

**REPUBLIC OF TURKEY**

**ISTANBUL KÜLTÜR UNIVERSITY**

**FACULTY OF HEALTH SCIENCES**

**DEPARTMENT OF PHYSIOTHERAPY AND REHABILITATION**

**INTERNSHIP CASE REPORT**

**20.. - 20..**

**INTRODUCTION**

This Internship cASE Report provides guidelines and main sections required for the Department of Physiotherapy and Rehabilitation at Istanbul Kultur University.

**A. Sections of the Student Internship Report**

The Internship Report consists of three sections: Internship Report Cover, Case List, and Case Reports.

1. The cover of the report should be prepared according to the example provided in Appendix-1.
2. The Case List includes information on the patients monitored during the internship (Appendix-2).
3. Each case listed in the Case List should have an individual Case Report.

The Case Reports section should be prepared for each patient observed, including patient history, evaluations, and treatment information (Appendix-3).

There is no page limit.

**B. Rules for the Internship Case Report**

1. The Internship Case Report should be written in a clear, understandable, and fluent language, adhering to proper writing rules. Sentences should be short and concise.
2. Page layout should conform to the example provided in Appendix-3.
3. The Case Report form (Appendix-3) should be duplicated according to the number of cases, with each page containing information for a single case.
4. All data entries in the report should be typed in 11-point font in digital format.
5. Upon completion of the internship, the printed report should be submitted, spiral or bound (or digitally in PDF format if physical submission is not possible due to pandemic conditions), to the internship supervisor within 5 working days. A digital copy in PDF format should also be sent to the internship coordinator.

Appendix-1



**REPUBLIC OF TURKEY**

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 **20… / 20… ACADEMIC YEAR**

**INTERNSHIP CASE REPORT**

**STUDENT DETAILS**

**Name and Surname: ................................................**

**Student ID: .................................................**

**Course Code and Name: ................................**

**Internship Type (Face-to-face/Telerehabilitation/Assignment-Case): ................................**

**Institution Name (if any): ................................**

**Internship Supervisor: ................................**

**Internship Dates (Start - End): ………/………/........ - ………/………/….....**

 **-**

| **No.** | **Name and Surname (initials)** | **Age/****Gender** | **Diagnosis** | **Number of Sessions** |
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Appendix-2

**CASE LIST**

Appendix-3

**Case Report**

| **Patient Name and Surname:** |  |
| --- | --- |
| **Patient Age/Gender:** |  |
| **Diagnosis:** |  |
| **Patient History:** |  |
| **Assessments Conducted:** |  |
|  |
|  |
| **Treatments / Applications:** |  |
| **Notes:** |  |

**Supervisor signature:**