

RUHANI COLLEGE

Registered Massage Therapy Diploma Program

COURSE SYLLABUS

RU RMT 24 — Neurology 3 (Neuroanatomy and Pathophysiology 3) | 10 Days | 70 Hours | 8 Lectures | 40 Modules

This syllabus is the governing document for RU RMT 24. Where any other course document states a weighting, a passing requirement or a schedule that differs from what is set out here, this syllabus governs and the other document is to be corrected.

1. Course Identification

Course code	RU RMT 24	Course title	Neurology 3 (Neuroanatomy and Pathophysiology 3)
Institution	Ruhani College, Brampton, Ontario	Program	Registered Massage Therapy Diploma
Length	10 instructional days · 70 contact hours	Structure	8 lectures · 40 modules · 7 contact hours per day
Prerequisites	RU RMT 11 Neurology 1 (Neuroanatomy and Pathophysiology I); RU RMT 16 Neurology 2 (Neuroanatomy and Pathophysiology II)	Co-requisites	None
Delivery	In person at Ruhani College, and synchronously online via Zoom	Practical components	In person, on campus — mandatory for both cohorts
Supervised hands-on	27.00 hours — 38.6% of contact time	Passing standard	70% overall, and the conditions in §8
Attendance requirement	70% of scheduled hours, and all in-person laboratory sessions	Version	Version 1.0 · Revised- August 2026
Governing standards	CMTCA Accreditation Standards for Massage Therapy Education Programs in Canada; FOMTRAC Inter-Jurisdictional Practice Competencies and Performance Indicators (September 2016); CMTO Standards of Practice	Legislative frame	RHPA 1991; Massage Therapy Act 1991; HCCA 1996; PHIPA 2004; PIPEDA

2. Course Description

RU RMT 24 is the final course of the neurology series, following RU RMT 11 Neurology 1 and RU RMT 16 Neurology 2. It does not introduce a new region of anatomy. It converts what the student already knows about the nervous system into clinical decisions: whether it is safe to treat this person today, where the problem sits, what massage therapy can legitimately change, and how a plan is built, dosed, progressed, reassessed, documented and ended.

The course opens by consolidating the neuroanatomy and neurophysiology of the two preceding courses and then establishing the five mechanisms through which massage therapy acts on the nervous system — mechanoreceptor stimulation and gate control, autonomic modulation, tone regulation through the muscle spindle and Golgi tendon organ, descending inhibition and the modulation of central sensitisation, and neuroplasticity. Every technique, pressure, pacing and home-care decision made later in the course is justified from those five.

It then covers the integrative cerebral functions of consciousness, sleep, learning and memory and their consequences for treatment and home care; the somatic, autonomic and enteric divisions, their neurochemistry and their disorders, including autonomic dysreflexia as the emergency of the course; the full neurological screen — cranial nerves, deep tendon reflexes, sensory testing, dermatomes, myotomes and strength grading — performed, graded, interpreted and documented within the scope of practice; the degenerative, demyelinating, movement and infectious disorders; injury and congenital conditions with lesion localisation; and finally persistent pain, headache, seizure and the seven-step treatment planning framework that synthesises the whole course.

Twenty-seven of the seventy contact hours — 38.6% — are supervised hands-on demonstration and practice. Neurological screening and adapted handling are performed competencies, not recited ones: a student who can describe a reflex test but cannot elicit and grade one has not met the standard. The laboratory sessions run in every one of the ten days, and they are in person and mandatory for students in both the classroom and the live Zoom cohort.

The course is deliberately conservative about scope. The RMT screens; the RMT does not diagnose. Communicating a diagnosis is a controlled act under the Regulated Health Professions Act, 1991 and is not authorised to massage therapists, and that boundary is examined in every instrument in this course.

3. Course Learning Outcomes

On successful completion of RU RMT 24, students will be able to:

- CLO 1. Apply the neuroanatomy and neurophysiology established in Neurology 1 and Neurology 2 to clinical reasoning about neurological presentations encountered in massage therapy practice.
- CLO 2. Explain the five mechanisms by which massage therapy acts through the nervous system, and justify technique, pressure and pacing decisions from them.
- CLO 3. Differentiate upper motor neuron from lower motor neuron presentations and predict the tone, reflex, sensory and functional consequences of each.
- CLO 4. Describe the integrative cerebral functions of consciousness, sleep, learning and memory, and adapt treatment, communication and home care accordingly.
- CLO 5. Compare the somatic, autonomic and enteric divisions of the nervous system and apply autonomic physiology to treatment design, in-session observation and post-treatment safety.
- CLO 6. Recognise neurological emergencies and red flags — including autonomic dysreflexia, cauda equina syndrome, stroke, deteriorating head injury, acute central nervous system infection and prolonged seizure — and execute the correct response.
- CLO 7. Perform, grade, interpret and document a neurological screen — cranial nerves, deep tendon reflexes, dermatomes, myotomes and muscle strength — within the scope of practice of massage therapy.
- CLO 8. Describe the pathophysiology, clinical presentation and contraindications of the degenerative, demyelinating, movement, infectious, traumatic and congenital disorders of the nervous system.
- CLO 9. Construct an initial treatment plan and an ongoing treatment plan for a client with a neurological condition, stating goals, dosage, sequence, progression, reassessment points and home care.
- CLO 10. Practise within the Scope of Practice of Massage Therapy and the CMTO Standards of Practice, including consent and capacity, record keeping, referral and collaboration within the circle of care.

