



Professional Master's Degree

Physiotherapy in Early Care

» Modality: online

» Duration: 12 months

» Certificate: TECH Technological University

» Dedication: 16h/week

» Schedule: at your own pace

» Exams: online

We b site: www.techtitute.com/us/physiotherapy/professional-master-degree/master-physiotherapy-early-care

Index

 $\begin{array}{c|c} 01 & 02 \\ \hline & \\ \hline \\ 03 & 04 \\ \hline \\ Skills & \\ \hline \\ \hline \\ \rho, 14 & \\ \hline \end{array}$

06 Certificate

p. 34





tech 06 | Introduction

Physiotherapy in early childhood is a form of treatment and care for children who present some type of alteration in their development resulting in a motor deficiency of neuromuscular origin. In some cases, it can include respiratory rehabilitation in infants who have suffered from asthma, bronchiolitis, cystic fibrosis, and others. Furthermore, it seeks to improve the sequelae of some acute illnesses such as meningitis, cardiac deformities, respiratory infections, etc.

Based on the above, it is essential to have a program that encourages professionals to continue their studies in the field. As such, the Professional Master's Degree in Physiotherapy in Early Care delves into the most important aspects, providing in-depth knowledge through a program developed by experts in the field. The program stands out for dealing with topics ranging from the generality of the specialty, the normal development of children and the different pathologies that may occur and require physiotherapist care.

Currently, programs on physiotherapy in Early Childhood Care are scarce, which is why this training offers specific knowledge on that very discipline. Focusing on the latest evidence, it includes topics on telerehabilitation, therapeutic mobile activities, family-centered work and a unit that will discuss how to conduct literature searches on which to base physiotherapeutic interventions so students can keep up to date and administer evidence-based treatments.

Moreover, childhood obesity is becoming a public health problem that worries many health professionals. In 2016, The World Health Organization estimated that about 41 million children under the age of five worldwide were already suffering from this condition. In many cases, most of these infants continue to be obese into adulthood. As a result, developing a new perspective to address this situation is critical. In this sense, the program adopts the perspective of experts in this area to allow professionals to learn about the new treatments available to improve the mobility of children suffering from overweight or obesity.

This **Professional Master's Degree in Physiotherapy in Early Care** offers the advantages of a high-level scientific, teaching, and technological program. These are some of its most notable features:

- The latest technology in online teaching software
- An intensely visual teaching system, supported by graphic and schematic contents, easy to assimilate and understand
- Practical cases presented by practicing 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 availability from any fixed or portable device with an Internet connection
- Supplementary documentation databases are permanently available, even after the program



Get up to date on all the latest developments in the field of physiotherapy by completing the most effective program on the subject available on the market"



With a methodological design based on proven teaching techniques, this program will take you through different teaching approaches to allow you to learn in a dynamic and effective way"

The program's teaching staff includes professionals from the sector who contribute their work experience to this training 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 immersive training programmed to train 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 professional will be assisted by an innovative interactive video system created by renowned and experienced experts.

Our innovative telepractice concept will give you the opportunity to learn through an immersive experience, which will provide you with a faster integration and a much more realistic view of the contents: "Learning from an Expert"

Cutting-edge training created to propel you toward greater competitiveness in the job market.







tech 10 | Objectives



General Objectives

- Facilitate specializing in Physiotherapy in Early Care
- Reinforce the importance of the role of the family
- Acquire extensive knowledge of normal and pathological development in children
- Describe the assessment and evaluation methods used in Early Childhood Physiotherapy
- Gain detailed knowledge of frequent childhood pathologies
- Recognize methods, techniques and tools used in Early Care treatments



Highly specialized objectives in a qualification created to train the best professionals in Physiotherapy in Early Care"







Specific Objectives

Module 1. Early Care

- Thoroughly know the evolution of physiotherapy in pediatrics
- Become familiar with Early Childhood Care and an Early Childhood Care center, its operations, management and professionals
- Thoroughly know and manage ODAT (Diagnostic Classification of Early Care) and the International Classification of Functioning, Disability and Health (ICF)
- Learn the importance of family involvement in early intervention and how to communicate with them
- Know the guidelines to manage psychological disorders in children

Module 2. Normal and Pathological Child Development

- Learn intrauterine infant development
- Gain in-depth knowledge of motor development in children 0-6 years old
- Outline the development of laterality and play in children
- Identify normal and pathological reflexes in children
- Have detailed knowledge of the cognitive and verbal development of children

