



EUROPEAN BOARD OF PHYSICAL AND REHABILITATION MEDICINE LOGBOOK

EUROPEAN UNION OF MEDICAL SPECIALISTS

UEMS

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EUROPEAN UNION 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)

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**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.euro-prm.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

DATES FROM TO		UNIT OR DEPARTMENT	INSTITUTION OR HOSPITAL	CITY / TOWN	HEAD OF DEPARTMENT



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 exercise 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.14. Augmentative Devices for the Disabled**
- 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

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:

DATE (month/year):	completed tasks
<u>INPATIENTS (ADMISSIONS):</u>	
<u>INPATIENTS (DISCHARGES):</u>	
<u>OUTPATIENTS:</u>	
<u>SKILLS:</u>	
<u>EDUCATION (lectures, congresses, workshops):</u>	
<u>LITERATURE STUDIED:</u>	
<u>ARTICLE REVIEWED:</u>	
<u>OTHER (paper, presentation):</u>	
<u>COMMUNICATION TO OTHER MEMBERS OF REHABILITATION TEAM, GENERAL PRACTITIONERS, OTHER SPECIALTIES:</u>	

*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, prescripton of rehabilitation aids etc.

** 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.

REPORT ON THE SPECIALIST IN TRAINING

(at least once a year)

Institution _____

Current period of training: from _____ to _____

Date of interview _____

Responsible specialist _____

SKILLS and KNOWLEDGE	Excell. -----	Good -----	Satisf. -----	Needs further Training -----	Unsatisf. -----	remarks -----
Clinical examination						
Clinical work						
Knowledge – diagnostic, therapeutic, clinical application						

Brief description of skills and experience gained -----

Special remarks / comments for the further training periods :

CONTINUING OF TRAINING

- suitable
- suitable, conditional on
- no, unless
- no, because of following reason
- advice given :

Signature
Trainer

Name

Date:

TRAINING COURSES AND CONGRESSES

DATES from to	CITY / TOWN	TOPIC	ORGANISING BODY

ORAL COMMUNICATIONS / POSTERS

DATE	TOWN/ CITY	TITLE	ORGANISER	SIGNATURE OF TRAINER

PUBLICATIONS - ABSTRACTS

TITLE	AUTHOR(S)	JOURNAL AND REFERENCE

FINAL DECISION OF THE DIRECTOR OF TRAINING

**- National specialist certificate obtained
date**

Signature:

Name :

DATE:

PLACE