FUNCTIONAL DIAGNOSIS AND PHYSIOTHERAPEUTICS SKILL

Total Duration: Section A + B = 3 Hours
Total Marks: 80

SECTION – A and SECTION – B

Instructions: 1) Use blue/black ball point pen only.
2) Do not write anything on the blank portion of the question paper. If written anything, such type of act will be considered as an attempt to resort to unfair means.
3) All questions are compulsory.
4) The number to the right indicates full marks.
5) Draw diagrams wherever necessary.
6) Distribution of syllabus in Question Paper is only meant to cover entire syllabus within the stipulated frame. The Question paper pattern is a mere guideline. Questions can be asked from any paper’s syllabus into any question paper. Students cannot claim that the Question is out of syllabus. As it is only for the placement sake, the distribution has been done.
7) Use a common answerbook for all Sections.

SECTION – A SAQ (50 Marks)

1. Short answer question (any five out of six):
   a. Glasgow Coma Scale.
   b. Breath holding test.
   c. Enumerate any three tests for rotator cuff injury.
   d. Write any three positive radiographic findings of hydro-pneumothorax.
   e. Enumerate six contraindications for Maitland’s mobilization.
   f. B.M.I.

2. Short answer question (any five out of six):
   a. Describe any seven primitive reflex reactions.
   b. What is neuro-dynamic testing? Describe the lower limb tissue tension tests.
   c. Describe assessment of clubbing and its importance.
   d. Write principles of Brunnstrom approach. Explain stages of Brunnstrom.
   e. Describe subjective and objective assessment of pain. Add a note on McGill’s modified questionnaire.
   f. Explain differential diagnosis of intermittent claudication.
SECTION – B LAQ (30 Marks)

3. Long answer question (any one out of two):

a) A 25 year old unmarried architect suffered paraplegia due to spinal cord injury at L1 3 months ago. He was sole earning member. He stays with his old parents in a chawl on first floor. Presently he can turn in bed can sit with assistance, cannot stand and has no sensations in both lower extremities with loss of bladder control. He can dress up his upper body but not the lower body independently. Discuss assessment to identify structural and functional impairment. Discuss functioning and participation.

b) A 3 year old female child born out of consanguinous marriage has difficulty in rolling and head holding. While in supine position she has crossing of both lower limbs. She has constant drooping of saliva and cannot sit independently but can maintain balance if made to sit. Mother is not educated but eager to learn and care for the child. Father is a daily wage earner. Discuss assessment for developmental milestones. Write impairments, activity and participation and contextual factors using ICF format.

(10)

4. Long answer question (any one out of two):

a) A 60 year old Mrs Sudha, post menopausal widower comes with complaints of bilateral knee pain on cross leg sitting and squatting VAS 5/10 since last 6 months (left more than right). On examination crepitus are felt in both knees. She has genu varum bilaterally. Her X ray show reduction in medial joint space. Her house is on the first floor and she has to take care of her 5 year old grandchild. She is advised total knee replacement for left knee. She stays with her son and receives a monthly pension. Write impairments, activities and participation and contextual factors in ICF format along with assessment indicators.

b) 34 year old Sweeper comes with the complains of acute chest pain on right side since 2 days. On evaluation he has grade III dysnoea, fever and dry cough for which right inter costal drain is inserted. He uses accessory muscles of respiration at rest. He is a chronic bidi smoker and was diagnosed as Pulmonary tuberculosis one year ago. He is able to walk 100 mtr without desaturation. He would like to resume work at the earliest. Discuss assessment of functional capacity. Write impairments, activity and participation and contextual factors in ICF format.

(15)