Q.1  Wernicke’s speech area is present in the:

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Superior Temporal gyrus</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Middle Frontal gyrus</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Inferior Frontal gyrus</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Superior Parietal lobule</td>
<td></td>
</tr>
</tbody>
</table>

Q.2  Which one of the following muscle has a double nerve supply?

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pectineus</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Rectus Femoris</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Sartorius</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Adductor Longus</td>
<td></td>
</tr>
</tbody>
</table>
**Q.3** The muscle that locks the knee joint is:

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Popliteus</td>
</tr>
<tr>
<td>2</td>
<td>Quadriceps</td>
</tr>
<tr>
<td>3</td>
<td>Gastrocnemius</td>
</tr>
<tr>
<td>4</td>
<td>Soleus</td>
</tr>
</tbody>
</table>

**Q.4** Following muscles are supplied by Superior Gluteal nerve EXCEPT:

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gluteus Minimus</td>
</tr>
<tr>
<td>2</td>
<td>Gluteus Medius</td>
</tr>
<tr>
<td>3</td>
<td>Gluteus Maximus</td>
</tr>
<tr>
<td>4</td>
<td>Tensor Fascia Lata</td>
</tr>
</tbody>
</table>
Q.5 What is the true of medullary collecting duct.

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Acts only as conduit for passage of urine</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Help in urea reabsorption</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Freely Permeable to water</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Secret Potassium ion</td>
<td></td>
</tr>
</tbody>
</table>

Q.6 Stroke volume in normal adult is increased by

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Decrease in venous compliance</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Increase in after load</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Decrease in contractility</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Decrease in coronary blood flow</td>
<td></td>
</tr>
</tbody>
</table>
Q.7  Colour blindness is an

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Autosomal dominant</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Autosomal recessive</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>X linked recessive</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>X linked dominant</td>
<td></td>
</tr>
</tbody>
</table>

Q.8  In second trimester of pregnancy the main organ or hematopoiesis is

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Liver</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Spleen</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>bone marrow</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Yolk sac</td>
<td></td>
</tr>
</tbody>
</table>
**Q.9**  Which one of the following nitrogenous base is present in DNA and absent in RNA?  

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<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cytosine</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Uracil</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Guanine</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Thymine</td>
<td></td>
</tr>
</tbody>
</table>

**Q.10**  Basal Metabolic rate is regulated by which one of the following endocrine gland?  

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adrenal gland</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Thyroid</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Pituitary gland</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Pineal gland</td>
<td></td>
</tr>
</tbody>
</table>
**Q.11** Abduction and adduction of shoulder occurs in

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Frontal plane</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Transverse plane</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Sagittal plane</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Horizontal plane</td>
<td></td>
</tr>
</tbody>
</table>

**Q.12** See saw is an example of which order lever-

<table>
<thead>
<tr>
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<th>Options Details</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>First order</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Second order</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Third order</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Combination of second and third order</td>
<td></td>
</tr>
</tbody>
</table>
Q.13 Joules is a unit of

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Work</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Power</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Distance</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Time</td>
<td></td>
</tr>
</tbody>
</table>

Q.14 Momentum is a product of

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mass and velocity</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Mass and acceleration</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Force and distance</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>
Q.15 The following is an example of partly synovial joint

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gumphosis</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Pubic Symphysis</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Manubrio-sternal joint</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Sacro iliac Joint</td>
<td></td>
</tr>
</tbody>
</table>

Q.16 Desquamation due to E3 dose of UVR is------

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Powdery</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Thin sheets</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Thick sheets</td>
<td></td>
</tr>
</tbody>
</table>
Q.17 Skin discomfort with E2 dose of UVR is ----

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>none</td>
</tr>
<tr>
<td>2</td>
<td>Slight soreness</td>
</tr>
<tr>
<td>3</td>
<td>Hot and painful</td>
</tr>
<tr>
<td>4</td>
<td>Very painful</td>
</tr>
</tbody>
</table>

Q.18 In premodulated current of IFT, maximum stimulation will be produced----

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Immediately beneath the electrodes</td>
</tr>
<tr>
<td>2</td>
<td>Deep in the tissues</td>
</tr>
<tr>
<td>3</td>
<td>Along the muscle fibres</td>
</tr>
<tr>
<td>4</td>
<td>At right angles to muscle fibres</td>
</tr>
</tbody>
</table>
Q.19  All is true about Russian currents EXCEPT

