



# MAMP806

## MAMed Medical Elective 6

SM8 2014

*School of Advanced Medicine*

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## General Information

Unit convenor and teaching staff

Other Staff

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Unit Convenor

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Credit points

4

Prerequisites

Admission to MAMed

Corequisites

Co-badged status

Unit description

By completing this unit, scholars will develop a thorough knowledge and understanding of reflective specialist practice. Scholars develop skills required for a specialist career, including reflection and professionalism. The scholars engage in an intensive, competency-based learning experience in a specialty or sub-specialty of medicine, supported by competency-based assessment in the workplace or workshops and reflective practice portfolios. Reflective practice portfolios allow students to direct their own learning, working independently to develop lifelong reflective learning skills for research and specialist practice.

## Important Academic Dates

Information about important academic dates including deadlines for withdrawing from units are available at <https://www.mq.edu.au/study/calendar-of-dates>

## Learning Outcomes

On successful completion of this unit, you will be able to:

Manage simple and complex presentations of musculoskeletal pain and dysfunction

## Assessment Tasks

Name	Weighting	Due
C4 Brief Literature search	5%	27.10.14
C1, C3 4 Case Studies	60%	20.10.14
C5	5%	27.10.14
C6 & C7 Reflection	1%	17.11.2014
A1 Case Study	2%	21.11.14
A2 Oral presentation of Case	2%	21.11.14
Viva	20%	29.11.14
C2 Case Documentation	5%	20.10.14

### C4 Brief Literature search

Due: **27.10.14**

Weighting: **5%**

C4. Submission of a literature review based on one of the submitted patient case reports.

*You should submit this by close of business on **Monday 27<sup>th</sup> October**.*

61.1 Undertake a literature search and review which is relevant to the patient or specific aspects of the case, documenting the search strategies and the results.

On successful completion you will be able to:

- Manage simple and complex presentations of musculoskeletal pain and dysfunction

### C1, C3 4 Case Studies

Due: **20.10.14**

Weighting: **60%**

## Learning activities and assessment

### Relevant Learning Outcomes

C1. Submission of written case reports on **four patients for the Unit this Semester**, with an appropriately varied range of conditions, one each three weeks, summarising:

- patient findings (history and physical examination)
- initial provisional diagnosis and differential (with explanation / justification)
- imaging or other investigations (with explanation and justification)
- refined diagnosis and differential (with explanation / justification)
- management plan (based on analysis of options, risks, benefits, etc., and identifying potential complications and their management)
- identification of risks which should be pointed out to patient in securing consent
- management outcomes (if available)

*Each written case report should not exceed 1,000 words (excluding tables, diagrams, images).*

*You should submit the four case reports by close of business on **Monday 18<sup>th</sup> August, Monday 8<sup>th</sup> September, Monday 19<sup>th</sup> September, Monday 20<sup>th</sup> October**, respectively.*

11.1 Interview and examine the patient

12.1 Integrate the patient findings into a provisional diagnosis, and differential diagnosis, and present them orally and in writing

13.1 Identify and justify appropriate imaging or other investigations

13.2 Interpret the findings, modify the provisional diagnosis and differential diagnosis in the light of the findings, and present these orally and in writing

21.1 Identify the management options and the risks and benefits of each, and formulate and justify a plan of management, orally and in writing

21.2 Explain the management plan to the patient, and secure his / her informed consent

31.1 Prescribe and justify medication for internal or external use

41.1 Review the outcome of management, and modify as necessary

C3. Submission of responses to questions posed by Advanced Scholar arising from written case reports.

*You should respond to these within two weeks of receipt of the questions.*

61.4 Respond to questions on written and oral presentations

On successful completion you will be able to:

- Manage simple and complex presentations of musculoskeletal pain and dysfunction

## C5

Due: **27.10.14**

Weighting: **5%**

C5. Submission of a commentary on the case report on the patient, highlighting issues raised by the findings of the literature search.

