



F R E D E R I C K
U N I V E R S I T Y

SCHOOL OF HEALTH SCIENCES

PHYSIOTHERAPY PROGRAMME

**CLINICAL GUIDE TO PHYSIOTHERAPY
PRACTICE**

Foreword.....

Clinical Practice was established by the Law on the Registration of Physiotherapists. Frederick University's Physical Therapy Program includes the performance of Clinical Exercises that address the disciplines of Neuromusculoskeletal, Neurological and Cardiopulmonary Physical Therapy. The Clinical Exercises courses contribute significantly to the development of expanded knowledge and clinical skills in the treatment of patients in the clinical setting.

In particular, the student connects his/her theoretical knowledge with clinical application by studying and treating clinical cases. Under the guidance of experienced clinical physiotherapists, the student learns to evaluate, select and apply tools and techniques to implement an evidence-based treatment program safely and successfully for the patient. Students are encouraged to develop critical thinking and an integrated approach to the evaluation, design, and implementation of appropriate physical therapy rehabilitation modalities in light of clinical rationale, clinical reasoning, and evidence-based practice. The clinical placement also aims to establish a proper and lively relationship between the student and the patient as well as with the other members of the interdisciplinary team of health professionals. Finally, the Clinical Internship prepares the student for the Internship and for the daily clinical practice of the profession of physiotherapist as a qualified health professional

The current Clinical Exercise Guide is a single guide as it contains all the basic information related to the assessment, purpose and objectives of each individual Clinical Exercise. It is therefore hoped that this Single Guide will be a key aid to each student's efforts to successfully complete the Clinical Exercises.

Good luck!

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INTRODUCTION TO THE CLINICAL PRACTICE COURSE

According to the Frederick University Physical Therapy Program, the student is required to participate in the Clinical Exercise classes after completing the first two years of the program. Thus, in the 5th semester, the student may enroll in the Clinical Exercise I course which addresses the physical therapy rehabilitation of Cardiopulmonary Disorders while in the immediately following semester (i.e. 6th semester) the student may proceed by participating in the Clinical Exercise II course which addresses the discipline of Neurological Physical Therapy. Finally, in the 7th semester, the student can enroll in Clinical Exercise III whose subject matter focuses exclusively on Neuro-Musculoskeletal Physiotherapy.

In order to be able to enroll in the courses of each Clinical Exercise, the student must first have successfully passed certain courses that are considered prerequisites for enrollment in each Clinical Exercise (Table 1).

Table 1: Prerequisite Courses for Enrolment in Clinical Exercise I, Clinical Exercise II and Clinical Exercise III

Clinical Exercise	Semester	Teaching (hours / week)	Prerequisite Courses
Clinical Exercise I	5 th Semester	2 hours / 13 weeks (lectures)	Cardiopulmonary Physiotherapy I
		10 hours / 13 weeks (clinical training)	Cardiopulmonary Physiotherapy II
Clinical Exercise II	6 th Semester	2 hours / 13 weeks (lectures)	Neurological Physiotherapy I
		10 hours / 13 weeks (clinical training)	Neurological Physiotherapy II
			Physiotherapy of Paediatric Diseases
Clinical Exercise III	7 th Semester	2 hours / 13 weeks (lectures)	Physiotherapy of Musculoskeletal Diseases I
		10 hours / 13 weeks (clinical training)	Physiotherapy of Musculoskeletal Diseases II

OBJECTIVE AND LEARNING OUTCOMES

OBJECTIVE







The single Clinical Exercise Guide applies to the Clinical Exercise courses of the Frederick University Physical Therapy Program, which are Clinical Exercise I (Physical Therapy for Cardiopulmonary Diseases), Clinical Exercise II (Physical Therapy for Neurological Diseases) and Clinical Exercise III (Physical Therapy for Musculoskeletal Diseases). These courses consist of a theoretical part and a clinical part. The purpose of the theoretical part is to link theory with clinical practice. In the theoretical part of these courses, clinical cases of patients are presented and clinical reasoning is done

through discussion. The purpose of the clinical part is to train students by experienced clinical instructors in the process of clinical reasoning and decision making in clinical situations related to patient rehabilitation, linking theoretical and laboratory training with clinical practice.








LEARNING RESULTS

The main concern of the Clinical Exercises is the creation of high level physiotherapists based on International predefined skills, as defined by the World Confederation of Physiotherapy and the European Union Directives for the benefit of society and public health.

