Undergraduate Training Curriculum

The undergraduate training programme (15 hours) should include:

1. FIELD OF COMPETENCE OF PHYSICAL AND REHABILITATION MEDICINE: Definition, Philosophy, Objectives and Methodology (The WHITE BOOK) (1 hour)
2. PRM AND THE WHO-ICF CONCEPT, including the use of Outcome Measures for assessing QOL, Functional Health (e.g. SF-36), etc. (1 hour)
3. ASSESSMENT IN PRM 1 - clinical and functional evaluation, neurophysiology, ultrasonography, etc. (1 hour)
4. ASSESSMENT IN PRM 2 - kinesiology, assessment of balance and gait (posturography, gait analysis, etc.) (1 hour)
5. MAIN HEALTH INTERVENTIONS IN PRM 1: Information, education, medical treatments (including specific drugs), PRM programmes (1 hour)
6. MAIN HEALTH INTERVENTIONS IN PRM 2: physical modalities, therapeutic exercise, infiltration techniques, FES, etc. (1 hour)
7. MAIN HEALTH INTERVENTIONS IN PRM 3: orthoses, prostheses and assistive technology (1 hour)
8. PRM AND ORTHOPAEDIC AND MUSCULOSKELETAL DISORDERS 1: upper extremities (including hand injuries and nerve lesions) (1 hour)
9. PRM AND ORTHOPAEDIC AND MUSCULOSKELETAL DISORDERS 2: lower extremities (including nerve lesions) (1 hour)
10. PRM AND ORTHOPAEDIC AND MUSCULOSKELETAL DISORDERS 3: spine, amputations (1 hour)
11. PRM and DISORDERS of NERVOUS SYSTEM 1: Stroke - from cell to society (1 hour)
12. PRM and DISORDERS of NERVOUS SYSTEM 2: Spinal Cord Injury - from cell to society (1 hour)
13. PRM and DISORDERS of NERVOUS SYSTEM 3: Traumatic Brain Injury - from cell to society (1 hour)
14. PRM, CHRONIC NEUROLOGICAL CONDITIONS (Parkinson’s disease, MS, etc.) and OTHER SPECIFIC DISABLING CONDITIONS (HIV/AIDS, Child with Disability, Congenital/Developmental, Cancer Patient, etc.) (1 hour)
15. PRM Services, PRM management, Community-based Rehabilitation, PRM Research (1 hour)
PRACTICAL SKILLS
Basic locomotor and neurological examination (including clinical examination in main neurological lesions: paralysis, spasticity, etc.)

TRAINING PERIOD IN A PRM DEPARTMENT: 3 WEEKS
By preference students have to meet patients they learnt about during their lectures like SCI, TBI, stroke, amputees e.t.c.

CURRICULUM OF STUDIES AND THEORETICAL KNOWLEDGE FOR THE DIPLOMA OF THE EUROPEAN BOARD OF PHYSICAL AND REHABILITATION MEDICINE
A. Topics of General Interest in PRM
A.1. Field of Competence of PRM
A.2. PRM and WHO-ICF (International Classification of Functioning, Disability and Health)
A.3. PRM Assessment
A.4. PRM Diagnostics
A.5. Main health interventions in PRM 1 (information, education, medical treatments, PRM programmes)
A.6. Main health interventions in PRM 2 (including therapeutic exercises and physical modalities)
A.7. Outcome Measurement in PRM
A.8. Quality of Life (QOL) Assessment in PRM
A.9. PRM and Electrodiagnosis
A.10. Neuromuscular Functional Electrical Stimulation; Biofeedback
A.11. Kinesiology; Gait Analysis; Motion Analysis; Posturography
A.12. Orthotics and Prosthetics
A.13. Wheelchairs and assistive technology
A.15. Advanced Assistive Technologies in PRM
A.16. Ergonomic Considerations in House, Workplace and other conditions of Disabled Persons
A.17. PRM and Sports; PRM and Sports for the Disabled
A.18. Role of Complementary/Alternative-Medicine in Rehabilitation (balneology, manual medicine, pain management, etc.)
A.19. Research in PRM
A.20. Ethical Considerations in PRM
A.21. Other in Biosciences in Rehabilitation, Biomedical Rehabilitation Sciences and Engineering, and Human Functioning Sciences
B. PRM and Disorders of Nervous System