Every outcome is assessed at least twice, by at least two different instruments. The mapping of outcomes to instruments is set out in §7.3 and in full in the Competency Mapping and Curriculum Alignment document.

4. Delivery Method, Attendance and Participation

4.1 How the course is delivered

RU RMT 24 is delivered concurrently in two modes. Students attend either in person in the classroom and practical laboratory at Ruhani College, Brampton, Ontario, or synchronously online via Zoom. Online attendance is live and scheduled; there is no self-paced or asynchronous version of this course. Slide decks, student handouts, the Course Worksheet, the assignment brief and the study guides are issued directly to students in both modes.

Component	Mode and requirement
Lecture and seminar blocks	In person, or live via Zoom. Cameras on. Students joining online are called on, participate in case discussion and complete the Course Worksheet on the same schedule as the in-person cohort.
Hands-on laboratories and practicums	In person, on campus, mandatory. Cranial nerve testing, deep tendon reflex technique, sensory and dermatome testing, myotome and strength grading, the upper and lower limb screens, spasticity and flaccidity handling, positioning and transfers, autonomic observation, and the integrated case practicum cannot be taught, practised or verified over a video link.
Emergency drills	In person, on campus, mandatory. The autonomic dysreflexia sequence and seizure first aid are rehearsed physically, because both are fixed sequences that must be performed under pressure rather than recalled.
Quiz 1, Quiz 2 and the Final Written Examination	Invigilated on campus. Where a student has been approved to write remotely, the paper is proctored live over Zoom: camera on, full desk and room visible, screen shared, no second device.
Assignment	Completed independently from one of four supplied client scenarios. No real client is used, so no personal health information is involved.

Because the laboratory components are in person and mandatory, a student enrolled in the online cohort must attend campus on every day of this course. Students are told this at enrolment and again in the Day 1 orientation block. No LMS is used for this course; materials are issued directly.

4.2 Attendance

Attendance is recorded for every block, in both modes. The requirement is 70% of the 70 scheduled contact hours, and attendance at all in-person laboratory sessions without exception. A full absent day is 10% of the course. Late arrival and early departure are recorded and accumulate.

Attendance is a condition of completion in its own right (§8) and is also one of the five criteria of the Professional Practice, Participation and Attendance component (Appendix A), which carries 10% of the final grade. These are two distinct uses of the same record and both apply.

5. Required and Recommended Learning Resources

5.1 Texts

Status	Reference	How it is used in this course
Required	Rattray, F., & Ludwig, L. (2000). Clinical Massage Therapy: Understanding, Assessing and Treating Over 70 Conditions. Talus Inc. ISBN 978-0-9698177-1-0.	Primary clinical reference for this course. Written for the Ontario 2,200-hour curriculum. Every treatment-planning slide in Lectures 2, 4, 6, 7 and 8 cites a named condition entry; the assignment is built on its assessment-and-treatment structure.
Required	Werner, R. (2019). A Massage Therapist's Guide to Pathology (7th ed.). Books of Discovery. ISBN 978-0-9982663-4-3.	Primary pathology reference. Used for the pathophysiology, presentation and contraindication material of Lectures 2, 3, 4, 6 and 7.
Required	Lowe, W. (2016). Orthopedic Assessment in Massage Therapy (2nd ed.). Orthopedic Massage Education. ISBN 978-0-9910704-1-1.	Assessment text. Governs the neurological screen taught in Lecture 5 — reflex technique and grading, dermatome and myotome testing, strength grading, neurodynamic tests and the differentiation of radicular, peripheral and referred pain.
Required	Tortora, G. J., & Derrickson, B. (2020). Principles of Anatomy and Physiology (16th ed.). Wiley. ISBN 978-1-119-66268-6.	Anatomy and physiology authority carried across the program from RU RMT 02. Read for the review material of Lecture 1 and for the autonomic organisation, neurochemistry and reflex physiology of Lectures 3 and 4.
Reference	Fritz, S. (2021). Mosby's Fundamentals of Therapeutic Massage (7th ed.). Elsevier.	Program reference text. Used for the relaxation response, treatment-room environment, session design, dosage and therapist self-care material of Lectures 2, 3 and 8.
Reference	Salvo, S. G. (2022). Massage Therapy: Principles and Practice (7th ed.). Elsevier. ISBN 978-0-323-87815-9.	Program reference text. Read for adaptive and clinical massage, positioning, and work with clients who have mobility, sensory or cognitive impairment.

