

1. GENERAL INFORMATION			
1.1. Course teacher	<b>Assoc. Prof. Dubravka Ciliga, Ph.D.</b>	1.6. Year of the study programme	3
1.2. Name of the course	<b>KINESITHERAPY</b>	1.7. Credits (ECTS)	6.5
1.3. Associate teachers	Assist. Prof. Lidija Petrinović Assist. Prof. Tatjana Trošt Bobić	1.8. Type of instruction (number of hours L + S + E + e-learning)	75 (45L+30E)
1.4. Study programme (undergraduate, graduate, integrated)	Integrated	1.9. Expected enrolment in the course	180
1.5. Status of the course	Mandatory	1.10. Level of application of e-learning (level 1, 2, 3), percentage of online instruction (max. 20%)	0
2. COURSE DESCRIPTION			
2.1. Course objectives	The objectives are to enable students to understand basic postulates of musculoskeletal insufficiencies and disorders, and to acquire theoretical and methodological knowledge necessary for planning and programming of kinesi therapeutic treatments. Furthermore, students will acquire knowledge to act independently in creating methodological algorithms of kinesi therapeutic exercises and in planning and programming treatment procedures for different insufficiencies and disorders of the locomotor system, such as bad posture and deformities in different body regions.		
2.2. Course enrolment requirements and entry competences required for the course	No enrolment requirements.		
2.3. Learning outcomes at the level of the programme to which the course contributes	Kinesitherapy provides the students with knowledge of musculoskeletal insufficiencies. They will be able to: <ul style="list-style-type: none"> <li>- identify and analyze characteristics of impaired muscle groups;</li> <li>- explain postulates of programming in kinesitherapy;</li> <li>- apply previously acquired knowledge in planning and programming of the kinesi therapeutic treatments.</li> </ul>		
2.4. Learning outcomes expected at the level of the course (4 to 10 learning outcomes)	According to the mentioned objectives of this course, after meeting the demands of the subject taught, the students will be able to define and analyze: <ul style="list-style-type: none"> <li>- the methods of evaluation of impaired musculature – including specific movements and tests;</li> <li>- process of planning and programming of targeted kinesi therapeutic procedures;</li> <li>- diagnostics of particular insufficiencies of different muscles;</li> <li>- specificities requiring attention in course of planning and programming.</li> </ul>		
2.5. Course content broken down in detail by weekly class schedule (syllabus)	<b>Lectures</b> <ol style="list-style-type: none"> <li>1. Kinesitherapy: basic areas of the field. Definitions. (2L)</li> <li>2. Research subject of kinesitherapy. Tasks of kinesitherapy. Principles of kinesitherapy. (3L)</li> <li>3. History of kinesitherapy. Development of kinesitherapy. (2L)</li> <li>4. Methods of monitoring and record-keeping in kinesitherapy and rehabilitation. (2L)</li> <li>5. Organization of work in kinesitherapy. (2L)</li> <li>6. Kinesiology and medical elements for physical exercise for persons with impaired health. (2L)</li> <li>7. Diagnostics of bad posture, physical examination. (2L)</li> <li>8. Basic postulates of diagnostics and overview of rehabilitation procedures for pes planus, biomechanics of the foot, methods of foot assessment. (2L)</li> <li>9. Basic postulates of diagnostics and overview of rehabilitation procedures for foot deformities. (2L)</li> <li>10. Mechanisms of injury and basics of rehabilitation procedures for ankle joint injuries. (2L)</li> </ol>		

