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39	A	B	C	D	E

PRACTICE QUESTIONS

Saudi Commission for Health Specialties (SCFHS)

PHYSP

Physiotherapy

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Saudi Commission for Health Specialties (SCFHS) **PHYSP**, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, **PHYSP**
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

SINGLE CHOICE

A 45-year-old patient presents with right-sided lower back pain radiating to the posterior thigh that stops above the knee. Straight leg raise is limited to 70 degrees on the affected side and reproduces buttock pain, but there is no neurological deficit. Which classification best fits this presentation according to the McKenzie/mechanical diagnosis and therapy (MDT) framework?

- ☐ A Postural syndrome
- ☒ B Derangement syndrome with a relevant derangement
- ☐ C Dysfunction syndrome
- ☐ D Spinal stenosis with neurogenic claudication

ANSWER B

WHY In the MDT framework, a directional preference with peripheralization/centralization of symptoms and loss of range (limited SLR) with no neurological deficit is the hallmark of a derangement syndrome. Postural syndrome does not produce loss of range, dysfunction syndrome requires intermittent pain at end-range of a structurally impaired direction without acute response, and neurogenic claudication is typically bilateral with extension-provoked symptoms in older patients.

QUESTION 2

SINGLE CHOICE

In a patient post-ST-elevation myocardial infarction (STEMI) on day 3 of an inpatient cardiac rehabilitation program, which finding is an absolute contraindication to continuing the current session of aerobic exercise according to the ACSM guidelines?

- ☐ A Resting heart rate of 96 beats per minute
- ☐ B Blood pressure of 110/70 mmHg prior to exercise
- ☒ C Resting ST-segment depression of 2 mm on telemetry
- ☐ D Patient rating of perceived exertion (Borg 6-20) of 11 during warm-up

ANSWER C

WHY Significant ST-segment depression at rest (≥ 1 mm, especially 2 mm) is an absolute contraindication to exercise testing and training per ACSM, reflecting ongoing myocardial ischemia. Elevated resting HR alone is a relative consideration, the listed blood pressure is normal, and a Borg rating of 11 (fairly light) during warm-up is within an appropriate training zone.

QUESTION 3

SINGLE CHOICE

A patient 6 weeks post-stroke with right hemiparesis demonstrates palpable contraction of the right gluteus maximus but no visible movement during a bridge with the knee extended. Using the manual muscle testing (MRC) scale, what grade should be assigned?

- ☐ A 1/5
- ☒ B 2/5
- ☐ C 3/5
- ☐ D 4/5

ANSWER B

WHY On the MRC scale: 0 = no contraction; 1 = palpable contraction, no movement; 2 = movement with gravity eliminated; 3 = movement against gravity but not resistance; 4 = movement against some resistance; 5 = normal. A palpable contraction with no visible movement is grade 2/5 when the test position eliminates gravity (e.g., side-lying or hook-lying). Grade 3 would require visible movement through full available range against gravity.

QUESTION 4

SINGLE CHOICE

When prescribing a resistance training program for a healthy older adult (age 70) who is new to structured exercise, which initial intensity recommendation aligns with the ACSM position stand for progression?

- ☒ **A** 60% of 1-repetition maximum (1RM), 1 set of 8-12 repetitions
- ☐ **B** 80% of 1RM, 3 sets of 6-8 repetitions
- ☐ **C** 40% of 1RM, 3 sets of 15-20 repetitions
- ☐ **D** 90% of 1RM, 1 set of 3-5 repetitions

ANSWER A

WHY For novice older adults, ACSM recommends starting at 60-70% of 1RM for 1-2 sets of 8-12 repetitions, with gradual progression. Intensities above 80% are reserved for more advanced participants, very low loads with high repetitions are inefficient for strength gains in novices, and near-maximal loads (90%) are inappropriate and unsafe for beginners.

QUESTION 5

SINGLE CHOICE

A patient with a metallic implant at the site of proposed treatment requires interferential therapy. What is the most appropriate physiotherapist action?

