***Pt.practs***

1. Over the weekend a patient was admitted in the burns unit following a road traffic accident with a heavy fuel oil truck (HFO) which exposed him to 1st degree burn of the trunk, full thickness burn on the anterior aspect of the left thigh and aspiration pneumonia. One of your intervention goals being taking care of ROM you plan to assess the affected limb. Which joint motions would be most important to measure?

a) Hip flexion, adduction, and internal rotation

b) Hip flexion, abduction, and external rotation

c) Hip extension, adduction, and internal rotation

**d) Hip extension, abduction and external rotation**

2. A patient who is young aged came to you early in the morning limping because of pain when weight bearing. After few minutes of interaction you realize she does an acrobat show in one of the busy clubs in the region for her daily living. On physical examination to the client you came up with an impression of patellofemoral syndrome (PFS).Which of the following is not appropriate recommendation for the above patient with PFS?

a) Minimize the ascending and descending of stairs

b) Sit with your knee extended out rather than flexed

**c) When squatting, make sure your knees go past your toes**

d) Avoid kneeling even on padded surfaces

3. Mr Alex is a patient two weeks status post(s/p) subacromial decompression procedure to his right shoulder because of unbearable pain he experiences even when at rest. Along with this procedure, he had a small rotator cuff tear repaired in his supraspinatus tendon. The physiotherapist’s orders are to begin moving this patient within patient’s pain tolerance. With which of the following movements should the physiotherapist begin?

**a) AROM scapular retraction**

b) PROM shoulder abduction

c) AROM shoulder flexion

d) PROM of shoulder internal rotation with shoulder adducted to the side

4. On Monday you came at work late, on arrival at the medical ward you find ward round in progress and what you just heard is put the patient on physiotherapy. Later you decide to look at his medical records and realized is a Potts case which has affected the respiratory system, on further detailed information you note there is request for postural drainage. On auscultation you find there are more secretions in the upper posterior segments of the lung lobes, what is the best patient position to achieve this goal?

**a) The patient lies on his or her abdomen over a folded pillow at a 30 degree angle under the pelvic**

b) The patient lies on his or her back with a pillow under the knees

c) The patient lies on his or her abdomen with two pillows under the hips

d) The patient lies on his or her side, head down, with a pillow under the knees

5. Following an attack in one of the military camp, a soldier got an injury of the soft tissues lying over the shoulder blade but he was well managed. Later while doing its training to go back to the service after long medical leave he realized he had challenges in performing most movements of the side shoulder joint. He decided to seek medical advice in one of the hospital where he was referred to physiotherapy. On arrival he met you and decided to do further assessment of the affected limb. You came up with an impression of teres minor and supraspinatus muscles weakness, your goal being to restore the strength of the above structures, what will be the best position to maximize this treatment goal?

a) Standing flexion to ear level with the arm in full internal rotation

b) Side lying horizontal ab-duction to ear level with the arm in full external rotation

c) Supine ad-duction to ear level with the arm in full external rotation

**d) Prone upper arm supported, forearm over the edge of the table, elbow and shoulder at 90 degrees, and the hand is placed in external rotation**

6. A recent physiotherapist graduate lands a job at the new outpatient orthopedic clinic in her hometown. On arrival early in the morning she looks at the bookings made by her boss the previous day and realized the 9 o’clock patient has a diagnosis of impingement syndrome of the right dominant shoulder, still on the notes she saw the treatment plan which was to implement a therapeutic exercise program focusing on increasing the range of motion and on strengthening. The patient is in the acute stage, reporting pain at 5 out of 10 after medication. Which exercise do you think the physiotherapist thought of before the arrival of the two?

**a) Flexion to 90 degrees performed passively by the physical therapist assistant**

b) Walking on a finger ladder from 0 to 120 degrees in the small gymnasium

c) Resisted ab-duction with yellow theraband to 90 degrees

d) Isokinetic exercises at 60 degrees per second for internal and external rotation with the shoulder wheel in the gymnasium

7. Following reshuffle of physical therapists in one of the referral hospitals in the country you are deployed in the obstetrics and gynecology ward. Following the normal doctor routine ward round a patient 3 days post- cesarean section admitted in the same ward had some complications. The consultant in-charge of the ward recommended the physiotherapist working in the unit to take the necessary action (TNA).Then you plan an exercise program for the patient after such order, which of the following exercise would not be appropriate for this patient?

a) Pelvic floor exercises

**b) Straight leg raise**

c) Heel slides

d) Diaphragmatic breathing

8. A physical therapist is treating a patient who had arthroscopic surgery to his right knee.post-operative the patient developed a DVT in his right calf. He is currently on anticoagulants. At today’s session, the patient complains of sharp pain under his right scapula. He denies pain when moving the right upper extremity. What should the physiotherapist do?

a) Continue treatment since this is probably not a significant symptom

b) Discontinue treatment and document the patient’s complaints in the “O” section of the SOAP note

**c) Discontinue treatment and contact the patient’s physician**

d) Continue treatment, document the patient’s complaints in the “O” section of the “SOAP” note, and follow up at the next treatment.

