$2^{\text {nd }}$ Semester $1432-1433 \mathrm{H}$
Final Exam RHS 331 Orthopedic ( Practical )
Physical Therapy Program
Health Rehabilitation Science Department
College of Applied Medical Sciences
King Saud University

## Student Name

Student University Number

## Q 1: State whether the statement is true or false by write TRUE or FALSE in front of each statement.

1- The type of pain in Carpal tunnel disease is intermittent and in the medial side of the hand (False)
2- The type of pain in Cervical disc pathology is sharp and intermittent (False)
3- The numbness in TOS is presented in the whole upper extremities( True)
4- The edema is possible in Cervical disc pathology (False)
5- The numbness in the cubital tunnel is presented through the median nerve distribution (False)
6- The main provocation factor in cubital tunnel is muscle cramping \&sustained grasp (False)
7- The main provocation factor in TOS is UE elevation (True)
8- The weak muscles in TOS is Triceps and rotator cuff muscles (True)
9- Usually headache is presented in cervical disc pathology more than in TOS (False)
10- Shoulder Tendinitis is common in the short head of the Biceps (False)
11- $\quad$ Shoulder Tendinitis is presented with pain in rest and continuous in type (False)
12- In shoulder Impingement syndrome treatment we concentrate in stretching the biceps brachii muscle (False)
13- The pain in rotator cuff muscles is deep ache and referred (True)
14- There is a decrease in ROM in rotator cuff tear especially in adduction of the shoulder (False)
15- MCL sprain is usually due to direct blow to the lateral side of the knee (True)

## Q 2: Choose the most appropriate answer for the following:

I. The $Q$ angle is created by line between :

1- ASIS to the mid-patella \& a line from the mid-patella to the tibial
2- ASIS to the mid-patella \& a line from the mid-patella to the talus
3- ASIS to the mid-patella \& a line from the mid-patella to the fibula
4- None of the above
II. In MCL sprain/tears we may develop:

1-Knee muscle weakness
2-Thigh muscle weakness
3- All the above
4- None of the above
III. MCL sprain/tears is usually due to:

1- Indirect blow to the lateral side of the knee
2- Direct blow to the medial side of the knee
3- Direct blow to the lateral side of the knee
4- None of the above
IV. In ACL sprain there may be present with :

1- Joint hyper mobility
2- Joint hypo mobility
3-All the above
4- None of the above
V. Patellar Bursitis is common in:

1- Bike Rider
2-Surfers and wrestler
3- Soccer player
4-Swimmer
VI. In Patellar Bursitis s we may develop:

1-Knee muscle weakness
2- Thigh muscle weakness
3- A callus
4- None of the above
VII. In Plica syndrome the pain usually is :

1- A long the posterior patella side
$\underline{2-A}$ long the medial patella side
3- A long the lateral patella side
4- A long the knee joint line
VIII. An example of a normal bone to bone end feel is :

1-Shoulder flexion
2- Neck rotation
3- Ankle dorsiflexion
4 - None of the above
IX. An example of an abnormal empty end feel is :

1- Meniscal injuries
2- Neck rotation
3- Acute bursitis
4- None of the above
X. An example of an abnormal muscle spasm end feel is :

1-Shoulder flexion hypo tonicity
2- Upper trapezius hypo tonicity
3- Upper trapezius hyper tonicity
4- Frozen shoulder

Q 3: Fill in space the complete meaning for each abbreviation:

AFO
c-.............
HNP
DDD

$$
\begin{aligned}
& \text { H/O } \ldots \ldots \ldots \\
& s^{-} \ldots \ldots \\
& \text { s/p . . . . . . . . . . . . . . . . . . . . . } \\
& \text { DM . . . . . . . . . . . }
\end{aligned}
$$

n/a
NWB
LLB
JRA
POD . . . . . . . . . .
SOB
ORIF

