SNS COLLEGE OF PHYSIOTHERAPY
COIMBATORE-35

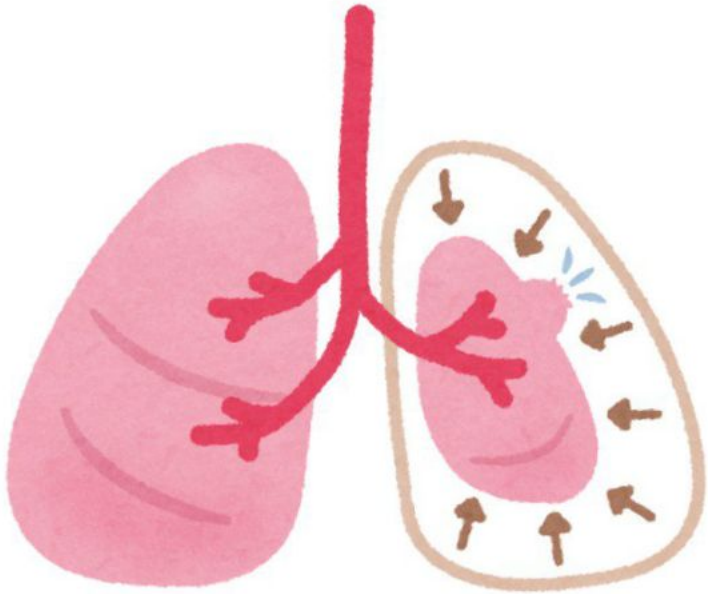
SUBJECT: CLINICAL CARDIOLOGY AND RESPIRATORY DISEASE

TOPIC:PNEUMOTHORAX

Empathize

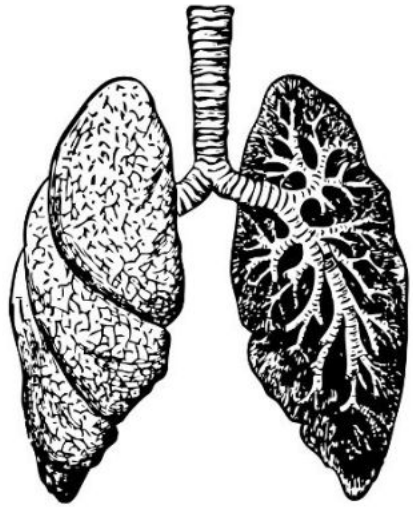
Patient: sudden sharp chest pain, breathlessness.

Anxiety: “I feel like my lung collapsed.”



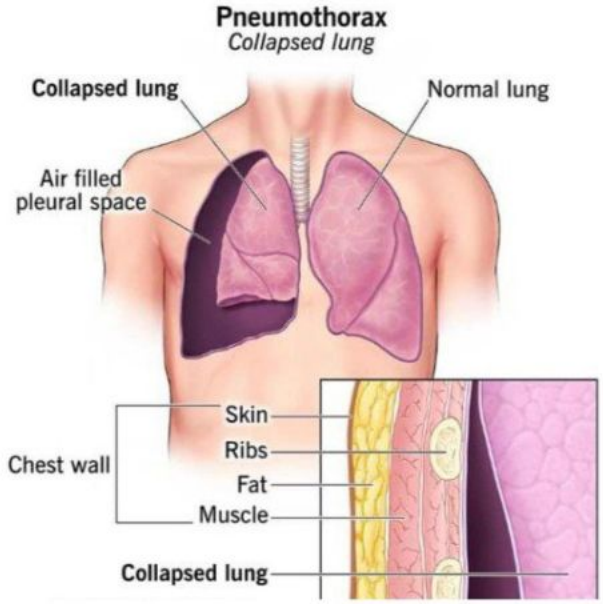
Ideate

- Air in pleural space → lung collapse.
- Types: spontaneous, traumatic, tension pneumothorax.