All four required texts are carried across the RMT Diploma Program and are not purchased for this course alone. Students already hold Tortora and Derrickson from RU RMT 02, Rattray and Ludwig and Werner from the pathology and clinical courses, and Lowe from RU RMT 8 Physical Assessment. Rattray and Ludwig is the primary clinical reference for this course: the assignment is built on its assessment-and-treatment structure, and each treatment-planning topic cites a named condition entry.

5.2 Reading map by lecture

The following table states what to read before each teaching day. The lecture decks are the taught content; the readings are the authority behind them. Where a source and a slide disagree, the source governs.

Lecture and day	Tortora & Derrickson (16th ed.)	Rattray, Werner, Lowe and Fritz	Primary regulatory sources
Lecture 1 · M1–M5 · Day 1	Ch. 12, 13, 14 (nervous tissue, spinal cord and nerves, brain and cranial nerves)	Rattray Section 1 — assessment framework; Lowe Ch. 4 — neurological assessment principles	Massage Therapy Act, 1991 s.3; RHPA, 1991; CMTO Client-centred Care; CMTO Safety and Risk Management
Lecture 2 · M6–M10 · Day 2	Ch. 14 (sleep, consciousness, learning and memory sections)	Werner Ch. 4 nervous system; Rattray — Stress Reduction, Chronic Fatigue Syndrome, Headaches	Health Care Consent Act, 1996; CMTO Consent; CMTO Record Keeping
Lecture 3 · M11–M15 · Day 3	Ch. 15 (the autonomic nervous system) in full	Fritz Ch. 4 and Ch. 6 — physiological effects and session design; Werner — visceral referral	CMTO Consent; CMTO Client-centred Care; CMTO Draping and Physical Privacy
Lecture 4 · M16–M20 · Day 4	Ch. 15 (autonomic reflexes and integration); Ch. 18 (the endocrine stress response)	Werner — autonomic dysreflexia, Raynaud's syndrome, autonomic neuropathy; Rattray — Raynaud's Syndrome, Spinal Cord Injury	CMTO Safety and Risk Management; CMTO Collaboration and Professional Relationships



RUHANI COLLEGE

OF HEALTH BUSINESS AND TECHNOLOGY

RU RMT 24 Neurology 3 — Course Syllabus

Lecture and day	Tortora & Derrickson (16th ed.)	Rattray, Werner, Lowe and Fritz	Primary regulatory sources
Lecture 5 · M21–M25 · Days 5 and 6	Ch. 14 (cranial nerves); Ch. 13 (reflexes, dermatomes)	Lowe Ch. 3 and Ch. 4 in full — the core reading for this lecture; Rattray Section 1 assessment framework	RHPA, 1991 (controlled acts); CMTO Client-centred Care; CMTO Record Keeping
Lecture 6 · M26–M30 · Day 7	Ch. 12 (demyelination and repair)	Werner Ch. 4 in full — the core reading for this lecture; Rattray — Multiple Sclerosis, Parkinson's Disease, Cerebral Palsy	CMTO Infection Prevention and Control; CMTO Consent; Health Care Consent Act, 1996
Lecture 7 · M31–M35 · Day 8	Ch. 13 (cord tracts and lesion patterns)	Werner Ch. 4 — spinal cord injury, stroke, TBI; Rattray — Spinal Cord Injury, Disc Herniation, Cerebral Vascular Accident, Complex Regional Pain Syndrome	CMTO Safety and Risk Management; CMTO Consent
Lecture 8 · M36–M40 · Day 9	Ch. 16 (sensory, motor and integrative systems — pain pathways)	Rattray — Fibromyalgia, Headaches, Temporomandibular Joint Dysfunction; Fritz Ch. 6 and Ch. 10 — treatment planning and dosage	MTA, 1991 s.3; RHPA, 1991; CMTO Client-centred Care; CMTO Record Keeping; CMTO Collaboration and Professional Relationships

5.3 Primary regulatory and best-practice sources

These are not purchased. They are the authoritative content base for the course, are provided or linked in class, and are the sources against which examination items are written.

