

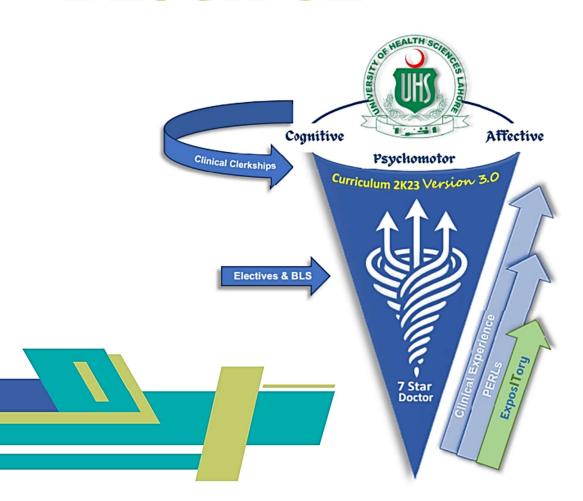
### STUDY GUIDE BLOCK 2 Sialkot Medical College, Sialkot



# Modular Integrated Curriculum 2K23

version 3.0

## **BLOCK-02**



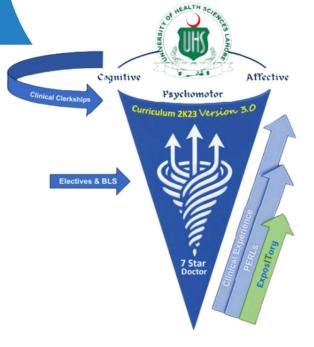


# MODULE-03 MUSCULOSKELETAL &

LOCOMOTION-1

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#### MODULE RATIONALE

The musculoskeletal system comprises the bones, muscles, cartilage, tendons, ligaments, and other connective tissues that provide the framework, support, and movement of the body. The initial learning activities will help in understanding the normal structure, development, and normal physiological mechanisms of the organs of the system. This will help in better understanding the possible pathological conditions of the system, including common injuries, diseases, and disorders that affect it, followed by discussion on some important group of drugs used for treatment and/or prevention of these conditions (administration route, mechanism of action and side effects). The impact of musculoskeletal diseases on society and the effect of ageing on occurrence of musculoskeletal diseases will be discussed. Emphasis has been given to incorporate deranged laboratory and imaging findings into the clinical problem solving.

#### **MODULE OUTCOMES**

- Develop an understanding of the fundamental components of the musculoskeletal system.
- Explain the development of the structure & function of the musculoskeletal components of limbs, back & correlate it with organization and gross congenital anomalies of the limbs.
- Identify the anatomical features of bones, muscles & neurovascular components of the limbs with clinical correlation.
- Describe how injury and disease alter the Musculoskeletal structure & function.
- Integrate concepts relating to various metabolic processes, their disorders and relevant lab investigations in the study of human Musculoskeletal system.
- Describe the role of the limbs (upper/lower) in musculoskeletal support, stability, and movements.
- Describe the types, formation, stability, function & clinical significance of joints of the upper and lower limb.
- Describe the basic histology of muscle fibers including their molecular structure (Sarcomere).
- Explain the mechanism of excitation and contraction of skeletal and smooth muscles.
- Discuss the psychosocial impact of musculoskeletal diseases in society.

#### **THEMES**

- Pectoral Region & Axilla
- Upper limb
- Pelvic Girdle
- Lower Limb

#### **CLINICAL RELEVANCE**

- Congenital anomalies of limb
- Joint Dislocation
- Fracture
- Multiple Sclerosis, Astrocytoma, Alzheimer's Disease
- Myopathy, Muscular Dystrophy

#### **IMPLEMENTATION TORS**

- The time calculation for completion of modules and blocks is based on 35 hours per week. Total hours of teaching, learning and formative/summative internal assessment to be completed in a year are 1200.
- The hours mentioned within each module are the mandatory minimum required. The rest of the hours are left to the discretion of the institution that can be used in teaching, learning and assessment as per decision of the institutional academic council.
- The content and the intended learning outcomes written are mandatory, to be taught, at the level required, as the end year assessment will be based on these.
- However, the level of cognition can be kept at a higher level by the institution.
- The Table of Specifications provided will be used for the three papers of the first professional examination. The same table of specifications should be used for the respective three block exams for internal assessment.



NORMAL STRUCTURE			
	THEORY		
	GROSS ANATOMY	TOTAL HOURS = 105	
CODE	SPECIFIC LEARNING OUTCOMES	DISCIPLINE	TOPIC
	UPPER LIMB		
MS-A-001	Describe the topographical anatomy of Pectoral Region  Perform dissection of the Pectoral Region or use models to identify the key structures  Describe muscles of the Pectoral Region with their origin, insertion, nerve supply and actions.	Human Anatomy	Pectoral Region
MS-A-002	Describe the cutaneous nerves. and Superficial veins of the Upper Limb.  Describe the extent, attachments, and structures passing through Clavipectoral Fascia	Human Anatomy Human Anatomy	Dermatomes and cutaneious innervation of Upper Limb
MS-A-003	Define the boundaries of auscultation and state its clinical significance  Describe the osteology of the bones in pectoral region.  Enumerate the superficial muscles of back, connecting shoulder girdle with vertebral column.  Describe the  1. Attachments 2. Nerve supply  Actions of Trapezius, Latissimus Dorsi, Rhomboid major and minor.  Mention the neurovascular supply of pectoral region and Correlate with important clinical conditions.  Describe superficial muscles of the back with their origin, insertion, nerve supply and actions.	Integrate with Medicine  Human Anatomy	Pectoral region & Back
MS-A-004	Describe the Osteology of Clavicle  (Morphological features, side determination, attachments, ossification)	Human Anatomy	Bones of Upper Limb: Clavicle & Scapula

	Describe the correlates functions of Clavicle (clavicle		
	fracture, its role in terms of weight transmission of		
	upper limb, compression of neurovascular structures)		
	Describe the Osteology of Scapula (morphological		
	features, attachments, ossification)		
	Determine the side and identify the landmarks of		
	scapula		
	Describe the movements of Scapula		
	associated with movements of Shoulder Girdle		
	Tabulate the muscles of scapular region and give		
	their attachments, nerve supply and action		
	Tabulate the attachments, origin, insertion,		
	innervation, and actions of Anterior Axio-appendicular		
	Muscles		
	Describe the Sternoclavicular Joint in terms of		Bones of thorax, Joints
MS-A-005	articulating surfaces, ligaments, articular disc, nerve	Human	of Upper Limb:
	supply.	Anatomy	Sternoclavicula r Joint
	Develop clear concepts of the topographical anatomy		1 donne
	of Axilla and its contents		
	Describe the boundaries of Axilla. (Identification of		
	muscles forming the boundaries of axilla)	Human	
	List the contents of Axilla	Anatomy	
	Perform dissection/ Identify the Axilla and its contents		
	Describe Axillary Artery with reference to its 3 parts _		
	their relations, branches, and anastomoses		
MS-A-006	Describe the formation, tributaries, and drainage of		Axila
	Axillary Vein		
	Identify and demonstrate the course/ relation and		
	branches/tributaries of axillary vessels		
	Describe the Axillary Lymph Nodes in terms of	Human Anatomy	
	location, grouping, areas of drainage and clinical	ruidiomy	
	significance		
	Describe the course, relations, root value and		
	distribution of Axillary nerve.		

	Describe the boundaries and contents of		
	quadrangular space.		
	Describe the Osteology of Humerus (Side		
MS-A-007	Determination, morphological features, attachments,		Bones of upper limb: Humerus
	ossification)		iiiiii iiiii iiii iiii iiii iiii iiii iiii
	Describe the Shoulder Joint under the following		
	headings: Articulation, Type/ Variety, Capsule,		
	Ligaments, Innervation, Blood supply, Movements.		
	Describe the 3 parts of Deltoid Muscle and correlate		
	them with its unique functions.		
	Explain its role in abduction of shoulder joint.	Human Anatomy	
MS-A-008	Explain mechanism of Abduction of arm	,a.ey	Joints of Upper Limb: Shoulder
WIG 71 000	Identify and demonstrate the movements of scapula		Joint
	and shoulder joint.		
	Draw and label the arterial anastomosis around		
	shoulder joint		
	Describe, in detail, the Scapula-Humeral Mechanism		
	in relation to movement of abduction. Discuss		
	important clinical conditions		
	Describe Rotator Cuff Muscles, state their Anatomical	Human	
	significance and explain Rotator Cuff Tendinitis	Anatomy	
MS-A-009			Rotator Cuff
	Clinical correlates of shoulder joint. (shoulder joint	Integrate with	
	stability, dislocation and shoulder pain)	Surgery	
	Describe the formation of Brachial Plexus; Infra and		
	Supraclavicular parts. Discuss		
	Brachial plexus injuries		
MS-A-010	Demonstrate and identify the formation of brachial		
	plexus and its branches	Human	Nerves of
	List the branches of brachial plexus and give their	Anatomy	Upper Limb
	areas of distribution and muscles they innervate		
	Enlist and tabulate the muscles of anterior		
	compartment of arm with their attachments, nerve		
	supply and action.		

	Identify & Describe Musculocutaneous Nerve in		
	terms of its Origin, Course, Termination, Relations,		
	Branches, and distribution.		
	Describe and illustrate the cutaneous innervation of		
	the arm.		
	Describe the Brachial Artery in terms of its course,		
	relations, branches, and distribution		
	Tabulate the attachments, innervation, and actions of		
MS-A-011	Triceps brachii as a muscle of		Blood supply of arm
	Posterior Fascial Compartment of Arm		am
	Identify & Describe the Profunda Brachii Artery giving		
	its course, relations, branches, and distribution	Human Anatomy	
	Describe Cubital Fossa with emphasis on its	Anatomy	
	boundaries, contents, and clinical significance		Muscles of Arm
MS-A-012	Demonstrate surface marking of superficial veins of		
WIS-A-012	arm and forearm for IV (Intra venous) injections		
	Demonstrate biceps brachi reflex, triceps reflex and		
	brachioradialis reflex		
	Determine the side and identify the landmarks of		
	radius and ulna.		
MS-A-013	Describe the Osteology of Radius (Side		Bones of
IVIS-A-013	Determination, morphological features, attachments).	Human Anatomy	Forearm
	Describe the Osteology of Ulna (Side Determination,	<b>,</b>	
	morphological features, attachments).		
	Describe osseofascial compartment of forearm.		Mussland
MS-A-014	Tabulate flexor and pronators muscles of forearm,		Muscle of Anterior/Flexor
IVIS-A-014	their attachments, actions and nerve supply.		Compartment
	Describe the action of paradox with examples		of Forearm
MS-A-015	Tabulate the attachments, innervation, and actions of		Muscle of
	Extensor Muscles of the Forearm	Human Anatomy	Lateral and Posterior/Exten
	Tabulate the attachments, innervation, and actions of	Anatomy	sor
	Lateral Muscles of the Forearm		Compartment of Forearm
	Identify the muscles and nerves of flexor and		Nerves of
MS-A-016	extensor compartments of forearm		Forearm
	·		

	Describe and illustrate the cutaneous innervation of		
	the Forearm		
	Describe ulnar, median and radial nerves in fore arm.		
	Describe the Origin, Course, Relations, and branches		
	of Ulnar and radial Artery in Forearm		
	Describe the Origin, Course, Relations and list the		
MS-A-017	tributaries of veins of Forearm.		Blood supply of forearm
	Surface marking of Brachial artery, Cephalic, Median		
	cubital, Basilic Vein, Radial & Ulnar arteries, anterior		
	&posterior interosseous artery		
	Identify the Extensor & Flexor Retinacula and	Human	Retinacula of
MS-A-018	describe their attachments and relations	Anatomy	Forearm
	Demonstrate the formation of carpal tunnel and	Human	
	identify the contents	Anatomy- Integrate with surgery	Carpal tunnel syndrome
MS-A-019	Describe Carpel Tunnel Syndrome		
WIS-A-019	Describe the features, attachments, relations and		
	structures passing under Flexor		
	Retinaculum		
	Describe the Origin, Course, Relations, and branches		
	of Ulnar Artery in Forearm	Human	
	Describe the Origin, Course, Relations and list the	Anatomy	Forearm: Blood
	tributaries of veins of Forearm		supply and Venous
	Surface marking of Brachial artery, Cephalic, Median		drainage
MS-A-020	cubital, Basilic Vein, Radial & Ulnar arteries, anterior		
	&posterior interosseous artery		
	Describe the Elbow Joint in terms of articular		
	surfaces, type, variety, ligaments, muscles producing	Human	
	movements, blood supply {Anastomosis around	Anatomy	Joints of Upper Limbs: Elbow
	elbow joint}, nerve supply and radiological imaging.		Joint
MS-A-021	Describe Carrying Angle and justify its importance in	Integrate with	
	limb movement	Surgery	
	Describe the Radioulnar Joints in terms of articular	Lluman	Joints of Upper
MS-A-022	surfaces, type, variety, ligaments, muscles producing	Human Anatomy	Limbs: Radioulnar
	movements, nerve supply and radiological imaging.	-	Joint

