

**BACHELOR OF PHYSIOTHERAPY  
FIFTH SEMESTER (SPECIAL REPEAT)  
CLINICAL ORTHOPAEDICS  
BPT-501**

(Use separate answer scripts for Objective & Descriptive)

Duration : 3 hrs.

Full Marks : 70

**[ PART-A : Objective ]**

Time : 20 min.

Marks : 20

*Choose the correct answer from the following:*

**1X20=20**

- External fixation is used for
  - Unstable fracture
  - Fracture with severe soft tissue injury involving skin and blood vessels
  - Pathological fracture
  - Multiple fractures
- Fracture shaft of humerus is associated with
  - Axillary nerve injury
  - Median nerve injury
  - Brachial plexus injury
  - Radial nerve injury
- .....splint is recommended for CDH.
  - Pavlik harness
  - DB splint
  - HKAFO
  - Aeroplane
- In fracture neck of femur the blood supply to the head of the femur is retained by
  - Circumflex artery
  - Femoral artery
  - Artery to ligament of the head of femur
  - Nutrient artery
- Charcot joints are
  - Painless arthritic joint disease
  - Infective joint disease
  - Degenerative joint disease
  - Ankylosed joints
- Claw hand is a deformity with
  - Hyperflexion of the MCP joints and extension of the IP joints of the fingers
  - Hyperextension of the MCP joints and flexion of the IP joints of the fingers
  - Hyperextended thumb
  - Flexion at PIP joint and hyperextension at MCP joint
- First sign of dermatomyositis is
  - Itchy and painful dusky red rash
  - Raynaud's phenomenon
  - Progressive muscle weakness
  - Joint stiffness
- 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?
  - Fracture shaft of humerus
  - Anterior dislocation of shoulder
  - Fracture clavicle
  - Posterior dislocation of shoulder
- Enlargement or swelling of costochondral junction seen in rickets is called
  - Craniotabes
  - Rachitic rosary
  - Frontal bossing
  - 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 ]

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|----|--|------------|
| 1. | a. Explain the mechanism of injury, clinical features and management of posterior dislocation of hip.                                | 8+2=10     |
|    | b. Write any two complications of hip dislocation.   |            |
| 2. | a. Define torticollis. Explain its causes, clinical features and management.   | 7+3=10     |
|    | b. Write a note on: Foot deformities.  |            |
| 3. | Discuss in detail the etiopathology, clinical features, investigations and treatment of rheumatoid arthritis.                        | 2+3+2+3=10 |
| 4. | 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.  |            |
| 5. | 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.  |            |
| 6. | a. Outline the mechanism of injury, clinical features and management of supracondylar fracture of humerus.                           | 7+3=10     |
|    | b. Write the early complications of supracondylar fracture of humerus.   |            |
| 7. | Write short notes on: (any two)  | 5+5=10     |
|    | a. Cervical Rib  |            |
|    | b. Levels of Amputation  |            |
|    | c. Fracture Classification   |            |
|    | d. Lumbosacral strain  |            |
| 8. | a. Explain the mechanism of injury, classification, clinical features and management for fracture of tibial plateau.                 | 8+2=10     |
|    | b. Write down its complications.   |            |

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