptoms – types and management Hemophilia Cause – clinical features severity of disease – management – Complications due to repeated haemorrhages – complications due to therapy DESIRABLE TO KNOW Disorders of Endocrine system Thyroid, Pituitary & Adrenal conditions Calcium Metabolism 	3	
1	 General Medicine MUST KNOW Diabetes Mellitus 	3	
1	 General Medicine MUST KNOW Diabetes Mellitus Etiology and pathogenesis, Clinical manifestations, Management and Complications of diabetes. Diseases of Blood Anemia : Signs and symptoms – types and management Hemophilia Cause – clinical features severity of disease – management – Complications due to repeated haemorrhages – complications due to therapy DESIRABLE TO KNOW Disorders of Endocrine system Thyroid, Pituitary & Adrenal conditions Calcium Metabolism Rheumatological Conditions MUST TO KNOW AREA 	3	
	 General Medicine MUST KNOW Diabetes Mellitus Etiology and pathogenesis, Clinical manifestations, Management and Complications of diabetes. Diseases of Blood Anemia : Signs and symptoms – types and management Hemophilia Cause – clinical features severity of disease – management – Complications due to repeated haemorrhages – complications due to therapy DESIRABLE TO KNOW Disorders of Endocrine system Thyroid, Pituitary & Adrenal conditions Calcium Metabolism Rheumatological Conditions MUST TO KNOW AREA Introduction to Rheumatology and Classification 	3	
2	 General Medicine MUST KNOW Diabetes Mellitus Etiology and pathogenesis, Clinical manifestations, Management and Complications of diabetes. Diseases of Blood Anemia : Signs and symptoms – types and management Hemophilia Cause – clinical features severity of disease – management – Complications due to repeated haemorrhages – complications due to therapy DESIRABLE TO KNOW Disorders of Endocrine system Thyroid, Pituitary & Adrenal conditions Calcium Metabolism Rheumatological Conditions MUST TO KNOW AREA Introduction to Rheumatology and Classification Rheumatoid Arthritis , Juvenile RA 	3 3	
	 General Medicine MUST KNOW Diabetes Mellitus Etiology and pathogenesis, Clinical manifestations, Management and Complications of diabetes. Diseases of Blood Anemia : Signs and symptoms – types and management Hemophilia Cause – clinical features severity of disease – management – Complications due to repeated haemorrhages – complications due to therapy DESIRABLE TO KNOW Disorders of Endocrine system Thyroid, Pituitary & Adrenal conditions Calcium Metabolism Rheumatological Conditions MUST TO KNOW AREA Introduction to Rheumatology and Classification Rheumatoid Arthritis , Juvenile RA Chicken Gunia, Psoriatic, Gouty Arthritis 	3	
	 General Medicine MUST KNOW Diabetes Mellitus Etiology and pathogenesis, Clinical manifestations, Management and Complications of diabetes. Diseases of Blood Anemia : Signs and symptoms – types and management Hemophilia Cause – clinical features severity of disease – management – Complications due to repeated haemorrhages – complications due to therapy DESIRABLE TO KNOW Disorders of Endocrine system Thyroid, Pituitary & Adrenal conditions Calcium Metabolism Rheumatological Conditions Introduction to Rheumatology and Classification Rheumatoid Arthritis , Juvenile RA Chicken Gunia, Psoriatic, Gouty Arthritis 	3 3 1 2	
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3 C	 Osteoporosis : Causes, Clinical features, Complications, Management- medical and surgical of the following conditions Hypertension: Definition, causes, classification, types, assessment, investigations and management. DESIRABLE TO KNOW Aging Process General Health Care, Wellness Clinic Nutrition Deficiency Disease & Drug Abuse / Intoxication Dermatology 	2 1 2 1 1	
C	Dermatology		
	 At the end of the course, the student will Be able to describe the Pathophysiology, Signs & Symptoms, Clinical Features, Examination & Management of Common Skin Conditions like Leprosy, Psoriasis, Vitiligo, Acne, Bacterial &Fungal Infections of the skin, Auto-Immune Disorders, H.I.V& Sexually Transmitted Diseases. 		
	MUST TO KNOW AREA		
	• Structure, function and lesions of skin	2	
	• Acne	2	
	Pigmentary disorders	2	
	Localised		
	 Gen Pigmentary Denulo equemous disorders 		
	 Papula-squamous disorders Psoriasis, PR 	2	
	 Fisofiasis, FK Lichenplanus, PRP 		
	 Topical therapy in Dermatology & Hair disorders - Alopecia Hair deformity Hirsutism 	2	
	Nice to know area		
	Bacterial (impetigo, carbuncle. SSSS)& Viral infections (Warts, Molluscum, Herpes, Hz, HSV)	2	
	 Fungal infections a] Superficial – TC, TV b] Deep fungal – Candidiasis, Suching Dadiasia 	2	
	 Scabies, Pediculosis Eczema – 		
	 Eczema – Exogenous 		
	 Exogenous Endogenous 	$\frac{2}{2}$	
	 Sexually Transmitted skin lesions 	2	
	 HIV 		
	> Syphillis	2	
	 ChaneroidLGV 	2	
	G. inguinale		

CLINICAL	32	
Medicine	20	
Dermatology	12	

Sr.No	Title
1	API - Text book of Medicine -5^{th} edition
2	Golwalla – Medicine for students
3	Principles & Practice of Medicine – 16 th edn - by Davidson
4	Clinical Medicine :- P. J. Mehta

SCHEME OF EXAMINATION

Written		Total
IA	Final exam	Final exam
20	80	100

Periodical Examination:

• Written Examination:-20 MCQ for 20 marks, 20 minutes.

Preliminary Examination / University (Final) Examination

• Written Examination (80 marks)

THEROY Theory-80 marks Internal Assessment 20 marks

	Theory of marks meet har rissessment 20 marks					
Sec A	MCQ	20x1=20 marks				
Sec B	1. Short Notes. Answer any 5 out of 6	5x3=15				
	2. Short answer questions. Answer any 3 out of 4	3x5=15				
	1.Long Answer Questions (compulsory)	1x15=15				
	2.Long Answer Questions Answer any 1 out of 2	1x15=15				

• <u>SUPERVISED PRACTICAL TRAINING:</u>

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination

Internal Assessment Marks

Theory :-

Periodical exam= 20 marksPrelim exam= 80 marksTotal= 100 marksThe total shall be Converted to 20 marks (100/5=20)

	Co	urse '	Title:	CON	1MU	JNIT	ry N					LOC	YAN	D EN	VIRO	ONM	IEN	Т
	SCIENCE Course Code:- PT 404																	
(Course Credit for COMMUNITY MEDICINE, SOCIOLOGY AND ENVIRONMENT																	
	SCIENCE																	
	H	ours		Hrs	/Wk			Cre				Ev	aluatio	n Pat	tern			
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5	Immunization programmes – children & hospital staff.	1	-
6	Occupational Health:	4	2
	Occupational hazards,		
	Occupational diseases		
	• Prevention of occupational diseases.		
	• Social security and other measures for the protection		
	from occupational hazard accidents and diseases,		
	Compensation acts.		
7	Hospital waste management	3	2
	• Sources of hospital waste, Health hazards, Waste		
	management		
8	Disaster Management	3	2
	 Natural and man-made disasters 		
	Disaster impact and response		
	• Relief phase		
	• Epidemiologic surveillance and disease control,		
	Nutrition, Rehabilitation, Disaster preparedness		
9	Health Education	3	2
	 Concepts, aims and objectives 		
	• Approaches to health education		
	Models of health education		
	• Contents of health education		
	• Principles of health education		
	• Practice of health education		
10	Addiction – Alcholism, Neuromotor, Psychosomatic disorders	1	2
	and Smoking		
11	DESIRABLE TO KNOW		
	 Environmental Hygiene including man & his 	1	1
	surrounding, Occupational & Industrial hygiene,		
	Village & Town Sanitation.		
	• Overview of Public Health Administration at Central	1	1
	& State levels – Strategies of Health Delivery		
	System for "Millennium Development goals"		
	National health Programme. Brief role of WHO.		
	Mental Health	1	-
	• Characteristics of a mentally healthy person		
	• Types of mental illness		
	• Causes of mental ill health		
	• Preventive aspects		
	• Mental health services		
	• Alcohol and drug dependence		
	Nutrition and Health	1	1
	• Nutritional problems in public health		
	Community nutrition programmes		

	NICE TO KNOW Health programmes in India	3	3
	Vector borne disease control programme	C	C
	National leprosy eradication programme		
	National tuberculosis programme,		
	National AIDS control programme,		
	 National programme for control of blindness Jodine definitional disorders (JDD) programme 		
	Iodine deficiency disorders (IDD) programme,Universal Immunisationprogramme		
	 Reproductive and child health programme 		
	 National cancer control programme 		
	National mental health programme		
	National diabetes control programme		
	National family welfare programme		
	• National sanitation and water supply programme,		
	Minimum needs programme		
Topic Serial	B. SOCIOLOGY	Hou	rs of
No.		teaching/	learning
		Theory	Practical
1	MUST KNOW Introduction – Definition & Relevance with Physiotherapy.	1	-
2	Sociology & Health – Social factors affecting Health Status,	1	_
2	Social Consciousness & Perception of Illness, Decision Making	1	_
	in taking Treatment.		
3	Socialization - Definition, Influence, of Social Factors, on	1	-
	Personality, Socialization in the Hospital & Rehabilitation of the		
	patients.	-	
4	Social groups-Concepts, Influence of formal & informal groups of Health & Diseases.	2	-
5	Community Role of Rural & Urban communities in Public	2	-
	Health, Role of community in determining Beliefs, Practices & Home Remedies in Treatment.		
6	Social problems of the Disabled-Consequences of the following	1	_
	social problems in relation to sickness disability, remedies to	-	
	prevent these problems		
	Population Explosion		
	Poverty & Unemployment		
7	Social Security & Social Legislation in relation to the Disabled	1	-
1	DESIRABLE TO KNOW	2	-
	Role of Primary & Secondary Groups in the Hospital &		
2	Rehabilitation Setting.	1	
2	Family-Influence on human personality, Individual Health, Family & Nutrition, Effects of Sickness on Family	1	-
	Parmiy & Nutrition, Effects of Sickness on Parmiy Psychosomatic Diseases & Family		
3	Culture-Components Impact on Human Behaviour Cultural	2	_
	Meaning of Sickness, Response to Sickness & Choice of	_	
	Treatment.		

		1	
4	Caste systems-Features of Modern Cast Systems & its Trends,	1	-
	Social change factors–Human Adaptation, Stress, Deviance,		
	Health Programme, Role of Social Planning in the improvement		
	of Health & in Rehabilitation.		
5	Social Control – Definition, Role of norms, Folkways, Customs,	1	-
	Morals, Religion, Law & other means of social controls in the		
	regulation of Human Behavior, Social Deviance & Disease		
6	Prostitution, Alcoholism, Beggary, Problems of Women in	2	-
	Employment, Role of a Social Worker.		
1	NICE TO KNOW	1	-
	Role of Culture as Social consciousness in moulding the		
	Perception of Reality, Culture induced Symptoms & Diseases,		
	Sub-Culture of Medical Workers		
2	Social problems of the Disabled-Consequences of the following	1	-
	social problems in relation to sickness disability, remedies to		
	prevent these problems – Juvenile delinquency		
Topic Serial	C. ENVIRNOMENTAL STUDIES	Hou	rs of
No.		teaching/	learning
		Theory	Practical
1	Multidisciplinary nature of environmental studies	1	-
1	Definition, scope and importance	1	
	Need for public awareness. III		
2	Natural Resources	2	_
-	Renewable and non-renewable resources	-	
	 Natural resources and associated problems. 		
	-		
	• Forest resources: Use and over-exploitation,		
	deforestation, case studies.		
	• Timber extraction, mining, dams and their effects on		
	forest and tribal people.		
	• Water resources : Use and over-utilization of surface		
	and ground water,		
	• Floods, drought, conflicts over water, dams-benefits		
	and problems.		
	 Mineral resources: Use and exploitation, 		
	environmental effects of extracting and using		
	mineral resources, case studies.		
	• Food resources : World food problems, changes		
	caused by agriculture and		
	• overgrazing, effects of modern agriculture, fertilizer-		
	pesticide problems, water		
	• Logging, salinity, case studies.		
	 Energy resources : Growing energy needs, 		
	renewable and non-renewable		
	 Energy sources, use of alternate energy sources. Case studies. 		

	• Land resources : Land as a resource, land		
	degradation, man induced		
	• Landslides, soil erosion and desertification.		
	Role of an individual in conservation of natural resources.		
	Equitable use of resources for sustainable lifestyles.		
3	Ecosystems	2	-
	• Concept of an ecosystem. IV		
	• Structure and function of an ecosystem.		
	• Producers, consumers and decomposers.		
	• Energy flow in the ecosystem.		
	• Ecological succession.		
	• Food chains, food webs and ecological pyramids.		
	 Introduction, types, characteristic features, structure 		
	and function of the following ecosystem :-		
	 Forest ecosystem 		
	 Grassland ecosystem 		
	 Desert ecosystem 		
	 Aquatic ecosystems (ponds, streams, lakes, 		
	· · · · · · · · · · · · · · · · · · ·		
4	rivers oceans, estuaries)	3	3
4	Biodiversity and its conservation	5	3
	• Introduction – Definition: genetic, species and		
	ecosystem diversity.		
	Biogeographically classification of India		
	• Value of biodiversity : consumptive use, productive		
	use, social, ethical, aesthetic		
	• and option values		
	• Biodiversity at global, National and local levels.		
	 India as a mega-diversity nation V 		
	• Hot-sports of biodiversity.		
	• Threats to biodiversity: habitat loss, poaching of		
	wildlife, man-wildlife conflicts.		
	• Endangered and endemic species of India		
	• Conservation of biodiversity: In-situ and Ex-situ		
	conservation of biodiversity.		
5	Environmental Pollution	3	3
	• Definition, Cause, effects and control measures of :-		
	> Air pollution		
	➢ Water pollution		
	Soil pollution		
	 Marine pollution 		
	 Noise pollution 		
	 Thermal pollution 		
	 Nuclear hazards 		
	 Solid waste Management: Causes, effects and 		
	- Sona wasa management. Causes, enects and		

	 control measures of urban and industrial wastes. Role of an individual in prevention of pollution. Pollution case studies. Disaster management: floods, earthquake, cyclone and landslides. 		
6	 Social Issues and the Environment From Unsustainable to Sustainable development Urban problems related to energy Water conservation, rain water harvesting, watershed management Resettlemsent and rehabilitation of people; its problems and concerns. Case Studies Environmental ethics: Issues and possible solutions. Climate change, global warming, acid rain, ozone layer depletion, nuclear accidents and holocaust. Case Studies. Wasteland reclamation. Consumerism and waste products. Environment Protection Act. Air (Prevention and Control of Pollution) Act. Wildlife Protection Act Forest Conservation Act Issues involved in enforcement of environmental legislation. Public awareness. 	3	2
7	 Human Population and the Environment Population growth, variation among nations. Population explosion – Family Welfare Programme. VII Environment and human health. Human Rights. Value Education. HIV/AIDS. Women and Child Welfare. Role of Information Technology in Environment and human health. Case Studies. 	6	8

Text books:

Sr.No.	Title
1	K. Park – Park 's Textbook of Preventive & Social Medicine
2	P. K. Mahajan & M. C. Gupta – Textbook of Preventive & Social Medicine

SCHEME OF EXAMINATION

	Written	Total
IA	Final exam	Final exam
20	80	100

Periodical Examination:

• Written Examination:-20 MCQ for 20 marks, 20 minutes.

Preliminary Examination / University (Final) Examination

• Written Examination (80 marks)

THEROY

Theory-80 marks Internal Assessment 20 marks	Theor	v-80 marks	Internal A	Assessment 20 marks
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Sec A	MCQ (10 community+5 Sociology+ 5 Env. Sci)	20x1=20 marks
Sec B	1. Short answer questions. Answer any 5 out of 6	5x3=15
Community	2. Short answer any 3 out of 4 questions.	3x5=15
Medicine		
Sec C	Short answer questions. Answer any 5 out of 6	5x3=15
Sociology	Short answer questions. Answer any 3 out of 4	3x5=15
& Env. Sci.		

• **SUPERVISED PRACTICAL TRAINING:**

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination .

