

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2013**ASSESSMENT AND DIAGNOSIS (ORTHO)****PAPER FIRST****[Time allotted: Three hours]****[Max. Marks: 70]**

Note: Attempt all questions

Draw suitable diagrams wherever necessary.

A: Short answer questions**(7 x 9 = 63)**

- Q. 1.** Following a stumble on stairs, a 70-year-old ♂ felt severe pain in the hip and could not stand up. O/E, there was shortening of the limb, external rotation deformity and tender thickening of the greater trochanter. Diagnose the case and discuss the post-operative assessment for the same.
- Q. 2.** In a football game, an athlete felt severe pain in his Rt. knee while turning to the left side with the joint flexed and taking the body weight. Soon after, the joint became swollen and painful but recovery followed rest for 3 weeks. Thereafter, the patient suffered from recurrent locking with pain and a feeling of "giving way" in the joint. Assess and discuss the probable diagnosis.
- Q. 3.** Assess, diagnose and formulate goals for a 40 yr old computer worker who presented with c/o cervical pain referring to medial border of scapula. Pain started 3mths back with no specific incident that might have brought the symptoms. Patient has an average of 5-6 hr of working at computer. Pain aggravated while lifting heavy objects and on overhead activities.
- Q. 4.** Discuss the special tests used for thoracic outlet syndrome.
- Q. 5.** Discuss the X-ray findings, clinical manifestations of osteochondritis of talus.
- Q. 6.** Formulate a fitness assessment protocol for a professional tennis player.
- Q. 7.** Discuss the clinical assessment for patellar disorders.
- Q. 8.** Discuss the Mckenzie assessment for Low back pain.
- Q. 9.** Discuss the procedures for lower limb neural mobility assessment.

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2013
ASSESSMENT AND DIAGNOSIS (ORTHO)
PAPER FIRST (MCQ)

Time allotted for MCQ- 15 minutes

B : MCQs (Single response type):

(½ x 14 = 7)

Select the most appropriate answer and encircle the alphabet against it

1. In ankle sprain, the commonest ligament torn is:
 - a. Tibio-talar ligament
 - b. Deltoid ligament
 - c. Posterior talo-fibular ligament
 - d. Anterior talo-fibular ligament.
2. What is true about supracondylar fractures of femur:
 - a. Distal fragment tilts posteriorly due to pull of gastrocnemius
 - b. Distal fragment tilts anteriorly due to pull of quadriceps
 - c. Can be treated quite well by K-nailing
 - d. Can usually be treated with Russell traction
3. Which of the following injury is called "Aviator's fracture"
 - a. Pott's fracture.
 - b. Total dislocation of talus
 - c. Fracture neck of metatarsal
 - d. Fracture of neck of talus
4. What is the earliest indication of Volkmann's ischaemia:
 - a. Pain
 - b. Pallor and poor capillary filling
 - c. Paraesthesia in median nerve area
 - d. Contracture of fingers
5. A physical therapist is working in an outpatient orthopedic clinic. During the patient's history the patient reports, "I tore 3 of my 4 Rotator cuff muscles in the past." Which of the following muscles cannot be considered as possibly being torn?
 - a. Teres minor
 - b. Teres major
 - c. Supraspinatus
 - d. Infraspinatus
6. Which of the following statement is true in diagnosing CDH in first few days of life?
 - a. It is impossible to diagnose
 - b. The sign of telescoping test is best way to diagnose
 - c. Diagnose with van Rosens or Barlow test
 - d. The Trendelenburg test is most useful
7. The initial abnormality in rheumatoid arthritis is?
 - a. Fibrillation of cartilage
 - b. Sclerosis of cartilage
 - c. In the synovial membrane
 - d. In the capsule
8. What is not true of acute pyogenic osteomyelitis:
 - a. Trauma is a predisposing factor.
 - b. Common infecting agent is Staph. Aureus.
 - c. Infection is usually blood borne.
 - d. All are true.
9. Traumatic synovitis is characterized by all except:
 - a. Increase amount of synovial fluid inside joint.
 - b. No spasm of the muscles surrounding the joint:
 - c. U/S is very diagnostic.
 - d. Marked limitation of joint movement is characteristic.
10. If a patient presents with an acromioclavicular dislocation:
 - a. The coraco-clavicular ligament has also ruptured
 - b. The clavicle is held in place by the clavipectoral fascia
 - c. Reduction is best maintained by a temporary screw through the clavicle to engage in the coracoid process
 - d. It is acceptable merely to rest the arm in a sling and to mobilize the shoulder when the pain has settled
11. Features in the knee recognized to be consistent with a torn medial meniscus include:
 - a. Swelling
 - b. Excessive forward glide
 - c. Locking
 - d. McMurray's sign
12. Hallux valgus is commonly associated with
 - a. a raised medial longitudinal arch
 - b. Clawing of toes
 - c. a perforating ulcer beneath the head of the first metatarsal
 - d. Reduction of vibration sensation over the tip of the great toe.
13. In posterior dislocation of the hip
 - a. The leg is flexed
 - b. The leg is abducted
 - c. The leg is externally rotated
 - d. Reduction is usually easy
14. The causes of hammer-toe include the following except:
 - a. Overcrowding of the toes by ill-fitting shoes.
 - b. Hallux valgus.
 - c. Pes cavus.
 - d. Rupture of the extensor expansion.

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2013
ASSESSMENT AND DIAGNOSIS (NEURO)
PAPER FIRST

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions

Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 9 = 63)

- Q. 1.** Distinguish among chorea, athetosis, and hemiballismus for terms of clinical description and of the anatomical lesion underlying them.
- Q. 2.** Write in detail about difference between orthostatic hypotension and autonomic dysreflexia.
- Q. 3.** Write in detail about assessment of motor neuron disease.
- Q. 4.** Describe Pain gate theory. How it is difference from other pain theories?
- Q. 5.** Differentiate between clinical findings, evaluation and prognosis of patient with cauda eqina and conus medullaris syndrome.
- Q. 6.** Write and explain about different nuclei of cranial nerve.
- Q. 7.** Differentiate between lateral and medial medullary syndrome based on clinical finding with diagrammatic representation.
- Q. 8.** Write in detail evaluation of ICH.
- Q. 9.** Write Short notes on:
- a.** Hunt and Hansing grading scale
 - b.** GOS SCALE

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2013**ASSESSMENT AND DIAGNOSIS (NEURO)****PAPER FIRST (MCQ)****Time allotted for MCQ- 15 minutes****B : MCQs (Single response type):****(½ x 14= 7)**

Select the most appropriate answer and encircle the alphabet against it

1. Gower tract also known as:
 - a. Ant cerebellar tract
 - b. Post cerebellar tract
 - c. Dorsal column
 - d. Vestibulospinal tract
2. Foster Kennedy syndrome represent:
 - a. Frontal lobe tumor
 - b. Parietal lobe tumor
 - c. Cva
 - d. None
3. Taste area no. in cerebral cortex is:
 - a. 40
 - b. 39
 - c. 43
 - d. 42
4. Subdural hematoma represent:
 - a. Paraparesis
 - b. Ipsilateral hemiplegia
 - c. Both
 - d. None
5. In muscular dystrophy,ely test is use for:
 - a. Tightness of dorsiflexor muscle
 - b. Tightness of hamstring muscle
 - c. Tightness of quadriceps muscle
 - d. None
6. In brain, normal C.B.F IS
 - a. 30-40ml/100gm/min
 - b. 40-50ml/100gm/min
 - c. 50-60ml/100gm/min
 - d. 60-70 ml/100gm/min
7. Oscillation of body part that occurs when a limb is maintained against gravity is termed as
 - a. Clonus
 - b. Resting tremor
 - c. Postural Tremor
 - d. Intention tremor
8. In Schwannomas most frequently affect cranial nerve
 - a. 6th
 - b. 8th
 - c. 7th
 - d. None
9. The superior sagittal sinus, straight sinus and transverse sinus converge at which of the following landmarks
 - a. Clivus
 - b. Sup orbital fissure
 - c. Diaphragm selle
 - d. Confluens
10. Which of the following cranial nerve passes between posterior cerebral artery and superior cerebellar artery As it exits the brainstem.
 - a. Glossopharyngeal
 - b. Vagus
 - c. Olfactory
 - d. Oculomotor
11. Which of the following cranial nerve exits the brainstem via Postolivary sulcus?
 - a. 6th
 - b. 7th
 - c. 12th
 - d. 10th
12. Thunderclap headache present in.
 - a. Tumor
 - b. SAH
 - c. MIGRAINE
 - d. Post L.P procedure
13. Which of the following finding is most indicative for subdural hygroma?
 - a. Blood accumulate in subdural space
 - b. CSF accumulate in subdural space
 - c. Blood accumulate in epidural space
 - d. Blood accumulate in thalamus

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2013
PHYSIOTHERAPY MANAGEMENT-I (ORTHO)
PAPER TWO (SAQ)

[Time allotted: Three hours]

Max. Marks: 70]

Note: Attempt all questions

Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 9 = 63)

- Q. 1.** An eighteen (18) years old female is suffering from generalized back pain, sideway curve of the spine, respiratory complication etc. Describe the clinical and Physiotherapy management for the above condition.
- Q. 2.** Describe dislocation of the Hip joint and its Physiotherapy management.
- Q. 3.** Describe methods of diagnosis of Rheumatoid Arthritis. Describe clinical signs by giving various examples. Also mention the differential diagnosis.
- Q. 4.** Describe in detail about Bilateral below knee amputation and its management.
- Q. 5.** Explain the precaution and rehabilitation of anterior Cruciate ligament injury of knee joint.
- Q. 6.** Describe Marie Strumpell Disease and its rehabilitation.
- Q. 7.** Write a short note on: (4+3=7)
- a. Torticollis
 - b. Jumper's knee
- Q. 8.** Write a short note on: (4+3=7)
- a. Mallet Finger
 - b. Colle's fracture
- Q. 9.** Explain Physiotherapeutic management in :
- a. CT EV
 - b. CDH

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2013
PHYSIOTHERAPY MANAGEMENT-I (ORTHO)
PAPER TWO (MCQ)

Time allotted for MCQ- 15 minutes

B : MCQs (Single response type):

(½ x 14= 7)

Select the most appropriate answer and encircle the alphabet against it

1. Acute osteomyelitis commonly occurs in:
 - a. Epiphysis
 - b. Metaphysis
 - c. Diaphysis
 - d. None of the above
2. A spiral fracture is due to:
 - a. Blunt trauma
 - b. Axial compression
 - c. Twist
 - d. Direct impact
3. Perthes disease is common in age group of:
 - a. 1-5 years
 - b. 6-10 years
 - c. 11-15 years
 - d. 16-20 years
4. Myositis ossificans commonly occurs around:
 - a. Shoulder
 - b. Elbow
 - c. Wrist
 - d. Knee
5. Which nerve is compressed in carpal tunnel syndrome?
 - a. Ulnar
 - b. Median
 - c. Radial
 - d. None of them
6. Iliofemoral ligament arise from :
 - a. Axis
 - b. Ant inferior iliac spine
 - c. Neck of femur
 - d. None
7. Immobilization in fracture of neck of femur is done for :
 - a. 7 to 10 days
 - b. 10 to 14 days
 - c. 7 to 21 days
 - d. More than 21 days
8. Normal neck shaft angle of femur is:
 - a. 90°
 - b. 120°
 - c. 150°
 - d. 170°
9. Horner syndrome is seen in:
 - a. Preganglionic lesion
 - b. Post ganglionic lesion
 - c. Both
 - d. None
10. Most common complication of anterior dislocation of shoulder is :
 - a. Recurrent dislocation
 - b. Myositis ossificans
 - c. Osteo-arthritis
 - d. A vascular necrosis of head of humerus
11. Bouchard's node is present in :
 - a. Pip
 - b. Dip
 - c. Both
 - d. None
12. In Cervical spine most common area affected is:
 - a. Cervical
 - b. Dorsal
 - c. Lumbar
 - d. None of the above
13. Rolando fracture is related to:
 - a. Metacarpal
 - b. Metatarsal
 - c. Carpal bone
 - d. None of the above
14. Morphy's sign is indicative for:
 - a. Scaphoid dislocation
 - b. Lunate dislocation
 - c. Trapezium dislocation
 - d. None

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2013
PHYSIOTHERAPY MANAGEMENT-I (NEURO)
PAPER TWO

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions

Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 9 = 63)

- Q. 1.** Discuss the rehabilitation of a 35 year old man of right fronto-parietal SDH with GCS score of E4M5V3 and RLA stage 4.
- Q. 2.** How will you rehabilitate a 24 year old male of T10 spinal cord injury (ASIA A Type).
- Q. 3.** Discuss the clinical manifestations of Hydrocephalus. Role of physiotherapy in post operative care of the same.
- Q. 4.** Post-operative physiotherapy treatment for L4-L5 PIVD.
- Q. 5.** Write short note on spasticity and its evidence based physiotherapy management.
- Q. 6.** Role of physiotherapy in post-operative radial nerve repair.
- Q. 7.** Discuss the importance of physiotherapy in ICU care patients.
- Q. 8.** Plan a neuro-rehabilitation unit for spinal cord injury patients.
- Q. 9.** Post operative management of CP angle tumor.

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2013
PHYSIOTHERAPY MANAGEMENT-I (NEURO)
PAPER TWO (MCQ)

Time allotted for MCQ- 15 minutes

B : MCQs (Single response type):

(½ x 14= 7)

Select the most appropriate answer and encircle the alphabet against it

1. Intracranial tumor most likely to be encountered in a middle aged man with AIDS is:
 - a. Glioblastoma multiforme
 - b. Ependymoma
 - c. Meningioma
 - d. Lymphoma
2. Patients who survive subarachnoid hemorrhage from a ruptured intracranial aneurysm are at risk of:
 - a. Rehemorrhage
 - b. Ischemic Stroke
 - c. Hydrocephalus
 - d. All of above
3. Intracranial hemorrhages resulting from chronic arterial hypertension:
 - a. Most often originate in the basal ganglia.
 - b. Most often originate in subarachnoid space
 - c. Should not be treated surgically when they occur in cerebellum.
 - d. None of the above.
4. Evaluation of a comatose patient with head injury begins with:
 - a. Cardiovascular system
 - b. Pupillary reflex
 - c. Establishment of an airway
 - d. CT scan of Brain
5. A right sided disc herniation at the L5-S1 level typically may cause:
 - a. Weakness of dorsiflexion of right foot
 - b. A diminished or absent right ankle jerk
 - c. Diminished sensation over the medial aspect of right foot.
 - d. All of the above
6. A 36 year old man developed neck and left arm pain. He noted paresthesia in the left index and long fingers. Examination revealed weakness of left triceps muscle and diminished left triceps jerk. The left sided disc herniation is most likely to be at:
 - a. C3-C4
 - b. C4-C5
 - c. C5-C6
 - d. C6-C7
7. Which of the following finding is not commonly associated with Myelomeningocele?
 - a. Hydrocephalus
 - b. Chiari-II malformation
 - c. Midline dorsal spinal mass noted at birth
 - d. Mandatory urinary incontinence
8. Which of the term below means end brain?
 - a. Telencephalon
 - b. Mesencephalon
 - c. Myelencephalon
 - d. Metencephalon
9. On the 28th day of embryonic development the human brain resembles:
 - a. Hollow tube
 - b. Shallow plate
 - c. Series of ridges
 - d. Round balloon
10. The cerebral cortex has a grayish-tan appearance because:
 - a. The cortex contains many axons
 - b. Nerve membrane is uniformly gray in appearance
 - c. Schwann cells are present in cortex
 - d. Cortex contains many cell bodies
11. Damage to amygdala would be expected to alter:
 - a. Emotions
 - b. Language acquisition
 - c. Long term memory
 - d. Planning of motor behaviour
12. In diffuse axonal injury clinical presentation is determined by morphological changes occurring at the level:
 - a. Of cortical regions of frontal lobes
 - b. Of deep regions of brain with involvement of white matter, corpus callosum and sub cortical structures.
 - c. Of medulla with lesions of nuclei of cranial nerves.
 - d. Of upper cervical regions of spinal cord and in medulla.
13. Detection of blood in CSF is a typical finding of:
 - a. Brain concussion
 - b. Epidural hematoma
 - c. Subarachnoid hemorrhage
 - d. Tubercular meningitis
14. Hematomyelia is :
 - a. Hemorrhage under the spinal meninges.
 - b. Hemorrhage of the white matter of spinal cord.
 - c. Hemorrhage of the grey matter of the spinal cord.
 - d. None of the above.

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2013
PHYSIOTHERAPY MANAGEMENT-II (ORTHO)
PAPER THREE

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions

Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 9 = 63)

- Q. 1. Describe MET variations and their goals in brief.
- Q. 2. PNF techniques and their goals in brief.
- Q. 3. Describe Mulligan's approach for SI joints.
- Q. 4. Maitland's description of grades of joint movement and their indications.
- Q. 5. McKenzie's classification of LBP and its assessment.
- Q. 6. Appropriate tape and taping technique according to three recognised phases of healing.
- Q. 7. Describe SLR along with indications, normal responses and sensitising additions.
- Q. 8. Describe various factors that are key to a successful taping.
- Q. 9. Assessment and MET treatment of pelvic and iliosacral restrictions.

