



ہائیر ایجوکیشن کمیشن

# HIGHER EDUCATION COMMISSION

Government of Pakistan, Islamabad

Sector H-9  
Islamabad, Pakistan  
Phone : +92-51-90402114  
+92-51-90402121  
www.hec.gov.pk  
mabaig@hec.gov.pk

*Office of the*

**Deputy Director** (Curriculum)

Academics Division

No. HEC/CD/NCRC/DPT/2025/7169

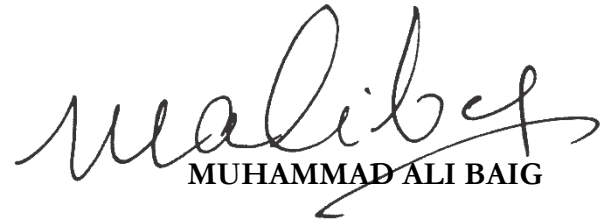
April 18, 2025

**SUBJECT: REVISED CURRICULUM FOR DOCTOR OF PHYSICAL THERAPY PROGRAM**

The Higher Education Commission (HEC) of Pakistan, as mandated by its law, provides guidance to Higher Education Institutions (HEIs) on curricula for tertiary education levels in alignment with the National Qualifications Framework (NQF). To address evolving academic trends and market demands, HEC has revised the curricular standards for the five-year semester-based Doctor of Physical Therapy degree program. These updated standards are intricately aligned with HEC's Undergraduate Education Policy V 1.1 (2023) ensuring coherence with national priorities and adherence to international benchmarks.

2. The revised curriculum for the degree of Doctor of Physical Therapy is hereby notified and the universities offering this program are advised to align it with the updated standards as a minimum requirement. The respective departments must also develop course contents in accordance with the prescribed framework, ensuring that the program addresses evolving scholarly, professional and industry needs to enhance employability potential of the graduates. Subsequently, the finalized course contents should be submitted electronically to this office at the earliest. An electronic copy of the revised curriculum is available on HEC's official website.

3. With the support of universities in implementing these standards, HEC envisions a future where Pakistan's physical therapy graduates play a vital role in improving quality of life, promoting functional independence, and advancing community health through scientifically grounded and socially responsive physical therapy services.

  
MUHAMMAD ALI BAIG

**Vice Chancellors/Rectors/Heads**

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**CURRICULUM FOR**

**DOCTOR OF PHYSICAL THERAPY**

**5-Year Semester Based Degree Program**

**2025**

**Academics Division  
Higher Education Commission, Islamabad  
Government of Pakistan**

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## CONTRIBUTIONS

**Dr. Ashfaq Ahmad, PT – Convener**

Professor & Dean  
Faculty of Allied Health Sciences  
University of Lahore  
Lahore

**Dr. Sumaira Imran Farooqui, PT – Co-convener**

Professor & Dean  
Faculty of Allied Health Sciences  
Ziauddin University  
Karachi

**Dr. Asghar Khan, PT**

Professor & Dean  
Faculty of Rehabilitation & Allied Health Sciences  
Riphah International University  
Islamabad

**Dr. Erum Tanveer, PT**

Professor & Principal  
United College of Physical Therapy  
Karachi

**Dr. Furqan Ahmed Siddiqi, PT**

Professor & Dean  
Faculty of Rehabilitation Sciences  
Foundation University  
Islamabad

**Dr. Muhammad Khan, PT**

Director  
Institute of Physical Therapy & Rehabilitation  
Jinnah Sindh Medical University,  
Karachi

**Dr. Syeda Arooj Fatima, PT**

Professor & Head  
Department of Physical Therapy  
University of Biological & Applied Sciences  
Lahore

**Dr. Khalid Aziz, PT**

Senior Associate Professor & Principal  
College of Physical Therapy  
Bahria University  
Karachi

**Dr. Syed Hasan Abbas Rizvi, PT**

Associate Professor & Principal  
Liaquat National School of Physiotherapy  
Liaquat National Hospital  
Karachi

**Dr. Mahnoor Bugti, PT**

Associate Professor & Deputy Director  
Baqai Institute of Physical Therapy & Rehabilitation  
Medicine, Baqai Medical University  
Karachi

**Dr. Faisal Yamin, PT**

Assistant Professor, Program Director & Head  
Department of Physical Therapy  
Dow Institute of Physical Medicine & Rehabilitation  
Dow University of Health Sciences  
Karachi

**Dr. Irfanullah, PT**

Assistant Professor & Director  
Institute of Physical Medicine & Rehabilitation  
Khyber Medical University  
Peshawar

**Dr. Mazahir Zia Shaikh, PT**

Assistant Professor  
Department of Health, Physical Education & Sports Sciences  
University of Karachi  
Karachi

**Dr. Okasha Anjum, PT**

Assistant Professor & Head  
Department of Physical Therapy & Rehabilitation Sciences  
Indus University  
Karachi

**Dr. Sajjad Ali Sajjad, PT**

Assistant Professor & Chairperson  
Department of Clinical Services, School of Health Sciences  
University of Management & Technology  
Lahore

**Dr. Muhammad Adnan, PT**

Senior Lecturer & Director (Physiotherapy & Rehabilitation)  
Department of Allied Health Sciences  
City University of Science & Information Technology  
Peshawar

(Official Version)

**Dr. Rabbia Naseer, PT**

Senior Lecturer & In-charge  
Department of Physical Therapy  
University of Balochistan  
Quetta

**Dr. Sadia Khalid, PT**

Senior Lecturer  
University Institute of Physical Therapy  
University of Lahore  
Lahore

**Dr. Ayesha Jamal, PT**

Lecturer & Head  
Department of Physiotherapy  
Mirpur University of Science & Technology  
Mirpur

**Dr. Kanwal Fatima, PT**

Lecturer  
Department of Allied Health Sciences  
University of Sargodha  
Sargodha

**Mr. Muhammad Ali Baig – Secretary**

Deputy Director (Curriculum)  
Academics Division  
Higher Education Commission  
Islamabad

## **PREFACE**

The curriculum serves as a comprehensive blueprint for the teaching-learning process that students must navigate to achieve specific academic objectives. This encompasses clearly defined prior learning requirements, program objectives, scheme of studies, and course learning outcomes. As knowledge rapidly evolves and new fields emerge, it is crucial to continually develop and revise curricula to ensure they remain current, relevant, and impactful.

As mandated by its law through Clause 10-1 (a), (l), (s), and (v), the Higher Education Commission (HEC) of Pakistan has been developing and periodically updating curricula through its National Curriculum Revision Committees (NCRCs). These committees are generally composed of subject matter experts, researchers, and representatives from accreditation bodies, professional councils, and industry stakeholders. In response to the evolving needs, HEC has undertaken the task to revise the standards for the curriculum of Doctor of Physical Therapy (DPT) degree program at level 6 of the National Qualifications Framework. These standards are meticulously structured in accordance with the HEC's Undergraduate Education Policy V 1.1 (2023) and subsequently issued notifications ensuring alignment with both national priorities and international educational standards.

