



# **Tilak Maharashtra Vidyapeeth**

## **(DEEMED TO BE A UNIVERSITY)**

(Declared under section 3 of UGC Act by Govt. of India)

Accredited by NAAC (Second Cycle) with “B++” Grade

**TMV's**

## **College of Physiotherapy**

**(Post Graduate)**

**Master of Physiotherapy  
(02 Years)**

Approved by Academic Council on dated 20/12/2021

vide Resolution No. 2021/93

# Master of Physiotherapy (MPT)

## **Aim:**

The Master of Physiotherapy (specialty) Programme is directed towards rendering competency in knowledge, skills and research related to advance physiotherapeutic skills especially related to speciality clinical fields to enhance professional Physiotherapy Practice, Education and Research, in line with global standards.

## **Course outline:**

The Masters' degree in Physiotherapy is a two year full time programme consisting of classroom teaching, self academic activities and clinical postings, with self directed evidence based practice and research. In the first year theoretical basis of physiotherapy is refreshed along with research methodology, biostatistics & teaching technology in the form of workshops and modules. The students have to submit certificate for completion of compulsory modules related to professional ethics, research methodology and teaching technology within the first six months of admission. The students are rotated in all areas of clinical expertise including four months of allied postings and remaining months of specialty postings during this period. They are required to choose their study for dissertation and submit a synopsis within the first 4 months. They are required to complete and submit their dissertation as per university notification prior to exam. The learning program includes seminars, journal reviews, case presentations, case discussions and classroom teaching. Some of the clinical postings may be provided at other reputed centers in the country in order to offer a wider spectrum of experience. The students are encouraged to attend conferences, workshops to enhance their knowledge during the course of study. University examinations in theory and practicals will be held at the end of second year.

## **Specialities Offered:**

- 1. Musculoskeletal Physiotherapy**
- 2. Neuro Physiotherapy**
- 3. Cardio vascular & Respiratory Physiotherapy**
- 4. Community Physiotherapy**

**Duration :** Master of Physiotherapy (MPT) (Speciality) shall be full time course with duration of two academic years.

**Medium of instruction:** English shall be the medium of instruction for all the subjects for studies and for examination of the course. Faculty/Guide to Student Ratio: - 1 : 3

### **Eligibility for admission:**

1. He/she has passed the Bachelor of Physiotherapy recognized by any Indian University (except distance education and Agriculture University) with pass marks (50%).
2. He/she has to furnish at the time of submission of application form, a certificate of physical fitness from a registered medical practitioner.
3. Admission to Master of Physiotherapy course shall be made as per the rules by the competent authority. Entrance test will be conducted as per the rules by competent authority.

**Objectives:** At the completion of this course, the student should be able to -

1. Do a physical therapy diagnosis using a frame work of ICF that is to identify the impairment of body structure, body function, environmental and personal factors and to address the activity limitations and participations restrictions.
2. Execute all routine physiotherapeutic procedures with clinical reasoning & evidence based practice.
3. Be a prominent member of the multidisciplinary team and treat all the conditions which need physiotherapeutic procedures.
4. Provide adequate knowledge about the treatment procedures and their benefits.
5. Perform independent physiotherapy assessment and treatment for patients.
6. Plan and implement need based physiotherapy interventions for all clinical conditions related to respective speciality in acute, chronic cases, critical care, independent practice including health promotion and prevention.
7. Practice in his / her specialty area with advanced knowledge and skills.
8. Take up physiotherapy teaching assignments under supervision for undergraduate teaching programme.
9. Prepare project proposal with selected research design and interpret the evaluated outcome measures (using sound data processing techniques and statistical methods).

### **Expectation from the future post-graduate in providing patient care.**

1. Course work includes exercise physiology, principles of physiotherapy practice, electrophysiology and specialties. The student will be skilled in Physical Therapy Diagnosis, clinical reasoning, movement analysis, planning and administration of physiotherapy treatment **as per the speciality**, linking evidence to practice, evaluating provision of patient support and being an integral part of inter-professional team.
2. Acquire in-depth knowledge of structure and function of human body related to the respective branch of specialty. Identify movement dysfunction cause thereof principles underlying the use of physiotherapeutic interventions for restoring function towards normalcy.

3. Demonstrate ability to make clinical decision (based on evaluation) regarding Physiotherapy strategy techniques and select appropriate outcome measures based on the comprehensive knowledge of specialty.
4. Demonstrate ability to critically appraise recent physiotherapeutic and related literature from journals & adopt diagnostic & therapeutic procedures based on the evidence.
5. The student will also perform independent research within the department and help the department and the team for treatment planning of the patient.
6. Physiotherapy post-graduate is encouraged to pursue further qualification to attain senior position in the professional field; also to keep abreast with the advances and new technology the professional should opt for continuous professional education credits offered by national and international institutes.
7. Employment opportunities can be found in hospitals in both private and public sectors as well as in independent physiotherapy clinics and as well as teaching institutes.
8. Demonstrate an expertise in using evidence-based skill in the management of disorders including movement dysfunction in concerned specialty.
9. Demonstrate an expertise in health promotion, early identification and intervention for quality of life & restoration of function.
10. Planning and implementation of treatment programme adequately and appropriately for all clinical conditions, common as well as rare, related to respective specialty, in acute and chronic stage, in intensive care, indoor, outdoor and institutional care, independent practice, on fields of sports and in community and during disaster situations.
11. Demonstrate proficiency in creating awareness, using newer technology, at various levels in community for healthcare & professional awareness.
12. Demonstrate leadership, managerial, administrative & communication skills.
13. Demonstrate the knowledge of legislation applicable to compensation for functional disability welfare schemes & rights of the disabled, laws related to industrial workers & disabled & appropriate certification.
14. Demonstrate proficiency in classroom and clinical teaching using newer and appropriate technology.
15. Follow the ethical code of conduct and respect law and legislations

**Methods of training:**

The training of postgraduate for MPT degree shall be on a whole time pattern with graded responsibilities towards physical therapy diagnosis/functional diagnosis and in the management and treatment of patients entrusted to his / her care and completion of research project. The participation of all the students in all facets of educational process and patient care is essential. Every candidate should perform self directed evidence based autonomous practice and take part in seminars, group discussions, clinical rounds, care demonstrations, clinics, journal review meetings, CMEs and workshops. Every candidate should be required to participate in the teaching and training programs of undergraduate students. Training should include involvement in laboratory experimental work and research studies.

**Attendance:** 90% attendance is mandatory for each year. The student needs to fulfill minimum of 8 hours duty six days a week.

**Vacation or preparatory leaves:** Full-time post graduate students should be able to take up maximum upto 10 working days of vacation or preparatory leave or sick leave during the academic year, over and above statutory holidays declared by the institute provided that it

- Does not compromise the academic progress of a student's studies;
- Does not compromise the progress of the research; and
- Is agreed upon by the student and his/her supervisor or guide well in advance (usually one month).
- In case of institutes providing stipend it would be to the discretion of the institute to grant leave.
- Leave should be taken at times that do not interfere with students' course work and their research responsibilities within the department.
- Professional leave to attend conference and university directed modules can be granted for maximum of three days at a time.

**Assessment:**

University Exams will be conducted in theory and practical at the end of two years.

**Passing Criteria:**

**Eligibility for appearing for Exams**

The candidate should have completed Research Methodology and biostatistics, Ethics, Administration and Professional Practice and Teaching technology module in the first six months following admission. The candidate should have 90% attendance and completed the dissertation work.

**Submission of synopsis:** Every candidate shall submit to the Registrar of the University in the prescribed proforma, a synopsis containing particulars of proposed dissertation work within four months from the date of commencement of the course or on or before the dates notified by the University. The synopsis shall be sent through the proper channel after approval of institutional ethics committee. Such synopsis will be reviewed and the dissertation topic will be registered by the University.

**Dissertation:** Every candidate presenting himself / herself for the examination for the first time shall submit, at least four months prior to the university examination, copies of a dissertation not less than 2500 words consisting of the result of his/her own study carried out under the guidance of a recognized post graduate teacher together with review of recent advances pertinent to that theme. The acceptance of the dissertation by the examiners shall be a condition precedent to the admission of the candidate for the written & clinical (practical) examination. Dissertation should be based on the specialty subject.

