

**SYLLABUS**

**ON**

**DIPLOMA IN COMMUNITY BASED  
REHABILITATION**

**(D-CBR)**

**REHABILITATION COUNCIL OF INDIA**  
*(Statutory body under the Ministry of Social Justice and Empowerment)*  
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# DIPLOMA IN COMMUNITY BASED REHABILITATION

## Introduction

The magnitude of the problem of disability is vast and its impact is very severe on the individual, family and the community. A vast majority of persons with disability live in rural areas. There is a need for grass-root workers to work at the community level. The Diploma in CBR aims to meet this need in the society. There are many CBR programmes launched by the government such as DRC, DDRC, and NPRPD, which need well-trained grass-root functionaries to work at the community level. NGOs implementing CBR are also in need of well-trained grass-root CBR functionaries.

There are programmes for 0-6 children popularly known as ICDS (Integrated Child Development Scheme) and primary education which are encouraging children with disabilities to study in general schools. They need multipurpose CBR workers for early identification, preparation and support after inclusion. The need in the rural, tribal areas is very vast and there is a tremendous need for adequately trained rightly oriented CBR workers. Similarly the nation wide network of Primary health care, (both private and public service) which is the entry point for families needs support of CBR personnel to plan, implement and monitor rehabilitation programmes.

The disability Act that was passed in 1995 emphasizes the need for mandatory inclusion of person with disability in the development programmes / poverty alleviation programmes. This inclusion needs CBR personnel to prepare persons with disabilities to get the optimum benefit from these programmes and also to create awareness among service providers about the rights and potential of person with disabilities. As the entire rehabilitation scenario is rapidly changing from charity based approach to development approach the need for well trained personnel as change agents is intrinsically important.

The proposed programme aims to develop skilled personnel to work at the community level. Young men and women can start rehabilitation services at the community level especially in the rural, tribal areas and urban impoverished areas. This will not only provide rehabilitation services to the un-reached but will create new career opportunities.

This curriculum is designed after amalgamation of two courses for the same purpose i.e., MRW and CBR courses to avoid duplication as well as to give an opportunity to the candidates to acquire some more skills to be able to work in different rehabilitation aspects.

## Objectives of the Course

1. To understand and assist in the planning and implementation of community based rehabilitation programs;
2. To develop linkages with appropriate agencies and groups of individuals;
3. To promote action for the prevention of disabilities;
4. To be able to identify persons with disabilities and their rehabilitation needs;
5. To make functional assessment of individuals with disabilities;
6. To carry out early identification, intervention and inclusion
7. To provide support in the implementation of inclusive education at primary, higher and post-

- metric level
8. To provide support for inclusion of persons with disabilities in all the development programmes/ poverty alleviation
  9. To advise the family members and community regarding interventions with disabled people;
  10. To follow up and monitor programs;
  11. To make appropriate referrals;
  12. To maintain a system of records and reports;
  13. To be aware of legislations on disability and developmental schemes and concessions to persons with disabilities;
  14. To sensitize about the issues related to gender discrimination and socio-cultural factors;
  15. To understand the importance and strategies for resource mobilization.

### **Eligibility for Admission to the Course**

A candidate shall be eligible for admission to the Diploma Course in Community Based Rehabilitation for Disabled provided the candidate has passed 10 + 2 or equivalent examination.

### **Duration of the Course**

Diploma in Multi-purpose Community Based Rehabilitation shall be for a duration of one academic year with 200 working days, providing for a maximum of 1200 instructional hours including practical work in addition to examination and admission period.

### **CBR Facilities**

Institutions should have well established CBR programme covering cross disabilities in the rural areas or should have linkages with CBR projects implemented in the rural area by other agencies government or non government organizations.

### **Staff Requirement**

**Core Faculty & Supervisor:** Since CBR is a multi-disciplinary approach, the faculty should comprise minimum of 2 full time core faculty members (the senior one may work as course coordinator) with proven experience in CBR work. They may have any of the following qualifications:

B.Ed (Special Education) / P.G. Diploma (CBR/Special Education / Rehabilitation Psychology), PG Diploma in Developmental Therapy (Multiple Disabilities: Physical & Neurological), BRS (MR) / BMR / B.R.Sc. / BRT / BASLP / BPO, or equivalent DPMR / MD in PMR with minimum 2 years of experience in the area of specialization.

**Supervisor:** Special Educator (Specializing in any of the areas of disability/MSW/MA (Psychology) with 3 years of experience in CBR work.

**Guest Faculty (Part-time):** Part time guest faculty may be drawn from any of the subject areas where Core faculty is not available for specific specialization. Guest Faculty may be allotted maximum of 25 per cent of the total lecturers in each subject.

## Course Details

### Description of the Papers

Paper No.	Module Title
1	Principles and Methods of CBR Approach & Management of CBR Programme
2	Identification and Rehabilitation of persons with Mental Illness, Epilepsy and other disabilities.
3	Identification and Rehabilitation of persons with Visual Impairment
4	Socio-Economic Rehabilitation of persons with Hearing Impairment
5	Identification and Rehabilitation of persons with Mental Retardation
6	Identification and Rehabilitation of persons with Locomotor Disability

### Medium of Instruction

English / Hindi or any other Regional language will be used as the medium of Instruction and Examination through out the course. Candidates are permitted to write in English / Hindi / Regional language.

