

The Basic Physiotherapy of the Locomotor System

Code: 104098
ECTS Credits: 6

Degree	Type	Year	Semester
2500892 Physiotherapy	OB	1	2

Contact

Name: Eduard Coll del Cura

Email: Eduard.Coll@uab.cat

Use of Languages

Principal working language: catalan (cat)

Some groups entirely in English: No

Some groups entirely in Catalan: Yes

Some groups entirely in Spanish: No

Teachers

Mónica Gómez Martínez

Denys Santa Marina van Oudheusden

Ana V. Lobato Bonilla

Laura Camprubí Trepas

Miriam Herrera i Llamas

Patricio del Pino Bernadó

Eduard Coll del Cura

Prerequisites

The student will acquire the commitment to maintain an attitude of professional ethics in all their actions.

The student will have clear concepts of anatomy and basic palpation anatomy, such as knowing and recognizing the different planes and axes and their movements.

It is imperative that each student wear comfortable clothes, a sheet, shawl or towel to place on the stretcher, his goniometer and a tape measure.

Objectives and Contextualisation

The subject is programmed in the first year of the Physiotherapy degree and forms part of the group of basic training subjects. It is, therefore, part of the scientific basis necessary for the formation of the Physiotherapy graduate.

This subject aims to publicize techniques of manual therapy of the joints and indications of the corresponding treatment.

It is complemented with other basic and compulsory subjects, such as Anatomy, Physiology, Biophysics, Instrumental Evaluation of the Locomotor System, Therapeutic Techniques of the Locomotor System, and Physiotherapy in the Pathology of the Locomotor System.

Competences

- Analyse and synthesise.
- Design the physiotherapy intervention plan in accordance with the criteria of appropriateness, validity and efficiency.
- Develop critical thinking and reasoning and communicate ideas effectively, both in the mother tongue and in other languages.
- Develop independent learning strategies
- Display critical reasoning skills.
- Display knowledge of the morphology, physiology, pathology and conduct of both healthy and sick people, in the natural and social environment.
- Evaluate the functional state of the patient, considering the physical, psychological and social aspects.
- Express ideas fluently, coherently and correctly, both orally and in writing.
- Integrate, through clinical experience, the ethical and professional values, knowledge, skills and attitudes of physiotherapy, in order to resolve specific clinical cases in the hospital and non-hospital environments, and primary and community care.
- Make the most correct decisions in given situations.
- Organise and plan.
- Participate in drawing up physiotherapy protocols on the basis of scientific evidence, and promote professional activities that facilitate physiotherapy research.
- Solve problems.

Learning Outcomes

1. Analyse and synthesise.
2. Define general and specific objectives when using physiotherapy treatment for disorders of the musculoskeletal system.
3. Describe and analyse human movement.
4. Describe and analyse the evidence-based physiotherapy protocols for disorders of the musculoskeletal system.
5. Describe and apply advanced evaluation procedures in physiotherapy in order to determine the degree of damage to the musculoskeletal system and possible functional repercussions.
6. Describe the circumstances that can influence priorities when using physiotherapy to treat disorders of the musculoskeletal system.
7. Develop critical thinking and reasoning and communicate ideas effectively, both in the mother tongue and in other languages.
8. Develop independent learning strategies
9. Display critical reasoning skills.
10. Express ideas fluently, coherently and correctly, both orally and in writing.
11. Make the most correct decisions in given situations.
12. Organise and plan.
13. Solve problems.
14. Use physiotherapy to treat clinical cases involving musculoskeletal system conditions.

Content

UPPER MEMBER PART

The group is divided into four groups G1 G2 G3 I G4.
Each group has an assigned professor:

Ana Lobato, email: AnaVictoria.Lobato@uab.cat
Mónica Gómez, email: Monica.Gomez@uab.cat
Míriam Herrera Llamas, email: mir.hllamas@gmail.com
Denys Santamarina, email: Denys.Santamarina@uab.cat

ALL THE PROFESSORS WHO INTRODUCE THIS SUBJECT, TEACH THE GLOBALITY OF THE THEORY AND THE UPPER MEMBER

1. Introduction to manual therapy

- definition
- generalities

2, 3 and 4. Articular physiology:

- articulations and joint surfaces
- planes, axes, anatomical directions
- joint positions
- joint movements: rotation and translation
- Physio-physiological movements: rolling and sliding
- types of limitations
- evaluation of movement
- concave / convex rule

5. TMP of the scapular waist joints: sternocostoclavicular, acromioclavicular, scapulothoracic and glenohumeral:

Anatomical and biomechanical memory

Goniometry

Joint range

Types of articulation

Concave-convex law

Simple passive mobilizations (MPS) of the scapulo-thoracic joint, and MPS in the direction of flexion, extension, abd, add, abd and add horizontal, external and internal rotations, circumduction and technique of structure relaxation.