	Describe the wrist joint in terms of articular surfaces, type, variety, ligaments, muscles producing movements, nerve supply and radiological imaging.  Demonstrate mechanisms of movements of Pronation & Supination		
MS-A-023	Describe the features of Interosseous  Membrane with structures that pierce through it	Human Anatomy	Interosseous membrane
MS-A-024	Describe the features and explain the importance of Fibrous Flexor Sheaths, synovial flexor sheaths and extensor expansion	Human Anatomy	Fascia & Muscles of Hand
MS-A-025	Demonstrate the attachments and actions of the muscles of hand Identify the muscles and neurovasculature of palm. Explain the morphology and tabulate the attachments, innervation and actions of intrinsic muscles of hand. Explain the fascial spaces of palm and pulp space of fingers Describe Dupuytren contracture, mallet finger and buttonaire deformity.  Describe hand as a functional unit. (position of hand, movement of thumb and fingers while performing different functions) Discuss cupping of hand and fist formation.	Human Anatomy	Hand & Actions of Muscles of Upper Limb as a Functional Unit
MS-A-026	Draw the Radial Artery course, relation and termination in hand with its clinical significance in the region  Describe the Ulnar Artery's Course, relation and termination in hand with its clinical significance in the region  Describe the formation, branches, and areas of distribution of Superficial and Deep Palmar Arch	Human Anatomy	Blood vessels of forearm and hand
MS-A-027	Describe the course, relations and branches of Ulnar, Median and Radial Nerves in the Hand	Human Anatomy	Nerves of forearm and hand

MS-A-028	Describe the First Carpometacarpal Joint in terms of; Type, Variety, Articular Surfaces, Ligaments, Relations, Blood Supply, Innervation, movements.  Demonstrate the movements of the 1st carpometacarpal joint  Describe the Metacarpophalangeal & interpharyngeal Joints in terms of; Type, Variety, Articular Surfaces, Ligaments, Relations, Blood Supply, Innervation & Movements	Human Anatomy	Joints of Hands
	Palpate the arteries of the upper limb on a subject	Integrate with Medicine	
MS-A-029	Identify the topographical features of upper limb in a cross-sectional model/ specimen.  Demonstrate and identify the anatomical landmarks of upper limb on radiographs/ CT (Computed tomography)/ MRI (Magnetic resonance imaging)  Mark the anatomical landmarks and surface marking	Integrate with Radiology Human	Skills
	on a subject/ simulated model	Anatomy	
	LOWER LIMB		
	THEORY		
CODE	SPECIFIC LEARNING OBJECTIVES	DISCIPLINE	TOPIC
MS-A-030	Draw and label the Parts of the hip bone, with its attachments.  Describe the parts, attachments of hip bone  Identify the parts and bony features of the hip bone, with its attachments, important relations	Human Anatomy	Hip Bone
	Demonstrate the side determination of hip bone, its bony features, attachments		
MS-A-031	Describe the parts, attachments, side determination of femur  Identify the parts and bony features of the femur, with its attachments.	Human Anatomy	Femur

features, attachments, and important relations (correlate these with fractures) Describe coxa Vara and coxa valga and their clinical significance  Describe the extent, attachments, and modifications of Fascia Lata  Demonstrate the attachment of fascia Lata, iliotibial tract  Describe the cutaneous nerves and vessels of thigh Draw and label the cutaneous nerve supply of thigh Describe the formation, course, relations, tributaries, and termination of the superficial veins  Explain the anatomical justification of venesection, varicose veins, and saphenous venous grafts  Describe the lymphatic drainage of the region with special emphasis on afferent and efferent of inguinal lymph nodes  Identify the superficial and deep lymph nodes  Explain the anatomical justification for enlargement of inguinal lymph nodes  Describe and identify the Boundaries and contents of femoral triangle  Draw and label the Boundaries and contents of femoral triangle  Identify the femoral sheath with its compartments  Describe the formation of femoral sheath and its significance  Describe the formation and significance of femoral ring compare and contrast the anatomical features of femoral and inquinal hernias  Integrate with Surrery		Demonstrate the side determination of femur, its bony		
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MS-A-034  Describe the formation of femoral sheath and its significance  Describe the formation of femoral canal and its contents and significance  Describe the formation and significance of femoral ring  Compare and contrast the anatomical features of Integrate with		compartments	Llumann	
Significance  Describe the formation of femoral canal and its contents and significance  Describe the formation and significance of femoral ring  Compare and contrast the anatomical features of Integrate with	MS-A-034	Describe the formation of femoral sheath and its		
contents and significance  Describe the formation and significance of femoral ring  Compare and contrast the anatomical features of Integrate with	IVIS-A-034	significance	-	_
Describe the formation and significance of femoral ring  Compare and contrast the anatomical features of Integrate with		Describe the formation of femoral canal and its		
ring  Compare and contrast the anatomical features of Integrate with		contents and significance		
Compare and contrast the anatomical features of Integrate with		Describe the formation and significance of femoral		
. Integrate with		ring		
		Compare and contrast the anatomical features of	Integrate with	
Tomoral and inguinal normas		femoral and inguinal hernias	Surgery	

MS-A-035	Tabulate the muscles of anterior compartment of thigh with their attachments, nerve supply and actions  Demonstrate and identify the muscles of anterior compartment of thigh with their proximal and distal attachments  Demonstrate the actions of muscles of anterior compartment of thigh  Explain the anatomical basis of psoas abscess	Human Anatomy	Muscles of Anterior Compartment of Thigh
MS-A-036	Identify and demonstrate the nerves and vessels of anterior compartment of thigh along with their branches  Describe the origin, course, relations, branches, distribution, and termination of femoral artery  Describe the origin, course, relations, tributaries, area of drainage and termination of femoral vein  Describe the origin, course, relations, branches, distribution, and termination of femoral nerve  Tabulate the muscles of anterior compartment of thigh with their attachments, nerve supply and actions.	Surgery  Human Anatomy	Neurovascular supply of Anterior Compartment of Thigh
MS-A-037	Describe the formation, boundaries, contents of adductor canal  Identify and demonstrate the boundaries and contents of adductor canal		Adductor Canal
MS-A-038	Describe Muscles of medial compartment of thigh with their proximal and distal attachments, innervation and actions  Identify the muscles of medial compartment of thigh with their proximal and distal attachments  Demonstrate the actions of the muscles of the compartment on self/ subject	Human Anatomy	Muscles of Medial Compartment of Thigh
MS-A-039	Describe the origin, course, relations, branches/ tributaries, distribution, and termination of		

	neurovascular structures of medial compartment of thigh  Identify the nerves and vessels of medial compartment of thigh along with their branches  Describe and identify the lumbar and sacral plexus and its branches supplying the lower limb  Describe the cutaneous nerve supply and lymphatics of the region	Human Anatomy	Neurovascular supply of Medial Compartment of Thigh
MS-A-040	List the structures passing through the greater and lesser sciatic foramen.  Describe the muscles of gluteal region with their proximal and distal attachments, innervation, and actions  Identify the muscles of gluteal region with their proximal and distal attachments  Describe the origin, course, relations, branches/ tributaries, distribution, and termination of neurovascular structures of gluteal region  Demonstrate the actions of the muscles of gluteal region		Gluteal Region
	Explain the anatomical basis of the consequences of wrongly placed gluteal intramuscular injections Damage to Gluteus medius & minimus due to poliomyelitis  Demonstrate and identify the origin, course, relations, branches/tributaries and termination of nerves and vessels of gluteal region	Integrate with Medicine Human Anatomy	
MS-A-041	Describe the Attachments of muscles of posterior compartment of thigh with the innervation and action Identify the muscles of posterior compartment of thigh with their proximal and distal attachments  Demonstrate the actions of muscles of posterior compartment of thigh  Describe the anatomical basis of signs and	Human Anatomy Integrate with	Muscles of Posterior Compartment of Thigh
	symptoms of sciatica.	Surgery	

MS-A-042	Describe the origin, course, relations, branches, distribution, and termination of Profunda femoris artery  Describe blood supply on back of thigh	Human Anatomy	Blood supply of Posterior compartment thigh
MS-A-043	Describe the origin, course, relations, branches, distribution, and termination of sciatic nerve  Describe the anatomical basis, signs and	Human Anatomy	Sciatic Nerve
	symptoms of compression of or injury to sciatic nerve  Describe the hip joint with its type, articulations, ligaments, stabilizing factors	Integrate with Surgery	
	Movements, and neuro-vascular supply with clinical significance.		
MS-A-044	Perform the movements of hip joint at various angles and be able to describe the muscles producing the movement.	Human Anatomy	Hip Joint
	Discuss important associated clinical conditions (Hip dislocation, Arthritis, Hip joint stability and Trendelenburg sign) movements, and neuro-vascular supply with clinical significance.		
MS-A-045	Describe the Boundaries and contents of popliteal fossa. Discuss clinical correlates (Popliteal aneurysm, Palpation of Popliteal artery, semi membranous bursa swelling and Baker's cyst  Draw and label boundaries and contents of popliteal fossa	Human Anatomy	Popliteal Fossa
	Identify the boundaries and contents of popliteal fossa  Describe the origin, course, relations, branches/tributaries, distribution and termination of popliteal artery and vein		
MS-A-046	Describe parts of tibia and fibula, with their attachments, important relations and side determination	Human Anatomy	Knee Joint

	Identify the parts and bony features of the tibia &		
	fibula, their bony features, attachments, important		
	relations.		
	Draw and label Parts of patella with its attachments		
	Describe features of patella, and name the factor		
	responsible for stabilizing Patella		
	Describe the knee joint with its type, articulations,		
	ligaments, movements, and neuro-vascular supply		
	Explain the mechanism of locking and unlocking of		
	knee joint with the foot on ground and off the ground		
	Describe the attachments and role of popliteus in		
	locking and unlocking of the knee joint		
	Describe the factors responsible for stability of knee		
	joint. Discuss important associated clinical		
	conditions.		
	Describe the Muscles of anterior, lateral, and		
	posterior compartments of leg with their proximal &		Muscles of leg
MS-A-047	distal attachments, innervation, and actions		
	Identify the muscles of anterior, lateral, and posterior		
	compartments of leg with their proximal and distal		Neurovascular supply of Leg
	attachments		
	Describe the origin, course, relations,		
	branches/tributaries and termination of nerves and		
	vessels of anterior, lateral, and posterior		
MS-A-048	compartments of leg- Compartment Syndrome, Foot	Human	Neurovascular
	Drop	Anatomy	supply of Leg
	Describe the cutaneous nerves and veins of leg.		
	Draw and label the cutaneous nerve supply and		
	dermatomes of leg		
	Identify the extensor, flexor, and peroneal retinacula		
	and demonstrate the structures related to them		Flexor,
MS-A-049	Describe the attachments, relations, and structures		Extensor, and peroneal
	passing under cover of, extensor,		Reticula
	peroneal, and flexor retinacula		

