REGULATIONS AND SYLLABUS FOR THE EXAMINATIONS

OF THE

CHARTERED SOCIETY OF PHYSIOTHERAPY

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REGULATIONS AND SYLLABUS FOR THE EXAMINATIONS OF THE CHARTERED SOCIETY OF PHYSIOTHERAPY

THE passing of the Education Act and the formation of a Ministry of Education, together with the publication of the Goodenough Report on Medical Education, set the hall-mark upon 1944 as a year of outstanding progress in all matters of education, both general and professional.

During the whole of 1944, the Chartered Society worked on the revision of its scheme of training in order that the education of Physiotherapists might be brought into line with that of their colleagues in other branches of the Medical Services. It was interesting to note that some of the ideas embodied in the Goodenough Report were already incorporated in the draft of the new Chartered Society of Physiotherapy syllabus.

The Chartered Society considers that the time is appropriate for the introduction of a new syllabus for Physiotherapy students in which far-reaching changes of principle are embodied.

The Chartered Society has attempted to view the preparation of the student in the profession of Physiotherapy as a graduated process of education continuing from Secondary School to the point at which membership of the Society is attained. In order to ensure that membership shall only be open to persons who have attained the age of 21, in future all candidates for training must be at least 18 years of age by the date of their enrolment with the Chartered Society. Enrolment must take place within 3 months of the commencement of their 3 year training. The course of training is, therefore, devised to meet the needs of the average student who passes the School Certificate Examination between the ages of 16 and 17 years, although arrangements can be made for older students to take the Course provided that the necessary standard of education has been attained.

The training covers a period of 3 academic years of full-time study. The whole of the course may be taken in the Hospital Schools as at present, but care has been taken to arrange the syllabus so that at any time the first year's course may be taken at a University. Negotiations with the Universities on this subject would, of course, be necessary. In any case, it is visualised that the course in a Physiotherapy Training School would be planned on University lines, and that the student would be encouraged to carry out individual work and to rely on private study to amplify lectures and demonstrations.

Intending students, teachers and authorities of Training Schools are reminded that there are bursaries and grants available for accredited courses of study. It is hoped that in the future scholarships may be forthcoming and it has therefore been the aim of the Chartered Society to ensure that its course of study will enable students to qualify for such assistance.

The Chartered Society is indebted to the Professors of Medicine, Surgery, Anatomy, Physiology and kindred subjects who have given so generously of their time and knowledge in the preparation of this new syllabus.

REGULATIONS

Applicants for membership of the Chartered Society of Physiotherapy are required to have passed the qualifying examination of which particulars are set out below.

1. The course of study must extend over a period of 3 consecutive years.

During the first year in a Hospital School, or the first academic year in a University course, students should have a vacation of 8 to 12 weeks.

No work on patients should be undertaken during the first 6 months, but students may be allowed to undertake routine departmental duties.

During the second and third years' training a minimum of 8 weeks' leave per year should be given.

Students should gain the equivalent of not less than 3 weeks' full-time practical experience in ward work and discipline. The arrangement of this period is left to the discretion of the Principals.

2. Each candidate for examination must be registered with the Chartered Society as a student within the first 3 months of the commencement of her three years' training and must submit a certificate of physical fitness signed by a medical practitioner appointed by the Training School and proof of having reached the age of 18. Candidates must hold the School Certificate or its equivalent and have spent one post-School Certificate year at school. The general curriculum to be followed in this year should include Chemistry and Physics or General Science if these subjects have not been included in the School Certificate. Candidates who have not completed a post-School Certificate year must produce evidence of having spent at least six months in furthering their education and in reaching the required standard in Chemistry and Physics. Candidates who hold the Scottish Higher Leaving Certificate are regarded as having complied with this regulation provided that Science was one of the subjects taken in the examination.

Candidates who have not taken Biology in School Certificate are advised to study this subject before entry to training.

The above regulations may be revised in the light of the proposed changes in the School Certificate Examination.

Applicants should have taken Physical Training throughout their school education, including the post-School Certificate year.

3. The examinations will be taken as follows:

Preliminary Examination:

Written and oral examination—after not less than 18 months' training.

This will consist of:

Two written papers of 3 hours each in Anatomy and Physiology and an oral examination of approximately 15 minutes;

One written paper of 3 hours in Electro-Mechanics;

One written paper of 3 hours in the Theory of Massage and Movement.