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Frequency is 2.5 kHz</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Direct current</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>50% burst duty cycle</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Burst frequency 50Hz</td>
<td></td>
</tr>
</tbody>
</table>

Q.20  For re education of muscles using motor stimulation, the intensity required should be

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sub maximal</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Low</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>High</td>
<td></td>
</tr>
</tbody>
</table>
Q.21 Dextromethorphan is an:

- Analgesic
- Antihistaminic
- Expectorant
- Antitussive

Q.22 The most vulnerable period of pregnancy for the causation of foetal malformations due to drugs is:

- 18-55 days of gestation
- 56-84 days of gestation
- Second trimester
- 36 weeks onwards
Q.23 The following are seen in COPD EXCEPT

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hemoptysis</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Cor pulmonale</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Pneumothorax</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aplastic anemia</td>
<td></td>
</tr>
</tbody>
</table>

Q.24 Atheromatous changes of blood vessels affect early in

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kidney</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Heart</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Liver</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Spleen</td>
<td></td>
</tr>
</tbody>
</table>
Q.25  CAMP test is used for identification of

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Group A Streptococci</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Group B Streptococci</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Group C Streptococci</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Group D Streptococci</td>
<td></td>
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</tbody>
</table>

Marks: 1
Question ID: 670304

Q.26  Medusa head colony is a feature of

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bacillus anthracis</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Corynebacterium diphtheriae</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Pneumococci</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Staph. aureus</td>
<td></td>
</tr>
</tbody>
</table>

Marks: 1
Question ID: 670305
**Q.27** Short term memory holds a relatively small amount of information for a short time of

<table>
<thead>
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<th>Options Details</th>
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</tr>
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<tbody>
<tr>
<td>1</td>
<td>30 sec</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1 min</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>2 min</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>4 min</td>
<td></td>
</tr>
</tbody>
</table>

**Q.28** Most common psychiatric comorbidity along with obsessive compulsive disorder is:

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mania</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Depression</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Dissociation of symptom</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Conversion Disorder</td>
<td></td>
</tr>
</tbody>
</table>
Q.29  ____ is used while applying SWD with the inductive method to high impedance structures

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Middle of the cable</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Ends of the cable</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grid</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Flat spiral coil</td>
<td></td>
</tr>
</tbody>
</table>

Q.30  In a monopolar technique the dispersive electrode

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Minimizes the current density</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Maximizes current density</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Increases the resistance</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Increases the intensity</td>
<td></td>
</tr>
</tbody>
</table>
Q.31 Erythema obtained due to application of UVR is due to

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Release of chemical substance</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Arterial dilatation</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Venous dilatation</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Damage to RBC</td>
<td></td>
</tr>
</tbody>
</table>

Q.32 Which of the following statement is true

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>After a severe shock there is paralysis of respiratory muscles</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Hot drinks should be avoided following a shock</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>After a severe shock there is a rise in blood pressure</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Shocks are more severe with direct current</td>
<td></td>
</tr>
</tbody>
</table>
Q.33  The wavelength of UVA is

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>315-400 nm</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>280-315 nm</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>260-280 nm</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>220-260 nm</td>
<td></td>
</tr>
</tbody>
</table>

Q.34  When an ultrasonic beam travels from a medium in which its velocity is low into one in which velocity is high, it is:

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Reflected towards normal</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Refracted away from normal</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Refracted towards normal</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Reflected away from normal</td>
<td></td>
</tr>
</tbody>
</table>
Q.35  Unidirectional flow of tissue components when an ultrasonic beam is applied to a cell membrane is termed as

Options Details | Select Option
--- | ---
1 Cavitation |  
2 Attenuation |  
3 Absorption |  
4 Acoustic streaming |  

Q.36  A physical therapist uses PNF to increase joint range of motion using hold-relax technique. This technique utilizes an .......contraction which is used at the end point of the available range of motion

Options Details | Select Option
--- | ---
1 isotonic |  
2 Isometric |  
3 isokinetic |  
4 eccentric |  

Question ID: 670314

Question ID: 670315
Q.37 A therapist observes a patient ambulating with a Trendelenburg gait. This deviation is caused by weakness of the .........

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gluteus maximus</td>
</tr>
<tr>
<td>2</td>
<td>Gluteus medius</td>
</tr>
<tr>
<td>3</td>
<td>Gluteus minimus</td>
</tr>
<tr>
<td>4</td>
<td>piriformis</td>
</tr>
</tbody>
</table>

Q.38 Which descriptive term is not associated with stance phase of the gait cycle?

