



Australia's
Global
University

Faculty of Medicine & Health
School of Medical Sciences

HESC3592

Neuromuscular Rehabilitation

COURSE OUTLINE

Term 3, 2021

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Please read this manual/outline in conjunction with the following pages on the [School of Medical Sciences website](#):

- [Advice for Students](#)
- [Learning Resources](#)

(or see "STUDENTS" tab at medicallsciences.med.unsw.edu.au)

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Course Details

Units of Credit: 6 UOC

Course Pre-requisites:

HESC2452 Movement Assessment & Instruction
 NEUR3101 Muscle and Motor Control

Course Description

This course provides the opportunity for students to understand the potential, and limitations, of exercise as a tool for clinical rehabilitation in patients 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 simulated case study learning sessions that emphasise the application of theory to clinical situations. These simulated case study learning sessions 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.

Student learning outcomes

HESC3592 will develop attributes that the Faculty of Medicine & Health has identified as important for an Exercise Physiology graduate to attain. These include skills, qualities, understanding and attitudes that promote lifelong learning that students should acquire during their university experience.

Objectives of the course

This course aims to:

1. develop 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. nurture the communication skills required to liaise with medical and other allied health professionals for a multi-disciplinary approach to health care.
3. support knowledge and practical skills relevant to specific neurological disorders, and associated conditions, to allow the design and management of appropriate exercise interventions.
4. encourage students to access and evaluate the scientific and clinical evidence base for continued improvement of professional practice.

HESC3592 Course Learning Outcomes

On completion of this subject students should be able to:

1. Apply knowledge of the pathophysiology of a range of neuromuscular disorders at a level sufficient for effective communication with health care professionals and patients.
2. Demonstrate knowledge of current and emerging neuromuscular rehabilitation approaches.
3. Competently administer and interpret basic functional, psychological, biomechanical or neurological tests relevant for neuromuscular rehabilitation.
4. Effectively prescribe appropriate and safe exercise programs for patients with neuromuscular disorders.
5. Demonstrate sound clinical reasoning to inform targeted therapeutic exercise programs specific to patient presentation.

Approach to Learning and Teaching

The learning and teaching philosophy underpinning this course is centred on student learning and aims to create an environment which interests and challenges students. The teaching is designed to be engaging and relevant in order to prepare students for future careers.

Course Philosophy and design

This course offers a blended learning teaching approach with emphasis on the application of theoretical knowledge to AEP professional practice in the field of Neurorehabilitation. The course will develop student understanding of commonly encountered neurological diseases and encourage students to apply already developed exercise physiology knowledge to treatment of several neurorehabilitation case studies. Assessments have been designed to reflect real-life case interpretation, exercise assessment and prescription for neurological cases via Simulated Case Study Learning sessions, exercise program writing, letter writing to other health professionals and an end of session *viva*.

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 emphasizes 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 on your understanding of the role of the nervous system in the control of movement, as developed in Muscle and Motor Control (NEUR3101). It also draws heavily on your knowledge of biomechanics (BIOM2451 and HESC2452) and functional anatomy (ANAT2451) to apply knowledge in these areas to clinical cases. The case-based focus of the course is designed as preparation for the 4th year clinical practicum, which includes placements working with people with neurological and neuromuscular disorders.

Course Structure & Teaching Strategies

HESC3592 Neuromuscular Rehabilitation consists of the following weekly class schedule:

- Two 1hr Lectures – online most delivered live by experts and AEPs working in the field
- 2hr Practical - online (and face-to-face when possible) – COMPULSORY
- 1.5hr Tutorial – online assessment item weeks, 3 ,5 ,7 ,9 – COMPULSORY

Lectures - Two hours of live lecture content each week on Monday from 1-2pm (Weeks:1-3,5,7-10) and Tuesday 4-5pm (Weeks:1-5, 7-10) via Blackboard Collaborate accessible via the Moodle page for the course. Lectures will provide you with the concepts and theory essential for understanding how to safely assess and prescribe exercise in neuromuscular conditions. Importantly, the lectures present large amounts of information on specific topics throughout the course and align with assessment items. Some lectures are scheduled face-to-face, others are scheduled for an online delivery which you may complete in your own time. Please check the timetable carefully. Attendance is expected to all live lectures sessions and

is an excellent opportunity to clarify key concepts presented in the course material. Lectures are highly interactive with multiple cases presented by experts working in the various fields who are happy to answer any questions you may have. **Note** - It is critical to stay up to date with lectures as the topics change from week to week and align with assessment which leaves little opportunity to catch up on content and compromises assessment performance.