An assessment of the work of candidates in these subjects will be submitted by the Principals of the Training Schools for the use of the Examinations Board.

Candidates must submit proof of attendance at demonstrations on dissected parts and at demonstrations of Practical Physiology.

Candidates are required to have attended classes in Educational Gymnastics.

Intermediate Examination:

Written and oral examination—after not less than 30 months' training.

This will consist of:

One written paper of 3 hours in the Technique of Massage and Movement;

One half-hour practical examination in the Technique of Massage;

One half-hour practical examination in the Technique of Movement, including Group Exercises;

One written paper of 3 hours in the Technique of Electrotherapy;

One half-hour practical examination in the Technique of Electrotherapy (an additional 10 minutes will be allowed for the preparation of the patient);

Two written papers of 3 hours each on the treatment of patients by Physiotherapy:

Paper A: Medical conditions.

Paper B: Surgical conditions.

Candidates will be expected to show a knowledge of Anatomy, Physiology and Pathology relevant to the above subjects.

An assessment of the work of candidates in these subjects will be submitted by the Principals of the Training Schools for the use of the Examinations Board.

Final Examination:

Practical Examination—after not less than 36 months' training.

This will consist of a Practical Examination of 1½ to 2 hours' duration on any form of Physiotherapy included in the syllabus.

Candidates will be required to demonstrate:—

(*a*) the treatment of one long case in which the diagnosis is stated and the candidate is asked to demonstrate methods which might be applied for the treatment of the condition. The treatment may be by Massage, Medical Gymnastics and/or Electrotherapy: and

(*b*) the treatment of two short cases in which the diagnosis is given and the precise treatment is specified.

4. Candidates will be required to spend during their training a minimum of 750 hours on treatments of bona fide patients before entering for the Final Examination, but they are recommended to spend 1,000 hours on this work. The allocation of these hours will be left entirely to the discretion of the Principal of the Training School. Observation of the treatment of patients and practice on fellow students do not contribute to the required number of hours.

The number of hours to be spent on lectures and demonstrations will be left to the discretion of the Principal, but a minimum of 1,000 hours is suggested which might be distributed as follows :—

Preliminary and Intermediate Examinations:

Anatomy and Physiology, 250 hours. A minimum of 10 attendances at demonstrations on dissected parts and 5 attendances at practical demonstrations on physiology is compulsory: a total of 30 attendances is recommended as desirable. The greater proportion of these attendances should be under the guidance of demonstrators in Anatomy and Physiology.

Electro-Mechanics	150 hours.
Pathology	200 hours.
Theory of Massage and Movement	150 hours.
Technique of Massage and Movement	Owing to the variation in the needs of students it is impossible for guidance to be given as to the number of hours.
Technique of Electrotherapy	
Treatment Classes	

5. No candidate may take more than one part of the Examination on any one occasion, nor the Final before passing both the Preliminary and Intermediate Examinations. Candidates who fail any section or sections of the Preliminary or Intermediate Examination may be allowed to re-enter for those sections at the following examination, i.e. after a period of 6 months. Candidates who are re-entering for the Preliminary Examination may at the same time train for the Intermediate Examination and, providing they pass the Preliminary Examination on their first re-entry, they may be permitted to take the Intermediate Examination 12 months after their first entry to the Preliminary Examination.

6. Every candidate will be required to pay the following examination fees :

	£	s.	d.
Preliminary Examination	4	4	0
Intermediate Examination	8	8	0
Final Examination	8	8	0

The fees for re-entry to the Examinations will be :

Preliminary Examination:			
If taken as a whole	4	4	0
Anatomy and Physiology	3	3	0
Theory of Massage and Movement	1	11	6
Electro-Mechanics	1	11	6
Intermediate Examination:			
If taken as a whole	8	8	0
Each section	1	11	6
Final Examination:	8	8	0

Withdrawal Fees

Candidates withdrawing from any examination for reasons of illness will not be required to pay a withdrawal fee. The notice of withdrawal must be accompanied by a medical certificate.

