

**COURSE DATA****DATA SUBJECT**

**Code:** 33025  
**Name:** Physiotherapy in clinical specialities II  
**Cycle:** Undergraduate Studies  
**ECTS Credits:** 6  
**Academic year:** 2025-26

**STUDY (S)**

Degree	Center	Acad. year	Period
1202 - Degree in Physiotherapy	Facultat de Fisioteràpia	3	Second quarter

**SUBJECT-MATTER**

Degree	Subject-matter	Character
1202 - Degree in Physiotherapy	Physiotherapy in clinical specialities	COMPULSORY

**COORDINATION**

FUENTES APARICIO LAURA

PEREZ ALENDA SOFIA

**SUMMARY**

The subject Physiotherapy in Clinical Specialities II guides the student in learning assessment and physiotherapy treatment in congenital coagulopathies, cancer patients, urogynecological and obstetric alterations, as well as amputations and reimplantation.

**PREVIOUS KNOWLEDGE****RELATIONSHIP TO OTHER SUBJECTS OF THE SAME DEGREE**

There are no specified enrollment restrictions with other subjects of the curriculum.

**OTHER REQUIREMENTS**

It is not necessary previous requirements.

**COMPETENCES / LEARNING OUTCOMES**



## 1202 - Degree in Physiotherapy

Have the ability to organise and plan work.

Know and apply good clinical practice guides.

Know how to apply the different physiotherapy techniques of promotion, prevention and health preservation in rheumatic and orthopaedic conditions, coagulopathies, oncological conditions, urogynecology, obstetrics, amputations and re-implants.

Know how to assess the applied physiotherapy treatment and write the Discharge report.

Know how to assess the results of the physiotherapy treatment.

Know how to establish a therapeutic plan to reach the goals from the Physiotherapy Diagnosis, established in accordance with internationally recognised standards and international validation instruments.

Know how to plan treatment goals in rheumatic and orthopaedic conditions, coagulopathies, oncological conditions, urogynecology, obstetrics, amputations and re-implants, based on Physiotherapy Clinical Records.

Recognise diversity, multiculturalism, democratic values and peace culture.

Respect fundamental rights and equality between men and women.

## DESCRIPTION OF CONTENTS

### 1. Physiotherapy in disorders of coagulation (theoretical block. 5 hours)

Unit 1. Generalities of hemophilia and other congenital coagulopathies

Unit 2. Hemophilia and locomotor system: common injuries

Unit 3. Physiotherapy in common lesions of the patient with hemophilia: I part

Unit 4. Physiotherapy in the common lesions of the patient with hemophilia: II part

Unit 5. Prevention and treatment of hemophilic arthropathy. Physiotherapy in orthopedic surgery.

### 2. Physiotherapy in oncology (theoretical block. 4 hours)

Unit 6. Introduction and overview of Physiotherapy in oncology.

Unit 7. Physiotherapy in breast cancer.

Unit 8. Physiotherapy in other types of cancer.

Unit 9. Physiotherapy in palliative care.



### 3. Physiotherapy in pelvic floor dysfunction (theoretical block. 7 hours)

- Unit 10. Overview of physiotherapy of pelvic floor dysfunction.
- Unit 11. Functionality abdominopelvic compartment.
- Unit 12. Physical therapy in urinary incontinence and pelvic organ prolapse.
- Unit 13. Physical therapy in obstetrical trauma.
- Unit 14. Physical therapy in pelvic pain and sexual dysfunction.
- Unit 15. Physical therapy in pelvic floor dysfunction and male child.
- Unit 16. Physical Therapy in anorectal disorders.

### 4. Physiotherapy to amputation and reimplantation (theoretical block. 4 hours)

- Unit 17. Introduction and overview of physiotherapy in the amputee.
- Unit 18. Physiotherapy in the patient with amputation: I part
- Unit 19. Physiotherapy in the patient with amputation: II part
- Unit 20. Physiotherapy in membership limb reimplantation.

### 5. Physiotherapy in coagulopathies (practical block)

- Practice 1. Introduction to musculoskeletal ultrasound.
- Practice 2. Ultrasound examination of the common injuries in the patient with hemophilia.
- Practice 3. Anamnesis and clinical examination in the patient with hemophilia. Clinical cases.

### 6. Physiotherapy in Oncology (practical block)

- Practice 4. Therapeutic exercise in cancer patients: assessment and dosage.
- Practice 5. Communication and case studies in cancer patients.

### 7. Physiotherapy in pelvic floor dysfunction (practical block)

- Practice 6. Anatomical remember and functional pelvic floor. Physiotherapy clinical interview and examination of the patient with pelvic floor dysfunction.
- Practice 7. Physiotherapy techniques in pelvic floor dysfunction: Pelvic floor proprioception, pelvic floor control motor training, biofeedback and electrotherapy. Plevic floor muscle training. Clinical cases I.
- Practice 8. Other physiotherapy techniques in pelvic floor dysfunction: Functional and synergistic excercises of the abdominopelvic compartment. Clinical cases II.

### 8. Physiotherapy to amputation and reimplantation (practical block)

- Practice 9. Physiotherapy approach to the patient with amputation: Pre and post-operative phases.
- Practice 10. Physiotherapy approach to the patient with amputation: Outpatient phases and prosthetics.



Practice 11. Clinical cases.