The program is designed to equip students with comprehensive knowledge and applied physical therapy related skills in areas such as human anatomy, kinesiology, biomechanics, rehabilitation sciences, pathology, and therapeutic techniques. Emphasizing evidence-based practice and patient-centered care, the curriculum is developed by subject experts from across the country to ensure academic rigor, professional competence, and alignment with global standards in physical therapy education. It will also foster critical thinking, ethical decision-making, and interdisciplinary collaboration, enabling graduates to respond to the growing demands of healthcare systems, particularly in preventive care, rehabilitation, and chronic disease management.

With the support of universities in implementing these standards, HEC envisions a future where physical therapy graduates play a vital role in improving quality of life, promoting functional independence, and advancing community health through scientifically grounded and socially responsive physical therapy services.

**Dr. Amjad Hussain**

Director General  
Academics Division

## **GUIDING PRINCIPLES**

### **Minimum Standards**

The curricular standards and guidelines prescribed in this document are mandatory at minimum level. Universities or the departments concerned may, however, set higher standards provided that the standards prescribed herein are not reduced or compromised.

### **Course Sequence, Titles & Credits**

The sequence of courses prescribed in this document is logically arranged and is suggestive only. The department concerned may rearrange the sequence and alter the course titles and credit hours provided that the essence of the courses prescribed herein remains intact. The department concerned may also add more courses as and when required subject to the approval of the university's relevant statutory body.

### **Course Learning Outcomes**

Course learning outcomes (CLOs) are the bare minimum standards of learning that students must achieve upon completing a specific course. While these standards must not be compromised, departments are encouraged to enhance the rigor of the CLOs by incorporating additional learning outcomes, provided these do not alter the essence of the prescribed standards. In this document, CLOs are developed for major and interdisciplinary courses and whereas for General Education courses as prescribed in the HEC Undergraduate Education Policy V 1.1 including the courses of "Pakistan Studies" and "Understanding of Holy Quran I & II", the departments may adopt the CLOs as prescribed in the HEC developed model courses.

### **Course Syllabus**

This document serves as a comprehensive guideline delineating the CLOs for each course as prescribed for the degree program as minimum standards. The department concerned is required to prepare, modify, and tailor the syllabus of each course, ensuring alignment with the stipulated learning outcomes and industry demands. It is in this regard imperative that the department concerned utilizes instructional, reference, and reading materials that it deems appropriate to effectively meet the CLOs.

### **General Education**

The courses for General Education component including the courses of "Pakistan Studies" and "Understanding of Holy Quran I & II" must mandatorily be offered with the same titles and credit hours as prescribed in the HEC Undergraduate Education Policy V 1.1., and subsequent notifications issued by HEC. The department concerned may adopt and follow the learning outcomes and study contents developed by HEC for these courses as available on its website. The requirement to cover these courses within the first-four semesters of the degree program is relaxed since there is no provision of exit from Doctor of Physical Therapy with the Associate-Degree (AD) in Physical Therapy. In case the relevant professional / accreditation council prescribes standards for AD in Physical Therapy, the exit from the degree of Doctor of Physical Therapy with AD will be allowed in accordance with the provisions of the HEC Undergraduate Education Policy V 1.1. in which case the exiting students shall be required to complete all the courses prescribed in General Education category, including the courses of "Pakistan Studies" and "Understanding of Holy Quran I & II".

### **Requirement of Internship**

A supervised internship of 3 credit hours in accordance with HEC Undergraduate Education Policy V.1.1. is a mandatory degree award requirement for the program. This requirement must be graded

and supervised under a faculty member in collaboration with a supervisor in the field, protocols of which will be determined by the concerned department subject to approval of the same by the university's relevant statutory body. This requirement cannot be substituted with additional course work, capstone, research work or clinical practice.

### **Requirement of Capstone**

It is a mandatory degree award requirement of 3 credit hours. The capstone is a multifaceted body of work that serves as a culminating academic and intellectual experience for students. It must be supervised and graded by a faculty member as per the protocols prescribed by the department concerned. This requirement can be substituted with research of equal credit hours, but not with additional course work, internship, field experience or clinical practice.

### **Semester System of Examination**

For the purpose of standardization, the program must only be structured on the semester system of examination in accordance with the semester rules as prescribed by HEC. No admission shall be offered in this program structured on the annual system of examination after Fall 2025 i.e., with effect from Spring 2026 (for new intake only).

### **Award of Practice Certificate**

For the purpose of professional recognition in the healthcare and allied industry, the graduates upon successful completion of degree award requirements will be awarded by the concerned university / department with a Practice Certificate with clear mention of the total contact hours covered during the six supervised clinical practices as prescribed in this document.

### **Hospital Affiliation**

Before launching the program, the department must ensure affiliation with a minimum 200-bedded general hospital that includes a fully equipped physical therapy department. This requirement applies uniformly to all campuses, constituent and affiliated colleges of the university.

### **Program Leadership**

The head of the program must be a qualified Physical Therapist possessing appropriate academic qualifications and professional experience in the field, as per faculty appointment criteria specified by HEC and the relevant accreditation or regulatory council. This requirement applies uniformly to all campuses, constituent and affiliated colleges of the university.

### **Student Intake Limit**

The annual intake for the program shall not exceed 100 students, or as may be prescribed by the relevant accreditation or regulatory council, to ensure quality education and optimal student-to-faculty and clinical supervision ratios. This requirement applies uniformly to all campuses, constituent and affiliated colleges of the university.

### **Laboratory Standards**

Departments offering Doctor of Physical Therapy degree program are required to adhere to the discipline / course relevant state-of-the-art laboratories as minimum standards. Departments are expected to enhance the lab standards as and when required and maintain / upgrade the same to ensure quality education in the field of physical therapy.

**Use of Prefix “Dr” by Graduates**

All the graduates having awarded with the degree of Doctor of Physical Therapy duly verified by HEC are allowed to use the prefix “Dr.” before their names and be called with this prefix, provided that the suffix “PT” is also mentioned after their names. The standard format is as under:

Dr. [NAME], PT

**Associate-Degree**

Associate-Degree in Physical Therapy is not recommended unless the standards for it are prescribed by the relevant accreditation or regulatory council.

**Entry & Exit Provisions**

- a) Admission to the Doctor of Physical Therapy program is permitted only at the commencement of its first semester, subject to fulfillment of the prescribed eligibility and admission criteria. Lateral entry, including entry into the fifth semester or any other advanced stage of the program from a program of different discipline, is not permitted under any circumstances.
- b) The Doctor of Physical Therapy is a professional, integrated degree program. Mid-program exit with an Associate-Degree or any other interim qualification is not allowed. Students are expected to complete the full duration and requirements of the program to be eligible for the award of Doctor of Physical Therapy.

