



The Royal Australasian
College of Physicians

Rehabilitation Medicine

Advanced Training Curriculum

Australasian Faculty of Rehabilitation Medicine





The Royal Australasian
College of Physicians

Physician Readiness for Expert Practice (PREP) Training Program

Rehabilitation Medicine Advanced Training Curriculum

TO BE USED IN CONJUNCTION WITH:

Basic Training Curricula – Adult Internal Medicine
Professional Qualities Curriculum

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The following Fellows deserve specific mention for their contribution:

- A/Prof Andrew Cole, FAFRM
- Dr Philip Funnell, FAFRM
- Members of the Special Interest Groups of the Australasian Faculty of Rehabilitation Medicine

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The process was managed by the Curriculum Development Unit within the College's Education Deanery, who designed the document, drafted content material, organised and facilitated writing workshops, developed resource materials, and formatted the final document.

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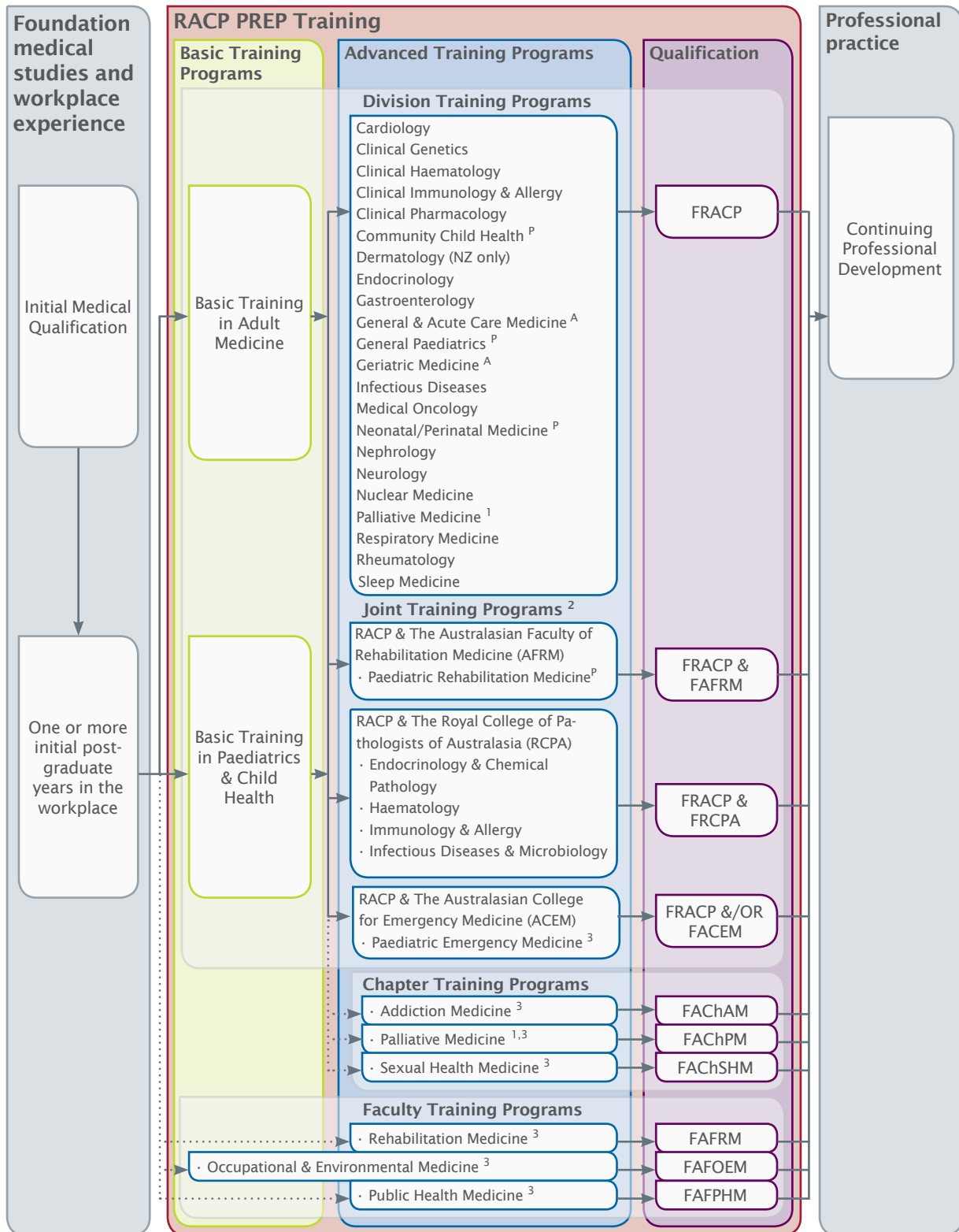
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Please note: No Domains, Themes or Learning Objectives have been updated for this edition; design changes ONLY.

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RACP FELLOWSHIP TRAINING PATHWAYS AND THE CONTINUUM OF LEARNING



^P Trainees must complete Basic Training in Paediatrics & Child Health to enter this program.

^A Trainees must complete Basic Training in Adult Medicine to enter this program.

¹ Trainees who have entered Advanced Training in Palliative Medicine via a RACP Basic Training Program will be awarded FRACP upon completion and may subsequently be awarded FACHPM. Trainees who have NOT entered Advanced Training in Palliative Medicine via a RACP Basic Training Program will only be awarded FACHPM upon completion.

² The Child & Adolescent Psychiatry Joint Training Program with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) is currently under review by the RACP and RANZCP and closed to new entrants at present.

³ Alternative entry requirements exist for these training programs; please see the corresponding PREP Program Requirements Handbook for further information.

NB1: This diagram only depicts training programs that lead to Fellowship. Please see the RACP website for additional RACP training programs.

NB2: For further information on any of the above listed training programs, please see the corresponding PREP Program Requirements Handbook.

OVERVIEW OF THE SPECIALTY

Rehabilitation medicine is that part of the science of medicine involved with the: prevention and reduction of functional loss, activity limitation and participation restriction arising from impairments; management of disability in physical, psychosocial and vocational dimensions; and improvement of function.

Rehabilitation medicine emphasises maximal restoration of the physical, cognitive, psychosocial and vocational functions of the person, the maintenance of health and the prevention of secondary complications of disability.

Rehabilitation physicians:

- diagnose and assess a person's function associated with injury, illness or chronic conditions, to maximise their independence and improve and maintain quality of life
- provide specialist knowledge and expertise in the prevention, assessment, management and medical supervision of a person with a disability
- evaluate medical, social, emotional, work and recreational aspects of function
- work with children and adults using an evidence-based collaborative approach with other disciplines, having a unique overview of the skills and expertise of other health professionals, to develop a patient-centred, individualised treatment plan in a range of settings including home, public and private hospitals, and community rehabilitation centres and clinics.

CURRICULUM OVERVIEW

Rehabilitation Medicine – Advanced Training Curriculum

This curriculum outlines the broad concepts, related learning objectives and the associated theoretical knowledge, clinical skills, attitudes and behaviours required and commonly used by rehabilitation medicine physicians within Australia and New Zealand.

The purpose of Advanced Training is for trainees to build on the cognitive and practical skills acquired during Basic Training. At the completion of the Rehabilitation Medicine Advanced Training Program, trainees should be competent to provide unsupervised comprehensive medical care in rehabilitation medicine at consultant level of practice.

Attaining competency in all aspects of this curriculum is expected to take four years of training. It is expected that all teaching, learning and assessment associated with the Rehabilitation Medicine Advanced Training Curriculum will be undertaken within the context of the physician's everyday clinical practice and will accommodate discipline-specific contexts and practices as required. As such it will need to be implemented within the reality of current workplace and workforce issues and the needs of health service provision.

There may be learning objectives that overlap with or could easily relate to other domains; to avoid repetition however, these have been assigned to only one area. In practice it is anticipated that within the teaching/learning environment the progression of each objective would be explored.

Note: The curricula should always be read in conjunction with the relevant *College Training Handbook* available on the College website.

Professional Qualities Curriculum

The Professional Qualities Curriculum (PQC) (which can be found on the College website) outlines the range of concepts and specific learning objectives required by, and used by, all physicians, regardless of their specialty or area of expertise. It spans both the Basic and Advanced Training Programs and is also used as a key component of the Continuing Professional Development (CPD) program.

Together with the various Basic and Advanced Training Curricula, the PQC integrates and fully encompasses the diagnostic, clinical, and educative-based aspects of the physician's/paediatrician's daily practice.

Each of the concepts and objectives within the PQC will be taught, learnt and assessed within the context of everyday clinical practice. It is important, therefore, that they be aligned with and fully integrated into the learning objectives within this curriculum.

The domains and themes from the PQC are reproduced here for reference:

Domain 1 Theme 1.1 Theme 1.2 Theme 1.3 Theme 1.4	Communication Physician-patient communication Communicating with a patient's family and/or carers Communicating with colleagues and broader health care team Communicating with the broader community
Domain 2 Theme 2.1 Theme 2.2 Theme 2.3	Quality and safety Using evidence and information Safe practice Identifying, preventing and managing potential harm
Domain 3 Theme 3.1 Theme 3.2 Theme 3.3	Teaching and learning (Scholar) Ongoing learning Research Educator
Domain 4 Theme 4.1	Cultural competency Ongoing learning
Domain 5 Theme 5.1 Theme 5.2 Theme 5.3	Ethics Professional ethics Personal ethics Ethics and health law
Domain 6 Theme 6.1	Clinical decision making Clinical decision making
Domain 7 Theme 7.1 Theme 7.2	Leadership and management Self-management Leadership and managing others
Domain 8 Theme 8.1 Theme 8.2 Theme 8.3	Health advocacy Advocacy for the patient Individual advocacy Group advocacy
Domain 9 Theme 9.1 Theme 9.2 Theme 9.3 Theme 9.4 Theme 9.5	The broader context of health Burden of disease Determination of health Prevention and control Priority population groups Economics of health

EXPECTED OUTCOMES AT THE COMPLETION OF TRAINING

Graduates from this training program will be equipped to function effectively within the current and emerging professional, medical and societal contexts. At the completion of the Rehabilitation Medicine Advanced Training Program, as defined by this curriculum, it is expected that a new Fellow will have developed the clinical skills and acquired the theoretical knowledge for competent rehabilitation medicine practice. It is expected that a new Fellow will have acquired and will continue to develop competencies that ensure the highest standard of patient care.

These competencies are described as learning objectives with specific knowledge and skills.

Professional competence also demands that a rehabilitation physician holds attitudes congruent with their responsibilities towards patients, families, other health professionals and the community.

These attitudes are:

Patient Focus

A rehabilitation physician:

- has a positive and constructive attitude to the development of strategies to enable the person with disability and activity limitation or participation restriction to realise their full potential
- recognises the perspective and beliefs of the patient, and endeavours to incorporate the patient's needs and expectations into the plan of care
- is aware of and sensitive to issues of ethnicity, culture, gender and sexuality
- recognises the importance of the family and other carers in supporting the patient, as well as the potential difficulties the family may experience in the care of a family member with a disability.

Professional Role

A rehabilitation physician:

- behaves with empathy, courtesy, responsibility and accountability towards patients and their families, and towards other health professionals
- understands the extent of their competence and how their role extends the traditional medical role
- recognises and respects the contributions and roles of other medical practitioners in the process of care
- is prepared and willing to promote rehabilitation medicine actively to the medical profession.

Continuing Professional Development

A rehabilitation physician:

- views competence as a continuing process of education and learning by which he/she ensures that clinical practice is of the highest standard
- is willing to review personal competence openly and regularly, and to improve clinical skills as necessary.

Interdisciplinary Management

While a rehabilitation physician accepts full and ultimate responsibility for the rehabilitation care of the patient, he/she:

- recognises the appropriateness of interdisciplinary team management, especially in the care of persons with permanent and complex disability
- understands the specific skills of each team member, and develops a close professional relationship with these allied disciplines
- appreciates the synergistic effect of cohesive team management, and strives to support the team in achieving holistic and expert care.

Patient Advocacy

A rehabilitation physician is:

- prepared at all times and to the best of his/her ability to represent and support persons with disability in the achievement and defence of their rights to receive optimal medical and rehabilitation care, and to pursue their chosen lifestyle with independence and dignity
- aware of the full extent of potential disadvantage arising from disability, and is willing to assist persons with disability in achieving their full rights in society, especially with regard to medical care, accommodation, community support, community access, safety, transport, and appropriate political and legal representation.

CURRICULUM THEMES AND LEARNING OBJECTIVES

Each of the curriculum documents has been developed using a common format, thereby ensuring a degree of consistency and approach across the spectrum of training.

Domains

The Domains are the broad fields which group common or related areas of learning.

Themes

The Themes identify and link more specific aspects of learning into logical or related groups.

Learning Objectives

The Learning Objectives outline the specific requirements of learning. They provide a focus for identifying and detailing the required knowledge, skills and attitudes. They also provide a context for specifying assessment standards and criteria as well as providing a context for identifying a range of teaching and learning strategies.

LEARNING OBJECTIVES TABLES

DOMAIN 1	PHYSICIAN COMPETENCIES
Theme 1.1	Patient Evaluation
Learning Objectives	
1.1.1	Describe the potentially disabling consequences of disease, disorders and injury
1.1.2	Determine the nature and extent of disability and activity limitation or participation restriction
1.1.3	Predict the degree of functional improvement that may be achieved with appropriate rehabilitation
Theme 1.2	Patient Management
Learning Objectives	
1.2.1	Plan and implement a realistic and appropriate rehabilitation program that is problem-oriented, goal-driven, time-limited and directly addresses the needs and expectation of the patient and family
1.2.2	Describe, use and coordinate assessments and therapies of the interdisciplinary team
Theme 1.3	Administration and Leadership
Learning Objectives	
1.3.1	Discuss the global organisation of health services at national and state level, and the impact of government policy on the provision of rehabilitation medicine services and services for people with disabilities

1.3.2	Discuss ethical and legal issues relevant to rehabilitation service management
1.3.3	Relate appropriate management principles to effective staff and team management
1.3.4	Design, implement and monitor service delivery
1.3.5	Use new trends and technology in health service management
Theme 1.4	Prevention
Learning Objectives	
1.4.1	Promote preventive strategies with regard to diseases and injuries that may cause significant disability
Theme 1.5	Continuing Medical Education
Learning Objectives	
1.5.1	Self-evaluate personal professional competence and identify areas requiring further development
1.5.2	Use appropriate methods and resources to acquire further knowledge and skills
1.5.3	Educate other health professionals on the principles and practices of rehabilitation medicine
Theme 1.6	Clinical Research
Learning Objectives	
1.6.1	Apply principles of clinical research
Theme 1.7	Quality Management
Learning Objectives	
1.7.1	Monitor the quality of processes and outcomes of rehabilitation and undertake quality activities to improve service delivery and clinical management
DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.1	Cardiac Disease
Learning Objectives	
2.1.1	Recall basic knowledge of cardiac disease
2.1.2	Complete a comprehensive assessment of a patient presenting with cardiac disease and evaluate the potential for rehabilitation
2.1.3	Formulate a cardiac rehabilitation program
2.1.4	Provide acute/subacute hospital (phase I) care to a patient with cardiac disease
2.1.5	Provide post-discharge (phase II) care to a patient with cardiac disease
2.1.6	Provide maintenance (phase III) care to a patient with cardiac disease

Theme 2.2	Chronic Pain
Learning Objectives	
2.2.1	Recall basic knowledge of chronic pain
2.2.2	Complete a comprehensive assessment of a patient presenting with chronic pain and determine the potential for rehabilitation
2.2.3	Formulate a rehabilitation management plan specifying appropriate modalities of assessment and treatment
2.2.4	Coordinate and review team based interdisciplinary patient management, including the integration of appropriate physical and psychological interventions
Theme 2.3	Developmental and Intellectual Disability in Adults
Learning Objectives	
2.3.1	Recall basic knowledge of developmental and lifelong intellectual disability which has arisen in childhood
2.3.2	Complete a comprehensive assessment of an adult with developmental/intellectual disability
2.3.3	Form a rehabilitation plan in consultation with Persons Responsible and carers who are able to facilitate the patient's participation in the plan
Theme 2.4	Illness and Injury of the Child and Adolescent
Learning Objectives	
2.4.1	Describe illnesses and injuries that result in disability and activity limitation or participation restriction in childhood and adolescence
2.4.2	Apply basic principles of rehabilitation management for children and adolescents, considering the importance of social, educational and vocational factors
Theme 2.5	Illness and Injury in Older People
Learning Objectives	
2.5.1	Outline the basis and management of illness and injury in older people
2.5.2	Complete a comprehensive patient assessment that identifies disability resulting from illness and/or injury in old age and evaluate the potential for rehabilitation
2.5.3	Formulate a rehabilitation management plan in consultation with the patient, family and general practitioner
Theme 2.6	Lower Limb Amputation
Learning Objectives	
2.6.1	Recall basic knowledge of lower limb amputation

2.6.2	Complete a comprehensive patient assessment that identifies the type of lower limb amputation and any medical factors relevant to prosthetic rehabilitation
2.6.3	Prescribe appropriate temporary and definitive prostheses
2.6.4	Formulate an interdisciplinary rehabilitation management plan including review and coordination of patient care
Theme 2.7	Lymphoedema and Related Disorders
Learning Objectives	
2.7.1	Recall basic knowledge of lymphoedema and related disorders
2.7.2	Complete a comprehensive assessment of a patient presenting with lymphoedema or related disorders, and evaluate the potential for rehabilitation
2.7.3	Formulate a lymphoedema management program
2.7.4	Provide subacute hospital (phase I) care to a patient with lymphoedema and/or related disorders
2.7.5	Provide ongoing (phase II) care to a patient with lymphoedema and/or related disorders
Theme 2.8	Musculoskeletal Medicine
Learning Objectives	
2.8.1	Recall basic anatomy and physiology of the musculoskeletal system
2.8.2	Complete a comprehensive assessment of a patient presenting with musculoskeletal disease or injury, and evaluate the potential for rehabilitation
2.8.3	Formulate a rehabilitation management plan specifying appropriate modalities of assessment and treatment
Theme 2.9	Neurological Disease
Learning Objectives	
2.9.1	Recall basic knowledge of neurological disease
2.9.2	Complete a comprehensive assessment of a patient with neurological disease and evaluate the potential for rehabilitation
2.9.3	Formulate a rehabilitation management plan that specifies appropriate modalities of assessment and treatment
2.9.4	Assess and manage the rehabilitation of a patient with cerebrovascular disease
2.9.5	Assess and manage the rehabilitation of a patient with multiple sclerosis
2.9.6	Assess and manage the rehabilitation of a patient with motor neurone disease
2.9.7	Assess and manage the rehabilitation of a patient with poliomyelitis and post-polio syndrome

2.9.8	Assess and manage the rehabilitation of a patient with myopathy and neuropathy
Theme 2.10	Occupational Injury
Learning Objectives	
2.10.1	Complete a comprehensive evaluation of an injured worker that identifies the nature and severity of injury
2.10.2	Prescribe rehabilitation treatment for occupational injury
Theme 2.11	Spinal Cord Injury and Disease
Learning Objectives	
2.11.1	Recall basic knowledge of spinal cord injury and disease
2.11.2	Complete a comprehensive assessment of a patient with stable spinal cord injury/disease and evaluate potential for rehabilitation
2.11.3	Formulate a management plan that specifies necessary medical, physical and functional rehabilitation goals and treatments in inpatient, outpatient and community settings
Theme 2.12	Traumatic Brain Injury
Learning Objectives	
2.12.1	Outline the epidemiology, pathophysiology, prognostication, acute treatment and prevention of traumatic brain injury
2.12.2	Complete a comprehensive assessment of a patient with traumatic brain injury and evaluate the potential for rehabilitation
2.12.3	Formulate a management plan that specifies necessary medical, physical and functional rehabilitation goals and treatments in inpatient, outpatient and community settings
Theme 2.13	Upper Limb Amputation
Learning Objectives	
2.13.1	Recall basic knowledge of upper limb amputation
2.13.2	Complete a comprehensive patient assessment that identifies the type of upper limb amputation and any medical factors relevant to prosthetic rehabilitation
2.13.3	Prescribe appropriate temporary and definitive prostheses
2.13.4	Formulate an interdisciplinary rehabilitation management plan including review and coordination of patient care

DOMAIN 1	PHYSICIAN COMPETENCIES
Theme 1.1	Patient Evaluation
Learning Objective 1.1.1	Describe the potentially disabling consequences of disease, disorders and injury
Knowledge	
<ul style="list-style-type: none"> • describe epidemiology, pathophysiology, natural history, clinical features and complications of diseases, disorders and injuries that may lead to impairment and significant dysfunction, including but not restricted to: <ul style="list-style-type: none"> • cardiac disease • chronic pain • illness and injury in the elderly • musculoskeletal disease and injury • neurological dysfunction, including: <ul style="list-style-type: none"> • cerebrovascular disease (CVD) • multiple sclerosis (MS) • motor neurone disease (MND) • Guillain-Barre syndrome • myopathy and neuropathy • Parkinson's disease • occupational injury • paediatric disease and trauma • spinal cord injury (SCI) and disease • traumatic brain injury (TBI) • upper limb and lower limb prosthetics. 	