A candidate who has submitted his/her dissertation once will not be required to submit a fresh dissertation if he / she re-appears for the examination in the same branch on a subsequent occasion, provided that the examiners have accepted the dissertation.

The Degree of Master of Physiotherapy (speciality) shall not be conferred upon a candidate unless he / she has passed in the written and clinical examination (including viva voce) and the dissertation prescribed for the examination in accordance with the provision.

### **Log Book**

Every candidate shall maintain a log book and record his/her participation in the clinical postings and programmes conducted by the department. Record in the log book will contain report of attendance and documentation as per MUHS guidelines. Log book as duly certified as "Acceptable & Satisfactory" and signed by Head of department, Head of Institution and Guide should be submitted to the university with the examination form or as directed by the university.

**Progress Report:** The attendance and progress report scrutinized and certified by the Head of the Department, Head of the Institution and Guide to be submitted to the university at every six months from the commencement of academic term after the cut off dates from admission. Copy of the same to be submitted with the exam form.

### **Clinical Rotation:**

**The student is expected to complete 4 months of Allied posting (posting in clinical area other than chosen speciality) and remaining months of speciality posting in order to complete the desired course work. Dissertation work has to be carried out in the area of speciality posting. Ninety percent (90%) attendance is required for minimum of 8 hours a day for 6 days of week.**

**Scheduled outline shall be maintained as minimum standard for MPT program with higher order of teaching and learning process. The student is expected to revise the basic requirement of undergraduate syllabus of physiotherapy course in the form of self directed learning.**

# **Syllabus**

Syllabus Content from A to C (compulsory Modules to be completed in the first six months of commencement of academic term) would be common for all specialities. In the residency period the post graduate physiotherapy professional is expected to work and contribute in the acute care unit, clinical set-up, out -patient, community and field work.

**A. Professional Practice, Ethics and Administration:-** This module has to be completed in the form of a module in the first four months after commencement of academic year. Attendance and certificate of participation is to be submitted along with the synopsis as a mandatory requirement. The module component should be as under- (History, Laws, Ethics, Administration, Professional practice)

1. Development of Physiotherapy Profession

2. Laws governing physiotherapy practice

3. Ethical issues in practice of physiotherapy-Clinical, Research and Academics.

Ethics in Physiotherapy practice, clinical and research, code of conduct for safe disciplined practice – legal aspect, Rights and responsibility of physiotherapist and client, PWD Act. Rules and regulations governing physiotherapy practice- National & International Administration, legislation, rules and regulations governing physiotherapy practice- National & International.

4. Administration - Physiotherapy Management in Hospital, community & Industry. Principles of management, planning, organisation, budget, policy procedures and quality assurance. Setting up a physiotherapy department.

5. Physiotherapist as a leader and manager.

6. Scope of Physiotherapy in Hospital, Community & Industry and Future challenges in physiotherapy.

7. Roles of the physiotherapist as per WCPT/WHO

8. Standards for practice for physiotherapist and the criteria as competency statements

9. Communication skills, leadership quality & teamwork. Importance of documentation, types of documentation systems, documentation of professional assessment including International Classification of Functioning Disability & Health (ICF) format.

10. Professionalism

11. Align physiotherapy objectives with the goals of national health

## **B. Teaching Technology:**

Students would compulsory undergo training in teaching technology as approved by MUHS. The certificate of attendance and participation should be submitted to the university along with examination form. Students are required to submit in the log book number of teaching sessions, practical demonstration carried out under supervision.

Pedagogy, Kirk- Patrick model, Theories of adult learning, Formal and non-formal – Philosophy of health education, Curricular Planning. Teaching - Learning methods, Interactive Learning, methods to facilitate learning, use of audio-visual aids, clinical teaching, methods of assessment of student learning.

Post graduate students should be trained in oral presentation and preparation of posters.

**C. RESEARCH METHODOLOGY AND BIOSTATISTICS** : To be completed in the form of a module in the first four months after commencement of academic year. Attendance and certificate of participation is to be submitted along with the synopsis as a mandatory requirement.

### **RESEARCH METHODOLOGY**

1. Introduction to research
2. Types of research
3. Defining a research question
4. Qualitative study designs: Grounded theory and Phenomenological methods.
5. Use of Delphi process
6. Quantitative study
7. Type I and type II bias
8. Study design: types
  - a. Case study, Case series, longitudinal cohort, Pre post design, Time series design, repeated measures design, Randomized control design.
9. Sampling design, calculating minimum sample size based on design
10. Measurement: Properties of measurement: reliability, validity, responsiveness, MCID.
11. Outcome measures: Use of outcome measures in rehabilitation research
12. Research Methods: Designing methodology, Reporting results,
13. Communicating research.
14. Evaluating published research: looking at the evidence
15. Introduction to evidence based practice, evaluating evidence,
16. Asking clinical questions
17. Translating of evidence into practice: strategies
18. Use of clinical practice guidelines, clinical pathways, prediction rules to inform practice.

### **APPLIED BIOSTATISTICS**

1. Descriptive Statistics and measurement variability
2. Statistical inference
3. Comparison of group means: T-test
4. Analysis of variance
5. Multiple comparison tests
6. Non parametric tests
7. Correlations



8. Regression
9. Analysis of frequencies: Chi square
10. Statistical measure of reliability
11. Power analysis – Determining sample size
12. Epidemiological Measures – Rate, Ratio, Proportion, Incidence and prevalence, Relative risk, Risk ratio, Odds ratio.

### **SCIENTIFIC WRITING**

1. Definition and kinds of scientific documents – Research paper, Review paper, Book, Reviews, Thesis, Conference and project reports (for the scientific community and for funding agencies).
2. Publication – Role of author, Guide, Co-authors.
3. Structure, Style and contents; Style manuals (APA, MLA); Citation styles: Footnotes, References; Evaluation of research
4. Significance of Report writing; Different steps in Report writing; Mechanics and precautions of writing research reports Oral and poster presentation of research papers in conferences/symposia; Preparation of abstracts.
5. Structure of Thesis and Content – Preparing Abstracts.

Students should be encouraged for writing a narrative review or case reports and preparing manuscripts.

## **Applied Physiotherapeutics Paper I:**

### **Applied Biomechanics & Clinical Kinesiology.**

1. Normal and applied Biomechanics of Tissues and structures of the body systems (includes biomechanics of musculoskeletal system).
2. Applied and altered physiology of functions of the body system
3. Clinical kinesiology of posture and gait
4. Ergonomic Approach to lifting and handling, transfer techniques, workspace and environment modification, increasing accessibility, capacity and performance
5. Movement analysis
6. Laboratory evaluation of kinetics and kinematics
7. Neurophysiology of Pain, Mechanisms of Referred Visceral Pain, Central mechanism and processing of Pain, Multi-segmental Innervations

To be completed in the form of symposium, tutorial, lab work and clinical practice

### **Exercise Physiology & Nutrition:**

1. Energy, Energy Transfer and Energy Expenditure at rest, activity and disease
2. Physiology of Movement
3. Responses and Adaptations of various systems to Exercise and training.

4. Environmental influence on Performance.
5. Body composition, nutrition and caloric balance and performance
6. Physiological variations with exercise and training.
7. Components of exercise programming.
8. Fatigue assessment and scientific organization of work-rest regimes to control fatigue.
9. Introduction to Sports sciences and sports medicine
10. Psychological aspects of exercise
11. Nutritional requirements and supplementation in health and disease.
12. Benefits of exercise in health and disease
13. Exercise Advocacy for common population

To be completed in the form of symposium, tutorial, lab work and clinical practice.  
Students are expected to maintain personal level of fitness.

#### **Electrophysiology and electro diagnosis:**

1. Clinical decision making in electrotherapeutics -characteristics and components of Electro therapeutic stimulation systems and Electro Physiological assessment devices.
2. Instrumentation for neuromuscular electrical stimulation.
3. Muscles plasticity in response to electrical stimulation.
4. Electrical stimulation and its effects on various systems.
5. Clinical Electro physiological testing and clinical interpretation
6. Use of electrodiagnosis in prognostification
7. EMG and Biofeedback

To be completed in the form of symposium, tutorial , exercise lab and clinical practice.

