CHIR873
Neuromusculoskeletal Diagnosis 1
S1 Day 2016
Dept of Chiropractic

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Disclaimer
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General Information

Unit convenor and teaching staff
Unit Convenor
Stephney Whillier
stephney.whillier@mq.edu.au
Contact via 9850 9387
C5C 362
as requested via email

co-convenor
Ben Brown
benjamin.brown@mq.edu.au
Contact via 9850 6383
C5C 341
As requested via email

Credit points
4

Prerequisites
Admission to MChiro and (CHIR311 or CHIR316 or (CHIR602 and CHIR603 and CHIR604 and CHIR605 and CHIR606 and CHIR607))

Corequisites

Co-badged status

Unit description
This unit introduces you to common neurological and orthopaedic conditions. A variety of teaching methods are employed, from didactic lectures based on current evidence that are made available online, to tutorials that are underpinned by a social constructivist approach to building knowledge, using the discussion of case studies to develop diagnostic skill. You will develop competency in neurological and orthopaedic examination and in developing a differential diagnosis based on the patient’s signs and symptoms at clinical presentation. The knowledge and skills acquired during this unit are fundamental for diagnostic competence in chiropractic practice.

Important Academic Dates
Information about important academic dates including deadlines for withdrawing from units are available at http://students.mq.edu.au/student_admin/enrolmentguide/academicdates/
Learning Outcomes

1. Demonstrate a sound competency in integrating and applying neuromusculoskeletal anatomy, physiology and pathology.
2. Perform the clinical neuromusculoskeletal history taking and examination competently.
3. Show an 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.
4. Develop strong clinical reasoning skills and the ability to diagnose conditions that are suitable or contraindicated in chiropractic care, including conditions of non-musculoskeletal origin.
5. Use acquired knowledge to evaluate conditions, research these cases further using appropriate reference material and communicate findings.
6. Participate in practical sessions in which the knowledge acquired in texts and lectures is applied in a group situation. They should be able to reason, question and communicate your understandings to each other and your tutors as they complete tasks set in the practicals.
7. Develop a respect and empathy for patients, and an ethical and professional attitude to health care. In this regard, they should develop a commitment to remain informed and up-to-date in their profession.

General Assessment Information

Attendance Requirements

A minimum of 80% attendance at tutorial classes is required in order to successfully complete this unit.

You must attend the class in which you are enrolled. You must not exchange your class time. In special circumstances, you may apply for requests regarding changes. These requests are to be submitted to the unit convener.

Examinations

The Semester 1 University Examination period is from: 14\textsuperscript{th} of June – 1\textsuperscript{st} of July, 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 to studies. Information about the disruption to studies process is available at

http://students.mq.edu.au/student_admin/exams/disruption_to_studies/

In particular, pay attention to the following information on the Disruption to Studies site:

The disruption to studies policy applies only to serious and unavoidable disruptions that arise after a study period has commenced.

**Serious and unavoidable disruption:** The University classifies a disruption as serious and unavoidable if it:

- could not have reasonably been anticipated, avoided or guarded against by the student; and
- was beyond the student’s control; and
- caused substantial disruption to the student’s capacity for effective study and/or completion of required work; and
- occurred during an event critical study period and was at least three (3) consecutive days duration, and/or
- prevented completion of a final examination.

Students with a pre-existing disability/health condition or prolonged adverse circumstances may be eligible for ongoing assistance and support. Such support is governed by other policies and may be sought and coordinated through Campus Wellbeing and Support Services.

If a supplementary examination is granted as a result of the disruption to studies process the examination will be scheduled after the conclusion of the official examination period. (Individual Faculties may wish to signal when the Faculty Supplementary exams are normally scheduled.)

**If you are granted a supplementary exam via the Disruption to Studies process, you will have to write a supplementary exam in the supplementary exam period. In this scenario, only your supplementary exam mark will count towards your final exam mark, irrespective of whether or not you attended the final exam in the normal examination period. The submission of a Disruption to Studies form should not be used as a ‘just in case’ strategy.**
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.

