



# CHIR874

## Neuromusculoskeletal Diagnosis 2

S2 Day 2016

*Dept of Chiropractic*

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#### **Disclaimer**

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## General Information

Unit convenor and teaching staff

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Credit points

4

Prerequisites

CHIR873

Corequisites

Co-badged status

Unit description

This unit builds on the neurology and orthopaedics taught in CHIR873. This unit is continuous with CHIR873, with the two units together covering the full spectrum of clinically relevant neurological and orthopaedic conditions for chiropractic students. Students continue to develop competency in the complete neurological and orthopaedic examination and, especially in this unit, develop their skills in tailoring the examination to the patient and developing a differential diagnosis based on the patient's signs and symptoms at clinical presentation. The knowledge and understanding constructed in this way also enables students to discuss and analyse pertinent case studies with the necessary depth required.

## 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:

Demonstrate a highly developed competency in integrating and applying neuromusculoskeletal anatomy, physiology and pathology.

Perform the clinical neuromusculoskeletal history taking and examination with highly developed competency

Show a highly developed ability to draw on their theoretical knowledge in order to tailor

the physical examination to the clinical presentation of the patient and from this develop a differential diagnosis.

Demonstrate well developed clinical reasoning skills and the ability to diagnose conditions that are suitable for chiropractic care, and identify conditions that are contraindicated for chiropractic care including conditions of non-musculoskeletal origin. Show a highly developed ability to acquire knowledge to evaluate conditions, research these cases further using appropriate reference material and communicate findings. Show great competency in practical sessions in which the knowledge acquired in texts and lectures is applied to a group situation. They should be able to reason, question, and communicate their understanding of the content to their fellow students and tutors as they complete tasks set in the practicals.

## General Assessment Information

Task Assessment	Weighting	Due Date	Linked Learning Outcomes
Neurology OSCE I	15%	Week 5	1, 2, 3, 4, 6
Orthopaedics OSCE I	15%	Week 6	1, 2, 3, 4, 6
Orthopaedics OSCE II	15%	Week 12	1, 2, 3, 4, 6
Neurology OSCE II	15%	Week 13	1, 2, 3, 4, 6
One Final theory exam	40% (20% Neurology, 20% Orthopaedics)	TBA	1, 3, 4

1. **Final examination:** This will cover the content of the two strands for the entire semester. It tests your knowledge of the theory, and the ability to connect that knowledge to real life situations (e.g. case studies, clinical presentations). It will consist of a 3 hour written exam with multiple choice questions, short answer questions and case studies.
2. **OSCE's:** These will assess your competency in performing the neurological and orthopaedic examinations.
3. **Neurological Screening:** Students are required to complete 5 full neurological

screenings. Manuals will be marked for completeness. These completed screenings are required for accreditation.

**PLEASE NOTE: YOU MUST PASS EACH STRAND OF THIS UNIT IN ORDER TO PASS THE COURSE**

## Examinations

The University Examination period in for Semester 2 is from the 14 November – 2 December, 2016. You are expected to present yourself for examination at the time and place designated in the University Examination timetable. The timetable will be available in 'draft' form approximately eight weeks before the commencement of the examinations and in 'final' form approximately four weeks before the commencement of the examinations.

The only exception to not sitting an examination at the designated time is because of documented illness or unavoidable disruption. In these circumstances you may wish to consider applying for 'Disruption of Studies'. You must apply for a 'Disruption of Studies' within 5 days after the scheduled exam. If you sit an exam and put in for disruption to studies you will not receive a grade for the exam that you attended. If you are granted a supplementary, the grade you received in the supplementary will be used toward your mark, irrespective of whether it is better or worse than the original grade.

You are advised that it is Macquarie University policy not to set early examinations for individuals or groups of students. You are expected to ensure that you are available until the end of the teaching semester that is the final day of the official examination period.

## Returning Assessment Task

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1. Neurology and Orthopaedics OSCE: The results of OSCE I will be returned to students, shortly after the exam, for feedback purposes. The results of the OSCE II for each strand will be released on iLearn.
2. Examination: Papers will not be returned. Marks will be released on iLearn, and incorporated into the final unit grade.

## Extensions and Penalties

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**NOTE:** Supplementary examinations may not follow the same format as the original examination. For example, a student who misses the final written exam due to illness may submit a disruption to studies form. If the convener chooses to grant a supplementary exam, the format of that exam could be different. **If you are unable to attend the supplementary exam, the subsequent supplementary, should you qualify for one, will be a VIVA.**

### Grades

Achievement of grades will be based on the following criteria:

**High Distinction:** provides consistent evidence of deep and critical understanding in relation to the learning outcomes. There is substantial originality and insight in identifying, generating and communicating competing arguments, perspectives or problem solving approaches; critical evaluation of problems, their solutions and their implications; creativity in application.