## DOCTOR OF PHYSICAL THERAPY

### Program Description

The Doctor of Physical Therapy program is structured in alignment with the HEC Undergraduate Education Policy V 1.1. (2023) and subsequent guidelines issued by HEC with an aim to effectively address the evolving healthcare needs of both Pakistan and the broader global community. Rooted in evidence-based practice and informed by contemporary healthcare principles, the program is designed to equip students with a strong foundation of theoretical knowledge, practical skills, and therapeutic competencies necessary to respond to emerging and persistent health challenges. In a country like Pakistan where the prevalence of musculoskeletal disorders, neurological impairments, and chronic lifestyle-related diseases remains a critical public health concern—there is an increasing need for well-trained physical therapy professionals capable of delivering rehabilitative and preventative care. The Doctor of Physical Therapy program is structured to prepare students to fulfill this need by offering a comprehensive and focused curriculum and allied standards that include specialized courses in orthopedic and neurological rehabilitation, geriatric care, sports therapy, and related domains. In addition to core subject knowledge, the program emphasizes critical thinking, problem-solving, informed decision-making, and effective communication within collaborative and interdisciplinary care environments. Students will also be encouraged to adopt a holistic, patient-centered, and preventative approach to physical health that not only supports individual recovery but also promotes functional independence, mobility enhancement, and overall quality of life. Upon successful completion of the program, graduates will emerge as skilled, compassionate, and adaptable physical therapists, well-prepared to make meaningful contributions to the healthcare landscape both within Pakistan and on the international stage.

### Standard Nomenclature

To ensure uniformity, the standard nomenclature of all NQF level 6 qualifications in the discipline of physical therapy must be **“Doctor of Physical Therapy”**.

### Program Learning Outcomes

By the completion of Doctor of Physical Therapy, the graduates will be able to:

- a) Demonstrate comprehensive understanding of basic and clinical health sciences as applied in the field of Physical Therapy.
- b) Apply the knowledge, skills and abilities acquired through the study of concepts, theories and applications as used in the field of Physical Therapy.
- c) Effectively communicate and collaborate with relevant stakeholders by upholding professional ethical standards.
- d) Apply critical thinking, problem-solving, and clinical reasoning skills to evaluate, diagnose, develop, and implement evidence-based treatment for autonomous physical therapy practice.

### Eligibility & Admission Criteria

- a) Higher Secondary School Certificate (involving 12 years of schooling) or an IBCC equivalent qualification in any science group with any of the subjects i.e., Biology / Physics / Chemistry / Anatomy / Physiology / Physiotherapy with at least 60% cumulative score is the basic eligibility requirement for admission to the program of Doctor of Physical Therapy.
- b) The admitting university may set higher eligibility scores (above 60%) and may also conduct entry / admission test through its own testing body / system or an external testing services provider

of repute as per the screening, admission and merit calculation criteria approved by its statutory bodies.

**Program Structure**

The Doctor of Physical Therapy program is structured in accordance with the provisions of the HEC Undergraduate Education Policy V 1.1. and comprises of minimum **189** credit hours spread over 10 regular semesters.

<b>Minimum Credit Hours</b> (including all program related requirements)	189
<b>General Education Requirement</b>	34 credit hours (14 courses)
<b>Major Requirement</b>	96 credit hours (34 courses)
<b>Interdisciplinary Requirement</b>	31 credit hours (12 courses)
<b>Supervised Clinical Practice Requirement</b>	22 credit hours (6 clinical practices)
<b>Supervised Internship Requirement</b>	3 credit hours
<b>Capstone / Research Project Requirement</b>	3 credit hours
<b>Program Duration</b>	Minimum: 5 Years Maximum: 7.5 Years  (further extendable in accordance with HEC semester guidelines and subject to approval of university's statutory body)
<b>Semester Duration</b>	16-18 weeks for regular semesters (1-2 weeks for examination)  8-9 weeks for summer semesters (1 week for examination)
<b>Course Load (per semester)</b>	15-18 credit hours for regular semesters  Up-to 8 credit hours for summer semesters (for remedial / deficiency / failure / repeat courses only)
<b>3 Credit Hours (Theory)</b>	3 classes (1 hour each) <b>OR</b> 2 classes (1.5 hour each) <b>OR</b> 1 class (3 hours) per week throughout the semester
<b>1 Credit Hour (Lab/equivalent)</b>	Lab / practical / field work of 1 credit hour requires 3 hours per week throughout the semester

The standard scheme of studies for the Doctor of Physical Therapy program is given as under:

<b>SEMESTER I</b>			
<b>S.N.</b>	<b>COURSE</b>	<b>CREDIT HOURS</b>	<b>CATEGORY</b>
1	Anatomy – I	3 (2-1)	Major
2	Physiology – I	3 (2-1)	Major
3	Kinesiology – I	3 (2-1)	Major
4	Functional English *	3 (3-0)	General Education
5	Natural Sciences **	3 (2-1)	General Education
6	Arts & Humanities ***	2 (2-0)	General Education
7	Understanding of Holy Quran – I *	1 (0-1)	General Education
<b>Total Credits Hours = 18</b>			

SEMESTER II			
S.N.	COURSE	CREDIT HOURS	CATEGORY
1	Anatomy – II	3 (2-1)	Major
2	Physiology – II	3 (2-1)	Major
3	Kinesiology – II	3 (2-1)	Major
4	Quantitative Reasoning – I *	3 (3-0)	General Education
5	Expository Writing *	3 (3-0)	General Education
6	Pakistan Studies *	2 (2-0)	General Education
7	Understanding of Holy Quran – II *	1 (0-1)	General Education
<b>Total Credits Hours = 18</b>			

SEMESTER III			
S.N.	COURSE	CREDIT HOURS	CATEGORY
1	Anatomy – III	3 (2-1)	Major
2	Physiology – III	3 (2-1)	Major
3	Medical Physics	3 (2-1)	Interdisciplinary
4	Principles of Biochemistry	3 (3-0)	Interdisciplinary
5	Applications of ICT *	3 (2-1)	General Education
6	Quantitative Reasoning – II *	3 (3-0)	General Education
<b>Total Credit Hours = 18</b>			

SEMESTER IV			
S.N.	COURSE	CREDIT HOURS	CATEGORY
1	Neuro Anatomy	3 (2-1)	Major
2	Biomechanics & Ergonomics	3 (2-1)	Major
3	Human Psychology	2 (2-0)	Interdisciplinary
4	Ideology & Constitution of Pakistan *	2 (2-0)	General Education
5	Civics & Community Engagement *	2 (2-0)	General Education
6	Entrepreneurship *	2 (2-0)	General Education
7	Islamic Studies *	2 (2-0)	General Education
8	Social Sciences ****	2 (2-0)	General Education
<b>Total Credit Hours = 18</b>			

SEMESTER V			
S.N.	COURSE	CREDIT HOURS	CATEGORY
1	Exercise Physiology	3 (2-1)	Major
2	Pharmacology & Therapeutics – I	2 (2-0)	Major
3	Physical Agents & Electrotherapy – I	3 (2-1)	Major
4	Community Medicine & Rehabilitation	3 (2-1)	Major
5	Pathology & Microbiology – I	2 (2-0)	Interdisciplinary
6	Artificial Intelligence in Healthcare	2 (2-0)	Interdisciplinary
7	Supervised Clinical Practice – I	3 (0-3)	Clinical Practice
<b>Total Credit Hours = 18</b>			

SEMESTER VI			
S.N.	COURSE	CREDIT HOURS	CATEGORY
1	Pharmacology & Therapeutics – II	2 (2-0)	Major
2	Physical Agents & Electrotherapy – II	3 (2-1)	Major
3	Therapeutic Exercises & Techniques	3 (2-1)	Major