Module 3. Pathologies in Childhood

- Understand the main pathologies in pediatric patients (the cause, incidence and development of disease)
- Lay out the factors (prenatal, perinatal and postnatal) that may pose a risk to normal infant development
- Identify characteristic clinical signs and warning signs
- Address key elements in therapeutic intervention

tech 12 | Objectives

Module 4. Childhood Cerebral Palsy (CCP) and Syndromes

- Deeply understand what cerebral palsy is, its causes and incidence
- Know how to classify the type and level of cerebral palsy
- Specialize in spasticity and its main medical treatments
- Recognize ataxia, athetosis and hypotonia
- Explain the diversity of associated problems presented by patients with CCP
- Recognize epileptic seizures and the most common types of musculoskeletal disorders
- Gain a deep understanding of what Down syndrome is and how it affects children with cerebral palsy
- Recognize other syndromes such as Prader-Willi syndrome, Rett syndrome, etc.

Module 5. Advances in Neuroscience Pediatrics

- Recognize the anatomy of the nervous system
- Know the functioning of the nervous system
- Know how to assess the nervous system
- Gain an in-depth understanding of motor learning
- Identify methods based on scientific evidence
- Interpret imaging test results
- Identify the cases where telerehabilitation is feasible

Module 6. Pediatric Evaluation

- Learn how to evaluate and assess motor skills in children.
- Have in-depth knowledge of the different assessment scales
- Identify the purpose of each scale
- Identify the cases where each scale can be used
- Know how to pass the scales
- · Interpret the information obtained during the assessment

Module 7. Effective Evaluation and Intervention in Autism

- Identify characteristics, epidemiology and risk factors associated with children presenting Autism Spectrum Disorder (ASD)
- · Apply the main questionnaires for ASD screening
- Identify the main tests for ASD diagnosis
- Recognize the main interventions used to teach new skills in different developmental areas and to manage behavioral problems in children with ASD
- Address the implications and contributions of motor assessment and physical exercise in children with ASD

Module 8. Respiratory Physiotherapy in Pediatrics

- Adequately assess pediatric patients with respiratory pathology
- Recognize respiratory pathology and administer appropriate treatment
- Recognize the factors that may interfere with respiratory physiotherapy treatment
- Know the respiratory system in depth
- Learn how to correctly manage patients with respiratory pathology



Objectives | 13 tech

Module 9. Physiotherapy in Early Care

- Grasp the importance of natural environments and the new currents of intervention
- Master play in its different stages as an effective treatment tool
- Thoroughly know the most used techniques with the highest level of scientific evidence in the treatment of balance difficulties, standing, postural control, mobility, etc.
- Elaborate a standard session from the perspective of psychomotor skills
- Acquire knowledge of physiotherapy in the aquatic environment
- Identify the main technical and orthopedic aids for posture and mobility in childhood
- Delve deeper into the context of prematurity and the importance of accompaniment
- Present other specific and relevant methods for Physiotherapy in Early Care

Module 10. New Perspectives in Early Care

- Thoroughly understand animal therapy
- Acquire knowledge of sensory stimulation
- Expose the problem of childhood obesity and its consequences
- Learn what pre- and post-natal stimulation consists of and how to conduct a standard session
- Present options for social participation in disability
- Apply the Newborn Individualized Developmental Care and Assessment Program (NIDCAP)
- Present new technologies as therapeutic options MHELP, virtual reality, etc.
- Carry out evidence-based treatments





tech 16 | Skills



General Skills

- Apply the knowledge acquired in this program in daily Early Care practice
- Develop care models based on the most up-to-date evidence to improve patient quality of life
- Employ tools and techniques used in Early Care Physiotherapy
- Integrate therapeutic exercise in health promotion, both in healthy and sick populations



An effective and reliable
Professional Master's Degree that
will take you through an interesting
learning process so that you
acquire all the knowledge of an
expert in the field"