Source

Massage Therapy Act, 1991, S.O. 1991, c. 27, s. 3 (Scope of Practice) — <https://www.ontario.ca/laws/statute/91m27>

Regulated Health Professions Act, 1991, S.O. 1991, c. 18 — <https://www.ontario.ca/laws/statute/91r18>

Health Care Consent Act, 1996, S.O. 1996, c. 2, Sch. A — <https://www.ontario.ca/laws/statute/96h02>

Personal Health Information Protection Act, 2004 — <https://www.ontario.ca/laws/statute/04p03>
CMTO Standard of Practice: Client-centred Care — <https://www.cmto.com/rules/client-centred-care/>

CMTO Standard of Practice: Consent — <https://www.cmto.com/rules/consent/>

CMTO Standard of Practice: Record Keeping — <https://www.cmto.com/rules/record-keeping/>

CMTO Standard of Practice: Safety and Risk Management — <https://www.cmto.com/rules/standard-of-practice-safety-and-risk-management/>

CMTO Standard of Practice: Collaboration and Professional Relationships — <https://www.cmto.com/rules/standard-of-practice-collaboration-and-professional-relationships/>

CMTO Standard of Practice: Infection Prevention and Control — <https://www.cmto.com/rules/standard-of-practice-infection-prevention-and-control/>

CMTO Standards and Rules index — <https://www.cmto.com/rmts/standards-and-rules/>

FOMTRAC. Inter-Jurisdictional Practice Competencies and Performance Indicators for Massage Therapists at Entry-to-Practice (September 2016)

CMTCA. Accreditation Standards for Massage Therapy Education Programs in Canada

Where it is used

Lecture 1 M5; Lecture 2 M9; Lecture 8 M40

Lecture 1 M5; Lecture 5 M21; Lecture 6 M30; Lecture 7 M31; Lecture 8 M40

Lecture 2 M10; Lecture 6 M27; Lecture 7 M34

Lecture 4 M20; Lecture 5 M25; Lecture 8 M40

Lectures 1, 2, 3, 5, 8

Lectures 2, 3, 6, 7

Lectures 2, 3, 4, 5, 6, 8

Lectures 1, 2, 4, 5, 7

Lectures 4, 5, 6, 8

Lecture 6 M30

All lectures

Course design and assessment mapping

Course design and assessment mapping

5.4 Course materials and physical resources

Instructional media	Eight lecture decks totalling 342 slides across Modules 1 to 40: Lecture 1 (46), Lecture 2 (43), Lecture 3 (42), Lecture 4 (42), Lecture 5 (42), Lecture 6 (44), Lecture 7 (41), Lecture 8 (42). Eight matching Student Handouts, one per lecture, generated from the same content source as the decks.
Formative instrument	Course Worksheet — 141 response points across three parts: 83 fill-in-the-blank items, 40 matching items and 18 short-answer questions. Worked progressively across all ten days. Ungraded and required.
Student support	Quiz 1 Student Study Guide, Quiz 2 Student Study Guide and Final Examination Student Study Guide — each with topic explanations, review questions and a separate answer key with discussion of the correct answers.
Assessment instruments	Quiz 1 with answer key; Quiz 2 with answer key; Final Written Examination with answer key; Assignment Instructions, Sample Answer Key and Rubric, and one-page Assignment Marking Sheet; Worksheet Answer Sheet.



RUHANI COLLEGE

OF HEALTH BUSINESS AND TECHNOLOGY

RU RMT 24 Neurology 3 — Course Syllabus

Physical teaching aids	Treatment tables, bolsters and positioning wedges; full linen sets; reflex hammers in sufficient number for paired practice; 128 Hz tuning forks; cotton wool, sharp-and-dull testers and temperature vials; penlights; Snellen charts; goniometers; a manual wheelchair and a transfer board; a cane and a walker; latex-free gloves; a blood pressure cuff for demonstration of baseline recording; and a resuscitation mannequin or floor mat for the seizure first-aid drill.
Instructor-compiled handouts	Neurological screen recording template; six-visit plan template; local neurology referral and community-services list including the Ontario condition-specific organisations, for the collaboration block in Lecture 6.

6. Course Schedule

Each day is 7 contact hours. Breaks are additional to the contact hours shown. Hands-on time is stated separately so that it can be verified: 27.00 hours of supervised hands-on demonstration and practice is scheduled across the ten days, which is 38.6% of contact time.

