MALLA REDDY VISHWAVIDYAPEETH

SCHOOL OF ALLIED & PUBLIC HEALTH SCIENCES & TECHNOLOGY

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Program

MASTER OF PHYSIOTHERAPY (M.P.T)

2025 – 26

5.19. SCHEME OF STUDY MASTER OF PHYSIOTHERAPY (M.P.T.)

5.19.1. First Year M.P.T Examination Scheme

S. No.	Subject	Internal Assessment Marks		University Examination Marks			Total Marks	Theory hours	Practical hours	Total Hours	Credits Theory	Credits Practical	Credits Total
		Theory	Practical	Theory	Viva	Practical							
1	M.P.T -101 Laws, Ethics, Administratio n Educational methodology (LEM)	20		80			100	90		90	6		6
2	M.P.T-102 Research methodology and biostatistics, EBP (RMB)	20		80			100	90		90	6		6
3	M.P.T - 103 Biomechanics & Therapeu-Tics (BCT)	20		80			100	90		90	6		6
4	M.P.T -104 *Physical & Functional Diagnosis in the speciality.* Speciality paper-1	20	20	100	20	40	200	120	120	240	8	4	12

5	M.P.T-105 Skills acquisition and refinement (SAR-I)	(Teaching Assignment, Seminars, journal club & Case Studies etc.)							240	240		8	8
6	M.P.T-106 Clinical training (CT-I)								540	540		18	18
7	M.P.T-107 Dissertation (DSS-I)								240	240		8	8
	Grand Total						500	390	1140	1530	26	38	64

i. N.B.-The [NUE] Subjects will on college level and students needs to pass the college level examination before appearing for the University Examination, But the marks will be counted with University Marks and will be added in the Scheme and Marks Sheet given by University.

SCHEME OF STUDY MASTER OF PHYSIOTHERAPY (M.P.T.)

5.19.2 2ND Year M.P.T Examination

S. No.	Subject	Internal Assessment Marks		University Examination Marks			Total Marks	Theory hours	Practical hours	Total Hours	Credits Theory	Credits Practical	Credits Total
		Theory	Practical	Theory	Viva	Practical							
1	M.P.T-201 Exercise Physiology (EP)	20		80			100	90		90	6	0	6
2	M.P.T-202 *Specialty Paper 2*	20	20	80	20	40	200	120	120	240	8	4	12
3	M.P.T-203 *Specialty paper 3(Recent advances in the specialty)*	20	20	80	20	40	200	120	120	240	8	4	12
4	M.P.T-204 *Dissertation [spread over a period of 18 months] (DSS-II)*				100		100		720	720			24
5	M.P.T-205 Skills acquisition and refinement (SAR-II)	(Teaching Assignment, Seminars, journal club & Case Studies etc.)							240	240		8	8

6	M.P.T-206 Clinical training (CT-II)								540	540		18	18
	Grand Total						600	330	1740	2070	22	58	80

N.B.-

i. Viva marks will be added in theory marks along with internal assessment theory; candidate have to get min. 50% marks in theory and viva collectively for passing the examination.

The [NUE] Subjects will on college level and students needs to pass the college level examination before appearing for the University Examination, But the marks will be counted with University Marks and will be added in the Scheme and Marks Sheet given by university.

5.20. M.P.T. Curriculum

5.20.1. COURSE CODE -M.P.T-101

COURSE TITLE - **Laws, Ethics & Administration and Educational Methodology: (LEM)**

Course Contents: M.P.T LEM Theory (L)

SECTION -A: ETHICS AND LAW

LEM 1.1. Principles of ethics History and evolution of ethics - Helsinki declaration; Nuremberg Code; Principles of ethics and its importance - Autonomy, Beneficence, Non-maleficence, Justice

LEM 1.2. Professionalism

LEM 1.3. Ethics in professional practice Principles of practice in respective profession. Privacy, confidentiality, shared decision making, informed consent, equality and equity, justice

LEM 1.4. ICMR Guidelines General principles, Responsible conduct of research, Risk benefit assessment

LEM 1.5. Informed Consent Process Components of informed consent document, Procedure in obtaining informed consent, Special situations, waivers, and proxy consent

LEM 1.6. Roles and Responsibilities of IEC Ethical Review process, Classification of projects for review, Roles and responsibilities of members, Communications with investigators and authorities

LEM 1.7. Ethics in Special and Vulnerable Populations Types of Vulnerability and vulnerable population, Challenges for research in vulnerable population, Guidelines for research in special and vulnerable population

LEM 1.8. Conflict of Interest Definition and Types of Conflict of Interest, Identifying, mitigating and managing Conflict of Interest, Conflicts of interest in international collaborations

LEM 1.9. Publication Ethics Importance of publishing, Authorship guidelines according to ICMJE, Plagiarism

LEM 1.10. Laws governing Physiotherapy practice: NCAHP Act, Consumer Protection Act, Rights of persons with disability act Ethical issues in practice of Physiotherapy-Clinical,

Research and Academics

SECTION -B: Management and administration in Physiotherapy

LEM 2.1. Principles and applications of Management and Administration to Physio Therapy practice:

LEM 2.2. Management PROCESS: planning, organizing, staffing, finance, marketing, controlling, directing.

LEM 2.3. Quality assurance: Total Quality Management: basis of quality management, quality assurance program in hospitals, medical audit and international quality system.

LEM 2.4. COMMUNICATION: Process of Communication Barriers to Communication Types of Communication Written vs. Oral Communication Elements of good communication

LEM 2.5. Hospital as an organization: functions and types of hospitals MANAGEMENT IN HOSPITAL Setting of a physiotherapy service unit

SECTION-C: Management of Teaching Institution and Educational Methodology In Physiotherapy

LEM 3.1. Education: definition, aims and objectives of education, Agencies of education, Formal and informal education, brief introduction to the philosophies of education, taxonomy of educational objectives, essentials of Physiotherapy education, NEP

LEM 3.2. Basics of Adult Learning Theories including Learning Styles and Motivation

LEM 3.3. Concept of teaching – learning - nature of learning, type and stages of learning, factors affecting learning, laws of learning, learning style teaching learning process, role of teacher in teaching learning process, Adult learning

LEM 3.4. Teaching skills, Teaching Methods in Classroom Setting, clinical teaching methods, planning of teaching: lesson planning and unit planning Teaching aids and educational technology

LEM 3.5. Formulating Intended Learning Outcomes Including Tyler’s principles, Bloom's Taxonomy, Miller's Pyramid, Clinical Competence, and Dreyfus' Model of Skill Acquisition

LEM 3.6. Entrepreneurship in Physiotherapy Practice: Need, Advantages and Opportunities.