**Distinction:** provides evidence of integration and evaluation of critical ideas, principles and theories, distinctive insight and ability in applying relevant skills and concepts in relation to learning outcomes. There is demonstration of frequent originality in defining and analysing issues or problems and providing solutions; and the use of means of communication appropriate to the discipline and the audience.

**Credit:** provides evidence of learning that goes beyond replication of content knowledge or skills relevant to the learning outcomes. There is demonstration of substantial understanding of fundamental concepts in the field of study and the ability to apply these concepts in a variety of contexts; plus communication of ideas fluently and clearly in terms of the conventions of the discipline.

**Pass:** provides sufficient evidence of the achievement of learning outcomes. There is demonstration of understanding and application of fundamental concepts of the field of study; and communication of information and ideas adequately in terms of the conventions of the discipline. The learning attainment is considered satisfactory or adequate or competent or capable in relation to the specified outcomes.

**Fail:** does not provide evidence of attainment of all learning outcomes. There is missing or partial or superficial or faulty understanding and application of the fundamental concepts in the field of study; and incomplete, confusing or lacking communication of ideas in ways that give little attention to the conventions of the discipline. In addition, a fail grade will be awarded in the event of inadequate tutorial attendance by the candidate, reflecting failure to complete the unit satisfactorily.

Sometimes it helps to 'translate' these descriptions into numbers. So, what we expect from you in this unit, in order for you to attain a specific grade, is outlined below:

Grade	Percentile Range
Fail	<50%
Pass	50 – 64%
Credit	65 - 74%
Distinction	75 - 84%
High Distinction	85 - 100%

## Assessment Tasks

Name	Weighting	Hurdle	Due
<a href="#"><u>Neurology OSCE I</u></a>	15%	No	Week 5
<a href="#"><u>Orthopaedics OSCE I</u></a>	15%	No	Week 6
<a href="#"><u>Neurology OSCE II</u></a>	15%	No	Week 13
<a href="#"><u>Orthopaedics OSCE II</u></a>	15%	No	Week 12
<a href="#"><u>Final Theory Exam</u></a>	40%	No	Examination Period

### Neurology OSCE I

Due: **Week 5**

Weighting: **15%**

OSCE

On successful completion you will be able to:

- Demonstrate a highly developed competency in integrating and applying neuromusculoskeletal anatomy, physiology and pathology.
- Perform the clinical neuromusculoskeletal history taking and examination with highly developed competency
- Show a highly developed ability to draw on their theoretical knowledge in order to tailor the physical examination to the clinical presentation of the patient and from this develop a differential diagnosis.
- Demonstrate well developed clinical reasoning skills and the ability to diagnose

conditions that are suitable for chiropractic care, and identify conditions that are contraindicated for chiropractic care including conditions of non-musculoskeletal origin.

- Show a highly developed ability to acquire knowledge to evaluate conditions, research these cases further using appropriate reference material and communicate findings
- Show great competency in practical sessions in which the knowledge acquired in texts and lectures is applied to a group situation. They should be able to reason, question, and communicate their understanding of the content to their fellow students and tutors as they complete tasks set in the practicals.

## Orthopaedics OSCE I

Due: **Week 6**

Weighting: **15%**

OSCE

On successful completion you will be able to:

- Demonstrate a highly developed competency in integrating and applying neuromusculoskeletal anatomy, physiology and pathology.
- Perform the clinical neuromusculoskeletal history taking and examination with highly developed competency
- Show a highly developed ability to draw on their theoretical knowledge in order to tailor the physical examination to the clinical presentation of the patient and from this develop a differential diagnosis.
- Demonstrate well developed clinical reasoning skills and the ability to diagnose conditions that are suitable for chiropractic care, and identify conditions that are contraindicated for chiropractic care including conditions of non-musculoskeletal origin.
- Show a highly developed ability to acquire knowledge to evaluate conditions, research these cases further using appropriate reference material and communicate findings
- Show great competency in practical sessions in which the knowledge acquired in texts and lectures is applied to a group situation. They should be able to reason, question, and communicate their understanding of the content to their fellow students and tutors as they complete tasks set in the practicals.

