

Question Bank for Assistant Physiotherapy Officer

1. The term orthopaedic is derived from Greek words, which means

- a. Art of preventing and correcting deformities in children
- b. Art of managing fracture and dislocation
- c. Dealing with diseases and injuries of the trunk and limbs
- d. Dealing with diseases and injuries of bones, joints, muscles and ligaments

2. Green stick fracture is seen in

- a. Adult
- b. Children
- c. At any age
- d. Elderly

3. With fractures of the shaft of long bones, rotation is controlled by

- a. Immobilizing the joint close to the fracture site in slight flexion
- b. Immobilizing the joint close to the fracture site in neutral position
- c. Immobilizing the joints above and below it
- d. Surgery

4. External fixation is used for

- a. Fracture with severe soft tissue injury involving skin and blood vessels
- b. Unstable fracture
- c. Pathological fracture
- d. Multiple fractures

5. Burst fracture is seen in

- a. Talus fracture
- b. Vertebral fracture
- c. Femoral head fracture
- d. Scaphoid

6. Burn in electrotherapy occurs due to

- a. Overdose
- b. Inability to dissipate heat due to peripheral vascular disease
- c. Loss of sensation
- d. All of the above

7. The low frequency current is up to

- a. 1000Hz
- b. 50Hz
- c. 100Hz
- d. None of the above

8. Russian current is

- a. Low frequency
- b. Medium frequency
- c. High frequency
- d. None of the above

9. Faradic current is

- a. An alternating current
- b. A direct current
- c. Interrupted current
- d. Modified current

10. _ current is used for the stimulation of innervated muscles

- a. Faradic
- b. Faradic type
- c. Surged faradic
- d. Interrupted galvanic

11. Head of the humerus measures almost half a sphere with an angular value

- a. 180
- b. 160
- c. 150
- d. 120

12. Neck shaft angle of humerus is

- a. 45 degrees
- b. 60 degrees
- c. 90 degrees
- d. 120 degrees

13. At rest scapula makes an angle of about _____ with the frontal plane.

- a. 15 degrees
- b. 30 degrees
- c. 45 degrees
- d. 60 degrees

14. Scapulo-clavicular angle at rest is about

- a. 30 degrees
- b. 45 degrees
- c. 60 degrees
- d. 90 degrees

15. Root of spine of scapula corresponds to

- a. T2
- b. T3
- c. T5
- d. T7

16. Glenohumeral joint capsule is laxed to allow mobility. The head of the humerus can be detracted laterally about _____ with the arm by the side

- a. 2 cm
- b. 3cm
- c. 4cm
- d. 5cm

17. _____ checks the downward pull of gravity on the arm by the side

- a. Superior joint capsule
- b. Rotator cuff
- c. Glenohumeralligament
- d. Deltoid

18. External rotation of gleno humeral joint is checked by

- a. Middle gleno humeral ligament
- b. Inferior glenohumeral ligament
- c. Anterior coracohumeral ligament
- d. Posterior coracohumeral ligament

19. Trapezoid ligament of acromioclavicular joint checks

- a. Medial movement of clavicle
- b. Lateral movement of clavicle
- c. Downward movement
- d. Upward movement

20. _____ rotates the clavicle backward during elevation

- a. Upper trapezius
- b. Trapezoid ligament
- c. Conoid ligament
- d. Deltoid

21. Which stimulator is more comfortable, safe but less accurate

- a. Constant current
- b. Constant voltage
- c. Both
- d. None of the above

22. Pulses of TENS are usually

- a. Uniphasic
- b. Biphasic
- c. Biphasic with even charge
- d. Biphasic, even charge with equal or unequal pulse shape in both direction

23. Benefit of Russian current over faradic stimulation is

- a. Better pain relieving effect
- b. Covers larger stimulation area
- c. Stimulation of deep muscles
- d. Better facilitator of healing

24. Rheobase is

- a. Maximum tolerable current for a nerve impulse at long duration
- b. Minimum current for a nerve impulse at short duration
- c. Minimum current for a nerve impulse at long duration
- d. None of the above