9. one day morning following your clinical placement in the rurals you met a patient who had came to the department with complaints of numbness, tingling sensations and pins and needles of some of the right upper limb portions. With your clinical evidence based knowledge you have, you thought of thoracic outlet syndrome (TOS) which was very accurate. Then you decide plan to manage this patient accordingly. Which of the following is least likely to be included in the plan of care?

a) Strengthening the trapezius and the rhomboids

b) Stretching the pectoralis major

c) Postural exercises

**d) Passive extension exercises**

10. A recent graduate physiotherapist got locum for home based program of a patient who was discharged a week ago with diagnosis of cerebral vascular accident (CVA).the patient is now doing well and stable for rehabilitation. The only challenge he has is multi joint pain especially the ball and socket joints and he looks depressed. Which of the following will be least helpful in motivating this patient?

a) Offering positive feedback

b) Emphasizing the patients strength

c) Providing frequent encouragement

**d) Providing choices about the patient treatment**

11. During your first day placement in the clinical areas you met with your classmates having bed side teaching with the physiotherapist in-charge of that unit and you heard them mentioning total hip replacement (THR).Then after follow up you realize they were discussing on the provision of education for a patient who just received a total hip replacement with a posterolateral approach secondary to grisly RTA. What motions would the physiotherapist stress that this patient avoid?

**a) Hip flexion greater than 90 degrees, internal rotation and ad-duction**

b) Hip flexion less than 90 degrees, internal rotation, and ab-duction

c) Hip extension less than 90 degrees, internal rotation, and ad-duction

d) Hip extension greater than 90 degrees, internal rotation, and ab-duction

12. A patient is 6 weeks s/p right total hip replacement and presents with complains of inability to knee bend. Patient states he has pain rated at 2/10 with attempts to bend the knee however; the pain goes away soon after. Objective measurements: right knee extension: 0 degrees, right knee flexion in sitting: 85 degrees with capsular end feel and end range pain, right knee flexion in prone 80 degrees with complains of pulling anterior thigh. What would be an appropriate intervention to increase knee flexion?

a) Long arc quad exercise with weights

b) Standing knee flexion

c) Prolong hold of knee flexion with distraction in prone

**d) Standing deep knee squatting**

13. Your pt presents 4 weeks s/p arthroscopic debridement of the left knee. The most limited activities now are descending stairs and jogging. They have an intact quad set, a SLR with no lag, absence of effusion in the joint full A/PROM. They demonstrate 75% [MMT 4+/5] quad strength in left in comparison to the right. Their goal is to return to triathlon training in 4 weeks. You look at the exercise sheet that you have been keeping and you see the following: quad set 3 times 10, standing heel raises 3 times 10, side lying clams 3 times 10 [red band], wall squats3 times 10 with theraball

What is the correct interpretation of the above data?

a) This is a good quadriceps progress and should be continues as it is for 4 weeks

**b) This represents significant training of a high functioning individual and needs to be altered immediately**

c) The pt should exclusively be performing open chain exercise to protect the knee from compression forces

d) The patient should exclusively be performing closed chain exercise because open chain exercises are not functional

14. A patient has been attending physical therapy 2 times per week for 2 weeks. His effusion is 1+ with brush test and his ROM is full and pain free. Your joint test results indicate increased laxity in his affected knee. His hop test indicates the involved leg is 85% of the uninvolved. His quadriceps strength is 80% of the uninvolved. He has no functional complaints but is apprehensive about returning to basketball. Which treatment choice would best assist in achieving his return-to-sport goal?

a) Add single-limb non-weight-bearing quadriceps strengthening, agility training, and a stabilization program with activities utilizing roller boards and rocker boards

b) Add step-down, leg press, and squats at 50% of his maximal effort

c) Advise the patient to give up basketball and participate in the lower level of sports e.g. swimming

**d) Increase weight-bearing and non-weight-bearing quadriceps strengthening activities coupled with agility exercise**

15. A physiotherapist is treating a patient who came with a referral note with a query of sciatica secondary to unknown cause. Plain MRI of the back taken at the casualty confirms normal back (spine).On history taking the patient mentions the aggravating and the easing factors to the above problem. The only important factor you heard mentioned and thought could be contributing to the above problem was crossing over the affected limb to the other limb with the knee flexed. With the clinical experience and knowledge you have, you thought of sciatica secondly to piriformis syndrome. Which exercise regime would you give this patient to test the problem?

