

**UNSW**



# **THE UNIVERSITY OF NEW SOUTH WALES**

**Exercise Physiology Program**

**School of Medical Sciences**

**Faculty of Medicine**

## **HESC3592**

### **Neuromuscular Rehabilitation**

Semester 2, 2012  
Course Outline

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## Course Staff

|                            |   |  |
|----------------------------|---|--|
| <b>Convenor:</b>           | <b>Dr Ben Barry</b><br>School of Medical Sciences<br>Office: 24 Arthur St G08   | <a href="mailto:ben.barry@unsw.edu.au">ben.barry@unsw.edu.au</a>                                     |
| <b>Lecturers:</b>          | <b>Ms Rachel Ward</b><br>School of Medical Sciences   | <a href="mailto:rachel.ward@unsw.edu.au">rachel.ward@unsw.edu.au</a>                                 |
|                            | <b>Dr John Booth AEP</b><br>School of Medical Sciences  | <a href="mailto:john.booth@unsw.edu.au">john.booth@unsw.edu.au</a>                                   |
|                            | <b>Assoc. Prof. Arun Krishnan</b><br>School of Medical Sciences   | <a href="mailto:arun.krishnan@unsw.edu.au">arun.krishnan@unsw.edu.au</a>                             |
|                            | <b>Assoc. Prof. Philip Ward</b><br>School of Psychiatry   | <a href="mailto:p.ward@unsw.edu.au">p.ward@unsw.edu.au</a>   |
|                            | <b>Prof. Henry Brodaty AO</b><br>School of Psychiatry   | <a href="mailto:h.brodaty@unsw.edu.au">h.brodaty@unsw.edu.au</a>                                     |
| <b>Conjoint Lecturers:</b> | <b>Mr. Martin Bending AEP</b><br>Exercise Physiologist, Australian Unity<br>School of Medical Sciences                  | <a href="mailto:mbending@australianunity.com.au">mbending@australianunity.com.au</a>                 |
|                            | <b>Dr Jackie Curtis</b><br>Senior Staff Specialist, Early Psychosis Programme, The Bondi Centre<br>School of Psychiatry | <a href="mailto:Jackie.Curtis@sesiahs.health.nsw.gov.au">Jackie.Curtis@sesiahs.health.nsw.gov.au</a> |

**Dr Teresa Lee** [teresa.lee@unsw.edu.au](mailto:teresa.lee@unsw.edu.au)  
Senior Clinical Psychologist and Neuropsychologist, POWH  
School of Psychiatry

**Dr. Stephen Tisch** [stisch@stvincents.com.au](mailto:stisch@stvincents.com.au)  
St Vincent's Clinical School

**Dr Penelope McNulty** [p.mculty@neura.edu.au](mailto:p.mculty@neura.edu.au)  
Neuroscience Research Australia  
School of Medical Sciences

**Prof. Lynne Bilston** [l.bilston@neura.edu.au](mailto:l.bilston@neura.edu.au)  
Neuroscience Research Australia

**Prof. Stephen Lord** [s.lord@neura.edu.au](mailto:s.lord@neura.edu.au)  
Neuroscience Research Australia

**Dr Daina Sturnieks** [d.sturnieks@neura.edu.au](mailto:d.sturnieks@neura.edu.au)  
Neuroscience Research Australia  
School of Medical Sciences

**Dr Jasmine Menant** [j.menant@neura.edu.au](mailto:j.menant@neura.edu.au)  
Neuroscience Research Australia  
School of Public Health and Community Medicine

**Dr Kim Delbaere** [k.delbaere@neura.edu.au](mailto:k.delbaere@neura.edu.au)  
Neuroscience Research Australia  
School of Public Health and Community Medicine

**Guest Lecturers:**

**Rosemary Kayess** [r.kayess@unsw.edu.au](mailto:r.kayess@unsw.edu.au)  
Disability Research Program  
Social Policy Research Centre, Faculty of Arts and Social Sciences

**Dr Stuart Smith** [s.smith@neura.edu.au](mailto:s.smith@neura.edu.au)  
Neuroscience Research Australia

**Mr Luke Parkitny** [l.parkitny@neura.edu.au](mailto:l.parkitny@neura.edu.au)  
Neuroscience Research Australia

**Mr Simon Rosenbaum AEP** [srosenbaum@optusnet.com.au](mailto:srosenbaum@optusnet.com.au)  
George Institute and St John of God Hospital