RECOMMENDED BOOKS FOR LEM

1. Beauchamp and Childress, Principles of Biomedical Ethics, Fourth Edition. Oxford.
2. Patricia A Marshall. Ethical challenges in study design and informed consent for health research in resource poor settings. World Health Organization. 2007.
3. Natio4n2a6l Ethical guidelines for Biomedical and Health Research involving human participants. Indian Council of Medical Research. 2017.
4. ABC of Learning and Teaching in Medicine. Editor(s): Peter Cantillon, Diana Wood, Sarah Yardley. Ed: 3
5. Understanding Medical Education: Evidence, Theory, and Practice, Editor(s): Tim Swanwick Kirsty Forrest Bridget C. O'Brien. Ed 3
6. Principles of Medical Education. Editor(s): Tejinder Singh, Piyush Gupta, Daljit Singh. Jaypee Brothers. 2012. New Delhi.

5.20.2. COURSE CODE -M.P.T-102

COURSE TITLE - Research methodology and Biostatistics and Evidence based practice (RMB) Course Contents: M.P.T RMB Theory (L)

SECTION-A: RESEARCH METHODOLOGY

RMB 1.1. Introduction to research

RMB 1.2. Types of research

RMB 1.3. Defining a research question

RMB 1.4. Qualitative study designs

RMB 1.5. Quantitative study

RMB 1.6. Type I and type II bias

RMB 1.7. Study design: types

RMB 1.8. Case study, Case series, longitudinal cohort, Pre post design, Time series design, repeated measures design, Randomized control design.

RMB 1.9. Sampling design, calculating minimum sample size based on design

RMB 1.10. Measurement: Properties of measurement: reliability, validity, responsiveness, MCID.

RMB 1.11. Outcome measures: Use of outcome measures in rehabilitation research

RMB 1.12. Research Methods: Designing methodology, Reporting results, Type I and Type II bias.

RMB 1.13. Communicating research.

RMB 1.14. Evaluating published research: looking at the evidence

RMB 1.15. Introduction to evidence-based practice, evaluating evidence.

RMB 1.16. Asking clinical questions

RMB 1.17. Translating of evidence into practice: strategies

RMB 1.18. Use of clinical practice guidelines, clinical pathways, prediction rules to inform practice.

SECTION-B: BIOSTATISTICS

RMB 2.1. Descriptive Statistics and measurement variability

RMB 2.2. Inferential Statistics

RMB 2.3. Comparison of group means: T-test

RMB 2.4. Analysis of variance

RMB 2.5. Multiple comparison tests

RMB 2.6. Parametric and Non parametric tests

RMB 2.7. Correlations

RMB 2.8. Regression

RMB 2.9. Analysis of frequencies: Chi square

RMB 2.10. Statistical measure of validity and reliability

RMB 2.11. Factorial Design analysis

RMB 2.12. Power analysis – Determining sample size, Epidemiological Measures – Rate, Ratio, Proportion, Incidence and prevalence, Relative risk, Risk ratio, Odds ratio

RMB 2.13. Application of various statistical software.

SECTION-C: SCIENTIFIC WRITING

RMB 3.1. Definition and kinds of scientific documents – Research paper, Review paper, Book, Reviews, Thesis, Conference and project reports (for the scientific community and for funding agencies).

RMB 3.2. Publication – Role of author, Guide, Co-authors.

RMB 3.3. Structure, Style and contents; Style manuals (APA, MLA); Citation styles: Footnotes, References; Evaluation of research

RECOMMENDED BOOKS FOR RMB

1. Bailey, N.T.J. -Statistical methods in Biology. The English universities press, London
2. Bajpai, S.R.- Methods of Social Survey and Research, Kitab Ghar, Kanpur.
3. Colton - Statistics in medicine, Little Brown Company, Boston
4. Gupta, S.P -Statistical methods. Sultan Chand and Sons Publishers , New Delhi.

5. Goulden C.H.- Methods of Statistical Analysis. Asia Publishing House , New Delhi.

6. Mohsin S.M.- Research Methods in Behavioral Sciences: Orient Publications. New Delhi.

7. Mahajan - Methods in Biostatistics, Jay Pee Brothers.Medical Publishers (P) Ltd. New Delhi.

8. Hicks- Research for Physiotherapists, Churchill Livingstone, London.

9. Meenakshi. - First Course in Methodology of Research. Kalia Prakashan, Patiala.

10. Kumar , R.- Research Methodology. Pearson Education , Australia.

11. Snedecor,G.W -Statistical Methods, Allied Pacific Pvt. Ltd., London

12. Singh, I.- Elementary Statistics for Medical Workers. Jaypee Brothers Medical Publishers (P) Ltd. New Delhi.

13. Rehabilitation Research: Principles and Applications by Elizabeth Domholdt (Elsevier Science Health Science Div, 2004)

5.20.3.

COURSE CODE -M.P.T-103

COURSE TITLE -BIOMECHANICS & THERAPEUTICS (BCT)

Course Contents: M.P.T BCT Theory (L)

SECTION A – Concepts of Biomechanics:

BCT 1.1. Introduction to Kinesiology and Biomechanics. Biomechanics of Tissues and structures of the musculoskeletal system

BCT 1.2. Principle of Biomechanics

BCT 1.3. Nature and importance of Biomechanics in Physiotherapy.

BCT 1.4. Methods of kinetics and kinematics investigation

BCT 1.5. Introduction to biomechanical analysis of human motion.

BCT 1.6. Analytical tools and techniques –

1. Isokinetic Dynamometer,
2. Kinesiological EMG,
3. Electronic Goniometer,
4. Force Platform,
5. Videography.

BCT 1.7. Upper Extremity: Shoulder and Shoulder girdle, Elbow joint, Wrist joint and Hand.

BCT 1.8. Lower Extremity: Pelvic Girdle, Hip joint, Knee joint, Ankle & Foot

BCT 1.9. Spine

BCT 1.10. Gait

BCT 1.11. Gait Analysis: Kinetic & Kinematic Analysis.