Candidates withdrawing from any examination for reasons other than illness will be required to pay a withdrawal fee of 10s. 6d. if the withdrawal takes place 4 weeks or more before the written examination, or £1 1s. 0d. if the withdrawal takes place less than 4 weeks before the written examination. In cases of re-entry candidates who withdraw at any time before the written examination will be required to pay a withdrawal fee of 5s.

Candidates who fail to present themselves for any examination without notice, or who withdraw after having presented themselves and who fail to satisfy the examiners as to their reasons for withdrawal, will forfeit the examination fee.

7. The examinations will be held twice a year, in May and November.

8. Every student entering for the examinations must return the form of entry, duly completed, together with such other documents as are required, not later than March 1st for the May examinations and September 1st for the November examinations. All cheques should be made payable to the Chartered Society of Physiotherapy.

9. The Council, through its authorized agents, may refuse to admit to examination, or to proceed with the examination of, any candidate who has infringed an examination regulation of the Society or is considered to be guilty of behaviour prejudicial to the proper management and conduct of the examination.

10. Successful candidates in the Final Examination are eligible to apply for admission as registered members of the Chartered Society of Physiotherapy.

SYLLABUS

Throughout the training the general principles of rehabilitation should be borne in mind.

Rehabilitation, as far as Physiotherapy is concerned, may be defined as follows:—

"Measures, ancillary to medical and surgical treatment, designed to assist the restoration of maximum function in sick and injured persons."

Physiotherapeutic Methods may be classified under the following headings:—

(*a*) Individual Remedial Treatment—

Massage, manipulations and movements.

Remedial exercises, with or without apparatus.

Electrotherapy.

Hydrotherapy.

(*b*) Group Remedial Exercises—

Free, assisted or resisted by means of remedial apparatus.

Remedial games.

Attention will be given throughout the 3 years' training to general physical education, practical class teaching and voice production.

PRELIMINARY EXAMINATION

ANATOMY AND PHYSIOLOGY

The cells, tissues, organs and systems of the body (correlation of structure and function). It is not intended that minute structure should be taught in detail.

LIVING ANATOMY

Recognition of structure in the living body by inspection and palpation. Ability to relate to the surface of the living body the position of the chief structures.

BONES AND JOINTS

Bones: General structure and form; important ligamentous attachments. Small bones of hand and foot to be learnt articulated only and without detail; Calcaneum (Os Calcis) and Talus (Astragalus) to be taken in detail.

General features of the skull. Names and positions of bones articulated only. Foramina for the cranial nerves.

Development and growth of bone. Epiphysial cartilages of long bones of extremities (exact ages of ossification not required). Calcium metabolism.

Joints: General classification. Synovial fluid. Gross structure of each joint; movements in the joints and their limitations; chief relations. Group movements of joints.

MUSCULAR SYSTEM

Striated, unstriated and cardiac muscle. Tendons, aponeuroses and fasciae. Physiological properties of muscle, heat production and work. Effects of muscular work. Fatigue. Training.

Position, attachments, action and nerve supply of skeletal muscles, including chief muscles of face and muscles of mastication with their general shape and direction of fibres.

Kinesiology. Action of muscles in commoner movements and attitudes. Group action of muscles.

Mechanics of bodily movement. Leverage and angle of pull. Force of gravity. Ranges or paths of movement. Axes and planes of movement.

Not required in detail: Muscles deep to second layer of back muscles; small muscles between Atlas and skull.

NERVOUS SYSTEM

Brain and spinal cord. Brief outline of shape, position, structure and function, including reflex action. Nervous regulation of muscle tone, postural reflexes and voluntary movement. Principal masses of grey matter; chief tracts and connections. Cerebro-spinal fluid and meninges.

Peripheral nervous system. Skin and muscle sensibility. Cranial nerves. Distribution of 5th, 7th, 10th and 11th nerves. Names and functions only of others. Spinal nerves: branches, course, relations and distribution.

Autonomic System. General position, structure and function.

Nervous correlation of the various parts of the body.

Degeneration and regeneration of nerve.

SKIN

General structure and functions.

VASCULAR SYSTEM

Blood cells and plasma. Properties of blood, including coagulation. Functions of blood.

Heart. Structure, position and mode of action. Pericardium. General account of circulation.

Blood vessels. Structure. Position and general distribution of main arteries and veins, including arches of hand and foot (Venous sinuses and diploic veins not required). Maintenance of blood pressure. The pulse. Nervous control of circulation. Changes in circulation due to exercise.

