DEPARTMENT OF PHYSIOTHERAPY

COURSE NAME : BPT

COURSE FACULTY : EZHILARASU T

QUESTION BANK

UNIT IV – Demyelinating, Degenerative & Infective Disorders

Puzzle 1: The Tingling Ascent

Intern Zoe Kim evaluates Guillain-Barré in Mr. Lopez: ascending weakness, areflexia. Nerve demyelination.

Possible hypotheses:

1. Post-infectious autoimmune.
2. Miller Fisher variant.
3. Chronic inflammatory.
4. Toxic neuropathy mimic.

Structured reasoning: Feature accuracy; efficiency; urgency respiratory; resources LP; outcomes recovery; ethics support.

Puzzle 2: The Patchy Storm

Student Liam Harper assesses acute disseminated encephalomyelitis in child Mia: multifocal deficits post-viral.

Possible next steps:

1. MRI brain/spine.
2. CSF analysis.
3. Steroids initiation.
4. Supportive care.

Structured reasoning: Demyelination accuracy; urgency encephalitis; safety; resources; long-term neuro; ethics peds.

Puzzle 3: The Band Squeeze

Junior clinician Maya Torres sees transverse myelitis in Ms. Reed: band-like pain, paraparesis.

Possible hypotheses:

1. Idiopathic inflammatory.
2. MS precursor.
3. Infectious.
4. Vascular mimic.

Structured reasoning: Myelitis features; efficiency; urgency cord; resources MRI; functional; ethics.

Puzzle 4: The Relapsing Shadow

Clinician Carlos Singh examines multiple sclerosis in Mr. Wu: optic neuritis, ataxia relapses.

Possible next steps:

1. Visual evoked potentials.
2. MRI with gad.
3. CSF oligoclonal.
4. Disease-modifying discussion.

Structured reasoning: Demyelination accuracy; efficiency; no acute urgency; resources; long-term disability; ethics adherence.

Puzzle 5: The Shuffling Fade

Intern Aria Grant observes Parkinson in Mrs. Gomez: bradykinesia, tremor. Dopamine degeneration.

Possible hypotheses:

1. Idiopathic PD.
2. Vascular parkinsonism.
3. Drug-induced.
4. Lewy body dementia.

Structured reasoning: Degenerative accuracy; efficiency; safety falls; resources DAT scan; outcomes; ethics.

Puzzle 6: The Fading Recall

Student Ben Fowler assesses dementia in Mr. Diaz: memory loss, apraxia. Cortical degeneration.

Possible next steps:

1. MoCA testing.
2. Brain MRI.
3. Blood for reversible.
4. Caregiver support.

Structured reasoning: Accuracy type; efficiency; no urgency; resources; long-term care; ethical autonomy.

Puzzle 7: The Fevered Fog

Junior clinician Sophia Reyes evaluates pyogenic meningitis sequelae in Ms. Chen: hearing loss, hydrocephalus.

Possible hypotheses:

1. Bacterial residual.
2. Abscess formation.
3. Seizure risk.
4. Cognitive deficits.

Structured reasoning: Infection accuracy; urgency complications; safety; resources CT; outcomes; ethics.

Puzzle 8: The Rigid Spine

Clinician Raj Patel sees tuberculous CNS in Mr. Alvarez: arachnoiditis, myelopathy.

Possible next steps:

1. CSF TB PCR.
2. Chest X-ray.
3. Anti-TB therapy.
4. MRI spine.

Structured reasoning: Infective accuracy; efficiency; urgency dissemination; resources; long-term; ethics isolation.

Puzzle 9: The Withered Limb

Intern Isla Mendes assesses poliomyelitis sequelae in Ms. Patel: asymmetric flaccid paralysis.

Possible hypotheses:

1. Post-polio syndrome.
2. Anterior horn cell.
3. Vaccine-related.
4. Mimic neuropathy.

Structured reasoning: Feature accuracy; efficiency; no urgency; resources EMG; functional; ethics.

Puzzle 10: The Encephalitic Haze

Student Theo Nash evaluates HIV encephalitis in Mr. Singh: cognitive decline, motor slowing.

Possible next steps:

1. CD4 count.

2. Brain MRI.
3. Antiretroviral adjustment.
4. Neuropsych testing.

Structured reasoning: Infective accuracy; efficiency; urgency opportunistic; resources; outcomes; ethical stigma.

Answers for UNIT IV

1. **Best hypothesis:** 1 – Classic ascent; respiratory urgency.
2. **Best next step:** 1 – Confirm multifocal; peds ethics.
3. **Best hypothesis:** 2 – If relapsing potential; cord urgency.
4. **Best next step:** 2 – Demyelination plaques; long-term therapy.
5. **Best hypothesis:** 1 – Degenerative signs; fall safety.
6. **Best next step:** 3 – Rule reversible; autonomy ethics.
7. **Best hypothesis:** 4 – Sequelae cognitive; complications urgency.
8. **Best next step:** 4 – Confirm arachnoiditis; dissemination urgency.
9. **Best hypothesis:** 2 – Horn cell specific; functional outcomes.
10. **Best next step:** 1 – Immune status; stigma ethics.