

Exam Seat No. :



Deccan Education Society's

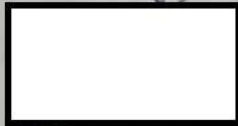
BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY, PUNE

Certificate

This is to Certify that

Shri/Smt

_____ has satisfactorily carried out the Practical
Work *Fundamentals of Electrotherapy* as prescribed
by the M.U.H.S. Nashik for _____ I _____ B.P. Th. Examination
held in the academic year.



Teacher In-charge



College Seal



Principal

Exam Seat No. :



Deccan Education Society's

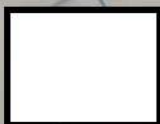
BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY, PUNE

Certificate

This is to Certify that

Shri/Smt.

_____ has satisfactorily carried out the Practical
Work fundamentals of Kinesiology & K. therapy as prescribed
by the M.U.H.S. Nashik for I B.P. Th. Examination
held in the academic year.



Teacher In-charge



College Seal



Principal

Exam Seat No. :



ESTD. 1884

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BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY, PUNE

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Work IInd - Electrotherapy as prescribed
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held in the academic year.



Teacher In-charge

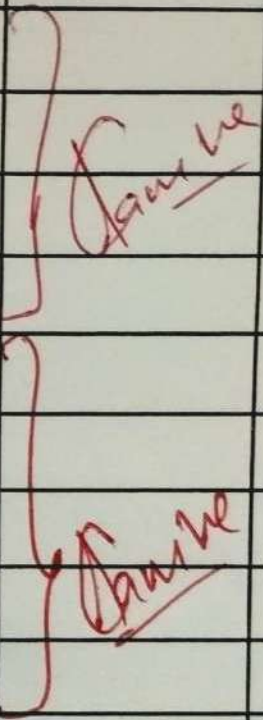


College Seal



Principal

INDEX

| Sr. No. | Date | Particulars | Signature | Remarks |
|---------|----------|-------------------------|--|---------|
| 1 | 29/3/23 | Motor Points |  | |
| 2 | 3/5/23 | Faradism Under pressure | | |
| 3 | 12/7/23 | Ultrasound | | |
| 4 | 6/6/23 | TENS | | |
| 5 | 18/7/23 | Iontophoresis | | |
| 6 | 13/9/23 | Ultra Violet Radiation | | |
| 7 | 30/8/23 | Laser | | |
| 8 | 5/10/23 | IFT | | |
| 9 | 10/10/23 | SWD | | |
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ESTD. 1884

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BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY, PUNE

Certificate

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Shri/Smt

has satisfactorily carried out the Practical

Work IInd year - Kinesiotherapy as prescribed

by the M.U.H.S. Nashik for IInd B.P. Th. Examination

held in the academic year.



Teacher In-charge



College Seal



Principal

INDEX

| Sr. No. | Date | Particulars | Signature | Remarks |
|---------|---------|---------------------------|-------------------------------|---------|
| 1. | 20/3/23 | Breathing Exercise | } Atiny | |
| 2. | 19/5/23 | Posture | | |
| 3. | 9/5/23 | Manual Muscle Testing | } Atiny | |
| 4. | 3/9/23 | Individual Muscle Testing | | |
| 5. | 3/7/23 | Strengthening | } Atiny | |
| 6. | 4/7/23 | Balance | | |
| 7. | 12/8/23 | Postural Drainage | } Atiny | |
| 8. | 21/8/23 | Co-ordination | | |
| 9. | 4/9/23 | Stretching | } Atiny | |
| 10. | 11/9/23 | Joint Mobility | | |
| 11. | 15/9/23 | Mat Exercise | } Atiny | |
| 12. | 6/7/23 | Gait Training | | |
| 13. | 10/7/23 | Transfers | } Atiny 9/11/23 | |
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Exam Seat No. :



ESTD. 1884

Deccan Education Society's

BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY, PUNE

Certificate

This is to Certify that

Shri/Smt

_____ has satisfactorily carried out the Practical
Work Fundamental & Diagnostic Physiotherapeutical as prescribed
by the M.U.H.S. Nashik for IIIrd B.P.Th. ^{skills} B.P. Th. Examination
held in the academic year.

