

-BOWEN UNIVERSITY, IWO

B. PHYSIOTHERAPY PROGRAMME

2021/2022 SESSION SECOND SEMESTER EXAMINATION

PST 325: PATHOKINESIOLOGY

Date: 09/09/2022

Time Allowed: Two 2 hours

PART 1: Answer all questions

SECTION A: ESSAY

1. Summarise the common Postural Deviations noticed in standing when one is viewed laterally.
2. Summarise gross and fine motor skills in five simple sentences each.
3. What do you understand by the principles of learning motor skills?
4. List the postural deviations than can be associated with each of shoulders, lumbar spine and pelvis.

SECTION B:

Answer true or false. A wrong answer attracts a penalty.

1. Posture deals with alignment of the various body segments.
2. We usually border about vertebral curves only during resting
3. The thoracic and sacral curves are convex anteriorly and concave posteriorly.
4. For example, a “sway back” is an increased lumbar curve.
5. In most cases, an increased lumbar curve results in increased thoracic curve.
6. The cervical and sacral curves are considered primary curves.
7. Leg length differences has no impact on pelvic posture
8. Postural sway is brought about by the pelvis shift.
9. Scoliosis can be noticed at lateral view.
10. The intervetebral discs are more stressed in standing than in sitting.

Fill in the blank spaces

1. In the human body, each joint involved with weight-bearing can be considered
2. At birth, the entire vertebral column is concave anteriorly. This concave curve is called a
3. The lateral pelvic tilt is controlled by which group of muscles?.....
4. The group of muscles responsible for keeping the body in upright positions are called
5. The group of muscles that help in postural sway are

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PART 2

SECTION A- ESSAY: Answer all Questions inside the Answer booklet

1. Outline 10 different pathological gaits relevant to physiotherapy
2. Explain the pathology and physiotherapy management of 5 abnormal gaits of your choice
3. Highlight the importance of physiotherapy in
 - (a) prevention and
 - (b) management of abnormal gait
4. Briefly explain the following:
 - a. Festination
 - b. Trendelenburg phenomenon
 - c. Freezing
 - e. Foot drop
 - f. Peroneal nerve palsy
 - g. Muscle dystrophy

Section B: Answer either TRUE or FALSE

In diplegic Gait:

1. Spasticity is often a common feature
2. The lower limb is often spared
3. Lower limb spasticity is usually worse
4. Patient walks with a dragging gait
5. Patient walks with an abnormally wide base,
6. This gait is seen in bilateral periventricular lesions, such as those seen in cerebral palsy.
7. Hip adductors experience tightness
8. Scissor gait is a common feature

In Neuropathic Gait

9. High steppage often is characteristic
10. Foot drop results from weakness of the plantar flexors
11. It is usually bilateral affectation
12. Causes include L3 radiculopathy
13. May result from Amyotrophic lateral sclerosis

14. Diabetes is often a secondary cause

In Myopathic Gait

15. Bilateral weakness leads to dropping of the pelvis on both sides during walking

16. Weakness of one side of one side of hip girdle muscles will lead to a drop in the pelvis on the contralateral side of the pelvis while walking.

17. Waddling of gait is a feature

18. Common in patients with muscular dystrophy

In Choreiform Gait

19. Presents with irregular, jerky, involuntary movements in all extremities

20. Walking does not worsen their symptoms.