BCT 1.12. Pathological Gait: Kinetic & Kinematic Analysis

BCT 1.13. Ergonomic approach to lifting and handling, workspace and environment. Patient positioning, body mechanics and Transfer techniques

SECTION-B: Physiotherapy techniques

BCT 2.1. Principle of therapeutic exercises

BCT 2.2. Definition, details of effects and uses of following exercises.

BCT 2.3. Dynamic Exercises

BCT 2.4. Plyometric Exercises

BCT 2.5. Isokinetic Exercises

BCT 2.6. Kinetic chain exercises

BCT 2.7. Balance and coordination exercises

BCT 2.8. Biophysics of contractile and non-contractile tissues, Response to mechanical loading

BCT 2.9. Clinical reasoning and differential clinical diagnosis based on various approaches such as Maitland, Kaltenborne, Cyriax, Mulligan, Mckenzie etc.

BCT 2.10. Proprioceptive neuromuscular Facilitation.

BCT 2.11. Hydrotherapy Techniques

BCT 2.12. Functional assessment and re-education

BCT 2.13. Yoga: Introduction, Historical background and Origin of Yoga, Meaning and Concept of Yoga and its relationship with Physical Education and Sports, **Yoga in Global Scenario**, **Pranayama:** Meaning, Types and its importance. **Asanas:** Asanas- meaning, types, principles, Techniques of asanas and effects of asanas on various systems of the body - circulatory, respiratory and digestive system.

BCT 2.14. Electro diagnosis: introduction to methods of electro diagnosis SD CURVE

BCT 2.15. Electromyography: technique of EMG, interpretation of normal and abnormal responses

BCT 2.16. Nerve conduction studies: MNCV, SNCV, variables affecting nerve conduction, measurement of NCV of nerves of upper limb and lower limb, interpretations of normal and abnormal responses.

BCT 2.17. Evoked potentials, H-reflex, P wave, repetitive nerve stimulation, VEP, BAEP, SSEP, SSR.

BCT 2.18. Review of Principles underlying the application of following modalities with reference to their Production, biophysical and therapeutic effects, indications

and contraindications and the specific uses of:

1. Superficial heating modalities
2. Deep heating modalities
3. Ultrasound
4. Cryotherapy

BCT 2.19. Review of Principles underlying the application of following modalities with reference to their Production, biophysical and therapeutic effects, indications and contraindications and the specific uses of Physiotherapy

BCT 2.20. Low Frequency Current: Diadynamic Current, Iontophoresis

BCT 2.21. High Voltage, Pulsed Galvanic Stimulation, TENS, IFT, Russian Currents. LASER

BCT 2.22. Advanced Electro Therapeutics in Tissue healing, Wound care, Management of Scars, keloids, Muscle Plasticity & Integumentary Conditions.

BCT 2.23. BIO-FEED BACK

RECOMMENDED BOOKS FOR BCT

1. James G. Hay – The Biomechanics of Sports Techniques, Prentice Hall.
2. Brunnstrom - Clinical Kinesiology, F.A. Davis.
3. Luttgens K., Hamilton N.: Kinesiology – Scientific Basis of Human Motion, Brown & Benchmark.
4. Kreighbaum E., Barthels K.: Biomechanics – A Qualitative approach for studying human Motion, MacMillan.
5. Rasch and Burk: Kinesiology and Applied Anatomy, Lee and Fabiger.
6. White and Punjabi - Biomechanics of Spine - Lippincott.
7. Norkin & Levangie: Joint Structure and Function - A Comprehensive Analysis - F.A.
8. Davis.

9. Kapandji: Physiology of Joints Vol. I, II & III, W.B. Saunders.

10. Northrip et al: Analysis of Sports Motion: Anatomic and Biomechanics perspectives,

11. W.C. Brown Co., IOWA.

12. Leveac B.F.: Basic Biomechanics in Sports and Orthopedic Therapy, C.V. Mosby.

13. De Boer & Groot: Biomechanics of Sports, CRL Press, Florida.

14. Basmajian - Muscle alive - Williams & Wilkins.

15. Nordin & Frankel - Basic Biomechanics of Muscular Skeletal Systm - Williams & Wilkins.

16. Bartlet - Introduction to Sports biomechanics - F & FN Spon Madras.

5.20.1. Locomotor disability Assessment content:

DISABILITY (PERMANENT PHYSICAL IMPAIRMENT) ASSESSMENT AND CERTIFICATION GUIDELINES & GAZETTE NOTIFICATION:

Detail study of Government Gazette to be done: (The Gazette of India is regularly updated, and its publications can change over time. Refer the recent Gazette publications issued by the Government of India, from the official website)

PWD Act 1995 and Rights of person with Disability Act 2016, **to study in detail.**

5.20.2. BLS and ACLS Training:

Course Title: Basics of Emergency Care and Life Support Skills (ECLS): Theory (L) Practical (P)

ECLS 1.0. Subject Description and instruction to teacher

Basic life support (BLS) is the foundation for saving lives following cardiac arrest. Fundamental aspects of BLS include immediate recognition of sudden cardiac arrest (SCA) and activation of the emergency response system, early cardiopulmonary resuscitation (CPR), and rapid defibrillation with an auto- mated external defibrillator (AED). Initial recognition and response to heart attack and stroke are also considered part of BLS. The student is also expected to learn about basic emergency care including first aid and triage. The purpose of this course is to equip the students with the skill to save the life of a person in different emergency situation as first responder. The training should be provided using Mannequins and dummies and Videos presentations and Role plays should be also used to impart knowledge and skill besides the lecture - demonstrations.

ECLS 1.0.1. Course Outcomes:

After completion of this course the student shall be able to

1. Perform Opening and maintaining and patent airway: assessment and knowledge of airway maneuvers and adjuncts
2. Ventilate patients: Assessment and management of breathing with Mouth to mouth and mouth to mask
3. Administer basic life support skills including cardiopulmonary resuscitation
4. Provide first aid of simple and multiple system trauma such as • Controlling hemorrhage • Managing Burns and wounds • Response to effects of weapons of mass destruction • manually stabilizing injured extremities

5. Provide first aid to patients with medical emergencies like heart attack and stroke • Identifying signs of Stroke and heart attack and safe transfer after first aid without delay in transfer. • Manage general medical complaints seizures and animal bites (snake /dog bite)
6. Reassure patients and bystanders by working in a confident, efficient manner • Avoid mishandling and undue haste while working expeditiously to accomplish the task
7. Manage safe patient transport Entailing-Extrication of the victim, helmet removal and spine protection during transport.
8. Explain Roles, responsibilities and limitation of first responder.

