نموذج وصف المقرر الدراسي

اسم الجامعة: جامعة جامعة وارث الانبياء عليه السلام

الكلية/ المعهد: كلية الطب

القسم العلمي: التعلم العبي مرحلة كانت

اسم المقرر: الوصرة النالثة

النظام الدراسي: النظام الدراسي:

تاریخ اعداد الوصف: ٥٥/ ١/ ٥٥ عاد

تاریخ ملء الملف: ٥٥ / ٨ / ٥٥ - ٥

التوقيع:

معاون العميد للشؤون العلمية: ٢٠٩٠ ، د م

التاريخ: ٥٦/١٥)

لتوقيع:

رئيس الفوع او الوحدة: ١٠٥٠. و. مَا عَمْمَ عَالَمُمَ عَالَمُمَ عَالَمُمُ عَالَمُمُ عَالَمُمُ عَالَمُمُ

التاريخ: ٧٥/٨/٥٠)

تم تدقيق الملف من قبل

شعبة ضمان الجودة والأداء الجامعي

اسم مدير شعبة ضمان الجودة والأداء الجامعي: ١.٥٠ على صرب سهر المرا

التاریخ ۷۰/۸۰ التاریخ

التوقيع

مصادقة العميد

الاستازالدكتور

على عبر المعالمة الطب







وزارة التعليم العالي والبحث العلمي جامعة وارث الأنبياء عليه السلام كلية الطب

دليل البرنامج الأكاديمي ووصف المقررات الدراسية

2025

نموذج وصف المقرر الدراسي

اسم المقرر الدراسي: الوحدة العضلي والحركي الوحدة العمالية وحدة جهاز العضلي والحركي رمز المقرر Medu202 الفصل الدراسي / السنة: 2025-2026 تاريخ إعداد الوصف: 2025 أشكال الحضور المتاحة: عدد ساعات الاعتماد (الإجمالي) / عدد الوحدات (الإجمالي): 120 ساعة أسماء مسؤولي المقرر: :أهداف المقرر .وصف التشريح الكلي للعظام والمفاصل والعضلات مع ترويتها الدموية والتعصيب D. شرح فسيولوجيا انقباض العضلات ودور الكالسيوم وفيتامين • فهم نمو العظام وتطورها وإعادة تشكيلها • ، النقرس، وهشاشة (RA) ، الروماتويد(OA) التعرف على الاضطرابات التنكسية والالتهابية مثل الفصال العظمي • التعرف على الأورام الشائعة للعظام والأنسجة الرخوة •

، DMARDs، الكورتيكوستيرويدات، (NSAIDs) توضيح علم الأدوية لمضادات الالتهاب غير الستيرويدية • والبيسفوسفونات (آلية العمل، الاستخدامات، والآثار الجانبية)

.ممارسة المهارات السريرية: أخذ التاريخ المرضي، فحص الجهاز العضلي الهيكلي، وتقييم الحركة

.دمج العلوم الأساسية مع الخصائص السريرية لتشخيص وإدارة الحالات

استراتيجيات التدريس والتعلم:-

المحاضرات النظرية

التدريب العملي ومختبر المهارات

الندوات والمناقشات الجماعية

(PBL) التعلم القائم على حل المشكلات

: هيكل المقرر

أ. خريطة المنهج الدراسي

week s	discipline	objectives	hours	Practical sessions & hours
1	Anatomy	1. Anatomy of shoulder region & joint 2. Axilla: walls & contents 3. Anatomy of the brachial plexus & its lesions	2	Practical lab Lab 1- anatomy (2 Hrs) Anatomy of shoulder region & joint
	Pathology	 1- understand the Definition and types of cell injury. 2- recognize the causes and mechanisms of cell injury 	4	Practical lab Lab- pathology (2 Hrs) 1. Identify the morphological changes encountered in acute and