Supplementary exams may also be in a different format to the exam set in the normal examination period e.g. oral examination.

**Returning Assessment Tasks**

1. Online quizzes will be automatically marked and returned for students to monitor their progress.
2. The journal article review will be returned in the first tutorial of semester 2, and feedback will be given.
3. OSCE: Scoring sheets will be returned to students for feedback purposes.
4. Examination: Papers will not be returned. Marks will be incorporated into the final unit grade.

**Extensions and penalties**

Extensions to assignments are at the discretion of the unit convenor. It is your responsibility to prove to the convenor that there has been unavoidable disruption. Marks will be deducted for late submissions in the absence of an approved extension.

**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 situations.
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:

**NOTE:** Each strand of the unit must have an overall passing grade

### Assessment Tasks

<table>
<thead>
<tr>
<th>Name</th>
<th>Weighting</th>
<th>Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10%</td>
<td>continuous</td>
</tr>
<tr>
<td>2. Neurology Case Study</td>
<td>10%</td>
<td>Week 11, 23 May, by 5pm</td>
</tr>
<tr>
<td>3</td>
<td>20%</td>
<td>weeks 6 &amp; 7</td>
</tr>
<tr>
<td>4</td>
<td>20%</td>
<td>Week 12 and 13</td>
</tr>
<tr>
<td>5</td>
<td>40%</td>
<td>TBA</td>
</tr>
</tbody>
</table>

1

**Due:** continuous  
**Weighting:** 10%

Ten quizzes will be made available to students at the start of the semester which will be due at the end of the semester. The quiz questions will be based on readings relating to diagnostic studies and will help students understand the accuracy statistics of the testing procedures taught in the unit and the research methods used to determine these statistics.

This Assessment Task relates to the following Learning Outcomes:
• Demonstrate a sound competency in integrating and applying neuromusculoskeletal anatomy, physiology and pathology.
• Show an 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.
• Use acquired knowledge to evaluate conditions, research these cases further using appropriate reference material and communicate findings

2. Neurology Case Study
Due: Week 11, 23 May, by 5pm
Weighting: 10%

Case study write-up. You may take any neurological topic. Write up a case study on a specific condition, under the following titles:

1. Chief complaint: patient’s age, sex and presenting symptoms
2. History of the present illness
3. Relevant family history, social and environmental history
4. Relevant medications
5. List of possible diagnoses from the patient history – explain why this list was chosen
6. Results of the neurological exam tailored to the patient history – detail what was done and why it was done, as well as the results of the examination
7. List of possible diagnoses from the neurological exam – explain why this list was chosen
8. Further blood and radiological tests – explain your choices
9. Final diagnosis – explain how and why this was reached
10. Chiropractic management of the final diagnosis – explain why this management will help, and say whether this is substantiated in the present literature.

Any one specific topic can only be done by a maximum of 3 students. Therefore each student must send in 3 possible topics they wish to do to the co-ordinator of Neurology, and topics will be assigned on a first come first served basis. This is necessary as the case study you choose will also be the case study you will adopt for the neuroscreens you will be doing in CHIR874.

The write-up should reflect your knowledge of the neuroanatomy, neurophysiology and neuropathology of the condition, as well as an understanding of the role of the chiropractor in the management of the condition. This requires a literature search, and all references must be cited in the text and in a reference list.
Please refer to the rubric at the end of the manual to guide you in how the task will be assessed. The references: referencing is Vancouver style: please print out information at: http://www.lib.monash.edu.au/tutorials/citing/vancouver.html and follow it to the letter.

The review must be submitted electronically to ‘Turn-it-In’ via the iLearn website.

Maximum Length: 4 pages

Font size, margin size, font type, line spacing – don’t care, but don’t be ridiculous.