Tissue Fluids. Lymphatic system; its general function and position of lymphatic vessels, main trunks and glands.

RESPIRATORY SYSTEM

Air passages and lungs. Structure, general relations and position. Pleurae. Mechanism and regulation of breathing. External and internal respiration. Changes in respiration in exercise.

FOOD AND FOODSTUFFS

Carbohydrates, proteins, fats, salts, water and vitamins. Factors to be considered in planning an adequate dietary.

ALIMENTARY CANAL, LIVER AND PANCREAS

Structure, position and general relations. Sub-divisions of the alimentary canal. Function of liver and pancreas. General arrangement of mesenteries.

Outline of process of digestion in mouth, stomach and intestines (no detailed chemistry required). Movements of alimentary canal and their control. Absorption in alimentary canal.

METABOLISM

After-history of absorbed foodstuffs.

TEMPERATURE

Maintenance and regulation.

URINARY SYSTEM

Kidneys, ureters, bladder and urethra. Structure and general position. Functions of kidney. Micturition.

ENDOCRINE GLANDS

Brief outline of functions as a whole. Chemical correlation of the different parts of the body.

REPRODUCTIVE SYSTEM

General mechanism of reproduction (in male and female). Uterus. Position. Changes in menstruation and pregnancy. Other organs in male and female—position only.

ANATOMICAL REGIONS

The following should be known, with their formation and principal contents: Anterior and posterior triangles of neck (contents of anterior not in detail). Axilla. Cubital (ante-cubital) fossa. Femoral (Scarpa's) triangle. Subsartorial canal. Popliteal space.

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The use of the Birmingham Revision of the Basle *Nomina Anatomica* is recommended.

MASSAGE, MANIPULATIONS AND MOVEMENTS

1. THEORY OF MASSAGE (MANIPULATION OF SOFT TISSUES)

Effleurage, Petrissage, Friction, Tapôtement or Percussions, Shaking, Vibration, Stroking.

2. METHODS OF OBTAINING RELAXATION

3. STARTING POSITIONS: FUNDAMENTAL AND DERIVED

4. MOVEMENTS (WITH AND WITHOUT APPARATUS)

(*a*) Passive movements.

(*b*) Assisted and resisted movements.

(*c*) Principles and use of apparatus for fixation, suspension, assistance, resistance and traction.

(*d*) Mechanics of bodily movement, group action of muscles, group movement of joints.

5. THEORY OF MASSAGE AND MOVEMENT: ANALYSIS OF SIMPLE MUSCLE ACTION

ELECTRO-MECHANICS AND ELECTROTHERAPY

GENERAL PRINCIPLES

Structure of matter (definition of molecule, atom, proton, electron, ion). Simple electrical phenoma explained according to the electron theory (electric charges, conduction, insulation, capacity, ionisation). Simple static magnetic and electro-magnetic phenomena, including induction. Simple physics of heat; definition, production, transmission and measurement.

ELECTRICAL CIRCUITS—DIRECT AND LOW FREQUENCY

Difference of potential (P.D.). Electromotive force (E.). Intensity of current (I.). Resistance (R.). Density of current. Definition of units—Volt, Ohm, Coulomb, Ampere, Milliampere, Watt, Kilowatt hour, Henry, Farad, Microfarad.

Internal and external circuits. Connection of components in series and parallel and laws governing electrical conditions in them. Ohm's Law ($I=E/R$), Joule's Law (I^2RT).

TRANSMISSION OF ELECTRICAL ENERGY

Electronic conduction in metals and non-metals.
Ionic convection in gases and fluids. Electrolytic phenomena.
Transmission by displacement. Condenser currents.
Transmission across space in hot cathode valves.
Transmission by electro-magnetic phenomena.

DISTRIBUTION OF A.C. AND D.C. MAIN SUPPLIES

Light and power circuits.
Safety devices.
Three-wire system.