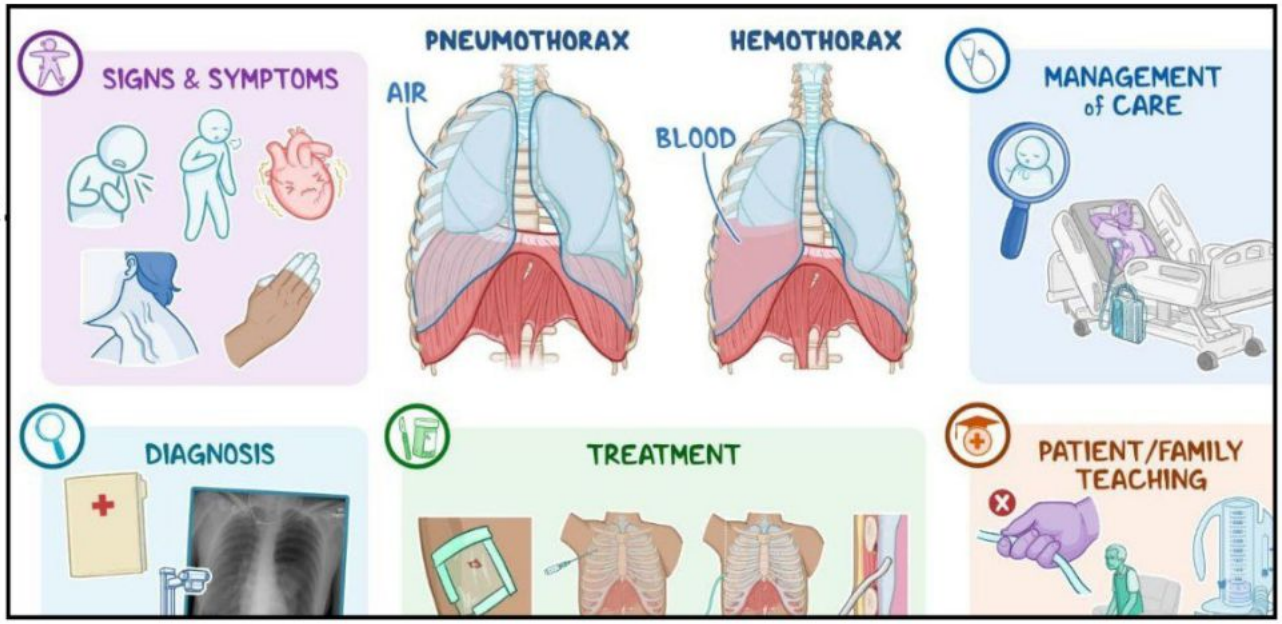
Define & Explain

- Pneumothorax: presence of air in pleural cavity causing partial or complete lung collapse.



Clinical Features

- Sudden dyspnea.
- Sharp pleuritic chest pain.
- Anxiety, tachypnea.



Respiratory Findings

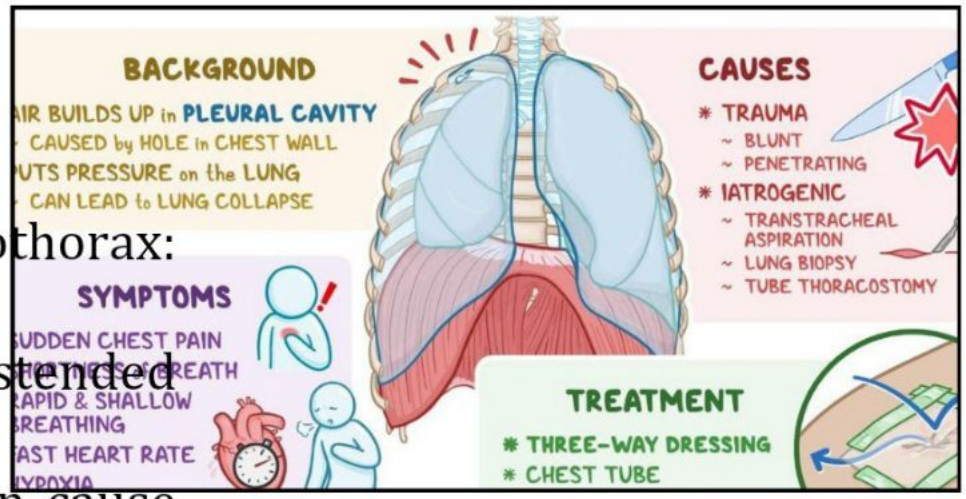
Asymmetrical chest expansion.