- ☐ **A** Apply at the lowest available intensity for 5 minutes
- ☐ **B** Apply with bipolar technique to minimize current penetration
- ☒ **C** Avoid the modality and select an alternative
- ☐ **D** Apply only if the implant is titanium, which is non-ferromagnetic

ANSWER C

WHY Metallic implants in the treatment field are a recognized contraindication for most electrical stimulation modalities, including interferential therapy, because of potential concentration of current, heating, and unpredictable interaction. There is no intensity or electrode technique that reliably eliminates this risk, and basing clinical decision on the specific metal alloy is not supported by safety standards.

QUESTION 6

SINGLE CHOICE

During examination of a patient with shoulder pain, the physiotherapist elevates the patient's arm passively to 90 degrees of abduction and asks the patient to slowly lower it. The arm drops suddenly from approximately 90 degrees to the side. Which special test is positive?

- ☐ A Speed's test
- ☒ B Drop arm (Codman's) test
- ☐ C Yergason's test
- ☐ D Hawkins-Kennedy impingement test

ANSWER B

WHY The drop arm (Codman's) test is positive when the patient is unable to control the descent of the arm from an abducted position, indicating a full-thickness rotator cuff tear, typically involving the supraspinatus. Speed's test targets biceps tendon pathology, Yergason's tests for biceps tendon instability in the bicipital groove, and Hawkins-Kennedy assesses subacromial impingement.

QUESTION 7

SINGLE CHOICE

A 4-month-old infant is referred for delayed motor milestones. On assessment, the infant shows persistent fisting of the hands, exaggerated startle response, and increased extensor tone in the lower limbs when held in vertical suspension. These findings most consistent with what type of cerebral palsy classification by tone and distribution?

- ☐ A Spastic diplegia
- ☒ B Spastic quadriplegia
- ☐ C Dyskinetic (athetoid) cerebral palsy
- ☐ D Ataxic cerebral palsy

ANSWER B

WHY Persistent fisting, hyperactive startle, and increased extensor tone in the lower limbs in a young infant with early global features suggests widespread involvement, consistent with spastic quadriplegia (all four limbs and often trunk). Spastic diplegia in early infancy usually presents with predominantly lower-extremity signs, dyskinetic forms show variable tone with involuntary movements rather than spasticity, and ataxic CP presents with disordered coordination.

QUESTION 8

SINGLE CHOICE

According to the Saudi Commission for Health Specialties (SCFHS) scope of practice for physiotherapy, which activity falls within the physiotherapist's autonomous responsibility?

- ☐ A Independently ordering MRI imaging for suspected rotator cuff tear
- ☐ B Autonomously prescribing non-steroidal anti-inflammatory medications
- ☒ C Independently performing clinical assessment, diagnosis, and formulating a treatment plan within scope
- ☐ D Issuing a medical sick leave certificate for an acute lumbar disc herniation

ANSWER C

WHY Within the SCFHS scope of practice, physiotherapists are authorized to perform clinical assessment, formulate a physiotherapy diagnosis, and develop a plan of care within their defined scope. Ordering MRI, prescribing medications, and issuing medical sick leave certificates are outside physiotherapy scope and require a physician.

QUESTION 9

MULTIPLE CHOICE

Which of the following are considered standardized, region-specific, patient-reported outcome measures commonly used in musculoskeletal physiotherapy? (Choose two.)

- ☒ A Oswestry Disability Index (ODI)
- ☐ B Numeric Pain Rating Scale (NPRS)
- ☒ C Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC)
- ☐ D Mini-Mental State Examination (MMSE)
- ☐ E Barthel Index

ANSWER A - C

WHY The ODI is a region-specific measure for low back pain/disability and the WOMAC is a region/disease-specific measure for hip and knee osteoarthritis. NPRS is a generic (not region-specific) pain measure, MMSE assesses cognition, and Barthel Index measures activities of daily living without regional specificity.