### **Applied Physiotherapeutics Paper II**

#### **Physiotherapy/Functional Diagnosis& Clinical reasoning:**

1. Clinical examination in general and detection of movement dysfunction.
2. Principles of pathological investigations and imaging techniques related to neuromuscular-skeletal and cardiopulmonary disorders with interpretation.
3. Developmental screening, motor learning –motor control assessment.

4. Anthropometric measurements.
5. Physical fitness assessment - Body composition, Flexibility, Muscle strength, endurance, Cardio-respiratory endurance. Skills, Testing of agility- balance, co-ordination.Evaluation of health related fitness and performance based measurements.
6. Evaluation Methods, Special tests used in Musculoskeletal, Neurological and Cardiopulmonary disorders.
7. Biophysical measurements, physiotherapy modalities, techniques and approaches.
8. Aids and appliances, adaptive functional devices to improve movement dysfunction.
9. Physical disability evaluation and disability diagnosis.
10. Evaluation of Posture and Gait abnormalities with reasoning
11. Pain (assessment, modulation and management of pain)  
Assessment of Pain and Symptoms: Sources of Pain, Types of Pain, Comparison of Systemic Versus Musculoskeletal Pain, Patterns, Characteristics of Viscerogenic Pain, Screening for Emotional and Psychologic Overlay, Pain modulation using electrotherapy
12. Assessment and clinical decision making in elderly
13. Basic investigations to identify system abnormalities
14. Identification of scope of practice and referral
15. Introduction to Screening for Referral in Physiotherapy
16. Using the Screening Model, Reasons to Screen, Screenings and Surveillance, Diagnosis by the Physiotherapist, Differential Diagnosis versus Screening
17. Direct Access, Red flags and Physician referral
18. Decision-Making Process Case Examples and Case Studies.
19. .Physical assessment as a screening tool to identify the source of symptoms :General systems screening and examination, including endocrine, metabolic, immunologic systems, Screening for Systemic Versus Psychogenic Symptoms
20. Introduction to the interviewing process: Concepts in Communication ,Cultural Competence, The Screening Interview ,Subjective Examination , Core Interview ,Hospital Inpatient Information.
21. Integrating ICF into clinical practice
22. Assessing functioning and Quality of life

The above to be completed in the form of clinical skills during case presentation, and clinical posting, laboratory work

### **Evidence based Practice:**

1. Sacketts -steps in evidence based practice- theory and practicals.
2. Performing a literature search
3. Critically appraising evidence, RCT, Systematic review, other studies
4. Shared decision making
5. Linking evidence to practice

The above to be completed in the form of clinical skills during case presentation, clinical practice and critical appraisal and review of literature

## **Advanced Physiotherapeutic approaches :**

1. Maternal and child care in general physiotherapy.
2. Principles of Neurological approaches, Theories of motor control and motor learning.
3. Pharmacodynamics and activity performance.
4. Advanced theories and application of Therapeutic exercise.
5. Application of advanced electrotherapy modalities & techniques on patients, monitoring of dosages and winding up procedure. Safety considerations in electrotherapy
6. Ergonomic consideration during physiotherapy.
7. Preparing Plan of care to achieve functioning , discharge, social participation
8. Physiotherapy for health and stress management.
9. Manual therapy, soft tissue mobilizations and its application
10. Physiotherapy perspective in onco rehab, Disaster management and emergency, Plastic Surgery and burns, common conditions of skin, Obstetric and Gynecological Disorders
11. CPR, monitoring systems and defibrillators and artificial respirators.
12. Integration of Yoga in Physiotherapy for Health promotion and Dysfunction
13. Community practice in physiotherapy
14. Alternative therapies

The student is expected to review evidences, Guidelines, Statements of various national and international committess /societies and bodies.

## **Speciality Syllabus:**

### **Residency in Speciality subjects**

#### **Musculoskeletal Physiotherapy**

#### **Advances in Musculoskeletal Physiotherapy – (Part I)**

(Musculo-skeletal Dysfunctions of the Upper Quadrant)

(Upper Quadrant includes cervical spine, thoracic spine, shoulder girdle and upper extremities)

1. Anatomical, Physiological and Biomechanical basis for assessment of movement dysfunctions of the upper quadrant
2. Patho-physiological and Patho-mechanical basis for management of movement dysfunctions of the upper quadrant
3. Clinical decision making skills in evaluation & management of all pediatric, adult and geriatric dysfunctions of the upper quadrant
4. Advances in functional diagnostic procedures & various outcome measures relevant to musculo-skeletal dysfunctions of the upper quadrant
5. Patho-biological mechanisms of pain; Recent advances in pain evaluation and management

6. Advances in the field of Manual Therapy
7. Principles of musculo-skeletal health and performance related fitness and Physiotherapeutic management of musculo-skeletal injuries & dysfunctions in various sports
8. Principles of assessment of industrial fitness and assessment & management of musculoskeletal dysfunctions related to various industries.
9. Ergonomics in Musculo-skeletal dysfunction of the upper quadrant.
10. Assistive technology used for stability and mobility to enhance function.
11. Therapeutic application of Yogasanas for musculoskeletal health and fitness (upper quadrant)
12. Evidence based practice to formulate effective assessment and treatment program
13. Evaluation of disability
14. Legislation and social care.
15. Assessment, clinical reasoning and management of Integumentary impairments due to musculoskeletal dysfunction
16. Pharmacotherapeutics in musculoskeletal conditions and its relevance in physiotherapy
17. Clinical decisions for lower quadrant function in presence of upper quadrant dysfunction

### **Advances in Musculoskeletal Physiotherapy –(Part II)**

#### **(Musculo-skeletal Dysfunctions of the Lower Quadrant)**

#### **(Lower Quadrant includes lumbar spine, sacrum, pelvis and lower extremities)**

1. Anatomical, Physiological and biomechanical basis for assessment of movement dysfunctions of the lower quadrant
2. Pathophysiological and Pathomechanical basis for management of movement dysfunctions of the lower quadrant
3. Clinical decision making skills in evaluation & management of all pediatric, adult and geriatric dysfunctions of of the lower quadrant
4. Advances in functional diagnostic procedures & various outcome measures relevant to musculo-skeletal dysfunctions of the lower quadrant
5. Pathobiological mechanisms of pain; Recent advances in pain evaluation and management
6. Advances in the field of Manual Therapy
7. Principles of musculo-skeletal health and performance related fitness and Physiotherapeutic management of musculo-skeletal injuries & dysfunctions in various sports
8. Principles of assessment of industrial fitness and assessment & management of musculoskeletal dysfunctions related to various industries.
9. Ergonomics in Musculo-skeletal dysfunction of the lower quadrant
10. Assistive technology used for stability and mobility to enhance function.

11. Therapeutic application of Yogasanas for musculoskeletal health and fitness (lower quadrant)
12. Evidence based practice to formulate effective assessment and treatment program.
13. Evaluation of disability.
14. Legislation and social care.
15. Assessment and management of Integumentary impairments due to musculoskeletal dysfunction.
16. Clinical decisions for upper quadrant function in presence of lower quadrant dysfunction

### **CLINICAL POSTING**

#### **Second year**

Acute care & Rehabilitation in Musculoskeletal dysfunctions: Indoor and Outdoor patients

#### **Neuro Physiotherapy**

#### **Advances in Neurophysiotherapy - (Part I)**

This paper will focus on advances in theory and practices in paediatric neurological conditions

1. Gross and fine motor development skills, posture and gait examination and functional performance.
2. Facilitation of development using appropriate skills in a neurologically disabled child.
3. Congenital and acquired disorders affecting growth and development of child.
4. Advanced skills in assessment of paediatric neuropathological, neuropsychological and neurosurgical conditions.
5. Advanced Physiotherapy approaches – Neurophysiological principles, skills of handling invarious approaches and rationale for effective management.
6. Clinical decision making and evidence based practice to formulate effective assessment and treatment program
7. Theories of motor control and learning, perceptuomotor and sensory issues in children
8. Early identification of paediatric neurological disorders and early intervention skill.
9. Role of Physiotherapy in progressive paediatric neurological conditions, management of terminally ill child
10. Role of Physiotherapy in Neonatal intensive care units
11. Social integration of child in school and community – measures to ensure – attitudinal, environmental, manpower, assistive technology, legislation and support
12. Assessment, clinical reasoning and management, of Integumentary and other system impairments due to neuromusculoskeletal dysfunction.
13. Pharmacotherapeutics in neurological conditions and its relevance in physiotherapy