This Assessment Task relates to the following Learning Outcomes:

• Demonstrate a sound competency in integrating and applying neuromusculoskeletal anatomy, physiology and pathology.
• Show an 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.
• Develop strong clinical reasoning skills and the ability to diagnose conditions that are suitable or contraindicated in chiropractic care, including conditions of non-musculoskeletal origin
• Use acquired knowledge to evaluate conditions, research these cases further using appropriate reference material and communicate findings

3

Due: weeks 6 & 7
Weighting: 20%

OSCE: This will assess your competency in performing the neurological and orthopaedic examinations.

This Assessment Task relates to the following Learning Outcomes:

• Perform the clinical neuromusculoskeletal history taking and examination competently
• Show an 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.
• Develop strong clinical reasoning skills and the ability to diagnose conditions that are suitable or contraindicated in chiropractic care, including conditions of non-musculoskeletal origin
• Participate in practical sessions in which the knowledge acquired in texts and lectures is applied in a group situation. They should be able to reason, question and communicate your understandings to each other and your tutors as they complete tasks set in the practicals
• Develop a respect and empathy for patients, and an ethical and professional attitude to health care. In this regard, they should develop a commitment to remain informed and up-to-date in their profession

4
Due: **Week 12 and 13**
Weighting: **20%**

OSCE: This will assess your competency in performing the neurological and orthopaedic examinations

This Assessment Task relates to the following Learning Outcomes:
• Perform the clinical neuromusculoskeletal history taking and examination competently
• Show an 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.
• Develop strong clinical reasoning skills and the ability to diagnose conditions that are suitable or contraindicated in chiropractic care, including conditions of non-musculoskeletal origin
• Participate in practical sessions in which the knowledge acquired in texts and lectures is applied in a group situation. They should be able to reason, question and communicate your understandings to each other and your tutors as they complete tasks set in the practicals
• Develop a respect and empathy for patients, and an ethical and professional attitude to health care. In this regard, they should develop a commitment to remain informed and up-to-date in their profession

5
Due: **TBA**
Weighting: **40%**
FINAL EXAMINATION: This will cover the content of each of the 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.

This Assessment Task relates to the following Learning Outcomes:

- Demonstrate a sound competency in integrating and applying neuromusculoskeletal anatomy, physiology and pathology.
- Show an 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.
- Use acquired knowledge to evaluate conditions, research these cases further using appropriate reference material and communicate findings

### Delivery and Resources

**Delivery mode**

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

<table>
<thead>
<tr>
<th>Strand 1 - Orthopaedics</th>
<th>Strand 2 – Neurology</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lectures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2 × 2 hour lectures per week</td>
<td>1-2 × 2 hour lectures per week</td>
<td>6 hours per week, weeks 1-12</td>
</tr>
<tr>
<td><strong>Lecture 1:</strong> Monday 3pm-5pm (E7B T4), weeks 1-12</td>
<td><strong>Lecture 1:</strong> Tuesday 9am-11 am, E7B T5, weeks 1-12</td>
<td></td>
</tr>
<tr>
<td><strong>Lecture 2:</strong> Wednesday 9am–11am (E7B T5), weeks 3-11</td>
<td><strong>Lecture 2:</strong> Wednesday 9am–11am (E7B T5), weeks 1, 2, 12</td>
<td></td>
</tr>
</tbody>
</table>
### Tutorials

<table>
<thead>
<tr>
<th>Tutorials</th>
<th>1 × 2 hour tutorial class per week, weeks 2 – 12</th>
<th>1 × 2 hour tutorial class per week, weeks 2 – 13</th>
<th>4 hours per week, weeks 2-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday 9-11am or 11am-1pm (E5A 330 South Lab)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday 2-4, 4-6 (choose one) in (E5A 320 North Lab)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other

<table>
<thead>
<tr>
<th>Other</th>
<th>1-2 hours per week revision, self-instructional learning and readings</th>
<th>1 - 2 hours per week revision, self instructional learning and readings from the text</th>
<th>2 - 4 hours per week</th>
</tr>
</thead>
</table>

Further details on class time and locations for this unit can be found by following the link below:

http://students.mq.edu.au/student_admin/timetables

### Unit Web Page

You can log in to [iLearn System](https://ilearn.mq.edu.au/login/MQ/) via the link listed below:

All lecture materials will be posted on iLearn, and there is also a link to ECHO360 for audio or audiovisual (where available) recordings of the lectures.