**Ms Simone Robinson AEP** [burnrubberburn@pcycnsw.org.au](mailto:burnrubberburn@pcycnsw.org.au)  
Burn Rubber Burn Program Manager, POWH

**Ms Carolina Sandler AEP** [c.sandler@unsw.edu.au](mailto:c.sandler@unsw.edu.au)  
UNSW Medicine Lifestyle Clinic

**Ms Sally Mildon AEP** [s.mildon@unsw.edu.au](mailto:s.mildon@unsw.edu.au)  
UNSW Medicine Lifestyle Clinic

**Ms Kelly McLeod AEP** [k.mcleod@unsw.edu.au](mailto:k.mcleod@unsw.edu.au)  
UNSW Medicine Lifestyle Clinic

**Mr Steven Wood** [steven.wood@sesiahs.health.nsw.gov.au](mailto:steven.wood@sesiahs.health.nsw.gov.au)  
Physiotherapist, Prince of Wales Hospital

**Mr Andrew Keech** [andrew.keech@unsw.edu.au](mailto:andrew.keech@unsw.edu.au)  
School of Medical Sciences

**Demonstrators:** **Ria Arnold** [r.arnold@neura.edu.au](mailto:r.arnold@neura.edu.au)  
Neuroscience Research Australia  
School of Medical Sciences

**Natalie Kwai** [n.kwai@neura.edu.au](mailto:n.kwai@neura.edu.au)  
Neuroscience Research Australia  
School of Medical Sciences

**Angelica Thompson Butel** [a.thompsonbutel@neura.edu.au](mailto:a.thompsonbutel@neura.edu.au)  
Neuroscience Research Australia  
School of Medical Sciences

**Ms Gaby Wolf AEP** [gaby@activeathome.com.au](mailto:gaby@activeathome.com.au)  
Active at Home

**Program Officer:** **Ms Sue Cheng** [sue.cheng@unsw.edu.au](mailto:sue.cheng@unsw.edu.au)  
School of Medical Sciences

## Course Details

**Credit Points:** 6 UOC

### Course Description:

This course provides the opportunity for students to understand the potential and limitations of exercise as a tool for clinical rehabilitation in humans with neurological disorders. Specific information about a range of neuromuscular disorders is provided, and students are encouraged to apply their knowledge to case studies and scenarios in order to develop the scientific and clinical attributes necessary to contribute effectively to a neuromuscular rehabilitation team. This course offers a mixture of traditional and interactive/case study approaches to learning and includes a series of case method tutorials that emphasise the application of theory to clinical situations. These case method tutorials are designed as a bridge between the lifestyle change project with an apparently healthy client in HESC3504 and the year 4 clinical practicum courses in the workplace.

### Course Pre-requisites:

ANAT2451 *Functional Anatomy for Health and Exercise Science*  
(or ANAT3131 – *Functional Anatomy 1* & ANAT3141 *Functional Anatomy 2*)  
BIOM2451 *Biomechanics for Sports Scientists*  
NEUR3101 *Muscle and Motor Control*

### Course Aims:

1. To develop in students an appreciation for the role of exercise physiologists, and physical activity, for the prevention and management of neurological disease or injury and associated disability.
2. To nurture the communication skills required to liaise with medical and other allied-health professionals for a multi-disciplinary approach to health care.
3. To support knowledge and practical skills relevant to specific neurological disorders, and associated conditions, to allow the design and management of appropriate exercise interventions
4. To encourage students to access and evaluate the scientific and clinical evidence base for continued improvement of professional 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:***

- Be able to communicate a mature understanding of the pathophysiology of a range of neuromuscular disorders at a level sufficient for effective communication with health care professionals.
- Have an awareness of current and (potential) future neuromuscular rehabilitation approaches and an ability to perform independent research to address questions related to the field that may arise in your future professional activities.
- Be competent in the administration and interpretation of basic functional, psychological, biomechanical or neurological tests relevant for patients undergoing neuromuscular rehabilitation.
- Have the necessary skills and contextual knowledge to effectively interview and communicate with neurological patients.
- Be able to deliver safe and effective exercise programs for patients with neuromuscular disorders.