B.1. PRM and people with Stroke
B.2. PRM and people with Acquired Brain Injury
B.3. PRM and people with other Diseases of the Brain
B.4. PRM and people with Diseases and Trauma of the Spinal Cord
B.5. PRM and people with Autoimmune and inflammatory neurological conditions (e.g. Multiple Sclerosis)
B.6. PRM and people with Movement disorders, including Spasticity and Neurodegenerative diseases (e.g. Parkinson's disease)
B.7 PRM and people with Neuropathies, Myopathies, and Peripheral Nerve Lesions
B.8. PRM and people with Disorders of Cognition & Behaviour (including neuropsychological assessment)
B.9. PRM and people with Language, Speech and Swallowing disorders
B.10. PRM and Children and Adults with Cerebral palsy
B.11. PRM and Children and Adults with congenital deficits, including neuromuscular disease
B.12. Other

C. PRM and Orthopaedic and Musculoskeletal Disorders

C.1. PRM and people with Musculoskeletal Disorders, including soft tissue problems (e.g. fibromyalgia, chronic fatigue syndrome, etc) and work-related musculoskeletal disorders
C.2. PRM and people with Spinal Disorders (including back pain)
C.3. PRM and people with Osteoarthritis, crystal arthritis and degenerative musculoskeletal conditions
C.4. PRM and people with inflammatory and autoimmune conditions (e.g. Rheumatoid Arthritis and SLE, etc.)
C.5. PRM and people with Osteoporosis
C.6. PRM and people with Hand Injury
C.7. PRM and people with Trauma due to trunk and limb injuries (other than C.9) and Fractures
C.8. PRM and people after Reconstructive Orthopaedics
C.9. PRM and people with Limb loss (including congenital causes) and Amputations
C.10. PRM and people with Complex Regional Pain Syndromes
C.11. PRM and people with Temporomandibular joint Disorders
C.12. Other
### D. PRM in Other Specific Disabling Conditions

**D.1. PRM and people with Cardiac and Vascular diseases**

**D.2. PRM and people with Respiratory Diseases**

**D.3. PRM and people with Cancer**

**D.4. PRM and people with Chronic Pain (see also C.11)**

**D.5. PRM and the Elderly patient (including the immobile patient)**

**D.6. PRM and Children with disability (other than B.11 and B.12)**

**D.7. PRM and people with Postural Instability and Recurrent Falls**

**D.8. PRM and people needing Wound Care (promotion of tissue viability, prevention and treatment of Pressure Sores)**

**D.9. PRM and people with Bladder and Bowel Disorders**

**D.10. PRM, disability and sexuality**

**D.11. PRM and people with Organ Transplantation**

**D.12. Other (i.e. rehabilitation in major burns, metabolic disorders, psychiatric disorders, hearing & visual disorders, etc.)**