## Neurology OSCE II

Due: **Week 13**

Weighting: **15%**

OSCE

On successful completion you will be able to:

- Demonstrate a highly developed competency in integrating and applying neuromusculoskeletal anatomy, physiology and pathology.
- Perform the clinical neuromusculoskeletal history taking and examination with highly developed competency
- Show a highly developed ability to draw on their theoretical knowledge in order to tailor the physical examination to the clinical presentation of the patient and from this develop a differential diagnosis.
- Demonstrate well developed clinical reasoning skills and the ability to diagnose conditions that are suitable for chiropractic care, and identify conditions that are contraindicated for chiropractic care including conditions of non-musculoskeletal origin.
- Show a highly developed ability to acquire knowledge to evaluate conditions, research these cases further using appropriate reference material and communicate findings
- Show great competency in practical sessions in which the knowledge acquired in texts and lectures is applied to a group situation. They should be able to reason, question, and communicate their understanding of the content to their fellow students and tutors as they complete tasks set in the practicals.

## Orthopaedics OSCE II

Due: **Week 12**

Weighting: **15%**

OSCE

On successful completion you will be able to:

- Demonstrate a highly developed competency in integrating and applying neuromusculoskeletal anatomy, physiology and pathology.
- Perform the clinical neuromusculoskeletal history taking and examination with highly developed competency
- Show a highly developed ability to draw on their theoretical knowledge in order to tailor the physical examination to the clinical presentation of the patient and from this develop a differential diagnosis.
- Demonstrate well developed clinical reasoning skills and the ability to diagnose conditions that are suitable for chiropractic care, and identify conditions that are contraindicated for chiropractic care including conditions of non-musculoskeletal origin.
- Show a highly developed ability to acquire knowledge to evaluate conditions, research



these cases further using appropriate reference material and communicate findings

- Show great competency in practical sessions in which the knowledge acquired in texts and lectures is applied to a group situation. They should be able to reason, question, and communicate their understanding of the content to their fellow students and tutors as they complete tasks set in the practicals.

## Final Theory Exam

Due: **Examination Period**

Weighting: **40%**

**Final examination:** includes multiple choice, and short answer questions based on clinical case studies.

On successful completion you will be able to:

- Demonstrate a highly developed competency in integrating and applying neuromusculoskeletal anatomy, physiology and pathology.
- Show a highly developed ability to draw on their theoretical knowledge in order to tailor the physical examination to the clinical presentation of the patient and from this develop a differential diagnosis.
- Demonstrate well developed clinical reasoning skills and the ability to diagnose conditions that are suitable for chiropractic care, and identify conditions that are contraindicated for chiropractic care including conditions of non-musculoskeletal origin.

## Delivery and Resources

This unit is characterised by a moderate degree of flexibility. It incorporates a variety of learning tools and media. It will comprise:

	<b>Strand 1</b> Orthopaedics	<b>Strand 2</b> Neurology	<b>TOTAL</b>
<b>Lectures</b>  <b>Class times &amp; locations</b>	2 × 2 hour lectures per week, weeks 1 – 12  Monday 4pm - 6pm (W5A T2)  Wednesday 10am-12pm (E7B T2)	1 × 2 hour lectures per week, weeks 1 – 12  Tuesday 8-10am (E7B T4)	<b>6 hours per week (Weeks 1-12)</b>
<b>Tutorials Class times &amp; locations</b>	1 × 2 hour tutorial class per week, weeks 2 – 12  Thursday 9am-11am or 11am-1pm (E5A 330)	1 × 2 hour tutorial class per week, weeks 2 – 13  Wednesday 2-4pm, 4-6pm, (choose one) in building E5A 320 North lab	<b>4 hours per week, weeks 2-13</b>

Other	1- 2 hours per week revision, self-directed learning	1 - 2 hours per week revision, self-instructional learning and readings from the text	4 hours per week
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### Required Resources:

1. Magee, D.J. (2014). Orthopaedic Physical Assessment. 6th Edition. W.D Saunders, Philadelphia
2. Blumenfeld H (2010) *Neuroanatomy through Clinical Cases*. 2nd ed. Sinauer Associates Inc, Massachusetts. Distributed by Palgrave Macmillan, Victoria, Australia.
3. HLTH874 - Neurology *Tutorial Course Manual* – available at Co-op bookshop. Macquarie University Printery.