Teacher In-charge



College Seal

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Brijlal Jindal
College of Physiotherapy
Pune.



Examination - Winter 23
Subject - FDPs.

CASE ASSESSMENT SHEETS III B.P.Th.

0 = Nonacceptable; 1= acceptable but needs improvement; 2=Acceptable and good;
3=Excellent

| Sr. No. | Criteria | Musculoskeletal PT | | | Neuroscience PT | | |
|---------|--|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| | | OA knees | LBP | PCL | Hemiparesis | Parkinsonism | HI |
| 1 | History (Subjective assessment) | 2 | 2 | 2 | NA | NA | 2 |
| 2 | Objective assessment Clinical examination | 1.5 | 2 | 2 | 2 | 2 | 2 |
| 3 | demonstration of objective diagnostic test | 1.5 | 2 | 2 | 2 | 2 | 2 |
| 4 | Presentation in ICF | 1.5 | 2 | 2 | 3 | 3 | 2 |
| 5 | Differential diagnosis | 1 | 2 | 2 | 2 | 2 | 2 |
| 6 | Clinical Reasoning | 1.5 | 2 | 2 | 2 | 2 | 2 |
| 7 | Preparation for case | 1.5 | 2 | 2 | 3 | 3 | 2 |
| 8 | Communication with patient | 1.5 | 2 | 2 | 3 | 3 | 2 |
| 9 | Patient handling skills | 1.5 | 2 | 2 | 2 | 2 | 2 |
| 10 | Follow up of patient | 1.5 | 2 | 2 | 2 | 2 | 2 |
| | TOTAL SCORE | 15/30 | 20 | 20 | 21 | 21 | 20 |
| | Sign of Faculty | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> |

| Sr. No. | Criteria | CardioRespiratory PT | | Community PT | |
|---------|--|----------------------|--------------------|--------------------|--------------------|
| | | ASD | MVR | FTND | Geriatric |
| 1 | History (Subjective assessment) | 2 | 2 | 02 | 02 |
| 2 | Objective assessment Clinical examination | 2 | 2 | 02 | 02 |
| 3 | demonstration of objective diagnostic test | 1 | 2 | 02 | 02 |
| 4 | Presentation in ICF | 2 | 2 | 03 | 03 |
| 5 | Differential diagnosis | 1 | 2 | 02 | 03 |
| 6 | Clinical Reasoning | 2 | 2 | 02 | 02 |
| 7 | Preparation for case | 2 | 2 | 03 | 03 |
| 8 | Communication with patient | 2 | 2 | 03 | 03 |
| 9 | Patient handling skills | 2 | 2 | 03 | 03 |
| 10 | Follow up of patient | - | - | 02 | 03 |
| | TOTAL SCORE | 16 | 18 | 24 | 26 |
| | Sign of Faculty | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> |





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CASE ASSESSMENT SHEETS IV B.P.Th.

0 = Nonacceptable; 1= acceptable but needs improvement; 2=Acceptable and good;
3=Excellent

CARDIORESPIRATORY PHYSIOTHERAPY

| Sr. No. | Criteria | MVR + TR | CABG | Burns | AVR | BKA | ASD | Br. Asthma | |
|---------|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--|
| 1 | History (Subjective assessment) | 2 | 2 | 2 | 2 | 2 | 2 | 2 | |
| 2 | Objective assessment & ICF | 2 | 2 | 2 | 2 | 2 | 2 | 2 | |
| 3 | Goal setting | 1 | 1 | 1 | 1 | 2 | 2 | 2 | |
| 4 | Intervention & demonstration of technique | 1 | 1 | 1 | 1 | 2 | 2 | 2 | |
| 5 | Differential diagnosis | 1 | 1 | 2 | 2 | 2 | 2 | 2 | |
| 6 | Clinical Reasoning | 2 | 2 | 2 | 2 | 2 | 2 | 2 | |
| 7 | Preparation for case | 2 | 2 | 1 | 2 | 2 | 2 | 2 | |
| 8 | Communication with patient | 3 | 3 | 3 | 3 | 2 | 2 | 2 | |
| 9 | Patient handling skills | 2 | 2 | 2 | 2 | 2 | 2 | 2 | |
| 10 | Follow up of patient | 2 | 2 | 2 | 2 | 2 | 2 | 2 | |
| | TOTAL SCORE | 18 | 18 | 18 | 19 | 20 | 20 | 18 | |
| | Sign of Faculty | AB | AB | AB | AB | AB | AB | AB | |



Handwritten signature

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College of Physiotherapy
Pune-4.



