

**Practicum V**

Code: 103001  
ECTS Credits: 6

Degree	Type	Year	Semester
2500892 Physiotherapy	OB	4	0

The proposed teaching and assessment methodology that appear in the guide may be subject to changes as a result of the restrictions to face-to-face class attendance imposed by the health authorities.

**Contact**

Name: Núria Llarch Alfonso  
Email: Nuria.Llarch@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

**Prerequisites**

There are no official prerequisites, but it is recommended that you have reached a good level of practical and the

Students will acquire the commitment of preserving the confidentiality and professional secret of the data to which

Students must obtain the (negative) certificate of crimes of an obscure nature before beginning the internship.

It is recommended that all students be vaccinated according to the instructions of the UAB. Likewise, they must know the code of good practices.

Students will take place in a different center from where they have done the Practicum I. It will only be possible to repeat by organizational criteria of the coordination of practices.

Requirements to access the practical places of:

-Pediatrics: students who have completed the subject Psychomotor Development of the Child or Physiotherapist Pediatric, and that are enrolled in the subject Psychomotor, Normal and Pathological.

-Pelvic Floor Disorders: enrolled in Prevention and treatment of Pelvic Floor Disorders.

-Sports: Registered in the optional subject of Physiotherapy in the Prevention and Treatment of Sports Disorders.

**Objectives and Contextualisation**

The subject Practicum V is taught during the first semester of the fourth 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.

The general objective of the subject is to face with the practice activity, concepts already studied in other subjects, as well as to integrate all the knowledge, skills, attitudes and values acquired in all subjects, under the supervision of qualified physiotherapists.

During the practical sessions, students will apply all effective professional skills in order to provide comprehensive care to the user.

## **Competences**

- Apply quality-assurance mechanisms in physiotherapy practice, in accordance with the recognised and validated criteria.
- Carry out physiotherapy interventions on the basis of integral health care that involves multiprofessional cooperation, the integration of processes and ongoing care.
- Clearly and effectively communicate orally and in writing with all users of the healthcare system, and with other professionals.
- Conduct planning, management and monitoring activities in the care units where physiotherapy is offered and their links with other healthcare services.
- Design the physiotherapy intervention plan in accordance with the criteria of appropriateness, validity and efficiency.
- Develop independent learning strategies
- Display critical reasoning skills.
- Display interpersonal skills.
- Display knowledge of physiotherapy methods, procedures and interventions aimed at health promotion and maintenance.
- Easily recognise and cope with changes.
- Evaluate the evolution of the results obtained from the treatment in relation to the objectives.
- Evaluate the functional state of the patient, considering the physical, psychological and social aspects.
- Execute, direct and coordinate the physiotherapy intervention plan using the right therapeutic tools and taking into consideration the patient's singularity.
- Express ideas fluently, coherently and correctly, both orally and in writing.
- Identify, analyse and solve ethical problems in complex situations
- Incorporate the ethical and legal principles of the profession in professional culture.
- 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.
- Intervene in the areas of promotion, prevention, protection and recovery of health
- Make a physiotherapy diagnosis applying internationally recognised norms and validation instruments.
- Make the most correct decisions in given situations.
- Manage information systems.
- Participate in drawing up physiotherapy protocols on the basis of scientific evidence, and promote professional activities that facilitate physiotherapy research.
- Produce and systematically keep physiotherapy records.
- Provide effective physiotherapeutic treatment and offer patients integral care.
- Respect diversity in ideas, people and situations
- Show initiative and an entrepreneurial spirit.
- Show sensitivity to environmental issues.
- Solve problems.
- Work effectively and cooperatively in multidisciplinary professional teams.
- Work in teams.
- Write the physiotherapy discharge report once the established objectives have been attained.