	 3- explain the various mechanisms of cell adaptation to injury. 4- Discuss necrosis and its types. 5- Discuss apoptosis and its mechanism. 6- Recognize the mechanism of acute inflammation. 7- Understand the chemical and cellular mediators of inflammation. 8- Understand the Sequence of events in acute inflammation. 9- Recognize morphological patterns of acute inflammation. 10- recognize the systemic effect of inflammation 		chronic inflammatory states. 2. Recognize the morphological changes in different patterns of acute inflammation
Biochemistry	Eicosanoid metabolism: Phospholipases, cyclo-oxygenases & peroxidases	1	
Pharmacology	Pharmacology of NSAIDs 1. Eicosanoids, synthesis and pharmacological effects 2. General pharmacology of NSAIDs 3. Pharmacology of aspirin & paracetamol 4. Pharmacology of other members	2	
Radiology	Shoulder impingement syndrome 1. Basic imaging modalities 2. Basic imaging modalities of MSK system 3. Imaging modalities of shoulder region	1	
Clinical	Shoulder pain	2	

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2	Anatomy	 Ant. & post. Compartments of the arm Gross & micro structure of bone tissue & growth Muscles of the back working on upper limb 	4	Practical lab Lab 1- Anatomy (2 Hrs)
	Physiology	 Sensory receptors Classification of Sensory receptors Pathway and Cortical Representation Type of sensation Touch and pressure Proprioceptive Synthetic Senses, Two-Point Discrimination, Stereognosis, Vibratory Sensibility 	2	
	Pathology	 Definition and causes of chronic inflammation Identify the cells of chronic inflammation Understand the etiology and main features of granulomatous inflammation Understand the mechanism of tissue healing (regeneration and repair). Recognize the sequence of events in tissue repair. Recognize the differences between primary and secondary intention healing. Factors that could affect healing process. Understand the healing process of bone fracture 	3	

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	Pharmacology	Pain management, pharmacology of Narcotic Analgesics 1. General pharmacology of narcotic analgesics 2. Pharmacology of morphine 3. Opioids dependence (review) 4. Opioids poisoning 5. Pharmacology of other members 6. Opioids antagonists	2	
	Radiology	fracture in the arm with nerve injury Radiological identification of fractures	1	
	Clinical	Radial nerve Injury Fracture proximal humerus Axillary nerve injury	2	
3	Anatomy	 Cubital fossa & elbow J. Ant. & posterior compartments of forearm Dorsum of hand Sensory tracts of spinal cord Dermatomes of upper limb 	4	Practical lab Lab 1-anatomy (2 Hrs)
		Definition of pain. Pain Receptors & pathway. Classification and Types of pain. Referred pain. Physiological inhibitor of pain and the mechanisms of analgesia. Management of neuropathic pain	2	
	Clinical	Herpes zaoster	2	

4	Anatomy	Anatomy of wrist joint & palm of hand	4	Practical lab Lab 1- anatomy (2 Hrs)
	Physiology	 The basic unit of reflexes and the Basic Neural Circuits Type of reflexes THE STRETCH REFLEX Muscle Spindles α-γ linkage Reciprocal Innervation Inverse Stretch Reflex The withdrawal reflex Property of reflexes Factor affected in reflexes 	2	
	Pathology	 1- Understand the pathological changes of joints in Rheumatoid arthritis. 2- Understand the Pathological changes of joints in other types of arthritis 	1	
	Pharmacology	 Pharmacology of Immunosuppressant drugs Pharmacology of DMARDs 	2	
	Radiology	pain and swelling of the hand joints (rheumatoid arthritis) 1. Basic principles of ultrasonography 2.Imaging modalities of the wrist and hand	1	
5	Anatomy	1.The structure and function of the vertebral column & IV disc 2.Dermatomes of the lower limb	2	Practical lab Lab 1- anatomy (2 Hrs)

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	Physiology Pharmacology Radiology Clinical	 Nerve conduction studies types of nerve fibers Electrical changes in skeletal muscles The sarcotubular system The E-C coupling & mechanism of muscle contraction Mechanisms of muscle contraction & cross-bridge function Types of contraction The oxygen debt mechanism Muscle fiber types and motor unit type Local anasthesia Imaging modalities of the spine. SCIATICA, cervical 		
6	Anatomy	 Hip J. & blood supply of upper femur Femoral region Gluteal region 	4	Practical lab Lab 1- anatomy (2 Hrs)
		Metabolic bone disorders 1. Understand the definition and types of osteoporosis. 2. Recognize the pathogenesis of osteoporosis.	2	

