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Question: 626
A 12-year-old boy with Legg-Calvé-Perthes' disease of the right hip is being evaluated for surgical treatment. Which of the following radiographic findings would indicate the need for a varus osteotomy?

A. Lateral extrusion of the femoral head
B. Fragmentation of the femoral head
C. Decreased joint space width
D. Increased joint space width

Answer: A

Explanation: Lateral extrusion of the femoral head is a radiographic finding that would indicate the need for a varus osteotomy in the surgical management of Legg-Calvé-Perthes' disease. Varus osteotomy involves rotating the femoral neck and head into a more varus position, which helps to recontain the femoral head within the acetabulum and prevent further deformity. Fragmentation of the femoral head, decreased joint space width, and increased joint space width are not necessarily indications for a varus osteotomy, as they can occur during the natural disease progression without the need for this specific surgical procedure.

Question: 627

A 52-year-old patient with chronic low back pain secondary to lumbar disc herniation presents to the physical therapy clinic. The patient reports that the pain is worse with prolonged sitting or standing. Which of the following TENS parameter settings would be MOST appropriate for this patient's condition?

A. High-frequency, low-intensity TENS
B. Low-frequency, high-intensity TENS
C. Burst-mode TENS
D. Acupuncture-like TENS

Answer: B

Explanation: Low-frequency, high-intensity TENS is the most appropriate parameter for chronic low back pain secondary to lumbar disc herniation. This type of TENS stimulates the small unmyelinated C-fibers and can effectively reduce pain associated with musculoskeletal conditions, such as disc herniation. High-frequency, low-intensity TENS is more effective for acute pain, while burst-mode TENS and acupuncture-like TENS are primarily used for neuropathic pain conditions.

Question: 628
A 62-year-old man with a history of knee osteoarthritis presents with sudden-onset pain and swelling over the medial aspect of his knee. He reports that the symptoms began after a fall while walking. On physical examination, there is tenderness to palpation over the pes anserine bursa. Which of the following is the MOST likely underlying cause of this patient's condition?

A. Osteoarthritis
B. Rheumatoid arthritis
C. Trauma
D. Pes anserine bursitis

Answer: C

Explanation:

Trauma is the MOST likely underlying cause in this patient presentation. The patient's history of a fall, which precipitated the sudden-onset of pain and swelling, strongly suggests a traumatic etiology. While the patient's underlying osteoarthritis may have contributed to the development of pes anserine bursitis, the acute nature of the symptoms and the temporal relationship to the fall indicate that the primary underlying cause is likely a traumatic injury to the pes anserine bursa.

Question: 629

A 65-year-old patient with a history of chronic obstructive pulmonary disease (COPD) presents with progressive shortness of breath, fatigue, and peripheral edema. Arterial blood gas analysis reveals a pH of 7.30, PaCO2 of 55 mmHg, and PaO2 of 60 mmHg. Which of the following is the most likely diagnosis?

A. Acute respiratory acidosis
B. Chronic respiratory acidosis
C. Acute respiratory alkalosis
D. Chronic respiratory alkalosis

Answer: B

Explanation: The combination of a low pH, elevated PaCO2, and reduced PaO2 is indicative of chronic respiratory acidosis, which is commonly seen in patients with COPD. Acute respiratory acidosis would have a higher pH, and acute or chronic respiratory alkalosis would have a lower PaCO2.

Question: 630

A patient with a history of total knee arthroplasty (TKA) presents with decreased quadriceps strength and difficulty performing functional activities.

The MOST appropriate intervention to address this impairment is:

A. Electrical stimulation of the quadriceps muscle.
B. Passive range of motion (PROM) exercises.
C. Strengthening exercises using resistance bands.
D. Transcutaneous electrical nerve stimulation (TENS) for pain relief.

Answer: C

Explanation: The MOST appropriate intervention to address the decreased quadriceps strength and difficulty performing functional activities in a patient with a history of total knee arthroplasty (TKA) is strengthening exercises using resistance bands. Restoring quadriceps strength is a critical component of rehabilitation following TKA.

Question: 631

A patient with severe diarrhea presents with the following arterial blood gas values:
pH: 7.58
Bicarbonate (HCO3-): 40 mEq/L
PaCO2: 50 mmHg
PaO2: 92 mmHg
FiO2: 0.21

Which of the following best describes the patient's acid-base status?