DOMAIN 1		PHYSICIAN COMPETENCIES	
Theme 1.1		Patient Evaluation	
Learning Objective 1.1.2		Determine the nature and extent of disability and activity limitation or participation restriction	
Knowledge		Skills	
<ul style="list-style-type: none"> describe concepts of impairment, disability, activity limitation and participation restriction discuss the influence of medical, physical, psychological, social, educational, ethnic, cultural, vocational, gender and sexuality issues on the determination of disability, and their possible effects on the outcome of rehabilitation describe current tools and systems for the measurement of impairment, disability and activity limitation or participation restriction. 		<ul style="list-style-type: none"> write a comprehensive and relevant patient history using appropriate interview techniques conduct a clinical examination including physical, functional and cognitive assessments order and interpret relevant clinical investigations use and interpret relevant diagnostic investigations, including radiological and electrodiagnostic tests synthesise findings of history, clinical examination and investigations into a statement of the nature and extent of disability and activity limitation or participation restriction experienced by the patient and their family communicate outcome of assessment to the patient and family. 	

DOMAIN 1		PHYSICIAN COMPETENCIES	
Theme 1.1		Patient Evaluation	
Learning Objective 1.1.3		Predict the degree of functional improvement that may be achieved with appropriate rehabilitation	
Knowledge		Skills	
<ul style="list-style-type: none"> describe the potential role and benefit of specific medical and rehabilitation therapies in the assessment and management of disability and activity limitation or participation restriction. 		<ul style="list-style-type: none"> formulate a rehabilitation management plan relevant to the patient's disability, potential for rehabilitation and available resources for rehabilitation therapy write medical or medico-legal reports to the referring source outlining results of evaluation and recommendations for rehabilitation management. 	

DOMAIN 1		PHYSICIAN COMPETENCIES	
Theme 1.2		Patient Management	
Learning Objective 1.2.1		Plan and implement a realistic and appropriate rehabilitation program that is problem-oriented, goal-driven, time-limited and directly addresses the needs and expectation of the patient and family	
Knowledge		Skills	
<ul style="list-style-type: none"> discuss the role of pharmacological treatments, including potential side-effects, in the management of impairment and disability describe the role of surgical interventions in the management of disability describe the role of physical therapeutic modalities in the management of impairment and disability describe the use of prosthetics, orthotics and adaptive equipment in the management of impairment and disability discuss the impact of disablement on the patient's family and the potential disturbance to family function: <ul style="list-style-type: none"> need for support of the family during rehabilitation influence of family dynamics on rehabilitation outcomes describe management of psychological factors affecting rehabilitation management, including adjustment disorders, depression, anxiety and cognitive/behavioural disorders 		<ul style="list-style-type: none"> formulate a written rehabilitation care plan that specifies problems and goals, and includes the activities of medical and allied disciplines review patient progress in rehabilitation, revising problems and goals as necessary apply basic clinical procedures as required use appropriate venues for rehabilitation therapy, including inpatient, outpatient and community based resources use functional outcome measures in rehabilitation planning and management facilitate ongoing participation of patient and family in the rehabilitation program ensure constructive involvement and support of the family in planning and delivering rehabilitation communicate rehabilitation plan to the patient and family write adequate, timely and legible medical records review patient progress and rehabilitation goals. 	

DOMAIN 1		PHYSICIAN COMPETENCIES	
Theme 1.2		Patient Management	
Learning Objective 1.2.1		Plan and implement a realistic and appropriate rehabilitation program that is problem-oriented, goal-driven, time-limited and directly addresses the needs and expectation of the patient and family	
<ul style="list-style-type: none"> describe the roles of government agencies, private organisations and volunteer groups in the community care and advocacy of persons with disability and activity limitation or participation restriction. 			

DOMAIN 1	PHYSICIAN COMPETENCIES	
Theme 1.2	Patient Management	
Learning Objective 1.2.2	Describe, use and coordinate assessments and therapies of the interdisciplinary team	
Knowledge	Skills	
<ul style="list-style-type: none"> • summarise principles of organisation and management of interdisciplinary rehabilitation, including use of care plans and critical pathways • describe the roles and skills of members of the rehabilitation team, including: <ul style="list-style-type: none"> • junior medical staff • rehabilitation nurse • occupational therapist • physiotherapist • speech pathologist • social worker • clinical psychologist • neuropsychologist • vocational counsellor • prosthetist/orthotist • diversional therapist • other health professionals whose skills may assist rehabilitation. 	<ul style="list-style-type: none"> • integrate rehabilitation management into wider framework of patient medical care through liaison and consultation with other medical practitioners • communicate with and coordinate activities of the rehabilitation team through regular consultation and liaison • identify and manage conflict arising during rehabilitation. 	

DOMAIN 1	PHYSICIAN COMPETENCIES
Theme 1.3	Administration and Leadership
Learning Objective 1.3.1	Discuss the global organisation of health services at national and state level, and the impact of government policy on the provision of rehabilitation medicine services and services for people with disabilities
Knowledge	
<ul style="list-style-type: none"> • discuss the organisation and policies of health services in Australia or New Zealand at the national, state (relevant to state of training) and local levels • interpret reforms to health funding, including acute, subacute and non-acute casemix funding • interpret legislation relevant to health service delivery (in state of training) including but not restricted to: <ul style="list-style-type: none"> • medical practice • freedom of information • patient privacy and confidentiality • guardianship • mental health • workers compensation • third party compensation • describe the roles of major government and non-government organisations supporting and representing people with disabilities. 	

DOMAIN 1	PHYSICIAN COMPETENCIES
Theme 1.3	Administration and Leadership
Learning Objective 1.3.2	Discuss ethical and legal issues relevant to rehabilitation service management
Knowledge	
<ul style="list-style-type: none"> • differentiate ethical and legal issues related to health services management • discuss social, ethnic and cultural issues affecting health services planning and management • identify requirements for accreditation of rehabilitation services. 	

DOMAIN 1		PHYSICIAN COMPETENCIES	
Theme 1.3		Administration and Leadership	
Learning Objective 1.3.3		Relate appropriate management principles to effective staff and team management	
Knowledge		Skills	
<ul style="list-style-type: none"> describe effective management styles for the successful clinician-manager outline management principles pertaining to: <ul style="list-style-type: none"> staff selection, training, supervision and counselling job descriptions, performance appraisal and professional development staff motivation and team building successful management of change participation and leadership of meetings effective negotiation skills identify basic principles of clinical costing and budget/resource management. 		<ul style="list-style-type: none"> apply management principles pertaining to: <ul style="list-style-type: none"> staff motivation and team building change management personal time management demonstrate effective negotiation skills when communicating with colleagues, patients, their families, the medical community and the general community lead an interdisciplinary team participate in team meetings lead team meetings apply effective staff interview techniques demonstrate effective personal skills in the leadership and management of the interdisciplinary rehabilitation team. 	
NOTE: Trainees are required to complete the external training module in administration and management of rehabilitation services/quality management.			

DOMAIN 1		PHYSICIAN COMPETENCIES	
Theme 1.3		Administration and Leadership	
Learning Objective 1.3.4		Design, implement and monitor service delivery	
Knowledge		Skills	
<ul style="list-style-type: none"> outline the principles of new program development and implementation. 		<ul style="list-style-type: none"> plan and write submissions for service development monitor quality of processes and outcomes of rehabilitation design specific quality activities to address identified problems complete quality improvement activities involving interdisciplinary rehabilitation management, demonstrating: <ul style="list-style-type: none"> identification of key processes in rehabilitation, or identification of a specific problem selection of appropriate methods of assessment 	

DOMAIN 1	PHYSICIAN COMPETENCIES	
Theme 1.3	Administration and Leadership	
Learning Objective 1.3.4	Design, implement and monitor service delivery	
		<ul style="list-style-type: none"> written conclusions detailing outcomes and recommendations for improving quality of rehabilitation use findings of quality activities to improve service delivery.

DOMAIN 1	PHYSICIAN COMPETENCIES	
Theme 1.3	Administration and Leadership	
Learning Objective 1.3.5	Use new trends and technology in health service management	
Knowledge	Skills	
<ul style="list-style-type: none"> explain new initiatives in health service delivery, including health outcomes and customer focus. 	<ul style="list-style-type: none"> use data and information technology relevant to patient information and service evaluation. 	

DOMAIN 1	PHYSICIAN COMPETENCIES	
Theme 1.4	Prevention	
Learning Objective 1.4.1	Promote preventive strategies with regard to diseases and injuries that may cause significant disability	
Knowledge	Skills	
<ul style="list-style-type: none"> define concepts of primary, secondary and tertiary prevention in the context of rehabilitation medicine describe patient factors contributing to illness and injury, including age, sex, fitness and lifestyle describe environmental factors contributing to illness and injury, including occupation, psychological factors, ethnic and cultural issues name current major preventive health programs relevant to rehabilitation medicine at national and state level. 	<ul style="list-style-type: none"> identify and manage individual patient risk factors associated with potentially disabling illness and injury identify and modify environmental factors that may directly contribute to the development of illness and injury promote early and effective rehabilitation to limit the disabling consequences of illness and injury participate in the counselling and education of patients, their families, the medical community and the general community with regard to the prevention of illness and injury, and the importance of early rehabilitation promote the early identification and treatment of disability, including secondary physical and psychological disabilities. 	

DOMAIN 1	PHYSICIAN COMPETENCIES	
Theme 1.5	Continuing Medical Education	
Learning Objective 1.5.1	Self-evaluate personal professional competence and identify areas requiring further development	
Knowledge	Skills	
<ul style="list-style-type: none"> • identify techniques of effective self-evaluation • describe the Australasian Faculty of Rehabilitation Medicine requirements for continuing medical education • explain current legislation related to maintenance of professional standards. 	<ul style="list-style-type: none"> • analyse personal learning needs • choose educational activities relevant to personal needs • write and review plans for professional self-evaluation. 	

DOMAIN 1	PHYSICIAN COMPETENCIES	
Theme 1.5	Continuing Medical Education	
Learning Objective 1.5.2	Use appropriate methods and resources to acquire further knowledge and skills	
Knowledge	Skills	
<ul style="list-style-type: none"> • interpret methods for self-directed learning • identify available information technology related to self-directed learning. 	<ul style="list-style-type: none"> • document participation in relevant medical education activities. 	

DOMAIN 1	PHYSICIAN COMPETENCIES	
Theme 1.5	Continuing Medical Education	
Learning Objective 1.5.3	Educate other health professionals on the principles and practices of rehabilitation medicine	
Knowledge	Skills	
<ul style="list-style-type: none"> • describe basic techniques for effective teaching. 	<ul style="list-style-type: none"> • demonstrate effective teaching skills, including the use of audiovisual aids. 	

DOMAIN 1		PHYSICIAN COMPETENCIES
Theme 1.6		Clinical Research
Learning Objective 1.6.1		Apply principles of clinical research
Knowledge		Skills
<ul style="list-style-type: none"> differentiate basic elements of clinical research, including: <ul style="list-style-type: none"> problem selection research justification literature review formulation of hypothesis study design sample selection instruments for data collection data collection and analysis study conclusions the research report discuss experimental design, methodology and statistical analysis of published rehabilitation research interpret statistics for clinical research discuss ethical and legal issues related to clinical research. 		<ul style="list-style-type: none"> evaluate rehabilitation research within an appropriate critical framework plan and write a research proposal demonstrating the essential elements of clinical research.
<p>NOTE: trainees are required to complete the external training module in clinical research, including a supervised clinical research project during the second and/or third year of Faculty training.</p>		

DOMAIN 1		PHYSICIAN COMPETENCIES
Theme 1.7		Quality Management
Learning Objective 1.7.1		Monitor the quality of processes and outcomes of rehabilitation and undertake quality activities to improve service delivery and clinical management
Knowledge		Skills
<ul style="list-style-type: none"> classify key processes in rehabilitation management summarise current methods for the continuous evaluation and improvement of quality of medical and interdisciplinary rehabilitation describe techniques of presentation of quality management data. 		<ul style="list-style-type: none"> devise appropriate methods of assessment distinguish specific problems with a rehabilitation plan write conclusions detailing outcomes and recommendations for improving quality of rehabilitation organise a quality improvement activity involving interdisciplinary rehabilitation management.

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.1	Cardiac Disease
Learning Objective 2.1.1	Recall basic knowledge of cardiac disease
Knowledge	
<ul style="list-style-type: none"> recall basic information about: <ul style="list-style-type: none"> anatomy and physiology of the heart and coronary arteries exercise physiology of the heart and peripheral circulation pathophysiology of ischaemic heart disease, including acute myocardial infarction epidemiology of cardiac disease in Australia/New Zealand: <ul style="list-style-type: none"> aetiology incidence and prevalence mortality and morbidity community cost. 	

DOMAIN 2	CLINICAL SYLLABUSES	
Theme 2.1	Cardiac Disease	
Learning Objective 2.1.2	Complete a comprehensive assessment of a patient presenting with cardiac disease and evaluate the potential for rehabilitation	
Knowledge	Skills	
<ul style="list-style-type: none"> describe the role of investigations in the evaluation of cardiac disease, including: <ul style="list-style-type: none"> electrocardiography echocardiography coronary angiography radionuclide imaging exercise testing. 	<ul style="list-style-type: none"> organise a comprehensive history of cardiac disease and disability, identifying significant events in the development of the disease, current symptoms and disability, risk factors, and detailing present medical management undertake comprehensive clinical cardiac examination identifying importance signs of cardiac dysfunction analyse cardiac investigations such as chest x-ray, rest- and exercise-electrocardiography, and the result of other imaging techniques in order to determine the degree of cardiac impairment. 	

DOMAIN 2		CLINICAL SYLLABUSES	
Theme 2.1		Cardiac Disease	
Learning Objective 2.1.3		Formulate a cardiac rehabilitation program	
Knowledge		Skills	
<ul style="list-style-type: none"> • explain principles of cardiac rehabilitation following the diagnosis of cardiac disease: <ul style="list-style-type: none"> • beginning during acute hospitalisation (<i>phase I</i>) • continuing through the post-discharge phase (<i>phase II</i>) • ending with the eventual phase of maintenance care in the community (<i>phase III</i>) • recall that rehabilitation emphasises four elements of patient care: <ol style="list-style-type: none"> 1. medical assessment and monitoring of risk factors, cardiac status and functional disability 2. education of patient and family with regard to medical management, risk factor modification, lifestyle change, and exercise 3. detection and management of significant psychosocial dysfunction contributing to or arising from cardiac disease and disability 4. evaluation of the patient's usual vocation, with emphasis in most cases on return to usual pre-morbid employment 5. evaluation of the patient's usual avocational activities • describe the medical and surgical management of cardiac disease • describe indications, contraindications and side effects of cardioactive drugs, including: <ul style="list-style-type: none"> • diuretics • β-blockers • calcium channel blockers • angiotensin-converting enzyme (ACE) inhibitors • digoxin • antiarrhythmics • describe indications and complications of surgical interventions, including: <ul style="list-style-type: none"> • coronary artery bypass surgery • coronary revascularisation procedures • transluminal coronary angioplasty. 		<ul style="list-style-type: none"> • write a rehabilitation management plan specifying appropriate techniques of exercise conditioning, functional restoration, psychosocial support, education and vocational settlement • identify and manage risk factors for cardiac disease, including hypertension, hyperlipidaemia, smoking and diabetes • communicate diagnosis and rehabilitation management plan clearly to patient, family, medical practitioners and therapists • counsel patient and family with regard to all aspects of rehabilitation management • communicate effectively with the referring physician, other medical practitioners, therapists, the patient and family. 	

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.1	Cardiac Disease
Learning Objective 2.1.4	Provide acute/subacute hospital (phase I) care to a patient with cardiac disease

Skills

- use early rehabilitation evaluation that identifies the aetiology and the degree of impairment of cardiac disease, the presence of minor complications (e.g. first degree heart block, bundle branch block) and major complications (e.g. ventricular tachycardia and fibrillation, ventricular failure) and current drug therapy
- use early supervised reintroduction of progressive activity involvement in personal care tasks
- use exercise testing: commonly used protocols including the recognition of significant abnormalities, e.g. angina, arrhythmia, S-T segment depression
- apply prescription of safe activity and exercise levels following hospital care such as:
 - energy costs of activity: metabolic equivalent of tasks (METs)
 - New York Heart Association (NYHA) Functional Classification System
- use dietary and nutritional advice based on assessment of:
 - usual dietary patterns
 - body weight and fat
 - lipid profile
 - medication
 - associated medical disorders, e.g. hypertension, diabetes
- evaluate patient's personality and response to cardiac disease and disability, including:
 - high risk personality profiles
 - current life stresses, including financial and marital issues
 - anxiety and depression following acute cardiac illness
 - response of family to patient's illness and disability
- use individual and group education with regard to cardiac disease, the patient's specific disability, the importance of risk factor management and the benefits of exercise and lifestyle change
- use vocational assessment, including evaluation of the physical and psychological demands of work, the patient's present work fitness and clearly stated goals for early return to work.

