# The University of Jordan

### Faculty of Rehabilitation Sciences

**Department of Physical Therapy** 

2014/2015

#### Second semester

### Neuromuscular Physiotherapy (1801334)

Credit	4	Pre-	Neuromuscular	Level	3 <sup>rd</sup> year
hour		requisite	Physiotherapy I		
		-	(1801339)		
Lecturer	Alia Alghwiri (AA)	Office	326 (AA)	Office	23226
	Emad Al-Yahya (EA)	number	327 (AA)	phone	23219
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Course	https://elearning.ju.edu.jo	Place	Faculty of		
website			Rehabilitation		
			Sciences		
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Time:

Theory	Sunday 12:00 – 1:00
	Tuesday 1:00 – 2:00
Lab	Tuesday or Thursday
	8:00 - 12:00
Clinical	Monday or Wednesday
	8:00 - 12:00

#### **Course Description:**

This four-credit course follows the integration of the principles of neurological rehabilitation as applied to complex neurological conditions (such as SCI, MS, PD, TBI). Emphasis is on evidence-based practice, interdisciplinary and client-centered care as well as health promotion and prevention of secondary complications. This practical and problem-based course promotes clinical reasoning skills for the PT assessment and treatment of complex problems and multiple handicaps encountered by patients with neurological conditions.

## Intended Learning Outcomes (ILOs):

Successful completion of the course should lead to the following outcomes:

# A. Knowledge and Understanding: student is expected to

A1- Recognize the principles of neurological rehabilitation across the life span and explain the underlying assumptions and scientific basis for intervention

A2- Outline the essential pathophysiology and basis for sensori-motor dysfunctions and evidence-informed treatment for selected movement disorders and neuromuscular conditions.

#### B. Intellectual Analytical and Cognitive Skills: student is expected to:

B1-Appraise the principles of normal motor control, its development and aging and apply basic neuroscience concepts in the appraisal.

### C. Subject-Specific Skills: student is expected to

C1- Perform components of neurological assessment related to physiotherapy (including postural and balance control, motor (tone) and sensory evaluations, and functional mobility assessments) and interpret assessment results.

C2- Demonstrate an evidence-informed choice and application of selected standardized assessment tools and (re-) evaluation techniques for neurological populations.

#### D. Transferable Key Skills: student is expected to

D1- Develop and demonstrate professional and effective communication (verbal, non-verbal and written) during both the assessment and application of treatment for selected neurological conditions.

D2- Develop and demonstrate basic clinical skills related to the performance of selected assessment procedures and some basic treatment methods (hands-on skills, task-oriented approaches, and neurofacilitation techniques).

## **ILOs: Learning and Evaluation Methods**

ILOs	Learning Methods	<b>Evaluation Methods</b>
A&B	Lectures	Theoretical midterm and final
		exams
C&D	Practical labs	Practical midterm and final
		exams
C&D	Clinical visits	Clinical (hands on) final exam

Instructional	Methods:
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Content: theoretical	Reference	week	ILOs	
Spinal cord injury (6 hrs) MT	Physical	1 – 3	-	Describe the
	Rehabilitation,			clinical
	O'Sullivan, S., 6 <sup>th</sup>			presentation
	edition (2014),			following SCI
	chapter 20		-	Identify