*You should submit this by close of business on **Monday 27<sup>th</sup> October.***

61.2 Construct a written summary of the case, including the major diagnostic and management features and their rationale

On successful completion you will be able to:

- Manage simple and complex presentations of musculoskeletal pain and dysfunction

## C6 & C7 Reflection

Due: **17.11.2014**

Weighting: **1%**

C6. Write a brief reflective note on your experience of the Unit, focusing on how you think it has altered your clinical practice.

*You should submit this by close of business on **Monday 17<sup>th</sup> November.***

71.1 Reflect on his / her performance on the case so far, and write a brief reflective note on his / her performance and areas for improvement

C7. Write a confidential evaluative report on the Unit of Study, for submission to the Director of Medical Education.

*You should submit this by close of business on **Monday 17<sup>th</sup> November 2014***

## 81.1 Contribute a Scholar's perspective to evaluation of the Unit of Study.

On successful completion you will be able to:

- Manage simple and complex presentations of musculoskeletal pain and dysfunction

## A1 Case Study

Due: **21.11.14**

Weighting: **2%**

The centre-piece of this Unit of Study is a one-week intensive period of study, conducted on the University campus. You will prepare for this activity by developing written case study report on one patient in your clinical practice - your 'pre-intensive' study phase.A1. Preparation and submission of a written report summarising:

- patient findings (history and physical examination), and investigations (if any)
- initial provisional diagnosis and differential (with explanation / justification)
- imaging or other investigations (with explanation and justification)
- refined diagnosis and differential (with explanation / justification)
- management plan (based on analysis of options, risks, benefits, etc.)
- management outcomes (if available)

and including a (de-identified) copy of your patient record (electronic, or scanned copy if your patient records are hand-written)

*Your written report should not exceed 2,000 words (excluding tables, diagrams, images).*

Deadline for submission: **Friday 21<sup>th</sup> November**

11.1 Interview and examine the patient

12.1 Integrate the patient findings into a provisional diagnosis, and differential diagnosis, and present them orally and in writing

13.1 Identify and justify appropriate imaging or other investigations

13.2 Interpret the findings, modify the provisional diagnosis and differential diagnosis in the light of the findings, and present these orally and in writing

21.1 Identify the management options and the risks and benefits of each, and formulate and justify a plan of management, orally and in writing

22.1 Complete the patient's medical record to this point

41.1 Review the outcome of management, and modify as necessary

51.1 Maintain a record of management and outcomes

On successful completion you will be able to:

- Manage simple and complex presentations of musculoskeletal pain and dysfunction

## A2 Oral presentation of Case

Due: **21.11.14**

Weighting: **2%**

A2. Prepare a brief oral presentation of the case selected by the Unit Convenor, summarising:

- patient findings (history and physical examination)
- initial provisional diagnosis and differential (with explanation and justification)
- imaging or other investigations (with explanation and justification)
- refined diagnosis and differential (with explanation and justification)
- management plan (based on analysis of options, risks, benefits, etc.)
- management outcomes (if available)

*Your oral presentation at the Intensive should highlight the rationale and justification behind your clinical decisions, since other Scholars will have been given hard copy of your written report. The presentation should not exceed 10 minutes in duration, nor use more than 10 PowerPoint slides or overhead transparencies)*

Deadline for *written Case Study* submission: **Friday November 21st**

11.1 Interview and examine the patient

12.1 Integrate the patient findings into a provisional diagnosis, and differential diagnosis, and present them orally and in writing

13.1 Identify and justify appropriate imaging or other investigations

13.2 Interpret the findings, modify the provisional diagnosis and differential diagnosis in the light of the findings, and present these orally and in writing

21.1 Identify the management options and the risks and benefits of each, and formulate and justify a plan of management, orally and in writing

41.1 Review the outcome of management, and modify as necessary

51.1 Maintain a record of management and outcomes

61.3 Deliver an oral presentation of the case, including the major diagnostic and management features and their rationale

61.4 Respond to questions on written and oral presentations

On successful completion you will be able to:

- Manage simple and complex presentations of musculoskeletal pain and dysfunction

## Viva

Due: **29.11.14**

Weighting: **20%**

There are no formal written examinations in this Unit. **A final viva will be held over the last 2 days of the Intensive on 28<sup>th</sup> and 29<sup>th</sup> November 2014.** If there are concerns about a Scholar's progress or performance, additional assessments may be set in relation to specific Learning Outcomes.