Practicals - Two consecutive hours of practical content will be delivered each week. Classes are scheduled on Monday 11am-1pm, or Tuesday 11am-1pm, or Wednesday 10am-12pm or 12-2pm, or Thursday 10am-12pm. Week 1 is asynchronous, self-paced learning and all other weeks will be synchronous. This content is designed to help you to develop technical skills that are important when dealing with patients who have neuromuscular and neurological conditions. While it is important to obtain hands-on experience with basic neurological and functional testing as well as approaches to adapting exercises, much of this is descriptive and simulation/case based-learning. This makes most of this content quite achievable through online means. Practical attendance is compulsory except in cases of Special Consideration or for COVID-related reasons. Due to NSW Government & UNSW policy, all teaching will be completed ONLINE for the first 6 weeks. A decision will be made in the near future regarding content delivery for weeks 7-10. The two possibilities for post-week 6 are presented below.

Plan A – practicals:

Week 6	Week 7	Week 8	Week 9	Week 10
No clinical	F2F	F2F	F2F	F2F

Online practicals will be provided for those who show the need for online-only sessions; however, some face-to-face 'catch-up' sessions may be necessary in preparation for the practical assessment and to meet the learning outcomes of this course. These sessions will be arranged individually for such students outside of the scheduled session times. Please note that due to COVID-19 social distancing restrictions, all face-to-face classes are at maximum capacity (max. 21 students per class), and therefore it is extremely difficult to swap class times.

Plan B – practicals:

Week 6	Week 7	Week 8	Week 9	Week 10
No clinical	Online	Online	Online	Online

Regardless of delivery mode, students are required to attend all practicals. Students will be required to demonstrate and instruct assessments and exercises. It is therefore compulsory for all students to have and a working camera and microphone on their device (your mobile device is acceptable). You should set yourself up with some space to be seen demonstrating and undertaking movements in a safe space (similar to HESC3504 last term). Telehealth delivery is an increasingly relevant mode of delivery for practicing AEPs, particularly due to the impact and restrictions of COVID-19. Regardless of delivery mode, please ensure you attend your scheduled class, online activities have been designed based on these group sizes and deviation from this will adversely affect these. If face-to-face returns we will have space restrictions and thus changes to classes will be very difficult to accommodate. In all circumstances we will endeavour to have as many face-to-face classes as possible: safety, COVID-19 and policy dependent.

Tutorials - This class time will form one part of the “Simulated Case Scenario Learning” or SCSL **assessment item**. This discussion-based assessment item will be conducted online via zoom on Thursdays in weeks 3, 5, 7 & 9 for 1.5hrs. You must have a camera and a microphone for this assessment item. Your mobile device is an acceptable device for participating in the SCSLs. Please contact UNSW IT (<https://www.myit.unsw.edu.au/contact-us>) to help you install Zoom on your mobile device and allow sufficient time for installation before your SCSL. You must also have your UNSW photo ID with you on the day. Arrival more than 15 minutes after the start of the class will be recorded as non-attendance.

Note: 100% attendance is required for all 4 SCSLs.

Teaching rationale: SCSLs are an active learning approach involving student centred 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. SCSLs allow students to apply theoretical concepts, thus bridging the gap between theory and practice. An SCSL learning format is highly relevant to professional development and competencies as it exposes students to issues relevant to Exercise Physiologists in clinical practice. It develops the skills needed for case coordination and conferencing which includes communication, information sharing, and collaboration, and occurs regularly with case management in practice between staff serving the client within and between agencies. The SCSLs in HESC3592 are an important simulated learning environment activity in the Exercise Physiology program and contribute 20 hours towards the 500 hours of clinical placement that is required for professional accreditation.

Independent study:

Students are reminded that UNSW recommends that a 6 units-of-credit course should involve about 150 hours of study and learning activities. The formal learning activities are approximately 72 hours throughout the semester and students are expected (and strongly recommended) to do at least the same number of hours of additional study.

There may not be sufficient time in the lectures, practicals and SCSLs 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 activity.

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. Assessment of your learning will be achieved through verbal discussion participation in the SCSL classes and the completion of clinical reports/exercise programs related to the SCSL case, a practical skills assessment (viva), and a final exam (multiple choice). *The assessment format tests your ability to apply and communicate knowledge to the management of clinical conditions in a time-constrained context.*

These requirements are similar to those encountered when dealing with a 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 learning experience. The emphasis will be the application of course content to clinical cases.

