Professional Master's Degree

Geriatric Physiotherapy

tech global university

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Professional Master's Degree

Geriatric Physiotherapy

- Modality: **online**
- Duration: **12 months**
- Certificate: **TECH Global University**
- Credits: **60 ECTS**
- Schedule: **at your own pace**
- Exams: **online**

Website: **www.techtitute.com/us/physiotherapy/professional-master-degree/master-geriatric-physiotherapy**

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01

Introduction

In their clinical practice, physiotherapists who work in geriatrics are confronted with numerous situations that require specific knowledge in order to approach the different therapeutic situations in the elderly in the correct way. In this sense, having extensive and comprehensive knowledge of the advances in medicine and technology provides new and interesting ways of approaching this area of work. Mastering all of them requires ongoing training that allows the professional to intervene with the best chance of success. This program is the best online tool to help you achieve this.

Incorporate the most current knowledge on intervention with geriatric patients into your physiotherapeutic practice, with a program that is established as the most comprehensive one in this sector"

Achieving up-to-date and quality professional performance in the field of geriatrics requires the physiotherapist to have the tools to create a treatment strategy based on clinical reasoning that leads them to set goals which they can then address with physiotherapeutic treatment.

To do this, the professional must assess and examine the patient, understanding the most complex characteristics such as the social context in which they live and the framework of action (home care, in residential centers, in daycare centers or social centers and even private clinics).

This work should include treatments for pre-frailty, frailty, pain, trauma, neurological, respiratory and/or pelvic floor disorders, gerontological syndromes or cognitive impairment, and side effects of drugs and/or biopsychosocial conditions that may complicate the clinical picture.

Therefore, it is essential to know the tools of physiotherapy and the appropriateness of its application in each case, such as active exercise, manual therapy and electrotherapy. It is important to be able to work in an interdisciplinary team, with appropriate communication tools, understanding the concept of person-centered care, having the most up-to-date knowledge of support devices and even the support of current technology. All this can be key to success in physiotherapy treatment.

This online **Professional Master's Degree in Geriatric Physiotherapy** offers you the advantages of a first class scientific, educational, and technological course. These are some of its most notable features:

- The latest technology in online teaching software
- Intensely visual teaching system, supported by graphic and schematic contents, easy to assimilate and understand
- Practical cases presented by practising experts
- State-of-the-art interactive video systems
- Teaching supported by telepractice
- Continuous updating and recycling systems
- Autonomous learning: full compatibility with other occupations
- Practical exercises for self-evaluation and learning verification
- Support groups and educational synergies: questions to the expert, debate and knowledge forums
- Communication with the teacher and individual reflection work
- Content that is available from any fixed or portable device with internet connection
- Supplementary documentation databases are permanently available, even after the course

An intensive study of the different therapeutic situations that may arise with geriatric patients in the field of physiotherapy"

Easily and confidently acquire the most up-to-date vision of interventions for the different cases that geriatric patients may present"

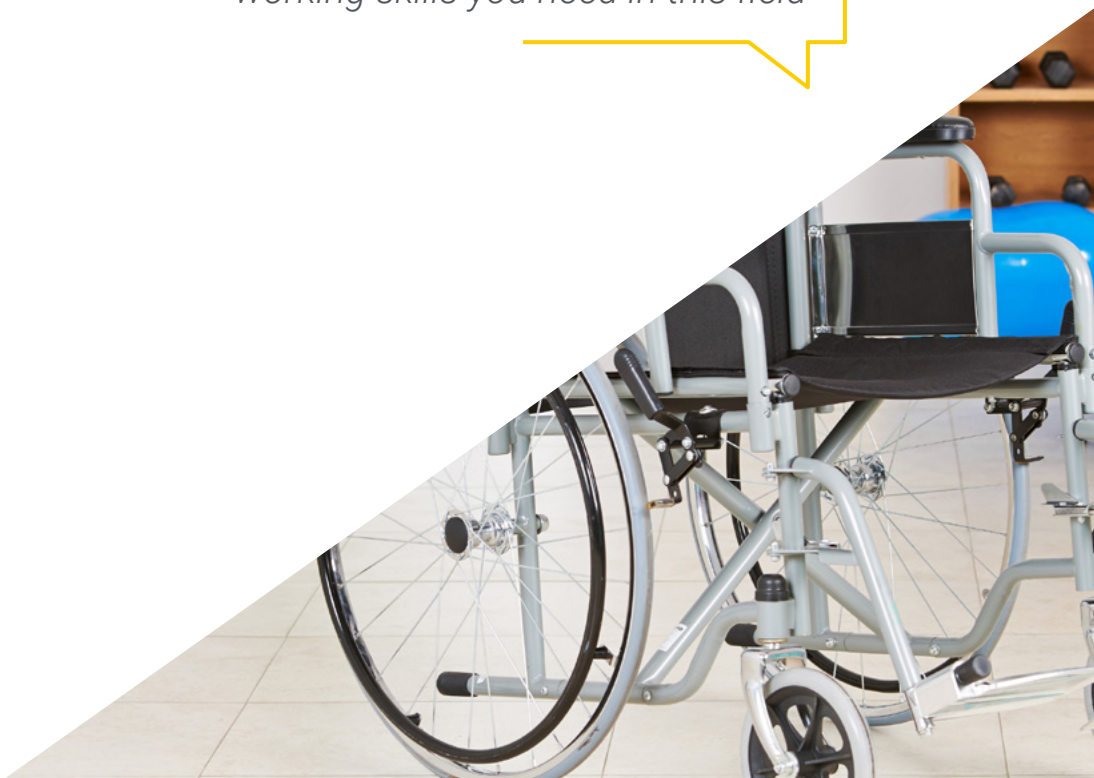
This Professional Master's Degree is an intense program created to allow the physiotherapist to learn in a dynamic and effective way

With the support of the most efficient audiovisual systems, the purpose of this Professional Master's Degree is that you not only acquire new knowledge, but that upon completion, you possess the working skills you need in this field

The program's teaching staff includes professionals from the sector who contribute their work experience to this program, as well as renowned specialists from leading societies and prestigious universities.

The multimedia content, developed with the latest educational technology, will provide the professional with situated and contextual learning, i.e., a simulated environment that will provide an immersive program to learn in real situations.

This program is designed around Problem-Based Learning, whereby the professional must try to solve the different professional practice situations that arise during the academic year. For this purpose, the student will be assisted by an innovative interactive video system created by renowned and experienced experts.



02

Objectives

A syllabus that brings together the most current knowledge in terms of physiotherapy intervention in geriatric patients. The objective is to provide the student with specialized knowledge by creating a well-structured basis to help them identify the clinical signs associated with different patients' needs and developments, providing a broad and contextual view of the current practice in this field.

You will learn and assimilate what you have learned, turning it into real tools for professional development and growth"

General Objective

- The general objective is to develop a critical and reasoned attitude towards the physiotherapeutic diagnosis in the elderly patient, based on the most recent scientific evidence, and to be able to apply appropriate treatment in order to reduce functional impotence, fragility and deterioration, thereby favoring an improvement in physical and mental health in old age.

Specific Objectives

Module 1. Clinical Reasoning in Physiogeriatrics

- Explain active aging from the patient's point of view
- Define the fields of action in geriatric physiotherapy
- Define the role of physiotherapy in palliative care units
- Define the use of new technologies in physiogeriatrics
- Explain what interdisciplinary teams in geriatrics consist of
- Define the composition and functioning of the interdisciplinary team
- Explain the main functions within the interdisciplinary team
- Establish the differential diagnosis of red and yellow flags
- Describe the major geriatric syndromes
- Explain what red and yellow flags consist of
- Define the most common red flags in clinical practice
- Explain the proper approach to the physical therapy session in geriatrics
- Describe the physiotherapeutic examination and assessment of the geriatric patient
- Define the effects on the neuromusculoskeletal system of certain drugs

Module 2. Person-Centered Care (PCC). A Look from Physiotherapy

- Explain the process of transformation from a service model to a PCC model
- Explain the provision of physical therapy services in an PCC model
- Describe the decalogue of person-centered care

Module 3. Understanding Fragility

- Define fragility from an integral vision
- Explain the impact and detection of malnutrition and sarcopenia
- Define the tools for comprehensive geriatric assessment of frailty
- Apply the different frailty assessment scales
- Explain the assessment of frailty in physical therapy
- Explain the prescription of physical activity in the frail person
- Develop strategies to implement group dynamics in the frail or pre-fragile patient
- Define the risk factors for falls
- Explain specific fall risk diagnostic tests
- Describe restraint methods to prevent falls
- Explain what patient empowerment at discharge consists of
- Define coordination between levels of care for continuity of care with the community

Module 4. Physiotherapy Approach to People Affected by Cognitive Impairment

- Define the risk factors, epidemiology, diagnosis and treatment of cognitive impairment
- Define the risk factors, epidemiology, diagnosis and treatment of dementia
- Define the types of cognitive impairment: possible classifications
- Define the causes and effects of cognitive impairment
- Describe the therapeutic interventions from the physiotherapy point of view
- Describe strategies to promote family adherence to treatment
- Define strategies to access the disoriented and/or disconnected user
- Explain the application of music as a tool for working with people with dementia
- Define the origin, indications and basic principles of basal stimulation
- Define the advantages of basal stimulation
- Define community intervention in physiogeriatrics

