THE TAMILNADU DR. M.G.R MEDICAL UNIVERSITY,

CHENNAI-600 032.

BACHELOR OF PHYSIOTHERAPY DEGREE COURSE

INSPECTION REPORT – 100 seats

FOR THE ISSUE OF
CERTIFICATE OF REGISTRATION FOR STARTING
BACHELOR OF PHYSIOTHERAPY DEGREE COURSE

THE TAMILNADU DR. M.G.R MEDICAL UNIVERSITY,
CHENNAI- 600 032.
BACHELOR OF PHYSIOTHERAPY DEGREE COURSE
CERTIFICATE OF REGISTRATION
INSPECTION REPORT FOR THE ACADEMIC YEAR-_____

1.	Name of the Convenor with Designation and Address PhoneNo: Office: Mobile No: Email id:	
2.	Names of the Member with Designation and address PhoneNo: Office: Mobile No: Email id:	
3.	University Letter No.& date in which the Inspection Commission Constituted	
4.	Date of Inspection	
5.	Place and details of authorities representing the Management present at the time of Inspection	
6.	Name of the Society/Trust/Company and its full registered address with telephone numbers. (Copy of Registered Trust Deed to be enclosed)	
7.	Whether the proposed college is a Minority institution.	Minority / Non-Minority If it is minority furnish the Following details. G.O.(MS.)No. Dept. Dated :
8.	Name of the proposed Physiotherapy College and full address with Telephone Nos. where the Physiotherapy College is located. Email id:	

9.	Name of the Principal Qualifications Teaching experience Experience working as Principal Residential Address Phone No: Office: Mobile:	
10	Name of the other courses run by the Trust Note: Where more than one course is conducted by the Trust, the Inspection Commission may ensure that the course under reference has got sufficient infrastructural facilities separately.	
11	State Government Order No.& Date in which permission was accorded to start the Physiotherapy college and course. (Copy of Orders be enclosed)	G.O.(MS.) No. Dept. Dated:
12	**GOVERNMENT ENDOWMENT:** Whether Trust/Society/Company created Required endowment for running the Course with the Government of Tamil Nadu/ Director of Medical Education. (Copy To be enclosed)	
13	**LAND AND BUILDING**	
i)	**Registered Sale Deed** regarding proof of ownership of land. (Copy to be enclosed).	
ii)	**Original Sworn Affidavit** in Rs.200/ -Non- Judicial stamp paper to be furnished in the enclosed format, by the Management	
iii)	**Legal Opinion** of the Government Pleader for the earmarked land with Survey Nos.	Name of the Govt. Pleader: Date of issue :
iv)	**Latest Encumbrance Certificate** Obtained from the Registering Authority	E.C.No. Dated: Issued by:
v)	**Certificate of evidence obtained From the Revenue Authority** stating that the ear-marked land at the proposed Physiotherapy College does not attract the T.N. Urban Land Ceiling and Regulations Act 1978, T.N. Town Country Planning Act1971 and T.N. Land Reforms Act 1961. (Copy to be enclosed).Specify whether Plan or non Plan area	
vi)	**Location of the Land** Furnish full address	

vii)	**Approved Building Plan** for the proposed Physiotherapy College issued by the Competent Municipal / Panchayat authority duly indicating their office ref. No. And date along with Date and office seal including covering Letter for approval should be enclosed for the i. Academic Block ii. Hostels for boys and girls iii. Staff Quarters (floor plan to be enclosed)	Approved by : Date of approval: Approval issued vide Lr.No.
viii)	**Building Completion Certificate** Issued by the competent authority viz., Corporation, MMDA, Municipality and Panchayat Board etc.,	Issued by: Ref. No.: Date :
ix)	a. Whether the Academic and Hostel block are located in an area of not less than 5 acres of land, should be in the name of the Trust. b. No Separate land is required if the College is in the premises of NMC permitted Medical College.	Type of Location: _____ Total area in acres _____
x)	The applicant Institution / Trust should have a separate facility for clinical Training	
xi)	Adequate parking space and recreational area or open space for students	
xii)	Adequate space for out-patient Physiotherapy department, various laboratories, office space, class rooms, hostel and other ancillary facilities	
xiii)	**READY BUILT AREA:** (not less than 55,000 sq.ft. B.P.T. Degree Course proposed to be started)	
xiv)	Building should be barrier free accessible to persons with disability and as per NBCI guidelines (National Building Code of India)	
xv)	Building must be recorded on the appellate institute name or if the land is under lease agreement, it must be for at least 10 years. (The lease deed should be in the name of the Trust and not in the name of the individual /college)	

xvi)	Building must have requisite clearances from the respective civic and administrative authorities like- i. Fire NOC, ii. Structural Stability Certificate, iii. Land use Certificate etc. (Copy to be enclosed)	
xvii)	Building must have CCTV camera for surveillance for every area of common use	