A. Respiratory acidosis
B. Respiratory alkalosis
C. Metabolic acidosis

D. Metabolic alkalosis

Answer: D

Explanation: The patient has a high pH (7.58), high bicarbonate (40 mEq/L), and high PaCO2 (50 mmHg), indicating metabolic alkalosis. The severe diarrhea has led to a loss of gastric acid (hydrochloric acid), resulting in an increase in pH and bicarbonate.

Question: 632
A 48-year-old woman with a history of rheumatoid arthritis presents with gradually worsening pain and swelling over the medial aspect of her knee. She reports that the symptoms are worse with activity and are accompanied by stiffness. On physical examination, there is tenderness to palpation over the pes anserine bursa. Which of the following is the MOST likely underlying cause of this patient's condition?

A. Osteoarthritis
B. Rheumatoid arthritis
C. Trauma
D. Pes anserine bursitis

Answer: B

Explanation:
Rheumatoid arthritis is the MOST likely underlying cause in this patient presentation. The patient's history of rheumatoid arthritis, a chronic autoimmune condition, increases her risk of developing bursitis, including pes anserine bursitis. The gradual worsening of symptoms with activity and accompanying stiffness are characteristic of rheumatoid arthritis-related joint inflammation. While the localized tenderness over the pes anserine bursa on

physical examination suggests the presence of pes anserine bursitis, this is likely a manifestation of the underlying rheumatoid arthritis in this case.

Question: 633
A 40-year-old patient with a history of chronic kidney disease presents to physical therapy with generalized weakness and fatigue. Their resting blood pressure is 150/95 mmHg. Which of the following is the MOST likely cause of this hypertension?

A. Volume overload
B. Renin-angiotensin-aldosterone system activation
C. Sympathetic nervous system overactivity
D. Endothelial dysfunction and vascular stiffness

Answer: B
Explanation: Chronic kidney disease is often associated with activation of the renin-angiotensin-aldosterone system, leading to sodium and fluid retention as well as vasoconstriction, which can result in hypertension. Volume overload, sympathetic overactivity, and endothelial dysfunction are also contributing factors, but the primary mechanism in chronic kidney disease is the dysregulation of the renin-angiotensin-aldosterone system.

Question: 634
A 45-year-old computer programmer presents with gradual-onset numbness and tingling in the 4th and 5th digits of her right hand. On examination, she has decreased sensation to light touch in the ulnar nerve distribution and weakness with abduction of the 5th digit. Tinel's sign is positive over the pisiform bone. The MOST likely cause of the patient's symptoms is:

A. Compression of the ulnar nerve at Guyon's canal
B. Compression of the median nerve at the carpal tunnel
C. Entrapment of the radial nerve in the spiral groove
D. Entrapment of the posterior interosseous nerve

Answer: A

Explanation: The patient's presentation of isolated numbness and tingling in the 4th and 5th digits, along with ulnar nerve-specific sensory and motor deficits, is characteristic of ulnar nerve entrapment. The positive Tinel's sign over the pisiform bone, which is a key landmark for Guyon's canal, indicates that the MOST likely cause is compression of the ulnar nerve as it passes through this fibro-osseous tunnel at the wrist. Carpal tunnel syndrome would affect the median nerve distribution, radial nerve entrapment would cause more proximal symptoms, and posterior interosseous nerve entrapment would not produce the observed ulnar nerve deficits.

Question: 635

A 9-year-old child with spastic diplegic cerebral palsy presents to physical therapy with complaints of increased difficulty with ambulation and frequent falls. During the assessment, the physical therapist observes that the child has significant tightness in the hip flexor and hamstring muscle groups, which is limiting his range of motion and contributing to a crouched gait pattern. The MOST appropriate initial intervention for this patient is:

A. Referring the patient to an orthopedic surgeon for consideration of multilevel orthopedic surgery to address the muscle contractures and improve gait.
B. Initiating a course of serial casting to gradually increase range of motion in the hip and knee joints.

C. Recommending the use of knee-ankle-foot orthoses (KAFOs) to provide stability and support during ambulation.
D. Implementing a physical therapy plan focused on strengthening the lower extremity musculature and stretching the tight muscle groups.