	Identify and demonstrate the nerves and vessels of			
	anterior, lateral, and posterior compartments of leg			
	along with their branches			
	Describe the formation of noncalcareous			
	(Achilles tendon)			
MS-A-050	Describe the articulations, muscles and nerve supply	Human	Tibio-fibular	
WIS-A-030	and movements at Tibiofibular joints	Anatomy	Joint	
	Describe the ankle joint with its type, articulations,			
	ligaments, movements, and nerve supply			
MS-A-051	Describe the factors stabilizing the ankle joint.			
MS-A-051	Discuss important associated clinical conditions.	Human Anatomy	Ankle Joint	
	Identify and demonstrate the articulating surfaces	,a.ey		
	and ligaments of ankle joint			
	Describe the formation, attachments, and clinical	Human		
MS-A-052	significance of plantar aponeurosis	Anatomy	<b>.</b>	
IVIS-A-U52	Explain the anatomical basis of the signs and	Integrate with	Plantar Fascia	
	symptoms of plantar fasciitis.	Orthopedics		
	Identify the parts and bony features, attachments,			
	and important relations of the articulated foot			
	Describe the muscles of the dorsum and sole of foot			
	with their proximal & distal attachments, innervation			
	and actions emphasizing the role of interossei and		Muscles of foot	
MS-A-053	lumbricals.	Human		
	Draw and label the muscles of the layers of sole of	Anatomy		
	foot			
	Demonstrate and identify the muscles and tendons			
	with their proximal and distal attachments in the sole			
	of foot			
	Describe the interphalangeal, subtalar and midtarsal			
MS-A-054	joints with their types, articulation, movements,	Human	Small joints of foot	
	ligaments.	Anatomy	1001	
	Describe the formation, components, stabilizing and			
MS-A-055	maintaining factors of the arches of foot	Integrate with		
	Describe the clinical significance of arches of foot	Orthopedics	Arches of foot	
	with respect to flat foot, claw foot.			
<u> </u>				

MS-A-056	Describe the fibrous flexor sheaths, extensor expansions and synovial flexor sheaths	Human Anatomy	Retinacula of foot			
MS-A-057	Describe the origin, course, relations, branches/tributaries, distribution, and termination of plantar vessels  Identify the nerves and vessels on the foot along with their branches  Describe the cutaneous nerves of foot  Draw and label the cutaneous nerve supply and dermatomes of foot  Identify the nerves and vessels in the sole of foot along with their branches  Describe the palpation of dorsalis pedis artery & explain the clinical significance of dorsalis pedis artery					
MS-A-058	Describe the surface anatomy, course, relations, tributaries, and communications of the superficial veins of the lower limb  Draw a concept map of the superficial veins of lower limb  List the factors favoring venous return of the lower limb  Explain the anatomical basis of the formation,	Human Anatomy	Arterial and Venous drainage of lower limb			
MS-A-059	and signs and symptoms of deep venous thrombosis  Discuss Clinical correlations of Lower Limb Arteries (palpation of femoral, popliteal, posterior tibial & dorsalis pedis arteries, collateral circulation, intermittent claudication, occlusive arterial disease)	Integrate with Surgery Integrate with Medicine	Human Gait			
MS-A-060	Draw a concept map of the lymphatic drainage of lower limb	Human Anatomy	Lymphatic drainage of lower limb			
MS-A-061	Draw and label the cutaneous nerves & dermatomes of the lower limb	Human Anatomy	Cutaneous dermatomes & nerve supply of lower limb			

	Discuss clinical correlates of Lower limb nerves		
	(Femoral nerve injury, Sciatic Nerve injury, Common		
	fibular, tibial & obturator nerve injury)		
	Describe the anatomical basis of knee jerk, ankle		
	jerk, and plantar reflex		
	Demonstrate the surface marking of nerves and		
	vessels of lower limb		
	Demonstrate the surface marking of bony landmarks		Topographical and
MS-A-062	of lower limb		radiological
100-71-002	Identify the topographical features of lower limb in a		anatomy of
	cross-sectional model		lower limb
	Demonstrate and identify the features of bones and	Integrate with	
	joints of lower limb on radiograph/ CT scan/ MRI	Radiology	
	Describe the common fractures of the following bone		
	with the risk factors, clinical presentations, and		
	management:		
	1. Clavicle		
	2. Humerus		
	3. Radius	0.11	
MS-A-063	4. Ulna	Orthopedics and trauma	Bone Fracture
	5. Small bones of hand		
	6. Hip bone		
	7. Femur		
	8. Tibia		
	9. Fibula		
	10.Small bones of foot		
	Describe the dislocations of the following joints with		
	the risk factors and clinical presentations, and brief		
	management:		
MS-A-064	Shoulder joint	Orthopedics and trauma	Joint Dislocation
	1. Elbow joint	ana haanna	Dicioudion
	2. Interphalangeal joint of hand		
	3. Hip joint		

	4. Knee joint					
	5. Ankle joint					
	THEORY					
CODE	EMBRYOLOGY & POST-NATAL DEVELOPMENT	TOTAL H	OURS = 06			
	SPECIFIC LEARNING OBJECTIVES	DISCIPLINE	TOPIC			
	Name the molecular and genetic factors involved in the development of musculoskeletal system					
MS-A-065	Describe the development of skeletal muscle and innervation of axial skeletal Muscles-developmental basis of myotome  Briefly discuss the development of cardiac and					
	smooth muscle (Detail to be covered in respective modules later).					
MS-A-066	Describe the process of limb development and limb growth	Human Embryology	Development of Limb			
MS-A-067	Describe the embryological basis of cutaneous innervation of limb  Describe the embryological basis of blood supply of limbs and concept of axial artery	Human Embryology	Development of Nerve supply of limbs			
	Describe the embryological basis of congenital anomalies related to muscular system.	Human Embryology				
MS-A-068	Describe the clinical presentations and embryological basis of;  i. Amelia ii. Meromelia iii. Phocomelia iv. Cleft Hand and Foot v. Polydactyly, Brachydactyly, Syndactyly vi. Congenital club foot	Integrate with Paedriatics	Congenital anomalies of limbs			
MS-A-069	Describe the developmental process of cartilage and bone	Human Embryology	Development of Cartilage			

	Describe the process of histogenesis of cartilage and			
	bone			
THEORY				
CODE	MICROSCOPIC ANATOMY	TOTAL HOURS = 06		
	SPECIFIC LEARNING OBJECTIVES	DISCIPLINE	TOPIC	
	Describe the microscopic structure and ultramicroscopic structure of skeletal muscle	Histology		
	Explain the basis of myasthenia gravis.	Integrate with Medicine		
MS-A-070	Describe the microscopic and ultramicroscopic structure of cardiac muscle			
	Describe the microscopic and ultramicroscopic structure of smooth muscle	Histology Histology		
	Compare and contrast the histological features of three types of muscle tissue			
MS-A-071	Describe Myosatellite Cells & their role in regeneration of muscle, hyperplasia, and hypertrophy of muscle fiber	Histology/ Integrate with Pathology	Functional Histology	
WO-7 (-07 1	Explain the histopathological basis of leiomyoma	Histopathology		
MS-A-072	Describe the light and electron microscopic structure of bone cells  Describe the light and electron microscopic structure of compact and spongy bone	Histology	Histology of	
WIS-A-072	Describe the histological justification for osteoporosis, Osteopetrosis  Describe the histological basis for bone repair after fractures.	Integrate with Pathology	Osseous tissue	
MS-A-073	Compare and contrast the microscopic features of compact and spongy bone  Explain the characteristic features of ossification (Intramembranous & Endochondral ossification)	Histology	Histology of Bone	

	Describe the zones seen in an epiphyseal growth		
	plate		
	Describe the metabolic role of bone -	Integrate with Medicine	Functional
MS-A-074	Describe the clinical presentation of osteoporosis, osteopenia	Integrate with Orthopedics	Histology of Bone
MS-A-075	Describe the microscopic and ultramicroscopic structure of all types of cartilage  Compare and contrast the structure of cartilage and bone matrix  Tabulate the differences between three types of cartilage	Histology	Histology of Cartilage
MS-A-076	Describe the histological basis for bone & Cartilage growth and repair	Histology	Mechanism of Bone growth

## PRACTI**È**AL

CODE	HISTOLOGY	TOTAL HOURS = 08		
	SPECIFIC LEARNING OBJECTIVES	DISCIPLINE	TOPIC	
	Draw and label the histology of skeletal muscle			
MS-A-077	Draw and label the histology of smooth muscle	Histology	Histology of Muscles	
	Draw and label the histology of cardiac muscle		IVIUSCIES	
	Draw and label the histological picture of compact			
MS-A-078	bone	11: 4 1	Histology of Bones	
WIS-A-070	Draw and label the histological picture of spongy	Histology		
	bone			
	Draw and label the microscopic structure of hyaline			
	cartilage			
MS-A-079	Draw and label the microscopic structure of elastic	l liatala au c	Histology of	
W3-A-079	cartilage	Histology	Cartilage	
	Draw and label the microscopic structure of fibro			
	cartilage			

NORMAL FUNCTION				
	THEORY			
	MEDICAL PHYSIOLOGY	TOTAL HOURS = 32		
CODE	SPECIFIC LEARNING OBJECTIVES	DISCIPLINE	TOPIC	
MS-P-001	Explain the Physiological basis of membrane potential  Explain diffusion potentials of Na & K		Diffusion / Equilibrium Potentials	
	Define Nernst potential  Explain Physiological Basis of Nernst potential  Write the Nernst equation.			
MS-P-002	Calculate Nernst potential for Na & K  Explain the effects of altering the concentration of Na+, K+, Ca on the equilibrium potential for that ion		Nernst potential	
MS-P-003	Describe the normal distribution of Na+, K+, Ca and Cl- across the cell membrane  Explain physiological basis of Goldman equation  Clarify the role of Goldman equation in generation of Resting Membrane Potential (RMP).	Medical Physiology	Goldman Equation	
MS-P-004	Describe the Physiological basis of generation of RMP.  Explain the effects of hyperkalemia and Hypokalemia on the Resting Membrane Potential (RMP)		Resting Membrane Potential in Neurons	
	Name the membrane stabilizers  Explain the physiological basis of action of Local Anesthetics.	Medical Physiology Integrate with Anesthesiology		
MS-P-005	Describe the Physiological anatomy of Neurons  Discuss the axonal transport  Enlist & give functions of Neuroglial cells  Explain process of myelination in Central Nervous  System (CNS) & Peripheral Nervous System (PNS)	the Physiological anatomy of Neurons the axonal transport give functions of Neuroglial cells process of myelination in Central Nervous  Medical Physiology		
MS-P-006	Classify neurons functionally.		Classification of	

	Classify nerve fibers according to Erlanger & Gasser		Neurons & Fibers	
	Classification		Fibers	
	Define Action Potential			
	Enlist the Properties of action potential			
	Describe the ionic basis of an action potential.			
	Explain the phases of action potential.		Action	
MS-P-007	Explain the effects of hyperkalemia and Hypokalemia		Potential of	
	on the action potential.		Neurons	
	Draw monophasic action potential.			
	Explain absolute and relative refractory period			
	Explain the role of other ions in action potential.		Role of other	
MS-P-008	Elaborate the effect of hypocalcemia on neuron		ions in action	
	excitability.		potential	
	Explain Physiological basis& properties of Graded			
	potential			
	Draw & explain Physiological basis & properties of			
	compound action potential.		Local / Graded	
MS-P-009	Contrast between action potential and graded			
	potential		potentials	
	Describe the ionic basis of excitatory Post Synaptic			
	Potential (EPSP), Inhibitory Post Synaptic Potential			
	(IPSP), End Plate Potential (EPP).			
	Classify and explain Physiological basis of different			
MS-P-010	types of synapses		Cymanas	
1010-1 -010	Elaborate how signal transmission takes place		Synapse	
	across chemical synapse	Medical Physiology		
	Explain the mechanism of conduction of Nerve	Thyolology	_	
MS-P-011	impulse in myelinated and unmyelinated nerve fibers.		Conduction of Nerve Impulse	
	Elaborate significance of saltatory conduction		Norve impaise	
	Enlist the types of nerve injury			
	Explain Wallerian degeneration.			
MS-P-012	Describe the process of regeneration of nerve fiber.		Nerve	
	Describe the causes, features & pathophysiology of	Medical	Degeneration	
	Multiple sclerosis, GB syndrome.	Physiology Integrate with		

		Medicine		
	Discuss the physiological anatomy of skeletal muscles.			
MS-P-013	Differentiate b/w skeletal, smooth, and cardiac		Skeletal muscle	
	muscle	Medical		
	Describe the structure of Sarcomere	Physiology		
	Differentiate between isometric and isotonic		Characteristics	
MS-P-014	contraction by giving examples.		of whole muscle	
	Compare the fast and slow muscle fibers.		contraction	
	Explain the mechanism of summation and			
	Tetanization.			
	Describe staircase effect/Treppe phenomena			
	Discuss the mechanism of skeletal muscle fatigue.	Medical		
MO D 045	Explain the remodeling of skeletal muscle to match	Physiology	Mechanics of muscle contraction	
MS-P-015	the function. Describe the development of macro			
	motor units in poliomyelitis.			
	Explain the physiological basis of rigor mortis	Medical Physiology Integrate with Forensic Medicine		
	Describe the physiological anatomy of Neuro			
	Muscular Junction (NMJ)	Medical		
	Mechanism of Neuromuscular transmission &	Physiology		
	generation of End Plate Potential			
MS-P-016	Explain features, pathophysiology & treatment of myasthenia Gravis	Medical Physiology Integrate with Medicine	Neuromuscular junction	
	Describe the enhancers or blockers of			
	neuromuscular transmission at the neuromuscular	Medical		
	junction.	Physiology		
	Discuss the steps/ events of excitation contraction	Medical		
	coupling in skeletal muscle.	Physiology		
	Differentiate between types of smooth muscles.			
MS-P-017	Describe mechanism of smooth muscle contraction in	Medical Physiology	Smooth Muscle	
	comparison to skeletal muscle.	1 11,01010gy		

Explain the physiological anatomy of neuromuscular
junction of smooth muscle
Explain the excitatory and inhibitory transmitters
secreted at Neuro Muscular Junction (NMJ) of
smooth muscles.
Explain the depolarization of multiunit smooth
muscles without action potentials.
Explain the local tissue factors and hormones that
can cause smooth muscle contraction without action
potential.
Explain the regulation of smooth muscle contraction
by calcium ions.
Explain membrane potential and action potentials in
smooth muscles.
Explain the phenomena of stress relaxation and
reverse stress relaxation in smooth muscles.
Explain the LATCH mechanism
Describe the significance of LATCH mechanism.
Explain the nervous and hormonal control of Smooth
Muscle Contraction.