### Examination

Student should secure 40% in theory and 50% in practical examination to qualify for the Diploma in CBR. However, the candidates will be required to secure at least 40% marks in each theory paper in internal assessment and 60% in external evaluation. In practical the candidates will be required to secure 60% in internal assessment and 40% in external evaluation.

**Practical examination:** Students should submit practical record for each module duly certified by the supervisors.

**Practical records: 20%; Supervisor's report: 20%; Practical examination: 60%**

### Scheme of Examination

Paper No.	Paper Title	Theory Marks	Internal Assessment	External Assessment	Practical	Internal Assessment	External Assessment	Total
1	Principles and methods of CBR approach & Management of CBR programme	75	30	45	125	75	50	200
2	Identification and rehabilitation Mental	75	30	45	125	75	50	200

	Illness, Epilepsy and other disabilities							
3	Identification and rehabilitation of persons with visual impairment	75	30	45	125	75	50	200
4	Socio-Economic Rehabilitation of Persons with Hearing Impairment	75	30	45	125	75	50	200
5	Identification and rehabilitation of persons with mental retardation	75	30	45	125	75	50	200
6	Identification and rehabilitation of persons with locomotor disability	75	30	45	125	75	50	200
	<b>Total</b>	<b>450</b>	<b>180</b>	<b>270</b>	<b>750</b>	<b>450</b>	<b>300</b>	<b>1200</b>

### Teaching Hours

Paper No.	Paper Title	Theory (Hours)	Practical (Hours)	Total (Hours)
1	Principles and methods of CBR approach & Management of CBR programme	75	125	200
2	Identification and rehabilitation Mental Illness, Epilepsy and other disabilities	75	125	200
3	Identification and rehabilitation of persons with visual impairment	75	125	200
4	Socio-Economic Rehabilitation of Persons with Hearing Impairment	75	125	200
5	Identification and rehabilitation of persons with mental retardation	75	125	200
6	Identification and rehabilitation of persons with locomotor disability	75	125	200
	<b>Total</b>	<b>450</b>	<b>750</b>	<b>1200</b>

**PAPER I - PRINCIPLES AND METHODS OF CBR APPROACHES  
AND MANAGEMENT OF CBR PROGRAMME****75 HRS.****Course Content****General Learning Objectives:**

- To understand the need and importance for Community Based Rehabilitation;
- To understand the various components of CBR and to use all existing development programmes, for example, Primary Health Care (PHC) as a platform to build CBR services in a community;
- To be aware of the existing epidemiological concepts and the need for prevention and to distinguish between preventive and rehabilitative measures;
- This module will provide the participant the knowledge, skills and attitudes to attain the above competencies.

**Unit 1 – Introduction, Principles and Strategies of CBR****15 HRS.**

<b>Sl. No</b>	<b>Topics</b>
1.1.1	Meaning, scope, basic principles and strategies of Community Based Rehabilitation.
1.1.2	Difference between Community Based Rehabilitation and Institutional Based Rehabilitation.
1.1.3	Existing poverty alleviation/developmental programs and inclusion of Community Based Rehabilitation in to these programmes.
1.1.4	Community Based Rehabilitation as a context specific program as in different socio cultural and economic conditions such as urban, rural, tribal, hilly regions.
1.1.5	Different team approaches in Community Based Rehabilitation.
1.1.6	Referral systems in Community Based Rehabilitation.
1.1.7	Building and use of existing resources of the community in sustaining Community Based Rehabilitation such as primary health, primary education, rural development and corporate sectors and development of referral and resource directory.

<b>Sl. No</b>	<b>Topics</b>
1.2.1	Human growth & development across life span – pre-natal, infancy, early childhood and adults. <ul style="list-style-type: none"><li>• Theories &amp; principles</li><li>• Milestones in different domains (gross &amp; fine motor, cognition, vision, hearing, social-emotional and daily living skills)</li></ul>
1.2.2	Basic anatomy & physiology of human body.
1.2.3	Concept of disability (including mental illness), definitions and classification.
1.2.4	Poverty, disability and developmental programs.
1.2.5	Global, National, State and Local legislations concerning disability and development.
1.2.6	Schemes & concessions for persons with disabilities.
1.2.7	Advocacy and rights of persons with disabilities.
1.2.8	History of disability rehabilitation.

**Unit 3 - Magnitude and Prevention of Disability****12 HRS.**

<b>Sl. No</b>	<b>Topics</b>
1.3.1	Difference between incidence and prevalence.
1.3.2	Prevalence and incidence of disability (include mental illness) as per the latest NSSO and Census data.
1.3.3	Techniques / methodologies used in conducting surveys of persons with disability in the community.
1.3.4	Screening for identifying disabilities and tools used in CBR.
1.3.5	Programmes implemented by the Government for the prevention of disabilities. Association between nutrition, health care and disability.
1.3.6	Factors contributing to disability such as maternal care, accidents, ageing and others.
1.3.7	Role of community in the prevention of disabilities.
1.3.8	First aid.

**Unit 4 - Independent Living****12 HRS.**

<b>Sl. No</b>	<b>Topics</b>
1.4.1	Assessing the needs of persons with disability and family using need assessment tools.
1.4.2	Guidance & counseling to persons with disabilities and their family (need for early detection and intervention).
1.4.3	Identification of behavioral problems and application of appropriate teaching and learning strategies.
1.4.4	Sustaining social relationship with partners, friends, parents, spouse and community members.
1.4.5	Independence / management of daily living skills and mobility.
1.4.6	Identifying trades and need for vocational training.
1.4.7	Planning for placements, developing marketing linkages.