Internal Assessment Marks

Theory :-

Periodical exam= 20 marksPrelim exam= 80 marksTotal= 100 marksThe total shall be Converted to 20 marks (100/5=20)

$\boldsymbol{SEMESTER}-\boldsymbol{V}$

Course	Course Title	Hours					
Code		Th	Pr	SCT	Total		
PT-501	Orthopaedics and Traumatology	64	32	48	144		
PT-502	Neurology (Paediatrics, Psychiatry)	64	32	84	144		
PT-503	Physical and Functional Diagnostics skills	80	96	96	272		
PT-504	Obstetrics and Gynaecology	32	32	48	112		
	Total	240	192	240	672		

Th: Theory, Pr: Practical, Tot: Total, Lec: Lecture Demonstration/Tutorial/Discussion, IA: Internal Assessment

	Course Title :- Orthopaedics and Traumatology																
	Course Code:- PT 501																
Course Credit for Orthopaedics and Traumatology																	
		ours		Hrs	<mark>/Wk</mark>			Cre					aluatior	-			
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64	32	48	144	4	2	3	9	4	1	1	6	20	80	100			
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			•	Ra	diolo	gical	and	Imagi	ng te	chniqu	les in	Ortho	peadics.				
	2.		Trau	imato	logy										3	-	
			•	F ra	actur	e: def	initi	on, typ	bes, s	igns ar	nd syn	nptom	ns.				
	• Fracture healing.																
	Complications of fractures.																
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	Subluxation/ dislocations – definition, signs and		
	symptoms, management (conservative and operative).		
3.	Fractures and Dislocations of Upper Limb		_
5.	Fractures of Upper Limb - causes, clinical features,		
	mechanism of injury, complications,	5	
	conservative and surgical management of the following	Ũ	
	fractures:		
	• Fractures of clavicle and scapula.		
	• Fractures of greater tuberosity and neck of humerus.		
	• Fracture shaft of humerus.		
	• Supracondylar fracture of humerus.		
	• Fractures of capitulum, radial head, olecranon,		
	coronoid, and epicondyles.		
	• Both bone fractures of ulna and radius.		
	• Fracture of forearm – monteggia, galaezzi fracture –		
	dislocation.		
	• Chauffer's fracture.		
	• Colle's fracture.		
	• Smith's fracture.		
	Scaphoid fracture.		
	 Fracture of the metacarpals. 		
	 Bennett's fracture. 		
	Fracture of the phalanges. (Proximal and middle.)		
	Dislocations of Upper Limb :		
	 Anterior dislocation of shoulder – mechanism of 		
	injury, clinical feature, complications, conservative		
	management, surgical management.		
	 Recurrent dislocation of shoulder. 		
	 Posterior dislocation of shoulder – mechanism of 		
	injury, clinical features and management.		
	 Posterior dislocation of elbow– mechanism of injury, alinical feature, complications & menacement 		
4	clinical feature, complications & management.		
4.	 Fracture of Spine Fracture of Cervical Spine - Mechanism of injury, 	5	-
	clinical feature, complications (quadriplegia);	3	
	• Management- immobilization (collar, cast, brace,		
	traction); Management for stabilization, management		
	of complication (bladder and bowel, quadriplegia).		
	Clay shoveller's fracture.		
	• Hangman's fracture.		
	• Fracture odontoid.		
	• Fracture of atlas.		
	 Fracture of Thoracic and Lumbar Regions - 		

Mechanism of injury, clinical features, conservative and surgical management of common fractures around thoracic and lumbar regions. Fracture of Rib Cage - Mechanism of injury, clinical features, management for Practure Ribs, Fracture of stemum. Fracture and Dislocations of Lower Limb Fracture of Pelvis and Lower Limb - causes, clinical features, mechanism of injury, complications, conservative and surgical management of the following fractures:				
 Fracture of Rib Cage - Mechanism of injury, clinical features, management for Fracture Ribs, Fracture of sternum. Fractures and Dislocations of Lower Limb Fracture of Pelvis and Lower Limb - causes, clinical features, mechanism of injury, complications, conservative and surgical management of the following fractures: Fracture of Pelvis. Fracture neck of femur – classification, clinical features, complications, management - conservative and surgical. Fracture shaft femur – clinical features, mechanism of injury, complications, management - conservative and surgical. Fractures of trochanters. Fractures shaft femur—clinical features, mechanism of injury, complications, management-conservative and surgical. Supracondylar fracture of femur. Fractures of the condyles of femur. Fractures of tibia condyles. Both bones fracture of fibia and fibula. Dupuytren's fracture Maisonneuve's fracture. Pott's fracture – mechanism of injury, complications and management. Bimalleolar fracture, Trimalleolar fracture Fracture of talus. Fracture of talus. Fracture of alus. Fracture of the following dislocations of lower limb Anterior dislocation of hip. Posterior dislocation of hip. Obstocation of hip. Dislocation of patella. Recurrent dislocation of patella. 		and surgical management of common fractures around thoracic and lumbar regions.		
features, management for Fracture Ribs, Fracture of sternum. - 5. Fractures and Dislocations of Lower Limb - Fracture of Pelvis and Lower Limb - causes, clinical features, mechanism of injury, complications, conservative and surgical management of the following fractures: - 9. Fracture neck of femur – classification, clinical features, complications, management - conservative and surgical. 5 9. Fracture so fir forchanters. - 9. Fracture so fir femur – clinical features, mechanism of injury, complications, management - conservative and surgical. - 9. Fractures of the condyles of femur. - 9. Fracture so fibial condyles. - 9. Both bones fracture of tibia and fibula. - 9. Dupuyten's fracture. - - 9. Pott's fracture - mechanism of injury, management. - - 9. Pott's fracture - mechanism of injury, management. - - 9. Pott's fracture - mechanism of injury, complications and management. - - 9. Pott's fracture - mechanism of injury, complications and management. - - 9. Practure of metatarsals—stress fractures Jone's fracture. -		-		
sternum. - 5. Fractures and Dislocations of Lower Limb - Fracture of Pelvis and Lower Limb - causes, clinical features, mechanism of injury, complications, conservative and surgical management of the following fractures: Fracture of pelvis. Fracture of pelvis. Fracture shoft femur – classification, clinical features, complications, management - conservative and surgical. Fracture shaft femur—clinical features, mechanism of injury, complications, management-conservative and surgical. Supracondylar fracture of femur. Fracture so the condyles of femur. Fracture patella. Supracondylar fracture of femur. Fracture patella. Fracture of tibia condyles. Both bones fracture Maisonneuve's fracture. Pott's fracture – mechanism of injury, complications and management. Bimalleolar fracture, Trimalleolar fracture Fracture of talus. Fracture of the collowing dislocations, management. Dislocations of Lower Limb Mathiened fracture, Trimalleolar fracture Fracture of talus. Fracture of the following dislocations, management. Posterior dislocation of hip.<th></th><th></th><th></th><th></th>				
 5. Fractures and Dislocations of Lower Limb Fracture of Pelvis and Lower Limb - causes, clinical features, mechanism of injury, complications, conservative and surgical management of the following fractures: Fracture neck of femur – classification, clinical features, complications, management - conservative and surgical. Fracture shaft femur—clinical features, mechanism of injury, complications, management-conservative and surgical. Fracture shaft femur—clinical features, mechanism of injury, complications, management-conservative and surgical. Supracondylar fracture of femur. Fractures of the condyles of femur. Fractures of tibial condyles. Both bones fracture Maisonneuve's fracture Maisonneuve's fracture. Pott's fracture – mechanism of injury, complications and management. Fracture calcaneum – mechanism of injury, complications and management. Fracture of talus. Fracture calcaneum – mechanism of injury, complications of Lower Limb Mechanism of injury, clinical features, complications, management of the following dislocations of lower limb. Anterior dislocation of hip. Dis		features, management for Fracture Ribs, Fracture of		
 Fracture of Pelvis and Lower Limb - causes, clinical features, mechanism of injury, complications, conservative and surgical management of the following fractures: Fracture of pelvis. Fracture of pelvis. Fracture soft femur – classification, clinical features, complications, management - conservative and surgical. Fracture shaft femur—clinical features, mechanism of injury, complications, management-conservative and surgical. Supracondylar fracture of femur. Fractures of the condyles of femur. Fractures of their of their of the femur. Fractures of the condyles of femur. Fractures of thial condyles. Both bones fracture of tibia and fibula. Dupuytren's fracture Maisonneuve's fracture. Pott's fracture – mechanism of injury, management. Fracture calcaneum – mechanism of injury, complications and management. Fracture of talus. Fracture of the following dislocations of lower limb. Anterior dislocation of hip. Posterior dislocation of hip. Dislocation of patella. Recurrent dislocation of patella. 		sternum.		
 Fracture of pelvis. Fracture neck of femur – classification, clinical features, complications, management - conservative and surgical. Fractures of trochanters. Fracture shaft femur—clinical features, mechanism of injury, complications, management-conservative and surgical. Supracondylar fracture of femur. Fractures of the condyles of femur. Fractures of the condyles of femur. Fracture patella. Fractures of tibia condyles. Both bones fracture of tibia and fibula. Dupuytren's fracture Maisonneuve's fracture. Pott's fracture – mechanism of injury, management. Bimalleolar fracture, Trimalleolar fracture Fracture of talus. Fracture of phalanges. Dislocations of Lower Limb Mechanism of injury, clinical features, complications, management of the following dislocations of lower limb. Anterior dislocation of hip. Posterior dislocation of hip. Dislocation of patella. Recurrent dislocation of patella. 	5.	Fracture of Pelvis and Lower Limb - causes, clinical features, mechanism of injury, complications, conservative and surgical	5	-
 Fracture neck of femur – classification, clinical features, complications, management - conservative and surgical. Fractures of trochanters. Fracture shaft femur—clinical features, mechanism of injury, complications, management-conservative and surgical. Supracondylar fracture of femur. Fractures of the condyles of femur. Fracture patella. Fracture patella. Both bones fracture of tibia and fibula. Dupuytren's fracture Maisonneuve's fracture. Pott's fracture, Trimalleolar fracture Fracture calcaneum – mechanism of injury, complications and management. Fracture of talus. Fracture of talus. Fracture of talus. Fracture of phalanges. Dislocations of Lower Limb Mechanism of injury, cimplications of lower limb. Anterior dislocation of hip. Central dislocation of hip. Dislocation of patella. Recurrent dislocation of patella. 		•		
 features, complications, management - conservative and surgical. Fractures of trochanters. Fracture shaft femur—clinical features, mechanism of injury, complications, management-conservative and surgical. Supracondylar fracture of femur. Fractures of the condyles of femur. Fracture patella. Fracture of tibial condyles. Both bones fracture of tibia and fibula. Dupuytren's fracture Maisonneuve's fracture. Pott's fracture – mechanism of injury, management. Bimalleolar fracture, Trimalleolar fracture Fracture of talus. Arterior dislocation of hip. Posterior dislocation of hip. Dislocation of patella. Recurrent dislocation of patella. 		• Fracture of pelvis.		
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Dislocation of patella. Recurrent dislocation of patella.		•		
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V. DISCASUS VI DUILLS and JUILLS -	6			
Causes, Clinical features, Complications, Management-	0.			

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	medical and surgical of the following conditions :	5	
	• Infective: Osteomyelitis, TB Spine and other major		
	joints		
	• Bone tumors: classification, clinical features,		
	management		
	• Perthes, Slipped Capital Femoral Epiphysis ,		
	Avascular Necrosis		
	• Metabolic: Osteoporosis, Osteopenia Osteomalacia,		
	Rickets		
7.	Peripheral nerve injuries	3	-
	Mechanism, Clinical Features, Management and		
	Complications		
8.	Deformities		
0.			-
	Clinical Features, Complications, Medical and Surgical	-	
	Management of the Following Congenital and Acquired	3	
	Deformities.		
	Congenital Deformities		
	• CTEV		
	• CDH.		
	• Torticollis.		
	Scoliosis.		
	• Flat foot.		
	• Vertical talus.		
	• Hand anomalies- syndactyly, polydactyly and		
	ectrodactly.		
	• Arthrogryposis multiplex congenita(amyoplasia		
	congenita).		
	 Limb deficiencies- Amelia and Phocomelia. 		
	• Klippel feil syndrome.		
	 Osteogenesis imperfecta(fragile ossium). 		
	Cervical rib.		
	Acquired Deformities		
	Acquired Torticollis.		
	• Scoliosis.		
	• Kyphosis.		
	• Lordosis.		
	Genu varum, Genu valgum, Genu recurvatum		
	• Coxa vara.		
	• Pes cavus, Pes Planus		
	• Hallux rigidus. Hallux valgus. Hammer toe.		
	Metatarsalgia.		
0	ĕ		
9.	Inflammatory and Degenerative Conditions		-
	Causes, clinical feature, complications, deformities,		
	radiological features, management- conservative and surgical		
	for the following conditions :	5	
	• Osteoarthritis.	2	
	Rheumatoid arthritis.		
	Ankylosing spondylitis		
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			,1
	• Gouty arthritis.		
	• Psoriatic arthritis.		
	• Hemophilic arthritis.		
	• Still's disease (Juvenile Rheumatoid Arthritis).		
	• Charcot's joints.		
	Connective Tissue Disorders		
	Systemic Lupus Erythematosis		
	• Scleroderma		
	• Dermatomyositis		
10	Mixed connective tissue Disease (MCTD)		
10.	Soft Tissue Injuries		-
	• Define terms such as sprains, strains, contusion,	-	
	tendinitis, rupture, tenosynovitis, tendinosis, bursitis.	5	
	• Mechanism of injury, clinical features, managements-		
	conservative and surgical of the following soft tissue		
	injuries:		
	Meniscal injuries of knee.		
	Ligamentous injuries of knee.		
	Ankle Sprain		
	> Wrist sprain		
	Strains- quadriceps, hamstrings, calf, biceps, triceps		
	etc.		
	Contusions- quadriceps, gluteal, calf, deltoid etc.		
	 Tendon ruptures-Achilles, rotator cuff muscles, 		
	biceps, pectorals etc.		
11.	Regional Conditions	5	_
11.	Definition, Clinical features and management of the following	5	-
	regional conditions:		
	• Shoulder: Periarthritic shoulder (adhesive capsulitis).		
	Rotator cuff tendinitis. Subacromial Bursitis.		
	Elbow: Tennis Elbow. Golfer's Elbow. Olecranon		
	Bursitis (student's elbow). Triceps Tendinitis.		
	• Wrist and Hand: De Quervain's Tenosynovitis.		
	Ganglion. Trigger Finger/ Thumb. Mallet Finger,		
	Carpal Tunnel Syndrome, Dupuytren's Contracture.		
	• Pelvis and Hip : IT Band Syndrome. Piriformis		
	Syndrome. Trochanteric Bursitis.		
	• Knee: Osteochondritis Dissecans. Prepatellar and		
	Suprapatellar Bursitis. Popliteal Tendinitis. Patellar		
	Tendinitis. Chondromalacia Patella. Plica Syndrome.		
	Fat Pad Syndrome (Hoffa's syndrome).		
	• Ankle and Foot: Ankle Sprains. Plantar Fasciitis /		
	Calcaneal Spur. Tarsal Tunnel Syndrome. Achilles		
	Tendinitis. Metatarsalgia. Morton's Neuroma		
	Tenennus, metataisaisia, monoli 5 metalolla		

12.	Amputations	3	
12.	Definition	5	-
	 Levels of amputation of both lower and upper limbs 		
	Indications		
	Complications		
	Management		
13.	Hand Injuries	2	
15.	Mechanism of injury, clinical features, and management of the	2	-
	following:		
	Crush injuries.		
	• Flexor and extensor injuries.		
	• Burn injuries of hand.		
14.	Cervical and Lumbar Pathology	3	-
	Causes, clinical feature, patho-physiology,		
	investigations, management-Medical and		
	surgical for the following :		
	Prolapsed interverbral disc (PID)		
	Spinal Canal Stenosis.		
	• Spondylosis (cervical and lumbar)		
	• Spondylolysis.		
	• Spondylolisthesis.		
	Lumbago/ Lumbosacral strain.		
	Sacralisation. Lumbarisation.		
	Coccydynia.		
	• Hemivertebra.		
15.	Re-constructive surgeries in Polio & cerebral palsy (bone &	3	-
	soft tissues)		
16.	Syndromes	3	-
	Causes, Clinical features, complications, management- conservative and surgical of the following:		
	Cervico brachial syndrome		
	Thoracic outlet syndrome		
	 Vertebro- basilar syndrome 		
	 Scalenus syndrome 		
	Costo clavicular syndrome		
	Levator scapulae syndrome		
	Piriformis syndrome.		
17.	Orthopedic Surgeries	3	-
	Indications, Classification, Types, Principles of management of the following Surgeries :		
	Arthrodesis		
	 Arthroplasty (partial and total replacement) 		
	 Osteotomy 		
	External fixators		
			1

	Spinal stabilization surgeries (Harrington's, Luque	
	rod, Steffi plating) etc.	
CLINICAL -		32
Independent Cl	inical Orthopaedic evaluation, presentation & recording of :	
• 1 acute	e soft tissue injury [including nerve injury],	
• 2 cases	s of infections of bones and joints	
• 2 cases	s of degenerative arthritis of extremity joints,	
• 2 dege	nerative arthritis of spine, 2 chronic backaches,	
• 1 case	of acute P.I.D	
• 1 post	operative cases of fractures of extremities	
• 1 traur	natic paraplegia/quadriplegia	
OBSERVATIO	DN: At least 2 surgeries of fracture internal fixation, one knee/hip	
	replacement & Re-constructive surgery of the tendons	

Sr.No.	Title
1	Apley's textbook of Orthopaedics
2	Outline of Fractures - John Crawford Adams.
3	Outline of Orthopedics.— John Crawford Adams.
4	Text book of Orthopedics.—Maheswari.
5	Textbook of Orthopedics and Traumatology— M.N.Natarajan
6	Apley's textbook of Orthopaedics
7	Outline of Fractures - John Crawford Adams.