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6005	MEDICAL BIOCHEMISTRY	TOTAL HOURS = 30	
CODE	SPECIFIC LEARNING OBJECTIVES	DISCIPLINE	ТОРІС
MS-B-001	Classify carbohydrates along with the structure and biomedical importance of each class	Biochemistry	Classification carbohydrates
MS-B-002	Explain the isomerization of carbohydrates	Biochemistry	Carbohydrates
MS-B-003	Describe the physical and chemical properties of carbohydrates  Differentiate between proteoglycan and glycoproteins	Biochemistry	Extracellular
WIS 2-000	Describe the components of extracellular matrix:  1. Describe structure, functions and clinical significance of glycosaminoglycans	Biochemistry	matrix

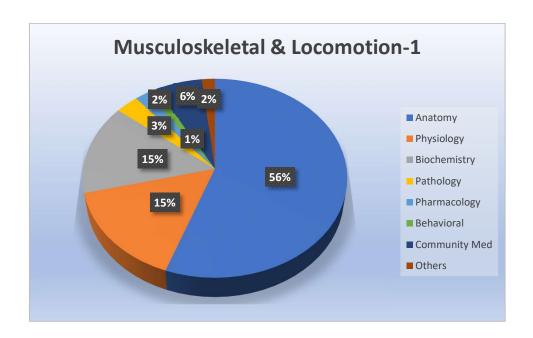
	2. Discuss structure and functions of Fibrous		
	proteins (collagen and Elastin)		
	3. Interpret diseases associated with them on		
	basis of sign/symptoms and data		
	4. Interpret the importance of vitamin C in		
	collagen synthesis		
	5. Describe sources, active form, functions and		
	deficiency diseases of vitamin C		
	6. Identify the defects in collagen synthesis		
	based on given data (Ostegenesis Imperfecta)		
	Interpret genetic basis of Duchene muscular		
	dystrophy		
	Explain the transport and uptake of glucose in cells,	Biochemistry	
	steps of glycolysis and citric acid cycle along with		
	enzymes, co enzymes and cofactors involved		
	Discuss the provision of energy to the muscles and	Biochemistry	Charabasia and
MS-B-004	cells through glycolytic pathway and TCA cycle	Biochemistry	Glycolysis and Tricarboxylic
WIO-D-004	Explain the hormonal and allosteric regulation of	Biochemistry	acid cycle
	glycolysis and TCA	Diocricinistry	(TCA)
	Describe the digestion and absorption of proteins in		Protein
MS-B-005	mouth, stomach and small intestine.	Biochemistry	Digestion & Transport
	Discuss the uptake of amino acids by cells		across cell
	Explain following reactions with enzymes involved in		
	it:		
	1. Transamination		Reactions
MS-B-006	Deamination decarboxylation	Biochemistry	involve in
	3. Deamidation		catabolism
	4. Trans deamination.		
	5. Oxidative deamination.		
	Role of pyridoxal phosphate, glutamate, glutamine,		Transportation
MS-B-007	alanine and discuss the mechanism of transport of	Biochemistry	of ammonia to
	ammonia to liver		liver
	Illustrate steps of urea cycle with enzymes and its		
MS-B-008	importance	Biochemistry	Urea cycle
1	Discuss ammonia intoxication		

MS-B-009	Interpret different types of hyperammonia on basis of		
WIS-009	sign symptoms and data		
	Discuss the metabolism of aliphatic, aromatic,		
MS-B-010	branched chain, sulfur containing, hydroxyl group	Biochemistry	Protein metabolism
	containing amino acids with the products formed and		
	enzymes and vitamins involved in them		
	Interpret the following on basis of given data:		
	1. Phenylketonuria		Inborn errors of
	2. Tyrosinemia		
MS-B-011	3. Albinism	Biochemistry	amino acid
	4. Homocystinuria		metabolism
	5. Maple syrup urine disease		
	6. Alkaptonuria		
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CODE	SPECIFIC LEARNING OBJECTIVES	TOTAL HOURS=06	
CODE		DICCIDI INF	TODIC
		DISCIPLINE	TOPIC
	Demonstrate and categorize the following	DISCIPLINE	ТОРІС
	Demonstrate and categorize the following movements: Pushing against the wall, Biceps curls,	DISCIPLINE	ТОРІС
MS-P-018		Physiology	Locomotion
MS-P-018	movements: Pushing against the wall, Biceps curls,		
MS-P-018	movements: Pushing against the wall, Biceps curls, squats, yoga chair pose, standing on toes, running on		
MS-P-018	movements: Pushing against the wall, Biceps curls, squats, yoga chair pose, standing on toes, running on an inclined treadmill, yoga tree pose, deadlift as	Physiology	
	movements: Pushing against the wall, Biceps curls, squats, yoga chair pose, standing on toes, running on an inclined treadmill, yoga tree pose, deadlift as isotonic and isometric skeletal muscle contraction.		Locomotion
MS-B-012	movements: Pushing against the wall, Biceps curls, squats, yoga chair pose, standing on toes, running on an inclined treadmill, yoga tree pose, deadlift as isotonic and isometric skeletal muscle contraction.  Estimation of total proteins by kit method.	Physiology Biochemistry	Locomotion  Total proteins  Albumin/
MS-B-012	movements: Pushing against the wall, Biceps curls, squats, yoga chair pose, standing on toes, running on an inclined treadmill, yoga tree pose, deadlift as isotonic and isometric skeletal muscle contraction.  Estimation of total proteins by kit method.  Estimation of albumin and globulin	Physiology Biochemistry	Locomotion  Total proteins  Albumin/
MS-B-012 MS-B-013	movements: Pushing against the wall, Biceps curls, squats, yoga chair pose, standing on toes, running on an inclined treadmill, yoga tree pose, deadlift as isotonic and isometric skeletal muscle contraction.  Estimation of total proteins by kit method.  Estimation of albumin and globulin  PATHOPHYSIOLOGY AND PHARMACOTHER  THEORY	Physiology  Biochemistry  APEUTICS	Locomotion  Total proteins  Albumin/
MS-B-012	movements: Pushing against the wall, Biceps curls, squats, yoga chair pose, standing on toes, running on an inclined treadmill, yoga tree pose, deadlift as isotonic and isometric skeletal muscle contraction.  Estimation of total proteins by kit method.  Estimation of albumin and globulin  PATHOPHYSIOLOGY AND PHARMACOTHER	Physiology  Biochemistry  APEUTICS	Locomotion  Total proteins  Albumin/ globulin
MS-B-012 MS-B-013	movements: Pushing against the wall, Biceps curls, squats, yoga chair pose, standing on toes, running on an inclined treadmill, yoga tree pose, deadlift as isotonic and isometric skeletal muscle contraction.  Estimation of total proteins by kit method.  Estimation of albumin and globulin  PATHOPHYSIOLOGY AND PHARMACOTHER  THEORY	Physiology  Biochemistry  APEUTICS  TOTAL HOL	Locomotion  Total proteins Albumin/ globulin  JRS = 4+7=11 TOPIC
MS-B-012 MS-B-013	movements: Pushing against the wall, Biceps curls, squats, yoga chair pose, standing on toes, running on an inclined treadmill, yoga tree pose, deadlift as isotonic and isometric skeletal muscle contraction.  Estimation of total proteins by kit method.  Estimation of albumin and globulin  PATHOPHYSIOLOGY AND PHARMACOTHER  THEORY  SPECIFIC LEARNING OBJECTIVES	Physiology  Biochemistry  APEUTICS  TOTAL HOL	Locomotion  Total proteins  Albumin/ globulin  JRS = 4+7=11
MS-B-012 MS-B-013	movements: Pushing against the wall, Biceps curls, squats, yoga chair pose, standing on toes, running on an inclined treadmill, yoga tree pose, deadlift as isotonic and isometric skeletal muscle contraction.  Estimation of total proteins by kit method.  Estimation of albumin and globulin  PATHOPHYSIOLOGY AND PHARMACOTHER  THEORY  SPECIFIC LEARNING OBJECTIVES  Explain the mechanism by which drugs can stimulate	Physiology  Biochemistry  APEUTICS  TOTAL HOU  DISCIPLINE	Locomotion  Total proteins Albumin/ globulin  JRS = 4+7=11 TOPIC  Drugs acting

THEORY				
	DISEASE PREVENTION AND IMPAC	Т		
MS-Ag-04	Explain the protective effect of estrogen (female sex hormone) on bone mineral density and relate it to increased prevalence of postmenopausal fractures in women.	Medicine/ Biochemistry	Effect of estrogen on BMD	
MS-Ag-03	Discuss the effect of age on Muscular strength and its implications and management	Geriatrics/	Muscle	
MS-Ag-02	Discuss the effect of age on loss of cartilage resilience and its implications and management		Cartilage	
MS-Ag-01	Discuss the effect of age on bone fragility and its implications with management.		Bone	
CODE	SPECIFIC LEARNING OUTCOMES	TOTAL HOURS = 04  DISCIPLINE TOPIC		
	THEORY			
	AGING			
MS-Pa-04	Describe the histological basis for cartilage growth and repair		Disease of Cartilage	
- WO-1 <b>α-</b> 00	Describe the histological basis for bone repair after fractures		Bone	
MS-Pa-03	Describe the clinical presentation and histological justification for osteoporosis, osteopetrosis	Pathology	Diseases of	
MS-Pa-02	Describe the histological basis of Duchenne  Muscular Dystrophy and myopathy.	-	Diseases of Muscle	
MS-Pa-01	Describe the hyperplasia, hypertrophy, and atrophy of muscle fiber  Explain the histopathological basis of leiomyoma		Muscle remodeling	
MS-Ph-03	Discuss briefly the therapeutic effect of drugs used as local anesthetics.		Local Anesthetics	
MS-Ph-02	Discuss briefly the therapeutic effect of drugs used in myasthenia gravis.		Drugs in Myasthenia Gravis	

CODE	COECIFIC I FADNING OUTCOMES	TOTAL HOURS = 14+3=17	
CODE	SPECIFIC LEARNING OUTCOMES	DISCIPLINE	TOPIC
MS-CM-001	Explain causes of low back pain		
IVIO-CIVI-001	Describe prevention of low back pain		Back Pain
	Describe work related musculoskeletal disorders	Community	
	addition with its burden/epidemiology	Community Medicine and Public Health	Work related Musculoskeletal disorders
MS-CM-002	Identify risk factors of Musculoskeletal disorders MSD		
IVIO-CIVI-002	at workplace		
	Describe prevention of exposure to risk factors		
	related to workplace		
	Describe MSD related to mobile addition with its		
	burden/epidemiology		
	Describe MSD related to mobile usage (Text neck,		
	Trigger thumb, DeQuervain Syndrome, Carpel		
MS-CM-003	Tunnel Syndrome)	Community	
IVIS-CIVI-003		Medicine and Public Health	MSD related to
	Identify risk factors related to MSD due to excessive		mobile usage
	mobile usage.		
	Describe the preventive strategies for mobile		
	addiction-related MSD.		
MS-CM-004	Describe the application of ergonomics in MSD		
WIS-CWI-004	related to the above disorders.		Ergonomics
MS-CM-005	Describe the concept of non-communicable		Noncommunic
IVIO-CIVI-003	Musculoskeletal diseases	Community	able disease
	Identify the risk factors in the community for	Medicine and Public Health	
	Osteoporosis		Risk factor assessment of Musculoskeletal diseases
MS-CM-006	Learn and apply interventions to prevent the risk		
	factors for various musculoskeletal diseases in the		
	community.		
	Identify and deal with the various psychosocial		David 1
	aspects of Musculoskeletal conditions (such as		Psychosocial factors
MS-BhS-001	Osteoarthritis, Osteomyelitis, Rheumatoid arthritis,	Behavioral Sciences	influencing
	Gout, chronic back pain, psychosomatic complaints)	001011000	chronic illnesses
	and Neuromuscular conditions (Muscular dystrophy,		1111103303

	Myasthenia Gravis, Sclerosis) on Individual, Family	
	and Society	
	Identify the psychosocial risk factors as mediating	
	factors between illness and its effect.	Psychosocial
MS-BhS-002	Discuss the role of psychological variables like	Impact of Disease and its
	coping, social support, and other health cognitions in	management
	mediating between illness and its effect.	