### E. Integrative and Clinical Rehabilitation Sciences

**E.1. PRM Services Research**

**E.2. Comprehensive PRM Intervention Research**

**E.3. PRM Administration and Management**

**E.4. Short clinical research on best care including guidelines, organization, coordination, and education**

**E.5. Standards and guidelines for the provision of best care (including Evidence Based Medicine) in PRM**

**E.6. PRM quality management**

**E.7. Scientific education and training of professionals in PRM**

**E.8. Development and evaluation of the PRM team and multidisciplinary care**

**E.9. Community-based rehabilitation issues**

**E.10. Networks and pathways in PRM**

**E.11. Other**
EUROPEAN BOARD OF PHYSICAL AND REHABILITATION MEDICINE

LOGBOOK
EUROPEAN UNION OF MEDICAL SPECIALISTS
UEMS

IDENTIFICATION
INSTRUCTIONS FOR USE
THE TRAINING COURSE
TRAINING PROGRAMME
CURRICULUM OF STUDIES AND THEORETICAL KNOWLEDGE FOR THE DIPLOMA OF THE EUROPEAN BOARD OF PHYSICAL AND REHABILITATION MEDICINE
A. Topics of General Interest in PRM
B. PRM and Disorders of Nervous System
C. PRM and Orthopaedic and Musculoskeletal Disorders
D. PRM in Other Specific Disabling Conditions
E. Integrative and Clinical Rehabilitation Sciences

TRAINEE FORM
REPORT ON THE SPECIALIST IN TRAINING
CONTINUING OF TRAINING
TRAINING COURSES AND CONGRESSES
ORAL COMMUNICATIONS / POSTERS
PUBLICATIONS - ABSTRACTS
FINAL DECISION OF THE DIRECTOR OF TRAINING
EUROPEAN OF MEDICAL SPECIALISTS
EUROPEAN BOARD OF PHYSICAL AND REHABILITATION MEDICINE
Specialty: Physical and Rehabilitation Medicine

IDENTIFICATION

SURNAME

FORENAMES

NATIONALITY

PLACE AND DATE OF BIRTH

PRIVATE ADDRESS AND EMAIL

DATE OF COMMENCEMENT OF SPECIALIST TRAINING ACCORDING TO RESPONSIBLE NATIONAL AUTHORITY:

OVERALL RESPONSIBILITY FOR TRAINING PROGRAMME (Director of training)

*The national representative must be informed of each change of address.

INSTRUCTIONS FOR USE

1. Trainees are obliged to register themselves, free of charge through UEMS PRM Section and Board website www.euromprm.org

2. The trainer will complete a report after each stage of training - 10 forms available

THE TRAINING COURSE

Four years (minimum) must be spent in training departments approved by their national authority and preferably recognised by the Board, of which a minimum of two must be spent in Departments of Physical and Rehabilitation Medicine.

The trainee should gain experience of the diagnosis and management in the areas defined in the curriculum of studies and programme of theoretical knowledge.

Where part of the training course is spent in units of other specialties, they themselves must also be approved as training institutions by their national responsible authority. This training should be spent in units of specialties closely related to Physical and Rehabilitation Medicine.

The trainee will have a LOGBOOK, which follows the course of his or her training. It will contain reports from the trainer giving an account of his or her active participation in the work of the unit, his or her publications, scientific and research works, including relevant theses. Furthermore it will contain monthly reports by trainees on the actual work done during the preceding month, with reports of admitted/discharged patients, outpatients, performed diagnostic tests/procedures/skills, given/received lectures/papers, and literature reviews. Monthly report should not disguise privacy of any patient, therefore names are excluded. Reports are being sent regularly upon completion of each month to trainer and co-trainer.

The European Board attaches considerable importance in the details of the training programme as shown in the logbook.
## TRAINING PROGRAMME

<table>
<thead>
<tr>
<th>DATE</th>
<th>UNIT OR DEPARTMENT</th>
<th>INSTITUTION OR HOSPITAL</th>
<th>CITY / TOWN</th>
<th>HEAD OF DEPARTMENT</th>
</tr>
</thead>
</table>

## TRAINEE FORM

### MONTHLY TRAINEE REPORT

- **Training in:** _______________________________________________
- **Institution:** ________________________________________________
- **Trainee:** ________________________________________________
- **Starting year of specialty training:** ________________________
- **Main Institution:** __________________________________________
- **Head of the Unit:** __________________________________________
- **Trainer:** ________________________________________________
- **Co-trainer:** ______________________________________________
- **Month of the report:** ______________________________________
- **Year of the report:** ______________________________________

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<tr>
<th>DATE (month/year):</th>
<th>completed tasks</th>
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</table>