HESC3592 Course Schedule

Week: Date	Lecture 1 Monday 1-2	Lecture 2 Tuesday 4-5	Practicals	Simulated Case Scenario Learning (SCSL) Online Tutorial Thu 2-3:30 or 3:30-5pm
1: Sept 13	Intro to Neuromuscular disorders and exercise (RA)	Falls & balance assessment (JM)	Exercise program & report writing workshop <i>(Online, interactive, self-paced activity)</i>	
2: Sept 20	Falls prevention exercise prescription (SL)	Dementia: communication & exercise (MT) + <i>Dedicated Q&A 5-5.30 (RA)</i>	Screening, assessment, & programming for falls risk	Aging Case Study Released (Thurs 5pm)
3: Sept 27	Multiple Sclerosis: Pathophysiology & exercise (NK)	Fatigue: management strategies & exercise (CS)	Exercise prescription and monitoring	(A) Groups = Active verbal discussion (B) Groups = Listen and peer review
SCSL B Groups Written report and peer review due Friday 1st October at 11.59pm via Turn-it-in Moodle				
4: Oct 4	Public Holiday Parkinson's Disease module <i>(Online self-paced)</i>	Parkinson's Disease: Exercise prescription <i>Dedicated Q&A 5-5.30 (RA)</i>	Activity pacing + graded exercise Dual tasking & functional exercise	Parkinson's Disease Case Study Released (Thurs 5pm)
5: Oct 11	Stroke: Pathophysiology and movement	Stroke: Exercise prescription (MTc)	Adapting exercise with movement disorders & Hydrotherapy fundamentals	(B) Groups = Active verbal discussion (A) Groups = Listen and peer review
SCSL A Groups Written report and peer review due Friday 15th October at 11.59pm via Turn-it-in Moodle				
6: Oct 18	Flexibility week – (No new content)			Stroke Case Study Released (Thurs 5pm)
7: Oct 25	Traumatic Brain Injury pathophysiology module <i>(Online self-paced)</i>	Traumatic Brain Injury: Exercise prescription (AB)	Adapting exercises & tests: technology-based exercise	(A) Groups = Active verbal discussion (B) Groups = Listen and peer review
SCSL B Groups Written report and peer review due Friday 29th October at 11.59pm via Turn-it-in Moodle				
8: Nov 1	Spinal Cord Injury (SCI): pathophysiology (AB)	SCI: Exercise prescription (AB) <i>Dedicated Q&A 5-5.30 (RA)</i>	Functional tests & clinical scales	Spinal Cord Injury Case Study Released (Thurs 5pm)
9: Nov 8	Gait analysis (RW)	Cerebral Palsy: Exercise prescription (LC)	Qualitative and Quantitative Gait Analysis	(B) Groups = Active verbal discussion (A) Groups = Listen and peer review
SCSL A Groups Written report and peer review due Friday 12th November at 11.59pm via Turn-it-in Moodle				
10: Nov 15	Social Aspects of Disability (RK)	National Disability Insurance Scheme (NDIS) (JB)	Practice F2F skills/ VIVA Survivor	
Study Week				
Final Exam Period 26 th November to 9 th December				
Supplementary Exam Period 10 th -14 th January 2022				

AB: Mr Alex Batho, JM: Dr Jasmine Menant SL: Prof Stephen Lord, MT: Dr Morag Taylor, CS: Dr Carolina Sandler, EA: Ms Elyse Helfensdorfer, MTc: Marlou Tacugue, RW: Dr Rachel Ward LC: Ms Louisa Comado; NK: Dr Natalie Kwai, RA: Dr Ria Arnold, RK: Professor Rosemary Kayess, JB: Ms Jessica Bellamy.