Day	Focus	Lecture and modules	Didactic	Hands-on	Assessment	Admin	Total
1	Neurology review and the neurological basis of massage therapy	Lecture 1 · M1–M5	5.00	2.00	—	—	7.00
2	Integrative cerebral functions — consciousness, sleep, learning and memory	Lecture 2 · M6–M10	4.50	2.50	—	—	7.00
3	The autonomic and enteric nervous systems	Lecture 3 · M11–M15	4.50	2.50	—	—	7.00
4	Autonomic reflexes, central control and autonomic disorders · Quiz 1	Lecture 4 · M16–M20	4.00	2.25	0.75	—	7.00
5	Neurological assessment I — scope, history, observation and the cranial nerves	Lecture 5 (part 1) · M21–M22	4.00	3.00	—	—	7.00
6	Neurological assessment II — reflexes, sensation, dermatomes, myotomes and strength	Lecture 5 (part 2) · M23–M25	3.25	3.75	—	—	7.00
7	Degenerative, demyelinating, movement and infectious disorders	Lecture 6 · M26–M30	4.25	2.75	—	—	7.00
8	Nervous system injuries and congenital conditions · Quiz 2	Lecture 7 · M31–M35	3.75	2.25	1.00	—	7.00
9	Neurological treatment planning	Lecture 8 · M36–M40	4.00	3.00	—	—	7.00
10	Integrated case practicum, examination review and the Final Written Examination	Synthesis · M21–M25, M36–M40	1.75	3.00	1.75	0.50	7.00
Total			39.00	27.00	3.50	0.50	70.00

6.1 Module map

Module	Lecture	Content
M1	L1	Organisation of the nervous system, the neuron, conduction and synaptic transmission
M2	L1	Spinal nerves, plexuses, dermatomes and myotomes; cauda equina syndrome as the emergency
M3	L1	Spinal cord, ascending and descending tracts, upper and lower motor neuron, reflexes; brain, brainstem, meninges and blood supply
M4	L1	The five mechanisms by which massage therapy acts through the nervous system
M5	L1	Regulatory frame: scope of practice, CMTO Standards, and the three-question clinical filter
M6	L2	Consciousness, arousal, the reticular activating system and circadian rhythm
M7	L2	Sleep architecture, NREM and REM, autonomic change across a night, sleep deprivation
M8	L2	Insomnia, obstructive sleep apnea, parasomnias and chronic fatigue syndrome — treatment planning
M9	L2	Learning, neuroplasticity, the three phases of memory, long-term potentiation and home-care design
M10	L2	Memory disorders, post-traumatic amnesia, dementia recognition, consent and capacity
M11	L3	The somatic division, the neuromuscular junction, lower motor neuron lesions and tone expectations
M12	L3	Autonomic overview, visceral sensation, referred visceral pain, the two-neuron chain and the adrenal medulla
M13	L3	Sympathetic thoracolumbar outflow, the sympathetic trunk, cervical sympathetic supply and Horner's syndrome
M14	L3	Parasympathetic craniosacral outflow, the four cranial ganglia, the vagus nerve, sacral outflow and dual innervation
M15	L3	Autonomic neurochemistry and receptors, autonomic medication, autonomic tone, the enteric system and abdominal massage
M16	L4	The autonomic reflex arc and the baroreceptor, chemoreceptor, gastrointestinal, bladder and thermoregulatory reflexes
M17	L4	Hypothalamic control, the limbic link, the hypothalamic–pituitary–adrenal axis and chronic sympathetic dominance
M18	L4	Autonomic dysreflexia — pathophysiology, recognition, emergency response and prevention in the plan
M19	L4	Raynaud's phenomenon, hyperhidrosis, orthostatic hypotension, vasovagal syncope, POTS and autonomic neuropathy
M20	L4	Autonomic screening questions, the autonomic checklist for every plan, documentation and emergency preparedness
M21	L5	Screening is not diagnosing: scope, the neurological history and structured observation
M22	L5	The twelve cranial nerves — function, standard bedside testing, the forehead rule and referral



RU RMT 24 Neurology 3 — Course Syllabus

Module Lecture Content

M23	L5	Deep tendon reflexes — technique, reinforcement, the 0 to 4+ scale, nerve roots and what alters a reflex
M24	L5	Sensory testing, dermatome and myotome testing, and the grading of muscle strength
M25	L5	The upper and lower limb screens, neurodynamic and cerebellar tests, pattern interpretation, documentation and referral
M26	L6	Categorising neurological pathology and the general principle for progressive disease
M27	L6	Amyotrophic lateral sclerosis, Huntington's disease, Alzheimer's disease and the other dementias
M28	L6	Multiple sclerosis and Guillain-Barré syndrome — demyelination, Uhthoff's phenomenon and heat modification
M29	L6	Parkinson's disease, parkinsonism, dystonia and tremor
M30	L6	Infections of the nervous system, peripheral neuropathy and the contraindication summary
M31	L7	Localising the lesion; tract crossings; spinal cord injury mechanism, level and preserved function
M32	L7	Incomplete cord syndromes, spinal shock, secondary complications and the management of spasticity
M33	L7	Disc herniation, cervical and lumbar radiculopathy, and cauda equina syndrome
M34	L7	Complex regional pain syndrome, stroke, traumatic brain injury and concussion
M35	L7	Spina bifida and the latex precaution; cerebral palsy
M36	L8	Pain mechanisms, central sensitisation, fibromyalgia and the screening of widespread pain
M37	L8	Headache classification and red flags, migraine, cervicogenic headache and the temporomandibular contribution
M38	L8	Seizures and epilepsy, seizure first aid and treatment planning
M39	L8	Trauma-informed practice, neurodevelopmental and mood conditions, and neurological medication
M40	L8	The seven-step treatment planning framework; documentation, referral, termination and staying in scope