14	**INSTALLATION OF BIOMETRIC MACHINE TO MONITOR THE ATTENDANCE**					
15	**SPACE ALLOTMENT FOR AN ANNUAL INTAKE OF 100 STUDENTS OF B.P.T.**					
S.no	**Particulars**	**Requirement per unit (Sq feet)**	**No of units**	**Total area required (Sq feet)**	**Available (Sq feet)**	**Shortfall (Sq feet)**
i)	Department Office	1000	1	1000		
	Dean/ Principal Office	300	1	300		
	Professor's Office	200	4	800		
	Associate Professor's office	100	8	800		
	Assistant Professor's office	50	12	600		
	Common room for Staff	500	1	500		
	Room for visiting faculty	300	1	300		
	Seminar room/ Mini Auditorium	2000	1	2000		
	Conference Room	3000	1	3000		
	Class Rooms with LCD projector/ smart class rooms with demonstration couches	1200	4	4800		
	Students` common room [Girls]	500	2	1000		

	Students common room [Boys]	500	2	1000		
	Library with Reading Room	5000	1	5000		
	Discussions /Interaction room	400	1	400		
	Out-door Physiotherapy Department	2500	2	5000		
	Therapeutic exercise Room	1000	2	2000		
ii)	**Laboratories**	**Requirement per unit (Sq feet)**	**No of units**	**Total area required**	**Available**	**Shortfall**
	Anatomy lab	1200	1	1200		
	Physiology lab	1200	1	1200		
iii)	**Departments**	**Requirement per unit (Sq feet)**	**No of units**	**Total area required**	**Available**	**Shortfall**
	Exercise Therapy/ Therapeutic Exercise/ Kinesiotherapy Department	1200	2	2400		
	Electrotherapy and electro diagnosis Department	1200	2	2400		
	Dept of musculoskeletal & Sports physiotherapy	1200	1	1200		
	Dept. of Neuro physiotherapy	1200	1	1200		
	Dept. Of Cardio-respiratory Physiotherapy	1200	1	1200		
	Dept. Of community physiotherapy	1200	1	1200		
	Department of Sports physiotherapy, exercise fitness & analysis	1200	1	1200		

iv)	Other facilities	Requirement	No of units	Total area required	Available	Shortfall
	Hostel for Girls	Separate / Shared with other institutions of the same management	1			
	Hostel for Boys		1			
	Play ground out door, List of Sports articles to be enclosed			Minimum 6000		
v)	**Library**	**Requirement**			**Available**	**Shortfall**
	Text Books as per syllabus one copy of book per 10 students per subject.	1200-1400				
	Reference books	600 Advanced Books as per requirement				
	Journals	At least four international and four national journal.				
	Subscription to electronic data base / ejournals	Required				
	Mandatory Internet facility access to e-library	Minimum 30 computer terminals for 100 students				
vi)	Canteen facility for Student and Staff					
vii)	Water Cooler / Safe drinking water facility					
viii)	Internet facility inside campus					
ix)	Cycle/ Motor cycle/ Car parking					
x)	**PHYSICAL INFRASTRUCTURE** Whole Campus should be accessible for persons with disabilities					

16	**PHYSIOTHERAPY DEPARTMENT / OPD** A well-equipped OPD facility with instruments of all specialties, should be available at the college premises (Copy to be enclosed)	

