

CORPORATE AND ACADEMIC SERVICES

MODULE SPECIFICATION

Part 1: Basic Data							
Module Title	Veterinary Physiotherapy Rehabilitation						
Module Code	UIEVX5-30-M		Level	М	Version	2.0	
Owning Faculty	Hartpury		Field	Equine Science			
Contributes towards	MSc Veterinary F	Sc Veterinary Physiotherapy					
PSRB involved	ACPAT CSP						
UWE Credit Rating	30	ECTS Credit Rating	15	Module Professional Practice Type			
Pre-requisites	None		Co-requisites	None			
Excluded Combinations	None		Module Entry requirements	None			
Valid From	01 September 2018		Valid to	01 September 2025			

CAP Approval Date	V2.0- 27 January 2021 30 May 2013 (HLS)	
	11 June 2013 (HAR)	

Part 2: Learning and Teaching						
Learning Outcomes	On successful completion of this module students will be able to:					
	1 Demonstrate an understanding of the veterinary surgeon's approach to animal rehabilitation, including the key medical and surgical approaches for the treatment of common conditions (A, B).					
	2 Demonstrate critical awareness of the range of pharmacological management/interventions of common conditions affecting a range of small and large animals (A).					
	3 Critically appraise the impact of psychological factors, nutrition and the environment on the care and management of animals with short and long term conditions (A, B).					
	4 Critically appraise research evidence related to veterinary physiotherapy treatment and rehabilitation; analyse and evaluate the impact upon current practice (B).					
	5 Select, apply, evaluate and modify appropriate physiotherapeutic interventions and reassessment procedures for a range of complex conditions, to meet the needs of the individual animal based on competent clinical reasoning and decision making skills (A, B).					
	6 Demonstrate a critical understanding of the role of each member of the inter-disciplinary healthcare team and demonstrate appropriate and professional communication skills with clients and the inter-disciplinary team (A, B).					

	 7 Critically evaluate and reflect on veterinary physiotherapy practice of self and others and identify strategies for practice development (A, B). 8 Demonstrate appropriate self-management within clinical placement settings in an efficient, effective and professional manner (A). 							nd Is in
Syllabus Outline	•	 The role of medical and surgical veterinary approaches in the treatment, rehabilitation and maintenance of common conditions affecting both large and small animals. Pharmacological approaches to treatment of the animal including medication for pain management. Veterinary physiotherapy treatment and rehabilitation including the use of the following: Neuro-musculoskeletal techniques; Pain management; Electrophysical modalities; Aqua/hydrotherapy; Exercise programmes. Pre-operative and post-operative care of the animal including general care and the contribution of the physiotherapist. Clinical reasoning and decision making related to management/treatment. Communication and documentation. Interdisciplinary team; for example – client, veterinary nurse, farrier, saddler, nutritionist, behaviourist, chiropractor, osteopath, massage therapist, trainer, dentist/dental techniques 						
Teaching and Learning Methods	 Scheduled Learning Includes lectures, seminars, demonstration, practical classes. Placement Learning Includes supervised practice placement with days spent with Category A practitioners. A minimum of twenty days supervised clinical practice is required (approximately 140 hours). Independent Learning Includes hours engaged with essential reading, case study preparation, and assignment preparation. It is anticipated students will spend approximately 60 hours on independent study and 60 hours on assignment preparation. Virtual Learning Environment (VLE) (or equivalent) This module is supported by a VLE where students will be able to find all necessary module information. Direct links to information sources will also be provided from within the VLE.							
Key Information Sets Information	Key Information Sets (KIS) are produced at programme level for all programmes that this module contributes to, which is a requirement set by HESA/HEFCE. KIS are comparable sets of standardised information about undergraduate courses allowing prospective students to compare and contrast between programmes they are interested in applying for.							
	Expected learning hours for the module:							
		Number of credits for this module				30		
		Hours to be allocated	Scheduled learning and teaching study hours	Independent study hours	Placement study hours	Allocated Hours		
		300	40	120	140	300		