Module 5. Pain and Aging: An Update According to Current Scientific Evidence

- Explain the anatomy and physiology of pain transmission
- Define the different types of pain
- Describe pain and aging from a biopsychosocial paradigm
- Define the different pain syndromes in geriatrics
- Explain how to perform a proper pain assessment
- Explain the pharmacological treatment of pain in the geriatric patient
- Explain the physiotherapeutic treatment of the geriatric patient

Module 6. Update on Support Devices for the Autonomy of People

- Define and classify the different assistive devices for daily-living activities
- Define and classify the different pressure-relieving devices for the prevention of pressure ulcers
- Explain the novelties in the different devices designed to facilitate mobility and correct positioning
- Explain the application of accessibility and architectural barrier removal support products
- Define new technology for the creation of low-cost support products

Module 7. Physiotherapy in Traumatology, Neurology, Pelvic Floor and Respiratory Disorders in the Elderly

- Define the role of physiotherapy in fractures and dislocations in the elderly
- Explain the main fractures in the elderly and their physiotherapeutic treatment
- Explain the main dislocations in the elderly and their physiotherapeutic treatment
- Explain the role of physiotherapy in hip, knee and shoulder arthroplasty
- Define the role of physiotherapy in osteoarthritis and rheumatoid arthritis
- Describe the role of physiotherapy in the amputee patient
- Define the role of the physical therapist in the prosthetic rehabilitation program
- Explain the recommendations for long-term management of the amputee patient
- Define the physiotherapeutic approach to the acute, subacute and chronic stroke patient
- Describe the management of common complications in the stroke patient
- Explain new trends in physical therapy for patients with Parkinson's disease
- Define the role of the physiotherapist in urinary incontinence and chronic urinary retention
- Explain what respiratory physiotherapy in COPD consists of
- Explain what respiratory physiotherapy in neurological conditions consists of

Module 8. Tools for the Daily Practice of the Physiotherapist in Geriatrics

- Define communication as a tool for successful treatment in physical therapy
- Define the basis of communication with the elderly person
- Explain the communication difficulties associated with gerontological syndromes
- Explain the professional's approach to bereavement

Incorporate the benefits of physiotherapy in your work with the confidence of an expert and make your CV one of the most competitive in the field of physiotherapy"

03

Skills

This Professional Master's Degree in Geriatric Physiotherapy is a first class tool for professionals in this field. The main objective of this Professional Master's Degree is to create high quality professionals capable of dealing with the cases they face in daily clinical practice, with the appropriate and expert use of the latest technological and treatment resources available.

Gain the knowledge required to apply the most up-to-date techniques and protocols in physiotherapy, in the context of the prevention and treatment of pathologies in the elderly"

General Skills

- Possess and understand knowledge that provides a basis or opportunity to be original in the development and/or application of ideas, often in a research context
- Apply acquired knowledge and problem-solving skills in new or unfamiliar environments within broader (or multidisciplinary) contexts related to their area of study
- Integrate knowledge and face the complexity of making judgments based on incomplete or limited information, including reflections on the social and ethical responsibilities linked to the application of their knowledge and judgments
- Communicate their conclusions, knowledge, and supporting arguments to specialized and non-specialized audiences in a clear and unambiguous manner
- Acquire the learning skills that will enable them to continue studying in a manner that will be largely self-directed or autonomous

A program that includes general strategies for working with geriatric patients, dealing with the family and continuing with care at home"

Specific Skills

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- Explain the professional's approach to bereavement

04

Course Management

The program's teaching staff includes specialists in the field of rehabilitation medicine, who contribute the experience of their work to this program. Additionally, other recognized specialists participate in its design and preparation, which means that the program is developed in an interdisciplinary manner.

A selection of expert teachers in geriatric physiotherapy will be in charge of helping you gain the most up-to-date knowledge in this area of work"

International Guest Director

Dr. Tracy Friedlander is an eminent international expert, specialized in Physiotherapy and Rehabilitation of the elderly. Her extensive knowledge and skills in this field have enabled her to implement innovative procedures and improve the quality of life of various patients over the years.

Thanks to her high level of care, the scientist has been selected as Medical Director of the Comprehensive Acute Inpatient Rehabilitation Unit at Johns Hopkins Bayview Medical Center. She has also been part of the medical teams at the prestigious Johns Hopkins Hospital.

Her main area of expertise is Neurological Rehabilitation. In this field, the expert has scientific publications referenced in peer-reviewed journals of high impact in the health community. As such, she has focused her efforts on helping patients to control Spasticity, a muscle control disorder, through various therapeutic approaches.

In addition, some of her most outstanding research in recent years is related to the rehabilitation of patients subjected to long periods of mechanical ventilation when infected with the SARS-CoV-2 virus. She is also fully qualified to treat joint pain, fibromyalgia and chronic pain and fatigue.

Dr. Friedlander also holds official certifications from the American Board of Physical Medicine and Rehabilitation. All of this is backed by her excellent knowledge in the precise and advanced care of spinal cord injuries. On the other hand, this specialist has an excellent academic background. She graduated from Emory University in Atlanta and obtained her medical degree from the University of Maryland. She also completed her internship at Mercy Medical Center and her residency in Physical Medicine and Rehabilitation at Sinai Hospital in Baltimore.

Dra. Friedlander, Tracy

- Director of the Department of Physical Medicine and Rehabilitation at Johns Hopkins Hospital
- Medical Director of the Comprehensive Acute Inpatient Rehabilitation Unit at Johns Hopkins Bayview Medical Center
- Specialist in Neurorehabilitation and Spasticity Management
- Official certifications from the American Board of Physical Medicine and Rehabilitation
- Specialist in Physical Medicine and Rehabilitation at Sinai Hospital of Baltimore
- Medical Graduate from the University of Maryland, Baltimore
- Member of:
  - American Academy of Physical Medicine and Rehabilitation
  - American Spinal Cord Injury Association
  - Maryland Society for Physical Medicine and Rehabilitation

Thanks to TECH, you will be able to learn with the best professionals in the world"

Management

Dr. Castillo, Juan Ignacio

- Chief of Physical Medicine and Rehabilitation Service, 12 de Octubre Hospital, Madrid
- Associate Professor at the Complutense University of Madrid, Faculty of Medicine, 2016
- Collaborating Professor at Complutense University of Madrid, 2011-2016
- Teaching coordinator in continuing education courses at the Madrid Regional Ministry of Health: "Tertiary prevention in chronic cardiopathic patients" Cardiac Rehabilitation"
- Master's Degree in Cardiac Rehabilitation, SEC-UNED
- Master's Degree in Disability Assessment from the Autonomous University Madrid
- Master's Degree in Child Disability from the Complutense University of Madrid
- Doctorate Course: Neurosciences, University of Salamanca
- Degree in Medicine and Surgery from the University of Salamanca
- Coordinator of continuing education of the Spanish Society of Cardiology in Exercise Testing with Oxygen Consumption

Dr. García Fontalba, Irene

- Manager and physiotherapist at the private physiotherapy center Cal Moure'S, created with the aim of treating limitations of daily living skills due to pain or pathologies associated with aging
- Member of the Girona Territorial Section of the Association of Physiotherapists of Catalonia
- Creator of the blog "Fisios y otras historias" ("Physios and Other Stories")
- Psychology undergraduate student
- Coordinator the Group of social networks for the group of professionals for the promotion of health in Girona (2015-2017)
- More than ten years working in geriatric pathology and processes involving pain management at home and in private practice

Professors

Dr. Blesa Esteban, Irene

- Internal Medicine Resident: 12 de Octubre University Hospital, Madrid
- Expert in musculoskeletal ultrasonography
- Course on Neuropathic Pain Management for Medicine
- Course on Evaluation and Prescription of Therapeutic Exercise
- Course in Life Support for Residents
- Supervision of doctoral thesis: Ultrasound Diagnosis of Congenital Heart Disease in the First Trimester of Pregnancy

Dr. Buldón Olalla, Alejandro

- Expert in physical activity and sport physiotherapy
- Master's Degree in Social Networks and Digital Learning
- More than 12 years of experience in residential and home care for the elderly
- Founder of the blog fisioconectados.com
- Physiotherapist in the Amavir group and in home care for the elderly

Dr. Cuesta Gascón, Joel

- Resident of Physical Medicine and Rehabilitation at the 12 de Octubre University Hospital, Madrid
- Teacher of the Specialization Course in Neuropathic Pain at La Princesa Hospital, 2019
- Organizer and speaker at "See you on the 12th". "Fundamentals and Physiology of Sport", 2020
- Speaker at "AMIR 2020 Academy post-MIR Conference" on the specialty of Physical Medicine and Rehabilitation
- Master's Degree in Clinical Medicine, Francisco de Vitoria University, Madrid
- Medical Degree from the Camilo José Cela University, Madrid
- Expert in musculoskeletal ultrasound