Course Contents:

SECTION -A UNIT 1

ECLS 1.1. Emergent conditions and magnitude, Concept of golden hour, Duties and responsibilities of first responder

ECLS 1.2. Ethical issues and Gather information from observation, experience and reasoning. Identification of rapidly changing situations and adapt accordingly. Planning and organization of work. Scene safety. Dealing with emotional reactions family members and bystanders

ECLS 1.3. Well-being of first responder Personal protection

1. Steps to be taken against airborne and blood-borne pathogens
2. Personal protective equipment necessary for each of the following situations: Hazardous materials Rescue Operations Violent Scenes Crime scenes
3. Electricity, Water and ice
4. Exposure to blood-borne pathogens Exposure to airborne pathogens

UNIT 2

ECLS 2.1. Airway

1. Signs of inadequate breathing
2. Mechanism of injury to opening the airway
3. Steps in the head-tilt chin-lift

4. Steps in the jaw thrust
5. Taking out foreign body
6. Ensuring patent airway during seizures and vomiting.

ECLS 2.2. Ventilation

1. Of a patient with a mask or barrier device
2. Steps in providing mouth-to-mouth and mouth-to-stoma ventilation

ECLS 2.3. Circulation

1. Evaluate the cardiac status of the patient
2. Determine the need for and take necessary action to proper circulation
3. Steps for control of bleeding: Pressure bandage and tourniquet ECLS 2.4. Clearing a foreign body airway obstruction

ECLS 2.5. CPR

1. Implications of cardiac arrest
2. Cardiopulmonary resuscitation (CPR)
    i. How it works
    ii. Steps
    iii. When to stop CPR
3. Brief overview of AED Automated external defibrillator (only demonstration –no hands on)

SECTION -B UNIT 3

ECLS 3.1. Bleeding and Soft Tissue Injuries

1. Difference between arterial and venous bleeding
2. Stopping external bleeding
3. Identification of Internal bleeding
4. types and Functions of dressings and bandages

5. How to help a victim of burn injury

ECLS 3.2. Injuries to Muscles and Bones

1. Suspecting bony/spinal injury
2. Splinting –materials used
3. Importance of splinting

UNIT 4

ECLS 4.1 Medical Emergencies

ECLS 4.2 Identification of the patient steps in providing first aid to a patient with

i. A general medical complaint –
ii. Seizures
iii. Chest-pain
iv. Shortness of breath
v. Exposure to heat
vi. Including other medical complaints like allergy, diarrhea, fainting, low blood sugar, stroke
vii. Drowning
viii. Poisoning

ECLS 4.3 Transportation Importance of timely and proper transportation methods of transportation of victim from site of injury to ambulance. Importance of spine protection methods of spine protection during transportation

ECLS 4.4 Disaster preparedness -. Preparedness and risk reduction Incident command and institutional mechanisms Resource management

PRACTICALS

Student should practice on Mannequins and dummies and should be able to

ECLS (P) 5.1. Provide Airway & Ventilation

ECLS (P) 5.2. Perform Basic Life Support: CPR

ECLS (P) 5.3. Perform Initial management of Thermal injury, electric injury

ECLS (P) 5.4. Perform stabilizing injured extremity and wound management

ECLS (P) 5.5. Demonstrate bandaging techniques to various body parts

ECLS (P) 5.6. Demonstrate Extrication, Helmet removal and spine protection

ECLS (P) 5.7. Demonstrate Stretcher use

Recommended text books for ECLS

Indian red cross : INDIAN FIRST AID MANUAL 2016 (7th edition) available at https://www.indianredcross.org/publications/FA-manual.pdf

5.20.4. Disaster Management:

Course Title: Disaster Management (DM): Theory (L)

DM 1.0 Subject Description and instruction to teacher: The commission's goal is to emphasize the vital role physical therapists (physios) play in disaster management and contribute to national and global preparedness. To achieve this, it's essential to raise awareness among physiotherapists about national and international organizations and emphasize the crucial role physical therapists play in disaster management, particularly within Emergency Medical Teams. Also it may be noted that the acts, policies, gazettes are regularly updated, and its publications can change over time. The teachers and students should thus refer the recent publications issued on the official website

DM 1.0.1. Course Outcomes: After completion of this course the student shall be able to

1. Understand the crucial role physical therapists play in disaster management, particularly within Emergency Medical Teams.
2. Should be able to identify national and international organizations that play a vital role in disaster management
3. Should be able to identify the legal framework for disaster management in India and disaster prone areas.
4. Provide essential information to other physical therapists interested in disaster response work and to make them aware of national and international agencies already active in the field.
5. Promote global preparedness and support physical therapists in making a meaningful difference in disaster response and recovery efforts

Course Content: Disaster Management (DM): Theory (L)

DM 1.1. Definition of disaster and the hazards associated with disaster, Vulnerable groups in Disaster

DM 1.2. Definition of Advocacy, disability advocacy, Contingency planning wrt to disaster management, Hazard, Risk, Vulnerable groups

DM 1.3. History of involvement of Physiotherapists in rehabilitation efforts during emergencies

DM 1.4. National organizations who are involved in disaster preparedness and management strategies:

1. The legal framework for disaster management in India: Key takeaways of Disaster Management Act 2005, National Policy on Disaster Management 2009 and National

Disaster Management Plan 2018

2. Different types of disasters managed in India, Epidemiologic surveillance and disease control, main goal of the National Disaster Management Authority, areas in India are most prone to disasters, Institutional structure for disaster management in India at various levels, Central Ministry that coordinates disaster management and leader of NDMA in India
3. Disaster Management Act of 2005 key take aways and its significance, Phases of Disaster management, Long term prevention measures, role of various stake holders in disaster management, role of community involvement in disaster management, challenges faced in disaster management in India
4. Prime minister's 10 point agenda and Community based and Technology driven approaches: Key policies and strategies

DM 1.5. International organisations who facilitate contributions of physiotherapists in disaster preparedness and management strategies. Role of physiotherapists in:

1. Disaster management within their own countries, benefits of rehabilitation provided following disasters
2. Prevention of a disaster
3. Preparedness for disaster with respect to essential locally appropriate preparedness for a disaster,
4. Identifying and connecting professional associations, health service providers and training institutions.
5. Developing international humanitarian response
6. Response to disaster: Required skills and knowledge and required actions and secure resources with respect to assessment, coordination, psycho-social support and advocacy
7. Recovery: with respect to planning of medical management and local capacity building and physiotherapy rehabilitation, advocacy

DM 1.6. The type and distribution of injuries caused by disasters, the type of hazards, common injuries that can lead to long-lasting or permanent disability.

