

#### PX-10605

Seat No.

# Final Year B. P. T. Examination

### July - 2018

## Physiotherapy In Musculoskeletal Conditions

Time: 3 Hours] [Total Marks: 100

**Instructions**: (1) Write legibly.

- (2) Draw diagrams where necessary.
- (3) Figure to the right indicate marks.

#### **SECTION - I**

1 Answer any two from the following:

20

- (1) Write in detail about non operative Physiotherapy management of a female patient with moderate osteoarthritis involving tibiofemoral and patellofemoral joints.
- (2) Write in detail about non operative Physiotherapy management of a 10 year old child with "S" shaped thoracolumbar scoliosis.
- (3) Write in detail about non operative Physiotherapy management of a patient with chronic non-specific low back pain.
- 2 Answer any two from the following:

**10** 

- (1) Physiotherapy management for planter fasciitis.
- (2) Physiotherapy management for lateral epicondylitis.
- (3) Physiotherapy management for lateral collateral ligament sprain.

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3	Answer any five from the following:					
		Ergonomic advice for proper lifting in a patient back pain.	with			
	(2)	Neer's impingement test				
	(3)	Thomas' test				
	(4)	Phenomenon of centralization,				
	(5)	(5) Special test for meniscus tear.				
	(6)	Enumerate deformities in rheumatoid hand.				
4	Mult	iple Choice Questions :	10			
	` ′	All of the following are seen in lumbar lordotic posexcept	sture			
		(A) Excessive anterior pelvic tilt				
		(B) Tight gluteus maximus				
		(C) Excessive lumbar concavity posteriorly				
		(D) Shortened hip flexor muscles				
	(2)	Which of the following can lead to total claw	hand			
		deformity ?				
		(A) Median nerve injury				
		(B) Radial nerve injury				
		(C) Ulnar and median nerve injury				
		(D) Ulnar nerve injury				
	(3)	In housemaid's knee which bursa is involved				
		(A) Prepatellar				
		(B) Suprapatellar				
		(C) Infrapatellar				
		(D) None of the above				
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- (4) C5 myotome is assessed by resisting
  - (A) Elbow extension
  - (B) Shoulder flexion
  - (C) Wrist extension
  - (D) Shoulder abduction
- (5) Complication following Colles' fracture are all EXCEPT
  - (A) Dinner fork deformity
  - (B) Complex regional pain syndrome
  - (C) Rupture of tendon of extensor pollicis longus
  - (D) Cubitus valgus
- (6) While applying spinal traction, which of the following factor is not considered?
  - (A) Angle of pull
  - (B) Spinal position
  - (C) Amount of force
  - (D) Strength of abdominal and back Muscles
- (7) Tensor fascia Latae can be strengthened by:
  - (A) Flexion and Abduction of Hip
  - (B) Neutral Abduction
  - (C) Extension and Abduction of Hip
  - (D) Lateral rotation of hip
- (8) Which one of the following is the most appropriate instruction during shoulder abduction exercise?
  - (A) The shoulder should be internally rotated throughout the abduction movement
  - (B) The shoulder should be externally rotated throughout the abduction movement
  - (C) The shoulder should externally rotate at 90 degrees of abduction
  - (D) The shoulder should be internally rotated during initial 90 degree of abduction and then externally rotated during last 90 degrees of abduction

(9)For proper positioning to prevent typical contractures in a patient with a transtibial amputation the therapist must stress: (A) Prone lying with slight knee flexion Prone lying with full knee extension (C) Supine with a small pillow under the knee Sitting in a chair - maximize out of bed time (10) Positive circle sign suggests involvement of Median nerve (B) Radial nerve (C) Ulnar nerve (D) Femoral nerve SECTION - II 20 Answer any **two** from the following: Write in detail about post-operative Physiotherapy management after total knee replacement surgery of a 55 year old male. (2)Write in detail about post-operative Physiotherapy management after anterior cruciate ligament repair in a 28 year old football player. (3)Write in detail about post-operative Physiotherapy management after transtibial amputation. 10 Answer any two from the following: Physiotherapy management after flexor tendon repair in hand. (2) Physiotherapy management for cervical spondylosis.

1

2

(3)

Physiotherapy for scapular dyskinesia.

(1) Enumerate complications of total hip replacement surgery.  (2) Back care advice (3) Special tests for carpal tunnel syndrome.  (4) Dermatomal zone for C5 and C6 nerve roots. (5) Gait deviations in flexion deformity of the knee. (6) Ulnar nerve tension test.  4 Multiple Choice Questions: (1) Mill's manoeuvre is associated with (A) Golfer's elbow (B) Carpal tunnel syndrome (C) Tennis elbow (D) Radial tunnel syndrome  (2) A patient is ambulating in clinic with pelvic drop on right side during right swing phase. Which of the following muscle is weak? (A) Right gluteus maximus (B) Right gluteus medius (C) Left gluteus medius (C) Left gluteus medius (G) Grade I and II joint mobilization techniques are indications for (A) Range limited by pain (B) Hypermobility (C) Stiffness (D) Enhancing muscle power  PX-10605   5 [ Contd	3 Ans	wer any five from the following:			
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(D) Enhancing muscle power		(B) Hypermobility			
•		(C) Stiffness			
PX-10605 ] 5 [ Contd		(D) Enhancing muscle power			
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(4)	(4) Anterior shoulder dislocation occurs due to vigorou				ous
	(A)	Flexion and intern	al ro	tation	
	(B)	Abduction and inte	ernal	rotation	
	(C)	Flexion and extern	ıal ro	otation	
	(D)	Abduction and exte	ernal	rotation	
(5)	exte	nsion, fore arm s	upina	tion 110 degree, el tion, fingers and v	vrist
	(A)	Median	(B)	Radial	
	(C)	Ulnar	(D)	Axillary	
(6)		G		mptoms required for etic Dystrophy are:	the
	(A)	Pain, discolouration	n, hy	peraesthesia and atro	ophy
	(B)	Pain, hypoaesthesi tingling with numb		abcutaneous atrophy	and
	(C)	Pain, swelling, stiff	fness	and discolouration	
	(D)	Pain, swelling, ti hypoaesthesia	ınglin	ng with numbness	and
(7)		ent does not allow te then the end fee		nove the part to the	end
	(A)	Empty	(B)	Early spasm	
	(C)	Early capsular	(D)	Springy	
(8)	degr		comp	ith the knee flexed to pression with tibia rot s to:	
	(A)	Mcmurray's test	(B)	Apley's test	
	(C)	Lachmann's test	(D)	Clarke's test	
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(9)	Exag	ggeration of le	ongitudinal	arches o	of the	foot	is
	known as						
	(A)	Pes planus	(B)	Flat foot	;		
	(C)	Pes cavus	(D)	Talipusva	arus		

- (10) Section of common peroneal nerve at the neck of fibula causes
  - (A) Foot drop
  - (B) Atrophy of calf muscles
  - (C) Trophic ulcers on toes
  - (D) Pain in the leg

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