6.2 Scheduled hands-on laboratory sessions

Day	Laboratory or practicum	Hours
1	Receptor and technique laboratory — pairing technique to receptor population and observing the different neural response; palpation of resting tone; demonstration of the reflex arc and of reciprocal inhibition	2.00
2	Relaxation-response laboratory — room set-up as an arousal variable, slow rhythmic technique, observation of the parasympathetic shift; home-care teaching practicum with return demonstration	2.50
3	Autonomic observation laboratory — reading autonomic state during treatment; abdominal massage consent, screening and technique; safe return to standing and post-treatment monitoring	2.50
4	Autonomic dysreflexia emergency drill — the full sequence rehearsed to competence; Raynaud's environmental set-up; positional change and orthostatic monitoring practice	2.25
5	Cranial nerve testing laboratory — all twelve nerves tested on a partner, findings recorded; observation and gait; the forehead rule demonstrated	3.00
6	Deep tendon reflex laboratory with reinforcement technique; sensory, dermatome, myotome and strength grading laboratory; full upper and lower limb screen practicum with written record	3.75
7	Spasticity and rigidity handling laboratory — passive movement at two speeds; positioning and transfers with mobility aids; dementia communication role-play	2.75
8	Spinal cord injury positioning and skin-check laboratory; hemiplegic shoulder handling and support; radicular versus peripheral differentiation practicum	2.25
9	Graded-exposure laboratory for the sensitised client; suboccipital, cervical and jaw work for headache presentations; seizure first-aid drill; treatment-planning practicum	3.00
10	Integrated case practicum — full screen, plan, treat and document on a partner, assessed as a professional practice checkpoint	3.00
Total supervised hands-on — 38.6% of contact time		27.00

7. Assessment

7.1 Assessment scheme

Assessment	Format	Marks	Weight	When
Quiz 1	30 multiple-choice items, 45 minutes, closed book	30	20%	Day 4
Quiz 2	40 multiple-choice items, 60 minutes, closed book	40	20%	Day 8
Assignment — Neurological Treatment Plan	1,800–2,200 words in six parts, plus three appendices	100	10%	Released Day 6 · due Day 9



RUHANI COLLEGE

OF HEALTH BUSINESS AND TECHNOLOGY

RU RMT 24 Neurology 3 — Course Syllabus

Assessment	Format	Marks	Weight	When
Final Written Examination	50 multiple-choice items, 90 minutes, closed book, cumulative	50	40%	Day 10
Professional Practice, Participation & Attendance	Continuous observation against the Appendix A rubric	20	10%	Throughout checkpoints Days 3, 6, 10
Total			100%	

Marks are converted to a percentage score for each component, the score is multiplied by the component weight, and the weighted figures are summed. Round once, at the end. Rounding each line separately can move the total by a tenth of a percent and decide a pass at the 70% boundary.

7.2 What each instrument does

Quiz 1 — 20%	Thirty multiple-choice items, 45 minutes, closed book, written on Day 4. Section A covers Lecture 1 (10 items), Section B Lecture 2 (7), Section C Lecture 3 (7), Section D Lecture 4 (6). Assesses CLOs 1 to 6 and CLO 10. Its purpose is to verify the review, mechanism and autonomic knowledge base before the assessment laboratories and the assignment are attempted. Item Bloom distribution: Remember 10, Understand 13, Apply 7, Analyse 0 — the absence of Analyse-level items at this stage is deliberate and is recorded in the Course Blueprint as an open action.
Quiz 2 — 20%	Forty multiple-choice items, 60 minutes, closed book, written on Day 8. Section A covers Lecture 5 (15 items), Section B Lecture 6 (13), Section C Lecture 7 (12). Assesses CLOs 1, 3, 5, 6, 7, 8, 9 and 10. It follows the two assessment laboratory days and is written for a student who has performed the screen, not only read about it. Bloom: Remember 11, Understand 14, Apply 10, Analyse 5.
Assignment — 10%	An applied treatment-planning analysis of 1,800 to 2,200 words in six parts with three required appendices, marked out of 100 against a published six-criterion analytic rubric. Released Day 6, due Day 9. Students select one of four supplied client scenarios and produce a complete initial treatment plan and a complete six-visit ongoing treatment plan, with the clinical reasoning that produced them. Assesses all ten CLOs, with the largest share on CLO 9 and CLO 10. It is the only instrument in the course that assesses treatment planning at the Analyse level.
Final Written Examination — 40%	Fifty multiple-choice items, 90 minutes, closed book, written on Day 10. Cumulative across all eight lectures: Section A Lecture 1 (10 items), B Lecture 2 (7), C Lecture 3 (5), D Lecture 4 (5), E Lecture 5 (8), F Lecture 6 (5), G Lecture 7 (5), H Lecture 8 (5). Assesses all ten CLOs. Bloom: Remember 5, Understand 19, Apply 20, Analyse 6 — more than half the paper is written above the recall level.
Professional Practice, Participation & Attendance — 10%	Marked out of 20 against the five-criterion rubric at Appendix A, recorded at three checkpoints (Days 3, 6 and 10). The Day 10 record is the grade of record. This component carries the Course Worksheet, observed laboratory conduct, the emergency drills and the Day 10 integrated case practicum. Assesses CLOs 4, 5, 6, 7, 8, 9 and 10.
Course Worksheet — ungraded	141 response points across three parts, worked across all ten days as consolidation and formative practice. It carries no separate weight and is not entered on the marking sheet. It is required: non-completion is assessed under Criterion 4 of the Appendix A rubric, not as a lost grade. Everything in it is examinable.