## **Learning Outcomes**

1. Analyse and evaluate systems for managing and monitoring general physiotherapy services.
2. Analyse quality-assurance mechanisms in the physiotherapy service hosting the clinical placement, using the assessment instruments that have been taught.
3. Apply evidence-based physiotherapy protocols.
4. Apply the profession's code of practice.
5. Assess results and their relation to the objectives set, through real cases within the different clinical specialisations.
6. Carry out health promotion activities with patients assigned during the clinical placement.
7. Carry out physiotherapy interventions on the basis of integral health care that involves multiprofessional cooperation, the integration of processes and ongoing care.
8. Carry out suitable physiotherapy assessment procedures to determine the degree of damage and its possible functional repercussions, in the patients assigned to the student in the clinical placement.
9. Communicate with all members of the therapy team.
10. Comply with the legal and professional guidelines governing the practice of physiotherapy.
11. Design means for preventing functional disorders, in particular those linked to postural hygiene, mobility loss and acute-phase pains, and teach about these.
12. Develop independent learning strategies
13. Display critical reasoning skills.
14. Display interpersonal skills.
15. Easily recognise and cope with changes.
16. Establish the diagnostic physiotherapy hypothesis.
17. Establish the frequency of the intervention.
18. Establish the general and specific criteria for applying the treatment.
19. Establish treatment priorities in accordance with the problems detected.
20. Execute, direct and coordinate the physiotherapy intervention plan using the right therapeutic tools and taking into consideration the patient's singularity.
21. Express ideas fluently, coherently and correctly, both orally and in writing.
22. Foresee needs for material and apparatus.
23. Identify signs and symptoms of disorders in biological functions related to physiotherapy.
24. Identify, analyse and solve ethical problems in complex situations
25. Interpret medical prescriptions.
26. Keep patients informed about the treatment being given, including pharmacological treatment, and encourage them to cooperate fully.
27. Make sure the environment for the physiotherapy treatment is comfortable.
28. Make the most correct decisions in given situations.
29. Manage information systems.
30. Offer guidance to non-medical staff on dealing with patients.
31. Refer patients to another professional when necessary.
32. Resolve clinical cases suitable for physiotherapy treatment in any clinical specialisation.
33. Respect diversity in ideas, people and situations.
34. Show initiative and an entrepreneurial spirit.
35. Show sensitivity to environmental issues.
36. Solve problems.
37. Suitably record all steps taken, from reception of the patient to the physiotherapy discharge report, in accordance with each clinical specialisation.
38. Use effective communication to facilitate interactions between the physiotherapist, the patient and the patient's family.
39. Where applicable, negotiate objectives within the multidisciplinary team, in order to harmonise processes and ensure continuity of care.
40. Work in teams.
41. Write a physiotherapy report, containing all information necessary to be a valid means of communication for patients and/or professionals.

## Content

The realization of clinical practices give the student the opportunity to integrate the knowledge, skills, attitudes and values acquired in the subjects, in a real professional field. In this way, he or she can apply the different techniques to specific clinical cases, as well as participate in the prevention and promotion of health.

The student will attend the practice center daily and under the supervision of a "tutor" physiotherapist will apply different assessment and treatment techniques depending on the clinical cases.

The centers where the clinical stays will be carried out are centers of physical medicine and rehabilitation with current agreements.

The placement of the internship center will be done according to the procedures established by the Faculty

Depending on the availability of the centers, during the internship of the degree, the student will make the stays in different

Specialties such as, traumatology, neurology and / or cardio-respiratory.

## Methodology

Preparation of work: the student will individually prepare a diary of the activity carried out during the clinical stays  
Practical teaching carried out in health centers in small groups. The activ  
Before the start of the clinical stays the coordinator of the subject will ma

In order to acquire more knowledge and the importance at the curricular level we recommend not repeating specialty during all the practices of the course.

It is up to the coordinator / subject responsible for the change of center and / or specialty, in case the student has not gone through the three major blocks; locomotor device, neurology and cardio-respirator.

## Activities

Title	Hours	ECTS	Learning Outcomes
Type: Supervised			
PRACTICE WITH GUIDELINES	150	6	2, 1, 4, 10, 3, 5, 9, 39, 35, 31, 12, 11, 6, 8, 7, 41, 18, 16, 17, 19, 20, 21, 29, 23, 24, 25, 26, 30, 28, 27, 22, 13, 15, 37, 32, 36, 33, 14, 34, 40, 38

## Assessment

Assessment during practices at the health center: the practices tutor will assess the student's clinical skills, through a questionnaire delivered by the university (70% of the final grade).