#### **Advances in Neurophysiotherapy (Part II)**

This paper will focus on advances in theory and practices in adult neurological conditions

1. Neurodevelopment and neurophysiological approaches in Adult neurological conditions
2. Advance skills in assessment of adult neuro-pathological, neuropsychological and neurosurgical conditions

3. Various outcome measures and assessment methods used in geriatric & adult neurological conditions
4. Clinical decision making and evidence based practice to formulate effective assessment and treatment program
5. Advanced Neuro-therapeutic skills for management
6. Role of Physiotherapy in progressive neurological conditions, management of terminally ill patient.
7. Facilitation and coping up with problems associated with ageing.
8. Prevention of age related complications  
Social integration in community – measures to ensure – attitudinal, environmental, manpower, assistive technology, legislation and support
9. Pharmacotherapeutics in neurological conditions and its relevance in physiotherapy

## **CLINICAL POSTING**

### **Second year**

Neonatal and Acute care and Rehabilitation of neuromedical and surgical disorders:  
 Adult Neuro-medical, neurosurgical and OPD,  
 Pediatrics Neuro-medical, neurosurgical and OPD,  
 Early intervention.

### **Cardiovascular and Respiratory Physiotherapy**

#### **Advances in Cardiovascular and Respiratory Physiotherapy (Part I).**

##### **(Respiratory Physiotherapy)**

1. Structural, functional and Biomechanical basis for assessment and management of dysfunctions of the respiratory system and thorax throughout the life span.
2. Clinical reasoning in physiotherapeutic evaluation & management of all neonatal, pediatric, adult and geriatric dysfunctions of the respiratory system and thorax in acute care and in rehabilitation
3. Advances in functional diagnostic procedures & various outcome measures relevant to assess intervention to dysfunctions of thorax and respiratory system.
4. Interpretation and application of Investigations related to Respiratory and thoracic dysfunction and its relevance to physiotherapy.
5. Evidence based practice in management of Respiratory & Thoracic impairments & dysfunction.
6. Pulmonary rehabilitation
7. Ergonomics and energy conservation in Respiratory dysfunction and use of assistive devices to enhance function and performance.
8. Pathology of pain in medical and Post-surgical conditions related to thoracorespiratory dysfunction and advances in its evaluation and management

9. Clinical decision making and evidence based practice in physiotherapeutic evaluation & management of all medical, surgical and traumatic disorders across the life span in a critical care (ICU) setting
10. Management of the critically ill: knowledge of Airways -types & management Mechanical ventilator, use of Oxygen therapy; Physiotherapeutic Interventions in intensive care, weaning and ICU monitoring.
11. Postoperative respiratory care
12. Principles of health and performance, Risk stratification, Prevention and health promotion
13. Pharmacotherapeutics in respiratory condition and its relevance with physiotherapy

## **Advances in Cardiovascular and Respiratory Physiotherapy (Part II)**

### **(Cardiovascular Physiotherapy)**

1. Structural and functional and Biomechanical basis for assessment and management of dysfunctions of the circulatory system including peripheral vessels and mediastinum throughout the life span.
2. Clinical decision making skills in physiotherapeutic evaluation & management of all neonatal, pediatric, adult and geriatric dysfunctions of the cardiovascular including peripheral Vasculature system and mediastinum in acute care and rehabilitation
3. Advances in functional diagnostic procedures & various outcome measures relevant to assess intervention to dysfunctions of cardiovascular and peripheral vascular system.
4. Evidence based practice in assessment and management of cardiovascular and peripheral vascular dysfunction and failure
5. Ergonomics and energy conservation in cardiovascular dysfunction and use of assistive devices to enhance function and performance.
6. Pathology of pain in medical and surgical impairments related to cardiovascular dysfunction and advances in its evaluation and management
7. Clinical decision-making skills in physiotherapeutic evaluation & management of all medical, surgical and traumatic conditions across the life span in a critical care (ICU) setting
8. Management of the critically ill: knowledge of Airways -types & management Mechanical ventilator, use of Oxygen therapy; Physiotherapeutic Interventions in intensive care, weaning and ICU monitoring
9. Postoperative respiratory care
10. Cardiac Rehabilitation
11. Vascular rehabilitation
12. Principles of health and performance, Risk stratification, Prevention and health promotion, Metabolic and endocrinological disorders
13. Interpretation and application of Investigations related to Respiratory, cardiac and thoracic dysfunction and its relevance to physiotherapy.
14. Pharmacotherapeutics in cardiac condition and its relevance with physiotherapy.



15. Clinical decision-making skills in physiotherapeutic evaluation & management of Lifestyle disorders.
16. Cardio-Respiratory fitness testing and training in sports and diseases
17. Knowledge and skill of basic life support
18. Clinical reasoning, assessment and management of Integumentary and other system impairments due to cardiovascular and respiratory diseases

## **CLINICAL POSTING**

### **Speciality**

Acute care, Emergency units & Rehabilitation in Cardiovascular & Respiratory dysfunctions: Intensive care units, Cardiovascular & Respiratory, preventive cardiology, metabolic disorders and health promotion (Indoor & OPD), field visits.

## **COMMUNITY PHYSIOTHERAPY**

### **Advances in Community Physiotherapy –Part I (Essentials of Community Physiotherapy)**

1. Health and Illness; Levels of Healthcare & Fitness
2. Principles and practice of fitness training for health promotion in community
3. Basic Concepts of rehabilitation and foundations of rehabilitation
4. Institute based rehabilitation services and multi-disciplinary approach.
5. Methodology of CBR with reference to National Health Delivery system.
6. Role of National Institutes, District Rehabilitation Centre and Primary Health Centre (with appropriate exposure).
7. Public awareness to the various disabilities. Communications, Message generation and dissipation.
8. National and UN (United Nations) Legislations for persons with disability.
9. Disability detection and early intervention.
10. Appropriate Technology, Assistive devices used for Stability & Mobility to enhance function
11. Home exercise programs for various classifications of disabilities.
12. Physical fitness, stress management through yoga and psychosomatic approaches.
13. Principles and practice of Rehabilitation and outreach services including domiciliary services
14. Role of Government in CBR, inter-sectoral programs and co-ordination. Implementation of the Act.
15. Role of Non-Government organizations in CBR.
16. Community dynamics & scope of community physiotherapy.
17. Physiotherapist as a Master Trainer in CBR.
18. Role of Physiotherapist in disaster management

## **Advances in Community Physiotherapy – Part II (Women’s Health, Industrial Health and Geriatric Health)**

1. Evaluation and theories of aging; Assessment of the elderly;
2. Exercise prescription for the elderly; Psychosocial and safety issues in elderly
3. Geriatric Rehabilitation
4. Holistic physiotherapy for the aged.
5. Physiotherapy in maternal and child health care.
6. Women’s, Health: Women’s reproductive health and health care;
7. Exercise prescription in pre and post- natal stage;
8. Diagnosis and treatment of musculoskeletal pain and dysfunction during pregnancy
9. Diagnosis and treatment of musculoskeletal pain and dysfunction during post menopause.
10. Treatment of Incontinence and Pelvic floor dysfunction; Special problems related to women.
11. Occupational Health, Occupational Hazards, Industrial Hygiene, Vulnerable workers group and labor law;
12. Industrial therapy, Injury prevention and returning the worker to productivity
13. Ergonomics, Principles, Issues related to hand tools, posture, material handling and lifting
14. Prevention of work related Injuries and redesigning workspace, Designing auditory and visual displays for workers; Occupational stress; Environmental Pollution – noise, vibration etc.
15. Physiotherapy role in industry – preventive, intervention, ergonomic and rehabilitative.
16. Recent Advances in **Women’s Health, Industrial Health and Geriatric Health** in Community Physiotherapy.
17. Evidence Based Practice in Community Health.