**Unit 5- Community Organization in CBR****12 HRS.**

<b>Sl. No</b>	<b>Topics</b>
1.5.1	Sensitization & mobilization towards community organization.
1.5.2	Awareness programs for disability using mass media such as art, music, puppet, theatre, street theatre, dance, drama etc.
1.5.3	Inclusion in education, employment and community activities.
1.5.4	Organization and sustainability of Self Help Groups, bank loans to start self help groups, employment to set-up micro credit groups of persons with disabilities, and or to include persons with disabilities in the existing self help micro credit groups in the community.
1.5.5	Community health education and management.
1.5.6	Disaster management and response.
1.5.7	Record keeping & report writing.



**Unit 6 - CBR Technology applicable to all papers****12 HRS**

Sl. No	Objectives
1.6.1	Identification of Children with difficulties in seeing, moving, learning, communication, hearing using screening tools viz. Denver development screening test and screening forms and to prepare functional assessment using CRD (Criterion Reference Date).
1.6.2	Planning early intervention program using Portage.
1.6.3	Understanding the underlying behavioral technique and apply the same in teaching and learning.
1.6.4	Assessment of the needs of persons with disabilities using need assessment staircase given in WHO manual.
1.6.5	Assessment and planning of prevocational training using packages such as TALC (Training Adolescents to Live in the Community).
1.6.6	Assessment of effectiveness of a rehabilitation program, success or failure relative to the planned objectives using OMAR – A Guide on Operations Monitoring and Analysis of Results.
	Total

**PRACTICAL I - PRINCIPLES AND METHODS OF CBR APPROACHES AND MANAGEMENT OF CBR PROGRAMME 125 HRS.****Unit 1****Total No. of Hours: 25**

<b>Sl. No</b>	<b>Assignments</b>
B1.	Visit CBR program, <ol style="list-style-type: none"> <li>Document: the vision, mission, goals, objectives, budgets and strategies of the programme and understand to what extent persons with disabilities are included in the developmental programmes (could be anywhere urban or rural).</li> <li>Document the awareness of persons with disabilities and families of persons with disabilities on their rights to be included into the mainstream society namely primary health care, primary education, rural developmental programs, employment opportunities using the existing facilities etc.</li> <li>Document the referral services used by the CBR programme and list the strength and weaknesses of the resources available.</li> <li>Understand various strategies adopted by the NGOs to mobilize resources for CBR and various measures taken to sustain CBR.</li> </ol>

**Unit 2****Total No. of Hours: 20**

<b>Sl. No</b>	<b>Assignments</b>
B2.	Prepare discussion reports (any of the 3) with community members, service providers such as special schools, integrated schools, inclusive schools, policy makers such as Panchayati Raj, elected representatives, district disability welfare officers, PHC doctors, to understand their attitudes towards persons with disabilities.
B3.	To visit rural development programmes/poverty alleviation programmes and report the number of persons with disabilities who are included in the poverty reduction program and critically analyze why people with disability are not fully included in poverty alleviation programmes.

**Unit 3****Total No. of Hours: 20**

<b>Sl. No</b>	<b>Assignments</b>
B4.	To conduct mapping of a community with 1000 population and report the magnitude of disability.
B5.	To visit one Primary health care centre and document the programmes initiated for the prevention of disability and the number of people benefited under these programmes.
B6.	To document the cultural factors in a given community on various issues concerning prevention of disability such as child rearing practices, consanguineous marriages, faiths and beliefs in managing early childhood illness, age of marriage of girls, attitudes towards safe motherhood practices etc.

**Unit 4****Total No. of Hours: 20**

<b>Sl. No</b>	<b>Assignments</b>
B7.	To visit a special school and identify behavioral modification techniques used in teaching, learning and managing difficult behavior in children and prepare a report.
B8.	Visit a home / special school / community setting and conduct needs assessment for 5 persons with disabilities.

**Unit 5****Total No. of Hours: 20**

Sl. No	Assignments
B9.	Prepare discussion reports (any of the 3) with the organizations of persons with disability, self help organization of persons with disability, organization of women with disability, organization of aged disabled persons, organization of parent's organization and document the vision, mission, goals, objectives and activities and impact.
B10.	To visit micro-credit groups and document to what extent persons with disabilities are benefited from the micro-credit groups.
B11.	To visit 2 self-help groups document the participation of persons with disability.
B12.	Document to what extent women and girl child with disability, children with disabilities in the age group of 0-5 and 6-14 years and adult disabled persons are included in various CBR programmes.