Colour coding: Blue=neuro pathology content, Orange=practical knowledge and skills, Purple= assessment

Assessment Items

Summary of Assessments	Weight	Due Date
SIMULATED CASE SCENARIO LEARNING (SCSL)		
Task 1) Verbal Discussion Participation In 2/4 scheduled tutorial times you will contribute to verbal case-based discussion. Each verbal assessment contributes 10% of your final grade.	20%	Group (A) week 3 & 7 Group (B) week 5 & 9.
Task 2) Written Report In the other 2/4 scheduled tutorial times you will be a 'peer reviewer' for students in the verbal task, and you will submit a 2-page written report for the case scenario. Each report contributes 10% to your final grade.	20%	Group (B) week 3 & 7 Group (A) week 5 & 9.
Task 3 – VIVA (CLINICAL SKILLS ASSESSMENT)	30%	Exam period
Task 4 – END OF SESSION EXAM	30%	Exam period

Simulated Case Scenario Learning (SCSL)

The SCSL is a 2-part assessment comprised of:

- 1.) An interactive, verbal assessment of clinical reasoning and collaborative communication to establish appropriate programming for clinical cases and
- 2.) A written assessment of professional communication (GP/referrer report) + programming competence (an initial exercise program) **and** peer review of verbal task group during the tutorial time.

The detail for these 2 tasks is explained below, please read carefully to ensure you understand the tasks.

Preparation guide (both tasks): The case study will be released to all students one week prior to scheduled tutorial classes i.e 5pm Thursday week 2 (Aging), 5pm Thursday week 4 (Parkinson's Disease), 5pm Thursday week 6 (Stroke) and 5pm Thursday week 8 (Spinal Cord Injury). All students are expected to familiarise themselves with the case and prepare for their respective task **prior** to the scheduled tutorial time that is, Thursday of the next week. Adequate preparation is required to meaningfully contribute to the verbal SCSL. Adequate preparation (ideally almost completion) of written report is required to meaningfully assess peers on their verbal discussion as well as meet the Friday deadline for submission. Peer marking (undertaken by the written task group) will be done in teams of 4 (detailed page 12).

Task 1: SCSL Verbal Discussion Task (20%)

Students will be assigned to the verbal task for two (2) Simulated Case Study Learning (SCSL) sessions. Each session will contribute 10% to the final course mark. Students will need to prepare by familiarising themselves with the case and developing a clear management plan to discuss with colleagues (other students) during the scheduled tutorial time. Preparation for with your team is accepted/encouraged if you find it helpful, though the task is assessed on individual performance.

How are they conducted? The format of the verbal discussion is structured by questions from a facilitator directed to individuals which aims to initiate and direct the discussion. The questions are structured as follows:

Case Description: Discuss the case details with colleagues focussing on aspects of relevance to AEP treatment. Example questions include: Please provide a brief description of Mrs X's primary reason for referral? What are the relevant details of her primary pathology? Describe Mrs X's current symptoms? Are there any relevant meds/social/psychological considerations?

Goals: Discuss client (+/- referrer) goals and how they may affect treatment options. Examples questions include: Can you outline the existing goals? Are there any other goals or benefits of exercise that you could suggest? How can we best shape the goals given the condition?

Key points: This shows an understanding of the level of neurological impairment or pathology and an ability to identify the benefits and limitations of exercise in treatment of said condition.

Management: Discuss the major target/s for, and examples of assessments and exercise prescription that is evidence based and patient centred. Example questions include: What are you going to target with you exercise prescription? What assessments do you think are necessary? Can you provide an example of an exercise with detail of type/duration/intensity? How could this exercise be modified, progressed, or regressed if needed?

Key points: This should link to concepts raised earlier to appropriate assessments and exercise prescription. This should demonstrate collaborative group idea development.

Questions are asked by facilitators. Students can be prompted at any time to provide an answer to a question or topic being discussed. As such, it is crucial that you remain engaged to the discussion as it progresses. We encourage supporting your peers if someone is 'stuck' we may ask another person to 'help out' or further the idea. This is a collaborative discussion where you are expected to build on each other's ideas and remain with the topic of discussion unless directed otherwise by the facilitator. Relying heavily on the case notes during the discussion is discouraged and will result in a poorer performance. The purpose of the SCSL is not to read the case study verbatim, but to synthesise key content, build management, assessment and prescription guidelines while demonstrating sound clinical reasoning. Similarly, we would like to make sure that the conversation continues to flow through this treatment process, therefore we suggest that you do not revert back to past discussion points unless absolutely necessary as this may significantly alter the path of the current discussion.

Each student's contribution during the SCSL discussion will be assessed by an academic and their peers (students from the corresponding 'peer review' groups). The marks will be weighted as follows: academic observers (70%), the 'peer review' teams (30%). Individualised feedback will be provided within 1 week.