Dr. Díaz Zamudio, Delia

- Resident Intern of Rehabilitation and Physical Medicine in the Rehabilitation Service of the 12 de Octubre University Hospital
- Attending specialist in the Rehabilitation Service of the 12 de Octubre University Hospital, Madrid
- Honorary Collaborator of the Department of Physical Medicine and Rehabilitation and Hydrology at the 12 de Octubre Hospital, Complutense University of Madrid
- Degree in Medicine and Surgery, Faculty of Medicine, University of Seville
- FEA of Rehabilitation and Physical Medicine, Rehabilitation Service, University Hospital Denia, Alicante in 2013
- FEA of Rehabilitation and Physical Medicine, Rehabilitation Service of the Alto Deba University Hospital, Mondragón, San Sebastián in 2012

Dr. García, Sofía

- Specialist Doctor- Physical Medicine and Rehabilitation, Pediatric Rehabilitation Department, 12 de Octubre University Hospital, Madrid
- Specialist Doctor- Physical Medicine and Rehabilitation, 12 de Octubre University Hospital, Madrid
- Specialist in Physical Medicine and Rehabilitation, Language Rehabilitation Center, Madrid
- Master's Degree in Musculoskeletal Ultrasound and Ultrasound-Guided Interventionism, San Pablo Andalucía CEU
- Degree in Medicine, San Pablo CEU University School of Medicine, Madrid
- Pelvic Floor Unit (12 de Octubre University Hospital, Madrid, Spain)
- Facial Paralysis and Neurorehabilitation Unit (La Paz University Hospital, Madrid)
- Cardiac Rehabilitation (Cardiac Rehabilitation Unit of 12 de Octubre University Hospital)
- Respiratory Rehabilitation Gregorio Marañon General University Hospital, Madrid
- Neurorehabilitation Unit (12 de Octubre UH)
- Rehabilitation in spinal cord injury (National Hospital of Paraplegics, Toledo)

Dr. Gil Gracia, Samuel

- Physiotherapist and Osteopath in free practice in Béziers (France);
- Member of the Spanish Society of Physiotherapy and Pain SEFID;
- Author of the videoblog Soy Paciente de Samu, a channel on physiotherapy for the population
- Specialist in Musculoskeletal Pain

Dr. Gómez Orta, Roger

- Physiotherapist and Orthopedic Technician
- Co-founder of Quvitec S.L.
- Responsible for the seating and positioning clinic service at Quvitec
- Specialist and trainer in patient management of Handicare products in Spain

Dr. González García, María Dolores

- Head of the Neurological Rehabilitation Service, 12 Octubre Hospital, Madrid
- Area Specialist Physician, 12 de Octubre Hospital, Madrid
- Degree in Medicine and Surgery from the University of Alcalá. Alcalá de Henares, Madrid
- Specialist in Physical Medicine and Rehabilitation
- Specialist in Physical Medicine and Rehabilitation as resident intern (MIR) in the Rehabilitation Service at the 12 de Octubre University Hospital, Madrid, 2002-2006

Dr. Hernandez Espinosa, Joaquín

- Physiotherapist. Director of residential center Pineda Senior Citizens Hotel Residence
- Postgraduate Degree in Respiratory Physiotherapy
- More than 20 years of experience in the field of Geriatric Physiotherapy at hospital, home and residential level

Dr. Jimenez Hernández, Daniel

- PhD in Education from the University of Vic
- Physiotherapist
- Official Master's Degree in Inclusive Education
- Member of the research group of attention to diversity at University of Vic
- Professor at the University of Vic
- Trainer of PCC professionals
- More than 25 years of experience in caring for people in contexts of disability and dependence

Dr. Jiménez, Henar

- Internal Medicine Resident: 12 de Octubre University Hospital, Madrid
- Course on the Safe Use of Medication in the Madrid Health Service
- Expert in Physiotherapy and Sports Rehabilitation at the International University Isabel of Castile

Dr. Pino Giráldez, Mercedes

- Assistant Rehabilitation Physician at 12 de Octubre University Hospital, Madrid
- Specialist in Physical Medicine and Rehabilitation, Guadalajara University Hospital
- Specialist in Childhood Disability from Complutense University of Madrid
- Degree in Medicine and Surgery from Alcalá de Henares University, Madrid
- Residency internship in Physical Medicine and Rehabilitation
- Medical Rehabilitation Specialist at the Jiménez Díaz Foundation Hospital, 2012
- Assistant Rehabilitation Physician at Rey Juan Carlos I Hospital, Madrid, 2013
- Assistant Rehabilitation Physician at Torrejón de Ardoz Hospital, 2014
- Assistant Rehabilitation Physician at the University Hospital of Guadalajara, 2014

Dr. Soto Bagaria, Luis

- Physiotherapist and researcher at Parc Sanitari Pere Virgili
- Master's Degree in Neuromusculoskeletal Physiotherapy
- Member of the research team on aging, frailty and transitions (Re-Fit BCN)
- More than 10 years working in the field of aging

05

Structure and Content

Through a complete and detailed syllabus, you will cover all the essential subject areas, gradually acquiring the skills required to put the necessary knowledge into practice. A very well-developed learning structure that will allow you to learn in a continuous, efficient way and which is tailored to your needs.

A complete program created to boost the effectiveness of physiotherapy intervention in geriatrics, through a learning process that is compatible with your personal and professional life"

Module 1. Clinical Reasoning in Physiogeriatrics

1.1. Past, Present and Future of Geriatric Physiotherapy
- 1.1.1. Brief History of Physiotherapy
  - 1.1.1.1. Conclusions
- 1.1.2. Current Situation of Geriatric Physiotherapy
- 1.1.3. Future of Geriatric Physiotherapy
  - 1.1.3.1. Physiotherapy and New Technologies

1.2. Active Aging
- 1.2.1. Introduction
- 1.2.2. Concept of Active Aging
- 1.2.3. Classification
- 1.2.4. Active Aging from the Patients Point of View
- 1.2.5. Role of the Physical Therapist in Active Aging Programs
- 1.2.6. Example of Intervention

1.3. Geriatric Physiotherapy and Context of Action
- 1.3.1. Introduction and Definitions
- 1.3.2. Fields of Action
  - 1.3.2.1. Residential Centers
  - 1.3.2.2. Socio-Sanitary
  - 1.3.2.3. Primary Care
  - 1.3.2.4. Physiotherapy in Palliative Care Units
- 1.3.3. Future Areas in Physiogeriatrics
  - 1.3.3.1. New Technologies
  - 1.3.3.2. Physiotherapy and Architecture
- 1.3.4. Interdisciplinary Teams in Geriatrics
  - 1.3.4.1. Multidisciplinary or Interdisciplinary Teams?
  - 1.3.4.2. Composition and Functioning of the Interdisciplinary Team
  - 1.3.4.3. Main Functions within the Interdisciplinary Team

1.4. Differential Diagnosis and Alarm Signs and Symptoms: Red and Yellow Flags in Geriatrics, Differential Diagnosis, Red and Yellow Flags

1.4.1. Introduction and Definitions
1.4.1.1. Differential Diagnosis
1.4.1.2. Diagnosis in Physiotherapy
1.4.1.3. Geriatric Syndromes
1.4.1.4. Red and Yellow Flags
1.4.2. Most Common Red Flags in Clinical Practice
1.4.2.1. Urinary Infection
1.4.2.2. Oncologic Pathology
1.4.2.3. Heart Failure
1.4.2.4. Fractures
1.5. Pharmacology, Effects on the Neuromusculoskeletal System
1.5.1. Introduction
1.5.1.1. Drugs Influencing Gait
1.5.2. Drugs and Risk of Falls
1.6. Approach to the Physical Therapy Session in Geriatrics
1.6.1. Physiotherapeutic Examination and Assessment of the Geriatric Patient
1.6.1.1. Valuation Components
1.6.1.2. Most Commonly Used Scales and Tests
1.6.2. Determination of Treatment Objectives
1.6.3. Organization of the Treatment Session
1.6.4. Organization of the Physiotherapist's Own Work
1.6.5. Treatment Follow-up in the Elderly Patient

Module 2. Person-Centered Care (PCC): A Look from Physiotherapy

2.1. Definition, Concepts and Basic Principles
2.1.1. Decalogue of People-Centered Care
2.1.1.1. What is and What is Not PCC: Its Principles
2.1.1.2. Clarifying Concepts: Glossary of Terms
2.1.2. Origin and Conceptual Basis of PCC
2.1.2.1. References from Psychology
2.1.2.2. Referents from Social Intervention
2.1.2.3. Quality of Life Benchmarks
2.1.2.4. References from the Study of Disability
2.1.2.5. Civil Rights Referents from the Civil Rights of Individuals
2.1.2.6. Referrals from Gerontological Resources
2.1.2.7. Legal and Regulatory Aspects
2.2. The PCC Model
2.2.1. Paradigm and Intervention Model
2.3. Good Practices in PCC
2.3.1. Definition and Concept of Good Practices
2.3.2. Areas of Best Practices
2.3.3. "Best Practices", the path to a Best Practice
2.3.4. Key Best Practices
2.4. The Process of Transformation from a Service Model to a PCC Model
2.4.1. How to Build an Apprenticeship?
2.4.2. Transformation of Services
2.4.3. Transformation of People
2.5. Provision of Physical Therapy Services in an PCC Model
2.5.1. Person-Centered Physical Therapy vs. Individualized Physiotherapy
2.5.2. Epistemology of People-Centered Physiotherapy
2.6. Actions
2.6.1. Introduction
2.6.2. Actions
2.6.2.1. The Reception of the Physiotherapist
2.6.2.2. Assessment and Evaluation Processes
2.6.2.3. The Intervention
2.6.2.4. Interrelationship with Co-Workers
2.6.2.5. Interrelation with the Physical Environment
2.6.2.6. Interrelation with the Community