The Physiotherapy Programme trains its students to be able to:

-  Provide the appropriate physiotherapy treatment to patients in hospital or institutions
-  Provide services to the family and community where there is a patient or person with disabilities
-  Provide advice and educate patients in self-care
-  Respect patient autonomy and work in complete confidentiality.
-  Provide sufficient information about the functional disability of patients to enable them to consent to the proposed rehabilitation scheme.
-  To be ready to adapt physiotherapy practice to the new conditions of science as it evolves.

Therefore, upon completion of the Clinical Exercises, students will have all the knowledge and clinical skills to be able to proceed with the Practical Training course as they will be able to:

-  Thoroughly study the patient's medical record and interpret the findings of clinical and laboratory tests
-  Be able to take a complete history from the patient, assess, record the clinical picture and monitor the patient's therapeutic course
-  Understand in depth and manage the information resulting from the clinical and laboratory findings of the patient's assessment in an ideal way, so that they can take into account and organise the treatment programme, setting achievable therapeutic goals
-  To fully organise a therapeutic intervention protocol and organise the physiotherapy plan in the acute clinical stage or in the chronic stage of rehabilitation and to select the appropriate methods according to the goal of treatment and the patient's progress
-  Be able to select the appropriate therapeutic tools and techniques that serve the purpose and objectives of the treatment plan they have organized for the specific patient and at the same time be able to apply these therapeutic tools and techniques successfully and safely
-  To apply in practice special techniques and means of treatment in the hospital, convalescent homes, rehabilitation centres, etc. and to be able to respond to the daily clinical reality with efficiency and safety, always for the benefit of the patient
-  Develop a recovery plan, setting short and long-term goals

- ✚ To be able to evaluate the effectiveness of a physiotherapy session and adapt the treatment accordingly, in response to the daily clinical reality and to be able on a daily basis to evaluate, supervise, evolve or modify the therapeutic programme applied for the specific patient according to the stage of rehabilitation
- ✚ prepare and ensure a safe environment for themselves and their patients and colleagues
- ✚ Have adequate knowledge of patient handling and movement. Also be able to handle any technique involved in treatment appropriately and safely
- ✚ To be able to successfully manage the particularities of patient psychology as well as to understand the role of the physiotherapist in the rehabilitation team (doctor, nurse, occupational therapist, psychologist, etc.) and the importance of fruitful cooperation with fellow physiotherapists and other health professionals at all levels of care.
- ✚ Respond successfully to communication and cooperation issues with both the patient and his/her family. Also establish trust and a sense of security with patients
- ✚ Show that they have an understanding of the ethical problems of clinical reality. Respect ethical rules and medical confidentiality

CONDUCTING CLINICAL EXERCISES

STUDENT PARTICIPATION IN CLINICAL PRACTICE

The Clinical Exercise takes place two days a week. In addition, it takes place for 5 hours each day with a 30-minute break in between. The student's presence and participation in the clinical site is mandatory and he/she signs in and out of each clinical site.

In the extreme case of a student's absence from the course, after the reason for absence has been accepted by the Clinical Exercise Coordinator, the absence must be covered within a specific time frame after the end of the Clinical Exercise. Covering absences is only allowed where they do not exceed the maximum number of absences, which is two in total. Otherwise, the course is repeated in full.

A student who is absent from the Clinical Exercise, makes up for it in his/her own time (Christmas and Easter holidays) if there is the possibility of the Clinical Exercise, after consultation with the Clinical Instructor and confirmation from the Clinical Exercise Coordinator. A student who is absent at the designated attendance time will not attend the Clinical Exercise, will not register for the specific module, will receive an absence and will be required to make up the module. A student who has absences after the end of the course, and cannot be made up, misses the course.

The student is placed in specific Clinical Practice areas following instructions from the Clinical Practice Coordinator. He/she must submit the following documents to the Clinical Training Coordinator within the time frame specified in order for the Clinical Training to begin:

A) Application to start a clinical training

B) Health Certificate together with the attached copies of the Health Booklet or Health Certificate showing that the Hepatitis B vaccines, MMR and Mantoux test have been done.

C) Student safety for working in the clinical area (offered by the University)

After the submission of the documents by the Clinical Training Coordinator to the concerned nursing or rehabilitation centres, the student can be placed in the appropriate clinical areas for the start of the Clinical Training. The Clinical Exercise takes place in selected hospital and other rehabilitation sites approved by the Frederick University School of Health Sciences and under the supervision and guidance of the Clinical Instructor working for the Physical Therapy Program. The student is informed of his/her schedule by the Clinical Practice Coordinator.

