REV-01
BPT/16/19

2022/12

SET B

BACHELOR OF PHYIOTHERAPY
FIFTH SEMESTER
CLINICAL ORTHOPEDICS
BPT-501
[USE OMR SHEET FOR OBJECTIVE PART]

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

Objective

Time: 30 mins. **Marks: 20**

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

1. If fracture of tibia is associated with excessive swelling, pain, inability to move toes. immediate decompression of compartments.
   a. Myositis Ossificans
   b. Sudeck Osteodystrophy
   c. Compartmental Syndrome
   d. Fat Globules

2. Fracture femur in infants is best treated by
   a. Open reduction
   b. Gallows traction
   c. Closed reduction
   d. U slab

3. .....orient the projection plane to be perpendicular to a coordinate axis, while moving the lines of sight to intersect two additional sides of the object.
   a. Anterior view
   b. Lateral view
   c. Oblique view
   d. Translatory view

4. Gun stock deformity is seen in
   a. Supracondylar fracture
   b. Fracture both bones forearm
   c. Fracture clavicle
   d. Colle's fracture

5. The engulfing and usually the destruction of particulate matter by phagocytes serves as bodily defence mechanism against infection
   a. Necrosis
   b. Apoptosis
   c. Gangrene
   d. Phagocytosis

6. Complete absence of a limb is called
   a. Amelia
   b. Syndactyly
   c. Hemimelia
   d. All of the above

7. Classical clinical triad of osteogenesis imperfect is
   a. Crepitus, dizziness, neurological deficit
   b. Fever, malaise, headache
   c. Fragility of bone, blue sclera, deafness
   d. All of the above

8. Infecton of bone by microorganisms is called
   a. Osteomyelitis
   b. Osteoporosis
   c. Osteomalacia
   d. All

9. Ortolani's test is positive in
   a. CTEV
   b. Scoliosis
   c. Congenital dislocation of hip
   d. Torticollis

10. Cartilage forming tumours are basically called
    a. Sarcoma
    b. Chondroma
    c. Osteoma
    d. Hemangioma

11. Excessive backward convexity of the spine, which leads to a hunchback posture is called
    a. Lordosis
    b. Kyphosis
    c. Scoliosis
    d. None of the above

12 Function of Flexor digitorum profundus is to
    a. Abduct the distal phalanx
    b. Adduct the distal phalanx
    c. Flex the distal phalanx
    d. Extend the distal phalanx

13. Most common type of supracondylar fracture is
    a. Extension type
    b. Flexion type
    c. Abduction type
    d. Adduction type

14. ……..consists of posterior longitudinal ligament and posterior part of annulus fibrosis alomnh with posterior half of vertebral body
    a. Anterior column
    b. Posterior column
    c. Middle column
    d. All

15. Step sign is positive in
    a. Lumbar spondylosis
    b. Spondylolisthesis
    c. Prolapsed intervertebral disc
    d. Spinal canal stenosis

16. Von Rosen splint is used in
    a. CTEV
    b. CDH
    c. Fracture shaft of femur
    d. Fracture tibia

17. Most common fracture in children is
    a. Colles fracture
    b. Supracondylar fracture of humerus
    c. Fracture of neck of femur
    d. Clavicle fracture

18. Coxa vara deformity is seen in
    a. Knee
    b. Hip
    c. Ankle
    d. Elbow

19. An injury to muscle or muscle tendon is called
    a. Strain
    b. Sprain
    c. Contusion
    d. Bursitis

20. Joint fusion is
    a. Arthroscopy
    b. Arthrodesis
    c. Osteotomy
    d. Spinal Fragmentation

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Descriptive

Time : 2 hrs. 30 mins. **Marks : 50**

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

1. Describe the pathoanatomy, clinical features and management of shoulder joint dislocation? 2+4+4=10

2. What is avascular necrosis? Write down its clinical features, investigation and management. 2+8=10

3. Explain the pathology, causes and clinical features of prolapsed intervertebral disc. Also enlist the functions of intervertebral disc. 3+2+3+2=10

4. Discuss in details about different classification of fracture neck of femur with diagrams. Write down its complications 7+3=10

5. What is rickets? Write the pathology of rickets. Write about different assessment and clinical features in details about rickets 2+3+3+2=10

6. Write about Erb's Palsy and Klumpke palsy 5+5=10

7. Define CTEV. Discuss the clinical features and treatment of CTEV. 2+8=10

8. **Write short notes on any five:** 2×5=10
   a. Clinical features of ankylosing spondylitis
   b. X ray findings of cervical spondylosis
   c. Hallux valgus
   d. Sacralisation
   e. Levels of amputation in upper limb
   f. Classification of fracture

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