		3. Recognize the other forms of acquired developmental bone diseases		
	Biochemistry	Calcium homeostasis Metabolic bone diseases	3	
	Pharmacology	Treatment of osteoporosis	1	
	Radiology	-osteoporosis + femoral neck fracture 1. Imaging modalities of the hip joint	1	
	Clinical	Osteoporosis	2	
7	Anatomy	1.Ant. & medial compartments of thigh 2.Back of thigh & popliteal fossa 3.Developmental anomalies of MSK system	4	Practical lab Lab 1- anatomy (2 Hrs)
		Pathological changes of bone neoplasm 1- revise the nomenclature of various types of tumors 2- revise the characteristics of neoplastic proliferation and the differences between benign and malignant tumors. 3- Understand the etiology of cancer (carcinogenic agents). 4- Identify the preneoplastic disorders. 5- understand the molecular bases of cancer. 6- recognize the general principles in cancer grading and staging. 7- Understand different modalities of cancer diagnosis.		Practical lab Lab - pathology (2 Hrs) Recognize the gross and morphological changes in different types of benign and malignant tumors.

		8- recognize the generalized effect of cancer on the body with emphasis on the paraneoplastic syndromes. understand the types of benign and malignant tumours of the bone		
	Pharmacology	Anti cancer drugs: classification, mechanism of action, therapeutic uses, side effects	2	
8	Anatomy	 Knee joint Anatomy of the compartments of leg Micro-& molecular structure & function of cartilage tissue 	4	Practical lab Lab 1- anatomy (2 Hrs)
	Physiology	Physiology of the joint	1	
	Pathology	 1- understand the pathological mechanism and morphological changes in osteoarthritis. 2- recognize the other forms of arthritis. 		
		Steroid drugs 1. Synthesis and regulation of adrenocorticosteroids 2. Pharmacology of glucocorticoids 3. Pharmacology of mineralocorticoids 4. Side effects of corticosteroid therapy 5. Inhibitors of adrenocorticoid biosynthesis or function	2	

	Radiology	-OA of the knee joint 1. Imaging modalities of knee joint Knee OA	2	
9	Anatomy	1.Normal gait cycle & disorders2.Anatomy of foot and ankle3.Motor tracts of spinal cord	4	Practical lab Lab 1- anatomy (2 Hrs)
	Physiology	Grading and strength of muscle contraction Muscle power and strength Factors responsible for grading muscular activity grading of muscle power gait cycle	2	
	Biochemistry	-Biochemistry of uric acid and its relation to gout	2	
	Radiology	Duchene muscular dystrophy. 1.imaging modalities of ankle and foot joints	1	
	Clinical	Myopathies	2	

Clinical skill theme

Week	Clinical skill	Clinical skill objectives
1	History	Genral History Taking (SOCRATES)
2	Examination	MSK (shoulder) exam & neuro exam
3	History & Exam	Elbow exam
4	History & Exam	Hand exam (radial , ulnar & median)
5	History & Exam	Spine exam
6	History & Exam	Hip and thigh exam
7	History & Exam	Knee exam
8	History & Exam	Leg and foot exam
9	History & Exam	Gait exam

Small Group PBL Tutorials:

Every week, students study a problem in a small group in the presence of a tutor. Students meet with the tutor on Sunday (first session) and Thursday (second session) every week. In the first PBL tutorial session, students: a) Read and interpret the case scenario (triggers) and define technical terms. b) Identify the key issues of the problem. c) Brainstorm, ask questions and generate hypotheses (possible causes and consequences). d) Indicate additional information, procedures, required to sort through the hypotheses and what you except to learn from the additional information. e) Identify their learning needs i.e. objectives. 10 In between the first and second sessions, students follow a self-directed learning approach, using the relevant learning resources in studying the identified learning needs. In the second PBL tutorial session, students: - Present the newly gathered knowledge. - Relate it to the context of the problem. - Integrate the physical, biological and behavioral components in every problem. - Evaluate their tutorial performance

