# Information about the subject

**Degree:** Bachelor of Science Degree in Physiotherapy

**Faculty:** Faculty of Medicine and Health Sciences

**Code:** 240317 **Name:** Paediatric Physiotherapy

**Credits:** 6,00 **ECTS Year:** 3 **Semester:** 2

**Module:** MODULE 5: UNIVERSITY-SPECIFIC

**Subject Matter:** Training in physiotherapeutic techniques **Type:** Compulsory

**Field of knowledge:** Health Sciences

**Department:** Physiotherapy

**Type of learning:** Classroom-based learning

**Languages in which it is taught:** Spanish

**Lecturer/-s:**


| | | |
|---|---|---|
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# Module organization

## MODULE 5: UNIVERSITY-SPECIFIC

| Subject Matter | ECTS | Subject | ECTS | Year/semester |
|---|---|---|---|---|
| Social Sciences | 6,00 | Science, Reason and Faith | 6,00 | 2/1 |
| Health Research and Documentation | 6,00 | Healh Research and Documentation | 6,00 | 3/2 |
| Training in complementary techniques | 6,00 | Radiology | 6,00 | 2/2 |
| Training in physiotherapeutic techniques | 30,00 | Geriatric Physiotherapy | 6,00 | 4/1 |
| | | Manual Therapy | 6,00 | 3/2 |
| | | Paediatric Physiotherapy | 6,00 | 3/2 |
| | | Preventive and Evolutionary Physiotherapy | 6,00 | 3/2 |
| | | Special Procedures in Physiotherapy | 6,00 | 3/2 |

# Recommended knowledge

Basic neuroanatomy and neurophysiology.
Basic neurological pathology
Biomechanics

## Learning outcomes

At the end of the course, the student must be able to prove that he/she has acquired the following learning outcomes:

R1 Each student carries out a clinical case on eligibility for paediatric physiotherapy services in premature children, discriminating developmental warning signs, identifying the most frequent motor disorders in premature children, making decisions regarding the best therapeutic strategies and categorising support products for intervention.

R2 Each student performs a clinical case on continuous intervention in a child with Cerebral Palsy, choosing the specific assessment scales for planning and measuring results, deciding the therapeutic strategies according to the type of CP and the age of the child, categorising the support products and arguing the different therapeutic approaches and the role of the physiotherapist in each of them.

R3 The student identifies the different assessment scales in child development according to the ICF paradigm and interprets the results, being able to make decisions for clinical practice.

R4 Discriminates the warning signs of psychomotor development in children from 0 to 6 years of age, in different child-rearing contexts, through knowledge of the learning theories of movement and postural control.

R5 Decides on therapeutic strategies according to indications, contraindications and precautions, for symptoms and signs of motor and musculo-skeletal development disorders at paediatric age, being able to discriminate those based on recommendable scientific evidence.

R6 Categorises the support products applied in paediatric patients with developmental disorders to promote early sitting, standing, walking and autonomous propulsion.

R7 Discriminates the signs and symptoms of the different paediatric orthopaedic, rheumatological, neuropsychological and pregnancy and childbirth pathologies, which cause motor development disorders.

## Competencies

**Depending on the learning outcomes, the competencies to which the subject contributes are (please score from 1 to 4, being 4 the highest score):**

| BASIC | | Weighting | | | |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 |
| CB1 | Students demonstrate knowledge and understanding in an area of study that is at the core of general secondary education, and is often at a level that, while supported by advanced textbooks, also includes some aspects that involve knowledge from the cutting edge of their field of study. | | | x | |
| CB2 | Students know how to apply their knowledge to their work or vocation in a professional way and possess the skills usually demonstrated by developing and defending arguments and solving problems within their area of study. | | | x | |
| CB3 | Students have the ability to gather and interpret relevant data (usually within their area of study) to make judgments that include reflection on relevant social, scientific or ethical issues. | | | x | |
| CB4 | Students can convey information, ideas, problems and solutions to both specialized and non-specialized audiences. | | x | | |
| CB5 | Students develop those learning skills necessary to undertake further studies with a high degree of autonomy. | | x | | |