SCHEME OF EXAMINATION

Written		Total
IA	Final exam	Final exam
20	80	100

Periodical Examination:

• Written Examination:-20 MCQ for 20 marks, 20 minutes.

Preliminary Examination / University (Final) Examination

• Written Examination (80 marks)

Sec A	MCQ	20x1=20
Sec B	1. Short Notes Answer any 5 out of 6	5x3=15
	 Short answer questions Answer any 3 out of 4 	3x5=15
Sec C	3. Long Answer Questions (compulsory)	1x15=15
	4. Long Answer Questions Answer any 1 out of 2	1x15=15

• <u>SUPERVISED PRACTICAL TRAINING:</u>

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination .

Internal Assessment Marks

Theory :-

Periodical exam	= 20 marks
Prelim exam	= 80 marks
Total	= 100 marks
The total shall be Conv	erted to 20 marks (100/5=20)

			Co	urse '	Title	:- N	eur	ology	(Inc	ludin	<mark>g Pae</mark>	ediat	rics, Ps	svchi	iatr	v)		
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	Course Credit for Neurology (Including Paediatrics, Psychiatry)																	
	Hours Hrs/Wk Credits Evaluation Pattern																	
Th	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Writ	1	Tota		Prac		Total
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64	32	48	144	4	2	3	9	4	1	1	6	20	80	100				
Lea	Learning Objectives:																	
Lea	rning	g Obje	ectives	s: A/E	<mark>8/C</mark>	if ap	olica	ıble										
Att	the er	nd of	the co	urse,	the c	andi	date	will										
1.	Be a	ble to	descr	ibe E	tiolo	gy, F	atho	ophys	iolog	y, Sig	gns &	Symj	otoms a	&Ма	nag	eme	nt of t	the
	vario	ous Ne	eurolo	gical	and	Paed	iatri	c con	ditio	ns.								
2.	Acqu	uire sl	cill of	clinic	al ex	kami	natio	on of	Neur	ologi	cal Sy	stem	l .					
3.	Acqu	uire k	nowle	dge ii	n bri	ef ab	out	intra-1	ıteriı	ne dev	elopr	nent	of the t	foetu	S			
4.	Be a	ble to	descr	ibe no	orma	l dev	velop	oment	&gr	owth	of a c	hild,	import	tance	of	iImn	nuniza	tion &
	breas	st-fee	ding 8	z psyc	cholo	ogica	l asp	pect o	f dev	elopn	nent.							
5.	Acqu	uire sl	cill of	clinic	al ex	kami	natio	on of	a nec	nate /	child	with	respec	et to r	neur	olog	jical,	
	Mus	culosl	celetal	l, Res	pirat	ory &	& Са	ardiov	vascu	lar co	nditic	ons.						
							Cor	irse C	Conte	ent – (Secti	on A	.)					
									Neu	rolog	у							
Top	oic Se	erial	Title	of co	nten	t											Hours	of
No.																teac	hing/le	earning
															Th	leory	,	Practical
1.			Circu	lation	of th	ne bra	nin 8	z spina	al cor	d						1		-
2.			Neur	ologi	cal Iı	ivest	igati	ons								2		-
			X-Ra EEG	ıy, CT	, MR	I, Ev	okec	l Poter	ntials	, LP, (CSF, E	EMG,	NCV,					
3.				bro –	vasci	ılar a	acció	lents								2		_
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6.	Disorders & Diseases of muscle	2	-
	• Classification, investigations, imaging methods, Muscle		
	biopsy, management of muscle diseases, genetic		
	counselling.		
	• Classification, etiology, signs & symptoms of Muscular		
	dystrophy and Myotonic dystrophy		
7.	Motor neuron diseases	2	-
	Etiology, pathophysiology, classification, clinical signs &		
	symptoms, investigations, differential diagnosis, medical		
	management, and complications of following disorders:		
	Amyotrophic lateral sclerosis		
	Spinal muscular atrophy		
	• Hereditary bulbar palsy		
	Neuromyotonia		
	• Post-irradiation lumbosacral polyradiculopathy.		
8.	Multiple Sclerosis	1	-
	Etiology, pathophysiology, classification, clinical signs &		
	symptoms, investigations, differential diagnosis, medical		
	management, and complications		
9.	Infections of brain and spinal cord	2	-
	Etiology, pathophysiology, classification, clinical signs &		
	symptoms, investigations, differential diagnosis, medical		
	management, surgical management and complications of		
	following disorders:		
	• Meningitis		
	• Encephalitis		
	Neurosyphilis		
	• Herpes		
	• HIV infection		
	Poliomyelitis and Post-polio syndrome		
	 Leprosy 		
	• Tetanus		
10.	Higher cortical, neuro psychological and neurobehavioral	2	_
10.	disorders	-	
	Physiological nature of Epilepsy, classification,		
	clinical features, investigations, medical& surgical		
	management of following disorders – Non-epileptic		
	attacks of childhood, Epilepsy in childhood,		
	Seizers, and Epilepsy syndromes in adult.		
	• Classification and clinical features of Dementia,		
	Alzheimer's disease.		
	• Causes & investigations of Coma, criteria for		
	diagnosis of Brain death.		
11.	Cerebellar & Co-ordination disorders	1	-
	Congenital Ataxia		
	Friedrich's Ataxia		
	• Tabes dorsalis		
12.	Disorders of lower cranial nerves & Special Senses	2	-

	Etiology, clinical features, investigations, and management of following disorders		
	• Trigeminal neuralgia		
	• Lesions in facial nerve: Facial palsy, Bell's palsy, Hemi		
	facial spasm		
	Glossopharangial neuralgia		
	• Lesionns of Vagus, Spinal accessory nerve, Hypoglossal		
	nerve.		
	• Disorders of special senses		
13.	Disorders of Myoneural Junction	1	-
	Etiology, classification, signs & symptoms, investigations,		
	management, of following Disorders:		
	Myasthenia gravis		
	• Eaton-Lambert syndrome		
	• Botulism		
14.	Spinal cord Disorders	2	-
	• Functions of tracts		
	Definition, etiology, risk factors, pathophysiology, classification,		
	clinical signs & symptoms, investigations, differential diagnosis,		
	medical management, surgical management and complications		
	of following disorders:		
	• Spinal Cord Injury,		
	• Epidural abscess,		
	• Transverse myelitis,		
	• Spina bifida,		
	Conus medullaris syndrome		
	Bowel & Bladder Dysfunction		
15.	Head injury	2	-
	Etiology, classification, clinical signs & symptoms,		
	investigations, differential diagnosis, medical management,		
	surgical management and complications.		
16.	Brain tumors and spinal tumors	1	-
	Classification, clinical features, investigations, medical and		
	surgical management.		
DESIDARI	E TO KNOW AREA		
17.	Disorders of Anterior Horn Cell	1	
		$\frac{1}{2}$	-
	Dysfunction of Autonomous Nervous System	2	-
18.		1	
18. 19.	Cerebrospinal Fluid	1	-
	i) Formation & Absorption	1	-
19.		I	-
19. CLINICAL	i) Formation & Absorption ii) Status in Various Disorders		-
19. CLINICAL History, Evalua	i) Formation & Absorption ii) Status in Various Disorders	20	-
19. CLINICAL History, Evalua • (i) Formation & Absorption ii) Status in Various Disorders		-

Sr.No.	Title
1	Davidson's Principles and Practice of Medicine
2	Textbook of Neurology- Victor Adams
3	Brains Clinical Neurology.
4	Illustrated Neurology & Neurosurgery: Lindsay
5	Brains Diseases of Nervous System
6	Davidson's Principles and Practice of Medicine
7	Textbook of Neurology- Victor Adams

	Course Content – (Section B) Paediatrics				
Topic Serial No.	Title of content	Hours of teaching/learning			
		Theory	Practical		
1.	Normal development & growth	1	-		
2.	Breast feeding and immunization	1	-		
3.	Prenatal, Perinatal and Postnatal problems and management (Birth injuries): Neck, shoulder dystocia, Brachial plexus injury, Fractures	1	-		
4.	Congenital abnormalities and management	1	-		
5.	Problems and management of LBW infants	1	-		
6.	Developmental Delay: Etiology, pathophysiology, classification, clinical signs & symptoms, investigations, differential diagnosis, medical management, surgical management and complications	2	-		
7.	Respiratory conditions of childhood: Pneumonias in children – Bacterial & Tubercular, Empyema, Asthma	2	-		
8.	Orthopedic and Neurological disorders in childhood, Clinical features and management ; • Cerebral palsy • Meningitis • Encephalitis • Hydrocephalus • Ataxia • Arnold-chiari malformation • Basilar impression & Cerebral malformations • Dandy walker syndrome • Down's syndrome • Floppy infant • GBS • Poliomyelitis	3	-		

	• Enilepsy		
	Ephopsy		
	 Neural tube defects in Paediatrics 		
	 Muscular dystrophies & Neuropathy 		
9.	Sensory disorders – problems resulting from loss of vision	1	-
	and hearing		
10.	Learning and behavioural problems	1	-
	Attention Deficit Hyperactivity Disorder		
	• Autism,		
	• Challenging behaviours,		
	• Educational delay,		
	• The Clumsy Child		
11.	Nutritional disorders of childhood		-
	Rickets and scurvy, PEM (Kwashiorkar and Marasmus)		
12.	Infections - Congenital & Neonatal, Mental retardation	1	-
13.	Coma in Paediatrics and Acute rheumatic fever	1	-
14.	Normal intra-uterine development of foetus	1	-
15.	Bronchiolitis, & Wheezy baby	1	-
Clinical			12
Norma	al & abnormal reflexes in neonate & child		
• Exami	ination of the nervous system		
• Exami	nation of respiratory system		
• Exami	nation of cardiovascular system		

Sr.No.	Title
1	Essentials of Paediatrics – by O. P. Ghai - Inter Print publications
2	D. K. series in Paediatrics

Course Content – (Section C) Psychiatry						
Topic Serial	Title of content	Hours of				
No.		teachin	g/learning			
		Theory	Practical			
1.	Psychiatric History, classification and mental status examination	1	-			
2.	Organic mental disorders (delirium, dementia, organic amnestic syndrome and other organic mental disorders)	1	-			
3.	Mood disorders (manic episodes, depressive episodes, bipolar mood disorders)	1	-			
4.	Neurotic stress related and somatoform disorders (Anxiety disorder, phobic anxiety disorders, obsessive compulsive disorders, adjustment disorders, dissociative disorders, somatoform disorders post-traumatic stress Disorder	1	-			
5.	Schizophrenia, delusional disorders and schizoaffective disorders.	1	-			

6.	Substance use disorders, sexual disorders, sleep disorders and eating disorders.	2	-
7.	Child psychiatry, (mental retardation, developmental disorders, attention deficit, hyperkinetic disorder, enuresis, conduct disorders)	2	-
8.	Disorders of adult personality and behavior (specific personality disorders, habit and impulse disorders, gender identity disorders)	1	-
9.	Stress, psychosomatic disorders, suicide, psychiatric emergencies and their management	2	-
10.	Psychopharmacological management, electroconvulsive therapy and other biological methods of treatment. Psychiatric History, classification and mental status examination	2	-

S.NO	Title
1	A short book of Psychiatry – 3 rd edn-by Ahuja – Jaypee bros – medical publishers
2	Shah L.P. Handbook of Psychiatry
-	

SCHEME OF EXAMINATION

Written		Total					
IA	Final exam	Final exam					
20	80	100					

Periodical Examination:

• Written Examination:-20 MCQ for 20 marks , 20 minutes.

Preliminary Examination / University (Final) Examination

• Written Examination (80 marks)

Sec A	MCQ (10 neurology+5 Paediatrics+ 5Psychology)	20x1=20
Sec B	1. Short answer questions-Answer any 5 out of 6	5x3=15
Neurology	2. Short answer questions-Answer any 3 out of 4	3x5=15
Sec C	1. Short answer questions-Answer any 5 out of 6	5x3=15
Paediatrics	2. Short answer questions-Answer any 5 out of 6	3x5=15
Psychology		

• <u>SUPERVISED PRACTICAL TRAINING:</u>

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination .

Internal Assessment Marks

Theory :-

Periodical exam	= 20 marks
Prelim exam	= 80 marks
Total	= 100 marks
The total shall be Conv	erted to 10 marks (100/5=20)

	Course Title :- Physical and Functional Diagnostic Skills																
	Course Code:- PT 503																
	Course Credit for Physical and Functional Diagnostic Skills																
	H	ours		Hrs	<mark>/Wk</mark>			Cre	Credits			Evaluation Pa					
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												IA	Final exam	Fina exar		Final exam	
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Lea	arning	g Obje	ective	s:			/						1		I		
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									omen	t & n	natura	tion;	with s	specia	l empl	nasis 1	to sensory,
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2.																Muscu	uloskeletal,
																	mobility,
	endu	irance	, limt	leng	th, p	ostur	e, g	ait, h	and f	unctio	on &	A.D	.L. in a	dult	& paed	liatric	conditions
	& ac	cquire	skill	& int	erpro	etatic	on o	f Exe	rcise	tolera	ance t	est to	o arrive	e at th	e Fund	ctiona	l diagnosis
	as pe	er Inte	rnatic	onal C	lassi	ficat	ion	of Fu	nctio	ning.							
3.	Acq	uire th	ne ski	lls to	use	on pa	atier	nts, th	e the	rapeu	tic cu	rrent	s, for E	Electr	o-diagi	nosis	of sensory,
	&mo	otor d	ysfund	ction of	& pa	in.											
4.	Be a	ble to	desci	ribe th	ne ph	iysio	logy	of ne	erve	condu	ction	& m	otor un	nits, in	nterpre	tation	of Normal
	& A	bnorn	nal EN	MG, N	Jerve	e Cor	nduc	tion s	tudie	es & L	late re	spor	ises.				
5.	Acq	uire th	ne sim	ple sk	cills	of me	obili	izatio	n of t	the ex	tremit	ies o	n mode	els			
6.	Acq	uire t	he Ne	uro th	nerap	eutic	es sk	ills o	n mo	dels							
7.	Be a	ble to	do In	terpre	etatic	on of	con	nmon	inve	stigati	ons u	sed f	or func	tiona	l diagn	osis.	
			Cours	se Cor	ntent	– PH	YSI	CAL	<mark>& F</mark> l	JNCT	IONA	L DI	AGNO	STIC	SKIL		
	pic So	erial	Title	e of co	onten	ıt										Hour	
No	•																learning
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									LOS	KELA	TAL	FUN	ICTIO	N	25		
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				tis	sues)											
			•	Ac	tive	move	men	t									

		r	
	• Passive movement : Assessment of accessory movement		
	& End feel		
	Resisted isometric contraction		
	Tightness Testing		
	• Assessment of Muscle Strength (Group and		
	Individual)		
	• Special Tests		
3	Observational Movement analysis and Analysis of Muscle Work		•
	Assessment of articular & extra- articular soft tissue status		
	• Myofascial assessment		
	• Acute & Chronic muscle hold		
4	Outcome Measures		
5	Functional Diagnosis using ICF		
6	Interpretation of X-ray of extremities &spine, routine, bio-		
	chemical investigation		
ASSESSMEN		5	-
1	Sensations		
2	Mobility of joints		
3	Strength		
4	Special Tests like Froment's Sign, Bunnel – Litter's Test,		
5	Phalen's Test, Tinels Sign, Wartenberg's Sign		
	Hand Function – Precision and Power grips	25	
	T OF NEUROMUSCULAR FUNCTION	25	-
1	Higher functions		
2	Cranial nerves		
3	• Sensations & sensory organization (Dermatome,		
	Myotome and Sclerotome)		
4	• Joint mobility		
5	Body image		
6	• Tone		
7	Reflexes-Superficial &Deep		
8	Voluntary control		
9	• Muscle Strength		
10	Co-ordination		
10	Balance		
	Endurance		
12			
13			
14	• Limb Length		
15	• Posture		
16	• Gait		
17	 Scales-Berg 's Balance, Ashworth, Glasgow Coma, DGI 		
18	• Functional Diagnosis using ICF		
	 Interpretation of Electro diagnostic findings, routine 		
19	Biochemical investigations.		
	Divenciment investigations.		

