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Practice Materials & Tests

DEMO VERSION

International

DOH-Physio Exam

Department of Health- Physiotherapist Licensing Examination

Exam Latest Version: 6.0

Question 1. (Single Select)

A patient has neck pain and is receiving physiotherapy. The physical therapist is employing massage and stretching techniques. Which muscle group can the physical therapist stretch on the patient in picture?

A: Sternocleidomastoid (SCM).
B: Deltoids.
C: Triceps.
D: Biceps.

Correct Answer: A

Explanation:

The Sternocleidomastoid (SCM) muscle is a key muscle located in the neck, which plays a crucial role in facilitating various movements including rotation and flexion of the head. It is anatomically positioned on each side of the neck, originating from the sternum and clavicle, and inserting on the mastoid process of the temporal bone of the skull.

In the context of physiotherapy for neck pain, targeting the SCM muscle is particularly relevant. Neck pain can often be attributed to tension or tightness in the SCM muscles, which can result

from poor posture, overuse, or injury. The physical therapist's use of massage and stretching techniques is aimed at relieving this tension, promoting relaxation of the muscle, and enhancing mobility.

Massage therapy helps in increasing blood circulation to the muscle, which can aid in the recovery of muscle strain and facilitate the healing process. Furthermore, stretching the SCM can help in lengthening the muscle fibers, thus improving flexibility and reducing stiffness. This can lead to a significant decrease in neck pain and an increase in range of motion.

The therapist may employ various stretching exercises specifically designed for the SCM muscle. These stretches might involve gentle tilting and rotation of the head and neck, which allows the SCM muscle to stretch properly. Such maneuvers are critical in ensuring the muscle retains its flexibility and function, thereby aiding in the overall recovery and comfort of the patient.

In conclusion, focusing on the SCM muscle during physiotherapy is essential for patients suffering from neck pain. By employing targeted massage and stretching techniques, the therapist can effectively alleviate pain, reduce muscle tension, and improve neck mobility, contributing significantly to the patient's recovery and quality of life.

Question 2. (Single Select)

Huntington's Disease (HD), also known as Huntington's chorea, is a neurological disorder of the CNS and is characterized by degeneration and atrophy of the basal ganglia and cerebral cortex within the brain. The neurotransmitters become deficient and are unable to modulate movement. Physical therapy should maximize all of the following except:

A: strength
B: respiration
C: balance
D: postural control

Correct Answer: B

Explanation:

Huntington's Disease (HD), also known as Huntington's chorea, is a neurological disorder primarily affecting the central nervous system. It is characterized by the degeneration and atrophy of the basal ganglia and cerebral cortex within the brain. This deterioration leads to deficiencies in neurotransmitters, which are crucial for modulating movement, thus causing the characteristic uncontrolled movements associated with the disease.

Physical therapy plays a crucial role in the management of Huntington's Disease. The primary goals of physical therapy in HD patients are to maximize functional abilities as long as possible and maintain quality of life. Specific areas targeted by physical therapy include endurance, strength, balance, postural control, and functional mobility. Each of these areas addresses different challenges faced by HD patients. Endurance training helps in coping with fatigue; strength training aids in combating muscle weakness; balance exercises help in preventing falls; and improving postural control and functional mobility aids in daily activities, thereby enhancing independence.

Respiration, while important in the context of overall health and well-being, is not typically a primary focus of physical therapy for Huntington's Disease unless there are specific complications that warrant it, such as respiratory muscle weakness or reduced lung capacity. However, general exercises and activities promoted by physical therapy can indirectly benefit respiratory function through improved overall fitness and health.

Therefore, when asked what physical therapy should maximize in the context of Huntington's Disease management, the answer would typically include endurance, strength, balance, postural control, and functional mobility, but not specifically respiration unless clinically indicated by the patient's condition. Medical management of Huntington's Disease, which often includes genetic, psychological, and social counseling, is holistic and complements the physical interventions to address the broader needs of the patient and family.

Question 3. (Single Select)

A 48 year old stroke patient has the type of aphasia where she can hear. However, her understanding of sounds and words is faulty. Which area of the brain was damaged in this patient?

A: Premotor area.
B: Broca's speech area.
C: Auditory association area.

D: Primary auditory area.

Correct Answer: C

Explanation:

The correct area of the brain that was damaged in the 48-year-old stroke patient, who can hear but has a faulty understanding of sounds and words, is the Auditory Association Area. This region is critical for processing and interpreting the complex aspects of hearing, including the understanding of speech.