| SPECIFIC | | Weighting | | | |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 |
| CE1 | Students learn human anatomy and physiology, highlighting the dynamic relations between structure and function, especially of the locomotive system and the nervous and cardio-respiratory systems. | | | x | |
| CE2 | Students identify the physiological and structural changes that can occur as a result of the application of physiotherapy. | | | | x |
| CE3 | Students identify the factors that influence human growth and development throughout life. | | | | x |

| | | | | |
|---|---|---|---|---|
| CE4 | Students know the principles and theories of physics, biomechanics, kinesiology and ergonomics, applicable to physiotherapy. | | x | |
| CE5 | Students know the physical bases of the different physical agents and their applications in Physiotherapy. | | x | |
| CE7 | Students know the application of ergonomic and anthropometric principles. | | x | |
| CE8 | The psychological and social factors that influence the health/disease status of the individual, family and community. | | | x |
| CE9 | Students assimilate theories of communication and interpersonal skills. | x | | |
| CE10 | Learning theories to be applied in health education and in your own lifelong learning process | | x | |
| CE11 | Students identify the factors involved in teamwork and leadership situations. | x | | |
| CE12 | The general aspects of pathology of endogenous and exogenous etiology related to physiotherapy of all devices and systems with their medical, surgical, physiotherapeutic and orthopedic treatments. | | | x |
| CE13 | The structural, physiological, functional and behavioral changes that occur as a result of the intervention of physiotherapy. | | | x |
| CE14 | Students identify the theoretical bases of Physiotherapy as a science and profession. The models of action in Physiotherapy. The theoretical bases of the assessments, tests and functional verifications: knowledge of their modalities and techniques as well as the scientific evaluation of their utility and effectiveness. The diagnosis of Physiotherapy. Methodology of the research applied to Physiotherapy. | | | x |
| CE15 | General physiotherapeutic procedures: Kinesitherapy, Massage and Massage Therapy, Electrotherapy, Magnetic Therapy, Ergotherapy, Hydrotherapy, Balneotherapy, Climatotherapy, Thalassotherapy; Thermotherapy, Cryotherapy, Vibrotherapy, Phototherapy, Pressotherapy, and the derivatives of other physical agents | | x | |
| CE16 | Physiotherapeutic Procedures based on specific Methods and Techniques of physiotherapeutic actions to be applied in the different pathologies of all the apparatuses and systems, and in all the specialties of Medicine and Surgery, as well as in the promotion and conservation of the health, and in the prevention of the disease. | | | x |
| CE18 | Students resort to theories that support problem-solving capacity and clinical reasoning. | | | x |

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|---|---|---|---|---|
| CE22 | Students evidence the fundamental concepts of health, health systems and levels of care. Epidemiology. Physiotherapy in the health-disease process. | x | | |
| CE28 | Students prepare and systematically fill in the complete Physiotherapy Clinical History, where all the steps followed from the reception of the patient/user to the report at the discharge of Physiotherapy are properly and efficiently recorded. | | x | |
| CE29 | Students assess the functional state of the patient/user, considering the physical, psychological and social aspects. | | | x |
| CE30 | Students determine the Physiotherapy Diagnosis according to the internationally recognized standards and international validation instruments. This competency includes prioritizing the needs of the patient/user to attend with priority to those that most compromise the recovery process. | | | x |
| CE31 | Students know how to design the Physiotherapy Intervention Plan. To elaborate a specific Physiotherapy Intervention Plan using problem-solving skills and clinical reasoning: in line with the available resources; formulating the intervention objectives with the user and, if appropriate, with the significant people in his environment, collecting his expectations regarding care; selecting the protocols or procedures most appropriate to the planned care, attending to criteria of appropriateness, validity and efficiency. | | | x |
| CE32 | Students execute, direct and coordinate the Physiotherapy Intervention Plan, attending to the principle of the user's individuality and using the therapeutic tools typical of Physiotherapy, that is, the set of methods, procedures, actions and techniques that through the application of physical means: cure, recover, enable, rehabilitate, adapt and readapt people with deficiencies, functional limitations, disabilities and handicaps; prevent diseases and promote health to people who want to maintain an optimum level of health. | | | x |
| CE33 | Students evaluate the evolution of the results obtained with the Physiotherapy treatment in relation to the objectives set and the established results criteria. To do this it will be necessary: to define and establish the results criteria; to carry out the evaluation of the evolution of the patient/user; to redesign the objectives according to the evaluation, if necessary; and to adapt the intervention or treatment plan to the new objectives, if necessary. | | | x |