### **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*** – This course aims to provide holistic preparation for the management of exercise rehabilitation programs for patients with neurological and neuromuscular disorders. It emphasises clinical assessments of motor function and the role of exercise physiologists in multidisciplinary teams working in neuromuscular rehabilitation.

***How the course relates to other courses in the Exercise Physiology program*** – The course will build upon your understanding of the role of the nervous system in the control of movement developed in Muscle and Motor Control (NEUR3101). It also draws on your knowledge of biomechanics (BIOM2451) and functional anatomy (ANAT2451). The case method tutorial component of this course is runs in parallel with that of Movement Rehabilitation (HESC3232). The case-based focus of the course is designed as preparation for the 4<sup>th</sup> year clinical practicum, which includes placements working with neurological and neuromuscular disorders.

## **Teaching strategies**

**Lectures** – This approach is used to present relatively large amounts of information at a time on specific topics throughout the course. PDF copies of the lecture notes will USUALLY (some guest lecturers may choose not to make their notes available) be available on Blackboard (see below in STUDENT RESOURCES section) prior to 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 is to help you to develop technical skills that will be important when dealing with patients who have neuromuscular and neurological conditions. It is important to obtain hands-on experience with basic neurological and functional testing as well as approaches to adapting exercises.

**Case Study Tutorials** – The case study tutorial (CST) is an active learning approach involving student centered activities that demonstrate theoretical concepts in an applied setting. This approach is designed to not only enhance your learning experience but also to increase your engagement in learning. 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 participation component and hence unprepared students risk poor grading and, worse 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. The case study tutorials in HESC3592 are an important simulated learning environment in the exercise physiology program and contribute 20 hours towards the 500 hours of clinical placement that is required for professional accreditation.

**Independent study** – There is insufficient time in the lectures, tutorials and practical for you to develop a deep understanding of the concepts covered in this course. In order for you to achieve the learning outcomes that will be assessed, you will need to revise the material presented in the course regularly. You will probably also need to do additional reading beyond the lecture materials in order to learn effectively. Relevant additional resources will be cited in each lecture.

**Assessments** – 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.

## ASSESSMENT

Assessment of your learning in the course will be achieved through examinations (oral viva, multiple choice questions, clinical skills), participation in case study tutorials, and the completion of clinical reports and exercise programs arising from the case study tutorials. The examination format tests your ability to apply and communicate knowledge on the management of neuromuscular disorders in a time-constrained context. These requirements are similar to those encountered when dealing with a client or patient in a face-to-face setting, communicating with a clinician or colleague, or during a job interview. The examinations will be designed to determine how well you have achieved the general learning outcomes that are outlined above, and the specific learning outcomes outlined in each lecture/practical/tutorial. The emphasis will be on the clinical application of theoretical knowledge. The case studies will be concerned with developing your clinical reasoning skills with detailed management plans for patients with specific neuromuscular disorders. The majority of assessment for the case study tutorials is completed as individuals, there is a small component allocated to team work and also to peer assessment. This is to encourage sharing of ideas and knowledge as well as critical analysis of patient management plans.

| Summary of Assessments  | % Total Marks   | Due Date                            |
|---|---|-------------------------------------|
| ASSESSMENT TASK 1 - CASE STUDY TUTORIAL (CST) PARTICIPATION AND REPORT (submitted for <b>2 case studies</b> from the 4 case studies in the course scheduled in weeks 5, 7, 9, 11) | 40%<br>participation 10%<br>written report 10%<br>X 2 | week 5,7,9, 11<br><u>Monday 9am</u> |
| ASSESSMENT TASK 2 - CLINICAL VIVA & SKILLS ASSESSMENT   | 30%   | week 12 & 13 <u>lab classes</u>     |
| ASSESSMENT TASK 3 - END OF SESSION EXAMINATION  | 30%   | Exam period                         |

