SYNTHETIC FORM FOR A BOARD CERTIFIED TRAINING UNIT

UNIT NAME: DEPARTMENT OF PRM, TURKU UNIVERSITY HOSPITAL, FINLAND
ADDRESS: PO Box 52, 20521 Turku, FINLAND

NAME OF THE UNIT RESPONSIBLE: MIKHAIL SALTYCHEV
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- **Main clinical activities of the unit:**
  (state the main areas of care depending on clinical workload and interests)
  DIAGNOSTICS, TREATMENT AND REHABILITATION OF MUSCULOSKELETAL DISORDERS

- **Specific research interests of the unit:**
  (give the key words for each theme)
  EFFECTIVENESS OF REHABILITATION
  PSYCOMETRICS OF TESTS OF FUNCTIONING

- List five publications from the last five years which most represent the unit's research programme:


- Please identify if necessary the conditions and means of exchange for trainee specialist (the number permissible, the person ton contact, etc.):
The conditions of exchange program for PRM residents are a subject for an individual adjustment in each particular case.

Authorisation to publish over Internet  YES ☑ Signature: [Signature]

NO ☐