17

WRITTEN TEST

PHYSIOTHERAPY

Test Booklet No.

Name of Applicant ..... Answer Sheet No. .....

Application ID : ..... Signature of Applicant : .....

Date of Examination: **.....**

Time of Examination : .....

Signature of the Invigilator(s)

1. .....

2. .....

Duration : 1 Hour] **[Maximum Marks : 50**

IMPORTANT INSTRUCTIONS

(i) The question paper is in the form of Test-Booklet containing **50 (Fifty)** questions. All questions are compulsory. Each question carries four answers marked (A), (B), (C) and (D), out of which only one is correct.

(ii) On receipt of the Test-Booklet (Question Paper), the candidate should immediately check it and ensure that it contains all the pages, i.e., **50** questions. Discrepancy, if any, should be reported by the candidate to the invigilator immediately after receiving the Test-Booklet.

(iii) A separate Answer-Sheet is provided with the Test-Booklet/Question Paper. On this sheet there are **50** rows containing four circles each. One row pertains to one question.

(iv) The candidate should write his/her Application number at the places provided on the cover page of the Test-Booklet/Question Paper and on the Answer-Sheet and NOWHERE ELSE.

(v) No second Test-Booklet/Question Paper and Answer-Sheet will be given to a candidate. The candidates are advised to be careful in handling it and writing the answer on the Answer-Sheet.

(vi) For every correct answer of the question **One (1) mark will be awarded.** For every unattempted question, Zero (0) mark shall be awarded. **There is no Negative Marking.**

(vii) Marking shall be done only on the basis of answers responded on the Answer-Sheet.

(viii) To mark the answer on the Answer-Sheet, candidate should **darken** the appropriate circle in the row of each question with Blue or Black pen.

(ix) For each question only **one** circle should be **darkened** as a mark of the answer adopted by the candidate. If more than one circle for the question are found darkened or with one black circle any other circle carries any mark, the question will be treated as cancelled.

(x) The candidates should not remove any paper from the Test-Booklet/Question Paper. Attempting to remove any paper shall be liable to be punished for use of unfair means.

(xi) Rough work may be done on the blank space provided in the Test-Booklet/Question Paper only.

(xii) *Mobile phones (even in Switch-off mode) and such other communication/programmable devices are not allowed inside the examination hall.*

(xiii) No candidate shall be permitted to leave the examination hall before the expiry of the time.

DO NOT OPEN THIS QUESTION BOOKLET UNTIL ASKED TO DO SO.

1. During an acute asthama attack a casualty has used inhaler once, she is not relived and wants to use it again, after what duration of time you can allow her to do so?

(A) 1 min

(B) 2 mins

(C) 3 mins

(D) 5 mins

2. Prolonged exposure to low levels of which of the following gas causes aggression?

(A) Carbon dioxide

(B) Carbon monooxide

(C) Nitrus oxide

(D) Smoke

3. Out of the following which is not a symptom of hypocalcemia?

(A) Tetany

(B) Laryngeal stridor

(C) Prolonged QT in ECG

(D) Shortened QT in ECG

4. Laws of health as described by famous philosopher Galen in AD 140 include all except

(A) Controlling one's emotions

(B) Expressing one's emotions

(C) Having one bowel movement daily

(D) Drinking the right beverage

5. Hyperventillation is useful for head injury patients because of the following cause

(A) Getting more oxygen

(B) CO_2 wash out

(C) Bellowing movement moves the CSF

(D) All the above

6. Which of the following is a late complication of tracheostomy?

(A) Hemorrhage

(B) Pneumonia

(C) Tube obstruction

(D) Tracheal stenosis

7. A restrictive lung disease pattern may originate from the following clinical condition

(A) Interstitial lung disease

(B) Chest wall abnormality compressing the lung

(C) Neuromuscular disorder

(D) May be any one of the above.

8. Which of the following connective tissue disorder is not a causative factor of ILD's?

(A) Rheumatoid arthritis

(B) Systemic lupus errthematous

(C) Sjoen's syndrome

(D) Ehlers donlos syndrome

9. Which type of cells in lung produce surfactant?

(A) Type I

(B) Type II

(C) Type III

(D) All the above

10. What is the clinical significance of crico-thyroid membrane?

(A) It is the membrane between cricoid and thyroid membrane, and it is punctured in emergency Airways obstruction

(B) It is the diaphragm between larynx and pharynx

(C) It allows for the process of phonation

(D) All the above

11. Which component of sympathetic nervous system is involved in vasodilatation?

(A) Alpha response

(B) Beta 1 response

(C) Beta 2 response

(D) All the above

12. Mitochoondria constitute a large portion of heart.It is almost …….% of Myocardium.

(A) 50% of myocardium

(B) 30% of myocardium

(C) 10% of myocardium

(D) 1% of myocardium

13. Ficks equation is

(A) $VO2 = CO \times CaO2 - CvO2$

(B) $P = V \times R$

(C) $R = 8\eta l/\Pi r4$

(D) $BP = CO \times TPR$

14. During quiet respiration following are responsible for expelling the air out of thorax.

(A) Internal intercoastal

(B) Recoil of lung, Surface tension

(C) Gravity working on ribs

(D) All the above

15. What is the function of erector spinae in coughing.

(A) Development of inspiratory flow good enough to allow forceful expulsion.