4	Sustainable Development Goals: Health & Wellbeing	3 (2-1)	Interdisciplinary
5	Pathology & Microbiology – II	3 (2-1)	Interdisciplinary
6	Molecular Biology & Genetics	2 (2-0)	Interdisciplinary
7	Supervised Clinical Practice – II	3 (0-3)	Clinical Practice
<b>Total Credit Hours = 19</b>			

SEMESTER VII			
S.N.	COURSE	CREDIT HOURS	CATEGORY
1	Medicine – I	3 (3-0)	Major
2	Surgery – I	3 (3-0)	Major
3	Musculoskeletal Physical Therapy	3 (2-1)	Major
4	Radiology & Diagnostic Imaging	3 (2-1)	Interdisciplinary
5	Scientific Inquiry & Research Methods	3 (2-1)	Interdisciplinary
6	Supervised Clinical Practice – III	4 (0-4)	Clinical Practice
<b>Total Credit Hours = 19</b>			

SEMESTER VIII			
S.N.	COURSE	CREDIT HOURS	CATEGORY
1	Neurological Physical Therapy	3 (2-1)	Major
2	Medicine – II	3 (3-0)	Major
3	Surgery – II	3 (3-0)	Major
4	Sports Physical Therapy	2 (1-1)	Major
5	Biostatistics	3 (2-1)	Interdisciplinary
6	Professional Practice in Healthcare	2 (2-0)	Interdisciplinary
7	Supervised Clinical Practice – IV	4 (0-4)	Clinical Practice
<b>Total Credit Hours = 20</b>			

SEMESTER IX			
S.N.	COURSE	CREDIT HOURS	CATEGORY
1	Cardiopulmonary Physical Therapy	3 (2-1)	Major
2	Prosthetics & Orthotics	2 (2-0)	Major
3	Clinical Decision Making & Differential Diagnosis	3 (3-0)	Major
4	Emergency Procedures in Physical Therapy	2 (1-1)	Major
5	Evidence Based Practice	3 (2-1)	Major
6	Supervised Clinical Practice – V	4 (0-4)	Clinical Practice
7	Capstone / Research Project	3	Capstone / Research
<b>Total Credit Hours = 20</b>			

SEMESTER X			
S.N.	COURSE	CREDIT HOURS	CATEGORY
1	Manual Therapy	3 (2-1)	Major
2	Integumentary Physical Therapy	2 (1-1)	Major
3	Women’s Health Physical Therapy	3 (2-1)	Major
4	Pediatric & Neonatal Physical Therapy	3 (2-1)	Major
5	Geriatric Physical Therapy	3 (2-1)	Major
6	Supervised Clinical Practice – VI	4 (0-4)	Clinical Practice
<b>Total Credit Hours = 18</b>			

- \* HEC designed **model courses** for general education may be used by the university.
- \*\* The university / concerned department may offer any course in the broader category of **“Natural Sciences”** which should have relevance to the purpose of the degree program.
- \*\*\* The university / concerned department may offer any course in the broader category of **“Arts & Humanities”** including but not limited to a course of regional or international language such as Chinese, Arabic, French, Spanish etc. or any other course such as Philosophy, History etc.
- \*\*\*\* The university / concerned department may offer any course in the broader category of **“Social Sciences”** including but not limited to a course of Sociology, Social Work, Anthropology, Psychology, Education etc.

### Degree Award Requirements

The following minimum requirements are prescribed for the award of Doctor of Physical Therapy:

- a) All courses in the General Education category with titles and credit hours as prescribed in HEC Undergraduate Education Policy V 1.1. including the courses of “Pakistan Studies”, “Understanding of Holy Quran – I & II” must be completed.
- b) A minimum of **189** credit hours as prescribed in this document must be completed.
- c) A capstone of 3 credit hours must be completed in accordance with HEC Undergraduate Education Policy V 1.1. This requirement can be substituted with research (conducted individually) of equal credit hours, but not with additional course work, internship, field experience or clinical practice.
- d) A supervised internship of 3 credit hours must be completed in accordance with HEC Undergraduate Education Policy V 1.1. This requirement cannot be substituted with additional course work, capstone, research work or clinical practice.
- e) CGPA must not be below 2.00/4.00 at the time of completion of the degree program. The university may, however, set a higher standard in this regard.
- f) The minimum duration to complete the degree is 10 regular semesters spread over 5 years whereas the maximum duration is 15 regular semesters spread over 7.5 years. The maximum duration may further be extended in accordance with HEC semester guidelines and subject to approval of university’s statutory body

## COURSE LEARNING OUTCOMES

AD, BS & MS

(Arranged in Alphabetical Order)

### Anatomy – I

By the end of this course, the students will be able to:

- a) Identify major anatomical structures of upper extremity through spotting/virtual dissection and cadaver lab work.
- b) Demonstrate understanding of regional anatomy focusing on the upper extremity.
- c) Describe the structure, composition, and functions of major organ systems.
- d) Describe basic concepts of human embryology and histology.
- e) Explain applied anatomy and anatomical variations.

### Anatomy – II

By the end of this course, the students will be able to:

- a) Identify major anatomical structures of the lower extremity through spotting/virtual dissection and cadaver lab work.
- b) Demonstrate understanding of regional anatomy focusing on the lower extremity, abdomen, and pelvis.
- c) Explain applied anatomy and anatomical variations.
- d) Describe the anatomical organization of the abdominal and pelvic cavities in relation to major organ systems.
- e) Interpret functional anatomy of lower body structures in context of movement and rehabilitation.

### Anatomy – III

By the end of this course, the students will be able to:

- a) Identify major anatomical structures of head, neck, and thorax through spotting/virtual dissection and cadaver lab work.
- b) Demonstrate understanding of regional anatomy focusing on head, neck, and thorax.
- c) Explain applied anatomy and anatomical variations.
- d) Analyze the anatomical basis of common clinical conditions affecting the head, neck, and thorax.
- e) Describe the vascular and nervous supply to head and thoracic regions relevant to clinical application.

### Artificial Intelligence in Healthcare

By the end of this course, the students will be able to:

- a) Describe the role of artificial intelligence in improving diagnostic accuracy and treatment outcomes within physical therapy settings.
- b) Explain how machine learning algorithms analyze patient data to assist in developing personalized rehabilitation plans.
- c) Discuss the ethical considerations surrounding the integration of AI technologies in healthcare, particularly in physical therapy practice.
- d) Identify current AI applications in clinical decision support systems used in physiotherapy.
- e) Evaluate limitations and future trends of AI integration in healthcare service delivery.

### Biomechanics & Ergonomics

By the end of this course, the students will be able to:

- a) Explain and apply basic principles of biomechanics related to human movement.
- b) Demonstrate proficiency in using biomechanical tools and equipment for motion analysis.

- c) Discuss ergonomic principles and their application in injury prevention and workplace design.
- d) Analyze the biomechanics of various joints and their role in functional activities.
- e) Evaluate ergonomic factors contributing to functional disorders.

### **Biostatistics**

By the end of this course, the students will be able to:

- a) Understand fundamental concepts of biostatistics.
- b) Apply statistical methods to analyze research findings and interpret statistical measures.
- c) Utilize appropriate statistical tools and software for data analysis.
- d) Interpret and present statistical results in healthcare research settings.
- e) Assess the validity and reliability of biostatistical data used in evidence-based practice.