**Unit 6****Total No. of Hours: 20**

Sl. No	Objectives
B13	Conduct screening of 5 children in an Angan wadi centre using Portage and Denver Development screening tools.
B14	Establish baselines and plan half-yearly, quarterly, monthly, weekly and daily individual education programs using Portage CRD in all areas of development for 6 children below 5 years of age.
B15	Prepare a report clearly stating the following behavioral techniques and their application: Reward assessment Task training Promoting – verbal, gestural, physical Shaping Imitation Timeout Discrimination and generalization Over – correction ABC Analysis
B16	Visit a special school and identify behaviour modification techniques used in teaching. Learning and managing difficult behaviours, and prepare a critical report.
B17	Visit a special school and prepare a needs assessment staircase for at least 10 persons with disability referring to the WHO and manual CD.
B18	Establish a baseline and prepare a prevocational plan using packages such as TALC for at least 10 persons above 16 years with different disabilities.
B19	Visit a CBR program and assess the effectiveness of the program. Success or failure relative to the planned objectives using OMAR guidelines

**PAPER II - IDENTIFICATION AND REHABILITATION OF PERSONS WITH MENTAL ILLNESS, EPILEPSY AND OTHER DISABILITIES 75 HRS.**

**Course Content**

**General Learning Objectives:**

1. To understand the needs of persons with mental illness and to integrate the rehabilitation with community health services;
2. To understand conditions like Epilepsy, Autism, Learning Disabilities, TB, Leprosy, Cancer, HIV, and AIDS and intervention through CBR.

**Unit 1- Mental Health and management 25 HRS.**

<b>Sl. No</b>	<b>Topics</b>
2.1	<b>Mental Illness</b> a. Distinguish between Mental Retardation and Mental Illness. b. Distinguish common community mental health problems and to analyze the causes. c. Types of Mental Illnesses. d. Salient features of Mental Health Act. e. Socio-cultural, economic and environmental factors influencing mental health. f. Advantages and disadvantages of institution based and community based services for mentally ill persons. g. Causes, prevention and rehabilitation of other psychiatric disorders such as suicidal tendencies, drug addiction, alcoholism etc. h. Implementation of curriculum to train family members, community workers, school teachers, and doctors on mental health care. i. Identification of available resources and referral.

**Unit 2- Epilepsy 25 HRS.**

<b>Sl No</b>	<b>Topics</b>
2.2.1	<b>Epilepsy</b> a. Causes and different types of epilepsy b. Simple tools for monitoring of epilepsy by the family. c. Drugs prescribed for epilepsy and related problems. d. Safety measures for persons with epilepsy in school, work place, at home and in other environments. e. Counseling for persons with epilepsy and their family.

Sl. No.	Topics
2.3.1	<b>Other disabilities</b> a. Rehabilitation needs of persons with TB, Leprosy, HIV/AIDS, and persons with chronic conditions like cancer in the community. b. Follow up of rehabilitation programs of above mentioned conditions.
2.3.2	<b>Autism</b> a. Characteristics of persons with autism and understand their rehabilitation needs. b. Follow up of intervention program.
2.3.3	<b>Learning disabilities</b> a. Types of Learning Disabilities and associated issues. b. Follow up of intervention program.

**PRACTICAL II - IDENTIFICATION AND REHABILITATION OF PERSONS WITH  
MENTAL ILLNESS, EPILEPSY AND OTHER DISABILITIES 125 HRS.**

**Unit 1****Total (hours): 40**

<b>Sl. No</b>	<b>Assignments</b>
B1.	Visit a counseling centre and prepare a report on various activities conducted in the centre for mentally ill persons.
B2.	Visit a CBR programme and document various programmes/activities planned to rehabilitate mentally ill persons.
B3.	Prepare a report visiting an institution for mentally ill persons and prepare an analytical report on advantages and disadvantages on institution based rehabilitation and community health services.
B4.	Prepare a community awareness programme on the needs of mentally ill persons using mass media such as music, puppet, drama dance, street plays etc
B5.	Conduct counseling sessions for 2 families with a member with mental illness and prepare a complete rehabilitation plan for the inclusion into normal daily living activities.
B6.	Visit a school and prepare a mental health programme at elementary/ high school level.

**Unit 2****Total (hours): 40**

<b>Sl. No</b>	<b>Assignments</b>
B7.	Visit a village community and prepare a report on social stigma and misconceptions about epilepsy.
B8.	Prepare a report on antecedent behavior and consequence analysis in management of epilepsy.
B9.	Prepare simple recording boxes for monitoring for epilepsy and use the same on the efficient monitoring of epilepsy.
B10.	Prepare a public awareness programme to create awareness on epilepsy.
B11.	Prepare 3 reports for children below 14 yrs and critically analyze how epilepsy affects child development and learning.

**Unit 3****Total (hours): 45**

<b>Sl. No</b>	<b>Assignments</b>
B12.	Prepare a case study on individual needs and rehabilitation plans for at least 1 person for the following: <ol style="list-style-type: none"> <li>a. A person with cardiopulmonary problems.</li> <li>b. A person with HIV/AIDS.</li> <li>c. A person with cancer.</li> <li>d. A person with childhood diabetes.</li> <li>e. A person with autism.</li> <li>f. A person with attention deficit hyperactivity disorder.</li> <li>g. A person with learning difficulty.</li> <li>h. A person with minimal brain destruction.</li> </ol>
B13.	Visit the institutions rehabilitating for the above and prepare a report on their strategies and management.

**PAPER III - IDENTIFICATION AND REHABILITATION OF PERSONS WITH VISUAL IMPAIRMENT 75 HRS.****Objectives:**

After studying this paper, the students are expected to realize the following objectives:

1. Explain the anatomy and physiology of the human eye.
2. Describe the causes of visual impairment and common diseases of the eye.
3. Carry out the assessment of visual efficiency of visually disabled people.
4. Acquire knowledge about the need for individualized rehabilitation plan.
5. Understand the procedures in the vocational placement services for the disabled.