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2013
PHYSIOTHERAPY MANAGEMENT-II (ORTHO)
PAPER THREE (MCQ)

Time allotted for MCQ- 15 minutes

B : MCQs (Single response type):

(½ x 14= 7)

Select the most appropriate answer and encircle the alphabet against it

1. Shoulder depression, abduction 10 degrees, Elbow extension, forearm pronation, wrist flexion and ulnar deviation, fingers and thumb flexion, shoulder medial rotation, cervical spine contralateral side flexion, nerve bias for:
 - a. Radial nerve.
 - b. Median nerve.
 - c. Ulnar nerve.
 - d. Anterior interosseous nerve.
2. Irradiation in PNF is defined as :
 - a. As the spread of the response to the stimulation.
 - b. As to strengthen by fresh addition.
 - c. As reinforcement of the weaker muscles by the amount of resistance to strong muscles.
 - d. Both a & c.
3. "NAGS" are used to:
 - a. Increase spinal ROM and decrease pain associated with it.
 - b. Given between C2 to C7.
 - c. For mid to end range facet joint mobilisation.
 - d. All of the above.
4. The Mat program involves the patient in activities incorporating:
 - a. Movement and stability both
 - b. Strengthening alone.
 - c. Stability alone.
 - d. Movement alone.
5. Irradiation from the patient's strong arm to facilitate weak motions or muscles in the involved arm in Pnf is achieved by:
 - a. Unilateral arm patterns.
 - b. Weight bearing patterns.
 - c. Bilateral arm arm patterns.
 - d. All of the above.
6. MWM for tennis elbow:
 - a. Elbow flexed to 30, 60 and then 90 degrees, forearm pronated, clenched fist and lateral glide at elbow.
 - b. Elbow flexed to 30, 60 and then 90 degrees, forearm pronated, clenched fist and medial glide at elbow.
 - c. Using elbow taping in lateral glide to elbow joint after performing MWM.
 - d. Both A & C.
7. If fibrotic tissue is responsible for a reduction in range, end-feel will be:
 - a. A rapid and harsh but with slight elasticity remaining.
 - b. Produce a tight, tugging sensation.
 - c. Will have a 'boggy', yielding yet spongy feel.
 - d. Will be rapid and widespread.
8. Isometric contraction using reciprocal inhibition in acute setting without stretching:
 - a. Stretching chronic or subacute restricted, fibrotic, contracted soft tissues.
 - b. Toning weakened musculature.
 - c. Strengthening weakened postural muscle.
 - d. Relaxing acute muscular spasm or contraction.
9. _____ classifies LBP based on spinal movement patterns, positions, and pain responses, and describes a postural syndrome, derangement, and dysfunction.
 - a. Mulligan.
 - b. Maitland.
 - c. Janda.
 - d. Mckenzie.
10. During acute phase of repair:
 - a. Compression taping with stretch tape such as "tubigrip".
 - b. Tape is applied to stretch the tissue without damage.
 - c. For prophylactic use.
 - d. Neuromotor control.
11. In ligament injuries:
 - a. Non elastic tape for taping.
 - b. Elastic tape for taping.
 - c. Compression tape.
 - d. None of the above.
12. Hold relax direct treatment is:
 - a. Resisted isometric contraction of the antagonistic muscles (shortened muscles) followed by relaxation
 - b. Contraction of the agonistic muscles instead of the shortened muscles.
 - c. Resisted isotonic contraction of the restricting muscles (antagonists) followed by relaxation and movement into the increased range.
 - d. Alternating isometric contractions against resistance, no motion intended.
13. SLR: hip flexion adduction, knee extension, ankle dorsiflexion:
 - a. Tibial nerve.
 - b. Sural nerve.
 - c. Sciatic and tibial nerve.
 - d. Common peroneal nerve.
14. Stirrups in taping are used to:
 - a. Directly support an injured ligament or joint.
 - b. Limit mobility.
 - c. Reinforce stability.
 - d. Provide compression forces.

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2013
PHYSIOTHERAPY MANAGEMENT-II (NEURO)
PAPER THREE

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions

Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 9 = 63)

- Q. 1.** A spastic C.P child came to neuro O.P.D was not able to sit nor even hold his neck and having history of birth asphyxia. Describe in detail the preferred approach for treating this child.
- Q. 2.** Describe sciatic, femoral, sural and common peroneal nerve mobilization?
- Q. 3.** Describe principle, indication, contraindication and technique of rhythmic initiation and rhythmic stabilization?
- Q. 4.** Describe normal developmental milestones of a baby upto the age of 4 years?
- Q. 5.** Describe physiotherapy assessment and rehab protocol for Gullian Barre Syndrome?
- Q. 6.** A 60 years old patient had an incidence of stroke 6 months back and CT findings were suggestive Of Thalamic Bleed. Write about rehab protocol of the patient?
- Q. 7.** A 35 years old male patient was admitted to hospital for spinal cord injury at T12-L2 level. The impairment was one of marked sensory loss, bladder dysfunction and severe muscle weakness affecting all muscle groups innervated from below L2 level. Design a rehab protocol for the patient?
- Q. 8.** Describe principles and technique of CIMT?
- Q. 9.** Write in detail about physiotherapy assessment and management of a 45 year old male suffering from tubercular meningitis?

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2013
PHYSIOTHERAPY MANAGEMENT-II (NEURO)
PAPER THREE (MCQ)

Time allotted for MCQ- 15 minutes

B : MCQs (Single response type):

(½ x 14= 7)

Select the most appropriate answer and encircle the alphabet against it

1. Weakness of the deltoid muscle is caused by injury to:
 - a. Axillary nerve
 - b. Dorsal scapular nerve
 - c. Musculocutaneous nerve
 - d. Suprascapular nerve
2. Subdural empyema resulting after meningitis in an infant most commonly develops with:
 - a. Escherichia coli
 - b. Haemophilus influenzae
 - c. Listeria
 - d. Neisseria
3. Sudeck's atrophy, associated with causalgia, refers to atrophic changes occurring in each of the following structures except:
 - a. Bone
 - b. Joints
 - c. Muscle
 - d. Nerve
4. The most common presenting symptom of a thoracic herniated disk is:
 - a. Back pain
 - b. Leg numbness
 - c. Leg weakness
 - d. Thoracic numbness
5. The single most important factor in the recurrence of meningiomas is:
 - a. Age of the patient
 - b. Bone invasion
 - c. Histologic type of benign meningioma
 - d. Postoperative tumor residual
6. The sciatic nerve supplies each of the following muscles in part or in whole except the:
 - a. Adductor magnus
 - b. Biceps femoris (short head)
 - c. Gluteus maximus
 - d. Semimembranous
7. The syndrome of posteroinferior cerebellar artery (PICA) occlusion consists of, each of the following except
 - a. Contralateral loss of pain and temperature body
 - b. Contralateral loss of pain and temperature face
 - c. Ipsilateral paralysis of the pharynx and larynx
 - d. Ipsilateral Horner's syndrome
8. Which of the following is not an afferent connection of the basal ganglia?
 - a. Cerebral cortex to globus pallidus
 - b. Cerebral cortex to putamen
 - c. Substantia nigra to caudate nucleus
 - d. Subthalamic nucleus to globus pallidus
9. The median nerve innervates each of the following muscles except:
 - a. Adductor pollicis
 - b. Flexor carpi radialis
 - c. Opponens pollicis
 - d. Palmaris longus
10. The telencephalon gives rise to each of the following except:
 - a. Amygdala
 - b. Caudate
 - c. Claustrum
 - d. Globus pallidus
11. The striate cortex corresponds to area:
 - a. 17
 - b. 18
 - c. 19
 - d. 20
12. A unilateral lesion of the trochlear nerve produces maximal diplopia on:
 - a. Down gaze to the opposite side
 - b. Down gaze to the same side
 - c. Up gaze to the opposite side
 - d. Up gaze to the same side
13. The primary olfactory cortex is located in the:
 - a. Anterior perforated substance
 - b. Entorhinal cortex
 - c. Mediodorsal nucleus of the thalamus
 - d. Piriform cortex
14. The blood-brain barrier is formed by (the)
 - a. Astrocytic foot processes
 - b. Basement membrane
 - c. Ependymal lining cells.
 - d. Tight junctions of the capillary endothelium

Regn. No.

Paper Code: MPTN-201

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2015
ASSESSMENT AND DIAGNOSIS (NEURO)
PAPER FIRST

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions

Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 9 = 63)

- Q. 1. Distinguish among chorea, athetosis, and tremor for terms of clinical description and of the anatomical lesion underlying them.
- Q. 2. Write in detail about difference between orthostatic hypotension and autonomic dysreflexia.
- Q. 3. Write in detail about assessment for brain death.
- Q. 4. Describe Pain gate theory .How it is difference from other pain theories.
- Q. 5. Differentiate between clinical findings, evaluation and prognosis of patient with bladder dysfunction in SCI patient.
- Q. 6. Explain about Assessment for vestibular cranial nerve.
- Q. 7. Differentiate between lateral and medial medullary syndrome based on clinical finding with diagrammatic presentation.
- Q. 8. Write in detail about characteristic of abnormal gait.
- Q. 9. Short notes :
 - a. Abdominal reflex
 - b. CSW

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2015
ASSESSMENT AND DIAGNOSIS (NEURO)
PAPER FIRST (MCQ)

Time allotted for MCQ- 15 minutes

B : MCQs (Single response type):

(½ x 14= 7)

Select the most appropriate answer and encircle the alphabet against it

1. Gower Tract Also Known As
 - a. Ant Cerebellar Tract
 - b. Post Cerebellar Tract
 - c. Dorsal Column
 - d. Vestibulospinal Tract
2. Foster Kennedy Syndrome Represent:
 - a. Frontal Lobe Tumor
 - b. Parietal Lobe Tumor
 - c. CVA
 - d. Temporal Lobe Tumor
3. Taste area no. in cerebral cortex is
 - a. 40
 - b. 39
 - c. 43
 - d. 42
4. Subdural hematoma represent
 - a. Paraparesis
 - b. Ipsilateral hemiplegia
 - c. Both
 - d. None
5. In Muscular Dystrophy, Ely Test Is Use For
 - a. Tightness of dorsiflexor muscle
 - b. Tightness of hamstring muscle
 - c. Tightness of quadriceps muscle
 - d. None
6. In brain, normal C.B.F is
 - a. 10-40ml/100gm/min
 - b. 40-50ml/100gm/min
 - c. 50-60ml/100gm/min
 - d. 60-70 ml/100gm/min
7. Oscillation of body part that occurs when a limb is maintained against gravity is termed as:
 - a. Clonus
 - b. Resting tremor
 - c. Postural Tremor
 - d. Intention tremor
8. In Schwannomas most frequently affect cranial nerve
 - a. 6th
 - b. 8th
 - c. 7th
 - d. None
9. The superior sagittal sinus, straight sinus and transverse sinus converge at which of the following landmarks
 - a. Ethmoid
 - b. Sup orbital fissure
 - c. Diaphragm selle
 - d. Confluens
10. Which of the following cranial nerve passes between posterior cerebral artery and superior cerebellar artery as it exits the brainstem?
 - a. Glossopharyngeal
 - b. Vagus
 - c. Olfactory
 - d. Oculomotor
11. Which of the following cranial nerve exits the brainstem via Postolivary sulcus?
 - a. 6th
 - b. 7th
 - c. 12th
 - d. 10th
12. Thunderclap headache present in:
 - a. Tumor
 - b. Sub Arachnoid Haemorrhage
 - c. Migraine
 - d. Post L.P procedure
13. Which of the following finding is most indicative for subdural hygroma?
 - a. Blood accumulate in subdural space
 - b. CSF accumulate in subdural space
 - c. Blood accumulate in epidural space
 - d. Blood accumulate in thalamus
14. Winging of scapula is caused by which muscle :
 - a. Serration anterior
 - b. Biceps
 - c. Triceps
 - d. None

Regn. No.

Paper Code: MPTO-201

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2015

ASSESSMENT AND DIAGNOSIS (ORTHO)

PAPER FIRST (MCQ)

Time allotted for MCQ- 15 minutes

B : MCQs (Single response type):

(½ x 14= 7)

Select the most appropriate answer and encircle the alphabet against it

1. In medial epicondylitis involves inflammation of
 - a. Pronator teres + FCR
 - b. ECRB
 - c. ECU
 - d. ECRL
2. 0 sign is a feature of which syndrome.
 - a. Ant interosseous nerve syndrome.
 - b. Posterior interosseous nerve syndrome
 - c. Pronator teres syndrome
 - d. Radia tunnel syndrome
3. Overuse syndrome involving extensor mechanism is termed as
 - a. Osgood- schlatter syndrome
 - b. Jumpers knee
 - c. Sinting-larsen-johanssen syndrome
 - d. None of them
4. The fibers of VMO are oriented in which angle to long axis of femur
 - a. 50-55°
 - b. 15 -17°
 - c. 30 -40°
 - d. 05-15°
5. Winging of scapula is indicative of injury to
 - a. Axillary Nerve
 - b. Sub Scapular Nerve
 - c. Long thoracic Nerve
 - d. Supra scapular
6. ADSONS test is used to rule out
 - a. Spondylosis
 - b. Cervical Rib
 - c. T.O.S
 - d.) Cervical PIVD
7. Barlows sign is related to diagnosis of
 - a. Talipes equino varus
 - b. Ulnar nerve palsy
 - c. Genu varum
 - d. DDH
8. Which exercises are prescribes in the first phase of rehabilitation of post ACL injury?
 - a. Isokinetic
 - b. CKC
 - c. OKC
 - d. None of above
9. Limited GH Internal rotation and horizontal abduction indicate a restriction of :
 - a. Anterior capsule
 - b. Inferior capsule
 - c. Posterior capsule
 - d. Superior capsule
10. Which type of slap lesion has bucket handle tear of labrum that may displace in it. With lateral biceps attachment intact.
 - a. Type 3
 - b. Type 4
 - c. Type 2
 - d. Type 1
11. Treatment of choice for old non united fracture shaft of femur
 - a. Compression plating
 - b. Bone Grafting
 - c. Nailing
 - d. Both A and B
12. Dashboard injury results in
 - a. Anterior dislocation Hip
 - b. Posterior Dislocation of Hip
 - c. Central dislocation of Hip
 - d. Fracture neck femur
13. On examining a patient with sway back the likely finding will be :
 - a. Lower abdominal weakness
 - b. Hip flexor weakness
 - c. Pelvic posteriorly tilted
 - d. B and C
14. Which of the following modifies SLR will you use mobilization of sural nerve?
 - a. hip flexion, knee extension, ankle dorsiflexion and inversion
 - b. hip flexion, knee extension, ankle dorsiflexion and eversion
 - c. hip flexion, knee extension, ankle plantarflexion and inversion
 - d. hip flexion, knee extension, ankle plantarflexion and eversion.

Regn. No.

Paper Code: MPTC-201

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2015
ASSESSMENT AND DIAGNOSIS (CARDIO)
PAPER ONE

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions

Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 9 = 63)

- Q. 1.** Describe in brief about the purpose, determinants, contraindications and classification of diseases based on pulmonary function test.
- Q. 2.** Explain in detail about the inspection, palpation, percussion & auscultatory finding in left pneumothorax.
- Q. 3.** Write a detailed note on cardiac catheterization and its uses.
- Q. 4.** Write short notes on following :
- a. Rate pressure product
 - b. Pharmacologic stress testing
- Q. 5.** Explain in detail about operational principles, clinical indications, and limitations of pulse oximetry.
- Q. 6.** Write a detailed note on definition, types, causes and scoring systems of dyspnea.
- Q. 7.** Write a note on ECG findings of different types heart blocks.
- Q. 8.** A PT referral came from chest ward for a patient diagnosed with massive pleural effusion. What will be your findings on inspection, palpation, diagnostic percussion & auscultation?
- Q. 9.** Write a note on medical history assessment of a patient with cardiopulmonary dysfunction.

Regn. No.

Paper Code: MPTC-201

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2015

ASSESSMENT AND DIAGNOSIS (CARDIO)

PAPER ONE (MCQ)

Time allotted for MCQ- 15 minutes

B : MCQs (Single response type):

(½ x 14= 7)

Select the most appropriate answer and encircle the alphabet against it

1. CVP is a reflection of which of the following?
 - a. Right ventricular preload
 - b. Right atrial pressure
 - c. Right ventricular end-diastolic pressure
 - d. All of the above
2. The family history may be helpful in diagnosing a patient with which of the following problems?
 - a. Acute bronchitis
 - b. Cystic fibrosis
 - c. Pneumothorax
 - d. Pulmonary edema
3. Which term is used to describe shortness of breath during lying down?
 - a. Orthopnea
 - b. Platypnea
 - c. Eupnea
 - d. Apnea
4. Which of the following is/are true for clubbing?
 - a. It occurs only in digits
 - b. It is loss of Lovibond angle
 - c. It is present in cardiopulmonary dysfunction
 - d. All of the above
5. Which among the following clinical features isn't present in left sided heart failure?
 - a. Raised JVP
 - b. Pulmonary effusion
 - c. Pitting edema
 - d. Ascites
6. Finding of late inspiratory crackles on auscultation of a patient may indicate which of the following disease?
 - a. Atelectasis
 - b. ILD
 - c. COPD
 - d. Tuberculosis
7. Which amongst following enzyme is elevated in a patient with myocardial infarction?
 - a. AST
 - b. LDH
 - c. CPK
 - d. All of the above
8. Which of the tests is the best indicator of obstructive lung disease?
 - a. FEV3
 - b. FEF 25%-75%
 - c. FEV1
 - d. FVC
9. Chest X-ray finding in congenital heart disease include:
 - a. Boot shaped heart
 - b. Tubular shaped heart
 - c. Pear shaped heart
 - d. Normal shaped heart
10. pH- 7.21, PaCO₂- 67 mmHg, PaO₂- 49 mmHg, HCO₃⁻- 26 mEq/L
Which of the following is true for PaO₂ in above ABG-
 - a. It is normal
 - b. It shows mild hypoxemia
 - c. It shows moderate hypoxemia
 - d. It shows severe hypoxemia
11. Causes of long T waves include:
 - a. Hyperkalemia
 - b. Hypokalemia
 - c. Hyponatremia
 - d. Hyponatremia
12. Which of the following could be seen on the chest X-ray of the patient's with congestive heart failure?
 - a. Low and flat diaphragm
 - b. Hemidiaphragm elevation
 - c. Hilus shift toward atelectasis
 - d. All of the above
13. Which of the following is a noninvasive technique to determine cardiac performance?
 - a. Echocardiography
 - b. Radio-nucleotide cardiac imaging
 - c. Transthoracic bioelectrical impedance
 - d. All of the above
14. Contraindication to exercise ECG testing in the context of a heart diseases all are true except:
 - a. Uncontrolled hypertension
 - b. Fever or a febrile illness
 - c. Severe aortic stenosis
 - d. Subjective feeling weakness

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2015
PHYSIOTHERAPY MANAGEMENT-I (CARDIO)
PAPER TWO

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions

Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 9 = 63)

- Q. 1.** Explain in detail the assessment and physiotherapy management of a patient with cardiac failure.
- Q. 2.** Describe in brief the physiotherapy assessment and management of diabetes mellitus.
- Q. 3.** Describe in brief the pre and post operative assessment, incisions and physiotherapy management of thoracotomy.
- Q. 4.** Describe in brief the physiotherapy assessment and management of hypertension.
- Q. 5.** Describe in brief the physiotherapy assessment and management of COPD.
- Q. 6.** Write short notes on following:
 - a.** Cardiomyopathy
 - b.** Cardiopulmonary dysfunction secondary to thoracic surgery
- Q. 7.** Describe in brief about pathophysiology, physiotherapy assessment and management of guillian barre syndrome.
- Q. 8.** Describe in brief pre and post operative physiotherapy assessment and exercise prescription in patient with heart transplant.
- Q. 9.** Explain in brief the indications, complications and various delivery devices for Oxygen therapy.