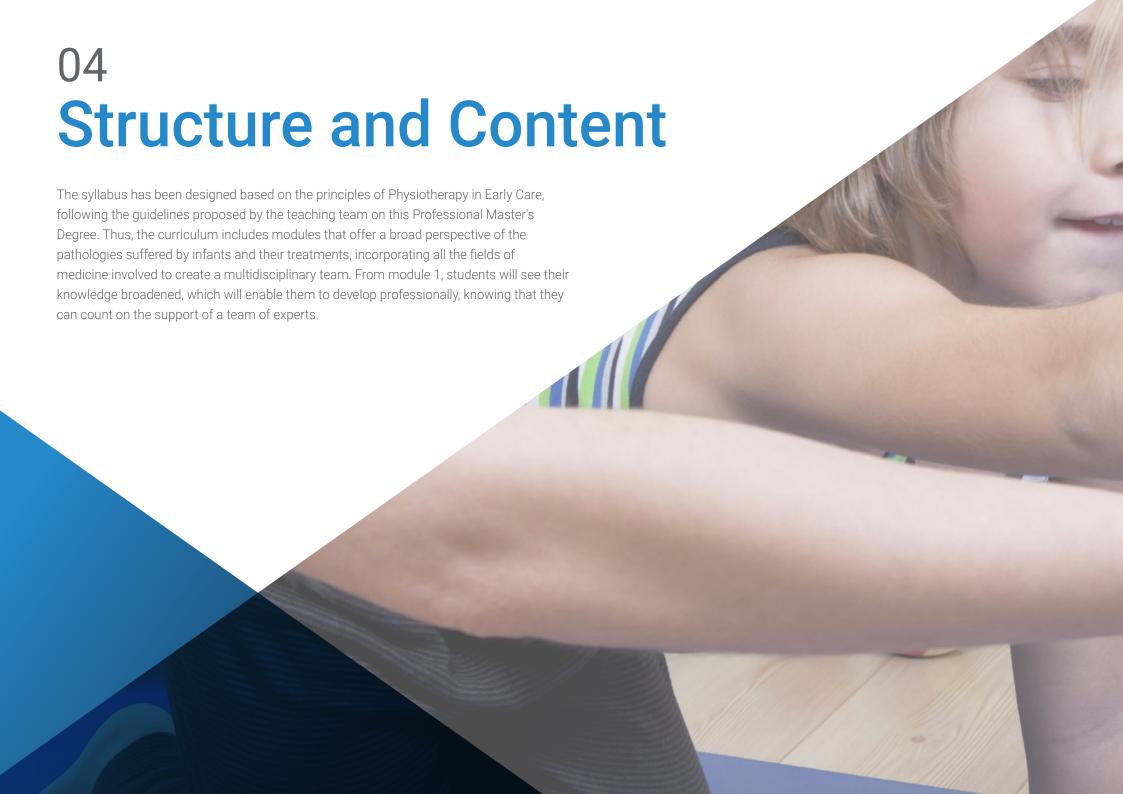






Specific Skills

- Learn what pre- and post-natal stimulation consists of and how to conduct a standard session
- Elaborate a standard session from the perspective of psychomotor skills
- Know the respiratory system in depth
- Apply the main questionnaires for ASD screening
- Identify the cases where each scale can be used
- Gain in-depth knowledge of motor development in children 0-6 years old
- Thoroughly know and manage ODAT (Diagnostic Classification of Early Care) and the International Classification of Functioning, Disability and Health (ICF)





tech 20 | Structure and Content

Module 1. Early Care

- 1.1. The Evolution of Physiotherapy Pediatrics
- 1.2. The Evolution of Child Development Theories
 - 1.2.1. The Main Theories of Motor Control
 - 1.2.1.1. Motor Programming Theory
 - 1.2.1.2. Systems Theory
 - 1.2.1.3. Action Theory
 - 1.2.2. Motor Learning
 - 1.2.3. The Main ICF Intervention Methods and Influence
 - 1.2.4. FBE
- 1.3. Early Childhood Care
 - 1.3.1. Early Childhood Care in Spain
 - 1.3.2. Legal Framework
 - 1.3.3. Libro Blanco de la Atención Temprana (The White Book on Early Care)
- 1.4. Early Care Centers
- 1.5. Early Care in Schooling
 - 1.5.1. Early Care in the First Cycle of Early Childhood Education
 - 1.5.2. Early Care in Second Cycle of Early Childhood Education
- 1.6. ICF
- 1.7. ODAT
 - 1.7.1. Introduction to ODAT: What It Is and What It Is for
 - 1.7.2. Distribution by Axes and Content
- 1.8. The Family and Its Involvement
- 1.9. Communication with the Family
- 1.10. Psychological Management in Children