Marking criteria/Rubric for participation and contribution in the Verbal SCSL:

Components	Poor (1)	Adequate (2)	Good (3)	Outstanding (4)
Preparation	Interaction in class reflects inadequate preparation. Reads >2 case study excerpts verbatim	Interaction in class reflects satisfactory preparation, though does read 1-2 case study excerpts verbatim	Interaction in class reflects thorough preparation with most information synthesised	Interaction in class reflects exceptional preparation with all information exceptionally synthesised
Engagement	Effective contributions and integrative comments are absent. If this individual was not active, it would have little impact on the learning outcomes.	Contributions are sometimes offered, are fairly well integrated, and are sometimes persuasive. If this individual was not active, the quality of discussion would be diminished somewhat	Contributions are well integrated and often persuasive. If this individual was not active, the quality of discussion would be diminished	Contributions are well integrated and persuasively presented. If this individual was not active, the quality of discussion would be diminished markedly.
Contribution	Ideas offered are seldom substantive; provide few if any insights and never offer a constructive direction for the class	Ideas offered are sometimes substantive, provide generally useful insights but seldom offer direction for the discussion.	Ideas offered are usually substantive; provide good insights and sometimes direction for the class.	Ideas offered are always substantive; provide one or more major insights as well as clear and professional direction for the class.

“Preparation” is indicated by the individual’s ability to speak to questions raised in the discussion. Excessive need to look up notes in real time or read off case sheet verbatim indicates poor preparation and is disruptive to the flow of discussion.

“Engagement” and integration refer to the individual’s ability to remain engaged with the discussion, actively building on peers concepts and awareness of direction of the discussion. Ignoring points or repeating concepts raised by others, looking up or googling during the discussion are signs of poor contribution.

“Contribution” - *Substantive* refers to evidence based and or patient centred input with sound reasoning. Altering the direction of the discussion can be brought about by offering a modified exercise or assessment based on a salient piece of case information

Key point: this is an assessment of active collaboration in real time based on solid preparation. It is not a ‘fact finding’ exercise or exam style assessment. If participants provide input that is ‘not quite right’ your facilitator will seek to direct the group discussion to help the group generate a more accurate direction and improve your understanding. Your ability to take on the information provided by others and improve awareness of the limitations of your knowledge and continue to contribute to the discussion is a key skill developed here.

Task 2: SCSL Written Reports (20%)

Students will be assigned to a written report and 'peer review' task for two (2) Simulated Case Study Learning (SCSL) sessions. Each report will contribute 10% to the final course mark.

The written report is comprised of a 1-page report to the patient's referring physician regarding the completion of an initial assessment and commencement of an exercise program. Accompanying this, a 1-page exercise program must be provided outlining the first exercise session to be completed with your supervision as an AEP at a NeuroRehab clinic. This should be in a format suitable for your EP Clinic's record ie training/program card. The program should detail the exercises you would include for this session with consideration to goals, ability and evidence-based practice. Week 1 asynchronous practical activities provide you with resources and guidance for this report. This report is due at 11.59pm Friday following the SCSL week and must be submitted via the **Turn-it-in link** on Moodle. Late submission penalties outlined on page 14 apply.

In addition to the written report, students assigned to this task will be 'peer reviewers' for students undertaking the verbal SCSL task. For peer reviewing you will be allocated a team of 4 (which will be announced at the end of week 1 when classes are confirmed). Within your team you will need to coordinate (1) downloading of an excel rubric document, (2) peer review and feedback duties and (3) submission of the completed excel rubric. Peer review is due at 11.59pm Friday following the SCSL. This document must be submitted via the **assignment link** on Moodle. Students are reminded to provide clear, concise, constructive feedback that is professional. Late submission penalties outlined on page 16 will apply to the 'peer review' mark for the next verbal SCSL for all members of the team. For example, all team members will lose 50% of the total possible peer review mark for submissions 24hours late (ie -15% of the total possible 30%) and so on as outlined on page 14.

Importantly, students are expected to have largely prepared their report and exercise program prior to the tutorial time. In doing so, you will have the benefit of listening to the verbal discussion with an in-depth knowledge and plan for the case which allows you to pick up on important ideas or point to add to your assignment, without being confused if the verbal group make errors. It also allows you to assess your peers fairly and ensure timely submission of the report.

The marking rubric is below and will be attached to Turn-it-in documents as well as individualised written feedback which will be provided.