### **Cardiopulmonary Physical Therapy**

By the end of this course, the students will be able to:

- a) Identify common cardiopulmonary pathologies and their impact on function.
- b) Perform cardiopulmonary assessment techniques.
- c) Develop exercise prescription for patients with cardiopulmonary conditions.
- d) Implement interventions to optimize cardiopulmonary function and improve patient outcomes.
- e) Monitor patient response to cardiopulmonary rehabilitation and adjust treatment accordingly.

### **Clinical Decision Making & Differential Diagnosis**

By the end of this course, the students will be able to:

- a) Utilize clinical reasoning to formulate differential diagnoses based on patient history and examination findings.
- b) Apply diagnostic tests and measures to support clinical decision making in physical therapy practice.
- c) Evaluate the effectiveness of interventions through ongoing assessment and modification of treatment plans.
- d) Integrate clinical evidence with patient values to guide diagnostic and therapeutic decisions.
- e) Prioritize differential diagnoses in complex cases using evidence-based protocols.

### **Community Medicine & Rehabilitation**

By the end of this course, the students will be able to:

- a) Identify community resources and referral networks to support patients' rehabilitation goals.
- b) Collaborate with interdisciplinary teams to develop comprehensive community-based rehabilitation plans.
- c) Implement strategies to promote health education and injury prevention within the community.
- d) Evaluate the impact of community rehabilitation programs on patient outcomes.
- e) Apply principles of inclusive rehabilitation to address the needs of marginalized and underserved populations.

### **Emergency Procedures in Physical Therapy**

By the end of this course, the students will be able to:

- a) Demonstrate proficiency in basic life support techniques and first aid.
- b) Identify medical emergencies and initiate appropriate interventions.
- c) Perform emergency procedures within the scope of physical therapy practice.
- d) Collaborate with other healthcare providers in emergency settings to ensure timely and effective patient care.
- e) Apply protocols for managing acute injuries and trauma in outpatient or sports settings.

### **Evidence Based Practice**

By the end of this course, the students will be able to:

- a) Critically appraise research literature to determine its relevance and validity.
- b) Apply evidence-based guidelines and clinical practice recommendations in patient care.
- c) Incorporate patient preferences and values into clinical decision-making processes.
- d) Formulate clinical questions using PICO framework to guide evidence search.
- e) Integrate best research evidence with clinical expertise to optimize outcomes.

### **Exercise Physiology**

By the end of this course, the students will be able to:

- a) Explain physiological responses to exercise.
- b) Demonstrate proficiency in exercise testing and prescription techniques.
- c) Apply principles of exercise physiology to design tailored exercise prescription.
- d) Monitor and evaluate physiological responses to exercise to optimize training outcomes.
- e) Interpret adaptations of body systems in response to acute and chronic exercise.

### **Geriatric Physical Therapy**

By the end of this course, the students will be able to:

- a) Identify age-related changes in human functions.
- b) Design and adapt physical therapy interventions to meet the needs of older adults with diverse functional abilities.
- c) Implement fall prevention strategies and promote safe mobility in geriatric populations.
- d) Collaborate with caregivers and interdisciplinary teams to optimize functional independence and ensure quality of life.
- e) Evaluate psychosocial and environmental factors affecting geriatric rehabilitation outcomes.

### **Human Psychology**

By the end of this course, the students will be able to:

- a) Describe basic principles of human behavior and psychological development.
- b) Understand clinical psychological theories to address patients' attitudes, beliefs, and motivations related to health behavior.
- c) Collaborate with mental health professionals to address psychosocial factors impacting patient care.
- d) Recognize psychological responses to injury and chronic illness in physical therapy patients.
- e) Apply communication strategies to foster patient engagement and behavior change.

### **Integumentary Physical Therapy**

By the end of this course, the students will be able to:

- a) Identify common integumentary conditions and their underlying pathophysiology.
- b) Evaluate and implement interventions to promote tissue healing and prevent complications in patients.
- c) Perform wound assessment and wound care techniques according to evidence-based practice.
- d) Analyze factors influencing wound healing in acute and chronic conditions.
- e) Integrate infection control measures in integumentary rehabilitation practices.

### **Kinesiology – I**

By the end of this course, the students will be able to:

- a) Identify skeletal muscles and their actions in movement.
- b) Explain fundamental and derived positions and demonstrate surface anatomy for muscle identification.
- c) Analyze joint mechanics and movement patterns in functional activities.
- d) Perform manual muscle testing and goniometry of upper quadrant.

- e) Apply kinesiological principles to assess and treat movement impairments.

### **Kinesiology – II**

By the end of this course, the students will be able to:

- a) Explain the biomechanical principles underlying muscle contraction and joint stability.
- b) Explain the concepts of postures, and gait.
- c) Apply principles of joint arthrokinematics to clinical assessment and intervention.
- d) Analyze the relationship between muscle length, tension, and force production.
- e) Design therapeutic exercises and manual techniques to restore normal movement patterns.

### **Manual Therapy**

By the end of this course, the students will be able to:

- a) Demonstrate proficiency in manual therapy techniques including mobilization and manipulation.
- b) Apply manual therapy interventions to address joint and soft tissue dysfunctions.
- c) Evaluate the effectiveness of manual therapy techniques in improving range of motion and reducing pain.
- d) Incorporate patient education and self-management strategies into manual therapy.
- e) Integrate manual therapy approaches within a comprehensive treatment plan for musculoskeletal conditions.

### **Medical Physics**

By the end of this course, the students will be able to:

- a) Explain basic principles of physics and their application to medical imaging and electrotherapy.
- b) Understand and apply diagnostic, therapeutic and electrotherapy modalities.
- c) Discuss safety measures and regulatory guidelines in medical physics practice.
- d) Describe the physical principles underlying commonly used imaging techniques such as X-rays, MRI, and ultrasound.
- e) Analyze the relevance of physics in physiotherapeutic equipment calibration and usage.

### **Medicine – I**

By the end of this course, the students will be able to:

- a) Describe the pathophysiology and clinical manifestations of cardiovascular, respiratory, musculoskeletal and systemic conditions.
- b) Identify pharmacological interventions used in the management of medical conditions.
- c) Apply medical knowledge to recognize red flags and refer patients for further evaluation.
- d) Collaborate with physicians and other healthcare providers in interdisciplinary patient care.
- e) Evaluate the implications of medical conditions on physical therapy treatment planning.

### **Medicine – II**

By the end of this course, the students will be able to:

- a) Describe the pathophysiology and clinical manifestations of dermatological, renal, hematological, and neurological medical conditions.
- b) Identify pharmacological interventions used in the management of medical conditions.
- c) Apply medical knowledge to recognize red flags and refer patients for further evaluation.
- d) Collaborate with physicians and other healthcare providers in interdisciplinary patient care.
- e) Evaluate how chronic and systemic medical conditions influence physiotherapy outcomes and planning.

### **Molecular Biology & Genetics**

By the end of this course, the students will be able to:

- a) Describe fundamental concepts of molecular biology and genetics relevant to physical therapy practice.

