

191. A realistic functional outcome for a patient with a complete lesion at the C8 neurological level is independence in:
- A. transfers using a sliding board
  - B. using a manual wheelchair with rim projections
  - C. all self-care and personal hygiene
  - D. driving an automobile without hand controls

**191. C**

193. As a result of a pituitary tumor affecting the optic chiasm, a patient exhibits a visual field deficit which has inhibited performance in many daily activities. The expected deficit would be:
- A. homonymous hemianopsia
  - B. blindness in one eye
  - C. circumferential blindness
  - D. bitemporal hemianopsia

**193. D**

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194. A patient has limited motion in supination and calcaneal inversion at the subtalar joint. Using manual techniques, the accessory motion of the calcaneus that needs to be emphasized in order to increase the motions that are limited would be:
- A. anterior glide
  - B. posterior glide
  - C. medial glide
  - D. lateral glide

**194. D**

39. During treatment for selective debridement of a necrotic wound, a physical therapist should remove which type of tissue?
- (A) Granulation tissue
  - (B) Slough
  - (C) Pink or red tissue
  - (D) Macerated tissue

39. B.

Slough and eschar are necrotic tissue that should be debrided. Pink or red tissue is granulation tissue that signals wound healing. Macerated tissue is peri-wound tissue that is wet and delicate.

(Brown, page 12)

Integumentary System: Treatment Interventions

40. A physical therapist is treating a patient with left-sided C4 facet impingement. She plans to use manual cervical traction to attempt to open the left facet. Which position of the cervical spine would maximally open the left facet?
- (A) Flexion, left side-bending, left rotation
  - (B) Flexion, left side-bending, right rotation
  - (C) Flexion, right side-bending, left rotation
  - (D) Flexion, right side-bending, right rotation

40. C.

The motions to maximally open the facet joints are flexion, contralateral side-bending, and ipsilateral rotation.

(Behrens, page 106)

Musculoskeletal System: Foundational Sciences & Background

### Grade of nerve injury

Nerve Injury	Clinical Findings <sup>9,14,17</sup>
Neuropraxia	<ul style="list-style-type: none"> <li>• Profound motor loss, paralysis lasting days-months</li> <li>• Normal to minimal sensory involvement<sup>17</sup></li> </ul>
Axonotmesis	<ul style="list-style-type: none"> <li>• Complete motor loss with sensory involvement</li> <li>OR</li> <li>• Complete motor loss with normal sensation<sup>14,17</sup></li> </ul>
Neurotmesis	<ul style="list-style-type: none"> <li>• Complete motor loss</li> <li>• Complete sensation loss</li> </ul>

c- **burst**

d- Acupuncture

25- When measuring ROM of the wrist ULNAR AND RADIAL DEVIATION; put the axis in:

a- trapezoid

b- trapezium

c- lunte

d- **capitate**

which of the following muscles compress the checks ;

a- **Buccinator**

b- corregator

c- frontalis

d- Depressor angulii

35 Which of the following Draws the eyebrow downward and inward, with **vertical wrinkles**:

a- buccinators

b- **corrugator**

c- frontalis

d- depressor angulii

196-Which muscle draw eyebrow to upward making **horizontal wrinkling**

a- **frontalis** ( **occiptofrontalis**)

b-corregator

c-orbicularis oris

d-lateral ptyroid