### Assessment - detailed breakdown

| Item   | Grade %                  | Due date   | Feedback   |
|--|--------------------------|--|--|
| <b>Case study tutorials</b><br>(each of the 4 CSTs will involve one of the following 4 items)<br>A – Participation by active groups<br>B – Participation by active groups<br>(participation: individual 80% and team 20%, judged by an academic observer and a group of peer observers)<br>C – Written report to referring health professional<br>D – Exercise program<br>(Reports and exercise programs are submitted by individuals who were in the passive groups for the relevant case study tutorial. In a given week, half of the group members will submit a report and the other half an exercise program. This will be switched for the second round of written submissions.) | 10%<br>10%<br>10%<br>10% | Week<br>HESC3532<br>4, 6, 8, 10<br><br>HESC3592<br>5, 7, 9, 11 | Participation marks are submitted at the end of each CST and collated grades appear on Blackboard within 1 week of the CST. You will also be able to discuss your participation in CSTs with the academic marker and session facilitator.<br><br>Reports or exercise programs are due 1 week after the CST and grades & comments will appear on Blackboard a week following. |
| <b>Clinical viva and skills assessment</b><br>Patient assessment - knowledge<br>Clinical tests and exercise prescription - clinical skills (15% Procedural skills & 5% Communication skills)<br>Patient management - clinical reasoning  | 5%<br>20%<br>5%          | Weeks 12 & 13  | Grades will appear on Blackboard at the end of week 13.  |
| <b>End of session examination</b><br>Multiple choice questions   | 30%                      | Exam period  | On release of course final results.  |

## ASSESSMENT TASK 1 - CASE STUDY TUTORIAL PARTICIPATION AND REPORT

Encompasses participation in the case study tutorials for 2 case studies and a written report or exercise program for the remaining 2 cases. 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 their team of 4 - 6 students. The CST teams will be assigned by week 3 of the course and these teams will persist for all 4 case study tutorials. Students will not be made aware which teams are active and which are passive until the day of the CST, which will require all students to be adequately prepared. Each individual in a team will be marked by academic observer and also by student teams in the passive group. Adequate contribution by each individual and group will require a high level of preparation. Each individual in the passive group will be required to submit either a report to the referring health practitioner or an exercise program for the patient for each of the 2 case studies.

### Learning Outcomes for the Case Study Tutorials

- To display understanding of exercise physiology clinical practices for patients with neuromuscular and neurological disorders
- To identify the role of other health professionals in multidisciplinary and interdisciplinary care
- To display clinical reasoning skills for managing patients with neuromuscular and neurological disorders
- To integrate information from the evidence base
- To communicate effectively in oral and written form in the context of clinical practice
- To work as a member of a team and be capable of assessing peer performance

### Marking Criteria

**Case Study Tutorial Participation** - Students will contribute to the case study tutorial as part of a group. Each students' participation in the case study tutorial session will be assessed by their peers (i.e. the passive observer groups) and academic staff. The average of these marks will be calculated for each individual student. The academic observer provides a mark for each individual student (50%). The passive observers submit a group consensus mark for individual student (50%) in the active group that they are assigned to mark. This individual mark will constitute 80% of the participation mark and the remaining 20% will be for the combined team performance assessed by both the academic and the passive group. Consequently, it is important that each member of the group is well prepared and that preparation involves a coordinated effort by each group.

### Marking criteria for participation in the case study tutorial:

|   |   |
|---|---|
| <b>Outstanding Contributor</b><br><br>(10%)   | <b>Contributions in class reflect exceptional preparation.</b> 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.  |
| <b>Good Contributor</b><br><br>(8%)           | <b>Contributions in class reflect thorough preparation.</b> 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.   |
| <b>Adequate Contributor</b><br><br>(6%)       | <b>Contributions in class reflect satisfactory preparation.</b> 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. |
| <b>Unsatisfactory Contributor</b><br><br>(4%) | <b>Contributions in class reflect inadequate preparation.</b> 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.  |
| <b>Non-Participant</b><br><br>(2%)            | <b>This group or individual has made minimal contribution during the case study.</b> If this group/individual was not in attendance, it would make no difference to the learning outcomes   |

*These criteria will be used for the individual and the team marks.*



**Case Study Tutorial Report and Exercise Program** - 1 week following the case study tutorial, each individual from the passive groups is required to submit one of the following: 1) a written report, in the form of a letter to the patient's physician, or other referring health professional or case manager, or 2) an exercise program in a suitable form to guide the patient and for clinician record keeping. With each class member being in a passive group for 2 of the 4 case study tutorials, a written report will be submitted for 1 case study tutorial and an exercise program will be submitted for the other case study tutorial.