APPARATUS

1. For the production of currents for therapeutic use.
   (*a*) Direct—Definition and diagrammatic representation. Production by chemical means, simple voltaic cell, polarisation, wet and dry Leclanche cells, accumulators. Production by dynamos, and from A.C. mains by rectification, including valve and metal rectifiers.
   (*b*) Alternating—Definition and diagrammatic representation. Production by generators from D.C. mains by rotary converters and from A.C. mains by means of transformers.
   (*c*) Faradic—Definition and diagrammatic representation. Types of modern induction coil for production of this current.
   (*d*) Multiple current generators. Earth-free apparatus.
   (*e*) Superimposed current—Explanatory diagrams of resulting E.M.F. and current wave form. Diagrams of combined circuits.
2. For the regulation of currents.
   Potential divider, variable resistances, methods of regulating induced currents.
3. For the measurement of currents.
   Ammeter, milliammeter and voltmeter for measuring D.C. and A.C.
4. For the modification of currents.
   Interrupters, surging and reversing devices.

HIGH FREQUENCY

GENERAL PRINCIPLES

Oscillating currents of high and low frequency. Relation to the electromagnetic spectrum.

Types of oscillation—sustained and unsustained; damped and undamped.

ELECTRICAL CIRCUITS

Transmission of high frequency currents by conduction, convection, displacement and radiation.

Simple oscillating circuits; function of component parts.

APPARATUS

Construction and operation of spark gap and valve high-frequency generators for therapeutic purposes, including measurement and regulation of current. Detailed knowledge of construction of short wave and ultra short wave generators will not be required, but candidates will be expected to know the component parts and the function of each part.

RADIATIONS

GENERAL PRINCIPLES

Elementary physics of visible, infra-red and ultra-violet radiations.

APPARATUS

Types of lamps; carbon arc; tungsten arc; mercury vapour (air and water-cooled); radiant heat and infra-red generators.

Quartz applicators. Filters and other accessories.

Current required for U.V.R. lamps.

NOT FOR EXAMINATION

PSYCHOLOGY

Definition and subject-matter of Psychology. Spheres of application with special reference to Physiotherapy. Reference to some contemporary schools of Psychology. Reflex activity and movement as a whole. Conditioned Reflexes. Habit formation. Feeling. Instinctive tendencies and the Emotions.

Unconscious motives and behaviour. Mental defence mechanisms, e.g. rationalisation, dissociation, projection, symbolism, over-compensation, displacement, sublimation, repression.

Sensation, perception, imagery, memory, ideation, the development of concepts, reason. The learning and achieving of skills. The growth of sentiments, mental integration and the use of will. Individual differences in ability and character.

Suggestion and its significance in normal and abnormal conditions.

Inter-relation between the autonomic nervous system and the emotions with the consequent reactions.

Mental aspects of fatigue.

Psychology of growth and mental development with reference to the characteristics of different age groups.

Note: Lecturers should endeavour to indicate the practical application of the above psychological knowledge relating to clinical subjects, such as hysteria, etc.

It is thought that 18 lectures should be sufficient to cover the syllabus.

ETHICAL LAWS & PROFESSIONAL ETIQUETTE

INTERMEDIATE EXAMINATION

MASSAGE, MANIPULATIONS AND MOVEMENTS

Apparatus and equipment: care and maintenance.

Applied kinesiology, including starting positions, analysis of muscle action and joint movement.

Technique, effects on normal and pathological conditions, uses and contra-indications of Massage, Manipulations and Movements.

1. PRACTICAL TECHNIQUE OF MASSAGE

2. MECHANICS OF BODILY MOVEMENT, GROUP ACTION OF MUSCLES, GROUP MOVEMENT OF JOINTS

3. MOVEMENTS (WITH AND WITHOUT APPARATUS)

(*a*) Free exercises.

(*b*) Assisted exercises.

(*c*) Resisted exercises.

(*d*) Posture training.

(*e*) The value of simple occupations in the home or hospital and a knowledge of how to direct the patient to use them as a means of graduated exercises.

4. MOBILIZATION OF JOINTS

Use of Traction.

Movements within the active range.

Manipulations of joints to restore movement, including auxiliary gliding movements.

5. CLASS WORK

Group treatments using free exercises, apparatus work and games; preparation of tables and progression. Games with curative purposes for indoor and outdoor use.

6. DISTINCTION BETWEEN THE USE OF

(*a*) Free exercises,

(*b*) Apparatus for remedial work,

(*c*) Games,

for remedial, prophylactic and diversional purposes.

ELECTRO-MECHANICS AND ELECTROTHERAPY

APPARATUS. Care and maintenance.