### Required and recommended resources

**Strand 1: Orthopaedics**

Notes are summarised under ‘Lectures’ on iLearn for CHIR 873

**Required:**
Unit guide CHIR873 Neuromusculoskeletal Diagnosis 1


Recommended Reading


NOTE: Weekly tutorial case reports, questionnaires, and readings will be made available through iLearn.

Students will be required to complete weekly quizzes based on peer-reviewed journal articles that will be made available on iLearn.

Strand 2: Neurology

Required:


Recommended:

- Krebs C et al (2012) Neuroscience in Lippincott’s Illustrated Reviews (Harvey RA Ed) LWW, USA

**Required Diagnostic Equipment (Neurological Diagnosis Kit):**

1. A diagnostic set with otoscope and ophthalmoscope (Welsh Allen series 97200-BI recommended - ~$515)
2. A tailor’s measuring tape
3. A 128 and 512Hz tuning fork (Al weighted)
4. Neurotips (no sewing pins or pinwheels allowed strictly by OHS/Biosafety regulations)
5. Large stem ear buds
6. Disposable tongue depressors
7. Tomahawk reflex hammer
8. Cotton wool

**Unit Schedule**

**The Neurology Timetable:**
<table>
<thead>
<tr>
<th>Start Date of wk</th>
<th>Lecture (Tuesday, 9 – 11 am)</th>
<th>Lecture (Wednesday, 9-11am)</th>
<th>Tutorial (Wednesday 2 - 4, 4 - 6 pm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>29 Feb</td>
<td>Introduction to Clinical Neurology</td>
<td>Nerve Tension Tests</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Mar</td>
<td>Pain</td>
<td>Nerve Tension Tests and Mobilisations</td>
<td>Nerve Tension Tests and Mobilisations</td>
</tr>
<tr>
<td>14 Mar</td>
<td>Altered cognition</td>
<td></td>
<td>Nerve Tension Tests and Mobilisations</td>
</tr>
<tr>
<td>21 Mar</td>
<td>Psychiatric disorders</td>
<td></td>
<td>Neurological History Taking</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The Neuroexam: mental status</td>
</tr>
<tr>
<td>28 Mar</td>
<td>Sleep disorders</td>
<td></td>
<td>Neuroexam: mental status</td>
</tr>
<tr>
<td>4 April</td>
<td>Eye Presentations</td>
<td></td>
<td>Neuroexam: cranial nerves</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 April – 23 April: Mid-semester Break</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 April</td>
<td>Hearing and Balance Presentations</td>
<td></td>
<td>OSCE</td>
</tr>
<tr>
<td>2 May</td>
<td>Cerebrovascular Disease and Brain Neoplasms</td>
<td>Neuroexam: cranial nerves</td>
<td></td>
</tr>
<tr>
<td>9 May</td>
<td>Lesions of the Spinal Cord and Localisation of the Lesion</td>
<td>Neuroexam: motor</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Topic</td>
<td>Examination</td>
<td></td>
</tr>
<tr>
<td>------------</td>
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<td></td>
</tr>
<tr>
<td>16 May</td>
<td>Lesions of the Spinal Cord and Localisation of the Lesion</td>
<td>Neuroexam: motor</td>
<td></td>
</tr>
<tr>
<td>23 May</td>
<td>Common Lesions of the NS</td>
<td>Neuroexam: sensory</td>
<td></td>
</tr>
<tr>
<td>29 May</td>
<td>Common Lesions of the NS, Seizures</td>
<td>Neuroexam: sensory,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>examination of peripheral nerves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 June</td>
<td></td>
<td>OSCE</td>
<td></td>
</tr>
</tbody>
</table>