**Course Content****Unit 1- Basic concept, and assessment****25 HRS.**

<b>Sl. No.</b>	<b>Topics</b>
3.1.1	<ol style="list-style-type: none"> <li>a. Basic concept of anatomy &amp; physiology of the eye.</li> <li>b. Psycho-social implications on personality development of persons with visually impaired individuals.</li> </ol>
3.1.2	<ol style="list-style-type: none"> <li>a. Simple vision screening test for early detection of visual impairment.</li> <li>b. Define visual disability and distinguish the different types of visual disabilities and functional visual disabilities.</li> <li>c. Identify common causes of visual disabilities.</li> <li>d. Services available in India for visually impaired persons.</li> <li>e. Definition and terminologies of low vision.</li> </ol>
3.1.3	<ol style="list-style-type: none"> <li>a. Role of family and community in the rehabilitation of children and persons with visual impairment.</li> <li>b. Common eye problems &amp; their management.</li> </ol>

**Unit 2-Interventions and role of family and the community****25 HRS.**

<b>Sl. No.</b>	<b>Objectives</b>
3.2.1	<ol style="list-style-type: none"> <li>a. Prevention of various eye disorders specially in the pregnant mothers and children from 0 to 5 years.</li> <li>b. National Program for Control of Blindness and also District Program for control of blindness.</li> <li>c. Various agencies / hospitals dealing with persons with visual impairment.</li> </ol>
3.2.2	<ol style="list-style-type: none"> <li>a. Various agencies involved in educating children with visual impairment.</li> </ol>

	<ul style="list-style-type: none"> <li>b. Curricular adaptations of materials and presentations.</li> <li>c. Physical education, creative arts curriculum.</li> <li>d. Daily living skills.</li> <li>e. Fundamentals of Braille.</li> <li>f. Promotion of eye donation</li> <li>g. Eye-banks</li> </ul>
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**Unit 3- Assessment of Visual Functioning**

**25 HRS.**

<b>Sl. No.</b>	<b>Objectives</b>
3.3.1	Definitions - Visual acuity, visual field, tunnel vision, central scotoma, distant and near vision
3.3.2	Functional assessment procedures and commonly used assessment tests, Role of Ophthalmic assessment for education purposes.
3.3.3	
3.3.4	Low vision assessment - residual vision, visual closure, visual background, form constancy, Eye-hand coordination, eye-foot co-ordination
3.3.5	
	Role of nutrition for better vision.
	Associated Disabilities



**PRACTICAL III - IDENTIFICATION AND REHABILITATION OF PERSONS WITH VISUAL IMPAIRMENT 125 HRS.****Unit 1****Total (hours): 60**

<b>Sl. No</b>	<b>Assignments</b>
B1.	Visit a school for visually impaired children and document their program strategy.
B2.	Visit an Anganwadi centre, primary school and screen children using screening forms, Snellen's charts and prepare a report on children who have visual difficulties.
B3.	Visit an eye hospital and document various tools and techniques used in medical intervention of persons with visual impairment.
B4.	Prepare a report for at least for 4 children below 6yrs of age with visual impairment and plan an early intervention program.

**Unit 2****Total (hours): 65**

<b>Sl. No</b>	<b>Assignments</b>
B5.	Prepare a report on a CBR programme on various strategies, interventions they have planned for visually impaired persons and its impact.
B6.	Prepare a brief report minimum 5 applying the following skills: <ul style="list-style-type: none"> <li>• Pre-cane skills</li> <li>• Sighted guide techniques</li> <li>• Use of clues and landmarks for efficient mobility</li> <li>• Use of long cane techniques</li> <li>• Preparation of tactile and auditory maps</li> <li>• Stimulation under blind fold</li> </ul>
B7.	Collect and transcribe 2 stories/poems/episodes into Braille.
B8.	Plan and implement 5 individual educational plan (IEP) for visually impaired persons.
B9.	Visit integrated school and prepare a report on various adaptations, teachers have made in the contents, methods, materials and evaluation.
B10.	Prepare, plan and implement the following skills for three persons with seeing difficulty: <ol style="list-style-type: none"> <li>a. Toilet training</li> <li>b. Bathing</li> <li>c. Dressing</li> <li>d. Personal grooming</li> <li>e. Eating skills</li> <li>f. Posture and gait collection</li> </ol>
B11.	Plan and implement the following activities for 3 persons with difficulty in seeing-games with adaptation, art such as clay, plasticine modeling, pottery, group singing, drama etc.
B12.	Plan and implement IEP for 3 children with low vision and person with deaf-blindness.
B13.	Plan and implement for at least 5 children to use Taylor frame, abacus.
B14.	Visit a special school/ resource centre and prepare a record on all the assistive devices such as Brailers, Braille scales, Stylus, Abacus, Taylor frame, Thermoform machine, geometrical aids, magnifiers, simulating glasses, Jaws software, <i>Trinetra</i> software and other equipments and materials with their design, description and use of material.
B15.	Preparing low-cost teaching-learning aids for use with the visually impaired persons.

