



## FACULTY FULL NAME: Qassim Ibrahim Almuaidi

POSITION: Dean, College of Applied Medical Sciences

### Personal Data

Nationality | Saudi

Date of Birth |

Department | **Physical Therapy**

Official UoD Email | qmuaidi@iau.edu.sa

Office Phone No. | 0133331300

### Language Proficiency

Language	Read	Write	Speak
Arabic	✓	✓	✓
English	✓	✓	✓
Others			

### Academic Qualifications (Beginning with the most recent)

Date	Academic Degree	Place of Issue	Address
2008	Doctor of Philosophy in Physiotherapy	The University of Sydney	Australia
2004	Masters of Science in Sports Physiotherapy	University of Wales College of Medicine, Cardiff	United King Dom
1997	Bachelor Degree in Rehabilitation and Physiotherapy	King Saud University	Saudi Arabia



PhD, Master or Fellowship Research Title: (Academic Honors or Distinctions)

PhD	Orthopedics and Sports Medicine in Physiotherapy. Strong emphasis on Proprioception, Kinematics, and knee injuries
Master	Emphasis on Anterior Cruciate ligament injuries, Kinematics, Biomechanics
Fellowship	

Professional Record: (Beginning with the most recent)

Job Rank	Place and Address of Work		Date
Dean, College of Applied Medical Sciences		Imam Abdulrahman bin Faisal University	2017
President of the Saudi Federation of Sports Medicine			2013 till now
Medical supervisor of the Saudi Arabian Football Teams			2011 till 2013
Vice Dean of academic affairs at the College of Applied Medical Sciences		Imam Abdulrahman bin Faisal University	2010 till 2015

Administrative Positions Held: (Beginning with the most recent)

Administrative Position	Office	Date
Dean, College of Applied Medical Sciences		2017
Chairman Physical Therapy		2010

Scientific Achievements

Published Refereed Scientific Researches

(In Chronological Order Beginning with the Most Recent)



#	Name of Investigator(s)	Research Title	Publisher and Date of Publication

#### Refereed Scientific Research Papers Accepted for Publication

#	Name of Investigator(s)	Research Title	Journal	Acceptance Date

#### Scientific Research Papers Presented to Refereed Specialized Scientific Conferences

#	Name of Investigator(s)	Research Title	Conference and Publication Date

#### Completed Research Projects

#	Name of Investigator(s) (Supported by)	Research Title	Report Date

#### Current Researches

#	Research Title	Name of Investigator(s)

#### Contribution to Scientific Conferences and Symposia

#	Conference Title	Place and Date of the Conference	Extent of Contribution

#### Membership of Scientific and Professional Societies and Organizations

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#### Teaching Activities

##### Undergraduate

#	Course/Rotation Title	No./Code	Extent of Contribution (no. of lectures/Tutorials. Or labs, Clinics)



**Brief Description of Undergraduate Courses Taught: (Course Title – Code: Description)**


**Postgraduate**

#	Course/Rotation Title	No./Code	Extent of Contribution (no. of lectures/Tutorials. Or labs, Clinics)
1			
2			

**Brief Description of Postgraduate Courses Taught: (Course Title – Code: Description)**

1	
2	

**Course Coordination**

#	Course Title and Code	Coordination	Co-coordination	Undergrad.	Postgrad.	From	To

**Guest/Invited Lectures for Undergraduate Students**

#	Activity/Course Title and Code	Subject	College and University or Program	Date

**Student Academic Supervision and Mentoring**

#	Level	Number of Students	From	To

**Supervision of Master and/or PhD Thesis**

#	Degree Type	Title	Institution	Date

**Ongoing Research Supervision**



#	Degree Type	Title	Institution	Date

**Administrative Responsibilities, Committee and Community Service (Beginning with the most recent)**

**Administrative Responsibilities**

#	From	To	Position	Organization

**Committee Membership**

#	From	To	Position	Organization

**Scientific Consultations**

#	From	To	Institute	Full-time or Part-time

**Volunteer Work**

#	From	To	Type of Volunteer	Organization

**Personal Key Competencies and Skills: (Computer, Information technology, technical, etc.)**

1	
2	



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Last Update

...16 / ...11.../2017