	Website: elearnsci.org		expected
	Lecture slides		functional
			outcomes
			following SCI
			based on
			lesion level
			- Understand the
			- Onderstand the
			following SCI
		4	Tollowing SCI
Vestibular Renabilitation (2hrs)	Physical Management	4	- Know the
MT	for Neurological		components of
	Conditions, Stokes,		the vestibular
	M., 3 <sup>rd</sup> edition (2011),		system and its
	chapter 13		connections
	Lecture slides		and understand
			their relation
			with vestibular
			symptoms
			- Recognize few
			of the common
			vestibular
			pathologies
Peripheral nerve dysfunction	Lecture slides	5	- Recognize
(1hr) MT	Principles of	0	connective
	1 interpres of		
	Neuromusculoskeletal		tissue
	Neuromusculoskeletal Treatment and		tissue
	Neuromusculoskeletal Treatment and Management Petty		tissue surrounding peripheral
	Neuromusculoskeletal Treatment and Management,Petty,		tissue surrounding peripheral nerves and its
	Neuromusculoskeletal Treatment and Management,Petty, N.,2 <sup>nd</sup> edition (2011),		tissue surrounding peripheral nerves and its
	Neuromusculoskeletal Treatment and Management,Petty, N.,2 <sup>nd</sup> edition (2011), chapter 6		tissue surrounding peripheral nerves and its role in nerve
	Neuromusculoskeletal Treatment and Management,Petty, N.,2 <sup>nd</sup> edition (2011), chapter 6		tissue surrounding peripheral nerves and its role in nerve tissue
	Neuromusculoskeletal Treatment and Management,Petty, N.,2 <sup>nd</sup> edition (2011), chapter 6		tissue surrounding peripheral nerves and its role in nerve tissue protection
	Neuromusculoskeletal Treatment and Management,Petty, N.,2 <sup>nd</sup> edition (2011), chapter 6		tissue surrounding peripheral nerves and its role in nerve tissue protection - Understand
	Neuromusculoskeletal Treatment and Management,Petty, N.,2 <sup>nd</sup> edition (2011), chapter 6		tissue surrounding peripheral nerves and its role in nerve tissue protection - Understand different nerve
	Neuromusculoskeletal Treatment and Management,Petty, N.,2 <sup>nd</sup> edition (2011), chapter 6		tissue surrounding peripheral nerves and its role in nerve tissue protection - Understand different nerve injury
	Neuromusculoskeletal Treatment and Management,Petty, N.,2 <sup>nd</sup> edition (2011), chapter 6		tissue surrounding peripheral nerves and its role in nerve tissue protection - Understand different nerve injury classification
	Neuromusculoskeletal Treatment and Management,Petty, N.,2 <sup>nd</sup> edition (2011), chapter 6		tissue surrounding peripheral nerves and its role in nerve tissue protection - Understand different nerve injury classification systems and
	Neuromusculoskeletal Treatment and Management,Petty, N.,2 <sup>nd</sup> edition (2011), chapter 6		tissue surrounding peripheral nerves and its role in nerve tissue protection - Understand different nerve injury classification systems and the clinical
	Neuromusculoskeletal Treatment and Management,Petty, N.,2 <sup>nd</sup> edition (2011), chapter 6		tissue surrounding peripheral nerves and its role in nerve tissue protection - Understand different nerve injury classification systems and the clinical presentation of
	Neuromusculoskeletal Treatment and Management,Petty, N.,2 <sup>nd</sup> edition (2011), chapter 6		tissue surrounding peripheral nerves and its role in nerve tissue protection - Understand different nerve injury classification systems and the clinical presentation of nerve injury
Facial Palsy (1 hr) AA	Neuromusculoskeletal Treatment and Management,Petty, N.,2 <sup>nd</sup> edition (2011), chapter 6		tissue surrounding peripheral nerves and its role in nerve tissue protection - Understand different nerve injury classification systems and the clinical presentation of nerve injury
Facial Palsy (1 hr) AA Acquired traumatic brain	Neuromusculoskeletal Treatment and Management,Petty, N.,2 <sup>nd</sup> edition (2011), chapter 6		tissue surrounding peripheral nerves and its role in nerve tissue protection - Understand different nerve injury classification systems and the clinical presentation of nerve injury
Facial Palsy (1 hr) AA Acquired traumatic brain injuries (4 hrs) AA	Neuromusculoskeletal Treatment and Management,Petty, N.,2 <sup>nd</sup> edition (2011), chapter 6		tissue surrounding peripheral nerves and its role in nerve tissue protection - Understand different nerve injury classification systems and the clinical presentation of nerve injury
Facial Palsy (1 hr) AA Acquired traumatic brain injuries (4 hrs) AA Degenerative movement	Neuromusculoskeletal Treatment and Management,Petty, N.,2 <sup>nd</sup> edition (2011), chapter 6		<ul> <li>tissue surrounding peripheral nerves and its role in nerve tissue protection</li> <li>Understand different nerve injury classification systems and the clinical presentation of nerve injury</li> </ul>
Facial Palsy (1 hr) AA Acquired traumatic brain injuries (4 hrs) AA Degenerative movement disorders of the brain;	Neuromusculoskeletal Treatment and Management,Petty, N.,2 <sup>nd</sup> edition (2011), chapter 6		<ul> <li>tissue surrounding peripheral nerves and its role in nerve tissue protection</li> <li>Understand different nerve injury classification systems and the clinical presentation of nerve injury</li> <li>Describe etiology, pathophysiology,</li> </ul>