**PAPER IV: SOCIO-ECONOMIC REHABILITATION OF PERSONS WITH HEARING IMPAIRMENT****75 HRS.****Objectives:**

To acquaint the trainee with the following

1. Importance of early Identification and intervention of hearing loss
2. Use of amplification and assistive devices
3. Modes and approaches of communication with persons with hearing impairment
4. Various Intervention programmes available including early childhood education programmes
5. Role of family and community in the rehabilitation process
6. Need for socio economic rehabilitation

**Unit –1: Identification of Hearing Loss****15 HRS.**

<b>Sl. No.</b>	<b>Topics</b>
4.1.1	Hearing, hearing loss, types and its implications
4.1.2	Identification of hearing loss and interpretation of audiological informations
4.1.3	Causes and prevention of hearing loss
4.1.4	Amplification and assistive listening devices: Types, minor trouble shooting
4.1.5	Ear molds and its types

**Unit –2: Language and Communication****15 HRS.**

<b>Sl. No.</b>	<b>Topics</b>
4.2.1	Communication: Definition, Functions and types
4.2.2	Basic concept of anatomy & physiology of ear
4.2.3	Impact of hearing loss on language and communication and concept of critical age
4.2.4	Modes and approaches of communication [Modes: acoupaedic / unisensori, aural-oral (including speech reading), visual-graphic (reading–writing), visual –manual (use of signs)] [Approaches : oralism, total communication and bilingualism].
4.2.5	Indian Sign Language
4.2.6	Methods and techniques of teaching language

**Unit-3: Intervention****15 HRS.**

<b>Sl. No.</b>	<b>Topics</b>
4.3.1	Early intervention: Meaning importance and nature
4.3.2	Educational programs available for children with hearing impairment (Segregated, integrated and inclusive education programs, Distance and open education programs)
4.3.3	Early childhood education programs: Importance, aims and objectives Curriculum and infrastructure)
4.3.4	New trends in education of children with hearing impairment

<b>Sl. No.</b>	<b>Topics</b>
4.3.5	Criteria for educational placement and Parent Professional partnership

**Unit-4: Family and Community in the Intervention Process**

**15 HRS.**

<b>Sl. No.</b>	<b>Topics</b>
4.4.1	Need and importance of family and community involvement
4.4.2	Community awareness on prevention, identification and intervention
4.4.3	Parent and Community Guidance
4.4.4	Guidance to community leaders and health workers
4.4.5	Assessing community involvement

**Unit-5: Socio-Economic Rehabilitation of Hearing Impaired**

**15 HRS.**

<b>Sl. No.</b>	<b>Topics</b>
4.5.1	Changing role of community in rehabilitation
4.5.2	Need and importance of vocational training
4.5.3	Trades for vocational training
4.5.4	Concessions and facilities available
4.5.5	Mobilization of resources

**PRACTICAL IV: SOCIO-ECONOMIC REHABILITATION OF PERSONS WITH HEARING IMPAIRMENT****125 HRS.****Unit 1 -****65 HRS.**

Sl. No.	Assignment
B1	Visit a school for children with communication disabilities and prepare a report on various activities proposed for communication disability.
B2	Visit early intervention centers for children with communication disabilities and document the process of early identification and intervention.
B3	Assess and document the language development of 4 children with hearing loss, using Portage or other languages development checking, CRD.
B4	Visit a ICDS centre and document the number of children with ear discharge, difficulty in speech, hearing and language development using screening forms.
B5	Assess 5 children in the age group of 0-5 and document the development in the following areas- socialization, self-help, cognitive development, language development and motor development using Portage CRD.
B6	Visit inclusive and integrated schools and document various adaptations made in the curriculum content, materials, methods and evaluation procedures to include children with communication disabilities.

**Unit 2****60 HRS.**

Sl. No.	Assignment
B7	Visit a department of audiology to see different tools used for investigation of hearing loss and conduct pure tone audiograms (incorporate one audiogram in your practical record)
B8	Report audiometry results for children in the age group of 3-5, 5-13 years and adults people with different communication problems and document the report.
B9	Prepare a list of different types of hearing aids available and its basic maintenance and steps involved in repairing visits a session in which ear moulds are made and note you observations.
B10	Conduct speech therapy for 4 children in the preschool age age and primary school age and document the results.
B11	Prepare a list of common signs used for signing with persons with hearing impairment and practice the same.
B12	Prepare a report on at least one person whose speech is affected because of paralysis and plan an intervention program.

**PAPER V : IDENTIFICATION AND REHABILITATION OF PERSONS  
WITH MENTAL RETARDATION****75 HRS.****General Objectives**

1. To understand the nature, concept and causes of mental retardation
2. To develop competencies for screening identification and assessment for persons with mental retardation
3. To develop competencies in implementing the individualized education programme (IEP) and make appropriate referrals
4. To develop competencies in dealing with the families and communities of persons with mental retardation

**Unit 1 - Nature and Concept of Mental Retardation****20 HRS.**

<b>Sl. No.</b>	<b>Topics</b>
5.1.1	Nature and pattern of normal growth and development
5.1.2	Factors influencing developmental delay
5.1.3	Definition, classification and history of mental retardation
5.1.4	Causes of mental retardation –pre natal, peri natal and post natal and their prevention
5.1.5	Characteristic of children with mental retardation
5.1.6	Difference between children with mental retardation and mental illness, mental retardation and learning disability, psycho-social implication of disability
5.1.7	Mental retardation and associated condition e.g. C.P., sensory impairment and other conditions. Awareness of multiple disabilities