Narrative record (portfolio): Preparation of a clinical case, the student will have to prepare a clinical case and the resolution of situations raised during the stay in the center,

Relating the theoretical knowledge with the current treatment received by the patient. (Work value 30% of the final note)

The subject will be considered approved provided that the student obtains a minimum score of 5 to each one of the parts of which the evaluation is composed.

The final grade of the subject must be at least 5.

When it is considered that the student has not been able to provide sufficient evidences of evaluation in the act will be consigned this subject is not evaluable.

The student who does not attend the practices and / or does not deliver the work, will obtain the rating of non-evaluable.

The lack of assistance must be recovered to be able to pass the subject.

## Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
Assessment during the Practices in the healthcare center	70%	0	0	2, 1, 4, 10, 5, 9, 39, 35, 12, 11, 6, 8, 7, 18, 16, 17, 19, 20, 21, 29, 23, 24, 25, 26, 30, 28, 27, 22, 13, 15, 37, 32, 36, 33, 14, 34, 40, 38
Narrative records:portfolio	30%	0	0	3, 5, 9, 31, 12, 11, 8, 41, 18, 16, 17, 19, 20, 21, 13, 37, 32, 36, 33

## Bibliography

CUTTER, N.C; KEVORKION, C.G. Manual de valoración muscular. Madrid: Mc Graw-Hill interamericana, 2000  
 DANIELS - WORTHINGHAM'S. Pruebas funcionales musculares. Madrid: Marban 6ª edición, 1999. DAZA  
 LESMES (1995). Test de movilidad articular y examen muscular de las extremidades. Bogotá: Ed. Médica  
 Panamericana. DIVERSOS AUTORS: Enciclopedia Médico-Quirúrgica de kinesiterapia y reeducación  
 funcional; Tomos 1-2-3-4, París : Editions Techniques DVORAK, J.; DVORAK, V. Medicina manual:  
 Diagnóstico (vol. 1) Tratamiento (vol. 2). Ed. Scriba, 2ª Edición. 1993 HOPPENFIELD, S. Exploración física de  
 la columna vertebral y extremidades. México: El Manual Moderno. 1979 KAPANDJI, I. A. Cuadernos de  
 fisiología articular I, II y III. Barcelona: Ed. Masson, 1973 KENDALL. Músculos, pruebas y funciones. Ed. Jims,  
 1984 RODRIGO, C. MIRALLES M. Biomecánica clínica del aparato locomotor. Barcelona: Masson, 1998  
 TIXA, S. Atlas de anatomía palpatoria de cuello, tronco y extremidad superior. Investigación manual de  
 superficie. Barcelona: Masson, 2000 TIXA, S. Atlas de anatomía palpatoria de la extremidad inferior.  
 Investigación manual de superficie. Barcelona: Masson, 1999 BUCHUP, K. Pruebas clínicas para patología  
 ósea, articular y muscular. Barcelona: Elsevier-Masson, 2007 GALLEGO T. Bases Teóricas y Fundamentos de  
 Fisioterapia. Ed Panamericana. Madrid .2007 5 GALLEGO T. Bases Teóricas y Fundamentos de Fisioterapia.  
 Ed Panamericana. Madrid .2007 F.M.KALTENBORN. Fisioterapia manual columna. Madrid: Mc Graw-Hill  
 Inteamericana, 2000 F.M.KALTENBORN. Fisioterapia manual extremidades. Madrid: Mc Graw-Hill  
 Inteamericana, 1999 VILAR E, SUREDA, S. Fisioterapia del aparato locomotor. MacGraw-Hill Interamericana,  
 Madrid, 2005 KRUEGER, D. Psicología de la Rehabilitación. Ed. Herder, 1994. LLOR, B. Ciencias  
 Psicosociales aplicadas a la Salud. Ed. Interamericana, 1998. MARTIN ZURRO, A.; CANO, J.F Atención  
 Primaria. Conceptos, organización y práctica clínica. Barcelona: Doyma; 2003. REICHEL H, PLOKE C.E.  
 Fisioterapia del aparato locomotor. Estructuras, funciones y medidas de actuación sobre las afecciones.  
 Exploración y tratamiento de enfermedades ortopédicas. Barcelona: Paidotribo, 2007. at; 1998. XHARDEZ, Y.:  
 Vademécum de Kinesioterapia. Ed. El Ateneo. Barcelona. 2001 MEDINA BERUBEN, ISAAC. Propedéutica de  
 la clínica y diagnóstico físico. Ed. Manual Moderno, Edición 1ª, Año 1999, México. HSU STEPHEN I., LEE  
 BURTON, W. STASIOR, DAVIDS. Medicina basada en la Evidencia (Massachusetts General Hospital),  
 Editorial: Librería Editorial Marbau, 1ª Ed, 1999, Madrid. VIEL, ERIC. Diagnóstico Fisioterápico: Concepción,  
 Realización y Aplicación en la Práctica Libre y Hospitalaria. Editorial Masson-Salvat, 1ª edición, Año 1999.  
 Barcelona. GEDDA MICHEL. Décision Kinésithérapique, Ed. Masson. Paris 2001. Adler S. La facilitación  
 neuromuscular propioceptiva en la práctica. 2ª ed. Panamericana. Madrid, 2002 Bisbe M. Santoyo C. Segarra  
 V. Fisioterapia en neurología. Procedimientos para restablecer la capacidad funcional. Panamericana. Madrid,  
 2012 Butler D. The sensitive nervous system. Noigroup publications. Adelaide, 2000 Butler D. Nieto E.  
 Movilización Sistema Nervioso. Editorial Paidotribo 2002. Cano R. Collado S. Neurorehabilitación. Métodos  
 específicos de valoración y tratamiento. Panamericana. Madrid, 2012. Carr J. Sheperd R. Rehabilitación de  
 pacientes en el ICTUS. Elsevier. Madrid, 2004 Cudeiro FJ. Reeducción funcional en la enfermedad de  
 Parkinson. Elsevier. Barcelona, 2008. Davies P. Pasos a seguir. Tratamiento integrado de pacientes con  
 hemiplejía. 2ª ed. Panamericana. Fisioteràpia en Neurologia II 2012 - 2013 Madrid, 2002 Edwards S.