25. Which iontophoresis is used for hyper hydrosis

- a. Metallic silver
- b. Glycopyrrolonium bromide
- c. Xanthenesnicotinamide
- d. Vinc alkaloid

26. The mode of heat transfer by hot pack, whirl pool bath, paraffin wax bath is

- a. Conduction and convection
- b. Conduction and radiation
- c. Radiation and convection
- d. Conduction, radiation and convection

27. The tissue that accumulates maximum heat with condenser field application of SWD is

- a. Skin
- b. Fat
- c. Muscle
- d. Blood

28. Therapeutic frequency of SWD is

- a. 27.12 K Hz
- b. 27.12 MHz
- c. 27.12 G Hz
- d. None of the above

29. The beneficial effects of PSWD is in accordance with

- a. VantHoffs rule
- b. Joules law
- c. Arndt – Schultz law
- d. None of the above

30. The depth of penetration of Microwaves is

- a. Greater than Shortwaves
- b. Lesser than Infrared
- c. Greater than Infrared & Lesser than Shortwaves
- d. None of the above

31. For tennis elbow the laser dose is

- a. 1.5 J/cm²
- b. 5 J/cm²
- c. 16-24 J/cm²
- d. 8-12 J/cm²

32. Absorption of ultrasound is greatest in tissues with

- a. Greatest water content and least structural protein content
- b. Greatest water and structural protein content
- c. Lowest water & structural protein content
- d. Greatest structural protein & lowest water content

33. The purpose of application of pulsed ultrasound is to

- a. Dissipate the heat in the interval
- b. To produce higher mechanical effect
- c. To lessen the thermal effect
- d. To lessen thermal effect and increase the mechanical effect

34. The approximate average half value depth of ultrasound of 1 M Hz frequency is

- a. 100 mm
- b. 65 mm
- c. 35 mm
- d. 25 mm

35. Among the following electrotherapy modalities which is the right sequence of decreasing frequency

- a. Infra red, ultrasound, short wave , interferential
- b. Infra red, microwave, short wave, interferential
- c. Ultraviolet, microwave, infra red, interferential
- d. Infra red, ultraviolet, microwave, medium frequency current

36. Post-operative physiotherapy following Putti-platt surgery for anterior recurrent shoulder dislocation are

- a. Isometric contraction of rotator cuff after surgery
- b. Active movements can be started after 3-4 weeks
- c. Mobilization of shoulder can be started after 3-4 weeks
- d. Progressive strengthening can be started after 3-4 weeks

37. ACJ injury can be managed by strengthening ___ muscles

- a. Rotator cuff and deltoid
- b. Deltoid and trapezius
- c. Trapezius and serratus anterior
- d. Rotator cuff and serratus anterior

38. Positive adson's test indicates TOS due to

- a. Scalene
- b. Cervical rib
- c. Reduced scapulo-clavicular angle
- d. Tumour

39. Physiotherapy for thoracic outlet syndrome includes

- a. Stretching of Scalenei, levator scapulae and pectorals to relieve pressure
- b. Strengthening of trapezius and serratus anterior to correct posture
- c. Modalities like US, moist heat to relive spasm and TENS, IFT to relieve pain
- d. All of the above

40. Close packed position for humeroulnar joint is

- a. Extension
- b. 50 degrees of flexion
- c. 70 degrees of flexion
- d. 90 degrees of flexion

41. Resting position for humeral radial joint is

- a. Semiflexion&supination
- b. Semiflexion& pronation
- c. Extension & supination
- d. Extension & pronation

42. Capsular pattern of limitation of elbow joint is

- a. Limitation of flexion
- b. Limitation of flexion more than extension
- c. Limitation of extension more than flexion
- d. Limitation of extension

43. *Extension of elbow is associated with*

- a. Ulnar abduction and forearm pronation
- b. Ulnar abduction and supination of forearm
- c. Inferior glide of ulna
- d. Superior glide of radius

