

### **Module 3 MCQ**

1. High re-injury rates of ankle sprains in sports are related to
  - A. Inadequate rehabilitation
  - B. Inadequate rehabilitation and not performing ultrasound treatments
  - C. Inadequate rehabilitation and premature return to sport
  - D. Rehabilitation that does not include isokinetic training
  
2. Tests for the integrity of the ATFL:
  - A. The most sensitive test is the anterior drawer test performed 4 to 6 days after incurring and acute ankle sprain
  - B. The most sensitive test is the external rotation test
  - C. The most sensitive test is the anterior drawer test, performed immediately after injuring the ankle
  - D. The most accurate test is the amount of swelling immediately after spraining the ankle
  
3. Ankle fractures
  - A. Physiotherapy rehabilitation post ankle fractures should never commence before 8 weeks post injury
  - B. Early rehabilitation is considered safe as long after a period of 10 days post-injury to allow the acute symptoms to settle
  - C. A below knee cast for a minimum of 10 weeks is recommended
  - D. Early mobilisation has been related to poor outcomes and non-union of ankle fractures
  
4. Chronic Ankle Instability (CAI)
  - A. CAI has been reported of less than 10% of acute ankle sprains
  - B. The symptoms of chronic instability may last a minimum of 6 months post-injury or as long as 18 months
  - C. CAI has been reported in more than 50 % of ankle sprain and symptoms lasting as long as 6 – 18 months
  - D. CAI is not related to a previous sprain of the ankle

## 5. Rehabilitation of CAI

- A. There is no reported benefit of rehabilitation for CAI in preventing further injury
- B. Comprehensive rehabilitation has been showed to prevent further instability of then ankle
- C. Comprehensive rehabilitation should include muscle strengthening and proprioception exercises to achieve stability of the ankle
- D. Comprehensive rehabilitation inclusive of muscle strengthening and proprioception cannot improve motion control of the ankle

## 6. The talo crural joint / or tibo/ talar joint

- A. is a simple hinge joint.
- B. The simple hinge mechanism of the talo crural joint allows plantar and dorsi-flexion only
- C. The talo-crural joint is similar to a ball and socket joint
- D. Inversion and eversion as well as plantar- and dorsi-flexion occurs at the talo crural joint

## 7. The ATFL ligament (anterior talar fibular ligament)

- A. Prevents displacement of the talus anteriorly during plantar flexion of the ankle.
- B. The ATFL is an extra-capsular ligament
- C. The ATFL is connected to the peroneal tendons
- D. The ATFL prevents excessive inversion and eversion of the talus

## 8. Imaging

- A. MRI are indicated to diagnose fractures immediately post-injury
- B. MRI are more sensitive than X Rays to diagnose acute fractures of the ankle
- C. Diagnostic ultrasound is indicated to diagnose OCL lesions and is more sensitive than MRI's
- D. The Ottawa Rules are sensitive to rule out fractures after and acute ankles sprain, and of more value than a diagnostic ultrasound that is operator dependent.

9. General

- A. A plaster cast is highly recommended after a moderate sprain
- B. Plaster casts has limited benefit post a sprain
- C. Physiotherapy treatment should be delayed post a sprain for as long as 6 weeks
- D. Plaster casts have limited benefit for longer than 10 days after a severe sprain, and physiotherapy should be started as early as possible.

10. Most rotation happens in the neck at:

- A. C4/5
- B. C0/1
- C. C2/3
- D. C1/2
- E. C6/7

11. Flexion of the neck is produced by (choose the most correct answer)

- A. Longus capitus, semispinalis capitus, sternocleidomastoid
- B. Longus capitiu, longus colli, sternocleidomastoid
- C. Oblique capitus, splenius capitus, sternocleidomastoid
- D. Rectus capitus anterior, semispinalis capitus, sternocleidomastoid
- E. None of the above

12. Cervical myelopathy presents with (choose most correct answer)

- A. Reduced reflexes
- B. Brisk reflexes
- C. Clumsy hands
- D. Unsteady gait
- E. b +c + d
- F. a + c + d

13. Choose the incorrect statement about cervical radiculopathy below

- A. Cervical radiculopathy always has pain referred into the arm
- B. A neurological examination is required to assess for cervical radiculopathy
- C. Cervical radiculopathy can present with pain, weakness and decreased reflexes
- D. C7 nerve root is assessed by triceps reflex, triceps strength and sensation of the middle finger
- E. Most cervical radiculopathies can be treated conservatively

14. Cervical spondylosis can involve ( choose the incorrect statement)

- A. Disc degeneration
- B. Posterior longitudinal ligament calcification
- C. Osteophyte formation
- D. Central canal stenosis
- E. Calcification of the ligamentum flavum

15. What is the ITB's function in the knee?

- A. Lateral stabiliser of knee; external rotator of tibia; extensor of the knee from 30 degrees knee flexions; flexor of the knee from 40 degrees knee flexion
- B. Lateral stabiliser of knee; internal rotator of tibia; extensor of the knee from 30 degrees knee flexions; flexor of the knee from 40 degrees knee flexion.
- C. Lateral stabiliser of knee; external rotator of tibia; flexor of the knee from 30 degrees knee flexions; flexor of the knee from 40 degrees knee flexion
- D. Medial stabiliser of knee; external rotator of tibia; extensor of the knee from 30 degrees knee flexions; flexor of the knee from 40 degrees knee flexion
- E. Lateral stabiliser of knee; external rotator of tibia; extensor of the knee from 30 degrees knee flexions; flexor of the knee from 40 degrees knee flexion; in weight-bearing assists contralateral pelvic lift.

16. Rehab of the ACL should be based on:

- A. Symptoms exhibited by patient
- B. Specific goals achieved by the patient
- C. Specific weekly goals
- D. Depends on what the surgeon says
- E. All of the above

17. Risk factors for developing PFP include:
- A. Weak hip abduction in adolescents
  - B. Weak quadriceps in military recruits
  - C. A high BMI
  - D. A high level of activity
  - E. Multiple factors which need to be investigated together
18. The MCL offers stability to the knee in which direction?
- A. Valgus
  - B. Anterior movement of tibia
  - C. Internal rotation of tibia
  - D. A and B
  - E. A, B and C
19. The MCL can be seen as a
- A. Static stabiliser of the knee
  - B. Dynamic stabiliser of the knee
  - C. Restraint to medial meniscus movement
  - D. All of the above
  - E. Only A and C
20. The knee:
- A. Is a classic hinge joint
  - B. Is made up of 1 joint
  - C. Is made up of 3 articular surface
  - D. Acts independently
  - E. Exhibits purely flexion/extension