	SSMENT OF CARDIO VASCULAR & PULMONARY UNCTION	15	-
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	 Demographic Data Chief complaint HOPI History of Symptoms Past Relevant Histories Vital Parameters Examinatiom: Head and Neck, Chest and Extremities Palpation: Head and Neck, Chest and Extremities Palpation: Head and Neck, Chest and Extremities Measurements: Chest Expansion, symmetry of chest movement Auscultation: Normal and Abnormal Breath Sounds Special tests : Breath Holding Test etc. Outcome Measures & Investigations: Quality of life questionnaire BORG and Modified BORG scale for Rating of Perceived Exertion (RPE) Exercise Tolerance – six minutes walk test, Theoretical bases of Bruce's protocol. Peak Flow Meter ABG, PFT, ECG- (Normal & Variations in common pathologic conditions) X-ray Chest 		
13 14	 Tests for Peripheral Arterial & Venous circulation Ankle Brachial Index 		
	T OF OBESITY	5	-
1. 2. 3. 4.	 Pathophysiology Assessment – BMI, Waist – Hip Ratio Assessment of Fitness-Flexibility,Endurance and Agility Obesity – Skin fold measurement, Anthropometric measurements, Newer Methods 		
Bioethics	 Autonomy and individual responsibility, Consent Autonomy and individual responsibility (2 hrs) Different levels and notions of autonomy Responsibility: its different aspects and dual nature Autonomy and patient's right to self-determination in treatment The patient's right to refuse a health care provider's recommendation Special measures for protecting the rights 	5	

	and interests of socially and mentally	
	disabled patients	
	 patient responsibilities 	
	• consent (2 hrs)	
	• Purpose of the principle of consent	
	 Prior, free & informed consent in 	
	patient treatment & handling	
	• What is express consent?	
	 Withdrawal of consent 	
	• The patient's right to refuse	
	• Consent of subjects of scientific research.	
	 Compare the provisions for consent in 	
	scientific research with those for medical	
	interventions	
	 Consent by individual, group and 	
	community	
	 Exceptional circumstances for the 	
	application of the principle of consent	
	• Persons without the capacity to consent (1 hr)	
	• Criteria for capacity to consent	
	• Categories of persons without the capacity	
	to consent	
	How to obtain consent in health care practice for	
	these special categories?	
CLINICALS	AND PRACTICAL TRAINING	96
1.	• Identification of abnormal breath sounds,	
	measurement of chest expansion, pattern of	
	breathing, Vital parameters, Grades of Dyspnoea,	
2.	Rate of Perceived exertion, Ankle Brachial Index.	
۷.	• Exercise tolerance testing – 6 minutes walk test & Bruce 's protocol on models only	
3.	 Interpretation of reports – EMG, NCV Studies, 	
	ABG, PFT, X-ray of Chest Extremities, Spine &	
	ECG.	
4.	Observation analysis	
5.	Muscle work & pathological movements (Trick	
	movements)	
TERM WOR	K IN CLINICAL	
	Documentation & Interpretation of following investigations	
	Cardio Vascular &Pulmonary – ABG, PFT, ECG, X-ray Chest, Exercise Tolerance Test-1 each	
	 Neurological – Scales like Modified Ashworth, 	
	rear of Great Search file thousand rishworth,	

	Berg 's Balance, Dynamic Gait Index, Glasgow Coma, Barthel Index, STREAM Format – Any 3	
2	Case presentation with Functional diagnosis – Three cases Each in –	
	MusculoskeletalNeurological	
	Cardiovascular & Pulmonary	
	To maintain the Record/Journal of the term work & to get each assignment duly singed by the Incharge.	

Sr.No.	Title
1	Maitlands book on Manual therapy,
2	Clinical Electro Therapy – Nelson – Currir Appleton & Lange publication
3	Physical Rehabilitation, Assessment and treatment by Susan B O 's Sullivan
4	Physiotherapy for Respiratory & Cardiac Problems- Jennifer Pryor & Barbara Webber
5	Cash's Textbook of Physiotherapy for Heart, Lungs & Valvular Diseases- Patricia Downie

Reference Books

Sr.No.	Title
1	Orthopaedic Physical examination – by Magee
2	Mobilization methods – Kaltonborn
3	Clinical Electromyography – Kimura
4	Orthopaedic Physical therapy – Donnatelli
5	Exercise &Heart – Wenger
6	Exercise Physiology – William D Mc 'Ardle
7	Facilitation techniques based on NDT principles by Lois Bly Allison Whiteside
8	Neurological Examination by John Patten
9	Movement therapy in Hemiplegia by Brunnstrom
10	Cash textbook of Physiotherapy in neurological conditions by Patricia Downie

SCHEME OF EXAMINATION

Written		Total	Practical	l	Total		
IA	Final exam	Final exam	IA	Final exam	Final exam		
20	80	100	20	80	100		

Periodical Examination:

- Written Examination:-20 MCQ for 20 marks , 20 minutes.
- Practical Examination:- 20 marks

Preliminary Examination / University (Final) Examination

• Written Examination (80 marks)

Sec A	MCQ	20x1=20
Sec B	1. Short Notes Answer any 5 out of 6	5x3=15
	2. Short answer questions Answer any 3 out of 4	3x5=15
Sec C	3. Long Answer Questions (compulsory)	1x15=15
	4. Long Answer Questions Answer any 1 out of 2	1x15=15

• Practical Examination (80 marks)

Long Case + Journal (Case Based Evaluation)	35 + 5 = 40
Short Case (Technique/Skill Based Evaluation)	20x1=20
Spots (X Ray, ABG, PFT, EMG, NCV, Outcome Measures)	5x4=20

• <u>SUPERVISED CLINICAL TRAINING</u>

 \circ Journals = 5 marks

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination

Internal Assessment Marks

Theory / Practical :-

Periodical exam	= 20 marks
Prelim exam	= 80 marks
Total	= 100 marks
The total shall be Conve	erted to 20 marks (100/5=20)

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	Course Title :- Obstetrics and Gynecology Course Code:- PT 504																		
					Cou	rse (necolog	V					
	Н	ours		Hrs				Cre					aluatio		attern				
Th	Pr	SPT	Tot	Lec	Pr		Tot	Lec	Pr	SPT	Tot	Writ		Tot		Pract	tical	Total	
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															Th	leory	P	ractical	
	1.		Anat	tomy	of fei	nale	geni	tal sy	stem	and p	pelvic f	floor				2	-		
	2.		Men	strual	l cycl	e and	l its	Disor	Disorders							3	-		
	3.		Preg	nancy	y											7	-		
			•	No	ormal	Gest	atior	ıs											
			•	o Ma	aterna	al Phy	ysiol	ogy in	Preg	gnancy	y								
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	(Conservative /Surgical)Cystocoele, Rectocoele, Enterocoele																		
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	υ.		Surg	sical P	roce	uure	5 111 V	UIVIII	g cill	սու	111					3	-		

	Caesarian Section		
	• Episiotomy		
7.	Definition, Indications and Management of the following	3	-
	surgical procedures		
	Dilatation and Curettage		
	 Hysterectomy – Total Abdominal and Vaginal 		
	Salphigectomy and oopherectomy		
8.	Multiple gestations	1	-
9.	Neoplasm of Female reproductive organs – surgical	1	-
	management		
10.	Sterility – management	2	-
11.	Methods of family planning	2	-
CLINICAL		-	32
	Evaluation & presentation of Two cases Each in		
	Uro-genital dysfunction		
	Antenatal care		
	Postnatal care		
	Following normal labour		
	 Following Caesarean section 		
	Pelvic Inflammatory Diseases		
	OBSERVATION – One Normal & One Caesarian delivery,		
	One case of Tubectomy & One Hysterectomy /Repair of the		
	Uro-genital Prolapse.		

Sr.No.	Title
1	Text book of Gynecology – by Dutta – New Central Book Agency
2	Text book of Obstetrics - by Dutta - New Central Book Agency

SCHEME OF EXAMINATION

Written		Total
IA	Final exam	Final exam
10	40	50

Periodical Examination:

• Written Examination:-20 MCQ for 10 marks, 20 minutes.

Preliminary Examination / University (Final) Examination

• Written Examination (40 marks)

Sec A	MCQ	10x1=10 marks
Sec B	1. Short Notes - Answer any 5 out of 6	5x2=10 marks
	2. Short answer questions - Answer any 2 out of 3	2x5=10 marks
	3. Long Answer Questions - Answer any 1 out of 2	1x10=10 marks

• SUPERVISED PRACTICAL TRAINING:

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination

Internal Assessment Marks

Theory :-

Periodical exam	= 10 marks
Prelim exam	=40 marks
Total	= 50 marks
The total shall be Conv	erted to 10 marks (50/5=10)

SEMESTER – VI

Course	Course Title		Hours							
Code		Th	Pr	SCT	Total					
PT-601	General Surgery(including Plastic	64	32	96	192					
	Surgery)									
PT-602	Research Methodology and Biostatistics	48			48					
PT-603	Physiotherapeutic Skills	80	96	96	272					
PT-604	Bio-engineering & Professional Ethics	32	32	96	160					
	Total	224	160	288	672					

Th: Theory, Pr: Practical, Tot: Total, Lec: Lecture Demonstration/Tutorial/Discussion, IA: Internal Assessment

	Course Title :- General Surgery (Including Plastic Surgery) Course Code:- PT 601																										
			Co	ourse	Cre	dit fo	or G	enera	al Su	rgery	(Incl	uding	<mark>g Plastic</mark>	: Surger	:y)												
	H	ours		Hrs	<mark>/Wk</mark>			Cre	dits													Evalua		attern			
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												IA	Final	Final	IA	Final	Final										
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110															neory	<u> </u>	actical										
1.			Infec	ction a	nd in	flamı	natio	on-acu	ite / c	hronic	-signs	, sym	ptoms,	4	J	-											
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				Ар	pend	licect	omy	, Nepr	rector	ny, Pro	ostecto	omy.															

• Thoracotomy - Definition, Types of Incisions with emphasis to the site of incision, muscles cut and complications. 4 A) Lung surgeries: • Pnumonectomy • Dobectomy, • Segmentectomy – Indications, Physiological changes and Complications • Thoracoplasty • Pleuroctoms • Diverse of the complications • Thoracoplasty • Pleuroctomy • Pleuroctomy • Intercostal Drainage System 4 B) Cardiac surgeries 4 • An overview of the Cardio-Pulmonary Bypass Machine 4 • Extracardiac Operations: Closed Heart surgery, Open Heart surgery. • Transplant Surgery – Heart, Lung and Kidney – Indications, Physiological changes and Complications • Chest Injuries, evaluation, management. 4 5. Peripheral vascular diseases • Atteriosclerosis • Atteriosclerosis • Buergers • Raynauds • Varicose veins & DVT 6 6. Burns causes, classification, ward management, post burn contractures, various Reconstructive & plastic surgeries • Skin grafts/flaps- pedicle/ Tube /Muscle flap Types, indications with special emphasis to burns/ wounds, ulcers, post surgical head, neck, face defects and reconstruction. • Hypertropic scar & keloid – management c]-Principles of tendon transfers-with special emphasis to hand, foot & facial par	4.	Thoracic surgeries	3	2
emphasis to the site of incision, muscles cut and complications. 4 3 A) Lang surgeries: Phumonectomy Lobectomy, Segmentectomy – Indications, Physiological changes and Complications Thoracoplasty Pleurectomy Transplant Surgery – Heart, Lung and Kidney – Indications, Physiological changes and Complications Chest Injuries, evaluation, management. Semplectal vascular diseases Definition, Etiology, Clinical features, signs and symptoms, complications, management and treatment of following diseases: Atherosclerosis Burgers Raynauds Varicose veins & DVT 6. Burns and Plastic Surgery Skin grafts/flaps- pedicle/ Tube /Muscle flap Types, indications with special emphasis to hand, foot & facial paralysis 7. Surgical Oncology – Cancer , surgical Procedures involved in the management of cancer. 8. Bariatric Surgeries 2. 9. Emergency Surgical Procedures: Tracheostomy, Indications: 3 -	4.	5	5	2
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Neuro surgeries	10.	-	5	

	Burr-hole, Craniotomy		
	Cranioplasty		
	Deep brain stimulation		
	Shunting		
	Laminectomy		
	• Hemilaminectomy		
	Microvascular decompression surgery		
	• Embolization		
	Ablative surgery - Thalamotomy and Pallidotomy		
	 Coiling of aneurysm and Clipping of aneurysm 		
	 Neural implantation 		
11.	Surgical trauma:	4	_
11.	Response of body		
	 Effect of Anesthesia, 		
	• Shock & its types.		
	• Fluid & electrolyte balance.		
	Total Parenteral Nutrition.		
12.	Common ENT problems	5	-
	• ENT conditions & its management : Otitis Media		
	• Surgical treatments in VII (facial) & VIII nerve		
	palsy		
13.	Clinical Radiology-X-ray-chest-normal/abnormal	4	-
14.	NICE TO KNOW AREA		
	• Various eye problems – surgeries for III, IV nerve	3	
	palsy, cataract IOL.		
	• Surgeries on arteries, veins (Vascular surgery)	3	
15.	CLINICAL:		
	Evaluation, presentation & recording of one case each in -1]-	32	
	burns, 2]-wound & ulcer, 3] Head Injury, 4] Peripheral vascular		
	condition 5] Post Radical mastectomy 6] Post thoracic surgery,		
	7]-post abdominal surgery, 8] Post oral cancer excision, 9]		
	Renal Surgery DESIRABLE TO KNOW		
	Auscultation & its interpretation, with special emphasis to		
	Pulmonary Function, Reading & Interpretation of the X-ray		
	chest, P.F.T., Blood-Gas analysis-		
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Sr.No.	Title
1	Under-graduate Surgery by Nan
2	Bailey & Love's short practice of Surgery-21st edn.
3	Manipal's Text book of surgery. Rajagopal Shenoy.
4	Clinical & Operative surgery by S. Das
5	T .B. of surgery by S. Das

SCHEME OF EXAMINATION

Written		Total				
IA	Final exam	Final exam				
20	80	100				

Periodical Examination:

- Written Examination:-20 MCQ for 20 marks, 20 minutes.
- Preliminary Examination / University (Final) Examination
 - Written Examination (80 marks)

THEROY Theory-80 marks Internal Assessment 20 marks

Sec A	MCQ	20x1=20 marks
Sec B	1. Short Notes. Answer any 5 out of 6	5x3=15
	2. Short answer questions. Answer any 3 out of 4	3x5=15
Sec C	1.Long Answer Questions (compulsory)	1x15=15
	2.Long Answer Questions Answer any 1 out of 2	1x15=15

• <u>SUPERVISED PRACTICAL TRAINING:</u>

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination.

Internal Assessment Marks

Theory :-

Periodical exam	= 20marks
Prelim exam	= 80marks
Total	= 100 marks
The total shall be Conv	verted to 20 marks (100/5=20)

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6.	Testing of hypothesis	3	-
	• What is hypothesis		
	• Basic concepts concerning testing of hypothesis		
	• Procedure of hypothesis testing		
	• Measuring the power of hypothesis test,		
	• Tests of hypothesis		
	• Limitations of the tests of hypothesis		
7.	Computer technology	1	-
	Introduction to Computers		
	• Computers & researcher.		
	BIOSTATISTICS		
1.	Introduction	4	-
	 Meaning, definition of statistics 		
	• Importance of the study of statistics		
	Branches of statistics		
	• Statistics and health science including		
	physiotherapy,		
	• Variables and their types		
	• Measurement scales.		
2.	Tabulation of Data	4	-
	Basic principles of graphical representation		
	• Types of diagrams – histograms, frequency		
	polygons, smooth frequency polygon, cumulative		
	frequency curve		
	• Normal probability curve.		
3.	Measure of Central Tendency	2	-
	• Definition and calculation of mean, median, mode.		
	• Comparison of mean, median and mode		
4.	Probability and Standard Distributions	4	-
	• Meaning of probability of standard distribution		
	• The binominal distribution		
	• The normal distribution		
	• Divergence from normality – skewness, kurtosis.		
5.	Sampling techniques	3	-
	• Need for sampling - Criteria for good samples		
	• Procedures of sampling and sampling designs		
	errors		
	• Sampling variation and tests of significance.		
6.	Statistical Significance	5	-
	• Parametric tests:- t test,		
	• Non parametric tests :- chi square test,		
	Mannwhitney U test, Z test, Wilcoxons matched		
	pair test		
	Correlations		

7.	Analysis of variance & covariance	4	-
	Basic principle of Analysis of Variance ANOVA		
	and Analysis of Co variance (ANCOVA)		
8.		2	-
	DESIRABLE TO KNOW		
	1] Demographic & vital statistics.		

S.NO	Title
1	B. K. Mahajan – Methods in Biostatistics
2	Kulkarni, Bairde, Muzumdar – Manual of Biostatistics
3	Elements of Health Statistics: Rao.N.S.N
4	An introduction of Biostatistics: Sunder Rao.P.S.S.
5	Methods in Bio-Statistics 6 th Edn. 1997: B.K. Mahajan
6	Biostatistics : A manual of Statistics Methods: K. Visweswara Rao
7	Elementary Statistics 1 st Edn, 1990. in Medical Workers: Inderbir Singh
8	An Introduction to Gupta C.B. Statistical Methods, 1972: Ram Prasad & Sons
9	Basic Statistics, 3 rd Edn.: Simpsory G. Kaftha. P
10	Research; Principles and Methods:L Denise F. Poli & Hungler
11	Fundamentals of Research, 4 th Edn.: David J. Fox

SCHEME OF EXAMINATION

Written		Total
IA	Final exam	Final exam
10	40	50

Term Examination:

• Written Examination:-20 MCQ for 20 marks, 20 minutes.