Module Weeks	Recommended Minimum Hours
08	225







#### **MUSCULOSKELETAL AND LOCOMOTION MODULE**

Objectives Skill		Miller's Pyramid Level Reflected
Measure body temperature using a mercury/digital thermometer	Body temperature	Shows
Examine the wrist joint for functionality	Wrist joint examination	Shows
Examine strength of the upper limb	Upper limb strength and power examination	Shows
Examine strength of the lower limb	Lower limb strength and power examination	Shows
Examine the knee joint for functionality	Knee joint examination	Shows
Examine the shoulder joint for functionality	Shoulder joint examination	Shows
Examine the hip joint for Hip joint examination functionality		Shows
*Identify common fractures showing in x rays of upper limb	X ray common fractures Upper limb	Knows how

❖ These skills are at the 'Knows how' level of the miller's pyramid, meaning thereby that students need not perform them themselves but may develop a perception regarding them by observing performance/working on simulated patients/facilitation with videos.



Date Observed:	<u> </u>	
	e ()hserved	•

CHECKLIST FOR BODY TEMPERATURE  (Some of the following steps/tasks should be performed simultaneously.)	 ASES n 2 Entries)
STEP/TASK	
GETTING READY:	
Before proceeding further, check if the patient has recently taken cold or hot food/drink or smoked.	
Dip the thermometer in antiseptic (spirit) and wipe dry. If	
analogue thermometer, shake it until the normal temperature is pushed below 35°C. If digital thermometer, switch it on and it will	
show the room temperature on the display.	
SKILL/ACTIVITY PERFORMED SATISFACTORILY	
THE PROCEDURE:	
Explain the procedure to the patient and get a verbal consent to proceed.	
2. Keep the thermometer bulb/probe under the patient's	
tongue. Ask the patient to close the lips firmly around the thermometer but without biting it	
3. Keep it in place for at least 2 minutes.	



4. Read the temperature as soon as you pull out the		
instrument		
5. After use, clean the instrument with antiseptic and wipe it off		
SKILL/ACTIVITY PERFORMED SATISFACTORILY		
Signatures of Supervisor		



Dato	<b>Observed</b>	I <b>-</b>	
Date	Observed		

(	CHECKLIST FOR WRIST JOINT EXAMINATION Some of the following steps/tasks should be performed simultaneously.)	CASES (Minimum 3 En	tries)
STI	EP/TASK		
TH.	E PROCEDURE:		
1.	Explain the procedure to the patient and get a verbal consent to proceed.		
2.	Adequately expose hands and wrists of the patient		
3.	before starting with the examination, inquire about pain in any area.		
4.	Observe both hands and wrists for any asymmetry, scars, and muscle wasting		
5.	Palpate the wrists for evidence of any joint line irregularities or tenderness		
6.	Ask patients to perform wrist extension "put the palms of your hands together and extend your wrists fully ". normal range of movement is 90 degrees		
7.	Ask the patient to perform wrist flexion "put the backs of your hands together and flex your wrist fully", normal range of motion id 90 degrees		
8.	Ask the patient to fully relax and allow you to move their hand and wrist for them. Warn them that in case any pain is felt they should report immediately.		
9.	Repeat movements 6 and 7 passively.		



SKILL/ACTIVITY PERFORMED SATISFACTORILY		
Signatures of Supervisor		



Date	Observed:	
Date	ODSCIVEU.	

CHECKLIST FOR EXAMINATION OF UPPER LIMB STRENGTH (Some of the following steps/tasks should be performed simultaneously.)	CASES (Minimum 3 Entries)
STEP/TASK	
THE PROCEDURE:	
Explain the procedure to the patient and get a verbal consent to proceed.	
2. Ensuring privacy, adequately expose the arms of the patient	
3. Before starting the testing for power and strength, for each muscle group check:  a. appearance of the muscle (wasted, highly developed or normal)  b. Feel tone of muscle (flaccid, normal, clinic)	
Observe both hands and wrists for any asymmetry, scars, and muscle wasting	
5. Starting with the deltoids, ask the patient to raise both their arms in front of them simultaneously as strongly as then can while the examiner provides resistance to this movement. Compare the strength of each arm.	
6. Ask the patient to extend and raise both arms in front of them as if they were carrying a pizza. Ask the patient to keep their arms in place while they close their eyes and count to 10. Normally their arms will remain in place.	
7. Test the biceps muscle flexion by holding the patient's wrist from above and instructing them to "flex their hand up to their shoulder". Provide resistance at the wrist. Repeat and compare to the opposite arm.	
8. Ask the patient to extend their forearm against the examiner's resistance. Make certain that the patient begins	



their extension from a fully flexed position because this part of the movement is most sensitive to a loss in strength. This tests the triceps. Note any asymmetry in the other arm 9. Test the strength of wrist extension by asking the patient to extend their wrist while the examiner resists the movement. This tests the forearm extensors. Repeat with the other arm.		
10. Examine the patient's hands and test the patient's grip by having the patient hold the examiner's fingers in their fist tightly and instructing them not to let go while the examiner attempts to remove them. Normally the examiner cannot remove their fingers. This tests the forearm flexors and the intrinsic hand muscles. Compare the hands for strength asymmetry		
11. Test the intrinsic hand muscles once again by having the patient abduct or "fan out" all of their fingers. Instruct the patient to not allow the examiner to compress them back in. Normally, one can resist the examiner from replacing the fingers		
12. Test the strength of the thumb opposition by telling the patient to touch the tip of their thumb to the tip of their little finger. Apply resistance to the thumb with your index finger. Repeat with the other thumb and compare.		
SKILL/ACTIVITY PERFORMED SATISFACTORILY		
Signatures of Supervisor		



Data	Observed:	
Date	Observeu.	

CHECKLIST FOR EXAMINATION OF LOWER LIMB STRENGTH (Some of the following steps/tasks should be performed simultaneously.)	CASES (Minimum 3 Entries)
STEP/TASK	
THE PROCEDURE:	
Explain the procedure to the patient and get a verbal consent to proceed.	
2. Ask the patient to lie down and raise each leg separately while the examiner resists. Repeat and compare with the other leg. This tests the iliopsoas muscles.	
3. Test the adduction of the legs by placing your hands on the inner thighs of the patient and asking them to bring both legs together. This test the adductors of the medial thigh.	
4. Test the abduction of the legs by placing your hands on the outer thighs and asking the patient to move their legs apart. This tests the gluteus maximus and gluteus minimums.	
5. Test the extension of the hip by instructing the patient to press down on the examiner's hand which is placed underneath the patient's thigh. Repeat and compare to the other leg. This tests the gluteus maximus	
6. Test extension at the knee by placing one hand under the knee and the other on top of the lower leg to provide resistance. Ask the patient to "kick out" or extend the lower leg at the knee. Repeat and compare to the other leg. This tests the quadriceps muscle.	
7. Test flexion at the knee by holding the knee from the side and applying resistance under the ankle and instructing the patient to pull the lower leg towards their buttock as hard as possible. Repeat with the other leg. This tests the hamstrings	
8. Test dorsiflexion of the ankle by holding the top of the ankle and have the patient pull their foot up towards their face as hard as possible. Repeat with the other foot. This tests the	



muscles in the anterior compartment of the lower leg. Holding the bottom of the foot, ask the patient to "press down on the gas pedal" as hard as possible. Repeat with the other foot and compare. This tests the gastrocnemius and soleus muscles in the posterior compartment of the lower leg		
9. Ask the patient to move the large toe against the examiner's resistance "up towards the patient's face. This tests the extensor halluces longus muscle.		
POST PROCEDURE:  1. 'Wash your hands, thank the patient'		
SKILL/ACTIVITY PERFORMED SATISFACTORILY		
Signatures of Supervisor		



Date Observed:
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CHECKLIST FOR EXAMINATION OF LOWER LIMB STRENGTH (Some of the following steps/tasks should be performed simultaneously.)	(Minimum 3 Entries)	
STEP/TASK		
THE PROCEDURE:		
Explain the procedure to the patient and get a verbal consent to proceed.		
2. Ensure adequate exposure of the knee joints while maintaining patient privacy.		
3. Inspect the alignment of both legs, both paellas. Check for varus/vulgus deformities, swellings. Inspect skin for any scars, plaques, erythema.		
4. Check swelling at level of joints		
5. simultaneously assess and compare knee joint temperature using the back of your hands.		
6. Measure quadriceps with an inch tape 20 cm diameter above the tibial tuberosity and compare with other side.		
7. Ask the patient regarding any pan and discomfort and then start examining normal side of patient (in supine position)		
8. Flex the knee to (0 degrees, then feel along the joint line (quadriceps tendon → patella → patella tendon → tibial tuberosity → tibial plateau → femoral epicondyles and over course of medial collateral ligament and lateral collateral ligament → popliteal fossa) for ant swelling/thickness/tenderness		
9. Test active then passive movements, keeping one hand on the knee to feel for crepitus.  1.Flexion (140°)  2.Extension (0°)		
10. Passively raise leg at ankle and look for knee hyperextension		
11. Perform the patellar tap: with patients knee fully extended, empty the suprapatellar pouch by sliding your left hand down		



the thigh to the upper border of the patella.		
12. Keep your left hand in position and use right hand to press downwards on the patella with your fingertips. if there is fluid present you will feel a distinct tap as patella bumps against femur		
POST PROCEDURE:		
1. 'Wash your hands, thank the patient'		
SKILL/ACTIVITY PERFORMED SATISFACTORILY		
Signatures of Supervisor		



Date Observed:	<u> </u>	
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CHECKLIST FOR EXAMINATION OF HIP JOINT EXAMINATION (Some of the following steps/tasks should be performed simultaneously.)			CASES imum 3 Ent	ries)
STE	EP/TASK			
	PROCEDURE:			
1.	Explain the procedure to the patient and get a verbal consent to proceed.			
2.	Ensure adequate exposure of the legs while maintaining patient privacy. Provide a covering sheet for the patient. (Students examining patients of an opposite gender must be with a chaperone.)			
3.	Ask the patient if they have any pain before proceeding			
4.	Inspect the joint and legs for any deformity, scarring or swelling			
5.	Ask the patient to walk to the end of the examination room and then turn and walk back whilst you observe their gait			
6.	Ask patient to lie down for next part pf the examination.			
7.	With the patient still positioned supine on the clinical examination couch simultaneously assess and compare hip joint temperature using the back of your hands.			