a) Let the patient do internal rotation and ab-duction of the affected limb in flexion

b) Let the patient perform external rotation with ad-duction of the affected limb in flexion

c) Let the patient do internal rotation and ad-duction of the affected limb in flexion

**d) Let the patient perform external rotation with ab-duction of the affected limb in flexion**

16. A physical therapist is working in a pediatric clinic and a mother brings in her 13 month old child who has Down Syndrome. The mother reports, “My child’s muscle feel weak and he isn’t moving well. My doctor friend check his reflexes and she said they are diminished.” which of the following actions should the physical therapist take first?

a) Contact the physician immediately

b) Have the patient go to X-ray for a C-spine work-up

c) Start an IV on the patient

**d) Position the child’s neck in neutral position and contact the physician**

17. A physical therapist is instructing a person who had a left CVA and right lower extremity hemiparesis to use a quad cane. Which of the following is the most appropriate gait sequence?

**a) Place the cane in the patients left upper extremity, encourage cane, then the right lower extremity, then the left upper extremity gait sequence**

b) Place the cane in the patients left upper extremity, encourage cane, then the left lower extremity, then the right upper extremity gait sequence

c) place the cane in the patients left right extremity, encourage cane, then right lower extremity, then left upper extremity gait sequence

d) ) place the cane in the patients right upper extremity, encourage cane, then left lower extremity, then right upper extremity gait sequence

18. A patient has suffered a left CVA and has developed severe hemi paresis resulting in loss of mobility. The physical therapist notices on assessment that an area over the patients left elbow appears as non-blanchable erythema and the skin is intact. The physical therapist should score the patient as having which of the following?

**a) Stage I pressure ulcer**

b) Stage II pressure ulcer

c) Stage III pressure ulcer

d) Stage IV pressure ulcer

19. After sitting at a computer station for 2-3 hours, an individual reports experiencing of sharp, localized pain in the left arm. When asked to show the location of the pain, the individual points to the area of the deltoid. The pain disappears when the individual stands up and walks around briefly. Which of the following interventions is most likely to correct the problem?

a) Instruction in shoulder active range of motion exercises

b) Lumbar extension exercises in prone position

**c) Instruction in correct postural alignment in sitting position**

d) Isometric strengthening of the deltoid

20. A 25 year old gymnast injured his right wrist on the pommel horse event during a competition. He was diagnosed with a grade two wrist sprain and referred to physical therapy three weeks following his injury-ray were negative for any fractures. Examination by the physical therapist reveals moderate pain at the end ranges of wrist flexion, extension and ulnar deviation when compared to the opposite side; and clicking in the wrist with movement or forcible gripping. Active wrist flexion is 600 extension is 900 ulnar deviation 450.active wrist supination is 800 and pronation is 900 with pain free overpressures. What is the most likely appropriate treatment for the pt at this stage?

a) Immobilize the forearm and the wrist in the neutral position using a splint

b) Joint mobilization to the distal radial ulnar joint

c) Soft tissue mobilization to the wrist flexors and radial deviators

**d) Wrist isometric exercises in pain free mid range position**

21. Heart surgery procedures are one area where physiotherapist is likely to misinterpret the results because most patients after surgery are seen to look normal. Having such idea you went in surgical ward and realize new admission from theater that looks moderate active. After looking his file you note has been done coronary artery bypass graft two days ago. Which of the following would be the least likely activity included in early physical therapy sessions?

**a) Transfers and early ambulation**

b) Postural training

c) Protective coughing

d) Agility therapy education

22. During your first day placement in the clinical areas you met with your classmates having bed side teaching with the physiotherapist in-charge of that unit and you heard them mentioning total hip replacement (THR).Then after follow up you realize they were discussing on the provision of education for a patient who just received a total hip replacement with a posterolateral approach secondary to grisly RTA. What motions would the physiotherapist stress that this patient avoid?

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23.Physical therapist instructs a patient with pulmonary disease in energy conservation techniques. Which of the following techniques would be the most effective when assisting a patient to complete a selected activity with dyspnea?