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.1	Cardiac Disease
Learning Objective 2.1.5	Provide post-discharge (phase II) care to a patient with cardiac disease

Skills

- use progressive exercise conditioning
- identify potential benefits of exercise therapy with regard to activity tolerances, coronary artery disease progression, and mortality, risk factor modification and psychological well-being, including:
 - prescription of intensity, duration and frequency of continuous aerobic activity and light resistance exercises by reference to target heart rate range
 - regular medical monitoring of clinical status and exercise responses
- organise progressive resumption of personal and recreational activities, including:
 - techniques of energy conservation and work simplification
 - activity tolerances as predicted by exercise testing
 - energy costs of usual daily activities
 - monitoring of symptoms and responses to activities
- support continuing education with regard to:
 - lifestyle modification
 - physiological benefits of exercise training, including appropriate techniques of warm-up and warm-down, cooling, fluid intake and stretching
- support continuing dietary monitoring and counselling
- explain in-depth management of significant psychosocial factors, including:
 - at-risk personality profiles and behaviour patterns
 - stress management
 - treatment of anxiety and depression
 - family/carer counselling
- use vocational rehabilitation when appropriate by:
 - organising full assessment of work demands related to degree of cardiac disability
 - recognising adverse prognostic indicators for vocational resettlement
 - applying specific work conditioning
 - applying return to work planning and employer liaison
 - organising work monitoring and upgrading.

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.1	Cardiac Disease
Learning Objective 2.1.6	Provide maintenance (phase III) care to a patient with cardiac disease
Skills	
<ul style="list-style-type: none"> • prescribe appropriate exercise and lifestyle activities • identify suitable community facilities for maintenance (phase III) care • review patient’s compliance with previous recommendations as required • review patient’s need for psychological support • monitor for progression of cardiac disease and disability. 	

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.2	Chronic Pain
Learning Objective 2.2.1	Recall basic knowledge of chronic pain
Knowledge	
<ul style="list-style-type: none"> • recall basic information about current concepts of the anatomy and physiology of acute and chronic pain, including the influence of psychological and cultural factors • describe epidemiology of chronic pain: <ul style="list-style-type: none"> • incidence • prevalence • morbidity • common causes • natural history • describe the biopsychosocial model of chronic pain and illness. 	

DOMAIN 2		CLINICAL SYLLABUSES
Theme 2.2		Chronic Pain
Learning Objective 2.2.2		Complete a comprehensive assessment of a patient presenting with chronic pain and determine the potential for rehabilitation
Knowledge		Skills
<ul style="list-style-type: none"> define pain assessment and the use of pain descriptors compare pain assessment tools, including <ul style="list-style-type: none"> pain quality: <ul style="list-style-type: none"> Visual Analogue Scale (VAS) McGill Pain Questionnaire pain perception - personal beliefs and perceptions inventory Fear-Avoidance Behaviour Questionnaire (FABQ) psychological consequences: <ul style="list-style-type: none"> Illness Behaviour Questionnaire Minnesota Multiphasic Personality Inventory (MMPI) Beck Depression Scale (BDS) Coping Strategies Questionnaire (CSQ) quality of life: <ul style="list-style-type: none"> Sickness Impact Profile (SIP) short form health survey 36 (SF 36) functional capacity: <ul style="list-style-type: none"> Rowland and Morris Pain Questionnaire Oswestry Low Back Pain Questionnaire Spinal Function Sort (SFS) West and Valpar assessments. recall the nature and effectiveness of rehabilitation interventions 		<ul style="list-style-type: none"> organise a comprehensive history of the patient's pain and disability that identifies: <ul style="list-style-type: none"> nature and duration of pain development of disability relevant psychosocial factors, including past pain problems and family history of pain type and effectiveness of past treatment evaluate current pain and disability, including description of: <ul style="list-style-type: none"> current pain severity aggravating and relieving factors nature and efficacy of present treatment patient's perception of the nature of pain patient's expectations of future treatment identify common neuromusculoskeletal types of chronic pain: <ul style="list-style-type: none"> somatic referred pain nerve root and peripheral nerve syndromes, including nerve entrapment stump and phantom pain degenerative and mechanical pain chronic arthritis myofascial pain deafferentation pain central pain due to spinal cord and brain damage sympathetic maintained pain chronic pain syndrome, including psychological and behavioural dysfunction identify cancer pain complete a comprehensive clinical examination that identifies, as far as possible, the anatomical and pathological basis of the patient's pain, including the elucidation of nonorganic signs and the presence of signs of deconditioning request and analyse relevant radiological and electrodiagnostic investigations request and analyse appropriate pain assessments

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.2	Chronic Pain
Learning Objective 2.2.2	Complete a comprehensive assessment of a patient presenting with chronic pain and determine the potential for rehabilitation
	<ul style="list-style-type: none"> incorporate all available information from history, examination and assessment to formulate a diagnostic statement with regard to the aetiology of pain and disability and potential for rehabilitation management.

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.2	Chronic Pain
Learning Objective 2.2.3	Formulate a rehabilitation management plan specifying appropriate modalities of assessment and treatment
Knowledge	Skills
<ul style="list-style-type: none"> describe physical modalities in pain management differentiate the role of the following in pain management: <ul style="list-style-type: none"> ultrasound short wave diathermy microwave interferential therapy therapeutic heat and cold acupuncture transcutaneous electrical nerve stimulation (TENS) exercise therapy explain functional restoration through: <ul style="list-style-type: none"> general fitness training ADL retraining energy conservation work hardening and vocational resettlement leisure, sport and domestic activities define the indications, contraindications and effectiveness of the following drug interventions for chronic benign pain: <ul style="list-style-type: none"> drug rationalisation and detoxification placebo response non-narcotic analgesics opioid analgesics 	<ul style="list-style-type: none"> write a rehabilitation management plan specifying further medical and rehabilitation treatments in appropriate treatment venues, with particular emphasis on: <ul style="list-style-type: none"> the roles of physical therapy psychological interventions appropriate drug therapy functional restoration apply general principles of malignant pain management, including: <ul style="list-style-type: none"> bone metastases nerve compression pain cerebral tumours use psychological management, including: <ul style="list-style-type: none"> assessment of pain behaviour and lifestyle cognitive and behavioural strategies behaviour modification stress management relaxation training and hypnosis communicate diagnosis and management plan to the patient and family in appropriate terms supervise all aspects of rehabilitation management directly, including medication and progressive functional restoration.

DOMAIN 2	CLINICAL SYLLABUSES	
Theme 2.2	Chronic Pain	
Learning Objective 2.2.3	Formulate a rehabilitation management plan specifying appropriate modalities of assessment and treatment	
	<ul style="list-style-type: none"> psychotropic drugs: <ul style="list-style-type: none"> antidepressants antineuritics major tranquillisers local anaesthetic and regional blockade, including fluoroscopic procedures epidural and intrathecal anaesthetics and narcotics sympathetic blocks corticosteroids describe past and present techniques of surgical management, including: <ul style="list-style-type: none"> surgical management of chronic pain, past and present techniques including cordotomy, neurectomy and stereotactic procedures dorsal column stimulation and implanted nerve stimulators implanted spinal pumps describe social contexts of chronic pain, including the role of the family. 	

DOMAIN 2	CLINICAL SYLLABUSES	
Theme 2.2	Chronic Pain	
Learning Objective 2.2.4	Coordinate and review team based interdisciplinary patient management, including the integration of appropriate physical and psychological interventions	
Knowledge	Skills	
<ul style="list-style-type: none"> describe the role of the pain management team, including: <ul style="list-style-type: none"> roles of individual disciplines importance of timely interdisciplinary management in appropriate treatment venues. 	<ul style="list-style-type: none"> communicate appropriately with referring agency, interdisciplinary team and other health professionals involved in the patient's care. 	

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.3	Developmental and Intellectual Disability in Adults
Learning Objective 2.3.1	Recall basic knowledge of developmental and lifelong intellectual disability which has arisen in childhood
Knowledge	
<ul style="list-style-type: none"> • explain definitions of developmental and intellectual disability and levels of intellectual disability • describe epidemiology of intellectual disability per se and common syndromes specifically e.g. Down syndrome, fragile X • define genetics and chromosomal disorders as they pertain to intellectual disability • describe underlying factors in challenging behaviour, particularly self-injuring behaviours • discuss issues of ageing in people with lifelong disability, such as: <ul style="list-style-type: none"> • sexuality, reproduction • exposure to health risks • onset of chronic conditions and chronic diseases • supporting needs with the development of dementia • discuss the importance of sensitive transition from paediatric to adult care • describe support issues in relation to death and dying in people with intellectual disability • interpret consent and guardianship laws in your state as they relate to adults with intellectual disabilities • summarise sociology of disability in terms of normalisation, deinstitutionalisation and emerging health policy • interpret international guidelines with respect to health and health care for people with intellectual disabilities. 	

DOMAIN 2	CLINICAL SYLLABUSES	
Theme 2.3	Developmental and Intellectual Disability in Adults	
Learning Objective 2.3.2	Complete a comprehensive assessment of an adult with developmental/intellectual disability	
Knowledge	Skills	
<ul style="list-style-type: none"> • summarise disorders related to neurological immaturity or incomplete development of neural pathways, such as: <ul style="list-style-type: none"> • epilepsy • autistic and other behaviours • neuromuscular: spasticity, athetosis, gait ataxia • neurointestinal: swallowing and elimination dysfunction, Helicobacter infection, Hirschprung's disease, coeliac disease, • procedures: Malone antegrade continence enema (MACE) etc. • neuroendocrine: diabetes insipidus, hypothyroidism, hypogonadism • neuro-urological: bladder dysfunction 	<ul style="list-style-type: none"> • recognise characteristics of simple psychiatric disorders as they arise in the population with intellectual disability • recognise common dysmorphisms • make observations on nonverbal indicators of pathology, particularly pain • demonstrate ability to relate to people who may have minimal communication expertise • complete assessment in conjunction with carers who know the patient well 	

DOMAIN 2	CLINICAL SYLLABUSES	
Theme 2.3	Developmental and Intellectual Disability in Adults	
Learning Objective 2.3.2	Complete a comprehensive assessment of an adult with developmental/intellectual disability	
Knowledge	Skills	
<ul style="list-style-type: none"> haematological and immunological: leukaemia, recurrent infections structural: osteogenesis imperfecta, craniosynostoses. 	<ul style="list-style-type: none"> optimise conditions for examination and investigation of patients with intellectual disability, e.g. arrangement of special protocols to ensure anaesthesia. 	

DOMAIN 2	CLINICAL SYLLABUSES	
Theme 2.3	Developmental and Intellectual Disability in Adults	
Learning Objective 2.3.3	Form a rehabilitation plan in consultation with Persons Responsible and carers who are able to facilitate the patient's participation in the plan	
Knowledge	Skills	
<ul style="list-style-type: none"> describe special needs to consider when managing people with intellectual disability who develop another disabling condition in adult life, e.g. spinal cord injury, stroke summarise implications of antiepileptic medications, antipsychotics and antidepressants in people with intellectual disability identify local support systems for people with disability in government and non-government settings, both physical and social, including human relationship support describe management of bowel and bladder dysfunction. 	<ul style="list-style-type: none"> provide information in a way that is easy for carers to understand refer patients appropriately network with geneticists, other physicians, surgeons with an interest in developmental disability educate (informally) care support staff and family members communicate regularly with Person(s) Responsible, general practitioner, other medical clinicians, allied health professionals, nurses and carers coordinate case conferencing with patient, clinicians and carers, and review progress with individual health care plans. 	

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.4	Illness and Injury of the Child and Adolescent
Learning Objective 2.4.1	Describe illnesses and injuries that result in disability and activity limitation or participation restriction in childhood and adolescence

Knowledge

- recall general principles of growth and development, with emphasis on the neurological and musculoskeletal systems
- describe epidemiology of paediatric impairment and disability in Australia/New Zealand
- describe aetiology of paediatric impairment and disability, including:
 - genetic, perinatal, developmental and acquired causes
 - incidence and prevalence
 - morbidity and mortality
- describe general features, natural history and disabling effects of the following conditions in children and adolescents:
 - orthopaedic:
 - congenital hip dislocation
 - Perthe's disease
 - slipped femoral epiphysis
 - osteochondritides
 - spinal scoliosis
 - congenital and acquired limb deficiency
 - club foot/pes cavus/pes planus
 - skeletal dysplasias resulting in bony deformity and length discrepancy
 - neurological:
 - cerebral palsy
 - Down syndrome
 - CVD
 - TBI and non-TBI
 - spina bifida
 - poliomyelitis
 - neuromuscular diseases, including muscular dystrophies, progressive spinal muscular trophy, hereditary neuropathies, congenital and metabolic myopathies
 - spinal cord injury
 - sensory impairments, including visual and hearing loss
 - neurological sequelae of skeletal dysplasia
 - acute and chronic joint diseases
 - burns.

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.4	Illness and Injury of the Child and Adolescent
Learning Objective 2.4.2	Apply basic principles of rehabilitation management for children and adolescents, considering the importance of social, educational and vocational factors
Knowledge	Skills
<ul style="list-style-type: none"> summarise assessment and rehabilitation management of disability and activity limitation or participation restriction in children and adolescents describe psychological adjustment of child and family to disability describe social implications of chronic illness and disability in children describe the role of parents and family in rehabilitation management. 	<ul style="list-style-type: none"> write a patient history using appropriate interview techniques with patient and parents conduct a clinical examination including physical, functional and cognitive assessments use and interpret relevant diagnostic investigations, including radiological and electrodiagnostic tests synthesise findings of history, clinical examination and investigations into a statement of the nature and extent of the illness or injury, the disability and activity limitation or participation restriction experienced by the patient evaluate whether referral to a paediatric rehabilitation physician is necessary and viable formulate a rehabilitation management plan relevant to the patient's disability, potential for rehabilitation, and the available resources for rehabilitation therapy use vocational programming of the disabled child when appropriate recognise need for referral for genetic counselling identify appropriate community support services support transitional health care for young people with chronic illness and disability use medico legal evaluation of childhood impairment and disability when required communicate outcome of assessment to the patient, family and schools communicate appropriately with referring agency, interdisciplinary team and other health professionals involved in the patient's care supervise all aspects of rehabilitation management directly, including medication and progressive functional restoration.

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.5	Illness and Injury in Older People
Learning Objective 2.5.1	Outline the basis and management of illness and injury in older people

Knowledge

- recall principles of the normal ageing process
- recall changes caused by ageing involving physiology of:
 - central nervous system
 - peripheral nervous system
 - autonomic nervous system
 - cardiovascular and respiratory systems
 - musculoskeletal system
 - gastrointestinal tract/nutrition
 - renal and urogenital systems
 - sexual function
 - endocrine system
 - special senses: vision, hearing, balance
- identify psychology and sociology of ageing:
 - personality and adjustment
 - cognitive impairment
 - family functioning
- recall medical management of the following common problems in the elderly:
 - musculoskeletal injury, including fractures
 - falls
 - stroke
 - iatrogenesis and inappropriate medication use
 - delirium
 - dementia
 - depression
 - pain
 - Parkinson's disease
 - urinary incontinence
 - coronary artery disease and congestive cardiac failure
 - chronic airflow limitation
 - restriction of vision and hearing
 - diabetes
 - osteoporosis
 - leg ulcers
 - loss of functional capacity.

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.5	Illness and Injury in Older People
Learning Objective 2.5.2	Complete a comprehensive patient assessment that identifies disability resulting from illness and/or injury in old age and evaluate the potential for rehabilitation
Knowledge	Skills
<ul style="list-style-type: none"> • describe epidemiology of disability in older people • summarise the evaluation of common disabling impairments, including: <ul style="list-style-type: none"> • arthritis • stroke/CVD • osteoporosis • fractures, especially hip, forearm, vertebrae, pelvis and ankle • Parkinson’s disease • amputation • coronary artery disease and congestive cardiac failure • chronic airflow limitation • deconditioning and frailty • summarise the evaluation of common comorbidities that may impact on rehabilitation management, including: <ul style="list-style-type: none"> • delirium and dementia • depression • wound and skin breakdown • sepsis, especially respiratory and urinary tract • coronary artery disease, congestive cardiac failure and chronic airflow limitation • vision and hearing loss • osteoporosis • nutritional deficiency • incontinence • complications arising from hospitalisation • inappropriate medication use and adverse drug reactions. 	<ul style="list-style-type: none"> • write a patient history using appropriate interview techniques with the patient, spouse and carers • conduct a clinical examination including physical, functional and cognitive assessments • use and interpret relevant diagnostic investigations, including radiological and electrodiagnostic tests • synthesise findings of history, clinical examination and investigations into a statement of the nature and extent of the illness or injury, the disability and activity limitation or participation restriction experienced by the patient • evaluate the rehabilitation prognosis of older people with significant illness and/or injury • prioritise interventions that may be helpful in the rehabilitation of this group of patients.

DOMAIN 2		CLINICAL SYLLABUSES	
Theme 2.5		Illness and Injury in Older People	
Learning Objective 2.5.3		Formulate a rehabilitation management plan in consultation with the patient, family and general practitioner	
Knowledge		Skills	
<ul style="list-style-type: none"> • differentiate types of rehabilitation programs for older people: <ul style="list-style-type: none"> • inpatient • day hospital or equivalent • community • residential aged care facility • day therapy centre or equivalent • describe the organisation and provision of these services, and their linkage with other services for older people, such as geriatric medicine, aged care psychiatry and palliative care • identify available community care and community support services • describe the role of the following in the rehabilitation of older people: <ul style="list-style-type: none"> • aged care assessment team • spouse • family • health carers • general practitioner • describe facilitated hospital discharge/discharge planning • describe facilitated hospital discharge/discharge planning • differentiate types of residential care • differentiate types of community programs, and other programs, including: <ul style="list-style-type: none"> • Community Aged Care Packages (CACP) • Extended Aged Care at Home (EACH) • transitional aged care • explain mental competency and guardianship legislation • interpret government benefits such as: <ul style="list-style-type: none"> • Program Of Appliances For Disabled People (PADP) • Repatriation Appliances Program (RAP) • identify avenues of support for coordinating healthcare for older people, including the Enhanced Primary Care (EPC) items 		<ul style="list-style-type: none"> • formulate a rehabilitation management plan relevant to the patient's disability, potential for rehabilitation and the available resources for rehabilitation therapy • specify appropriate setting, goals and modalities of treatment • interpret the patient's fitness for driving • recognise income maintenance issues • communicate outcome of assessment to the patient, family and carers • communicate appropriately with the referring agency, the interdisciplinary team and other health professionals involved in the patients care • directly supervise all aspects of rehabilitation management, including medication and where possible progressive functional restoration • review and coordinate rehabilitation management, with emphasis on the medical management of active comorbidities and prevention of further disability • communicate effectively with patient, family, general practitioner and other relevant agencies. 	

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.5	Illness and Injury in Older People
Learning Objective 2.5.3	Formulate a rehabilitation management plan in consultation with the patient, family and general practitioner
<ul style="list-style-type: none"> • describe rehabilitation technologies for older people: <ul style="list-style-type: none"> • mobility aids • walking frames and wheel chairs • home aids and modifications: <ul style="list-style-type: none"> • beds and pressure relieving mattresses • bathroom aids and modifications • seating requirements • alarm systems • describe enteral feeding: <ul style="list-style-type: none"> • nasogastric tubes • percutaneous endoscopic gastrostomy • feeding equipment and types of feeds • describe home oxygen therapy, its indications and equipment. 	