(B) Forceful expiration against closed glottis.

(C) Glottic closure while the lungs are full of air.

(D) Prevents flexion of the spine against forceful abdominal contraction.

16. PE from which of the following sites has most grim prognosis?

(A) Iliac Vessels

(B) Saphenous Vessels

(C) Cardiac Vegetations

(D) Amniotic Fluid.

17. Following modality is claimed to be effective in Pulmonary TB.

(A) Laser-a

(B) MWD

(C) US

(D) Electrical stimulation

18. Today's artificial airways have one of the following basic function in patient management-

(A) To relieve bronchospasm

(B) To increase arousal

(C) To prevent infection

(D) To increase V/Q matching

19. Lumbar spinal Stabilization exercises involve strengthening of :

(A) Quadratus Lumborum

(B) Transversus Abdominis &Multifidus

(C) Rectus Abdominis & Hip Muscles

(D) Internal Oblique & External Oblique

20. Non-invasive technique treatment strategies for management of Myofascial Pain Syndrome include :

(A) Trigger point Injections

(B) Dry Needling

(C) Ischaemiccompression and massage

(D) Steroid injections

21. Cock up (extension) splint has

(A) 5-10 degrees extension

(B) 10-30 degrees extension

(C) 30-40 degrees extension

(D) All the above

22. Sahrmann lower abdominal core stability test include following levels:

(A) Level - 0, 0.5, 1, 1.5, 2, 3, 4, 5

(B) Level - 0, 1, 2, 3, 4, 5

(C) Level - 0, 1, 1.5, 2, 3, 4, 5

(D) Level - 0, 0.5, 1, 1.5, 2, 2.5, 3, 4, 5

23. SNAGs are treatment of choice in

(A) Symptoms are provoked by a movement and are not multilevel

(B) Symptoms provoked by movement and are multilevel

(C) Symptoms not provoked by movement but multilevel

(D) All the above

24. Mulligan techniques used for treatment of restricted upper or lower limb movements because of a spinal joint dysfunction or abnormal neural dynamics

(A) SMWLMs

(B) NAGs

(C) SNAGs

(D) Reverse NAGs

25. MET is based on following Physiological principles :

(A) Post Isometric Relaxation

(B) Controlled contraction Intensity

(C) Sherrington's law of reciprocal inhibition

(D) All the above

26. Differentiating feature between Isometric and Isotonic MET procedures is :

(A) Isometric-light to moderate contraction; Isotonic-Hard to maximal contraction

(B) Isometric-Hard to maximal contraction; Isotonic-Light to moderate contraction

(C) Isometric-Unyielding counterforce; Isotonic-Counterforce permit controlled motion

(D) Both (A) and (C)

27. All are contraindications for MET application except one which is :

(A) Fracture

(B) Metabolic Bone Disease

(C) Muscle Hyperactivity

(D) Severe Sprain

28. Dosage of MET mobilization in post-surgical elbow stiffness case is

(A) 5-7 s hold for 8-10 repetitions; 20% resistance to the isometric contraction.

(B) 8-10 s hold for 8-10 repetitions; 20% resistance to the isometric contraction

(C) 10-15 s hold for 8-10 repetitions; 20% resistance to the isometric contraction

(D) All the above

29. Vestibular stimulation for balance training include following exercises except one :

(A) Gaze Stabilization in standing

(B) Cone stacking side to side with associated head motion.

(C) Ambulation with alternating claps

(D) Direction changing drills

30. Minimal amplitude high velocity thurst Cyriax manipulation technique given in Tennis Elbow is :

(A) Kocher's Maneuver

(B) Mill's Manipulation

(C) Both (A) and (B)

(D) None of the above

31. A patient is recovering from a broken tibia and has just been instructed to discontinue use of a walking boot. The patient demonstrates excessive pronation and complains of pain and instability in the ankle while ambulating. Which of the following is the MOST appropriate treatment?