HOURS OF OPERATION

The time of arrival of students is determined according to the specifics of the clinical area. In most cases, the student is asked to arrive at 08:00 and leave at 13:00. In private centres this time may vary slightly. The timetables are announced before the start of the Clinical Practice.

The Clinical Exercise is compulsory, starts and ends at a specific time and the student signs in and out. The student is required to arrive before the start time of the Exercise and to be at the location indicated by the Clinical Instructor in time.

STUDENT COSTUME STUDENTS COSTUME

In the hospital or other clinical setting, students must be decently dressed, have their hair pulled back (if long) and wear a medical gown. The role of the medical gown is neither decorative nor is it to display 'power' in relation to patients, their relatives and other medical and paramedical staff.

The role of the medical gown is to protect patients from any germs that we may bring with us into the ward and to protect ourselves from the external environment and to protect ourselves from any germs that may be carried by the patient and the hospital. For this reason, the medical gowns that students will wear to perform physiotherapy on patients are required to be long (at least up to knee height) to cover most of the body surface that comes into contact with the patient and rests on objects around them, such as their bed. Also, for the same reasons mentioned above the gown must always be buttoned.

Jewellery, and bulky jewellery / watches should be kept to a minimum, due to the difficulty (and risk) during clinical practice and student-patient contact. Also, in order for patients, their relatives, medical and paramedical staff to be aware of our specialty, it is required that the gown has a special card with the student's details on the lapel (a badge with the University logo). A student who does not wear the special robe and badge with the University badge gets an absence and is required to repeat it if the opportunity exists.

Exempted from wearing the medical gown are students who are doing clinical training in special schools, paediatric institutions or other institutions where the medical gown is not used by the staff (there will be information on this). In addition, because in a

children's rehabilitation setting clinicians are required to move and apply physiotherapy methods and techniques on mattresses, it is essential that students wear comfortable clothing (e.g. overalls) and comfortable shoes (sports shoes) that do not restrict movement at all.

Students are required to wear disposable gloves which are changed with each patient. Depending on the prevailing conditions, students must wear a disposable mask to protect themselves and the patients. It is also recommended that they carry a stethoscope, oximeter, goniometer and a special neurological hammer (depending on the clinic they are attending) for patient assessment. Finally, students are advised to carry a pen, notebook and assessment cards to complete patient assessment and follow-up data. These cards are usually distributed electronically to students by their Clinical Instructor.

CONDUCTING CLINICAL EXERCISE

Students are divided into groups by the Clinical Practice Coordinator. The clinical contexts in which the Clinical Exercise will take place are then defined for each group. Groups may also attend the Clinical Exercise in different departments. In each department (ward in a hospital, rehabilitation centre, etc.) there is a Clinical Instructor from the Physiotherapy Programme.



Students will carry out their Clinical Exercise in all the wards - sections selected for a number of courses in each one, completing their Exercise with their respective Clinical Instructors. In each section the student, under the guidance of the respective Clinical Instructor, will evaluate and apply the necessary treatment to the patients given to them. The scheduling of daily clinical training and presentation of relevant cases will be done by the Clinical Instructor before the visit to the patients' wards begins.

The student must be able to evaluate the patient firstly through the process of subjective evaluation, i.e. to be able to study the medical record and interview the patient according to the diagnosis and symptomatology and secondly through the process of objective evaluation, i.e. the physical examination of the patient. The student should be able to take into account the information evaluated and through clinical reasoning, set goals and create a treatment plan appropriate for each patient. He/she is then required to implement this plan with appropriate physiotherapy intervention and then assess the patient's condition after treatment.

To assist the student in the assessment and treatment of the patient, the student will be given an assessment card to use as a guide and should have it with them.