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.6	Lower Limb Amputation
Learning Objective 2.6.1	Recall basic knowledge of lower limb amputation
Knowledge	
<ul style="list-style-type: none"> • recall the biomechanics of normal gait • describe epidemiology, aetiology, incidence and prevalence, mortality and morbidity of acquired major limb loss in Australia/New Zealand • summarise principles involved in running an amputee clinic • explain overview of artificial limb schemes. 	

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.6	Lower Limb Amputation
Learning Objective 2.6.2	Complete a comprehensive patient assessment that identifies the type of lower limb amputation and any medical factors relevant to prosthetic rehabilitation
Knowledge	Skills
<ul style="list-style-type: none"> differentiate common techniques of amputation surgery and levels of lower limb amputation: <ul style="list-style-type: none"> partial foot Syme's/ankle disarticulation transtibial knee disarticulation transfemoral hip disarticulation/hemipelvectomy explain the use of ultrasound studies explain the use of angiography. 	<ul style="list-style-type: none"> undertake clinical evaluation of the patient with lower limb amputation, identifying important characteristics of the affected and unaffected limbs, and the patient's general medical condition identify age-related or other impairments of cardiopulmonary function, cognitive state and neuromusculoskeletal function.

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.6	Lower Limb Amputation
Learning Objective 2.6.3	Prescribe appropriate temporary and definitive prostheses
Knowledge	Skills
<ul style="list-style-type: none"> describe principles of prosthetic management, including: <ul style="list-style-type: none"> early fitting and use of temporary/interim prosthesis casting of the temporary socket use of the alignment jig promotion of wound healing adaptation or replacement of prosthesis with maturation of stump casting and fabrication of prosthetic socket prescription of appropriate prosthetic components principles of prosthetic alignment and adjustment correct application of prosthesis and liners training in transfers, standing and ambulation training in domestic, vocational and recreational skills achieving community reintegration safe functional mobility discharge planning post discharge support options 	<ul style="list-style-type: none"> prescribe an appropriate lower limb prosthesis, taking into consideration factors such as level of amputation, condition of stump, age, concurrent medical problems and available resources perform check-out of the prosthesis, including assessment of the amputation stump and analysis of gait.

DOMAIN 2		CLINICAL SYLLABUSES
Theme 2.6		Lower Limb Amputation
Learning Objective 2.6.3		Prescribe appropriate temporary and definitive prostheses
Knowledge		Skills
<ul style="list-style-type: none"> • safety and accessibility of home environment, including provision of aids/modifications • transport and driving • work and sport activities • describe components of lower limb amputation performed below the knee, including: <ul style="list-style-type: none"> • advantages, disadvantages, indications and contraindications • partial foot prostheses • Syme prosthesis • transtibial prosthesis • foot prostheses - types, characteristics and indications, including: <ul style="list-style-type: none"> • solid ankle cushioned heel (SACH) foot • single axis foot • multi axial foot • low profile foot • energy storing foot • hydraulic foot • dynamic foot • methods of suspension: <ul style="list-style-type: none"> • suprapatellar cuff • patella tendon kegel (PTK) prosthesis • sleeve suspension • thigh lacer • shuttlelock • gel suspension sleeve systems • waist belt suspension • types of transtibial amputee (TTA) sockets: patellar tendon bearing (PTB), PTS, patella tendon supracondylar (PTK), total surface bearing (TSB), thigh corset slip socket, thigh corset open socket, kneeling prosthesis • types of TTA liners: pelite, leather, silicon and urethane gel liners silicone • construction design, exoskeletal and endoskeletal • alignment principles • knee-disarticulation prosthesis • describe components of the transfemoral lower limb prosthesis, as above, including: <ul style="list-style-type: none"> • types, characteristics and indications for prosthetic knee joints: 		

DOMAIN 2	CLINICAL SYLLABUSES	
Theme 2.6	Lower Limb Amputation	
Learning Objective 2.6.3	Prescribe appropriate temporary and definitive prostheses	
<ul style="list-style-type: none"> • single and polycentric axis knees • weight-activated stance control • locking knee joints, modular knee joints, the 4-bar linkage knee, hydraulic knee joints, variable cadence knee joints and the computerised knee joint • characteristics of above-knee sockets: <ul style="list-style-type: none"> • quadrilateral socket • suction socket • Icelandic-Swedish-New York (ISNY) socket • ischial containment socket • knee disarticulation socket • suspension systems: <ul style="list-style-type: none"> • pelvic band • shoulder strap • silesian band • suction socket • roll on silicon sleeve suspension with pinlock/shuttlelock • urethane liner with vacuum suspension system • alignment principles • describe components and general characteristics of hip disarticulation/transpelvic and translumbar prostheses, including: <ul style="list-style-type: none"> • Canadian hip disarticulation prosthesis • diagonal socket prosthesis • transpelvic prosthesis • describe components and characteristics of prostheses for specific functions, including: <ul style="list-style-type: none"> • swimming • showering • work • sport and recreation • describe biomechanical principles of transfemoral and transtibial prosthetic gait • describe common problems and faults in prosthetic ambulation • explain overview of artificial limb schemes. 		

DOMAIN 2		CLINICAL SYLLABUSES	
Theme 2.6		Lower Limb Amputation	
Learning Objective 2.6.4		Formulate an interdisciplinary rehabilitation management plan including review and coordination of patient care	
Knowledge		Skills	
<ul style="list-style-type: none"> describe investigations in the management of peripheral vascular disease summarise preprosthetic patient management explain prescription of therapeutic exercises to optimise function of both lower limbs describe postoperative patient management, including: <ul style="list-style-type: none"> care of the surgical wound management of wound infection management of stump oedema psychological support following limb loss early resumption of assisted ambulation and self care activity assessment of potential for prosthetic training level of amputation and healing of wound limb contractures differentiate specific goals of prosthetic training: <ul style="list-style-type: none"> cosmetic functional vocational recreational social summarise principles involved in running an amputee clinic. 		<ul style="list-style-type: none"> interpret assessment of range of motion, strength and function of affected and unaffected limbs interpret assessment of premorbid domestic, vocational, leisure and psychosocial function interpret causes and management of stump and phantom pain write a rehabilitation management plan specifying further medical and rehabilitation treatments in appropriate treatment venues review and coordinate rehabilitation management communicate effectively with the patient, family, and all members of the rehabilitation team. 	

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.7	Lymphoedema and Related Disorders
Learning Objective 2.7.1	Recall basic knowledge of lymphoedema and related disorders
Knowledge	
<ul style="list-style-type: none"> recall basic information about: <ul style="list-style-type: none"> anatomy and physiology of the lymphatic system pathophysiology of primary, secondary and infective lymphoedema and associated disorders such as lipoedema, phlebolymphoedema and dependent lymphoedema describe epidemiology of lymphoedema in Australia/New Zealand: <ul style="list-style-type: none"> aetiology incidence and prevalence mortality and morbidity community cost. 	

DOMAIN 2	CLINICAL SYLLABUSES	
Theme 2.7	Lymphoedema and Related Disorders	
Learning Objective 2.7.2	Complete a comprehensive assessment of a patient presenting with lymphoedema or related disorders, and evaluate the potential for rehabilitation	
Knowledge	Skills	
<ul style="list-style-type: none"> describe the role of investigations in the evaluation of lymphatic impairment: <ul style="list-style-type: none"> lymphoscintigram vascular investigations imaging for obstruction. 	<ul style="list-style-type: none"> take a comprehensive history of the patient's lymphoedema and disability, identifying significant events in the development of the condition, current symptoms and disability, and risk factors undertake comprehensive clinical examination identifying important signs of lymphatic dysfunction analyse investigations such as lymphoscintigram and vascular studies in order to determine the degree of lymphatic impairment identify the nature and severity of primary and secondary lymphoedema and associated disorders and consequent functional disability. 	

DOMAIN 2		CLINICAL SYLLABUSES	
Theme 2.7		Lymphoedema and Related Disorders	
Learning Objective 2.7.3		Formulate a lymphoedema management program	
Knowledge		Skills	
<ul style="list-style-type: none"> • describe the medical and surgical management of lymphatic diseases, including: <ul style="list-style-type: none"> • indications, contraindications and side effects of drugs • identification and management of risk factors for lymphoedema, including obesity and cellulitis • recognise that lymphoedema management following the diagnosis of primary or secondary lymphoedema (<i>phase I</i>) is generally undertaken as an outpatient or ambulatory rehabilitation (<i>phase II</i>) • recall that rehabilitation emphasises four elements of patient care: <ol style="list-style-type: none"> 1. medical assessment and monitoring of risk factors especially cellulitis 2. education of patient and family with regards to management, risk factor modification, lifestyle change and exercise 3. detection and management of significant psychosocial dysfunction contributing to or arising from lymphoedema or primary cause of secondary lymphoedema such as breast cancer or melanoma 4. self-management in maintenance phase. 		<ul style="list-style-type: none"> • write a rehabilitation management plan specifying appropriate techniques of decongestive massage, bandaging, compression garmenting, exercise, nutrition, psychosocial support, education and vocational re-settlement • communicate diagnosis and rehabilitation management plan clearly to the patient, family, medical practitioner and therapists • counsel patient and family with regards to all aspects of rehabilitation management • review and coordinate patient care during all phases of rehabilitation program • communicate effectively with the referring physician, other medical practitioners, therapists, the patient and family. 	

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.7	Lymphoedema and Related Disorders
Learning Objective 2.7.4	Provide subacute hospital (phase I) care to a patient with lymphoedema and/or related disorders

Skills

- use rehabilitation evaluation that identifies aetiology, degree of impairment of lymphatic system and presence of complications, e.g. cellulitis, obesity, dependency
- organise therapy program based on:
 - psychosocial support
 - education
 - skin care
 - exercise
 - elevation
 - management of concomitant medication condition, including pain and discomfort
 - manual lymphatic drainage (decongestive lymphatic therapy)
 - multilayer bandaging
 - exercise in compression
 - prescription of compression hosiery or garments
- relate prescription of exercise
- interpret dietary and nutritional advice based on assessment of:
 - body weight and fat
 - medication
 - associated medical disorders
- evaluate patient's personality and response to lymphoedema, including:
 - current life stresses including financial and marital issues
 - anxiety and depression following post cancer lymphoedema
- interpret response of family to patient's illness and disability
- organise individual and group education regarding:
 - lymphoedema
 - patients specific disability
 - importance of risk factor management
 - benefits of exercise and life style changes
 - apply vocational assessment as required, including evaluation of physical and psychosocial demands of work.

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.7	Lymphoedema and Related Disorders
Learning Objective 2.7.5	Provide ongoing (phase II) care to a patient with lymphoedema and/or related disorders
Skills	
<ul style="list-style-type: none"> • support the patient as necessary by: <ul style="list-style-type: none"> • reviewing compliance with previous recommendations • organising psychological support • monitoring progression of lymphoedema and disability • identify suitable facilities for phase II care • monitor patient's participation in self management, including: <ul style="list-style-type: none"> • self and carer massage exercise • compliance in compression garment use. 	

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.8	Musculoskeletal Medicine
Learning Objective 2.8.1	Recall basic anatomy and physiology of the musculoskeletal system
Pre-requisite Knowledge	
<ul style="list-style-type: none"> • recall basic anatomy and physiology of the musculoskeletal system, including: <ul style="list-style-type: none"> • fundamental understanding of the functional anatomy of the spine and limbs • surface anatomy • clinical kinesiology • determinants of normal gait. 	

DOMAIN 2		CLINICAL SYLLABUSES	
Theme 2.8		Musculoskeletal Medicine	
Learning Objective 2.8.2		Complete a comprehensive assessment of a patient presenting with musculoskeletal disease or injury, and evaluate the potential for rehabilitation	
Knowledge		Skills	
<ul style="list-style-type: none"> summarise aspects of common musculoskeletal diseases and injuries, including: <ul style="list-style-type: none"> aetiology epidemiology pathomechanics and pathophysiology natural history clinical features, including pain and dysfunction diagnostic investigations psychosocial issues injury and dysfunction related to work and sport describe the following diseases, injuries and conditions: <ul style="list-style-type: none"> strain and sprain degenerative disorders of the spinal column and peripheral joints subacute fractures subacute and chronic arthritides disorders of soft tissues subacute care following spinal, joint and tendon surgery peripheral nerve injury systemic diseases involving the musculoskeletal system, including: <ul style="list-style-type: none"> systemic lupus erythematosus (SLE) visceral disease presenting as musculoskeletal pain/dysfunction neurological disease involving the musculoskeletal system e.g. MS, MND osteoporosis and disorders of bone metabolism describe assessment of functional capacity (see Theme 2.10 Occupational Injury) describe the use and interpretation of diagnostic test, including: <ul style="list-style-type: none"> plain x-rays CT Scans diagnostic ultrasound MRI myelography discography joint aspiration 		<ul style="list-style-type: none"> take a comprehensive history of the patient's symptoms and disability identifying: <ul style="list-style-type: none"> all causative factors related to the onset and continuation of the patient's condition other medical conditions that may be related to the patient's complaint all aggravating and relieving factors results of previous investigations details of the efficacy of past treatment for the condition patient's perception of the nature of the disability patient's expectations of future treatment undertake a comprehensive and relevant physical examination identifying anatomical and pathological basis of patient's pain/dysfunction, including: <ul style="list-style-type: none"> appropriate provocation tests identification of abnormal neurological signs, where relevant identification of signs of physical deconditioning analysis of gait in all cases of locomotor dysfunction identify relevant impairments and disabilities related to the musculoskeletal system select and review appropriate investigations, including: <ul style="list-style-type: none"> plain x-rays CT scanning myelography MRI fluoroscopic procedures electrodiagnostics studies incorporate all information available from history, examination, and investigations to make diagnosis and, where relevant, differential diagnoses. 	

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.8	Musculoskeletal Medicine
Learning Objective 2.8.2	Complete a comprehensive assessment of a patient presenting with musculoskeletal disease or injury, and evaluate the potential for rehabilitation
<ul style="list-style-type: none"> zygoapophyseal joint injection and medial branch block electrodiagnostic evaluation. 	

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.8	Musculoskeletal Medicine
Learning Objective 2.8.3	Formulate a rehabilitation management plan specifying appropriate modalities of assessment and treatment
Knowledge	Skills
<ul style="list-style-type: none"> describe pharmacotherapy, including indications, side effects and contraindications, of: <ul style="list-style-type: none"> simple and compound analgesics nonsteroidal anti-inflammatory drugs opioids antidepressants and antineuritic medication topical rubefacients and anti-inflammatory drugs skeletal muscle relaxants antirheumatic medication intra-articular and soft tissue injections of corticosteroid and local anaesthetic drugs used in the management of osteoporosis explain therapeutic physical modalities, physiological effects, effectiveness, indications and contraindications of: <ul style="list-style-type: none"> local heating and cooling ultrasound interferential therapy short-wave diathermy traction transcutaneous electrical nerve stimulation acupuncture mobilisation and manipulation of peripheral and spinal joints 	<ul style="list-style-type: none"> formulate a rehabilitation management plan based on diagnosis, specifying necessary further medical and other modalities of assessment and treatment undertake basic procedural skills, including but not restricted to: <ul style="list-style-type: none"> intra-articular injection of shoulder and knee injection for pain/dysfunction of tendons, ligaments, bursae and entheses trigger point injection communicate diagnoses and management plans to patients in clear and appropriate terms communicate promptly and appropriately with referring agencies and any other health professionals involved in the care of the patient communicate with patients about prevention of further injury, and strategies for safe return to work, sport and domestic activity review and coordinate patient care communicate effectively with the referring practitioner, therapists and other relevant agencies.

DOMAIN 2	CLINICAL SYLLABUSES	
Theme 2.8	Musculoskeletal Medicine	
Learning Objective 2.8.3	Formulate a rehabilitation management plan specifying appropriate modalities of assessment and treatment	
<ul style="list-style-type: none"> • describe the role of rest and exercise, including: <ul style="list-style-type: none"> • role of rest in treatment of acute injury and illness • negative effects of prolonged rest and disuse on musculoskeletal system • role of prescribed/structured exercise for stretching, strengthening, posture correction • principles and techniques of general fitness training and functional restoration • outline the importance of patient education and active patient participation in: <ul style="list-style-type: none"> • exercise • task modification • drug use • injury prevention • maintenance of social and occupational roles • describe orthoses and aids, including: <ul style="list-style-type: none"> • the biomechanical effects of orthoses applied to the musculoskeletal system • rational prescription of aids and orthoses in the management of acute and chronic musculoskeletal disorders • discuss surgical intervention, including indications, benefits and adverse effects of surgical intervention in the management of acute and chronic musculoskeletal dysfunction • summarise rehabilitation methods following surgical intervention for spinal impairment, fractured neck of femur, hand injury and disease, and after total joint replacement, especially of the hip, knee and shoulder • describe how work, sport and domestic activities can cause or perpetuate musculoskeletal dysfunction. 		

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.9	Neurological Disease
Learning Objective 2.9.1	Recall basic knowledge of neurological disease
Knowledge	
<ul style="list-style-type: none"> recall basic knowledge of the nature and consequences of neurological disorders that result in major disability and activity limitation or participation restriction. 	

DOMAIN 2	CLINICAL SYLLABUSES	
Theme 2.9	Neurological Disease	
Learning Objective 2.9.2	Complete a comprehensive assessment of a patient with neurological disease and evaluate the potential for rehabilitation	
Knowledge	Skills	
<ul style="list-style-type: none"> describe cognitive/perceptual dysfunction, including: <ul style="list-style-type: none"> types of impairment and associated psychiatric disturbance prevalence assessment tools, including neuropsychological evaluation techniques of management techniques of retraining impact of cognitive/perceptual dysfunction on functional outcome describe types of bladder dysfunction describe types of bowel dysfunction describe the incidence and types of voiding dysfunction describe the incidence and types of sexual dysfunction interpret sexual dysfunction describe nutrition problems, including: <ul style="list-style-type: none"> common swallowing disorders clinical assessment of swallowing and nutritional status, including the modified barium swallow (videofluoroscopy) describe communication disorders, including types of dysphasia, apraxia and dysarthria. 	<ul style="list-style-type: none"> write a patient history using appropriate interview techniques with the patient, spouse and carers, including past history of: <ul style="list-style-type: none"> cardiovascular disease and/or peripheral vascular disease atrial fibrillation diabetes mellitus hyperlipoproteinaemia smoking alcohol use conduct a clinical examination including physical, functional and cognitive assessments use and interpret relevant diagnostic investigations including radiological and electrodiagnostic tests synthesise findings of history, clinical examination and investigations into a statement of the nature and extent of the illness or injury, the disability and activity limitation or participation restriction experienced by the patient evaluate whether referral to other specialists is necessary and viable. 	