On successful completion you will be able to:

- Manage simple and complex presentations of musculoskeletal pain and dysfunction

## C2 Case Documentation

Due: **20.10.14**

Weighting: **5%**

C2. Submission of documentation based on one of the four patient cases, comprising:

- a (de-identified) copy of your patient record (electronic, or scanned copy of hand-written record)
- copy of hand-written record)
- an actual letter, or (if none of your patients come from referrals), a letter written as if about a patient referred to you by the patient's usual practitioner.

*You should submit these by close of business on **Monday 20<sup>th</sup> October***

22.1 Complete the patient's medical record to this point

23.1 Write a letter to the referring doctor, and / or medical specialist, and / or paramedical therapist

51.1 Maintain a record of management and outcomes

On successful completion you will be able to:

- Manage simple and complex presentations of musculoskeletal pain and dysfunction

## Delivery and Resources

### Learning opportunities and activities

The centre-piece of this Unit of Study is a one-week intensive period of study, conducted on the University campus. You will prepare for this activity by developing written case study report on one patient in your clinical practice - your 'pre-intensive' study phase.

For the remainder of the semester, after the intensive study period, you will undertake further 'post-intensive' study through distance learning, and you will submit a series of assignments, and case reports on selected patients seen by you in the course of your clinical practice during that period. You will receive feedback on this work, which will be assessed as part of your performance over the Unit as a whole.

### LEARNING MATERIAL MAMP806 2014

#### POWERPOINT PRESENTATIONS

1. Muscle Power Testing-Lower Limbs, from Daniels & Worthington
2. Gravitational Stress
3. Postural Asymmetry Assessment
4. Effects of unlevel sacral base
5. Posture and dysfunction - a function of muscle type and reflex control
6. "Muscle Imbalance" – after Janda from - Hammer PJ
7. Common Muscular Imbalance Syndromes Cx
8. CORE – RF Ayscough
9. Treatment NMRT2—from Liebson
10. Dynamic Neuromuscular Stabilisation Lecture (DNS) – after Kolar, Prague School
11. Botox for Chronic Daily Headache and Medication Rebound Headache

#### VIDEOS FOR MASTERS SEMESTER 4

Janda, Vladimar, Muscle Length Assessment (1994), Postural Assessment (1997) Body Control Systems Australia P/L

(A DVD copy of each tape will be provided on loan to each scholar).

Liebenson Craig (1996), "Rehabilitation of the Spine", PAL Video Series

Programs 1-4

Lippincott Williams & Wilkins (a DVD copy of each of the tapes will be provided on loan to each scholar)

The Normal Gait and Gait assessment video tutorials available on YouTube

“Muscle Activity of Gait”

[http://www.youtube.com/user/jreft6972#p/u/5/GsRkYpE\\_fx4](http://www.youtube.com/user/jreft6972#p/u/5/GsRkYpE_fx4)

[DNS video from Liebensohn's Rehabilitation of the Spine \(2nd ed\) book/DVD.](#)

## TEXTS AND PAPERS

(Required readings are in ***bold Italics***.)

COURSE TEXTS are in **bold**,

KEY READING is bulleted )

## REHABILITATION

- ***Kolář, Pavel et al. Clinical Rehabilitation (English edition)***

(English Translation Alena Kobesová)

ISBN: 978-80-905438-1-2

(Alena Kobesová, K Vápenice 16, Praha 5, 2013)

***pp 55-63 on testing stabilisation***

***pp 275-282 on treatment using respiratory pattern***

***pp 288-305 on treatment using developmental locomotor patterns***

*Available on closed reserve and e-copy on MQ Library e-reserve*

- ***Alena Kobesova, Pavel Kolar***

***Developmental kinesiology: Three levels of motor control in the assessment and treatment of the motor system***

(Journal of Bodywork & Movement Therapies, 2014-01;18:23-33, published On Line, May 16, 2013)