BASIC GUIDELINES FOR STUDENT BEHAVIOUR IN THE CLINICAL AREA

All students should be aware that for each Clinical Exercise the Program has obtained special permission from the clinical site director to be accommodated on the premises to facilitate their training. This means that students must:

-  Respect the space they are in (usually in the corridors of the clinics, quiet and decent behaviour is required)
-  Respect their colleagues and other medical and paramedical staff and do not obstruct their work

- ✚ Have a professional attitude towards patients (e.g. confidentiality, seriousness, decent scientifically trained and understandable vocabulary, etc.)
- ✚ Do not use materials from the clinical setting unless special permission has been obtained (e.g. gloves, papers, masks, etc.)
- ✚ Ask permission from the permanent staff of the clinical area to use different parts of the clinics (toilets, hand washing sinks)
- ✚ Inform the Clinical Instructor of any problems that may arise
- ✚ Do not interfere with the work of the resident physiotherapist in the clinical area unless the latter has given permission

BASIC GUIDELINES FOR STUDENT CONDUCT TOWARDS PATIENTS

Each patient is a special and unique patient for the therapist, and in many cases students will be confronted with very heavy cases which require special behaviour on the part of the therapists. Students should therefore be prepared to deal immediately and effectively with critical situations such as orthostatic hypotension and fainting, lack of coordination of movements, lethargic states, etc. Due to these frequent complications the student must always be concerned about the safety of the patient primarily and the preservation of vital functions and secondarily about the physiotherapeutic management of the patient.

It is therefore recommended that students:

- ✚ be recommended to the patient before starting the session
- ✚ Obtain approval for physiotherapy either from the patient himself if he is able to communicate or from his relatives after, of course, emphasizing the necessity and usefulness of physiotherapy,
- ✚ Recall and review the basic knowledge of first aid
- ✚ Keep the environment around the patient quiet to avoid creating irritation and tension in the patient, which often leads to poor cooperation with the therapist

Finally, before the start of the session, students introduce themselves and disclose their status, are not allowed to give information to patients or relatives and sign the special patient and staff privacy form. It is strictly forbidden for a student to treat a patient without the supervision of the Clinical Instructor and under no circumstances is physiotherapy outside of a hospital or rehabilitation centre, with or without payment. Failure to do so is a serious disciplinary offense.

EVALUATION OF STUDENT PERFORMANCE

The student's evaluation is based on the student's daily performance in the clinical setting. The student's Clinical Instructor is responsible for evaluating the student's performance. Specifically, the Clinical Instructor evaluates the student's daily participation and ability to respond competently to the clinical case presented for treatment. Specifically, the student's evaluation is based on the ability to approach the patient, take a history, the order in which the physical therapy assessment is conducted, the ability to set short and long-term treatment goals, apply appropriate physical therapy techniques, etc. (see grading classification in the Appendix). The

student must have successfully completed a set of specific physiotherapy interventions covering all physiotherapy techniques in each clinic in which they are employed.

The student is assessed daily by the Clinical Instructor. In addition, in the middle of the semester (6th - 8th week of classes), for each group of students, a meeting of the Clinical Instructors is held and opinions and observations are exchanged in order to better guide the students and determine their level of performance. At the end of the quarter the marks are reconciled between the Clinical Instructors who were responsible for each student. The analysis of the student's grading method is done at the beginning of the Clinical Practicum by the respective Clinical Instructors.

The assessment criteria for students relate to 3 main sections:

1. Safety issues (providing & conducting physiotherapy safely, etc.)
2. Professionalism of the student (patient communication, behaviour, keeping of working hours, etc.)
3. Knowledge & clinical skills (theoretical clinical background, practical/clinical application of therapeutic procedures, etc.)




For each section, the criteria and the scoring are detailed in the Annex. It is recommended that the student read the assessment card carefully from the very beginning of the term so that the student is aware of how he/she is assessed on a daily basis. For each of these criteria, the student will receive a grade (with a perfect score of 10) based on his/her overall performance during the semester (see grading classification in the Appendix). The average of these grades will determine the final grade.

THE ROLE OF CLINICAL TRAINERS

The Clinical Instructors are professional clinical physiotherapists with experience in treating patients of the specific Clinical Practice, and they train students in small groups and always according to the subject matter of the quarter. The Clinical Instructor selects the appropriate patient, the student evaluates the patient by recording the subjective symptoms, objective findings, takes into account the elements selected together with the medical opinion and organizes the rehabilitation with guidance and assistance from the Instructor where necessary. The Clinical Instructor guides the student in developing clinical reasoning and selecting the appropriate intervention. He/she also corrects and assists the student to develop his/her clinical skills and abilities. Clinical Instructors supervise the strict adherence to the time schedule and the strict application of the rules governing the Clinical Practice.

