DEPARTMENT OF PHYSIOTHERAPY

COURSE NAME : BPT

COURSE FACULTY : EZHILARASU T

QUESTION BANK

UNIT V – Muscle, Nerve, Cord Lesions & Miscellaneous Disorders

Puzzle 1: The Weary Muscle

Junior clinician Nora Hale assesses myopathy in Ms. Garcia: proximal weakness, elevated CK.

Possible hypotheses:

1. Inflammatory myositis.
2. Metabolic myopathy.
3. Drug-induced.
4. Paraneoplastic.

Structured reasoning: Muscle accuracy; efficiency; urgency rhabdo; resources biopsy; outcomes; ethics.

Puzzle 2: The Fading Strength

Student Kai Liu evaluates muscular dystrophy in boy Tim: calf hypertrophy, Gowers sign.

Possible next steps:

1. Genetic testing.
2. Muscle biopsy.
3. CPK levels.
4. Cardiac echo.

Structured reasoning: Dystrophy accuracy; efficiency; no urgency; resources; long-term progression; ethics family.

Puzzle 3: The Shrinking Limb

Intern Lila Chen sees spinal muscular atrophy in infant Mia: hypotonia, fasciculations.

Possible hypotheses:

1. SMA type 1.
2. Type 2 ambulatory.

3. Congenital myopathy mimic.
4. Metabolic.

Structured reasoning: Atrophy accuracy; efficiency; urgency respiratory; resources genetic; outcomes; ethics palliative.

Puzzle 4: The Crushed Nerve

Clinician Alex Torres assesses peripheral nerve injury in Mr. Ruiz: wrist drop post-fracture.

Possible next steps:

1. Nerve conduction study.
2. Splinting.
3. Surgical exploration.
4. PT referral.

Structured reasoning: Injury accuracy; efficiency; urgency compartment; resources EMG; functional; ethics.

Puzzle 5: The Pinched Path

Student Sarah Kim evaluates entrapment neuropathy in Ms. Lopez: carpal tunnel numbness.

Possible hypotheses:

1. Median nerve compression.
2. Cervical radiculopathy mimic.
3. Diabetic neuropathy.
4. Thyroid-related.

Structured reasoning: Entrapment accuracy; efficiency; no urgency; resources NCS; outcomes; ethics work impact.

Puzzle 6: The Buzzing Feet

Junior clinician Raj Patel sees peripheral neuropathy in Mr. Wong: stocking paresthesia.

Possible next steps:

1. Blood glucose.
2. Vitamin B12.
3. Nerve biopsy if severe.
4. Gabapentin for pain.

Structured reasoning: Neuropathy accuracy; efficiency; urgency if acute; resources; long-term; ethics.

Puzzle 7: The Silent Legs

Intern Mia Grant assesses paraplegia in Ms. Reed: spastic, bladder overflow.

Possible hypotheses:

1. Thoracic cord lesion.
2. Cauda equina.
3. Functional.
4. MS plaque.

Structured reasoning: Lesion accuracy; efficiency; urgency bladder; resources MRI; functional; ethics dignity.

Puzzle 8: The Locked Arms

Clinician Theo Nash evaluates quadriplegia in Mr. Singh: high cervical, ventilator-dependent.

Possible next steps:

1. ASIA scoring.
2. Spine stabilization.
3. Autonomic monitoring.
4. Rehab planning.

Structured reasoning: Cord accuracy; efficiency; urgency dysreflexia; resources; outcomes; ethics quality life.

Puzzle 9: The Stormy Surge

Student Isla Mendes sees epilepsy in Ms. Patel: focal seizures, aura.

Possible hypotheses:

1. Temporal lobe.
2. Frontal.
3. Idiopathic generalized.
4. Post-traumatic.

Structured reasoning: Disorder accuracy; efficiency; urgency status; resources EEG; long-term control; ethics driving.

Puzzle 10: The Drooping Lid

Junior clinician Carlos Singh assesses myasthenia gravis in Mr. Alvarez: ptosis worse evening.

Possible next steps:

1. Ice pack test.
2. Edrophonium challenge.
3. AChR antibodies.
4. Thymoma CT.

Structured reasoning: Miscellaneous accuracy; efficiency; urgency crisis; resources; outcomes; ethics fatigue.

Answers for UNIT V

1. **Best hypothesis:** 1 – Proximal pattern; rhabdo urgency.
2. **Best next step:** 1 – Genetic confirm; family ethics.
3. **Best hypothesis:** 1 – Infant onset; respiratory urgency.
4. **Best next step:** 1 – Assess severity; functional outcomes.
5. **Best hypothesis:** 1 – Classic median; work ethics.
6. **Best next step:** 2 – Common deficiency; long-term prevention.
7. **Best hypothesis:** 1 – Spastic suggests upper; bladder dignity.
8. **Best next step:** 3 – Dysreflexia urgency; quality ethics.
9. **Best hypothesis:** 1 – Aura focal; driving ethics.
10. **Best next step:** 1 – Bedside efficiency; crisis urgency.