Module 2. Normal and Pathological Child Development

- 2.1. Intrauterine Development
- 2.2. The Term Infant and Its Development
 - 2.2.1. Neonate Classification
 - 2.2.2. Morphological Characteristics
 - 2.2.3. Normal Reactions
- 2.3. Child Development from 0 to 12 Months Old
 - 2.3.1. Normal Child Development from 0 to 12 Months Old
 - 2.3.2. Child Attitude and Motor Activity from 0 to 12 Months Old
 - 2.3.3. Child Stimulus Response from 0 to 12 Months Old
 - 2.3.4. Child Manipulation from 0 to 12 Months Old
 - 2.3.5. Child Warning Signs from 0 to 12 Months Old
 - 2.3.6. Pathological Child Development from 0 to 12 Months Old
 - 2.3.7. Child Pathologies from 0 to 12 Months Old
- 2.4. Child Development from 12 Months to 3 Years Old
 - 2.4.1. Normal Child Development from 12 Months to 3 Years Old
 - 2.4.2. Child Attitude and Motor Activity from 12 Months to 3 Years Old
 - 2.4.3. Child Stimuli Response from 12 Months to 3 Years Old
 - 2.4.4. Child Manipulation from 12 Months to 3 Years Old
 - 2.4.5. Child Warning Signs from 12 Months to 3 Years Old
 - 2.4.6. Pathological Child Development from 12 Months to 3 Years Old
 - 2.4.7. Child Pathologies from 12 Months to 3 Years Old
- 2.5. Child Development from 3 to 6 Years Old
 - 2.5.1. Normal Child Development from 3 to 6 Years Old
 - 2.5.2. Child Attitude and Motor Activity from 3 to 6 Years Old
 - 2.5.3. Child Stimulus Response from 3 to 6 Years Old
 - 2.5.4. Child Manipulation from 3 to 6 Years Old
 - 2.5.5. Child Warning Signs from 3 to 6 Years Old
 - 2.5.6. Pathological Child Development from 3 to 6 Years Old
 - 2.5.7. Child Pathologies from 3 to 6 Years Old

- 2.6. Child Play Development
 - 2.6.1. Child Play Development from 0 to 6 Months Old
 - 2.6.2. Child Play Development from 6 to 12 Months Old
 - 2.6.3. Child Play Development from 1 to 2 Years Old
 - 2.6.4. Child Play Development from 2 to 3 Years Old
 - 2.6.5. Child Play Development from 3 to 4 Years Old
 - 2.6.6. Child Play Development from 4 to 5 Years Old
 - 2.6.7. Child Play Development from 5 to 6 Years Old
- 2.7. Laterality Development
- 2.8. Normal and Pathological Reflexes
 - 2.8.1. Neurological Assessment: Structure and Content
 - 2.8.2. Primitive Reflexes: Definition, Function and Explanation
 - 2.8.3. Postural Ontogenesis
- 2.9. Relationship between Motor Skills and Other Developmental Areas
- 2.10. Cognitive and Verbal Development in Children

Module 3. Pathologies in Childhood

- 3.1. Critical Periods in Child Development and Cause of Childhood Pathology
- 3.2. Neuromuscular Diseases
 - 3.2.1. Etiology and Incidence
 - 3.2.2. Types
 - 3.2.3. Treatment
 - 3.2.4. Physiotherapy Treatment
- 3.3. Spinal Muscular Atrophy (SMA)
 - 3.3.1. Etiology and Incidence
 - 3.3.2. Types
 - 3.3.3. Treatment
 - 3.3.4. Physiotherapy Treatment
 - 3.3.5. Genetic Therapy

tech 22 | Structure and Content

- 3.4. Congenital Muscular Torticollis and Plagiocephaly3.4.1. Etiology and Incidence
 - 3.4.2. Clinical Manifestations
 - 3.4.3. Treatment
 - 3.4.4. Physiotherapy Treatment
- 3.5. Spina Bifida and Obstetric Brachial Palsy
 - 3.5.1. Etiology and Incidence
 - 3.5.2. Clinical Manifestations
 - 3.5.3. Treatment
 - 3.5.4. Physiotherapy Treatment
- 3.6. Preterm Infants
- 3.7. Achondroplasia
 - 3.7.1. Etiology and Incidence
 - 3.7.2. Clinical Manifestations
 - 3.7.3. Treatment
 - 3.7.4. Physiotherapy Treatment
- 3.8. Arthrogryposis
 - 3.8.1. Etiology and Incidence
 - 3.8.2. Clinical Manifestations
 - 3.8.3. Treatment
 - 3.8.4. Physiotherapy Treatment
- 3.9. Hearing and Visual Impairment
- 3.10. Congenital Heart Pathologies
 - 3.10.1. Etiology and Incidence
 - 3.10.2. Clinical Manifestations
 - 3.10.3. Treatment
 - 3.10.4. Physiotherapy Treatment

