**Write the following information in the first page of Answer Script before starting answer**

# ODD SEMESTER EXAMINATION: 2020-21

Exam ID Number_____

Course_____

Semester_____

Paper Code_____

Paper Title_____

Type of Exam: _____

(Regular/Back/Improvement)

**Important Instruction for students:**

1. Student should write objective and descriptive answer on plain white paper.
2. Give page number in each page starting from 1st page.
3. After completion of examination, Scan all pages, convert into a single PDF, and rename the file with Class Roll No. **(2019MBA15)** and upload to the Google classroom as attachment.
4. Exam timing from 10am – 1pm (for morning shift).
5. Question Paper will be uploaded before 10 mins from the schedule time.
6. Additional 20 mins time will be given for scanning and uploading the single PDF file.
7. Student will be marked as ABSENT if failed to upload the PDF answer script due to any reason.

# BACHELOR OF PHYSIOTHERAPY
## FIFTH SEMESTER
## CLINICAL ORTHOPEDICS
## BPT-501

**Duration: 3 hrs.** **Full Marks: 70**

## ( PART-A: Objective )

**Time: 20 min.** **Marks: 20**

***Choose the correct answer from the following:*** ***1 ×20=20***

**1.** External fixation is used for
- **a.** Unstable fracture
- **b.** Pathological fracture
- **c.** Fracture with severe soft tissue injury involving skin and blood vessels
- **d.** Multiple fractures

**2.** Fracture shaft of humerus is associated with
- **a.** Axillary nerve injury
- **b.** Brachial plexus injury
- **c.** Median nerve injury
- **d.** Radial nerve injury

**3.** ……splint is recommended for CDH
- **a.** Pavlik harness
- **b.** HKAFO
- **c.** DB splint
- **d.** Aeroplane

**4.** In fracture neck of femur the blood supply to the head of the femur is retained by ……....
- **a.** Circumflex artery
- **b.** Artery to ligament of the head of femur
- **c.** Femoral artery
- **d.** Nutrient artery

**5.** Charcot joints are
- **a.** Painless arthritic joint disease
- **b.** Degenerative joint disease
- **c.** Infective joint disease
- **d.** Ankylosed joints

**6.** Claw hand is a deformity with
- **a.** Hyperflexion of the MCP joints and extension of the IP joints of the fingers
- **b.** Hyperextended thumb
- **c.** Hyperextension of the MCP joints and flexion of the IP joints of the fingers
- **d.** Flexion at PIP joint and hyperextension at MCP joint

**7.** First sign of dermatomyositis is
- **a.** Itchy and painful dusky red rash
- **b.** Progressive muscle weakness
- **c.** Raynaud's phenomenon
- **d.** Joint stiffness

**8.** A patient comes to the emergency department with severe pain keeping arm in a position of adduction and internal rotation (classical sling position). On examination, the normal contour of the shoulder is lost and there is posterior shoulder fullness .What could be the possible provisional diagnosis of the patient?
- **a.** Fracture shaft of humerus
- **b.** Fracture clavicle
- **c.** Anterior dislocation of shoulder
- **d.** Posterior dislocation of shoulder

**9.** Enlargement or swelling of costochondral junction seen in rickets is called
- **a.** Craniotabes
- **b.** Frontal bossing
- **c.** Rachitic rosary
- **d.** Harrison's sulcus

**10.** Why does fracture occur more commonly in middle third of clavicle?
- **a.** Thinnest part of the bone
- **b.** Site of entrance of nutrient artery
- **c.** Both a and b
- **d.** None of the above

**11.** Out of the following characteristics which one is a feature of torticollis?
- **a.** Head is tilted to one side so that the chin faces to the opposite side
- **b.** Macular changes in retina
- **c.** Facial asymmetry
- **d.** All of the above

**12.** Which is the best investigation for spinal canal stenosis?
- **a.** X rays
- **b.** MRI
- **c.** CT scan
- **d.** All of the above

**13.** Which muscle is most often completely paralyzed in poliomyelitis?
- **a.** Quadriceps
- **b.** Hamstrings
- **c.** Tibialis anterior
- **d.** Opponens pollicis

**14.** Type II fracture neck of talus should be treated with
- **a.** Closed reduction under GA and then immobilization with traction
- **b.** Closed reduction under GA and then immobilization in below knee plaster cast
- **c.** Open reduction and internal fixation
- **d.** Debridement and closed reduction

**15.** In case of rupture of disc at L5-S1, the management should be
- **a.** Joint fusion
- **b.** Emergency removal of disc
- **c.** Traction
- **d.** Immobilisation for 2 weeks with spinal back

**16.** Thumb palm deformity is seen in
- **a.** Osteogenesis imperfect
- **b.** Arthrogryposis multiplex congenita
- **c.** Rheumatoid arthritis
- **d.** Gouty arthritis

**17.** Treatment of choice for fracture neck of humerus in a 72 year old female is
- **a.** U slab
- **b.** Arthroplasty
- **c.** Analgesics with arm sling
- **d.** ORIF

**18.** Acute hematogenous osteomyelitis is treated with all except
- **a.** Antibiotics
- **b.** Splinting
- **c.** Analgesics
- **d.** Surgery

**19.** Most commonly affected peripheral nerve is
- **a.** Femoral nerve
- **b.** Ulnar nerve
- **c.** Median nerve
- **d.** Radial nerve

**20.** Sausage fingers are found in
- **a.** Rheumatoid arthritis
- **b.** Scleroderma
- **c.** Psoriatic arthritis
- **d.** Gout

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## ( PART-B : Descriptive )

**Time : 2 hrs. 40 min.** **Marks : 50**

**[ Answer question no.1 & any four (4) from the rest ]**

**1.** Outline the etiopathology types, clinical features and management of congenital talipes equino varus. 3+3+4=10

**2.** **a)** Explain the mechanism of injury, classification, clinical features and management for fracture of tibial plateau. 8+2=10
**b)** Write down its complications.

**3.** **a)** Define torticollis. Explain its causes, clinical features and management. 7+3=10
**b)** Write a note on: Foot deformities

**4.** Discuss in detail the fractures of proximal humerus emphasizing on its mechanism of injury, Neer classification, investigations and its treatment.

**5.** Discuss the etiopathology, clinical features along with its characteristic feature in each stage and treatment methods for poliomyelitis. 2+4+4=10

**6.** **a)** Explain the pathology, clinical features along with its extra-articular manifestations and management for ankylosing spondylitis. 6+4=10
**b)** Name some provocative tests to check the involvement of sacroiliac joint. Discuss any two.

**7.** **a)** Explain the examination of peripheral nerve injuries. 4+6=10
**b)** Describe high median nerve palsy along with its two clinical tests and management.

**8.** Write short notes on: 2+2+3+3=10
**a)** Volkmann ischaemic contracture
**b)** Meyerdings' X ray grading of spondylolisthesis.
**c)** Basic elements of the ATLS Protocol
**d)** Genu valgum and its clinical assessment

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