Marking criteria/rubric for the clinician report & exercise program

Components	Poor (1)	Adequate (2)	Good (3)	Outstanding (4)
GP Report – Understanding of Key Concepts	Poor understanding of the primary issues for the patient	Adequate understanding of the primary issues for the patient	Good understanding of the primary issues for the patient	Outstanding level of understanding of the primary issues for the patient
GP Report – Writing Style	Poorly written and organised; frequent spelling or grammatical errors; does not adhere to the required format (esp. length)	Adequate writing and organisation skills; few errors in written expression; does not adhere to the required format (esp. length)	Good understanding of writing, concise and organised; minimal errors in written expression; adheres to the required format (esp. length)	Outstanding level of writing competency, clear, fluent, concise and well organised writing. No errors in written expression; adheres to the required format (esp. length)
Exercise Program – Evidence Based Prescription	No/poor use of evidence-based practice; does not adhere to the required format (esp. length)	Adequate use of evidence-based practice; does not adhere to the required format (esp. length)	Good evidence-based practice; adheres to the required format (esp. length)	Outstanding and clear evidence-based practice; adheres to the required format (esp. length)
Exercise Program – Suitability of Program	Inappropriate/poor exercise prescription that may be ineffective and/or unsafe	Safe and somewhat effective exercises, but lacking attention to patient presentation	Safe and effective exercises, with good attention to patient presentation	Safe and effective exercises, with outstanding attention to patient presentation

Key marking considerations for the clinician reports

1. Is the clinician report suitably brief?
2. Does the clinician report avoid needless repetition of background case details that would be known by the referring health practitioner?
3. Does the clinician report offer relevant information from an EP (e.g. functional assessment outcomes, goals, treatment plan)?
4. Is the clinician report presented in a professional format and with professional language?
5. Does the clinician report indicate insight regarding the key issues with the case?

Key marking considerations for the exercise programs**Presentation:**

- Is the exercise program presented neatly and clearly in 1 page?
- Is there detail of the treatment goals?

Suitability:

- Is the program matched to the stated or implicit goals?
- Does the selection of exercises adequately address these goals?
- Does the selection of exercises present a suitable initial challenge?
- Does the exercise prescription make reference of evidence-based practice?

Task 3: Viva – Clinical Skills Assessment (30%)

The Viva assesses the practical application of the knowledge and skills covered in the course. It involves a 40-minute oral and skills assessment specific to Exercise Physiology clinical practice in neuromuscular rehabilitation. The oral assessment involves verbal responses to questions posed by the examiner. The clinical skills demonstration requires the student to perform a physical assessment or exercise prescription technique commonly used by Exercise Physiologists in neuromuscular rehabilitation. Before commencing the assessment, students will be given 10-minutes to read their assigned case study and consider the specific questions and skills that will be addressed. The marking rubric for the Viva will be made available on the Moodle homepage. There will be three academic markers who will provide verbal feedback to the students immediately following the Viva.

Learning Outcomes:

- Apply knowledge of the pathophysiology of a range of neuromuscular disorders at a level sufficient for effective communication with health care professionals and patients.
- Competently administer and interpret basic functional, psychological, biomechanical or neurological tests relevant for neuromuscular rehabilitation.
- Effectively prescribe appropriate and safe exercise programs for patients with neuromuscular disorders.

Task 4: End of Session Exam (30%)

The purpose of this exam is to test your recall and understanding of the concepts covered in this course including lectures, laboratories, required readings and simulated case study learning sessions. The format will consist of 80 multiple choice questions (1 mark each). The exam will be held during the end of session exam period. Final exam period for Term 3, 2021 is Friday, 26 Nov to Thursday, 9 Dec 2021.

Learning Outcomes:

- Demonstrate knowledge of current and emerging neuromuscular rehabilitation approaches.
- Competently interpret basic functional, psychological, biomechanical or neurological tests relevant for neuromuscular rehabilitation.
- Demonstrate sound clinical reasoning to inform targeted therapeutic exercise programs specific to patient presentation.

Penalties for late submission of assignments

In cases where an extension has NOT been granted, the following penalties will apply: For assignments submitted one day after the specified due time and 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.

Course Resources

Moodle

Information about the course as well as lectures, practical notes and information regarding SCSLs and assignments can be accessed via the UNSW Moodle system from the following site: <https://moodle.telt.unsw.edu.au/login/index.php>

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

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: <https://www.library.unsw.edu.au/>

These resources will take the form of text books, journal articles or web-based resources. If available, links to the electronic form of these resources will be put on the course Moodle page. In each week's online learning activities (available through Moodle), students are directed to specific readings associated with that week's content and desired learning outcomes.