*e-copy on MQ Library e-reserve*

- Janda V, Muscles in the pathogenesis of musculoskeletal disorders,  
in Hutson M & Ellis R (Editor), Textbook of Musculoskeletal Medicine,  
Oxford University Press 2005  
Seibel MO, “Neuromuscular examination”, Ch 6  
in Valmassy RL “Clinical Biomechanics of the Lower Extremities”  
Mosby (An e copy will be provided)

- ***Kapandji I A, The Physiology of Joints Vol 2, Foot and ankle chapters***

(Churchill Livingstone) pp 148-242

- **Gross J, Fetto J, Rosen E, Musculoskeletal Examination** (Blackwell Science)

Ch 14 Posture and Gait

- **Valmassy RL, "Pathomechanics of lower limb dysfunction" Ch 2**

in Valmassy RL "Clinical Biomechanics of the Lower Extremities"

Mosby

- Bogdan RJ, "Biomechanical principles of running injuries" Ch 5

in Valmassy RL "Clinical Biomechanics of the Lower Extremities"

Mosby (an e copy will be made available)

### **Liebenson Craig (2006), "Rehabilitation of the Spine" 2<sup>nd</sup> Edition**

ISBN: 9780781729970 Publisher: Lippincott Williams & Wilkins Edition: 2nd edition, 2006

Shumway-Cook, Ch 13 "A Life Span Perspective of Mobility"

in "Motor control: translating research into clinical practice"

ISBN:0781766915 (hbk.) 9780781766913 (hbk.) (An e copy will be provided)

Janda V, (1993) Treatment of chronic back pain in J Manual Medicine 30:49-51

(An e copy will be provided)

- Janda V, (1996) Evaluation of Muscle Imbalance, Ch. 6

in "Rehabilitation of the Spine: A Practitioner's Manual", ed. Craig Liebenson,

Williams & Wilkins, Baltimore pp 97-112. (An e copy will be provided)

- *Innes, K the effect of gait on extremity examination,*

*in Hammer W, (1999) Functional Soft Tissue Examination and Treatment by Manual Methods-New Perspectives, 2<sup>nd</sup> ed Aspen Ch 9* (An e copy will be provided)

Janda V, muscles, central nervous motor regulation in Korr I ed Neurobiological Mechanisms in Manipulative Therapy, Plenum Press, New York (An e copy will be provided)

Janda V, (1994) muscles and motor control in cervicogenic disorders: assessment and management. In Grant I (editor), Physical Therapy of the cervical and Thoracic Spine, Churchill Livingstone, New York pp195-216 (An e copy will be provided)

Janda V, (1993) Muscle strength in relation to muscle length, pain and muscle imbalance in Harms-Rindahl (ed) Muscle Strength. Churchill Livingstone, London, pp 83-91 (An e copy will be provided)

- *Hammer W, (1999) "Muscle imbalance and Post Fascilitation Stretch"*

*in "Functional Soft Tissue Examination and Treatment by Manual Methods-New*

**Perspectives”, 2nd ed, Aspen, Ch 12.** (An e copy will be provided)

Bauer H, Appaji g, Mundt D 1992 Vojta Neurophysiologic Therapy. Indian Journal of Pediatrics (59):37-51

Kolár, P. The sensomotor nature of postural functions, Its fundamental role in Rehabilitation, J. Orthopedic Medicine 21, 2, 1999 40-45

- Kolár, P. Facilitation of agonist-antagonist co-activation by reflex stimulation methods.

**In Liebenson C (ed) Rehabilitation of the Spine: A Practitioner’s Manual (2nd ed). Lippincott, Philadephia, 2006.**

Chaitow L, Neuromuscular Therapy, Churchill Livingstone

Chaitow L, (1996), Positional Release Techniques, Churchill Livingstone

- **Tixa S, (1999), Atlas of Palpatory Examination of the Lower Extremities, McGraw-Hill**

Thompson CW, Floyd RT , Muscle action and specific strengthening in Manual of Structural Kinesiology 12<sup>th</sup> Edition Mosby 1994

## **PAIN**

- **Arendt-Nielsen L, Svensson P, Referred Muscle Pain: Basic and Clinical Findings**

