



STUDENT AND ACADEMIC SERVICES

MODULE SPECIFICATION

Part 1: Basic Data					
Module Title	Musculo-skeletal Rehabilitation				
Module Code	UZYSQE-30-M	Level	M	Version	2
Owning Faculty	Health and Applied Sciences	Field	Allied Health Professions		
Contributes towards	MSc Rehabilitation MSc Advanced Practice Continuing Professional Development Module				
UWE Credit Rating	30	ECTS Credit Rating	15	Module Type	Standard
Pre-requisites	None		Co-requisites	None	
Excluded Combinations	None		Module Entry requirements	None	
Valid From	January 2018		Valid to		

Part 2: Learning and Teaching	
Learning Outcomes	<p>On successful completion of this module students will be able to:</p> <ul style="list-style-type: none"> • Explore the opportunities and challenges of high level decision making in assessment and management of complex and long term musculo-skeletal dysfunction (Component A and B) • Critically review the role of the musculo-skeletal practitioner in the primary care setting (Component A) • Create a range of valid and alternative responses to situations and analyse and evaluate the responses in a critical way (Component A and B) • Critically evaluate the evidence to support clinical reasoning and decision making in complex musculo-skeletal conditions (Component B) • Review the evidence base for the use of outcome measures in long term and complex musculo-skeletal dysfunction (Component A and B) • Recognise the importance of reflective practice to promote innovative and flexible management of musculo-skeletal problems (Component A)
Syllabus Outline	<ul style="list-style-type: none"> • Assessment and management of musculo-skeletal dysfunction. • Clinical reasoning skills in complex and long term musculo-skeletal conditions.

	<ul style="list-style-type: none"> • Shared decision making in musculo-skeletal problems. • The role of the musculo-skeletal first contact practitioner in primary care settings. • Advances and alternatives in current musculo-skeletal practice- to include when to request investigations, prescribe and use injections. • The development of a pro-active and preventative approach to care, support of patient self-management, facilitation of behavioural change and optimisation of individuals' physical activity, mobility, functional ability and independence. • Facilitation of return to, or management of occupations including work and leisure. • Musculoskeletal focused intervention strategies (e.g., exercise), and evidence for these. • Manual therapy in a complex and long term musculo-skeletal caseload. • Symptom management and pacing of activities. • Adjuncts in musculo-skeletal management e.g. tens, biofeedback, current electrotherapy modalities, where appropriate. • Chronic pain management, case study discussion e.g. Chronic Regional Pain Syndrome, chronic non-specific lower back pain, Fibromyalgia etc to include review of cognitive behavioural therapy. • Understanding of the multi-disciplinary team and other relevant services beyond the primary care team- e.g., social services, private providers, equipment services.
<p>Contact Hours</p>	<p>Contact hours will include taught sessions at Glenside Campus. Students will typically receive up to 5 days of face to face teaching and it is expected each of these days will typically constitute 7 hours of teaching.</p> <p>Taught sessions will integrate lectures, case-study presentations, critical debate sessions, assessment workshops and interactive practical sessions.</p> <p>Delivery of these taught sessions will take place in settings such as the simulation suites at Glenside Campus and will be designed to represent the clinical environment.</p> <p>In addition, phone, email and discussion group contact with staff is available throughout the module typically with up to 2 hours available for tutorial/assignment/module support.</p>
<p>Teaching and Learning Methods</p>	<p>Lectures/ pod casts will provide an introduction and summary of the topic area. Seminars/ group work will include discussion and the use of information provided to support learning.</p> <p>Additionally independent learning underpins the teaching and learning strategy of this module, supported by the module team which will involve case discussion and on line forums to discuss the opportunities and challenges of musculo-skeletal assessment and management.</p> <p>Scheduled learning includes lectures, seminars, tutorials, project supervision, demonstration, practical classes and workshops.</p> <p>Independent learning includes hours engaged with online activities, essential reading, case study preparation, assignment preparation and completion etc.</p>

These sessions constitute an average time per level as indicated in the table below. Scheduled sessions may vary slightly depending on the module choices you make.

