WRITTEN TEST FOR MFCP OF PHYSIOTHERAPIST A TO B 30.08.2017

1. Which artery/ies supplies pure blood to the lungs?
   A. The bronchial artery
   B. The bronchial and pulmonary arteries
   C. The bronchial, pulmonary and intercostals arteries
   D. The pulmonary and intercostals arteries
2. Cardiac output can be described as:
   A. Amount of blood pumped by each ventricle in one minute
   B. Amount of blood pumped by both ventricles in one beat
   C. Amount of blood pumped by each ventricle per beat
   D. Amount of blood pumped by each atria and ventricle per minute
3. The pericardium has the following features:
   A. It surrounds the heart and has two membranes
   B. It is a single layered covering of heart
   C. It has three membranes called endocardium, epicardium and a transparent membrane
   D. It is a soft framework of collagen and protects the heart
4. The number of functional segments (broncho-pulmonary segments) for the right lung is:
   A. 10
   B. 09
   C. 08
   D. 07
5. The apex of the lung lies:
   A. Just below the level of the first rib
   B. One centimeter above the medial part of clavicle
   C. Deep to the supraclavicular fossa by 2.5 cms at root of neck
   D. At the level of the lateral end of clavicle
6. The surface marking of the posterior border of the lung is:
   A. From T1 to T11 vertebrae
   B. From C7 to T10 vertebrae
   C. From T2 to T12 vertebrae
   D. From T2 to T11 vertebrae
7. The base of the lung is
   A. Symmetrical level for both lungs
   B. Separated from the diaphragm by a narrow 1 cm space
   C. Felt more anteriorly on the left side
   D. Higher level on the right side
8. The surface marking of the oblique fissure of lung is:
   A. Curved line starting between 3rd and 4th vertebra and meeting sternum at 6th intercostals space
   B. Curved line from 3rd vertebra going inferiorly and anteriorly to meet lowest costochondral junction
   C. Oblique line from 5th vertebra to 6th costochondral junction anteriorly
   D. Oblique line from 4th vertebra to xiphisternum anteriorly
9. The importance of broncho-pulmonary segments is:
   A. Every segment is conical in shape and is directed to the apex of lung
   B. Every segment has its own bronchus but shares artery and vein with other segments
   C. Every segment is pyramidal and has its own bronchus and artery
   D. Every segment has its own shape but shares vascular, lymphatic and respiratory connection with others

10. Among the following electrical modalities, which one may burn or cause tissue necrosis around an internal bony fixation plate?
    A. Galvanic current
    B. Ultra sound
    C. Sinusoïdal currents (diadynamic)
    D. Short wave currents
11. Which of the following is an indication for taping in Physiotherapy?
    A. To promote healing in longstanding pain
    B. To enforce rest
    C. To enable other joints to compensate in motion
    D. To stabilize or support the injured part
12. Which of the following is most appropriate for Constraint Induced Movement Therapy (CIMT) to be effective:
    A. Patient should undergo CIMT for at least 3 hours per week
    B. Patient should undergo CIMT for at least 6 hours per week
    C. Patient should undergo CIMT for at least 1 hour per day every week
    D. Patient should undergo CIMT for at least 15 hours per week
13. Virtual reality training helps to improve function in the paretic arm by:
    A. Improving eye-hand coordination
    B. Improving cognition and stimulating plasticity
    C. Improving flexibility and strength
    D. Improving flexibility, endurance and through automaticity
14. The impact of physical activity in Parkinson's disease includes:
    A. Exercises can improve all symptoms of Parkinson's
    B. Exercises improve bradykinesia and tremor
    C. Exercises improve mobility and mood
    D. Exercises have very little impact
15. For Constraint Induced Movement Therapy (CIMT) to be effective:
    A. There should be at least 15° of active palmar flexion at wrist
    B. There should be active palmar flexion and grasp
    C. There should be some active dorsiflexion at the wrist and/or MCPs
    D. There should be wrist palmarflexion and forearm supination
16. In exercise training for patients with post-ischemic cardiac disease, the Heart Rate Reserve (HRR) means:
    A. Difference between 220 and age in years
    B. Difference between HRmax and HRrest
    C. 70 to 75% of HRmax
    D. HRrest plus 30% of HRrest
17. The Oxygen uptake that signifies 1 MET is:
    A. 3.5 ml/kg/min
    B. 4.0 ml/kg/min
    C. 4.5 ml/kg/min
    D. 5.0 ml/kg/min
18. Which of the following is **NOT ASSESSED** in FIM (Functional Independence Measure)?
    A. Dressing
    B. Balance
    C. Transfer
    D. Problem solving

