



School of Physical and Occupational Therapy  
3654 Promenade Sir-William-Osler  
Montreal, Quebec  
H3G 1Y5

## COURSE GUIDE

### B.Sc. (OCCUPATIONAL THERAPY) U-1

2002-2003

#### IMPORTANT DATES

<b>Term A:</b>	Registration Period	Aug. 6 - Sept. 4, 2002
	Labour Day	Sept. 2, 2002
	First Day of Classes	Sept. 4, 2002
	Course Change (drop/add period)	Sept. 4 - 15, 2002
	Thanksgiving Day	Oct. 14, 2002
	Last Day of Classes	Dec. 4, 2002
	Examination Period	Dec. 6 - 20, 2002
<b>Term B:</b>	Classes Commence	Jan. 6, 2003
	Course Change (drop/add period)	Nov. 4, 2002 - Jan. 19, 2003
	Mid-Term Break - Three days <u>only</u>	Feb. 26 - 28, 2003
	Last Day of Classes	Mar. 7, 2003
	Examination Period	Mar. 10 - 21, 2003
	<b>CLINICAL AFFILIATION-Session 1</b>	Mar. 24 - May 2, 2003
	Easter	Apr. 18-21, 2003
	Classes Reconvene	May 5, 2003
	Victoria Day	May 19, 2003
	Last Day of Classes	May 23, 2003
	Final Examination Period	May 26 - 30, 2003

**McGILL UNIVERSITY**  
**School of Physical and Occupational Therapy**

**COURSE GUIDE**  
**B.Sc. (OCCUPATIONAL THERAPY) U-1**

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**McGILL UNIVERSITY - PHYSICAL AND OCCUPATIONAL THERAPY PROGRAMS - U1**

**Term A:**  
Sept. 4 to Dec. 4, 2002  
**Exam Period:**  
Dec. 6 to 20, 2002

**Term B:**  
Jan. 6 to Mar. 7, 2003  
**Exam Period:**  
Mar. 10 to 21, 2003

**Clinical Affiliation:**  
Mar. 24 to May 2, 2003  
**Courses:**  
May 5 to 23, 2003  
**Exam Period:**  
May 26 to 30, 2003

<b>2002-2003 OCCUPATIONAL THERAPY PROGRAM - U1</b>		
<b>Course Number</b>	<b>Course Name</b>	<b>Credits</b>
PHGY-201	Human Physiology: Control Systems	3
PHGY-202	Human Physiology: Body Functions	3
OCC1-220	Clinical Affiliation I	0
POTH-222	Kinesiology	3
OCC1-235	Occupation as Therapy	3
OCC1-236	OT Practice I : Musculoskeletal Conditions	4
POTH-239	Assessment in Rehabilitation I	2
OCC1-240	Assessment of Performance I	2
POTH-248	Communication/Professionalism	2
POTH-250	Health Care and Professionalism	2
POTH-260	Life Span	2
ANAT-315	Regional Anatomy of the Limbs & Back	4
ANAT-316	Human Visceral Anatomy	2
<b>TERMS A &amp; B - TOTAL CREDITS</b>		<b>32</b>

<b>2002-2003 PHYSICAL THERAPY PROGRAM - U1</b>		
<b>Course Number</b>	<b>Course Name</b>	<b>Credits</b>
PHGY-201	Human Physiology: Control Systems	3
PHGY-202	Human Physiology: Body Functions	3
PHTH-220	Clinical Affiliation I	0
POTH-222	Kinesiology	3
PHTH-235	Movement Science & Practice	3
PHTH-236	Movement I: Musculoskeletal	4
POTH-239	Assessment in Rehabilitation I	2
PHTH-241	Assessment II: Musculoskeletal	2
POTH-248	Communication/Professionalism	2
POTH-250	Health Care And Professionalism	2
POTH-260	Life Span	2
ANAT-315	Regional Anatomy of the Limbs & Back	4
ANAT-316	Human Visceral Anatomy	2
<b>TERMS A &amp; B - TOTAL CREDITS</b>		<b>32</b>

**POTH-222 KINESIOLOGY**

Spring 2003 Dr. McKinley, x4498 Hosmer Room 300B/B17, [patricia.mckinley@mcgill.ca](mailto:patricia.mckinley@mcgill.ca)

**Credits:** 3

**Lecturer:** P. McKinley

**COURSE STRUCTURE**

This 48 hour course is given in lecture, seminar and/or practical formats. The course commences on May 5, 2003 and runs until May 23, 2003. The class will be taught in a 3-hour block every morning (9:00 a.m. to 12:00 p.m.).

**OBJECTIVES**

Upon completion of this course, the student should be able to:

***Skills and Behaviours:***

1. Identify the developmental level of an individual relative to current knowledge.
2. Interpret and evaluate the validity of kinematic, kinetic and EMG methods at a beginning level.
3. Perform measurement of angular movement, linear displacement, velocity, muscle activity patterns and force, and joint torque.
4. Utilize basic biomechanical principles in interpretation, modification and selection of testing and treatment, intervention and worksite modifications.
5. Use a critical appraisal approach in understanding the motor control approach to practice.
6. Utilize a critical appraisal approach to kinesiology as applied to physical and occupational therapy.
7. Construct functional restoration programs consistent with specific needs such as aging, changing work demands and environment.
8. Become a critical consumer of the literature with the goal of applying the knowledge to clinical practice.
9. Collaborate effectively with other health professionals.
10. Carry out a literature review, demonstrate library skills, write purposefully, and prepare a specific report.
11. Become aware of client satisfaction, particularly related to outcomes: predicted vs actual.
12. Define problems from the client's perspective, occupation and lifestyle, including anticipated problems.
13. Determine continuation, progression or discontinuation of interventions based on evaluative tools.
14. Assess and interpret gait, balance and coordination, posture, range of motion, fatigue, endurance and strength from a kinesiological perspective (use of EMG, kinematics and kinetics).

***Knowledge:***

1. Define kinematics and explain how it may be used as an evaluative tool.

## McGILL UNIVERSITY - PHYSICAL AND OCCUPATIONAL THERAPY PROGRAMS - U1

2. Define kinetics, distinguish between static and dynamical analysis, and explain how it may be used as an evaluative tool.
3. Define electromyography, and describe the origin, characteristics and measurement of EMG signals.
4. Discuss the qualitative and quantitative principles of motion and posture analysis.
5. Discuss the modifiers which may affect motor learning/control, including motor development and aging, orthotics, prosthetics and assistive devices, gender and body structure, and environment.
6. Use an integrated approach in application of intervention and outcome measurement as applied to: balance, posture and coordination, functional abilities evaluation, lifting, locomotion, occupational tasks and physical demands analysis.
7. Become acquainted with principles of ergonomics and practices, and return to work process.
8. Describe motor unit recruitment and the relationships to force production, fatigue and pathology.
9. Relate how principles of kinesiology may be used to evaluate programs, qualitative and quantitative research.
10. Use principles of preparing a scientific report, including literature review, evaluation of information, argument synthesis and graphical presentation.
11. Discuss theories of motor control as applied to kinematic and kinetic analysis: dynamical systems, distributed control.
12. Discuss how neural plasticity may be important in designing and evaluating interventions.

### CONTENT

May 5-23, 2003

*Research Papers, syllabus and power point presentations will be discussed and placed on webCT*

**WEEK 1      MUSCLE MECHANICS AND EMG reference pages in syllabus:**

**WEEK 2      EMG and KINETICS**

**WEEK 3      KINETICS, KINEMATICS**

**WEEK 4      Motor control aspects**

### REQUIRED TEXT

Course Pack.

### EVALUATION

#### **Course requirements:**

Group paper:            40 pts  
Final exam:              60 pts

## **McGILL UNIVERSITY - PHYSICAL AND OCCUPATIONAL THERAPY PROGRAMS - U1**

### **Group paper:**

Select a problem from your clinical experiences and describe how the use of kinematic, kinetic and EMG analysis could be used to further evidence based practice.

1. Describe your target population, including inclusion and exclusion criteria **5 pts**
2. Describe the intervention(s) you propose to use **5 pts**
3. Describe your outcome measures that you normally use (ie Berg Balance, nine hole peg test) **5 pts**
4. Describe how you would use kinesiological techniques to better understand how the person is or is not doing the task appropriately and if the intervention is working. **20 pts**
5. Maximum 5 pages (references and illustrations not included)
6. Due: at end of course lectures.

### **Final Examination**

Take home exam. Due one week after it has been given to you. You will have to work on a problem in a similar manner to that of the group paper and two other questions as well. It is will essay in nature. You must use references for this as well.

**POTH-239 - ASSESSMENT IN REHABILITATION I**

**Credits:** 2

**Lecturers:** S. Beaulieu (Co-Coordinator), R. Toomey (Co-Coordinator), S. Fucile, A. Gaglietta

**COURSE STRUCTURE**

This course includes 1.5 hour of lectures and 2 hours laboratory sessions per week with small group work and both instructor-directed and student-directed learning experiences.

**GOAL**

The student therapist will acquire beginning-level knowledge and skills necessary for the basic physical assessment of clients seen by physical and occupational therapists with emphasis on self-directed learning and evidence-based practice.

**OUTCOMES**

**Upon completion of this section, the student therapist will demonstrate knowledge by being able to:**

1. Reinforce material learned in Anatomy - 504-315.
2. Perform an on-line literature search pertaining to specific measures.
3. Interpret and apply the basic principles of reliability and validity theory to physical assessment.
4. Apply the knowledge learned in the following areas:
  - a) Manual muscle testing
  - b) Goniometry
  - c) Evaluation of sensory function
  - d) Evaluation of hand and finger strength
  - e) Evaluation of oedema
  - f) Evaluation of posture
  - g) Evaluation of gait and its deviations
  - h) Pain assessment
5. Explain the SOAPIE system of charting.
6. Organize statements into subjective and objective domains

**The student will be able to perform the following skills:**

1. Accurately demonstrate:
  - a) Palpation of bony and soft tissue landmark
  - b) Visual inspection
  - c) Manual muscle testing
  - d) Goniometry
  - e) Evaluation of sensory function
  - f) Evaluation of hand and finger strength
  - g) Evaluation of oedema
  - h) Evaluation of posture
  - i) Evaluation of gait and its deviations
2. Document the information obtained in the objective evaluation in SOAPIE format.
3. Conduct an initial history-taking interview.