DM 1.7. Clinical Practice in Response phase along with documentation (conservative and surgical), record management, data and research, informed consent and confidentiality, regulations and scope of practice, hand hygiene and infection control, communication, referral, discharge planning with respect to international management strategies.

DM 1.8. International Disaster Management Rehabilitation Response Plans and role of Physiotherapists with respect to: Systems in Place, Identifying Personnel, Facilities and Resources, Advocacy and Partnerships, Training and Capacity Building

DM 1.9. Elements to be considered "essential" components in any disaster education or training programme for health professionals as defined by Global Response Framework,

DM 1.10. The World Health Organization (WHO) : the lead UN agency in the health cluster and its emergency response framework and Humanitarian principles

Recommended websites for references: Disaster management

National Disaster Management Plan, 2016. A publication of the National Disaster Management Authority, Government of India. May 2016, New Delhi at www.mha.gov.in

www.wcpt.org/disaster-management.

5.20.5. Exercise Physiology

Details presented on next page

Dissertation

Each candidate will have to carry out of a dissertation on Speciality related subject of MPT. Ethical approval certificate from **Registered Institutional Ethical committee** and Clinical Trial Registration is mandatory for intervetional Dissertation study topic. The dissertation to be guided by Guide of the speciality of faculty of physiotherapy of the department under whom the student is persuing MPT. The dissertation will be evaluated by the External/Internal Examiners. The final dissertation duly approved by the External/Internal examiners will be submitted to the Dean/Principals office with the result. The dean/ Principal's office will send the dissertation to the library for record.

5.20.9. Practical / clinical examination

Compulsary rotatory Clinical Posting as per the Speciality and Clinical Assessment during Clinical posting is mandator

2ND YEAR M.P.T

5.20.7. COURSE CODE -M.P.T-201

COURSE TITLE -EXERCISE PHYSIOLOGY (EP) Theory (L) Practical (P)

EP 1.0. Subject description Course outcomes

1. CO1: Comprehend the basic knowledge of sources of energy, aerobic and anaerobic synthesis of ATP along with the understanding of utilization of substrates in relation to the intensity and duration of exercise
2. CO2: Appreciate the measurement of energy cost of exercise and importance of energy transfer and energy expenditure at rest and during various physical activities
3. CO3: Understand the role of various macro and micro nutrients as well as their caloric requirements along with the basic classification, functions and utilization of nutrients.
4. CO4: Acquire about importance of diet for various competitions, nutrient supplements for performance and to design caloric requirements for various sports and age groups.
5. CO5: Critically evaluate the central and peripheral mechanism that regulates the cardiovascular and respiratory systems in exercise along with the physiological responses and adaptations of these systems to exercise and training.
6. CO6: Identify the regulation and significance of acid base balance following exercise
7. CO7: Understand the responses of various hormones with respect to exercise

SECTION -A

EP 1.1. Bioenergetics of exercise: High energy phosphates, Anaerobic and aerobic ATP synthesis, Bioenergetics Control, exercise intensity & substrate utilization, protecting CHO stores, muscle adaptation to endurance training, processes that potentially limit the rate of fat oxidation, regulation of substrate utilization,

training - induced increase in FFA oxidization:

EP 1.2. Basal metabolic and resting metabolic rates and factors affecting them, Classification of Physical Activities by energy expenditure. Concept of MET measurement of energy cost of exercise

EP 1.3. **Nutrition metabolism** of Carbohydrate, fats, proteins, vitamin, mineral and water

EP 1.4. **Nutrition in exercise** optimum nutrition for exercise, nutrition for physical performance, pre game meal carbohydrate loading, food for various athletic events, fluid and energy replacement in prolonged exercise

EP 1.5. **Respiratory responses to exercise:** Ventilation at Rest and during Exercise, Ventilation and the Anaerobic Threshold, static and dynamic lung volume. Gas diffusion, Oxygen and carbon dioxide transport second wind, stich by side control of pulmonary ventilation during exercise adaptive changes in the respiratory systems due to regular physical activities.

EP 1.6. Cardiovascular responses to exercise- Cardiovascular system and exercise, acute vascular effects of exercise, Circulatory responses to various types of exercise regulation of cardiovascular system during exercise, Pattern of redistribution of blood flow during exercise, adaptive responses of cardiovascular system to aerobic and anaerobic training. Athlete heart

EP 1.7. Exercise and Acid Base Balance: Acid and Bases, Buffers, pH, Respiratory Regulation of pH, Alkali Reserve, The kidneys and Acid base balance, Alkalosis and Acidosis, Acid base balance following heavy exercise.

EP 1.8. Hormonal responses to exercise with respect to Growth Hormone (GH), Thyroid and Parathyroid Hormones. Antidiuretic Hormone (ADH) and Aldosterone, Insulin and Glucagons, The catecholamine; epinephrine and norepinephrine. The sex hormones. The glucocorticoids (Cortisol) and Adreno Corticotropic Hormones (ACTH). Prostaglandins and Endorphins.

SECTION -B

EP 2.1. Training and conditioning

Physiological basis of physical training, training principles, interval training,

continues running concept of anaerobic threshold and vo2 max, physiological effects of various physical training methods- aerobic and anaerobic training, strength training factors influencing training effects – intensity, frequency, duration, detraining, process of recovery, post exercise oxygen consumption factors affecting recovery process, overtraining

EP 2.2. Body temperature regulation during exercise

Mechanism of regulation of body temperature, Body temperature responses during exercise, Physiological responses to exercise in the heat, Acclimatization to exercise in the heat, Effects of age and gender on body temperature regulation during exercise, Physical activity and heat illness [heat exhaustion, dehydration exhaustion heat cramps & heat stroke] Prevention of Heat Disorders

EP 2.3. Exercise in the Cold

Effects of exposure to cold and severe cold, Wind chill, Temperature receptors, Role of hypothalamus, shivering, Frost Bite and other problems, Clothing and Environment

EP 2.4. Exercise at Altitude

Exercise at altitude immediate physiological responses at high altitude, physiological basis of altitude training, phases of altitude training and specific training effects, altitude acclimatization, oxygen dissociation curve at altitude, disorders associated with altitude training

EP 2.5. Exercise and body fluids

Measurement and regulation of body fluids, Body fluid responses and adaptations to exercise, Effects of dehydration and fluid replenishment on physiological responses to exercise and performance Fluid/carbohydrate replacement beverages

EP 2.6. Physical activity, body composition, energy balance and weight control

Significance and measurement of body composition, Body composition during growth and aging, Body composition and physical performance, Effect of diet and exercise on body composition, Physical activity, energy balance, nutrient balance and weight control, Physical activity, fat distribution and the metabolic

syndrome , Healthy weight loss, Ways and methods of weight reduction , fluid maintenance, disordered eating, nutritional ergogenic aids, diet supplements in athletes and others involved in physical activity.