Hyperresonance on percussion.

Absent breath sounds on affected side.

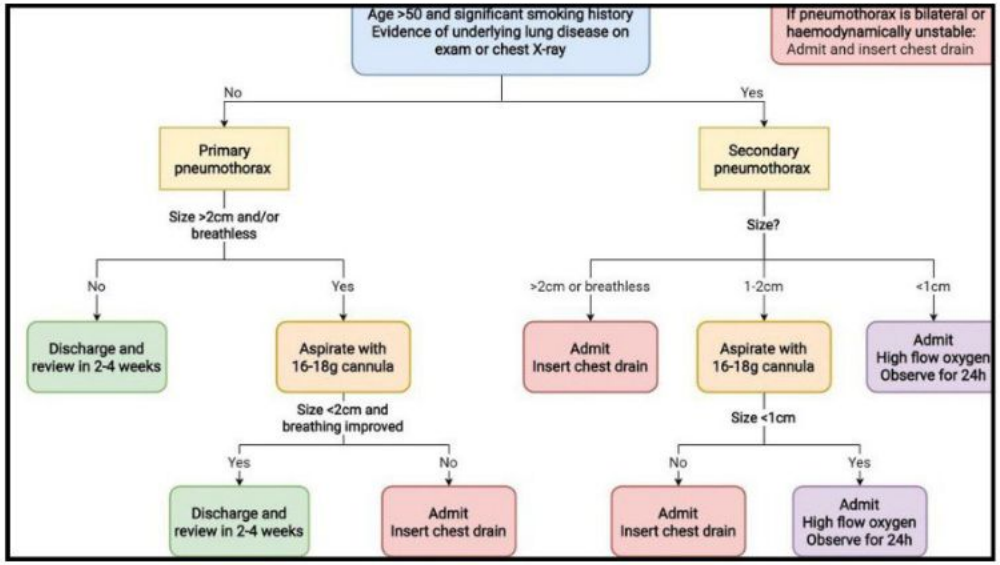
Cardio Considerations

- In tension pneumothorax:
- Hypotension, tachycardia. Distended
- neck veins. Tracheal shift. Can cause
- cardiac arrest if untreated.



Flow Chart (Roadmap)

Air enters pleural cavity
↓
Lung collapse
↓
Reduced ventilation
↓
Hypoxemia
↓
Increased intrathoracic pressure
↓
Cardiac compromise (tension pneumothorax)



MCQs

Q1. Pneumothorax is defined as: a) Air in pleural space b) Blood in pleural space c) Pus in pleural space d) Fluid in pleura (Ans: a)

Q2. Common sign of pneumothorax: a) Dull percussion b) Hyperresonant percussion c) Normal breath sounds d) Pleural rub (Ans: b)

Q3. Tracheal deviation occurs in: a) Simple pneumothorax b) Tension pneumothorax c) Pleural effusion d) Asthma (Ans: b)

MCQs

Q4. Absent breath sounds are heard in: a) Pneumothorax b) Asthma c) COPD d) Bronchiectasis (Ans: a)

Q5. Immediate management of tension pneumothorax: a) IV fluids b) Needle decompression c) Antibiotics d) Oxygen only (Ans: b)

Q6. Risk factor for spontaneous pneumothorax: a) Tall thin young male b) Obesity c) Diabetes d) Hypertension (Ans: a)