44. *Flexion of elbow is associated with*

- a. Inferior glide of ulnar and superior glide of radius
- b. Superior glide of ulna and inferior glide of radius
- c. Ulnar abduction and forearm pronation
- d. Radial adduction and forearm pronation

45. *Usually the direction of elbow dislocation is*

- a. Backward
- b. Backward and lateral
- c. Backward and medial
- d. Forward

46. *Following fracture supracondylar of humerus the small distal fracture segment is displaced backward. Uncorrected displaced fracture will limit _____ movement*

- a. Elbow flexion
- b. Elbow extension
- c. Fore arm rotation
- d. Alter carrying angle

47. *Tennis elbow may involve*

- a. Common extensors origin characterized by pain during resisted isometric contraction
- b. Radio-humeral or superior radio-ulnar joint characterized by pain during joint play
- c. Lateral collateral ligament or annular ligament characterized by pain during passive movements, joint play and stress test
- d. All of the above

48. *Typical tennis elbow involves the common extensor muscles. Which muscle is commonly involved?*

- a. Extensor carpi radialis longus
- b. Extensor carpi radialis bravis
- c. Brachioradialis
- d. Extensor Indices

49. *VIC following fracture supracondylar of humerus results from*

- a. Injury to brachial artery by the projected sharp proximal segment of humerus
- b. Tight plaster
- c. Excessive elbow flexion during immobilization
- d. All of the above

50. *Distal articulating surface of radius faces*

- a. Inferiorly
- b. Palmarly&ulnarly
- c. Dorsally &ulnarly
- d. Palmarly& outward

51. *The carpal tunnel dimension increases with*

- a. Wrist flexion
- b. In neutral
- c. In extension
- d. None

52. *There are _____ long bones in hand*

- a. 15
- b. 17
- c. 19
- d. 22

53. *There are _____ joints that make up the hand complex*

- a. 17
- b. 19
- c. 21
- d. 27

54. *The carpo metacarpal joint of little finger is having _____ degrees of freedom*

- a. 1
- b. 2
- c. 3
- d. None

55. *Mallet finger is due to*

- a. Contracture of FDP
- b. Rupture of collateral slip of extensor expansion
- c. rupture of central slip of extensor expansion
- d. Rupture of the volar plate

56. *Swan neck deformity is due to*

- a. Contracture of extensor digitorumcommunis
- b. Intrinsic tightness
- c. Contracture of FDP
- d. Rupture/laxity of volar plate

57. *Bouttenaire deformity is due to*

- a. Contracture of FDS
- b. Rupture of central slip of extensor expansion
- c. Contracture of extensor digitorum
- d. Rupture of collateral slip of extensor expansion

58. *Intrinsic tightness is characterized by*

- a. Increased DIP joint extension with PIP flexion than that with PIP joint extension
- b. Increased IP joint flexion with MCP joint flexion than that with MCP joint extension
- c. Increased IP joint flexion with wrist flexion than that with wrist extension
- d. None

59. *Tightness oblique retinacular ligament is characterized by*

- a. Decreased DIP joint flexion with PIP flexion than that with PIP extension
- b. Decreased DIP flexion with PIP extension than that with PIP flexion
- c. Decreased IP joint flexion with MCP joint flexion than that with MCP joint extension
- d. Decreased IP joint flexion with wrist flexion than that with wrist extension

60. *The MCP joint is stable in*

- a. Semi flexion
- b. Maximum flexion
- c. Extension
- d. Hyper extension

61. *The capsule, collateral ligaments, & accessory collateral ligaments of the MCP joints are taut in its close packed position which is the closed packed position of MCP joint?*

- a. 40 degree of flexion
- b. Maximum flexion
- c. Neutral
- d. Hyper extension

62. *Hyperextension at IP joint of finger is checked by*

- a. Volar plate
- b. PDS
- c. Tension of the skin
- d. Collateral ligament

63. *Inflammation of sheath of the _____ tendons within the sheath is referred as Dequervein's disease*