EP 2.7. Exercise and Diabetes Mellitus

Exercise in insulin, requiring diabetes and non-insulin dependent diabetes mellitus, Effect of physical training on glucose tolerance and insulin sensitivity, Management of diabetes by diet and insulin

BOOKS SUGGESTED FOR EP

1. Essentials of Exercise Physiology: McArdle, WD, Katch, FI, and Katch, VL. Lippincott Williams and Wilkins.
2. Fundamentals of Exercise Physiology: For Fitness Performance and Health, Robergs RA, and Roberts, S.O. McGraw Hill
3. Exercise Physiology: Powers, SK and Howley ET; Mc Graw Hill
4. Physiology of Sport and Exercise: Wilmore, JH and Costil, DL. Human Kinetics
5. Exercise Physiology- Human Bioenergetics and its Application: Brooks, GA, Fahey, TD, White, TP. Mayfield Publishing Company
6. Komi, P. (Ed.) Strength and power in sport. Blackwell Scientific Publications.
7. Levick, J.R. An introduction to Cardiovascular Physiology. 2nd ed. Butterworth Heinemann
8. McArdle, WD, Katch, FI & Katch, VL Exercise Physiology. Lippincott, Williams & Wilkins.
9. Shephard and Astrand Endurance in sport. Blackwell Scientific Publications.
10. Willmore, JH & Costill, DL Physiology of Sport and Exercise. 2nd ed. Human Kinetics.
11. Guyton, A.C. Textbook of Medical Physiology. Philadelphia: Saunders
12. Nutrition for sport and exercise; Berning and steen

1) ***Master of Physiotherapy in Cardio- Pulmonary Sciences***

MPT (C) 104: Clinical, Physical and Functional diagnosis in Cardio- Pulmonary Physiotherapy (CCPFD)

MPT (C) 202: Cardio- Pulmonary Physiotherapy (CPT)

MPT (C) 203: Recent advances and Evidence Based practice in Cardio-Pulmonary Physiotherapy (CRAEB)

SPECIALITY PAPER ONE COURSE CODE: MPT (C)-104

Course Title: Clinical, Physical and Functional diagnosis in Cardio-Pulmonary Physiotherapy (CCPFD)

CCPFD 1.0.1. Course outcome

1. Elicit and interpret clinical signs and symptoms of cardio-vascular and pulmonary diseases & interpret clinical tests and special investigations commonly used in the diagnosis of conditions.
2. Generate a primary diagnosis and a list of differential diagnoses consistent with typical presentations.
3. Identify normal & pathological anatomy on diagnostic images in various cardio-vascular and pulmonary disorders.

SECTION- A

CCPFD 1.1. ICF conceptual frame work

CCPFD 1.2. Importance of assessment & evaluation, Outlines of principles and Methods of evaluation Need and types of Documentation

CCPFD 1.3. Critical decision making and selection of outcome measures in cardiopulmonary Physiotherapy

CCPFD 1.4. GENERAL: Review of Anatomy, Embryology and Epidemiology of cardio-vascular, pulmonary and lymphatic pulmonary system.

CCPFD 1.5. Role of cardio respiratory therapist in patient assessment.

1. Patient clinician interaction and communication with assessment findings.
2. Confidentiality, concern and universal precautions.

3. A detailed and comprehensive cardio-respiratory health history.
4. Assessment standards, common scales, questionnaire indices used for patients with cardio-pulmonary dysfunction.

CCPFD 1.6. **Detailed assessment of cardio- vascular and pulmonary symptoms** (dyspnea, cough, sputum production, hemoptysis, clubbing, cyanosis, chest pain, syncope, fever, night sweating, headaches, altered sensorium, personality changes.

CCPFD 1.7. **Vital signs assessment**

1. Obtaining vital signs, clinical impressions
2. General clinical presentation
3. Temperature
4. Pulse including the peripheral pulses
5. Blood pressure
6. Respiratory rate

CCPFD 1.8. **Fundamentals of physical examination with diagnosis in cardiovascular and respiratory Physiotherapy**

1. Examination of head and neck
2. Lung topography – thoracic cage landmarks
3. Examination of Thorax/ pulmonary system
4. Examination of Precordium/cardiac system
5. Examination of Abdomen
6. Examination of Extremities

CCPFD 1.9. Assessment of neonatal and pediatrics patients – new born, critically ill infants, older infants and child

CCPFD 1.10. Comprehensive geriatric assessment – age related sensory deficits, cardio-respiratory deficits and diagnostic tests, standard scales and questionnaires used in geriatric assessment

CCPFD 1.11. Nutritional assessment of patients with cardio- respiratory diseases

CCPFD 1.12. **Fitness assessment**

1. Anthropometric and biophysical measurement and body composition
2. Flexibility tests and standards
3. Muscle strength and standard
4. Endurance tests and standards
5. Agility tests and coordination tests

CCPFD 1.13. **Exercise testing and standardization and interpretation**

1. TMT protocols- Maximal and submaximal protocols
2. Field protocols
3. Bicycle protocols
4. Step test protocols
5. Six minute walk test
6. Protocols for pediatric and geriatric population

CCPFD 1.14. Interpretation and clinical relevance of investigations in cardio- pulmonary Physiotherapy

1. Clinical laboratory studies – hematology, microbiology, urine analysis, histology, pathology
2. Pulmonary function tests – normal values
3. Spirometry, arterial blood gas analysis and its interpretation in cardio – respiratory Physiotherapy, capnography and pulse oximetry and its relevance in cardio- pulmonary Physiotherapy
4. Clinical application of chest radiograph – chest x-ray, examination, views; computed tomography, magnetic resonance imaging, lung scans - PET scan. Evaluation of chest radiography – clinical and radiographic findings in cardio- pulmonary disorders and its relevance cardio-pulmonary Physiotherapy

5. Laboratory and bedside interpretation of ECG findings – interpretation of normal and abnormal ECGs and its importance in cardio-respiratory physio- therapy and various ECG patterns in cardiac and lung disease

6. Cardio respiratory monitoring in critically ill patients including patients with artificial airways

    i. Ventilator assessment and evaluation of oxygenation in ICU

    ii. Assessment of cardiac output in ICU

    iii. Assessment of haemodynamic pressures in ICU

    iv. Clinical diagnosis in cardio- respiratory disorders in intensive care.