### INPATIENTS (ADMISSIONS):

*Admissions, Discharges, Skills – report only initials of patients and basic data on functional and neurological diagnosis, rehabilitation programme, functional and neurological outcomes, report on performed procedures, tests, prescription of rehabilitative aids etc.*

### INPATIENTS (DISCHARGES):

### OUTPATIENTS:

### SKILLS:

### EDUCATION (lectures, congresses, workshops):

### LITERATURE STUDIED:

### ARTICLE REVIEWED:

### OTHER (paper, presentation):

### COMMUNICATION TO OTHER MEMBERS OF REHABILITATION TEAM, GENERAL PRACTITIONERS, OTHER SPECIALTIES:

*Monthly report should be sent to Trainer and/or Co-trainer as an e-mail attachment regularly upon completion of each month to trainer and co-trainer and kept for personal file.*
MJESEČNO IZVJEŠĆE SPECIALIZANTA

Rehabilitacija bolesnika s ozljedama i bolestima kralježničke moždine

Specijalna bolnica za medicinsku rehabilitaciju Varaždinske Toplice – obavezni dio programa specijalističkog staža iz Fizikalne medicine i rehabilitacije

Specijalizant: Pavlo Vlahek, dr.med.


Matična ustanova: Specijalna bolnica za medicinsku rehabilitaciju Varaždinske Toplice

Glavni mentor: 

Komentor: Prof.dr.sc. Ivan Džidić (ivan.dzidic@vz.twcom.hr)

Mjesec izvješća: travanj

Godina izvješća: 2010

PROGRAM ZNANJA m specijalizant se mora upoznati sa slijedećim:

- etiologija, patofiziologija i epidemiologija ozljeda i bolesti kralježničke moždine
- klinička slika ozljeda i bolesti kralježničke moždine
- komplikacije u ranoj fazi rehabilitacije i terapijski postupak
- ocjena funkcionalnih sposobnosti, limitacija aktivnosti i restrikcija participacije pacijenata kao osnove za propisivanje programa rehabilitacije, korištenje funkcionalnih skala: ASIA, Standardna neurološka invalidizacija, SCIR, Barthelov indeks
- osnove programa fizikalne terapije spinalnih bolesnika i njegovo propisivanje
- osnove programa radne terapije spinalnih bolesnika i njegovo propisivanje
- osnove psihosocijalne rehabilitacije spinalnih bolesnika
- osnove njege spinalnih bolesnika te načini liječenja i sprečavanja nastanka dekubitusa
- disfunkcija mokraćnjeg mješura i crijeva i uspostavljanje prikladnog programa
- smetnje spolnih funkcija i mogućnosti planiranja obitelji
- kasne komplikacije kod spinalnih bolesnika

VJEŠTINE m specijalizant mora napraviti slijedeće:

- pod nadzorom napisati program medicinske rehabilitacije za 5 pacijenata
- pod nadzorom predložiti, izabrati i sudjelovati primalno testiranju 5 ortoza
- pod nadzorom napraviti barem dvije nekrektomije dekubitusa
- pod nadzorom staviti ili zamijeniti barem 10 stalnih katetera
- pod nadzorom izvesti barem 20 intermitentnih kateterizacija
- pod nadzorom zamijeniti barem 10 kanila
- savladati terapiju autonomne hiperrefleksije
- odrediti razinu i potpunost ozljede kod 20 pacijenata
- procijeniti stupanj spasticiteta Ashworth skalom kod 10 pacijenata
- pod nadzorom napraviti zaključni pregled bolesnika i pripremiti otpusnu dokumentaciju za najmanje 5 bolesnika uz obaveznu ocjenu rehabilitacijskog rezultata
- pod nadzorom, kao sobni liječnik voditi brigu o najmanje 10 pacijenata

* Prijemi, otpusti, vještine – navesti inicijale pacijenta i osnovne podatke o funkcionalnoj i neurološkoj dijagnozi, rehabilitacijskom programu, neurologicnom i funkcionalskom ishodu, učinjenim zahvatu, proceduri, prijedlogu pomaganja.

