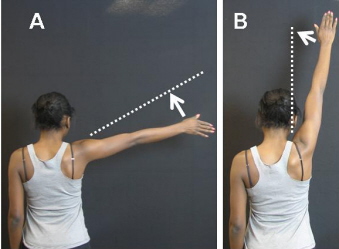
**PT PRACTICE II**

1. A physical therapist is assessing a 50 year old patient with a generally swollen right leg.  The patient does not report any trauma to the leg and describes the swelling as increasing gradually over the last 12 months.  The swelling is non-pitting, primarily below the knee.  The leg is not red or hot, and the patient indicates that his leg just feels “heavy.”  What is the MOST likely origin of the swelling?
2. Systemic infection
3. Chronic inflammation
4. Congestive heart failure
5. **Lymphedema**
6. A patient has right leg pain and displays redness and swelling throughout the foot and ankle distal to the knee that has developed over the last 3 days.  The patient reports no trauma and complains of a deep ache in the calf musculature.  What is the MOST appropriate initial treatment?
7. **Refer to physician to further examination.**
8. Elevate the lower extremity and apply an ice modality.
9. Instruct the patient on range of motion exercises and begin a home exercise program.
10. Perform instrument assisted manual soft tissue mobilization to decrease the swelling.
11. A patient with cystic fibrosis is receiving postural drainage and percussion for the right lung’s middle lobe.  What is the MOST appropriate patient position?
12. Supine on a wedge with the left shoulder elevated on pillows with the head lower than the pelvis.
13. **Supine on a wedge with the right shoulder elevated on pillows with the head lower than the pelvis.**
14. Prone with the right shoulder elevated on pillows and the head on the same plane as the pelvis.
15. Prone with the left shoulder elevated on pillows and the head on the same plane as the pelvis.
16. A patient is recovering from a broken tibia and has just been instructed to discontinue use of a walking boot.  The patient demonstrates excessive pronation and complains of pain and instability in the ankle while ambulating.  Which of the following is the MOST appropriate treatment?
17. Begin a single leg standing program and advance to eccentric calf strengthening as tolerated.
18. **Begin with open-chain exercises and progress to closed-chain strengthening of the ankle as tolerated.**
19. Begin with closed-chain exercises and progress to open-chain strengthening of the ankle as tolerated.
20. Begin a strengthening program involving primarily ankle evertors, progressing as tolerated.
21. After working for several hours as a mechanic, a patient describes sharp elbow pain over the origin point of the common extensor tendon of the wrist extensors.  The pain is alleviated with rest.  Which of the following disorders is MOST likely present?
22. Medial epicondylitis
23. **Lateral epicondylitis**
24. Anconeus tendonitis
25. Olecranon bursitis
26. While examining a patient’s lumbar x-ray films, a physical therapist notices that the L5 vertebra is displaced anteriorly on sacrum by approximately 50% of the vertebral body.  How will this MOST affect physical therapy if the patient is being treated for low back pain?
27. Emphasize core strengthening, especially in spine neutral
28. Begin progressive gluteal and quad strengthening to assist the lumbopelvic fascia
29. **Avoid extension activities, especially in standing**
30. Add progressive external oblique training as tolerated to assist proper spinal alignment
31. A physical therapist is treating a patient with cervical pain.  The patient reports that the pain occurs with most movements and feels “stiff” with active range of motion.  What is the MOST appropriate course of action?
32. Refer to primary care physician for further testing.
33. **Initiate thoracic spine thrust manipulation.**
34. Instruct the patient on cervical spine stabilization exercises and issue a home exercise program.
35. Initiate an upper extremity exercise routine to improve scapular and cervical range of motion and progress as tolerated.
36. A patient has just undergone a total hip replacement via a posterior surgical approach.  Which of the following combinations of movements of the hip are MOST important to avoid?
37. Extension, medial rotation, and abduction.
38. Extension, external rotation, and adduction.
39. **Flexion, medial rotation, and adduction.**
40. Flexion, external rotation, and abduction
41. A patient who has suffered a cutting injury to the entire left half of the spinal cord at the T8 level is being examined by a physical therapist.  Which of the following impairments would be MOST apparent on the ipsilateral lower extremity?
42. Loss of pain and temperature sensation
43. **Loss of movement and light touch sensation**
44. Loss of peripheral smooth muscle control
45. Loss of coordination and accuracy.
46. Which of the following instructions would be most appropriate to give a patient who is learning pursed-lip breathing?
47. Exhale through pursed lips while contracting abdominal muscles
48. Exhale by blowing air out forcefully between pursed lips
49. **Exhale by releasing air out through pursed lips**
50. Exhale in quick short puffs through pursed lips
51. While abducting the shoulder, the patient in the photograph denies pain while moving the arm through the range indicated in photograph A, but reports increasing pain severity as the arm moves into the range indicated by photograph B. Which of the following disorders is **MOST** likely present?
52. **Acromioclavicular joint lesion**
53. Subacromial bursitis
54. Infraspinatus tendinopathy
55. Partial tear of the supraspinatus

