

UNSW



THE UNIVERSITY OF NEW SOUTH WALES

Exercise Physiology Program

School of Medical Sciences

Faculty of Medicine

HESC3532

Movement Rehabilitation

Semester 2, 2011
Course Outline

Table of Contents

Staff Contact Details	1
Course Details	2
Course Description	2
Aims of the Course	2
Student Learning Outcomes	2
Graduate Attributes	3
Rationale for the inclusion of content and teaching approach	3
How the course relates to the Exercise Physiology Profession	3
How the course relates to other courses in the Exercise Physiology Program	3
Teaching strategies	3
Assessment	4
Summary of assessments	4
Assessment Task 1 – <i>Feedback Online Quizzes</i>	5
Assessment Task 2 – <i>Case Study Participation and Report (2 case studies)</i>	5
Assessment Task 3 – <i>Clinical Skills Assessment</i>	6
Assessment Task 4 – <i>End of Session Examination</i>	7
Submission of assessment tasks	7
Academic honesty and plagiarism	7
Course schedule	8
Resources for students	9
Course evaluation and development	10
Occupational Health and Safety	10
Examination procedures and attendance requirements	10
Special consideration in the event of illness or misadventure	10

Course Staff

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Course Details

Units of Credit: 6 UOC

Course Description

This course describes the use of exercise as a clinical rehabilitation tool for persons with musculoskeletal pathologies and injuries. In addition, the course explains why impairment in motor control, repeated movements and / or sustained postures may predispose people to musculoskeletal injury and perpetuate chronic pain. The course delivers information about evaluation, design and implementation of movement-based rehabilitation techniques for musculoskeletal injuries and movement impairment syndromes. Students will also refine skills for assessing the physical demands of different work tasks and for rehabilitating and maintaining musculoskeletal function to meet workplace demands. This course offers a mixture of traditional and interactive/case study approaches to learning and includes a practical component in the university's Lifestyle Clinic.

Course Aims

1. Develop a thorough understanding of the role of exercise and movement in musculoskeletal rehabilitation
2. Attain competencies in conducting clinical tests and implementing exercise based treatments for a range of musculoskeletal injuries
3. Develop advanced problem solving skills and a capacity for critical thinking
4. Develop an ability to engage in independent and reflective learning for the betterment of professional clinical practice
5. Develop a broad range of communication skills and an ability to work as a member of a team of health professionals, with respect for diversity and a high standard of ethical practice

Student Learning Outcomes

This term is used to describe what it is that you should be able to do, explain or understand if you have learned effectively in the course. For each lecture, tutorial, practical and assessment item, the expected learning outcomes will be explicitly stated. The assessment in the course will be matched as closely as possible to the stated learning outcomes. That is, the assessment will test how well you have achieved the learning outcomes of the course. The general learning outcomes for the course are as follows:

At the end of the course you should:

- Have an understanding of the physical and psychosocial factors underlying a range of musculoskeletal conditions and diseases commonly treated by Exercise Physiologists in clinical practice
- Be competent with the assessment, exercise prescription and management of a range of musculoskeletal conditions and diseases commonly treated by Exercise Physiologists in daily clinical practice
- Be competent with prescribing a progressive exercise program from simple to more demanding and specific functional exercise for a range of musculoskeletal conditions specific to each individuals needs
- Have an understanding of a number of common age related musculoskeletal conditions treated by Exercise Physiologists and considerations for exercise rehabilitation with aging

- Understand when an exercise intervention should be implemented using a cognitive behavioural approach
- Have an understanding of the musculoskeletal demands and risk factors associated various work tasks and strategies to reduce the risk of injury
- Be competent with the routine professional requirements of clinical practice including: treatment approvals, communicating with other health professionals, reporting and maintaining detailed patient and treatment notes

Graduate Attributes Developed in this Course

- Understand the relationship between physical activity and health
- Deliver lifestyle change programs that use exercise for the primary prevention of disease and the management of chronic disease
- Apply clinical skills and knowledge relevant to cardiopulmonary, metabolic, musculoskeletal and neuromuscular rehabilitation
- Engage in independent and reflective learning for the betterment of professional clinical practice, following an evidence-based approach
- Communicate effectively with patients, colleagues and other health professionals
- Work as a member and a leader of a team
- Display a respect for diversity and a high standard of ethical practice