Module 3. Understanding Fragility

3.1. Integral Vision of Fragility
- 3.1.1. Introduction
- 3.1.2. Definitions of Fragility
- 3.1.3. Pathophysiological Bases of Frailty
  - 3.1.3.1. Activation of Inflammation and Coagulation Processes
  - 3.1.3.2. Comorbidity
  - 3.1.3.3. Malnutrition and Sarcopenia
- 3.1.4. Frailty as a Syndrome
- 3.1.5. Interventions and Models of Care

3.2. Tools for Comprehensive Geriatric Assessment of Frailty
- 3.2.1. Introduction
- 3.2.2. Comprehensive Geriatric Assessment
- 3.2.3. Frailty Assessment Scales
- 3.2.4. Conclusions
- 3.2.5. Learning Points

3.3. Assessment of Frailty in Physiotherapy
- 3.3.1. Initial Interview
- 3.3.2. Highlighted Tests
  - 3.3.2.1. Specific Tests for Frailty
  - 3.3.2.2. Fall Risk Test
  - 3.3.2.3. Dual Tasks
  - 3.3.2.4. Strength Test
  - 3.3.2.5. Cardiopulmonary Capacity Test
  - 3.3.2.6. Functional Tests
- 3.3.3. Parameter Calculation
- 3.3.4. Summary

3.4. Exercise Prescription
- 3.4.1. General Aspects
- 3.4.2. Individual Exercise Prescription
  - 3.4.2.1. Heating
  - 3.4.2.2. Strength/Power
  - 3.4.2.3. Balance
  - 3.4.2.4. Aerobic Endurance
  - 3.4.2.5. Stretching
- 3.4.3. Group Dynamics in the Frail or Pre-fragile Patient
  - 3.4.3.1. Heating
- 3.4.4. Summary

3.5. Therapeutic Adherence
- 3.5.1. Factors of Non-Adherence
  - 3.5.1.1. Socioeconomic Factors
  - 3.5.1.2. Health System or Care
  - 3.5.1.3. Disease
  - 3.5.1.4. Treatment
  - 3.5.1.5. Patients
- 3.5.2. Adherence Strategies
  - 3.5.2.1. ICT
- 3.5.3. Summary

3.6. Assessment of Frailty in Physiotherapy
- 3.6.1. Risk Factors for Falls
- 3.6.2. Diagnosis of Falls
  - 3.6.2.1. Specific Fall Risk Diagnostic Tests
- 3.6.3. Consequences of Falls
- 3.6.4. Containment to Prevent Falls
  - 3.6.4.1. Side Effects of Containment
  - 3.6.4.2. Adapted Containment
  - 3.6.4.3. Environmental and Verbal Restraints
  - 3.6.4.4. Types of Containments
- 3.6.5. Post-Fall Treatment
- 3.6.6. Summary

3.7. Care Transitions
- 3.7.1. Justification of Programs in Transitions
- 3.7.2. Limitations in Care Transitions
- 3.7.3. What Are We Talking About When We Talk About Care Transitions?
- 3.7.4. An Example of "Pre-Discharge Service": Transition Coaches
- 3.7.5. Nursing Frailty Assessment at Discharge
  - 3.7.5.1. Communication Techniques
  - 3.7.5.2. Motivational Interview
  - 3.7.5.3. Person-Centered Care; Health Goals for the Elderly

Module 4. Physiotherapy Approach to People Affected by Cognitive Impairment

4.1. Introduction to Cognitive Impairment
- 4.1.1. Cognitive Impairment
  - 4.1.1.1. Definition and Epidemiology
  - 4.1.1.2. Risk Factors
  - 4.1.1.3. Diagnosis
  - 4.1.1.4. Treatment
    - 4.1.1.4.1. Non-Pharmacological Treatment
    - 4.1.1.4.2. Pharmacological Treatment
- 4.1.2. Dementia
  - 4.1.2.1. Epidemiology
  - 4.1.2.2. Pathogenesis and Risk Factors
  - 4.1.2.3. Clinical manifestations
  - 4.1.2.4. Evolution
  - 4.1.2.5. Diagnosis
  - 4.1.2.6. Differential Diagnosis
    - 4.1.2.6.1. Mild Cognitive Impairment: Already Explained Previously
    - 4.1.2.6.2. Acute Confusional Syndrome or Delirium
    - 4.1.2.6.3. Subjective Memory Complaints and AAMI (Age-Associated Memory Impairment)
    - 4.1.2.6.4. Affective Disorders: Depression-Depressive Pseudodepressive Dementia
  - 4.1.2.7. Severity of Dementia
  - 4.1.2.8. Treatment
    - 4.1.2.8.1. Non-Pharmacological Treatment
    - 4.1.2.8.2. Pharmacological Treatment
  - 4.1.2.9. Comorbidity-Mortality

4.2. Types of Cognitive Impairment: Possible Classifications
- 4.2.1. Utility of the Cognitive Impairment Classification
- 4.2.2. Types of Classification
  - 4.2.2.1. By Degree of Affectation
  - 4.2.2.2. By Evolution Course
  - 4.2.2.3. By Age of Presentation
  - 4.2.2.4. By Clinical Syndrome
  - 4.2.2.5. By Etiology

4.3. Causes and Effects of Cognitive Impairment
- 4.3.1. Introduction
- 4.3.2. Risk Factors for Cognitive Impairment
- 4.3.3. Causes of Cognitive Impairment
  - 4.3.3.1. Primary Neurodegenerative Etiology
  - 4.3.3.2. Vascular Etiology
  - 4.3.3.3. Other Etiologies
- 4.3.4. Effects of Cognitive Impairment
  - 4.3.4.1. Inattention and Lack of Concentration
  - 4.3.4.2. Memory Impairment
  - 4.3.4.3. Language Impairment
  - 4.3.4.4. Apraxia
  - 4.3.4.5. Agnosias
  - 4.3.4.6. Executive Function Disorders
  - 4.3.4.7. Alteration of Visuospatial Functions
  - 4.3.4.8. Behavioral Alteration
  - 4.3.4.9. Alteration of Perception
- 4.3.5. Conclusions

4.4. Individual and Group Physical Therapy Approach
- 4.4.1. Physiotherapy and Dementia
- 4.4.2. Physical Therapy Assessment
- 4.4.3. Therapeutic Objectives
- 4.4.4. Therapeutic Interventions from Physiotherapy
  - 4.4.4.1. Physical Exercise
  - 4.4.4.2. Individual Therapy
  - 4.4.4.3. Group Therapy
  - 4.4.4.4. Physiotherapy According to the Stages of Cognitive Impairment
  - 4.4.4.5. Alteration of Balance and Gait
- 4.4.5. Adherence to Treatment-Family

4.5. Tools to Connect
- 4.5.1. Introduction
- 4.5.2. Difficulties Encountered with Disoriented and/or Disconnected Users
- 4.5.3. How to Access the Disoriented and/or Disconnected User?
  - 4.5.3.1. Music as a Tool for Working with People with Dementia
    - 4.5.3.1.1. Application of Music in People Affected by Dementia
  - 4.5.3.2. Animal Assisted Therapy (AAT)
    - 4.5.3.2.1. Application of AAT in People Affected by Dementia
    - 4.5.3.2.2. Structure of Sessions
    - 4.5.3.2.3. Materials
    - 4.5.3.2.4. The Dog
    - 4.5.3.2.5. Examples of AAT Application
  - 4.5.3.3. Yoga and Mindfulness
    - 4.5.3.3.1. Yoga
    - 4.5.3.3.2. Mindfulness
    - 4.5.3.3.3. Application of Mindfulness

4.6. Basal Stimulation
- 4.6.1. Origin of Basal Stimulation
- 4.6.2. Definition of Basal Stimulation
- 4.6.3. Indications of Basal Stimulation
- 4.6.4. Basic Principles of Basal Stimulation
  - 4.6.4.1. Advantages of Basal Stimulation

4.6.5. Basic Needs
4.6.5.1. Requirements of Basal Stimulation
4.6.5.2. Basic Areas of Perception
4.6.6. Body Identity and Environment
4.6.7. Global
4.6.7.1. Communication
4.7. Sharing of Knowledge, Interdisciplinary Approach to the Affected Person
4.7.1. Introduction
4.7.2. Biopsychosocial Model as a Reference
4.7.3. Multidisciplinarity and Interdisciplinarity
4.7.4. Areas of Intervention. Levels of Care
4.7.4.1. Primary Care
4.7.4.2. Specialized Care AE
4.7.4.3. Socio-Health Care ASS
4.7.4.4. Other Professionals
4.7.5. Integrative Health. A Holistic View
4.7.6. Community Intervention
4.7.7. Conclusions