Answer: D

Explanation: The most appropriate initial intervention for the 9-year-old child with spastic diplegic cerebral palsy and a crouched gait pattern is to implement a physical therapy plan focused on strengthening the lower extremity musculature and stretching the tight muscle groups.

In spastic diplegic cerebral palsy, the lower extremities are typically more affected than the upper extremities, and the muscle tightness in the hip flexors and hamstrings can contribute to a crouched gait pattern. A targeted physical therapy program that addresses these muscle imbalances through a combination of strengthening and stretching exercises can help improve the child's range of motion, joint positioning, and overall gait mechanics.

Referring the patient to an orthopedic surgeon for multilevel orthopedic surgery (option A) may be a consideration, but it should not be the initial intervention, as more conservative management should be attempted first.

Initiating a course of serial casting (option B) can be an effective intervention, but it should be considered after the initial strengthening and stretching program has been implemented, as it may be more appropriate for more severe or resistant muscle contractures.

Recommending the use of knee-ankle-foot orthoses (KAFOs) (option C) can be a valuable adjunct to the physical therapy program, but it should not be the primary intervention, as it does not address the underlying muscle imbalances and contractures.

Question: 636
A 62-year-old patient with a history of a previous rotator cuff repair presents with persistent shoulder pain and decreased range of motion. During the physical examination, the physical therapist notes weakness with external rotation of the shoulder. Which of the following tests would be the most appropriate to assess the integrity of the teres minor muscle?

A. Lift-off test
B. Belly-press test
C. External rotation lag sign
D. Empty can test

Answer: C
Explanation: The external rotation lag sign is a specific test used to assess the integrity of the teres minor muscle. This test evaluates the patient's ability to actively maintain their shoulder in external rotation against gravity, which is primarily controlled by the teres minor. The other tests listed assess different shoulder muscles and functions.

Question: 637
A 40-year-old woman presents with weakness of wrist and finger flexion, as well as decreased sensation in the distribution of the median nerve. Where is the MOST likely site of median nerve entrapment?

A. Pronator teres
B. Carpal tunnel
C. Anterior interosseous nerve
D. Lacertus fibrosus

Answer: B

Explanation: The patient's symptoms of median nerve distribution weakness and sensory deficits are most consistent with carpal tunnel syndrome, where the median nerve becomes entrapped as it passes through the carpal tunnel at the wrist. This is the most common site of median nerve entrapment.

Question: 638
A 62-year-old patient is 2 weeks post-op from a total hip arthroplasty using a posterolateral surgical approach. During a physical therapy session, the therapist instructs the patient to perform active hip flexion, medial rotation, and adduction exercises. What is the primary concern with this intervention at this stage of recovery?

A. The movements may lead to excessive stress on the hip abductor muscles.
B. The movements could increase the risk of postoperative hip dislocation.
C. The movements may cause excessive pain and inflammation in the hip joint.
D. The movements may delay the healing process of the posterior hip capsule.

Answer: B

Explanation: The posterolateral surgical approach for total hip arthroplasty involves detachment and reattachment of the posterior hip capsule and short external rotator muscles. This makes the hip joint particularly vulnerable to dislocation in the early postoperative period, especially with the combination of hip flexion, medial rotation, and adduction. This specific movement pattern places the prosthetic femoral head in a precarious position relative to the acetabular component, significantly increasing the risk of dislocation. Avoiding these movements is crucial during the initial 2-4 weeks of recovery to allow the posterior soft tissues to heal and regain stability around the new hip joint.

Question: 639
A 55-year-old patient with heart failure is participating in a cardiac rehabilitation program. During a moderate intensity exercise session, the patient's oxygen uptake efficiency slope (OUES) is measured and found to be decreased compared to normative values. This OUES response is:

A. Normal
B. Improved
C. Blunted
D. Concerning

Answer: C

Explanation: The oxygen uptake efficiency slope (OUES) is a measure of cardiorespiratory fitness, and in patients with heart failure, it is typically blunted compared to healthy individuals. A decreased OUES during moderate intensity exercise indicates the patient's ability to efficiently utilize oxygen is impaired, a hallmark of the cardiovascular and respiratory limitations seen in heart failure. This blunted OUES response is concerning and may warrant further evaluation and adjustments to the exercise prescription to optimize the patient's exercise capacity.

