**MUSCULOSKELETAL SCIENCE 2**

1. The incorporation of dorsiflexion and eversion in straight leg raising test sensitizes
   1. **The tibial nerve.**
   2. The common peroneal nerve.
   3. The sciatic nerve.
   4. The saphenous nerve.
2. Which of the following clinical features of disorders of the neuromusculoskeletal system cannot be determined through palpation?
   1. Raised local temperature.
   2. Bony contours or effusion.
   3. Tenderness.
   4. **Pain.**
3. A focus of increased irritability in a tissue that if sufficiently hypersensitive can give rise to referred pain, tenderness, autonomic phenomena and distortion of proprioception is otherwise known as;
   1. **Trigger point.**
   2. Site of the lesion.
   3. Catchment area.
   4. Area of focus.
4. Which nerve is palpable between the first and second metatarsals, lateral to the extensor hallucis tendon?
   1. Median nerve.
   2. Common peroneal nerve.
   3. **Deep peroneal nerve.**
   4. Sural nerve.
5. Which of the following areas is not ideal for palpation of the radial nerve?
   1. Around the spiral groove.
   2. Between the brachioradialis and flexor carpi radialis.
   3. In the anatomical snuff box.
   4. **Over the anterior elbow joint crease, medial to the biceps tendon.**
6. An externally imposed, small amplitude passive motion that is intended to produce gliding or traction at a joint is referred to as;
   1. Joint manipulation.
   2. **Joint mobilization.**
   3. Joint approximation.
   4. Joint assessment.
7. What is a physiotherapist’s major objective during management of joint disorders?
   1. Reconstruction of the joint.
   2. **Restoration or maintenance of joint mobility.**
   3. Maintenance of joint strength.
   4. Joint manipulation.
8. A physiotherapist’s least concern when treating a patient with below knee amputation should be on;
   1. Prevention of dog’s ears.
   2. Elimination of phantom pain.
   3. Prevention of flexor contractures.
   4. **Prevention of extensor contractures.**
9. Trendelenburg’s gait is suggestive of;
   1. Weak trunk stabilizers.
   2. Pain at any of the weight-bearing joints.
   3. **Weak hip abductors.**
   4. Weak hip extensors.
10. An arthrogenic gait of the hip is characterized by
    1. Steppege instead of heel-strike.
    2. **Excessive abduction in swing phase.**
    3. Assisted knee extension in the stance phase.
    4. A very short duration of the stance phase.
11. The deformity typical in rheumatoid arthritis and therefore serves as a significant feature for clinical diagnosis is;
    1. The dinner-fork deformity.
    2. **The swan-neck deformity.**
    3. The claw-hand deformity.
    4. The ape-hand deformity.
12. Recurrent shoulder dislocation most often is the result of;
    1. A shallow glenoid cavity.
    2. **Weak, chronic inflammation and lax periarticular soft tissues.**
    3. Weak and lax intra-articular soft tissues.
    4. A large head of humerus.
13. Measurement taken from the navel to either medial malleolus assesses;
    1. True shortening of the lower limb.
    2. **Apparent shortening of the lower limb.**
    3. Apparent shortening of the leg.
    4. True shortening of either femora.
14. How many joints make up the elbow complex?
    1. **4.**
    2. 3.
    3. 2.
    4. 1.
15. Which of the following is the resting position of the knee joint?
    1. 45o.
    2. 15o.
    3. **25o.**
    4. 90o.
16. Which of these vitamins can predispose to metabolic disorders of the skeleton, in circumstances of prolonged avitaminosis?
    1. Vitamin K.
    2. **Vitamin D.**
    3. Vitamin C.
    4. Vitamin A.
17. Your supervising Physiotherapist asks you to manage a patient complaining of right hip weakness. You observe the patient walking with an exaggerated wide step width. All the relevant tests do not elicit any nerve involvement. The Physiotherapist suggests to you that it could be a case of weakness of the gluteus minimus. How would you confirm or rule out this?
    1. With patient lying prone, manual resistance is offered to hip extension.
    2. With patient in side lying, manual resistance is offered to hip abduction.
    3. **With patient in high sitting, manual resistance is offered to hip medial rotation.**
    4. With patient in high sitting, manual resistance is offered to hip lateral rotation.
18. How is body symmetry examined physically?
    1. Through comparison of physical findings in the limbs on either side of the body.
    2. **Through comparison of physical findings in corresponding parts on either side of the body.**
    3. Through comparison of physical findings in the upper limbs with those in the lower limbs.
    4. Through comparison of physical findings in either side of the head and trunk.
19. Identify the musculoskeletal disorders highlighted in the slide below.



* 1. Torticollis with kyphosis.
  2. Torticollis with lordosis.
  3. Scoliosis with lordosis.
  4. **Torticollis with scoliosis.**

1. Which is the most probable primary deformity (that is most likely to have precipitated the other) in the slide in question 44 above?
   1. **Torticollis.**
   2. Kyphosis.
   3. Lordosis.
   4. Scoliosis.
2. Which of the following may not predispose to postural anomaly?
   1. Athropathy.
   2. Psychosomatic involvement.
   3. Change in muscle length.
   4. All of the above.
   5. **None of the above.**
3. Which intervention is most appropriate for treatment of joint hypermobility?
   1. Involvement of the joint in more physiological movements.
   2. **Stabilization through strengthening of soft tissues working on the joint.**
   3. Joint compression and approximation exercises.
   4. Passive accessory movements.
4. Which of these interventions is most effective for management of post-burns muscle contractures?
   1. Passive stretching and free active physiological exercises..
   2. **Passive stretching with positioning and splinting.**
   3. Passive and free active physiological exercises.
   4. Passive accessory movements and resisted exercises.