(A) Begin a single leg standing program and advance to eccentric calf strengthening as tolerated

(B) Begin with open-chain exercises and progress to closed-chain strengthening of the ankle as tolerated

(C) Begin with closed-chain exercises and progress to open-chain strengthening of the ankle as tolerated

(D) Begin a strengthening program involving primarily ankle evertors, progressing as tolerated

32. While examining a patient's lumbar x-ray films, a physical therapist notices that the L5 vertebra is displaced anteriorly on sacrum by approximately 50% of the vertebral body. How will this MOST affect physical therapy if the patient is being treated for low back pain?

(A) Emphasize core strengthening, especially in spine neutral

(B) Begin progressive gluteal and quad strengthening to assist the lumbopelvic fascia

(C) Avoid extension activities, especially in standing

(D) Add progressive external oblique training as tolerated to assist proper spinal alignment

33. Common disorders diagnosed by Nerve Conduction studies except :

(A) Peripheral Neuropathy

(B) Myopathy

(C) Diseases of Neuromuscular Junction

(D) Coagulopathy

34. Components of Nerve Conduction Studies include following except one :

(A) H-reflex study

(B) Compound Motor Action Potential (CMAP)

(C) Blink Reflex

(D) Repetitive Nerve Stimulation (RNS)

35. Stimulation site for checking Sural Nerve conduction velocity is :

(A) Behind lateral malleolus

(B) Anterior to medial malleolus

(C) Dorsum of foot

(D) Retro-calcaneal area

36. Soleus H reflex stimulation site is :

(A) 1-2 finger breadth distal to where soleus meet two heads of gastronemius

(B) 2-3 finger breadth distal to where soleus meet two heads of gastronemius

(C) 3-4 finger breadth distal to where soleus meet two heads of gastronemius

(D) 4-5 finger breadth distal to where soleus meet two heads of gastronemius

37. Telemedicine is defined as

(A) Form of medical clinical activity that relies on telecommunicated information exchange for consultation, medical diagnosis, and patient care

(B) Patient's primary care provider consults with a specialist at a distant site while care remains the responsibility of the patient's primary care provider

(C) Encompassing all of the health care, education, information, and administrative services that can be transmitted over distances using telecommunication technologies

(D) Use of electronic communication and information technologies to provide rehabilitation at a distance

38. Hamstring Tightness can be treated by following technique using Mulligan's concept :

(A) PIVMS

(B) Bend Leg Raise (BLR)

(C) NAGS

(D) All the above

39. EMG is commonly used to measure

(A) Level of muscle activation

(B) Conduction velocity

(C) Rough estimate of exercise intensity for specific muscles involved in the movement

(D) Both (A) and (C)

40. Preferred surface electrodes used in EMG are usually made of :

(A) Silver Chloride (AgCl)

(B) Sliver (Ag)

(C) Gold (Au)

(D) Silver/ Silver Chloride (Ag/AgCl)

41. Site of placement of electrodes during EMG are following except one :

(A) Over motor points

(B) Lower third of muscle belly

(C) Equidistant from motor point

(D) At standard distance from bony reference points

42. The upper motor neuron impairment produces the following change of muscles tone

(A) Flaccidity

(B) Spasticity

(C) "cog wheel" rigidity

(D) Myoclonia

43. The muscular wasting (hypotrophy) usually develops with disease in

(A) Upper motor neuron

(B) Lower motor neuron

(C) Cerebellar

(D) Caudate

44. A glove-&-stocking pattern of sensory disturbance usually develops with disease in

(A) Peripheral nerves

(B) The spinal cord

(C) The brainstem

(D) The thalamus

45. Babinsky response usually develops with damage in

(A) Upper motor neuron

(B) Lower motor neuron

(C) Cerebellar

(D) Thalamus

46. The presence of ataxia suggests damage to any of the following EXCEPT

(A) Cerebellar

(B) Thalamus

(C) Vestibular nucleus

(D) Vagal nerve

47. The ability to walk along a straight line is most often impaired with

(A) Cerebellar dysfunction

(B) Parietal lobe damage

(C) Temporal lobe damage

(D) Ocular motor disturbances

48. Parkinsonism includes combination of the following

(A) Tremor, bradykinesia & muscles rigidity

(B) Paresis, anesthesia & muscles spasticity

(C) Chorea & muscles hypotonia

(D) Tremor, ataxia & muscles hypotonia

49. Hemiplegia, hemianesthesia & hemianopia develop together with disease in the

(A) Spinal cord

(B) Internal capsule

(C) Thalamus

(D) Brainstem

50. Affection of the cerebellar may produce any of the following except :

(A) Positive Romberg's test

(B) Positive finger to nose test

(C) Positive heel to knee test

(D) Positive Rinner& Weber test

ROUGH WORK

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