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.9	Neurological Disease
Learning Objective 2.9.3	Formulate a rehabilitation management plan that specifies appropriate modalities of assessment and treatment
Knowledge	Skills
<ul style="list-style-type: none"> • describe the rehabilitation management of neurological disorders resulting in major disability, with emphasis on neurological conditions commonly encountered in current clinical practice, including: <ol style="list-style-type: none"> I. CVD II. MS III. MND IV. myopathy and neuropathy • describe techniques to manage bladder dysfunction: <ul style="list-style-type: none"> • fluid management • anticholinergic medication • intermittent self-catheterisation • urethral and suprapubic catheterisation • treatment of urinary infection • renal tract monitoring • describe management of bowel dysfunction, including: <ul style="list-style-type: none"> • dietary management, including fluid and fibre • medication, including stool softeners and suppositories • explain pressure area care and the management of pressure sores • describe management of voiding dysfunction, including bladder retraining, drugs and catheterisation • interpret sexual dysfunction and describe its management, including counselling and education • describe management of nutrition problems, including postural and dietary modification, medical monitoring and indications for percutaneous endoscopic gastrostomy (PEG) feeding • explain management of dysarthria, palatal weakness and dysphonia, including remedial exercises, energy conservation techniques and communication aids • describe the pathophysiology of central pain syndromes and their management. 	<ul style="list-style-type: none"> • formulate a rehabilitation management plan relevant to the patient's disability and potential for rehabilitation, and the available resources for rehabilitation therapy • communicate outcome of assessment to the patient, family and carers • communicate appropriately with referring agency, interdisciplinary team and other health professionals involved in the patient's care • directly supervise all aspects of rehabilitation management, including medication and where possible progressive functional restoration • organise and support possible community reintegration, including: <ul style="list-style-type: none"> • resumption of family and social roles • vocational resettlement and assessment of work capacity • fitness for driving • review and coordinate patient management • counsel and educate the patient/family with regard to the ongoing effects of impairment and disability.

DOMAIN 2		CLINICAL SYLLABUSES	
Theme 2.9		Neurological Disease	
Learning Objective 2.9.4		Assess and manage the rehabilitation of a patient with cerebrovascular disease	
Knowledge		Skills	
<ul style="list-style-type: none"> describe epidemiology, incidence and prevalence, mortality and morbidity of CVD in Australia/New Zealand describe pathogenesis of CVD, such as: <ul style="list-style-type: none"> thrombotic embolic lacunar haemorrhagic describe risk factors of CVD related to: <ul style="list-style-type: none"> age gender past history of transient ischaemic attacks (TIA)/cerebrovascular accident (CVA) hypertension explain the role of brain-imaging techniques, including CT and MRI scans recognise the role of other diagnostic investigations, including: <ul style="list-style-type: none"> transthoracic and transoesophageal echocardiography contrast carotid angiography carotid ultrasonography digital subtraction angiography positron emission tomography (PET) and single photon emission computed tomography (SPECT) explain medical management of acute stroke describe pharmacological management of CVD, including the indications for and effectiveness of: <ul style="list-style-type: none"> thrombolytic therapy aspirin dipyridamole anticoagulants (heparin, warfarin) ticlopidine describe surgical management of CVD, including: <ul style="list-style-type: none"> carotid endarterectomy carotid stenting clot retrieval techniques craniectomy coiling of arteriovenous malformation (AVM) and aneurysm 		<ul style="list-style-type: none"> recognise stroke syndromes, including: <ul style="list-style-type: none"> anterior cerebral artery middle cerebral artery posterior cerebral artery brain stem interpret stroke rehabilitation outcomes, including recent studies of the effectiveness of inpatient, outpatient and community rehabilitation. 	

DOMAIN 2	CLINICAL SYLLABUSES	
Theme 2.9	Neurological Disease	
Learning Objective 2.9.4	Assess and manage the rehabilitation of a patient with cerebrovascular disease	
<ul style="list-style-type: none"> • summarise theories of neurological recovery following acute stroke • summarise rehabilitation management of stroke deficit • describe therapy for motor deficit, including: <ul style="list-style-type: none"> • neurofacilitatory techniques • biofeedback • functional electrical stimulation (FES) • constraint-induced movement therapy (CIMT) • describe therapy for sensory dysfunction • describe causes and management of painful hemiplegic shoulder • describe upper limb complications, including: <ul style="list-style-type: none"> • glenohumeral subluxation • oedema • sympathetic-maintained pain • summarise management of upper limb spasticity, including: <ul style="list-style-type: none"> • techniques of physical therapy • indications for and types of upper limb orthotics • pharmacological treatment, including diazepam, dantrolene and baclofen • chemical neurolysis, including phenol, alcohol and botulinum toxin • surgical treatment, including management of deformity at the shoulder, elbow, wrist and hand • describe management of lower limb deficits, including: <ul style="list-style-type: none"> • physical therapy • patterns of weakness and gait deviation • indications for and types of lower limb orthotics • indications for and types of walking aids • prescription of manual and powered wheelchairs for permanent locomotor disability 		

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.9	Neurological Disease
Learning Objective 2.9.4	Assess and manage the rehabilitation of a patient with cerebrovascular disease
<ul style="list-style-type: none"> describe psychiatric complications of stroke, including adjustment, depression and anxiety: <ul style="list-style-type: none"> incidence neuroanatomical correlates natural history pharmacological therapy differentiate positive and negative predictors of functional recovery. 	

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.9	Neurological Disease
Learning Objective 2.9.5	Assess and manage the rehabilitation of a patient with multiple sclerosis
Knowledge	Skills
<ul style="list-style-type: none"> describe epidemiology, incidence and prevalence, geographical distribution, mortality and morbidity of MS in Australia/New Zealand describe life expectancy, genetic factors and twin studies in relation to MS describe aetiological theories related to MS, including: <ul style="list-style-type: none"> autoimmune infectious environmental genetic pathophysiology progressive demyelination, early and late changes areas of predilection in the brain role of blood brain barrier dynamic changes of plaque formation on MRI immunological factors the role of T cells, cytokines, and B cells describe clinical diagnostic criteria for MS, including Poser's criteria and definition of an attack explain rehabilitation assessment and management of disability resulting from MS 	<ul style="list-style-type: none"> interpret diagnostic investigations such as cerebrospinal fluid (CSF) findings, MRI, evoked potentials recognise clinical patterns of MS, including: <ul style="list-style-type: none"> relapsing-remitting primary progressive secondary progressive benign recognise dysfunction related to MS, including: <ul style="list-style-type: none"> weakness and fatigue visual disturbance - nystagmus, optic neuritis, ocular palsy ataxia and incoordination disturbance of balance sensory disturbance cognitive, affective and behavioural disorders bladder and bowel dysfunction spasticity dysphagia pain sexual dysfunction tremor

DOMAIN 2	CLINICAL SYLLABUSES	
Theme 2.9	Neurological Disease	
Learning Objective 2.9.5	Assess and manage the rehabilitation of a patient with multiple sclerosis	
<ul style="list-style-type: none"> • summarise medical management of acute and chronic MS, including indications and effectiveness of: <ul style="list-style-type: none"> • intravenous and oral corticosteroids • IFNB - 1a; IFNB - 1b; copolymer 1 • immunosuppressive agents, including methotrexate, azathioprine and cyclophosphamide • discuss psychosocial effects of MS on patient and family • describe factors influencing course of MS, such as: <ul style="list-style-type: none"> • pregnancy • fatigue and heat • stress • trauma • menopause • describe interdisciplinary team management for MS • summarise assistance and management of MS for self care and mobility: <ul style="list-style-type: none"> • functional retraining • task simplification • aids/orthotics for mobility and self care • attendant care • explain spasticity and MS: <ul style="list-style-type: none"> • identification of nociception • physical therapy, including stretches • medication, including diazepam, baclofen, dantrolene, nerve and motor point blocks, intrathecal baclofen and botulinum toxin • define tremor and related use of physical modalities and medication • describe tools for measurement of MS disability, such as Kurtzke Expanded Disability Status Scale (EDSS) and the disability profile • describe issues pertaining to community care and psychological adjustment of MS patient and family to disability 	<ul style="list-style-type: none"> • interpret fatigue related to MS: <ul style="list-style-type: none"> • common symptoms • symptomatic, pharmacologic and environmental approaches to management • therapeutic exercise to maintain strength, flexibility and functional capacity • recognise sensory disturbance and pain related to MS, including physical and drug management of dysaesthetic pain and secondary musculoskeletal pain • interpret quality of life evaluation for MS patients. 	

DOMAIN 2		CLINICAL SYLLABUSES
Theme 2.9		Neurological Disease
Learning Objective 2.9.5		Assess and manage the rehabilitation of a patient with multiple sclerosis
<ul style="list-style-type: none"> describe vocational and avocational issues for MS patients, including: <ul style="list-style-type: none"> work fitness driving capacity sport and leisure activities discuss the role of the MS Society, Royal Blind Society, patient support groups and community services explain factors associated with poor prognosis: <ul style="list-style-type: none"> progressive course at onset male sex age greater than 40 early cerebellar involvement early multiple system involvement. 		

DOMAIN 2		CLINICAL SYLLABUSES
Theme 2.9		Neurological Disease
Learning Objective 2.9.6		Assess and manage the rehabilitation of a patient with motor neurone disease
Knowledge		Skills
<ul style="list-style-type: none"> describe epidemiology, incidence and prevalence, mortality and morbidity of MND in Australia/New Zealand describe aetiology of MND: <ul style="list-style-type: none"> genetic forms viral and immune hypotheses clinical associations define pathophysiology and current concepts of MND explain clinical syndromes of MND: <ul style="list-style-type: none"> amyotrophic lateral sclerosis progressive muscular atrophy progressive bulbar palsy primary lateral sclerosis explain the diagnostic criteria for MND and diagnostic categories 		<ul style="list-style-type: none"> interpret laboratory investigations and electrodiagnostic evaluation differentiate diagnoses and current medical treatment for MND.

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.9	Neurological Disease
Learning Objective 2.9.6	Assess and manage the rehabilitation of a patient with motor neurone disease

- explain dysfunction related to MND:
 - axial and appendicular weakness
 - fatigue
 - joint contracture
 - limb and bulbar spasticity
 - respiratory insufficiency
 - bulbar involvement:
 - dysphonia and dysarthria
 - dysphagia
- describe rehabilitation management in MND, including:
 - principles and techniques of therapeutic exercise for trunk and limb weakness
 - orthotic management of neck, upper limb and lower limb weakness, spasticity and contracture
 - self-care and domestic activities - the use of aids, home modifications and techniques of energy conservation and task simplification
 - mobility - use of walking aids and prescription of suitable manual or electric wheelchairs and seating
 - identification and management of significant medical comorbidity
 - maintenance of family and community integration:
 - role of outpatient and community rehabilitation
 - assessment of work fitness/vocational options
 - options for leisure and sport activity
 - fitness for driving
 - psychological support of the patient and family through progressive disablement
 - role of community and patient support organisations
 - assessment and management of dysphonia and dysarthria, including:
 - speech therapy
 - voice amplification techniques
 - alternative communication devices

DOMAIN 2		CLINICAL SYLLABUSES
Theme 2.9		Neurological Disease
Learning Objective 2.9.6		Assess and manage the rehabilitation of a patient with motor neurone disease
<ul style="list-style-type: none"> • assessment and management of dysphagia: <ul style="list-style-type: none"> • control of saliva • assessment of nutritional status • radiological assessment of swallowing • treatment including posture and dietary modification • indicators for and types of enteral feeding, including PEG • respiratory insufficiency: <ul style="list-style-type: none"> • monitoring of respiratory function • maintenance of chest physiotherapy • indications for airways suction • indications for and types of respiratory support systems • principles of palliative care in late stage disease. 		

DOMAIN 2		CLINICAL SYLLABUSES
Theme 2.9		Neurological Disease
Learning Objective 2.9.7		Assess and manage the rehabilitation of a patient with poliomyelitis and post-polio syndrome
Knowledge		Skills
<ul style="list-style-type: none"> • define poliomyelitis, including: <ul style="list-style-type: none"> • aetiology and pathophysiology of acute poliomyelitis • common features of acute illness • mechanisms of recovery from acute illness • principles of rehabilitation management of acute/subacute illness • late-stage complications of severe poliomyelitis • rehabilitation management of chronic stable impairments/disabilities • define post-polio syndrome (PPS), including: <ul style="list-style-type: none"> • diagnostic criteria for PPS • common complaints and ADL dysfunction • possible pathophysiological mechanisms • the role of electrodiagnostic evaluation 		<ul style="list-style-type: none"> • assess and manage acute/subacute poliomyelitis • assess and manage PPS • assess and manage chronic stable impairments/disabilities associated with poliomyelitis and PPS.

DOMAIN 2	CLINICAL SYLLABUSES	
Theme 2.9	Neurological Disease	
Learning Objective 2.9.7	Assess and manage the rehabilitation of a patient with poliomyelitis and post-polio syndrome	
	<ul style="list-style-type: none"> rehabilitation management of common problems emphasising: <ul style="list-style-type: none"> weakness/fatigue pain mobility dysphagia respiratory insufficiency and including: <ul style="list-style-type: none"> identification and treatment of secondary musculoskeletal disorders orthotic management mobility aids such as walking aids and wheelchairs weight reduction therapeutic exercise occupational/vocational adaptation the role of non-traditional therapies. 	

DOMAIN 2	CLINICAL SYLLABUSES	
Theme 2.9	Neurological Disease	
Learning Objective 2.9.8	Assess and manage the rehabilitation of a patient with myopathy and neuropathy	
Knowledge	Skills	
<ul style="list-style-type: none"> describe types, pathophysiology, clinical and diagnostic features of myopathic and neuropathic disorders, including: <p><u>Myopathy:</u></p> <ul style="list-style-type: none"> Duchenne muscular dystrophy Becker muscular dystrophy myotonic dystrophy and other myotonic disorders facioscapulohumeral dystrophy scapuloperoneal myopathies limb girdle syndrome congenital myopathies, including central core disease inflammatory, endocrine and toxic myopathies 	<ul style="list-style-type: none"> interpret electrodiagnostic findings in primary myopathic and neuropathic disorders. 	

DOMAIN 2	CLINICAL SYLLABUSES	
Theme 2.9	Neurological Disease	
Learning Objective 2.9.8	Assess and manage the rehabilitation of a patient with myopathy and neuropathy	
<p><u>Neuropathy:</u></p> <ul style="list-style-type: none"> • mononeuropathy, plexopathy, and polyneuropathies, with emphasis on: <ul style="list-style-type: none"> • carpal tunnel syndrome • ulnar and radial nerve neuropathies • mononeuritis multiplex • brachial plexus injury • thoracic outlet syndrome • femoral, sciatic and peroneal neuropathies • axonal polyneuropathies: <ul style="list-style-type: none"> • diabetic • alcohol-related • renal failure • rheumatoid arthritis • drugs • demyelinating polyneuropathies, especially Guillain-Barre syndrome • summarise rehabilitation management of disability related to myopathic and neuropathic disease, including: <ul style="list-style-type: none"> • principles of therapeutic exercise for trunk and limb weakness and contracture prescription of appropriate aids and orthotics to promote functional independence in self-care, mobility, vocational and leisure activities • indications for surgical intervention in the management of progressive myopathic disease and entrapment neuropathy • assessment of nutrition and indications for enteral feeding • assessment of respiratory impairment; types and indications for respiratory support systems • psychological issues, including: <ul style="list-style-type: none"> • cognitive impairments in Duchenne and myotonic dystrophies • adjustment to chronic illness and disability in childhood and adult disease. 		

DOMAIN 2		CLINICAL SYLLABUSES
Theme 2.10		Occupational Injury
Learning Objective 2.10.1		Complete a comprehensive evaluation of an injured worker that identifies the nature and severity of injury
Link		Theme 2.7 Musculoskeletal Medicine
Knowledge		Skills
<ul style="list-style-type: none"> describe epidemiology of occupational injury and disability in Australia/New Zealand, including: <ul style="list-style-type: none"> types of injury and disability incidence and prevalence morbidity and mortality direct and indirect costs to industry and community describe the use of current technologies for the assessment of work capacity, including: <ul style="list-style-type: none"> Valpar West Baltimore Therapeutic Equipment (BTE) interpret relevant aspects of local workers compensation legislation, including the rights and responsibilities of workers and employers and the duties of the rehabilitation physician. 		<ul style="list-style-type: none"> write a patient history using appropriate interview techniques conduct a clinical examination including physical, functional and cognitive assessments analyse the interaction between usual work duties and injury analyse current or intended duties with regard to primary and secondary prevention use current technologies for the assessment of work capacity use and interpret relevant diagnostic investigations, including radiological and electrodiagnostic tests synthesise findings of history, clinical examination and investigations into a statement of the nature and extent of injury and disability, activity limitation or participation restriction experienced by the patient.

DOMAIN 2		CLINICAL SYLLABUSES
Theme 2.10		Occupational Injury
Learning Objective 2.10.2		Prescribe rehabilitation treatment for occupational injury
Link		Theme 2.7 Musculoskeletal Medicine
Knowledge		Skills
<ul style="list-style-type: none"> define the goals of occupational medicine, the nexus with rehabilitation medicine, and the importance of collaboration in workplace injury management describe general principles of occupational rehabilitation define prerequisites for effective workplace rehabilitation summarise principles of on-site work injury management 		<ul style="list-style-type: none"> formulate a rehabilitation management plan relevant to the patient's disability, potential for rehabilitation, and the available resources for rehabilitation therapy communicate outcome of assessment to the patient communicate appropriately with the referring agency, the interdisciplinary team and other health professionals involved in the patients care

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.10	Occupational Injury
Learning Objective 2.10.2	Prescribe rehabilitation treatment for occupational injury
Link	Theme 2.7 Musculoskeletal Medicine
<ul style="list-style-type: none"> summarise principles of off-site occupational rehabilitation describe solutions to obstacles of occupational rehabilitation, including: <ul style="list-style-type: none"> complex interactions between involved parties adversarial legal processes delays in provision of rehabilitation services occupational barriers to early return to work psychosocial factors, including: <ul style="list-style-type: none"> anxiety depression dependency deconditioning financial gain escape of responsibility workplace conflict. 	<ul style="list-style-type: none"> directly supervise all aspects of rehabilitation management, including medication and where possible progressive functional restoration organise and support possible community reintegration, including: <ul style="list-style-type: none"> resumption of family and social roles vocational resettlement: assessment of work capacity fitness for driving write medical or medico-legal reports to the referring source outlining the: <ul style="list-style-type: none"> nature of accident and injury current and future rehabilitation management prognosis for recovery estimation of permanent impairment review and coordinate medical treatment and workplace rehabilitation management communicate effectively with all parties, including injured worker, employer, therapists, general practitioner and insurance company.

