

TILAK MAHARASHTRA VIDYAPEETH, PUNE
BACHELOR OF PHYSIOTHERAPY (B. P. T.)
EXAMINATION : NOVEMBER - 2023
FOURTH YEAR

Subject: Physiotherapy in Neuro Sciences (BPT-402)

Date: 22/11/2023

Total Marks: 80

Time : 10.00 am To 1.00 pm

Instruction:

1. To answer the Multiple Choice Questions (MCQs) use the separate answer sheet provided by the Vidyapeeth.
2. For answering the Multiple Choice Questions (MCQs) put the tick mark in the respective column.
A B C D
3. Multiple Choice Questions (MCQs) are to be solved within first 20 minutes of the session.
4. Return your answer sheet of Multiple Choice Questions (MCQs) when first 20 minutes' time is over.

SECTION - A

Q.1 Select the most appropriate option. (20)

1. Crede maneuver is used when there is
a) Automatic bladder b) Autonomous bladder c) Detrusor sphincter d) Flacid sphincter and spastic detrusor
2. Which is not feature of cerebellar dysfunction?
a) Bradykinesia b) Dysmetria c) Asthenia d) Hypotonia
3. An uncomfortable hypersensitivity to non noxious stimuli is
a) Parasthesia b) Hyperesthesia c) Disesthesia d) None of the above
4. For two point discrimination on the trunk the points should be
a) 3 to 4mm apart b) 5 to 10mm apart c) 10 to 20mm apart d) >30mm apart
5. Babinski sign normally present up to age
a) Age 5 to 10 b) Age 10 to 15 c) Age 1 to 2 d) Up to 6 months
6. Parietal cerebral tumor cause
a) Progressive dementia b) Contra lateral hemiplegia c) Falling away of contra lateral outstretched hand d) Epilepsy with aphasia
7. Pain is uncommon in
a) Conus lesion b) Cauda equina lesion c) Higher thoracic lesion d) None of the above
8. An uniform resistance at all points of range during relaxed passive movement is known as
a) Clasp knife b) Lead pipe c) Cog wheel d) All of the above
9. The physiological basis of spasticity is
a) Increased fusimotor innervation by dynamic gamma motor neuron b) Decreased presynaptic inhibition c) Loss of reciprocal innervation and recurrent inhibition d) a, b & c
10. The dyskinesia which resembles fragments of purposive movement is
a) Dystonia b) Chorea c) Hemiballismus d) Athetosis
11. Which of the following is not a brain stem reflex?
a) STNR b) ATNR c) Positive supporting d) Crossed extension

12. A cerebral cortical lesion usually causes
 - a) Monoplegia
 - b) Hemiplegia
 - c) Quadriplegia
 - d) Crossed hemiplegia
13. Which one among the following is true for polyneuropathy?
 - a) Asymmetrical loss of reflex
 - b) Distal tendon reflexes affected before proximal
 - c) All reflexes are diminished
 - d) All reflexes are lost
14. Dissociated sensory loss is found in
 - a) Polyneuropathy
 - b) Lateral spinalcord lesion
 - c) Central spinal cord lesion
 - d) Spinothalamic tract lesion
15. The spinal Segment for ankle jerk is
 - a) L5
 - b) L5S1
 - c) S1S2
 - d) S1
16. Which one of the following technique is used in cerebellar ataxia?
 - a) Rhythmic initiation
 - b) Rhythmic stabilization
 - c) Repeated contraction
 - d) None of the above
17. Trigeminal neuralgia is caused by demyelination/degeneration of-----
 - a) Sensory division of cranial nerve 5
 - b) Motor division of cranial nerve 5.
 - c) Sensory division of cranial nerve 6
 - d) Motor division of cranial nerve 6
18. Commonest intra cranial tumor
 - a) Gliomas
 - b) Meningiomas
 - c) Angiomas
 - d) Neuromas
19. Which type of current is used usually in management Bell's palsy?
 - a) Faradic type
 - b) Interrupted galvanic
 - c) Russian
 - d) TENS
20. Backer type of muscular dystrophy is
 - a) X linked dominant
 - b) Autosomal recessive
 - c) None of them
 - d) All of them

SECTION – B

Q. 2 Answer the following. (any five) (15)

- 1) Write brief about action potential
- 2) Modified ashworth scale
- 3) Types of Tremors
- 4) Autonomic dysreflexia
- 5) Hypotonia
- 6) Gower's sign

Q. 3 Answer the following. (any three) (15)

- 1) Physiotherapy management in Motor neuron disease
- 2) Principles of bladder training in spinal cord injury
- 3) Physiotherapy management in myasthenia gravis
- 4) Principles of PNF

SECTION – C

Q. 4. Discuss ICIDH2 with clinical reasoning and PT management with rationale for 23 years old engineering student diagnosed with multiple sclerosis since 3 years .She has relapsing and remitting type of disease. Currently she is walking with support, can manage using public transport, She is attending college regularly, has difficulty in fine motor activities. (15)

Q. 5 A 60 years old male is a K/C/O hypertension and diabetes come with left MCA territory infarction 4 weeks back. Patient is left hand dominant and play piano as a hobby and retired 2 years back from clerk comes typist and sole earning member of family Discuss ICIDH2 with clinical reasoning and PT management with rationale. **(15)**

OR

Q. 5 A 30 years old farmer married and having one child living in village suffered from spinal cord injury at T10 level complete in nature about 2 months back manage conservatively presently having bed sore and not able to sit independently. Discuss ICIDH2 with clinical reasoning and PT management with rationale. **(15)**