19. Which of the following is true in active exercises?
    A. Isokinetic machine helps patients to do active exercise
    B. Active exercises can help in overcoming weakness
    C. Active exercises are useful as home exercise programme
    D. Brief, intense electrical stimulation (ES) helps effective active exercises
20. Passive exercises (PROM) are useful because:
    A. They help to regenerate neurons that are degenerated
    B. Rapid passive ROM exercises help to control reflex flexor spasms
    C. Preserves joints within available pain-free range
    D. Helps to prevent contractures
21. In Progressive Muscle Relaxation:
    A. Individual muscles contract and relax isotonically
    B. Using deep breath during contraction, muscles are helped to relax
    C. Muscles undergo isotonic and isometric contractions systematically
    D. Systematic tensing and relaxing of muscle groups is done
22. The best practice in cryotherapy would include:
    A. Cooling for pain relief needs very low temperatures over at least 15 minutes
    B. For muscle spasms in low back and hip, very short durations like one minute are ideal
    C. Cooling of fingers must not exceed 3 to 5 minutes
    D. Most effective method is using gel pack
23. Treatment with ultrasound means:
    A. Energy penetration through skin is around 0.5 cms
    B. Energy is mostly absorbed by connective tissues like ligaments, fascia, scars
    C. Energy gets accumulated in metal implants and deep fracture sites
    D. Energy can cause cavitation and lead to cellular inflammation
24. Transcutaneous electrical nerve stimulation (TENS)
    A. Is a biphasic pulsed current of less than 200 Hz
    B. Current has different shapes, mono, bi or tri phasic
    C. Produces deep tissue hyperemia and thus cause pain relief
    D. For long duration is physiologically risky
25. Which is true with Interferential therapy (IFT)?
    A. IFT improves blood flow into affected regions
    B. It controls stress incontinence in middle age women
    C. It improves paedal oedema
    D. There is no definitive evidence in the above functions
26. Which is the best option while managing the risks of deep vein thrombosis (DVT)?
    A. Patients diagnosed with DVT need bed rest
    B. Mobilization of patient with DVT does not alter outcome
    C. Early mobilization before occurrence of DVT prevents thrombus
    D. Early mobilization does not prevent occurrence of DVT
27. Which is the least important activity during the first five days after cardiac surgery?
    A. Resisted exercises for the upper limbs
    B. Breathing exercises
    C. Incentive spirometry
    D. ROM limb exercise

28. In what way does proprioceptive neuro-muscular facilitation (PNF) help in rehabilitation?
    A. Parallel limb movements with alternate isotonic/ isometric cocontractions help in restoration
    B. Involves series of joint mobilizations along with rotational motion of muscles that improve core stability
    C. Functional gain occurs as diagonal patterns, and isometric contraction/ relaxation of stretched agonists are used
    D. Muscles are progressively stimulated into activity until they attain full function
29. What is a flexor synergy in stroke?
    A. Involves external rotation at shoulder, flexion at elbow, supination at forearm, knee flexion and ankle dorsiflexion
    B. Involves shoulder adduction and internal rotation, elbow flexion, forearm pronation, knee extension and ankle plantar flexion
    C. Involves shoulder adduction and rotation, elbow flexion and forearm pronation, hip flexion and ankle plantar flexion
    D. Involves shoulder internal rotation and adduction, elbow neutral, forearm pronated hip extension, knees neutral, ankle dorsiflexion
30. What is extensor synergy in stroke?
    A. Involves abduction and extension at shoulder, extension at elbow, supination at forearm, flexion at hip, extension at knee and dorsiflexion at ankle
    B. Involves adduction and internal rotation at shoulder, extension at elbow, pronation at forearm; extension at hip & knee, and in ankle plantar flexion
    C. Invoves abduction and rotation at shoulder, extension at elbow, forearm pronation, hand dorsiflexion, hip extension, knee flexion and foot in dorsiflexion
    D. Involves abduction and external rotation at shoulder, extension at elbow, supination at forearm, dorsiflexion at wrist, extension at hip, flexion at knee
31. Modified Rankin Scale helps in stroke care because:
    A. It helps to keep track of the muscles lagging behind
    B. It gives useful information to plan intensive care
    C. It is a practical test to assess disability and recovery
    D. It can predict who the bed-ridden patient will be
32. Which is the more significant intervention in Duchenne Muscular Dystrophy?
    A. Using KAFO and gait training
    B. Spinal and Abdominal muscle strengthening
    C. Tendo Achilles contracture release and electrical stimulations
    D. Respiratory physiotherapy and assessing the pulmonary function
33. Patients who are bedridden and have weak ankle would benefit better from:
    A. ROM exercises to both lower limbs
    B. ROM exercises to limbs and stretching of calf muscles
    C. ROM limb exercises, calf muscle stretching and static splint for ankle
    D. ROM limb exercises, calf muscle stretching and ambulation with AFO
34. The most important care to be given to a bedridden patient is:
    A. Standing and balancing
    B. Incentive spirometry
    C. Assessment of contractures
    D. Passive exercises and frequent change of position in bed