- b) Apply knowledge of molecular mechanisms to understand tissue repair and regeneration.
- c) Analyze genetic factors contributing to health disorders.
- d) Interpret the impact of genetic variation on disease susceptibility and treatment outcomes.
- e) Examine gene-environment interactions relevant to musculoskeletal and neurological disorders.

### **Musculoskeletal Physical Therapy**

By the end of this course, the students will be able to:

- a) Demonstrate proficiency in musculoskeletal assessment techniques.
- b) Develop individualized treatment plans based on musculoskeletal impairments and functional limitations.
- c) Apply appropriate therapeutic techniques and exercises to improve musculoskeletal function.
- d) Evaluate treatment outcomes and modify interventions as needed to optimize patient progress.
- e) Integrate manual therapy, modalities, and exercise approaches to manage common orthopedic conditions.

### **Neuro Anatomy**

By the end of this course, the students will be able to:

- a) Identify anatomical structures of the central and peripheral nervous systems.
- b) Describe the functional organization of the brain and spinal cord.
- c) Apply neuroanatomical knowledge to understand neurological disorders and their clinical manifestations.
- d) Perform neuroanatomical spotting/virtual dissection.
- e) Correlate neuroanatomical structures with diagnostic imaging and neurological assessment techniques.

### **Neurological Physical Therapy**

By the end of this course, the students will be able to:

- a) Assess sensory and motor impairments in patients with neurological conditions.
- b) Implement evidence-based interventions to improve neuroplasticity.
- c) Utilize assistive devices and adaptive techniques to facilitate functional independence.
- d) Collaborate with interdisciplinary teams to optimize rehabilitation outcomes.
- e) Develop individualized neurological rehabilitation plans based on patient needs and functional goals.

### **Pathology & Microbiology – I**

By the end of this course, the students will be able to:

- a) Describe the general principles of pathology and microbiology.
- b) Describe the etiology, pathophysiology, and clinical manifestations of infectious diseases.
- c) Identify microorganisms responsible for infectious diseases and their modes of transmission.
- d) Discuss principles of infection control and prevention in healthcare settings.
- e) Correlate pathological processes with clinical signs and implications for physical therapy.

### **Pathology & Microbiology – II**

By the end of this course, the students will be able to:

- a) Explain the pathogenesis and clinical features of neoplastic diseases.
- b) Describe the role of immunology in the body's defense against infectious and autoimmune diseases.
- c) Analyze laboratory test results to aid in the diagnosis and management of pathological conditions.
- d) Discuss the principles of tumor staging and grading in cancer diagnosis and treatment.

- e) Examine how pathological changes affect rehabilitation outcomes and physiotherapy management.

### **Pediatric & Neonatal Physical Therapy**

By the end of this course, the students will be able to:

- a) Assess developmental milestones and functional abilities in pediatrics.
- b) Implement physical therapy techniques to address pediatric & neonatal disorders.
- c) Design family-centered therapy plans tailored to pediatric patients' needs.
- d) Monitor growth-related changes and their implications for therapy planning.
- e) Collaborate with pediatricians and caregivers to ensure continuity of care in early intervention services.

### **Pharmacology & Therapeutics – I**

By the end of this course, the students will be able to:

- a) Describe pharmacokinetic and pharmacodynamic principles of commonly prescribed medications.
- b) Identify medication classes used to manage pain and inflammation in physical therapy practice.
- c) Discuss adverse drug reactions and drug interactions relevant to physical therapy interventions.
- d) Explain safe medication administration practices and dosage considerations in rehabilitation settings.
- e) Correlate medication effects with clinical decision-making in physical therapy interventions.

### **Pharmacology & Therapeutics – II**

By the end of this course, the students will be able to:

- a) Explain the mechanisms of action and therapeutic uses of medications for cardiovascular and pulmonary conditions.
- b) Discuss pharmacological interventions for musculoskeletal and neurological disorders.
- c) Evaluate the role of pharmacotherapy in the management of endocrine and metabolic disorders.
- d) Identify side effects of medications that may influence physical therapy planning.
- e) Integrate pharmacological considerations into patient education and care coordination.

### **Physical Agents & Electrotherapy – I**

By the end of this course, the students will be able to:

- a) Explain the principles of electrical stimulation.
- b) Demonstrate safe and effective application of electrical currents.
- c) Discuss indications and contraindications for the use of electrical currents in rehabilitation.
- d) Evaluate physiological effects of various forms of electrotherapy on tissues and nerves.
- e) Integrate clinical reasoning to select appropriate electrotherapy modalities based on patient condition.

### **Physical Agents & Electrotherapy – II**

By the end of this course, the students will be able to:

- a) Explain the principles of electrotherapy modalities and physical agents.
- b) Apply therapeutic modalities to manage pain, promote tissue healing, and improve neuromuscular functions.
- c) Monitor patient tolerance and response to electrotherapy treatments.
- d) Incorporate evidence-based guidelines and safety precautions into the use of electrotherapy modalities.
- e) Compare and contrast different physical agent modalities for clinical effectiveness and outcomes.

### **Physiology – I**

By the end of this course, the students will be able to:

- a) Describe the cellular and molecular basis of physiological processes.
- b) Explain the physiological mechanisms regulating fluid and electrolyte balance in the body.
- c) Analyze the physiological responses to exercise and physical stress.
- d) Perform basic physiological measurements in laboratory settings.
- e) Evaluate the role of the nervous system in regulating organ function.

### **Physiology – II**

By the end of this course, the students will be able to:

- a) Identify the functions of the cardiovascular and respiratory systems.
- b) Explain the regulation of cardiovascular and respiratory function under normal and pathological conditions.
- c) Analyze physiological responses to environmental stressors and changes in altitude.
- d) Interpret physiological data including vital signs and pulmonary function tests.
- e) Correlate alterations in respiratory and cardiovascular physiology with clinical symptoms.

### **Physiology – III**

By the end of this course, the students will be able to:

- a) Describe the structure and function of the gastrointestinal, renal, and endocrine systems.
- b) Explain the physiological mechanisms regulating digestion, metabolism, and hormone secretion.
- c) Analyze the impact of physiological adaptations on homeostasis and health outcomes.
- d) Perform physiological experiments to investigate organ system function.
- e) Interpret laboratory data related to endocrine and metabolic functions in clinical scenarios.

### **Principles of Biochemistry**

By the end of this course, the students will be able to:

- a) Explain fundamental concepts of biochemistry including molecular structure and function.
- b) Demonstrate understanding of biochemical pathways involved in cellular metabolism.
- c) Apply knowledge of biochemistry to explain the physiological basis of therapeutic interventions.
- d) Understand the role of biochemistry in tissue repair and regeneration.
- e) Explain the relationship between nutrition, metabolism, and physical performance.

### **Professional Practice in Healthcare**

By the end of this course, the students will be able to:

- a) Demonstrate understanding of professional roles, responsibilities, and ethical standards in healthcare practice.
- b) Apply principles of effective communication, teamwork, and cultural competence within interprofessional healthcare environments.
- c) Interpret legal and regulatory frameworks governing physical therapy and broader healthcare services.
- d) Develop professional documentation, including patient records, reports, and referral communications, in accordance with clinical and legal standards.
- e) Reflect on personal and professional development needs to engage in lifelong learning and career growth in the healthcare sector.