### **Clinical Posting :**

#### **Second year**

Gynecology and Obstetrics, antenatal postnatal OPD, geriatric OPD, PHC/CHC in Rural areas, Urban slums, Industry, Old Age Homes, Physical Rehabilitation Centers

**Examination Pattern: All papers to be set and evaluated by speciality teachers. Topics from Applied Physiotherapeutics Paper I & II can be subject to application as per speciality**

#### Theory Examination

- There shall be four theory papers of 100 marks each
- Each paper shall be of three hours duration

Paper I - Applied Physiotherapeutics Paper I (Applied biomechanics& clinical kinesiology, exercise physiology and nutrition, Electrophysiology and Electrodiagnosis)

Paper II - Applied Physiotherapeutics Paper II (Physiotherapy Diagnosis and Clinical Decision Making, Evidence Based practice and Advanced Physiotherapeutics)

Paper III – Advances in Physiotherapy (Speciality)- I

Paper IV- Advances in Physiotherapy (Speciality)- II

Question paper pattern :

Q. No.	Nature of question	Distribution of marks	Total marks
1.	Long Answer question answer any one	1 x30	30 marks
2.	Long Answer question answer any one	1x30	30 marks
3.	Solve any four out of five SAQ	4x10	40 marks

**Practical 400 marks**

Long Case I – Speciality – Paper I – 150 marks
Long Case I – Speciality – Paper II – 150 marks
Short Case – Allied – 50 marks
Dissertation & Research Viva- 30 marks
Presentation of Teaching Skills - 20 marks

**Competency Statements**

1. Analyze and discuss the biomedical, behavioral and social science bases of physiotherapy and integrate the bases into physiotherapy practice.
2. Collects assessment data relevant to the client's needs and physiotherapy practice.
3. Be able to conduct the patient evaluation and assessment as per condition.
4. Assess, analyze, and plan physiotherapy management.
5. Apply and evaluate physiotherapy management.
6. Able to assess, plan, & manage Physiotherapy in acute care set up.

7. Use of ICF & its core sets in documenting & coding the functional status information for purpose of assessing stakeholder needs & planning management.
8. Advise patient on appropriate nutrition, exercises, rest, relaxation other issues
9. Demonstrate professional practice.
10. Demonstrate autonomous physiotherapy practice.
11. Demonstrate the ability to search and retrieve scientific literature
12. Demonstrate an understanding of research methods.
13. Demonstrate the ability to critically analyse scientific literature
14. Prepare Report findings of critical analysis in a scientific format

<b>S. no.</b>	<b>Learning outcomes</b>	<b>Knowledge/comprehension</b>	<b>Applications / synthesis / evaluation</b>
1.	Analyse and discuss the biomedical, behavioural and social science bases of physiotherapy and integrate the bases into physiotherapy practice	<ul style="list-style-type: none"> <li>  Be familiar with normal &amp; abnormal patterns of human development and movement.</li> <li>  Understand the anatomical framework of the human body including major systems and aspects of the social, cultural, psychological, environmental, spiritual and belief systems influencing human development.</li> <li>  Able to understand the concept of health &amp; its contribution to wellness.</li> </ul>	<ul style="list-style-type: none"> <li>  Analyse normal and abnormal patterns of human development and movement..</li> <li>  Demonstrate understanding of structural and functional anatomy.</li> <li>  Identify anatomical structure from surface landmarks.</li> <li>  Describe the normal physiological process and the changes throughout the life span.</li> <li>  Analyse basic human movement.</li> <li>  Evaluate the significance of healthy lifestyles for patients/clients</li> </ul>
2	Collects assessment data relevant to the client's needs and physiotherapy practice.	<ul style="list-style-type: none"> <li>  Informs the client of the nature and purpose of assessment as well as any associated significant risk.</li> </ul>	<ul style="list-style-type: none"> <li>  Perform patient assessment technique which includes to know the condition and to gather information about his/her ailment.</li> <li><input type="checkbox"/> Monitors the client's health status for significant changes during the course of assessment and takes appropriate actions as required.</li> <li><input type="checkbox"/> Perform assessment procedure safely and accurately, taking into account client consent, known indications, guidelines, limitations and risk-benefit considerations.</li> </ul>

S. no.	Learning outcomes	Knowledge/comprehension	Applications / synthesis / evaluation
3.	Be able to conduct the patient evaluation and assessment as per condition.	<ul style="list-style-type: none"> <li>  Be familiar with different assessment techniques.</li> <li>  Able to examine higher motor functions, cranial nerves, ROM, MMT, Muscle tightness, muscle tone, myotome, sensory evaluation, balance, co-ordination, hand function, functional outcome measures, Physical fitness, cardio-respiratory evaluation ,posture &amp;gait.</li> <li>  Be familiar with special tests.</li> <li>  Basic knowledge on radiological findings &amp; other investigations.</li> <li>  Demonstrate clinical reasoning with choice of assessment and examination procedures</li> </ul>	<ul style="list-style-type: none"> <li>  Perform patient assessment technique to know the condition and to gather information about his/her ailment.</li> <li>  Safely and accurately examines and re-examines a patient using standardized measures.</li> <li>  Apply pertinent tests and measurements.</li> <li>  Interpret all assessment findings to allow for identification of the patient's/client's impairments, activity limitations and participation restrictions.</li> <li>  Interpret findings and reach a differential diagnosis</li> <li>  Establishes a diagnosis for physiotherapy, identifies risks of care, and makes appropriate clinical decisions based upon the examination, evaluation and current available evidence.</li> </ul>
4	Assess, analyse, and plan physiotherapy management	<ul style="list-style-type: none"> <li>□ Identify the principles of assessment, clinical reasoning, problem identification, goal setting, treatment planning.</li> <li>  Be familiar with different assessment techniques and protocols.</li> <li>  Know the protocols used in the department.</li> <li>  Justify treatment choices with a sound pathophysiological rationale`</li> </ul>	<ul style="list-style-type: none"> <li>  Develop rapport to obtain history, current health status and previous functional abilities.</li> <li>  Interpret the patient's/client's verbal and non-verbal responses.</li> <li>  Determines the personality traits and Analyze how the differences in personality influence approach</li> <li>  Perform patient assessment technique which includes to know the condition and to gather information about his/her ailment.</li> </ul>
5.	Apply and evaluate physiotherapy management	<ul style="list-style-type: none"> <li>  Know the protocols used in the department.</li> <li>Understand and Prevent/minimise risks and hazards during physiotherapy interventions</li> <li>  Establish equipment is within safety check time frames.</li> <li>  Demonstrate knowledge of emergency procedures</li> </ul>	<ul style="list-style-type: none"> <li>  Demonstrate safe, effective and efficient interventions.</li> <li>  Evaluate the effectiveness of the Interventions</li> </ul>

S. no.	Learning outcomes	Knowledge/comprehension	Applications / synthesis / evaluation
6	Able to assess, plan, & manage Physiotherapy in acute care set up.	<ul style="list-style-type: none"> <li>▪ Familiarize with equipments in acute care</li> <li>▪ Monitoring of vitals</li> <li>▪ Assessment &amp; interpretation of vital signs</li> <li>▪ Know and apply Physiotherapy treatment protocols in acute care setup</li> </ul>	<ul style="list-style-type: none"> <li>▪ - Apply safe &amp; effective Physiotherapy intervention. to work as team member of acute care multidisciplinary team.</li> </ul>
7	Use of ICF & its core sets in documenting & coding the functional status information for purpose of assessing stakeholder needs & planning management.	<ul style="list-style-type: none"> <li>▪ Identify and grade the impairment of body structure and body function with respect to the health condition.</li> <li>▪ To identify the activity limitation and participation restriction.</li> <li>▪ To identify the facilitators and barriers with respect to environmental &amp; personal factors.</li> <li>▪ To assess the felt needs of the stakeholder</li> <li>▪ To assess the capacity &amp; plan the need based physiotherapeutic intervention.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Understand use of ICF &amp; its coding in 1) surveys of specific &amp; general population.</li> <li>2.) Analysis of population Health &amp; disability data to facilitate harmonization &amp; comparison of data sets.</li> <li>3) Derive disability questionnaires for regional &amp; international projects.</li> <li>4) Guiding policy development &amp; monitoring its implementation.</li> </ul>
8	Advise patient on appropriate nutrition, exercises, rest, relaxation other issues.	Explain the impact of exercise and nutritional status of patient during treatment	Assess the patient's status after exercise and proper diet.