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heel strike</td>
</tr>
<tr>
<td>2</td>
<td>deceleration</td>
</tr>
<tr>
<td>3</td>
<td>Loading response</td>
</tr>
<tr>
<td>4</td>
<td>midstance</td>
</tr>
</tbody>
</table>
Q.39 If the axillary nerve is severed, what muscle could laterally rotate the humerus?

<table>
<thead>
<tr>
<th>No</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Teres major</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>subscapularis</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>infraspinatus</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Teres minor</td>
<td></td>
</tr>
</tbody>
</table>

Q.40 The most common site for an ulnar nerve injury is at the

<table>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Brachial plexus</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Medial epicondyle of the humerus</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Superficial surface of the retinaculum</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distal wrist crease</td>
<td></td>
</tr>
</tbody>
</table>
**Q.41** During hydrotherapy, following factor is responsible for the patient's ability to walk in water.

<table>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>buoyancy</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>pressure</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>cohesion</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>viscosity</td>
<td></td>
</tr>
</tbody>
</table>

**Marks: 1**  
**Question ID: 670320**

**Q.42** A physical therapist performs manual muscle test on a patient with unilateral lower extremity weakness. The therapist should test the patient's hip adductor with patient positied in

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
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<td>prone</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>side lying</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>standing</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>supine</td>
<td></td>
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</tbody>
</table>

**Marks: 1**  
**Question ID: 670321**
### Q.43 Hypovolaemic shock manifests when the percentage of blood loss exceeds

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</thead>
<tbody>
<tr>
<td>1</td>
<td>10%</td>
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<tr>
<td>2</td>
<td>15%</td>
</tr>
<tr>
<td>3</td>
<td>25%</td>
</tr>
<tr>
<td>4</td>
<td>30%</td>
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</table>

### Q.44 Paralytic ileus is caused by

<table>
<thead>
<tr>
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<th>Options Details</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>2</td>
<td>Hyperkalemia</td>
</tr>
<tr>
<td>3</td>
<td>Acute intestinal obstruction</td>
</tr>
<tr>
<td>4</td>
<td>Head injury</td>
</tr>
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</table>
Q.45 Murphy’s triad suggests the diagnosis of

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<th>Options Details</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Acute appendicitis</td>
</tr>
<tr>
<td>2</td>
<td>Acute cholecystitis</td>
</tr>
<tr>
<td>3</td>
<td>Acute pancreatitis</td>
</tr>
<tr>
<td>4</td>
<td>Perforated peptic ulcer</td>
</tr>
</tbody>
</table>

Q.46 Most common site of Osteochondritis dessicans -

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<tr>
<th>No</th>
<th>Options Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lateral part of medial femoral condyle</td>
</tr>
<tr>
<td>2</td>
<td>Medial part of medial femoral condyle</td>
</tr>
<tr>
<td>3</td>
<td>Lateral part of lateral femoral condyle</td>
</tr>
<tr>
<td>4</td>
<td>Medial part of lateral femoral condyle</td>
</tr>
</tbody>
</table>
### Q.47
Ankylosing Spondylitis is associated with -

<table>
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<th>Options Details</th>
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<tbody>
<tr>
<td>1</td>
<td>HLA-B8</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>HLA-DW4/DR4</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>HLA-DR3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>HLA-B27</td>
<td></td>
</tr>
</tbody>
</table>

### Q.48
Fallen fragment sign is a feature of -

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</thead>
<tbody>
<tr>
<td>1</td>
<td>Aneurysmal bone cyst</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Simple bone cyst</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Giant cell tumour</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Fibrous dysplasia</td>
<td></td>
</tr>
</tbody>
</table>
The muscular wasting (hypotrophy) usually develops with disease in:

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Upper motor neuron</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Lower motor neuron</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>cerebellar</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Caudate</td>
<td></td>
</tr>
</tbody>
</table>

The temperature & pin sense loss usually develops with disease in:

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>anterior horns of spinal cord</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>posterior horns of spinal cord</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>lateral horns of spinal cord</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>posterior columns of spinal cord</td>
<td></td>
</tr>
</tbody>
</table>
Q.51 Babinsky response usually develops with damage in:

<table>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>upper motor neuron</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>lower motor neuron</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Cerebellar</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>thalamus</td>
<td></td>
</tr>
</tbody>
</table>