SECTION- B

CCPFD 2.1. Blood flow studies-arteriography, venography, Color Doppler, ANS testing and interpretation used in cardio- respiratory Physiotherapy and edema evaluation and interpretation.

CCPFD 2.2. Cardio respiratory assessment and diagnosis of patient on mechanical ventilator and interpretation of graphical forms, weaning modes and indices

CCPFD 2.3. Risk factor stratification, disability evaluation with reference to cardio vascular and pulmonary disorders

CCPFD 2.4. Psychological evaluation with reference to stress and anxiety in cardio- pulmonary disorders, Evaluation of stress and anxiety using various scales and questionnaires

CCPFD 2.5. Outcome measures used in Cardio – vascular and pulmonary Physiotherapy

CCPFD 2.6. Cardio-pulmonary Exercise Testing, VO2 max, METs – its importance in calculating energy expenditure and physical activities

CCPFD 2.7. Calculating energy expenditure using calorimetry method, various formulae and equations with emphasis on its importance in prescribing exercise in various patient population

CCPFD 2.8. Evaluation and diagnosis of sleep and breathing disorders.

SPECIALITY PAPER TWO

COURSE CODE: MPT (C)-202

Course Title: MPT (C) 202: Cardio and pulmonary Physiotherapy

(CPT) CPT 1.0.1.

Course Outcomes:

1. Develop a management plan, generally including some lifestyle factors, incorporation with the Clinical Supervisor and consider a prognosis that reflects on the patient's problem.
2. Manage a patient in consultation and co-operation with the clinical supervisor, identifying the presenting problem, developing a basic working diagnosis and selecting a treatment regime that considers the presenting problem with some consideration for ethical, practical and pragmatic concerns.
3. Maintain legal (accurate, clear and legible) patient histories, write basic referral letters and recognize the need of further referral in conference with Clinical Supervisor and peers.
4. Discuss the Common exercise prescriptions and their clinical use, and the sequence of treatment and how to advise different sorts of patients.

SECTION- A

CPT 1.1. Principles of exercise prescription and exercise program adherence.

CPT 1.2. Components of physical fitness and Basic principles of exercise program design.

CPT 1.3. The art of science of exercise prescription in various patient population

CPT 1.4. Bioenergetics of exercise and training

CPT 1.5. Warm ups, stretching and cool down and its importance

CPT 1.6. Exercise program adherence and factors affecting exercise adherence.

CPT 1.7. Different forms of training methods.

CPT 1.8. Designing cardio-respiratory exercise programs for cardiac and

pulmonary patients, geriatric and general population. Essentials of a C.R. exercise work- out, Aerobic training. Methods and modes, personalized programs.

CPT 1.9. Designing Resistance exercise programs.

1. Types of resistance training and developing respiratory exercise program including calisthenics.
2. Resistance exercise program for children and older adults.

CPT 1.10. Designing flexibility and stretching programs.

CPT 1.11. Designing weight management (weight loss and weight gain) and

CPT 1.12. Application of exercise prescription principles in various cardio-pulmonary disorders including edema management

SECTION- B

CPT 2.1. Nutrition and cardio-vascular and pulmonary diseases including diabetic population- Role of carbohydrates, proteins, fats, vitamins in health and disease.

CPT 2.2. Diet prescription in diabetic, hypertensive, cardio-metabolic syndromes, obesity and cancer patients according to calorie expenditure.

CPT 2.3. Exercise prescription/ physical activity in a high risk cardiac patient including L.V Dysfunction, chronic heart failure, myocardial ischemia.

CPT 2.4. Exercise prescription in prevention of CAD, obesity, renal dysfunction, diabetes mellitus, hypertension.

CPT 2.5. Cardio-vascular disorders and physiotherapy management including exercise prescription in:

i. Myocardial infarction
ii. Acquired heart conditions
iii. Hypertension, hypotension
iv. Rheumatic fever, rheumatic heart disease and non- rheumatic valvular diseases.
v. Diseases of myocardium, pericardial diseases, cardiomyopathies
vi. Vascular diseases, peripheral vascular diseases and lymphatic

diseases

vii. Tumors of heart

viii. Athlete heart

ix. Congestive cardiac failure

x. Cardiac arrhythmias

xi. Congenital heart diseases

xii. Cardiac transplantation

SECTION- C

CPT 3.1. PULMONARY DISORDERS AND PHYSIOTHERAPY MANAGEMENT INCLUDING EXERCISE PRESCRIPTION IN:

i. Obstructive pulmonary diseases

ii. Restrictive pulmonary diseases

iii. Infective lung diseases

iv. Occupational lung diseases

v. Lung cancer

vi. Chest wall deformities and spinal cord injury

vii. Diaphragmatic diseases

viii. Sleep apnea/ hyperventilation syndrome

ix. Respiratory disorders in children, cystic fibrosis

x. COVID-19

CPT 3.2. Common emergency conditions in cardio-respiratory system in adults and children and ethical issues in intensive care

CPT 3.3. Management of Pediatric and geriatric Cardiac and pulmonary disorders

CPT 3.4. Burns rehabilitation in Critical Care unit

CPT 3.5. Cardio-pulmonary problems and complications in various neuromuscular disorders, facilitatory and inhibitory techniques and PNF

techniques in various pulmonary disorders, manual techniques for various pulmonary disorders.

CPT 3.6. Physical agents used in various cardio-vascular and respiratory disorders

CPT 3.7. Cardio-vascular and pulmonary pharmacology- Indications, contraindications and effects and pharmacological management in cardiac and pulmonary disorders.

CPT 3.8. Body positioning: art and its physiological importance in general and in ICUs

CPT 3.9. Aerosol therapy- Principles and its role in physiotherapy.