Tractions

Specific passive mobilization (MPE) in caudal, cranial, ventral and dorsal-caudal

Functional passive mobilizations (MPF)

6. TMP joints of the elbow: humerus-ulnar, humerus-radial, upper-lower radial-ulnar

Anatomical and biomechanical memory

Goniometry

Joint range

Types of articulation

Concave-convex law

MPS in the direction of flexion, extension, supination and pronation and technique of structure relaxation.

Tractions

MPE in ventral and dorsal direction, anterior and posterior glide of the radius, valgus and varus of elbow.

MPF

7. TMP of wrist, carpus, hand and fingers:

Anatomical and biomechanical memory

Goniometry

Joint range

Types of articulation

Concave-convex law

MPS in the direction of flexion, extension, radial and ulnar deviation, circumduction and structure relaxation technique

Tractions

MPE caudal, cranial, ventral and dorsal, radial and ulnar, dorsal and palmar glide of the metacarpal joint

MPF

8. TMP of the thumb:

Anatomical and biomechanical memory

Goniometry

Joint range

Types of articulation

Concave-convex law

MPS in the direction of flexion, extension, abd, add, external and internal rotations, opposition movement, circumduction and technique of structure relaxation.

Tractions

MPE in radio-ulnar, dorsal and palmar sense

MPF

LOWER MEMBER PART

The group is divided into four groups G1 G2 G3 I G4.

Each group has an assigned professor:

Laura CamprubiTrepas, email: Laura.Camprubi@uab.cat

Patricio del PinoBernadó, email: Patricio.delpino@uab.cat

Eduard Coll del Cura, email: eduardcoll81@gmail.com

ALL THE PROFESSORS WHO INTRODUCE THIS SUBJECT, TEACH THE GLOBALITY OF THE LOWER MEMBER SUBJECT

1.Introduction to manual therapy:

- Generalities

2. Articulation (art.) Coxofemoral:

- Anatomical and physiological summary
- Goniometry
- Joint movements
- Concave / convex law
- Manual therapy
- Simple Passive Mobilization (MPS)
- Specific Passive Mobilization (MPE)
- Tractions
- Functional passive mobilizations (MPF)

3.Knee joints:

Art. Femoropatellar

Art. Femorotibial

Art Tibio-peronea proximal

- Anatomical and physiological summary
- Goniometry
- Joint movements
- Manual therapy: MPS, MPE and tractions

4. Ankle joints:

Art. Tibio-peronea distal

Art. Tibio-peronea-astragalina

Art. Astragalus-calcaneus or subtalar

- Anatomical and physiological summary
- Goniometry
- Joint movements
- Manual therapy: MPS, MPE, traction and ankle relaxation maneuvers

5.Joints of the foot:

Art. of Chopart or transverse of tarsus

Art. of Lisfranc or tarso-metatarsiana

Mediotarsian Art.

Intermetatarsian Art.

Metatarsophalangeal art, of the 1st finger

Interphalangeal art of the fingers:

- Anatomical and physiological summary
- Goniometry
- Joint movements
- Manual therapy: MPS, MPE, tractions

Methodology

Autonomous activities

Written work: resolution of a clinical case in which the student integrates and reason the knowledge acquired in class. The work will be done in pairs.

Directed activities

Laboratory practices: activities developed in spaces equipped for physiotherapy practices with demonstrations by the teacher of the different techniques on a model and subsequent realization of the student.

Supervised activities

The students, under the supervision of the teacher, will practice among them.