		manifestations, and
		sequelae of PD
		- Describe role of PT
		in management of PD
		- Describe elements of
		exercise prescription
		for people with PD
Motor neuron disassa: ALS (2		Describe stielogy
here) E A		- Describe enology,
IIIS) EA		pathophysiology,
		manifestations and
		mannestations, and
		Sequerae of MIND
		- Differentiate among
		impairments related
		to LMN, UMN, and
		bulbar pathology
		- Describe role of PT
		in management of
		MND and chronic
		neurodegenerative
		illnesses
		- Discuss problems
		commonly seen in
		individuals with ALS
		and physiotherapy
		interventions form
		them
Polyneuropathies (2 hrs) EA		- Describe etiology,
		pathophysiology,
		clinical
		manifestations, and
		sequelae of common
		peripheral
		polyneuropathies
		- Differentiate among
		impairments related
		to axonal and
		demyelinating
		neuropathies
		- Describe role of PT
		in management of
		acute and chronic
		neuropathies
		- Describe elements of
		exercise prescription
		and orthotic

		management for
		people neuropathies
Cognitive-motor interference;		- Discuss the
implications for rehabilitation		interaction between
(1 hr) EA		cognitive and motor
		functions of the brain
		- Discuss the
		interaction between
		motor and cognitive
		impairments in
		people with
		neurological
		disorders
		- Discuss the
		implications of CM
		in rehabilitation
		management
Chronic pain management (2		- Appreciate the
hrs) EA		importance of
		chronic pain in terms
		of its effect on
		activity and
		participation by
		applying the ICF
		model to chronic pain
		- Contrast the
		presentation of acute,
		persistent, and
		chronic pain
		- Classify different
		types of chronic pain
		and propose causes
		and risk factors for
		each type
		- Relate psychosocial
		factors to the
		understanding of
		chronic pain
		- Describe intervention
		approaches for
		individuals with
		chronic pain
		-
Cerebellar ataxia (2 hrs) AA		
Multiples Sclerosis (2hrs) AA		

Content: practical	Reference	week	ILOs
Task-oriented training to improve	Improving	1-2	- Describe the
control in sitting, kneeling, and	functional		general
standing positions(2 labs) MT	outcomes in		characteristi
	physical		cs of sitting,
	rehabilitation		kneeling,
	(2010),		and standing
	chapters 4, 5, 7		positions
			and
			appropriate
			lead-up
			skills
			- Perform the
			different
			types of
			exercises
			used in
			sitting
			kneeling
			and standing
			- Understand
			how
			exercises
			can be
			modified or
			graded
			according to
			different
			patients'
			needs
Practical SCI management (2 labs)	Physical	3-4	- Identify
MT	Rehabilitation,		motor and
	O'Sullivan, S., 6 <sup>th</sup>		sensory
	edition (2014),		levels of
	chapter 20		injury and
			use the
			American
			Spinal Injury
			Association
			impairment
			scale
			- Evaluate
			different
			outcome
			measures

			used with
			SCI Formulato
			- Formulate
			anticipated
			goals for
			patients with SCI
			- Apply a
			variety of
			training
			programs for
			programs for
			following
			SCI to
			achieve
			maximum
			natient
			independenc
			- Prescribe the
			- Treseribe the
			wheelchair
			for potionts
			and advice
			on proper
			transfer and
		<i>~</i>	skin care
Vestibular rehabilitation (1 lab) MT	Physical	5	- Identify
	Management for		examination
	Neurological		procedures
	Conditions,		used to
	Stokes, M., 3 <sup>rd</sup>		evaluate
	edition (2011),		patients with
	chapter 13		vestibular
			dysfunction
			- Determine
			appropriate
			interventions
			for clinical
			problems
Practical stroke management (1 lab)			
AA			
Practical TBI management (1 lab)			
AA			
Clinical management of gait			- Review the major
problems (1 lab) EA			requirements of