Preliminary Examination / University (Final) Examination

• Written Examination (40 marks)

Sec A	1. MCQ (10+10)	20x1=20
Sec B	2. Short Notes-Answer any 5 out of 6	5x3=15
	3. Short answer questions-Answer any 3 out of 4	3x5=15

Internal Assessment Marks

Theory :-

Periodical exam	= 10 marks
Prelim exam	= 40 marks
Total	= 50 marks
The total shall be Conv	verted to 10 marks (50/5=10)

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	caudal, Proximo – distal, Centero- lateral, Mass to specific pattern, Gross to fine motor development,																	
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	potential, Propagation of Action	1	
	Potential, Volume conduction		
	• Physiology of muscle contraction	1	
	• Motor unit & Recruitment pattern of motor unit –	1	
	Size principle		4
	Electroneuromyography		
	• Electro – myography	6	
	 Principles 	-	
	 Instrumentation – Basic components like CRO, 		
	Filter, Amplifier & Premplifier, Types of		
	Electrodes.		
	Normal & Abnormal EMG pattern		
	a) At rest		
	b) On minimal contraction		
	c) On maximal contraction		
	Nerve Conduction Studies- Principles & Technique		
3.	BASICS IN MANUAL THERAPY & APPLICATIONS	25	34
	WITH CLINICAL REASONING		
	Basic principles, Indications & Contra-Indications of schools of		
	thoughts of Manual Therapy	4	5
	• Maitland	2	3
	• Kaltenborn	4	6
	• Mulligan	4	5
	• Mckenzie	4	4
	• Butler	2	4
	Muscle Energy Technique	3	4
	Myofascial stretching	4	3
	Cyriax : Pain-Original and Referred		
4.	BASICS IN NEURO THERAPEUTICS SKILLS &	20	20
	APPLICATIONS WITH CLINICAL REASONING.		
	• Principles and Indications of application of Neuro	3	3
	Developmental Technique	3	3
	• Principles and Indications of application of Rood's		
	Technique	3	3
	Principles and Indications of application of PNF	3	3
	• Principles and Indications of application of Brunnstrom		
	• Introduction to Vojta, SI, MRP,CIMT, and TOA	8	8
5.	DESIRABLE TO KNOW	3	3
2.	• F wave		
	 H reflex 		
	• Technique and application of Neuro Developmental		
	Technique on models		
		1	1
	• Technique and application of Rood's Technique on		
	 Technique and application of Rood's Technique on models Technique and application of PNF on models 		8

	Technique and application of Brunnstrom on models		8
6.	NICE TO KNOW	1	-
7	1] Demonstration of EMG & NCV Technique CLINICALS		
1.	1] Practice of Manual Therapy in Kaltenborn, Maitland, Mulligan & Cyriax on extremities only & only on models		5
	2] Practice to Neuro Therapeutic Skills of NDT, PNF, Rood's Technique & Brunnstrom on models only.		5
	3] Exercise tolerance testing – 6 minutes walk test & Bruce 's protocol on models only		9

S.NO	Title
1	Orthopaedic Assessment- David J Magee
2	Physical Rehabilitation- Susan O' Sullivan
3	Clinical Assessment in Respiratory Care- Wilkins
4	Physiotherapy for Respiratory and Cardiac Problems- J. Pryor & Prasad
5	Cash's Textbook of Heart, Lungs & Vascular Diseases- Patricia Downnie
6	Palpation of Spine & Extremities- Hoppenfield
7	Cash's Textbook of Neurologiocal Diseases

SCHEME OF EXAMINATION

Written	l	Total	Practica	ıl	Total
IA	Final exam	Final	IA	Final	Final exam
		exam		exam	
20	80	100	20	80	100

Periodical Examination:

- Written Examination:-20 MCQ for 20 marks, 20 minutes.
- Practical Examination:- 20 marks

Preliminary Examination / University (Final) Examination

• Written Examination (80 marks)

SCHEME OF EXAMINATION

Theory-80 marks Internal Assessment 20 marks

Sec A	MCQ	20x1=20
Sec B	1. Short Notes-Answer any 5 out of 6	5x3=15
	2. Short answer questions-Answer any 3 out of 4	3x5=15
Sec C	1. Long Answer Questions (compulsory)	1x15=15
	2. Long Answer Questions-Answer any 1 out of 2	1x15=15

PRACTICAL

Long Case (Manual Therapy, Neuro Techniques)	35+5=40
Short Case (Simulated Cases)	20x1=20
5 Spots (EMG-NCV, Manual and Neuro Techniques)+	5x3=15+5=20
Journal	

• <u>SUPERVISED PRACTICAL TRAINING:</u> (Journal=Case Records/Case Presentations) 05 MARKS

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination

Internal Assessment Marks

Theory /Practical-

Periodical exam	= 20 marks			
Prelim exam	= 80 marks			
Total	= 100 marks			
The total shall be Converted to 20 marks $(100/5=20)$				

	Course Title :- BIO-ENGINEERING & PROFESSIONAL ETHICS Course Code:- PT 604																	
	Course Code:- P1 604 Course Credit for BIO-ENGINEERING & PROFESSIONAL ETHICS																	
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			limb, Prosthesis for Lower limbs & Upper limbs.															
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5.			Assessment of Gait post Prosthetic / Orthotic (Lower Limb) 2 - fitting.															
6.			Desig	gning	and c	onsti	ucti	on of a	adapt	ive de	vices				2			
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11.	 Project- To fabricate one Temporary splint in each by using P.O.P, aluminum strips, sheets, wires, rubber bands, rexin, orfit etc. Cock up [dorsal / volar] 																	
 Outrigger. Opponence splint. Anterior and posterior guard splints for gait training. Foot drop splint. 																		
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	SECTION - I I		
	Professional Practice		
(Inclue	ding Ethics, Evidence Based Practice, Administration, Manageme	<mark>nt & Market</mark>	ing)
1.	Concepts of morality, Ethics & Legality-rules of professional conduct & their Medico-legal &moral implications-The need of Council Act for Physiotherapy.	2	-
2.	Constitution & Functions of the Indian association of Physical therapy	1	-
3.	Functioning of the World Confederation of Physical therapy [W.C.P.T.] & its various branches-Special Interest groups [brief]	1	-
4.	Role of W.H.O.& WCPT	1	-
5.	Introduction to Evidence Based Practice: Definitions, Evidence Based Physiotherapy Practice	1	-
6.	Management studies related to-local health care organization management & structure- planning delivery with quality assurance & funding of service delivery information technology -Time management - career development in Physiotherapy.	2	-
7.	Administration - principles-based on the Goal & functions - at large hospital set up/domiciliary services/private clinic /academic.	2	2
8.	Methods of maintaining records	1	2
9.	Budget-planning.	1	2
10.	Performance analysisphysical structure /reporting system [man power / status/functions /quantity &quality of services/turn over- cost benefit- revenue contribution.	1	2
11	 Privacy and confidentiality, equality & Non discrimination. Privacy and confidentiality (2 hrs) Definitions of 'privacy' and 'confidentiality' with reason in physiotherapy Justified breaches of confidentiality- Sharing information for patient care Using interpreters Teaching medical students Mandatory reporting Serious danger to others Patient or guardian consent Equality, justice and equity (2 hrs) Definitions of 'equality', 'justice' and 'equity' The right to health care & Physiotherapy Disparities in health status Local disparities 	6	

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	 National disparities 	
	 Global disparities 	
	• Roles of Physiotherapists in establishing	
	health care priorities and allocating scarce	
	health care resources as direct health care	
	providers	
•	Non-discrimination and non-stigmatization, (1 hr)	
	• What is discrimination and stigmatization?	
•	Respect for cultural diversity and pluralism (1 hr)	
	• Definition of culture and cultural diversity	
	 Definition and value of pluralism 	
	• Limits to the consideration for cultural	
	specificities Human dignity, human rights	
	and fundamental freedoms	
•		

Sr.No.	Title
1	Amputation & prosthetic - Bella may.
2	Atlas of orthosis & Assistive Device - Bertram Goldberg & John Hsu
3	Orthotic in Rehabilitation – McKee / Morgan
4	Physical rehabilitation- Susan. B.O` Sullivan

SCHEME OF EXAMINATION

Written		Total
IA	Final exam	Final exam
10	40	50

Periodical Examination:

• Written Examination:-10 MCQ for 10 marks, 10 minutes.

Preliminary Examination / University (Final) Examination

Written Examination (40 marks)Sec AMCQ10x1=10 marksSec B1. Short Notes - Answer any 5 out of 65x2=10 marks2. Short answer questions - Answer any 2 out of 32x5=10 marks3. Long Answer Questions - Answer any 1 out of 21x10=10 marks

• <u>SUPERVISED PRACTICAL TRAINING:</u>

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination.

Internal Assessment Marks

Theory :-

Periodical exam	= 10 marks			
Prelim exam	= 40 marks			
Total	= 50 marks			
The total shall be Converted to 10 marks $(50/5=10)$				

SEMESTER – VII

Course	Course Title	Hours							
Code		Th	Pr	SCT	Tot				
PT-701	Physiotherapy in Musculoskeletal sciences	64	96	96	256				
PT-702	Physiotherapy in Community Based Rehabilitation	64	96	96	256				
PT-703	Choice based(Paediatrics/Manual Therapy)	32	32	96	160				
	Total	160	224	288	672				

Th: Theory, Pr: Practical, Tot: Total, Lec: Lecture Demonstration/Tutorial/Discussion, IA: Internal Assessment

	Course Title :- Physiotherapy in Musculoskeletal Sciences Course Code:- PT 701																
	Course Credit for Physiotherapy in Musculoskeletal Sciences																
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	classification, management & complications.																
	• PT assessment and management of upper limb fractures and																
dislocations.																	
		• PT	asses	ssmen	t and	mar	nage	ment	of lo	wer li	mb fi	actu	res and				
				ions ir			-										
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	• PT management in complications - early and late - shock,		
	compartment syndrome, VIC, fat embolism, delayed and mal-		
	union, RSD, myositis ossificans, AVN, pressure sores etc.		
	• Principles of PT management in fractures - Guidelines for		
	fracture treatment during period of immobilization and		
	guidelines for treatment after immobilization period.		
2.	Physiotherapy Management of Deformities	4 hrs	10 hrs
	• Congenital: CTEV, CDH, Torticollis, pes planus, pes cavus		
	and other common deformities.		
	• Acquired: scoliosis, kyphosis, coxa vara, genu varum, valgum		
	and recurvatum.		
3.	Infectious diseases of the bone & joints	4 hrs	-
	Osteomyelitis – acute and chronic		
	• Septic arthritis and Pyogenic arthritis		
	• TB spine and major joints - knee and hip		
4.	Degenerative and Inflammatory conditions	4 hrs	-
	• Osteoarthritis - emphasis mainly on knee, hip and hand		
	• Rheumatoid Arthritis		
	Ankylosing spondylitis		
	Gout		
	Perthes disease		
5.	Metabolic & hormonal disorders of the bone tissue -	1 hrs	
5.	Osteoporosis.	1 1115	
6.	Management of Peripheral Nerve Injury	2 hrs	5 hrs
7.	Physiotherapy following re-constructive surgeries in	2 hrs	5 hrs
	Cerebral Palsy, Poliomyelitis and Leprosy.		•
8.	Amputation	2 hrs	5 hrs
	• Definition, levels, indications, types, PT assessment, aims,		
	management pre		
	• And post operatively.		
	• PT management with emphasis on stump care and bandaging.		
	Prosthesis Prescription and Training		
9.	Traction	2 hr	2 hrs
	• Effect, Types, Modes, Indications, Contraindications, Dosage	2 hrs	
10.	Spinal conditions	2 hr	12 hrs
101	PT assessment, aims, and management and home program of the		
	following conditions		
	Cervical spondylosis		
	 Lumbar spondylosis 		
	 Intervertebral disc prolapse 		
	 Spinal canal stenosis 		
	 Spinal canal stenosis Spondylolisthesis 		
	Spondylolysis Coccyduria		
	Coccydynia		

11.	Shoulder joint	5 hrs	10 hrs
	• TOS		
	• RSD		
	Shoulder instabilities		
	Periarthritis Shoulder		
	Rotator cuff Tears : Conservative and Post-Surgical PT		
	Management		
	• Impingement syndrome (Supraspinatus and Bicipital tendonitis) -		
	conservative and Post operative (sub-acromial decompression) PT management.		
	 AC joint injuries- rehabilitation. 		
12.	Elbow and forearm	1 hr	5 hrs
12.	a. Tennis and Golfer's elbow	1 111	
13.	Wrist and Hand	3 hrs	5 hrs
	• Wrist sprains.		
	• Dequervain's Tenosynovitis.		
	• Trigger and Mallet finger		
	• Repair of ruptured Flexor and Extensor tendons: Post operative PT		
	management		
	• Carpal tunnel syndrome.		
	Hand injury- types and their management		
14.	Hip	2 hrs	5 hrs
	• Joint surgeries - hemi and total hip replacement- Post		
15	operative PT management	61	121
15.	Knee	6 hrs	12 hrs
	• ACL, PCL and MCL reconstruction surgeries - Post		
	operative rehabilitation.		
	Meniscectomy and meniscal repair - Post operative monogenerative		
	management.		
	 Pre patellar and Subacromial bursitis. Antarian Knas pain : DEDS, Plice sundrame, patellar 		
	• Anterior Knee pain : PFPS, Plica syndrome, patellar		
	dysfunction and Hoffa's syndrome etc conservative management.		
	TKR- rehabilitation protocol.		
	Patellar tendon ruptures and Patellectomy- rehabilitation.		
16.	Ankle and foot	4 hrs	5 hrs
10.	Ankle instability: Lateral ligament sprain of ankle	1115	
	 Ligamentous tears- Post operative management. 		
	TA rupture.		
	Plantar fasciitis, metatarsalgia, hammer toe, turf toe		
17.	Hamstring strains & Quadriceps contusion	1 hr	1 hr
18.	PT Management for	$\frac{1}{2}$ hr	
	Sacro-iliac joint dysfunction		
	 Sacralisation 		
	Lumbarisation,		
	- Lamoarisation,		

19.	Ortho	pedic surgeries	1 hr	1 hr
	Pre an	d post operative PT assessment, goals, precautions and PT		
	manag	ement of following surgeries such as:		
	•	Arthrodesis		
	•	Osteotomy		
20.	Nice to	o know		
	1.	Total shoulder replacement and Hemi replacement: Post	1hr	
		operative PT management		
	2.	Excision of radial head - Post operative PT management	1 hr	
	3.	Radiological positions, angle calculations for	1 hr	
		Orthopaedic problems by X ray		
	4.	Biomechanics of Internal fixators & implants.	1 hr	
	5.	Physiotherapy Management for Tumours of the bone.	1 hr	

Reference Books

Sr.No.	Title
1	Orthopedic Physical therapy – by Donatelli.
2	Manual mobilization of extremity joints – by Freddy Kaltenborn, Maitland.
3	Neural tissue mobilization – Butler
4	Textbook of Orthopaedic Medicine – By James Cyriax.
5	Outline of orthopedics – Adams Hamblen
6	Taping Techniques – by Rose Mac Donald.
7	Physical Rehabilitation Assessment and Treament – O'Sullivan Schmitz

SCHEME OF EXAMINATION

Written		Total	Practical		Total		
IA Final exam		Final exam	IA	Final exam	Final exam		
20	80	100	20	80	100		

Periodical Examination:

- Written Examination:-20 MCQ for 20 marks, 20 minutes.
- Practical Examination:- 20 marks

Preliminary Examination / University (Final) Examination

• Written Examination (80 marks)

Sec A	MCQ	20x1=20 marks
Sec B	1. Short Notes - Answer any 5 out of 6	5x3=15 marks
	2. Short answer questions - Answer any 3 out of 4	2x5=15 marks
Sec C	3. Long Answer Question(Compulsory)	1x15=15 marks
	4. Long Answer Question(Answer any 1 out of 2)	1x15=15 marks

• Practical Examination (80 marks)

S.No.		Marks
1	1. Long Case: based on the History 10 marks,	40 Marks
	Evaluation 10 marks, Treatment Plan on Patient 20 marks	
	2. Short Case: Simulated	20 Marks
	3. Five spots: spots based on, X – ray (limb, spine),	
	Orthosis, Prosthesis, Metal implants etc 3 minutes	15+5=20 Marks
	each spot and 3marks per spot (3x5) +Journal(5)	
	• Supervised Clinical Training :Journal (05 marks)	

Supervised Clinical Training : Journal (05 marks)

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination.

Internal Assessment Marks

Theory /Practical:-

Periodical exam	= 20 marks
Prelim exam	= 80 marks
Total	= 100 marks
The total shall be Conv	verted to 20 marks (100/5=20)

	Course Title :- Physiotherapy in Community Based Rehabilitation Course Code:- PT 702 Course Credit for Physiotherapy in Community based Rehabilitation																
	H	ours		Hrs/	/Wk			Cre	dits			Eva	aluation	<mark>1 Patte</mark> i	n		
Th	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Writ	ten	Total	Prac	tical	Total
												IA	Final	Final	IA	Final	Final
												exam		exam		exam	exam
64	96	96	256	4	6	6	1 6	4	3	2	9	20	80	100	20	80	100

Learning Objectives:

At the end of the course the candidate will:

1. Be able to describe:

- The general concepts about health, disease and physical fitness.
- Physiology of aging process and its influence on physical fitness.
- National policies for the rehabilitation of disabled role of PT.
- The strategies to access prevalence and incidence of various conditions responsible for increasing morbidity in the specific community role of PT in improving morbidity, expected clinical and functional recovery, reasons for non-compliance in specific community environment solution for the same.
- The evaluation of disability and planning for prevention and rehabilitation.
- Community Based Rehabilitation in urban and rural set up.
- 2. Be able to identify with clinical reasoning the prevailing contextual (e.g. environmental and psycho-social cultural)factors, causing high risk responsible for various dysfunctions and morbidity related to sedentary life style and specific community like women, children, aged as well as industrial workers and describe planning strategies of interventional policies to combat such problems.
- 3. Be able to conduct as small project {cross sectional study /survey} to access to the prevalence of specific physical health problem and /or morbidity in specific community which may be based at the institutional level or in field.