**Marking criteria for the report on the case study tutorial**

| Components                                     | Inadequate (≤2%)   | Below average (≤ 5%)   | Good (≤ 8%)  | Excellent (≤ 10%)  |
|--|--|--|--|--|
| <b>Understanding/ Conceptualisation</b>        | 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                                       |
| <b>Opinion</b>                                 | 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  |
| <b>Terminology</b>                             | 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   |
| <b>Quality of the writing and presentation</b> | 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. |

**Marking criteria for the exercise program for the case study tutorial patient**

| Components   | Inadequate (≤2%)  | Below average (≤ 5%)  | Good (≤ 8%)  | Excellent (≤ 10%)   |
|--|---|---|--|---|
| <b>Suitability of the exercise prescription</b>                                | Poorly devised exercise prescription that may be ineffective and/or unsafe                                | An exercise prescription that lacks attention to the evidence base and/or individualisation, with nil or minimal attention to progression and adherence | Evidence-based, appropriately individualised exercise prescription with some attention to progression and adherence. | Evidence-based, appropriately individualised exercise prescription with clear attention to progression and adherence. Possibly including original thought in the program design |
| <b>Clarity of the presentation for the patient and professional colleagues</b> | Poorly presented program, that will be difficult for the patient and/or professional colleagues to follow | inadequately presented program that may be difficult for the patient and/or professional colleagues to follow   | Neatly presented program that can be readily followed by the patient and professional colleagues                     | High quality presentation of a program that can be easily followed by the patient and professional colleagues   |

## ASSESSMENT TASK 2 – CLINICAL VIVA & 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 CSTs, laboratories, lectures and readings. This will involve a 40 min oral and skills assessment specific to daily clinical practice in rehabilitation. The oral assessment will involve verbal responses to questions posed by the examiner(s). The clinical skills demonstration will be performed on your partner and involve a physical assessment and/or exercise prescription technique commonly used by exercise physiologists in rehabilitation settings. Before commencing the assessment students will be given 15 minutes to read the selected case study and consider the specific questions and skills that will to be assessed. Each student will complete *a single case study, randomly selected from a bank of cases, with ~10 min, 20 min, 10 min, respectively, for the 3 components of each case* (i.e. patient assessment/appraisal, clinical tests and exercise prescription, and clinical reasoning).

### Learning Outcomes for the *Clinical Viva and Skills Assessment*

- To demonstrate detailed knowledge of the neuromuscular and neurological disorders covered in this course, in particular the functional limitations of patients with these conditions and the role of physical activity in managing these conditions
- To perform clinical procedures for assessment and exercise prescription for patients with neuromuscular and neurological disorders
- To communicate effectively in oral form with patients and other health care professionals

### Marking criteria for the clinical viva and skills assessment

| Assessment component   | Grade  |
|--|--|
| <p><b>Patient assessment / appraisal – knowledge</b></p> <p>Provided correct and complete responses to the questions<br/>Partially answered the questions<br/>Inadequate response to the questions</p>   | <p><b>5%</b></p> <p>5%<br/>3-4%<br/>0-2%</p>   |
| <p><b>Clinical tests and exercise prescription - clinical skills</b></p> <p><i>Procedural</i><br/>Demonstrated the required techniques with competency and a strong application to clinical practice<br/>Demonstrated the required techniques with confidence and moderate application to clinical practice<br/>Demonstrated the required techniques poorly with little application to clinical practice</p> <p><i>Communication</i><br/>High level of communication and interpersonal skills demonstrated<br/>Adequate communication and interpersonal skills demonstrated<br/>Poor communication and interpersonal skills demonstrated</p> | <p><b>20%</b></p> <p><b>15%</b><br/>11 - 15%<br/>5 - 10%<br/>0 - 4%</p> <p><b>5%</b><br/>5%<br/>3- 4%<br/>0 - 2%</p> |
| <p><b>Patient management - clinical reasoning</b></p> <p>High level of clinical reasoning, knowledge and understanding demonstrated<br/>Medium level of clinical reasoning, knowledge and understanding demonstrated<br/>Low level of clinical reasoning, knowledge and understanding demonstrated</p>   | <p><b>5%</b></p> <p>5%<br/>3-4%<br/>0-2%</p>   |

