

MASTER OF PHYSIOTHERAPY (MPT)
SEMESTER -IV EXAMINATION, JUNE-2026

(MPT1 403) MUSCULOSKELETAL DISORDERS- RECENT ADVANCES-II

[Time allotted: Three Hours]

[Max Marks: 100]

Note: Read all the instructions carefully

Answer all questions in serial order. Draw suitable diagrams wherever necessary

Q. 1. Objective type questions: (Attempt All)

(10 x 02 = 20)

(Very short/ short answer/ MCQ/ One liners/ Fill in the blanks/ True/False)

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| <p>a. Treatment evidence for patients with a mild course of LCPD:</p> <ol style="list-style-type: none"> i. Proximal femoral varus osteotomy. ii. Physiotherapy. iii. Orthosis. iv. Skeletal traction. <p>b. SARAH hand exercises:</p> <ol style="list-style-type: none"> i. At week 4 ii. At week 1 iii. At week 2 iv. At week 3. <p>c. Evidence suggests conservative treatment for scoliosis:</p> <ol style="list-style-type: none"> i. Stop curve from progression. ii. Reduces scoliotic pain iii. Necessitate surgery. iv. Increases curve progression. <p>d. SOSORT suggests cobb's angle:</p> <ol style="list-style-type: none"> i. >40 is severe scoliosis. ii. >40 is mild scoliosis. iii. >40 is moderate scoliosis. iv. <40 is mild scoliosis. <p>e. Taping in plantar fasciitis recommended for:</p> <ol style="list-style-type: none"> i. Long term improvement in pain. ii. Short term pain relief. iii. Short term Pain & function improvement. iv. Avoid surgery. | <p>f. Rehabilitation Consideration for elbow post traumatic:</p> <ol style="list-style-type: none"> i. Extended casting. ii. Prolonged immobilisation. iii. Passive ROM. iv. Active ROM. <p>g. The Functional Mobility Assessment (FMA) is new tool for patients:</p> <ol style="list-style-type: none"> i. Sarcoma. ii. Amputation. iii. Diabetic neuropathy. iv. Fractures of lower limb. <p>h. Physical therapy strong recommendation for infants with CMT:</p> <ol style="list-style-type: none"> i. Soft Tissue Mobilization. ii. Development of symmetrical movement. iii. Kinesiological taping. iv. Microcurrent. <p>i. After 5-7 days postoperative in Dupuytren's contracture the primary interventions shift to:</p> <ol style="list-style-type: none"> i. Splinting only. ii. ROM exercises with night splinting. iii. Joint mobilization. iv. Stretching. <p>j. Which grade of Maitland mobilization is used to treat pain?</p> <ol style="list-style-type: none"> i. Grade I and II ii. Grade III and IV iii. Grade V iv. Grade IV and II |
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Q. 2. Short notes/ Short answer type questions (Attempt any Five)

(05 x 04 = 20)

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| <p>a. EBP Physiotherapy outlook in Perthes disease related to age and outcomes.</p> <p>b. Evidence based practice of splinting in Dupuytren's contracture.</p> <p>c. EBP of manual therapy in thoracic outlet syndrome.</p> <p>d. CPG of bracing in scoliosis.</p> <p>e. Recent CPG for outcome measures in Plantar fasciitis</p> <p>f. CPG statement for documenting infant history in torticollis.</p> <p>g. Recent guidelines to return to full activities after SLAP surgery.</p> | <p>CO3</p> <p>CO2</p> <p>CO3</p> <p>CO1</p> <p>CO2</p> <p>CO2</p> <p>CO1</p> |
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P.T.O.....

Q. 3. Structured questions (Attempt any Three)**(03 x 10 = 30)**

- a. Effectiveness of physiotherapy in CDH:
 - i. Age related treatment. CO1
 - ii. Physiotherapy goals. CO2
 - iii. Early physical therapy treatment. CO3
- b. EBP of the following in chondromalacia patella:
 - i. Effects of Kinesio Taping vs McConnell Taping for Patellofemoral Pain. CO3
 - ii. Eccentric versus Concentric Contraction of Quadriceps Muscles in Treatment of Chondromalacia Patellae. CO1
 - iii. Role of hamstring in chondromalacia patellae. CO2
- c. Meniscus injuries of knee:
 - i. Mechanism of injury. CO1
 - ii. Assessment CO2
 - iii. Effectiveness of conservative physiotherapy treatment. CO3
- d. Congenital muscular torticollis:
 - i. Rationale for parent education to prevent asymmetries development. CO2
 - ii. EBP for use of supplemental therapy in CMT. CO1
 - iii. Role of Physiotherapist in patient reference to physician. CO3

Q. 4. Long Answer/ Essay type questions (Attempt any Two)**(02 x 15 = 30)**

- a. Supracondylar fractures in children:
 - i. Role of physiotherapy. CO3
 - ii. Effectiveness of various physiotherapy interventions. CO1
- b. Ankle sprain:
 - i. CPG for physiotherapy. CO2
 - ii. EBP of physical therapy interventions. CO3
- c. Scoliosis:
 - i. CPG for assessment. CO1
 - ii. Effectiveness of various corrective exercises. CO2