### Recommended Resources:

- Gates P (2010) Clinical Neurology A Primer. Churchill Livingstone Elsevier, Sydney, Australia
- Beirman R and Engel R (2009) An A-Z of Symptoms and Signs. Palgrave Macmillan, Sydney, NSW
- McCance KL, Huether SE, Brashers VL & Rote NS (2010) Pathophysiology, The biologic basis for disease in adults and children Mosby, Elsevier, Canada
- Bickley LS (2009) Bate's Guide to Physical Examination and History Taking. 10th ed. Wolters Kluwer/Lippencott Williams & Wilkins, PA (Chapters 5 and 17)
- Kiernan, JA (2009) *Barr's The Human Nervous System An Anatomical Viewpoint*. 9th ed. Wolters Kluwer/Lippencott Williams & Wilkins, PA
- Haines, DE (2008) *Neuroanatomy: An Atlas of Structures, Sections, and Systems*. 7th ed. WoltersKluwer/Lippincott Williams & Wilkins
- Nolte, J (2009) *The Human Brain: An Introduction to its Functional Anatomy*. 6th ed. Mosby/Elsevier, PA
- Preston DC and Shapiro BE (2007) Neuroimaging in Neurology. An Interactive CD. Saunders, an imprint of Elsevier Inc.
- Souza, T.A. (2009) Differential Diagnosis for the Chiropractor, Aspen Publications.
- Brukner, P., Khan, K. (2011) Brukner & Khan's Clinical Sports Medicine. 4th Ed: McGraw-Hill Book Company Australia.
- Evans, R.C. (2008) Illustrated Orthopaedic Physical Assessment: Mosby.

### Attendance Requirements

If you miss your assigned tutorial in any week, you may request attendance at an alternative session, through email request and appropriate documentation to the unit convenor. This allowance may be used on a maximum of 2 occasions. **If you have missed more than 2 tutorials without giving a reason to the unit convenor for the strand, you will be called in to discuss your progress.**

## Unit Schedule

### NEUROLOGY TIMETABLE

WEEK NUMBER	Tuesday: LECTURE SCHEDULE E7B T4	Wednesday: TUTORIAL E5A room 320 North
W1 – Mon August 1	2 August (SW) <ul style="list-style-type: none"> <li>• Introduction to the course</li> <li>• Examination of peripheral nerves</li> </ul>	NONE
W2 – Mon 8 August	9 August (SW) <ul style="list-style-type: none"> <li>• Abnormal movement, Co-ordination and gait disturbances (SW)</li> </ul>	10 August <ul style="list-style-type: none"> <li>• Feedback assignment and OSCE</li> <li>• Neuroexam: peripheral nerve testing, and deep tendon reflexes, c/studies</li> </ul>
W3 – Mon 15 August	16 August (SW) <ul style="list-style-type: none"> <li>• Headaches</li> </ul>	17 August <ul style="list-style-type: none"> <li>• Neuroexam: gait &amp; co-ordination, case studies</li> </ul>
W4 – Mon 22 August	23 August (SW) <ul style="list-style-type: none"> <li>• Headaches continued</li> </ul>	24 August <ul style="list-style-type: none"> <li>• Cervicogenic headache</li> <li>• case studies/neuroexam sheet introduction</li> </ul>
W5 – Mon 29 August	30 August (AN) <ul style="list-style-type: none"> <li>• Neurological Differential Diagnosis Part 1</li> </ul>	31 August <ul style="list-style-type: none"> <li>• OSCE I</li> </ul>
W6 – Mon 5 September	6 September (AN) <ul style="list-style-type: none"> <li>• Neurological Differential Diagnosis Part 2</li> </ul>	7 September <ul style="list-style-type: none"> <li>• Feedback on OSCE</li> <li>• case studies/neuroexam</li> </ul>
W7 – Mon 12 September	13 September (AN) <ul style="list-style-type: none"> <li>• ANS Disorders</li> </ul>	14 September <ul style="list-style-type: none"> <li>• Problem solving – adapting the examination to the specific needs of the patient: The comatose patient</li> <li>• Case studies/neuroexam</li> </ul>