Summary of the Unit Problems

week	Case	Summary
	presentaion	
1	A PAINFUL	21-year-old discus thrower with progressive right shoulder pain, worse
	SHOULDER	at night, affecting sleep and throwing performance.
		Pain occurs with arm elevation and mid-range movement, with a
		catching sensation; daily activities like combing hair are painful.
2	Swelling in her	Salima, a 65 year old grandmother, her left arm was broken after falling
	left arm	down while she was going to the kitchen to prepare breakfast at
		morning. The trauma resulted in fracture of the arm bone with
		possibility of involvement of the soft tissues around the fractured bone.
		The fracture was diagnosed and correctly managed without apparent
		complication.
3	PAIN IN THE ARM	68-year-old woman develops severe left arm pain, initially without
		rash, later accompanied by vesicular rash along C5-C6 dermatomes,
		after previous chickenpox.
		Diagnosis: Herpes zoster (shingles) with intense postherpetic
		neuralgia, causing sleep disturbance and functional impairment.
		Management: NSAIDs, narcotics, antivirals, antidepressants, sleep aid,
		but pain persists for weeks, highlighting chronic postherpetic neuralgia
		and reduced quality of life.
Δ	Aching pain in	Qesmah is a 45-year-old teacher. She complains of pain and swelling in her
-	wrist	hand joints, associated with morning stiffness and altered sensations of the
	***************************************	fingers particularly at night. Symptoms have started 2 years ago with
		exacerbation in the last 3 weeks. Examination and investigations confirmed a
		chronic disease that might cause her hand disability, threatening her job. Good
		response has been observed by using anti-rheumatic medication
5	LOW BACK PAIN	Mr. Qasim is a 43-years-old taxi driver. He felt a sudden sharp low back
		pain after lifting heavy suitcase from the boot of his taxi. The pain
		spread to the back of his right thigh down to the leg. He was not able to
		move his body for many days during which his GP described him
		medications, however his friends advised him to see alternate
		therapist.
6	MUNA'S SOFT	Muna is a 65-year-old woman with generalized pain in her bones and joints.
	BONES	Her GP discovered a silent generalized bone disease and advised her to
		take some food supplements. One night, she slipped in her bedroom, and
		suffered a bone fracture in her left leg. She underwent an operation with
	SWELLING IN THE	screws and plate to fix the fracture
	LEG	A 13-year-old boy developed a pain and swelling in lower part of his right
		thigh. He was properly examined by an orthopedist who asked for further
		investigations for provisional diagnosis. The possible lines of treatment have been explained to his family
Q	PAINFUL KNEE	Fatima is a 55-year-old nurse aging with chronic pain in her left knee. Her GP
0		discovers osteoarthritis. Despite medical treatment, the condition progresses
		until she requires a joint replacement
9	I wish to run	A 5-year-old boy has difficulty in running to catch up with his friends. He has
		4/5 muscle strength in his extremities, with more apparent weakness of the
		proximal muscles .Gower's sign is positive. His muscle biopsy shows deficiency

of dystrophin and variation in muscle fiber size. By age 9, he requires orthotic braces to assist his walking, and by age 11, he is confined to a wheelchair and undergoes a surgical correction for scoliosis. He also has a learning disability

Summary of the Unit Mini-PBLs

week	Case presentation	Summary
2	confirms fracture of the	72-year-old woman fell on her
	surgical neck of the humerus	left side, now unable to move
		left shoulder with bruising,
		swelling, and tenderness.
		Cutaneous anesthesia over
		upper lateral arm suggests
		axillary nerve involvement.
		Radiology confirms fracture of
		the surgical neck of the
		humerus; main concern is nerve
		injury and pain management
2	confirms fracture of the	32-year-old woman with
	surgical neck of the humerus	gestational diabetes delivered a
		large (5 kg) baby vaginally with
		shoulder dystocia.
		Newborn has a deformed,
		immobile right arm, but is
		otherwise vigorous.
3	Fracture in elbow	Wisam a 6-year-old boy
		referred to orthopedition due
		to an isolated injury to his left
		elbow after falling on his
		outstretched left arm. On
		examination, the left elbow
		joint was swollen and clinically
		deformed with diffuse
		tenderness. The skin was intact
		and there was a neurovascular
		deficit in the left upper limb.
4	CTS	55-year-old painter with
		diabetes presents with hand
		and wrist pain, tingling, and
		shooting pain up the arm,
		worsened by activity.
		Examination shows weak grip,