	<p>11. Basic postulates of diagnostics and overview of rehabilitation procedures for deformities in the knee area; <i>genua valga, genua vara, genua recurvata</i>. (2L)</p> <p>12. Mechanisms of injury and basics of rehabilitation procedures for knee injuries. (2L)</p> <p>13. Basic postulates of diagnostics and overview of rehabilitation procedures for congenital hip dislocation. (2L)</p> <p>14. Overview of theoretical postulates of deformities of the spine and bad posture. (2L)</p> <p>15. Basic postulates of diagnostics and overview of rehabilitation procedures for scoliosis and scoliotic posture. (2L)</p> <p>16. Basic postulates of diagnostics and overview of rehabilitation procedures for kyphosis, kyphotic posture, lordosis, and lordotic posture. (2L)</p> <p>17. Basic postulates of diagnostics and overview of rehabilitation procedures for deformities of the thorax: <i>pectus carrinatum, pectus planum, pectus excavatum</i>. (2L)</p> <p>18. Basic postulates of diagnostics and overview of rehabilitation procedures for <i>torticollis</i> deformity. (2L)</p> <p>19. Basic postulates of diagnostics and overview of rehabilitation procedures for lumbar pain syndrome. (2L)</p> <p>20. Basic postulates of diagnostics and overview of rehabilitation procedures for cervicobrachial pain syndrome. (2L)</p> <p>21. Mechanisms of injury and basics of rehabilitation procedures for shoulder joint injuries. (2L)</p> <p>22. Overview of theoretical premises for inclusion and integration (2L)</p> <p><b>Exercises</b> (2 exercise hours for each teaching topic)</p> <ol style="list-style-type: none"> <li>1. Diagnostics of bad posture, physical examination.</li> <li>2. Planning and programming of the kinesitherapeutic treatment of deformities of the foot: <i>pes planus</i>.</li> <li>3. Planning and programming of the kinesitherapeutic treatment of deformities in the knee area: <i>genua valga, genua vara, genua recurvata</i>.</li> <li>4. Planning and programming of the kinesitherapeutic treatment of ankle joint injuries.</li> <li>5. Planning and programming of the kinesitherapeutic treatment of knee injuries.</li> <li>6. Planning and programming of the kinesitherapeutic treatment of congenital hip dislocation.</li> <li>7. Planning and programming of the kinesitherapeutic treatment of bad posture and deformities of the spine: scoliosis and scoliotic posture.</li> <li>8. Planning and programming of the kinesitherapeutic treatment of bad posture and deformities of the spine: lordosis and lordotic posture.</li> <li>9. Planning and programming of the kinesitherapeutic treatment of bad posture and deformities of the spine: kyphosis and kyphotic posture.</li> <li>10. Planning and programming of the kinesitherapeutic treatment of deformities of the thorax: <i>pectus excavatum</i>.</li> <li>11. Planning and programming of the kinesitherapeutic treatment of deformities of the thorax: <i>pectus carrinatum, pectus planum</i>.</li> <li>12. Planning and programming of the kinesitherapeutic treatment of <i>torticollis</i> deformity.</li> <li>13. Planning and programming of the kinesitherapeutic treatment of lumbar pain syndrome.</li> <li>14. Planning and programming of the kinesitherapeutic treatment of cervicobrachial pain syndrome.</li> <li>15. Planning and programming of the kinesitherapeutic treatment of shoulder joint injuries.</li> </ol>					
2.6.Format of instruction:	<input checked="" type="checkbox"/> lectures <input type="checkbox"/> seminars and workshops <input checked="" type="checkbox"/> exercises <input type="checkbox"/> on line in entirety <input type="checkbox"/> partial e-learning <input type="checkbox"/> field work	<input checked="" type="checkbox"/> independent assignments <input type="checkbox"/> multimedia and the internet <input type="checkbox"/> laboratory <input type="checkbox"/> work with mentor <input type="checkbox"/> (other)	2.7.Comments:			
2.8.Student responsibilities						
2.9.Screening student work (name the proportion of ECTS credits for each activity so that the total number of ECTS	Class attendance		Research		Practical training	
	Experimental work		Report		(other)	
	Essay		Seminar essay		(other)	

<i>credits is equal to the ECTS value of the course )</i>	Tests	2.5	Oral exam	4.0	(other)	
	Written exam	(2.5)	Project		(other)	
2.10. Grading and evaluating student work in class and at the final exam	Students can pass written exam during the year, by passing two tests. Each test is worth 20% of the overall/final grade. If a student does not pass the tests during the year, he/she has to take written exam after the completion of the course. Written exam is worth 40% of the overall/final grade. Oral exam is worth 60% of the overall/final grade.					
2.11. Required literature (available in the library and via other media)	<b>Title</b>			<b>Number of copies in the library</b>		<b>Availability via other media</b>
	1. Kosinac, Z. (1992). Nepravilna tjelesna držanja djece i omladine: simptomi, prevencija i vježbe. Split: Fakultet prirodoslovno matematičkih znanosti i odgojnih područja u Splitu, Zavod za fizičku kulturu.			5		
	2. Kosinac, Z. (2002). Kineziterapija sustava za kretanje. (Udžbenik). Split: Sveučilište u Splitu.			7		
2.12. Optional literature (at the time of submission of study programme proposal)	<ol style="list-style-type: none"> <li>1. Cvjetičanin, M. (1993). Priručnik o stopalu. I. Izdanje. Samobor: TIP „A. G. Matoš“ d.d.</li> <li>2. Ciliga, D., Trošt Bobić, T., Petrinović Zekan, L. (2011). Dijagnostika u kineziterapiji. u: Findak, V. (ur.) Zbornik radova 20. ljetne škole kineziologa Republike Hrvatske „Dijagnostika u područjima edukacije, sporta, sportske rekreacije i kineziterapije“, Poreč, 2011., Zagreb: Hrvatski kineziološki savez.</li> <li>3. Petrinović Zekan, L., Ciliga, D., Trošt Bobić, T. (2010). Individualizacija rada u području kineziterapije. u: Neljak, B. (ur.) Zbornik radova 19. ljetne škole kineziologa Republike Hrvatske „Individualizacija rada u područjima edukacije, sporta, sportske rekreacije i kineziterapije“, Poreč, 2010., Zagreb: Hrvatski kineziološki savez, 55-60.</li> <li>4. Ciliga, D., Trošt Bobić, T., Petrinović Zekan, L. (2009). Metodički organizacijski oblici rada u kineziterapiji. u: Neljak, B. (ur.) Zbornik radova 18. ljetne škole kineziologa Republike Hrvatske „Metodički organizacijski oblici rada u područjima edukacije, sporta, sportske rekreacije i kineziterapije“, Poreč, 2009., Zagreb: Hrvatski kineziološki savez, 29-37.</li> <li>5. Ciliga, D., Petrinović Zekan, L. (2008). Stanje i perspektiva razvoja u području kineziterapije. u: Zbornik radova međunarodne znanstveno-stručne konferencije 17. ljetne škole kineziologa Republike Hrvatske, Zagreb: Hrvatski kineziološki savez, 66-71.</li> </ol>					
2.13. Quality assurance methods that ensure the acquisition of exit competences	Anonymous student survey.					