**The Clinical Journal of Pain: March 2001 - Volume 17 - Issue 1 - pp 11-19**

- **Becker,GE, “Psychosocial Factors in Chronic Pain” Ch19**

**in “Rehabilitation of the Spine: A Practitioner’s Manual”, ed. Craig Liebenson, Williams & Wilkins, Baltimore pp 97-112. (An e copy will be provided)**

- **“Hot topics in Pain Management” (2004), Ross EL**

Hanley & Belfus (An affiliate of Elsevier)

ISBN 1-56053-596-2 Ch: 1-12, 15,16 (Pain Management, CRPS, Pharmaceuticals, Opiates, Fibromyalgia, Headache management, Orofacial Pain), Ch: 26 (Procedures for pain)

“Bonica's Management of Pain” 4th ed (2009) Lippincott Williams & Wilkins (LWW) Author(s): Fishman, Scott M.; Ballantyne, Jane C.; Rathmell, James P.

ISBN: 9780683304626

3rd edition available in library. The Gold standard pain reference book. Specific topics in Bonica relevant to Musculoskeletal Pain Management are found: in the first section, mechanisms of nociception, functional neuroanatomy and psychological aspects of pain. In the fourth section, in-depth coverage of specific painful conditions—neuropathic pain syndromes, psychological contributions to pain and musculoskeletal pains, regional pain,

IASP Classification of Regional Pain Syndromes, International

Association for the Study of Pain (Elsevier).

ICD-13-AM, International Classification of Diseases and Related Health Problems, 13th rev. Vol 1, National Centre for Classification in Health.

Mense S, Simons D, "Reflexly Mediated and Postural Muscle Pain" Ch 6,

in "Muscle Pain- Understanding its Nature Diagnosis and treatment"

Lippincott, Williams & Wilkins.

Fundamentals of Musculoskeletal Pain

Editors: Thomas Graven-Nielsen,

Authors: Lars Arendt-Nielsen, and Siegfried Mense

publish year: 2008

Format: hardcover, 496 pages

ISBN: 13 978-0-931092-72-5

#### **PATIENT PAIN SUPPORT TEXTS**

- **"Manage your Pain", 2006**

#### **ABC Books**

**Nicholas, M K; Molloy, A**

ISBN -13: 978 0 7333 2088 0

"Explain Pain"

Butler GS; Moseley GL

Noigroup Publications

ISBN 0 9750910 0 X

(REQUIRED READINGS are in **bold and bold Italics**.

COURSE TEXTS are in **bold**

- KEY READING is bulleted)

#### **MAMED Musculoskeletal Journals via Library**

<http://libguides.mq.edu.au/advanced-medicine>

- [Pain](#)
- [Australasian Musculoskeletal Medicine](#)
- [Manual Therapy](#)
- [Spine](#)

- [Journal of Musculoskeletal Pain](#)
- [Journal of Orthopaedic and Sports Physical Therapy](#)

Other Medical Journals are also available via this Advanced Medicine Library Home page

## Unit Schedule

As per the detailed course information document, here is a summary of important dates and deadlines for MAMP806, 2014

Introductory workshop **Sunday 3<sup>rd</sup> August 2014** 9.00am to 4.30pm

C1. Submission of written case reports on four patients for the Unit this Semester, with an appropriately varied range of conditions, one each three weeks, summarising:

- patient findings (history and physical examination)
- initial provisional diagnosis and differential (with explanation / justification)
- imaging or other investigations (with explanation and justification)
- refined diagnosis and differential (with explanation / justification)
- management plan (based on analysis of options, risks, benefits, etc., and identifying potential complications and their management)
- identification of risks which should be pointed out to patient in securing consent
- management outcomes (if available)

Each written case report should not exceed 1,000 words (excluding tables, diagrams, images).

You should submit the four case reports by close of business on

**Monday 18th August,**

**Monday 8th September,**

**Monday 29th September,**

**Monday 20th October.**

C2. Submission of documentation based on one of the four patient cases, comprising:

- a (de-identified) copy of your patient record (electronic, or scanned copy of hand-written record)
- an actual letter, or (if none of your patients come from referrals), a letter written as if about a patient referred to you by the patient's usual practitioner.