4. Document the information obtained in an initial history taking interview in SOAPIE format.
5. Demonstrate safe and effective patient handling skills.
6. Show respect for peers, self and faculty.
7. Demonstrate the ability to establish rapport with simulated patients.
8. Demonstrate a respect for the clinical involvement of other health professionals to avoid unnecessary duplication of services provided to the client.

**Moreover the student will demonstrate the following learning behaviours:**

1. Be prepared for each lab session.
2. Be punctual at all times.
3. Be able to accept constructive criticism.
4. Be able to identify concepts that are not understood and to formulate appropriate questions for clarification.
5. Be able to develop and maintain team/group building skills.
6. Independence in seeking pertinent information on materials covered.
7. Actively and independently participate in labs.

**COURSE CONTENT**

Learning activities have been organized using a regional approach which is complementary to the course *Regional Anatomy of the Limbs and Back - ANAT-315*.

**REQUIRED DRESS FOR LABORATORY SESSIONS**

Shorts and Shirts (females: halter-type or racer-back tops)

**REQUIRED REFERENCES** *\*required in other course(s)*

\*Cole, B., Finch, E., Gowland, C., Mayo, N. (2002) *Physical Rehabilitation Outcome Measures* (2<sup>nd</sup> edition) Canadian Physiotherapy Association.

Assessment in Rehabilitation I - POTH-239 Course Pack.

**For goniometry and manual muscle testing:**

Clarkson, H.M. (2000). *Musculoskeletal Assessment. Joint Range of Motion and Manual Muscle Strength*. (2<sup>nd</sup> edition). Lippincott Williams & Wilkins.

**For palpation:**

\* Anatomy - ANAT-315 Course pack

**RECOMMENDED REFERENCES**

Magee, D.J. (2002). *Orthopedic Physical Assessment*. Philadelphia, W.B Saunders.  
(Book is on reserve in the Health Sciences Library)

Trombly, C.A. & Radomski, M.V. (2001) *Occupational Therapy for Physical Dysfunction*  
(5<sup>th</sup> edition). Lippincott Williams & Wilkins.

**REQUIRED MATERIALS**

Clinical Tools Kit (purchased in class during the first week, price to be announced)

Goniometers: 360°, 30 cm

180°, 15 cm

Finger

Tape measure

**STUDENT EVALUATION**

To be announced at the first day of class

**N.B. The final practical exam must be passed with a C+ or better in order to pass the course and in order to be admitted to the first clinical placement (OT Clinical Affiliation I - OCC1-220 or PT Clinical Affiliation I - PHTH-220).**

**POTH-248 - COMMUNICATION/PROFESSIONALISM**

**Credits:** 2

**Lecturers:** N. Larivière (Coordinator)

**COURSE STRUCTURE**

Two hours per week for thirteen weeks. The format will include lecture/seminar/class participation.

The course will explore two integrated themes:

Theme 1: The fundamentals of communication

Theme 2: Psychosocial Issues in Health, Impairment, Disability and Handicap

**COURSE OBJECTIVES**

Rehabilitation services should provide competent and compassionate therapeutic interventions. Towards this aim, this course shall:

1. allow students to acquire the fundamental skills and strategies necessary for effective professional communication;
2. prepare students to deal with a number of psychosocial issues which have implications for impairment, disability and handicap, and an impact on rehabilitation and well-being.

**REQUIRED TEXTS**

Adler, R.B. and Rodman, G. (2002). *Understanding Human Communication*. (8<sup>th</sup> edition). Fort Worth, Texas, Brace Harcourt.

Course Pack.

**EVALUATION**

Multiple choice exam	50%
Term paper	40%
Oral presentation	10%

**POTH-250 - HEALTH CARE AND PROFESSIONALISM**

**Credits:** 2

**Lecturers:** L. Asseraf-Pasin (Coordinator), A. Thomas, Guest Lecturers

**COURSE STRUCTURE**

This course will incorporate lectures/seminars/panel presentations and a research reading project to be done over 9 weeks for 2 to 3½ hours per week.

**OVERALL OBJECTIVES**

Effective delivery of rehabilitation services requires that the entry level practitioner recognize and respond to the influence of social, cultural, economic, legislative and demographic factors impacting on health and rehabilitation service delivery, both locally and globally.

**COURSE OBJECTIVES**

**1. HEALTH CARE POLICY**

**Canadian and Quebec Health Care Systems**

- Health and social service legislation/policy including:
  - Canada Health Act
  - Relevant federal/provincial legislation
- Relevant health and social service organizations which influence and/or assist the delivery of health and social services
- Funding mechanisms (public and private) which will support health and social service needs, goals and/or research for individuals and groups
- Provincial licensing regulations re practitioners, practices, institutions
- Consent to treatment, power of attorney etc. as applied to persons with disabilities

*So that the graduate will have acquired the **Skills and Behaviours** to:*

- Apply international health definitions and parameters to local context
- Adapt to changing and developing information systems as they relate to Health Care Policy, systems and Delivery;
- be sensitive to impact of public policy (present and future) on rehabilitation services
- be sensitive to ethical and legal considerations in health service delivery including rationing of health care.
- be able to suggest strategies to influence public policy;
- optimize benefits for clients by judicious use of knowledge of policy, legislation and funding sources;

## II PROFESSIONALISM

### 1. Ethical Dimensions

The entry-level therapist has distinctive knowledge, skills and behaviours which characterizes her/him as a professional and which forms the basis for professional practice. The professional will have an understanding of the following concepts:

1. A scientific body of knowledge that forms the basis of evidence-based practice.
2. Independent practice is supported by autonomy, self-regulation and direct access.
3. Ethical behaviour based on a personal code of behaviour rules of conduct and values, legal requirements and a professional code of ethics.
4. Professional legal, regulatory status.
5. The variety of professional roles incorporated within professional practice include **traditional** and **innovative roles**:

*from:* Clinician, learner, entrepreneur, supervisor, delegator, leader, manager, consultant, educator, researcher

*to:* Negotiator, lobbyist, expert witness and change agent.

6. Scope of practice of Occupational Therapy, Physical Therapy and of other descriptions.
7. Professional Associations' roles and responsibilities including ways and means of influencing public policies.

*So that the graduate will demonstrate the **skills and behaviours** that promote:*

- the value of evidence-based practice and its acceptance as forming the cornerstone of all practice;
- respect of culture and ethics of particular groups or individuals;
- interactions with clients, colleagues, employers and others with emphasis on
  - accountability and responsibility
  - commitment
  - effective communication;
- respect of professional standards (standards of practice and clinical guidelines);
- identification with professional associations/affiliations;
- the qualities of:
  - appetite for life-long learning
  - thoughtful, reflective practice
  - ongoing self-evaluation
  - knowledge of limitations
  - ability to refer
  - assertiveness
  - effective communication skills (verbal, nonverbal, written)
  - critical thinking
  - effective clinical decision making
  - critical analysis
  - ability to negotiate
  - ability to manage conflict
  - 'best practice' at all times, basing decisions and actions on **outcome measures**

**2. Professional and Support based - Collaborative Team Relationships**

Topics: Client-centred care  
 Multidisciplinary vs. Interdisciplinary vs. Pluridisciplinary  
 The team member attributes  
 Professional roles incorporated within professional practice

*So that the graduate will have acquired the **skills and behaviours** to:*

- involve the client in planning and managing rehabilitation therapy;
- facilitate the empowerment of clients by providing information and encouraging independence; involving self-help/advocacy resources as appropriate;
- promote effective team work;
- promote efficient collaboration between the different parties involved in the health care process;
- promote interactions with colleagues, clients, employers and others with emphasis on
  - accountability
  - commitment
  - effective communication.

**REQUIRED TEXTS**

*The Professional Code*, Éditeur officielle du Québec.

*Bill 120, An Act Respecting Health Services and Social Services and Amending Various Legislation*, Assented to 4 September 1991, Québec Official Publisher (1991).

**RECOMMENDED TEXTS**

Scott, R. (1998). *Professional Ethics: A Guide for Rehabilitation Professionals*. Mosby.

Parsons & Parsons. *Health Care Ethics*. Wall & Emerson Inc.

Williams & Wilkins (1997). *Stedman's Concise Medical Dictionary for the Health Professional*, (3<sup>rd</sup> edition)

**REFERENCE TEXTS**

Rachlis, M. & Kushner, C. (1994). *Strong Medicine*. Harper Perennial, Harper Collins Publishers Ltd.

Purtilo, R. (1993). *Ethical Dimensions in the Health Professions*, (2<sup>nd</sup> edition). W.B. Saunders Co.

**EVALUATION**

Topics covered in this course form a framework for professional practice. Evaluation of the application of this material will be through further professional courses given over the next three years and in professional practice.

Research Health Project	35%	(To be handed in by March 6, 2003)
Essay/Short-Answer Exam	35%	(To be done during the March 11-15, 2003 Examination period)

Quizzes	20%	(Quizzes will be given in class during Lectures 4 and 8)
Participation	10%	(Presence 5% & In-Class Participation 5%)

**POTH-260 - LIFE SPAN**

**Credits:** 2

**Lecturers:** R. Birnbaum (Coordinator), Guest Lecturers

**COURSE STRUCTURE**

This is an interactive lecture course, 2 hours per week for Term A.