17	**HOSPITAL ARRANGEMENTS**			
A.	**OWN HOSPITAL**			
i)	Whether the Trust/ Society owns a hospital being run by it with minimum of 500 beds.			
ii)	Whether the Trust has Own Hospital having not less than 500 beds in the following speciality: (Copy to be enclosed)	Own Hospital Name:……. License/ Registration No.…… Dt.…… Full Address: (Copy of license and clinical establishment to be enclosed)		
iii)	**Departments**	**Required**	**Available**	**Shortfall**
	Orthopaedics / Musculoskeletal departments			
	Medicine including rheumatology, geriatrics and emergency medicine			
	Surgery including plastic surgery and burns			
	Gynaecology and Obstetrics			
	Neurology / Neurosurgery			
	Paediatrics, paediatric surgery and neonatal ICUs			
	Respiratory medicine			
	Cardiology including critical care and cardiothoracic surgery			
	Oncology and Radiotherapy			
	Total Bed Strength = 500			
B.	**TIE-UP HOSPITAL**			
i)	Shall have a tie-up with a General Hospital with a minimum of 500 beds Within a radius of 20 km from the academic complex.			
ii)	Whether the Trust has Tie-up Hospital is having not less than 500 beds in the following speciality: if tie-up hospitals MOU (Copy of MOU to be enclosed)	Tie-up Hospital Name:……. License/ Registration No.…… Dt.…… Full Address: (Copy of license and clinical establishment to be enclosed)		
iii)	Departments	Required	Available	Shortfall
	Orthopaedics / Musculoskeletal departments			
	Medicine including rheumatology, geriatrics and emergency medicine			
	Surgery including plastic surgery and burns			
	Gynaecology and Obstetrics			
	Neurology / Neurosurgery			
	Paediatrics, paediatric surgery and neonatal ICUs			

<table>
<tr><td></td><td>Respiratory medicine</td><td></td><td></td><td></td></tr>
<tr><td></td><td>Cardiology including critical care and cardiothoracic surgery</td><td></td><td></td><td></td></tr>
<tr><td></td><td>Oncology and Radiotherapy</td><td></td><td></td><td></td></tr>
<tr><td></td><td>Total Bed Strength = 500</td><td colspan="3"></td></tr>
<tr><td>iv)</td><td>Name of the Hospital (Tie-up)</td><td>Bed Strength</td><td>Consent Lr. No. &Dt. Issued by The Hospital</td><td>Period of Tie-up
From</td><td>To</td></tr>
<tr><td></td><td>i)
ii)
iii)
iv)
v)</td><td></td><td></td><td></td><td></td></tr>
<tr><td>v)</td><td colspan="5">i) The MOU should mention the available clinical specialties patient loads availability of required equipment for clinical training with names
ii) The MOU should mention the available designations of the faculties responsible for the training in the hospital.</td></tr>
<tr><td>18</td><td colspan="2"><u>EARMARKED ASSETS:</u>
Details of earmarked assets and Resources exclusively available to Run the Physiotherapy College.
(Produce evidence like Fixed Deposit Receipts etc.)</td><td colspan="3"></td></tr>
<tr><td>19</td><td colspan="2"><u>FINANCIAL SOUNDNESS</u>
The Management of the Physiotherapy College shall show evidence of an annual Income of not less than Rs.10,00,000/- (Rupees Ten Lakhs only) to facilitate the Proper running of the Under Graduate Course in Physiotherapy College.</td><td colspan="3"></td></tr>
<tr><td>20</td><td colspan="2"><u>BALANCE SHEET</u>
Latest Balance sheet duly certified by a Chartered Accountant showing the financial soundness to run the Physiotherapy college to be enclosed.</td><td colspan="3"></td></tr>
<tr><td>21</td><td colspan="2">Details of Transportation
No.of vehicles with seating capacity
(Copy of Driver’s details with License and RC book to be enclosed)</td><td colspan="3"></td></tr>
</table>

22	Furniture List of furniture provided to be enclosed. (For faculties, students, office staff, class room, library and office)	
23	Payment of Current Inspection Fees	
24	Note: - The inspection commission is requested to make sure that no Recommendations or comments whatsoever made by yourself in the report. Other than this to enclose Confidential report on the basis of observations Are made separately	

PLACE:

DATE:

SIGNATURE OF THE MEMBER
(NAME IN BLOCK LETTERS)

SIGNATURE OF THE CONVENOR
(NAME IN BLOCK LETTERS)

(To be furnished in the Rs.200/- Non judicial stamp paper duly signed by the Managing Trustee and counter signed by the Notary Public with seal)

SWORN AFFIDAVIT

We here by declared that the following lands owned by us Have been ear-marked for the purpose of starting B.P.T. Degree Course at the .....college at ..... run by .....trust.