		difficulty grasping small objects, and thenar muscle wasting.		
	Mallet finger	Volleyball player injures tip of index finger, with immediate pain, swelling, and inability to fully extend the distal joint. Examination shows drooping fingertip and limited active extension at the distal interphalangeal joint.		
5	Cervical spondylosis	45-year-old carpenter with 2- month history of neck pain radiating to right shoulder and arm, worsening with movement. Exam shows limited neck flexion/rotation and recent tingling and numbness along right shoulder, arm, and forearm		
6	- Ahmad has fracture of femur	open mid-shaft femur fracture while playing football, initially managed with wound cleaning and surgery. A week post-discharge, he develops swelling and severe knee pain.		
7	SWELLING IN THE LEG	Rana 12-year-old has complained of sudden onset of severe pain in her left knee that has awakened her from sleep on several occasions during the past 6 weeks. For each episode, her mother has given her acetylsalicylic acid (aspirin), and the pain has been relieved. On physical examination, there are no remarkable findings		
8	AC; tear	20-year-old footballer sustains acute right knee injury after jump and collision, with swelling, severe pain, and inability to bear weight. Exam: positive anterior drawer test with excessive anterior tibial movement.		
	Common peroneal nerve palsy			

		hours in stirrups). Exam shows sensory loss and inability to dorsiflex foot, without back pain or contralateral
9	LGMD)	20-year-old woman with progressive proximal muscle
		weakness (difficulty rising, climbing stairs, arm elevation) and waddling gait.
		Muscle biopsy confirmed limb- girdle muscular dystrophy, later complicated by calf wasting and
		frequent falls. She eventually required a power wheelchair, which improved
9	Dermatomyositis	43-year-old man with progressive proximal muscle weakness,
		exercise-induced pain, lilac rash on eyelids, and high CK (3600 IU/L).
		Muscle biopsy shows perifascicular atrophy with inflammatory changes, EMG confirms myopathic
		process

تقييم المقرر الدراسي

:تقييم الطلاب في هذه الوحدة سيتضمن ما يلي

1. التقييم الختامي للوحدة (END OF UNIT SUMMATIVE ASSESSMENT)

المواد المخبرية + (MCQ) الورقة التحريرية: أسئلة متعدة الاختيارات (OSCE) اختبار المهارات العملية و

2. تقييم جلسة التعلم القائم على حل المشكلات (ASSESSMENT OF THE PBL SESSION)

موجود في الملحق PBL نموذج تقييم •

(PORTFOLIO) الملف الشخصي .3

سيتم تسليم المحتوى التفصيلي للملف للطلاب بشكل منفصل

4. مهارات الإتقان (MASTERY SKILLS)

سيتم تخصيص امتحانات منفصلة لمهارات الإتقان • مسيتم تخصيص امتحانات منفصلة المنتحان السنة النهائية • ملاحظة مهمة: الطلاب الذين يفشلون في اجتياز امتحان مهارات الإتقان بالكفاءة الكاملة لن يُسمح لهم بدخول امتحان السنة النهائية •

الموارد التعليمية ووسائل التدريس

- Braunwald's Heart Disease
- Harrison's Principles of Internal Medicine
- Davidson's Principles and Practice of Medicine
- Kumar & Clark's Clinical Medicine
- Clinical Examination by Talley & O'Connor
- ESC Guidelines (European Society of Cardiology

Appendix: PBL assessment form

	PBL	knowledge	Critical thinking /reasoning	skill and	collaborative
unsatisfactory	1	Has no recall of previous knowledge	Identify problems(events) in the case	Not participating spontaneously most of the time	Negative influence • Interrupts others • does not respect others views • Does not help the group to identify the learning
margina	2	 Has limited recall of previous knowledge 	Prioterize patient problems • Differentiate important information from others	questions. • Limited participation in discussions	 rarely participates in identify the learning objectives takes up tasks only one asked
satisfactory	3	Apply previous knowledge to the problem	 Give explanations to the patient problems 	Occasionally ask questions. • Occasionally present ideas clearly	Sometimes participates in identify the learning objectives • Volunteer to
ood	4	integration of	interrelationship	Regularly asks questions that	perform tasks always participates in identify the

excellent	5	its application to the case	different concepts with guidance • Can identify learning objectives with guidance	discussions. • Often present ideas and help in clarifying ideas	learning objectives
		Can recognize knowledge gap	Can identify interrelationship between different concepts without guidance • Can identify learning objectives without guidance	Leads discussion most of the time • Present clear ideas • Give summaries on the subject	Help and encourage the engagement of other members. • Explain difficult concepts to others willingly