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2015

PHYSIOTHERAPY MANAGEMENT-I (CARDIO)

PAPER TWO (MCQ)

Time allotted for MCQ- 15 minutes

B : MCQs (Single response type):

(½ x 14= 7)

Select the most appropriate answer and encircle the alphabet against it

1. Which would be an expected effect of resistive breathing training in a client with COPD?
 - a. Energy conservation
 - b. Increased oxygen saturation
 - c. Decreased hypercarbia
 - d. Increased inspiratory muscle strength
2. Which amongst following isn't the direct complication of long standing diabetes mellitus?
 - a. Retinopathy
 - b. Nephropathy
 - c. Charcot joints
 - d. Myocardial ischemia
3. In ECG finding, ST segment elevation is suggestive of _____ and ST depression is suggestive of _____.
 - a. Myocardial injury, myocardial ischemia
 - b. Myocardial ischemia, myocardial injury
 - c. Left axis deviation, right axis deviation
 - d. None of the above
4. The most prominent clinical finding observed in heart transplant patient is:
 - a. Rapid resting heart rate
 - b. Elevated blood pressure
 - c. Irregular heart rhythm
 - d. Conduction defects
5. Which among the following devices is used to assist the ineffective cough in patients with neuromuscular disorders?
 - a. Inspiratory muscle trainer
 - b. Mechanical insufflator/exsufflator
 - c. PEP device
 - d. Incentive spirometer
6. Long standing case of hypertension leads to:
 - a. Left ventricular hypertrophy
 - b. Right ventricular hypertrophy
 - c. Cor pulmonale
 - d. Right atrial hypertrophy
7. Orthostatic hypotension is said when there is fall in systolic blood pressure of about:
 - a. 10 mmHg
 - b. 15 mmHg
 - c. 20 mmHg
 - d. 25 mmHg
8. Which therapeutic body positioning is considered to improve saturation in patient with ARDS with high PEEP.
 - a. Sidelying
 - b. Semifowler's
 - c. Fowler's
 - d. Prone
9. Which of the following statement is true for PEEP?
 - a. It increases FRC
 - b. It treats refractory hypoxemia
 - c. It is positive end expiratory pressure
 - d. All of the above
10. Which mode of mechanical ventilation reduces the chances the breath stacking?
 - a. Control mode
 - b. Assist control mode
 - c. Intermittent mandatory ventilation mode
 - d. Synchronized mandatory ventilation mode
11. Which of the following is given before exercise session as prophylaxis in exercise induced asthma?
 - a. Adequate warm exercises
 - b. Intravenous steroids
 - c. Pretreatment with beta 2 agonist
 - d. None of the above
12. The patient is diagnosed with PAD when ABPI is :
 - a. ≤ 0.90
 - b. 0.91 to 0.99
 - c. >1.40
 - d. ≤ 0.40
13. Which amongst the following isn't the component of Virchow's triad in DVT?
 - a. Endothelial injury
 - b. Hypercoagulability
 - c. Venous stasis
 - d. Hypocoagulability
14. Long-term oxygen therapy is indicated in the following:
 - a. When PaO₂ is less than 59 mmHg
 - b. When hematocrit is > 56
 - c. Presence of cor pulmonale
 - d. All of the above

Regn. No.

Paper Code: MPTN- 202

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2015
PHYSIOTHERAPY MANAGEMENT-I (NEURO)
PAPER TWO

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions

Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 9 = 63)

- Q. 1.** Discuss the rehabilitation of a 35 year old man of right fronto-parietal SDH with GCS score of E4M5V3 and RLA stage 4.
- Q. 2.** How will you rehabilitate a 24 year old male of T10 spinal cord injury (ASIA A Type).
- Q. 3.** Discuss the clinical manifestations of Hydrocephalus and role of physiotherapy in post operative case of the same.
- Q. 4.** Discuss post-operative physiotherapy treatment for L4-L5 PIVD.
- Q. 5.** Write a short note on spasticity and its evidence based physiotherapy management.
- Q. 6.** State role of physiotherapy in post-operative radial nerve repair.
- Q. 7.** Discuss the importance of physiotherapy in ICU care patients.
- Q. 8.** Plan a neuro-rehabilitation unit for spinal cord injury patients.
- Q. 9.** Discuss post operative management of CP angle tumor.

Regn. No.

Paper Code: MPTN- 202

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2015
PHYSIOTHERAPY MANAGEMENT-I (NEURO)
PAPER TWO (MCQ)

Time allotted for MCQ- 15 minutes

B : MCQs (Single response type):

(½ x 14= 7)

Select the most appropriate answer and encircle the alphabet against it

1. Intracranial tumor most likely to be encountered in a middle aged man with AIDS is:
 - a. Glioblastoma multiforme
 - b. Ependymoma
 - c. Meningioma
 - d. Lymphoma
2. Patients who survive subarachnoid hemorrhage from a ruptured intracranial aneurysm are at risk for:
 - a. Rehemorrhage
 - b. Ischemic Stroke
 - c. Hydrocephalus
 - d. All of above
3. Intracranial hemorrhages resulting from chronic arterial hypertension:
 - a. Most often originate in the basal ganglia.
 - b. Most often originate in subarachnoid space
 - c. Should not be treated surgically when they occur in cerebellum.
 - d. None of the above.
4. Evaluation of a comatose patient with head injury begins with:
 - a. Cardiovascular system
 - b. Pupillary reflex
 - c. Establishment of an airway
 - d. CT scan of Brain
5. A right sided disc herniation at the L₅-S₁ level typically may cause:
 - a. Weakness of dorsiflexion of right foot
 - b. A diminished or absent right ankle jerk
 - c. Diminished sensation over the medial aspect of right foot.
 - d. All of the above
6. A 36 year old man developed neck and left arm pain. He noted paresthesia in the left index and long fingers. Examination revealed weakness of left triceps muscle and diminished left triceps jerk. The left sided disc herniation is most likely to be at 6:
 - a. C₃-C₄
 - b. C₄-C₅
 - c. C₅-C₆
 - d. C₆-C₇
7. Which of the following finding is not commonly associated with Myelomeningocele?
 - a. Hydrocephalus
 - b. Chiari-II malformation
 - c. Midline dorsal spinal mass noted at birth
 - d. Mandatory urinary incontinence
8. Which of the term below means end brain?
 - a. Telencephalon
 - b. Mesencephalon
 - c. Mylencephalon
 - d. Metencephalon
9. On the 28th day of embryonic development the human brain resembles:
 - a. Hollow tube
 - b. Shallow plate
 - c. Series of ridges
 - d. Round balloon
10. The cerebral cortex has a grayish-tan appearance because:
 - a. The cortex contains many axons
 - b. Nerve membrane is uniformly gray in appearance
 - c. Schwann cells are present in cortex
 - d. Cortex contains many cell bodies
11. Damage to amygdala would be expected to alter:
 - a. Emotions
 - b. Language acquisition
 - c. Long term memory
 - d. Planning of motor behavior
12. In diffuse axonal injury clinical presentation is determined by morphological changes occurring at the level:
 - a. Of cortical regions of frontal lobes
 - b. Of deep regions of brain with involvement of white matter, corpus callosum and sub cortical structures.
 - c. Of medulla with lesions of nuclei of cranial nerves.
 - d. Of upper cervical regions of spinal cord and in medulla.
13. Detection of blood in CSF is a typical finding of :
 - a. Brain concussion
 - b. Epidural hematoma
 - c. Subarachnoid hemorrhage
 - d. Tubercular meningitis
14. Hematomyelia is :
 - a. Hemorrhage under the spinal meninges.
 - b. Hemorrhage of the white matter of spinal cord.
 - c. Hemorrhage of the grey matter of the spinal cord.
 - d. None of the above

Regn. No.

Paper Code: MPTO- 202

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2015
PHYSIOTHERAPY MANAGEMENT-I (ORTHO)
PAPER TWO

[Time allotted: Three hours]

Max. Marks: 70]

Note: Attempt all questions

Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 9 = 63)

- Q. 1.** Explain pre and post operative rehabilitation of rotator cuff injury.
- Q. 2.** Describe Upper Limb Extremity Burn and its Physiotherapy Management.
- Q. 3.** Explain Ankylosing Spondylitis & its PT management.
- Q. 4.** Define the Caries Spine and its PT management.
- Q. 5.** Explain short note:
 - a.** Fracture of NOF
 - b.** AVN
- Q. 6.** Describe the THR and its day wise protocol.
- Q. 7.** Describe method of diagnosis of RA in detail. Write criteria of diagnosis in RA & its differential diagnosis.
- Q. 8.** Describe the indications for Amputations and Management of the Stump.
- Q. 9.** Discuss Post operative PT management of PCL & ACL reconstruction.

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2015
PHYSIOTHERAPY MANAGEMENT-I (ORTHO)
PAPER TWO (MCQ)

Time allotted for MCQ- 15 minutes

B : MCQs (Single response type):

(½ x 14= 7)

Select the most appropriate answer and encircle the alphabet against it

1. In C₅-C₆ which of the nerve root is involved:
 - a. C₅
 - b. C₆
 - c. C₅-C₆
 - d. T₁
2. Medulloblastomas present:
 - a. Childhood
 - b. Adult
 - c. Both
 - d. None
3. IN RA condition pain persist:
 - a. Morning
 - b. Evening
 - c. Rest position
 - d. During activity
4. RA is diagnosed by:
 - a. RA factor positive
 - b. CRP positive
 - c. Both
 - d. None
5. The diagnostic test for Spondylolisthesis:
 - a. Sacral inclination
 - b. Ullmans sign
 - c. Austin morrie's prosthesis
 - d. None of these
6. In total hip replacement the most common prosthesis used in :-
 - a. Thompson prosthesis
 - b. Austin morrie's prosthesis
 - c. Charley's prosthesis
 - d. None of above
7. First sign & symptoms present in spinal tumor:
 - a. Pain
 - b. Swelling
 - c. Redness
 - d. None
8. Carpal tunnel syndrome is caused:
 - a. Myxoedema
 - b. Pregnancy
 - c. RA
 - d. All of the above
9. Angle of neck of femur:
 - a. 120 degree
 - b. 135 degree
 - c. 100degree
 - d. None
10. Comminuted # of patella is treated by:
 - a. Conservative
 - b. Tension wire bandage
 - c. Surgery & immobilization
 - d. Patellectomy
11. Menical calcification in case of :
 - a. Gout
 - b. Pseudo gout
 - c. Both
 - d. None
12. The most common site of pott's spine:
 - a. Anterior
 - b. Posterior
 - c. Central
 - d. Para discat
13. Which is true regarding acute osteomyelitis?
 - a. Staphylococcus
 - b. Analgesics relieving pain
 - c. Rest and evaluation
 - d. All of the above
14. Which # neck of femur has a poor prognosis:
 - a. Intra Capsular
 - b. Both
 - c. Extra Capsular
 - d. None

Regn. No.

Paper Code: MPTN- 203

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2015
PHYSIOTHERAPY MANAGEMENT-II (NEURO)
PAPER THREE

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions

Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 9 = 63)

- Q. 1.** Discuss the concept of Motor control and their application to neurological disorders. Illustrate your answer with suitable example.
- Q. 2.** Explain Bobath concept of rehabilitation of stroke patients.
- Q. 3.** How will you assess and treat a stroke patient for upper limb recovery based on CIMT Principles.
- Q. 4.** Describe MRP Strategies (upper limb) for treatment of subacute stroke patients.
- Q. 5.** Explain the ROODS approach with respect to 7 year old male child.
- Q. 6.** Write short note on:
- a. Berg balance scale
 - b. Neural plasticity
- Q. 7.** Write in detail gait assessment and training for a 40 year old stroke patient.
- Q. 8.** What are the factors affecting balance? Explain how it is related with age.
- Q. 9.** Describe role of physiotherapy in motor neuron disease.

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2015
PHYSIOTHERAPY MANAGEMENT-II (NEURO)
PAPER THREE (MCQ)

Time allotted for MCQ- 15 minutes

B : MCQs (Single response type):

(½ x 14= 7)

Select the most appropriate answer and encircle the alphabet against it

1. A patient suffered carbon monoxide poisoning and is left with permanent damage to basal ganglia. Intervention for this will need to address expected impairments of
 - a. Motor paralysis with use of free weight to increase strength.
 - b. Muscular spasms and hyper reflexia with use of ice wraps
 - c. Impaired sensory organization of balance with use of standing balance platform training.
 - d. Motor planning with use of guided and cued movement
2. A therapist is instructing a patient with transfemoral L.E. amputation in prosthetic gait training. Therapist determines that learning is going well because the patient errors are decreasing and overall endurance is improving. The BEST strategy to promote continued motor learning at this point in patient's rehabilitation is to
 - a. Provide continuous feed back after every walking
 - b. Have the patient practice walking trail in varying environments
 - c. Have the patient continue the practice in parallel bars until all errors are extinguished
 - d. Intervene early whenever errors appear before bad habits become firmly enriched.
3. Application of ice to upper sterna notch induces
 - a. Mouth opening
 - b. Mouth closure
 - c. Swallowing
 - d. Aspiration
4. A patient is referred for rehabilitation following MCA. Based on this diagnosis a physiotherapist can expect that the patient will present with
 - a. Hemiplegia with central post-stroke pain & involuntary movements
 - b. Contralateral hemiparesis and sensory deficits; Arm > Leg
 - c. Decrease pain and temperature to face and ipsilateral ataxia with contralateral pain and thermal loss of body
 - d. Contralateral hemiparesis and sensory deficits; Leg>Arm
5. A patient with R CVA one month old, demonstrate moderate spasticity in left upper extremity (increase flexor tone). There is lack of voluntary movement control. Left upper extremity shows minimum active movement with ¼ inch of subluxation of shoulder. An appropriate initial treatment activity is
 - a. Sitting with weight bearing on extended left U. E., weight shift
 - b. PNF D2 flexion pattern, left U.E.
 - c. Quadriped rocking from side to side
 - d. Sitting L active shoulder protraction with extended elbow and shoulder flexed to 90 degree
6. During the stage of spinal shock which one of the following is true?
 - a. Muscle tone is reduced, reflex is absent, spastic bladder is seen
 - b. Muscle tone is increased; reflex is exaggerated, spastic bladder is seen
 - c. Muscle tone is decreased, reflex is brisk, prognosis is good
 - d. Muscle tone is decreased, reflex is absent, flaccid bladder is seen
7. A physical therapist uses D1 extension PNF facilitation pattern to resist elbow flexion with the goal of increasing patient's ability to extend his wrist. This is an example of
 - a. Reciprocal excitation
 - b. Successive induction
 - c. Irradiation
 - d. Quick stretch
8. Which intervention is best choice to improve left side neglect in patient with left hemiplegia?
 - a. Hook lying, holding light resistance to both hip abductors
 - b. Rolling, supine to side lying on Right using PNF patterns
 - c. Bridging with both positioned in extension at sides
 - d. Sitting with both arms extended, hands resting on support surface

P.T.O..

9. A Therapist is examining a patient with vestibular dysfunction. Patient is asked to assume a long sitting position with head turned to L side. Therapist then quickly moves the patient backwards so that head is extended over end of table approx 30 degree below horizontal. Maneuver causes severe dizziness and vertigo. Report test with head turned to R side produces no symptoms. Therapist reports there is finding as:
 - a. Positive R hallpike -dix test
 - b. Positive sharpened rombergs test
 - c. Positive L hallpike dix test
 - d. Positive positional test
10. Technique of back propagation is used in
 - a. Hierarchical theory
 - b. Motor programming theory
 - c. Parallel distributed processing theory
 - d. Task oriented theory
11. The patient with left hemiplegia would be LEAST likely to respond in therapy if motor learning strategies emphasized
 - a. Maximum use of verbal cues
 - b. Encouragement of patient to slow down
 - c. Simplification/restructuring of environment
 - d. Maximum use of demonstration and gesture
12. A child with spastic CP is having difficulty in releasing food from her hands into her mouth. Once the child has brought food to mouth, it would be helpful for caregiver to
 - a. Slowly stroke the finger flexors in distal to proximal direction
 - b. Apply quick stretch to finger flexors
 - c. Slowly stroke finger extensors in proximal to distal direction
 - d. Passively extend fingers.
13. Functional deficit in radial nerve palsy are
 - a. Wrist extension
 - b. Finger extension
 - c. Thumb extension
 - d. All of above
14. A patient with 8 year history of PD is referred for PT. During the initial examination, patient demonstrates significant rigidity, decrease PROM in both UE and frequent episodes of akinesia. The exercise intervention that best deals with these problems would be:
 - a. Quadriped position, UE PNF D2 F and E
 - b. Resistance training, free weights for shoulder flexors at 80% of 1 RM.
 - c. Modified plantigrade, isometric holding of UE
 - d. PNF bilateral symmetrical UE D2 flexion patterns, rhythmic initiation

Regn. No.