Q.52 Parkinsonism includes combination of the following:

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<thead>
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<th>No</th>
<th>Options Details</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>tremor, bradykinesia &amp; muscles rigidity</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>paresis, anesthesia &amp; muscles spasticity</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>chorea &amp; muscles hypotonia</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>tremor, ataxia &amp; muscles hypotonia</td>
<td></td>
</tr>
</tbody>
</table>
The presence of ptosis suggests damage to cranial nerve:

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>IV</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>V</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>III</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>VII</td>
<td></td>
</tr>
</tbody>
</table>

In stable angina:

<table>
<thead>
<tr>
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<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CK-MB is elevated</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Troponin I is elevated</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Myoglobin is elevated</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>The levels of cardiac markers remain unchanged</td>
<td></td>
</tr>
</tbody>
</table>
**Q.55** Red degeneration in uterine fibroid is most common in

<table>
<thead>
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<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Second trimester</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Third trimester</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Puerperium</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>First trimester</td>
<td></td>
</tr>
</tbody>
</table>

**Q.56** Antihormonal substance used to induce ovulation

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mifepristone</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Clomiphene citrate</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Tamoxifen</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Raloxifen</td>
<td></td>
</tr>
</tbody>
</table>
**Q.57** Most common site of metastasis of Ca cervix is

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lymph node</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Lungs</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Bone</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Abdominal cavity</td>
<td></td>
</tr>
</tbody>
</table>

**Q.58** Difficulty in planning an action is

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ideational apraxia</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Limb-kinetic apraxia</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Ideomotor apraxia</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Loco motor apraxia</td>
<td></td>
</tr>
</tbody>
</table>
Brodmann number of Wernicke's sensory speech area is

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>44</td>
<td></td>
</tr>
</tbody>
</table>

Tactile discrimination from lower limb is carried by

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ipsilateral gracile fasciculus</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Contralateral cuneatus fasciculus</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Anterior spinothalamic tract</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Dorsal spinocerebellar tract</td>
<td></td>
</tr>
</tbody>
</table>
Q.61 Following traumatic brain injury, the BEST term to describe difficulty with rapid alternating movements during neurologic examination is:

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ataxia</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Dysmetria</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Dysarthria</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Dysdiadoco kinesia</td>
<td></td>
</tr>
</tbody>
</table>

Q.62 The principal excitatory neurotransmitter in the CNS is:

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Glycine</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acetylcholine</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aspartate</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Glutamate</td>
<td></td>
</tr>
</tbody>
</table>
Ataxia of the trunk is seen in lesion of

<table>
<thead>
<tr>
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<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Neocerebellum</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Cerebellar vermis</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Archi cerebellum</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Paleo cerebellum</td>
<td></td>
</tr>
</tbody>
</table>

Pointing index is a sign of lesion of

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ulnar nerve</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Radial nerve</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Median nerve</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Ulnar and median nerve</td>
<td></td>
</tr>
</tbody>
</table>
The test performed to stretch the femoral nerve is called as _____ test

<table>
<thead>
<tr>
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<th>Select Option</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Schober</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Straight leg raise</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Slump</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Prone knee bending</td>
<td></td>
</tr>
</tbody>
</table>

In a patient with low back pain, the structure most likely to cause pain on performing end range hip flexion, abduction and external rotation is

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Piriformis muscle</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Hip Joint</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Quadratus Lumborum Muscle</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>SI Joint</td>
<td></td>
</tr>
</tbody>
</table>
Contraindication for joint mobilization treatment on a patient with chronic pulmonary disease may include:

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Long term corticosteroid therapy</td>
</tr>
<tr>
<td>2</td>
<td>Reflex muscle guarding</td>
</tr>
<tr>
<td>3</td>
<td>Concurrent inhaltion therapy</td>
</tr>
<tr>
<td>4</td>
<td>Functional chest wall immobility</td>
</tr>
</tbody>
</table>

On the X-Ray, it is important to note the status of pars interarticularis as a problem with this could possibly lead to:

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Spondylosis with early degeneration of the vertebra</td>
</tr>
<tr>
<td>2</td>
<td>Spondylolisthesis with possible anterior slippage of the vertebral body</td>
</tr>
<tr>
<td>3</td>
<td>Spondyloysis resulting in early nerve root compression</td>
</tr>
<tr>
<td>4</td>
<td>Spondyloisthesis with disc herniation</td>
</tr>
</tbody>
</table>
Q.69 What are the interventions in the sub acute phase of a nineteen year-old soccer player who sustained a grade-II inversion ankle sprain 2 weeks ago?