**GOAL**

This course will provide an overview of competency across performance domains through the life span.

**LEARNING OUTCOMES**

1. To appreciate that the life span is an ongoing developmental process involving both continuity and change, and is influenced by genetic and environmental factors.
2. To summarize different developmental events from the perspective of major developmental theories.
3. To be aware of neuromaturational and motor control theories of motor development.
4. To appreciate the sequence of development that occurs across sensory, cognitive/perceptual, physical/motor, play/leisure, language, and psychosocial domains from conception to death.
5. To characterize the unique changes associated with each stage of development.
6. To understand the influences of cultural background as well as family dynamics on development.
7. To appreciate major areas of controversy and new directions in the study of human development.
8. To begin to apply a self-directed approach to learning.

**COURSE CONTENT**

- Developmental theories and controversies
- Basic embryology and genetics
- Neonatal neurobehavioural performance
- Motor principles and theories
- Developmental competency in gross motor, fine motor, perceptual, cognitive, social, behavioural, play, daily living skills and language for the:
  - a) infant
  - b) preschooler
  - c) school age child
  - d) adolescent
- Family function and cultural background and their effects on development.
- Theories and developmental changes characteristic of the young adult and during the middle years.
- Physiologic, psychosocial, and cognitive changes associated with aging.
- Changing roles and activities in the elderly.
- Death and dying.



**REQUIRED TEXT**

Berger, K.S. (1997). *The developing person through the life span*. New York, Worth Publishers.

**EVALUATION**

Child Observation	30%
Midterm Examination	30%
Final Examination	35%
Group Presentation	5%

**ANAT-315 - REGIONAL ANATOMY OF THE LIMBS & BACK**

**Credits:** 4

**Lecturers:** *Regional Anatomy Section:* G. C. Bennett, Department of Anatomy  
*Functional Anatomy Section:* S. Beaulieu, T. Norcia, N. Liverani, A. Gaglietta

**COURSE STRUCTURE**

A lecture and laboratory course of 2 hours of lecture and 4 hours of prosection including 2-3 sessions on dissection and 2 hours of functional laboratory per week. This course will cover regional gross anatomy of the skeleton, joints, muscles and neurovascular structures of the limbs and back. Lectures and the prosection laboratory will be given by the Department of Anatomy. The functional anatomy laboratory will be given by the School of Physical and Occupational Therapy.

**REGIONAL ANATOMY SECTION**

**COURSE STRUCTURE**

This section consists of 2 hour lecture sessions per week and 2 hour laboratory periods per group per week starting Wednesday, September 4, 2002.

**OBJECTIVES**

Emphasis is placed on understanding anatomical concepts rather than rote memorization. Upon completion of this section, the student will be able to understand and utilize the acquired anatomical information as needed in other professional courses:

1. The movements of the different body segments in terms of planes and axes.
2. The bones of the skeleton in terms of why they have the architecture they do, how this relates to their function and the stresses acting upon them and the areas of weakness of bones in terms of possible fracture sites.
3. The structure of different types of joints and their supporting ligaments and tendons, the movements permitted and the factors that make them susceptible to dislocation, inflammation or calcification.
4. The structure of different types of bursae and tendon sheaths, and the factors that make them susceptible to bursitis or tenosynovitis.
5. The importance of fasciae (and retinaculae), in terms of compartmentalization, muscle function, impingement problems (e.g. carpal tunnel syndrome), and containment spread of infections.
6. The structure, attachment sites and functions of different muscles and muscle groups, especially in terms of neural control of functional movements.
7. The structure, relationships and distribution of peripheral nerves, especially in terms of their sites of potential injury and the effects of such injury on loss of muscle function or cutaneous sensation.
  - i) The structure, relationships and distribution of arteries and veins, especially in terms of their sites of potential injury and the effects of such injury on loss of muscle function, gangrene, etc.

- ii) The importance of anastomoses around joints, in terms of maintaining blood supply to distal regions if a vessel is occluded.
- 8. The differences between the Lower Limb and Upper Limb, in terms of the specialized function of the Lower Limb for locomotion (stance and gait) and the Upper Limb for hand manipulation.
- 9. An elementary understanding of radiology and other clinically important imaging techniques, and their role in the assessment of both normal anatomy and traumatic or pathological alterations.

**LABORATORY ETIQUETTE**

- Necessary Equipment:**
- C lab coat
  - C instruments (forceps, etc.)
  - C latex gloves

**Use of Laboratory During Laboratory Periods:**

- C entry to the GROSS LABORATORY at all times is strictly restricted to students registered in Anatomy courses in our department (Physical and Occupational Therapy; Medicine; Dentistry; B.Sc. Students in 504-214 course)
- C respect for cadavers (all donated)
- C no food or drink
- C no photographs
- C prosections are kept in plastic bags, along with moistened cloth rags
- C each plastic bag is identified with a clothes-peg
- C each prosection is identified with a tag
- C prosections are preserved with mixture of aldehyde, phenol and alcohol
- C prosections and accompanying cloth rags must be continually kept moist with new alcohol solution

**REQUIRED TEXT**

Course Pack.

**EVALUATION**

Regional Anatomy Section:

Written multiple choice examinations:

Mid-Term	22.4%	
Final Exam	33.6%	<b>TOTAL: 56%</b>

Laboratory examinations:

“Spot” Exam		
Mid-Term	9.6%	
Final Exam	14.4%	<b>TOTAL: <u>24%</u></b>
		<b>80%</b>

**FUNCTIONAL ANATOMY SECTION**

**COURSE STRUCTURE**

This section consists of laboratory sessions of 2 hours per week for 14 weeks.

**OBJECTIVES**

Upon completion of this section, the student therapist will be able to:

1. Visually inspect, palpate and identify:
  - C bony landmarks
  - C soft tissue structures
  - C arterial pulses
2. Demonstrate and interpret the movement of body segments in terms of planes and axes.
3. Identify and understand muscle actions: isotonic, isometric, concentric and eccentric contractions.
4. Understand and demonstrate the use of proximal muscles for stabilization while using distal joints and muscles in functional movements.
5. Demonstrate normal muscles in action.
6. Interpret potential patterns of muscle weakness or paralysis due to dysfunction of nerves, muscles and joints.
7. Identify joint structures and understand movement of specific joints (according to classification).
8. Demonstrate professional behaviour throughout the labs.
9. Demonstrate organization skills by completing the lab preparation activities and working independently in labs.

**REQUIRED DRESS FOR LABORATORY SESSIONS**

Shorts and Shirts (females: halter-type or racer back tops)

**REQUIRED TEXT**

Moore, K.L., & Dalley, A.F. (1999). *Clinical Oriented Anatomy* (4<sup>th</sup> edition). Lippincott Williams & Wilkins.

**RECOMMENDED READING**

Hoppenfeld, S. (1976). *Physical Examination of the Spine & Extremities*. New York, Prentice-Hall.

Jenkins, D. (Ed.). (1988). *Hollinshead's Functional Anatomy of the Limbs & Back*, (7<sup>th</sup> edition). Saunders.

**EVALUATION**

Functional Anatomy Section: 20%

**Note: Students who miss more than three (3) practical laboratories without a legitimate reason will not be permitted to take the final examination.**

**The student therapist is expected to present a professional approach throughout all of his/her learning experience.**

**OCC1-220 - CLINICAL AFFILIATION I**

**Credits:**

**Coordinator:** C. Storr, Academic Coordinator of Clinical Education  
A. Thomas, Assistant Academic Coordinator of Clinical Education

**COURSE STRUCTURE**

**SCHEDULE**

The Occupational Therapy Program is made up of 105 credits of academic and clinical courses given over three years in seven semesters. The five Clinical Affiliation courses make up over 1000 hours of clinical practice and have a course value of 18 credits. These clinical affiliations start in Term B of Year one, incorporate a summer semester of 12 weeks between Year two and three and finish with a winter block in Year three.

**Schedule of Dates for the Clinical Placements for Students Entering the 2002-2003 Occupational Therapy Program**

<b>2002-2003 Winter Term</b> (March - April, 2003)	<b>OCC1-220B</b>	<b>6 weeks</b>	<b>0 credit</b>
<b>2003-2004 Summer Term</b> (May, June, July 2004)	<b>OCC1-320C</b>	<b>6 weeks</b>	<b>6 credits</b>
<b>2003-2004 Summer Term</b> (June, July, August 2004)	<b>OCC1-321C</b>	<b>6 weeks</b>	<b>6 credits</b>
<b>2004-2005 Fall Term</b> (November - December, 2004)	<b>OCC1-420A</b>	<b>5 weeks</b>	<b>3 credits</b>
<b>2004-2005 Winter Term</b> (January - February 2005)	<b>OCC1-422B</b>	<b>5 weeks</b>	<b>3 credits</b>

Fieldwork placements will be arranged with McGill affiliated facilities. At times students may request fieldwork outside of the Montréal region (these regions may also include the US and overseas). The Occupational Therapy Program has developed specific guidelines pertaining to international and CAOT (Canadian Association of Occupational Therapists) placements. Please refer to page 23 for further details.

Both traditional and non-traditional fieldwork placements will be used. The latter will consist of facilities/agencies/programs which do not employ an occupational therapist directly on site.

Supervision will be provided by occupational therapists who work in various settings, depending on the type of placement offered. The type of supervision will be commensurate with the student's level of training and previous fieldwork experience.

Every effort will be made to place students in the Montréal region unless otherwise requested. When students are placed in out-of-town facilities, travel and accommodation are the student's responsibility.

This course is structured as follows:

**I Principles For Moving Patients Safely Workshop (PDSB)**

- II Clinical Affiliation Seminars**
- III Traditional Fieldwork Placements**
- IV Non-Traditional Fieldwork Placements**

**I PRINCIPLES FOR MOVING PATIENTS SAFELY (PDSB) WORKSHOP**

This is a compulsory 1-day weekend workshop scheduled in Term A. There is a lab fee of approximately \$25.00. Successful completion of this workshop is a pre-requisite for fieldwork placement.