8.	Palpate the greater trochanter of each leg for evidence of tenderness		
9.	To assess apparent leg length, measure and compare the distance between the umbilicus and the tip of the medial malleolus of each limb.		
10.	To assess true leg length, measure from the anterior superior iliac spine to the tip of the medial malleolus of each limb.		
11.	For active hip flexion Place your hand under the lumbar spine to detect masking of restricted hip joint movement by the pelvis and lumbar spine and ask the patient to "bring your leg to your chest as much as you can"		
12.	For active hip extension ask the patient to extend their leg so that it lies flat on the bed.		
13.	Perform passive hip flexion, Whilst supporting the patient's leg, flex the hip as far as you are able, making sure to observe for signs of discomfort.		
14.	For passive hip internal rotation, Flex the patient's hip and knee joint to $90^\circ$ and then rotate their foot laterally.		
15.	For passive hip external rotation, flex the patients hip and knee joint to 90° and rotate the foot medially		
16.	To perform passive hip abduction:  a. With the patient's legs straight and flat on the bed, use one of your hands to hold the ankle of the hip being assessed and place your other hand over the contralateral iliac crest to stabilize the pelvis.  b. Move the patient's ankle laterally to abduct the hip until the pelvis begins to tilt.		
17.	To perform passive hip adduction:  a. With the patient's legs straight and flat on the bed, use one of your hands to hold the ankle of the hip being assessed and place your other hand over the contralateral iliac crest to stabilize the pelvis.  b. Move the patient's ankle medially to adduct the hip until the pelvis begins to tilt.		
18.	To perform passive hip extension, ask the patient to lie in a prone position, use one hand to hold the ankle and the other should be placed on the pelvis.		
19.	Thank and reassure the patient		
KIL	L/ACTIVITY PERFORMED SATISFACTORILY		
Sigr	natures of Supervisor		



Date Observed:	

	CHECKLIST FOR EXAMINATION OF SHOULDER JOINT EXAMINATION Some of the following steps/tasks should be performed simultaneously.)	CASES (Minimum 3 Entries)
STE	P/TASK	
	PROCEDURE:	
1.	Explain the procedure to the patient and get a verbal consent to proceed.  Ensure adequate exposure of the shoulder and arm and	
3.	provide blanket to patient for the time when they are not being examined.  Position the patient standing for initial inspection and ask the	
	patient if they have any pain before proceeding for examination.	
5.	Perform a brief general inspection looking for scars, alignment, and muscle wasting Assess and compare shoulder joint temperature using the	
6.	back of your hands.  Palpate the various components of the shoulder girdle,	
7.	noting any swelling, bony irregularities, and tenderness.  To check for external rotation and abduction, ask the patient	
'.	to put their hands behind their head and point their elbows out to the side	
8.	To check internal rotation and adduction, ask the patient to place each hand behind their back and reach as far up their spine as they are able to	
9.	For active shoulder flexion instruct the patient to raise their arms forward until they're pointing up towards the ceiling.	
10.	For active shoulder extension, ask the patient to stretch their arms behind them.	



Sign	atures of Supervisor		
SKILL/ACTIVITY PERFORMED SATISFACTORILY			
16.	Thank and reassure the patient		
15.	To judge passive movements, ask the patient to fully relax and allow you to move their arms for them. Go through steps 7-14 by moving the patients arm through those movements.		
14. To check scapular movement, ask patient to abduct their shoulder while you simultaneously palpate inferior pole of the scapula.			
13.	For active internal rotation, ask the patient to place each hand behind their back and reach as far up the spine as they can.		
12.	For active shoulder adduction, ask the patients to keep their arms straight and move them across the front of their body to the opposite side.		
11. For active shoulder abduction, ask the patient to raise their arms out to the sides in an arc like mono until their hands touch above their head			



Data	Obcomod:	
Date	Observed:	

CHECKLIST FOR UPPER LIMB X-RAY (Some of the following steps/tasks should be performed simultaneously.)	CASES (Minimum 3 Entries)
STEP/TASK	
THE PROCEDURE:	
Observe the ABC's:         a. Alignment and joint space         b. Bone texture         c. Cortices	
Changes in alignment will suggest a fracture/ complete or partial dislocation	
Describe the position of the fragment distal to the fracture site	
Look around the outline of each bone to see any step in the cortex as it may indicate a fracture	
<ol> <li>Once a fracture is identified, describe which bone is involved and where the fracture is located (proximal/middle distal)/</li> </ol>	
Recognize a fracture extending all the way through the bone as a complete fracture.	
7. Identify type of complete fracture accordingly:	
<ul> <li>a. Transverse: fracture at right angles to the shaft</li> <li>b. Oblique: fracture at an angle to the shaft</li> <li>c. Spiral: caused by twisting injury</li> <li>d. Comminuted: 2 or more bone fragments</li> <li>e. Impacted: fractured bone forced together</li> </ul>	



Recognize an incomplete fracture as one not involving the whole cortex.		
<ul> <li>9. Types of incomplete fractures include:</li> <li>a. Torus/Buckle: a bulge in the cortex</li> <li>b. Bowing: associated bend in the bone shaft</li> <li>c. Greenstick: bending of the shaft with a fracture on the convex surface Salter-Harris: involving the growth plate</li> </ul>		
10. Identify an open fracture as having a puncture of the skin or an open wound identify closed fractures as not having any skin opening.		
11.Identify closed fractures as not having any skin opening.		
SKILL/ACTIVITY PERFORMED SATISFACTORILY		
Signatures of Supervisor		





	MUSCULOSKELETAL AND LOCOMOTION-I											
	Sequence of Topics Me to their resources. Topic		Colleges are at liberty to manage h Block	Total Hours = 06								
Code	Domain	Topic	Proposed Portfolio Entry									
	Professionalism	Respect for the Human Body/Remain	Understand the ethical and professional significance of respecting the human body, especially in medical education settings such as anatomy labs, and appreciate the contributions of body donors to medical science.	Write a Code of Conduct of professional behaviours in Anatomy Hall, Laboratories /museums with human tissue/remains.								
	Ethics	Virtues of a Medical Professional	<ul> <li>Analyse the key virtues expected from healthcare providers, including compassion, courage, integrity, humility, patience, altruism, professional responsibility, trustworthiness, and honesty, and their role in ethical medical practice.</li> <li>Reflect on a case or scenario where healthcare professionals demonstrated one or more of these virtues, discussing how these traits influenced patient care and outcomes.</li> </ul>	Write a reflective entry on a case or scenario where healthcare professionals demonstrated one or more of these virtues, discussing how these traits influenced patient care and outcomes								
	Leadership	Written and Electronic Communication Skills	Appreciate effective written and electronic communication skills, focusing on clarity, professionalism, and accuracy in both academic and clinical contexts, including emails and electronic health records.	Submit a sample professional email or electronic communication (e.g., a message to a faculty member) that demonstrates clarity, appropriate tone, and adherence to								

		Students will practice composing a clear and professional email to a faculty member or peer, ensuring correct format, tone, and content.	communication protocols.
Leadership	Giving Feedback	<ul> <li>Appreciate the importance of giving constructive feedback</li> <li>Discuss the principles using techniques like the Sandwich Technique and "2 Stars and a Wish" to promote improvement while maintaining positive communication.</li> <li>Practice giving feedback to a peer using the Sandwich Technique (positive-constructive-positive) or '2 Stars and a Wish' (two positive aspects and one area for improvement) during a group activity or simulated scenario.</li> </ul>	Submit the feedback given to you by your peer during class activity with the identification of areas for improvement and an action plan.
Research	Critiquing Scientific articles- Introduction	Describe the steps to critique a research article.     Use any checklist, e.g.     https://web2.qatar.cmu.edu/~mhhammou/ 15440-f16/assignments/ Howtocritiqueajournalarticle.pdf for journal article critique	Submit an Article Critique report highlighting areas for improvement
Ethics	Patient Autonomy in decision making	<ul> <li>Define patient autonomy and understand its foundational role in medical ethics, recognizing that every patient has the right to make informed decisions regarding their own healthcare.</li> <li>Describe necessary components of informed decision-making,</li> </ul>	Submit a reflective case study analyzing how patient autonomy was handled in a clinical situation. Discuss whether the patient was fully informed, how their preferences were respected, and the role of healthcare

including the provision of accurate information, understanding of risks and benefits, patient comprehension, and the patient's ability to voluntarily make choices free from coercion.
Appreciate the responsibilities of healthcare providers in ensuring that patients receive all necessary information and support to make autonomous decisions, including effective communication and respecting cultural, religious, or personal values.

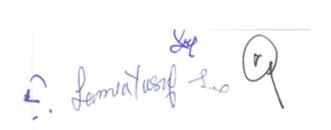




#### **MBBS 1st Professional**

#### Block-2

		V	Written Exar	n	C	Oral/Practical/Cl	inical Exam	
Theme	Subject	MCQ (1 mark)	SEQ (5 mark each)	Marks	OSPE (8 marks each observed)	OSCE (5 marks each observed)	OSVE (14 marks each observed)	Marks
Normal Structure	Anatomy applied/clinical	35	04	55	05	-	01	54
Normal Function	Physiology applied/clinical	17	02	27	02	-	01	30
Normal Function	Biochemistry applied/clinical	13	02	23	02	-	01	30
Disease Burden &	Community Medicine & Public Health	06	-	06	-	-	-	
Prevention	Behavioral Sciences	04	-	04	-	-	-	-
Pathophysiology &	Pathology	10	01	15	01	-	-	80
pharmacotherapeutics	Pharmacology	05	01	10	01	-	-	80
CFRC	CF-I	-	-	-	-	01	-	05
PERLs	PERLs-I	-	-	-	-	01	-	05
Total		90	10x5=50	140	11 stations x 08 = 88	02 stations x 05 = 10	03 stations x 14=42	140





## **Internal Assessment Theory**

Sr.	Scoring Parameter	Marks out of 20%	Marks Distribution
1	Attendance in Lectures	85-90%=1% , > 90%=2%  Remedial classes – re-sit exam allowed only after case endorsed and submitted by the college <b>Principal</b> and approval given by the <b>Competent Authority</b> . However, no marks given  Remedial classes – re-sit exam allowed only in genuine cases after approval from <b>Competent Authority</b> . However, no marks given	85-90%= <b>01</b> mark > 90%= <b>02</b> marks
2	Block Exam	15%	22
3	Continuous Internal Assessment/Class Quiz/Class participation/ Professional Behaviour/ Ethical practices/ Leadership traits/ Module Exam Discipline/Punctuality	3%	06

### **Internal Assessment Practical & Behavioral**

Sr.	Scoring Parameter	Marks out of 20%	Marks Distribution
1 22	Attendance in Practicals & Rotations	85-90%=1% , > 90%=2%  Remedial classes – re-sit exam allowed only after case endorsed and submitted by the college <b>Principal</b> and approval given by the <b>Competent Authority</b> . However, no marks given  Remedial classes – re-sit exam allowed only in genuine cases after approval from <b>Competent Authority</b> . However, no marks given	85-90%= <b>01</b> mark > 90%= <b>02</b> marks
2	Block Exam ( OSPE/OSCE/OSVE)	15%	26
3	CFRC Log Book / PERLs Portfolio	04%	07







# Sialkot Medical College MSK &L- I Module

1stYear MBBS

2024-2025

From: Module organizer, Musculoskeletal & locomotion-IModule

To: All HODs

Subject: Nomination of Module representatives

Respected Faculty,

I am writing to request your assistance in nominating potential module representative from your respective departments for the upcoming MSK&L Module (Block 2), which will be for the duration of 08weeks.

Department	Name of representative	Signature			
Physiology	Dr. Fatima M.	Like.			
Biochemistry	Dr. Sona Aslom	Ham.			
Anatomy	Dr. Ayesha, Dr. Navla	D. 40			
Pharmacology	Dr Neelam	needam!			
Pathology	Dr Junaid	النساة			
Community medicine	Dr Zaryab - Ayesh Razaq	hayof			
Medical education	Dr Sadia Zaheer	Zay of			
Behavioural Sciences	Miss Recha Sarwar	Valu			

Kind Regards,

#### Cc;

- · Academic Supervisor
- All HODs
- DME, Block Organizer

Dr. Ikhra Aiman Module Organizer

Althorning

Date: 17-03-25.





