Core Curriculum for the Advanced Course on the Evaluation and Treatment of Adults with Neurological Conditions – The Bobath Concept

Introduction

The following is an outline of the core curriculum for the Advanced Bobath course: The Evaluation and Treatment of Adults with Neurological Conditions - The Bobath Concept. This content reflects the components that according to the Education Committee must be included in an Advanced Bobath course.

The theme of the Advanced course shall be put into perspective of the revised definition of the Bobath concept and shall also be related to the basic course core curriculum.

The Advanced course core curriculum includes two key aspects, theoretical and practical components. The instructor must integrate these two aspects of the curriculum enabling the course participant to deepen their clinical reasoning skills with respect to the Bobath concept.
Hallmarks of the learning experience on an advanced course also enables the participant to validate specific handling and facilitation skills during instructor-led patient demonstrations and instructor supervised patient sessions It is up to the individual instructor to select the style of presentation that is most appropriate to the learning style of the course participants, his/her own preferred style of presentation and the needs of the group.

The advanced core curriculum occupies approximately 35 hours.

1. THEORETICAL COMPONENTS
   - 1.1 Introduction to the course.
   - 1.2 Model of Bobath Clinical Practice (MBCP).
   - 1.3 Subject theme including applied neurophysiology.

2. PRACTICAL COMPONENTS
   - 2.1 Clinical Assessment and Treatment
     - 2.1.1 Patient demonstrations [4-5 sessions]. Patient assessment, treatment and evaluation by the instructor, incorporating the Model of Bobath Clinical Practice (MBCP).
     - 2.1.2 Patient Assessment, Treatment and Evaluation by course participants [5 sessions]. Instructor supervised patient assessment, treatment and evaluation sessions incorporating the Model of Bobath Clinical Practice (MBCP)

   - 2.2 Practical sessions.
     In-depth movement analysis and facilitation.

1. THEORETICAL COMPONENTS		
Subject heading	Hrs	Content
1.1 Introduction	45 minutes	Introduction to the course and needs of the participants; introduction of the subject/theme of the course in relation to the contemporary Bobath concept; revised definition of the Bobath concept, course procedures including programme; requirements regarding course fulfillment; learning objectives. Refer to: ● Vaughan-Graham, J., Cheryl, C., Holland, A., Michielsen, M., Magri, A., Suzuki, M., & Brooks, D. (2019). Developing a revised definition of the Bobath concept: Phase three. *Physiotherapy research international : the journal for researchers and clinicians in physical therapy*, e1832. ● PUBLIC webpage - https://ibita.org/bobath-concept-definition/
1.2 Model of Bobath Clinical Practice (MBCP)	1 hour 15 minutes	Use of the Model of Bobath Clinical Practice (MBCP) framework to illustrate the clinical application of the Bobath concept including the integration of posture and movement (with respect to quality of task performance) and facilitation (manual, environmental and verbal cues) to positively effect postural control and perception. The presentation of the MBCP should be illustrated with a case description and reflect current neuroscience and neurorehabilitation evidence. To facilitate use of the MBCP in clinical practice and educational environments a worksheet and guidelines have been developed; the worksheet provides a practical tool for IBITA instructors to use to highlight the integration of theoretical and professional practice knowledge to explain the individual clinical presentation. MBCP PUBLIC webpage: https://ibita.org/model-of-bobath-clinical-practice/

		MBCP resources, including the worksheet and guidelines, for teaching and for member reference are available on the MEMBER only webpage: https://ibita.org/bobath-concept-model-and-framework/
1.3 Applied Neurophysiology	1 hour 30 mins [minimum] / 3 hours [maximum]	Use of applied neurophysiology related to the subject matter to underpin understanding of a contemporary systems model of motor control and motor learning. Advanced core curriculum builds on key concepts of neurophysiology and clinical neuroanatomy providing a framework for understanding aberrant sensorimotor behavior as well as offering therapists working in the field of neurorehabilitation a theoretical context for their clinical practice based on the Bobath concept.
2. PRACTICAL COMPONENTS		
2.1 Clinical assessment and treatment	18 hours Maximum	Clinical assessment should include review of subjective data including patient goals; task analysis to determine whether movement utilised is compensatory, atypical or typical; movement diagnosis; assessment of patient potential; hypothesis generation; development of a treatment plan and evaluation; demonstrating transparency of the clinical reasoning process and relevance of interventions. 2.1.1Patient demonstration [4-5 sessions]: An instructor-led learning opportunity demonstrating the clinical application of the Bobath concept; discussion/practical explanation post demonstration is essential to clarify the clinical reasoning process. 2.1.2 Patient sessions: Patient assessment/treatment by course participants. Opportunity for peer-learning, with instructor supervision, enabling the course participant to develop their assessment and treatment progression and clinical reasoning process with respect to the individual patient within his/her environment. Use of outcomes measures for all domains of the

		ICF are encouraged: Outcome measures resources compiled by the Research Committee for Ataxia, Multiple Sclerosis, Parkinson's Disease, Spinal Cord Injury, Stroke and Traumatic Brain Injury are available for course participants - LINK
2.3 Practical sessions	12 hours minimum	This aspect of the advanced core curriculum should build on human movement analysis and treatment using the Bobath concept and include theoretical links. Emphasis should be placed on the integration of posture and movement with respect to the quality of task performance within the environmental context, as well as selective and sequential movement control.