35. Which of these is true of faradic stimulation?
    A. It is a low frequency muscle stimulation, useful in denervated muscles
    B. It is a short duration, low frequency stimulation for innervated muscles
    C. It is a medium duration, low frequency stimulation for pressure sores
    D. It is a stimulation that can be given in stroke to enable patient to walk
36. What is the physiological property of galvanic current?
    A. Long duration current with about 100 millisecs and 30 Hertz frequency
    B. Intermittent galvanic stimulation is very good for muscle reeducation
    C. Galvanic current is used to elicit functional electrical stimulation
    D. Strong galvanic stimulation produces a titanic contraction in muscle
37. Treadmill walking is a good method of gait training in stroke because:
    A. Though gait parameters remain the same, patient's confidence to walk improves
    B. Control of proximal muscles improve, gait speed remains the same
    C. Step length and cadence improve while on treadmill, but come back to previous level outside the treadmill
    D. Improvements in gait speed, step length and stride length do occur
38. Hoisting device helps in rehabilitation because:
    A. With complete offloading of body weight, patient can improve balance
    B. Once body weight is removed, it is easy to do ROM exercises in standing position
    C. With partial weight offloading, patient can attempt safe walking
    D. Transfers can be done easily
39. What is the present level of knowledge about neuro-developmental treatment (NDT)?
    A. There is no evidence to suggest that it has advantages over other therapies
    B. Patients tend to recover faster, but ultimate outcome is unchanged
    C. Patients attain new skills that make them more independent
    D. There is evidence to suggest that overall treatment duration is much reduced
40. All the following are true of Tilt tabling **EXCEPT**:
    A. Helps in hemodynamic stability
    B. Increases the risk of DVT
    C. Can do exercises for upper limbs
    D. Facilitate weight bearing
41. Functional electrical stimulation (FES) is useful in all the following **EXCEPT**:
    A. Cauda Equina syndrome for foot dorsiflexion
    B. Hemiplegia for foot dorsiflexion
    C. Hemiplegia for shoulder subluxation
    D. Wrist dorsiflexion and hand grip in spastic upper limb
42. The following are true about Bell's Palsy **EXCEPT**:
    A. More than 70% cases report spontaneous recovery
    B. Electrotherapy and facial massage give the best chance for complete recovery
    C. Facial exercises might have some role in quicker recovery
    D. Hemifacial spasms and synkinesis can occur as residual effects

43. Physiotherapy for peripheral neuropathy will include all the following **EXCEPT:**
    A. PROM and stretching exercises
    B. Aerobic exercises and progressive strengthening
    C. Balance exercises
    D. Modalities like FES, and IFT
44. Which is the most common complication that you expect after cardiac surgery?
    A. ARDS
    B. Sternal infection
    C. Atelectasis
    D. DVT
45. In cardiac rehabilitation programme, the following are true **EXCEPT:**
    A. Rehab programmes should have a mix of aerobic and anaerobic exercises
    B. Aerobic exercises at acceptable perceived exertion level
    C. Walking can begin at 2 km/hr speed and increased at intervals
    D. Those who regularly participate in rehab programme have reduced mortality
46. When physiotherapists visit high dependency wards, which are the best practices?
    A. Go through case file, observe infection protocols and perform physiotherapy
    B. In addition to A, discuss the case with carers, and document your work
    C. Follow infection control steps and perform physiotherapy
    D. In addition to C, discuss outcomes with carers
47. Spinal extension exercises are seldom recommended, if the patient:
    A. Has acute or chronic IVDP
    B. Underwent discectomy in the recent past
    C. Has spondylo-listhesis
    D. Degenerative disc disease
48. Patients with periarthritis shoulder would benefit best from which of the following?
    A. End range mobilization gives improves ROM, but not the pain
    B. Mid range mobilization might increase nocturnal pain
    C. Mobilization with movement improves ROM
    D. Mobilization with movement improves ROM as well as scapula-humeral rhythm
49. In the management of fibromyalgia, which of the following is true?
    A. Ultrasound therapy can be given to tender spots
    B. When pain is extensive, any superficial modality like the IR is sufficient
    C. LASER therapy of frequencies 670 or 830 can be helpful
    D. Stretching exercises likely to give some relief
50. Which of the following is not achieved by training in parallel bars with long mirror?
    A. Rhythmic stabilization and gait training
    B. Upper limb functions including control of incoordination
    C. Better sensory integration
    D. Partial offloading of lower limb weight bearing

PHYSIOTHERAPIST - A TO B (MFCP)-ANSWER KEY (30/08/2017)

1	A	26	B
2	A	27	A
3	A	28	C
4	A	29	A
5	B	30	B
6	B	31	C
7	D	32	D
8	C	33	C
9	C	34	D
10	D	35	B
11	D	36	A
12	D	37	D
13	B	38	C
14	C	39	A
15	C	40	B
16	B	41	A
17	A	42	B
18	B	43	D
19	C	44	C
20	D	45	A
21	D	46	B
22	C	47	C
23	B	48	D
24	A	49	D
25	D	50	B