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|---|---|---|---|---|
| CE34 | Students prepare the report upon discharge from Physiotherapy. When it is considered that the proposed objectives have been met, either because the process has been cured or because the possibilities of recovery with the therapeutic measures available have been exhausted, discharge from Physiotherapy will be proposed and the relevant report will be drawn up | | x | |
| CE35 | Students provide a Physiotherapy attention in an effective way, giving an integral assistance to the patients/users, for which it will be necessary: To interpret the medical prescriptions; to prepare the environment in which the Physiotherapy attention will be carried out so that it is comfortable; to keep the patient informed of the treatment that is applied, explaining him/her the tests and maneuvers that are practiced, the preparation that they require, and to exhort him/her to collaborate at all times; to register daily the application of the Physiotherapy attention, the evolution and the incidents of it. | | | x |
| CE36 | Students participate in the areas of health promotion and disease prevention. This includes, among others: identifying the social and economic factors that influence health and health care; designing and carrying out disease prevention and health promotion activities; advising on the development and implementation of care and education policies in the field of physiotherapy; identifying risks and risk factors; assessing and selecting users who can benefit from preventive measures; providing health education to the population in the various fields. | | | x |
| CE37 | Students relate effectively with the whole multidisciplinary team. This includes: establishing the objectives of Physiotherapy within the team; collecting, listening and assessing the reflections of the rest of the multidisciplinary team towards their actions; accepting and respecting the diversity of criteria of the rest of the team members; recognizing the competences, skills and knowledge of the rest of the health professionals. | | x | |
| CE41 | Students keep the foundations of the knowledge, skills and attitudes of the professional competences updated, through a process of continuous training (throughout life); to critically analyse the methods, protocols and treatments of the care in Physiotherapy and to ensure that they are adapted to the evolution of scientific knowledge. | | | x |
| CE44 | Students cope with stress, which involves the ability to control oneself and one's environment in stressful situations. | x | | |

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|---|---|---|---|---|---|
| CE46 | Motivate others. This means having the ability to generate in others the desire to actively and enthusiastically participate in any project or task. | | x | | |
| CE47 | Students maintain an attitude of learning and improvement. This includes expressing interest and acting in a constant search for information and professional improvement, committing to contribute to professional development in order to improve practice competence and maintain the status that corresponds to a qualified and regulated profession. | | | | x |
| CE48 | Students manifest a high degree of self-concept, with optimal self-acceptance, without self-centeredness but without prejudices. | | x | | |
| CE49 | Students conform to the limits of their professional competence in health care. | | | x | |
| CE50 | Students collaborate and cooperate with other professionals, enriching each other This includes: resolving most situations by establishing direct and assertive communication and seeking consensus; assisting other health professionals in professional practice; knowing interprofessional boundaries and employing appropriate referral procedures. | | | x | |
| CE51 | Show respect, appreciation and sensitivity to the work of others. | | | x | |
| CE52 | Develop the ability to organize and lead work teams effectively and efficiently. | | | x | |
| CE54 | Work responsibly, which means being able to cope with the activities of your job without the need for strict supervision. | | | x | |
| CE55 | Show its orientation towards the patient/user, making it clear in its actions that the citizen and his/her needs are the axis around which its decisions revolve. As can be seen, some of the competencies that we have gathered as specific coincide in their denomination and contents with certain transversal competencies, but we have decided to incorporate them as specific competencies, given the extraordinary importance that national and international Professional Associations and Colleges confer on them | | | | x |

| TRANSVERSAL | | Weighting | | | |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 |
| CT1 | Decision-making | | | x | |