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1. A patient has used crutches with a partial weight-bearing toe touch gait for the past 3 months. When progressed to full weight-bearing, the patient is unable to demonstrate a heel-toe gait sequence with the involved extremity. Which of the following disorders is the MOST likely origin of the gait abnormality?
2. Plantar fasciitis
3. Fibular (peroneal) nerve palsy
4. **Heel cord tightness**
5. Hammertoe
6. A patient diagnosed with C5 quadriplegia receives physical therapy 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
   1. Your level of injury makes walking unrealistic
   2. Future advances in spinal cord research may make your goal a reality
   3. **You can have a rewarding life even if confined to a wheelchair**
   4. Completing your exercises on regular basis will help you to walk

**Therapeutic exercises**

1. Philip is 50 years old who complains of pain at the neck and tingling sensation that radiates down both upper extremities, ulnar side bilaterally. She has been prescribed analgesics, multivitamins and referred for physiotherapy today with a view of managing cervical spondylosis. After Short Wave Diathermy (SWD) and Soft Tissue Manipulation (S.T. M). which of these management approaches would be appropriate?
2. Free active neck exercise
3. Manual resisted neck exercise
4. Manual resisted and manual traction neck exercises
5. **All of the above**
6. Martin is 6 years old patient who has been attending outpatient physiotherapy clinic with diagnosis of Congenital Talo Equino Valgus (C.T.E.V) for the last 6 months. Today the physiotherapist informed his mother that they were going to be referred to orthopedic technologist for further advice and management. Which of the following statements did the physiotherapist use to convince Martin’s mother on the need for the referral?
7. That the boots would be raised laterally
8. **That the boots would be raised medially**
9. That the boots would prevent an abnormal sideways position of the foot
10. All of the above
11. After assessing unconscious patient admitted due to trauma 3 weeks ago, the physiotherapist decided bed maintenance exercises were the better option for the patient. Which of the following techniques were applied by the physiotherapist?
12. Regular and frequent turning of the patient
13. Applied percussions and vibrations to the patients
14. Position patient for postural drainage and percussion
15. **(a) and (b) are correct**
16. James had worked at neurological ward for 4 years and having treated many patients with stroke at various stages he observed that they had a common compliant of painful stiff shoulder. Which of the following explain the attribute that contribute to the stiff painful shoulder phenomenal?
17. Immobility and positioning of the arm associated with muscle weakness and paralysis
18. Pre- and post stroke degenerative changes
19. Contracted soft tissues
20. **All the above**
21. Physiotherapist was called to labour ward and asked by midwife to give antenatal physiotherapy to primegravida with the aim of having the patient cooperate fully throughout the baby’s delivery process. Which of the following exercises would she apply in order to assist the patient relax in the first stage of labour?
22. Panting
23. **Controlled pulsed breathing**
24. Both (a) and (b) are correct
25. All of the above
26. Which of the following Proprioceptive Neuromuscular Facilitation components correctly completes the extension-adduction-medialrotation pattern that physiotherapist uses to strengthen muscles of the right side hemiparetic patient?
27. Flexion – adduction – adduction – medial rotation
28. **Flexion - abduction – external rotation**
29. Extension – abduction- medial rotation
30. Extension-flexion – adduction
31. Traction and approximation maybe effective in stimulating proprioceptive impulses arising from joint structure.
32. **True**
33. False
34. The presence of fluid level in x ray image is always interpreted as an indication of empyema thoracis.
35. **True**
36. False
37. When treating patient using Proprioceptive Neuromuscular Facilitation (PNF) techniques – timing for emphasis infers that irradiation/over flow principle is used to facilitate the contraction of weak group of muscles resulting from maximal contraction of strong muscles**.**
38. **True**
39. False
40. Good posture can be explained as a means of recruitment of the only appropriate muscle fires to limit fatigue and abnormal strains that results from pain.
41. **True**
42. False

**STM**

1. Lubricants are a key requirement in STM because they serve the following roles
2. **Reduction of friction and prevention of irritation to the skin**
3. Promotion of skin tissue regeneration
4. Facilitation of anti-inflammatory effects
5. Elevation of local tissue temperature
6. Philip is 50 years old. He has been diagnosed with gravitational ulcer at the medial aspect of his right ankle joint. He is referred to your department. Which of the following manipulations would be appropriate for his treatment?
7. **Finger kneading**
8. Thumb kneading
9. Friction
10. None of the above
11. All of the above
12. Which of these manipulations is not used in treatment of Bell’s palsy?
13. Effleurage
14. **Picking-up**
15. Kneading
16. Hacking
17. Which of the following principles is upheld as physiotherapist positions and drapes patient prior to medical massage therapy?
18. The body parts to be massaged must be devoid of clothing
19. The body parts to be massaged must be supported distally and proximally
20. The patient must be comfortable, relaxed and warm
21. **All of the above**
22. With effleurage given around the patella
23. **The manipulation continues into the popliteal fossa**
24. The manipulation continues into the lymphatic glands at the groin
25. The manipulation continues to the apex of the patella
26. All of the above
27. For what reason is STM administered to a patient with acute backache?
28. To promote local and general relaxation
29. To reduce muscle spasm
30. To relieve pain
31. **All of the above**
32. In case of gross peripheral oedema, effleurage is initiated distally to proximally
33. True
34. **False**