### **ASSESSMENT TASK 3 - END OF SESSION EXAMINATION**

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

#### **Learning Outcomes for the *End of Session Examination***

- To demonstrate detailed knowledge of the neuromuscular and neurological disorders, and associated conditions (e.g. ageing, mental health), covered in this course. This includes:
  - Pathophysiology, prognosis and prevalence
  - Treatment provided by other health care professionals (e.g. surgical, medical, other allied health)
- To demonstrate a comprehensive understanding of the role of physical activity and exercise in the neuromuscular and neurological disorders, and associated conditions (e.g. ageing, mental health), covered in this course. This includes:
  - The evidence base for exercise interventions
  - Suitable approaches to exercise prescription
  - Suitable assessments

#### **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>.**

#### **Examination procedures and attendance requirements**

Attendance is expected at all lectures, practicals, tutorials and examinations for this course. Attendance at all practicals, tutorials and examinations 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 except for truly exceptional circumstances. Although lectures will be available on ilecture, student participation is encouraged in the lectures 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 and a completed application for special consideration). 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.

**COURSE SCHEDULE**

**HESC3592 semester 2, 2012**

| <b>Week</b>              | <b>Dates</b> | <b>Lecture 1</b><br><i>Wednesday 2 - 3</i><br><i>Biomed D</i>                                  | <b>Lecture 2</b><br><i>Wednesday 3 - 4</i><br><i>Biomed D</i>                               | <b>Case Study Tutorial</b><br><i>Tuesday 4 – 5:30</i><br><i>Biomed F</i> | <b>Laboratory</b><br><i>Wednesday 9–11 or Wednesday 11 – 1</i><br><i>or Thursday 2 - 4 or Thursday 4 – 6</i><br><i>Wallace Wurth 108 (wks 2, 6)</i><br><i>24 Arthur St (wks 3, 5, 7, 11, 12, 13)</i><br><i>Unigym (wk 9)</i> |
|--------------------------|--------------|--|---|--|--|
| 1                        | 16 - 20 Jul  | <b>No Class</b>  |   |  |  |
| 2                        | 25 - 26 Jul  | L1 – Functional capacity and neuromuscular changes with aging and disease<br><b>BB</b>         | L2 – Role of the EP in neuromuscular rehabilitation<br><b>MB</b>                            |  | Lab 1 – Exercise program and report writing workshop (incl. VHI software)<br><i>(Wallace Wurth 108)</i><br><b>RW, RA, ATB, NK</b><br><i>Course introduction &amp; teamwork</i>   |
| 3                        | 1 - 2 Aug    | L3 – Falls & Balance assessment<br><b>SL or JM or DS or KD</b>                                 | L4 – Falls prevention - exercise prescription considerations<br><b>SL or JM or DS or KD</b> |  | Lab 2 – Fall’s risk, balance and mobility assessment<br><i>(24 Arthur St)</i><br><b>RA, ATB, NK, BB</b>  |
| 4                        | 8 Aug        | L5 – Physiotherapy management of stroke<br><b>SW</b>   | L6 – Dementia: overview, communication and exercise<br><b>HB</b>                            |  |  |
| 5                        | 14 - 16 Aug  | L7 – Stroke and exercise rehabilitation 1<br><b>PM</b>   | L8 – Clinical gait analysis<br><b>RW</b>  | Ageing<br><b>BB</b><br><br><i>Participation marker: JB</i>               | Lab 3 – Clinical gait analysis – data collection<br><i>(24 Arthur St)</i><br><b>RW, RA, ATB, NK, BB</b>  |
| 6                        | 22 - 23 Aug  | L9 – Stroke and exercise rehabilitation 2, including the physiology of spasticity<br><b>BB</b> | L10 – Multiple sclerosis (MS)<br><b>AK</b>  |  | Lab 4 – Clinical gait analysis – data analysis and report preparation<br><i>(Wallace Wurth 108)</i><br><b>RW, RA, ATB, NK</b>  |
| 7                        | 28 - 30 Aug  | L11 – Introduction to clinical neuropsychology<br><b>TL</b>                                    | L12 – Spinal cord injury and exercise<br><b>SRob</b>  | Stroke<br><b>BB, SW</b><br><br><i>Participation marker: SM or JB</i>     | Lab 5 – Functional assessments and clinical scales<br><i>(24 Arthur St)</i><br><b>RA, ATB, NK, BB</b>  |
| <b>Mid-session break</b> |              |  |   |  |  |