MUSCULOSKELETAL & LOCOMOTION MODULE- I (2K25)

- YEAR-I MBBS WEEKLY SCHEDULE

(WEEK-8) (Theme: Lower Limb)

WEEK 8	08:00am – 09:25am	09:25am – 10:15am	10:15am - 10:35am	10:35am – 11:25am	11:25am – 12:15pm	12:15pm – 01:05pm	01:05pm - 01:35pm	01:35pm – 03:00pm
MON		L115		L116	L117	L118		LAB SESSION 07
18-08-25	ASSESSMENT - 06	MS-A-059 Palpation of Arteries of L.L	SDL	MS-CM-006 Rlsk factor assessment of MSD II	MS-P-017 Smooth Muscle I	Perls Professionalism	PRAYER BREAK	A - Physiology B - Biochemistry C - Clinical Skills
	(MSK&L-1 Module)	Anatomy/Medicine		Community Medicine	Physiology	Medical Education		Revision
TUE	SGD 19	L119		L120	L121	L122		LAB SESSION 07
19-08-25	MS-A-053 Muscles of foot	MS-A-062 Topography of L.L	SDL	MS-B-011 Inborn error of amino acid metabolism 2	MS-P-017 Smooth Muscle II	MS-BhS-001 Psychosocial factors influencing chronic	PRAYER BREAK	A - Clinical Skills B -Physiology C - Biochemistry
	Anatomy	Anatomy/Radiology		Biochemistry	Physiology	Behavioral Sciences		Revision
WED	SGD 20	L123		L124	L125	L126		LAB SESSION 07
20-08-25	MS-A-058,060,062 Surface Marking of BVNL  Anatomy	MS-A-063,064 Fractures of lower limb  Anatomy/Orthopedic	SDL	MS-Ag-01 , 02 Aging of Bone & Cartilage <i>Aging/biochem</i>	MS-P-017 Smooth Muscle III  Physiology	MS-BhS-002 Psychosocial impact of disease and its  Behavioral Sciences	PRAYER BREAK	A - Biochemistry B - Clinical Skills C - Physiology Revision
TILL	SGD 21	L127		L128	L129			SGD-08
THU <b>21-08-25</b>	Models/specimens of Lower limb Anatomy	MS-A-059 DVT Anatomy/Surgery	SDL	MS-A-074 Metabolic role of bone  Anatomy/Medicine	MS-Ph-03 Local anesthetics Pharmacology	Students' Activity	PRAYER BREAK	A - Biochemistry B - Physiology Revision
FRI	Feedback Session	L130		L131	0	L132		SGD 08
22-08-25	for MSK&L Module	MS-A-063,064 Dislocation of Lower.L	SDL	MS-Ag-03 , 04 Aging of Muscle , Effect of Estrogen on BMD	Feedback session Assessment 06	HOLY QURA'AN / ISLAMIAT / PAK STD	JUMA'A PRAYER	A - Physiology B - Biochemistry
	Block/Module Organizer	Anatomy/Orthopedic		Aging/biochem	Module orgnizer			Revision

Version 0

Lab Histology:

Lab Physiology: Revision

Clinical Skills: Lower limb strength and power examination

Lab Biochemistry: Revision

**Dr. Ikhra Aiman**MODULE ORGANIZER

**Dr. Misbah Ishtiaq** BLOCK ORGNIZER **Dr. Muhammad Shamaun Razi** ACADEMIC COORDINATOR

**Prof. Dr. Muhammad Sabir** PRINCIPAL





MUSCULOSKELETAL & LOCOMOTION MODULE- I (2K25)

- YEAR-I MBBS WEEKLY SCHEDULE

(WEEK-7) (Theme: Lower Limb)

WEEK 7	08:00am – 09:25am	09:25am – 10:15am	10:15am - 10:35am	10:35am – 11:25am	11:25am – 12:15pm	12:15pm – 01:05pm	01:05pm - 01:35pm	01:35pm – 03:00pm	
MON		L101		L102	L103	L104	Спорт	LAB SESSION 06	
11-08-25		MS-P-016 Neuromuscular junction I	SDL	MS-B-010 Protein metabolism 1	MS-A-056, 49 Retinecula of foot + (flexor ,extensor)	MS-Pa-03 Diseases of bone I	PRAYER BREAK	A - Histology B - Physiology C - Clinical Skills	
	(MSK&L-1 Module)	Physiology		Biochemistry	Anatomy	Pathology			
TUE	SGD 17	L105		L106	L107	L108		LAB SESSION 06	
	MS-A-050	MS-A-048	0.51	MS-P-016	MS-CM-006	MS-B-010	PRAYER	A - Clinical Skills	
12-08-25	Tibiofibular joints	Neurovescular supply of Legs	SDL	Neuromuscular junction II	Risk factor assessment of MSD I	Protein metabolism 2	BREAK	B - Histology C - Physiology	
	Anatomy	Anatomy		Physiology	Community Medicine	Biochemistry			
WED	SGD 18	L109		L110	L111			LAB SESSION 06	
	MS-A-054	Perls		MS-Pa-03	MS-B-011	04	PRAYER	A - Physiology	
13-08-25	Small joints of foot	Research	SDL	Diseases of bone II	Inborn error of amino acid metabolism 1	Students' Activity	Students Activity	BREAK	B - Clinical Skills C - Histology
	Anatomy	Medical Education		Pathology	Biochemistry				
THU									
				las al a sa a sa al	<b>B</b>				
14-08-25				Independ	lence Day				
FRI	PBL 3	L112		L113	Feedback session	L114		SGD-07 A - Biochemistry	
		MS-A-051		MS-Pa-03			JUMA'A	B - Physiology	
15-08-25	I can't comb my hair	Ankle joint	SDL	Diseases of bone III	Assessment 05	HOLY QURA'AN / ISLAMIAT / PAK STD	PRAYER	A - Physiology	
	Session II	Anatomy		Pathology	Module orgnizer			B - Biochemistry	

Version 0

Lab Histology: Revision Clinical Skills: Knee joint examination

Lab Physiology: Revision Lab Biochemistry:

**Dr. Ikhra Aiman**MODULE ORGANIZER

**Dr. Misbah Ishtiaq** BLOCK ORGNIZER **Dr. Muhammad Shamaun Razi** ACADEMIC COORDINATOR

**Prof. Dr. Muhammad Sabir**PRINCIPAL





MUSCULOSKELETAL & LOCOMOTION MODULE- I (2K25)

- YEAR-I MBBS WEEKLY SCHEDULE

(WEEK-6) (Theme: Pelvic girdle/Lower Limb)

WEEK 6	08:00am – 09:25am	09:25am – 10:15am	10:15am - 10:35am	10:35am – 11:25am	11:25am – 12:15pm	12:15pm – 01:05pm	01:05pm - 01:35pm	01:35pm – 03:00pm
MON		L83		L84	L85	L86		LAB SESSION 05
04-08-25	ASSESSMENT - 04	MS-A-034, 035 Femoral + Inguinal Hernias, Psoas Abcess	SDL	MS-A-036 Neurovascular supply of ant. compartment of	MS-Pa-01 Muscle remodelling	MS-A-034 Femoral canal	PRAYER BREAK	A - Histology B - Biochemistry C - Clinical Skills
	(MSK&L-1 Module)	Anatomy/Surgery		Anatomy	Pathology	Anatomy		
TUE	SGD 14	L87		L88	L89	L90		LAB SESSION 05
05-08-25	MS-A-038,39 Muscles + neurovascular supply of medial comp. Anatomy	MS-A-046 Clinicals of knee joint  Anatomy/Orthopedic	SDL	MS-Ph-02 Drugs in Myasthenia Gravis <i>Pharmacology</i>	MS-A-035 Muscles Anterior compartment of Thigh <i>Anatomy</i>	MS-B-008 Urea cycle 1 Biochemistry	PRAYER BREAK	A - Clinical Skills B - Histology C - Biochemistry
WED	SGD 15	L91		L92	L93	L94		LAB SESSION 05
06-08-25	MS-A-045, 46 Popliteal fossa + Tibia,Fibula + Patella <i>Anatomy</i>	MS-B-008 Urea cycle 2 Biochemistry	SDL	MS-Pa-02 Diseases of muscles Pathology	MS-A-042 INCUIOVASCUIAI SUPPIY of post. compartment of Thiah Anatomy	MS-P-012, 016 Nerve Degeneration & Myesthenia Gravis Physiology/Medicine	PRAYER BREAK	A - Biochemistry B - Clinical Skills C - Histology
THU	SGD 16	L95		L96	L97			SGD 06
07-08-25	MS-A-047 Muscles + Neurovascular supply of leg <i>Anatomy</i>	MS-A-052,055 Plantar fascitis, Flat foot + Clow foot Anatomy/Orthopedic	SDL	MS-A-046 Knee joint <i>Anatomy</i>	MS-B-009 Urea cycle 3 Biochemistry	Students' Activity	PRAYER BREAK	A - Physiology B - Biochemistry
FKI	PBL 3	L98		L99	Foodbook oood	L100		SGD 06
08-08-25	I can't comb my hair	MS-A-046 Locking and Unlocking	SDL	Perls Leadership 2	Feedback session Assessment 04	HOLY QURA'AN / ISLAMIAT / PAK STD	JUMA'A PRAYER	A - Biochemistry B - Physiology
	Session I	Anatomy		Medical Education	Module orgnizer			

Version 0

Lab Histology: Microscopic structure of elastic cartilage

Lab Physiology: - Lab Biochemistry: Albumin / globulin

**Dr. Ikhra Aiman**MODULE ORGANIZER

**Dr. Misbah Ishtiaq** BLOCK ORGNIZER **Dr. Muhammad Shamaun Razi** ACADEMIC COORDINATOR

Clinical Skills:

**Prof. Dr. Muhammad Sabir**PRINCIPAL

Hip joint examination





MUSCULOSKELETAL & LOCOMOTION MODULE- I (2K25)

- YEAR-I MBBS WEEKLY SCHEDULE

(WEEK-5) (Theme: Pelvic Girdle)

WEEK 5	08:00am – 09:25am	09:25am – 10:15am	10:15am - 10:35am	10:35am – 11:25am	11:25am – 12:15pm	12:15pm – 01:05pm	01:05pm - 01:35pm	01:35pm – 03:00pm
MON		L65		L66	L67	L68		LAB SESSION 04
28-07-25	ASSESSMENT - 03	MS-A-40 Clinicals of Gluteal Region	SDL	MS-P-015 Mechanics of muscle contraction I	MS-B-005 Protein digestion & transport	MS-A-040 Muscles of gluteal region	PRAYER BREAK	A - Histology B - Biochemistry C - Clinical Skills
	(MSK&L-1 Module)	Anatomy/Medicine		Physiology	Biochemistry	Anatomy		
TUE	SGD 11	L69		L70	L71	L72		LAB SESSION 04
29-07-25	MS-A-031 Femur bone + muscle attachment <i>Anatomy</i>	MS-A-032 Facia lata + femoral sheath <i>Anatomy</i>	SDL	MS-P-015 Mechanics of muscle contraction II Physiology	MS-B-006 Reaction involve in catabolism Biochemistry	MS-A-033 Neurovascular supply of Thigh <i>Anatomy</i>	PRAYER BREAK	A - Clinical Skills B - Histology C - Biochemistry
WED	SGD 12	L73		L74	L75	L76		LAB SESSION 04
30-07-25	MS-A-034, 037 Femoral Triangle + Adducter canal <i>Anatomy</i>	MS-A-041 Muscles of posterior of thigh <i>Anatomy</i>	SDL	MS-B-007 Transpotation of ammonia to liver <i>Biochemistry</i>	MS-P-015 Rigor Mortis <i>Physiology</i>	MS-Ph-01 Drugs acting on NMJ I <i>Pharmacology</i>	PRAYER BREAK	A - Biochemistry B - Clinical Skills C - Histology
THU	SGD 13	L77		L78	L79			SGD 05
31-07-25	MS-A-044 Hip Joint <i>Anatomy</i>	MS-A-043,044 Sciatica + Clinicals of Hip joint Anatomy/Surgery	SDL	MS-Ph-01 Drugs acting on NMJ II <i>Pharmacology</i>	MS-CM-004 Ergonomics Community Medicine	Students' Activity	PRAYER BREAK	A - Physiology B - Biochemistry
FRI	PBL 2	L80		L81	Fandback and the	L82		SGD 05
01-08-25	Am I curable?	MS-A-043 Sciatic nerve	SDL	Perls Leadership 1	Feedback session  Assessment 03	HOLY QURA'AN / ISLAMIAT / PAK STD	JUMA'A PRAYER	A - Biochemistry B - Physiology
	Session II	Anatomy		Medical Education	Module orgnizer			