	Course Content									
Topic Serial	Title of content	Hours of teaching/learning								
No.		Theory	Practical							
1.	Women's Health: -	1.	25 hrs							
	 Introduction to Woman's Health and Anatomy of pelvic floor. Anatomical and physiological variations associated with pregnancy and menopause. Antenatal, perinatal and postnatal physiotherapy and PT advice on labor positions, pain relief and PT Management of various problems faced in this period Uro-genital dysfunctions: Infections, prolapse, Polycystic Ovarian Disease, incontinence and their therapeutic interventions. Common Gynecological surgeries and role of physiotherapy 									

r		1	
	• Physical fitness in women during pregnancy & menopause.		
	• Radical mastectomy and therapeutic intervention. Desirable to Know –		
	• Social issues having impact on Physical function.		
	Nice to know –		
	Legal rights & benefits for women.		
2.	Geriatrics: -	2.	25 hrs
	• Theories of Aging.		
	Anatomical and Physiological changes of aging in -		
	Musculoskeletal system.		
	\succ CNS.		
	\succ CVS.		
	\succ RS.		
	Metabolic, Endocrine, Immune System		
	• Assessment in geriatrics.		
	• Role of physiotherapy in geriatrics fitness (Institutionalized		
	& Community dwelling elders), Role of PT in: Half-way		
	homes, Residential Homes, Meals on wheels, Home for the		
	aged, etc.		
	 Falls and its prevention in Geriatrics. 		
	 Rehabilitation for Parkinson's disease, Alzheimer's, 		
	Dementia, Incontinence, stroke etc.		
3.	Ethics, Legal Rights and benefits for geriatric Rehabilitation Industrial Health	3.	25 hrs
5.		5.	25 1115
	I – Ability Assessment		
	Job description		
	• Job demand analysis		
	Task analysis		
	Ergonomic evaluation		
	• Injury prevention		
	Employee fitness programme		
	II – Disability management –		
	• Acute case		
	 Concept of functional capacity assessment 		
	 Work conditioning 		
	Work conditioning Work hardening		
	 Work hardening III – Environmental stress in the industrial area 		
	a. Occupational Hazards:		
	• Physical agents- Heat, cold, light, noise, Vibration, U.V.		
	radiation, Ionizing radiation,		
	• Chemical agents-Inhalation, local action & ingestion,		
	Mechanical hazards- overuse, fatigue.		

	 Psychological hazards – monotonic, dissatisfaction in job, anxiety of work completion with quality, mechanical stress in various occupations for eg. Sedentary table work –eg. in executives, clerk, Inappropriate seating arrangement- eg. vehicle drivers Constant standing- eg. watchman, Defense forces, surgeons, Over- eg. exertion in laborers. Biological Hazards Role of P.T. in industrial set up & Stress management with relaxation mode. Vocational Training and Rehabilitation Industrial Laws: Legal Right and benefits 		
4.	Fitness & Health Promotion	4.	21 hrs
	 Physiological effects of aerobic and anaerobic exercise. Assessment of Fitness Fitness training and clinical reasoning for advocating aerobic exercise as preventive measures in special population: Elderly, Women, Children Obesity, Diabetes Mellitus, Renal Failure Hypertension De-conditioning effects of prolonged bed rest. Exercise Testing & Prescription 		
5.	Community Health	5.	
	 WHO definition of health & disease, Health care delivery system – 3 tier Syste *Rehabilitation: definition, types and Team * Community: Definition, Community based approach, * Community entry strategies, Community initiated v/s Community oriented programme Introduction to CBR: Definition, Historical review, Concept, Need, Objectives, Scope, Members, Models CBR strategies in Health Promotion Urban area – UHC – Community centre, clubs, mahila mandals, social centers. Schools, Industries, Sport centers. Rural area by using PHC, rural hospital, district hospital. Principles of CBR, Difference between Community v/s Institutional Based Rehabilitation, Extension services and mobile units: Introduction, Need, Camp approach Planning and management of CBR programme Disaster management and role of PT Disability : Evaluation, types & prevention & role of physiotherapy 		

	National policies for rehabilitation of disabled,
	Architectural barriers for disabled and their modification
6	Solidarity and cooperation (2hrs)
	Solidarity in health care & Physiotherapy
	Ethical perspective
	 Solidarity as instrumental value
	 Solidarity as moral value
	Threats to solidarity in present-day societies
7.	Social responsibility and health, Sharing of benefits
	• Highest attainable standard of health as a fundamental
	human right
	 Universal Declaration of Human Rights
	• WHO Constitution
	• Duty, obligation and responsibility physiotherapists
	for Highest attainable standard of health as a
	fundamental human right
	 Responsibilities for governments and various
	sectors of society
	• Health and contemporary challenges to global
	justice
	 Access to essential health services
	 The protection of vulnerable populations
	 Providing health care services across
	national boundaries
	• Sharing of benefits
	• Models of benefit-sharing agreements
	 Fair and equitable options for research
	subjects
	 Biopiracy and fair sharing of benefits of genetic resources
	 Patents and intellectual property
	 Valid options for promoting fair and
	equitable access to new diagnostic and
	therapeutic modalities or to products
	stemming from them
	 Integration of capacity-building components to
	externally funded research and other initiative

S.NO	Title
1	Physiotherapy in Gynaecological & Obstetrical conditions – by Poldon – Jaypee
2	Text book of Work Physiology - Astrand P A Rodahe K
3	Therapeutic Exercise – By Kisner & Colby.
4	Text book of community medicine &Community Health – by Bhaskar Rao.
5	Geriatrics Physiotherapy – By Andrew Guccione.
6	Industrial Therapy – by Glenda Key
7	Preventive & Social Medicine – by Park

Reference Books

S.NO	Title								
1	Mural K F – Ergonomics: Man in his working environment								
2	Exercise Physiology-by Mc 'Ardle.								
3	Musculoskeletal Disorders in work place: Principle &Practice-by Nordin Andersons								
	pope.								
4	Indian Social Problem Vol 2 – by G R Madan.								
5	Disability 2000 - RCI.								
6	Legal Rights of disabled in India-by Gautam Bannerjee.								
7	ICF –WHO Health Organisation 2001 publication.								

SCHEME OF EXAMINATION

Written		Total	Practical		Total	
IA	Final exam	Final exam	IA Final exam		Final exam	
20	80	100	20	80	100	

Periodical Examination:

- Written Examination:-20 MCQ for 20 marks, 20 minutes.
- Practical Examination:- 20 marks

Preliminary Examination / University (Final) Examination

• Written Examination (80 marks)

Sec A	MCQ	20x1=20 marks
Sec B	1. Short Notes - Answer any 5 out of 6	5x3=15 marks
	2. Short answer questions - Answer any 3 out of 4	2x5=15 marks
Sec C	1. Long Answer Question(Compulsory)	1x15=15 marks
	2. 4. Long Answer Question(Answer any 1 out of 2)	1x15=15 marks

• Practical Examination (80 marks)

S.No.		Marks
1	1.Long Case: Women's health/Geriatric/Industrial	40 Marks
	health/health promotion	
	2.Short Case: Simulated	20 Marks
	3.Spots + Journal	15 + 5 = 20 M.

• SUPERVISED PRACTICAL TRAINING:

 \circ Case Presentation & Documentation: = 5 marks

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination

Internal Assessment Marks

Theory/ Practical :-

Periodical exam	= 20 marks				
Prelim exam	= 80 marks				
Total	= 100 marks				
The total shall be Converted to 20 marks (100/5=20)					

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3.		discrepancies and Osteogenesis Imperfecta. Traumatic injuries in child – fractures, dislocations, epiphyseal injuries										2 h	rs	2 hrs			
4.		Assessment of Reflex & Reactions										1 h		2 hrs			
5.		Cerebral palsy -assessment & management with approaches, Roods, Vojta,										3 h		10 hrs			
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6.			tion de	-			e diso	order,	Auti	sm					1 h	r	1 hr
7.		Gravi	tationa	al inse	curity	, Me	ntal r	etard	ation	, Epile	psy				2 h	rs	2 hrs
8.		Genet	ic disc	order –	- Dov	vn's s	syndr	ome,	Marf	an's s	yndroi	ne			1 h	r	
9		Move	ment o	disord	er – C	Chore	a, At	hetos	is, Dy	ystonia	ı, Cho	reoat	hetosis,	Ataxia	1 h	r	2 hrs
10.		Disor	der of	muscl	e - N	luscu	lar d	ystrop	phy (Duche	enne's	, Bec	ker's, L	imb	3 h	rs	2 hrs
			, Facio														
11.			-			ies –	Spin	a bifi	da, hy	ydroce	phalus	s, cra	nio-vert	ebral	2 h	rs	4 hrs
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S.NO	Title
1	Paediatric physical Therapy- Stephen Tecklin
2	Physical therapy for children –Campbell
3	Nelson Textbook of Paediatrics
4	Handbook of Paediatric physical therapy-Toby M Long

SCHEME OF EXAMINATION

Written		Total Practical			Total
IA	Final exam	Final exam	IA Final exam		Final exam
10	40	50	10	40	50

Periodical Examination:

- Written Examination:-20 MCQ for 10marks, 20 minutes.
- Practical Examination:- 10 marks

Preliminary Examination / University (Final) Examination

(10 marks internals & 40 marks University exam)

• Written Examination (40 marks)

	(
Sec A	MCQ	10x1=10 marks
Sec B	1.Short Notes - Answer any 5 out of 6	5x2=10 marks
	2.Short answer questions - Answer any 2 out of 3	2x5=10 marks
	3. Long Answer Question(Answer any 1 out of 2)	1x10=10 marks

• Practical Examination (40 marks)

S.No.			Marks
1	1.	Long Case: based on the History 5 marks, Evaluation 5	25 Marks
		marks, Treatment Plan on Patient 15 marks	
			10+5 =15
	2.	Short Case: Simulated + Journal	Marks

• **<u>SUPERVISED PRACTICAL TRAINING</u>**: Journal=5 marks

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination

Internal Assessment Marks

Theory/Practical :-

Periodical exam	= 10 marks
Prelim exam	=40 marks
Total	= 50 marks
The total shall be Conv	verted to 10 marks (50/5=10)

						Cou						·	Manual	Thera	ру			
	Course Code:- PT 703 B Course Credit for Physiotherapy in Manual Therapy																	
						Cred	lit fo			herap	y in I							
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64	64	96	160	2	2	6	1 0	2	1	2	5	10	40	50	10	40	50	
Lea	Learning Objectives:																	
At	the e	nd of t	he co	urse, 1	the c	andic	late	will –	-									
1.	Acq	uire th	e kno	wledg	ge an	d ski	ll of	vario	us ap	proac	hes o	f Ma	nual the	rapy fo	r joir	ts of		
	the l	imbs/s	spine.															
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Sr.No.	Title
1	Maitlands book on Manual therapy
2	Orthopaedic Physical examination – by Magee
3	Mobilization methods – Kaltonborn
4	Cyriax Mobilisation

SCHEME OF EXAMINATION

Written	l	Total	Practi	cal	Total
IA	Final exam	Final exam	IA	Final exam	Final exam
10	40	50	10	40	50

Periodical Examination:

- Written Examination:-20 MCQ for 10 marks, 10 minutes.
- Practical Examination:- 10 marks

Preliminary Examination / University (Final) Examination

(10 marks internals & 40 marks University exam)

• Written Examination (40 marks)

Sec A	MCQ	10x1=10 marks
Sec B	1.Short Notes - Answer any 5 out of 6	5x2=10 marks
	2.Short answer questions - Answer any 2 out of 3	2x5=10 marks
		1x10=10 marks

• Practical Examination (40 marks)

S.No.		Marks
1	1. Long Case	25 Marks
	(based on the History 10 marks, Evaluation 15 marks, Treatment Plan on	
	Patient)	10 +5 =15 Marks
	2. Short Case: Simulated + Journal	

• **SUPERVISED PRACTICAL TRAINING:** Journal=5 marks

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination

Internal Assessment Marks

Theory/Practical :-

Periodical exam	= 10 marks
Prelim exam	=40 marks
Total	= 50 marks

The total shall be Converted to 10 marks (50/5=10)

SEMESTER – VIII

Course	Course Title	Hours							
Code		Th	Pr	SCT	Total				
PT-801	Physiotherapy in Neurosciences	64	96	96	256				
PT-802	Physiotherapy in Cardiorespiratory and General Conditions	64	96	96	256				
PT-803	Choice based course(Sports Physiotherapy/Hand Conditions)	32	32	96	160				
	Total	160	224	288	672				

Th: Theory, Pr: Practical, Tot: Total, Lec: Lecture Demonstration/Tutorial/Discussion, IA: Internal Assessment

	Course Title :- Physiotherapy in Neurosciences Course Code:- PT 801																
Course Credit for Physiotherapy in Neurosciences																	
Hours Hrs/Wk					Cre	Credits				Evaluation Pattern							
Th	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Le	Pr	SPT	Tot	Writ	ten	Total	Prac	tical	Total
								с				IA	Final	Final	IA	Final	Final
													exam	exam		exam	exam
64	96	96	256	4	6	6	16	4	3	2	9	20	80	100	20	80	100
Lac				~ •													

Learning Objectives:

At the end of the course, the candidate will –

- 1. Acquire the knowledge of normal neurodevelopment, with specific reference to
- 2. locomotion
- 3. 2.Be able to assess, identify & analyze Neuro-motor & psychosomatic dysfunction in
- 4. terms of alteration in the muscle tone, power, coordination, involuntary movements
- 5. Sensations/perception etc, E.M.G./ N.C. Studies & arrive at functional diagnosis with clinical reasoning.
- 6. Acquire the skills of application of P.N.F. technique on patients.
- 7. Be able to plan, prescribe & execute short term & long term treatment, with special reference to relief of Neuropathic & psycho-somatic pain, mat exercises, functional re-education, gait training, postural & functional training for A.D.L., ergonomic
- 8. Advice, & parents education in Neuro-pediatric care.
- 9. Be able to prescribe appropriate Orthosis / splints & will be able to fabricate
- 10. Temporary protective & functional splints.

Course Content								
Topic	Title of content	Hours of teaching/learning						
Serial No.		Theory	Practical					
1	Structure and function of Nervous System	1	-					
2	Theories of motor control & motor learning	1	-					
3	Neurological Assessment	5	3					
	• Assessment of Higher mental							
	functions, Cranial Nerves,							
	• Sensory system, Motor system, Reflexes, Co-		3					
	ordination,							

	Balance, functional abilities, neuropathic pain		3
	and investigaton.		
4	Understanding sensory system & Organization of	1	1
	sensory strategies for efficient motor output.		
5	Skills of sensory – motor learning & Neuro-	1	3
	muscular skeletal training		
6	Application of skills of Co-ordination & Balancing	1	3
	exercises by using techniques based on Neuro-		
-	physiological principles	1	4
7	Application of transfer & functional re-education	1	4
	exercises-Postural exercises, & Neurological		
8	Gait Assessment and management/ trainingPrinciples of Application of Neuro therapeutic skills	2	5
0	like PNF, NDT, Brunnstrom & Rood 's approaches.	2	5
9	Principles and methods of using tools of Therapeutic	1	3
,	gymnasium such as Vestibular ball,	1	5
	tilt board, bolsters, etc. in neurological conditions		
10	Evaluation & physiotherapy assessment with		
	appropriate reasoning for planning &		
	implementation of treatment technique for following		
	neurological conditions:		
	i. Cerebrovascular Accidents:	2	5
	• Hemiplegia,		
	• Disorders of cerebral circulation		
	Space occupying lesions		
	ii. Disorders of spinal cord		
	Spinal Cord Injury	2	5
	• Syringomyelia,	2	5
	Transverse myelitis		
	• Sub-acute combined degeneration of spinal cord		
	iii. Traumatic Head Injury		
	iv. Infections of Nervous System	2	2
	Meningitis	$\frac{1}{2}$	3
	• Encephalitis		
	Neurosyphilis		
	Tabes dorsalis		
	Poliomyelitis and Post Polio Residual		
	Paralysis		
	• Leprosy		
	v. Demyelinating diseases of the nervous system		
	• Multiple sclerosis	1	2
	vi. Lesions of Extra-pyramidal system & Basal		
	gangliaParkinson's Disease		4
		2	4
	Spasmodic torticolis		