**Orthopaedics Timetable**

<table>
<thead>
<tr>
<th>WEEK</th>
<th>LECTURE 1</th>
<th>LECTURE 2</th>
<th>Tutorial</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction to Orthopaedics (B. Brown)</td>
<td>Neurology Lecture</td>
<td>No Tutorial</td>
</tr>
<tr>
<td>2</td>
<td>Lower Back Pain due to Serious pathology (B. Brown)</td>
<td>Neurology Lecture</td>
<td>Orthopaedic Assessment of the Lumbar Spine – Part I</td>
</tr>
<tr>
<td>3</td>
<td>Lower Back Pain with Associated Radiculopathy I (B. Brown)</td>
<td>Lower Back Pain with Associated Radiculopathy II (B. Brown)</td>
<td>Orthopaedic Assessment of the Lumbar Spine – Part II</td>
</tr>
<tr>
<td>Unit</td>
<td>Topics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>--------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Lumbar Instability and Hypermobility (B.Brown)</td>
<td>Non-Specific Lower Back Pain (B.Brown)</td>
<td>Orthopaedic Assessment of the Sacroiliac Joint and Coccyx</td>
</tr>
<tr>
<td></td>
<td>[RECORDED LECTURE]</td>
<td></td>
<td>*Easter Monday Public Holiday</td>
</tr>
<tr>
<td>6</td>
<td>Disorders of the sacroiliac Joint and Coccyx (B.Brown)</td>
<td>Leg Length Discrepancy (B.Brown)</td>
<td>OSCE 1</td>
</tr>
</tbody>
</table>

Mid Semester Break April 7th – April 17th, 2015
<table>
<thead>
<tr>
<th>Week</th>
<th>Topic</th>
<th>Lecture Content</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Orthopaedic Assessment of the Older Patient (B.Brown)</td>
<td>Soft tissue causes of hip pain (M.Pribicevic)</td>
<td>Orthopaedic Assessment of the Hip - Part I</td>
</tr>
<tr>
<td></td>
<td>*Anzac Day Public Holiday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Myofascial &amp; neural causes of hip pain (M.Pribicevic)</td>
<td>Osteological Causes of Hip Pain (M.Pribicevic)</td>
<td>Orthopaedic Assessment of the Hip - Part II and Knee - Part I</td>
</tr>
<tr>
<td>9</td>
<td>Meniscal and cruciate ligament injuries (B.Brown)</td>
<td>Collateral injuries, rotatory instability and myofascial disorders of the knee (B.Brown)</td>
<td>Orthopaedic Assessment of the Knee – Part II</td>
</tr>
<tr>
<td>10</td>
<td>Patellofemoral and growth plate disorders of the knee (B.Brown)</td>
<td>Injuries of the lower leg and ankle (B.Brown)</td>
<td>Orthopaedic Assessment of the Foot and Ankle - Part I</td>
</tr>
<tr>
<td>11</td>
<td>Joint &amp; ligament disorders of the ankle (B.Brown)</td>
<td>Disorders of the mid-foot, forefoot and toes (B.Brown)</td>
<td>Orthopaedic Assessment of the Foot and Ankle - Part II</td>
</tr>
<tr>
<td>12</td>
<td>Review Lecture (B.Brown)</td>
<td>Neurology Lecture</td>
<td>OSCE 2</td>
</tr>
<tr>
<td>13</td>
<td>No Lecture</td>
<td>No Lecture</td>
<td>No Tutorial</td>
</tr>
</tbody>
</table>

**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:


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](http://www.mq.edu.au/about_us/offices_and_units/information_technology/help/). For more information visit [ask.mq.edu.au](http://www.mq.edu.au/about_us/offices_and_units/information_technology/help/).