Activities

Title	Hours	ECTS	Learning Outcomes
Type: Directed			
LABORATORY PRACTICES	3	0.12	1, 2, 3, 4, 5, 6, 8, 7, 10, 12, 11, 9, 14, 13
THEORY	49.5	1.98	1, 2, 3, 5, 6, 8, 7, 10, 12, 11, 9, 14, 13
Type: Supervised			
ORAL PRESENTATION / EXPOSITION OF WRITTEN WORKS	22.5	0.9	1, 2, 3, 4, 5, 6, 8, 7, 10, 12, 11, 9, 14, 13
Type: Autonomous			
PREPARATION OF WRITTEN WORKS / SELF STUDY	64.34	2.57	1, 2, 3, 4, 5, 6, 8, 7, 10, 12, 11, 9, 14, 13

Assessment

The competences of this subject will be evaluated continuously with a liberating character plus a final synthesis test. The evaluation will consist of:

- 1) A written test type evaluation through objective selection tests, of approximately 15 items of multiple choice questions, with a single correct answer and with a maximum time of 30 minutes to answer. The erroneous answer will discount 0'33 of the test type test.
- 2) A practical / oral evaluation through structured tests for upper extremity (35% final grade) based on the theoretical knowledge and the clinical skills procedures learned in the classes. Duration of the test 30 minutes per couple.

3) A practical / oral evaluation through structured tests for the lower extremity (35% final grade) based on the theoretical knowledge and the clinical skills procedures learned in the classes. Duration of the test 30 minutes per couple.

The weight of the written evaluation type test 1) will be 10% of the final grade of the subject. The weight of the sum of the evaluations 2) and 3) will be 70% of the overall grade of the subject.

Two written works (one for upper extremity and one for lower extremity), where the student will have to solve a joint limitation for each extremity (upper and lower). Will be evaluated:

- Consistency in the use of theoretical knowledge acquired.
- Application of the practice given in the classes.
- Presentation, order, clarity in the explanations and the photographic sequence of the mobilizations for the corresponding limitation.

Each work represents 10% of the final grade, being the sum of the two works 20% of the overall mark of the subject.

The works will be done in pairs and will be presented on the days of the practical exam.

Any work presented outside terminology will be considered NOT EVALUABLE.

EVERYTHING WILL BE EVALUATED ABOVE 10 POINTS. Anything less than 5 is a fail and the student will have to submit or make the recovery of the unsuccessful part. A 4'9 IS NOT PASSED.

It is necessary to pass each of the FOUR parts of the subject 1) 2) 3) 4) with a minimum mark of 5 to be able to make the average and pass the subject. If one of the four parts that form the subject is failed, the student will have to perform the recovery test of the non-passed part.

The student who does not appear for revision on the day appointed by the teacher will not be able to review his exam at any other time. The review will always be in person.

In the exam of recovery, as much of the theoretical exam as of the practical examinations, the maximum grade that will be able to obtain the student is of 6. The exams of recovery will not be used to raise note.

ASSISTANCE is REQUIRED in CLASSES. Any lack of assistance will have to be justified. The student who has two or more excused absences will not be evaluable and will have to submit to recovery. From an unjustified fault, the student will not be evaluated.

The class cannot be accessed after 10 minutes of the start of the class, considered as a lack of attendance.

It cannot make use of social networks (whatsapp, facebook, instagram, twitter, ...) through mobile / smartphone during the theoretical class or during practice. If used, 0'25 points will be subtracted from the final grade.

Students who have not passed the subject through continuous assessment or have not been submitted to the previous test may be submitted to the final test of recovery to be made at the end of the semester.

Students who repeat the subject will have to evaluate all four parts of the subject (it will be necessary to examine the theoretical exam, the two practical exams and the two works of both the upper extremity and the lower extremity).

Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
Delivery of reports and written works	20% final	10	0.4	1, 2, 3, 4, 5,

	grade			6, 8, 7, 10, 12, 11, 9, 14, 13
Written evaluation through objective tests of selection of multiple choice questions and two oral evaluations through structured tests.	80% final grade	0.66	0.03	1, 2, 3, 4, 5, 6, 8, 7, 10, 12, 11, 9, 14, 13

Bibliography

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 Compendio de terapia manual. D. Heiman. Ed.Paidotribo 2006
 Anatomía palpatoria y localización superficial. Derek Fiel. Ed. Paidotribo 2001 Bcn
 Manual de cirugía ortopédica y traumatología tomo II. Sociedad española de cirugía ortopédica y
 trumatológica. Ed. Panamericana
 Fundamentos de las técnicas de evaluación musculoesquelética. M.Lynn Palmer, Marcia E.Epler. Ed.
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 Fisioterapia manual extremidades. FM Kaltemborn; ed. McGRAW-HILL- INTERAMERICANA,S.A.U. Madrid
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 KAPANDJI I.A. Fisiología Articular. Tomo 2. Madrid: Panamericana. 6ª Edición. 2010.
 KAPANDJI I. A. Fisiología Articular. Tomo 3. Madrid: Panamericana. 6ª Edición. 2007
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 Asociart ART, 2007
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