S. no.	Learning outcomes	Knowledge/comprehension	Applications / synthesis / evaluation
9	Demonstrate professional Practice.	<ul style="list-style-type: none"> <li>  Demonstrate attitudes and behavior acceptable to society and the profession</li> <li>  Practice in accordance with the Standards of Ethical Conduct</li> <li>  Explain the health and safety issues for patients and staff</li> <li>  Able to deliver safe, effective and timely physiotherapy interventions</li> <li>  Recognizes risk &amp; hazards which can happen during intervention.</li> <li>  Ability to reflect and evaluate own practice</li> <li>  Modify and adapt professional practice in response to evaluation</li> </ul>	<ul style="list-style-type: none"> <li>  Demonstrate professional behavior.</li> <li>  Demonstrate safe Practice Plan and show evidence of Professional development.</li> </ul>
10.	Demonstrate autonomous physiotherapy practice	<ul style="list-style-type: none"> <li>  Recognize the critical conditions of patients</li> <li>  Be familiar with current literature and evidence based best practice</li> </ul>	<ul style="list-style-type: none"> <li>  Independently assess and treat patients with single or multiple problems which needs physiotherapeutic intervention.</li> <li>  Demonstrate an ability to refer to other health professionals when beyond the scope of physiotherapy</li> </ul>
11.	Demonstrate an understanding of research methods.	<ul style="list-style-type: none"> <li>  Have a basic understanding of the value of different research paradigms to physiotherapy research.</li> <li>  Demonstrate a basic understanding of research processes.</li> <li>  Understand the ethics of the research process including plagiarism and consent</li> </ul>	<ul style="list-style-type: none"> <li>  Describe appropriate research methodologies that may be used to examine a variety of research questions.</li> <li>  Describe the key elements of research design.</li> <li>  Describe different methods of data Collection.</li> <li>  Demonstrate knowledge of basic biomedical statistics</li> </ul>
12	Demonstrate the ability to critically analyse scientific literature	<ul style="list-style-type: none"> <li>  Identify appropriate criteria to assess quality of different types of literature.</li> </ul>	<ul style="list-style-type: none"> <li>  Demonstrate an understanding of the process of critical review.</li> <li>  Demonstrate the use of an appropriate critiquing tool to guide interpretation.</li> <li>  Critically analyse an appropriate selection of scientific papers</li> </ul>
13	Demonstrate the ability to search and retrieve scientific literature	<ul style="list-style-type: none"> <li>  Define search terms</li> </ul> <p>Knowledge on available data search resources</p> <p>Identify relevant sources of Research</p>	<ul style="list-style-type: none"> <li>  Develop and modify search Strategies appropriately complete searches using relevant and available resources such as electronic data bases.</li> <li>  Discuss different methods of statistical analysis in relation to different research designs.</li> <li>  Discuss the possible ethical implications and requirements in health research</li> </ul>
14	Prepare Report findings of critical analysis in a scientific format	<ul style="list-style-type: none"> <li>  Be familiar with different writing format depending on the research methodology.</li> <li>  Be familiar with different referencing styles.</li> <li>  Knowledge on presentation methods.</li> <li>  Integrate the current literature into physiotherapy practice</li> </ul>	<ul style="list-style-type: none"> <li>• Use standardized writing format</li> <li>• Cite references using a recognized scientific method</li> <li>• Demonstrate an ability to synthesise information from several resources</li> <li>• Demonstrate the ability to communicate research findings using a variety of presentation methods.</li> <li>  Critique current physiotherapy practice with reference to contemporary research literature</li> </ul>

## **Annexure –I**

### **DISSERTATION: -**

1. Every candidate pursuing M.P.T degree course is required to carry out work on a selected research project under the guidance of a recognized postgraduate teacher. The results of such a work shall be submitted in the form of a dissertation.
2. The dissertation is aimed to train a postgraduate student in research method and techniques. It includes identification of a problem, formation of a hypothesis, search and review of literature, getting acquainted with recent advances, designing of a research study, collection of data, statistical analysis of results, discussion and drawing conclusion.
3. Every candidate shall submit to the Registrar of the University in the prescribed proforma, a synopsis containing particulars of proposed dissertation work within four months from the date of commencement of the course on or before the dates notified by the University. The synopsis shall be sent through the proper channel.
4. Such synopsis will be reviewed and the dissertation topic will be registered by the University.
5. Thesis Topics will be submitted 4 months after admission.
6. The ethics committee (College level) approval is mandatory.
7. Complete dissertation should be submitted 4 months before final examination.
8. The dissertation should be written under the following headings:
  - i. Introduction
  - ii. Need for the study
  - iii. Aims or Objectives of study
  - iv. Review of Literature
  - v. Material and Methods
  - vi. Results
  - vii. Discussion
  - viii. Conclusion
  - ix. Limitation
  - x. Clinical Implication- Suggestion
  - xi. Summary
  - xii. Tables
  - xiii. Annexure
9. The written text of dissertation shall be not less than 50 pages excluding references, tables, questionnaires and other annexure. It should be neatly typed in double line spacing on one side of paper (A4 size, 8.27" x 11.69"), Times New Roman, size 12, and bound properly. Spiral binding should be avoided. The dissertation shall be certified by the guide, head of the department and head of the institution.
10. Dissertation thus prepared shall be submitted to the controller of Examination, six months before final examination on or before the dates notified by the University.
11. The dissertation shall be valued by examiners appointed by the University. Approval of dissertation work is an essential precondition for a candidate to appear in the University examination.
12. The presentation and submission of dissertation will be as per the guidelines set by the Controller of Examinations in Notification No 08/2010 (Guidelines for submission of dissertation of MPT Courses) and or as per notification revised from time to time.



# **Annexure -II**

## **LIST OF REFERENCE BOOKS AND JOURNALS**

### **FIRST YEAR M.P.T BOOKS & JOURNALS**

#### **PHYSIOTHERAPY**

- 1) American Physical Therapy Association: Guide To Physical Therapy Practice, 2nd Edition 2001.
- 2) Physical Rehabilitation (4& 5th Edition) By Susan B O Sullivan And Thomas J Schmitz. (Jaypee Publication)
- 3) International Classification Of Functioning, Disability And Health: Short Version. (IT'S Publication)
- 4) Professionalism In Physical Therapy: History, Practice And Development By Laura Lee Swisher And Catherine G.Page, (Elsevier Publication 2005)
- 5) Effective Documentation For Physical Therapy Professionals, By Eric Shamus And Debra (McgrawHill Company2004)
- 6) Physical Therapy Documentation: From Examination To Outcome By Mia Erickson, Ralph Utzman(Slack Incorporated 2008)
- 7) Writing SOAP Notes With Patient / Client Management Formats By GingeKettenbach, Ph. D., PT, 3rd Edition, 2004 ,F.A. DAVIS COMPANY. Philadelphia
- 8) Practical Evidence-Based Physiotherapy Rob Herbert, GroJamtvedt, Judy Mead, KareBirger Hagen Elsevier Butter Worth Heinemann; Oxford UK (2005)
- 9) Guide To Evidence-Based Physical Therapy Practice By Dianne V. Jewell, PT, Phd, Virginia Commonwealth University, Virginia
- 10) Concern Specialty Books For Physical Therapy Assessment And Outcome Measures
- 11) Electromyography In Clinical Practice By Michael J. Aminoff, 3rd Edition (Churchill Livingstone)
- 12) Clinical Neurophysiology By UK MisraAnd Kalita, 2nd Edition (Churchill Livingstone)
- 13) Electro Diagnosis In Diseases Of Nerve And Muscle: Principles And Practice By Jun Kimura (Oxford University Press)
- 14) The ABC Of EMG: A Practical Introduction To KinesiologicalElectromyography By Peter Conrad (Noroxon Inc. USA 2005)
- 15) Integrating Physical Agents In Rehabilitation By Bernadette HecoxAnd John Sanko, 2nd Edition (Pearson Prentice Hall 2006)
- 16) Integrating Physical Agents In Rehabilitation By Bernadette HecoxAnd John Sanko, 2nd Edition (Pearson Prentice Hall 2006)
- 17) Physicals Agents In Rehabilitation: From Research To Practical By Michell H. Cameron, 2nd Edition (Saunders And Elsevier, 2003)
- 18) Therapeutic Modalities For Allied Health Professionals By William E. Prentice And Frank Underwood (Mcgraw-Hill, 1998)
- 19) Therapeutic Exercise: Treatment Planning For Progression By Francis E. Huber, Christly. Wells (W.B. Saunders Company, 2006)
- 20) Therapeutic Exercise: Foundations And Techniques By Carolyn KisnerAnd Lynn Allen Colby (W.B. Saunders Company, 2007)
- 21) Therapeutic Exercise, Moving Towards Function By Carrie M. Hall And Lori Thein Brody (Lippincott Williams &Wilkins, 2004)
- 22) Grieve'sModern Manual Therapy: The Vertebral Column By Jeffrey BoylingAnd Grad Dip Man Ther(CHurchill Livingston)
- 23) Exercise Physiology By Mc Ardle, Katch&Katch (Lippincott Williams And Wilkins, 2000)