| | | | | | |
|---|---|---|---|---|---|
| CT2 | Problem solving. | | | x | |
| CT3 | Capacity for organization and planning. | | x | | |
| CT4 | Analysis and synthesis capacity. | | x | | |
| CT5 | Oral and written communication in the native language. | | x | | |
| CT6 | Information management capacity. | | x | | |
| CT7 | Computer skills related to the field of study. | x | | | |
| CT8 | Knowledge of a foreign language. | | x | | |
| CT9 | Ethical commitment. | | | | x |
| CT10 | Teamwork. | | x | | |
| CT11 | Interpersonal relationship skills. | | x | | |
| CT12 | Work in an interdisciplinary team | | x | | |
| CT13 | Critical Reasoning | | | | x |
| CT14 | Work in an international context. | x | | | |
| CT15 | Recognition of diversity and multiculturalism | | | | x |
| CT16 | Motivation for quality | | | x | |
| CT17 | Adaptation to new situations. | | x | | |
| CT18 | Creativity | | x | | |
| CT19 | Autonomous learning | | | x | |
| CT20 | Initiative and entrepreneurship | | x | | |
| CT21 | Leadership. | x | | | |

| | | | | | |
|---|---|---|---|---|---|
| CT22 | Knowledge of other cultures and customs | x | | | |
| CT23 | Sensitivity to environmental issues. | | x | | |

## Assessment system for the acquisition of competencies and grading system

| Assessed learning outcomes | Granted percentage | Assessment method |
|---|---|---|
| R3 | 20,00% | OPEN QUESTIONS: Written exam in which theoretical knowledge and the student's ability to relate, integrate and express it coherently in written language are evaluated. It allows the following generic or transversal skills to be assessed: 4 Capacity for analysis and synthesis. 3 Capacity for organisation and planning. 5 Oral and written communication in the native language. 8 Knowledge of a foreign language. 2 Problem-solving 19 Autonomous learning. |
| R4, R5, R6 | 30,00% | TEST TYPE: Multiple choice test with one correct answer out of five possible ones. It allows the student to know in greater detail the contents acquired by him/her. It allows the following generic or transversal competences to be assessed: 2 Problem solving 1 Decision making 13 Critical thinking |
| R1, R2, R7 | 20,00% | WORKS: The student, individually or in a group, elaborates a revision or research topic and presents it, in writing, for the evaluation by the teacher. The following generic or transversal competences are valued: 4 Capacity for analysis and synthesis. 3 Capacity for organisation and planning. 7 Computer skills. 6 Information management skills. 10 Teamwork. 14 Working in an international context. 11 Interpersonal skills. 13 Critical thinking. 19 Autonomous learning. 18 Creativity. 21 Leadership. 20 Initiative and entrepreneurship. 16 Motivation for Quality. 70 Maintaining an attitude of learning and improvement. 72 Knowing one's own skills and limitations. |

| | | |
|---|---|---|
| | 0,00% | PRACTICAL EXAM: The student is faced with a test in which s/he must demonstrate through practical application the acquisition of certain knowledge. For example, histological or anatomopathological diagnosis, image interpretation or diagnostic tests. This test evaluates the following generic or transversal skills: 13 Critical reasoning. 19 Autonomous learning. |
| | 0,00% | PRESENTATION: The student develops, through an oral presentation, supported or not by audiovisual means, a subject or work commissioned by the teacher. This is the method of evaluation of the Final Degree's Project. At the end of the presentation, the teacher or the audience can ask questions. |
| | 0,00% | ATTENDANCE AND PARTICIPATION IN CLASS: The teacher evaluates the participation, involvement and progression of the student's acquisition of knowledge and skills during the theoretical and practical classes. It will not exceed 5% of the final grade. |
| R1, R2 | 30,00% | STUDY AND RESOLUTION OF CASES |

**Observations**

In order to pass the subject it will be compulsory to pass all the items proposed as compulsory (test, short questions, clinical cases and questionnaires of other pathologies), in the event that the student has not completed any of these items, he/she must complete them for the second exam, keeping the grade of the remaining items between exams as long as these items are passed.
The rest of the evaluation activities, such as the questionnaires for face-to-face subjects and the tasks for self-correction, will count as continuous evaluation, but they will not be necessary to pass the subject, therefore, they will be averaged with the grade they have, whether it is a 0 or a 10.
EVALUATION CRITERIA
1st call
1. Evaluation of multiple-choice questions (30% of the final grade): It will consist of 40 questions with 5 answers, only one correct. 1 point will be deducted for every 4 wrong answers. The minimum grade to pass the theoretical assessment will be 5 out of 10. This assessment must be passed in order to be assessed in the practical part. The mark will be kept if passed, for the second exam.
2. Assessment of open questions (20% of the final mark): 2 short questions with a practical orientation will be asked about the material taught in the practical sessions and seminars (this assessment item will be carried out on the day of the multiple-choice exam due to the time required for each type of assessment). These questions will be saved for the second sitting if they have been passed (a 5 must be obtained between both questions in order to pass this part of the