You should submit these by close of business on

**Monday 20th October**

C4. Submission of a concise literature review based on one of the submitted patient case reports.

You should submit this by close of business on

**Monday 27th October.**

C5. Submission of a commentary on the case report on the patient, highlighting issues raised by the findings of the literature search.

You should submit this by close of business on

**Monday 27th October.**

C6. Write a brief reflective note on your experience of the Unit, focusing on how you think it has altered your clinical practice.

You should submit this by close of business on

**Monday 17th November.**

C7. Write a **confidential evaluative report** on the Unit of Study, for submission to the Director of Medical Education. (*This may be replaced by an new MQ questionnaire and you will be notified if so*).

You should submit this by close of business on **Monday 17th November.**

A1. Pre-intensive case report in writing by **Friday 21<sup>st</sup> November 2014**

Intensive

A2. Oral presentation of the case on **Sunday 23<sup>rd</sup> November.**

Intensive from 9.00 am Sunday 23<sup>rd</sup> November to 12.30 pm Saturday 29<sup>th</sup> November

Viva examinations will be held over **Friday 28<sup>th</sup> November and Saturday 29<sup>th</sup> November 2014.**

## **Learning and Teaching Activities**

### **Outline of Unit MAMP806 Learning**

This semester is the final musculoskeletal unit. MAMP806 integrates the first five units and is designed to equip each scholar to recognise and treat inter-related patterns of presentation, the effect of CORE muscle function and the global effects of postural and locomotor control. A knowledge of modern pain management tools is to be acquired from directed readings. Revision of lower limb biomechanics and anatomy is important in understanding gait and gait abnormalities. We suggest Kapandji for this. Initial reading on the gait cycle is in your text, Gross.

You are directed to tutorials on the normal gait cycle that are available on YouTube (see Learning Material). An understanding of physiological and non-physiological respiratory muscle patterns and normal developmental neurological motor control patterns is important in globally assessing and treating postural and locomotor dysfunction and associated pain. There is directed reading of specific papers and chapters for this knowledge base together with Powerpoint introductions which will be provided on DVDs. An introductory video is available on the topic of DNS on the web (see Learning Material). Learning will be case based but didactic material will be introduced early in the semester. 4 case studies will again be assessed throughout the semester, every 3 weeks, and a short final pre-intensive case for discussion by the scholar group and advanced scholars at the final intensive. A concise literature search on a specific topic covered this semester and relevant to one of your cases is required. A final viva assessing application of the total knowledge and skills base covered in the Master's program will be undertaken in the last 2 days of the intensive. The intensive will be held from Sunday November 23th at 9.00 am to Saturday November 29th at 1.00pm.

## Policies and Procedures

Macquarie University policies and procedures are accessible from [Policy Central](#). Students should be aware of the following policies in particular with regard to Learning and Teaching:

Academic Honesty Policy [http://mq.edu.au/policy/docs/academic\\_honesty/policy.html](http://mq.edu.au/policy/docs/academic_honesty/policy.html)

Assessment Policy <http://mq.edu.au/policy/docs/assessment/policy.html>

Grading Policy <http://mq.edu.au/policy/docs/grading/policy.html>

Grade Appeal Policy <http://mq.edu.au/policy/docs/gradeappeal/policy.html>

Grievance Management Policy [http://mq.edu.au/policy/docs/grievance\\_management/policy.html](http://mq.edu.au/policy/docs/grievance_management/policy.html)

Disruption to Studies Policy [http://www.mq.edu.au/policy/docs/disruption\\_studies/policy.html](http://www.mq.edu.au/policy/docs/disruption_studies/policy.html) *The Disruption to Studies Policy is effective from March 3 2014 and replaces the Special Consideration Policy.*

In addition, a number of other policies can be found in the [Learning and Teaching Category](#) of Policy Central.

## Student Code of Conduct

Macquarie University students have a responsibility to be familiar with the Student Code of Conduct: [https://students.mq.edu.au/support/student\\_conduct/](https://students.mq.edu.au/support/student_conduct/)

## Student Support

Macquarie University provides a range of support services for students. For details, visit <http://students.mq.edu.au/support/>

## Learning Skills

Learning Skills ([mq.edu.au/learningskills](http://mq.edu.au/learningskills)) provides academic writing resources and study strategies to improve your marks and take control of your study.