## 9. Clinical simulation seminar (practical block)

Clinical simulation session at the Center for Interdisciplinary Simulation in Health CESIS-UV

### WORKLOAD

#### PRESENCIAL ACTIVITIES

Activity	Hours
Theory	20,00
Laboratory	40,00
<b>Total hours</b>	<b>60,00</b>

#### NON PRESENCIAL ACTIVITIES

Activity	Hours
Attendance at other activities	0,00
Individual or group project	14,00
Independent study and work	20,00
Preparation of lessons	25,00
Preparation for assessment activities	31,00
Resolution of case studies	0,00
<b>Total hours</b>	<b>90,00</b>

### TEACHING METHODOLOGY

The theoretical teaching will take place in the classroom with the agenda for the exposure (type lecture participatory activities). Students know in advance the topics in order to answer questions, concepts, and encourage their participation.

In the practical program, students will learn by solving problems and exercises, group activities and case studies, and skills training and procedures used in physical therapy in oncological diseases, urogynecologic, congenital coagulopathies and the amputee.

In addition, students groups, they should conduct and present a paper on a topic provided by the teacher.

The teaching program might be modified during the development of the subject if the professor considers it appropriate, in order to guarantee the teaching quality and the learning process.

### EVALUATION

**Theoretical program (40% of the final mark): 4 points**

Written test: multiple choice test of 60 questions. Note = $[\text{hits} - (\text{errors}/n^{\circ} \text{ options} - 1)] * (\text{maximal mark}/n^{\circ} \text{ questions})$ .

**Practice program (60% of the final mark): 6 points**

1. Written test (4 points): exam divided into 4 parts corresponding to each of the 4 content blocks into which the practical program is divided. Each of these parts will have a maximum mark of 1 point.

2. Continuous assessment tasks (2 points).

The final grade for the subject will be the sum of the mark obtained in the theoretical program and the practical program, as long as the student has passed each one of the exams (minimum mark of 2 points in the theoretical and 2 in the practical exam). In all the written tests, spelling errors will be penalized.

Attendance at practices is mandatory. Attendance is required at 80% of the practices. Due to the non-recoverable nature of the practical classes, non-attendance to practices (80%) implies the impossibility of passing the subject in either of the two calls.

Those activities of continuous evaluation that require face-to-face due to their particular characteristics, may not be recoverable outside the hours of completion established in the schedule. The aforementioned is subject to the specific indications for each activity reflected in the specific explanatory document available in the Virtual Classroom.

## REFERENCES

### Basic

- Bo K, Berghmans B, Morkved S, Van Kampen M. Evidence-based physical therapy for the pelvic floor. Bringing science and Clinical Practice. Ed. Butterworth Heinemann. Elsevier: 2007.
- Calais-Germanin B. El Periné femenino y el parto. Anatomía para el movimiento. La liebre de marzo. 1998
- Castillo Montes, Francisco Javier. Fisioterapia y rehabilitación del paciente amputado (ENFERMERIA). Editorial Formación Alcalá. 2017.
- García, I. R., Ratto, L. B., & Frau, S. K. (2018). Rehabilitación del suelo pélvico femenino: práctica clínica basada en la evidencia. Editorial Médica Panamericana.
- Iriarte, I., Pedret, C., Balius, R. Cerezal, L. Ecografía Musculo-esquelética. Exploración de la Anatomía y la Patología. Médica Panamericana; 2020.
- López-Cabarcos C, Querol F, Moreno S, Crespo A, Cuesta R, Alonso C et al. Recomendaciones sobre Rehabilitación en hemofilia y otras Coagulopatías Congénitas. Madrid: Real Fundación Victoria Eugenia; 2009.
- Marta Gómez Nicolás. Fisioterapia oncológica y cuidados paliativos. ELSEVIER. 2025
- Oskar C. Aszmann, Dario Farina. Bionic Limb Reconstruction. Springer. 2021
- Roldán Jiménez, Cristina. Cáncer de mama y ejercicio físico. 2021.



- Serra Gabriel MR, El Paciente Amputado. Labor de equipo. Barcelona: Ed. Springer: 2001.
- Souto Camba S., Pardo Carballido C., Paseiro Ares. Fisioterapia y reeducación de la deglución en la cirugía por cáncer de cabeza y cuello. Revista Fisioterapia 2003,25-5.
- Srivastava A et al. WFH Guidelines for the Management of Hemophilia, 3rd edition. Haemophilia. 2020 ;26 Suppl 6:1-158. doi: 10.1111/hae.14046.
- Torres Lacomba M y Meldaña Suarez A. Fisioterapia del suelo pélvico. Manual para la prevención y el tratamiento en la mujer, en el hombre y en la infancia. Médica Panamericana; 2022.
- Walker C. Fisioterapia en obstetricia y uroginecología. 2ª edición. Elsevier Masson. 2013.

### Additional

- Balius R. Ecografía musculoesquelética. Barcelona: Paidotribo; 2007.
- Bayo J, Molina R, Pérez J, et al. SEOM clinical guidelines to primary prevention of cancer (2018). Clin Transl Oncol. 2019;21(1):106-113. doi:10.1007/s12094-018-02016-4.
- Frawley, H., Shelly, B., Morin, M., Bernard, S., Bø, K., Digesu, G. A., ... & Voelkl Guevara, J. (2021). An - International Continence Society (ICS) report on the terminology for pelvic floor muscle assessment. Neurourology and urodynamics, 40(5), 1217-1260.

In addition, each subject will specify the books, scientific articles and readings of interest recommended for the preparation of the contents addressed.