Neurological physiotherapy. 2ªed. Churchill-Livingstone. London, 2002 Kandel E. Principles of Neural science. 4ªed. McGraw-Hill. New York, 2000 Loeser JD. Bonica terapéutica del dolor. 3ªed. McGraw-Hill. México, 2003 Lundy-Ekman L. Neurociencia. Fundamentals for rehabilitation. 2ªed. Saunders. Philadelphia, 2002 Noguer L. Balcells A. Exploración clínica práctica. 24ª ed. Científico-médica. Barcelona, 1992 OMS. Clasificación internacional del funcionamiento, de la discapacidad y de la salud. Grafo S.A.. Madrid, 6 OMS. Clasificación internacional del funcionamiento, de la discapacidad y de la salud. Grafo S.A.. Madrid, 2001 Paeth B. Experiencias con el concepto Bobath. Fundamentos, tratamientos y casos. 2ª ed. Panamericana. Madrid, 2006 Perfetti C. El ejercicio terapéutico cognoscitivo para la reeducación motora del hemipléjico adulto. Edikamed. Barcelona, 1998 Purves D. Invitación a la neurociencia. Panamericana. Madrid, 2001 Serra M. Díaz J. Sande M. Fisioterapia en neurología, sistema respiratorio y aparato cardiovascular. Elsevier. Barcelona, 2005 Shacklok M. Neurodinámica clínica. Elsevier. Madrid, 2007 Spicher C. Handobook of somatosensory rehabilitation. Sauramps médicaux. Montpellier, 2008 Stokes M. Fisioterapia en la rehabilitación neurológica. 2ª ed. Elsevier. Madrid, 2006 Umphred DA. Neurological rehabilitation. Elsevier. Saint Louis, 2007