**Student Support**

Macquarie University provides a range of support services for students. For details, visit [http://students.mq.edu.au/support/](http://students.mq.edu.au/support/)

**Learning Skills**

Learning Skills ([mq.edu.au/learningskills](http://www.mq.edu.au/about_us/offices_and_units/information_technology/help/)) 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 Enquiry Service**

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

**Equity 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.

**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**

- Perform the clinical neuromusculoskeletal history taking and examination competently
- Show an 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.
- Develop strong clinical reasoning skills and the ability to diagnose conditions that are suitable or contraindicated in chiropractic care, including conditions of non-musculoskeletal origin
- Use acquired knowledge to evaluate conditions, research these cases further using appropriate reference material and communicate findings
- Participate in practical sessions in which the knowledge acquired in texts and lectures is applied in a group situation. They should be able to reason, question and communicate your understandings to each other and your tutors as they complete tasks set in the practicals
- Develop a respect and empathy for patients, and an ethical and professional attitude to health care. In this regard, they should develop a commitment to remain informed and up-to-date in their profession

**Assessment tasks**

- 2. Neurology Case Study
- 3
- 4

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 sound competency in integrating and applying neuromusculoskeletal anatomy, physiology and pathology.
• Perform the clinical neuromusculoskeletal history taking and examination competently
• Show an 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.
• Develop strong clinical reasoning skills and the ability to diagnose conditions that are suitable or contraindicated in chiropractic care, including conditions of non-musculoskeletal origin
• Use acquired knowledge to evaluate conditions, research these cases further using appropriate reference material and communicate findings
• Develop a respect and empathy for patients, and an ethical and professional attitude to health care. In this regard, they should develop a commitment to remain informed and up-to-date in their profession

Assessment tasks

• 1
• 2. Neurology Case Study
• 3
• 4
• 5

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 sound competency in integrating and applying neuromusculoskeletal anatomy, physiology and pathology.
• Perform the clinical neuromusculoskeletal history taking and examination competently
• Show an 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.
• Develop strong clinical reasoning skills and the ability to diagnose conditions that are suitable or contraindicated in chiropractic care, including conditions of non-musculoskeletal origin
• Use acquired knowledge to evaluate conditions, research these cases further using appropriate reference material and communicate findings
• Participate in practical sessions in which the knowledge acquired in texts and lectures is applied in a group situation. They should be able to reason, question and communicate your understandings to each other and your tutors as they complete tasks set in the practicals

**Assessment tasks**

• 2. Neurology Case Study
• 3
• 4
• 5

**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**

• Perform the clinical neuromusculoskeletal history taking and examination competently
• Show an 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.
• Develop strong clinical reasoning skills and the ability to diagnose conditions that are suitable or contraindicated in chiropractic care, including conditions of non-musculoskeletal origin
• Use acquired knowledge to evaluate conditions, research these cases further using appropriate reference material and communicate findings
Participate in practical sessions in which the knowledge acquired in texts and lectures is applied in a group situation. They should be able to reason, question and communicate your understandings to each other and your tutors as they complete tasks set in the practicals.

**Assessment tasks**

- 2. Neurology Case Study
- 3
- 4

**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**

- Perform the clinical neuromusculoskeletal history taking and examination competently
- Show an 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.
- Develop strong clinical reasoning skills and the ability to diagnose conditions that are suitable or contraindicated in chiropractic care, including conditions of non-musculoskeletal origin
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- Develop a respect and empathy for patients, and an ethical and professional attitude to health care. In this regard, they should develop a commitment to remain informed and up-to-date in their profession

**Assessment tasks**

- 2. Neurology Case Study
- 3
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**

- Perform the clinical neuromusculoskeletal history taking and examination competently
- Show an 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.
- Develop strong clinical reasoning skills and the ability to diagnose conditions that are suitable or contraindicated in chiropractic care, including conditions of non-musculoskeletal origin
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**Assessment tasks**

- 3
- 4