Module 5. Pain and Aging, Update on Current Scientific Evidence

5.1. Anatomy and Physiology of Pain Transmission
5.1.1. Peripheral Elements
5.1.2. Nociceptors
5.1.3. Nociceptor Depolarization
5.1.4. Peripheral Sensitization of Nociceptors
5.2. Types of Pain
5.2.1. Introduction
5.2.2. Temporal
5.2.2.1. Acute Pain
5.2.2.2. Chronic Pain
5.3. Pain and Aging
5.3.1. Aging
5.3.2. Characteristics of Aging
5.3.3. Prevalence
5.3.4. Physiological Changes of Aging
5.3.5. Physical and Neurological Changes with Impact on Pain Chronification
5.3.5.1. Differences in Pain Perception
5.3.5.2. Increased Chronic Inflammation in Aging
5.3.5.3. Disruption of the Circadian Cycle in Aging
5.3.5.4. Neurodegeneration and Implications for Learning
5.3.5.5. Elderly Depression
5.3.5.6. Sedentary Lifestyle and Frailty in the Elderly
5.3.5.7. Under-Recognized and Under-Treated Pain
5.4. Pain Syndromes in Geriatrics
5.4.1. Introduction
5.4.2. Cervical Osteoarthritis
5.4.3. Occipital Neuralgia
5.4.4. Cervicogenic Dizziness
5.4.5. Vertebral Fracture due to Osteoporosis
5.4.6. Lumbar Osteoarthritis and Facet Syndrome
5.4.7. Central Canal Stenosis in the Lumbar Spine
5.4.8. Hip Osteoarthritis
5.4.9. Shoulder Rotator Cuff Rupture
5.4.10. Knee Osteoarthritis
5.5. Pain Assessment
5.6. Pharmacological Treatment of Pain in the Geriatric Patient
5.6.1. Drugs for Pain
5.6.2. Aines
5.6.3. Coxibs
5.6.4. Paracetamol
5.6.5. Metamizole
5.6.6. Opioid Drugs
5.6.7. Phytotherapy
5.6.8. Adjuvant Drugs
5.7. Physiotherapist's Treatment of the Geriatric Patient

Module 6. Update on Support Devices for the Autonomy of People

6.1. Support Product Definition
- 6.1.1. Framework and Definition of Supporting Product
- 6.1.2. What Characteristics Must Each Support Product (S.P.) Comply With?
- 6.1.3. Success in Optimal Product Support Advice

6.2. Update on the Different Assistive Devices for Daily-Living Activities
- 6.2.1. Facilitating Devices for Feeding
- 6.2.2. Dressing Aids
- 6.2.3. Facilitating Devices for Hygiene and Personal Care

6.3. Update on Different Pressure-Dissipating Devices for Pressure Ulcer Prevention
- 6.3.1. Sitting
- 6.3.2. Supine Position
- 6.3.3. Pressure Blanket Evaluation System

6.4. Transfers
- 6.4.1. Transfers and Mobilizations
  - 6.4.1.1. Common Errors
  - 6.4.1.2. Basic Guidelines for the Correct Use of the Different Devices
- 6.4.2. Device Upgrades

6.5. Novelties in the Different Devices Designed to Facilitate Mobility and Correct Positioning
- 6.5.1. General Framework
- 6.5.2. Mobility Devices in Geriatrics
  - 6.5.2.1. Tilting Chair
  - 6.5.2.2. Scooter
  - 6.5.2.3. Electronic Driving Wheelchair
  - 6.5.2.4. Relocation Assistance
  - 6.5.2.5. Rear Walker
- 6.5.3. Positioning Devices in Geriatrics
  - 6.5.3.1. Backups
  - 6.5.3.2. Headrest

6.6. Personalized Devices for the Control of Wanderers, Plesoassistance
- 6.6.1. Definition of Plesioassistance or Control of Wanderers
- 6.6.2. Differences between Plesioassistance and Telecare
- 6.6.3. Objectives of Plesioassistance or Control of Wanderers
- 6.6.4. Components of the Plesioassistance Devices
- 6.6.5. Simple Wanderer Control Devices for Home Environments
- 6.6.6. Adaptation of the Environment to Facilitate the Wanderer's Orientation
- 6.6.7. Summary

6.7. Support Products for Recreation, Taking Advantage of Current Technologies

6.8. Upgrading of Accessibility Support Products and Architectural Barrier Removal Products
- 6.8.1. Framework for the Abolition of Architectural Barriers and Universal Access to Housing
- 6.8.2. Support Products for the Removal of Architectural Barriers in the Living Environment
  - 6.8.2.1. Ramps
  - 6.8.2.2. Lift Chairs
  - 6.8.2.3. Inclined Elevated Platform
  - 6.8.2.4. Overhead Crane
  - 6.8.2.5. Short Travel Ladder Platform
  - 6.8.2.6. Lifting Platform
  - 6.8.2.7. Stair Climbing Devices
  - 6.8.2.8. Convertible Ladder

Module 7. Physiotherapy in Traumatology, Neurology, Pelvic Floor and Respiratory Disorders in the Elderly

7.1. Physiotherapy in Fractures and Dislocations in the Elderly
- 7.1.1. Fractures in the Elderly
  - 7.1.1.1. General Concepts of Fractures
  - 7.1.1.2. Main Fractures in the Elderly and their Physiotherapeutic Treatment
  - 7.1.1.3. Most Frequent-Surgical Complications
- 7.1.2. Dislocation in the Elderly
  - 7.1.2.1. Introduction and Immediate Handling
  - 7.1.2.2. Main Dislocation in the Elderly and their Physiotherapeutic Treatment
  - 7.1.2.3. Most Frequent-Surgical Complications

7.2. Physiotherapy in Hip, Knee and Shoulder Arthroplasty
- 7.2.1. Arthrosis
- 7.2.2. Rheumatoid Arthritis
- 7.2.3. Physiotherapy in Hip Arthroplasty

7.2.4. Physiotherapy in the Preoperative Phase
7.2.5. Physiotherapy in the Preoperative Phase
7.2.6. Physiotherapy in Knee Arthroplasty
7.2.7. Physiotherapy in the Preoperative Phase
7.2.8. Fast-Track in Hip and Knee Arthroplasty
7.2.9. Physiotherapy in Shoulder Arthroplasty
7.2.10. Anatomic Total Shoulder Arthroplasty

7.3. Physiotherapy in Amputees
7.3.1. Multidisciplinary Team in the Amputee Patient
7.3.2. Importance of Prosthetic Knowledge
7.3.3. Evaluation of the Amputee Patient
7.3.4. The Physiotherapist in the Prosthetic Rehabilitation Program
7.3.4.1. Perioperative Phase
7.3.4.2. Pre-Prosthetic Phase
7.3.5. Patient Education
7.3.6. Long-Term Management of the Amputee Patient

7.4. Physiotherapeutic Approach to Acute, Subacute and Chronic Stroke Patients
7.4.1. Definition, Classification, Early Detection and Initial Hospital Management
7.4.2. Guiding Principles in Neurophysiotherapy
7.4.3. Outcome Measurement Scales after Stroke
7.4.4. Assessment and Physiotherapeutic Treatment According to the Evolutionary Stage of the Disease
7.4.4.1. Acute Phase
7.4.4.2. Subacute Phase
7.4.4.3. Chronic Phase
7.4.5. Management of Frequent Complications
7.4.5.1. Spasticity
7.4.5.2. Contractures
7.4.5.3. Shoulder Pain and Subluxation
7.4.5.4. Falls
7.4.5.5. Fatigue
7.4.5.6. Other Fundamental Problems: Cognitive, Visual, Communicative, Swallowing, Continence, etc.
7.4.6. Beyond Rehabilitation Discharge

7.5. New Trends in Physiotherapy for Parkinson's Disease Patients
7.5.1. Definition, Epidemiology, Pathophysiology and Diagnosis of PD
7.5.2. Global Management of the Person with PD
7.5.3. History of Physical Therapy and Physical Examination
7.5.4. Goal Setting in People with PD
7.5.5. Physiotherapy Treatment in PD
7.5.6. Falls in PD: Towards a New Approach Model
7.5.7. Self-Management and Information for Caregivers

7.6. Urinary Incontinence and Chronic Urinary Retention
7.6.1. Definition of Urinary Incontinence
7.6.2. Types of Urinary Incontinence
7.6.2.1. Clinical Classification
7.6.2.2. Urodynamic Classification
7.6.3. Therapeutics of Urinary Incontinence and Overactive Bladder
7.6.4. Urine Retention
7.6.5. Physiotherapy in Urinary Incontinence and Chronic Urinary Retention

