

# NEUROLOGICAL PLACEMENTS

What qualifies as neurological experience?

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## Neurological experience

Physiotherapy assessment and treatment of neurological conditions is well supported in the clinical research as part of the “whole-patient” model of care. As a wide variety of primary, chronic or comorbid neurological conditions impact functional mobility and cardiorespiratory function, evidence supports physiotherapy assessment and intervention in all practice areas related to physiotherapy, not just those designated customarily “neuro”: spinal cord injury, stroke, and brain injury, as example.

Recognizing opportunities to assess and promote functional interventions and adaptations in the presence of a primary or co-morbid neurological diagnosis will provide students with occasion to consider the anatomical, physiological and behavioral impacts these presentations have on functional mobility. As such, all instances where a student utilizes knowledge and skills related to neurological conditions and interventions should therefore be considered as relevant and appropriate neurological experiences, even if the admission diagnosis is not reflective of a neurological condition. For instance, students can receive credit hours in neurology if they are treating a patient on an orthopaedic unit recovering from an elective hip replacement who has underlying Parkinson’s disease if treatment needs to be adapted due to the Parkinson’s diagnosis.

**Q: If students are involved in treating the following conditions, please consider if the exposure constitutes neuro practice:**

- Stroke
- Multiple Sclerosis
- Guillain-Barre Syndrome
- Brain Injury/Brain tumor
- Parkinson’s disease
- Other movement disorders such as Progressive Supranuclear Palsy, Huntington’s Disease, Parkinsonism
- Amyotrophic Lateral Sclerosis
- Spinal Cord Injury
- Transverse Myelitis
- Cerebral Palsy

Peripheral neuropathies do not tend to be included unless there is significant dysfunction that requires more handling techniques.

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