- a. FPL & FPB
- b. ERL & EPB
- c. Abductor pollicis longus & abductor pollicis brevis

d. Abductor pollicis longus & extensor pollicis brevis

64. *The space between _____ & _____ is referred to as Noman's land*

- a. PIP joint & DIP joint
- b. MCP joint & PIP joint
- c. MCP joint & DIP joint
- d. Wrist joint to MCP joint

65. *Close packed position for the wrist is*

- a. Neutral
- b. Full Dorsiflexion with radial deviation
- c. Full flexion
- d. 45 degrees of dorsiflexion with ulnar deviation

66. *The transverse metacarpal arch increases with*

- a. Clenched fist
- b. Opening the fist
- c. Thumb opposition
- d. None

67. *During wrist extension*

- a. Distal carpals glides palmarly
- b. Proximal carpals glides palmarly
- c. Proximal carpal glide dorsally
- d. Proximal carpals supinates on radius

68. *The capsular pattern of wrist joint is*

- a. More limitation of wrist extension than flexion
- b. Equal limitation of wrist extension and flexion
- c. More limitation of wrist flexion than extension
- d. More limitation of ulnar deviation than radial deviation

69. *The resting position for wrist is*

- a. 30 degrees of extension with radial deviation
- b. 30 degrees of extension with neutral deviation
- c. Neutral extension with slight ulnar deviation
- d. 10 degrees of flexion

70. *Component motion of MCP joint flexion include*

- a. Dorsal gliding, pronation, ulnar deviation and distraction of base of proximal phalanx
- b. Palmar gliding, supination, ulnar deviation and approximation of base of proximal phalanx on metacarpal
- c. Dorsal gliding, supination, ulnar deviation and approximation of base of proximal phalanx

- d. Palmar gliding, pronation, radial deviation and distraction of base of proximal phalanx

71. *Component motion of IP flexion of fingers include*

- a. Dorsal glide, pronation, ulnar deviation & distraction of more distal phalanx on the head of the proximal phalanx
- b. Palmar glide, pronation, ulnar deviation, approximation of distal phalanx on the head of the proximal phalanx
- c. Dorsal glide, supination, radial deviation, approximation, distal phalanx on the head of the proximal phalanx
- d. Palmar glide, supination, radial deviation and distraction of more distal phalanx, on head of proximal phalanx

72. *Avascular necrosis of scaphoid fracture occurs at*

- a. Proximal half
- b. Distal half
- c. Whole bones
- d. None of the above

73. *Reverse colle's fracture is otherwise known as*

- a. Barton's fracture
- b. Smith fracture
- c. Galeazzi fracture
- d. Pott's fracture

74. *Following extensor tendon repair in the hand*

- a. The involved finger is only immobilized
- b. All the fingers are immobilized
- c. Adjacent fingers are immobilized
- d. None of the above

75. *Angle of inclination of femur refers to*

- a. Neck shaft angle in sagittal plane.
- b. Neck shaft angle in frontal plane
- c. Neck shaft angle in transverse plane
- d. None

76. *Neck shaft angle in femur in frontal plane in child is*

- a. 120 degrees
- b. 130 degrees
- c. 150 degrees
- d. 170 degrees

77. *Neck shaft angle of femur in transverse plane is referred as*

- a. Angle of inclination
- b. Angle of anteversion
- c. Angle of declination
- d. Coxavalga

78. *Increase in angle of inclination of femur is referred to as*

- a. Coxavalga
- b. Coxa plane
- c. Coxavara
- d. Anteversion

79. *Increase in torsion angle of femur is referred to as*

- a. Coxavalga
- b. Coxavara
- c. Anteversion
- d. Retroversion

80. *In toeing gait is the characteristic feature of*

- a. Coxavalga
- b. Coxavara
- c. Anteversion
- d. Retroversion

81. *Reduced internal rotation of hip is the feature of*

- a. Coxavalga
- b. Coxavara
- c. Anteversion
- d. Retroversion

82. *The bending moment in the neck of femur is increased predisposing to the fracture neck in*