Athetosis, Chorea & Dystonia		
vii. Degenerative disorders		
Motor Neuron Diseases	2	2
Hereditary Ataxia	2	2
• Peroneal muscle atrophy, S.M.A		
viii. Disorders of Peripheral nerves		
Traumatic Nerve Injury, Tumors,		
 Infective & Metabolic lesions of nerves 	2	2
ix. Disorders of muscles and neuromuscular junction	2	3
Muscular Dystrophies		
Myasthenia Gravis & myasthenia syndrome		
x. Polyneuropathy		
Classification of Polyneuropathies	2	2
• GBS, Diabetic and Alcoholic Neuropathy	2	2
xi.Cerebellar & Co-ordination disorders		
Congenital Ataxia		
Friedrich's Ataxia	2	4
Paediatric Neurology	2	4
a) Developmental milestones and		
Developmental reflexes		
b) Neuro developmental screening tests	2	4
c) Evaluation & Management :	2	
Observation, Palpation, Milestone		
Examination, developmental reflex		
Examination,	2	4
Higher mental function, Cranial nerve		
examination, Motor & Sensory examination,		
Reflex testing,	3	4
Differential Diagnosis, Balance &	2	6
Coordination examination, Gait analysis,		
Functional analysis,		
• List of Problems & Complications, Short &		
Long Term goals		
d) Use of various Neurophysiological		-
approaches & Modalities in		
High Risk babies		
Minimum brain damage		-
Developmental disorders		
Cerebral palsy		
Autism	10	
Down's Syndrome		12
Hydrocephalus		
 Spina bifida and spinal dysraphism 		

11	Protecting future generations, Protection of the	2	
	environment		
	 Why care about the future? Contexts of 		
	concern		
	 The scope and limits of future related 		
	responsibilities Intergenerational; distant		
	generations, all unborn generations?		
	 Obligations over health care providers to the 		
	possible people of the future?		
	 Health care and future generations 		
	 The relation of bioethics and environmental 		
	issues Basic principles of environmental athies 		
	 Basic principles of environmental ethics i. environmental justice 		
	ii. intergenerational justice		
	iii. respect for nature		
	DESIRABLE TO KNOW		
1		1	2
1	Parent / care takers education about handling of a paralytic patient	1	2
2	Lifting techniques, Wheel chair modifications &	1	4
-	adaptive devices	1	
3	Disorders of autonomic nervous system	2	
	NICE TO KNOW		
1	Embryology of nervous system	2	
2	Psycho-somatic Pain & Paralysis.	1	
3	Fabrication of temporary splints during urgent	2	
	requirement with clinical reasoning		
4	Developing a philosophy for caring.	1	
	CLINICAL		
	Evaluation & treatment planning; its presentation &		
	documentation of minimum ten cases in following:		
	• U.M.N. lesion		
	• L.M.N. lesion,		
	Paediatric Neuro case		

Sr.No.	Title
1	Cash's Text book for Physio Therapists in Neurological disordersJaypee brothers Publication
2	Practical Physical therapy by Margaret Hollis
3	Therapeutic Exercise by Carolyn Kisner & Colby
4	Physical Rehabilitation by Susan. B.O` Sullivan
5	Tidy's Physiotherapy by Stuart Porter
6	Neurological Rehabilitation by Darcy Umphred
7	"Right in the middle of stroke" by Patricia Davis

Reference Books

Sr.No.	Title
1	Therapeutic exercise by Basmajiian-5th edn.
2	Physical Rehabilitation by Krusen
3	Brain's disorders of Nervous system

SCHEME OF EXAMINATION

Written		Total	Practical		Total
IA	Final exam	Final exam	IA	Final exam	Final exam
20	80	100	20	80	100

Term Examination:

- Written Examination:-20 MCQ for 20 marks, 20 minutes.
- Practical Examination:- 20 marks

Preliminary Examination / University (Final) Examination

• Written Examination (80 marks)

Sec A	1.MCQ	20x1=20 marks
Sec B	2.Short Notes - Answer any 5 out of 6	5x3=15 marks
	3.Short answer questions - Answer any 2 out of 3	3x5=15 marks
Sec C	4. Long Answer Questions (compulsory)	1X15=15marks
	5. Long Answer Questions –any 1 out of 2	1X15=15marks

• Practical Examination (80 marks)

S.No.		Marks
1.	Long case	
	History	5 marks
	Evaluation	15 marks
	Treatment Plan on patient	20 marks
2.	Short case	20 marks
3.	Five spots: - Spots based on	3x5=15
	EMG/NCV Studies	
	Orthosis/Prosthesis	
	Neuro-assessment scale (3 minute & 3Marks each spot)	
	Journal	5 marks

• SUPERVISED PRACTICAL TRAINING: Journal=5 marks

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination

Internal Assessment Marks

Theory/Practical :-

Periodical exam	= 20 marks
Prelim exam	= 80 marks
Total	= 100 marks
The total shall be Con	verted to 20 marks (100/5=20)

Course Title :- Physiotherapy in Cardio-respiratory and General Conditions Course Code:- PT 802																	
Course Credit for Physiotherapy in Cardio-respiratory and General Conditions																	
Hours Hrs/Wk Credits							Evaluation Pattern										
Th	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Le	Pr	SPT	Tot	Writ	ten	Total	Prac	tical	Total
								с				IA	Final	Final	IA	Final	Final
													exam	exam		exam	exam
64	96	96	256	4	6	6	16	4	3	2	9	20	80	100	20	80	100
Lea	Learning Objectives:																

At the end of the course, the candidate will -

- 1. Identify, discuss & analyze cardio-vascular & pulmonary dysfunction, based on Pathophysiological principles, & arrive at the appropriate functional diagnosis,
- 2. Acquire knowledge of rationale of basic investigative approaches in the medical system, & surgical intervention regimes related to cardio-vascular & pulmonary impairment.
- 3. Acquire the skill of evaluation & interpretation of functional capacity, using simple exercise tolerance tests, such as 6 minutes walk test, symptom limited test.
- 4. Be able to select strategies for cure, care & prevention; adopt restorative & rehabilitative measures for maximum possible functional independence of a patient at home, work place & in community.
- 5. Be able to execute the effective Physio Therapeutic measures [with appropriate clinical reasoning] with special emphasis to Breathing retraining, nebulization, humidification, bronchial hygiene, General mobilization, & Exercise conditioning.
- 6. Acquire knowledge of the overview of patients` care at the Intensive care area, artificial ventilation suctioning, positioning for bronchial hygiene, & continuous monitoring of the patient at the Intensive care area.
- 7. Acquire the skill of basic Cardio pulmonary resuscitation.
- 8. Be able to execute the effective Physio therapeutic measures with appropriate clinical reasoning to improve general surgical & medical condition.

— 1 — 1 1	Course Content – (section A/B/C if applicable)				
Topic Serial	Title of content		lours of		
No.		teaching/learning			
		Theory	Practical		
1	Assessment of Cardio-Vascular and Respiratory system.	2	3		
2	Anatomical and Physiological differences between the	1			
	Adult and Paediatric lungs				
3	Interpretation of radiological & Biochemical	2	3		
	Investigations & correlate the same with clinical				
	findings.				
4	Functional diagnosis of cardio respiratory dysfunction	3	3		
	(ECG, PFT, serum enzymes, ABG)				
5	Physiotherapy techniques to increase lung volume	3	3		
	 Positioning and Mobilization 				
	Breathing exercises				
	NeurophysiologicalFacilitation of Respiration				
	• Mechanical aids –Incentive Spirometry, CPAP, IPPB				

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6	Physiotherapy techniques to decrease work of breathing	2	3	
	Energy Conservation			
	Positioning			
	• Breathing re-education – Breathing control			
	techniques			
	• Mechanical aids – IPPB, CPAP, BiPAP			
7	Physiotherapy techniques to clear secretions	5	8	
	• Hydration, Humidification & Nebulisation,			
	Mobilisation and Breathing exercises			
	Postural Drainage			
	• Manual techniques – Percussion, Vibration and			
	Shaking, Rib Springing, ACBT, Autogenic Drainage			
	 Mechanical Aids – PEP, Flutter, Acapella, RC 			
	Cornet, IPPB			
	Facilitation of Cough and Huff			
	Suctioning			
8	Drug Therapy	1	-	
9	Patterns of Lung Disorders & their PT Management	5	5	
10	Physiotherapy following Lung Surgeries	2	5	
11	Pulmonary Rehabilitation	2	3	
12	Intensive care unit	5	15	
	a. Assessment of the critically ill patients			
	b. Monitoring in the ICU			
	c. Physiotherapy in the ICU – Common conditionsin			
	the ICU – Head Injury, Pulmonary Oedema,			
	Multiple Organ Failure, Neuromuscular Disease,			
	Poisoning, Aspiration, ARDS, Shock etc			
	d. Dealing with Emergency situations in ICU			
	NICU / PICU treatment & rehabilitation.			
13	O ₂ therapy and Mechanical Ventilation	3	3	
14	Physiotherapy management for cardiac disorders	3	5	
15	Physiotherapy for Cardiac Surgeries (including Critical	3	5	
	Cardiac Care)			
16	Cardiac Rehabilitation	1	3	
17	Cardio-pulmonary resuscitation.	2	2	
18	Physiotherapy intervention in the management of	3	3	
	Medical and Surgical Oncology Cases			
19	PT Management of Abdominal Surgeries	2	4	
20	Prescription of home program & ergonomic advice &	1	2	
	parent's education in case of paediatric cases with			
	reference to energy cost.			
21	Assessment PT Management following Peripheral	2	4	
	vascular diseases.			
22	Management of wounds and ulcers, Diabetes and its	2	4	
	complications			

	Care, electrotherapeutic measures		
	• Care of surgical scars-U.V.R and other electro		
	therapeutics for healing of wounds, prevention of		
	Hypergranulated Scars, Keloids,		
	• Electrotherapeutics measures for relief of pain during		
	mobilization of scars tissues		
23	Burns management	2	2
	Role of physiotherapy in the management of burns,		
	Post grafted cases		
	Mobilization and Musculoskeletal restorative exercises		
	following burns		
24	Treatment of Lymphoedema	1	
25	Physiotherapy in dermatology	2	4
	• U.V.R therapy in various skin conditions; Vitiligo;		
	Hair loss; Pigmentation; Infected wounds ulcers.		
	• Faradic foot bath for Hyperhydrosis.		
	• Care of anesthetic hand and foot		
	DESIRABLE TO KNOW		
1	Cardiorespiratory changes associated with ageing &	1	2
	fitness programme.		
2	Familiarization with concept of Quality of life	1	1
3	Precautions with HIV	1	
	NICE TO KNOW		
	Outcome Measures in Cardio-vascular & Pulmonary	1	1
	Conditions		
	CLINICAL		
1	Skill to palpate all pulses, rhythm, rate, volume & Heart		
-	rate/pulse rate discrepancy		
2	Skill to assess B.P. at various sites, & its Physiological		
-	variation, & to assess Ankle- Brachial Index		
3	Skill of exercise testing- a]-6/12 min walk, b]-symptom		
	limited		
4	Interpretation of		
	a tread mill & Ergo-cycle test findings		
	b. ECG,I.H.D. & Blocks,		
	c. Biochemical analysis-serum enzymes, C.P.K		
	levels,L.D.H., S.G.O.T., S.G.P.T., Troponin T, Lipid		
	profile, electrolyte balance		
	d. Chest X-ray-,		
	e. P.F.Tobstructive/restrictive/reversibility,		
	f. A.B.G		
	g. R.P.EBorge`s scale		
	h. Quality of life questionnaires		

5	Evaluation & treatment planning, presentation &
	documentation of TEN cases
	Medical Respiratory condition
	Paediatric respiratory condition
	Thoracic Surgical condition,
	Cardiac Medical condition
	Cardiac Surgical condition
	Peripheral vascular disorders
	Abdominal surgical condition
	h. Mastectomy / Amputation

Sr.No.	Title				
1	Cash's Text book for Physiotherapists in Chest, Heart & Vascular diseases- Jaypee				
	bros. Publication				
2	Cash's text book in General Medical & Surgical conditions for Physio therapists				
3	Chest Physical therapy & Pulmonary rehabilitation-by Donna Frownfilter				
4	Brompton's hospital guide				
5	Physical Rehabilitation - O'sullivan				

Reference Books

Sr.No.	Title
1	Physio Therapy in Cardio- Vascular rehabilitation-Webber
2	Exercise & the Heart –Wenger
3	ECG by P.J. Mehta,
4	J. Hampton (Hand book of ECG made easy)
5	Cardiopulmonary Physical therapy by Irwin Scott.
6	Physiotherapy in respiratory care – Alexandra Hough

SCHEME OF EXAMINATION

Written		Total	Practica	ıl	Total		
IA	Final exam	Final	IA	Final	Final exam		
		exam		exam			
20	80	100	20	80	100		

Periodical Examination:

- Written Examination:-20 MCQ for 20marks, 20 minutes.
- Practical Examination:- 20 marks

Preliminary Examination / University (Final) Examination

Sec A	1.MCQ	20x1=20 marks
Sec B	2.Short Notes - Answer any 5 out of 6	5x3=15 marks
	3.Short answer questions - Answer any 2 out of 3	3x5=15 marks
Sec C	4. Long Answer Questions (compulsory)	1X15=15marks
	5. Long Answer Questions –any 1 out of 2	1X15=15marks

• Written Examination (80 marks)

• Practical Examination (80 marks)

S.No.		Marks
1.	Long case	40
	History(5), Evaluation(15), Treatment Plan on patient(20)	
2.	Short case	20
3.	Five spots + journal	15+5=20
	5 Spots based on ABG/X -ray/ECG/PFT/RPE/Bruce, protocol	
	etc. 3 minute each spot $3x5=15$	

• **<u>SUPERVISED PRACTICAL TRAINING</u>**: Journal=5 marks

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination

Internal Assessment Marks

Theory/Practical :-

Periodical exam	= 20 marks
Prelim exam	= 80 marks
Total	= 100 marks
The total shall be Conv	erted to 20 marks (100/5=20)

								COU	RSE-	PHYS	SIOTH	ERA	PY IN S	PORTS			
	C			e Cod					UDSI		VSIOT	UFD		SDODT	<u>c</u>		
Course Credit for CHOICE BASED COURSE- PHYSIOTHERAPY IN SPORTS Hours Hrs/Wk Credits Evaluation Pattern																	
Гh	Pr	SPT	Tot	Lec		SPT	Tot	Lec	Pr	SPT	Tot	Writ		Total	Prac	tical	Tota
												IA	Final	Final	IA	Final	Final
32	32	96	160	2	2	6	1	2	1	2	5	10	exam 40	exam 50	10	exam 40	exan 50
52	52	90	100	2	2	0	$1 \\ 0$	2	1	2	5	10	40	30	10	40	30
Le	arning	g Obje	ective	s:	-			-		-		-					
At	the e	nd of	the c	ourse	, the	e can	dida	ate wi	ill								
2.	arriv reha Und	re at a bilitat	appro ion. d the	priate psycł	fune	ction	al d	liagno	osis v	with c	linica	l rea	soning	cal inv for fiti vidual f	ness	training	g &
3.	-				tion	ale fo	or th	e clin	ical	tests u	ised ir	n diff	erentia	l diagno	sis.		
4.								•					pirator habilita	y functi tion.	on &	co-rela	ate the
5.	-	down juries		bilitat	ion p	oroto	col t	for sp	orts	specif	fic inju	uries	focusi	ng an ea	arly r	ehabili	tation
6.		5		ses pr	one	for in	njurv	y & pi	rever	t ther	n.						
7.	Guio		ticipa									abili	tation to	o attain	maxi	imal	
8.	Und	erstan	d the	role o	of Sp	orts j	phys	siothe	rapis	t in th	e tean	n.					
					Ì		·		-	Conte							
To	pic So	erial	Title	e of co	onten	t									Ho	ours of	
No).												teaching/learning			ning	
														The	ory	Prac	ctical
1			Trai	ning t	he ac	erobi	c an	d ana	erobi	ic ene	rgy sy	stem	1	2		-	
2				siolog										2		-	
			vario	ous ex	ercis	ses -	aero	bic e	xerci	ses &	anaer	obic					

1	Training the actoble and anactoble chergy system	4	-
2	Physiological responses, changes & adaptations to	2	-
	various exercises - aerobic exercises & anaerobic		
	exercises in Pulmonary, Cardiovascular, Neuromuscular		
	system, Hormones		
3	Detraining effects of cardiovascular, musculoskeletal and	2	-
	nervous system		
4	Sports specific training and cross training.	2	-