|    |             |   |  |  |   |
|----|-------------|---|--|--|---|
| 8  | 12 Sep      | L13 – Chronic fatigue syndrome and graded exercise therapy<br><b>CS</b>   | L14 – Parkinson’s Disease, Motoneurone Disease and exercise<br><b>BB</b>                     |  |   |
| 9  | 18 - 20 Sep | L15 – Technologies in neuro-rehabilitation<br><b>SS</b>   | L16 – Hydrotherapy<br><b>KM &amp; BB</b>   | Multiple sclerosis<br><b>SM</b><br><br>Participation marker: BB                    | Lab 6 – Hydrotherapy ( <i>Unigym</i> )<br><b>KM &amp; GW</b><br><b>LAB TIMES FOR THURSDAY DIFFER FROM THE USUAL DUE TO POOL ACCESS. 12 – 3pm, instead of 2 – 6pm. Wednesday as per usual.</b> |
| 10 | 26 Sep      | L17 & 18 – Complex regional pain syndrome and fibromyalgia, incl. exercise management<br><b>LP</b>                  | Course interim review<br><b>BB</b>   |  |   |
| 11 | 2 - 4 Oct   | L19 – Mental health overview – psychosis, depression, etc.<br><b>PW &amp; JC</b>                                    | L20 – Management of mental health with exercise (psychosis, PTSD, depression)<br><b>SRos</b> | Complex regional pain syndrome (CRPS)<br><b>JB</b><br><br>Participation marker: BB | Lab 7 – Adapting exercises and tests ( <i>24 Arthur St</i> )<br><b>RA, ATB, NK, BB, JB</b>  |
| 12 | 10 - 11 Oct | L21 – Social Aspects of Disability<br><b>RK</b>   | L22 – Medical and surgical management of Parkinson’s Disease<br><b>ST</b>                    |  | <b>Clinical Viva and Skills Assessment</b><br><b>BB, RA, ATB, NK et al.</b>   |
| 13 | 17 - 18 Oct | L23 – Effects of mechanical loads on the nervous system: spinal cord injury and traumatic brain injury<br><b>LB</b> | L24 – Fatigue as a symptom of neuromuscular disorders<br><b>AKc</b>                          |  | <b>Clinical Viva and Skills Assessment</b><br><b>BB, RA, ATB, NK et al.</b>   |

BB: Ben Barry  
MB: Martin Bending  
SR: Simone Robinson  
SM: Sally Mildon  
PW: Philip Ward  
ST: Steven Tisch

JB: John Booth  
SL: Stephen Lord  
PM: Penelope McNulty  
RA: Ria Arnold  
JC: Jackie Curtis  
KM: Kelly McLeod

RW: Rachel Ward  
DS: Daina Sturnieks  
CS: Carolina Sandler  
ATB: Angelica Thompson Butel  
LP: Luke Parkitny  
SS: Stuart Smith

HB: Henry Brodaty  
JM: Jasmine Menant  
AKc: Andrew Keech  
NK: Natalie Kwai  
GW: Gaby Wolf  
TL: Teresa Lee

AK: Arun Krishnan  
KD: Kim Dalbaere  
SW: Steven Wood  
SRos: Simon Rosenbaum  
LB: Lynne Bilston  
RK: Rosemary Kayess

## COURSE RESOURCES

### Blackboard

Information about the course and a number of electronic study resources can be accessed via the UNSW Blackboard system.

You can access the system from the following site:

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

Lectures are recorded and available at:

<http://telt.unsw.edu.au/lectopia%5Fdiy/>

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

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 links to Library resources from Blackboard.