<table>
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<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rest, ice, compression and elevation</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Open chain lower extremity strengthening and orthosis</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Closed-chain lower extremity strengthening and an orthosis</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Skill, endurance and functional training</td>
<td></td>
</tr>
</tbody>
</table>

Q.70 In a 55 year old female, 8 weeks post internal fixation for right hip IT fracture, acceptable modalities can include all of the following EXCEPT

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hot packs</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>TENS</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Pulsed ultrasound</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Shortwave diathermy</td>
<td></td>
</tr>
</tbody>
</table>
Inability of a patient to perform active abduction at the shoulder in the absence of a neurological involvement may indicate:

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Capsular restriction</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Ligamentous Instability</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Muscular tendinitis</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Muscular Tear</td>
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</tr>
</tbody>
</table>

The following is the most common long term complication of a stress shielding device used to fix a fracture of a long bone:

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Decreased mobility of the adjacent joints</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Reduced weight bearing capacity of the bone</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Decreased strength of the surrounding muscles</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Non Union of the fracture</td>
<td></td>
</tr>
</tbody>
</table>
Flexion biased exercises are preferred in a patient with Spinal Canal Stenosis because they have a stabilizing effect on the spine.

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>They have a stabilizing effect on the spine</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>They are functional in nature</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>They cause a decrease in pain</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>They increase the neural canal diameters</td>
<td></td>
</tr>
</tbody>
</table>

The initial phase physiotherapy management of a patient post TKR focusses on preventing following complication:

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Knee flexion deformity</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>DVT</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Atelectasis</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>TA tightness</td>
<td></td>
</tr>
</tbody>
</table>
The type of exercises that should be administered in a patient with Osteoporosis is:

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<tr>
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<tbody>
<tr>
<td>1</td>
<td>Cycling</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>High impact weight bearing</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Low impact weight bearing</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Swimming</td>
<td></td>
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</tbody>
</table>

Amyotrophic lateral sclerosis shows signs & symptoms of

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</thead>
<tbody>
<tr>
<td>1</td>
<td>Only Lower motor neuron lesion</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Lower and upper motor neuron lesion</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Cerebeller lesion</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Only upper motor neuron lesion</td>
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</table>
Q.77 All of the following conditions are due to viral infection of the nervous system EXCEPT

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<tbody>
<tr>
<td>1</td>
<td>Poliomyelitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Viral meningitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Herpes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Meningocoele</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q.78 In Upper motor neuron facial palsy, paralysis is seen in

<table>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Upper half of the face</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Lower half of the face</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>One side of face</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Bilateral side of face</td>
<td></td>
</tr>
</tbody>
</table>
Which approach focuses on task specific learning & development of active movement control through effective use of feedback practice

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<th>No</th>
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<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Neurodevelopmental therapy</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Rood’s approach</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Motor relearning Programme (MRP)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Vojta approach</td>
<td></td>
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</tbody>
</table>

Pusher syndrome is more common in

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</thead>
<tbody>
<tr>
<td>1</td>
<td>Left hemiplegia</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Right hemiplegia</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Left or Right hemiplegia</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Paraplegia</td>
<td></td>
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</tbody>
</table>
### Q.81  Fibrillation potentials are mainly seen in

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<tr>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Upper motor neuron lesion</td>
</tr>
<tr>
<td>2</td>
<td>Sensory neuropathy</td>
</tr>
<tr>
<td>3</td>
<td>Peripheral nerve lesion</td>
</tr>
<tr>
<td>4</td>
<td>Cranial nerve lesion</td>
</tr>
</tbody>
</table>

### Q.82  Before performing any E.M.G. study the skin should be prepared to

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<thead>
<tr>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>To reduce skin resistance</td>
</tr>
<tr>
<td>2</td>
<td>To increase skin resistance</td>
</tr>
<tr>
<td>3</td>
<td>To prevent transmission of infection</td>
</tr>
<tr>
<td>4</td>
<td>Easy penetration of needle electrode</td>
</tr>
</tbody>
</table>
In which of the following disease involuntary movements are so frequently combined with dystonic postures