BIOLOGICAL ACTION AND THERAPEUTIC APPLICATION

Direct current. Modified and unmodified. Action on the tissues, polar changes. Introduction of chemical substances of therapeutic value. Technique of application.

Alternating (sinusoidal) current. Action on the tissues. Therapeutic uses and technique of application.

Faradic current. Action on the tissues. Therapeutic uses and technique of application.

Superimposed current. Indications for the use of combined faradic and direct current and sinusoidal and direct current.

Conditions suitable for treatment. Contra-indications.

ELECTRICAL REACTIONS

Elementary conception of a motor unit and its reaction to electrical stimulation.

Normal reaction; reaction of incomplete and complete denervation; absence of reaction in absolute degeneration. Significance and location of motor points.

RISKS ATTACHED TO APPLICATION OF CURRENTS TO THE BODY

Precautions against accidents and treatment to be given when these occur.

HIGH FREQUENCY

APPARATUS. Care and maintenance.

Types of electrodes in common use, including condenser and cable electrodes for short wave and ultra short wave therapy.

APPLICATION

Technique of application, including superimposed current. Avoidance of untoward effects.

Action of high frequency currents, including short wave and ultra short wave currents on the tissues.

Conditions suitable for treatment. Contra-indications.

RADIATIONS

APPARATUS. Care and maintenance.

APPLICATION

Structure of skin and underlying tissues.

Effects of exposure to radiation.

Technique of application and avoidance of untoward effects.

Conditions suitable for treatment. Contra-indications.

Note: It is not intended that members of the Chartered Society of Physiotherapy should take the responsibility of the application of electrotherapy in conditions where its application is attended by special risks.

CARE OF PATIENT

Lifting and bed-making, temperature, pulse, respiration, splinting, bandaging, fomentations, compresses, sterile dressings, removal of strapping, prevention of pressure sores, cradle, lubricants, general care of skin.

PATHOLOGY OF MEDICAL AND SURGICAL CONDITIONS

1. General Pathology. Hypertrophy. Atrophy. Inflammation. Reaction to injury, resolution and repair. Degeneration.
2. Injuries to Bones, Joints, Muscles and Tendons. Fractures, separation of Epiphyses. Dislocations. Prolapsed intervertebral disc. Strains and Sprains. Synovitis and Teno-synovitis. Rupture of muscles and tendons and treatment after suture. Persistent Oedema.
3. Deformities. Kyphosis. Lordosis. Flat Back. Scoliosis. Coxa Vara. Congenital dislocation of the hip. Genu Valgum and Genu Varum. Pes Planus and Pes Cavus. Talipes. Hallux Valgus and Hallux Rigidus. Congenital and acquired Torticollis. Winged Scapulae. Cervical rib. Disabilities associated with faults of posture. Painful conditions arising from deformity including Metatarsalgia, Hammer toes, Dropped arch, etc.

4. Diseases of Muscle and Fasciae. Muscular Dystrophies. Myositis ossificans. Volkman's Ischaemic Contracture. Dupuytren's Contracture. Infective and Traumatic Fascitis as distinct from Rheumatic Fibrositis. Conditions due to alteration of muscle tone and function after disease, injury and surgical interference.

5. Diseases of Bone and Joints. Acute and chronic infective Arthritis. Rheumatoid Arthritis. Tuberculous Arthritis. Gout and Osteo-arthritis. Spondylitis. Osteo-myelitis. Osteo-chondritis. Paget's disease. Osteoporosis. Delayed union of fractures. Operative procedure such as arthrodesis, arthroplasty, spinal fusion.

6. Diseases of the Circulatory System. Cardiac disorders—myocardial, valvular and functional. Arterio-Sclerosis. Functional vaso-motor disturbances, including Raynaud's Disease and Chilblains. Hypostatic and Lymphatic Oedema. Endarteritis, Thrombo-phlebitis, Embolism and Varicose Veins.

7. Diseases of the Respiratory System. Enlarged Tonsils and Adenoids. Sinusitis. Bronchitis. Bronchiectasis. Emphysema. Asthma. Hay Fever. Pleurisy. Empyema and Pneumonia. Phthisis. Pre-operative and post-operative treatment of disease and injury of the chest.