Module 4. Childhood Cerebral Palsy (CCP) and Syndromes

- 4.1. CCP
 - 4.1.1. Etiology and Incidence
- 4.2. CCP Classification
 - 4.2.1. Classification According to Muscle Tone and Posture
 - 4.2.1.1. Spastic CCP
 - 4.2.1.2. Dyskinesia or Atetoid CCP
 - 4.2.1.3. Spastic CCP
 - 4.2.1.4. Mixed CCP
 - 4.2.2. Classification by Topographical Criteria
 - 4.2.2.1. Hemiplegia
 - 4.2.2.2. Paraplegia
 - 4.2.2.3. Monoplegia
 - 4.2.2.4. Diplegia
 - 4.2.2.5. Tetraplegia
 - 4.2.3. Gross Motor Classification System
- 4.3. Spasticity and Medical Treatments
 - 4.3.1. Causes of Spasticity
 - 4.3.2. Difference between Spasticity and Hypertonia
 - 4.3.3. Consequences of Spasticity
 - 4.3.4. Spasticity Rating Scales
 - 4.3.5. Medical-Pharmacological Treatment of Spasticity
 - 4.3.6. Physiotherapeutic Approach to Spasticity
- 4.4. Atetosis, Ataxia and Hypotonia
- 4.5. Associated Problems in CCP
- 4.6. Musculoskeletal Alterations
- 4.7. Epileptic Seizures

- 4.8. Down Syndrome
 - 4.8.1. Etiology and Incidence
 - 4.8.2. Clinical Manifestations
 - 4.8.3. Treatment
- 4.9. Prader-Willi, Angelman and Turner Syndromes
 - 4.9.1. Etiology and Incidence
 - 4.9.2. Clinical Manifestations
 - 4.9.3. Treatment
- 4.10. Other Syndromes
 - 4.10.1. Etiology and Incidence
 - 4.10.2. Clinical Manifestations
 - 4.10.3. Treatment

Module 5. Advances in Neuroscience Pediatrics

- 5.1. Central Nervous System (CNS) Anatomy
 - 5.1.1. Neuroanatomy
 - 5.1.2 Fundamental CNS Structures
- 5.2. CNS Functioning
 - 5.2.1. CNS Neurophysiology
 - 5.2.2. Neuronal Synapses
- 5.3. CNS Development
 - 5.3.1. Stages of CNS Development
 - 5.3.2. Critical and Developmentally Sensitive Periods
- 5.4. Brain Plasticity
 - 5.4.1. Neuronal Plasticity
 - 5.4.2. CNS Characteristics that Promote Plasticity
 - 5.4.3. Structural and Functional CNS Changes
 - 5.4.4. Potentiation and Long-Term Depression
- 5.5. CNS Evaluation
- 5.6. Motor Learning

- 5.7. Physiotherapist Involvement in CNS Pathology
- 5.8. Evidence for Methods and Techniques in Neurorehabilitation
- 5.9. Diagnostic Imaging
- 5.10. Telerehabilitation
 - 5.10.1. What Is Currently Understood by Telerehabilitation?
 - 5.10.2. Which Cases Can Benefit from Teleintervention?
 - 5.10.3. Advantages and Disadvantages

Module 6. Pediatric Evaluation

- 6.1. Motor Assessment
- 6.2. Gait Assessment
 - 6.2.1. Observation
 - 6.2.2. Warning Signs
 - 6.2.3. Scales
- .3. Muscle Tone Assessment
 - 6.3.1. Observation
 - 6.3.2. Warning Signs
 - 6.3.3. Scales
- 6.4. Upper Limb Activity Assessment
 - 6.4.1. Observation
 - 6.4.2. Warning Signs
 - 6.4.3. Scales
- 6.5. Musculoskeletal and Hip Assessment
- 6.6 Fine and Gross Motor Skills Assessment
- 6.7. Gross Motor Function Measure
- 6.8. General Motor Skills Screening: MABC-2 in Children 3 to 6 Years Old
- 6.9. Motor Development Scales: Bayley Scales of Infant and Toddler Development-3 y Peabody Developmental Motor Scales-2
- 6.10. Questionnaires: ASEBA and Strengths and Difficulties Questionnaire