Paper Code: MPTC-203

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2015

PHYSIOTHERAPY MANAGEMENT-II (CARDIO)

PAPER THREE

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions

Draw suitable diagrams wherever necessary.

A: Short answer questions

- Q. 1.** Describe in brief the physiological effects/benefits of different therapeutic body positions.
- Q. 2.** Describe in brief about the pulmonary rehabilitation and its components.
- Q. 3.** Write a detailed note on pre and post operative management of cardiac patient in CTVS ICU.
- Q. 4.** Describe in detail the BLS in CPR.
- Q. 5.** Write short notes **any two** on following :
- a.** Incentive spirometry
 - b.** ACBT
 - c.** Inspiratory muscle training
- Q. 6.** Explain in brief the indications, complications and types of humidifiers.
- Q. 7.** Explain in detail about the various methods to determine the intensity of training in cardiac rehabilitation.
- Q. 8.** Explain in brief concepts, various operating modes and weaning indices of mechanical ventilation.
- Q. 9.** Explain in brief the preliminary risk stratification in cardiac rehabilitation programme and contraindications to exercise training.

Regn. No.

Paper Code: MPTC-203

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2015
PHYSIOTHERAPY MANAGEMENT-II (CARDIO)
PAPER THREE (MCQ)

Time allotted for MCQ- 15 minutes

B : MCQs (Single response type):

(½ x 14= 7)

Select the most appropriate answer and encircle the alphabet against it

1. Contraindications for application of HME includes:
 - a. Thick copious secretions
 - b. Hypothermia (body temperature less than 32° C)
 - c. Presence of large leak around endotracheal tube
 - d. All of the above
2. VPAP in BiPAP stands for:
 - a. Volume positive airway pressure
 - b. Variable positive airway pressure
 - c. Ventilation positive airway pressure
 - d. None of the above
3. PaO₂ will be normal in which type of hypoxia among the following:
 - a. Hypoxemic hypoxia
 - b. Anemic hypoxia
 - c. Circulatory hypoxia
 - d. Histotoxic hypoxia
4. In which of the following clinical conditions permissive hypocapnia is allowed through the ventilator settings:
 - a. Raised ICP
 - b. Elevated BP
 - c. Elevated creatinine
 - d. Elevated urea
5. AMBU in AMBU bag stands for:
 - a. Artificial manual breathing unit
 - b. Artificial mechanical breathing unit
 - c. Acquired manual breathing unit
 - d. Artificial manual breathing utility
6. Which amongst following is a type of inspiratory muscle training?
 - a. Isocapnic hyperventilation
 - b. Expiratory resistive loading
 - c. Inspiratory concentric loading
 - d. Inspiratory eccentric loading
7. The only differentiating factor that differs huffing from coughing is:
 - a. Forceful exhalation against opened glottis
 - b. Forceful exhalation against Closed glottis
 - c. Strong abdominal muscle contraction
 - d. Deep inspiration
8. Hazards of aerosol therapy includes following except:
 - a. Bronchospasm
 - b. Eye irritation
 - c. Nosocomial infection
 - d. Hypotension
9. Equal pressure point (EPP) in expiratory maneuver is the point where:
 - a. Airway pressure becomes equal to intrapleural pressure
 - b. Airway pressure equals to pleural pressure
 - c. Ambient pressure equals intrapleural pressure
 - d. None of the above
10. Autogenic drainage has following phases:
 - a. Collecting phase
 - b. Evacuating phase
 - c. Unsticking phase
 - d. All of the above
11. Maximal FiO₂ values that can be achieved from nasal prongs using flow rate upto 6 lit O₂/min.
 - a. 40%
 - b. 35%
 - c. 44%
 - d. 50%
12. In ARDS, volume control ventilator modes can lead to:
 - a. Subcutaneous pneumothorax
 - b. Pleural effusion
 - c. Ventilator induced lung injury
 - d. Barotraumas
13. Adverse effects of PEEP includes:
 - a. Decreased cardiac output
 - b. Increase in renal output
 - c. Elevated blood pressure
 - d. Increased GFR
14. In an elderly patient who has a coordination problem using a pMDI, add-on devices e.g. holding chambers and spacers are used to:
 - a. Reduced oropharyngeal drug impaction and loss
 - b. Increased inhaled drug by two or four times than pMDI alone
 - c. Allows pMDI use during acute airflow obstruction with dyspnea
 - d. All of the above

Regn. No.

Paper Code: MPTO - 203

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2015
PHYSIOTHERAPY MANAGEMENT-II (ORTHO)
PAPER THREE

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions

Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 9 = 63)

- Q. 1.** Explain grades of 3 and 4 of Maitland with diagram ,also explain mobilization grade 3 for frozen Shoulder.
- Q. 2.** A 45 year old lady had Colliers fracture 1 month back. Plan a mobilization protocol for the lady applying maitland technique.
- Q. 3.** Explain NAGS & Reverse NAGS with hand position and direction of movement, also write briefly about SMWAMS and Self SMWAMS.
- Q. 4.** Explain SNAGS and MWM, also explain the patient self fist traction.
- Q. 5.** Appropriate tape and taping technique according to three recognised phases of healing.
- Q. 6.** Principles of MET joint Mobilization.
- Q. 7.** Briefly describe the pathophysiology behind the muscle energy techniques.
- Q. 8.** Discuss principles of McConnell and Kinesiotaping in Physical Therapy.
- Q. 9.** Contraindications to taping.

Regn. No.

Paper Code: MPTO - 203

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2015
PHYSIOTHERAPY MANAGEMENT-II (ORTHO)
PAPER THREE (MCQ)

Time allotted for MCQ- 15 minutes

(½ x 14= 7)

B : MCQs (Single response type):

Select the most appropriate answer and encircle the alphabet against it

1. Reverse nags are best applied to.....cervical vertebrae
 - a. 2 and 4
 - b. 3 and 4
 - c. 3 and 6
 - d. 6 to 7
2. Fist traction is given when patient has restriction of neck flexion in
 - a. Initial range
 - b. Mid range
 - c. Initial to mid range
 - d. mid to end range
3. Force in nags given in
 - a. Ventro –cranial direction
 - b. Cranio-vental direction
 - c. Ventral
 - d. None
4. Mobilisation repetition in nags
 - a. 4-6
 - b. 5-8
 - c. 6-10
 - d. 7-9
5. Horizontal adduction flexion elbow should be at
 - a. 35 degrees
 - b. 50 degrees
 - c. 65 degrees
 - d. 90 degrees
6. For acromohumeral distraction which grade is used
 - a. 1-2
 - b. 2-3
 - c. 3-4
 - d. None of above
7. Vertebral mobilization should be performed in
 - a. Direction of curve
 - b. Perpendicular to facet
 - c. At 90 degree to the plane
 - d. B and c
8. Sulcus sign is for
 - a. Lateral instability
 - b. Medial instability
 - c. Inferior instability
 - d. None of the above
9. During the acute phase of repair:
 - a. Compression taping with stretch tape such as "tubigrip"
 - b. Tape is applied to stretch the tissue without damage'
 - c. For prophylactic use
 - d. Neuro motor control.
10. In ligament injuries:
 - a. Non elastic tape for taping.
 - b. Elastic tape for taping.
 - c. Compression tape.
 - d. None of the above.
11. Isometric contraction using reciprocal inhibition : acute setting without stretching
 - a. Relaxing muscular spasm, mobilize and or prepare joint for manipulation.
 - b. Stretching fibrotic tissue toning weak muscles.
 - c. Strengthening weak muscles.
 - d. Joint manipulation
12. How much effort the patient uses during met:
 - a. 20%
 - b. 80%
 - c. 30%
 - d. 50%
13. Snags given for restricted rotation on rt side will be indirection
 - a. Same
 - b. Opposite
 - c. Ventral
 - d. None
14. Does wry neck produce headache
 - a. Sometime
 - b. Always
 - c. Never
 - d. Occasionally

Regn. No.

Paper Code: MPT- 204

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2015
P & M FOR PROFESSIONAL DEVELOPMENT
PAPER FOUR

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions

Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 8 = 56)

HOSPITAL ADMINISTRATION

- Q. 1. Define Hospital according to WHO and explain the Role of hospital.
- Q. 2. Define organizational structure with diagrammatic representation of Dept. of physiotherapy.
- Q. 3. Define managerial decision making with various classifications in Health Care Organization (HCO).

P & M DEVELOPMENT

- Q. 4. Discuss the role of physiotherapy assistant, physiotherapist and physiotherapy supervisor in a clinical setting based on ethical principles.
- Q. 5. Write in brief about the exception to the duty of confidentiality.
- Q. 6. Describe in brief the role of international health agencies such as WHO.

MEDICAL EDUCATION

- Q. 7. What are the various components of a curriculum? Explain briefly the Zais model of curriculum planning.
- Q. 8. Enumerate the types of teaching aids. Briefly discuss the principles of selection and preparation of various teaching aids.

Regn. No.

Paper Code: MPT- 204

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2015
P & M FOR PROFESSIONAL DEVELOPMENT
PAPER FOUR (MCQ)

Time allotted for MCQ- 25 minutes

B : MCQs (Single response type):

($\frac{1}{2} \times 28 = 14$)

Select the most appropriate answer and encircle the alphabet against it

HOSPITAL ADMINISTRATION

1. (Average daily census / Bed compliment) x 100
 - a. BOR
 - b. BTR
 - c. ALS
 - d. BTI
2. Which among the following is under the central government?
 - a. Nursing House
 - b. Charitable Hospital
 - c. Corporate Hospital
 - d. ESI Hospital
3. Forecasting is:
 - a. Using past information to predict future even
 - b. Using past & current information to predict future event
 - c. Using current information to predict future event
 - d. None of the above
4. Which among the following is a type of planning?
 - a. Strategic
 - b. Action
 - c. Implementation
 - d. Resources
5. Hospital Beds does not include:
 - a. Emergency Beds
 - b. ICU Beds
 - c. Beds in the labour Room
 - d. Pediatric ward Beds
6. A conscious choice among alternatives followed by action to implement the choice is :
 - a. Planning
 - b. Action
 - c. Decision
 - d. Controlling
7. In Maslow's Hierarchy of Needs, Retirement plans come under:
 - a. Physiological Needs
 - b. Social Needs
 - c. Security Needs
 - d. Esteem Needs
8. Span of control is:
 - a. Number of people a manager can control
 - b. Working house of a manager
 - c. Financial requirement of a manager
 - d. Strategic Planning of a manager

PHYSIOTHERAPY ETHICS

9. What do we mean by consent to disclose confidential information?
 - a. Consent must be voluntary
 - b. Consent must be informed
 - c. Individual must have capacity to consent
 - d. All of above
10. Recommendation to disclose can be made verbally by priority
 - a. Director general
 - b. Close relative
 - c. Health professional
 - d. None of above
11. MDG in WHO stands for
 - a. Millennium development guard
 - b. Millennium developed government
 - c. Millennium development goal
 - d. None of the above
12. World health day
 - a. 07 April
 - b. 12 March
 - c. 30 March
 - d. 17 April
13. Duty of confidentiality applies to
 - a. Designated person
 - b. Health professional
 - c. Patients relative
 - d. a & b
14. WCPT stands for
 - a. World confederation of physiotherapy
 - b. Whole conflict of patient
 - c. World contact of people
 - d. World council of physiotherapy
15. Whether IAP membership of WCPT, recently
 - a. Cancelled
 - b. Under process
 - c. Granted
 - d. Disqualified
16. Role of physiotherapy supervisor
 - a. Maintenance of staff attendance
 - b. Making list of equipments in department
 - c. Taking care of queries regarding patient care
 - d. All of the above

P.T.O..

MEDICAL EDUCATION

17. Pedagogy is:
- Student centered
 - Teacher centered
 - Teaching of children
 - Teaching through notes
18. On being asked a question in a classroom, one student gets up and answers. But he gives a wrong answer. The teacher should
- Scold him for giving a wrong answer to simple question
 - Warn him to be more attentive next time
 - Appreciate his effort to answer
 - Ignore him and give the answer himself
19. A good teacher:
- Lectures to cover maximum content
 - Inspires students to learn
 - Demands pin-drop silence in the classroom
 - Depends on teaching aids to a maximum
20. An effective teaching session is one where the teacher:
- Avoids pauses between ideas
 - Avoids summarizing the topic as waste to time
 - Does not hesitate to have direct eye contact with students
 - Does not bother much about the atmosphere in the session
21. A Short teaching session practiced by a trainee in a small group with a view to obtain feedback for further improvement is :
- Small group discussion
 - Seminar
 - Brainstorming
 - Microteaching
22. A good power point slid should have :
- Less text matter in few lines only
 - All alphabets in the upper case
 - As many animations as possible in the slide
 - Different font colour for each word
23. While framing objectives, words like 'Prepare', 'Organize' and 'Construct' relate to:
- Knowledge
 - Comprehension
 - Application
 - Problem Solving
24. One of the following represents the Affective (attitude) domain:
- Writing a proper prescription
 - Relieving the patient's anxiety before a procedure
 - Connecting the leads correctly for recording ECG
 - Writing an essay on care of the ECG machine
25. In small group teaching –learning sessions, the following order:
- Lecturer
 - Interpreter
 - Facilitator
 - Convener
26. The Millar's Pyramid is arranged in the following order:
- Knows, Knows how, Shows how, Does
 - Knows how, shows how, knows, Does
 - Knows, know how, shows how, Does
 - Knows how, Does, knows, Shows how
27. Teacher often turns his back to the students in the use of:
- Power point
 - Black Board
 - Overhead projector
 - Role play
28. Student participation is best ensured by:
- Frequent questioning
 - Clearly writing on blackboard
 - Giving handouts
 - Sticking to time

Regn. No.

Paper Code: MPTN-201

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2016
ASSESSMENT AND DIAGNOSIS (NEURO)
PAPER FIRST

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions

Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 9 = 63)

- Q. 1. Describe types of Aphasia and how to assess it.
- Q. 2. Define assessment of higher mental functions .
- Q. 3. Describe any four scales of balance assessment.
- Q. 4. Define how to assess posture in hemiplegic patient.
- Q. 5. Describe Hemiplegic Gait and its parameters.
- Q. 6. Describe ASIA impairment scale.
- Q. 7. Define assessment of any four cranial nerves.
- Q. 8. Describe superficial and deep Reflexes.
- Q. 9. Define abnormal movements and its types.

n. No.

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2016
ASSESSMENT AND DIAGNOSIS (NEURO)
PAPER FIRST (MCQ)

Time allotted for MCQ- 15 minutes

(½ x 14= 7)

B : MCQs (Single response type):

Select the most appropriate answer and encircle the alphabet against it

1. The upper motor neuron impairment produces the following change of muscles tone:
 - a. Flaccidity
 - b. Spasticity
 - c. "cog wheel" rigidity
 - d. Myoclonia
2. The muscular wasting (hypotrophy) usually develops with disease in:
 - a. Upper motor neuron
 - b. Lower motor neuron
 - c. Cerebellar
 - d. Caudate
3. The temperature & pin sense loss usually develops with disease in:
 - a. Anterior horns of spinal cord
 - b. Posterior horns of spinal cord
 - c. Lateral horns of spinal cord
 - d. Posterior columns of spinal cord
4. 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
5. Babinski response usually develops with damage in:
 - a. Upper motor neuron
 - b. Lower motor neuron
 - c. Cerebellar
 - d. Thalamus
6. The presence of ataxia suggests damage to any of the following EXCEPT:
 - a. Cerebellar
 - b. Thalamus
 - c. Vestibular nucleus
 - d. Vagal nerve
7. 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
8. 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
9. Hemiplegia, hemi anesthesia & hemianopia develop together with disease in the:
 - a. Spinal cord
 - b. Internal capsule
 - c. Thalamus
 - d. Brainstem
10. Affection of the cerebellum 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 Rinne & Weber test
11. Brown-Sequard syndrome develops with the following damage of the spinal cord:
 - a. Complete transversal
 - b. Anterior horns
 - c. Half transversal
 - d. Posterior horns
12. The presence of ptosis suggests damage to cranial nerve:
 - a. IV
 - b. V
 - c. III
 - d. VII
13. The damage to IX, X & XII cranial nerves produce:
 - a. Bulbar palsy
 - b. Pseudobulbar palsy
 - c. Brown-Sequard syndrome
 - d. Argyle-Robertson syndrome
14. Dysphasia suggests the impairment of:
 - a. Speech
 - b. Gait
 - c. Swallowing
 - d. Movement

Regn. No.

Paper Code: MPTC-201

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2016
ASSESSMENT AND DIAGNOSIS (CARDIO)
PAPER ONE

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions

Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 9 = 63)

- Q. 1.** Explain in brief about submaximal exercise testing.
- Q. 2.** Describe ECG findings of some common atrial, junctional and ventricular arrhythmias.
- Q. 3.** Write short notes on following-
 - a.** Nitrogen washout test
 - b.** Low flow oxygen delivery devices
- Q. 4.** Write in brief about common sites of insertion, indications and special considerations while measuring CVP.
- Q. 5.** Write a short note on LTOT (long-term oxygen therapy)- its indications, clinical significance.
- Q. 6.** Based on findings of observation, inspection, auscultation and percussion differentiate between empyema, spontaneous pneumothorax, emphysema, aspiration pneumonia.
- Q. 7.** Explain in brief about dyspnea- its definition, mechanism, causes and types.
- Q. 8.** Explain in brief about indices used in flow volume loop and classification of COPD based on it.
- Q. 9.** Write in detail about different RBC indices and types of polycythemia.