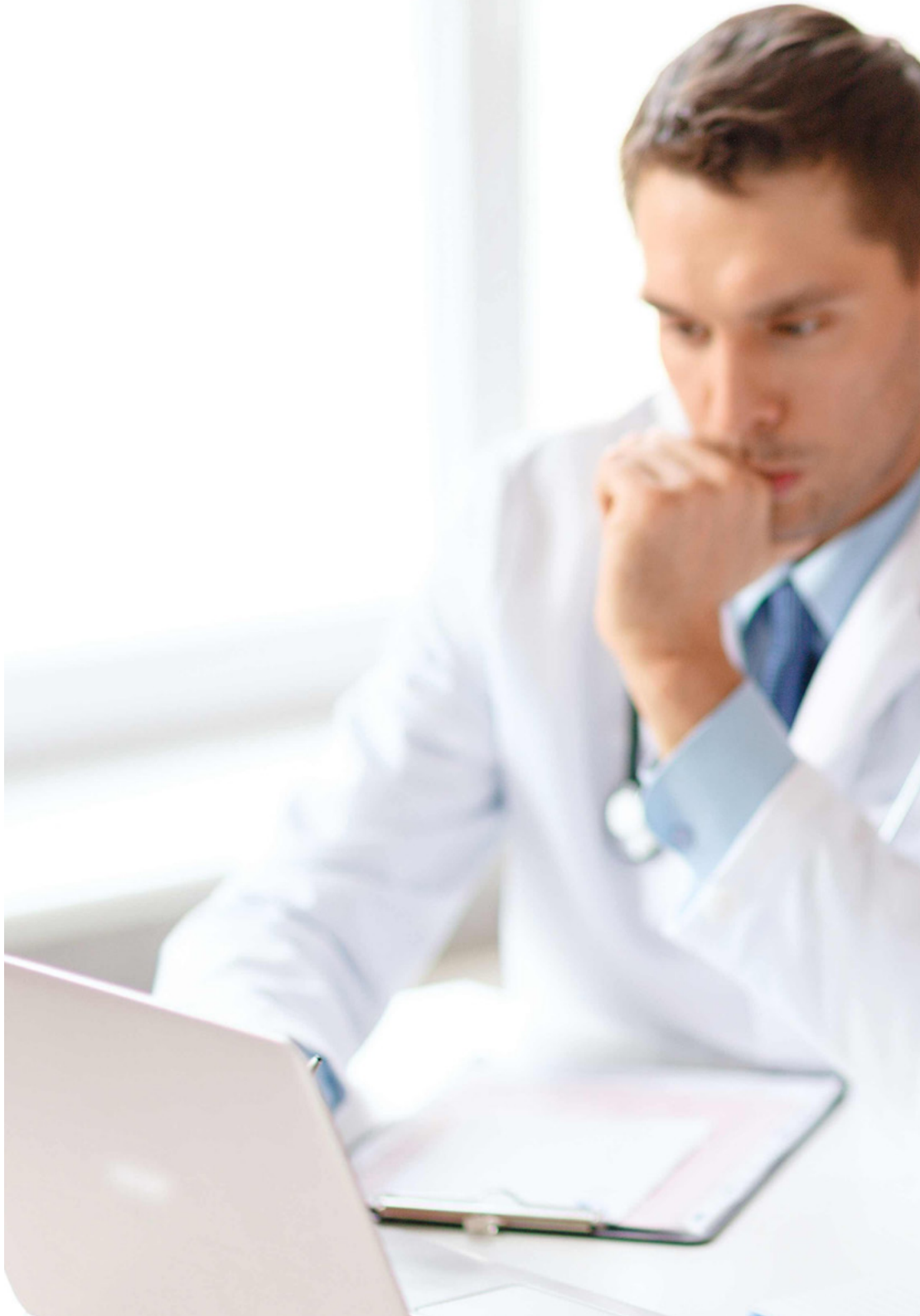
7.7. Respiratory Physiotherapy in COPD
7.7.1. Definition, Etiology, Pathophysiology and Consequences
7.7.2. Diagnosis and Classification
7.7.3. Physiotherapeutic Management of the COPD Patient
7.7.3.1. Treatment in Stable Phase
7.7.3.2. Treatment in Exacerbations

7.8. Respiratory Physiotherapy in Neurological Conditions
7.8.1. Introduction
7.8.2. Nervous Disorders Associated with Respiratory Problems
7.8.3. Physiotherapy for Respiratory Problems of Nervous Disorders
7.8.4. Respiratory Warning Signs

Module 8. Tools for the Daily Practice of the Physiotherapist in Geriatrics

8.1. Communication, a Tool for the Success of Physical Therapy Treatment
- 8.1.1. Introduction
  - 8.1.1.1. The Mirror and the Lamp
- 8.1.2. Communication in the Framework of the Therapeutic Relationship
  - 8.1.2.1. Definitions
  - 8.1.2.2. Basic Aspects
    - 8.1.2.2.1. Components
    - 8.1.2.2.2. Context
    - 8.1.2.2.3. Impossibility of Not Communicating
- 8.1.3. Codes in Messages
  - 8.1.3.1. Specific Aspects of Communication with Elderly Patients
  - 8.1.3.2. Main Problems in Communicating with the Elderly
  - 8.1.3.3. Communication with the Family
  - 8.1.3.4. The Therapeutic Relationship as a Special Form of Social Interaction
  - 8.1.3.5. Model for Communication Training in Physiotherapy

8.2. Bereavement in the Professional
- 8.2.1. Why Talk About Grief?
- 8.2.2. What is Dueling?
- 8.2.3. Is Bereavement a Depression?
- 8.2.4. How Does It Show Itself in Mourning?
- 8.2.5. How is a Mourning Process Elaborated?
- 8.2.6. How Will We React to the Loss of a Patient?
- 8.2.7. When Does the Mourning End?
- 8.2.8. What Is a Complicated Duel?
- 8.2.9. When You're the Mourner: First Tools
- 8.2.10. When Someone Else is the Mourner: How to Support Them
- 8.2.11. When to Ask For Help or Refer to a Psychologist



8.3. Elderly-Centered ICT
- 8.3.1. ICTs and Health
  - 8.3.1.1. Specific Terminology
    - 8.3.1.1.1. Information and Communication Technologies (ICT)
    - 8.3.1.1.2. eHealth
    - 8.3.1.1.3. mHealth
    - 8.3.1.1.4. Telemedicine
    - 8.3.1.1.5. Wearables
    - 8.3.1.1.6. Gamification
    - 8.3.1.1.7. eDoctor
    - 8.3.1.1.8. ePatient
    - 8.3.1.1.9. Digital Health
    - 8.3.1.1.10. Digital Divide
    - 8.3.1.1.11. Infoxication
- 8.3.2. "e-Physiotherapy" in Geriatrics
  - 8.3.2.1. The Generational Digital Divide
  - 8.3.2.2. Prescription of ICT in Geriatric Physiotherapy
- 8.3.3. ICT Applications in the Context of Geriatric Physiotherapy

A unique, key and decisive experience to boost your professional development"

06

Methodology

This academic program offers students a different way of learning. Our methodology uses a cyclical learning approach: **Relearning.**

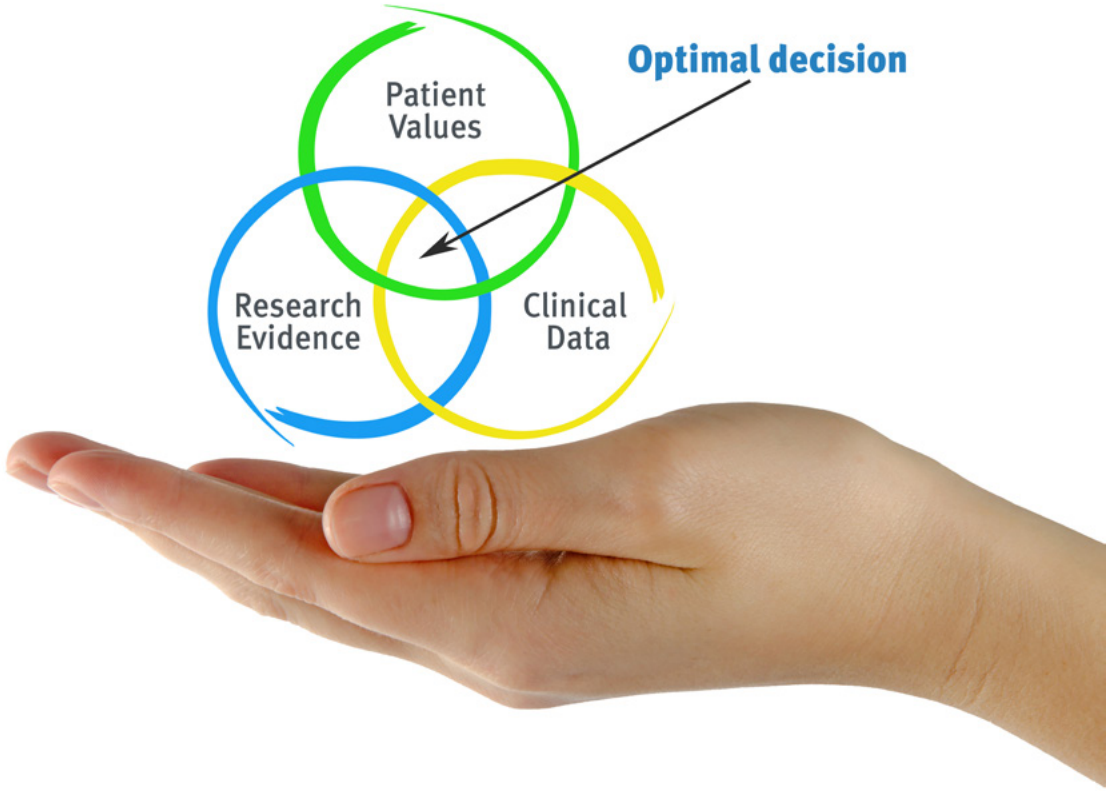
This teaching system is used, for example, in the most prestigious medical schools in the world, and major publications such as the **New England Journal of Medicine** have considered it to be one of the most effective.