tech 24 | Structure and Content

Module 7. Effective Evaluation and Intervention in Autism

- 7.1. Autism Spectrum Disorder (ASD)
 - 7.1.1. Clinical Manifestations
 - 7.1.2. DSM-5 Diagnostic Criteria
- 7.2. ASD Risk Factors
 - 7.2.1. Pre-, Peri- and Postnatal Risk Factors
 - 7.2.2. ASD Prevalence
- 7.3. Early ASD Detection
 - 7.3.1. Developmental Milestones
 - 7.3.2. Characteristics and Importance of Early Detection
 - 7.3.3. Early Detection Tests
 - 7.3.4. Presentation of M-CHAT R/F, SCQ
- 7.4. ASD Diagnosis
 - 7.4.1. ASD Diagnosis Features
 - 7.4.2. Diagnostic Tests Features
 - 7.4.3. The Main ASD Diagnostic Tests
 - 7.4.4. Presentation of ADOS-2. ADIR
- 7.5. Evidence-Based Interventions in ASD
 - 7.5.1. General Overview of Evidence-Based Interventions
 - 7.5.2. Presentation of the Main Evidence-Based Interventions
- 7.6. Applied Behavior Analysis (ABA)
 - 7.6.1. ABA Principles
 - 7.6.2. New Skills Teaching
 - 7.6.3. Behavioral Problems Management
- 7.7. Motor Disorders Associated with ASD
 - 7.7.1. Signs Associated with ASD
 - 7.7.2. Motor Signs in ASD
- 7.8. Motor Assessment
 - 7.8.1. Motor Assessment Features
 - 7.8.2 Motor Signs Tests

- 7.9. Physical Exercise and ASD
 - 7.9.1. Physical Activity in ASD
 - 7.9.2. Physical Exercise in ASD
 - 7.9.3. Sport and Recreational Activities in ASD
- 7.10. Sample Session and Intervention Program
 - 7.10.1. Session Parameters
 - 7.10.2. Materials and Conditions for Adequate Sessions
 - 7.10.3. Typical Physical Therapy Session in ASD
 - 7.10.4. Physiotherapy Session Planning in ASD

Module 8. Respiratory Physiotherapy in Pediatrics

- 8.1. Evidence-Based Respiratory Physiotherapy
- 8.2. Bronchiolitis
- 8.3. Pneumonia
- 8.4 Atelectasis
- 8.5. Asthma
- 8.6. ORL
- 8.7. Respiratory Physiotherapy Assessment in Pediatrics
- 8.8. Techniques in Respiratory Physiotherapy
- 8.9. Respiratory Physiotherapy in Children Suffering from Neurological Disorders
- 8.10. Common Medication

Module 9. Physiotherapy in Early Care

- 9.1. Family-Centered Care
 - 9.1.1. Benefits of Family-Centered Care in Early Childhood Care
 - 9.1.2. Current Family-Centered Models
- 9.2. Play as a Therapeutic Method
 - 9.2.1. Game and Toy Proposals for 0-6 Month-Olds
 - 9.2.2. Game and Toy Proposals for 6-12 Month-Olds
 - 9.2.3. Game and Toy Proposals for 1-2 Year-Olds
 - 9.2.4. Game and Toy Proposals for 2-3 Year-Olds
 - 9.2.5. Game and Toy Proposals for 3-4 Year-Olds
 - 9.2.6. Game and Toy Proposals for 4-5 Year-Olds
 - 9.2.7. Game and Toy Proposals for 5-6 Year-Olds

- 9.3. Balance
 - 9.3.1. The Evolutionary Development of Balance
 - 9.3.2. Balance-Related Disorders
 - 9.3.3. Tools to Work on Balance
- 9.4. Aquatic Therapy
 - 9.4.1. Properties of Water
 - 9.4.2. Physiological Effects Caused by Immersion
 - 9.4.3. Aquatic Therapy Contraindications
 - 9.4.4. Evidence for Aquatic Therapy in Children with Disabilities
 - 9.4.5. Aquatic Therapy Methods: Halliwick, Water Specific Therapy (WST) and Bad Ragaz Ring Method
- 9.5. Orthopedic and Mobility Aids
 - 9.5.1. Lower Limb Orthoses
 - 9.5.2. Upper Limb Orthoses
 - 9.5.3. Mobility Aids
 - 9.5.4. Actions Performed by Physiotherapists
- 9.6. Sitting and Pelvic Seating
- 9.7. Psychomotor Skills
 - 9.7.1. Theoretical Framework of Psychomotor Skills
 - 9.7.2. Practical Application of Physiotherapy Sessions in Early Care
- 9.8. Physiotherapy in Premature Infants
- 9.9. Standing Programs
 - 9.9.1. The Evolutionary Development of the Hip
 - 9.9.2. Tools to Promote Standing
 - 9.9.3. Standing Programs
- 9.10. Other Therapies
 - 9.10.1. Bobath
 - 9.10.2. Vojta
 - 9.10.3. Shantala Massage
 - 9.10.4. Le Metayer