	The table below indicates as a percentage the total assessment of the module which constitutes a - Written Exam : Unseen written exam, open book written exam, In-class test Coursework : Written assignment or essay, report, dissertation, portfolio, project Practical Exam : Oral Assessment and/or presentation, practical skills assessment, practical exam Please note that this is the total of various types of assessment and will not necessarily reflect the component and module weightings in the Assessment section of this module description:						
		Total asses	sment of th	e module:			
		Written exar	n assessm	ent percenta	age	0%	
		Coursework assessment percentage				50%	
		T Tuellear ex		mentpercer	lage	100%	
						10070	
	 them in a printed study pack. Directed pre reading will be expected for a number of seminars to inform discussions. Students are expected to identify reading relevant to their chosen topic themselves. They will be encouraged to read widely using the library catalogue, a variety of bibliographic and full text databases, and internet resources. Many resources can be accessed remotely. It will be expected that assignment reference lists will reflect the range of reading carried out. The development of literature searching skills is supported by the Library seminar within the induction period. 						
Indicative Reading List	 the induction period. The following list is offered to provide validation panels/accrediting bodies with an indication of the type and level of information students may be expected to consult. As such, its currency may wane during the life span of the module specification. However, as indicated above, CURRENT advice on readings will be available via other more frequently updated mechanisms, including the module guide. Cherdchutham, W., Liduin, S., Meershoek, L.S., van Weeren, P.R., Barneveld, A., (2001) <i>Effects of exercise on biomechanical properties of the superficial digital flexor tendon in foals</i>. American Journal of Veterinary Research. 62, 1859–1864. Chow, R. T., Johnson, M. I., Lopes-Martin, B. A., Bjordal. J. M., (2009) <i>Efficacy of low-level laser therapy in the management of neck pain: a systemic review and meta-analysis of randomised placebo or active-treatment controlled trials</i>. The Lancet 374, (13) 1897-1908. Frisbie, D. D., Kawack, C. E., McIlwarith, C. W., (2009) <i>Evaluation of the effect of extracorporeal shockwave treatment on experimentally induced osteoarthritis in middle carpal joints of horses</i>. American Journal of Veterinary Research 70, (4) 449-545. Kaneps. A. J., (2004) <i>Physical treatment of the equine athlete. In Equine sports medicine and surgery</i>. Chapter 25 532-538. Elsevier. Goodship, A. E., Birch, H. L., (2001) <i>Exercise effects on the skeletal tissues</i>. In <i>Equine Locomotion</i> Chapter 9 227-251 Harcourt Publishers. Hackett, G. E., Spitzfaden, D. M., May, K. J., Savoldi, M., Farrier M., Dodd, M., (1997) <i>Acupuncture: Is It Effective for Alleviating Pain in the Horse</i>? AAEP 						