Question: 640

A 9-year-old child with spastic diplegic cerebral palsy presents to physical therapy with complaints of decreased mobility and frequent falls. During the evaluation, the physical therapist observes that the child has significant tightness in the hamstring and gastrocnemius muscle groups, leading to a

crouched gait pattern. The MOST appropriate intervention to address the child's primary impairment is:

A. Referring the child to an orthopedic surgeon for consideration of lower extremity tendon lengthening or muscle-tendon unit lengthening procedures.
B. Implementing a physical therapy plan focused on strengthening the quadriceps and hip extensor muscle groups, as well as stretching the tight muscle groups.
C. Recommending the use of ankle-foot orthoses (AFOs) to provide stability and support during ambulation.
D. Initiating a course of serial casting to gradually increase range of motion in the ankle and knee joints.

Answer: B

Explanation: The most appropriate intervention to address the primary impairment of the 9-year-old child with spastic diplegic cerebral palsy and a crouched gait pattern is to implement a physical therapy plan focused on strengthening the quadriceps and hip extensor muscle groups, as well as stretching the tight muscle groups.

In spastic diplegic cerebral palsy, the lower extremities are typically more affected, and the tightness in the hamstring and gastrocnemius muscle groups can contribute to a crouched gait pattern. By focusing on strengthening the antagonist muscle groups, such as the quadriceps and hip extensors, and implementing a targeted stretching program for the tight muscle groups, the physical therapist can help address the underlying muscle imbalances and improve the child's gait mechanics.

Referring the child to an orthopedic surgeon for lower extremity tendon lengthening or muscle-tendon unit lengthening procedures (option A) may be a consideration, but it should not be the initial intervention, as more conservative management should be attempted first.

Recommending the use of ankle-foot orthoses (AFOs) (option C) can be a valuable adjunct to the physical therapy program, but it should not be the primary intervention, as it does not directly address the underlying muscle imbalances.

Initiating a course of serial casting (option D) can be an effective intervention, but it should be considered after the initial strengthening and stretching program has been implemented, as it may be more appropriate for more severe or resistant muscle contractures.

Question: 641
A 62-year-old patient presents with a new-onset confusion and disorientation. The patient's medical history is significant for well-controlled type 2 diabetes mellitus. The most likely contributing factor to the patient's disorientation is:

A. Hyperglycemia
B. Hypoglycemia
C. Diabetic ketoacidosis
D. Cerebrovascular accident

Answer: B
Explanation: Hypoglycemia is the most likely contributing factor to the patient's disorientation in this case. Hypoglycemia can cause neurological symptoms, including confusion and disorientation, particularly in patients with diabetes. Hyperglycemia and diabetic ketoacidosis are more likely to cause gradual onset of altered mental status, not sudden-onset disorientation. A cerebrovascular accident would be less likely in a patient with well-controlled diabetes.

Question: 642

A 75-year-old patient with chronic kidney disease is brought to the emergency department with confusion, lethargy, and Kussmaul breathing. Arterial blood gas analysis reveals the following values:
pH 7.14, PaCO2 18 mmHg, HCO3- 6 mmol/L.

Which of the following is the most likely cause of the patient's acid-base disorder?

A. Diabetic ketoacidosis
B. Chronic respiratory acidosis
C. Acute renal failure
D. Chronic metabolic acidosis

Answer: D

Explanation: The patient's arterial blood gas values (pH 7.14, PaCO2 18 mmHg, HCO3- 6 mmol/L) indicate the presence of a severe metabolic acidosis. The low HCO3- concentration and low pH are characteristic of metabolic acidosis, while the low PaCO2 represents respiratory compensation. Chronic kidney disease is a common cause of chronic metabolic acidosis due to the impaired ability of the kidneys to excrete acid and retain bicarbonate.

Question: 643
A 27-year-old male presents to the clinic 1 week after sustaining a knee injury while playing basketball. He reports significant pain, swelling, and decreased range of motion. When performing the Lachman's test, you note increased anterior tibial translation with a "soft endpoint" compared to the uninjured side.

What is the MOST appropriate next step in management?