assessment). It will be compulsory to pass with a 5 to get an average of the subject, therefore, if not passed in the first call, it will have to be done in the second call.
3. Resolution of clinical cases (30% of the final mark): this will consist of the completion of two clinical cases in which the clinical reasoning must be put into practice using all the knowledge acquired in the course. Each clinical case must be passed with a 5 in order to pass, therefore, each clinical case will be worth 15% of the final mark. - The first clinical case (prematurity) must be passed with a 5 out of 10.- In the second clinical case (cerebral palsy) you must pass with a 5 out of 10.The marks for each clinical case are kept separately for the second session, therefore, if you only fail the second clinical case, you will only have to go to the second session with that clinical case (but half clinical cases are not kept, i.e. if you cannot add the mark for a clinical case because you do not get the marks, you will fail the clinical case).
4. Individual and group work (20%). There are two types of work in the course, those of a compulsory nature and those of an optional nature (evaluation and continuous study), although all of them are taken as an average for the final mark for individual and group work.
A. Compulsory individual work (10%): the student must study the topics of Other pathologies on their own using the material provided by the teacher of the subject. They will complete a questionnaire for each topic, having one opportunity to complete it. Once the questionnaire has been completed (the deadline for completing it has expired), the errors and the explanation of the correct answer will be displayed. The average mark for all these questionnaires will account for 10% of the mark (the other 10% will be the optional assignments). If any of the questionnaires are not passed, the student will have to go to the second exam because it is not possible to pass the course without passing all of them.
B. Optional individual work for continuous assessment and clinical reasoning (10%): with the intention of favouring the progressive learning of the student, and the continuous assessment of the subject, a questionnaire of each topic seen in class and a task of clinical reasoning on the therapeutic strategies of that topic will be carried out.
The questionnaires can be taken 4 times and the highest score will be taken into account for the mark, as well as being able to see the correct and incorrect answers with their corrections.The assignments will be evaluated with a pass (a 10) if the activity is submitted on time and a fail (4) if it is not submitted or submitted after the deadline. Once the deadline for submission is over, the corrected assignment will be uploaded so that the student can make a self-correction of each assignment.
2nd call.
For the second call, all the assessment tests that have been passed in the first call will be saved, as each one of them assesses different learning outcomes. In this way: the grade of the theory exam passed at the first sitting will be kept, the grade of the open questions passed at the first sitting will be kept, the clinical case studies passed at the first sitting will be kept, and the average grade of the individual assignments will be kept.
The student must sit the second sitting if he/she has not passed any of the compulsory assessment tests, therefore, in this case the optional assignments will not be taken into account.

ATTENDANCE
Attendance does not count for a mark, but according to university regulations, students must attend 75% of the practical sessions and seminars in order to be able to sit the exams.

CRITERIA FOR THE AWARDING OF HONOURS:
The mention of Matrícula de Honor may be awarded to students who have obtained a grade equal to or higher than 9.0. Their number may not exceed 5% of the students enrolled in a subject in the corresponding academic year, unless the number of students enrolled is less than 20, in which case only one Honours Degree may be awarded. (Royal Decree 1125/2003).

S GROUPS
In the case of S groups with assigned credit, attendance at 75% of the face-to-face classes (100% of the sessions dedicated to clinical cases and practical sessions) will be compulsory.
In the S groups, both with and without credit, it will be compulsory to hand in all the compulsory assignments of the course.