17 Sep – 3 Oct	MID SEMESTER BREAK	
W8 – Tuesday 4 October	4 October <ul style="list-style-type: none"> <li>The Paediatric Neuroexamination (SW)</li> </ul>	5 October <ul style="list-style-type: none"> <li>The paediatric neurological examination</li> <li>Case studies</li> </ul>
W9 - Tuesday 10 October	11 October (AN) <ul style="list-style-type: none"> <li>Sensorimotor Control</li> </ul>	12 October <ul style="list-style-type: none"> <li>Case studies/neuroexam</li> </ul>
W10– Mon 17 October	18 October (AN) <ul style="list-style-type: none"> <li>Fibromyalgia/other Central Pain Disorders</li> </ul>	19 October <ul style="list-style-type: none"> <li>Case studies/neuroexam</li> </ul>
W11 – Mon October 24	25 October (AN) <ul style="list-style-type: none"> <li>Fibromyalgia/other Central Pain Disorders</li> </ul>	26 October <ul style="list-style-type: none"> <li>Case studies/neuroexam</li> </ul>
W12 – Mon 31 October	1 November (AN) <ul style="list-style-type: none"> <li>Applying Neurology Through Clinical Cases</li> </ul>	2 November <ul style="list-style-type: none"> <li>Revision of the neurological exam</li> </ul>
W13 – Mon 7 November	8 November <ul style="list-style-type: none"> <li>None</li> </ul>	9 November <ul style="list-style-type: none"> <li>OSCE II</li> </ul>

## ORTHOPAEDICS TIMETABLE

Week	Lecture 1	Lecture 2	Tutorial 1
Week 1	Introduction to Neuromusculoskeletal Diagnosis II and the classification of neck pain (B.Brown)	Neck Pain due to Serious Pathology (B.Brown)	No Tutorial
Week 2	Grade III Neck Pain (B.Brown)	Grades I-II Neck Pain (B.Brown)	Orthopaedic Physical Examination of the Cervical Spine - Part I

Week 3	Whiplash and Associated Disorders (B.Brown)	Thoracic Outlet Syndrome (B.Brown)	Orthopaedic Physical Examination of the Cervical Spine - Part II
Week 4	Orthopaedic Examination of the Paediatric Patient (B.Brown)	Causes of TMJ pain and dysfunction (A.Khalmir)	Orthopaedic Physical Examination of the Cervical Spine - Part III and Examination of the TMJ
Week 5	Conditions of the thoracic spine and rib cage (B.Brown)	Scoliosis and Scheuermann's Disease (B.Brown)	Physical Examination and Orthopaedic Special Tests for Thoracic Outlet Syndrome and the Thoracic Spine and Ribs
Week 6	Cervical & other neural causes of shoulder pain (B.Brown)	Rotator cuff disorders of the shoulder (B.Brown)	<b>OSCE I</b>

Week	Lecture 1	Lecture 2	Tutorial 1
Week 7	Myofascial causes of shoulder pain & impingement (M.Pribicevic)	Labral & instability disorders of the shoulder (M.Pribicevic)	Orthopaedic Physical Examination of the Shoulder - Part I
Week 8	<b>Public Holiday</b>	Myofascial & neural causes of elbow pain (B.Brown)	Orthopaedic Physical Examination of the Shoulder - Part II
Week 9	Joint and osteological causes of elbow pain (B.Brown)	Myofascial & neural causes of wrist pain (B.Brown)	Orthopaedic Physical Examination of the Elbow - Part I
Week 10	Joint instability and osteological causes of wrist pain (B.Brown)	Conditions of the wrist (B.Brown)	Orthopaedic Physical Examination of the Wrist Part I
Week 11	Conditions of the fingers and thumb (B.Brown)	Tissue Healing and Repair (B.Brown)	Orthopaedic Physical Examination of the Wrist - Part II and the Hand and Fingers
Week 12	Review Lecture (B.Brown)	No Lecture	<b>OSCE II</b>

## 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)

**New Assessment Policy in effect from Session 2 2016** [http://mq.edu.au/policy/docs/assessment/policy\\_2016.html](http://mq.edu.au/policy/docs/assessment/policy_2016.html). For more information visit [http://students.mq.edu.au/events/2016/07/19/new\\_assessment\\_policy\\_in\\_place\\_from\\_session\\_2/](http://students.mq.edu.au/events/2016/07/19/new_assessment_policy_in_place_from_session_2/)

Assessment Policy prior to Session 2 2016 <http://mq.edu.au/policy/docs/assessment/policy.html>

Grading Policy prior to Session 2 2016 <http://mq.edu.au/policy/docs/grading/policy.html>

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

Complaint Management Procedure for Students and Members of the Public [http://www.mq.edu.au/policy/docs/complaint\\_management/procedure.html](http://www.mq.edu.au/policy/docs/complaint_management/procedure.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/)

## Results

Results shown in *iLearn*, or released directly by your Unit Convenor, are not confirmed as they are subject to final approval by the University. Once approved, final results will be sent to your student email address and will be made available in [eStudent](#). For more information visit [ask.mq.edu.au](http://ask.mq.edu.au).