- [Workshops](#)
- [StudyWise](#)
- [Academic Integrity Module for Students](#)
- [Ask a Learning Adviser](#)

## Student Services and Support

Students with a disability are encouraged to contact the [Disability Service](#) who can provide appropriate help with any issues that arise during their studies.

## Student Enquiries

For all student enquiries, visit Student Connect at [ask.mq.edu.au](http://ask.mq.edu.au)

## IT Help

For help with University computer systems and technology, visit <http://informatics.mq.edu.au/help/>.

When using the University's IT, you must adhere to the [Acceptable Use Policy](#). The policy applies to all who connect to the MQ network including students.

## Graduate Capabilities

### PG - Discipline Knowledge and Skills

Our postgraduates will be able to demonstrate a significantly enhanced depth and breadth of knowledge, scholarly understanding, and specific subject content knowledge in their chosen fields.

This graduate capability is supported by:

### Learning outcome

- Manage simple and complex presentations of musculoskeletal pain and dysfunction

### Assessment tasks

- C1, C3 4 Case Studies
- A1 Case Study
- A2 Oral presentation of Case
- Viva
- C2 Case Documentation

## PG - Critical, Analytical and Integrative Thinking

Our postgraduates will be capable of utilising and reflecting on prior knowledge and experience, of applying higher level critical thinking skills, and of integrating and synthesising learning and knowledge from a range of sources and environments. A characteristic of this form of thinking is the generation of new, professionally oriented knowledge through personal or group-based critique of practice and theory.

This graduate capability is supported by:

### Learning outcome

- Manage simple and complex presentations of musculoskeletal pain and dysfunction

### Assessment tasks

- C4 Brief Literature search
- C1, C3 4 Case Studies
- C5
- C6 & C7 Reflection
- A1 Case Study
- A2 Oral presentation of Case
- Viva
- C2 Case Documentation

## PG - Research and Problem Solving Capability

Our postgraduates will be capable of systematic enquiry; able to use research skills to create new knowledge that can be applied to real world issues, or contribute to a field of study or practice to enhance society. They will be capable of creative questioning, problem finding and problem solving.

This graduate capability is supported by:

### Learning outcome

- Manage simple and complex presentations of musculoskeletal pain and dysfunction

### Assessment tasks

- C4 Brief Literature search
- A1 Case Study
- A2 Oral presentation of Case
- Viva
- C2 Case Documentation

## PG - Effective Communication

Our postgraduates will be able to communicate effectively and convey their views to different social, cultural, and professional audiences. They will be able to use a variety of technologically supported media to communicate with empathy using a range of written, spoken or visual formats.

This graduate capability is supported by:

### Learning outcome

- Manage simple and complex presentations of musculoskeletal pain and dysfunction

### Assessment tasks

- C6 & C7 Reflection
- A1 Case Study
- A2 Oral presentation of Case
- Viva
- C2 Case Documentation

## PG - Engaged and Responsible, Active and Ethical Citizens

Our postgraduates will be ethically aware and capable of confident transformative action in relation to their professional responsibilities and the wider community. They will have a sense of connectedness with others and country and have a sense of mutual obligation. They will be able to appreciate the impact of their professional roles for social justice and inclusion related to national and global issues

This graduate capability is supported by:

### Learning outcome

- Manage simple and complex presentations of musculoskeletal pain and dysfunction

### Assessment tasks

- Viva
- C2 Case Documentation

## PG - Capable of Professional and Personal Judgment and Initiative

Our postgraduates will demonstrate a high standard of discernment and common sense in their professional and personal judgment. They will have the ability to make informed choices and decisions that reflect both the nature of their professional work and their personal perspectives.

This graduate capability is supported by:

## **Learning outcome**

- Manage simple and complex presentations of musculoskeletal pain and dysfunction

## **Assessment tasks**

- C1, C3 4 Case Studies
- A2 Oral presentation of Case
- Viva
- C2 Case Documentation