Rationale for the Inclusion of Content and Teaching Approach

How the course relates to the Exercise Physiology profession – Exercise interventions are commonly used in daily clinical practice to treat and manage a wide range of musculoskeletal injuries and disease. Clinical Exercise Physiology is a developing field and this course is concerned with developing the clinical skills and competencies required by practicing Exercise Physiologists. This course develops the students understanding of the use of active modalities for the treatment, prevention and management of musculoskeletal injury and disease. The cause, underlying pathology and treatment of a range of musculoskeletal injury and chronic diseases relevant to clinical Exercise Physiology are considered. There is an emphasis on developing competency with assessment and exercise prescription for a range of musculoskeletal conditions routinely encountered in clinical practice. In addition to the physical origins of injury and pain, the contribution of psychosocial factors to the cycle of pain and disability are also considered and the application cognitive behavioural exercise interventions developed. The Exercise Physiologists role in workplace injury prevention is also considered. The participants understanding of the musculoskeletal demands and risk factors associated with different work tasks and active strategies to reduce the risk of injury are developed. A combination of theoretical and practical teaching components is used to achieve the learning objectives.

How the course relates to other courses in the Exercise Physiology program – The course will draw heavily on your knowledge of biomechanics (SESC2451) and functional anatomy (ANAT3131 & 3141) and will build upon your understanding of the role of the nervous system in the control of movement developed in Muscle and Motor Control (NEUR3101). The case method tutorial component of this course is runs in parallel with that of Neuromuscular Rehabilitation (HESC3292). The case-based focus of the course is designed as preparation for the 4th year clinical practicum, which includes placements working with musculoskeletal disorders.

Teaching Strategies

Lectures – This approach is used to present relatively large amounts of information within a given time on specific topics throughout the course. Several guest lecturers specialising in particular areas of learning will contribute to the unit content. PDF copies of the lecture notes will be available online (see below in COURSE RESOURCES section) prior to or after each lecture, so you should be able to think about and develop an understanding of the lecture concepts as they are presented, rather than writing voluminous notes. However, there will be information and explanations presented in lectures in addition to those covered in the notes that you should take down if they help you to understand the material. The lecturer will also try to allow some time for interaction and activities in each lecture to provide you with an opportunity to clarify or reinforce the ideas that have been presented. You should take these opportunities to think about the information that has been presented and ask questions to enhance your understanding.

Laboratories – The purpose of the practical components of the course are twofold. The first purpose is to help you to develop musculoskeletal rehabilitation skills relevant to an Exercise Physiologist in clinical practice. The laboratories promote competency with these skills by providing a practical and hands on learning experience and prepare you for clinical placement. The second purpose is practical application of theoretical content covered in lectures.

Case Study Tutorials -

The case study tutorial (CST) is an active learning approach involving student centered activities of topics that demonstrate theoretical concepts in an applied setting. This approach is designed to not only enhance your learning experience but also to increase your enjoyment of the topic and hence, your desire to learn. Case study tutorials allow students to apply theoretical concepts, thus bridging the gap between theory and practice. **All** students will be required to come prepared for each of the 4 CST's and to contribute to the discussion by reading the case study and associated questions provided in the weeks prior to the tutorial. Some students will be designated 'warm callers' prior to the CST. Warm callers will/may be asked to initiate the discussion at various points – e.g.: provide a summary of Mrs X's symptoms; are there any contraindications to Mrs X increasing her activity levels?; please summarise Mrs X's previous treatment history, etc. All other students can receive a 'cold call' at any time during the tutorial and provide an answer to a question or issue being discussed and debated. The assessment of each CST will involve a practical component and hence unprepared students risk poor grading and worst still, a less than optimal learning experience. A CST learning format is highly relevant to professional development and competencies as it exposes students to issues relevant to Exercise Physiologists in clinical practice. Case studies also provide an opportunity for the development of key skills including communication, group work and problem solving and provide a motivating and enjoyable learning experience.