## 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://www.mq.edu.au/about\\_us/offices\\_and\\_units/information\\_technology/help/](http://www.mq.edu.au/about_us/offices_and_units/information_technology/help/).

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

## Graduate Capabilities

### 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 outcomes

- Show a highly developed ability to draw on their theoretical knowledge in order to tailor the physical examination to the clinical presentation of the patient and from this develop a differential diagnosis.
- Demonstrate well developed clinical reasoning skills and the ability to diagnose conditions that are suitable for chiropractic care, and identify conditions that are contraindicated for chiropractic care including conditions of non-musculoskeletal origin.
- Show great competency in practical sessions in which the knowledge acquired in texts and lectures is applied to a group situation. They should be able to reason, question, and communicate their understanding of the content to their fellow students and tutors as they complete tasks set in the practicals.

### Assessment tasks

- Neurology OSCE I
- Orthopaedics OSCE I
- Neurology OSCE II

- Orthopaedics OSCE II
- Final Theory Exam

## 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 outcomes

- Demonstrate a highly developed competency in integrating and applying neuromusculoskeletal anatomy, physiology and pathology.
- Perform the clinical neuromusculoskeletal history taking and examination with highly developed competency
- Show a highly developed ability to draw on their theoretical knowledge in order to tailor the physical examination to the clinical presentation of the patient and from this develop a differential diagnosis.
- Show a highly developed ability to acquire knowledge to evaluate conditions, research these cases further using appropriate reference material and communicate findings

### Assessment tasks

- Neurology OSCE I
- Orthopaedics OSCE I
- Neurology OSCE II
- Orthopaedics OSCE II
- Final Theory Exam

## 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 outcomes

- Demonstrate a highly developed competency in integrating and applying neuromusculoskeletal anatomy, physiology and pathology.
- Show a highly developed ability to draw on their theoretical knowledge in order to tailor



the physical examination to the clinical presentation of the patient and from this develop a differential diagnosis.

- Demonstrate well developed clinical reasoning skills and the ability to diagnose conditions that are suitable for chiropractic care, and identify conditions that are contraindicated for chiropractic care including conditions of non-musculoskeletal origin.
- Show a highly developed ability to acquire knowledge to evaluate conditions, research these cases further using appropriate reference material and communicate findings
- Show great competency in practical sessions in which the knowledge acquired in texts and lectures is applied to a group situation. They should be able to reason, question, and communicate their understanding of the content to their fellow students and tutors as they complete tasks set in the practicals.

## **Assessment tasks**

- Neurology OSCE I
- Orthopaedics OSCE I
- Neurology OSCE II
- Orthopaedics OSCE II
- Final Theory Exam

## **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 outcomes**

- Show a highly developed ability to draw on their theoretical knowledge in order to tailor the physical examination to the clinical presentation of the patient and from this develop a differential diagnosis.
- Show a highly developed ability to acquire knowledge to evaluate conditions, research these cases further using appropriate reference material and communicate findings

## **Assessment tasks**

- Neurology OSCE I
- Orthopaedics OSCE I
- Neurology OSCE II
- Orthopaedics OSCE II

- Final Theory Exam

## 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 outcomes

- Show a highly developed ability to draw on their theoretical knowledge in order to tailor the physical examination to the clinical presentation of the patient and from this develop a differential diagnosis.
- Demonstrate well developed clinical reasoning skills and the ability to diagnose conditions that are suitable for chiropractic care, and identify conditions that are contraindicated for chiropractic care including conditions of non-musculoskeletal origin.
- Show a highly developed ability to acquire knowledge to evaluate conditions, research these cases further using appropriate reference material and communicate findings

### Assessment tasks

- Neurology OSCE I
- Orthopaedics OSCE I
- Neurology OSCE II
- Orthopaedics OSCE II
- Final Theory Exam

## 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 outcomes

- Show a highly developed ability to draw on their theoretical knowledge in order to tailor the physical examination to the clinical presentation of the patient and from this develop a differential diagnosis.
- Show a highly developed ability to acquire knowledge to evaluate conditions, research

these cases further using appropriate reference material and communicate findings

- Show great competency in practical sessions in which the knowledge acquired in texts and lectures is applied to a group situation. They should be able to reason, question, and communicate their understanding of the content to their fellow students and tutors as they complete tasks set in the practicals.

## **Assessment tasks**

- Neurology OSCE I
- Orthopaedics OSCE I
- Neurology OSCE II
- Orthopaedics OSCE II
- Final Theory Exam