THE ROLE OF THE CLINICAL EXERCISE COORDINATOR

The Clinical Exercise Coordinator is solely responsible for the allocation and continuous information of the students on issues related to the smooth running of each Clinical Exercise. In particular:

-  Identifies all students who are eligible to participate in the Clinical Practice course and collects all the necessary documents required for their participation in the Clinical Practice course
-  Divide the students into groups of five students and assign to each group the Clinical Instructor who will be responsible for their clinical training.
-  Determines the clinical settings and the dates when each group of students will be invited to be trained per period of time - maintains constant communication with students, Clinical Instructors and partner organisations providing the clinical settings for clinical training purposes

Clinical Evaluation Card Patient Management

Student's full name

Semester

Clinical Context.....

1. Security issues

Grade (0-10)

- A. Adequate knowledge of safe handling & movement of patients
- B. Use and application of techniques safely for the patient
- C. Ensuring a safe environment for patients, colleagues & himself

2. Student's professionalism (communication skills, behaviour, etc.)

Grade (0-10)

- A. Obtaining patient consent/explanation to the patient (use of plain language etc.)
- B. Correct orders to the patient to actively participate
- C. Communication with clinical staff (use of correct terminology, understanding of roles, etc.) - Behaviour towards patients (polite, respectful, discreet, etc.) - Behaviour towards teachers and other clinical staff (respect, etc.)
- D. Respect of the area (appearance-clothing, discretion, mobile phones switched off, etc.) and observance of the opening hours of the clinic and the course

3. Knowledge and Clinical Skills

Grade (0-10)

- A. Theoretical background - General knowledge of the subject matter
- B. Application of physiotherapy assessment
- C. Clinical application treatment program - Clinical skills

General Comments from a Clinical Instructor

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Clinical Practice Grade

Names of Clinical Instructors

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Clinical Evaluation Criteria Patient Management

Clinical Patient Management Scoring Criteria

	A. Safety issues
8,5-10	Knows & applies appropriate grips and ways of securing the patient. Ensures a safe environment for all at all times
7,5-8,4	Knows & applies appropriate grips and ways of securing the patient. Ensures a safe environment for others, but not always for self.
6,5 - 7,4	Knows & applies grips and ways of securing the patient, but not always the most appropriate ones. Ensures a safe environment for the person directly concerned (patient), but not always for others or for himself
5-6,4	Minimum knowledge & use of safety techniques with handles & locking methods not always appropriate. Little assurance of a safe environment
4-4,9	Minimal knowledge & use of safety techniques with handles & locking methods not always safe. Minimal provision of a safe environment
3-3,9	Inadequate knowledge & use of safety techniques, grips & securing methods. Failure to ensure a safe environment
<2,9	Inadequate knowledge & use of safety techniques, grips & securing methods. Failure to ensure a safe environment
	B. Student's professionalism (patient communication, behaviour, etc.)
8,5-10	Demonstrates great communication skills & professionalism, recognizing complex situations and adapting his/her behavior (showing respect, cooperation, etc.) so that his/her presence & communication with the patient and the rest of the staff (educational & clinical) is always extremely satisfactory & effective. He is aware of the limits of autonomy in the profession & demonstrates great responsibility in the way he applies the Physiotherapy practice. Fully adheres to the rules of conduct required (adherence to time, appearance, respect, seriousness, use of correct terminology, etc.).
7,5-8,4	Demonstrates great communication skills & professionalism, recognizing complex situations, adapting his/her behavior as best as possible (showing respect, cooperation, etc.), so that his/her presence & communication with the patient and with the rest of the staff (educational & clinical) is satisfactory & effective. Is aware of the limits of autonomy in the profession & demonstrates a good deal of responsibility in the way the Physical Therapy practice is carried out. Fully adheres to the rules of conduct required (adherence to time, appearance, respect, seriousness, use of correct terminology, etc.).
6,5 - 7,4	Demonstrates sufficient communication skills & professionalism so that his/her presence & communication with the patient, as well as with the rest of the staff (educational & clinical) is satisfactory. Although recognises complex situations, is not always able to adapt his/her behaviour appropriately. Is aware of the limits of autonomy in the profession & demonstrates accountability in the manner in which Physiotherapy practice is implemented. Adequately observes the rules of conduct required (keeping time, appearance, respect, seriousness, use of correct terminology, etc.).
5-6,4	Demonstrates little communication skills & professionalism so that his/her presence & communication with the patient, as well as with the rest of the staff (educational & clinical) is satisfactory. Although recognizes complex situations, is unable to adjust his/her behavior appropriately. Is aware of the limits of autonomy in the profession, but demonstrates limited accountability in how to apply Physiotherapy practice. Does not adequately observe the rules of conduct required (keeping time, appearance, respect, seriousness, use of correct terminology, etc.).