Module 10. New Perspectives in Early Care

- 10.1. Animal-Assisted Therapies
 - 10.1.1. Conceptualization of Animal-Assisted Therapies
 - 10.1.2. Use in Early Care
- 10.2. Sensory Stimulation
 - 10.2.1. The Sensory Stimulation Room
 - 10.2.2. Physiotherapy Use in Early Care
 - 10.2.3. Differences between Sensory Stimulation and Sensory Integration
- 10.3. Childhood Obesity
- 10.4. Pre- and Postnatal Stimulation
- 10.5. Social Participation
 - 10.5.1. The Importance of Social Participation in Disability
 - 10.5.2. The Role of Physiotherapy in Social Participation
- 10.6. Inclusive Spaces and Playgrounds
 - 10.6.1 The Objectives behind Inclusive Spaces and/or Inclusive Playgrounds
 - 10.6.2 The Role of Physiotherapy in Creating Such Spaces and/or Playgrounds
- 10.7. Newborn Individualized Developmental Care and Assessment Program (NIDCAP)
- 10.8. Therapeutic Web and Mobile MHELP Applications
- 10.9. New Technologies (Virtual and Immersive Reality)
- 10.10. Evidence-Based Intervention
 - 10.10.1. Databases and Search Engines
 - 10.10.2. Search Keywords
 - 10.10.3. Scientific Journals
 - 10.10.4. Scientific Articles
 - 10.10.5. Evidence-Based Practice

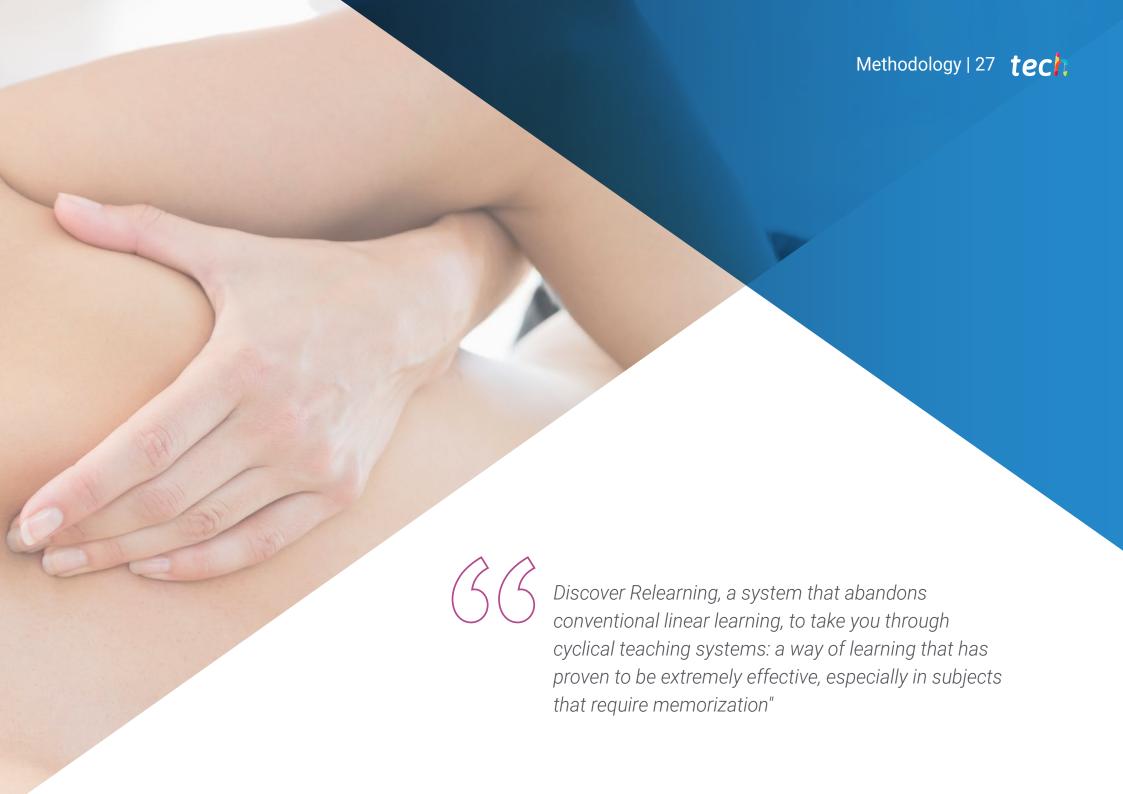


A very complete educational program, oriented toward high professional impact learning"



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.