UNSW Academic Skills Support

It offers academic skills support to all students across all years of study enrolled at UNSW. This includes assistance to improve writing skills and approaches to teamwork. See <https://student.unsw.edu.au/skills>

See also medalsciences.med.unsw.edu.au/students/undergraduate/learning-resources

Guide to Online Study

Below is a list of resources designed to assist students with the transition to online learning. We understand and appreciate that the quick and prolonged change is difficult for many students.

- Transition to Online Learning <https://www.covid19studyonline.unsw.edu.au/>
- Guide to Online Study <https://student.unsw.edu.au/online-study>

- UNSW Student Life Online <https://student.unsw.edu.au/help#main-content>

Suggested Reference Books

- American College of Sports Medicine (2018) ACSM's Guidelines for exercise testing and prescription 10th Edition Philadelphia, PA Wolters Kluwer
- ACSM's resources for clinical exercise physiology: musculoskeletal, neuromuscular, neoplastic, immunologic, and hematologic conditions (2nd Ed). Editors, Jonathan N. Myers, William Herbert, Reed Humphrey. Philadelphia: Lippincott Williams & Wilkins, 2010.
- Motor Control: Translating research into clinical practice (5th Ed). Shumway-Cook and Woollacott. Philadelphia: Lippincott Williams and Wilkins, 2017.
- Exercise in rehabilitation medicine (2nd 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.
- Neuromechanics of human movement (5th ed.). Roger M. Enoka. Champaign IL: Human Kinetics, 2015. ISBN-13: 9781450458801

Course Evaluation and Development

Student feedback has helped to shape and develop this course, including feedback obtained from online evaluations as part of UNSW's [myExperience](#) process. Student feedback is much appreciated and taken very seriously. Continual improvements are made to the course based in part on such feedback and this helps us to improve the course for future students. Informal student feedback is also sought frequently throughout the term and used to assist in the progression of the course.

General information

Official Communication

All communication will be via official UNSW email, please see [Advice for Student-Official Communication](#) for more details.

Academic Integrity 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 [UNSW Student Code](#) outlines the standard of conduct expected of students with respect to their academic integrity and plagiarism. More details of what constitutes plagiarism can be found [here](#).

Attendance Requirements

For details on the Policy on Class Attendance and Absence see the University's [Policy on Class Attendance and Absence](#).

Attendance at **practicals and tutorials is compulsory**. Attendance will be recorded at the start of each class. Arrival more than 15 minutes after the start of the class will be recorded as non-attendance. It is your responsibility to ensure that the demonstrator records your attendance. Satisfactory completion of the work set for each class is essential. It should be noted that non-attendance for other than documented medical or other serious reasons, or unsatisfactory performance, during the session may result in an additional practical assessment exam or ineligibility to pass the course. Students who miss practical classes due to illness or for other reasons must submit a copy of medical certificates or other documentation to the course convenor and apply for special consideration within 24hrs hours.

Health and Safety

Class activities must comply with the NSW *Work Health and Safety Act 2011*, the *Work Health and Safety Regulation 2017*, and other relevant legislation and industry standards. 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: www.safety.unsw.edu.au.

Special Consideration

Please see [UNSW-Special Consideration](#)

If you unavoidably miss any assessment for HESC3592, you must lodge an application via myUNSW or contact [The Nucleus Student Hub](#) for special consideration. If your request for consideration is granted an alternative assessment will be organised which may take the form of a supplementary exam or increased weighting of the final exam. Supplementary exam period for Term 3 2021 is Monday, 10 January to Friday, 14 January 2022.

See: [Student-Advice-Reviews and Appeals](#)

Student Conduct

All students must accept their shared responsibility for maintaining a safe, harmonious and tolerant University environment.

For further information see www.student.unsw.edu.au/conduct.

Student Equity and Diversity Issues

Students requiring assistance are encouraged to discuss their needs with the course convenor prior, or at the commencement of the course, or with staff in the Equitable Learning Services (previously known as SEADU) (9385 4734). Further information for students with disabilities is available at <https://student.unsw.edu.au/els>.

Student Support Services

Details of the available student support services can be found at [Educational Support Services](#).

Details of counselling support services can be found at [UNSW Psychology and Wellness](#).

Appeal Procedures

Details can be found at [Student Complaints and Appeals](#).