4-4,9	Demonstrates minimal communication skills & professionalism, so that his/her presence & communication with the patient, as well as with the other staff (educational and clinical) to be satisfactory. He cannot recognize or appreciate complex situations, nor does he have the flexibility to adjust his behavior appropriately. He is not sufficiently aware of the limits of autonomy in the profession, nor does he always demonstrate responsibility in the way he applies physiotherapy practice. Does not adequately observe the rules of conduct required (observance of time, appearance, respect, seriousness, use of correct terminology, etc.).
3-3,9	Demonstrates "poor" communication skills & professionalism, resulting in unsatisfactory presence & communication with the patient, as well as with the rest of the staff (educational & clinical). Cannot recognise or appreciate complex situations, nor has the flexibility to adjust his/her behaviour appropriately. Does not know the limits of autonomy in the profession and does not demonstrate responsibility in how to apply Physiotherapy practice. Does not adequately observe the rules of conduct required (keeping time, appearance, respect, seriousness, use of correct terminology, etc.).
<2,9	Demonstrates very poor communication skills & professionalism with the patient, as well as with other staff (educational & clinical). Cannot recognize or appreciate complex situations, nor has the flexibility to adjust behavior appropriately. Is unaware of the limits of autonomy in the profession and does not demonstrate responsibility in how to apply Physiotherapy practice. Does not observe the rules of conduct required (keeping time, appearance, respect, seriousness, use of correct terminology, etc.).
C. Knowledge & clinical skills (3 separate scores for each sub-section)	
Theoretical background	
8,5-10	Very good theoretical knowledge of basic infrastructure (e.g. kinesiology, etc.), as well as very good knowledge of the clinical subject matter.
7,5-8,4	Fairly good theoretical knowledge of basic infrastructure (e.g. kinesiology, etc.), as well as fairly good knowledge of the clinical subject matter.
6,5 - 7,4	Adequate theoretical knowledge of basic infrastructure (e.g. kinesiology, etc.), as well as adequate knowledge of the clinical subject matter.
5-6,4	Moderately good theoretical knowledge of basic infrastructure (e.g. kinesiology, etc.), as well as moderately good knowledge in the field of clinical practice.
4-4,9	Inadequate theoretical knowledge of basic infrastructure (e.g. kinesiology, etc.), as well as insufficient knowledge of the clinical subject matter.
3-3,9	Deficient theoretical knowledge of basic infrastructure (e.g. kinesiology, etc.), as well as deficient knowledge of the clinical subject matter.
<2,9	Very "poor" theoretical knowledge of basic infrastructure (e.g. kinesiology, etc.), as well as very "poor" knowledge of the subject matter of the clinic.
Application of physiotherapy assessment	
8,5-10	Knowledge & demonstration, background download. Recording & use of the evaluation card
7,5-8,4	Knowledge & demonstration of comprehensive history taking) for the Clinic. Recording & use of the assessment card
6,5 - 7,4	Knowledge & demonstration of satisfactory background taking and application of communication skills. Satisfactory recording & use of assessment card
5-6,4	Borderline good knowledge & application of history taking .. Recording & use of the evaluation card
4-4,9	Unsatisfactory knowledge & application of history taking . Recording & use of the evaluation card
3-3,9	Deficient knowledge & application of background taking. "Poor" recording & use of the assessment tab.
<2,9	Lack of knowledge & application of history taking "Poor" recording & use of the assessment tab.
Practice/Clinical Application Treatment Program	
8,5-10	Demonstrate integrated appropriate ergonomic and effective patient transfer/movement techniques.
7,5-8,4	Satisfactory demonstration of comprehensive, appropriate, ergonomic and effective patient transfer/movement technique.
6,5 - 7,4	Relatively satisfactory demonstration of integrated appropriate ergonomic and effective patient transport/movement technique
5-6,4	Moderate level demonstration of integrated appropriate ergonomic and effective patient transport/movement techniques

4-4,9	Low level demonstration of integrated appropriate ergonomic and effective patient transfer/movement technique
3-3,9	Low level and inability to demonstrate an integrated, appropriate, ergonomic and effective patient transfer/movement technique
<2,9	Inadequate demonstration of an integrated, appropriate, ergonomic and effective patient transport/movement technique
	General comments/teacher's comments