Independent study – There is insufficient time in the lectures, tutorials and practicals for you to develop a thorough understanding of the concepts covered in this course. In order for you to achieve the learning outcomes that will be assessed, material presented in the course must be revised regularly. Students are also required to cover the readings and resources accompanying each lecture to enhance their understanding of lecture material and as a requirement for case study participation.

Assessment – These tasks have been chosen as tools to enhance and guide your learning as well as a way of measuring performance, and are therefore central teaching strategy in this course.

Summary of Assessments	% Total Marks	Due Date
ASSESSMENT TASK 1 - FEEDBACK ONLINE QUIZZES	0%	week 5 week 9 <u>by 6pm</u> <u>Friday of</u> <u>these weeks</u>
ASSESSMENT TASK 2 - CASE STUDY TUTORIAL (CST) PARTICIPATION AND REPORT (submitted for 2 case studies from the 4 case studies in the course scheduled in weeks 4, 6, 8, 10)	40% participation 10% written report 10% X 2	week 5, 7, 9 or 11 <u>Monday 9am</u>
ASSESSMENT TASK 3 - CLINICAL SKILLS ASSESSMENT	20%	week 12 & 13 <u>lab</u> <u>classes</u>
ASSESSMENT TASK 4 - END OF SESSION EXAMINATION	Multichoice: 20% Short answer: 20%	Exam period

ASSESSMENT TASK 1 - FEEDBACK ONLINE QUIZZES

There will be 2 online quizzes throughout the course. The quizzes will test your knowledge of concepts you have covered in the unit up to that time. They will also present an opportunity for you to gauge the effectiveness of your current methods of study.

ASSESSMENT TASK 2 - CASE STUDY PARTICIPATION AND REPORT

CST participation and summary report for 2 case studies; a practical assessment; and a final examination. For each case study the class will be halved into an active and passive group and all students will require a 12 cm x 6cm name tag. Students in the active group will contribute to the CST as part of group of 5-6 students. The CST groups will be organised at the week 2 laboratory. Students will not be made aware who is active and who is passive until the day of the CST, which will require all students to be adequately prepared. Each individual in a group will be marked by students in the passive group, their own members and an academic observer. Adequate contribution by each individual and group, will require a high level of preparation. The passive group will prepare a report addressing several key issues which were discussed in the case study.

Marking Criteria

Case Study Tutorial Participation - Students will contribute to the CST as part of a group. Each student's contribution to the CST will be assessed by their peers (their team members and non team members) and academic staff and the average mark calculated. Team members will assess each other anonymously via Blackboard. Consequently, it is important that each member of the group is well prepared and that preparation involves a coordinated effort by each group. The CST marking criteria are:

Outstanding Contributor (10%)	Contributions in class reflect exceptional preparation. Ideas offered are always substantive; provide one or more major insights as well as direction for the class. Challenges are well substantiated and persuasively presented. If this group were not active, the quality of discussion would be diminished markedly.
Good Contributor (8%)	Contributions in class reflect thorough preparation. Ideas offered are usually substantive; provide good insights and sometimes direction for the class. Challenges are well substantiated and often persuasive. If this group were not active, the quality of discussion would be diminished.
Adequate Contributor (6%)	Contributions in class reflect satisfactory preparation. Ideas offered are sometimes substantive, provide generally useful insights but seldom offer a new direction for the discussion. Challenges are sometimes presented, fairly well substantiated, and are sometimes persuasive. If this group were not active, the quality of discussion would be diminished somewhat.
Unsatisfactory Contributor (4%)	Contributions in class reflect inadequate preparation. Ideas offered are seldom substantive; provide few if any insights and never a constructive direction for the class. Integrative comments and effective challenges are absent. If this group were not active, it would have little impact on the learning outcomes.
Non-Participant (2%)	This group has made minimal contribution during the case study. If this group was not in attendance, it would make no difference to the learning outcomes