8. Abdominal Conditions. Disorders of the gastro-intestinal tract associated with neuro-muscular dysfunction, constipation, visceroptosis. Pre-operative breathing exercises and post-operative treatment of abdominal operations.

9. Diseases of the Nervous System. Hemiplegia. Paraplegia. Congenital Diplegia. Disseminated Sclerosis. Paralysis Agitans. Encephalitis Lethargica (after effects). Tabes Dorsalis. Acute Anterior Poliomyelitis. Progressive Muscular Atrophy. Amyotrophic Lateral Sclerosis. Syringamyelia. Neuritis. Neuralgia. Peripheral Nerve Injuries. Peripheral Neuritis. Herpes Zoster. Neurasthenia. Hysterical Manifestations. Tics. Occupational Neuroses. Insomnia. Chorea.

10. Constitutional Diseases. Vitamin Deficiency Diseases, with special reference to Rickets. Obesity. Diabetes. Non-articular Rheumatism (fibrositis, panniculitis, etc.).

11. Genito-urinary Conditions. Incontinence of Urine. Muscular weakness of the pelvic floor (puerperal and post-operative). General pre-natal and post-natal treatment. Pelvic infections.

12. Localised Infective Processes. Acute and Chronic.

13. Tubercular Conditions, with particular reference to surgical conditions.

14. Skin Conditions. Infective conditions—Pyogenic conditions (boils, carbuncles, etc.); Erysipelas; Impetigo. Tubercular conditions—Lupus; Tuberculides; Scrofuloderma; Bazin's Disease. Metabolic conditions—Dermatitis; Eczema (acute and chronic); Psoriasis; Acne; Alopecia. Scars and skin grafts.

15. Special Organs. Conditions of the eye and ear commonly referred for treatment.

16. General Surgical Conditions. Pre-operative and post-operative treatments.

FINAL EXAMINATION

The Final Examination will be a practical examination of 1½ to 2 hours duration on any form of physiotherapy included in the syllabus.

EXAMINATION IN HYDROTHERAPY

QUALIFICATIONS FOR ENTRY

(*a*) Registered Membership of the Chartered Society of Physiotherapy.

(*b*) Proof of training in accordance with the requirements laid down in the syllabus, taken under an approved Teacher in the subject, and at a Centre recognized by the Chartered Society for the purpose of such training.

SCOPE OF TRAINING

Duration of the Course: Three months (12 weeks). A minimum of 324 hours required for theory and practice, to be carried out as follows:

Lectures and Demonstrations: 24 hours. Not less than nine of the lectures to be given by a medical practitioner.

Practical Work: Not less than 300 hours during the twelve weeks of the course. This work must be carried out on patients and be under the general supervision of the Instructors responsible for the training. It is pointed out how essential it is that students should have adequate personal experience of the various forms of treatment they are themselves learning to carry out.

SCOPE OF EXAMINATION

(*a*) Written examination (one paper) in Hydrotherapy with Applied Physiology (3 hours).

(*b*) Fifteen minutes' Oral and thirty minutes' Practical examination in Theory and Practice of the above, the use of apparatus, and the treatment of patients.

SYLLABUS

1. History of Hydrotherapy.
2. Elementary Physics and Chemistry and Physiological Principles of Hydrotherapy.
3. Bath reactions.
4. Applications of Heat and Cold.
5. Immersion Baths. (Full, Plain and Medicated.)
6. Peat, Mud and Paraffin Wax Baths. Hot Air and Vapour Baths.
7. Douches, Sprays and Partial Baths.
8. Packs.
9. Principles of Spa Treatment.

10. The application of Hydrotherapy to the treatment of those diseases, deformities and injuries enumerated in the Syllabus for the Conjoint Examination. Precautions, dangers, and contra-indications.

11. Observation of symptoms—Fatigue; Faintness and Exhaustion; Inadequate feeding. Meals in relation to times of treatment.

12. Adequate supervision during rest and cooling.

13. Apparatus; construction of Baths; the use of thermometers and thermostats.

14. Temperature of rooms; methods of ventilating; avoidance of draughts and chills.

15. Hydrotherapy Department:

Management;

Cleaning and disinfection;

Chlorination of water;

Prevention of Tinea Pedis.

Note.—It is desirable that students should be familiar with all types of apparatus and baths.

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