• Pre-participation examination 2 - • Causes & Mechanism of Sports Injuries, prevention of sports injuries to various structures. 2 - • Common acute, chronic and overuse injuries in various sports at: 6 - • Shoulder girdle, Shoulder, Arm, Elbow, Forearm, Wrist & hand 6 - • Pelvis, hip, thigh, knee, leg, ankle & foot 5 5 • Spine • Head - • Thoracic cage and abdomen • • • vi.Peripheral nerve injuries, injuries to muscles, ligament, tendon, bone, synovial joint structure(with physiological response to injury) 6 - 6 Cardio pulmonary Resuscitation: Shock management, Internal and External bleeding, Splinting, Stretcher use–Handling and transfer, Management of Cardiac arrest, Acute asthma, epilepsy, drowning, burn, Medical management of mass participation. Heat stroke and Heat illness. 3 - 7 Various Body measurements: 3 - - 8 Body composition 3 - - • Different Body composition . 3 - • Different Body composition . 2 - • Different Body composition in water displacement method, under water weighing method, skinfold method, surface anthropometry, bioelectrical impedence an	5	Musculoskeletal injuries		
• Causes & Mechanism of Sports Injuries, prevention of sports injuries to various structures. 2 • • Common acute, chronic and overuse injuries in various sports at: > 6 • • Shoulder girdle, Shoulder, Arm, Elbow, Forearm, Wrist & hand > 6 • > Pelvis, hip, thigh, knee, leg, ankle & foot > 5 • > Pelvis, hip, thigh, knee, leg, ankle & foot > Spine • > Head > Thoracic cage and abdomen • • • 'N-Pripheral nerve injuries, injuries to muscles, ligament, tendon, bone, synovial joint structure(with physiological response to injury) 6 - 6 Cardiopulmonary section 6 - - • Cardio pulmonary Resuscitation; Shock management of Cardiac arrest, Acute asthma, epilepsy, drowning, burn, Medical management of mass participation. Heat stroke and Heat illness. 7 Various Body measurements: 3 - 7 Various methods to estimate body composition : water displacement method, under water weighing method, skinfold method, surface anthropometry, bioelectrical impedence analysis, ultrasound assessment of fat. 9 Electrotherapy in sports injuries 2 - 9 Electrotherapy in sports injuries 2 - - 1	C	•	2	_
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sports at: > Shoulder girdle, Shoulder, Arm, Elbow, Forearm, Wrist & hand > Pelvis, hip, thigh, knee, leg, ankle & foot > Spine > Pelvis, hip, thigh, knee, leg, ankle & foot > Spine > Head > Thoracic cage and abdomen > > vi.Peripheral nerve injuries, injuries to muscles, ligament, tendon, bone, synovial joint structure(with physiological response to injury) 6 - 6 Cardiopulmonary section 6 - • Sporting emergencies & first aid - - • Cardio pulmonary Resuscitation; Shock management, Internal and External bleeding, Splinting, Stretcher use-Handling and transfer, Management of Cardiac arrest, Acute asthma, epilepsy, drowning, burn, Medical management of mass participation. Heat stroke and Heat illness. 3 7 Various Body measurements: Gross size and mass, length and height measurement, circumference of body parts, Skinfold thickness measurements 3 8 Body composition • Various methods to estimate body composition : water displacement method, under water weighing method, skinfold method, surface anthropometry, bioelectrical impedence analysis, ultrasound assessment of fat, arm X-ray assessment of fat, CT assessment of fat 2 9 Electrotherapy in sports injuries 2 2 1 Taping 2 2 2 On field A				
> Shoulder girdle, Shoulder, Arm, Elbow, Forearm, Wrist & hand Pelvis, hip, thigh, knee, leg, ankle & foot > Spine > Head > Thoracic cage and abdomen > vi.Peripheral nerve injuries, injuries to muscles, ligament, tendon, bone, synovial joint structure(with physiological response to injury) 6 6 Cardiopulmonary section 6 • Sporting emergencies & first aid		• Common acute, chronic and overuse injuries in various	6	_
Wrist & hand > Pelvis, hp, thigh, knee, leg, ankle & foot > Spine > Head > Thoracic cage and abdomen > vi.Peripheral nerve injuries, injuries to muscles, ligament, tendon, bone, synovial joint structure(with physiological response to injury) 6 6 Cardiopulmonary section 6 - • Sporting emergencies & first aid - - • Cardio pulmonary Resuscitation; Shock management, Internal and External bleeding, Splinting, Stretcher use-Handling and transfer, Management of Cardiac arrest, Acute asthma, epilepsy, drowning, burn, Medical management of mass participation. Heat stroke and Heat illness. 3 7 Various Body measurements: 3 - Gross size and mass, length and height measurement, circumference of body parts, Skinfold thickness measurements 3 - 8 Body composition 3 - • Different Body composition 3 - • Various methods to estimate body composition : water displacement method, under water weighing method, skinfold method, surface anthropometry, bioelectrical impedence analysis, ultrasound assessment of fat 2 - 9 Electrotherapy in sports injuries 2 - - 1 Taping 2 - - 2 On field Assessment 2 -		sports at:	-	
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> Spine > Head > Head > Thoracic cage and abdomen > vi.Peripheral nerve injuries, injuries to muscles, ligament, tendon, bone, synovial joint structure(with physiological response to injury) 6 6 Cardiopulmonary section 6 • Sporting emergencies & first aid - • Cardio pulmonary Resuscitation; Shock management, Internal and External bleeding, Splinting, Stretcher use-Handling and transfer, Management of Cardiac arrest, Acute asthma, epilepsy, drowning, burn, Medical management of mass participation. Heat stroke and Heat illness. 3 7 Various Body measurements: 3 - Gross size and mass, length and height measurement, circumference of body parts, Skinfold thickness measurements 3 - 8 Body composition 3 - • Different Body composition 3 - • Various methods to estimate body composition : water displacement method, surface anthropometry, bioelectrical impedence analysis, ultrasound assessment of fat 2 9 Electrotherapy in sports injuries 2 - 1 Taping 2 - 2 On field Assessment 2 - 3 Evaluation of Physical Fitness:Assesement of strength, power, endurance (muscular & cardiac), VO _{2max} , flexibility, reaction time and				
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> vi.Peripheral nerve injuries, injuries to muscles, ligament, tendon, bone, synovial joint structure(with physiological response to injury) 6 6 Cardiopulmonary section 6 • Sporting emergencies & first aid - • Cardio pulmonary Resuscitation; Shock management, Internal and External bleeding, Splinting, Stretcher use–Handling and transfer, Management of Cardiac arrest, Acute asthma, epilepsy, drowning, burn, Medical management of mass participation. Heat stroke and Heat illness. 3 7 Various Body measurements: Gross size and mass, length and height measurement, circumference of body parts, Skinfold thickness measurements 3 8 Body composition 3 • Different Body composition 3 • Various methods to estimate body composition : water displacement method, under water weighing method, skinfold method, surface anthropometry, bioelectrical impedence analysis, ultrasound assessment of fat, arm X-ray assessment of fat, CT assessment of fat 2 9 Electrotherapy in sports injuries 2 2 On field Assessment 2 3 Evaluation of Physical Fitness:Assesement of strength,power, endurance (muscular & cardiac),VO _{2max} , flexibility, reaction time and pulmonary function. 8 4 Assessment of lower limb complex: Pelvis, hip, thigh, knee, leg, ankle and foot 10				
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5 Assessment of upper limb complex: Shoulder girdle, 10	4			10
shoulder, arm, elbow, forearm, wrist and hand	5			10
		shoulder, arm, elbow, forearm, wrist and hand		

Reference Books

Sr.No.	Title
1	Sport and physical therapy – Bernhardt Donna, Churchill Livingstone, London 1995.
2	Bird, S. R., Black, N. Sports Injuries: Causes, Diagnosis, Treatment and Prevention.
	Cheltenham: Stanley Thomes, 1997 ISBN: 0748731814
3	Brownstein, B. Functional movement in Orthopaedic and Sports Physical Therapy:
	Evaluation, Treatment and Outcomes.New York; London: Churchill Livingstone, 1997
	ISBN: 0443075301
4	Cash, M. Sport and Remedial Massage Therapy.London: Edbury, 1996 ISBN:
	0091809568
5	Johnson, R. J. and Lombardo, J (eds.) Current Review of Sports Medicine Philadelphia:
	Butterworth-Heinemann, 1998 (2nd edition) ISBN: 0750699655
6	Hollis, M. Massage for Therapists. Oxford: Blackwell Science, 1998 (2nd edition)
	ISBN: 0632047887
7	Hutson, M.A. Sports Injuries, Recognition and Management. Oxford: Oxford
	University Press, 2001 (3nd edition) ISBN: 0192632728

SCHEME OF EXAMINATION

Written		Total	Practical		Total
IA	Final exam	Final	IA	Final	Final exam
		exam		exam	
10	40	50	10	40	50

Term Examination:

• Written Examination:-20 MCQ for 10 marks, 20 minutes.

Preliminary Examination / University (Final) Examination

• Written Examination (40 marks)

S.No.		Marks
Sec A	MCQ	1x10=10 marks
Sec B	1. Short Notes-Answer any 5 out of 6	5x2=10 marks
	2. Short answer questions-Answer any 2 out of 3	2x5=10 marks
	3. Long Answer Questions-Answer any 1 out of 2	1x10=10 marks

Practical Examination (40 marks)

S.No.		Marks
1.	Long Case: based on the History 10 marks, Evaluation 10 marks, Treatment Plan on Patient	25 marks
2.	Short Case: Simulated + Journal	10 + 5 = 15 marks

• SUPERVISED PRACTICAL TRAINING: Journal=5 marks

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination

Internal Assessment Marks Theory/Practical :-Periodical exam = 10 marks Prelim exam = 40 marks Total = 50 marks The total shall be Converted to 10 marks (50/5=10)

	Course Title :- CHOICE BASED COURSE- PHYSIOTHERAPY IN HAND CONDITIONS Course Code:- PT 803B Course Credit for CHOICE BASED COURSE- PHYSIOTHERAPY IN HAND CONDITIONS																
Hours Hrs/Wk Credits Evaluation Pattern																	
Th	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Lec	Pr	SPT	Tot	Writ	ten	Total Practical		tical	Total
												IA	Final exam	Final exam	IA	Final exam	Final exam
32	32	96	160	2	2	6	1 0	2	1	2	5	10	40	50	10	40	50
Lea	rning	g Obje	ectives	s:													•

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

- 1. Be able to identify, discuss & analyse, the Hand dysfunction in terms of Biomechanical, Kinesiological and Biophysical basis & co-relate the same with the provisional diagnosis, routine radiological & Electro-physiological investigations and arrive at appropriate functional diagnosis with clinical reasoning.
- 2. Use the anatomical rationale for the clinical tests used in differential diagnosis.
- 3. Learn the ability to perform an appropriate subjective and physical examination, with development of suitable analytical skills to evaluate data obtained.
- 4. Further develop clinical reasoning that incorporates theoretical concept with evidence-based practice in the field of Hand rehabilitation.
- 5. Recognize the implication of dysfunction on the Neuro- Musculoskeletal system on hand function and the student's clinical decision making for rehabilitation.
- 6. Asses and diagnose all possible findings on the patient to plan a Rehabilitation programme.
- 7. Lay down rehabilitation protocol for sports specific hand injuries focusing an early rehabilitation to injuries.
- 8. Identify the causes prone for injury & prevent them.
- 9. Document patients with scale, out come measures and asses the progression.
- 10. Use recent Technique/ approaches to treat & train patients with hand dysfunction in children, adults & geriatrics.

	Course Content					
Topic Serial No.	Title of content		urs of g/learning			
		Theory	Practical			
1	General upper extremity examination	1	1			
2	Sensory examination of hand	2	1			
3	Motor Examination of hand	2	1			
4	Functional Evaluation of hand	2	1			
5	Outcome measures of hand	2	2			
6	PT Management of Flexor tendon injuries	2	2			
7	PT Management of Extensor tendon injuries	2	2			
8	PT Management of Burnt hand + deformities	2	2			
9	PT Management of Arthritic hand + deformities	2	2			
10	PT Management of Crush injuries	2	2			
11	PT Management of Peripheral Nerve Injuries- median, radial, ulnar, musculocutaneous, axillary	2	2			
12	PT Management of Entrapment neuropathies- cubital	2	2			

	tunnel, carpal tunnel, supinator tunnel, pronator teres		
	syndrome		
13	PT Management of Brachial Plexus Palsies	2	2
14	PT Management of Fractures of phalanges	1	2
15	PT Management of Complex Regional Pain Syndrome	1	2
16	PT Management of Upper limb Orthosis and training	2	2
17	Preparation of splints using POP, Orthoplast, thermoplastic	2	2
18	Taping for wrist and hand conditions	1	2

Reference Books

Sr.No	Title
1	Rehabilitation of Hand; J.M. Hunter [C.V.Mobsy]
2	The Hand; Fundamental of therapy (2 nd edn); Judith Boscheinen Morrin & Victoria
	Davey [Butter worth Heinemann]
3	Examination of hand & wrist; Tubiana [Mobsy publications]
4	Fundamentals of hand rehabilitation; Salter [Mobsy publications]
5	Concepts of hand rehabilitation [Mobsy publications]

SCHEME OF EXAMINATION

Written	l	Total	Practical		Total
IA	Final exam	Final	IA	Final	Final exam
		exam		exam	
10	40	50	10	40	50

Periodical Examination:

- Written Examination:-20 MCQ for 10 marks, 20 minutes.
- Practical Examination:- 10 marks

Preliminary Examination / University (Final) Examination

• Written Examination (40 marks)

Sr.No.			Marks
1	MCQ		1x10=10 marks
2	1.	Short Notes-Answer any 5 out of 6	5x2=10 marks
	2.	Short answer questions-Answer any 2 out of 3	2x5=10 marks
	3.	Long Answer Questions-Answer any 1 out of 2	1x10=10 marks

	• I factical Examination (40 marks)	
Sr.No.		Marks
1.	Long Case: based on the History 5 marks, Evaluation 5 marks, Treatment Plan on Patient 15 marks	20+5=25 marks
2.	Short Case: Simulated + Journal	15 marks

• Practical Examination (40 marks)

• **<u>SUPERVISED PRACTICAL TRAINING:</u>** Journal=5 marks

All the SPT works should be properly documented, signed by the respective teacher in-charge of the subject, indexed in a separate file and should be submitted before the preliminary examination of the semester. It is the responsibility of the student to submit the file(s) to the teacher before the examination

Internal Assessment Marks

Theory/Practical :-

Periodical exam	= 10 marks
Prelim exam	=40 marks
Total	= 50 marks
The total shall be Conv	erted to 10 marks (50/5=10)

Compulsory Rotatory Internship(1092hrs across 26 weeks)

Course	Course Title	Hours			
Code		Th	Pr	Clinical	Total
PT-901	Compulsory Rotatory Internship	-	-	858	858
PT-902	Internship Project	-	-	234	234
	Total	-	-	1092	1092

Course Title :- Compulsory Rotatory Internship Course Code:- PT 901 Course Credit for Compulsory Rotatory Internship															
Hours Hrs/Wk Credits Evaluation Pattern															
r Clin	Tot	Lec	Pr	Clin	Tot	Lec	Pr	Clin	Tot	Written		Total	Prac	tical	Total
ic				ics				ics		IA	Final	Final	IA	Final	Final
											exam	exam		exam	exam
858	858	-	-	33	3 3	-	-	11	11	-	-	-	50	-	50
-	Hours Clin ic	Hours Clin Tot ic	Hours Hrs, Clin Tot Lec	Hours Hrs/Wk	Hours Hrs/Wk	Hours Hrs/Wk Clin Tot Lec Pr Clin Tot ic 858 858 - - 33 3	Hours Hrs/Wk Cree Clin Tot Lec Pr Clin Tot Lec 858 858 - - 33 3 -	HoursHrs/WkCredits $Clin$ icTot cLecPrClin icsTot cLecPr858858333	HoursHrs/WkCredits $Clin$ icTot cLecPr cClin icsTot cLecPr cClin ics85885833311	Clin icTot LecPr Pr Clin icsClin Tot icsTot LecPr Pr Clin icsClin Tot8588583331111	HoursHrs/WkCreditsEva $Clin$ TotLecPrClinTotLecPrClinic Tot LecPrClinTotLecPrClin8588583331111	Hours Hrs/Wk Credits Evaluation Clin Tot Lec Pr Clin Tot Lec Pr Clin Tot Written ic 858 858 - - 33 3 - - 11 11 - -	Hours Hrs/Wk Credits Evaluation Patter Clin Tot Lec Pr Clin Tot Lec Pr Clin Tot Identified Tot 858 858 - - 33 3 - - 11 11 - -	HoursHrs/WkCreditsEvaluation PatternClin icTot icLecPr icsClin icsTot icsLecPr icsClin icsTot icsPr icsClin icsTot icsTot icsWrittenTotal Prac IA858858333111150	Hours Hrs/Wk Credits Evaluation Pattern Clin Tot Lec Pr Clin Tot Lec Pr Clin Tot ic Tot Lec Pr Clin Clin Tot Final Final 858 858 - - 33 3 - - 11 11 - - - 50 -

Course Title :- Internship Project Course Code:- PT 902 Course Credit for Internship Project																	
Hours Hrs/Wk Credits									Evaluation Pattern								
Th	Pr	Clin	Tot	Lec	Pr	Clin	Tot	Lec	Pr	Clin	Tot	Written		Total	Prac	tical	Total
		ic				ics				ics		IA	Final exam	Final exam	IA	Final exam	Final exam
-	-	234	234	-	-	9	9	-	-	3	3	-	-	-	20	30	50

Distribution of internal marks for Compulsory Rotatory Internship

Sr.no	Particulars	Internal marks
1	Case Presentation (5x4=20 cases)	20
	i.Musculoskeletal PT	
	ii.Neurophysiotherapy	
	iii.PT in Cardiorespi	
	iv.CBR	
2	Journal club(02)	10
3	Posters/Wall magazines (02)	10
4	Short term project (01)	10
	Total	50

Distribution of internal marks for Internship Project

Sr.no	Particulars	Internal marks
1	Timely submission of project work	10
2	Submission of 10 review of literature	10
	Total	20