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.

Key Information Set - Module data				
<i>Number of credits for this module</i>				30
Hours to be allocated	Scheduled learning and teaching study hours	Independent study hours	Placement study hours	Allocated Hours
300	37	263	0	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 assessment of the module:	
Written exam assessment percentage	0%
Coursework assessment percentage	50%
Practical exam assessment percentage	50%
	100%

Reading Strategy

Core readings

Any essential reading will be indicated clearly, along with the method for accessing it, e.g. students may be referred to texts that are available electronically or in the Library. Module guides will also reflect the range of reading to be carried out.

Further readings

Students are expected to identify all other reading relevant to their chosen topic for themselves. They will be required to read widely using the library search, a variety of bibliographic and full text databases, and Internet resources. Many resources can be accessed remotely. The purpose of this further reading is to ensure students are familiar with current research, classic works and material

	<p>specific to their interests from the academic literature.</p> <p>Access and skills</p> <p>Students are expected to be able to identify and retrieve appropriate reading. Additional support is available through the Library Services web pages, including interactive tutorials on finding books and journals, evaluating information and referencing. Sign up workshops are also offered by the Library.</p>
<p>Indicative Reading List</p>	<p>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, <i>current</i> advice on readings will be available via other more frequently updated mechanisms. Where items are not available electronically, key chapters will be digitised.</p> <p>Edwards, A. and Elwyn, G. (2009) <i>Shared decision making in healthcare: achieving evidence based patient care</i>. [online]. Oxford: Oxford University Press. [Accessed 8 April 2016].</p> <p>Fairbairn, G.J. and Winch, C. (2011) <i>Reading, writing and reasoning: a guide for students</i>. 3rd Ed. [online] Milton Keynes: Open University Press. [Accessed 8 April 2016].</p> <p>Frontera, W. R., Silver, J. K, and Rizzo, D. (2008) <i>Essentials of physical medicine and rehabilitation: musculoskeletal disorders, pain, and rehabilitation</i>. 2nd Ed. Philadelphia: Saunders/Elsevier</p> <p>Hicks, C.M. (2009) <i>Research Methods for Clinical Therapists: Applied Project design and Analysis</i>. 5th Ed. [online] Oxford: Churchill Livingstone Elsevier. [Accessed 8 April 2016]</p> <p>Higgs, J. (2008) <i>Clinical Reasoning in the Health Professions</i>. 3rd Ed. [online] Oxford: Butterworth Heinemann. [Accessed 8 April 2016].</p>

<p style="text-align: center;">Part 3: Assessment</p>	
<p>Assessment Strategy</p>	<p>Written and verbal communication skills will be assessed to promote skills required for dissemination of knowledge. Intellectual skills of critical evaluation, analysis and synthesis of the students practice within the musculo-skeletal specialism will be the focus for this assessment.</p> <p>Component A</p> <p>Component A takes the form of a 15 minute case presentation with 5-10 mins of questions (20 minutes total) The presentation may be carried out in person or via virtual means.</p> <p>Component B</p> <p>Component B takes the form of a written assignment which critically reviews the evidence for an aspect of management relating to the case study (3,000 words).</p> <p>Opportunities for formative assessment will be provided during the contact study days.</p>

Identify final assessment component and element	Component A	
% weighting between components A and B (Standard modules only)	A:	B:
	50%	50%
First Sit		
Component A Description of each element	Element weighting	
20 minute Defended Case Presentation	50%	
Component B		
Written assignment (3000 words)	50%	

Resit (further attendance at taught classes is not required)	
Component A Description of each element	Element weighting
20 Minute Defended Case Presentation	50%
Component B	
Written assignment (3000 words)	50%
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.	

FOR OFFICE USE ONLY

First CAP Approval Date	31 May 2016		
Revision ASQC Approval Date	31 October 2017	Version	2
Link to RIA 12473			