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.11	Spinal Cord Injury and Disease
Learning Objective 2.11.1	Recall basic knowledge of spinal cord injury and disease
Knowledge	
<ul style="list-style-type: none"> recall anatomy of the spinal column and spinal cord, including blood supply and topography of nerve pathways within the spinal cord recall physiology of the spinal cord, including: <ul style="list-style-type: none"> motor and sensory function, including levels autonomic nervous system micturition erection, seminal emission and ejaculation bowel function heart rate and blood pressure regulation recall physiology of bone metabolism recall pathophysiology and mechanisms of neuropathic pain 	

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.1.1	Spinal Cord Injury and Disease
Learning Objective 2.11.1	Recall basic knowledge of spinal cord injury and disease
<ul style="list-style-type: none"> describe epidemiology of traumatic and nontraumatic SCI in Australia/New Zealand, including: <ul style="list-style-type: none"> aetiology incidence and prevalence mortality and morbidity costs long-term outcomes define key prevention strategies summarise first aid and retrieval of traumatic SCI patient describe pathophysiology of SCI: <ul style="list-style-type: none"> spinal shock concussion, contusion and laceration secondary injuries new developments in the physiology of spinal cord regeneration clinical assessment of recent SCI neurological level and degree of impairment following injury: American Spinal Injury Association (ASIA) and modified Frankel classifications incomplete spinal cord syndromes identification of associated injuries mechanisms of injury and fracture-dislocation types/classifications. 	

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.1.1	Spinal Cord Injury and Disease
Learning Objective 2.11.2	Complete a comprehensive assessment of a patient with stable spinal cord injury/disease and evaluate potential for rehabilitation
Knowledge	Skills
<ul style="list-style-type: none"> describe initial assessment of spinal stability and canal compromise summarise assessment and management of permanent dysfunction resulting from SCI, including: <ul style="list-style-type: none"> assessment of pre-injury personality, lifestyle, social support and economic circumstances level of injury, functional ability and expected level of independence the neurogenic bladder, including: <ul style="list-style-type: none"> suprasacral, infrasacral and mixed types of impairment urodynamic assessment prognostic indicators 	<ul style="list-style-type: none"> evaluate activity limitations and participation restrictions resulting from spinal cord injury and diseases from any cause write a patient history using appropriate interview techniques with the patient and family conduct a clinical examination including physical, functional and cognitive assessments use and interpret relevant diagnostic investigations, including radiological and electrodiagnostic tests interpret radiological investigations in acute SCI: <ul style="list-style-type: none"> x-ray CT MRI

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.11	Spinal Cord Injury and Disease
Learning Objective 2.11.2	Complete a comprehensive assessment of a patient with stable spinal cord injury/disease and evaluate potential for rehabilitation
<ul style="list-style-type: none"> • autonomic dysreflexia, including: <ul style="list-style-type: none"> • pathophysiology • symptoms and signs • causes. 	<ul style="list-style-type: none"> • synthesise findings of history, clinical examination and investigations into a statement of the nature and extent of the spinal cord disease or injury, the disability and activity limitation or participation restriction experienced by the patient.

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.11	Spinal Cord Injury and Disease
Learning Objective 2.11.3	Formulate a management plan that specifies necessary medical, physical and functional rehabilitation goals and treatments in inpatient, outpatient and community settings
Knowledge	Skills
<ul style="list-style-type: none"> • describe initial management of SCI: <ul style="list-style-type: none"> • principles of operative and non-operative surgical management • early medical care, including: <ul style="list-style-type: none"> • respiratory insufficiency, including indications for mechanical ventilation and basic principles of non-invasive positive pressure ventilation • hypotension • neurogenic bladder and bowel • gastrointestinal dysfunction • pressure area care • temperature control • mechanisms of injury and fracture-dislocation types/classifications • deep vein thrombosis (DVT)/pulmonary embolism (PE) prophylaxis • positioning for prevention of contractures • contractures summarise management of permanent dysfunction resulting from SCI, including: <ul style="list-style-type: none"> • methods of bladder management: <ul style="list-style-type: none"> • clean intermittent self-catheterisation • reflex voiding and bladder training • suprapubic catheter/indwelling urethral catheter 	<ul style="list-style-type: none"> • formulate a rehabilitation management plan relevant to the patient's disability, potential for rehabilitation, and the available resources for rehabilitation therapy • communicate outcome of assessment to the patient and family • communicate appropriately with the interdisciplinary team and other health professionals involved in the patients care • directly supervise all aspects of rehabilitation management, including medication and where possible progressive functional restoration • organise and support possible community reintegration • organise medico-legal evaluation and report-writing providing appropriate information about: <ul style="list-style-type: none"> • nature and degree of disability resulting from SCI • associated injuries • significant complications • future needs with regard to rehabilitation management, nursing and attendant care, home modifications and equipment. • review and coordinate rehabilitation management including communication with the patient, family, rehabilitation team and other health professionals.

DOMAIN 2	CLINICAL SYLLABUSES	
Theme 2.1.1	Spinal Cord Injury and Disease	
Learning Objective 2.1.1.3	Formulate a management plan that specifies necessary medical, physical and functional rehabilitation goals and treatments in inpatient, outpatient and community settings	
Knowledge	Skills	
<ul style="list-style-type: none"> • drug management <ul style="list-style-type: none"> • urinary prophylaxis • surgical interventions: <ul style="list-style-type: none"> • external sphincterotomy • urethral stent • augmentation cystoplasty • urinary diversion • long-term renal tract monitoring • the neurogenic bowel: <ul style="list-style-type: none"> • dietary and drug management • bowel routine • respiratory function in tetraplegia • pressure area care: <ul style="list-style-type: none"> • pressure relief of critical areas • management of skin breakdown • types of pain and management following SCI • management of spasticity: physical, pharmacological and surgical treatments • autonomic dysreflexia, including: <ul style="list-style-type: none"> • management • physical therapy, including: <ul style="list-style-type: none"> • limb range of motion (ROM) and strengthening • sitting balance, transfers, standing and gait • hydrotherapy and fitness • hand therapy and splinting • adaptive techniques and assistive devices for ADL • seating and wheelchair prescription • principles of upper limb and lower limb orthotics, including: <ul style="list-style-type: none"> • resting splints • short and long opponens splints • flexor-hinge orthoses • writing splints • mobile arm supports • gait orthoses, including hip-knee-ankle-foot orthoses (HKAFOs) and knee-ankle-foot orthoses (KAFOs) • orthoses (KAFOs) 	<ul style="list-style-type: none"> • review and coordinate rehabilitation management including communication with the patient, family, rehabilitation team and other health professionals. 	

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.11	Spinal Cord Injury and Disease
Learning Objective 2.11.3	Formulate a management plan that specifies necessary medical, physical and functional rehabilitation goals and treatments in inpatient, outpatient and community settings
Knowledge	Skills
<ul style="list-style-type: none"> • basic principles of functional electrical stimulation such as: <ul style="list-style-type: none"> • phrenic nerve pacemaker • sacral anterior root stimulator • Cleveland upper limb neuroprosthesis • FES gait and exercise programs • sexual function and sexuality • fertility, reproduction and pregnancy • psychological issues, including: <ul style="list-style-type: none"> • psychological reactions to disablement • theories of adjustment to disability • impact on family • psychological and management strategies to promote independence • computer support for recreation, vocation and environmental control • driving assessment, modifications and retraining • home modification and equipment • vocational rehabilitation • leisure and sports activities • post-discharge/community care: <ul style="list-style-type: none"> • principles of community care • patient support organisations • community support services • describe medical and rehabilitation management of late stage complications, including: <ul style="list-style-type: none"> • syringomyelia, • upper limb overuse syndromes • hypertension • diabetes • cardiac disease • fractures and joint dislocation • explain late-stage surgical interventions to improve functional performance such as: <ul style="list-style-type: none"> • reconstruction of the tetraplegic hand and upper limb • emphasising tendon transfer techniques • tenodesis and arthrodesis 	

DOMAIN 2	CLINICAL SYLLABUSES	
Theme 2.11	Spinal Cord Injury and Disease	
Learning Objective 2.11.3	Formulate a management plan that specifies necessary medical, physical and functional rehabilitation goals and treatments in inpatient, outpatient and community settings	
Knowledge	Skills	
<ul style="list-style-type: none"> explain late-stage surgical interventions to improve functional performance such as: <ul style="list-style-type: none"> reconstruction of the tetraplegic hand and upper limb emphasising tendon transfer techniques tenodesis and arthrodesis describe organisation of SCI services in Australia/ New Zealand identifying acute, subacute and community-based SCI services in state of training. 		

DOMAIN 2	CLINICAL SYLLABUSES	
Theme 2.12	Traumatic Brain Injury	
Learning Objective 2.12.1	Outline the epidemiology, pathophysiology, prognostication, acute treatment and prevention of traumatic brain injury	
Knowledge		
<ul style="list-style-type: none"> describe epidemiology of TBI in Australia/New Zealand, including: <ul style="list-style-type: none"> definition of TBI aetiology, e.g. motor vehicle accident (MVA), assault, falls, etc. incidence mortality and morbidity costs long-term outcomes describe the spectrum of brain injury populations based on age, severity, and aetiology describe pathophysiology of TBI, including: <ul style="list-style-type: none"> primary brain damage secondary brain damage focal injury diffuse axonal injury define post traumatic amnesia, including: <ul style="list-style-type: none"> methods of measurement significance with regard to rehabilitation management and outcome clinical management 		

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.12	Traumatic Brain Injury
Learning Objective 2.12.1	Outline the epidemiology, pathophysiology, prognostication, acute treatment and prevention of traumatic brain injury

- summarise dysfunction related to TBI, including:
 - physical:
 - weakness, incoordination, spasticity, contractures
 - balance and gait
 - sensory impairment
 - cranial nerve lesions including sensory deficits
 - swallowing and nutrition
 - bowel and bladder
 - post-traumatic/concussion symptoms/syndrome
 - cognitive
 - arousal
 - attention
 - memory
 - learning
 - executive function
 - perception, praxis
 - language and communication
 - behaviour
 - disinhibition
 - adynamia and inertia
 - aggression
 - integrative functions
 - mobility
 - self-care
 - domestic/community ADLs
 - sexuality
 - leisure
 - vocational
 - effects on family system
- describe long-term outcome following TBI, especially the impact of TBI on:
 - vocation and employment
 - interpersonal relationships
 - leisure and recreational activities.

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.12	Traumatic Brain Injury
Learning Objective 2.12.2	Complete a comprehensive assessment of a patient with traumatic brain injury and evaluate the potential for rehabilitation
Knowledge	Skills
<ul style="list-style-type: none"> • explain neurological evaluation understanding significance of clinical observations in management and outcome of TBI, including: <ul style="list-style-type: none"> • Glasgow Coma Scale (GCS) • duration of coma • intracranial pressure (ICP) • brainstem signs e.g. pupillary reflexes • autonomic disturbances • explain assessment of rehabilitation potential following TBI, including: <ul style="list-style-type: none"> • pre-injury factors: age, psychosocial status, intellectual function, drug and alcohol use • injury factors: location and severity of injury, other significant injuries • post-injury factors: duration of coma and post-traumatic amnesia (PTA), raised intracranial pressure, hypoxia, hypotension • describe assessment of disability resulting from TBI, including: <ul style="list-style-type: none"> • comatose and minimally responsive patients <ul style="list-style-type: none"> • diagnosis and prognosis of coma, persistent vegetative state, locked-in state and brain death: ethical and legal issues pertaining to medical care and life support • assessment of neurological recovery, e.g. use of coma scales such as Western Neuro Sensory Stimulation Profile (WNSSP) • neuropsychological evaluation • behavioural disorders, including aggression • mobility and balance • psychiatric and psychological disorders, including mood/emotional disturbances • communication disorders • family functioning and adjustment • interpersonal relationships • substance and alcohol abuse 	<ul style="list-style-type: none"> • perform a comprehensive patient assessment that identifies impairment, activity limitation and community participation resulting from TBI • evaluate the potential for rehabilitation.

DOMAIN 2	CLINICAL SYLLABUSES	
Theme 2.12	Traumatic Brain Injury	
Learning Objective 2.12.2	Complete a comprehensive assessment of a patient with traumatic brain injury and evaluate the potential for rehabilitation	
<ul style="list-style-type: none"> • differentiate measures of impairment, disability and activity limitation or participation restriction following TBI, such as: <ul style="list-style-type: none"> • global measures: <ul style="list-style-type: none"> • Functional Independence Measure (FIM) • Functional Assessment Measure (FAM) • Rappaport Disability Rating Scale • Glasgow Outcome Scale (GOS) • Community Integration Questionnaire (CIQ) • Ranchos Los Amigos scale • Sydney Psychosocial Reintegration Scale (SPRS) • short form health survey 36 (SF 36) • specific measures of cognitive, behavioural and affective disturbance, including: <ul style="list-style-type: none"> • Wechsler Adult Intelligence Scale (WAIS) • Wechsler Memory Scale (WMS) • Controlled Oral Word Association Test (COWAT) • Complex Figure of Rey • Beck Depression Inventory (BPI) • Agitated Behaviour Scale (ABS) • Overt Behaviour Scale (OBS) • describe the minor but significant disability that may occur following a brief period of neurological dysfunction, e.g. loss of consciousness • outline controversies related to diagnosis and management of post-concussive symptoms/ syndrome. 		

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.12	Traumatic Brain Injury
Learning Objective 2.12.3	Formulate a management plan that specifies necessary medical, physical and functional rehabilitation goals and treatments in inpatient, outpatient and community settings
Knowledge	Skills
<ul style="list-style-type: none"> summarise the issues that affect outpatient care, independence and community re-entry after TBI summarise acute management of TBI, including: <ul style="list-style-type: none"> principles of early retrieval and the difficulty of retrieval from rural areas acute monitoring in emergency, intensive care and acute neurosurgical care role of rehabilitation physician in intensive care unit/acute neurosurgical unit role of diagnostic investigations in management and prognosis, e.g. CT, MRI, electroencephalography (EEG), positron emission tomography (PET) and single photon emission computed tomography (SPECT), plus other imaging techniques ventilatory support intracranial pressure monitoring role of pharmacotherapy, including prophylactic anticonvulsant medication surgical interventions, including indications for intercuspal position (ICP) monitoring and craniotomy describe mechanisms of functional recovery: <ul style="list-style-type: none"> resolution of temporary factors, e.g. cerebral oedema, focal haematoma, hypoxia, raised intracranial pressure modification of neural connection and synaptic function, redundancy and functional substitution summarise management of common medical complications associated with TBI, including: <ul style="list-style-type: none"> autonomic dysfunction syndrome post traumatic epilepsy hypertonicity and movement disorders post traumatic hydrocephalus and V-P shunting heterotopic ossification visual disturbances syndrome of inappropriate antidiuretic hormone hypersecretion (SIADH)/diabetes insipidus/pituitary dysfunction 	<ul style="list-style-type: none"> write a rehabilitation management plan specifying necessary modalities of assessment and treatment in consultation with the patient, family, interdisciplinary team and others such as community service providers, vocational rehabilitation providers etc review and coordinate patient management, involving the patient and family communicate effectively with team members, patient, family and other medical practitioners and agencies involved in the patient's care counsel and educate the patient, family and other relevant stakeholders with regard to the effects and consequences of TBI organise medico-legal assessments and reporting that provide appropriate information detailing the nature and degree of disability resulting from TBI, including the patient's future needs with regard to: <ul style="list-style-type: none"> medical and rehabilitation management attendant care housing assistive devices life expectancy

DOMAIN 2	CLINICAL SYLLABUSES	
Theme 2.12	Traumatic Brain Injury	
Learning Objective 2.12.3	Formulate a management plan that specifies necessary medical, physical and functional rehabilitation goals and treatments in inpatient, outpatient and community settings	
<ul style="list-style-type: none"> • aspiration pneumonia • deep vein thrombosis • psychiatric disorders, e.g. psychosis, mood disorder and post traumatic stress disorder • describe management of disability resulting from TBI, including: <ul style="list-style-type: none"> • consistent team approach and roles of allied health professionals • comatose and minimally responsive patients: <ul style="list-style-type: none"> • tracheostomy care • swallowing and nutrition, including parenteral feeding and gastrostomy care • bowel and bladder function • maintenance of skin, muscle length and joints • cognitive remediation • principles of behavioural management • use of drugs in the management of: <ul style="list-style-type: none"> • dysautonomia • coma • cognitive impairment • emotional and behavioural disturbance • spasticity • prescription of orthotics and walking aids • psychiatric and psychological disorders, including mood/emotional disturbances • communication disorders • family functioning and adjustment • interpersonal relationships • substance and alcohol abuse • explain ways to achieve community reintegration, including: <ul style="list-style-type: none"> • interdisciplinary discharge planning • case management • retraining domestic and community activities of daily living • leisure activities • fitness for driving and driver re-training • vocational rehabilitation • family/social education and adjustment 		

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.12	Traumatic Brain Injury
Learning Objective 2.12.3	Formulate a management plan that specifies necessary medical, physical and functional rehabilitation goals and treatments in inpatient, outpatient and community settings
<ul style="list-style-type: none"> practical issues pertaining to: <ul style="list-style-type: none"> accommodation guardianship and financial management attendant care community support services compensation schemes and their impact on patients' rehabilitation other community services that can assist with sport, recreation, leisure, socialisation etc recognise brain injury rehabilitation services in Australia/New Zealand, including knowledge of acute, subacute and community TBI services in state of training. 	

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.13	Upper Limb Amputation
Learning Objective 2.13.1	Recall basic knowledge of upper limb amputation
Knowledge	
<ul style="list-style-type: none"> describe epidemiology of major upper limb loss in Australia/New Zealand, including: <ul style="list-style-type: none"> aetiology incidence and prevalence morbidity and mortality summarise surgical principles of upper limb amputation and levels of amputation including: <ul style="list-style-type: none"> digit(s) thumb partial hand transcarpal wrist disarticulation transradial elbow disarticulation transhumeral shoulder disarticulation forequarter amputation. 	

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.13	Upper Limb Amputation
Learning Objective 2.13.2	Complete a comprehensive patient assessment that identifies the type of upper limb amputation and any medical factors relevant to prosthetic rehabilitation
Knowledge	Skills
<ul style="list-style-type: none"> explain preprosthetic patient management, including: <ul style="list-style-type: none"> assessment of condition of affected and unaffected limbs, and limb dominance assessment of premorbid domestic, vocational, leisure and psychosocial function. 	<ul style="list-style-type: none"> undertake clinical evaluation of the patient with upper limb amputation(s), identifying important characteristics of the affected and unaffected limbs, and the patient's general medical condition identify activity limitations and participation limitations.

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.13	Upper Limb Amputation
Learning Objective 2.13.3	Prescribe appropriate temporary and definitive prostheses
Knowledge	Skills
<ul style="list-style-type: none"> estimate potential for prosthetic training, including: <ul style="list-style-type: none"> level of amputation surgical wound, limb contractures and general condition of stump and residual limb previous prosthetic use general physical and psychological health specific goals of prosthetic training: <ul style="list-style-type: none"> cosmetic functional: self-care, vocational, social and leisure describe components of the upper limb prosthesis: types, characteristics and indications, including: <ul style="list-style-type: none"> partial hand prostheses terminal devices: <ul style="list-style-type: none"> prosthetic hands: active/cosmetic voluntary opening/closing devices hooks wrist units: <ul style="list-style-type: none"> locking wrists friction wrists below elbow socket: <ul style="list-style-type: none"> Muenster socket ICEROSS socket split socket 	<ul style="list-style-type: none"> identify activity limitations and participation limitations prescribe an appropriate upper limb prosthesis/prostheses, taking into consideration factors such as level of amputation, condition of stump and residual limb, concurrent medical problems, the patient's expectations of prosthetic use, and available resources perform check-out of the prosthesis/prostheses, including assessment of the stump and residual limb, and functional performance.