**Unit 2 – Identification and Assessment****20 HRS.**

<b>Sl. No.</b>	<b>Topics</b>
5.2.1	Introduction to existing screening, identification and assessment techniques.
5.2.2	Screening forms used by community based rehabilitation workers
5.2.3	Types of assessment: - norm referenced - criterion referenced
5.2.4	Tools used in assessment in Indian conditions - Various methods of recording assessment information
5.2.5	Assessment of infants and toddlers with developmental delay
5.2.6	Referral of children with mental retardation to appropriate agencies

**Unit 3 – Early Intervention and Management of persons with Mental Retardation 20 HRS.**

<b>Sl. No.</b>	<b>Topics</b>
5.3.1	Importance and types of early intervention
5.3.2	Early intervention services <ul style="list-style-type: none"><li>- Self help training</li><li>- Play therapy</li><li>- Parents counseling etc.</li></ul>
5.3.3	Information about methodology of teaching children with mental retardation
5.3.4	Role of Teaching Learning Material (TLM) in teaching children with mental retardation
5.3.5	Role of toys, leisure and recreation in the education of children with mental retardation
5.3.6	Integration of children with mental retardation at community level in existing regular schools

**Unit 4 – Role of Family and Community****15 HRS.**

<b>Sl. No.</b>	<b>Topics</b>
5.4.1	Need, purpose and importance of working with parents
5.4.2	Importance of involving parents in developing skills in children with mental retardation such as activities of Delhi living, language and communication, social skills etc.
5.4.3	Involving parents in the behaviour modification of problem behaviour
5.3.4	Role of non-government, voluntary agencies in the management of mental retardation in community based rehabilitation
5.4.5	Identifying vocational opportunities for adults with mental retardation in the community, role of vocational training centres
5.4.6	Counseling the parents
5.4.7	Sexual problems and problems related to marriage of persons with mental retardation
5.4.8	Role of community in the habilitation process, creating opportunities for self advocacy, building self-esteem
5.4.9	Mobilizing community resources

**ANNEXURE 5 B**

**PRACTICAL 5 : IDENTIFICATION AND REHABILITATION OF PERSONS  
WITH MENTAL RETARDATION**

**125 HRS.**

**Unit 1**

**60 HRS.**

<b>Sl. No</b>	<b>Assignments</b>
B1.	Identify 3 children for delay in development (below 5 years) using any screening tools
B2.	Prepare a kit for the identification and assessment of children with mental retardation
B3.	Conduct special education assessment for 3 children with mental retardation and plan an educational programme for them and write the report in the given format
B4.	Assess the behavioural problems in 3 children with mental retardation. Plan and implement programme for managing behavioural problems and write the report in the given format
B5.	Plan and implement programme for an adult with mental retardation using any appropriate tool for assessment

**Unit 2**

**65 HRS.**

<b>Sl. No</b>	<b>Assignments</b>
B1.	Visits to an Anganwadi
B2.	Visits to special school
B3.	Visits to integrated school

**PAPER VI - IDENTIFICATION AND REHABILITATION OF PERSONS WITH LOCOMOTOR DISABILITIES****75 HRS.****Course Content****General Learning Objective:**

1. To explain why locomotor disabilities rank high statistically in a prevalence/incidence survey of disabilities
2. To defend the need for energizing their management and
3. To manage locomotor and “Loss of Sensation” disabilities in a community.

**Unit 1- Basic concept, and assessment****25 HRS.**

<b>Sl. No</b>	<b>Topics</b>
6.1.1	<p>Developmental milestones of a child in the area of motor/ visual/ hearing/speech and cognitive development and their inter-relation in the overall functional development of the child.</p> <ol style="list-style-type: none"> <li>a. Developmental pediatrics as related to disability prevention and rehabilitation, early detection of developmental delay, monitoring growth, development and other related parameters and its remedial management.</li> <li>b. Common childhood disabilities and basic principles involved in the rehabilitation of common childhood disabilities.</li> </ol>
6.1.2	<p>Different locomotor disabilities and plan of rehabilitation interventions.</p> <ol style="list-style-type: none"> <li>a. Basic principles of human anatomy-skeletal system, muscular system and nervous system (anatomy &amp; physiology of various systems).</li> <li>b. Causes leading to locomotor disabilities, various preventive measures initiated by the government.</li> <li>c. Identify and assess the medical and surgical needs.</li> <li>d. Various locomotor disabilities in different age groups- <ol style="list-style-type: none"> <li>1. Polio, GB Syndrome</li> <li>2. Congenital disabilities – CTEV, CDH, Erb’s Palsy, Phocomelia</li> <li>3. Spina bifida, Spinal deformities</li> <li>4. Muscular dystrophy</li> <li>5. Cerebral palsy</li> <li>6. Neurological &amp; Orthopedic disorders, Brachial Plexus Injury</li> <li>7. Spinal Tuberculosis</li> <li>8. Stroke, head injury, multiple sclerosis</li> </ol> </li> </ol>