**MENTION OF DISTINCTION:**
In accordance with the regulations governing the assessment and grading of subjects in force at UCV, the distinction of "Matrícula de Honor" (Honours with Distinction) may be awarded to students who have achieved a grade of 9.0 or higher. The number of "Matrículas de Honor" (Honours with Distinction) may not exceed five percent of the students enrolled in the group for the corresponding academic year, unless the number of enrolled students is fewer than 20, in which case a single "Matrícula de Honor" (Honours with Distinction) may be awarded. Exceptionally, these distinctions may be assigned globally across different groups of the same subject. Nevertheless, the total number of distinctions awarded will be the same as if they were assigned by group, but they may be distributed among all students based on a common criterion, regardless of the group to which they belong. The criteria for awarding "Matrícula de Honor" (Honours with Distinction) will be determined according to the guidelines stipulated by the professor responsible for the course, as detailed in the "Observations" section of the evaluation system in the course guide.

## Learning activities

The following methodologies will be used so that the students can achieve the learning outcomes of the subject:

M1 Master class Problem solving Exposition of contents by the teacher. Explanation of knowledge and skills

M2 Case resolution: Analysis of sample realities - real or simulated - that allow the student to connect theory with practice, to learn from models of reality or to reflect on the processes used in the cases presented.

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|---|---|
| M4 | Personalized attention. Period of instruction and/or guidance by a tutor with the aim of analyzing with the student their work, activities and their evolution in learning the subjects. |
| M5 | Set of tests carried out to know the degree of acquisition of knowledge and skills of the student. |
| M7 | Discussion and problem solving. |
| M11 | Oral presentation |
| M12 | Group work: Group work sessions supervised by the teacher. Knowledge construction through student interaction and activity. |
| M14 | Group work to search, discuss and filter information about the subjects |
| M15 | Seminar, supervised monographic sessions with shared participation |
| M16 | Student's study: Individual preparation of readings, essays, problem solving, seminars. |

## IN-CLASS LEARNING ACTIVITIES

| | LEARNING OUTCOMES | HOURS | ECTS |
|---|---|---|---|
| Theoretical lessons<br>M1, M2, M7 | R3, R4, R5, R6 | 36,00 | 1,44 |
| Practice lessons<br>M1, M2, M7, M12 | R1, R2, R3, R4, R5, R6 | 13,00 | 0,52 |
| Seminar<br>M1, M2, M7, M15 | R1, R2 | 4,00 | 0,16 |
| Office Hours<br>M4, M7, M12 | R1, R2, R3, R4, R5, R6, R7 | 3,00 | 0,12 |
| Assessment<br>M5 | R1, R2, R3, R4, R5, R6, R7 | 4,00 | 0,16 |
| **TOTAL** | | **60,00** | **2,40** |

## LEARNING ACTIVITIES OF AUTONOMOUS WORK

| | LEARNING OUTCOMES | HOURS | ECTS |
|---|---|---|---|
| Autonomous work<br>M16 | R1, R2, R3, R4, R5, R6, R7 | 70,00 | 2,80 |
| Group work<br>M14 | R4 | 20,00 | 0,80 |
| **TOTAL** | | **90,00** | **3,60** |

## Description of the contents

Description of the necessary contents to acquire the learning outcomes.

### Theoretical contents:

| Content block | Contents |
|---|---|
| Unit I: Physiotherapy in Pediatrics | 1. Skills and fields of intervention |
| Unit II: Psychomotor development | 2. Motor learning<br>3. Typical and atypical psychomotor development<br>4. Postural control learning and intervention strategies |
| Unit III: Pediatric physiotherapeutic evaluation | 5. Assessment for eligibility of motor disorders in physical therapy services.<br>6. Evaluation for eligibility of all developmental areas in physical therapy services.<br>7. Evaluation according to ICF for physical therapy intervention. |
| Unit IV: The importance of stable sitting | 8. Importance of sitting: assessment and therapeutic resources |
| Unit V: The importance of standing | 9. Normal musculoskeletal development<br>10. Assessment and therapeutic strategies for standing |
| Unit VI: Normal and pathological gait in pediatrics | 11. Normal gait reminder<br>12. Evaluation of pathological gait<br>13. Pathological gait and therapeutic strategies to promote stable gait. |
| Unit VII: Therapeutic approaches to pediatric physiotherapy | 14. What is evidence-based practice?<br>15. Evidence from pediatric physiotherapy approaches |
| Unit VIII: Prematurity | 16. Etiology and prognosis of premature infants<br>17. Evaluation and intervention in the ICU and after hospital discharge in premature infants |