**REQUIRED TEXT**

Principles for moving patients safely. ASSTSAS 1999.  
This text is required for workshop participation and a reference for all future clinical affiliation courses.

**II CLINICAL AFFILIATION SEMINARS**

Prior to the first affiliation, in Term B, U1 students will participate in a series of seminars which will cover topics related to occupational therapy fieldwork.

**STRUCTURE**

There will be six one and a half hours seminars where students are divided in two groups. There is one instructor per group.

**LEARNING OUTCOMES**

1. To become familiar with first year clinical affiliation objectives (traditional fieldwork placements);
2. To use the evaluation forms which assess the student's clinical performance and experience;
3. To differentiate between the role of the student and that of the supervisor;
4. To suggest methods of improving feedback effectiveness;
5. To suggest several management approaches of difficult situations (e.g. aggressive patients);
6. To introduce the use of WebCT as a tool for cooperative peer learning.
7. To become familiar with the different learning strategies and learning styles which affect performance in fieldwork.

**COURSE CONTENT**

- C Introduction to fieldwork
- C Basics re: rotations, evaluation forms
- C Learning objectives/learning contracts
- C Students' evaluation of the clinical education experience

- C International placements/Non-Traditional placements/CAOT placements
- C Feedback
- C Clinical profile
- C Professional behaviour

**REQUIRED TEXT:** Competency Based Fieldwork Evaluation for Occupational Therapists. Ann Bossers, Linda T. Miller, Helene Polatajko and Mark Hartley.

### **EVALUATION**

Attendance will be compulsory and a participation mark is given.

## **II TRADITIONAL FIELDWORK PLACEMENTS**

**CLINICAL AFFILIATION I: Introduction to Occupational Therapy Services (Educating: Level I)**

### **LEARNING OUTCOMES**

1. To introduce the student to occupational therapy fieldwork.
2. To allow the student to observe the clinical manifestations of physical and/or psychiatric conditions.
3. To allow the student to observe the role of the occupational therapist.
4. To familiarize the student with equipment, materials and treatment techniques used in occupational therapy.
5. To allow the student to observe and where educational level permits, to perform under supervision, assessments, treatments and reporting procedures.
6. To give the student the opportunity to interact with patients, occupational therapists and other members of the health care team.
7. To give the student the opportunity to attend teaching rounds and in-service education in various fieldwork settings.



**EVALUATION**

The Competency Based Fieldwork Evaluation (CBFE) is used to evaluate students' performance. Although each supervising therapist evaluates students' performance, it is the ACCE who assigns the letter grade. This is a required text that all students must purchase and retain for all 5 Clinical Affiliation courses.

**CANADIAN ASSOCIATION OF OCCUPATIONAL THERAPY PLACEMENTS**

Students who are interested in doing their first clinical placement in another province may do so by applying to the Canadian Association of Occupational Therapists (CAOT). This application process is organized by the ACCE, who will notify students of the application deadlines in the Fall of Term A. The cost for this application is \$45. This fee is non-refundable.

Successful acceptance in a CAOT placement depends on the availabilities of the facilities in the different provinces.

INTERNATIONAL PLACEMENTS

POLICY

Eligibility Criteria

1. To be considered for a placement outside Canada, students must be approved by the Academic Coordinator of Clinical Education. Prior to making a recommendation, the Clinical Coordinator will require the student to demonstrate the following criteria:
  - a) The student must have maintained a minimum academic standing of a **GPA of 3.5** and have progressed through the program with no conditions.
  - b) The student must maintain a B+ (75-79%) standing in each of their fieldwork placements prior to the international placement.
  - c) The student must demonstrate strong interpersonal skills, including tact and diplomacy, and well developed judgement skills as documented on previous performance evaluations (Competency Based Fieldwork Evaluation (CBFE)).
2. The student applying for an international placement shall agree to accept responsibility for:
  - a) Cost of medical coverage (student already has access to some medical coverage, as a result of the fee paid to Student's Society).
  - b) Obtaining a visa (this includes obtaining information from specific embassy/consulate re: if a specific student visa is required, if a letter from fieldwork coordinator and/or letter from facility re: purpose of stay is needed).
  - c) Accommodation (at times, the clinical coordinator/immediate supervisor may be willing to assist in this area, but this cannot be counted on at all times, therefore the student is responsible for finding accommodation and assuming all costs. Often, embassies/consulates or tourism boards can help in this area).
  - d) Travel (confirmation of airplane tickets should only be carried out once the fieldwork coordinator has confirmed the international placement). The student is responsible for all travel costs at all times. Travel arrangements cannot conflict with examination period.
  - e) Cost of supervision in countries where there is a fee for supervision (at times this is encountered; if it does happen, the student must be prepared to pay this extra fee. This is not the responsibility of the University).
  - f) Malpractice Insurance (each student has coverage for contingent malpractice insurance; at times, this insurance is not considered sufficient enough by certain facilities; if that is the case, the student is responsible for the payment of any extra insurance coverage requested by the facility).

**PROCEDURE**

**NOTE: All students will be given the guidelines for international placements during the Winter Term of first year. If a student is considering this option, he/she must initiate the request for an international placement with the Academic Coordinator of Clinical Education at least one year prior to the placement.**

At least 12 months before the onset of the applicable fieldwork block, the student must request in writing, to the Academic Coordinator of Clinical Education, his/her wish to complete a fieldwork placement outside of Canada.

Exact date deadlines for international placement applications will be announced during the Winter Term of first year.

The letter should state:

1. the country of desired destination, indicating an awareness of cultural, gender and social differences and environment;
2. why the student would like to do an international placement in that country;
3. the requested placement session for completing this experience.

International placements are a privilege and are subject to the approval of the Clinical Coordinator/Occupational Therapy Faculty. The student shall obtain a letter of reference from one fieldwork supervisor and one faculty member to support the application to participate in an out-of-country placement.

These letters of reference must be forwarded directly to Academic Coordinator of Clinical Education (ACCE).

Once all the documentation is submitted, the ACCE will assess the suitability of the request based on the above criteria. If there is a need, the ACCE has the right to call upon the Occupational Therapy Faculty to assess the student's eligibility for an international placement.

The student will then be advised in writing, by the ACCE, whether he/she has been granted approval for an international placement.

**RESTRICTIONS**

The student will be granted one international placement per academic year, in U2 and U3 respectively, for a maximum of two placements, with the following restrictions:

1. The countries chosen must be members of the World Federation of Occupational Therapy. The School reserves the right to approve the qualifications of the supervising therapist.
2. The School will develop a maximum of five new international placements per year and the rest must be selected from the list of approved international placements.
3. The School reserves the right to limit the total number of international placements organized per year.
4. Students may apply for a maximum of two international placements, overall, in the following combination:
  - (a) one in the US and one overseas; or
  - (b) two in the US

\*Please note that many restrictions apply to US placement for 2002-2003.  
Both placements cannot be overseas.

5. A second international placement may be undertaken only if the student has performed satisfactorily in the first international placement.
6. The first opportunity for a student to do an international placement will be in the summer clinical term following U2 in Clinical Affiliation III (580-321). This will be scheduled in either the second or third block of U2 summer clinical affiliations.
7. The international placement is contingent on maintaining academic and clinical standings prior to departure. Should these conditions not be met, the ACCE reserves the right to cancel the international placement and to reassign the student locally.

### **RESPONSIBILITIES**

#### **Student:**

The student will:

1. Commit to the placement through a letter of intent outlining the request.
2. The student will have accepted responsibility for the following:
  - a) Cost of medical coverage
  - b) Obtaining a visa
  - c) Accommodation
  - d) Travel
  - e) Cost of supervision in countries where there is a fee for supervision
  - f) Malpractice Insurance
  - g) Cost for any cancellation

The fee paid by the student to the Student's Society, annually, provides medical coverage; it is the student's responsibility to inquire if coverage is sufficient for travelling to the country in question.

McGill University will also provide for worker's compensation, so in the case of a work-related accident, there is full coverage, no matter where the placement will take place (procedure to follow in the event of an accident will be made available to the student).

McGill University also provides contingent malpractice insurance. In the event that this insurance is deemed insufficient by the facility, it is the student's responsibility to purchase additional coverage.

Be responsible with permission of the ACCE for writing a letter to the Field Coordinator requesting placement in one of their affiliated facilities.

3. Write a letter of introduction to the National Occupational Therapy Association of the country or write to the coordinator of the school or facility requesting permission for a placement in which he/she wishes to complete his/her fieldwork. The following should be included in the letter:
  - a) Permission has been granted from McGill University - Occupational Therapy Program to investigate the possibility of completing fieldwork in that country.

- b) Reasons for seeking fieldwork in that country.
  - c) Dates and length of placement.
  - d) A request for a list of universities or facilities to contact for fieldwork opportunities.
4. Be responsible for timely fulfilment of all requirements necessary for entry into that country i.e. student visa (if required), medical preparation (i.e. immunization/vaccination) and coverage, financial obligations (i.e. travel and accommodations arrangements, coverage of extra malpractice insurance (if required)).
  5. Be knowledgeable in the language of origin of the country he/she has selected.
  6. Provide the Academic Coordinator of Clinical Education with copies of correspondence between student and facility offering the placement. The student should not call or write to the facility without prior permission from the ACCE.
  7. Continue correspondence with the National Association, university or facility to ensure requirements of the facility and McGill University - Occupational Therapy Fieldwork Program are met.
  8. Begin fieldwork.
  9. Agree to provide and complete the Student Evaluation of Placement Form, as well as any addendum specific to international placements and ensure that the CBFE are completed at the Mid-Term and Final. At the end of the placement the student must submit a completed copy of the CBFE to the ACCE.