### Suggested Reference Books

*ACSM's resources for clinical exercise physiology: musculoskeletal, neuromuscular, neoplastic, immunologic, and hematologic conditions (2<sup>nd</sup> Ed)*. Editors, Jonathan N. Myers, William Herbert, Reed Humphrey. Philadelphia: Lippincott Williams & Wilkins, 2010.

*Motor Control: Translating research into clinical practice (3<sup>rd</sup> Ed)*. Shumway-Cook and Woollacott. Philadelphia: Lippincott Williams and Wilkins, 2007.

*Exercise in rehabilitation medicine (2<sup>nd</sup> Ed)*. Editor-in-chief Walter R. Frontera, Associate Editors David M. Dawson, David M. Slovik. Champaign, Ill: Human Kinetics, 2006.

*Neurorehabilitation for the physical therapist assistant*. Edited by Darcy Umphred, Connie Carlson. Thorofare, NJ: SLACK, 2006.

*Physical medicine and rehabilitation: principles and practice*. Editor-in-chief, Joel A. DeLisa ; Editor, Bruce M. Gans Managing editor, Nicholas E. Walsh. Philadelphia: Lippincott Williams & Wilkins, 2005. v. 1.

*Physical medicine and rehabilitation: principles and practice (4<sup>th</sup> ed)*. Joel A DeLisa; Nicholas E Walsh; Bruce M Gans. Philadelphia: Lippincott Williams & Wilkins 2005

Textbook of neural repair and rehabilitation: Volume 2, Medical Neurorehabilitation / edited by Michael E. Selzer ... [et al.]. Cambridge : Cambridge University Press, 2011.

Case studies in rehabilitation / Patricia A. Ghikas, Michele Clopper. Thorofare, NJ: Slack, c2001.

Movement disorders in neurology and neuropsychiatry / edited by Anthony B. Joseph and Robert R. Young. Boston: Blackwell Scientific Publications, 1992.

Handbook of neurorehabilitation / edited by David C. Good, James R. Couch, Jr. New York: Marcel Dekker, c1994.

### **Suggested Reference Journals**

*Archives of Physical Medicine and Rehabilitation*

*Annals of Physical and Rehabilitation Medicine*

*Neurorehabilitation and Neural Repair*

*American Journal of Physical and Rehabilitation*

*Clinical Rehabilitation*

*Journal of Rehabilitation Medicine*

*Journal of Rehabilitation*

*Journal of rehabilitation research and development*

*Stroke*

*Topics in Stroke Rehabilitation*

*The Journals of Gerontology Series A: Biological and Medical Sciences*

*Journal of Ageing and Physical Activity*

*Physical Therapy*

*Brain*

*Journal of Neurology*

*Neurosurgery and Psychiatry*

*Annals of Neurology*

*Progress in Neurobiology*

*Clinical Biomechanics*

*Patient Education and Counseling*

*Developmental Medicine and Child Neurology*

*Pediatric Exercise Science*

*Journal of Clinical Psychiatry*

*Quality of Life Research*

### **Course Evaluation and Development**

Student feedback 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 on the course and on key teachers of the course. The course convenor is also readily accessible to receive informal feedback.

In response to student feedback and industry demand, HESC3592 has undergone considerable development in the past few years. Case study tutorials were introduced in 2010 and the laboratory component was increased in 2011 and is increased further for 2012. In 2012, HESC3592 also incorporates new lectures and associated assessments in the emerging area of exercise services in mental health. The role of EPs in neurological and neuromuscular rehabilitation is rapidly evolving and HESC3592 is designed to be responsive to this. The course is designed to achieve a balance between contributions from expert practitioners across the range of health professionals working in neurological and neuromuscular rehabilitation as well as specialists in exercise physiology.

## Health and Safety

Class activities must comply with the NSW Occupational Health & Safety Act 2000 and the Health & Safety (HS) Regulations 2001. It is expected that students will conduct themselves in an appropriate and responsible manner in order not to breach HS regulations and ensure a safe work/study environment for themselves and others. Further information on relevant HS policies and expectations is outlined at: <http://www.ohs.unsw.edu.au/index.html>

## 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>