<table>
<thead>
<tr>
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<th>Options Details</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cerebellar lesion</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Dystonic choreo-athetosis cerebral palsy</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>ataxia</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Spastic diplegia</td>
<td></td>
</tr>
</tbody>
</table>

Lively splint used for

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ulnar nerve lesion</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Radial nerve lesion</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Tibial nerve lesion</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Axillary nerve lesion</td>
<td></td>
</tr>
</tbody>
</table>
Q.85  Neck holding motor milestone developed at the age of

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3 months</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>5 months</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>6 months</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>1 months</td>
<td></td>
</tr>
</tbody>
</table>

Q.86  The surfactant helps keep the alveoli expanded by

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Increasing the surface tension</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Lowering the surface tension</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Increasing their perfusion</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Increasing their lymphatic drainage</td>
<td></td>
</tr>
</tbody>
</table>
The ABC report associated with acute respiratory failure is
A) PaO₂ less than 80mm Hg
B) PacO₂ less than 50mm Hg
C) PacO₂ more than 50mm Hg
D) PaO₂ more than 80mm Hg

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>B</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

Long term administration of nitrate drugs is accompanied by

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A reduction in the H.R</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>A rise in the systolic B.P</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>A rise in the rate-pressure product</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>A rise in the diastolic B.P</td>
<td></td>
</tr>
</tbody>
</table>
Q.89  The chest with depressed sternum is referred to as

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pectus excavatum</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Pectus carinatum</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Harrison sulcus</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Pigeon chest</td>
<td></td>
</tr>
</tbody>
</table>

Q.90  Identify the sign or symptom suggestive of respiratory acidosis

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hypocapnia</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Hypokalemia</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Lightheadedness</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>hypoventilation</td>
<td></td>
</tr>
</tbody>
</table>
Q.91  The range of particle size for most ultrasonic nebulizers is between

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>30-40 mm</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>20-30mm</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>10-20mm</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>1-10mm</td>
<td></td>
</tr>
</tbody>
</table>

Q.92  Jet humidifiers produce an aerosol using

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Archimedes principle</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Bernoulli's principle</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Piezoelectric effect</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Dalton's principle</td>
<td></td>
</tr>
</tbody>
</table>
Q.93  In the case of polio, cough effectiveness may be compromised because of

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Paralysis of left recurrent laryngeal nerve</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Paraplegia of left phrenic nerve</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Weakness or paralysis of respiratory muscles</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Paraplegia at T12 cord level</td>
<td></td>
</tr>
</tbody>
</table>

Q.94  Ideally the endotracheal tube should not extend beyond the

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Base of tongue</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>pharynx</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>larynx</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>carina</td>
<td></td>
</tr>
</tbody>
</table>
The volume of gas inspired or expired during each respiratory cycle is termed as

<table>
<thead>
<tr>
<th>No</th>
<th>Options Details</th>
<th>Select Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tidal volume</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Vital capacity</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Total lung capacity</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Expiratory residual volume</td>
<td></td>
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</tbody>
</table>

The following is age related change in the respiratory system

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<th>Options Details</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>decrease in the pulmonary diffusion pressure</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>increase in the pulmonary arterial pressure</td>
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</tr>
<tr>
<td>3</td>
<td>decrease in the airways resistance</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>increase in the diastolic blood pressure</td>
<td></td>
</tr>
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</table>
**Q.97** Concept of work hardening includes

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<tbody>
<tr>
<td>1</td>
<td>Endurance training</td>
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</tr>
<tr>
<td>2</td>
<td>On-site training</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Functional capacity training</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Job simulations</td>
<td></td>
</tr>
</tbody>
</table>

**Q.98** Following is true of community based rehabilitation

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>it is supply generated</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>occurs at single level</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>provides centralised services</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>provides easy accessibility</td>
<td></td>
</tr>
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</table>
Leakage of urine associated with increase in intra abdominal pressure is termed as

<table>
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<th>Options Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>stress incontinence</td>
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<tr>
<td>2</td>
<td>urge incontinence</td>
</tr>
<tr>
<td>3</td>
<td>giggle incontinence</td>
</tr>
<tr>
<td>4</td>
<td>hesitancy incontinence</td>
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The hormonal response to exercise in a normal individual is

<table>
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<tr>
<td>2</td>
<td>decreased insulin</td>
</tr>
<tr>
<td>3</td>
<td>decreased glucagon</td>
</tr>
<tr>
<td>4</td>
<td>decreased cortisol</td>
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</table>