



HBA-9536

Seat No. _____

**Third Year Bachelor of Physiotherapy
Examination**

August – 2017

General Surgery : Paper - II

Time : 3 Hours]

[Total Marks : 100

- Instructions :** (1) Write each section in separate answer book.
(2) Figures to the right indicate full marks.

SECTION - I (Cardiothoracic Surgery)

- 1** Write answers to any **two** : **20**
- (a) Describe the pathophysiology, clinical features and management of coarctation of aorta.
 - (b) Describe aetiology, clinical features and management of primary carcinoma of lung.
 - (c) Describe causes, pathophysiology, clinical features and management of Empyema Thoracis.
- 2** Write short notes : (any **two**) **10**
- (a) Complications of cardiopulmonary bypass
 - (b) Aspiration Pneumonitis
 - (c) Fallot's Tetralogy
- 3** Write in brief : (any **five**) **10**
- (a) Mediastinal flatter
 - (b) Vital Capacity
 - (c) Clinical features of lower limb ischaemia
 - (d) Methods of Pleurodesis
 - (e) Treatment of Lung abscess
 - (f) Causes of dysphagia

4 Select the most appropriate answer from the options given below each question : (Attempt all questions) **10**

- (1) Treatment of choice in post-operative lung collapse is
(A) Needle drainage (B) Corticosteroids
(C) Pulmonary resection (D) Endoscopic suction
- (2) The greatest incidence of bronchopleural fistula is following
(A) Segmental resections (B) Lobectomies
(C) Pneumonectomies (D) Thoracotomy
- (3) Cardiac tamponade causes :
(A) Low central venous pressure
(B) Large heart sounds
(C) Pulsus paradoxus
(D) Bradycardia
- (4) The normal area of the Aortic valve orifice is
(A) 1-2 cm² (B) 3-4 cm²
(C) 5-6 cm² (D) 6-7 cm²
- (5) Empyema necessitans is defined as so when pleural empyema :
(A) is under pressure
(B) has ruptured into bronchus
(C) has ruptured into pericardium
(D) extends to the subcutaneous tissue
- (6) The coronary arteries are branches of :
(A) Ascending aorta
(B) Descending aorta
(C) Arch of aorta
(D) Common carotid artery
- (7) Major cause of morbidity and mortality in developed countries is :
(A) Infective Heart disease
(B) Congenital Heart disease
(C) Rheumatic Heart disease
(D) Ischaemic Heart disease
- (8) Shifting of mediastinum to Right may occur in :
(A) Left lung collapse
(B) Right lung collapse
(C) Right pleurisy
(D) None of the above

- (9) Preferred surgical option for Mitral valve disease is :
 (A) Valvotomy
 (B) Repair
 (C) Replacement
 (D) Commissurotomy
- (10) Chronic irreversible dilatation of medium sized bronchi is present in :
 (A) Lung abscess
 (B) Emphysema
 (C) Bronchiectasis
 (D) Asthma

SECTION – II (ORTHOPAEDICS)

- 1** Write long essays : (any **two**) **20**
 (1) Potts paraplegia
 (2) Rheumatoid arthritis
 (3) Congenital dislocation of hip
- 2** Write short essays : (any **two**) **10**
 (1) Radial nerve palsy
 (2) Planovalgus foot
 (3) Gout
- 3** Write in brief : (any **five**) **10**
 (1) Ankylosing spondylitis
 (2) Scurvy
 (3) Rickets
 (4) Chronic osteomyelitis
 (5) Tinel's sign
 (6) Zone 2 flexor tendon injury
- 4** Multiple choice questions : (attend **all**) **10**
 (1) Osteitis fibrosa cystica is a feature of
 (A) hyperthyroidism (B) rickets
 (C) hyperparathyroidism (D) milk alkali syndrome
- (2) Lift off test is done for
 (A) subscapularis (B) supraspinatus
 (C) infraspinatus (D) teres minor

- (3) Blounts disease is
(A) genu valgum (B) menisceal injury
(C) genu varum (D) genu recurvatum
- (4) Swan neck deformity, burtonniere deformity, z deformity and bakers cyst are associated with
(A) rheumatoid arthritis (B) psoriatic arthritis
(C) gouty arthritis (D) reiters syndrome
- (5) AVN may develop in all of the following fractures Except
(A) scaphoid (B) neck of femur
(C) calcaneum (D) talus
- (6) Most common complication of fracture clavicle is
(A) nonunion (B) malunion
(C) AVN (D) neurovascular injury
- (7) The larger joint that most commonly dislocates is
(A) hip (B) shoulder
(C) knee (D) elbow
- (8) Complications of supracondylar humerus are all Except
(A) malunion
(B) nonunion
(C) myositis ossificans
(D) compartment syndrome
- (9) Gallows traction is used in
(A) shaft of femur fracture
(B) fracture humerus
(C) neck of femur
(D) fracture tibia
- (10) Tendon lengthened in PMSTR for idiopathic CTEV is
(A) flexor digitorum longus
(B) tibialis posterior
(C) extensor digitorum longus
(D) tibialis anterior