S. No	Lands registered under document No. and date	Survey No.	Land in Acres	Location of the land

Signature of the Managing Trustee
With Seal & date

Signature of Notary
Public with seal& date

CHECK LIST

Laboratories - ANATOMY

SN	COMPONENTS	LABORATORY
1	Dissection facility	Minimum 4 cadavers
2	Disarticulated bone set including spine set	Minimum 10 sets
3	Specimen/model for soft parts [heart, lung, brain, spinal cord, lower limb, upper limb, spine, GI system, male and female urogenital system]	Minimum 4 sets
4	Anatomy Software and Virtual Anatomy Models computer with internet connection along with multimedia projector and screen. PC should be installed with software and virtual anatomy models for teaching musculoskeletal and neurological anatomy	Updated version of Software

Laboratories - PHYSIOLOGY

SN	COMPONENTS	LABORATORY
1	Microscope oil immersion with single and double demonstration eye piece	10
2	Westergren's pipette for E.S.R. on stand (with space pipette)	Minimum 50
3	Wintrobe's pipette for ESR and PCV with stand	Minimum 50
4	Hemoglobin-meter	Minimum 50
5	Hemocytometer	10
6	Tuning fork time marker	4
7	Sphygmomanometer (mercury and digital)	20 each
8	Stethoscopes	20
9	Stethoscopes for demonstration with multiple earpieces (desirable)	5
10	Polygraphs	1
11	Spirometer	20
12	Gas analysis apparatus. Halden's student type	1
13	Van Slyke's apparatus manometric	1
14	Shenington Starling kymograph (electrically driven)	2
15	Gas analyser automatic for CO2. 02, N2	1
16	Basal metabolism apparatus	1
17	Mosso's Ergograph	5
18	Clinical thermometer	20
19	Compass aesthesiometer	2

20	Thermo-aesthesiometer	2
21	Algometer	2
22	Knee hammer	25
23	Bicycle Ergometer	2
24	Schematic eye	2
25	Newtons color wheel	2
26	Tuning fork to test hearing 32-10000 cps(sets-100.256.512Hz)	2
27	Dynamometer	2
28	Perimeter with charts (Lister"s)	2
29	Color perception lantern Edridge green	2

EXERCISE THERAPY/ KINESIOTHERAPY/ GYMNASIUM

S.NO	Name of Instruments	LAB	OPD
1	Parallel bar	2	2
2	Wall bar	2	2
3	Suspension frame with apparatus	4	2
4	Ergocycles	1	2
5	Blood pressure apparatus	20	4
6	Large full-size mirrors	2	2
7	Wrist roller/exercise	2	2
8	Stepper	2	2
9	Shoulder wheel	2	2
10	Walker with adjustable heights	10	4
11	Walker with adjustable heights with castor	4	2
12	Axillary and elbow crutches (adjustable)	20 pairs each	4 pairs each
13	Tripod stick, quadripod adjustable	20 each	4 each
14	Aluminum sticks	20	4
15	Vestibular balls – 26”, 30”, 34”	4 each	2 each
16	Delorme shoes with weights	12 pairs	2 pair
17	Staircase and slope	2	2
18	Tilt table	2	2
19	Goniometers – 180, 360	20	2
20	Digital goniometres	10	2
21	Inclinometer	10	2
22	Spinal goniometer	2	2
23	Reflex Hammers	20	2
24	Quadriceps table with weights	1	1
25	Equilibrium board both adult and pediatric	2	2
26	Exercise mats	12	8
27	Dumbbells, weight cuffs, sandbags, springs of different weights and strengths	8 sets each	2 set each
28	Rope & Pulley set	30	10
29	Progressive resistance station /Multi Gym	2	1
30	Bolster 3 sizes	2 each	2

31	Rowing machine	1	1
32	Ankle exerciser	2	2
33	Wedge	4	2
34	Medicine balls	20	6
35	Resistive bands Different colors	20 each	10
36	Finger ladder	2	2
37	Skates	12	4
38	Pedo cycle	2	2
39	Wheel chairs with detachable arm rest	5	2
40	Wooden Plinth	12	6
41	Hand dynamo meter	2	2
42	Skin fold caliper	2	2
43	Body composition analyzer	1	1
44	Weighing scale	2	2
45	Stadiometer (Height Measuring scale)	2	2
46	Computerized Treadmill	1	1
47	Sensory assessment kit	2	2
48	Pain assessment instrument (PPT-Algometer)	6	2
49	Hydrotherapy Unit	1	1