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2016
ASSESSMENT AND DIAGNOSIS (CARDIO)
PAPER ONE (MCQ)

Time allotted for MCQ- 15 minutes

B : MCQs (Single response type):

(½ x 14= 7)

Select the most appropriate answer and encircle the alphabet against it

1. Contraindication to exercise testing includes all except:
 - a. Uncontrolled symptomatic heart failure
 - b. Severe aortic stenosis
 - c. Acute infection
 - d. Angina
2. The "Levine sign" is displayed by a patient suffering from chest pain caused by a _____.
 - a. Myocardial infarction. The patient typically presses a clenched fist against the chest to illustrate the sensation of pressure and constriction in the chest.
 - b. Pleural effusion. The patient typically presses a side of the chest to illustrate the sensation of pressure and constriction in the chest.
 - c. Pericardial effusion. The patient typically presses a clenched fist against the chest to illustrate the sensation of pressure and constriction in the chest.
 - d. Infective Endocarditis. The patient typically presses the chest to illustrate the sensation of pressure and constriction in the chest.
3. On a chest x-ray of a typical COPD patient which amongst the following findings will not be present:
 - a. Hyper inflated lung fields
 - b. Flattening of diaphragm
 - c. Boot shaped heart
 - d. Horizontal spacing of the ribs
4. On echocardiography of a typical COPD patient with secondary pulmonary artery hypertension resulting Cor pulmonale ; which pressure among the following will you find abnormally elevated:
 - a. RVSP (right ventricular systolic pressure)
 - b. RVDP (right ventricular diastolic pressure)
 - c. LVSP (left ventricular systolic pressure)
 - d. LVDP (left ventricular diastolic pressure)
5. A transient, reversible state of a lack of oxygen in the heart caused by reduced blood flow is termed as ____?
 - a. Necrosis
 - b. Functional lesion
 - c. Zone of injury
 - d. Ischemia
6. Parasympathetic stimulation of the heart results in:
 - a. Increased heart rate and decreased contractility.
 - b. Increased heart rate and faster AV conduction.
 - c. Decreased heart rate and slower AV conduction.
 - d. Decreased heart rate and increased contractility.
7. The depth of inspiration on an x-ray is adequate if _____ posterior ribs are visible above the diaphragm on a PA or AP film.
 - a. 5-6
 - b. 6-7
 - c. 7-8
 - d. 9-10
8. A patient has following ABG results:
pH 7.45, PaCO₂ 32 mmHg, HCO₃ 16 mEq/L
Based on the findings, the patient has which of the following acid-base disorder?
 - a. Compensated metabolic alkalosis
 - b. Compensated respiratory alkalosis
 - c. Uncompensated metabolic acidosis
 - d. Uncompensated respiratory acidosis
9. Passive stretching exerted by blood on the ventricular muscle at the end of diastole is referred to as:
 - a. Preload
 - b. Afterload
 - c. Atrial kick
 - d. Cardiac output
10. The term **pulseless electrical activity** refers to a condition in which there's:
 - a. Extremely slow heart rate but no pulse.
 - b. Asystole on a monitor or rhythm strip.
 - c. Electrical activity in the heart but no actual contraction.
 - d. Asystole and a palpable pulse and blood pressure.
11. In type I second-degree AV block, the PR interval:
 - a. Varies according to the ventricular response rate.
 - b. Progressively lengthens until a QRS complex is dropped.
 - c. Remains constant despite an irregular ventricular rhythm.
 - d. Is unmeasurable.
12. Which amongst the following tests is/are used for respiratory muscle testing?
 - a. Incentive spirometry
 - b. Maximal static inspiratory pressure
 - c. Arterial blood gas analysis
 - d. Plethysmography
13. Pharmacologic stress testing is done in patients who are unable to _____ and it is done by injecting _____ intravenously.
 - a. Inform about their chest pain, technetium
 - b. Exercise adequately to diagnostic levels, dobutamine
 - c. Both of the above
 - d. None of the above
14. On auscultation, if wheezes are heard in expiratory phase throughout the lung field, it indicates:
 - a. Retained secretions
 - b. Bronchospasm
 - c. Lung collapse
 - d. Pleural effusion

Regn. No.

Paper Code: MPTN- 202

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2016
PHYSIOTHERAPY MANAGEMENT-I (NEURO)
PAPER TWO

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions
Draw suitable diagrams wherever necessary.

(7 x 9 = 63)

A: Short answer questions

- Q. 1. Write down the classification of brain tumor and rehabilitation protocol for cerebellopontine angle tumor.
- Q. 2. Write in detail about cervical myelopathy and rehabilitation for same.
- Q. 3. Write in detail the complete assessment for spinal cord injury.
- Q. 4. Write about an areflexic bladder and its rehabilitation.
- Q. 5. Define dense hemiplegia and rehabilitation for same.
- Q. 6. Discuss complete assessment for head injury patient.
- Q. 7. Write about the congenital hydrocephalus clinical picture and its rehabilitation.
- Q. 8. Write in detail about characteristics of EDH and its rehabilitation.
- Q. 9. Short notes :
 - a. UMN and LMN
 - b. Dysarthria

Regn. No.

Paper Code: MPTN- 202

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2016
PHYSIOTHERAPY MANAGEMENT-I (NEURO)
PAPER TWO (MCQ)

Time allotted for MCQ- 15 minutes

B : MCQs (Single response type):

(½ x 14= 7)

Select the most appropriate answer and encircle the alphabet against it

1. Decorticate or decerebrate rigidity is related to:
 - a. Tone
 - b. Reflex
 - c. Mmt
 - d. None
2. The decorticate response includes the following except for:
 - a. Flaccid response
 - b. Spastic in both upper limb
 - c. Both a and b
 - d. None
3. Glasgow coma scale is discovered by:
 - a. Jennet tesdale
 - b. Norkin
 - c. Maggi
 - d. None
4. Which cause of hydrocephalus:
 - a. Torch
 - b. Herpes zoster
 - c. Staphylococcus aureus
 - d. None
5. Amyloid angiopathy is caused by :
 - a. Older age
 - b. Heart disease
 - c. Kidney disease
 - d. None
6. Intra cerebral haemorrhage is caused by:
 - a. Hypertension
 - b. Diabetes mellitus
 - c. Hyponetremia
 - d. None
7. CSF rhinorrhea is caused b:
 - a. Frontal bone lesion
 - b. Ethmoid lesion
 - c. Both
 - d. None
8. Flaccidity is present in case of :
 - a. Polio
 - b. Cerebellum
 - c. Peripheral nerve lesion
 - d. All of the above
9. Hypotonia is caused by lesion at:
 - a. Anterior grey column lesion
 - b. Corticospinal lesion
 - c. Basal ganglia
 - d. None
10. SDH is having the following clinical feature except for:
 - a. Paraparesis
 - b. Hemiparesis
 - c. Quadriparesis
 - d. None
11. Beta transferrin test is used in:
 - a. Rhinorrhea
 - b. Otorrhea
 - c. Lumbar puncture
 - d. None
12. The cause for subarachnoid haemorrhage is:
 - a. Aneurysm
 - b. AVM
 - c. Both
 - d. None
13. Dense hemiplegia is related to:
 - a. Internal capsule
 - b. Basal ganglia
 - c. Cerebellum
 - d. Brain stem
14. Normal level of potassium:
 - a. 3.5-4.5
 - b. 1-1.25
 - c. .80-1.50
 - d. None

Regn. No.

Paper Code: MPTC-202

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2016
PHYSIOTHERAPY MANAGEMENT-I (CARDIO)
PAPER TWO

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions
Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 9 = 63)

- Q. 1. Describe in brief the pre and post operative physiotherapy management in a CABG patient.
- Q. 2. Explain in brief the special considerations for exercise prescription of a 65 year old stage 2 hypertensive female patient with bilateral knee arthritis who is on antihypertensive therapy.
- Q. 3. Write a brief note on:
 - a. Open vs. closed bypass surgery
 - b. Arterial vs. venous grafts
- Q. 4. Write in detail about the neurohumoral mechanisms operating in a chronic heart failure patient.
- Q. 5. Write in brief about risk factors, clinical features and prophylactic treatment for venous thromboembolism.
- Q. 6. Describe in brief the physiotherapy assessment in patients with cardiac arrhythmias.
- Q. 7. Explain in brief the special consideration to be taken in physiotherapy management of heart failure patient with LVAD.
- Q. 8. Describe in brief the AARC guidelines for long term oxygen therapy.
- Q. 9. Describe in brief the assessment and management of 33 yrs old male patient with radiographically evident bilateral bronchiectasis with chief complaints of exertional breathlessness, excessive cough with expectoration and fever.

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2016

PHYSIOTHERAPY MANAGEMENT-I (CARDIO)
PAPER TWO (MCQ)

Time allotted for MCQ- 15 minutes

(½ x 14= 7)

B : MCQs (Single response type):

Select the most appropriate answer and encircle the alphabet against it

1. Weaning becomes difficult with intrapulmonary shunting of more than:
 - a. 10%
 - b. 15%
 - c. 20%
 - d. None of the above
2. Balloon in intra-aortic balloon pump is inflated during _____.
 - a. Systole
 - b. Diastole
 - c. Mid-systole
 - d. None of the above
3. BODE scale in COPD is used for:
 - a. Prognosis
 - b. Prediction of co-morbidity
 - c. Severity assessment
 - d. None of the above
4. Which amongst following is not the weaning index?
 - a. RSBI
 - b. CROP
 - c. SWI
 - d. ABPI
5. In pleural effusion, the type of underlying atelectasis is ____ :
 - a. Obstruction atelectasis
 - b. Compression atelectasis
 - c. a and c both
 - d. None of the above
6. A morbidly obese patient with hypoventilation syndrome has following symptoms except:
 - a. Daytime sleepiness
 - b. Daytime hypercapnia
 - c. Hypoxemia
 - d. Orthostatic dyspnea
7. Fixed performance oxygen therapy devices (high flow devices) are the ones which:
 - a. Consistently provide gas flow that meets and exceeds patient's inspiratory flow rates.
 - b. Provide less gas than the patient is breathing in.
 - c. Gas flow is less than patient's inspiratory flow rates
 - d. None of the above
8. In gestational hypertension, which one of the following statements is/are true:
 - a. Exercises are contraindicated
 - b. Low to moderate intensity exercise are beneficial
 - c. Isometric exercises are beneficial
 - d. None of the above
9. Among following presenting features, all will present in right heart failure except:
 - a. Ascites
 - b. Raised JVP
 - c. Peripheral edema
 - d. Pleural effusion
10. In a patient with intermittent claudication, the findings of Ankle Brachial Pressure index is _____.
 - a. >1
 - b. 0.5-0.9
 - c. <0.5
 - d. None of the above
11. Long standing hypertension will most likely cause _____ hypertrophy.
 - a. Eccentric
 - b. Concentric
 - c. Isometric
 - d. None of the above
12. When PEEP is delivered to the airway of the patient who is breathing spontaneously, it is called:
 - a. Airway pressure release ventilation
 - b. Pressure support ventilation
 - c. Continuous pressure airway pressure ventilation
 - d. Pressure control ventilation
13. End-organ pathology in long standing hypertensive patient includes all except:
 - a. Retinopathy
 - b. Nephropathy
 - c. stroke
 - d. Eccentric LV hypertrophy
14. Which of the following shifts the oxygen dissociation curve to the left?
 - a. Increased PaCO₂
 - b. Decreased pH
 - c. Increased body temperature
 - d. None of the above

Regn. No.

Paper Code: MPTN- 203

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2016
PHYSIOTHERAPY MANAGEMENT-II (NEURO)
PAPER THREE

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions
Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 9 = 63)

- Q. 1.** Mrs. Urmila is a 55 year old teacher who lives in a terraced house (which has one flight of stairs) with one of her two sons. She got divorced 10 years earlier and has a history of hypertension. She smokes and is overweight. Her hobby is gardening and twice a week she also plays bridge at her local club. Describe Rehabilitation protocol of 6 months for her.
- Q. 2.** Describe PT management of a 22 year old young man who had spinal cord injury at T₁₂₋₄ level in a RTA two years back.
- Q. 3.** Describe PT management of multiple sclerosis.
- Q. 4.** Describe PT Management of myasthenia gravis.
- Q. 5.** Describe principles of NDT.
- Q. 6.** Describe principles and techniques in rood's approach.
- Q. 7.** Describe cognitive rehabilitation techniques.
- Q. 8.** Describe principles and techniques of sensory integration.
- Q. 9.** Describe PT management of GBS.

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2016
PHYSIOTHERAPY MANAGEMENT-II (NEURO)
PAPER THREE (MCQ)

Time allotted for MCQ- 15 minutes

B : MCQs (Single response type):

(½ x 14= 7)

Select the most appropriate answer and encircle the alphabet against it

1. Polio is spread by:
 - a. Orofecal route
 - b. Droplet infection
 - c. Airborne infection
 - d. Water borne infection
2. Polio will effect this age group:
 - a. Under five
 - b. Under 10-15 years
 - c. 5-10 years
 - d. All age groups
3. Cerebral palsy is a disease of :
 - a. Sensory disability
 - b. Motor nerve disease
 - c. Ant. Horn cell
 - d. Motor disability and non progressive
4. Cerebral palsy is caused by :
 - a. Injury to brain
 - b. Immature brain
 - c. Brain damage at or during birth
 - d. All of them
5. The common cause for the head injury are the following except for :
 - a. Industrial accidents
 - b. Road traffic accidents
 - c. Fall from height
 - d. Hyper tension
6. The common age group for head injury is :
 - a. 25-30
 - b. 30 and above
 - c. 15-25
 - d. All age group
7. The exact cause for CSF rhinorrhea is :
 - a. Shearing force / sudden increase in ICP
 - b. Hemorrhage
 - c. Infection
 - d. None
8. The immediate clinical features of head injury are below expect for:
 - a. Altered autonomic function
 - b. Loss of consciousness
 - c. Loss of motor function
 - d. All of the above
9. The Autonomic dysfunction may be :
 - a. Abnormal pulse and respiratory rate
 - b. Increased temperature
 - c. Altered blood pressure
 - d. All of the above
10. The change in consciousness is due to :
 - a. Bilateral cortex involvement
 - b. Destruction of brainstem
 - c. A and B
 - d. None
11. Decerebrate response includes the following except for :
 - a. Abnormal flexor responses in upper limbs
 - b. Abnormal extensor responses in lower limbs
 - c. Flexor responses in both extremities
 - d. A & B
12. The decorticate response includes the following except for :
 - a. Abnormal flexor responses in upper limbs
 - b. Extensor responses in lower limbs
 - c. Flaccid paralysis
 - d. A & B
13. In brainstem damage the ocular signs will be :
 - a. Abnormal pupil size
 - b. Abnormal light reflex
 - c. Abnormal eye movement
 - d. All of the above
14. The Glasgow coma scale is used to assess:
 - a. Level of consciousness
 - b. Type of lesion
 - c. To grade muscle power
 - d. Functional assessment

Regn. No.

Paper Code: MPTC-203

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2016

PHYSIOTHERAPY MANAGEMENT-II (CARDIO)

PAPER THREE

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions

Draw suitable diagrams wherever necessary.

A: Short answer questions

- Q. 1. Write in brief about the risk stratification in cardiac rehabilitation.
- Q. 2. Explain in brief about the benefits of therapeutic upright, side lying and prone positioning.
- Q. 3. Describe in brief about PEP devices- types and their clinical use.
- Q. 4. Write short notes on:
 - a. Sustained maximal inspiratory maneuver
 - b. Ultrasonic nebulizer
- Q. 5. Describe in brief various operating modes of mechanical ventilation.
- Q. 6. Describe in brief clinical use and indications for LTOT as per AARC guidelines.
- Q. 7. Write a note on non-invasive BiPAP and CPAP.
- Q. 8. Write short notes on:
 - a. Double product
 - b. Contraindications of exercise testing
- Q. 9. Write in brief about the clinical significance of humidification and explain in brief about heat moisture exchanger.

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2016

**PHYSIOTHERAPY MANAGEMENT-II (CARDIO)
PAPER THREE (MCQ)**

Time allotted for MCQ- 15 minutes

B : MCQs (Single response type):

(½ x 14 = 7)

Select the most appropriate answer and encircle the alphabet against it

1. Humidification required when O₂ flow is-
 - a. Less than 2 LO₂/min
 - b. Less than 3 LO₂/min
 - c. Less than 4 LO₂/min
 - d. More than 4 LO₂/min
2. An infective exacerbation of COPD is characterized by-
 - a. an increased volume of sputum and a cough
 - b. an increased volume of sputum and increased purulence of sputum
 - c. an increased volume of sputum and increased FEV₆
 - d. an increased volume of sputum and increased FEV₁
3. ACSM recommendations for the prescription of exercises Intensity in phase I of cardiac Rehabilitation is/are-
 - a. Post AMI: HR below 120 bpm or resting HR + 20 bpm
 - b. Post-surgery: resting HR + 30 bpm
 - c. TPE below 13
 - d. All the above
4. Which amongst the following is/are the risk factor/s for atelectasis?
 - a. Decreased FRC
 - b. Alteration in small airway function
 - c. Effect of anesthesia
 - d. All of the above
5. PEEP is used as a strategy to treat which kind of hypoxaemia?
 - a. Anemic hypoxaemia
 - b. Histotoxic hypoxaemia
 - c. Refractory hypoxaemia
 - d. Hypoxic hypoxia
6. PAR-Q has been recommended as minimal standard for entry into moderate intensity exercise programs is suitable for people aging-
 - a. 15-69
 - b. 14- 50
 - c. 20- 80
 - d. 30-50
7. Passive stretching exerted by blood on the ventricular muscle at the end of diastole is referred to as:
 - a. Preload
 - b. Afterload
 - c. Atrial kick
 - d. Cardiac output
8. Pharmacologic stress testing is done in patients who are unable to _____ and it is done by injecting _____ intravenously.
 - a. Inform about their chest pain, technetium
 - b. Exercise adequately to diagnostic levels, dobutamine
 - c. Both of the above
 - d. None of the above
9. Contraindication to exercise testing includes all except:
 - a. Uncontrolled symptomatic heart failure
 - b. Severe aortic stenosis
 - c. Acute infection
 - d. Angina
10. Which of the following is not a component of the formed elements of blood?
 - a. RBCs
 - b. Lipids
 - c. WBCs
 - d. Platelets
11. Anion gap is useful in assessing which of the following situations?
 - a. Cause of metabolic alkalosis
 - b. Cause of metabolic acidosis
 - c. Cause of respiratory acidosis
 - d. Cause of respiratory alkalosis
12. Which of the following is associated with heart failure-
 - a. Apnea
 - b. Eupnea
 - c. Platypnea
 - d. Paroxysmal nocturnal dyspnea
13. PEFR monitoring is important component in assessment of following-
 - a. ILD
 - b. Asthma
 - c. COPD
 - d. None of above
14. Pleural fluid with high in protein content is called-
 - a. Exudate
 - b. Transudate
 - c. Pyothorax
 - d. All of the above

Regn. No.