A representative from the fieldwork facility and/or the student will contact the Academic Coordinator of Clinical Education or the Associate Director of the Occupational Therapy Program if specific concerns arise during the placement.

**Fieldwork Facility:**

The fieldwork facility will:

1. Provide the following information in writing, in order to meet the fieldwork site approval criteria:
  - a) Documents required as per institution guidelines.
  - b) An abbreviated résumé of the supervising therapist(s)

The above must be forwarded to : Academic Coordinator of Clinical Education  
Occupational Therapy Program  
School of Physical & Occupational Therapy  
McGill University  
3654 Promenade Sir-William-Osler  
Montréal, Québec  
Canada H3G 1Y5  
Telephone: (514) 398-6561 / Fax: (514) 398-6360

2. Ensure that the Coordinator of Occupational Therapy Services/Occupational Therapy Clinical Supervisor at the Facility will agree to complete McGill University - School of Physical & Occupational Therapy Fieldwork Evaluation Forms.
3. Sign a cooperation agreement between McGill University and the Facility, prior to the commencement of the clinical placement and define a contingency plan within the facility or another agency in case of cancellation of the rotation.

4. Commit to placement (specific dates to be determined and approved by both Academic Coordinator of Clinical Education and Supervising Occupational Therapist) in writing.
5. Ensure that the Occupation Therapist who will be supervising the student will have knowledge of the English or French language (oral and written, in order to be able to communicate with the Academic Coordinator of Clinical Education).

**Academic Coordinator of Clinical Education:**

The Academic Coordinator of Clinical Education (ACCE) will:

1. Review the student's application and will approve the request based on established Eligibility Criteria (see - page 24).
2. Request an abbreviated résumé for the Occupational Therapy Department and the potential supervising therapist, including educational background and years of experience directly supervising students. Please note that in order to supervise a student, the therapist must have had at least one year of clinical experience and must be certified/registered according to the standards of the host country.
3. Ensure that two copies of an affiliation contract have been forwarded and returned signed by the receiving Facility, upon receipt of documentation fulfilling requirements of Occupational Therapy Fieldwork Education Site Approval Guidelines.
4. Forward to the Facility:
  - a) a letter of confirmation for the placement
  - b) a copy of the affiliation agreement signed by all parties (student(s), Facility and McGill University)
  - c) an outline of the curriculum
  - d) School of Physical & Occupational Therapy Course Guide(s)
  - e) expectations for student performance/fieldwork objectives
  - f) policies related to:
    - i. student assignments in clinical settings
    - ii. time loss
    - iii. failure during a placement
    - iv. Student Evaluation of Placement Form
5. Notify student to finalize travel and accommodation arrangements.
6. Provide resource material for supervisor (when necessary) which will be delivered by the student.
7. Initiate contact with facility via phone or Fax or E-mail at midterm in order to obtain feedback re: progress in placement, as well as at the end of placement. Preference will be to provide email communication.

**INTERNATIONAL PLACEMENTS SCHEDULE**

**Winter Term (U1):** reminder to students of deadline for applying for international placements and orientation and introduction to International Placements (hand out guidelines)

**Integration Block (U1):** deadline for initiating request for an international placement in second year

**Requests after this period will not be considered**

<b>RESPONSIBILITIES OF STUDENT</b>	<b>SUGGESTED TARGET DATES</b>
Request the international placement (or Item # 1)	12 months prior to placement. Student must respect deadline provided by the ACCE.
Accept responsibility for <u>all</u> items mentioned in #2 (or Item 2)	Immediately upon acceptance of placement by ACCE
Find the placement/facility and/or select from list of available placements and write a letter requesting a placement (or Item 3)	Immediately upon being granted approval for the placement by the ACCE
Be responsible for all requirements for entry into the country of choice (or Item 4)	ongoing
Keep ACCE informed of all communications and/or provide copies of correspondence with the facility (or Item 6)	ongoing
Continue correspondence with the facility and the University in order to ensure that all requirements are met (or Item 7)	ongoing
Must <u>consider</u> a contingency plan (placement in Quebec or outside Quebec) if the international placement is cancelled	ongoing
Agree to complete student evaluation of placement and ensure that CBFs are completed at Mid-Term and Final	end of placement

### **III NON-TRADITIONAL FIELDWORK PLACEMENTS**

These placements are available to second and third year students. Further details on learning objectives and evaluation methods are to be found in the U2 Occupational Therapy Course Guide on page 11.

#### **FIELDWORK POLICIES**

##### **Academic Advancement**

See section 4.5 Academic Advancement in the Health Sciences Calendar, page 89.

##### **Failure Policy**

*Clinical Affiliation I (OCCI-220)* is a pass or fail course. Students must pass *Occupation as Therapy (OCCI-235)* and pass the final practical examination of *Assessment in Rehabilitation I (POTH-239)* with a grade of c+ or better in order to advance into *Clinical Affiliation I (OCCI-220)*. Students must pass all required courses preceding any fieldwork placement associated with those courses. If a student fails a clinical placement, one supplemental clinical placement is allowed. If the repeated placement or any subsequent placement is failed, the student will be asked to withdraw from the program. The repeated placement will be arranged at the discretion of the ACCE. Satisfactory standing in all required professional courses and clinical placements are mandatory to be able to continue in the program. If a student fails Clinical Affiliation I (580-220), permission to complete the Integration Block of OT Practice I: Musculoskeletal Conditions (580-236) must be granted by the Occupational Therapy Promotions Committee.

##### **Student Attendance Policy**

Students are allowed one day of absence for health reasons only in each fieldwork placement. If this is exceeded, the student must make up the time missed.

If the supervisor is absent, he/she must arrange for the student's supervision by another therapist. If the supervisor is a sole/charge therapist, alternative arrangements are made between the ACCE and the supervisor to find a solution.

##### **Immunization**

**Before entering the first clinical placement:** All students must ensure that their immunization records are complete and show supporting documentation to McGill Student Health Services. McGill Student Health Services maintains an active record list that may be requested by facilities. It is the student's responsibility to request these records from health services and bring them to each clinical placement.

**Failure to complete the required immunization before the Clinical Periods:** This may result in a student's non-admission to a clinical facility and subsequent inability to complete the clinical placement. This policy applies to all placements including international and CAOT placements.



**Cardiopulmonary resuscitation**

**Before entering the first clinical placement:** It is compulsory that all students have a valid up-to-date CPR certificate. This certification must be maintained over the three years of the program. Without a valid up-to-date CPR certificate, the student will not be permitted to enter the clinical setting. The student is required to present a photocopy of the certification to the Academic Clinical Coordinator, on the first day of January seminars in the first year of the UI program.

**Safety**

In order to ensure the safety of patients/clients at all times, each student is responsible for successfully completing a training course, which will focus on transferring principles and techniques. Details concerning this training course will be provided at the beginning of Term A and are outlined under Course Structure.

**FIELDWORK RESPONSIBILITIES**

**A. Clinical supervising therapist**

1. To orient the student to the physical layout of the facility, to the Occupational Therapy Department/service (if applicable), to staff, patient case load and assessment/intervention orientation as well as available learning resources such as the library, ward rounds, etc.
2. To review the fieldwork information package sent by the ACCE before the student's arrival in order to plan for the fieldwork placement.
3. To review with the student the plan set out for the fieldwork placement, as well as clarify the student's expectations, preferably within two working days of the student's arrival.
4. To provide the student with learning opportunities commensurate with fieldwork objectives.
5. To provide students with on-going feedback of their performance and provide suggestions for improving that performance if necessary.
6. To monitor student practice as necessary, depending on whether or not the student is inexperienced or experienced, by:
  1. checking assessments the student proposes to use;
  2. checking proposed treatment programs;
  3. checking written reports;
  4. supervising student practice appropriate to the student's level of experience;
  5. being available for discussions with the students.
7. To complete and present to the student a mid-term and a final evaluation, as fairly and objectively as possible, using the evaluation forms provided by the student.
8. To return the completed evaluation to the ACCE within requested time lines.

**B. Student**

1. To behave professionally at all times, i.e., not only in respect to appearance, punctuality, and

acceptance of appropriate responsibility, but also in observation of professional ethics and the patient's right to confidentiality.

2. To strive to reach a satisfactory level of professional competence in assessment, program planning, treatment, and report-writing.
3. **To be aware that each fieldwork placement is a gift for learning donated by the facility involved and that the primary function of each facility is to serve its clients or patients. It must be realized that facilities offering specific rotations are subject to last minute change.**
4. To contact the clinical supervisor a minimum of **two weeks** prior to the starting date of the placement by writing a letter of introduction to confirm time and place of arrival.
5. To provide the site with a copy of the fieldwork evaluation.
6. To email/fax the immediate supervisor's contact information to the ACCE during the first week of placement.
7. To complete facility evaluation forms and provide facilities with feedback on learning experience.

**C. Academic Coordinator of Clinical Education**

1. To contact facilities prior to assigning students to a facility.
2. To develop students' clinical profile by assigning students to facilities.
3. To send pertinent course material to the facility prior to the student's arrival.
4. To contact facilities while the student is completing his/her fieldwork placement, so as to receive feedback on his/her performance, as well as answer any queries from the fieldwork supervisor.
5. To mark the evaluation forms upon their return to the School, and if needed, to inform facilities of the results of their evaluation of the student.
6. To ensure students fill out facility evaluation forms so that this information can be used to provide facilities with timely constructive feedback.
7. To respond appropriately to concerns or requests made by a facility.
8. To provide on-going support/training to fieldwork supervisors, both on-site and off-site.
9. To review each fieldwork placement with the student and if necessary, facilitate student in developing learning objectives for improved performance at the next placement.
10. To be available for counselling to students who are experiencing difficulties in their clinical placements.
11. To ensure that all fieldwork records are kept up to date.