- a. Coxavalga
- b. Coxavara
- c. Anteversion
- d. Retroversion

83. *The tip of greater trochanter lies above the shenton's line in*

- a. Coxavalga
- b. CDH
- c. Anteversion
- d. None of the above

84. *The stable position for the hip is*

- a. Flexion, external rotation and abduction
- b. Extension, external rotation and adduction
- c. Neutral extension, internal rotation and abduction

- d. Full flexion, internal rotation and adduction

85. ***Strongest ligament in the body is***

- a. Ischio femoral
- b. Round ligament
- c. Pubo femoral
- d. Illo femoral

86. ***One can hang on illo femoral ligament using minimum muscle action by***

- a. Rolling the pelvis backward
- b. Rolling the pelvis forward
- c. Extension, abduction and internal rotation of hip
- d. Extension, abduction, external rotation of hip

87. ***In neutral standing position the hip joint is weaker***

- a. Anteriorly
- b. Posteriorly
- c. Inferiorly
- d. Superiorly

88. ***The resting position for the hip is***

- a. Neutral extension, abduction and rotation
- b. 30 degrees of flexion, 30 degrees of abduction and slight external rotation
- c. Neutral extension, 30 degrees of abduction and slight internal rotation
- d. 30 degrees of flexion, slight adduction and internal rotation.

89. ***Capsular pattern of restriction of hip is***

- a. Internal rotation & abduction most restricted, flexion and extension restricted
- b. External rotation & abduction most restricted, flexion and extension restricted
- c. Extension, internal rotation most restricted, flexion and external rotation restricted
- d. Flexion, internal rotation most restricted, extension and external rotation restricted.

90. ***The component motion for hip flexion is***

- a. Inferior and lateral glide of femoral head in acetabulum
- b. Posterior and superior glide of femoral head in acetabulum
- c. Posterior and inferior glide of femoral head in acetabulum
- d. Anterior and superior glide of femoral head in acetabulum

91. ***In single leg standing hip joint is subjected to load equal to***

- a. 1/3rd of body weight
- b. Body weight

- c. 2 times of body weight
- d. 3 times of body weight

92. *In case of LLD _____ side bears more load*

- a. Shorter
- b. Longer
- c. Both sides bears equal load
- d. None

93. *In case of coxavara _____ side is prone to develop degenerative arthritis a*

- a. Affected
- b. Unaffected
- c. Both
- d. None of the above

94. *Hip joint is supplied by _____ segments*

- a. L1 – L3
- b. L2 – L5
- c. L2 – S1
- d. L3 – S2

95. _____ *bursa often communicates with the hip joint*

- a. Subtrochantric
- b. Ischeal
- c. Illiopectineal
- d. Adductor

96. *In case of hip arthritis patient often complain pain on _____ aspect of hip joint*

- a. Anterior
- b. Posterior
- c. Lateral
- d. Medial

97. *Lateral hip pain is the characteristic feature of*

- a. Sciatica
- b. Trochanteric bursitis
- c. IT friction syndrome
- d. Hip arthritis

98. *Pain in the buttock is suggestive of pain of _____ origin*

- a. Lumbar spine

- b. Hip spine
- c. Piriformis
- d. Trochanteric

99. *The characteristic features of slipped capital femoral epiphysis are*

- a. Limitation of abduction and internal rotation, femur rolls into abduction and external rotation during flexion and shortening
- b. Limitation of flexion, abduction and internal rotation and shortening
- c. Limitation of flexion and internal rotation, femur rolls into abduction and external rotation during flexion and lengthening
- d. Limitation of flexion, abduction and internal rotation and lengthening

100. *Slipped capital femoral epiphysis occurs at _____ age*

- a. Birth
- b. 5 – 10 years
- c. 11 – 15 years
- d. 16 – 20 years

101. *Factors influencing prognosis in Perthe's disease includes*

- a. Early onset poor is the prognosis
- b. Early loss of hip movements poor is the prognosis
- c. Early weight bearing better is the prognosis
- d. Lateral subluxation/ extrusion better is the prognosis