CPT 3.10. Humidifiers and Atomizers role in physiotherapy.

CPT 3.11. Stress, Importance of exercise in stress management and various stress coping strategies, relaxation techniques including yogic postures and yogic breathing in various lifestyle disorders and other cardio-vascular and pulmonary conditions.

CPT 3.12. Importance of Patient education and counseling in various cardio-vascular and pulmonary disorders in cardio- respiratory conditions, CBR in cardio vascular and respiratory conditions.

CPT 3.13. Role of Tele-rehabilitation in cardiac and pulmonary disorders.

CPT 3.14. Clinical decision making in Cardiovascular and pulmonary physiotherapy.

SPECIALITY PAPER THREE

COURSE CODE: MPT (C)-203

MPT (C) 203: Recent advances and Evidence Based Practice in Cardio and pulmonary Physiotherapy (CRAEB)

CRAEB 1.0.1. Course Outcome

1. Understand and apply the information regarding recent advances in cardio-pulmonary physiotherapy for patient care.
2. Search the evidences available for assessment and management of cardiopulmonary conditions.
3. Apply the evidences available for the management of various cardio-pulmonary conditions

SECTION- A

CRAEB 1.1. GENERAL:

i. Optimizing treatment prescription: relating treatment to the underlying pathophysiology of cardio-vascular and pulmonary disorders- an evidence- based practice

ii. Documentation of the data, Report writing –prescription of exercises

iii. Importance of creating awareness in community, Patient education and psychological counseling in various cardio-vascular and pulmonary disorders evidence-based practice

iv. Recent advancement in Cardio- pulmonary resuscitation (basic and advanced)

CRAEB 1.2. Bronchial hygiene- Physiological basis and clinical application, evidence-based practice and recent advances of airway clearance techniques, including Facilitating airway clearance with coughing techniques.

CRAEB 1.3. Care of a dying patient. – Ethical issues and recent guidelines

CRAEB 1.4. Cardiopulmonary training in various patient populations. Athletes, Geriatric and pediatric population

CRAEB 1.5. Medical gas therapy including oxygen therapy**:** physiological

basis, modes of administration, and home delivery care- an evidence-based practice and recent advances including hyperbaric oxygen therapy.

CRAEB 1.6. Aerosol therapy- An Evidence based practice in chest physiotherapy.

SECTION- B

CRAEB 2.1. Recent advances and evidence-based practice in Exercise testing, planning, principles of exercise prescription and PT management in cardio- vascular and pulmonary conditions.

CRAEB 2.2. Recent advances and evidence base practice in cardio-respiratory Physiotherapy and exercise prescription in special populations like cancer, renal conditions, burns, abdominal surgeries, Neurological patients and Diabetic mellitus patients.

CRAEB 2.3. Recent advances in the use of physical agents and PT management in wounds, ulcers, grafts and incisions and vascular disorders.

CRAEB 2.4. Evidence based practice of core muscle strengthening, resistance training, endurance training, and other training methods in cardiac and pulmonary rehabilitation

CRAEB 2.5. Pilates- school of thought for cardiopulmonary conditions.

CRAEB 2.6. Physiotherapy management in oncology- Evidence based practice and recent advances.

CRAEB 2.7. Recent advances and evidence-based practice in Respiratory Physiotherapy training techniques and respiratory Physiotherapy devices.

CRAEB 2.8. Evidence based practice and recent advances in improving Cardio-respiratory fitness training in all populations including general, pediatric and geriatric population.

CRAEB 2.9. Evidence based practice and Recent guidelines in cardiac rehabilitation and pulmonary rehabilitation

CRAEB 2.10. Role of exercise and quality of life and cardio-pulmonary rehabilitation, health status measurements and recent advances

CRAEB 2.11. Use of advance Assistive devices like Robot therapy, continuous lateral rotation therapy, intrapulmonary percussive ventilator and technologies in Cardiovascular and pulmonary system.

CRAEB 2.12. Evidence based practice and recent advances of Aquatic therapy in Cardiovascular conditions like diabetes, PVD, hypertension etc.

BOOKS for Physiotherapy in Cardio Pulmonary Sciences:

1) Froelicher /Myers- "Exercise and heart' Saunders publication.
2) Jean Jobin et al. Advances in Cardio-Pulmonary Rehabilitation"
3) Scot Irvin, Lan Stephen Tecklin- "Cardio-Pulmonary physical therapy-a guide to practice", Mosby.
4) Frances J Brannon, Margaret W Foley, Julie Ann Stars, Lauren M Saul
5) "Cardio-Pulmonary Rehabilitation-Basic Theory and Application", F A Davis Company.
6) Cynthia Coffin Zadai- "Pulmonary management in Physical therapy", Churchill Livingstone.
7) Barbara A Webber and Jennifer A Pryor- "Physiotherapy for respiratory and cardiac problems", Churchill Livingstone.
8) George G. Burton, John E Hodgin, Jeffrey J Ward- "Respiratory Care-A Guide to Clinical Practice" 4th edition, Lippincott Williams and Wilkins,
9) Robert MBerne, Matthew N Levy- "Cardio-vascular physiology", Mosby.
10) John B. West- "Respiratory Physiology-the essentials", Lippincott Williams and Wilkins.
11) Macleod's Clinical Examination.
12) Andrews Davies and Carl Moores- "The Respiratory System", illustrated by Robert Britton, Churchill Livingstone.
13) George G. Burton, John E Hodgin, Jeffrey J Ward- "Respiratory

Care-A Guide to Clinical Practice", Lippincott Williams and Wilkins,

14) Richard d Branson/Robert L Chatburn- "Respiratory Care Equipment", J B Lippincott Company.

15) N R Malentyre/R D Branson- "Mechanical Ventilation", Saunders.

16) Joanne Watchie- "Cardio-Pulmonary Physical Therapy", Saunders.

17) Hillegass and Sadowsky. "Essentials of Cardio-Pulmonary Physical Therapy", Saunders, Elsevier.

18) Michael L. Pollock and Donald H Schmidt- "Heart disease and Rehabilitation".

19) Scot Irvin, Lan Stiphen Tecklin. "Cardio-Pulmonary physical therapy-a guide to practice", Mosby.

20) Frances J Brannon, Margaret W Foley, Julie Ann Stars, Lauren M Saul

21) Cardio-Pulmonary Rehabilitation-Basic Theory and Application". F A Davis Company