**OCC1-235 - OCCUPATION AS THERAPY**

**Credits:** 2

**Lecturers:** E. Gisel (Coordinator), C. Perlman

**COURSE STRUCTURE**

One 2-hour lecture per week, and unless otherwise indicated, one 2-hour lab per week. A Web-based tutorial allows students further practice of lecture and lab material..

**LEARNING OUTCOMES**

On completion of this course the student will be expected to:

1. Define occupational therapy, occupational performance, and occupational science.
2. Explain the philosophies and models of occupational therapy in relation to the concepts of function and quality of life.
3. Compare a variety of purposeful activities and their impact in occupational performance needs.
4. Discriminate between the domains of the Traditional Analysis (TA) framework used in the application of activity analysis.
5. Relate the domains and sub-domains of two models of practice 1) Canadian Model of Occupational Performance (CMOP) and 2) Model of Human Occupation (MOHO).
6. Apply 'activity analysis' to a purposeful activity in relation to the TA, CMOP, and MOHO, in terms of the individual and the environment.
7. Adapt or modify a purposeful activity (termed grading), in relation to a new content and context, in an effort to facilitate function and quality of life.

**COURSE CONTENT**

Introduction to models of human occupation. Orientation to the analysis of a variety of occupational performance issues in the context of these models. The adaptation and modification of these issues for therapeutic purposes will be studied.

*\*This course is a pre-requisite to OCC1-220 (Clinical Affiliation I) given in Term B.*

**REQUIRED TEXTS**

- CAOT Publications ACE. (1997). Canadian Occupational Performance Measure and Evaluation Forms.
- Enabling Occupation: An Occupational Therapy Perspective CAOT 1997.
- Selected Readings (workbook).

**RECOMMENDED TEXT**

Leary, S.H. (1994). Activities for Personal Growth. Philadelphia, MacLennan & Petty.

**EVALUATION**

Mid-Term Examination	30%
Final Examination	30%
Project	30%
Completion of two Web assignments	10%

**OCC1-236 - OT PRACTICE I: MUSCULOSKELETAL CONDITIONS**

**Credits:** 4

**Lecturers:** B. Nedelec, S. Beaulieu, S. Fucile, Occupational Therapy Faculty  
J.P. Dumas, Physical Therapy Faculty

**COURSE STRUCTURE**

This course is comprised of 4 sections:

**Section A:** Conditions, Pathology, Histology and Pharmacology

**Section B:** Introduction to Splinting

**Section C:** Occupational Therapy Applied

**Section D:** Integration Block

This course includes the four sections to provide the students with a continuum of teaching style ranging from didactic to active engagement in clinical skills within the context of a multidisciplinary team approach. This format will facilitate the development of students' ability to integrate theory with clinical practice, demonstrate clinical reasoning within the educational setting and provide an environment where students can gradually develop self-directed learning behaviours.

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**SECTION A: CONDITIONS, PATHOLOGY, HISTOLOGY AND PHARMACOLOGY**

**Lecturers:** S. Fucile (Co-coordinator), J.P. Dumas (Co-coordinator), E. Aston-McCrimmon (Co-coordinator)

**COURSE STRUCTURE**

Conditions: Fourteen 1½ -hour lectures  
Histology: Three 2-hour lectures  
Pathology: One 2-hour lecture  
Pharmacy: One 2-hour lecture  
Wound Healing: One 2-hour lecture

**LEARNING OUTCOMES**

On completion of this course, the student will be able to:

1. describe the disorders of the musculoskeletal system, in terms of etiology, pathology and signs and symptoms of various orthopaedic conditions.
2. describe the structure of normal tissue in the musculoskeletal system, and the basic pathological changes that occur in orthopaedic conditions.
3. identify and describe the basic actions of pharmaceutical agents used in the treatment of orthopaedic conditions, be aware of their implications to therapeutic intervention and have obtained the skills for self-directed exploration of those pharmaceutical agents which are encountered in clinical practice.

4. demonstrate that reading material is prepared prior to attending the corresponding lectures.

### **COURSE CONTENT**

These lectures will cover the cellular composition of body tissues and their response to injury, as well as the diseases' processes in various musculoskeletal conditions.

This course follows a guest lecturer format, whereby physicians and clinicians present on a variety of orthopaedic conditions, as well as on the topics of pathology, histology, wound healing and pharmacology.

### **REQUIRED TEXTS**

Steinberg, G.G., Akins, C.M. and Baran, D.T. (1999). *Orthopaedics in Primary Care*, (3<sup>rd</sup> edition). Published by Lippincott, Williams and Wilkins.

### **RECOMMENDED TEXT**

Salter, R.B. (1999). *Textbook of Disorders and Injuries of the Musculoskeletal System*. (3<sup>rd</sup> edition). Baltimore, Maryland, Williams and Wilkins.

Moore, K.L., and Dalley, A.F. (1999) *Clinical Oriented Anatomy* (4<sup>th</sup> edition), New York, Lippincott, Williams & Wilkins.

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## **SECTION B: INTRODUCTION TO SPLINTING**

**Lecturer:** B. Nedelec (Coordinator), G. Côté-Leblanc

### **COURSE STRUCTURE**

This course will consist of 6 hours theory and 12 hours practical laboratory sessions.

### **OBJECTIVES**

On completion of this course, the student is expected to:

1. understand the principles involved in the therapeutic application of static and dynamic splints.
2. understand the properties of different low temperature, thermoplastic materials.
3. demonstrate the use of patterns, the construction and adjustments of the splint, with consideration given to anatomy, pathology, biomechanics, functional implications, goals of the splint and patient needs.

### **COURSE CONTENT**

1. Theory:
  - definitions and terminology of splinting
  - the occupational therapist's role in splinting

- rationale for splinting
- review of normal mechanics of the hand
- optimizing occupational performance through splinting
- mechanical principles
- assessment and splinting
- properties of splinting materials
- design, construction and fit principles
- evaluation of splints

2. Labs

**REQUIRED TEXTS**

McKee, P and Morgan, L. (1998). *Orthotics in Rehabilitation: Splinting the Hand and Body*. F. A. Davis Company, Philadelphia.

Course Pack.

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**SECTION C: OCCUPATIONAL THERAPY APPLIED**

**Lecturers:** S. Beaulieu (Coordinator), Guest Lecturers

**COURSE STRUCTURE**

This course will consist of 5 hours per week, in a combination of lectures and seminars, for a period of 10 weeks.

**OBJECTIVES**

On completion of this course, the student will be able to:

1. describe the impact of various musculoskeletal conditions on occupational performance.
2. assess the performance components and environmental conditions which are limiting optimal occupational performance in musculoskeletal case studies.
3. apply the biomechanical approach and rehabilitative approach to establish long and short term goals and treatment plans for individuals with musculoskeletal injuries and illnesses, e.g. peripheral nerve injuries, hand injuries, rheumatoid arthritis, back injuries, fractures and joint replacements.
4. discuss the role of occupational therapy for given case studies across the life span.
5. Develop basic competence in the selection of enabling and therapeutic activities, exercises, and modalities for individuals with musculoskeletal injuries and illnesses.
6. Demonstrate the ability to perform detailed analysis of the therapeutic benefits of selected enabling and therapeutic activities as it applies to specific case studies of individuals with musculoskeletal injuries and illnesses.

7. Demonstrate the clinical reasoning skills required to select meaningful and relevant activities and to be able to explore possibilities for adaptations and modifications that will promote the client's attainment of their therapeutic goals.

## **COURSE CONTENT**

### **1. Introduction to treatment**

Introduction to the biomechanical and rehabilitative approach to occupational therapy; activities, modalities and exercise.

### **2. Goal Setting**

Goal setting requires the identification of occupational performance issues, delineation of the components and environmental conditions which are contributing to them. Long and short-term goals will be established and reviewed using a case-based approach. The formulation of realistic, understandable, measurable, behavioural and achievable short-term goals will be reinforced in the context of various musculoskeletal conditions.

### **3. General Principles of Treatment**

The treatment of occupational performance issues as it applies to musculoskeletal conditions will be discussed including the treatment of decreased strength, decreased PROM (flexibility), edema, sensory loss, impaired fine motor coordination, and decreased endurance. Emphasis will be placed on the analysis of the therapeutic value of activities prescribed.

### **4. Expert Inquiry Sessions and Application Through Case Studies**

Clinical experts will review the basis for occupational therapy treatment of the following musculoskeletal conditions and integrate the application of these treatment processes through case studies.

- a) Treatment of upper extremity fractures fractures.
- b) Treatment; shoulder, elbow and wrist pathologies.
- c) Treatment of tendon injuries in the hand.
- d) Treatment interventions of peripheral nerve injuries will be discussed, including: splinting, patient education, sensory re-education, de-sensitization, ADL.
- e) Arthritic conditions across the life span.  
Rheumatoid Arthritis; OT interventions.  
Systemic joint diseases versus orthopaedic joint disorders.
- f) Orthopaedic OT applied to Paediatrics.
- g) Back Care theory and practice.
- h) Lower extremities.  
Treatment of hips conditions, assistive technology.  
Foot care and footwear.

## **SEMINARS**

The lectures will be followed by a working seminar. The seminar will consist of:

- a) treatment planning using a case-based approach.
- b) short and long term goals using a case-based approach.
- c) hands on practicals of related techniques.
- d) exploration of therapeutic use of activities.
- e) discussion of evidence-based practice.

**L Attendance during the seminars is mandatory.**

**Pre-lecture preparation**

Students will be expected to prepare prior to the lecture. Assigned readings and focus questions will be provided for the lectures.

**REQUIRED TEXT**

Trombly, C. A and Radomski, M. V. (Ed.) (2002). *Occupational Therapy for Physical Dysfunction*, (5<sup>th</sup> edition). Baltimore, Williams & Wilkins. **(Also required for OT Practice II: Neurological Conditions - Part IOCC1-335, OT Practice II: Neurological Conditions - Part II OCC1-336 and Strategies For Independent Living OCC1-339)**

Course Pack.