Paper Code: MPT- 204

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2016
P & M FOR PROFESSIONAL DEVELOPMENT
PAPER FOUR

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions

Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 8 = 56)

HOSPITAL ADMINISTRATION

- Q. 1.** Enumerate the physical facilities of Outdoor Patient Department (OPD) and explain the Managerial Issue related to OPD.
- Q. 2.** Discuss advantages and disadvantages of Nightingale and Rig's pattern Ward.
- Q. 3.** Explain communication process and various formal channels of organization communication.

P & M DEVELOPMENT

- Q. 4.** Discuss role of WHO in Health care.
- Q. 5.** Explain role of a Physiotherapy assistant and aide in patient care.
- Q. 6.** Explain ICF in brief.

MEDICAL EDUCATION

- Q. 7.** Enumerate the Domains in Blooms taxonomy. Explain the importance of the domain that deals with emotions in context of your profession. (4+3=7Marks)
- Q. 8.** What are the classical roles of a teacher? Which role appeals to you most and Why? (4+3=7Marks)

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2016
P & M FOR PROFESSIONAL DEVELOPMENT
PAPER FOUR (MCQ)

Time allotted for MCQ- 25 minutes

B : MCQs (Single response type):

(½ x 28 = 14)

Select the most appropriate answer and encircle the alphabet against it

HOSPITAL ADMINISTRATION

1. A plan that has ongoing meaning and application for an organization is known as –
 - a. Operational Plan
 - b. Strategic Plan
 - c. Single-use Plan
 - d. Standing Plan
2. Which among the following is government hospital –
 - a. Private Nursing Home
 - b. Corporate Hospital
 - c. District Hospital
 - d. Charitable Hospital
3. Which among the following is/ are values related to quality based planning process –
 - a. The firm is customer driven not product driven
 - b. All employee manage, not just the manager
 - c. Prevention (not detection) of defect is emphasized
 - d. All of the above
4. Clinical service which cater patients who are not registered as inpatient is –
 - a. Inpatient Department Service
 - b. Operation Theaters
 - c. Outpatient Department Service
 - d. Intensive Care Unit
5. The legitimate right to use assigned resources to accomplish a delegate task or objective –
 - a. Authority
 - b. Responsibility
 - c. Initiative
 - d. All of the above
6. Span of Control is –
 - a. The process of grouping jobs together on basis of some common characteristics
 - b. The number of subordinates who report to a superior
 - c. The process of pushing downward the appropriate amount of authority
 - d. The process of decision making authority in the organization's hierarchy
7. The awareness of the importance of others and of the regard accorded by others is known as –
 - a. Security Needs
 - b. Social Needs
 - c. Esteem Needs
 - d. Self-actualization Needs
8. The translating of a communication into a understandable message is known as
 - a. Encoding
 - b. Medium
 - c. Decoding
 - d. Feedback

P & M DEVELOPMENT

9. In which year WHO was Established
 - a. 1947
 - b. 1948
 - c. 1949
 - d. 1950
10. MDG in WHO stands for
 - a. Millennium development guard
 - b. Millennium developed government
 - c. Millennium development goal
 - d. None of the above
11. WCPT stands for
 - a. World confederation of physiotherapy
 - b. Whole conflict of patient
 - c. World contact of people
 - d. World council of physiotherapy
12. Whether IAP membership of WCPT, recently
 - a. Cancelled
 - b. Underprocess
 - c. Granted
 - d. Disqualified
13. What do we mean by consent to disclose confidential information
 - a. Consent must be voluntary
 - b. Consent must be informed
 - c. Individual must have capacity to consent
 - d. All of above
14. Recommendation to disclose can be made to
 - a. Director general
 - b. Close relative
 - c. Health professional
 - d. None of above
15. Designated post after MPT is
 - a. Lecturer
 - b. Asst. Professor
 - c. Associate professor
 - d. None of the above
16. Recently gravity eliminated treadmill is designed by
 - a. NASA
 - b. WHO
 - c. WCPT
 - d. WCD

MEDICAL EDUCATION

17. Analysis of a given situation is a part of
 - a. Affective domain
 - b. Knowledge domain
 - c. Psychomotor domain
 - d. Pro-active domain
18. When teaching large groups
 - a. Teacher to student ratio is always high
 - b. Interactive methods are more useful
 - c. Blackboard gives best visibility
 - d. Learning cannot happen
19. Learning is
 - a. To be able to remember things
 - b. To know course content thoroughly
 - c. A change in behavior over a period of time
 - d. Accumulating knowledge over a selected topic
20. Summative assessment is most frequently used for
 - a. Deciding pass or Fail
 - b. Facilitating learning
 - c. Improving teaching methodologies
 - d. Providing timely feedback to student
21. Systems approach has three components- Input- process-output, Process includes:
 - a. Students
 - b. Teaching Aids
 - c. Teaching
 - d. Class room facility
22. As an audio-visual aid, the Power point presentations have the following disadvantage –
 - a. There is a need for black board to display the images
 - b. Cannot display animation at any time
 - c. Cannot be preserved / stored for long time
 - d. May lead to overloading of facts in a given time
23. Instructional objectives for a Lecture should preferably be centered around –
 - a. Student
 - b. Teacher
 - c. Curriculum
 - d. Institution
24. The prominent roles of a teacher are all EXCEPT
 - a. Facilitator
 - b. Communicator
 - c. Observer
 - d. Mentor
25. Which of these is best for Interactive teaching?
 - a. Book reading
 - b. lecturing
 - c. Small group discussions
 - d. Audio tapes of lectures
26. The affective domain involves the –
 - a. Knowledge
 - b. Skills
 - c. Attitudes
 - d. Creation
27. Black board teaching may become less suitable for large classrooms because of all except–
 - a. Diagrams can be displayed better
 - b. Pace of teaching is good.
 - c. Constant eye contact is maintained
 - d. Colors are better seen against a black background
28. In a group activity-
 - a. Communication is important
 - b. Written instructions are a must
 - c. At least 25 peoples should be there to make a group
 - d. All members of a group should resemble each other in basic characteristic

Regn. No.

Paper Code: MPTN-201

M.P.T. SECOND YEAR EXAMINATION
JUNE/JULY - 2017
ASSESSMENT AND DIAGNOSIS (NEURO)
PAPER FIRST

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions

Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 9 = 63)

- Q. 1. Discuss MMSE in detail with its clinical application.
- Q. 2. How do you diagnose Bell's palsy? What are the assessment findings for the same? How do you differentiate it from facial palsy?
- Q. 3. Discuss any two tests used for tone assessment. How do you assess hypertonia? What are the clinical difference between spasticity and rigidity?
- Q. 4. Discuss the clinical approach to site localization in stroke.
- Q. 5. How do you assess the sensory functions in neurological patients? Discuss the clinical interpretations of sensory findings.
- Q. 6. Discuss hemiplegic gait assessment in detail.
- Q. 7. How do you assess disability in neurological patients?
- Q. 8. Name two ADL scales and describe them in detail.
- Q. 9. How do you diagnose cerebral palsy? Discuss neonatal reflexes.

M.P.T. SECOND YEAR EXAMINATION
JUNE/JULY - 2017
ASSESSMENT AND DIAGNOSIS (NEURO)
PAPER FIRST (MCQ)

Time allotted for MCQ - 15 minutes

B : MCQs (Single response type):

(½ x 14 = 7)

Select the most appropriate answer and **encircle** the alphabet against it

1. A 79 year old man presents with a gradual deterioration in mental state. He also has had difficulty in walking and has had frequent falls. What other piece of clinical information will help to establish the diagnosis?
 - a. Urinary incontinence
 - b. Sexually inappropriate
 - c. Auditory hallucinations
 - d. Auditory hallucinations
2. What is the diagnosis of the above case?
 - a. Alzheimers disease
 - b. Parkinsons disease
 - c. Normal pressure hydrocephalus
 - d. Multi-infarct dementia
3. A 45 year old lady presents after a 6 week history of a painful neck. The pain is described as shooting in nature and is 10/10 on a severity score. Now she describes a 3 day history of right arm weakness. Examination reveals weakness on right shoulder abduction (4/5) and right elbow flexion (4/5). Reflexes in her right arm are all absent apart from triceps. There are no sensory findings. The remainder of the examination is normal. What is the most likely diagnosis?
 - a. CVA
 - b. Cervical myelopathy
 - c. Brachial neuritis
 - d. Frozen shoulder
4. You examine a 78 year old right handed man who is dysphasic and the nurses tell you that he has suffered from a stroke.
 - a. Left extensor plantar
 - b. Left homonymous hemianopia
 - c. Left sided hemiplegia
 - d. Right homonymous hemianopia
5. You examine the gentleman in the next bed who is also right handed. Visual field testing demonstrates a lower left quadrantanopia. Where is the lesion causing this visual field defect?
 - a. Right temporal lobe
 - b. Right parietal lobe
 - c. Left temporal lobe
 - d. Right temporal lobe
6. In the above man, which of the following features may also be present?
 - a. Acalculia
 - b. Left-right disorientation
 - c. Constructional apraxia
 - d. Finger agnosia

7. In the above man you find absent corneal reflex. Where do you place the pathology?
 - a. Cavernous sinus
 - b. Jugular foramen
 - c. Midbrain
 - d. Cerebellopontine angle
8. A patient with C7 nerve root injury is examined in physical therapy. Which of the following objective findings would be most indicative of nerve root lesion?
 - a. Paraesthesia over the little finger
 - b. Weak triceps and wrist flexor muscle
 - c. Paraesthesia over the thumb
 - d. Weak biceps and supinator muscles
9. A patient involved in a motor vehicle accident sustains an injury to the posterior cord of brachial plexus. Which muscle would not be affected by the injury?
 - a. Infraspinatus
 - b. Subscapularis
 - c. Latissimus dorsi
 - d. Teres major
10. Ataxia of trunk is seen in lesion of:
 - a. Neocerebellum
 - b. Cerebellar vermis
 - c. Archicerebellum
 - d. Paleocerebellum
11. A patient diagnosed with Erb's palsy will be expected to have the following objective findings except:
 - a. Paralysis of the biceps and brachialis
 - b. Absent sensation in deltoid region
 - c. Absent biceps jerk
 - d. Paralysis of intrinsic hand muscles
12. You are testing the tonic labyrinthine reflex of a patient. You have positioned the patient prone. Which of the following would you consider to be a positive response to this position?
 - a. Increased extensor tone in upper and lower limb
 - b. Increased flexor tone in upper and lower limb
 - c. Increased extensor tone in upper extremities and flexor tone
 - d. Increased flexor tone in upper extremities and extensor tone in lower extremities
13. A nine month old infant with cerebral palsy is unable to roll from prone to supine. This developmental activity typically occurs by:
 - a. 3 months
 - b. 5 months
 - c. 7 months
 - d. 9 months
14. A 50 year old male presents with a lower motor neuron VIIth nerve palsy, his family are concerned that he has suffered a stroke. He has deafness in his right ear which he says is long-standing though has seen ENT who diagnosed this as sensorineural deafness. He now also complains of double vision on right lateral gaze with horizontal separation of the images. You examine his eyes, and find incomplete abduction of the right eye on right gaze. The rest of his eye movements are full. The pupils are equal and react appropriately to light and accommodation. What do you diagnose?
 - a. Right VIth nerve palsy
 - b. Right IIIrd nerve palsy
 - c. Right IVth nerve palsy
 - d. Right internuclear ophthalmoplegia

Regn. No.

Paper Code: MPTO-201

M.P.T. SECOND YEAR EXAMINATION
JUNE/JULY - 2017
ASSESSMENT AND DIAGNOSIS (ORTHO)
PAPER FIRST

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions

Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 9 = 63)

- Q. 1.** Write diagnosis and management of a 25 year old student with complains of acute blow, immediate effusion of knee and inability to continue play.
- Q. 2.** Write the rehabilitation of rehabilitation of 50 year old male who is diabetic and was operated for AVN of head of femur?
- Q. 3.** Write a short note on rheumatoid arthritis hand.
- Q. 4.** Write the evidence based rehabilitation for post-operative PIVD.
- Q. 5.** Write evidence based rehabilitation for frozen shoulder with gross loss of rom.
- Q. 6.** Write rehabilitation for Potts spine.
- Q. 7.** Write the rehabilitation for 45 year old having positive risers sign and lateral shifting of spine with respiratory distress.
- Q. 8.** Write detailed assessment for low back pain.
- Q. 9.** Discuss the treatment of complications after fractures and their prevention.

M.P.T. SECOND YEAR EXAMINATION
JUNE/JULY - 2017
ASSESSMENT AND DIAGNOSIS (ORTHO)
PAPER FIRST (MCQ)

Time allotted for MCQ - 15 minutes

B : MCQs (Single response type):

(½ x 14 = 7)

Select the most appropriate answer and **encircle** the alphabet against it

1. In ankle sprain, the commonest ligament torn is:
 - a. Tibio-talar ligament
 - b. Deltoid ligament
 - c. Calcaneo fibular ligament
 - d. Anterior talo-fibular ligament
2. For a distended knee joint which of the following position is most comfortable?
 - a. 30° flexion
 - b. 60° flexion
 - c. 90° flexion
 - d. 120° flexion
3. What is true about supracondylar fractures of femur?
 - a. Distal fragment tilts posteriorly due to pull of gastrocnemius
 - b. Distal fragment tilts anteriorly due to pull of quadriceps
 - c. Can usually be treated with Russell traction
 - d. Can be complicated by injury to sciatic nerve
4. Which of following is the commonest cause of loose body in the knee joint?
 - a. Osteochondritis dissecans
 - b. Intra-articular fractures
 - c. Synovial osteochondromatosis
 - d. Torn meniscus
5. Which of the following injury is called "Aviator's fracture"?
 - a. Total dislocation of talus
 - b. Fracture neck of metatarsal
 - c. Subtalar dislocation
 - d. Fracture of neck of talus
6. External fixator is **not** indicated in:
 - a. Fracture associated with severe soft tissue damage
 - b. Infected fractures
 - c. Simple closed fracture of humeral shaft
 - d. Fracture associated with burns
7. What is the earliest indication of Volkmann's ischaemia?
 - a. Pain
 - b. Pallor and poor capillary filling
 - c. Paraesthesia in median nerve area
 - d. Contracture of fingers
8. Which of the following bursa produces symptoms in shoulder?
 - a. Impingement syndrome
 - b. Subdeltoid bursa
 - c. Bursa in relation of subscapularis tendon
 - d. Bursa in relation to latissimus dorsi
9. A patient who has sustained open wound on leg is bleeding profusely. Before patient arrives in hospital the safest method to stop bleeding is:
 - a. Elevation of leg
 - b. Local pressure on wound and elevation of leg
 - c. Ligation of bleeding vessel
 - d. Use of tourniquet
10. Commonest cause of quadriceps contracture is:
 - a. Ischaemic myositis
 - b. Following femoral shaft fracture
 - c. Following operations on thigh
 - d. Post injection fibrosis
11. What are contraindications of arthroscopy?
 - a. Partial or complete ankylosis of joint
 - b. Risk of introducing sepsis from a nearby skin lesion
 - c. Major collateral ligamentous and capsular disruptions
 - d. All of the above
12. Which of the following statement is **true** in diagnosing CDH in first few days of life?
 - a. It is impossible to diagnose
 - b. The sign of telescoping test is best way to diagnose
 - c. Diagnose with van Rosens or Barlow test
 - d. The Trendelenberg test is most useful
13. The initial abnormality in rheumatoid arthritis is?
 - a. Fibrillation of cartilage
 - b. Sclerosis of cartilage
 - c. In the synovial membrane
 - d. In the capsule
14. Following a stumble on stairs a 70 yr old male felt severe pain and couldn't stand up o/e there was shortening of limb, external rotation deformity and tender thickening of GT, X-ray examination revealed?
 - a. Intercapsular fracture of neck of femur
 - b. Pre-trochantric fracture of femur
 - c. Dislocation of hip
 - d. Fracture of acetabulum

Regn. No.

Paper Code: MPTC-201

M.P.T. SECOND YEAR EXAMINATION
JUNE/JULY - 2017
ASSESSMENT AND DIAGNOSIS (CARDIO)
PAPER ONE

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions

Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 9 = 63)

- Q. 1. Explain in detailed about the normal, abnormal & transmitted auscultatory respiratory sounds.
- Q. 2. Describe the principles for interpretation of a functional exercise testing and its clinical significance.
- Q. 3. Explain the assessment, classification and differential diagnosis of clubbing of fingers.
- Q. 4. Write a note on BODE scale and its clinical significance.
- Q. 5. Write short notes on:
 - a. Pharmacologic exercise testing
 - b. Nitrogen washout test
- Q. 6. Write in brief about the insertion sites, indications and special considerations to be taken in measuring pulmonary artery wedge pressure (PAWP).
- Q. 7. Differentiate between atelectasis, pneumonia, pneumothorax, pleural effusion on the basis observation, palpation, auscultation and percussion.
- Q. 8. Write in brief about various determinant factors on which PFT values depend and elaborate broncho-provocation testing.
- Q. 9. Write in detail about the concept of maximal oxygen consumption and rate pressure product.