** Mjesечно izvješće poslati Glavnom mentoru i Komentoru u privitku egporuke, najkasnije do 5. narednog mjeseca, te pohraniti u osobnu arhivu.

** Prijemi, otpusti, vještine – navesti inicijale pacijenta i osnovne podatke o funkcionalnoj i neurološkoj dijagnozi, rehabilitacijskom programu, neurologicnom i funkcionalskom ishodu, učinjenim zahvatu, proceduri, prijedlogu pomaganja.

** Mjesечно izvješće poslati Glavnom mentoru i Komentoru u privitku egporuke, najkasnije do 5. narednog mjeseca, te pohraniti u osobnu arhivu.
### CONTINUING OF TRAINING

- **suitable**
  - suitable, conditional on

- **no, unless**
  - no, because of following reason

- **advice given:**

  Signature  
  Trainer  
  Name  
  Date:

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### TRAINING COURSES AND CONGRESSES

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<th>TOPIC</th>
<th>ORGANISING BODY</th>
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### ORAL COMMUNICATIONS / POSTERS

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<th>TITLE</th>
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### PUBLICATIONS - ABSTRACTS

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<tr>
<th>TITLE</th>
<th>AUTHOR(S)</th>
<th>JOURNAL AND REFERENCE</th>
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</table>
FINAL DECISION OF THE DIRECTOR OF TRAINING

- National specialist certificate obtained ............
- date

Signature:

Name:

DATE:                                       PLACE

DIREKTIVA 2005-36-EC
Članak 4.

Učinci priznanja

1. Priznavanjem stručnih kvalifikacija država članica domaćin nositelju omogućava pristup profesiji za koju je osposobljen u matičnoj državi članici kao i obavljanje te profesije pod uvjetima koji vrijede za njezine državljane.

2. U smislu ove Direktive, profesija koju podnositelj zahtjeva želi obavljati u državi članici domaćinu je profesija za koju je podnositelj osposobljen u matičnoj državi članici, pod uvjetom da su djelatnosti koje ona obuhvaća uspoređive.
Članak 53.

Znanje jezika

Osobe kojima su priznate stručne kvalifikacije moraju znati jezike koji su im potrebni za bavljenje dotičnom profesijom u državi članici domaćinu.

Europa je uvela sedam zanimanja, od kojih je pet iz područja medicinskih znanosti, koja se automatski priznaju u svim državama EU, pa tako i u Hrvatskoj kada postane članica.

Tijekom pregovora osigurano je da su hrvatski doktori medicine, doktori dentalne medicine, magistri farmacije, primalje i medicinske sestre priznati na razini EU i imaju priznatu profesiju.

Najveći je pomak u pregovorima napravljen na području sestrinstva, i to uvođenjem edukacije na više razina, pa sve do razine magistre sestrinstva. Također je tradicionalna strukovna škola pripremila obrazovni program petogodišnjeg trajanja kao temeljnog obrazovanja medicinskih sestara opće njege.
Uz certificirane pojedince, posebno je dostignuće i prestiž postati europski obučni centar za liječnike specijalizante u procesu specijalizacije, što je dokaz uspješnosti svih resursa pojedinog centra (bolnice).

Praktično, to znači da bolnica ulazi u krug odabranih, i na razini Europske Unije potvrđenih obučnih centara u kojem će, primjerice, liječnici specijalizanti iz Njemačke ili Francuske moći steći potrebna stručna znanja, i koja bi se trebala priznavati u njihovih zemljama.

U Zagrebu je 18. lipnja 2010. potpisana Deklaracija o suradnji HDFRM i Sekcije i Odbora za FRM UEMS-a u područjima edukacije, kvalitete zdravstvene skrbi i profesionalnim kompetencijama.
20.2.2012.