• Haussler. K. K., (2009) Review of Manual Therapy Techniques in Equine
Practice. Journal of Equine Veterinary Science Vol 29, No 12.
 Hayashi. A. M., Matera. J. M., Brandão de Campos Fonseca Pinto. A C, (2007) Evaluation of electroacupuncture treatment for thoracolumbar intervertebral disk disease in dogs. JAVMA, (231) 6, 913-919.
 Jackson, A.M., Millis, D. L., Stevens. M., Barnett, S (2002) Joint kinematics during underwater treadmill activity. Second International Symposium: on Rehabilitation and Physical Therapy in Veterinary Medicine. Knoxville, Tennessee.
 Macgregor. J., Graf von Schweinitz. D., (2006) Needle electromyographic activity of myofascial trigger points and control sites in equine cleido-brachialis muscle – an observational study. Acupuncture in Medicine 24(2); 61-70.
 McGowan, C. M., Goff, L., and Stubbs, N. (2007) Animal Physiotherapy: Assessment, Treatment and Rehabilitation of Animals. Blackwell Publishing.
 Marsolais, G.S., Dvorak. G., Conzemius, M. G., (2002) Effects of post-operative rehabilitation on limb function after cranial cruciate ligament repair in dogs. Journal of American Vet Medicine Association 220: 1325-30.
 Monk. M. L., Preston, C. A., McGowan, C.M., (2006) Effects of early intensive post-operative physiotherapy on limb function after tibial plateau levelling osteotomy in dogs with deficiency of the cranial cruciate ligament. American Journal of Veterinary Research 67(3): 529-36.
 Muir, P., Johnson, K, A., (1994) Supraspinatus and biceps brachii tendinopathy in dogs. Journal of small animal practice. 35 (5) 239-243.
 Owen, M. R., (2006) Rehabilitation therapies for musculoskeletal and spinal disease in small animal practice. EJCAP 16: (2) 137-148.
• Prankel, S. (2008) Hydrotherapy in practice. In Practice 30, 272-277.
• Wakeling, J., Barnett, K., Price, S., Nankervis, K. (2006) <i>Effects of manipulative therapy on the longissimus in the equine back.</i> Equine and Comparative Exercise physiology. 3 (3) 153-160.
• Wilson, J, J., Best, T, M., (2005) <i>Common overuse tendon problems: A review and recommendations for treatment.</i> American Family Physician 72, (5).
 Xie. H., Ott. E. A., Colahan. P (2001) Influence of Acupuncture on Experimental Lameness in Horses. AAEP Proceedings Vol. 47 347-357.
Zhao, C., Amadio, P. C., Momose. T. Couvreur. P. An. K. N., (2002) <i>Effect of synergistic wrist motion on adhesion formation after repair of partial flexor digitroum profundus tendon lacerations in a canine model in vivo.</i> Journal of Bone Joint Surgery America Jan 84(1) 78-84.

Part 3: Assessment						
Assessment Strategy	Assessment Strategy There are two components of assessment: The Clinical Practice Portfolio reflects the professional practice nature of this module and adheres to the University regulations regarding pass/fail marking. It assesses the student professional and practical skills, and also the underpinning knowledge and clinical reasoning essential to practice; Component B comprises two elements. The Clinical Case Study Presentation is designed to assess the student's ability to critically reflect on their own intervention with respect to a case study they have encountered in practice. Students are expected to consider their case study with reference to appropriate literature. The Written Assignment (2000 words) is designed to enable students to explore a topic or issue associated with the module syllabus with reference to relevant and available literature. This will be marked with reference to specific criteria which is available in the module handbook.					
	a minimum mark of 50% in each element; students unable to achieve 50% in each element are not deemed to show sufficient critical knowledge to be considered competent practitioners.					
	Both components can be considered to have a formative aspect of assessment as students will be able to gain ongoing feedback from clinical supervisors during placement and they will be able to gain feedback on a proportion of draft work with respect to the written assignment.					
	A student may apply for alternative means of assessment if appropriate. Each application will be considered on an individual basis taking into account learning and assessment needs. For further information regarding this please refer to the VLE.					
Identify final assessment component and element Clinical Practice Portfolio.						
% weighting between components A and B (Standard modules only)				B:		
	P/F	100%				
First Sit						
Component A (controlled conditions) Description of each element			Element weighting			
1 Clinical Practice Portfolio			Pass/Fail			
Component B Description of eac	Element weighting					
1 Clinical Case Study Presentation			50%			
2 Written assignment (2000 word)			50%			
A minimum mark of 50% must be achieved for each element to pass the module						
Resit (further attendance at taught classes is not required)						
Component A (controlled conditions) Description of each element				Element weighting		
1 Clinical Practice Portfolio – at the discretion of the Award Board			Pass/Fail			
Component B Description of each element			Element weighting			
1 Clinical Case Study Presentation			50%			
2 Written assignment (2000 word)			50%			
A minimum mark of 50% must be achieved for each element to pass the module						
If a state of the				P 6 11		

If a student is permitted an **EXCEPTIONAL RETAKE** of the module the assessment will be that indicated by the Module Description at the time that retake commences.