102. *Ultrasound can be used to treat*

- a. Osteomyelitis
- b. Soft tissue injuries
- c. Open fractures
- d. All of the above

103. *Continuous passive motion apparatus is used to*

- a. Increase range of motion
- b. Maintain range of motion
- c. Strengthen knee muscles
- d. All of the above

104. *Interferential therapy is not used for*

- a. Muscle stimulation
- b. Pain relief
- c. Muscle re-education
- d. Wound healing

105. *Biceps Brachii acts as a*

- a. Flexor of knee
- b. Extensor of elbow

- c. Flexor of elbow
- d. Extensor of knee

106. ***Colle's fracture occurs at***

- a. Distal 1/3rd of radius
- b. Proximal 1/3rd of radius
- c. Olecranon process of ulna
- d. Distal 1/3rd of ulna

107. ***Measurement of axillary crutches***

- a. 5cm below posterior axillary and 15 cm laterally with patient in supine lying
- b. 7cm below anterior axilla and 10 cm laterally with patient in standing position
- c. 4cm below anterior axilla and 10cm medially with patient supine lying
- d. 5cm below post axilla and 12cm laterally with patient standing

108. ***Shoulder dislocation is caused by vigorous***

- a. Flexion with internal rotation
- b. Flexion with external rotation
- c. Abduction with External rotation
- d. Abduction with internal rotation

109. ***Poliomyelitis is caused by viral infection in***

- a. Posterior horn cell
- b. Anterior horn cell
- c. Muscle
- d. Peripheral Nerves

110. ***Degenerative bone disease is called as***

- a. Osteoarthritis
- b. Rheumatoid Arthritis
- c. Gouty arthritis
- d. Synovitis

111. ***An 18-year-old male status of post fractured right femur with open reduction and internal fixation***

is referred to physical therapy. After the initial therapy session the patient states that therapy is a waste of time and he will not return for any additional treatment. The most immediate response would be to:

- a. Inform the referring physician of the patient's decision
- b. Instruct the patient to return for one additional treatment session
- c. Discuss the importance of physical therapy with the patient
- d. Discharge the patient from physical therapy

112. ***A therapist suspects a patient may be under the influence of alcohol during a treatment session. The therapist has been treating the patient for over five weeks and during that time has failed to recognize any signs or symptoms of substance abuse. The therapist's most immediate action would be to:***

- a. Contact the referring physician and discuss the patient's
- b. Ask the patient if he/she has been drinking
- c. Discharge the patient from physical therapy
- d. Refer the patient to a local Alcoholics Anonymous group

113. ***The parents of a patient with a C4 spinal cord injury request projected outcome information on***

their 18-year-old son. The most appropriate health care professional to answer the parent's question is the:

- a. Primary nurse
- b. Psychiatrist
- c. Case manager
- d. Social worker

114. Therapists are often faced with ethical issues in their daily clinical practice. Which of the following would be the most appropriate initial step when faced with an ethical dilemma:

- a. Determine an action plan
- b. Seek external support
- c. Gather relevant information
- d. Complete the action plan

115. A risk management committee identifies several examples of physical therapy malpractice. Which

of the following would not be considered a potentially negligent act?

- a. Failure to follow a physician's order
- b. Application of faulty equipment
- c. Sexual misconduct
- d. Failure to achieve an established long term goal

116. A physical therapist and physical therapist assistant work as a team in an acute care medical facility. Which of the following responsibilities would be appropriate for the physical therapist to delegate to the therapist assistant?