Discover Relearning, a system that abandons conventional linear learning, to take you through cyclical teaching systems: a way of learning that has proven to be extremely effective, especially in subjects that require memorization"

At TECH we use the Case Method

What should a professional do in a given situation? Throughout the program, students will face multiple simulated clinical cases, based on real patients, in which they will have to do research, establish hypotheses, and ultimately resolve the situation. There is an abundance of scientific evidence on the effectiveness of the method. Physiotherapists/kinesiologists learn better, faster, and more sustainably over time.

With TECH you will experience a way of learning that is shaking the foundations of traditional universities around the world



According to Dr. Gérvas, the clinical case is the annotated presentation of a patient, or group of patients, which becomes a "case", an example or model that illustrates some peculiar clinical component, either because of its teaching power or because of its uniqueness or rarity. It is essential that the case is based on current professional life, trying to recreate the real conditions of professional physiotherapy practice.

Did you know that this method was developed in 1912, at Harvard, for law students? The case method consisted of presenting students with real-life, complex situations for them to make decisions and justify their decisions on how to solve them. In 1924, Harvard adopted it as a standard teaching method"

The effectiveness of the method is justified by four fundamental achievements:

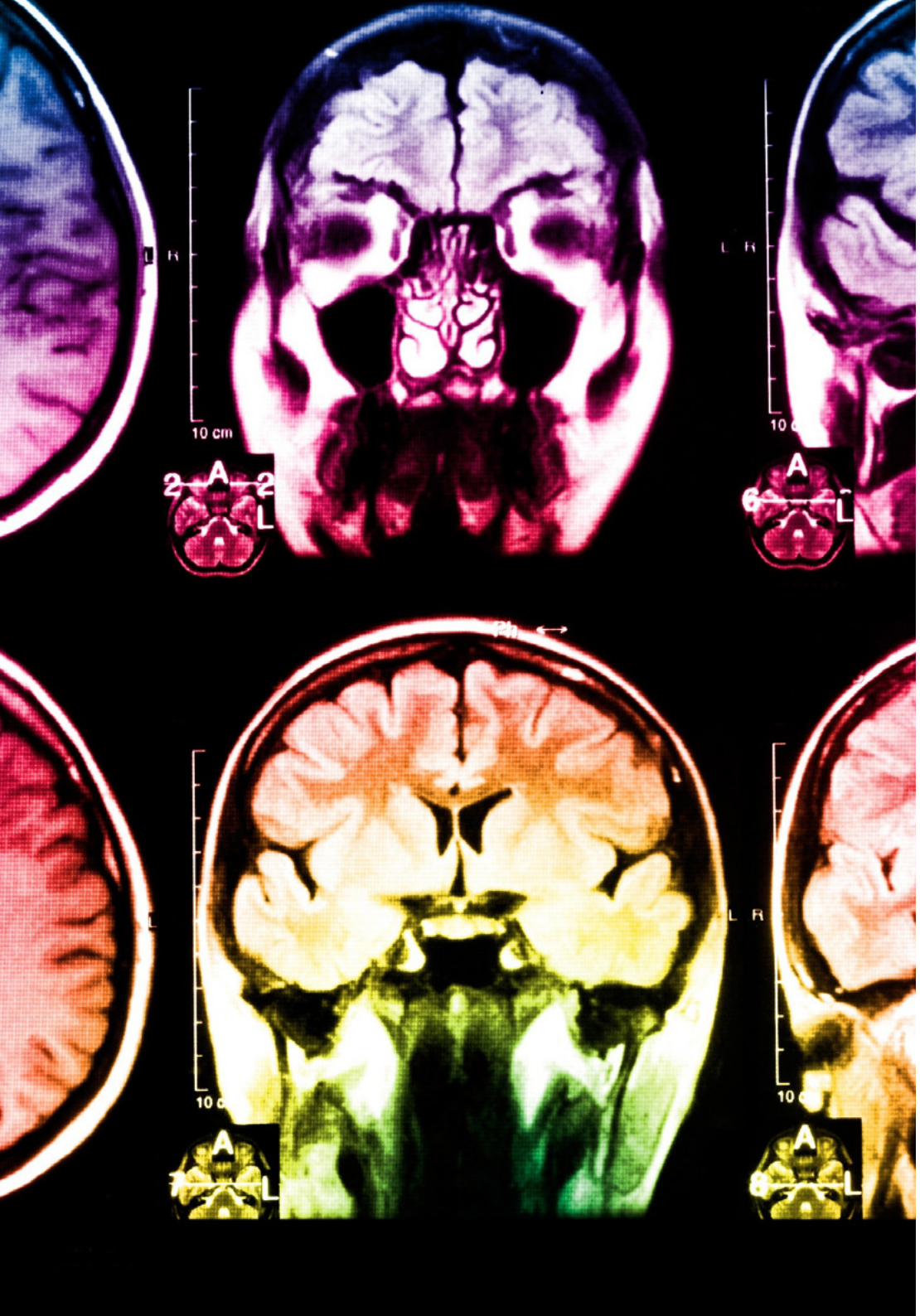
1. Physiotherapists/kinesiologists who follow this method not only grasp concepts, but also develop their mental capacity, by evaluating real situations and applying their knowledge.
2. The learning process has a clear focus on practical skills that allow the physiotherapist/kinesiologist to better integrate into the real world.
3. Ideas and concepts are understood more efficiently, given that the example situations are based on real-life.
4. Students like to feel that the effort they put into their studies is worthwhile. This then translates into a greater interest in learning and more time dedicated to working on the course.

Relearning Methodology

At TECH we enhance the case method with the best 100% online teaching methodology available: Relearning.

This university is the first in the world to combine the study of clinical cases with a 100% online learning system based on repetition, combining a minimum of 8 different elements in each lesson, a real revolution with respect to the mere study and analysis of cases.

The physiotherapist/kinesiologist will learn through real cases and by solving complex situations in simulated learning environments. These simulations are developed using state-of-the-art software to facilitate immersive learning



At the forefront of world teaching, the Relearning method has managed to improve the overall satisfaction levels of professionals who complete their studies, with respect to the quality indicators of the best online university (Columbia University).

With this methodology we trained more than 65,000 physiotherapists/kinesiologists with unprecedented success in all clinical specialties, regardless of the workload. Our pedagogical methodology is developed in a highly competitive environment, with a university student body with a strong socioeconomic profile and an average age of 43.5 years old.

Relearning will allow you to learn with less effort and better performance, involving you more in your learning, developing a critical mindset, defending arguments, and contrasting opinions: a direct equation for success

In our program, learning is not a linear process, but rather a spiral (learn, unlearn, forget, and relearn). Therefore, we combine each of these elements concentrically.

The overall score obtained by our learning system is 8.01, according to the highest international standards.

This program offers the best educational material, prepared with professionals in mind:

Study Material

All teaching material is produced by the specialists who teach the course, specifically for the course, so that the teaching content is really specific and precise.

These contents are then applied to the audiovisual format, to create the TECH online working method. All this, with the latest techniques that offer high quality pieces in each and every one of the materials that are made available to the student.

Physiotherapy Techniques and Procedures on Video

TECH brings students closer to the latest techniques, the latest educational advances and to the forefront of current Physiotherapy techniques and procedures. All of this in direct contact with students and explained in detail so as to aid their assimilation and understanding. And best of all, you can watch them as many times as you want.