DOMAIN 2	CLINICAL SYLLABUSES	
Theme 2.13	Upper Limb Amputation	
Learning Objective 2.13.3	Prescribe appropriate temporary and definitive prostheses	
<ul style="list-style-type: none"> • below elbow hinges: <ul style="list-style-type: none"> • rigid • step-up • flexible • cuffs and pads • below-elbow harness and controls: <ul style="list-style-type: none"> • figure-eight harness • figure-nine harness • chest-strap harness with shoulder saddle • Bowden and dual (fair-lead) control systems • elbow units: <ul style="list-style-type: none"> • control and locking • external and internal • above-elbow harness and controls: <ul style="list-style-type: none"> • as above, including elbow lock cable • sockets, flexible: <ul style="list-style-type: none"> • ICEROSS • suction • eryflex • shoulder prosthesis: <ul style="list-style-type: none"> • socket design • harness and control cables, and common control motions: use of the excursion amplifier, axilla loop and shoulder sling with axilla loop • endoskeletal prostheses • basic design features, prescription and use of myoelectric prosthetic limbs. 		

DOMAIN 2	CLINICAL SYLLABUSES
Theme 2.13	Upper Limb Amputation
Learning Objective 2.13.4	Formulate an interdisciplinary rehabilitation management plan including review and coordination of patient care
Knowledge	Skills
<ul style="list-style-type: none"> • explain postoperative patient management, including: <ul style="list-style-type: none"> • care of the surgical wound • management of stump oedema: bandaging techniques • prevention of limb contractures and weakness • the use of rigid dressings • explain causes and management of stump and phantom pain • describe principles of interdisciplinary rehabilitation management, including: <ul style="list-style-type: none"> • maintenance of strength and ROM of residual limb • treatment of associated injuries • training for change of dominance and one-handed activities • assistance in coping with loss, altered body image and change in life roles • early fitting and training with an interim prosthesis • monitoring of wound and residual limb • appropriate timing of definitive prosthesis • techniques of casting and fabrication of prosthetic socket • prescription of appropriate prosthetic components • prosthetic training, including: <ul style="list-style-type: none"> • application of prosthesis and harness • training in prosthesis operation • self care and domestic activities • special needs of the bilateral amputee • care and maintenance of prosthesis • describe the principles of community reintegration, including: <ul style="list-style-type: none"> • discharge planning • provision of aids/modifications in home environment • transport and driving • work and sports activities, including vocational retraining • family and social reintegration • role of community organisations. 	<ul style="list-style-type: none"> • interpret assessment of ROM, strength and function of affected and unaffected limbs • interpret assessment of premorbid domestic, vocational, leisure and psychosocial function • interpret causes and management of stump and phantom pain • write a rehabilitation management plan specifying further medical and rehabilitation treatments in appropriate treatment venues • review and coordinate rehabilitation management • communicate effectively with the patient, family, and all members of the rehabilitation team.

ACRONYMS AND INITIALISMS

ABS	agitated behaviour scale
ACE	angiotensin-converting enzyme
ADL	activity of daily living
AFRM	Australasian Faculty of Rehabilitation Medicine
ASIA	American Spinal Injury Association
AVM	arteriovenous malformation
BDS	Beck depression scale
BPI	Beck depression inventory
BTE	Baltimore therapeutic equipment
CACP	community aged care packages
CIMT	constraint-induced movement therapy
CIQ	community integration questionnaire
COWAT	controlled oral word association test
CPD	continuing professional development
CSF	cerebrospinal fluid
CSQ	coping strategies questionnaire
CVA	cerebrovascular accident
CVD	cerebrovascular disease
DVT	deep vein thrombosis
EACH	extended aged care at home
ECG	electrocardiogram
EDSS	expanded disability status scale
EEG	electroencephalography
EKG	electrocardiography
EPC	enhanced primary care
FABQ	fear-avoidance behaviour questionnaire
FAM	functional assessment measure
FES	functional electrical stimulation

FIM	functional independence measure
GCS	Glasgow coma scale
GOS	Glasgow outcome scale
HKAFO	hip-knee-ankle-foot orthoses
ICP	intercuspal position
ICP	intracranial pressure
ISNY	Icelandic-Swedish-New York
KAFO	knee-ankle-foot orthoses
MACE	Malone antegrade continence enema
MET	metabolic equivalent of task
MMPI	Minnesota Multiphasic Personality Inventory
MND	motor neurone disease
MS	multiple sclerosis
MVA	motor vehicle accident
NYHA	New York Heart Association
OBS	overt behaviour scale
PADP	Program of Appliances for Disabled People
PE	pulmonary embolism
PEG	percutaneous endoscopic gastrostomy
PET	positron emission tomography
PPS	post-polio syndrome
PQC	Professional Qualities Curriculum
PTA	post-traumatic amnesia
PTB	patellar tendon bearing
PTK	patella tendon kegel
PTS	patella tendon supracondylar
RAP	Repatriation Appliances Program
ROM	range of motion
SACH	solid ankle cushioned heel

SCI	spinal cord injury
SF 36	short form health survey 36
SFS	spinal function sort
SIADH	syndrome of inappropriate antidiuretic hormone hypersecretion
SIP	sickness impact profile
SLE	systemic lupus erythematosus
SPECT	single photon emission computed tomography
SPRS	Sydney Psychosocial Reintegration Scale
TBI	traumatic brain injury
TENS	transcutaneous electrical nerve stimulation
TIA	transient ischaemic attacks
TSB	total surface bearing
TTA	transtibial amputee
VAS	visual analogue scale
WAIS	Wechsler adult intelligence scale
WMS	Wechsler memory scale
WNSSP	Western neuro sensory stimulation profile

SUGGESTED LEARNING RESOURCES

Cardiac Disease

Texts

- AACVPR cardiac rehabilitation resource manual: promoting health and preventing disease. American Association of Cardiovascular and Pulmonary Rehabilitation. Champaign, IL: Human Kinetics, 2006 (Companion volume to Guidelines for cardiac rehabilitation and secondary prevention programs c2004)
- Cardiac Rehabilitation, Ed William E Kraus and Steven J Keteylan. Toyowa, N J: Humana 2007
- Guidelines for cardiac rehabilitation and secondary prevention programs. American Association of Cardiovascular and Pulmonary Rehabilitation Champaign, IL: Human Kinetics, c2004

Journal

- Journal of Cardiopulmonary Rehabilitation and Prevention

Websites

- AACVPR Consensus statement. Outcomes in cardiac rehabilitation/secondary prevention programs. Improving patient care and program effectiveness. American Association of Cardiovascular and Pulmonary Rehabilitation www.aacvpr.org/Resources/ResourcesforMedicalProfessionals/tabid/108/Default.aspx
- Cardiopulmonary rehabilitation and cancer rehabilitation SAE in Archives of Physical Medicine and Rehabilitation, v87 March Supplement, 2006 Study Guide www.archives-pmr.org/issues

Chronic Pain

Books

- Acute Pain Management: Scientific Evidence by ANZCA Faculty of Pain Medicine 2005 2nd Edition
- Classification of Chronic Pain edited by H. Merskey and N. Bogduk (IASP Press: 2nd Edition, 1994)
- Management of Acute and Chronic Neck Pain - An Evidence-based Approach by Nikolai Bogduk, Brian McGuirk (Elsevier 2006)
- Core Curriculum for Professional Education in Pain. Ed J Edmond Charlton, Seattle (IASP Press: c2005)
- Pharmacological Approaches to the Treatment of Chronic Pain edited by H. Fields and J. Liebeskind (IASP Press c 1994)
- Textbook of Pain edited by P. Wall and R. Melzack (Churchill Livingstone: 5th Edition, 2006)
- Bonica's management of pain. Ed John D Loeser, Philadelphia, PA: Lippincott Williams & Wilkins 2001 3rd Edition
- Chronic pain management: guidelines for multidisciplinary program development. Ed. Michael E Schatman, Alexandra Campbell, New York: Informa Healthcare c2007
- Clinical anatomy of the lumbar spine and sacrum. Nikolai Bogduk, New York: Churchill Livingstone, 2005 4th Edition
- Cousins and Bridenbaugh's neural blockade in clinical anaesthesia and pain medicine. Ed. Michael J Cousins, Phillip O Bridenbaugh. Philadelphia, PA: Lippincott Williams & Wilkins 2009 4th Edition
- Drugs for Pain by Howard S Smith 2003 Hanley & Belfus
- Fundamentals of musculoskeletal pain. Ed. Thomas Graven-Nielsen, Siegfried Mense, Seattle 2008
- Interventional pain management. Ed. Steven D Waldman. Philadelphia: W B Saunders 2001 2nd Edition
- Manage your Pain by Michael Nichols et al 2004 ABC Books

- Pain in older persons. Ed. Stephen J Gibson, Debra K Weiner. Seattle 2005
- Pain medicine: a comprehensive review. Ed. P Prithvi Raj. St Louis, Mo: Mosby 2003
- Travell & Simons' myofascial pain and dysfunction: the trigger point manual/David G Simons, Janet G Travell, Lois S Simons: Philadelphia, PA: Baltimore, MD: Lippincott Williams & Wilkins 1999 2nd Edition

Journals

- Clinical Journal of Pain
- Journal of Pain and Symptom Management
- Pain
- Acute Pain: International Journal of Acute Pain Management
- European Journal of Pain
- Journal of Pain: Official Journal of the American Pain Society
- Pain Research and Management: the Journal of the Canadian Pain Society

Websites

- Clinical update MJA 2004; 180 (2): 79-83
www.mja.com.au/public/issues/180_02_190104/bog10461_fm.html
- International Association for the Study of Pain
iasp-pain.org
- International Spinal Intervention Society
www.spinalinjection.com/
- Interventions in chronic pain management in Archives of Physical Medicine and Rehabilitation v89 March Supplement, 2008 Study Guide
www.archives-pmr.org/issues

Developmental and Intellectual Disability in Adults

Books

- Demystifying Syndromes, Griffiths, D. and King, R. (eds), NADD Press, 2004
- Management Guidelines Developmental Disability 2nd edition, Lennox, N (ed), Therapeutic Guidelines, Melbourne, 2005
- Management of Genetic Syndromes 2nd Edition, Cassidy, S. and Allanson, J. (eds), Wiley & Sons, New Jersey, 2005
- Medical care for children and adults with developmental disability. 2nd Edition, Rubin & Crocker (eds) Baltimore: Paul H Brookes Pub. 2006
- Pain in Children and Adults with Developmental Disabilities, Oberlander, T and Symons, F (eds), Paul H Brookes, Maryland, 2006
- Smith's Recognisable Pattern of Human Malformation 6th Edition, Jones, K. (ed), Elsevier Saunders, Pennsylvania, 2006
- Treating neurodevelopmental disabilities: clinical research and practice. Farmer, Donders & Warschausky (eds), New York: Guilford 2006

Journals

- Disability and Rehabilitation
- Journal of Intellectual and Developmental Disability
- Journal of Policy and Practice in Intellectual Disabilities

- Journal of Intellectual Disability Research
- Journal of Applied Research in Intellectual Disabilities
- Journal on Developmental Disabilities

Websites

- Australasian Society for the Study of Intellectual Disability
www.ASSID.org.au
- Australian Association for Developmental Disability Medicine
www.cddh.monash.org/aaddm.html
- Comprehensive Health Assessment Program CHAP Queensland Centre for Intellectual and Developmental Disability
www.disability.qld.gov.au/support-services/providers/chap/
- Centre for Developmental Disability Health Victoria, School of Primary Health Care Monash University
www.cddh.monash.org
- Centre for Developmental Disability Studies Faculty of Medicine. University of Sydney
www.cds.med.usyd.edu.au/
- International Association for the Scientific Study of Intellectual Disability
www.IASSID.org
- OMIM – Online Mendelian Inheritance in Man
www.ncbi.nlm.nih.gov/omim
- Queensland Centre for Intellectual and Developmental Disability (QCIDD), School of Population Health, University of Queensland
www2.som.uq.edu.au/som/Research

Articles

- Bittles, A. et al (2002): The influence of intellectual disability on life expectancy. *J Geront* 57: M470-M472
- Wallace, R.A, and Dalton, A.J. (2006): Clinicians guide to physical health problems of older adults with Down Syndrome. *Journal on Developmental Disabilities* 12: 1-79
- Whole volume – Ageing and Disability. *Journal of Applied Research in Intellectual Disabilities* (2003) 12: 1-79

Illness and Injury of the Child and Adolescent

Books

- Muscle Disorders in Childhood by Victor Dubowitz. London 1995 2nd edition
- Orthopaedic Management in Cerebral Palsy by Eugene Bleck (Clinics in Developmental Medicine) London: Mac Keith Press 2007 2nd edition
- Orthopaedic Management in Childhood by Williams and Cole. London: Hodder Arnold, 1998 2nd revised edition
- Pediatric Rehabilitation edited by Gabriella Molnar, Michael A Alexander. Philadelphia: Hanley & Belfus, 1999 3rd edition
- Diseases of the nervous system in childhood. Ed Jean Aicardi, Martin Bax, Christopher Gillberg, London: Mac Keith Press 2009 3rd edition
- Fundamentals of pediatric orthopedics/Lynn T Staheli. Philadelphia, PA: Lippincott Williams & Wilkins, 2007 4th edition
- Head injury in children and adolescents/edited by Daune L MacGregor. Mac Keith Press 2007
- Movement disorders in children/Emilio Fernandez-Alvarez, Jean Aicardi, London: Mac Keith Press 2001

- Practice of pediatric orthopedics/Lynn T Staheli. Philadelphia, PA: Lippincott Williams & Wilkins, 2006 2nd edition

Journals

- Developmental Medicine and Child Neurology
- Journal of Paediatric Surgery
- Developmental Neurorehabilitation (formerly Pediatric Rehabilitation)
- Journal of Child Neurology
- Journal of Children's Orthopaedics
- Journal of Paediatrics and Child Health
- Journal of Pediatric Orthopaedics

Websites

- American Academy for Cerebral Palsy and Developmental Medicine (AACPDM)
www.aacpdm.org
- CanChild Centre for Childhood Disability Research
www.canchild.ca/en
- The Children's Hospital Westmead (NSW) Rehabilitation Department
www.chw.edu.au/rehabilitation
- The Royal Children's Hospital Paediatric Rehabilitation Service (Vic)
www.rch.org.au/rehab
- The Victorian Paediatric Rehabilitation Service
www.health.vic.gov.au/vprs/index.htm

Illness and Injury in Older People

Books

- Essentials of Clinical Geriatrics by Robert L Kane, Ouslander and Abrass, McGraw-Hill Medical 6th edition 2009
- Fundamentals of geriatric medicine: a case-based approach/Ed. Rainier P. Soriano. New York: Springer 2007
- Geriatric Rehabilitation/guest editor Adrian Cristian. Philadelphia, PA: Saunders 2006
- Geriatrics at your fingertips/authors David B Reuben et al. New York: American Geriatrics, 2008
- The management of pain in older people/Ed. Pat Schofield. Chichester, England: John Wiley & Sons 2007
- Oxford handbook of geriatric medicine/Lesley K Bowker, James D Price, Sarah C Smith. Oxford: Oxford University Press 2006
- Rehabilitation of the older person: a handbook for the interdisciplinary team/edited by Amanda J Squires, Margaret B Hastings. Cheltenham: Nelson Thornes 2002 3rd Edition
- Who Can Decide? The six step capacity assessment process. Darzins P et al, Memory Australia Press 2000, ISBN 0-646-40343-5

Journals

- Age and Ageing
- Australasian Journal on Ageing
- Clinics in Geriatric Medicine
- Journal of the American Geriatrics Society
- Topics in Geriatric Rehabilitation

Websites

- Australian Clinical Guidelines for Stroke Rehabilitation and Recovery 2005. Available from www.nhmrc.gov.au/publications/synopses/cp105syn.htm
- Scottish Intercollegiate Guidelines Network (SIGN). Management of hip fracture in older people (SIGN Publication No. 111). Available from www.sign.ac.uk/guidelines/fulltext/111/index.html
- Anonymous. Prevention of falls in older persons. American Geriatrics Society (2010) Available from www.americangeriatrics.org/health_care_professionals/clinical_practice/clinical_guidelines_recommendations/2010/
- Australian and New Zealand Society for Geriatric Medicine (ASGM) www.anzsgm.org
- Rehabilitation and Older People. AFRM Special Interest Group www.racp.edu.au
- Rehabilitation and Older People. Ian D Cameron and Susan E Kurrle. MJA 2002 177 (7): 387-391. Full text available from www.mja.com.au/public/issues/177_07_071002/cam10158_fm.html
- Assessing Fitness to Drive. National Road Transport Commission (Free Publication), Sept 2003, Chapters: 3.5.1 – 3.5.8(p22-23), 15: "Older drivers" p 76-78. ISBN 0-85588-507-6. Available from www.austroads.com.au
- Aging in the know: your gateway to health and aging resources on the web. American Geriatrics Society Foundation for Health and Aging (FHA) www.healthinaging.org/agingintheknow/
- Disability, Ageing and Carers, Australia. Summary of findings 2003 Australian Bureau of Statistics. (Cat. no. 4430.0) www.abs.gov.au
- Geriatric rehabilitation in Archives of Physical Medicine and Rehabilitation, V85 July Supplement, 2004 Study Guide www.archives-pmr.org/issues

Lower Limb Amputation

Books

- Andrews K. Rehabilitation in Limb Deficiency 3. The Geriatric Amputee
- Arch. Phys. Med. Rehabilitation. 1996 : 77, S14-17
- Arlanta H. et al. Lower Limb Amputations in Southern Finland. Prosthetics & Orthotics Int. 1995: 19, 155-158
- Czerniecki J.M. Rehabilitation in Limb Deficiency 1. Gait and Motion Analysis
- Arch. Phys. Med. Rehabilitation. 1996: 77, 53-58
- Ebskov L.B. Relative Mortality in Lower Limb Amputees with Diabetes Mellitus. Prosthetics & Orthotics Int. 1996: 20, 147-152
- AAOS Atlas of orthoses and assistive devices/Lewis, Richard J Sr. Missouri: Elsevier Mosby 2008 4th edition
- Amputations and prosthetics: a case study approach/Bella J May. Philadelphia, PA: F A Davies 2002 2nd edition
- Atlas of amputations and limb deficiencies: surgical, prosthetic and rehabilitation principles/American Academy of Orthopedic Surgeons. Rosemont, IL: American Academy of Orthopedic Surgeons 2004 3rd edition
- Orthotics and prosthetics in rehabilitation/edited by Michelle M Lusardi, Caroline C Nielsen. St. Louis, Missouri: Saunders/Elsevier 2007 2nd edition
- A primer in limb prosthetics by A Bennett Wilson Jr, Springfield Ill: C C Thomas 1998

- Prosthetics and orthotics/Donald G Shurr, John W Michael. Upper Saddle River, NJ: Prentice Hall 2002 2nd edition
- Prosthetics and orthotics: lower limb and spine/Ron Seymour. Philadelphia: Lippincott Williams & Wilkins 2002
- Prosthetics and patient management: a comprehensive clinical approach/edited by Kevin Carroll, Joan Edelstein. Thorofare, NJ: SLACK Inc 2006

Journals

- Journal of Rehabilitation Research and Development [formerly Bulletin of Prosthetic Research]
- JPO Journal of Prosthetics and Orthotics
- Prosthetics and Orthotics International

Websites

- Rehab Tech: Rehabilitation engineering at Monash University
www.monash.edu.au/rehabtech/
- The National Centre (Australia) for Prosthetics and Orthotics, Latrobe University
www.latrobe.edu.au/ncpo/
- New South Wales Artificial Limb Service (NSW ALS)
rehabtech.eng.monash.edu.au/nsw-als/resource.htm
- Limb deficiency and prosthetic management in Archives of Physical Medicine and Rehabilitation, V87 March Supplement, 2006 Study Guide
www.archives-pmr.org/issues

Organisations associated with Prosthetics & Orthotics

- International Society for Prosthetics and Orthotics (ISPO)
www.ispo.ws/
- American Academy of Orthotists and Prosthetists
www.oandp.com/
- An on-line version of JPO starting from 1989 (a JAVA compatible browser is required to use the search engine)
www.oandp.org/jpo/
- The ISPO Canada website
www.ispo.ca/default.asp
- The ISPO UK website
www.ispo.org.uk/

Courses

- Prosthetics and Orthotics Courses run in NSW by UNSW and in Victoria by RehabTech

Lymphoedema and Related Disorders

Books

- Lymphoedema Frame work: Best Practice for the Management of Lymphoedema. International Consensus, London MEP Ltd 2006
- Review of Current Practice and Future Direction in the Diagnosis, Prevention and Treatment of Lymphoedema in Australia. February 2004. Report to the Australian Health Ministers Advisory Council
- Lymphoedema Edited by Twycross Jones and Todd. Ausmed Publications 2003
- Textbook of Lymphoedema Foeldi, Foeldi and Kubrik Urban and Fisher 2007

Musculoskeletal Medicine

There is no single journal or textbook which provide adequate coverage of diagnosis and/or rehabilitation management of the wide range of musculoskeletal complaints which may be encountered in the practice of musculoskeletal rehabilitation. Some areas, such as fibromyalgia and myofascial pain, and the management of acute and chronic low back pain, remain under vigorous scientific debate. Read widely beyond the scope of the following lists, and review evidence-based articles appearing in major journals.