M.P.T. SECOND YEAR EXAMINATION
JUNE/JULY - 2017
ASSESSMENT AND DIAGNOSIS (CARDIO)
PAPER ONE (MCQ)

Time allotted for MCQ- 15 minutes

B : MCQs (Single response type):

(½ x 14= 7)

Select the most appropriate answer and encircle the alphabet against it

1. The depth of inspiration on an x-ray is adequate if _____ posterior ribs are visible above the diaphragm on a PA or AP film:
 - a. 5-6
 - b. 6-7
 - c. 7-8
 - d. 9-10
2. A 20 year old patient has following ABG results: pH 7.37, PaCO₂ 30 mmHg, HCO₃ 15 mEq/L. Based on the findings, the patient has which of the following acid-base disorder?
 - a. Compensated metabolic acidosis
 - b. Compensated metabolic alkalosis
 - c. Compensated respiratory acidosis
 - d. Compensated respiratory alkalosis
3. Which of the following is true for MAP (mean arterial pressure)?
 - a. It is an arithmetic average of systolic and diastolic pressure
 - b. It is an indicator of stroke volume
 - c. Decreased MAP is associated with increased risk of stroke and heart failure
 - d. It is an indicator of tissue perfusion
4. Among the following causes which will cause tachypnea in the adult?
 - a. Hypothermia
 - b. Narcotic overdose
 - c. Metabolic acidosis
 - d. Hyperoxia
5. If a patient experiences syncope upon moving from the supine to the upright position, what is the likely cause?
 - a. bronchospasm
 - b. Postural hypotension
 - c. Excessive vasoconstriction
 - d. Pulsus paradoxus
6. Which of the following causes increased resonance to percussion of the chest?
 - a. Lobar consolidation
 - b. Pneumothorax
 - c. Pleural effusion
 - d. Atelectasis
7. Which of the following shifts the oxyhaemoglobin dissociation curve to the left?
 - a. Increased PaCO₂
 - b. Decreased pH
 - c. Fever
 - d. None of the above
8. In diagnostic spirometry, reproducible trials is said when two largest FVC and FEV₁ are within:
 - a. 100 ml of each other
 - b. 150 ml of each other
 - c. 200 ml of each other
 - d. 250 ml of each other
9. Which of the following is/are false regarding antero-posterior chest X-ray?
 - a. Patient rotation usually is present and makes interpretation difficult
 - b. Heart size is subjected to magnification
 - c. It is standard for ambulatory patient
 - d. Cassette is placed at the back of the patient and X-ray shot is taken from the front
10. Which of the following is a common finding in an asthmatic patients?
 - a. Neutrophilia
 - b. Eosinophilia
 - c. Lymphocytopenia
 - d. Leucopenia
11. Anion gap is useful in assessing which of the following situations?
 - a. Cause of metabolic alkalosis
 - b. Cause of metabolic acidosis
 - c. Cause of respiratory alkalosis
 - d. Cause of respiratory acidosis
12. Which of the following test (s) is (are) a measure of kidney function?
 - a. BUN
 - b. Creatinine kinase
 - c. Creatinine
 - d. a and c
13. Which of the following condition may affect the accuracy of the pulse oximetry?
 - a. Dark skin pigmentation
 - b. Presence of sunlight
 - c. Motion artifact
 - d. All of the above
14. Normal range of mean pulmonary artery pressure is:
 - a. 10-20 mmHg
 - b. 15-25 mmHg
 - c. 20-30 mmHg
 - d. 25-35 mmHg

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2017
PHYSIOTHERAPY MANAGEMENT-I (NEURO)

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions
Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 9 = 63)

- Q. 1. List the causes of congenital hydrocephalus? Discuss the assessment and rehabilitation of hydrocephalus after VP shunt.
- Q. 2. Discuss the rehabilitation of a 50 yr adult male unconscious patient in I.C.U.
- Q. 3. Enumerate the causes of stroke in adult? How will you physiotherapy manage case of chronic hemiplegia.
- Q. 4. A 73 year old man presents with abrupt onset of double vision and left leg weakness. Examination shows weakness of abduction of right eye, right facial weakness affecting upper and lower parts of the face, he also has left hemiparesis. Where is the lesion? Define the condition and rehabilitation for same.
- Q. 5. A 53 year old female teacher complains of upper back and neck pain and occasional pain in right arm extending upto finger tips while reading and writing. She has had these symptoms from past 2 years but from past one week complains of pin prick like sensations in the thumb and index finger. You have to assess the patient and formulate a physical therapy regime for the same.
- Q. 6. Write down detail about medulloblastomas and PT management.
- Q. 7. Differentiate between lateral and medial medullary syndrome based on clinical finding with diagrammatic presentation and assessment for same.
- Q. 8. Write in detail about characteristics of coma and rehabilitation.
- Q. 9. Write short notes:
 - a. Ranchos amigos scale
 - b. Hunt Hansing grading scale

Regn. No.

Paper Code: MPTN- 202

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2017
PHYSIOTHERAPY MANAGEMENT-I (NEURO)
(MCQ)

Time allotted for MCQ - 15 minutes

(½ x 14 = 7)

B : MCQs (Single response type):

Select the most appropriate answer and encircle the alphabet against it

1. Posterior iliac crest corresponds to:
 - a. L1-L2 interspace
 - b. L2-L3 interspace
 - c. L4-L5 interspace
 - d. L5-S1 interspace
2. Most common source of bleeding in EDH is:
 - a. Anterior division of middle meningeal artery
 - b. Posterior division of middle meningeal artery
 - c. Dural sinus
 - d. Superior cerebral vein
3. Characteristics of congenital hydrocephalus include all the following except:
 - a. Large head with wide and bulging fontanelle
 - b. Trans illumination
 - c. Cracked pot sign
 - d. Convulsions
4. CSF volume is maximum in:
 - a. Lateral ventricle
 - b. Subarachnoid space laterally
 - c. Spinal subarachnoid space
 - d. 3rd ventricle
5. The most common cause and site of shunt malfunction is:
 - a. Obstruction, distal end
 - b. Obstruction, proximal end
 - c. Disconnection, distal end
 - d. Disconnection, proximal end
6. In locked in syndrome, lesion usually involves:
 - a. Midbrain tectum
 - b. Midbrain tegmentum
 - c. Pontine tegmentum
 - d. Basis pontis
7. The decerebrate posture generally indicates a lesion of the :
 - a. Pons
 - b. Medulla
 - c. Midbrain
 - d. Diencephalon
8. The most common cause of cerebral embolism is:
 - a. Cardiac prosthetic valves
 - b. Endocarditis
 - c. Dilated cardiomyopathy
 - d. Arterial fibrillation
9. About Dandy Walker syndrome:
 - a. Agenesis of vermis
 - b. dilation of 4th ventricle
 - c. Both
 - d. None
10. Normal icp is between:
 - a. 0-10 mmHg
 - b. 10-20 mmHg
 - c. 0-5 mmHg
 - d. 20-30 mmHg
11. Which of the following cranial nerve exits the brainstem via postolivary sulcus?
 - a. 6th
 - b. 7th
 - c. 12th
 - d. 10th
12. Thunderclap headache present in:
 - a. SDH
 - b. SAH
 - c. Migraine
 - d. EDH
13. Which of the following finding is most indicative for subdural hygroma?
 - a. Blood accumulates in subdural space
 - b. CSF accumulates in subdural space
 - c. Blood accumulates in epidural space
 - d. Blood accumulates in thalamus
14. Role of antisiphon device in shunt use in hydrocephalus case:
 - a. Control over drainage of CSF
 - b. Control of pressure
 - c. Control of malfunction
 - d. None

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2017
PHYSIOTHERAPY MANAGEMENT-I (ORTHO)

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions

Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 9 = 63)

- Q. 1.** Write PT management for a patient presenting with abscess in spine with symptoms of bladder & bowel involvement.
- Q. 2.** Write short notes on:
- a. Classification of RA
 - b. Management of AS
- Q. 3.** Write assessment and management for a male gone under above knee amputation.
- Q. 4.** Write rehabilitation protocol for scaphoid fracture.
- Q. 5.** Write a rehabilitation protocol for a patient c/o pain in the gluteal region, severe in intensity which radiates till sacrum.
- Q. 6.** Write a post-op Rehabilitation protocol for a 62 year old male gone under cemented arthroplasty.
- Q. 7.** Write the management for a 15 year old male having osteomyelitis of femur.
- Q. 8.** Write the assessment and rehabilitation protocol for lateral deviation.
- Q. 9.** Write a short notes on:
- a. Complication of fracture
 - b. Pelvic floor exercise

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2017
PHYSIOTHERAPY MANAGEMENT-I (ORTHO)
(MCQ)

Time allotted for MCQ - 15 minutes

B : MCQs (Single response type):

(½ x 14= 7)

Select the most appropriate answer and encircle the alphabet against it

1. Test for diagnosis of dequervains tenosynovitis is:
 - a. Finklestein test
 - b. Mills test
 - c. Maudleys test
 - d. Drop arm test
2. In which type of joint injury clavicle is displaced posteriorly through fibers of trapezius?
 - a. Sternoclavicular joint injury
 - b. AC joint injury
 - c. Rotator cuff injury
 - d. Supraspinatus muscle injury
3. The commonest site of tuberculosis spine is:
 - a. C₈-T₂
 - b. T₁₀-L₁
 - c. T₂-T₆
 - d. L₁-L₂
4. In rheumatoid arthritis the part which is affected is:
 - a. Synovium
 - b. Sub chondral bone
 - c. Cartilage
 - d. Tendon
5. Myositis ossificans is most common in:
 - a. Knee
 - b. Elbow
 - c. Wrist
 - d. Hip
6. Gamekeepers thumb is also called as:
 - a. Skier's thumb
 - b. Bennet's fracture
 - c. Boxer's thumb
 - d. None of the above
7. Criteria for diagnosis of ankylosing spondylitis includes all except:
 - a. Diffuse pain in spine
 - b. Decrease freedom of spinal movements
 - c. Decreased chest expansion
 - d. Involvement of PIP & DIP
8. Cobb's angle is measured in case of:
 - a. Kyphosis
 - b. Scoliosis
 - c. Lordosis
 - d. Lateral flexion
9. Prolapse disc most commonly occurs at:
 - a. C₅₋₆
 - b. C₃₋₄
 - c. C₁₋₂
 - d. L₄₋₅
10. The most common type of spondylolisthesis is:
 - a. Congenital dysplastic
 - b. Isthmic spondylotic
 - c. Degenerative
 - d. Traumatic
11. In THR, the most common type of prosthesis used is:
 - a. Charley's prosthesis
 - b. Austin-Moore's prosthesis
 - c. Thompson prosthesis
 - d. All of the above
12. All are components of rotator cuff except:
 - a. Supra spinatus
 - b. Infra spinatus
 - c. Sub scapularis
 - d. Teres major
13. Commonly which nerve is injured in the fracture of humeral shaft?
 - a. Radial (n)
 - b. Ulnar (n)
 - c. Musculo-cutaneous
 - d. Median nerve
14. The commonest type of shoulder dislocation is:
 - a. Anterior
 - b. Sub glenoid
 - c. Sub coracoid
 - d. Sub clavicular

Regn. No.

Paper Code: MPTC-202

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2017
PHYSIOTHERAPY MANAGEMENT - I (CARDIO)

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions
Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 9 = 63)

- Q. 1. Write in brief about the JNC classification, risk factors and exercise prescription in hypertension.
- Q. 2. Write in brief about the etiology, assessment, medical and physiotherapy management of acute exacerbation in COPD.
- Q. 3. Explain about the risk factors, assessment, prevention, complication, medical management and rehabilitation of cardiac failure with systolic / diastolic dysfunction with grading.
- Q. 4. Describe in detail indications, procedure & clinical importance of BLS.
- Q. 5. Describe the method of assessment & exercise intensity for cardiac rehabilitation for 3rd stage for fitness of 30 years old male subject.
- Q. 6. Write a note on the role of physiotherapist in Burger disease management.
- Q. 7. Describe in detailed about the management & rehabilitation of neuromuscular diseases.
- Q. 8. Write a note on VO2 Max and RPP.
- Q. 9. Write a note on management & rehabilitation of a 28 year subject admitted for the complication of rheumatic heart diseases in CTVS.

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2017
PHYSIOTHERAPY MANAGEMENT-I (CARDIO)
(MCQs)

Time allotted for MCQ - 15 minutes

B : MCQs (Single response type):

(½ x 14= 7)

Select the most appropriate answer and encircle the alphabet against it

1. Which would be an expected effect of resistive breathing training in a client with COPD?
 - a. Energy conservation
 - b. Increased oxygen saturation
 - c. Decreased hypercarbia
 - d. Increased respiratory muscle strength
2. ACSM recommendations for the prescription of exercises Intensity in phase I of cardiac rehabilitation:
 - a. Post AMI: HR below 120 bpm or resting HR + 20 bpm
 - b. Post-surgery: resting HR + 30 bpm
 - c. TPE below 13
 - d. All the above
3. An elderly postoperative client has a history of chronic obstructive pulmonary disease. Based on this history, the physiotherapist is especially concerned with monitoring the client for which problem?
 - a. Aspiration
 - b. Delirium
 - c. Decreased gas exchange
 - d. Positioning difficulty
4. Why is monitoring respiratory status a physiotherapist priority when a client with COPD is receiving oxygen?
 - a. Hyperventilation leading to respiratory alkalosis and loss of consciousness is a risk.
 - b. Sudden increase in arterial oxygen can precipitate diaphragmatic spasm.
 - c. Decreased arterial oxygen is the stimulus for breathing in a client with COPD.
 - d. Oxygen administration can trigger reflex bronchospasm.
5. Pulse rate-rate should come back to resting level after ending the exercise in:
 - a. 2-3 minutes
 - b. 5-7 minutes
 - c. 5-10 minutes
 - d. 7-10 minutes
6. A client with a diagnosis of chronic obstructive pulmonary disease (COPD) is being discharged from the hospital. Which of the following is appropriate patient teaching before discharge?
 - a. "Make sure to use a humidifier in your room while you sleep."
 - b. "Apply powder to all crevices to prevent yeast while taking oral steroids."
 - c. "Turn the oxygen up to no more than 6 L if you are short of breath."
 - d. "Use your inhalers every day as directed even if symptoms are not present."
7. Complications of long standing hypertension include all of the followings except:
 - a. Diastolic heart failure
 - b. Coronary artery disease
 - c. Stroke
 - d. Systolic heart failure
8. Prophylaxis of exercise induced asthma. All of the followings may be used, except:
 - a. Adequate warm up exercises
 - b. Pretreatment with beta 2 agonists
 - c. Intravenous steroids
 - d. Monteleukast

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9. Slowly adapting pulmonary stretch fibers are useful in patients with COPD or airway obstruction because they:
- Allow for a longer inspiratory phase
 - Allow for a longer expiratory phase
 - Cause a shorter inspiratory phase
 - Cause a shorter expiratory
10. The technique GPB usually consists of :
- 5 to 7 gulps of 50 to 100 ml each
 - 6 to 9 gulps of 40 to 200 ml each
 - 9 to 14 gulps of 100 to 300 ml each
 - 15 to 20 gulps of 300 to 500 ml each
11. Which position is preferred in pneumonia?
- Good lung down position
 - Bed lung down position
 - Prone positioning
 - Supine position
12. Weber Class for CHF, peak $\dot{V}O_2$ of $>20 \text{ mL O}_2 \cdot \text{kg}^{-1} \cdot \text{min}^{-1}$ on incremental cycle ergometry is predictive of the ability to tolerate thoractomy, whereas values _____ predict high risk for increased rates of complications and deaths.:
- $16\text{--}20 \text{ mL O}_2 \cdot \text{kg}^{-1} \cdot \text{min}^{-1}$
 - $10\text{--}15 \text{ mL O}_2 \cdot \text{kg}^{-1} \cdot \text{min}^{-1}$
 - $<10 \text{ mL O}_2 \cdot \text{kg}^{-1} \cdot \text{min}^{-1}$
 - All the above
13. Postural drainage for apical segment of lower lobe of both lung used in chest PT:
- Bed end raised by 18 inch
 - Bed end raised by 14 inch
 - Bed end raised by 12 inch
 - Bed end not raised
14. HR increases with intensity until $\dot{V}O_{2\text{max}}$ is reached, rising from approximately 70 beats per minute to approximately 200 beats per minute. The arterial-venous oxygen difference is the amount of oxygen extracted from the blood as it passes through the capillary bed. This difference rises from approximately 4 mL of oxygen per 100 mL of blood at rest to approximatelyof blood during high-intensity aerobic exercise:
- 14 mL of oxygen per 100 Ml
 - 18 mL of oxygen per 100 mL
 - 24 mL of oxygen per 100 mL
 - 30 mL of oxygen per 100 mL

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M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2017
PHYSIOTHERAPY MANAGEMENT-II (NEURO)

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions
Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 9 = 63)

- Q. 1.** Write in detail the physiotherapy management of a 10 year old male who is a known case of myelo-meningocele.
- Q. 2.** How do you differentiate between bulbar and pseudobulbar palsy? Discuss the physiotherapy treatment for bulbar palsy.
- Q. 3.** How do you assess the stage of Parkinson's disease? What physiotherapy exercises can you prescribe to such patients?
- Q. 4.** Discuss the treatment approach for GBS in acute care settings.
- Q. 5.** Explain the physiotherapy exercises for balance rehabilitation.
- Q. 6.** Principles and treatment protocol for MRP rehabilitation.
- Q. 7.** Nerve mobilization technique for sciatic and peroneal nerve.
- Q. 8.** Brunnstrom concept of rehabilitation for hemiplegia.
- Q. 9.** Concept and treatment techniques of Rood's therapy.