### **Prosthetics & Orthotics**

By the end of this course, the students will be able to:

- a) Understand prosthetic and orthotic appliances.
- b) Identify indications for prosthetic and orthotic interventions in rehabilitation.

- c) Educate the patients regarding donning and doffing of prosthetic and orthotic devices.
- d) Assist in selection and fitting of prosthetic and orthotic devices appropriate to patient needs.
- e) Monitor patient adaptation and functional outcomes following prosthetic and orthotic interventions.

### **Radiology & Diagnostic Imaging**

By the end of this course, the students will be able to:

- a) Identify radiographic anatomy and landmarks relevant to physical therapy practice.
- b) Interpret common radiographic findings and imaging studies including X-rays, ultrasound, CT Scan and MRIs.
- c) Recognize indications and contraindications for diagnostic imaging.
- d) Collaborate with radiologists and other healthcare providers to integrate imaging findings into treatment planning.
- e) Correlate imaging findings with physical examination results to enhance clinical reasoning and diagnosis.

### **Scientific Inquiry & Research Methods**

By the end of this course, the students will be able to:

- a) Describe basic research methodology.
- b) Formulate research questions and hypotheses based on clinical observations and literature review.
- c) Apply ethical principles and regulatory guidelines in research design and conduct.
- d) Collect, analyze, and interpret research data using appropriate statistical methods.
- e) Prepare and present research findings in written and oral formats suitable for academic and professional audiences.

### **Sports Physical Therapy**

By the end of this course, the students will be able to:

- a) Perform sports-specific assessments to identify biomechanical, neurological and musculoskeletal imbalances.
- b) Develop individualized rehabilitation programs to address sports injuries and optimize performance.
- c) Implement injury prevention strategies in sports.
- d) Apply return-to-play criteria and monitor athlete recovery following injury.
- e) Collaborate with coaches and athletic trainers to support injury management and performance enhancement.

### **Surgery – I**

By the end of this course, the students will be able to:

- a) Describe common surgical procedures and their indications in General Surgery, orthopedic and musculoskeletal conditions.
- b) Identify preoperative and postoperative considerations for physical therapy management.
- c) Discuss potential complications and rehabilitation challenges following orthopedic surgery.
- d) Collaborate with surgeons and other healthcare providers to optimize surgical outcomes for patients.
- e) Evaluate surgical outcomes and their implications for physiotherapy goals and progression.

### **Surgery – II**

By the end of this course, the students will be able to:

- a) Explain surgical techniques and interventions for neurological and cardiovascular conditions.
- b) Describe preoperative and postoperative care protocols for patients undergoing neurological and cardiovascular surgeries.

- c) Discuss potential complications and rehabilitation goals following neurosurgical and cardiovascular procedures.
- d) Implement evidence-based rehabilitation strategies to optimize functional outcomes post-surgery.
- e) Coordinate patient care with interdisciplinary teams to support recovery and long-term rehabilitation after complex surgeries.

**Sustainable Development Goals: Health & Wellbeing**

By the end of this course, the students will be able to:

- a) Understand the sustainable development goals.
- b) Promote health and wellbeing.
- c) Assess individuals' health status and risk factors to design tailored wellbeing plans.
- d) Implement evidence-based interventions to prevent diseases and promote overall well-being.
- e) Evaluate the effectiveness of health promotion programs.

**Therapeutic Exercises & Techniques**

By the end of this course, the students will be able to:

- a) Demonstrate proficiency in prescribing and progressing therapeutic exercises for various patient populations.
- b) Implement therapeutic techniques as per scientific therapeutic exercise progression (STEP).
- c) Adapt therapeutic exercises and techniques to address individual patient needs and goals.
- d) Monitor patient response to interventions and modify treatment plans as necessary to achieve desired outcomes.
- e) Integrate exercise prescription with functional training to support rehabilitation and performance enhancement.

**Women's Health Physical Therapy**

By the end of this course, the students will be able to:

- a) Identify physiological and physical changes during pregnancy and postpartum.
- b) Perform assessment and develop appropriate interventions for women health dysfunctions.
- c) Educate women health issues and complications and role of physical therapy.
- d) Implement physical therapy interventions to address pelvic floor dysfunction and related disorders.
- e) Collaborate with obstetric and gynecological professionals to ensure holistic care in women's health.

## SUPERVISED CLINICAL PRACTICE

### Supervised Clinical Practice – I

#### Minimum Performing Standards

**Focus Area:** History taking (IPD & OPD).

It is mandatory for each student to document a minimum of 16 cases per semester (1 case per week) in clinical logbook duly checked and signed by the clinical instructor on a weekly basis. This learning requirement must be supervised by a Physical Therapist.

#### Learning Outcomes

By the end of the practice, students will be able to:

- a) Demonstrate proficiency in reviewing pertinent medical records and conducting comprehensive patient interviews to collect essential data including past and current medical history, demographics, chief complaint, medications, and social history.
- b) Apply history taking skills across diverse patient populations including surgical, non-surgical, pediatric, geriatric, and those with musculoskeletal, integumentary, cardiovascular, pulmonary, and neurological conditions.
- c) Adapt history taking skills to different clinical settings including inpatient and outpatient environments, recognizing the unique challenges and requirements of each setting.
- d) Maintain accurate records of history-taking encounters, documenting all relevant information in a systematic and organized manner.
- e) Successfully perform history taking skills on real patients during the final evaluation of the course, demonstrating competency in collecting and documenting patient data across various systems and patient populations.

### Supervised Clinical Practice – II

#### Minimum Performing Standards

**Focus Area:** System review (IPD & OPD).

It is mandatory for each student to document a minimum of 16 cases per semester (1 case per week) in clinical logbook duly checked and signed by the clinical instructor on a weekly basis. This learning requirement must be supervised by a Physical Therapist.

#### Learning Outcomes

By the end of the practice, students will be able to:

- a) Perform a thorough review of systems to assess the patient's general health condition, cardiovascular status, pulmonary function, gastrointestinal health, urinary function, reproductive health, and integumentary integrity.
- b) Recognize red and yellow flags indicating potential serious health concerns or conditions requiring referral to other healthcare professionals.
- c) Demonstrate proficiency in conducting systems reviews for screening various body systems including cardiovascular, pulmonary, integumentary, musculoskeletal, and neurological systems.
- d) Perform assessments of vital signs, cardiovascular and pulmonary function, integumentary integrity, musculoskeletal symmetry and mobility, and basic neurological function.
- e) Identify signs and symptoms during the review of systems that warrant referral to other healthcare professionals or specialists beyond the scope of physical therapy practice.
- f) Consult additional resources, such as evidence-based literature, healthcare colleagues, and community services, to ensure comprehensive patient care and appropriate management of

identified concerns.

### Supervised Clinical Practice – III

#### Minimum Performing Standards

**Focus Area:** Musculoskeletal, orthopedic and rheumatology.

It is mandatory for each student to document a minimum of 16 cases per semester (1 case per week) in clinical logbook duly checked and signed by the clinical instructor on a weekly basis. This learning requirement must be supervised by a Physical Therapist.