ELECTRO THERAPY & ELECTRODIAGNOSIS LAB

S.NO	Name of Instruments	LAB	OPD
1	Short wave diathermy	4	2
2	Microwave Diathermy	2	1
3	Pulse Diathermy (PEME)	2	1
4	Diagnostic stimulator	12	8
5	Ultrasound therapy unit 1 &3 MHz	8	4
6	Paraffin wax bath unit	2	1
7	Infrared lamp- Luminous & non-luminous	8	4
8	Cold pack unit/ refrigerator with cryo pack of different sizes	1	1
9	Hot pack unit/ hydro collator unit with 6 packs	2	1
10	Laser Unit	4	2
11	Interferential Theory unit	6	4
12	Trans cutaneous nerve stimulator (TENS)	6	4
13	E.M.G./N.C.V	1	1
15	EMG Biofeedback unit	1	1
16	Extracorporeal shock wave therapy	1	1
17	Combination therapy	2	2

DEPARTMENT OF MUSCULOSKELETAL & SPORTS PHYSIOTHERAPY

S.NO	Name of Instruments	LAB	OPD
1	Wheel chair with detachable arm rest	1	1
2	Cambered wheel chair	1	1
3	Crutch axillary	5	5
4	Elbow crutch	5	5
5	Walking stick with adjustable height	5	5
6	Tripod /tetrapod walking stick	5	5
7	Set of orthosis and splints for upper limb	10	10
8	Set of orthosis and splints for lower limb	10	10
9	Set of orthosis and splints for spine	10	10
10	Treatment couch	10	10
11	Pillows	10	10
12	Tilt table	1	1
13	Articulated bone set	1	1
14	Articulated spine model	3	3
15	Balance board	1	2

DEPARTMENT OF NEURO – PHYSIOTHERAPY

S.NO	Name of Instruments	LAB	OPD
1	Suspension frame	1	1
2	Wheel chair	1	2
3	Parallel bar	1	1
4	Stair case	1	1
5	Sensory testing kit monofilament	1	1
6	Reflex Hammer	1	2
7	Balance board	1	1
8	Pillows	10	10
9	Transfer board	1	1
10	Wheel chair (Recliner)	1	2
11	Crutches	10	10
12	Mat	5	5
13	Gym ball	2	5
14	Bolsters	2	5
15	Wedge	5	5

DEPARTMENT OF CARDIO-RESPIRATORY PHYSIOTHERAPY

S.NO	Name of Instruments	LAB	OPD
1	Hand held Doppler and venogram	1	1
2	Motorized Treadmill with inclination control	1	1
3	Cardio-pulmonary exercise testing Unit	1	1
4	Nebulizer	4	1
5	Peak Flow Meter	1	1
6	Inspiratory Muscle trainer	5	5
7	Portable Oxygen Cylinder with accessories	1	1
8	Non-invasive ventilation (BiPAP, CPAP, Auto PAP)	1	1
9	Ambu bag	2	1
10	Mechanical vibrator	4	1
11	Arm Ergometer	1	1
12	Suction Devices- Electronic and foot operated	2 each	1 each
13	Pulmonary Function Testing (PFT) System	1	1
14	Endotracheal tube, Tracheostomy tube of different sizes	1 each	1
15	Suction catheter of different sizes	5 each	2 each
16	Couch for postural drainer	4	2
17	Pillows	10	10
18	Pedometer	1	1
19	Pulmonary function test Machine	1	1
20	Incentive Spirometer (Volume and Flow each)	3 each	3 each

DEPARTMENT OF COMMUNITY PHYSIOTHERAPY

S.NO	Name of Instruments	LAB	OPD
1	Weighing machine	2	1
2	Baby weighing machine	2	1
3	Skin fold caliper	4 sets	5
4	Goniometer	4 sets	5
5	Height measuring stand	2	5
6	Vehicle for transport of students / interns and staff to community visits	1	
7	Multimedia projector with screen	2	1
8	Portable Public address system	2	1

9	First aid kit	4 sets	4
10	Body Composition Analyzer	2	2
11	Portable couch	4	4
12	Portable table	4	4
13	Portable chair	4	4

SKILL LAB

S.NO	Name of Instruments	LAB
1	Couch	10
2	Mannequin for CPR	1
3	Bandages tapes	5 sets
4	Thera bands	5 sets
5	Bed having facility for propping up patient	2
6	Spine board	2
7	Bolsters	4
8	Mat	4
9	Gym ball	1 set