7.3 Outcome coverage

Assessment	CLO 1	CLO 2	CLO 3	CLO 4	CLO 5	CLO 6	CLO 7	CLO 8	CLO 9	CLO 10
Quiz 1	✓	✓	✓	✓	✓	✓				✓
Quiz 2	✓		✓		✓	✓	✓	✓	✓	✓
Assignment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Final Written Examination	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Professional Practice & Attendance				✓	✓	✓	✓	✓	✓	✓
Independent sources	4	3	4	4	5	5	4	4	4	5

Every outcome is assessed by at least three instruments. Every outcome with a psychomotor component — CLO 7 (performing the neurological screen) and CLO 6 (executing an emergency response) — is additionally assessed by direct observation in the laboratory sessions and the Day 10 integrated case practicum, recorded under the Professional Practice component. CLO 2 is not sampled by Quiz 2 and CLO 4 is not sampled by Quiz 2, because neither lecture block in that quiz's coverage teaches them; both are sampled three other ways.

8. Passing Requirements

A student passes RU RMT 24 only when all five of the following are met. Failure of any one is an unsuccessful completion regardless of the other four.

RU RMT 24 Neurology 3 — Course Syllabus

Requirement	Threshold and note
1 Minimum overall grade	70% of the weighted total across the five components in §7.1.
2 All mandatory assessments completed	Quiz 1, Quiz 2, the Assignment and the Final Written Examination must all be attempted or submitted. The Professional Practice component is recorded by the instructor and requires attendance to generate.
3 Course Worksheet submitted	All three parts, submitted by the start of Day 10. Assessed under Criterion 4 of Appendix A, not as a separate grade.
4 Attendance	70% of the 70 scheduled contact hours, and attendance at every in-person laboratory session.
5 Safety and professional conduct	The essential safety and conduct requirements of Appendix A are met. An Unsatisfactory on Criterion 1 (Safety, handling and emergency conduct) at the Day 10 checkpoint requires a remediation plan and a repeat demonstration of safe conduct before the grade is released, whatever the total.

There is no separate pass mark on an individual written component. A student may perform poorly on one instrument and still pass, provided the weighted total reaches 70% and the other conditions are met. There is no observed practical examination in this course; the psychomotor competencies are verified through the laboratory sessions and the Day 10 integrated case practicum, recorded under Professional Practice, with Criterion 1 acting as the safety gate.

8.1 Grading scale

Letter	Percentage	Standing	Descriptor
A	90–100%	Pass	Outstanding — comprehensive, accurate, consistently well applied
B	80–89%	Pass	Very good — accurate with minor gaps
C	70–79%	Pass	Satisfactory — meets the minimum program standard
F	60–69%	Fail	Below standard — remediation and reassessment considered
F	Below 60%	Fail	Unsatisfactory — remediation plan required

Carried from RU RMT 01 for program consistency. F spans two bands and they are not equivalent: 60–69% may lead to reassessment, below 60% requires a remediation plan. Record the percentage, not only the letter.