- 24) Exercise Physiology: Exercise, Performance, And Clinical Applications By Robert A. Roberts And Scott O Roberts William C Brown, 1997)
- 25) Clinical Exercise Testing And Prescription Theory And Applications By Scott O. Roberts, Peter Hanson (C RC Press, 1997)
- 26) Basic Biomechanics Of The Musculoskeletal System By Margareta Nordin And Victor H. Frankle, 2nd Edition ( Lea And Febiger)
- 27) Kinesiology Of The Human Body: Under Normal And Pathological Condition By Arthur Steindler, 5th Edition (Charles C Thomas, 1977)
- 28) Joint Structure & Function : A Comprehensive Analysis By Cynthia C Norkin, Pamela K Levangie(Jaypee Brothers, 2006)
- 29) Brunnstrom's Clinical Kinesiology By Laura K. Smith & Don Lehmkuh, 5th Edition (F A Davis, 1996)
- 30) The Physiology Of The Joints By Kapandji & Matthew J Kendel(Churchill Livingstone, 2008)
- 31) Clinical Biomechanics Of The Spine By Augustus A White & Manohar M Panjabi, 2nd Edition (Lippincott Williams & Wilkins; 1990)
- 32) Kinesiology : The Mechanics And Pathomechanics Of Human Movement By Carol Oatis(Lippincott Williams & Wilkins; 2008)
- 33) Kinesiology: Application To Pathological Motion By Soderberg, 2nd Edition (Williams & Wilkins, 1997)

### **Research Methodology and Biostatistics**

- 1) Research Methodology .Methods and Techniques C.R. Kothari New Age International Publishers. 2<sup>nd</sup> edition 2008
- 2) Rehabilitation Research: Principles And Applications By Elizabeth Domholdt (Elsevier Science Health Science Div, 2004)
- 3) Research Methods for clinical therapists by Hicks Carolyne, Churchill
- 4) Foundations of clinical Research by Portney & Watkins, Davis
- 5) Research methodology by Kothari New Age international
- 6) Research Methodology for health professionals by Goyal, Jaypee
- 7) Methods in Biostatistics By Mahajan, B.K Jaypee
- 8) Principles & practice of Biostatistics By Dixit, J.V Bhanot

### **Teaching Technology**

- 1) Public Power And Administration – Wilenski, Hale And Iremonger, 1986
- 2) Physical Therapy Administration And Management – Hickik Robert J
- 3) Management Principles For Physiotherapists – Nosse Lorry J.
- 4) Medical Education: Principles and Practice: Published by the National teacher Training Center, JIPMER, Pondicherry: latest Edition
- 5) Medical Education: Trainer's Manual : Published by the National teacher Training Center, JIPMER, Pondicherry: latest Edition
- 6) Basics in Medical Education : Zubair Amin & Hoon Eng Khoo: World Scientific: 2009
- 7) A Practical Guide for Medical Teachers : John A Dent & Ronald M Harden: Elsevier Health Sciences: 2009
- 8) International Handbook of Medical Education : Abdul W Sajid, Christie H McGuire et al: Greenwood Press 1994
- 9) PRINCIPLES OF MEDICAL EDUCATION, Tejinder Singh, Piyush Gupta, Daljit Singh. year: 2009. Edition: 3<sup>rd</sup> edition Publisher: JAYPEE brothers

## **Journals**

- 1) Journal Of Indian Association Of Physiotherapy
- 2) Physical Therapy (APTA, America)
- 3) Physiotherapy (CSP, London)
- 4) American Journal Of Physical Medicine And Rehabilitation
- 5) Physiotherapy (Canada)
- 6) Physiotherapy – Theory And Practice
- 7) Australian Journal Of Physiotherapy
- 8) Physiotherapy (Canada).
- 9) Clinical Rehabilitation.
- 10) Journal Of Exercise Science & Physiotherapy

## **BOOKS & JOURNALS OF MUSCULOSKELETAL PHYSIOTHERAPY**

- 1) Essentials of Orthopedics for Physiotherapists by John Ebenezer – Jaypee Publications
- 2) Practical Fracture Treatment by Ronald McRae, Max Esser – Churchill Livingstone
- 3) Oxford Textbook of Orthopaedic & Trauma by Christopher Bulstrode, Joseph Buckwalter – Oxford University Press
- 4) Campbell's operative orthopedics. - By S. Terry Canale, James H. Beaty - Mosby
- 5) Fractures & joint injuries By Watson Jones – Churchill Livingstone
- 6) Clinical Orthopaedic Examination by Ronald McRae – Churchill Livingstone
- 7) Daniels and Worthingham's muscle testing: Techniques of manual examination By Helen J Hislop, Jacqueline Montgomery Barbara – Elsevier
- 8) Muscles – Testing and Function by Florence Peterson Kendall – Lippincott
- 9) Joint Range of Motion and Muscle length testing By Nancy Berryman Reese - Saunders
- 10) Orthopedic Physical Assessment, By David J. Magee, PhD, BPT - Saunders
- 11) Illustrated Orthopedic Physical Assessment, 3e By Ronald C. Evans, - Mosby
- 12) Diagnostic Imaging for Physical Therapists by James Swain, Kenneth W. Bush, and Juliette Brosing – Elsevier
- 13) Differential Diagnosis for Physical Therapists: Screening for Referral, By Catherine C. Goodman, and Teresa Kelly Snyder – Saunders
- 14) Gait Analysis : Theory And Application By Rebecca Craik and Carol A Oatis – Mosby
- 15) Skeletal Growth and development: Clinical issues and basic science advances. The Symposium Series by Joseph A Buckwalter – AAOS
- 16) Introduction to Physical Therapy, By Michael A. Pagliarulo - Mosby
- 17) Kinesiology: The mechanics and Pathomechanics of Human Movement by Carol A Oatis - Lippincott  
4. Cash Text Book for Orthopedics and rheumatology for physiotherapist by John Elizabeth Cash & Patricia A Downie – Lippincott
- 18) Joint Mobilization / Manipulation: Extremity and Spinal Techniques by Susan L Edmond – Mosby
- 19) Foundations of Chiropractic by Meridel I Gatterman – Mosby
- 20) Grieve's Modern Manual Therapy: The Vertebral Column, By Jeffrey Boyling and Gwendolen Jull – Churchill Livingstone
- 21) Kinesiology of the Musculoskeletal System: Foundations for Rehabilitation, By Donald A. Neumann, PhD, PT – Mosby
- 22) Maitland's Peripheral Manipulation, By Elly Hengeveld, and Kevin Banks, - Butterworth-Heinemann  
10. Maitland's Vertebral Manipulation, By Geoff D. Maitland, - Butterworth-Heinemann