A. Immobilize the knee in a brace and refer for physical therapy
B. Obtain radiographs to rule out a fracture
C. Recommend immediate arthroscopic ACL reconstruction
D. Initiate a course of oral corticosteroids

Answer: A
Explanation: The appropriate next step in management for this patient with a suspected complete ACL tear based on the positive Lachman's test findings is to immobilize the knee in a brace and refer the patient for physical therapy. While the Lachman's test suggests a complete ACL tear, further diagnostic imaging such as MRI is needed to confirm the diagnosis and assess for associated injuries. Immediate surgical referral or corticosteroid use would be premature without confirmed MRI findings. Radiographs are indicated to rule out a fracture, but are not the primary next step.

Question: 644

A 7-year-old girl with spastic quadriplegic cerebral palsy presents to physical therapy for an initial evaluation. The girl's parents report that she has difficulty with gross motor skills, such as walking and running, and experiences frequent falls. During the evaluation, the physical therapist observes that the girl has significant muscle spasticity in all four limbs, with a predominance in the lower extremities. The most appropriate intervention for this patient is:

A. Prescribing a home exercise program focused on strengthening the upper extremities to improve her ability to push herself in a manual wheelchair.
B. Recommending the use of ankle-foot orthoses (AFOs) to improve her gait and reduce the risk of falls.
C. Referring the patient to an occupational therapist for evaluation and

recommendations on assistive technology to enhance her independence in daily living activities.
D. Initiating a course of constraint-induced movement therapy (CIMT) to improve upper extremity function and motor control.

Answer: B

Explanation: The most appropriate intervention for the 7-year-old girl with spastic quadriplegic cerebral palsy is to recommend the use of ankle-foot orthoses (AFOs) to improve her gait and reduce the risk of falls.

In spastic quadriplegic cerebral palsy, the predominant spasticity is typically in the lower extremities, which can lead to poor gait mechanics and an increased risk of falls. AFOs can help improve the alignment and function of the ankle and foot, providing support and stability during ambulation. This can help the patient walk more safely and reduce the frequency of falls, which is a significant concern reported by the parents.

Prescribing a home exercise program focused on strengthening the upper extremities (option A) may not be the most appropriate initial intervention, as the primary issue is the impaired gait and increased fall risk due to the lower extremity spasticity.

Referring the patient to an occupational therapist for assistive technology evaluation (option C) can be a valuable complementary intervention, but it should not be the primary focus at this stage, as the physical therapist should first address the immediate mobility and safety concerns.

Initiating constraint-induced movement therapy (CIMT) (option D) is not the most appropriate intervention in this case, as CIMT is typically used to improve upper extremity function and motor control, which are not the primary concerns reported by the parents.

Question: 645
A 44-year-old male patient presents with mid-thoracic spine pain and limited rotation. Examination reveals hypomobility with left rotation at the T8-T9 spinal segment. Which of the following techniques would be most appropriate to address the hypomobility?

A. Prone mid-thoracic spine segmental rotation mobilization
B. Seated mid-thoracic spine Maitland mobilization in side-bending
C. Supine mid-thoracic spine Mulligan sustained natural apophyseal glide (SNAG)
D. Sidelying mid-thoracic spine high-velocity low-amplitude thrust

Answer: A

Explanation: The hypomobility with left rotation at the T8-T9 spinal segment indicates a specific mobility deficit in the rotational plane. A prone mid-thoracic spine segmental rotation mobilization would be the most appropriate technique to address this hypomobility. This technique allows for targeted mobilization of the restricted rotational motion at the specific spinal segment.

Question: 646
A patient presents with a complete ACL tear confirmed by magnetic resonance imaging (MRI). Which of the following is the most appropriate initial management?

A. Immediate surgical reconstruction
B. Functional bracing and physical therapy
C. Immobilization in a long leg cast
D. Corticosteroid injection into the knee joint

Answer: B
Explanation: The initial management of a complete ACL tear typically involves a trial of functional bracing and physical therapy, unless the patient has an associated unstable knee or other significant ligamentous/meniscal injury. Surgical reconstruction is often considered if conservative management fails to restore knee stability and function. Immobilization and corticosteroid injections are not recommended as first-line treatment for complete ACL tears.