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|---|---|
| Unit IX: Cerebral Palsy | 18. Etiology and clinic<br>19. Classifications and forecast<br>20. Evaluation and therapeutic strategies |
| Unit X: Other pediatric pathologies (autonomous study of the student) | 21. Other pediatric pathologies and their intervention: pregnancy and childbirth; orthopedic and rheumatologic pathologies.<br>22. Other pediatric pathologies and their intervention: hypotonia and rare diseases. |
| Unit XI: Practices and Seminars | 3. Clinical reasoning on postural control strategies<br>24. Intervention strategies in paediatrics: modelling and motor facilitation. Type of physiotherapist support.<br>25. Warning signs scale for Age and Stage eligibility.<br>26. Merrill-Palmer R norm-referenced general development scale.<br>27. Family Ecomap: assessment of the environment (family supports)<br>28. Interview based on family and/or school routines. SMART functional goals measured with GAS<br>29. MEISR: quantitative assessment of the child's usual performance.<br>30. Clinical case: prematurity<br>31. Case report CP |
| TUTORING AND EVALUATION | A. Face-to-face tutorials by appointment and virtual tutorials through direct messages and tutorials from the moodle UCV platform<br>B. Two exam appointments in each session |

## Temporary organization of learning:

| Block of content | Number of sessions | Hours |
|---|---|---|
| Unit I: Physiotherapy in Pediatrics | 1,00 | 2,00 |
| Unit II: Psychomotor development | 3,00 | 6,00 |
| Unit III: Pediatric physiotherapeutic evaluation | 3,00 | 6,00 |
| Unit IV: The importance of stable sitting | 1,00 | 2,00 |
| Unit V: The importance of standing | 2,50 | 5,00 |
| Unit VI: Normal and pathological gait in pediatrics | 2,50 | 5,00 |
| Unit VII: Therapeutic approaches to pediatric physiotherapy | 2,00 | 4,00 |
| Unit VIII: Prematurity | 2,00 | 4,00 |
| Unit IX: Cerebral Palsy | 3,00 | 6,00 |
| Unit X: Other pediatric pathologies (autonomous study of the student) | 0,00 | 0,00 |
| Unit XI: Practices and Seminars | 9,00 | 18,00 |
| TUTORING AND EVALUATION | 1,00 | 2,00 |

## References

1. ARCO OÑIGA, C. Terapia Ocupacional y fisioterapia en las principales patologías pediátricas. Formación Alcalá. 2019
2. CASTILLO MONTES, F.J. Fisioterapia y Rehabilitación en pediatría. Formación Alcalá. 2017
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**4. CONEJERO CASARES, J.A. Sociedad Española de Rehabilitación Médica Física: Rehabilitación Infantil. Panamericana. 2012**
**5. ESPINOSA JORGE, JUAN. Guía Esencial de Rehabilitación Infantil. Ed. Médica Panamericana S.A. 2009 ?**
6. FEJERMAN, NATALIO & ARROYO, HUGO A. Trastornos motores crónicos en niños y adolescentes. Ed. Médica Panamericana. 2013 ?
**7. GAGE, JAMES R. The Identification and Treatment of Gait Problems in Cerebral Palsy. 2nd edition. Ed. Mac Keith Press. 2009 ?**
8. INSTITUTO DE MIGRACIONES Y SERVICIOS SOCIALES. Clasificación internacional del funcionamiento, de la discapacidad y de la salud. Infancia y adolescencia. Madrid. 2007.
**9. MACIAS MERLO, L Y FAGOAGA MATA, J: Fisioterapia en pediatría. Panamerica. 2018**
**10. MARTINEZ CABALLERO, IGNACIO. Parálisis Cerebral Infantil: Manejo de las alteraciones músculo-esqueléticas asociados. Ed. Ergón Creación S.A. 2015 ?**
11. MC WILLIAM R.A. Routines Based early intervention: supporting Young children and their families. Brookes Pub. 2010
12. RODRIGUEZ CARDONA, Ma DEL CARMEN. Fisioterapia Infantil Practica. Ed. Abecedario. 2010 ?
13. SOCIEDAD ESPAÑOLA DE REHABILITACIÓN Y MEDICINA FISICA. Rehabilitación Infantil. Ed. Médica Panamericana SA. 2012 ?
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**FURTHER READING**

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