Version 0

Lab Histology: Microscopic structure of fibro cartilage

Lab Physiology: Lab Biochemistry: Albumin / globulin

Clinical Skills:

Upper limb strength and power examination





MUSCULOSKELETAL & LOCOMOTION MODULE- I (2K25)

- YEAR-I MBBS WEEKLY SCHEDULE

(WEEK-4) (Theme: Upper Limb)

WEEK 4	08:00am – 09:25am	09:25am – 10:15am	10:15am - 10:35am	10:35am – 11:25am	11:25am – 12:15pm	12:15pm – 01:05pm	01:05pm - 01:35pm	01:35pm – 03:00pm
MON		L47		L48	L49	L50		LAB SESSION 03
	ASSESSMENT - 02	MS-A-063,064		MS-A-065	MS-A-070	MS-B-003	PRAYER	A - Histology
21-07-25		Dislocation of upper.L	SDL	Development of Muscles	Histology of muscles	Extracellular matrix 6	BREAK	B - Physiology C - Clinical Skills
	(MSK&L-1 Module)	Anatomy/Orthopedic		Embryology	Histology	Biochemistry		
TUE	SGD 08	L51		L52	L53	L54		LAB SESSION 03
	MS-A-025	MS-A-029	0.01	MS-P-011	MS-CM-005	MS-A-026	PRAYER	A - Clinical Skills
22-07-25	Bones of hand	Anatomical land marks of U.L	SDL	Conduction of Nerve impulse	Non communicable disease	Blood supply of Hand	BREAK	B - Histology C - Physiology
	Anatomy	Anatomy/Radiology		Physiology	Community Medicine	Anatomy		
WED	SGD 9	L55		L56	L57	L58		LAB SESSION 03
	MS-A-028	MS-A-029	0.51	MS-A-027	MS-P-013	MS-B-004	PRAYER	A - Physiology
23-07-25	CMC Joints & clinicals	Palpation of Arteries of U.L	SDL	Nerve supply of Hand	Skeletal muscle	Glycolysis & TCA 1	BREAK	B - Clinical Skills C - Histology
	Anatomy	Anatomy/Medicine		Anatomy	Physiology	Biochemistry		
THU	SGD 10	L59		L60	L61			SGD 04
	MS-A-030	MS-A-063,064	0.01	MS-B-004	MS-A-024	Students' Activity	PRAYER	A - Physiology
24-07-25	Hip bone + muscle attachment	Fractures of upper limb	SDL	Glycolysis & TCA 2	Palmar fascia & its spaces	Students Activity	BREAK	B - Biochemistry
	Anatomy	Anatomy/Orthopedic		Biochemistry	Anatomy			
FRI	PBL 2	L62		L63	Feedback session	L64		SGD 04
25-07-25	Am I curable?	MS-A-068	SDL	MS-P-014 Characteristics of	Assessment 01+ 02	HOLY QURA'AN /	JUMA'A	A - Biochemistry
25-07-25	, an i sarable:	Congenital anomalies of Limbs 2	ODL	whole muscle	7,000001110111011102	ISLAMIAT / PAK STD	PRAYER	B - Physiology
	Session I	Embryology/Pediatrics		Physiology	Module orgnizer			

Version 0

Lab Histology: Histology of skeletal, cardiac & smooth muscle

Lab Physiology: Locomotion Lab Biochemistry: -

**Dr. Ikhra Aiman**MODULE ORGANIZER

**Dr. Misbah Ishtiaq** BLOCK ORGNIZER **Dr. Muhammad Shamaun Razi** ACADEMIC COORDINATOR

Clinical Skills:

Prof. Dr. Muhammad Sabir PRINCIPAL

Upper limb strength and power examination





MUSCULOSKELETAL & LOCOMOTION MODULE- I (2K25)

- YEAR-I MBBS WEEKLY SCHEDULE

(WEEK-3) (Theme: Upper Limb)

WEEK 3	08:00am – 09:25am	09:25am – 10:15am	10:15am - 10:35am	10:35am – 11:25am	11:25am – 12:15pm	12:15pm – 01:05pm	01:05pm - 01:35pm	01:35pm – 03:00pm
MON		L28		L29	L30	L31		LAB SESSION 02
14-07-25	ASSESSMENT - 01	MS-A-14 Flexor compartment of forearm	SDL	MS-A-15 Extensor compartment of forearm	MS-P-007 Action Potential of neurons I	MS-B-003 Extracellular matrix 4	PRAYER BREAK	A - Histology B - Physiology C - Clinical Skills
	(MSK&L Module)	Anatomy		Anatomy	Physiology	Biochemistry		
TUE	SGD 05	L32		L33	L34	L35		LAB SESSION 02
15-07-25	MS-A-011, 012 Brachial Artery + Surface Marking	MS-A-070 Basis of myesthenia gravis	SDL	MS-A-075 Histology of Cartilage	MS-Pa-04 Disease of cartilage	MS-P-007 Action Potential of neurons II	PRAYER BREAK	A - Clinical Skills B - Histology C - Physiology
	Anatomy	Anatomy/Medicine		Histology	Pathology	Physiology		
WED	SGD 06	L36		L37	L38	L39		LAB SESSION 02
16-07-25	MS-A-013,14,23 Radius + Ulna + interosseous membrane <i>Anatomy</i>	MS-A-069 Development of Cartilage <i>Embryology</i>	SDL	MS-A-018,19 Retinaculum of forearm,Carpal tunnel <i>Anatomy</i>	MS-P-008 Role of other ions in action potential  Physiology	MS-B-003 Extracellular matrix 5 Biochemistry	PRAYER BREAK	A - Physiology B - Clinical Skills C - Histology
THU	SGD 07	L40		L41	L42			SGD 03
17-07-25	MS-A-016,17,20 Neuroesculature of forearm + Surface Marking <i>Anatomy</i>	MS-A-019 Carpal tunnel syndrom <i>Anatomy/Surgery</i>	SDL	MS-P-009 Local / Graded potentials <i>Physiology</i>	MS-A-022 Radioulnar joint + Wrist joint <i>Anatomy</i>	Students' Activity	PRAYER BREAK	A - Physiology B - Biochemistry
FRI	PBL 1	L43		L44	L45	L46		SGD 03
18-07-25	A Heavy Step	MS-A-021 Carrying angle	SDL	Perls Ethic 2	MS-P-010 Synapses - types & transmission	HOLY QURA'AN / ISLAMIAT / PAK STD	PRAYER BREAK	A - Biochemistry B - Physiology
	Session II	Anatomy/Surgery		Medical Education	Physiology			

Version 0

Lab Histology: Microscopic structure of hyaline cartilage

Lab Physiology: Locomotion

Clinical Skills:

Shoulder joint examination

Lab Biochemistry:

**Dr. Ikhra Aiman**MODULE ORGANIZER

**Dr. Misbah Ishtiaq** BLOCK ORGNIZER **Dr. Muhammad Shamaun Razi** ACADEMIC COORDINATOR

Prof. Dr. Muhammad Sabir
PRINCIPAL





MUSCULOSKELETAL & LOCOMOTION MODULE- I (2K25)

- YEAR-I MBBS WEEKLY SCHEDULE

(Theme: Pectoral Region & Axilla) (WEEK-2)

WEEK 2	08:00am – 09:25am	09:25am – 10:15am	10:15am - 10:35am	10:35am – 11:25am	11:25am – 12:15pm	12:15pm – 01:05pm	01:05pm - 01:35pm	01:35pm – 03:00pm
MON	Feedback Session	L9		L10	L11	L12		LAB SESSION 01
07-07-25	Block-1	MS-B-002 Carbohydrates	SDL	MS-A-009,10 Muscles (Rotater cuff + Ant com. of arm)	MS-P-003 Goldman Equation	MS-A-008 Arterial anatomosis of shoulder joint	PRAYER BREAK	A - Histology B - Biochemistry C - Clinical Skills
	Block orgnizer & DME	Biochemistry		Anatomy	Physiology	Anatomy		
TUE	SGD 02	L13		L14	L15	L16		LAB SESSION 01
08-07-25	MS-A-007 Humerus with muscle attachment <i>Anatomy</i>	MS-A-009 Clinicals of shoulder joint Anatomy/Surgery	SDL	MS-P-004 Resting Membrane Potential in Neurons Physiology	MS-A-002,6 Dermatomes of U.L + Axillary neurovascular Anatomy	MS-B-003 Extracellular matrix 2 Biochemistry	PRAYER BREAK	A - Clinical Skills B - Histology C - Biochemistry
WED	SGD 03	L17		L18	L19	L20		LAB SESSION 01
09-07-25	MS-A-008 Shoulder Joint with clinicals  Anatomy	MS-B-003 Extracellular matrix 3 Biochemistry	SDL	MS-A-072,73 Histology of bone  Histology	MS-CM-001  Back pain  Community Medicine	MS-A-011,12 Cubital fossa + Post. Comp. of arm Anatomy	PRAYER BREAK	A - Biochemistry B - Clinical Skills C - Histology
	SGD 04	L21		L22	L23	Anatomy		SGD-2
THU 10-07-25	MS-A-010,6 Brachial Plexus + Axilla  Anatomy	MS-A-068 Congenital anomalies of Limbs 1 Embryology/Pediatrics	SDL	MS-CM-003 MSD related to mobile usage I Community Medicine	MS-A-076 Mechanism of bone growth Histology	Students' Activity	PRAYER BREAK	A - Biochemistry B - Physiology
FRI	PBL 1	L24		L25	L26	L27		SGD-2
11-07-25	A Heavy Step	MS-A-003 Boundaries of Auscultation	SDL	MS-CM-003 MSD related to mobile usage II	Perls Ethic 1	HOLY QURA'AN / ISLAMIAT / PAK STD	PRAYER BREAK	A - Physiology B - Biochemistry
	Session I	Anatomy/Medicine		Community Medicine	Medical Education			

Version 0

Lab Histology: Histological picture of compact & spongy bones

Lab Physiology: Lab Biochemistry: Total proteins

Dr. Ikhra Aiman MODULE ORGANIZER Dr. Misbah Ishtiaq **BLOCK ORGNIZER** 

Dr. Muhammad Shamaun Razi ACADEMIC COORDINATOR

Clinical Skills:

Prof. Dr. Muhammad Sabir **PRINCIPAL** 

Body temperature & Wrist joint examination





#### MUSCULOSKELETAL & LOCOMOTION MODULE- I (2K25)

- YEAR-I MBBS WEEKLY SCHEDULE

(WEEK-1) Pectoral Region & Axilla

WEEK 1	08:00am – 09:25am	09:25am – 10:15am	10:15am - 10:35am	10:35am – 11:25am	11:25am – 12:15pm	12:15pm – 01:05pm	01:05pm - 01:35pm	01:35pm – 03:00pm	
MON 02-06-25									
TUE 03-06-25				OSPE/OSVE/OSC	E BIOCK -1 Exam				
WED 04-06-25	Welcome Address  Block/Module Organizer	L1  MS-B-001  Classification of carbohydrates  Biochemistry	SDL	L2 MS-A-066 Development of Limbs  Embryology	L3  MS-P-005, 006  Neurons & its  Classification  Physiology	L4  MS-A-001  Pectoral region  Anatomy	PRAYER BREAK	SGD-1  A - Physiology B - Biochemistry	
THU <b>05-06-25</b>	SGD 01  MS-A-003,4,5 Clavicle & Scapula, SC joint  Anatomy	L5  MS-B-003  Extracellular matrix 1  Biochemistry	SDL	L6  MS-A-067  Development of Nerve sunnly of I imhs Embryology	L7  MS-P-001, 002  Equilibrium & Nernst  Potentials  Physiology	L8  MS-B-003  Axio-Appendicular & back Muscles  Anatomy	PRAYER BREAK	SGD-1  B - Physiology A - Biochemistry	
FRI <b>06-06-25</b>		EID ul Azha							
10 - 06 2025	Summer vacation								

Version 0

Lab Histology: -

Clinical Skills: -

Lab Physiology:

Lab Biochemistry:

**Dr. Ikhra Aiman**MODULE ORGANIZER

**Dr. Misbah Ishtiaq** BLOCK ORGNIZER **Dr. Muhammad Shamaun Razi** ACADEMIC COORDINATOR

Prof. Dr. Muhammad Sabir
PRINCIPAL