Question: 647
A 38-year-old woman presents with weakness of wrist and finger flexion, as well as decreased sensation in the distribution of the median nerve. Where is the MOST likely site of median nerve entrapment?

A. Pronator teres
B. Carpal tunnel
C. Anterior interosseous nerve
D. Lacertus fibrosus

Answer: B

Explanation: The patient's symptoms of median nerve distribution weakness and sensory deficits are most consistent with carpal tunnel syndrome, where the median nerve becomes entrapped as it passes through the carpal tunnel at the wrist. This is the most common site of median nerve entrapment.

Question: 648
A 14-year-old male soccer player presents with a 6-month history of anterior knee pain that is aggravated by running and kicking. Physical examination

reveals tenderness and swelling over the tibial tuberosity. Radiographic imaging shows fragmentation and irregularity of the tibial apophysis. Which of the following is the MOST appropriate next step in the management of this patient?

A. Recommendation of complete rest from all sports activities
B. Prescription of oral anti-inflammatory medication
C. Referral to an orthopedic surgeon for surgical intervention
D. Initiation of a physical therapy program with eccentric strengthening

Answer: D

Explanation: The MOST appropriate next step in the management of this patient with Osgood-Schlatter disease is the initiation of a physical therapy program with a focus on eccentric strengthening exercises. Physical therapy can help address the underlying muscle imbalances and biomechanical factors that contribute to the condition, while allowing the patient to continue participating in sports activities with appropriate modifications. Recommendation of complete rest from all sports activities is not necessary and may lead to deconditioning and decreased long-term function. Prescription of oral anti-inflammatory medication can provide symptomatic relief, but does not address the underlying pathology. Referral to an orthopedic surgeon for surgical intervention is typically only necessary in cases that do not respond to conservative management.

Question: 649
A 19-year-old male presents to the clinic 1 week after sustaining a knee injury while skiing. He reports significant pain, swelling, and limited range of motion. When performing the Lachman's test, you note that the endpoint is "mushy" compared to the uninjured side. This indicates:

A. Partial ACL tear
B. Complete ACL tear
C. Medial collateral ligament tear
D. Posterior cruciate ligament tear

Answer: B
Explanation: A "mushy" endpoint during the Lachman's test, indicating increased anterior tibial translation compared to the uninjured side, is characteristic of a complete ACL tear. The soft, absent endpoint signifies the complete disruption of the ACL's normal restraint on anterior tibial translation. In contrast, a partial ACL tear would have a more firm, but increased, endpoint. Medial collateral ligament and posterior cruciate ligament injuries do not produce the same Lachman's test findings.

Question: 650
A 2-month-old infant with colic is referred to physical therapy. The physical therapist performs an initial evaluation and notes that the infant exhibits increased fussiness, gassiness, and crying episodes when placed in the supine position. The most appropriate intervention for this patient is:

A. Prone positioning
B. Swaddling
C. Gentle abdominal massage
D. Pacifier use

Answer: A

Explanation: Prone positioning, also known as "tummy time," is a recommended intervention for infants with colic. Placing the infant in the prone position can help relieve abdominal discomfort and gas, as well as facilitate easier breathing and digestion. In contrast, supine positioning may exacerbate

the symptoms of colic in some infants. Swaddling, abdominal massage, and pacifier use are also helpful strategies, but prone positioning is the most appropriate primary intervention based on the presented clinical findings.

Question: 651

A 27-year-old female presents with right knee pain and instability following a fall from a ladder 2 weeks ago. During the physical examination, the posterior drawer test is performed. Which of the following findings would be most consistent with a PCL tear associated with a posterior tibial condyle fracture?

A. Firm end-feel with posterior tibial translation
B. Increased posterior translation of the tibia relative to the femur
C. Decreased posterior translation of the tibia relative to the femur
D. Increased anterior translation of the tibia relative to the femur

Answer: C

Explanation: In a PCL tear associated with a posterior tibial condyle fracture, the posterior drawer test would demonstrate decreased posterior translation of the tibia relative to the femur. This is due to the disruption of the PCL and the bony support from the tibial condyle fracture. A firm end-feel would indicate an intact PCL, while increased posterior or anterior translation would be more indicative of an isolated PCL or ACL injury, respectively.

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