9. Academic Policies

Academic integrity	All assessments are governed by the Ruhani College Academic Integrity Policy. For the Assignment, submitting shared text, copying from a published treatment plan, or submitting text generated by an artificial intelligence tool as your own are breaches. Discussing the scenarios with classmates is expected; submitting shared writing is not. For the written papers, possessing unauthorized material at the desk, communicating with another candidate, or removing or reproducing examination content are breaches. Substantiated breaches are recorded and may result in a mark of zero on the component or failure of the course.
Late submission	The Assignment attracts a deduction of 10% of the earned grade per calendar day late, to a maximum of five days, after which it is recorded as not submitted. Extensions are granted only in advance and only on documented grounds.
Missed assessment	A missed Quiz or Final Written Examination is recorded as zero unless the absence is documented and approved, in which case a deferred sitting is scheduled. A missed laboratory session must be made up before the Day 10 checkpoint, because the course cannot certify a competency it has not observed.
Accommodation	Students with an approved accommodation plan receive the accommodations on file for all components, including the laboratory sessions — extended time, a modified station layout, a written prompt card, or adapted equipment, as the plan specifies. Accommodation adjusts how a competency is demonstrated; it does not lower the competency standard.
Appeals	Grade and assessment appeals are made under Ruhani College policy RC-ACA-001 within the stated window.
Student records	Marks, checkpoint records, the assignment marking sheet and the completed final marking sheet are filed in the student record and are confidential, handled under PHIPA and PIPEDA as applicable.
Consent within teaching	Students act as partners in every laboratory session. Consent for partner practice is obtained on the same terms as clinical consent, may be withdrawn at any time without penalty, and a student who declines a particular partner activity is offered an alternative route to demonstrate the competency.



Appendix A — Professional Practice, Participation and Attendance Rubric

Marked out of 20. Four marks per criterion. Recorded at three checkpoints — end of Day 3, end of Day 6, end of Day 10. The Day 10 record is the grade of record; the earlier checkpoints exist so that a student in difficulty is told before the grade is fixed.

Criterion	4 — Exemplary	3 — Proficient	2 — Developing	0–1 — Unsatisfactory
1. Safety, handling and emergency conduct <i>In the laboratory, at the table and in the emergency drills</i>	Consistently safe handling with correct speed for the presentation; screens before touching; executes the dysreflexia and seizure sequences without prompting and can explain each step	Safe and correct with occasional minor lapse, corrected on a single prompt; emergency sequences correct with minor hesitation	Needs repeated prompting; lapses recur within the same session; emergency sequence incomplete or out of order	Unsafe handling, a missed red flag in a simulated presentation, or an emergency response that would have caused harm. Triggers the §8 condition
2. Consent, draping, communication and adaptation <i>In all partner and simulated work</i>	Seeks and confirms consent every time; drape and dignity managed without being asked; adapts communication correctly for the simulated presentation without prompting	Consent and draping consistently correct with minor prompting; adaptation appropriate	Inconsistent; consent or drape sometimes assumed rather than obtained; adaptation generic	Proceeded without consent, exposed a partner unnecessarily, or communicated a diagnosis in a simulated exchange
3. Participation and professional engagement <i>In person and on Zoom</i>	Prepared, present, camera on, contributes substantively, supports peers' learning, brings the assigned reading	Prepared and engaged; contributes when invited	Passive; contributes rarely; preparation inconsistent	Disengaged, absent from discussion, or disruptive
4. Completion of required formative work <i>The Course Worksheet in all three parts, and the laboratory records</i>	All parts complete and on schedule, in the student's own words, with honest gaps flagged; laboratory records legible and in the correct form	Substantially complete and broadly on schedule	Partially complete, or completed late and in bulk	Largely or wholly incomplete
5. Attendance and punctuality <i>Across the 70 scheduled hours</i>	Full attendance; punctual to every block; present for all laboratory sessions	At or above 90%; isolated lateness, notified	Between 70% and 90%, or repeated lateness	Below 70%, or absent from a mandatory in-person laboratory session

A rating of Unsatisfactory on Criterion 1 at the Day 10 checkpoint is not merely a low mark. It triggers the safety condition in §8 requirement 5: a remediation plan and a repeat demonstration of safe conduct are required before any grade is released, regardless of the weighted total.

Version Control and Approval

Version	Date	Change	Author
1.0	August 2026	First issue of the RU RMT 24 syllabus. Establishes the 10-day / 70-hour course parameters, the five-component assessment scheme (Quiz 1 20%, Quiz 2 20%, Assignment 10%, Final Written Examination 40%, Professional Practice, Participation and Attendance 10%), the in-person and live-Zoom delivery model, the four required texts and the reading map, the ten-day block schedule with 27.00 hours of supervised hands-on practice, and the five passing conditions.	Curriculum development, RMT Diploma Program



RUHANI COLLEGE

OF HEALTH BUSINESS AND TECHNOLOGY

RU RMT 24 Neurology 3 — Course Syllabus

Version	Date	Change	Author
---------	------	--------	--------

Supersedes the 6-day / 42-hour parameters printed on the version 0.9 lecture decks, which have been corrected.

Role	Name and signature	Date:
Course instructor	_____	_____
Program Director	_____	_____
Academic review	_____	_____