**EVALUATION**

The evaluation will include case-assignments, quizzes, and a modified Objectively Scored Clinical Exam (m-OSCE). The m-OSCE will be worth 20%.

This section of the course is worth 35% of OCC1-236.

**N.B. All sections of the m-OSCE must be passed with a C+ or better in order to be admitted to the first clinical placement (OT Clinical Affiliation I - OCC1-220)**

**SECTION D: INTEGRATION BLOCK**

**Lecturers:** S. Beaulieu (Co-coordinator), J.P. Dumas (Co-coordinator), E. Aston-McCrimmon, S. Fucile, and A. Gaglietta and guest speakers

**COURSE STRUCTURE**

This course will consist of 9 seminars, over 3 weeks.

**OVERALL OBJECTIVE**

Occupational and physical therapy students will work together to integrate and apply knowledge acquired in U1 courses, for the management of clients with musculoskeletal conditions.

**COURSE OBJECTIVES**



At the end of this course, the student will:

- demonstrate integration of knowledge acquired in OT U1 & PT U1
- demonstrate the use of the client-centred approach in case management.
- demonstrate professionalism and adequate communication skills required for taking a history, assessing and treating clients and interacting with colleagues.
- define their own profession according to the ICF (formerly known as ICIDH) model and recognize the similarities and differences between OT & PT
- identify the other allied health professionals involved in a client's care.
- summarize and prioritize important aspects of a case, as they eliminate duplication, minimize overlap and favour coordination between health professionals.

**COURSE EVALUATION**

**Section A**

Midterm Quiz	5%
Final Exam	10%
m-OSCE (conditions)	5%

**Section B**

Lab Report	10%
Peer evaluation and participation	5%
Final Examination	15%

**Section C**

Case-assignment and Quizes	15%
m-OSCE (Treatment)	20%

**Section D**

TBA

In Occupational Therapy: OCC1-236 OT Practice I: Musculoskeletal	15%
In Physical Therapy: OCC1-236 Movement I: Musculoskeletal	

**TOTAL** 100%

**OCC1-240 - ASSESSMENT OF PERFORMANCE I**

**Credits:** 2

**Lecturers:** S. Everitt, Guest Lecturers, T.A.

**COURSE STRUCTURE**

Four hours per week for 9 weeks: two hours lecture, two hours laboratory. Instructor, student and self-directed learning.

**COURSE TOPICS**

**Section A INTRODUCTION TO ASSESSMENT.**

- C Psychometric properties of assessments
- C Purpose of assessment
- C Selection of assessment instruments

**Section B ASSESSMENT OF MUSCULOSKELETAL CONDITIONS**

- C Assessment of back function
- C Assessment of hand function
- C Assessment of elbow and shoulder function

**Section C ASSESSMENT OF MOTOR DEVELOPMENT IN CHILDREN**

- C Introduction to developmental assessment batteries
- C Tests of motor proficiency and visual-motor integration

**Section D ASSESSMENT OF TIME MANAGEMENT AND OCCUPATIONAL PERFORMANCE**

- C Client-completed checklists and questionnaires
- C Interview scales

**Section E ASSESSMENT OF ACTIVITIES OF DAILY LIVING/SELF CARE.**

- C Assessment of functional independence
- C Assessment of the environment
- C Assessment of burden of care

**LEARNING OUTCOMES**

On completion of the course the student will:

1. have an awareness of commonly used assessment tools related to occupational performance in children, adult and elderly populations;
2. be able to critically evaluate an assessment tool;
3. be able to select an appropriate assessment tool consistent with a client-centered approach to therapy.

**COURSE OUTLINE**

The course outline will be handed out at the first class.

**REQUIRED TEXTS**

*These texts will also be required for Assessment of Performance II (580-340a)*

Neistadt, M.E . (2000). *Occupational Therapy Evaluation for Adults: A Pocket Guide*. Baltimore, Maryland: Lippincott Williams & Wilkins.

**REFERENCE TEXT**

King-Thomas, L., & Hacker, B.J. (Eds.). (1987). *A Therapist's Guide to Pediatric Assessment*. Boston, Mass.: Little, Brown & Co.

**COURSE EVALUATION**

Two laboratory presentations and hand-outs:	20% each:	Total:	40%
Take-home examination:			60%

**TERM PAPERS**

**PROCEDURE FOR FULFILLING TERM PAPER REQUIREMENTS**

No paper will be accepted late without an explanation to and on approval by the staff involved, **PRIOR** to the original date of submission. A new deadline may then be arranged between the staff and student **if the staff considers the request to be valid.** Failure to conform to this procedure may mean that the student will automatically receive a mark of "0" for the paper.

**GUIDELINES FOR WRITING A TERM PAPER**

1. **TERM PAPERS**

- must be typewritten and double spaced.
- size of paper, 8 ½ x 11", heavy duty, white bond.
- margin: 1" on all sides.
- written in Times New Roman, Arial or Courier New font.

2. **SEPARATE PAGE FOR THE FOLLOWING READINGS:**

- title page
- abstract
- acknowledgement
- index of contents
- introduction and objective of paper
- presentation
- discussion
- conclusion
- reference or bibliography
- appendix

a) **Title page shall contain**

- title of article
- author's name
- course number
- professor's name
- date

b) **Abstract**

- 100 to 250 words may be required (depending on the professor)
- the abstract is a concise statement about what was done, what was found and what was concluded.

c) **Acknowledgement Includes**

- names and positions of any individuals who have helped in the preparation of the project, in

assessing the results, or in preparing the illustrations or graphs, as well as;

- names of any agency such as professional organizations or the Dominion Bureau of Statistics who have provided data.

**d) Index of Contents**

- this must be included with their page numbers.

**e) Introduction**

- this section should introduce the topic and state clearly the objective of the paper as well as define any terms which may not be of common usage and known to every one in the particular context of the paper, for example, a qualified therapist is one who ....., and an unqualified therapist is one who .....

**f) Presentation**

- this part contains the “body” of the paper and it should be subdivided into sections depending on the content. These sub-sections must be listed separately in the index under ‘presentation’.

**g) Discussion - Conclusion**

- this part should reflect whether the paper has helped to clarify or resolve the original purpose.
- practical implications that could be drawn from the paper could be presented here.
- ideas from the paper that could be useful for further study could also be given.

**h) Bibliography or References**

The term bibliography is much too pretentious except in the case of a library study which contains a complete list of everything published within specified limits about the subject.

References (books, personal comments, documents, articles) are sources through which the author has obtained information. The value of an article is not measured by the number of references and they should not be included merely to impress the professor. The worst sin is to include a list of references which have never been read or seen by the author.

All references, be they ideas or fact from work of another person, must be documented. If they are not, this constitutes “PLAGIARISM”.

See Section on “Plagiarism”.

TERM PAPERS

The referencing system of the American Psychological Association (APA) may be used for term papers.

Reference Citations in Text

References are to be cited by the author - date method; that is, the surname of the author and the year of publication are inserted in the text at an appropriate point:

\_\_\_ Mosey (1974) compared reaction times.  
\_\_\_ In a recent study of reaction times (Mosey, 1974)

This method gives useful information in the text and enables the reader to locate the citation easily in the alphabetical reference list.

If a paper has two authors, always cite both names every time the reference appears in the text:

Smith and Jones (1975) discovered.

If a paper has more than two authors, cite all authors the first time the reference occurs; include only the surname of the first author followed by 'et al' and the year in all subsequent citations of the same reference.

Williams, Jones and Smith (1975) discovered.....  
Williams, et al. (1975) found.....

Multiple citations in parentheses at the same point in text follow the order of the reference list. Therefore, multiple citations of the same author are arranged in chronological order, separated by commas, and the author's name is not repeated for each work. In citing more than one paper by the same author in one year, the suffixes a, b, c, etc., are added after the year, and the year is repeated. (These same suffixes are used in the reference list). In-press citations come last.

Recent studies (Jones, 1956, 1958, 1966a, 1966b, in press-a, in press-b) have shown.

If different authors are cited at the same point in text, the citations are arranged alphabetically by authors' surnames, separated by a semi-colon, and enclosed in one pair of parentheses.

Recent studies (Brown & Smith, 1965; Smith, 1962, 1964; Williams, 1971) have shown.

Reference Lists

The reference list at the end of each journal article establishes the authority of the article by citing material publicly available. Authors should choose references wisely and only include sources that readers can retrieve. A reference list cites works that specifically support a particular article. This is in contrast to a bibliography, which cites works for background or further reading. References cited in text must appear in

the reference list, and conversely, each entry in the reference list must be cited in text. The author must make certain that references appear in both places and are in agreement.

All references should be prepared in the following style:

**Sequence**

Arrange the elements in a reference entry in the following order:

- Author: all authors of the work, with surnames and initials (not full name) in inverted order.
- Date of publication.
- Title: article, chapter, or book.
- Facts of publication: For journals - journal name in full, volume number, inclusive pages.  
For books - city of publication, publisher's name.

**Punctuation**

Use periods to separate the three major subdivisions of a reference citation: author, title, and publication data. Use commas within the subdivisions (e.g. between date and volume number in a journal entry). Use a colon between the place of publication and the book publisher. Use parentheses for extensions, qualifications, or interpretation of each subdivision for the entire entry.

Periods separate the subdivisions:  
'Author, J.P.' 'Year' 'Title of the work.' 'Publication data'

Commas separate within subdivisions:  
Publication date for journal  
'American Psychologist, 28, 376-384.'

Publication data for a book:  
'Academic Press'

A colon separates the place of publication and the publisher:  
'New York:: Academic Press'

**Capitalization**

Capitalize entries according to the following:

- Journal titles: Capitalize the first letter of the first word of the title.
- Article, chapter, or book titles: Capitalize the initial letter of the first word only. Make exceptions according to common usage, such as capital letters for proper names, first word of a title within a title, and first word after a colon or dash.

