DESCRIPTION

A. General Description:

1. Exposure to rehabilitation concepts and experience in musculoskeletal and neuromuscular disorders. The in-patient services (stroke, head injury, spinal cord injury, orthopaedic, amputee) to strengthen and provide skills to assess disability across a broad spectrum of diseases including: hemiplegia, cognitive dysfunction paraplegia, tetraplegia, amputated limbs, chronic pain, brain injury.

2. Out-Patient Clinics

   Offers exposure to upper and lower extremity impairments, orthotics, amputees, general rehabilitation, neuromuscular impairments, sport medicine, occupational medicine, electrodiagnostic medicine, spinal cord injury, traumatic brain injury and stroke.

3. In-Patient Services

   Multi-disciplinary and inter-disciplinary rehabilitation teams in the assessment and treatment of stroke, neuro-locomotor, amputee, traumatic brain injury, spinal cord injury and orthopaedic rehab.

B. Objectives:

1. Perform a screening neuromusculoskeletal examination as part of a general physical examination, when appropriate.
2. Understand concepts of impairment, disability, and handicap and be able to apply them.
3. Perform a detailed and organized musculoskeletal examination, including muscle strength testing, active and passive range of movement testing, and gait analysis, when needed.
4. Provide an effective differential diagnosis when presented with a patient with back pain, neck pain, extremity regional pain, hand numbness, localized weakness, and localized tenderness.
5. Recommend pertinent modalities and exercises.
6. Refer for an electrodiagnostic study to physiotherapy, occupational therapy, speech-language pathology, social services, psychology, vocational assessment, or pastoral care, when appropriate.
7. Refer a patient to a physiatrist, if appropriate, using a useful referral note.
8. Conduct patient-centered interviews that explore the patient’s feelings, ideas, impact on function, and expectations.
9. Develop relationships with patients characterized by compassion, empathy, respect, and genuineness, demonstrating a willingness to collaborate with the patient about management.
10. Perform a physical examination without causing the patient embarrassment.
11. Adapt treatment plans to the individual with consideration for the patient’s age, general health, special needs, expectations, cultural background, progress, or changes in condition.

12. Demonstrate skill in communication of information with clear, concise explanations that are understandable to patients.

13. Demonstrate skill in self-directed learning by:
   a. Ability to identify areas of deficiency in one's own knowledge and skills.
   b. Ability to find appropriate educational resources.
   c. Ability to evaluate personal learning progress.
   d. Ability to use new knowledge in the care of patients.

14. Determine the validity and applicability of published data through critical appraisal.

15. Demonstrate the ability to work effectively as a member of a team, as participant or leader.

16. Collaborate effectively with patients and families without having to take charge.

17. Demonstrate skill in finding common ground when differences of opinion exist.

18. Establish effective relationships with colleagues and other member of the health care team by:
   a. Considering their suggestions and criticisms.
   b. Tactful handling of differences of opinion.

19. Demonstrates the ability to place the needs of patients and families first.

20. Demonstrates honesty and trustworthiness in assessment, study and learning.

21. Demonstrates responsibility and respect.

22. Recognize personal biases and ensure that they do not interfere with the patient's best interests.

23. Be willing to seek help, advice or consultation when needed.

24. Respond to personal and family needs and develop effective support systems

25. Assist patients in accessing the health care system for physical, psychological, social, and economic rehabilitation or long-term care.

26. Use the concepts of evidence-based medicine to guide patient care decisions.

27. Identify potential conflict between individual and population interests and seek advice from others.

28. Assess the effectiveness of practice and engage in continuous quality improvement.

C. Type of Clinical Experience
   In-patient and Out-patient.

D. Night and Weekend Call
   Yes ( )  No (xx)

EVALUATION: Summative Clinical Elective Assessment Form - to be completed by your preceptor

NON-LOTTERY:
Physical Medicine & Rehabilitation rotations - note: Registration is NOT through the 4th Year Electives Lottery. Requests are only processed via the Windsor Non-Lottery 4th Year Elective Request form located on the Medicine 5401 – Year 4 Clinical Sciences Electives web page

REGISTRATION:
https://www.schulich.uwo.ca/medicine/undergraduate/academic_resources/year_4/windsor_nonlottery_4th_year_elective.html