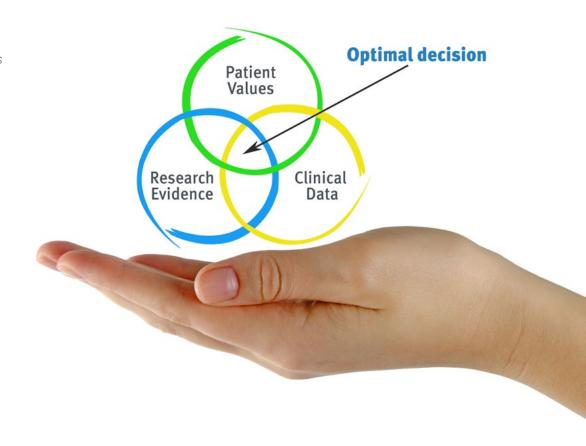


tech 28 | Methodology

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.



Methodology | 31 tech

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 training, 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 re-learn). 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.

tech 32 | Methodology

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

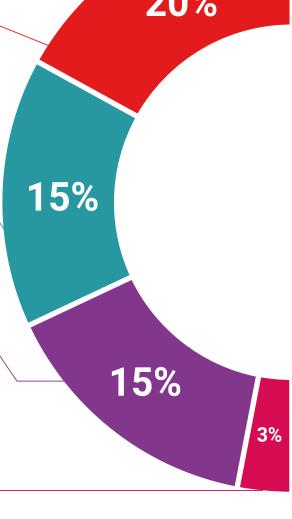
TECH brings students closer to the latest techniques, the latest educational advances and to the forefront of current Physiotherapy techniques and procedures. All of this in direct contact with students and explained in detail so as to aid their assimilation and understanding. And best of all, you can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

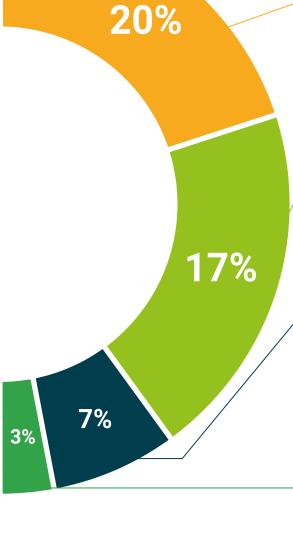
The system known as Learning from an Expert strengthens knowledge and memory, and generates confidence in future difficult decisions.



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.









tech 36 | Certificate

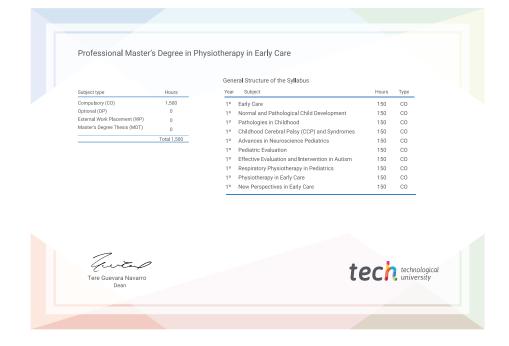
This **Professional Master's Degree in Physiotherapy in Early Care** contains the most complete and up-to-date scientific program on the market.

After the student has passed the assessments, they will receive their corresponding **Professional Master's Degree** issued by **TECH Technological University** via tracked delivery*.

The diploma issued by **TECH Technological University** will reflect the qualification obtained in the Professional Master's Degree, and meets the requirements commonly demanded by labor exchanges, competitive examinations and professional career evaluation committees.

Title: **Professional Master's Degree in Physiotherapy in Early Care**Official N° of Hours: **1,500 h.**





^{*}Apostille Convention. In the event that the student wishes to have their paper diploma issued with an apostille, TECH EDUCATION will make the necessary arrangements to obtain it, at an additional cost.

technological university **Professional Master's** Degree Physiotherapy in Early Care Modality: online Duration: 12 months Certificate: TECH Technological University

Dedication: 16h/week
Schedule: at your own pace

Exams: online