**Abbreviations**

Titles of journals are not abbreviated; they are spelled out in full.

**Arabic numerals**

Although some volume numbers of books and journals are given in roman numerals, APA journals use Arabic numerals for all numbers in reference lists (e.g., Vol.3, not Vol. III).

**Examples of Reference Citations**

**Journals**

a) Journal article, one author.

Harlow, H.F. (1962). Fundamental principles for preparing psychology journals, articles. Journal of Comparative and Physiological Psychology, 55, 893-896.

b) Magazine article, no author.

The blood business. (1972, September 11). Time, pp. 47-48.

**Books**

– Book and two authors, second edition, Jr. in name.

Strunk, W., Jr., & White, E.B. (1979). The elements of style (3<sup>rd</sup> ed.). New York: Macmillan.

– Article in an edited book, two editors, one volume of multivolume work.

Riesen, A.H. (1966). Sensory deprivation. In E. Stellar & J.M. Sprague (Eds.), Progress in physiological psychology: Vol. 1 (pp. 239-252). New York: Academic Press.

**Online Journals**

Author (Year). Title. Journal Title [Type of medium], volume (issue), paging or indicator of length. Available. Supplier/Database name/Item or accession number [Access date].

Example:

Clark, D. (1998). APA is easy! Writing Skills for Nursing Students, [Online] 1(1), 15 paragraphs. Available. [Http://www.gcse.edu/~djclark/skills/apa.htm](http://www.gcse.edu/~djclark/skills/apa.htm) [1999, January 1].

**FOOTNOTES**

**Acknowledgement and author identification:**

Standard footnotes of acknowledgement and author identification appear on the first page of an article.

**McGILL UNIVERSITY - OCCUPATIONAL THERAPY - U1 - U2 - U3**

**Content footnotes:** Content footnotes are explanations or amplifications of the text. Because they are distracting to readers they should only be included if they strengthen the discussion.

**Table Footnotes:** Table footnotes are appended only to a specific table.

**Numbering of Footnotes:** Text footnotes should be numbered consecutively throughout the article with superscript Arabic numerals. If, after a footnote occurs it is later mentioned, use a parenthetical note “(see Footnote 3)”, rather than the superscript number.



Footnotes to a table should be lettered consecutively within each table with superscript lowercase letters.

**i) Appendix**

An appendix, although rarely used, is helpful under certain circumstances. If describing certain materials in depth would be distracting or inappropriate to the main body of the paper, you might include an appendix.

Some examples of suitable material for an appendix are:

- a) sample of questionnaires, evaluation forms, etc.
- b) a list of materials used in the study.
- c) samples of patients' productions.

The criterion for including an appendix should be whether it is useful to the reader in understanding, evaluating, or replicating your study. Material of either general or specialized interest should not be presented for its own sake. If an appendix is used, the reference in text should read:

(See Appendix A for complete derivation).

**AUDIOVISUAL GUIDELINES**

**GENERAL INFORMATION**

The School has a small video-library which is stored in Hosmer House, Room 11 in the basement. Contents are indexed, filed in order and listed in a folder in Hosmer House, Room 11.

If you wish to use these materials, present your student ID card to Mr. Alan Hammaker, the Chief Technician in Hosmer House, Room 11, who will help you locate the suitable materials and will ask you to fill out a loan card. Your ID card will be returned to you once the borrowed materials are returned.

You may view audiovisual material in the Health Sciences Library in the McIntyre Medical Sciences Building, and by special arrangement in Hosmer and Davis Houses if School equipment and rooms are available.

**RULES AND REGULATIONS**

- All audio-visual material to be borrowed **MUST BE SIGNED IN AND OUT**. A yellow loan card for this purpose is available in Hosmer House, Room 11.
- Instruction sheets and pamphlets are available for all items of equipment. They are filed alphabetically by manufacturer in Hosmer House, Room 11. **STUDENTS MUST LEARN THE CORRECT METHOD OF OPERATION OF ALL EQUIPMENT BEFORE USE**. If you are having problems operating the equipment, please contact your course coordinator. If the equipment is not functioning properly, please contact Mr. Alan Hammaker in Hosmer House, Room 11 (398-4516) immediately.
- Immediately after viewing, all audio-visual materials must be returned to Hosmer House, Room 11.
- Any equipment in need of repair should be reported to Mr. Alan Hammaker immediately.

**TEACHING SLIDES**

A file index of slide topics is in Hosmer House, Room 11 along with the slide collection. These are also available for loan on the same basis as other audio-visual materials.

**CATALOGUES**

A small selection of video-tape and film catalogues is available in Hosmer House, Room 11.

**LIBRARY**

The McIntyre Health Sciences Library is the main reference and lending library for students in the School of Physical and Occupational Therapy. The following are a few of the pertinent journals available:

Canadian Journal of Occupational Therapy  
American Journal of Occupational Therapy  
British Journal of Occupational Therapy  
Physiotherapy Canada  
Physical Therapy (Journal of the American Association)  
Journal of Orthopaedic and Sports Physical Therapy  
American Journal of Physical Medicine  
Rheumatology and Rehabilitation  
Developmental Medicine and Child Neurology  
Orthotics and Prosthetics  
Scandinavian Journal of Rehabilitation Medicine  
International Journal of Rehabilitation Research

**GENERAL INFORMATION**

**The McIntyre Health Sciences Library**

- a) Journal Stack Sections - Journals are placed in the STACK SECTION corresponding to the TITLE of the journal, e.g. AJOT was the title for the American Journal of Occupational Therapy for the years 1978/79, therefore look under AJOT. Prior to and following these dates, the title was changed to 'American Journal of Occupational Therapy', therefore it is now necessary to look under American Journal of Occupational Therapy.
- b) The Subject Micro Catalogue System - gives information about journals relevant to occupational therapy and physical therapy. Look up . . . 'Occupational Therapy' or 'Physical Therapy'.
- c) Index Medicus and Excerpta Medica - will assist in providing relevant reference material and are invaluable when writing term papers.
- d) Journals published prior to 1961 are on the 2<sup>nd</sup> floor of the McIntyre Medical Sciences Library, those published in 1961 and after are on the 3<sup>rd</sup> floor.

**THE SCHOOL OF PHYSICAL AND OCCUPATIONAL THERAPY**

**GUIDELINES FOR THE USE OF THE PHYSICAL AND OCCUPATIONAL THERAPY  
UNDERGRADUATE AND GRADUATE COMPUTER LABORATORY**

**LOCATION**

This computer laboratory of twelve stations is for the exclusive use of the Physical and Occupational Therapy students and is located on the second floor, Room 201D and 201E (situated to the left and right of rooms 235 and 234) of the McIntyre Medical Sciences Building, 3655 Promenade Sir-William-Osler.

**HOURS**

The laboratory will be open 24 hours a day.

**ACCESS**

All Physical and Occupational Therapy students will have their own NT account instead of logging on with the general student account. The student's user name will have the structure of the first 5 letters of their last name and the last two digits of his/her graduating year, example: John Smith, Graduating Year 2000, would have a user name of Smith00. If there are two or more Smith family names, then the user name would be Smith001, Smith002. Students have a last name shorter than 5 letters will have their full last name. The initial password will be the student's ID number which is located below his/her name on his/her ID card. It usually takes the form of 9XXXXXX.

The default client that has been chosen is Outlook Express. Email accounts have also been created for you. The user name is the same as your NT user name (see example above). Email will only have to be set up once; these settings will then be retained on the server after you logoff. This means that when you logoff and come in the next day, the email setup will be downloaded from the server.

In order to change your password, follow the instructions given at the website: <https://www.medcor.mcgill.ca/management/cyrusaccpasswd.html>. In order to set up Outlook Express, follow the instructions from website [http://www.medcor.mcgill.ca/email/outlook\\_setup.htm](http://www.medcor.mcgill.ca/email/outlook_setup.htm).

Students also have space on the NT server where they may save files. By default, when you choose save from Word, it will take you to your folder on the server. From Explorer you can see that there is a mapped drive with the letter K:, this contains all the folders on the server for your class year. You will see all the folders for your class year but you will only have access to your own folder. This data will be backed up every night. All data on the local PC is not backed up. There is also a 35 MB Quota set per user. If you surpass this quota you will not be able to save anymore and you must perform some cleanup.

In order for other students to use the computer, you must logoff. To logoff, you click on Start and select Log Off. If you do not logoff your account is left open and may be used by the next student. This means that they can read your email or any files that you have saved on the server. All accounts will be automatically logged off after 30 minutes of inactivity, all open files will be closed but not saved. In order to change your NT password, you must logon and then press Ctrl + Alt + Delete and then click on the Change Password Button.

Any comments or questions should be directed by email to [pravin.mistry@mcgill.ca](mailto:pravin.mistry@mcgill.ca)

August 4, 1999

**OCCUPATIONAL THERAPY ASSESSMENT LIBRARY**

The Occupational Therapy Library of Assessments is the learning resource of the Occupational Therapy program. The goal of the Occupational Therapy Library is to provide Occupational Therapy students with resource materials (primarily clinical assessments), for course related purposes.

**LIBRARY OPERATION**

The library is located in Hosmer House, Room 13. An updated library timetable is posted on the door of Hosmer House, Room 13. All materials must be returned directly to the library during library hours.

**CLASSIFICATION SYSTEM AND LENDING PROCEDURES**

A complete inventory list is kept at the library.

Students must return the items promptly and in the same condition as when borrowed. Most items have a two-day loan policy but some items are restricted to use within Hosmer House, Room 13 only. It is the student's responsibility to report any lost, stolen or damaged items. Students **must** show their McGill ID at the time of the loan transaction.