The Auditory Association Area is located in the temporal lobe of the brain, adjacent to the primary auditory cortex. While the primary auditory cortex is primarily responsible for detecting basic characteristics of sound such as pitch and volume, the Auditory Association Area plays a key role in interpreting the meaning of sounds, which is essential for understanding spoken language. This higher level processing includes the recognition of words, sentences, and the overall context of the conversation.

In the case of the patient described, the symptoms suggest a type of fluent aphasia often referred to as Wernicke's aphasia. This condition arises when there is damage to the posterior regions of the temporal lobe, specifically around the auditory association area. Individuals with Wernicke's aphasia typically produce fluent speech but it often lacks meaning or is filled with nonsensical phrases. They also generally have significant difficulty in understanding spoken language, a condition sometimes termed as 'word deafness'.

Therefore, the damage to the Auditory Association Area disrupts the patient’s ability to make sense of words and sentences, even though the ability to hear the sounds remains intact. This highlights the critical role of this brain region in linking sound perception with meaningful communication, which is essential for effective verbal interaction.

Question 4. (Single Select)

A patient receives myofascial release as part of his rehabilitation program. When forming myofascial spread, what is a general precaution?

A: Hold a position until resistance gives and the hands slide apart.

B: Lift and roll the skin.
C: Never force the skin.
D: Gently stretch the skin.

Correct Answer: B

Explanation:

Myofascial Release Therapy (MRT) is a specialized treatment that focuses on relieving tension and pain by releasing restrictions within the fascial network, which is the connective tissue that surrounds and supports muscles throughout the body. One of the key elements in this therapy involves applying gentle, sustained pressure on the soft tissues while performing stretches that help in releasing the fascial restrictions.

A crucial general precaution in Myofascial Release Therapy is to never force the skin or underlying tissues. Forcing the skin can lead to increased discomfort, potential bruising, and further irritation or damage to the soft tissues and fascia. The goal of MRT is to aid the body's natural healing process by enhancing blood circulation, lymphatic drainage, and relaxation of contracted muscles, without causing additional harm or stress to the patient.

When performing myofascial release, practitioners should use adequate but gentle pressure and must be attentive to the body's response to the therapy. The therapy involves "listening" to the body's response to the touch and pressure, allowing the practitioner to adjust the technique accordingly. This approach helps in achieving effective and safe outcomes.

Therefore, the correct approach in Myofascial Release Therapy is to gently stretch and manipulate the skin and underlying tissues within the comfort threshold of the patient. Never forcing the skin ensures that the therapy is both therapeutic and non-invasive, aligning with the principles of safety and patient-centered care in physical rehabilitation practices.

Question 5. (Single Select)

In terms of determining the reliability of a research instrument, which type uses the measure that items of an instrument correlate well with other items on the instrument?

A: internal consistency

B: inter-rater
C: test-retest
D: content correlation

Correct Answer: A

Explanation:

Internal consistency is a measure used to evaluate the reliability of a research instrument. It specifically refers to the extent to which all items on a test measure the same characteristic or construct. In simpler terms, internal consistency assesses whether the items on an instrument are consistent with one another in their scores.

To determine internal consistency, researchers often use statistical methods such as Cronbach's alpha, which evaluates how closely related a set of items are as a group. A high Cronbach's alpha value (usually above 0.7) suggests that the items are measuring the same underlying construct and thus, exhibit strong internal consistency. This is crucial because consistent items typically contribute to the reliability and validity of the instrument, leading to more accurate and generalizable results.

It is important to differentiate internal consistency from other types of reliability such as test-retest reliability, which examines the stability of test scores over time, and inter-rater reliability, which assesses the agreement among different raters or observers. While these types provide valuable insights into the reliability of a research instrument, they do not address the homogeneity of the item set as internal consistency does.

Furthermore, internal consistency does not necessarily imply that the instrument has good content validity (whether the instrument fully represents the construct it aims to measure). Hence, researchers need to ensure that they address and validate each aspect of reliability and validity according to the specific requirements and context of their study.

In summary, internal consistency is a fundamental measure of reliability that indicates how well the items on a research instrument correlate with each other. This type of consistency is essential for confirming that the instrument functions uniformly in measuring the intended construct, thereby supporting the overall credibility and reliability of the research findings.

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