D.E.Society's Brijlal Jindal College of Physiotherapy,Pune

Interns Evaluation Report

Name of the Intern:

Academic year:

Tenure of internship:

| Sr no | Items of observation | Score |
|--------------|---|--------------|
| 1 | Punctuality | |
| 2 | Regularity | |
| 3 | Maintenance of case record/ documentation | |
| 4 | Evaluation of patients | |
| 5 | Plan of management | |
| 6 | Rapport with patients | |
| 7 | Rapport with other team members | |
| 8 | Follow up of patients | |

Key for scoring:

- 1- Below Average
- 2- Average
- 3- Good
- 4- Very good
- 5- Excellent


Signature with date

Signature with date

Internship Coordinator

Principal




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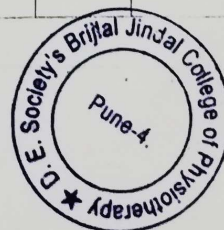
MPT I/II

CASE PRESENTATION: (Minimum 15 cases per year)

| Sr No | Diagnosis | | | | | | | | | |
|-------|----------------------------|--|--|--|--|--|--|--|--|--|
| | Date | | | | | | | | | |
| 1 | History | | | | | | | | | |
| 2 | Physical Examination | | | | | | | | | |
| 3 | Investigation Relevance | | | | | | | | | |
| 4 | ICF | | | | | | | | | |
| 5 | Plan of management | | | | | | | | | |
| 6 | Demonstration of skills | | | | | | | | | |
| 7 | Appropriateness of answers | | | | | | | | | |
| 8 | Communication with patient | | | | | | | | | |
| 9 | Handling of patient | | | | | | | | | |
| | Total Score | | | | | | | | | |
| | I/C Sign | | | | | | | | | |

0-non acceptable, 1- Acceptable but needs improvement, 2- Acceptable and Good, 3- Excellent

| Sr No | Diagnosis | | | | | | | | | |
|-------|----------------------------|--|--|--|--|--|--|--|--|--|
| | Date | | | | | | | | | |
| 1 | History | | | | | | | | | |
| 2 | Physical Examination | | | | | | | | | |
| 3 | Investigation Relevance | | | | | | | | | |
| 4 | ICF | | | | | | | | | |
| 5 | Plan of management | | | | | | | | | |
| 6 | Demonstration of skills | | | | | | | | | |
| 7 | Appropriateness of answers | | | | | | | | | |
| 8 | Communication with patient | | | | | | | | | |
| 9 | Handling of patient | | | | | | | | | |
| | Total Score | | | | | | | | | |
| | I/C Sign | | | | | | | | | |



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MPT I/II

CASE PRESENTATION: (Minimum 15 cases per year)

| Sr No | Diagnosis | Date | History | Physical Examination | Investigation Relevance | ICF | Plan of management | Demonstration of skills | Appropriateness of answers | Communication with patient | Handling of patient | Total Score | I/C Sign | ILD | Amputated | LCS | Chemical pneumonia | 27/11/22 | 24/1/23 | 11/2/23 | 18/3/23 | 21/3/23 | | |
|-------|-----------|------|---------|----------------------|-------------------------|---------------|--------------------|-------------------------|----------------------------|----------------------------|---------------------|---------------|---------------|---------|-----------|----------|--------------------|----------|----------|----------|----------|----------|----------|----------|
| | | | | | | | | | | | | | | 15/7/22 | 16/1/22 | 13/10/22 | 17/4/22 | COMPTON | Prasanna | Prasanna | Prasanna | Prasanna | Prasanna | Prasanna |
| | | | | 1 | 2 | 2 | 2 | 2 | 1 | 2 | 3 | 3 | 3 | | | | | | | | | | | |
| | | | | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | | | | | | | | | | | |
| | | | | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | | | | | | | | | | | |
| | | | | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | | | | | | | | | | | |
| | | | | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | | | | | | | | | | | |
| | | | | 2 | 2 | 1 | 1 | 1 | 1 | 3 | 3 | 3 | 3 | | | | | | | | | | | |
| | | | | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | | | | | | | | | | | |
| | | | | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | | | | | | | | | | | |
| | | | | 18 | 18 | 12 | 16 | 24 | 26 | 27 | 26 | 27 | | | | | | | | | | | | |
| | | | | AB | AB | AB | AB | AB | AB | AB | AB | AB | AB | | | | | | | | | | | |