Case Study Report

Components	Inadequate (≤2%)	Below average (≤ 5%)	Good (≤ 8%)	Excellent (≤ 10%)
Understanding/ Conceptualisation	demonstrates little understanding of the key concepts highlighted during the CST	demonstrates poor understanding of the key concepts highlighted during the CST	demonstrates adequate understanding of the key concepts highlighted during the CST	demonstrates thorough understanding of the key concepts highlighted during the CST
Opinion	unclear, in concise, illogical and inadequately constructed opinion with little relevance to the CST	vague and poorly constructed opinion with poor logic and insufficient relevance to the CST	adequately constructed and logical opinion relevant to the CST	Very well constructed opinion and logic relevant to the CST
Terminology	little or no use of the terminology discussed in the CST	inadequate use of the terminology discussed in the CST	Adequate use of the terminology discussed in the CST	Well developed use of the terminology discussed in the CST
Quality of the writing and presentation	poorly written and organised; frequent spelling or grammatical errors; does not adhere to the required format.	inadequate clarity of writing and organisation; some errors in written expression; follows the prescribed format	clearly written and well organised; minimal errors in written expression; adheres to the required format	clear, fluent and concise and well organised writing; no errors in written expression; adheres to the prescribed format.

ASSESSMENT TASK 3 – CLINICAL SKILLS ASSESSMENT

The purpose of the practical assessment is to assess your competency with the practical application of the knowledge and skills covered in the unit. The assessment will be undertaken in pairs and encompass material presented in the CST's, laboratories, lectures and readings. This will involve a 40 min oral and skills assessment specific to daily clinical practice in MS rehabilitation. The oral assessment will involve verbal responses to questions posed by the examiner. The clinical skills demonstration will be performed on your partner and involve a physical assessment or exercise prescription technique commonly used by an EP in MS rehabilitation. Before commencing the assessment students will be given 20 min to read their case study and consider the specific questions and skills that will to be assessed.

Clinical Skills Assessment Marking Criteria

Oral Assessment	10%	Demonstration	10%
Marking Criteria		Marking Criteria	
Verbal response		Clinical skills	
Provided correct and complete response to the question	4%	Demonstrated the required techniques with competency and a strong application to clinical practice	4%
Partially answered the question	2%	Demonstrated the required techniques with confidence and moderate application to clinical practice	2%
Inadequate response to the question	0%	Demonstrated the required techniques poorly with little application to clinical practice	0%
Clinical Reasoning		Clinical Reasoning	
High level of clinical reasoning, knowledge and understanding demonstrated	4%	High level of clinical reasoning, knowledge and understanding demonstrated	4%
Medium level of clinical reasoning, knowledge and understanding demonstrated	2%	Medium level of clinical reasoning, knowledge and understanding demonstrated	2%
Low level of clinical reasoning, knowledge and understanding demonstrated	0%	Low level of clinical reasoning, knowledge and understanding demonstrated	0%
Communication		Communication	
High level of communication and interpersonal skills demonstrated	2%	High level of communication and interpersonal skills demonstrated	2%
Adequate communication and interpersonal skills demonstrated	1%	Adequate communication and interpersonal skills demonstrated	1%
Poor communication and interpersonal skills demonstrated	0%	Poor communication and interpersonal skills demonstrated	0%

ASSESSMENT TASK 4 - END OF SESSION EXAMINATION

The purpose of this exam is to test your understanding of the concepts covered in the ENTIRE COURSE. The format will be multiple choice, short answer and long answer questions. The exam will be held during the end of session exam period.

Submission of Assessment Tasks

Assignments are to be submitted electronically through Turnitin via Blackboard.

Penalties for late submission of assignments – In cases where an extension has NOT been granted, the following penalties will apply: For assignments submitted after **9:00am** on the due date, a penalty of 50% of the maximum marks available for that assignment will be incurred. A further 25% of the maximum possible allocated marks (i.e., a total of 75%) will be deducted from assignments which are two (2) days late.

Assignments received more than two (2) days after the due date **will not be allocated a mark**, however, these assignments **must** still be submitted to pass the unit.

Academic honesty and plagiarism

Plagiarism is using the words or ideas of others and presenting them as your own. Plagiarism is a type of intellectual theft and is regarded by the university as academic misconduct. It can take many forms, from deliberate cheating to accidentally copying from a source without acknowledgement. The University has adopted an educative approach to plagiarism and has developed a range of resources to support students. The Learning Centre can provide further information via <http://www.lc.unsw.edu/plagiarism>.