- a. Develop a patient treatment plan based on an initial examination
- b. Revise an established patient plan
- c. Implement a therapeutic exercise program
- d. Write a discharge summary

117. A therapist describes an exercise program to a patient using terms such as flexion, extension, and

abduction. The patient informs the therapist that she does not understand the instruction. The most appropriate action is to:

- a. Verbally define each term
- b. Provide a written definition of each term
- c. Define each term without using medical terminology
- d. Select a different exercise

118. A patient rehabilitating from a laminectomy informs a therapist that his work schedule has prohibited him from completing the prescribed home exercise program. The therapist is frustrated with the patient's admission, particularly since the home exercise program takes only 10 minutes to complete. The most appropriate therapist action is to:

- a. Emphasize the importance of the home exercise program is part of the patient's rehabilitation program
- b. Ask the patient to make a specific effort to complete the home exercise program
- c. Inform the referring physician that the patient has been noncompliant
- d. Discharge the patient from physical therapy

119. A physical therapist assistant completes daily documentation in the medical record. Which of the following documentation activities would be inappropriate for a physical therapist assistant?

- a. A reaction to treatment
- b. Patient compliance
- c. Discharge summary
- d. Treatment of services provided

120. *A physical therapist is a member of a interdisciplinary team in a rehabilitation center. One of the patients in the pediatric unit is a 5-year-old boy who sustained a head injury and multiple fractures in a motor vehicle accident. The patient is scheduled to be treated by the team, but there is no information in the medical chart which specifies the patient's current weight bearing status. Which member of the interdisciplinary team would be responsible for determining the patient's weight bearing status?*

- a. Physical therapist
- b. Occupational therapist
- c. Speech therapist
- d. Physician

121. *The effect of two non-linear systems acting at a common point can be determined by finding out their resultant, which can be determined by*

- a. simple arithmetic addition
- b. law of triangle
- c. law of parallelogram
- d. cosine law

122. *40 Kg traction force is applied to the part at an angle of 30 degrees. What will be the effective distractive force at the joint?*

- a. 30kg
- b. 35kg
- c. 40 kg
- d. 45 kg

123. *Friction is the resistive force offered by the surface, when one surface moves over the other, which is*

- a. Directly proportional to the area of the surface in contact
- b. Nature of the surface
- c. Weight of the moving object
- d. all of the above

124. *Pulleys are used to*

- a. Make the work easy
- b. Alter the direction of motion
- c. Gain mechanical efficiency
- d. All the above

125. *In a pulley maximum resistance force is produced when the angle of pulley is*

- a. In line with the moving bone

- b. 90 to the moving bone
- c. 60 with moving bone
- d. 45 with the moving bone

126. _____ *order lever is the lever of speed*

- a. 1st
- b. 2nd
- c. 3rd
- d. All

127. *Knee flexion in prone lying is an example of*

- a. 1st order lever
- b. 2nd order lever
- c. 3rd order lever
- d. 4th order lever

128. *2nd order lever is the lever of*

- a. Stability
- b. Instability
- c. Speed
- d. Efficiency

129. *Standing on toes is an example of _____ order lever*

- a. 1st
- b. 2nd
- c. 3rd
- d. 4th

130. *In our body more numbers of _____ order levers are present*

- a. 1st
- b. 2nd
- c. 3rd
- d. 4th

131. *Medial heel wedge is recommended for the correction of*

- a. Hind foot pronation
- b. Equinus foot
- c. Hind foot supination
- d. CTEV

132. *Thomas heel is given in case of*

- a. Equines foot
- b. Cavus foot
- c. Flat foot
- d. CTEV

133. *Foot wear modification for calcaneal spurs is*

- a. heel wedge
- b. gouged out heel
- c. heel cuff
- d. soft heel padding

134. ***UCBL insert is indicated for***

- a. Equines foot
- b. Cavus foot
- c. Flat foot
- d. CTEV

135. ***Orthotic management for Perthe's disease is***

- a. KAFO
- b. HKAFO
- c. HKAFO with ischeal seat
- d. Hip abduction orthosis with trilateral socket and rocker bottom

136. _____ ***splint is prescribed for claw hand deformity***

- a. Cock-up
- b. Knuckle bender
- c. Pan cake
- d. Short opponens

137. _____ ***splint is prescribed for a case of median nerve injury***

- a. Cock-up
- b. Knuckle bender
- c. Pan cake
- d. Short opponens

138. _____ ***splint is prescribed for buttonaire deformity***

- a. Cock-up
- b. Knuckle bender
- c. Gutter
- d. Short opponens

139. ***Single bar AFO with medial T-strap is helpful in correcting ____ deformity***