non acceptable, 1- Acceptable but needs improvement, 2- Acceptable and Good, 3- Excellent

| Diagnosis | Pleural Effusion | CABG | Abdominal ex. defect | AVR + PPI |
|----------------------------|------------------|---------------|----------------------|---------------|
| Date | 28/6/23 | 18/7/23 | 13/9/23 | 5/10/23 |
| History | 3 | 3 | 3 | 2 |
| Physical Examination | 3 | 3 | 3 | 3 |
| Investigation Relevance | 3 | 3 | 3 | 3 |
| ICF | 3 | 3 | 3 | 3 |
| Plan of management | 2.5 | 2 | 3 | 2 |
| Demonstration of skills | 3 | 2 | 3 | 3 |
| Appropriateness of answers | 3 | 2 | 3 | 3 |
| Communication with patient | 3 | 3 | 3 | 3 |
| Handling of patient | 3 | 3 | 3 | 3 |
| Total Score | 20.5 | 24 | 27 | 25 |
| I/C Sign | AB | AB | AB | AB |



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Ref No-

CLINICAL WORK EVALUATION SHEET: Please enter bimonthly record

| | Item under observation | College | | Target | | SSU | | Scores | |
|----|-------------------------------------|---------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--------|--|
| | | OPD | OPD | OPD | OPD | OPD | OPD | | |
| | Dates: from to | 2/11/23 15/11/23 | 16/11/23 30/11/23 | 01/12/23 15/12/23 | 16/12/23 31/12/23 | 01/01/24 14/01/24 | 16/01/24 31/01/24 | | |
| 1 | Regularity | 3 | 3 | 3 | 3 | | | | |
| 2 | Punctuality | 3 | 3 | 3 | 3 | | | | |
| 3 | Physical/Functional diagnosis Skill | 2 | 2 | 2 | 2 | | | | |
| 4 | Clinical reasoning ability | 2 | 2 | 2 | 2 | | | | |
| 5 | Preparing plan of management | 2 | 2 | 2 | 2 | | | | |
| 6 | Therapeutic Skill | 2 | 2 | 2 | 2 | | | | |
| 7 | Use of Evidence based approach | 1 | 1 | 1 | 1 | | | | |
| 8 | Documentation | 2 | 2 | 3 | 3 | | | | |
| 9 | Rapport with patients | 3 | 3 | 3 | 3 | | | | |
| 10 | Rapport with team members | 3 | 3 | 3 | 3 | | | | |
| 11 | Accountability | 3 | 3 | 3 | 3 | | | | |
| 12 | Safety Considerations | 3 | 3 | 3 | 3 | | | | |
| | Sign of In-charge | | | | | | | | |

0-non acceptable, 1- Acceptable but needs improvement, 2- Acceptable and Good, 3- Excellent

| | Item under observation | Scores | | | | | | | |
|----|-------------------------------------|--------|--|--|--|--|--|--|--|
| | Dates: from to | | | | | | | | |
| 1 | Regularity | | | | | | | | |
| 2 | Punctuality | | | | | | | | |
| 3 | Physical/Functional diagnosis Skill | | | | | | | | |
| 4 | Clinical reasoning ability | | | | | | | | |
| 5 | Preparing plan of management | | | | | | | | |
| 6 | Therapeutic Skill | | | | | | | | |
| 7 | Use of Evidence based approach | | | | | | | | |
| 8 | Documentation | | | | | | | | |
| 9 | Rapport with patients | | | | | | | | |
| 10 | Rapport with team members | | | | | | | | |
| 11 | Accountability | | | | | | | | |
| 12 | Safety Considerations | | | | | | | | |
| | Sign of In-charge | | | | | | | | |

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