- 23) 11. Hand and Upper Extremity Rehabilitation: A Practical Guide, By Susan L. Burke, - Churchill Livingstone 12. Manual Therapy for the Peripheral Nerves B y Jean-Pierre Barral, DO(UK) and Alain Croibier, Osteopathe DO, MRO (F) – Churchill Livingstone
- 24) 13. Neuromuscular Rehabilitation in manual and physical therapies: Principles and Practice by Eyal Lederman – Churchill Livingstone
- 25) Orthopaedic Physical therapy Secrets by Jeffrey D Place - Elsevier
- 26) Principles and Practice of orthopedics and sports medicine b y Garret
- 27) A Physiotherapist’s Guide to Clinical Measurement by John Edward Fox, and Richard Jasper Day – Elsevier
- 28) Orthotics and Prosthetics in Rehabilitation, By Michelle M. Lusardi, PhD, PT and Caroline C. Nielsen, PhD - Butterworth-Heinemann
- 29) Clinical Application of Neuromuscular Techniques: The Upper Body by Leon Chaitow, and Judith DeLany, - Elsevier
- 30) Handbook of Postsurgical Rehabilitation Guidelines for the Orthopedic Clinician By Hospital for Special Surgery – Mosby
- 31) An Illustrated Guide to Taping Techniques – Principles & Practice By Thomas John Hewetson – Mosby
- 32) Paraplegia & Tetraplegia A Guide for Physiotherapists by Ida Bromley – Churchill Livingstone
- 33) Therapeutic exercises using swiss ball By Caroline corning creager – Executive Physical therapy
- 34) Manual Mobilization of the Joints – The Kaltenborn Method Volume I, II By Freddy kaltenborn
- 35) Treat your own Back by Robin Mckenzie
- 36) Treat your own Neck by Robin Mckenzie
- 37) Cervical and Thoracic spine : Mechanical Diagnosis & Therapy Vol I & II By Robin Mckenzie
- 38) The Lumbar Spine: Mechanical Diagnosis & Therapy Vol I & II By R obinMckenzie
- 39) The Human Extremities: Mechanical Diagnosis & Therapy by Robin Mckenzie
- 40) Manual Therapy by Brian R Mulligan
- 41) Documentation for Rehabilitation: A Guide to Clinical Decision Making, By Lori Quinn, and James Gordon - Saunders
- 42) Clinical Orthopaedic Rehabilitation by S Brent Brotzman
- 43) Treatment and rehabilitation fractures by Vasantha L Moorthy&Stanley Hoppenfield - Lippincott 33. Physiotherapy for Amputees: The Roehampton Approach by Barbara Engstrom – Churchill Livingstone
- 44) Textbook of orthopedic medicine Vol I & II by James Cyriax - Bailliere

## **Journals**

- 1) Clinical Kinesiology
- 2) Journal of biomechanics
- 3) Journal of pediatric Orthopedics
- 4) Journal of Orthopaedic& Sports Physical Therapy (JOSPT).
- 5) Journal of Manual Therapy
- 6) Journal of Manual & Manipulative Therapy
- 7) Spine
- 8) Journal of Hand Therapy

## **BOOKS & JOURNALS OF NEURO PHYSIOTHERAPY**

- 1) Text book of clinical neuroanatomy by Vishramsingh (Elsevier 2007)
- 2) Clinical Neuroanatomy for Medical Students by Richard S Snell, 5th Edition (Lippincott Williams & Wilkins, 2001)

- 3) Neurophysiology by RHS Carpenter, 4th edition (Arnold 2003)
- 4) Pathophysiology of the motor systems: Principles and Clinical presentations by Christopher M. Fredericks and Lisa K. Saladin (F.A. Davis Company 1996)
- 5) Brain's diseases of the nervous system by John Walton, 12th edition (Oxford University press)
- 6) A physiological approach to clinical neurology by James W. Lance and James G. McLeod, 3rd edition (Butterworth's 1981)
- 7) Muscle and its diseases: An outline primer of basic science and clinical methods by Irwin M. Siegel (Year book medical publishers 1986)
- 8) Neuroscience fundamental for rehabilitation by Laurie Lundy Ekman (W.B Saunders 1998)
- 9) Illustrated neurology and neuro surgery by Kenneth Lindsay and Ian Bone (Churchill Livingston, 2004) 7. Basic neurology by John Gilroy (Elsevier)
- 10) Hand book of neurologic rating scales by Robert M. Herndon, 2nd edition , (Demos publications 2005) 2. Bickerstaff's neurological examination in clinical practice by John Spillane, 6th edition (Blackwell science limited 1996)
- 11) Physical rehabilitation laboratory manual: Focus on functional training by Susan B O Sullivan and Thomas J Schmitz. (F.A. Davis Company)
- 12) The development of the infant young child: Normal and Abnormal by R.S. Illingworth, 9th edition (Churchill Livingstone 1996)
- 13) Functional Movement Reeducation – A contemporary model for stroke rehabilitation by Susan Ryerson and Kathryn Levit (Churchill Livingston and Elsevier, 1997)
- 14) Pediatric Physical Therapy, Jan Stephen Tecklin, 3rd (1999) and 4th (2008) editions, Lippincott Williams & Wilkins.
- 15) Physical Therapy for Children , Suzann K.Campbell, 3rd edition, 2006, Saunders Elsevier.
- 16) Physiotherapy for Children, Teresa Pountney, 2007, Butterworth Heinemann Elsevier.
- 17) Meeting the Physical Therapy Needs of Children , Susan K.Effgen, 2005, F.A.Davis Company, Philadelphia.
- 18) Physiotherapy in Pediatrics, Roberta B. Shepherd, 3rd edition, 1995, Butterworth Heinemann.
- 19) Neurologic Intervention for Physical Therapist Assistant, Martin Kessler, 1st & 2nd Edition, 2008, W.B.Saunders Company Ltd.
- 20) Physiotherapy and the growing child , Yvonne R Borns & Julie MacDonald, 1996, W.B.Saunders Company Ltd.
- 21) Pediatric Rehabilitation, Gabriella E. Molnar, 3rd edition, 1999. Hanly & Belfus, Philadelphia.
- 22) Treatment of Cerebra I Palsy & Motor Delay , Sophie Levett, 4th edition, 2004. Blackwell Publishing. 10. Pediatric Therapy, A Systems Approach , Susan Miller Porr, 1999, F.A.Davis Company.
- 23) Reflex and Vestibular Aspects of Motor Control, Motor Development and Motor Learning , R.Barnes, Carolyn A Crutch field, 1990, Stokesville Publishing Company.
- 24) Neurological Rehabilitation, Darcy A. Umphred, 4th & 5th edition, 2007, 2001, MOSBY Elsevier.
- 25) Physical Rehabilitation, Susan B.O Sullivan, 4th & 5th editions, 2007, Jaypee Brothers.
- 26) Cash's Textbook of Neurology for Physiotherapists, Patricia A. Downie, 4th edition, 1992, Jaypee Brothers.
- 27) Cardiovascular & Pulmonary Physical Therapy evidence & practice , Elizabeth ( Dean & Donna Frownfelter, 3th (1996) & 4th (2006) editions, MOSBY Elsevier.
- 28) Pediatric Physical Examination, Karen G.Dunderstadt, 2006, MOSBY Elsevier.
- 29) Clinics in Physical Therapy Assessment in Early Infancy, Edited by Irmaj. Wilhelm, 1993, Churchill Livingstone.
- 30) Motor Assessment of the Developing Infant , Martha Copier, 1994, Saunders

- 31) Neurological rehabilitation by Darcy A.Umphred, 5th Edition, 2007 (Mosby Elsevier Publication.)
- 32) Physical management in neurological rehabilitation by Maria Stokes (Elsevier Mosby publication 2004)
- 33) Physiotherapy in neuro conditions by Gladysamual raj (Jaypee brothers 2006)
- 34) Spinal cord injury functional rehabilitation by Martha Freeman Somers, 2nd edition (Prentice Hall publication)
- 35) Physiotherapy in disorders of the brain : A clinical guide by Janet H.Carr and Roberta B. Shepherd (William Heinemann medical books limited)
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WHO Library Cataloguing-in-Publication Data
- 33) I.World Health Organization. II.UNESCO.
- 34) III.International Labour Organisation. Iv.International Disability Development Consortium.
- 35) IsBn 978 92 4 154805 2 (nlm classification: wB 320)
- 36) © World Health Organization 2010
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