**a) Pacing**

b) pursed-lip breathing

c) Diaphragmatic breathing

d) Ventilator muscle training

24. A 2 year old with T10 spina bifida was referred to physiotherapy pediatric unit for service and advice. On physical examination the the child did not have sufficient muscle power in lower extremities and trunk to ambulate and stand without crutches. The physiotherapist decides to start gait training.initially, the preferred method to teach a child how to maintain standing is by the use of?

a) Bilateral HKAFO and forearm crutches

**b) Parapodium orthosis and parallel bars**

c) Bilateral KAFO and parallel bars

d) Bilateral AFO and the parallel bars

25. Following reshuffle exercise of staff in one of the referral hospitals, a physiotherapist reviews the records of a 56 year old male status post(s/p) transfemoral amputation patient. Upon further review he notices a recent entry in the medical record by his colleague indicating the patient has a flexion contracture of the involved limb. As part of the treatment regime the physiotherapist performs passive stretching exercises to the involved hip. The most appropriate form of passive stretching is?

a) Maximal tension to the limit over a brief period of time allowed by patient

**b) Moderate tension to the available range over a prolonged period of time**

c) Maximal tension to the limit over a prolonged period of time

d) Moderate tension to the available range over a brief period of time

26. A physical therapist is caring for a patient who has recently been diagnosed with fibromyalgia and COPD. Which of the following tasks should the physical therapist delegate to an aide?

**a) Transferring the patient during the third visit**

b) Ambulating the patient for the first time

c) Taking the patient’s vital sign while setting up an exercise program

d) Educating the patient on monitoring fatigue

27. Marwa is 48 year old patient who comes to your clinic and gives complains of weakness in the right hip while he is ambulating. Upon physical examination, you notice the patient has a significant drop of the left hip while in the midstance on the right leg. The most appropriate treatment for this impairment would be?

**a) Standing hip abduction of the left limb**

b) Standing hip abduction of the right limb

c) Standing hip flexion of the left leg

d) Standing hip flexion of the right leg

28. Alex is a 40 year old patient who sustained a complete T5 spinal cord injury following grisly road traffic accident. Being his physiotherapist as you start to proceed working on supine to sit transfers on the mat table then he suddenly appears flushed and complains of his heart pounding. Upon examination, his blood pressure is 180/100mm/hg and he has a pounding headache. The most appropriate initial course of action is?

a) Lay the patient supine and notify the patient’s physician

**b) Sit the patient up and notify the patient’s physician**

c) Allow the patient to rest longer between the sets of activity

d) Initiate a core strengthening exercises to maintain abdominal pressure

29. A 21 year old female patient presents with neck pain and stiffness that has gradually worsened over the last two weeks. Upon examination, the patient is noted to have lest-sided pain with left side bending which is 6/10 with left rotation and 2/10 without rotation which more severe at the left C5-6 junction.Hypomobility is also noted with right side-gliding of C6.which of the following intervention will be appropriate?

a) Ballistic stretching of neck with flexion/opening manipulation for mid thoracic spine

b) Static stretching and gapping manipulation in extension of the C5-6

**c) Passive stretching with closing manipulation in extension of the C5-6**

d) Passive stretching of neck and closing technique for the mid thoracic spine

30. A recent employed physical therapist in APDK who is assigned in the walking appliances unit attempts to identify an appropriate wheelchair for a 34 year old patient with bilateral lower extremity amputations. The most important feature of wheelchair designed for the above patient should be having?

a) Removable arm and back rests

b) Frictionless surface hand-rims

**c) The drive wheels are set behind the vertical back supports**

d) Reclining back with elevating leg-rests

31. Physiotherapist discusses the plan of care for 40 year old male diagnosed patient with Guillain-Barre syndrome with his colleagues. Upon their discussion weight shifting activities while standing in the parallel bars was one of the intervention plans. The primary objective of this activity will be to improve patients?

a) Mobility abilities

**b) Controlled mobility**

c) Stability value

d) Skill training

32. A patient diagnosed with C4 quadriplegia receives physical therapy services in a rehabilitation hospital. The patient has made good progress in therapy and is scheduled for discharge in one week. During a treatment session the patient informs the physical therapist that one day in the future he will walk again. The most appropriate therapist’s response is.

a) Your level of injury makes walking unrealistic

**b) Future advances in spinal cord research may make your goal a reality**

c) You can have a rewarding life even if confined to a wheelchair

d) Completing your exercise on a regular basis will help you to walk

33. A 32-year-old male Portuguese descent came to you with a referral note from their family medical doctor to physical therapy for instruction in a home exercise programe.The physical referral indicates that the patient is approved for one visit. What is likelihood the patient will comprehend the home exercise programme in the allotted time?

a) The patient will require external assistance such as the use of an interpreter to comprehend the home exercise program.

b) The patient will comprehend the home exercise program

c) The patient will not be able to comprehend the home exercise program

**d) The therapist cannot make a prediction based on the supplied information**