PHYSIOTHERPAY OUT PATIENT DEPARTMENT (PT - OPD)

S.NO	REQUIREMENTS	AVAILABLE	SHORTFALL
1	Reception area		
2	Waiting hall with adequate sitting arrangements		
3	Consultation rooms		
4	Ancillary area: space for storage of records, reagents, consumables, stationary etc including eating area for staff shall be available in accordance with the workload		
5	Electrotherapy unit: six chambers for different modalities		
6	Separate space for Cryotherapy unit, Wax Bath and Hydrocollator		
7	Two consultation chambers with examination couches		
8	Exercise Therapy unit		
9	Minimum one consultation room (8 ft x 8 ft at least),		
10	Treatment rooms/ cabins (3 of 10ft x 10ft each)		
11	Gymnasium for exercise training (25 ft x 20 ft)		
12	Adequate space for the Parallel bars, Gait training and Floor or mat exercises		
13	Hydrotherapy/ aqua therapy unit: It should be placed in the separate chamber of the size as per the equipment specifications. For example, if Hubbard's equipment is used, it requires a		

	chamber of not less than 15ft x15ft along with the facility of changing room and wash room		
14	The centre should have essential facilities like washbasins, wash rooms, drinking water etc		
15	Furniture and Fixtures for all the department (as per need) a) Table b) Chairs c) Patient examination revolving stool d) Examination Table or couch e) Blind Screens/ curtains f) Step-up stool g) Storage Cabinet for records etc., h) Biomedical Waste disposal bins		
16	List of Essential Equipment a) Stethoscope -1 b) Thermometer digital -1 c) Torch (flash lights) – 1 d) Sphygmomanometer (BP Apparatus) Digital – 1 e) Weighing machine – 1		
17	Fire extinguisher (as per the norms)		

MANDATORY GENERAL EQUIPMENTS FOR BPT COURSE

S.No	NAME OF THE EQUPMENTS	AVAILABLE	SHORTFALL
1.	Computer with Accessories		
2.	Calculator		
3.	Laptop including Printing facility		
4.	Data card		
5.	Pentium-IV Computer/ Laptop Computer with windows 2000/ Windows XP With internet		
6.	Explorer/ Mozilla Firefox, Adobe Acrobat Reader, Anti virus software- 2Nos		
7.	Laser printer/ Ink jet printer 2 Nos		
8.	5KVA UPS with a minimum of 3 hours of backup 2Nos		
9.	Copier machine with minimum of 90PPM 1Nos		
10.	Broad band internet 1Nos		
11.	Fax machine 1 no		
12.	Wireless phone with internet cable USB wireless Internet data card (as alternative to broad band internet failure)–1No.		
13.	Power generator–1No.		
14.	Camera for recording the examination–4Nos.		

15.	Mobile phone Jammer(5G)–1No.		
16.	Metal detector –2No.		
17.	Storage cabinets–6nos		

LIBRARY – TITLES

S.NO	Titles of books for library
1.	Anatomy
2.	Physiology
3.	Physics
4.	General medicine
5.	General surgery
6.	Paediatrics
7.	Microbiology
8.	Pathology
9.	Exercise therapy
10.	Exercise physiology
11.	Massage
12.	Biomechanics/ Pathomechanics
13.	Electrotherapy
14.	Electrophysiology
15.	Community medicine
16.	Clinical orthopaedics
17.	Clinical neurology
18.	Clinical cardio respiratory diseases
19.	Physiotherapy for orthopaedics
20.	Physiotherapy for neurology
21.	Physiotherapy for cardio respiratory diseases
22.	Rehabilitation medicine
23.	Yoga
24.	Research methodology and biostatistics
25.	Ethics in physiotherapy
26.	Sports physiotherapy
27.	Obstetrics and Gynaecology
28.	Manual therapy and manipulative therapy
29.	Geriatric physical therapy
30.	Orthopaedic special test
31.	Orthopaedic surgery and rehabilitation
32.	Neurological rehabilitation
33.	Cardiovascular rehabilitation
34.	Radiology and physics
35.	Teaching methodology and management
36.	Nutrition
37.	Sports medicine
38.	Pharmacology
39.	Biochemistry
40.	Oncology