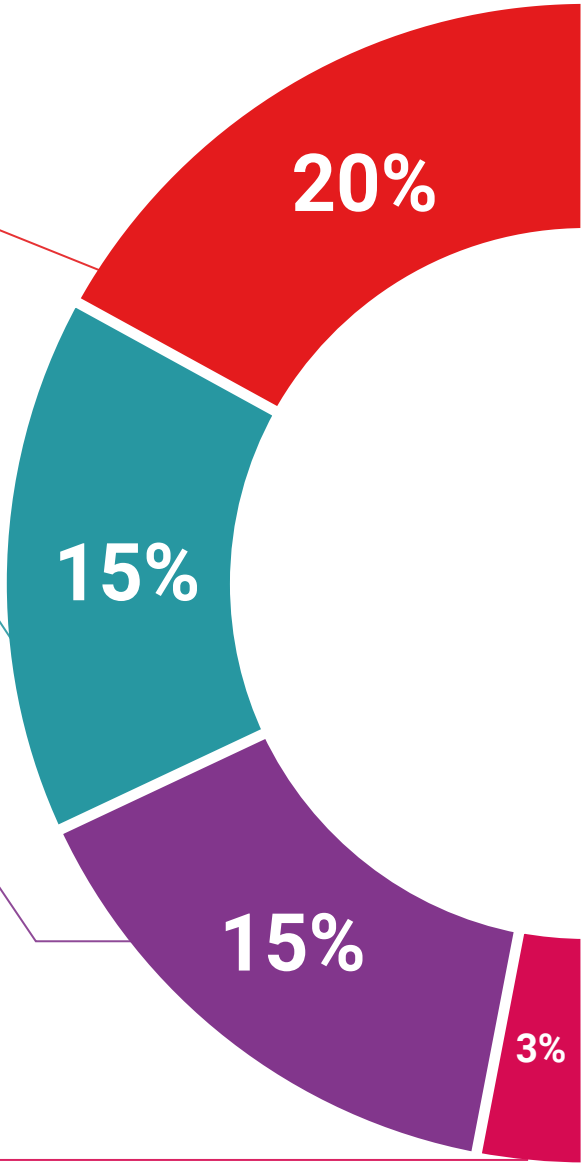
Interactive Summaries

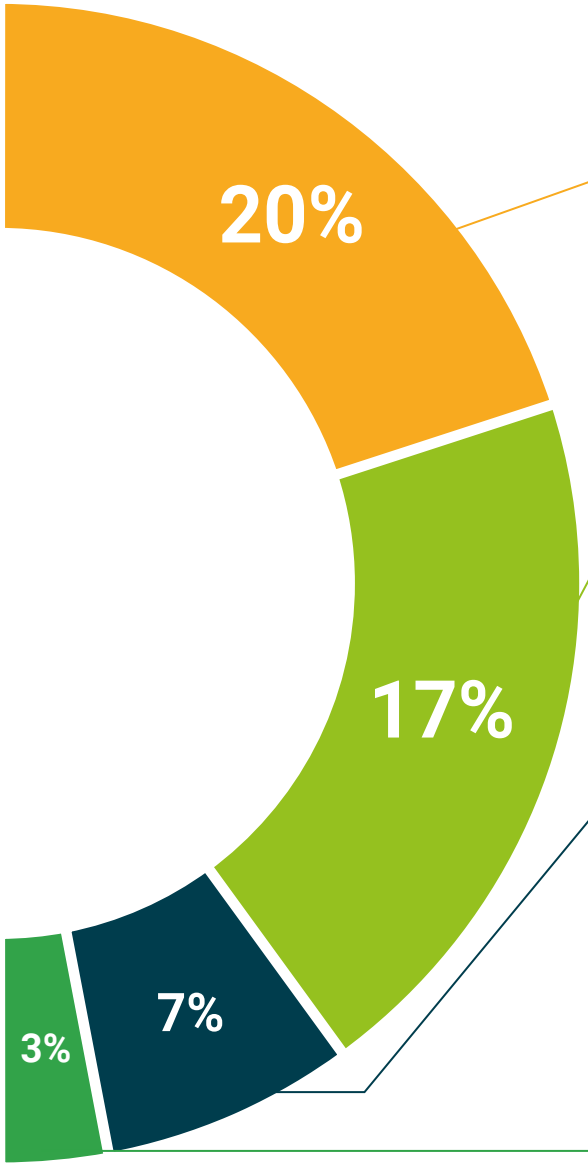
The TECH team presents the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

This unique multimedia content presentation training system was awarded by Microsoft as a "European Success Story".

Additional Reading

Recent articles, consensus documents and international guidelines, among others. In TECH's virtual library, students will have access to everything they need to complete their course.





Expert-Led Case Studies and Case Analysis

Effective learning ought to be contextual. Therefore, TECH presents real cases in which the expert will guide students, focusing on and solving the different situations: a clear and direct way to achieve the highest degree of understanding.

Testing & Retesting

We periodically evaluate and re-evaluate students' knowledge throughout the program, through assessment and self-assessment activities and exercises, so that they can see how they are achieving their goals.

Classes

There is scientific evidence on the usefulness of learning by observing experts. The system known as Learning from an Expert strengthens knowledge and memory, and generates confidence in future difficult decisions.

Quick Action Guides

TECH offers the most relevant contents of the course in the form of worksheets or quick action guides. A synthetic, practical, and effective way to help students progress in their learning.

07

Certificate

The Professional Master's Degree in Geriatric Physiotherapy guarantees students, in addition to the most rigorous and up-to-date education, access to a Professional Master's Degree issued by TECH Global University.

Successfully complete this program and receive your university qualification without travel or laborious paperwork"

This private qualification will allow you to obtain a **Professional Master's Degree diploma in Geriatric Physiotherapy** endorsed by **TECH Global University**, the world's largest online university.

TECH Global University is an official European University publicly recognized by the Government of Andorra (***official bulletin***). Andorra is part of the European Higher Education Area (EHEA) since 2003. The EHEA is an initiative promoted by the European Union that aims to organize the international training framework and harmonize the higher education systems of the member countries of this space. The project promotes common values, the implementation of collaborative tools and strengthening its quality assurance mechanisms to enhance collaboration and mobility among students, researchers and academics.

This **TECH Global University** private qualification is a European program of continuing education and professional updating that guarantees the acquisition of competencies in its area of knowledge, providing a high curricular value to the student who completes the program.

Title: **Professional Master's Degree in Geriatric Physiotherapy**

Modality: **online**

Duration: **12 months**

Accreditation: **60 ECTS**


tech global university

Mr./Ms. _____, with identification document _____
has successfully passed and obtained the title of:

Professional Master's Degree in Geriatric Physiotherapy

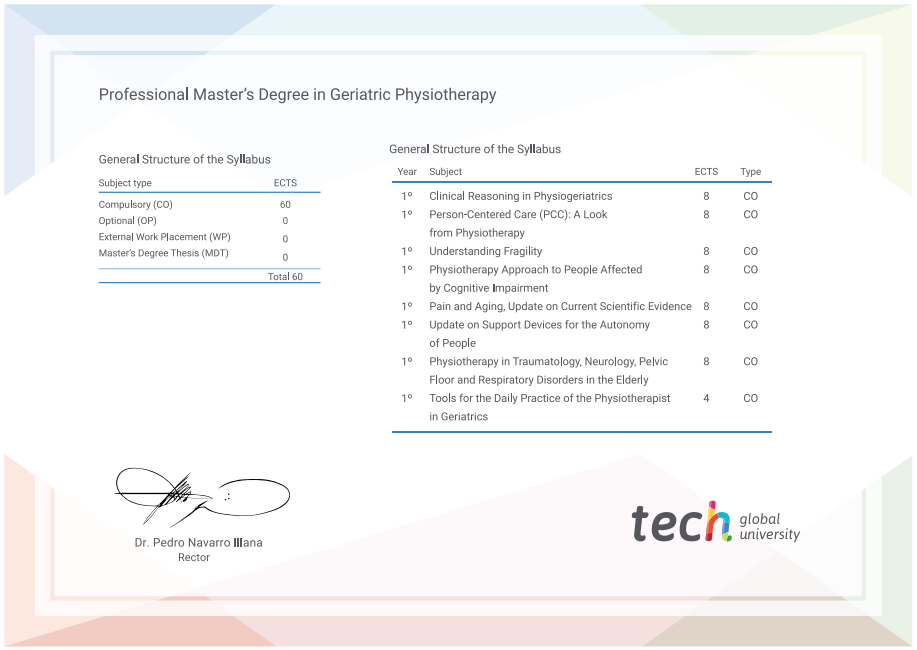
This is a private qualification of 1,800 hours of duration equivalent to 60 ECTS, with a start date of dd/mm/yyyy and an end date of dd/mm/yyyy.

TECH Global University is a university officially recognized by the Government of Andorra on the 31st of January of 2024, which belongs to the European Higher Education Area (EHEA).

In Andorra la Vella, on the 28th of February of 2024

Dr. Pedro Navarro Illana
Dean

This qualification must always be accompanied by the university degree issued by the competent authority to practice professionally in each country. Unique TECH Code: AFWORD23S techtitute.com/certificates


Professional Master's Degree in Geriatric Physiotherapy

General Structure of the Syllabus

Subject type	ECTS
Compulsory (CO)	60
Optional (OP)	0
External Work Placement (WP)	0
Master's Degree Thesis (MDT)	0
	Total 60

General Structure of the Syllabus

Year	Subject	ECTS	Type
1º	Clinical Reasoning in Physiogeriatrics	8	CO
1º	Person-Centered Care (PCC): A Look from Physiotherapy	8	CO
1º	Understanding Fragility	8	CO
1º	Physiotherapy Approach to People Affected by Cognitive Impairment	8	CO
1º	Pain and Aging, Update on Current Scientific Evidence	8	CO
1º	Update on Support Devices for the Autonomy of People	8	CO
1º	Physiotherapy in Traumatology, Neurology, Pelvic Floor and Respiratory Disorders in the Elderly	8	CO
1º	Tools for the Daily Practice of the Physiotherapist in Geriatrics	4	CO

Dr. Pedro Navarro Illana
Rector

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Professional Master's Degree

Geriatric Physiotherapy

- Modality: **online**
- Duration: **12 months**
- Certificate: **TECH Global University**
- Credits: **60 ECTS**
- Schedule: **at your own pace**
- Exams: **online**

Professional Master's Degree

Geriatric Physiotherapy

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