6.1.3	<p>Chronic pain of joints and muscles and their management.</p> <ol style="list-style-type: none"> <li>1. Arthritis management.</li> <li>2. Contractures &amp; management, burns</li> <li>3. Paralysis - paraplegia, quadriplegia.</li> <li>4. Fractures (simple &amp; compound).</li> <li>5. Nerve injuries</li> <li>6. Leprosy (person disabled due to leprosy), leprosy cured</li> <li>7. Amputees due to diabetes &amp; accidents, Stump management, crutch walking</li> <li>8. Deformities – Knee, hip, foot</li> <li>9. Old age problems – management</li> <li>10. Cardio-vascular diseases and rehab. management</li> </ol> <p>(To understand the characteristics, causes and rehabilitative management of the above)</p> <ol style="list-style-type: none"> <li>11. Needs of persons with locomotor disability.</li> <li>12. Identify and arrange appropriate referral services.</li> <li>13. Different assistive devices required to meet individual needs.</li> </ol>
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**Unit 2-Interventions and role of family and the community**

**25 HRS.**

6.2.1	<p>Basics of Community Rehabilitation:</p> <ul style="list-style-type: none"> <li>• Early Identification.</li> <li>• Locomotor management of common conditions</li> <li>• Parental guidance</li> <li>• Education.</li> <li>• Prevocational Training.</li> <li>• Vocational Training – in some trades.</li> <li>• Employment Opportunities.</li> <li>• Barrier free environment / transport.</li> <li>• Independent Living.</li> <li>• Community integration</li> <li>• Rehabilitation team</li> </ul>
6.2.2	<p>Application of rehabilitation technology using CBR strategies</p> <ol style="list-style-type: none"> <li>a. Basic principles in developing orthosis / orthotic devices and their maintenance.</li> <li>b. Basic principles and skills to device prosthetic devices and their maintenance.</li> <li>c. Developmental aids and the skills to develop developmental aids using locally available materials.</li> <li>d. Adaptive devices.</li> <li>e. Low cost aids.</li> </ol>

6.2.3	<p>Application of rehabilitation skills using the WHO manual (training of persons with difficulties in moving).</p> <ol style="list-style-type: none"> <li>a. Screening tools to identify locomotor disabilities.</li> <li>b. Basic principles of physiotherapy and sports.</li> <li>c. Basic principles of Occupational therapy and leisure therapy.</li> <li>d. Medical assessment, surgeries, plan and implementation of therapies as required.</li> <li>e. Counseling services.</li> <li>f. Barrier free environment in schools, workplace and community for improved functioning.</li> </ol>
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**Unit-3 -Workshop Training and Practical**

**25 HRS.**

Sl. No	Topics
6.3.1	<p><b>Assistive devices:</b></p> <ol style="list-style-type: none"> <li>a. Assess the individual needs.</li> <li>b. Design and interpret technical designs.</li> <li>c. Understand the skills required to take measurements.</li> <li>d. Design assistive devices.</li> <li>e. Develop assistive devices using locally available material or fitting the assistive devices already available.</li> </ol>
6.3.2	<p><b>Basic principles on tools and machines</b></p> <ol style="list-style-type: none"> <li>a. Tools and machines required and their functions.</li> <li>b. Use of machines and tools in developing materials.</li> <li>c. Develop miniature models of different assistive devices such as gaiter, walker, parallel bar, wheel chair, prone board, standing frame and corner seat.</li> </ol>
6.3.3	<p><b>Barrier free environment</b></p> <ol style="list-style-type: none"> <li>a. Design barrier free school, workshop, toilets etc.</li> <li>b. Understand and use low cost technologies such as paper technology, mud seats, plastic buckets, bamboo, and other materials.</li> <li>c. Explain the use and minor repairs of hearing aids.</li> <li>d. Design walking cane.</li> <li>e. Awareness of various schemes and procedures to procure assistive devices from the government / other agencies.</li> </ol>

**PRACTICAL VI - IDENTIFICATION AND REHABILITATION OF PERSONS  
WITH LOCOMOTOR DISABILITIES****125 HRS.**

B1	Visit an orthopedic hospital or a rehabilitation center: <ul style="list-style-type: none"> <li>• Document different types of locomotor disabilities.</li> <li>• Document services extended to persons with different types of locomotor disabilities.</li> </ul>
B2	Prepare a simple cardboard jointed body figure (flexion to measure the angle of deformity of the various joints).
B3	<ul style="list-style-type: none"> <li>• Demonstrate and document how to measure the muscle power of different grade spasticity as mild, moderate and severe.</li> <li>• Prepare a practical record on correct positioning and movements of a child with spasticity, a child with polio deformities, a person with amputated limbs.</li> </ul>
B4	Interview a person with polio/muscular dystrophy/spina bifida, spinal injury, cerebral palsy, congenital deformities and assess their individual needs for enhancing their functioning.
B5	Visit inclusive Anganawadi centers, schools and special schools and document the programme planned by the schools for children with locomotor disabilities.
B6	Visit a pre-vocational and a vocational training center and document various adaptations made, for training persons with locomotor disabilities in order to develop an environment friendly to their needs.
B7.	Visit three public buildings and document various measures taken in order to make the environment barrier free.
B8.	Visit three families with a member with disability and document various measures taken to make home environment friendly in all the places including the toilets, kitchen, living rooms, bed room etc.
B9.	Visit an orthotic and prosthetic workshop and prepare a practical session required on various machines and tools and its purpose.
B10.	Design a calliper and wheel chair by taking measurements of individuals with locomotor disabilities.
B11.	Case studies – 20 cases.
B12.	Rehab. treatment studies – 20 cases.

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## MODULE - 6

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