	Lecture Tues 4-5pm (Biomed Theatre/E)	Lecture Tues 5-6pm (Biomed theatre/E)	Case Method Tutorials Tuesday 2-330pm (Biomed theatre/F)	Laboratory Thursday 9-11 am Thursday 11-1pm Thursday 1-3pm Thursday 4-6pm (24 Arthur St)
Week 2 (25-29 July)	Case study tutorials Pain: why does it hurt? Mr Luke Parkitny	Persisting pain: why does it still hurt? Mr Luke Parkitny		
Week 3 (1-5 Aug)	Rehabilitation for back pain and injury Dr John Booth	Rehabilitation for back injury and pain Dr John Booth		Assessment and exercise prescription for lumbar spine
Week 4 (8-12 Aug)	Shoulder and upper extremity injury – mechanisms of injury Dr John Best	Shoulder and upper extremity injury – surgical and conservative treatment Dr John Best	Case study 1 Chronic low back pain	Rehabilitation techniques for the shoulder
Week 5 (15- 19 Aug)	Implementing a biopsychosocial pain management model Dr John Booth	Neurological implications – upper and lower extremity Dr John Booth		Online Quiz 1 Assessing and screening patients with persisting pain
Week 6 (22-26 Aug)	Knee and hip replacement Dr Brett Courtenay	Hip and knee replacement – post operative exercise Kelly McLeod	Case study 2 Return to work following spinal surgery	Work related and functional exercise Case study 1 report due
Week 7 (29-2 Sept)	The rehabilitation process – the role of exercise Dr John Booth	Rehabilitation of the cervical and thoracic spine Dr John Booth		Rehabilitation techniques for the cervical spine
Mid-session Break (3-11 Sept)				
Week 8 (12-16 Sept)	Osteoporosis and arthritis exercise considerations Dr David Simar	Functional capacity evaluation Dr John Booth	Case study 3 Post operative rehabilitation following total knee replacement	Functional capacity evaluation
Week 9 (19-23 Sept)	Lower limb injury - assessment and rehabilitation Dr John Booth	Lower limb injury – assessment and rehabilitation Dr John Booth		Rehabilitation of the knee and lower extremity Online Quiz 2
Week 10 (26-30 Sept)	Patient assessment Dr John Booth	Workplace assessment – identifying the critical demands	Case Study 4 Rotator cuff surgery	Workplace assessment
Week 11 (3-7 Oct)	Posture, balance and movement Ms Merrin Martin	Posture, balance and movement for MS rehab Ms Merrin Martin		Neurological considerations – upper and lower extremity
Week 12 (10-14 Oct)	Clinical reasoning and decision making Dr John Booth	Work Cover NSW -The role of the EP Dr John Booth		Clinical Skills Assessment
Week 13 (17-21 Oct)	Clinical Skills Assess	Clinical Skills Assessment		Clinical Skills Assessment Case study 4 report due

COURSE RESOURCES

Blackboard

Information about the course and a number of electronic study resources can be accessed via the UNSW Blackboard system. Blackboard is an internet-based set of Course Tools designed to enable online learning.

You can access the system from the following site:

<http://lms-blackboard.telt.unsw.edu.au/webapps/portal/frameset.jsp>

You can use Blackboard to download lecture notes, access your grades, find reference material in the course (such as this document), and communicate with the lecturer and your peers. Please see the lecturer if you would like more information to help you to make the most of this resource.

Lectopia

The Lectopia system (iLecture) provides digital audio recordings of lectures that can be accessed via streaming media over the web or as a podcast (if permitted by the lecturer). Lecture slides may be embedded in these presentations.

<http://telt.unsw.edu.au/lectopia/content/default.cfm?ss=1>

UNSW Library

The University Library provides a range of services to assist students in understanding how to identify what information is required for assignments and projects; how to find the right information to support academic activities; and how to use the right information most effectively.

Homepage: <http://info.library.unsw.edu.au>

Reserve (MyCourse)

Many items (books and journal articles) set as recommended reading for courses will be located in **Reserve**, which is on Level 2 of the Main Library. Some of the journal articles will be available in electronic format via **MyCourse**, for Medical students there will be direct links to many of these from within the Medicine program WebCT course sites or eMed Map. To search for these items, go to <http://info.library.unsw.edu.au/Welcome.html> and click on **MyCourse**.