- a. Equines foot
- b. Cavus foot
- c. Pronated foot
- d. CTEV

140. ***Orthotic management of CTEV includes***

- a. Dennis-brown splint
- b. Modified foot wear with medial stiff & straight border, lateral heel & sole raised without
- c. AFO with lateral T-strap

d. All of the above

141. *At birth the shape of the chest is*

- a. Barrel like
- b. Circular
- c. Elliptical
- d. Triangular

142. *Angle of Louis corresponds to*

- a. T2 – T3 spine
- b. T4 – T5 spine
- c. T6 – T7 spine
- d. None of the above

143. *Pump handle movement is a feature of*

- a. Lower ribs
- b. Upper ribs
- c. Mid ribs
- d. Diaphragm

144. *Maximum diaphragmatic movement is ___ cm*

- a. 1cm
- b. 2cm
- c. 3cm
- d. 4cm

145. *The position of the lung is up to*

- a. T8
- b. T10
- c. T12
- d. T7

146. *Approximately the partial pleura extends _____ ribs below the lung*

- a. 1
- b. 2
- c. 3
- d. None of the above

147. *Central chemoreceptors are stimulated by*

- a. Increased PaCO₂
- b. Hypoxia
- c. Decreased PaCO₂
- d. SaO₂

148. *Lower lobe alveoli operates at*

- a. Increased transmural pressure
- b. Decreased transmural pressure
- c. Balanced transmural pressure
- d. None of the above

149. *Cost of breathing is high when*

- a. Diaphragm is used
- b. Inter costals are used
- c. Abdominals are used
- d. Accessories are used

150. *V/Q for normal blood gas is*

- a. .8
- b. 1
- c. 1.2
- d. 1.1

Answer Key

Q No.	Ans.	Q No.	Ans.	Q No.	Ans.	Q No.	Ans.	Q No.	Ans.
1.	a	31.	c	61.	b	91.	d	121.	c
2.	b	32.	d	62.	a	92.	b	122.	b
3.	c	33.	b	63.	d	93.	b	123.	d
4.	a	34.	b	64.	b	94.	c	124.	d
5.	b	35.	b	65.	b	95.	c	125.	b
6.	d	36.	b	66.	a	96.	a	126.	c
7.	a	37.	b	67.	b	97.	b	127.	c
8.	b	38.	a	68.	b	98.	a	128.	d
9.	a	39.	d	69.	c	99.	a	129.	b
10.	c	40.	a	70.	b	100.	c	130.	c
11.	c	41.	c	71.	c	101.	b	131.	a
12.	a	42.	b	72.	a	102.	b	132.	c
13.	b	43.	a	73.	b	103.	a	133.	b
14.	c	44.	a	74.	b	104.	d	134.	c
15.	b	45.	b	75.	b	105.	c	135.	d
16.	a	46.	a	76.	c	106.	a	136.	b
17.	a	47.	d	77.	c	107.	a	137.	d
18.	a	48.	b	78.	a	108.	c	138.	c
19.	b	49.	d	79.	c	109.	b	139.	c
20.	c	50.	b	80.	c	110.	a	140.	d
21.	b	51.	a	81.	d	111.	c	141.	b
22.	d	52.	c	82.	b	112.	b	142.	b
23.	c	53.	b	83.	b	113.	b	143.	b
24.	c	54.	b	84.	c	114.	c	144.	c
25.	b	55.	b	85.	b	115.	d	145.	b
26.	a	56.	d	86.	a	116.	c	146.	b
27.	b	57.	b	87.	a	117.	c	147.	a
28.	c	58.	b	88.	b	118.	a	148.	a
29.	d	59.	b	89.	a	119.	c	149.	d
30.	c	60.	b	90.	c	120.	d	150.	b