Books

- Apley's System of Orthopaedics and Fractures/Louis Solomon. London: Arnold 2001 8th edition
- Clinical Anatomy of the Lumbar Spine and Sacrum by Bogduk and Twomey (Churchill Livingstone: 2005 4th Edition)
- Clinical Orthopaedic Examination by McCrae. Edinburgh: Churchill Livingston, 2004 5th edition
- Clinical Orthopaedic Rehabilitation - S. Brotzman (Mosby 2003 2nd edition)
- Clinical uses of botulinum toxins/Edited by Anthony B Ward & Michael P Barnes. Cambridge: Cambridge University Press 2007
- Copeman's Text Book of Rheumatic Diseases/Editors J T Scott, W S C Copeman. Edinburgh: Churchill Livingstone: 6th Edition, 1986)
- Essentials of physical medicine and rehabilitation: musculoskeletal disorders, pain and rehabilitation. Edited by Walter R Fontera, Julie K Silver, Thomas D Rizzo Jr. Philadelphia, PA: Saunders/Elsevier 2008 2nd edition
- Exercise in rehabilitation medicine, Walter R Fontera. Champaign, IL: Human Kinetics 2006 2nd edition
- Evaluation of orthopaedic and athletic injuries by C Starkey and J L Ryan 2002 F A Davis
- Hand and upper extremity rehabilitation: a practical guide. Ed Susan L Burke [et al] St Louis, Mo: Elsevier Churchill Livingstone: 3rd Edition, 2006
- Handbook of orthopaedic rehabilitation/s Brent Brotzman, Kevin E Wilk. Philadelphia, PA: Mosby 2007 2nd edition
- Kinesiology and Applied Anatomy by Rasch and Burke (Lee and Febiger: 7th Edition, 1989)
- Managing Low Back Pain edited by Kirkaldy-Willis and Burton (Churchill Livingstone: 4th Edition, 1999)
- Measurement of joint motion: a guide to goniometry/Cynthia C Norkin, D Joyce White. Philadelphia: F A Davis 2009 4th edition
- Medical Management of Acute and Chronic Low Back Pain: An evidence based approach by N Bogduk & B McGuirk 2002 Elsevier
- Muscle Testing and Function by Kendall, Kendall and Wadsworth (Waverly Press) 1993 4th edition
- Musculoskeletal physical examination: an evidence based approach/Gerard A Malanga, Scott F Nadler. Philadelphia, PA: Elsevier Mosby 2006
- New avenues for the prevention of chronic musculoskeletal pain and disability by S J Linton 2002 Elsevier
- Orthopedic physical assessment/David J Magee. St Louis, Mo: Saunders/Elsevier 2008 5th edition
- Orthopaedic clinical examination by Joshua Cleland 2005 Saunders
- Physical examination of the spine and extremities/Stanley Hoppenfeld. New York: Appleton-Century-Crofts 1976
- Pocket Guide to Musculoskeletal Assessment by Richard E Baxter 2003 Saunders
- Practical Orthopaedic Medicine by B Corrigan and D Maitland (Butterworths) 1983
- Scientific foundations and principles of practice in musculoskeletal rehabilitation/editors David J Magee, James E Zachazewski, William s Quillen. St Louis, Mo: Saunders/Elsevier 2007
- Sports Injury: Assessment and Rehabilitation by David C. Reid. New York: Churchill Livingston 1992

- Therapeutic Exercise by John V Basmajian. Baltimore: Williams & Wilkins 1990 5th edition
- Upper motor neurone syndrome and spasticity: clinical management and neurophysiology/edited by Michael P Barnes & Garth R Johnson. Cambridge University Press 2008 2nd edition
- Whiplash (Ed. Malanga) 1998 by Harley & Belfus 2002

Journals

- Clinics in Sports Medicine
- Journal of Bone and Joint Surgery (American and British)
- Orthopaedic Clinics of North America
- Radiologic Clinics of North America

Websites

- Bone and Joint Decade 2000-2010 for prevention and treatment of musculoskeletal disorders
www.boneandjointdecade.org/
- Industrial medicine and acute musculoskeletal rehabilitation in Archives of Physical Medicine and Rehabilitation, v88 March Supplement, 2007 Study Guide
www.archives-pmr.org/issues
- Neuromuscular rehabilitation and electrodiagnosis rehabilitation of orthopedic and rheumatologic disorders in Archives of Physical Medicine and Rehabilitation, v86 March Supplement, 2005 Study Guide
www.archives-pmr.org/issues

Neurological Disease

Books

- Case studies in neurological rehabilitation (Tarek) Cambridge University Press 2008
- Cognitive and behavioral rehabilitation: from neurobiology to clinical practice. Jennie Ponsford. New York; London: Guilford 2004
- Cognitive assessment for clinicians. John R Hodges. Oxford University press 2007
- Cognitive neurorehabilitation: evidence and application. Edited by Donald T Stuss et al. Cambridge University Press 2008 2nd edition
- Neurological rehabilitation edited by Darcy Ann Umphred. St Louis: Mosby 2007 5th edition
- Neurological rehabilitation of multiple sclerosis Edited by Alan J Thompson. Abingdon: Informal Healthcare 2006
- Neuroscience: fundamentals for rehabilitation/Laurie Lundy-Ekman. St Louis, MO: Saunders 2007 3rd edition
- Recovery after stroke/edited by Michael P Barnes et al. Cambridge University Press 2005. Paperback March 2009
- Severe and complex neurological disability: management of the physical condition. Pauline M Pope. Edinburgh: Butterworth-Heinemann/Elsevier 2007
- Stroke: practical management/C Warlow et al. Malden, Mass: Blackwell Pub 2008, c2007 3rd edition
- Stroke recovery and rehabilitation edited by Joel Stein et al. New York: Demos Medical 2009
- Stroke Rehabilitation: a collaborative approach. Edited by Robert Fawcus. Oxford; Malden, Mass: Blackwell Science 2000
- Stroke Rehabilitation: a function based approach edited by Glen Gillen et al. St Louis, Mo: Mosby 2004 2nd edition
- Stroke Rehabilitation, Kaplan & Cerullo. Boston: Butterworths 1986
- Vestibular rehabilitation, Susan J Herdman. Philadelphia: F A Davis 2007 3rd edition

- Wheelchair selection and configuration, Rory A Cooper. New York: Demos 1998
- Wheelchairs: A Prescription Guide, A Bennett Wilson (Demos Publications) 1992

Journals

- Journal of Cognitive Rehabilitation
- Neurorehabilitation
- Neurorehabilitation and Neural Repair
- Cerebrovascular Diseases
- International Journal of Stroke
- Journal of Stroke and Cerebrovascular Diseases
- Stroke
- Topics in Stroke Rehabilitation

Websites

- Clinical guidelines for stroke rehabilitation and recovery/National Stroke Foundation 2005
www.nhmrc.gov.au/publications/synopses/cp105syn.htm
- National Stroke Foundation
www.strokefoundation.com.au
- Congenital and acquired brain injury in Archives of Physical Medicine and Rehabilitation, v89 March Supplement, 2008 Study Guide
www.archives-pmr.org/issues
- The Evidence-Based Review of Stroke Rehabilitation (EBRSR)
www.ebrsr.com
- Stroke rehabilitation in Archives of Physical Medicine and Rehabilitation, v86 Dec Supplement, 2005 Study Guide
www.archives-pmr.org/issues
- Stroke Rehabilitation and neurodegenerative disorders in Archives of Physical Medicine and Rehabilitation, v85 March Supplement, 2004 Study Guide
www.archives-pmr.org/issues

Occupational Injury

Books

- Back Pain in the Workplace: Management of Disability in Non-specific Conditions. A Report of the Task Force on Pain in the Workplace, the International Association for the Study of Pain. IASP Press. Seattle. 1995
- Disability evaluation. Stephen Demeter editor. Mosby 2003 2nd edition
- Fitness for Work: the medical aspects. Edited by R A F Cox. Oxford University Press 2000 3rd Edition
- Guide to the evaluation of functional ability: how to request, interpret and apply functional capacity evaluation. Edited by Genovese and Galper. American Medical Association 2009
- Guides to the evaluation of disease and injury causation. Edited by Melhorn and Ackerman. American Medical Association 2008
- Occupational Low Back Pain: Assessment, Treatment and Prevention. M.H. Pope, G.B.J. Anderson, J.W Frymoyer, D.B. Chaffin. Mosby. 1991
- Occupational Medicine. Zenx, Dickerson & Horvath. Mosby. 1994. (3rd Ed)

- Occupational Rehabilitation: Guidelines on Principles and Practice. Australian College of Rehabilitation Medicine and Australian College of Occupational Medicine. 1987. (AFRM Office)
- Principles and Practices of Disability Management in Industry. Shrey & Lacerte. G.R. Press. Florida. 1995
- Vocational Rehabilitation/Jain Holmes. Oxford: Blackwell 2007

Journal

- Journal of Occupational Rehabilitation

Websites

- Acute low back injuries. Workcover South Australia
www.workcover.com/Treat/treathome/Commoninjuries/Acutelowbackpaininjuries.aspx
- Assessing fitness to drive
www.austroads.com.au/aftd/index.html
- Clinical framework for the delivery of health services. Vic, WorkCover
www.worksafe.vic.gov.au/
- Industrial medicine and acute musculoskeletal rehabilitation in archives of Physical Medicine and Rehabilitation v88 March Supplement, 2007 study guide
www.archives-pmr.org/issues
- Medical Practitioner's Guide to the WorkCover. There are a number of published Codes of Practice for various industries. Trainees seeking specific information are advised to contact the relevant industry council. For example: www.workcover.nsw.gov.au and www.riskman.unsw.edu.au/ohs/
- Policy & Guidelines for the Management of Occupational Rehabilitation in NSW Public Health Facilities. 1997
www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_162.pdf
- Realising the Health Benefits of Work. Position statement of the Australasian Faculty of Occupational and Environmental Medicine (AFOEM) of the Royal Australasian College of Physicians (RACP).
afoem.racp.edu.au/page/media-and-news/realising-the-health-benefits-of-work

Spinal Injury and Disease

Core Books

- ABC of Spinal Cord Injury, David Grundy and Andrew Swain. 4th edition. BMJ Publishing, 2002
- Rehabilitation Medicine. Principles and Practice (2005) edited by Joel De Lisa, Braddom, or similar comprehensive rehabilitation textbooks relevant chapters of e.g. SCI, bladder, bowel, pressure ulcer, spasticity, pain, psychology, sexuality, orthotics, etc.

Comprehensive Books

- Spinal Cord Medicine: Principles and Practice. by Vernon W Lin, Diana D Cardenas, Nancy C Cutter, Margaret C Hammond, Laurie B.Lindblom, Inder Perakash, Robert Waters, Robert M Woolsey. Demos Medical 2003
- Spinal Cord Medicine by Steven Kirshblum, Denise Campagnolo, Joel A. De Lisa Lippincott Williams and Wilkins. 2002

(The above 2 textbooks are very useful comprehensive SCI references)

- Diseases of the Spine and Spinal Cord. TN Byrne, EC Benzel and SG Waxman. Oxford University Press (January, 2000)

Specialist Textbooks

These are suggested for a much greater detail of understanding of specific aspects of SCI medicine:

- The Child with a Spinal Cord Injury. American Academy Orthopaedic Surgeons. Shriners Hospitals for Crippled Children Symposium (Corporate Author), Randal R. Betz & M. J. Mulcahey Editors. 1996
- Guides 6th impairment training workbook: spine. Marjorie Eskay-Auerbach, James B Talmage [Chicago Ill.] American Medical Association 2009
- Spinal Cord Injury Pain: Assessment, Mechanisms, Management. Progress in Pain Research and Management, Vol. 23, edited by K. J. Burchiel and R. P. Yeziarski, Seattle: IASP Press, 2002
- Spinal Cord Injuries: Psychological, Social and Vocational Adjustment by Trieschmann. (New York: Demos, 2nd edition, 1988)
- American Psychological Association's Handbook of Rehabilitation Psychology. R. Frank & T. Elliott Eds. 2000
- Management of High Quadriplegia, editors: Gale G. Whiteneck et al. Demos, 1989. (Comprehensive neurologic rehabilitation; v. 1)
- The rehabilitation of people with spinal cord injury. Shanker Nesathural. Ed Malden MA: Blackwell Science 2000 2nd Edition
- Rehabilitation of the spine: a practitioner's manual. Ed Craig Liebenson. Baltimore, MD: Lippincott Williams & Wilkins, 2007
- Spinal cord injury rehabilitation. Ed Edelle C.Feld-Fote. Philadelphia, PA: F A Davis 2009
- Spinal Cord Injury: Medical Management & Rehabilitation. G Yarkony (Ed). Rehabilitation Institute of Chicago Procedure Manual. Aspen Publishers, Gaithersburg, Maryland. 1994
- Spinal Cord Injury: Clinical Outcomes from the Model Systems, edited by Samuel L. Stover, Joel A. Delisa, Gale G. Whiteneck. Aspen, 1995

Journals

As with all aspects of health care, new research is continually being published. It is important to develop strategies to keep up to date and search the literature, especially using the internet, for new relevant information on topics of interest.

Core Journals

- Journal of Spinal Cord Medicine
- Spinal Cord (formerly Paraplegia)

Additional Useful Journals

- Topics In Spinal Cord Injury Rehabilitation
- SCI Nursing
- Spine

Websites

- International Spinal Cord Society (ISCoS)
www.iscos.org.uk
- American Spinal Injury Association
www.asia-spinalinjury.org
- Spinal cord injury in Archives of Physical Medicine and Rehabilitation, v88 March supplement, 2007 Study Guide (Free full text available from www.archives-pmr.org/issues)
- The Spinal Cord Injury Rehabilitation Evidence
www.icord.org/scire/home.php

Traumatic Brain Injury

Books

- Acquired Brain Injury: an integrative neurorehabilitation approach/Elbaum & Benson (eds) New York, Springer 2007
- Brain Injury medicine: principles and practice. Edited by Nathan D Zasler et al. New York: Demos 2007
- Community Integration following TBI. Kreutzer and Wehmann. Baltimore: Brookes, 1990
- Medical Rehabilitation of Traumatic Brain Injury, Ed. L. Horn and N. Zasler, Publ. Hanley and Belfus Inc 1996. Distributed in Australia by Mosby
- Mild traumatic brain injury and post concussion syndrome: the new evidence base for diagnosis and treatment/ Michael A McCrea. New York: Oxford University Press 2008
- Psychological approaches to rehabilitation after traumatic brain injury. Tyerman & King (eds) Oxford: BPS Blackwell 2008
- Recovery After Traumatic Brain Injury. Edited by B. Uzzell and H. Stonnington. Lawrence Erlbaum Associates, 1996
- Rehabilitation for traumatic brain injury. Walter M High et al (eds) Oxford University Press 2005
- Rehabilitation of people with traumatic brain injury. Buck H Woo, Shanker Nesathurai (eds) Malden. Mass: Blackwell Science 2000
- Rehabilitation of the Adult and Child with traumatic brain injury by Rosenthal, Griffith Bond and Miller. Ed3 Philadelphia: Davis 1999
- Textbook of traumatic brain injury. Silver, McAllister, Yudofsky (eds) Washington DC: American Psychiatric Pub 2005
- Trauma Rehabilitation edited by Lawrence R Robinson Philadelphia, PA: Lippincott Williams & Wilkins 2006
- Traumatic Brain Injury: rehabilitation for everyday adaptive living. Jennie Ponsford. Hove, Eng: Lawrence Erlbaum Assoc. 1995
- Traumatic Brain Injury - Services, Treatments and Outcome. Edited by M.A. Chamberlain, V. Neumann and A. Tennant. Chapman and Hall Medical, London, 1995

Journals

- Brain Injury
- Journal of Head Trauma Rehabilitation
- Journal of Neurotrauma

Websites

- Archives of Physical Medicine and Rehabilitation, including 1998 Study Guide Vol. 79 No 3 Supp. 1. March 1998
www.archives-pmr.org/issues
- The Evidence-Based Review of Moderate to Severe Acquired Brain Injury (ABIEBR) is a joint project to develop an evidence-based review of the literature for rehabilitation or rehabilitation-related interventions for ABI
www.abiebr.com
- Neuroplasticity and brain imaging research: implications for rehabilitation in Archives of Physical Medicine and Rehabilitation, v87 Dec Supplement, 2006
www.archives-pmr.org/issues
- Psychological database for Brain Impairment Treatment Efficacy
www.psycbite.com
- Traumatic Brain Injury. New Zealand Guidelines 2007
www.nzgg.org.nz/guidelines/0129/pdf_final.pdf

Upper Limb Amputation

Book

- A Review of the Management of Upper Limb Amputees: L E Jones & J Davidson. Critical Reviews in Physical and Rehabilitation Medicine, June, 1997