#### Learning Outcomes

By the end of the practice, students will be able to:

- a) Demonstrate the ability to perform a comprehensive examination by selecting appropriate tests and measures based on the best available evidence.
- b) Perform posture tests, gait analysis, and balance assessments utilizing both qualitative and quantitative measures across various functional activities and environments.
- c) Conduct musculoskeletal system tests and measures, including accessory movement tests, joint integrity assessments, muscle strength evaluations, and range of motion measurements.
- d) Perform thorough assessments of orthotic, prosthetic, and assistive devices, evaluating components, alignment, fit and functional use during activities of daily living.
- e) Determine appropriate interventions to address impairments and enhance function with the use of orthotic, prosthetic, and assistive devices, considering safety and patient/client preferences.
- f) Apply clinical reasoning skills to synthesize examination findings within the International Classification of Functioning, Disability, and Health (ICF) model, considering body functions and structures, activities, and participation.
- g) Utilize available evidence to interpret examination findings and formulate clinical decisions, including referral to other healthcare professionals when necessary

### Supervised Clinical Practice – IV

#### Minimum Performing Standards

**Focus Area:** Neurological physical therapy (IPD & OPD).

It is mandatory for each student to document a minimum of 16 cases per semester (1 case per week) in clinical logbook duly checked and signed by the clinical instructor on a weekly basis. This learning requirement must be supervised by a Physical Therapist.

#### Learning Outcomes

By the end of the practice, students will be able to:

- a) Analyze patient/client data using evidence-based practices to select appropriate examination tests and measures.
- b) Perform posture tests, gait analysis, and balance assessments, including both qualitative and quantitative measures across various functional activities and environments.
- c) Conduct neurological tests and measures to assess arousal, cognition, motor function, sensory integrity, and reflexes, integrating findings into a comprehensive assessment.
- d) Synthesize patient/client data within the International Classification of Functioning, Disability, and Health (ICF) model to identify impairments in body functions and structures, activities, and participation.
- e) Utilize available evidence to interpret examination findings, verbalizing possible alternatives and cite relevant evidence to support clinical decisions.

- f) Integrate examination findings to classify patient/client problems, prioritize impairments, and determine specific intervention goals based on body functions and structures, activities, and participation.
- g) Determine the predicted level of optimal functioning and the time required to achieve it, considering potential barriers such as age, medication, socioeconomic status, and cognitive status.
- h) Design a patient-centered plan of care with measurable functional goals, short-term and long-term, incorporating patient/client goals, expectations, and preferences.
- i) Establish criteria for discharge based on patient goals and current functioning, ensuring coordination of care and identification of referral needs beyond the scope of physical therapy practice.

## Supervised Clinical Practice – V

### Minimum Performing Standards

**Focus Area:** Cardiopulmonary physical therapy (IPD & OPD).

It is mandatory for each student to document a minimum of 16 cases per semester (1 case per week) in clinical logbook duly checked and signed by the clinical instructor on a weekly basis. This learning requirement must be supervised by a Physical Therapist.

### Learning Outcomes

By the end of the practice, students will be able to:

- a) Demonstrate proficiency in selecting appropriate examination tests and measures based on the best available evidence for diverse patient/client populations.
- b) Perform comprehensive posture tests, gait analysis, and balance assessments, utilizing both quantitative and qualitative measures across various functional activities and environments.
- c) Characterize and quantify body mechanics, ergonomic performance, environmental barriers, and pain assessment to provide a thorough evaluation of the patient/client's physical status.
- d) Apply clinical reasoning and decision-making processes to synthesize patient/client data within the International Classification of Functioning, Disability, and Health (ICF) model, incorporating evidence-based practices.
- e) Interpret examination findings critically, verbalizing possible alternatives, and citing relevant evidence to support clinical decisions, fostering effective communication with patients/clients and other healthcare professionals.
- f) Utilize available evidence to develop a comprehensive evaluation, prioritizing impairments and formulating a precise diagnosis based on body functions and structures, activities, and participation.
- g) Determine the predicted level of optimal functioning and forecast the time required to achieve it, identifying potential barriers such as age, medication, socioeconomic status, and comorbidities.
- h) Develop a patient-centered plan of care with measurable functional goals, short-term and long-term, through collaborative decision-making with patients/clients and caregivers, integrating referrals and resources as needed.
- i) Establish criteria for discharge based on patient goals and current functioning, ensuring effective coordination of care and advocating for patient access to services.
- j) Implement interventions safely and effectively, encompassing safety measures, body mechanics, positioning, and therapeutic exercises tailored to individual patient/client needs and goals.

- k) Coordinate care with interdisciplinary teams, advocating for patient access to services, and ensuring accurate documentation of all aspects of care following established guidelines and standards.
- l) Monitor patient/client response to intervention, making necessary adjustments to the plan of care based on outcomes, environmental factors, and personal factors, demonstrating competency in clinical decision-making and intervention management.

## Supervised Clinical Practice – VI

### Minimum Performing Standards

**Focus Area:** Evaluation, examination and intervention of integumentary, women's health, pediatrics, geriatric, sports and metabolic disorders (IPD & OPD).

It is mandatory for each student to document a minimum of 16 cases per semester (1 case per week) in clinical logbook duly checked and signed by the clinical instructor on a weekly basis. This learning requirement must be supervised by a Physical Therapist.

### Learning Outcomes

By the end of the practice, students will be able to:

- a) Demonstrate advanced proficiency in selecting appropriate examination tests and measures based on the best available evidence for diverse patient/client populations.
- b) Conduct comprehensive posture tests, gait analysis, and balance assessments, employing both quantitative and qualitative measures across various functional activities and environments.
- c) Skillfully perform integumentary integrity tests and measures, including assessment of skin characteristics, wound characteristics, signs of infection, and scar tissue characteristics.
- d) Apply evidence-based practices to recognize and characterize pain, including its location, intensity, and impact on functional activities, incorporating assessment of signs and symptoms of inflammation.
- e) Utilize clinical reasoning and decision-making processes to synthesize patient/client data within the International Classification of Functioning, Disability, and Health (ICF) model, integrating evidence-based practices.
- f) Interpret examination findings critically, verbalizing possible alternatives, and citing relevant evidence to support clinical decisions, fostering effective communication with patients/clients and interdisciplinary teams.
- g) Synthesize available data to formulate precise diagnoses based on body functions and structures, activities, and participation, prioritizing impairments and activity limitations for intervention planning.
- h) Determine the predicted level of optimal functioning and forecast the time required to achieve it, recognizing and addressing potential barriers such as age, medication, socioeconomic status, and comorbidities.

## FOR FEEDBACK & QUERIES

### **Mr. Arif Mehmood**

Assistant Director (Curriculum)  
Academics Division  
Higher Education Commission  
Sector H-9, Islamabad, Pakistan  
Tel: +92-51-90402124  
Email: [afmehmood@hec.gov.pk](mailto:afmehmood@hec.gov.pk)

### **Mr. Amad ud Din**

Assistant Director (Curriculum)  
Academics Division  
Higher Education Commission  
Sector H-9, Islamabad, Pakistan  
Tel: +92-51-90402115  
Email: [asardar@hec.gov.pk](mailto:asardar@hec.gov.pk)