Prescribed Textbooks

Voight, M. L., B. J. Hoogenboom and WE Prentice (2007). *Musculoskeletal interventions: techniques for therapeutic exercise*. McGraw-Hill.

Suggested Reference Texts

Houglum, Peggy A. (2010). *Therapeutic exercise for musculoskeletal injuries*. Human Kinetics

McGill, S. (2002). *Low back disorders : evidence-based prevention and rehabilitation*. Human Kinetics.

McGill, S (2004). *Ultimate back fitness and performance*. Human Kinetics

D. Butler and GL. Moseley (2003). *Explain pain*. Noigroup publications.

Shultz, S. J., PA. Houglum, and DH. Perrin (2005). *Examination of musculoskeletal injuries*. Human Kinetics.

Waddell G (2004). *The back pain revolution*. Churchill Livingstone.

Course Evaluation and Development

The emphasis of HESC3532 is on the clinical and practical application of theoretical knowledge. Student feedback concerning HESC353 is welcome and taken seriously. A Course and Teaching Evaluation and Improvement (CATEI) survey will be provided in the final weeks of the course to formally gather student feedback.

Occupational Health and Safety

Class activities must comply with the NSW Occupational Health & Safety Act 2000 and the Occupational Health & Safety (OHS) Regulations 2001. It is expected that students will conduct themselves in an appropriate and responsible manner in order not to breach OHS regulations. Further information on relevant OHS policies and expectations is outlined at: http://www.hr.unsw.edu.au/ohswc/ohs/ohs_policies.html

Examination procedures and attendance requirements

Attendance is expected at all lectures, practicals and tutorials for this course. Attendance at all practicals, tutorials and clinicals will be recorded. Students who do not participate in these sessions for any reason other than medical or misadventure, will be marked absent and will be awarded a grade of FAIL for the entire course. If absent for medical reasons, a medical certificate must be lodged with the lecturer within 7 days of the time period of the certificate's expiry. No consideration will be given after this time. Although lectures will be available on ilecture, student participation is encouraged in both the lectures and the tutorials and these are important to attend.

Deferred Exams

If you miss an exam for medical reasons you must supply adequate documentation (including a medical certificate). Your request for consideration will then be assessed and a deferred exam may be granted. You cannot assume you will be granted supplementary assessment. The deferred exam may include a significant oral element.

Special consideration in the event of illness or misadventure

Please note the following Statement regarding Special Consideration.

If you believe that your performance in a course, either during session or in an examination, has been adversely affected by sickness, misadventure, or other circumstances beyond your control, you should notify the Registrar and ask for special consideration in the determination of your results. Such requests should be made as soon as practicable after the problem occurs. **Applications made more than three working days after the relevant assessment will not be accepted except in TRULY exceptional circumstances.**

When submitting a request for special consideration you should provide all possible supporting evidence (eg medical certificates) together with your student number and enrolment details. Consideration request forms are available from Student Central in the Chancellery or can be downloaded from the web page linked below.

Note that normally, if you miss an exam (without medical reasons) you will be given an absent fail. If you arrive late for an exam no time extension will be granted. It is your responsibility to check timetables and ensure that you arrive on time.

Students who apply for consideration to Student Central must also contact the Course Convenor immediately.

All applications for Special Consideration will be processed in accordance with UNSW policy (see: <http://my.unsw.edu.au/student/atoz/SpecialConsideration.html>). If you miss an assessment and have applied for Special Consideration, this will be taken into account when your final grade is determined. You should note that marks derived from completed assessment tasks may be used as the primary basis for determining an overall mark. Where appropriate, supplementary examination may be offered, but only when warranted by the circumstances.

Student equity and diversity issues

Students requiring assistance are encouraged to discuss their needs with the course convenor prior to, or at the commencement of the course, or with the Equity Officer (Disability) in the Equity and Diversity Unit (EADU) (9385 4734). Further information for students with disabilities is available at <http://www.studentequity.unsw.edu.au/disabil.html>