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2017
PHYSIOTHERAPY MANAGEMENT-II (NEURO)
(MCQ)

Time allotted for MCQ - 15 minutes

B : MCQs (Single response type):

(½ x 14= 7)

Select the most appropriate answer and encircle the alphabet against it

1. A patient two weeks post CVA exhibits hyper tonicity in his hemiplegic upper extremity. All of the following would be indicated as treatment except:
 - a. Use of a sling
 - b. Active assisted exercise
 - c. Passive range of motion
 - d. Weight bearing techniques
2. A physical therapist works on transfer activities with a patient diagnosed with a complete C5 spinal cord injury. Which of the following muscles would the patient be able to utilize during the training session?
 - a. Brachio radialis
 - b. Pronator teres
 - c. Extensor carpi radialis brevis
 - d. Latissimus dorsi
3. A physical therapist prescribes a wheelchair with anti-tip tubes for a patient in preparation for discharge. Which patient will most significantly benefit from this option?
 - a. GBS patient
 - b. C5 tetraplegic
 - c. Hemiplegic
 - d. Amyotrophic lateral sclerosis patient
4. A physical therapist transfers a patient of multiple sclerosis to the gym. The patient is wheelchair dependent and uses a urinary catheter. The most appropriate location to secure the collection bag is:
 - a. In the patient's lap
 - b. On the patient's lower abdomen
 - c. On the wheelchair armrest
 - d. On the wheelchair cross brace beneath the seat
5. In order to improve a Parkinson patient's motor control; the therapist should incorporate which of the following techniques into the treatment session?
 - a. Alternating isometrics
 - b. Rhythmic initiation
 - c. Manual resisted exercise
 - d. Lumbar stabilization exercise in quadruped
6. A post CVA patient is having difficulty moving from sitting to standing when wearing a prefabricated ankle foot orthosis. The therapist consults with an orthotist indicating poor strength at the ankle, intact sensation, and no edema or tonal influence. The most appropriate type of AFO for the patient will incorporate:
 - a. An articulation at the ankle joint
 - b. Tone reducing features
 - c. Metal uprights
 - d. Dorsiflexion assist springs.

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7. While working with a patient rehabilitating from traumatic brain injury, the therapist emphasizes various developmental positions to prepare the patient for ambulation activities. Which developmental position would be most demanding?
- Hook lying
 - Quadruped
 - Kneeling
 - Modified plantigrade
8. While formulating a home programme for a patient post CVA with global aphasia, the most appropriate form of education to facilitate a safe discharge is to:
- Perform hands on training session with the patient and family members.
 - Videotape the patient performing transfers and activities of daily living
 - Provide written instruction on all activities of daily living and functional tasks
 - Meet with family members to discuss the patient's present status and abilities.
9. A twelve month old child with cerebral palsy demonstrates an abnormal persistence of positive support reflex. During therapy this would most likely interfere with:
- Sitting activities
 - Standing activities
 - Prone on elbow activities
 - Supine activities
10. A patient with hemiplegia ambulates with an ankle foot orthosis. The physical therapist notes that the patient's involved foot drags during the initial swing phase of gait. To treat this problem most effectively the therapist should emphasize:
- Eccentric strengthening of hamstrings
 - Eccentric strengthening of gluteus medius
 - Concentric strengthening of plantar flexors
 - Concentric strengthening of iliopsoas / rectus femoris
11. A physical therapist uses D1 extension PNF facilitation pattern to resist elbow flexion with the goal of increasing patient's ability to extend his wrist. This is an example of:
- Reciprocal excitation
 - Successive induction
 - Irradiation
 - Quick stretch
12. A patient who has suffered a CVA four weeks ago is beginning to show the ability to produce movement patterns outside of limb synergies. According to Brunnstrom, this patient is in which stage of recovery?
- Two
 - Three
 - Four
 - Six
13. Which of the following treatment technique focuses on understanding of normal movement and learning and relearning a movement?
- Margaret Johnstone
 - Brunnstrom
 - Carr & Shepherd
 - Margret Rood
14. Which of the following modifies SLR will you use for mobilization of sural nerve?
- Hip flexion, knee extension, ankle dorsiflexion and inversion
 - Hip flexion, knee extension, ankle dorsiflexion and eversion
 - Hip flexion, knee extension, ankle plantar flexion and inversion
 - Hip flexion, knee extension, ankle plantar flexion and eversion

Regn. No.

Paper Code: MPTO-203

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2017

PHYSIOTHERAPY MANAGEMENT-II (ORTHO)

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions
Draw suitable diagrams wherever necessary.

A: Short answer questions

- Q. 1. Before elbow mobilization how therapist would check local or central causes of movement restriction?
- Q. 2. Explain SNAGS and MWM and their correlation.
- Q. 3. Formulate a neural mobilization program for a 35 year old or computer operator, who complains of neck pain, fatigue and numbness in upper limb.
- Q. 4. Elaborate the Butler technique to isolate upper limb peripheral nerves.
- Q. 5. Describe the Mulligans technique in a patient having difficulty in grasping and pain in lateral epicondyle.
- Q. 6. Explain neurophysiological response for muscle during MET application.
- Q. 7. Explain the Maitland assessment and also differentiate between articular and non-reticular involvement of structures in cervical region.
- Q. 8. Explain the procedure dynamic core stabilizing for a footballer.
- Q. 9. Explain manual fist traction and its effects.

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2017**PHYSIOTHERAPY MANAGEMENT-II (ORTHO)
(MCQ)**

Time allotted for MCQ - 15 minutes

B : MCQs (Single response type):

(½ x 14= 7)

Select the most appropriate answer and encircle the alphabet against it

1. NAGS are applied from:
 - a. Initial range
 - b. Mid range
 - c. Initial to mid range
 - d. Mid to end range
2. Force in NAGS given in:
 - a. Ventro-cranial direction
 - b. Cranio-vental direction
 - c. Ventral
 - d. None
3. Mobilization in NAGS given.....per second:
 - a. 4
 - b. 5
 - c. 3
 - d. 7
4. Finger positioning for lower cervical is:
 - a. Cee
 - b. Deee
 - c. Vee
 - d. None of above
5. In hamstring tendon transplant in ACL reconstruction which exercise is not advised:
 - a. Heel slide
 - b. Knee bending
 - c. SLR
 - d. None
6. If gluteus medius is weak hip abduction is done by:
 - a. Gluteus maximus
 - b. Gluteus medius
 - c. Quadratus lumborum
 - d. None
7. Facial play is:
 - a. UMN
 - b. LMN
 - c. Both
 - d. None
8. How much effort the patient uses during MET?
 - a. 20%
 - b. 50%
 - c. 30%
 - d. 40%
9. In ligament injuries:
 - a. Non elastic tape for taping
 - b. Elastic tape for taping
 - c. Compression tape.
 - d. None of the above
10. If fibrotic tissue is responsible for a reduction in range, end-feel will be:
 - a. A rapid and harsh but with a slight elasticity remaining.
 - b. Produce a tight, tugging sensation.
 - c. Will have a 'boggy', yielding yet spongy feel
 - d. Will be rapid and widespread.
11. Therapist performing in low quadrant range should be at:
 - a. 90 degrees or less
 - b. 110 degrees
 - c. 110 degrees and above
 - d. None of the above
12. Staccato rhythms which are movements:
 - a. Sharp
 - b. Abrupt
 - c. Rhythmic
 - d. Both a & b
13. The sural nerve has its stretching component:
 - a. Inversion flexion dorsiflexion
 - b. Eversion flexion dorsiflexion
 - c. Inversion adduction plantarflexion
 - d. Eversion flexion plantarflexion
14. Vertebral mobilization should be performed in:
 - a. Direction of curve
 - b. Perpendicular to facet
 - c. At 90 degree to the plane
 - d. Both b and c

Regn. No.

Paper Code: MPTC-203

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2017

PHYSIOTHERAPY MANAGEMENT-II (CARDIO)

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions

Draw suitable diagrams wherever necessary.

A: Short answer questions

- Q. 1. Explain in detail about the role of aerosol & humidification therapy in respiratory care.
- Q. 2. Describe in detailed about inotropes and cardiac rehabilitation in CTVS-ICU.
- Q. 3. Explain in detailed indication, principle, procedure, for mobilization of a critically ill subject.
- Q. 4. Explain in detailed for manual & mechanical methods used for the lung inflation.
- Q. 5. Describe in detailed about respiratory therapy in weaning off ventilator in ICU.
- Q. 6. Explain the indication, application and delivery devices of oxygen therapy.
- Q. 7. Write a note the role of physiotherapist in NICU.
- Q. 8. Write a note on cough mechanism and its facilitation techniques.
- Q. 9. Explain in detailed indication, procedure, and complications of suctioning.

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2017**PHYSIOTHERAPY MANAGEMENT-II (CARDIO)
(MCQ)**

Time allotted for MCQ - 15 minutes

B : MCQs (Single response type):

(½ x 14= 7)

Select the most appropriate answer and **encircle** the alphabet against it

:

1. Which position is preferred in ARDS?
 - a. Good lung down position
 - b. Bed lung down position
 - c. Prone positioning
 - d. Supine positioning
2. HFCWO generator produces pressures of about:
 - a. 30 cm H₂O at a frequency of around 500 Hz
 - b. 50 cm H₂O at a frequency of around 525 Hz
 - c. 60 cm H₂O at a frequency of around 600 Hz
 - d. 100 cm H₂O at a frequency of around 600 Hz
3. Cuff pressures of artificial airways should be maintained at least between:
 - a. 18 to 22 mm Hg
 - b. 25 to 30 cm H₂O
 - c. Both
 - d. None
4. FLUTTER therapy creates an expiratory pressure resistance between :
 - a. 5–15 cm H₂O
 - b. 10–20 cm H₂O
 - c. 15–25 cm H₂O
 - d. 20–30 cm H₂O
5. A client with pneumonia is receiving supplemental oxygen, 2 L/min via nasal cannula. The client's history includes chronic obstructive pulmonary disease (COPD) and coronary artery disease. Because of these findings, the physiotherapist closely monitors the oxygen flow and the client's respiratory status. Which complication may arise if the client receives a high oxygen concentration?
 - a. Apnea
 - b. Anginal pain
 - c. Respiratory alkalosis
 - d. Metabolic acidosis
6. An elderly client is on an anticholinergic metered dose inhaler (MDI) for chronic obstructive pulmonary disease. The physiotherapist would suggest a spacer to:
 - a. Enhance the administration of the medication
 - b. Increase client compliance
 - c. Improve aerosol delivery in clients who are not able to coordinate the MDI
 - d. Prevent exacerbation of COPD
7. The physiotherapist enters the room of a client diagnosed with COPD. The client's skin is pink, and respirations are 8 per minute. The client's oxygen is running at 6 liters per minute. What should be the physiotherapist's first action?
 - a. Call the health care provider
 - b. Put the client in Fowler's position
 - c. Lower the oxygen rate
 - d. Take the vital signs

...PTO/-

8. In a normal healthy individual with a total lung capacity of 6 liters:
 - a. The tidal volume at rest is about 1 liter.
 - b. The functional residual capacity would be about 2 liters.
 - c. The expiratory reserve volume at rest would be about 2 liters.
 - d. The FEV1 would be equivalent to about 1.5 liters.
9. HME is contraindicated for patients with:
 - a. Thick, copious, bloody secretions
 - b. Expired tidal volume less than 70%
 - c. Body temperatures less than 32°C
 - d. All the above
10. GPB, also called:
 - a. Frog breathing
 - b. Air stacking
 - c. Gulp breathing
 - d. All the above
11. Indications for mechanical ventilation in acute severe asthma...All are true...except:
 - a. Exhaustion, confusion and drowsiness
 - b. Sudden respiratory arrest
 - c. pH less than 7 and rising
 - d. PaCO₂ more than 6 kpa and rising
12. The followings indicate strong positive exercise ECG testing except:
 - a. Deep ST depression
 - b. Wide spread ECG changes upon exercise
 - c. Prolonged ST depression after finishing the test
 - d. Mild-moderate ST T segment abnormalities in middle aged woman with chest pain with no risk factors for ischemic heart disease
13. A heated humidifier should be set to deliver an inspired gas for :
 - a. Temperature of $33 \pm 2^{\circ}\text{C}$ and should provide a minimum of 30 mg/L of water vapor
 - b. Temperature of $35 \pm 2^{\circ}\text{C}$ and should provide a minimum of 30 mg/L of water vapor
 - c. Temperature of $37 \pm 2^{\circ}\text{C}$ and should provide a minimum of 30 mg/L of water vapor
 - d. Temperature of $33 \pm 2^{\circ}\text{C}$ and should provide a minimum of 35 mg/L of water vapor
14. Which is not reflecting pulmonary gas exchange efficiency used in CPX for diagnostic evaluations of exercise intolerance?
 - a. Peak $\dot{V}\text{O}_2$
 - b. PaO₂ and PAO₂-PaO₂
 - c. $\dot{V}\text{E}/\dot{V}\text{CO}_2$
 - d. SPO₂ by pulse oximetry

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2017
P & M FOR PROFESSIONAL DEVELOPMENT
PAPER FOUR

[Time allotted: Three hours]

[Max. Marks: 70]

Note: Attempt all questions

Draw suitable diagrams wherever necessary.

A: Short answer questions

(7 x 8 = 56)

HOSPITAL ADMINISTRATION

- Q. 1. Enumerate various hospital utilization indices and explain average length of stay (ALOS) in hospital.
- Q. 2. What are the various types of hospitals based on ownership? Explain.
- Q. 3. Classify hospitals based on the Directory of Hospitals in India and write a short note on each.

P & M DEVELOPMENT

- Q. 4. Discuss the role of physiotherapy assistant, physiotherapist and physiotherapy supervisor in a clinical setting based on ethical principles.
- Q. 5. Write in brief about circumstances to the exception of duty of confidentiality.
- Q. 6. Write in brief about various degree program available and eligible for physiotherapy field and their basic criteria?

MEDICAL EDUCATION

- Q. 7. a. What are learning objectives? Why do we need to formulate them? (4)
b. List situations where they can be used during teaching-learning. (3)
- Q. 8. Write the advantages of small group teaching. Describe one small group teaching method. (4+3=7)

M.P.T. SECOND YEAR EXAMINATION, JUNE/JULY - 2017
P & M FOR PROFESSIONAL DEVELOPMENT
PAPER FOUR (MCQ)

Time allotted for MCQ - 30 minutes

B : MCQs (Single response type):

(½ x 28 = 14)

Select the most appropriate answer and **encircle** the alphabet against it:

HOSPITAL ADMINISTRATION

1. Which among the following is under the Central Government?
 - a. Nursing home
 - b. Charitable hospital
 - c. Corporate hospital
 - d. ESI hospital
2. Hospital beds does **not** include:
 - a. Emergency beds
 - b. ICU beds
 - c. Beds in labour room
 - d. Pediatric ward beds
3. Dead bed space is:
 - a. Bed occupied in a ward
 - b. Space between the wall and the head end of bed
 - c. Bed on which expired patient remain
 - d. Space between two consecutive beds
4. Palliative care hospital includes :
 - a. Mother and child care
 - b. Cardiac care
 - c. Trauma & emergency
 - d. End life care
5. Himalayan Hospital, Jolly Grant Dehradun is **not** a :
 - a. Trust hospital
 - b. Teaching hospital
 - c. Corporate hospital
 - d. Tertiary care hospital
6. Average length of stay in a hospital is 4 days. How many patients have been treated in a bed in a year if the bed occupancy of the hospital is 80%?
 - a. 65
 - b. 73
 - c. 84
 - d. 48
7. A hospital has 400 beds. At any point of time, 280 patients are in the bed. What is the bed occupancy rate?
 - a. 90%
 - b. 70%
 - c. 83%
 - d. 65%

8. In one year, a hospital bed took care of 73 patients. The hospital bed was vacant for 20% of the days in a year. What is the average length of stay of each patient in a bed?
 - a. 6
 - b. 5
 - c. 3
 - d. 4

P & M DEVELOPMENT

9. World Health day is on:
 - a. 07 April
 - b. 12 March
 - c. 30 March
 - d. 17 April
10. What do we mean by consent to disclose confidential information?
 - a. Consent must be voluntary
 - b. Consent must be informed
 - c. Individual must have capacity to consent
 - d. All of above
11. Recommendation to disclose can be made verbally by priority:
 - a. Director general
 - b. Close relative
 - c. Health professional
 - d. None of above
12. Duty of confidentiality applies to:
 - a. Designated person
 - b. Health professional
 - c. Patients relative
 - d. Both a & b above
13. Role of physiotherapy supervisor is:
 - a. Maintenance of staff attendance
 - b. Making list of equipments in department
 - c. Taking care of queries regarding patient care
 - d. All of the above

14. MDG in WHO stands for:
- Millennium development guard
 - Millennium developed government
 - Millennium development goal
 - None of the above

15. Designated post after MPT is:

- Lecturer
- Assistant professor
- Associate professor
- None of the above

16. Recently gravity eliminated treadmill is designed by:

- NASA
- WHO
- WCPT
- WCD

MEDICAL EDUCATION

17. Learning is :

- To be able to remember things
- To know course content thoroughly
- A change in behavior over a period of time
- Accumulating knowledge over a selected topic

18. Lecture is most often a method of:

- One way teaching
- Two way teaching
- Panel discussion
- Assessment

19. The affective domain involves the :

- Head
- Heart
- Head and Hand both
- Hand

20. The role of a teacher in small group discussions is primarily as a :

- Facilitator
- Guide
- Observer
- Participant

21. Black board teaching is superior to powerpoint teaching in :

- Diagrams can be displayed better
- Constant eye contact is maintained
- Colors are better seen against a black background
- Pace of teaching is good

22. Formative assessment :

- Is assessment of forms and figures
- Is subject wise analysis of diagrams
- Is a step by step assessment done before final assessment
- Decide pass/fail for a student

23. The four stages in group activity are in the following order of occurrence :

- Norming, Forming, Storming, Performing
- Forming, Norming, Storming, Performing
- Performing, Storming, Norming, Forming
- Performing, Forming, Norming, Storming

24. Analysis of a given situation is a part of :

- Affective domain
- Knowledge domain
- Psychomotor domain
- Pro-active domain

25. Systems approach consists of all except:

- Input
- Output
- Processing
- Analyzing

26. Power point presentations as a method of teaching has the following disadvantage:

- Need more preparation and resources
- Cannot display animation
- Cannot be preserved / stored for long time
- There is a need for black board to display the images

27. Instructional objectives for a lecture should preferably be centered around :

- Student
- Teacher
- Curriculum
- Institution

28. Summative assessment :

- Has to be done every few days
- Should essentially be done by faculty that taught the subject
- Has no learning impact
- Helps in deciding pass /fail for a student