			locomotion
			- Review the major
			kinetic and
			kinematics
			parameters that
			contribute to
			normal and
			abnormal gait
			- Discuss the
			effects of
			neuromuscular
			impairments on
			gait
			- Describe a task-
			oriented
			approach to
			evaluating
			mobility function
			in nourologic
			nonulation
			Discuss clinical
			- Discuss clinical
			methods for
			impaired gait
			strategies
			- Discuss a task-
			oriented
			approach to
			treating
			functional
			mobility
			imitations
			- Review the
			evidence for
			mobility training
			in neurologic
			populations
Practical management of UE			- Review the major
dysfunctions (1 lab) EA			requirements for
· · · · · · · · · · · · · · · · · · ·			UE functions
			including reach.
			grasp and
			manipulation
			skills
			- Discuss a task-
			oriented
			annroach to
	1	1	

		treating
		functional EU
		limitations
		including reach,
		grasp and
		manipulation
		- Review evidence
		for UE training in
		neurologic
		populations
		- Apply a task-
		oriented
		approach to
		retrain, reach,
		grasp and
		manipulation in
		patients with
		different
		neurologic
		disorders
		$-$ Apply the $\Delta$ S $\Delta$ P
		- Appry the ASAI
		principles to task-
		management of
		EU dysfunctions
Cognitive-motor interference;		- Review the
applications in rehabilitation (1 lab)		implications of
EA		the interaction
		between
		cognitive and
		motor deficits in
		patients with
		neurological
		disorders
		- Practice of the
		assessment of
		cognitive and
		neurological
		disorders that are
		commonly
		associated with
		neurological
		conditions
		- Practice of the
		treatment of
		cognitive and
		cognitive and

		neurological
		disorders that are
		commonly
		associated with
		neurological
		conditions
		- Describe and
		apply a and
		implicit DT
		approach to treat
		balance and
		mobility
		impairments in
		natients with
		enological
		disorders
Exercise prescription in neurological		- Review the
population (1 lab) EA		benefits from
		staving active
		and taking
		regular exercise
		for individuals
		with neurological
		conditions
		Discuss and
		- Discuss and
		of evidence
		supporting
		supporting
		ond avaraisa in
		and exercise in
		anditions
		Describe
		- Describe
		exercise prescription in
		prescription in individuels with
		nurviouals with
		acaditions
		Diama carabia
		- Discuss aerobic
		musels
		inuscie
		strengthening,
		constraint-
		induced therapy
		and treadmill

	training in people
	with neurological
	conditions
	- Discuss different
	approaches to
	facilitate change
	in exercise
	behavior and
	good adherence
	in neurological
	rehabilitation
Task oriented balance training (1	
lab) AA	
Practical MS rehabilitation	
management (1 lab) AA	

# <u>Learning Methodology</u> <u>Evaluation</u>

Midterm – theory	30%
Midterm – practical (lab)	10%
Final – theory	30%
Final – practical (site visit)	20%
Assignments and quizzes	10%

During practical assessment, students will be graded based on the proper choice of treatment techniques and correct technique application which includes: patient and therapist position, manual contact, and verbal command.

## Main Reference/s:

- 1. Umphred, D.A. (2013). *Neurological rehabilitation*. (6<sup>th</sup>ed) St. Louis: Mosby Elsevier.
- 2. O'Sullivan, S.B., Schmitz, T.J., Fulk, G.D. (2014). *Physical Rehabilitation*. (6<sup>th</sup> ed). Philadelphia, Pennsylvania: FA Davis

# **References:**

- 1. O'Sullivan, S. & Schmitz, T. (2010). *Improving Functional Outcomes in Physical Rehabilitation*. Philadelphia, Pennsylvania: FA Davis.
- 2. Carr, J & Sepherd (2010). *Neurological Rehabilitation: Optimizing Motor Performance*. (2<sup>nd</sup>ed) Churchill Livingstone.

**In-Class Behavior:** Professional behavior is expected during classes. No side conversations. No cell phones. No arriving late to classes. Students caught cheating or attempting to cheat during exams will be assigned ZERO grade in that exam and will be reported to the Dean

**Dress Code:** Students are expected to demonstrate professional behavior and wear appropriate attire at all times. During lab sessions students are expected to be dressed appropriately for practicing and demonstrating clinical skills.

Attendance: Students are required to attend all classes and labs. Beyond absence of 15% of the course sessions, the student will not be allowed to sit for the final exam. Attendance of part of the lab and leaving without permission will be assigned as missing the whole lab. Students should discuss any concerns regarding this matter with the course instructor.