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PRACTICE QUESTIONS

State of Qatar Department of Healthcare Professions (DHP) Ministry of Public Health (MOPH)

PHYSP

Physiotherapist

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for State of Qatar Department of Healthcare Professions (DHP) Ministry of Public Health (MOPH) **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

MULTIPLE CHOICE

Under the Qatar DHP/MOPH scope of practice for physiotherapists, which of the following activities are within the licensed physiotherapist's professional responsibility? (Choose two.)

- ☒ **A** Performing a systems review, history taking, and physical examination to establish a clinical impression
- ☐ **B** Issuing a medical diagnosis of a specific musculoskeletal pathology such as a rotator cuff tear
- ☒ **C** Designing and progressing an individualized therapeutic exercise program based on assessment findings
- ☐ **D** Independently prescribing pharmacological agents for pain management without a physician referral

ANSWER A - C

WHY Within the DHP/MOPH scope of practice, physiotherapists are responsible for clinical assessment (history, systems review, physical examination) and the design/delivery of individualized therapeutic exercise programs. Issuing a medical diagnosis and independently prescribing medication are medical acts outside the physiotherapy scope in Qatar.

QUESTION 2

MULTIPLE CHOICE

A physiotherapist is considering transcutaneous electrical nerve stimulation (TENS) for a patient with acute post-operative pain who has an implanted cardiac demand pacemaker. Which of the following actions are appropriate? (Choose two.)

- ☐ A Proceed with conventional TENS as it has no contraindications for any patient
- ☒ B Avoid TENS and select an alternative non-electrical modality such as cryotherapy
- ☒ C Obtain written medical clearance from the patient's cardiologist before any electrical modality use
- ☐ D Apply TENS only over the contralateral limb as a universal safe approach

ANSWER B • C

WHY TENS and other electrical modalities are contraindicated over or near an implanted cardiac pacemaker/ICD due to risk of interference with the device. The physiotherapist should either avoid the electrical modality in favor of an alternative (e.g., cryotherapy) and/or obtain explicit medical clearance from the cardiologist before proceeding.

QUESTION 3

SINGLE CHOICE

Which clinical scenario represents an absolute contraindication to cervical spine mobilization/manipulation performed by a physiotherapist?

- ☐ A Patient reports a dull, non-reproducible ache at the end-range of cervical rotation
- ☐ B Patient has a recent history of dizziness reproduced by the Dix-Hallpike maneuver
- ☒ C Patient demonstrates positive sharp-Purser test indicating upper cervical ligamentous laxity
- ☐ D Patient presents with postural neck pain and reduced lower cervical extension

ANSWER C

WHY A positive sharp-Purser test suggests transverse ligament insufficiency, which is an absolute contraindication to cervical mobilization/manipulation due to risk of serious neurological or vascular injury. Non-reproducible ache, positional dizziness from BPPV (a vestibular, not cervical ligament issue), and postural pain are not absolute contraindications.

QUESTION 4

SINGLE CHOICE

According to current clinical practice guidelines for chronic non-specific low back pain, which exercise approach has the strongest evidence for reducing pain and disability?

- ☐ A Passive lumbar traction as a stand-alone treatment
- ☐ B Generalized, non-individualized bed rest for 2 weeks
- ☒ C Individualized, supervised exercise program combined with education
- ☐ D Long-term use of a lumbar corset during all waking hours

ANSWER C

WHY Current evidence-based guidelines (e.g., NICE, ACP) recommend individualized, supervised exercise combined with patient education for chronic non-specific low back pain. Bed rest, passive traction alone, and prolonged bracing are not recommended as primary interventions.

QUESTION 5

SINGLE CHOICE

A post-operative adult patient is at increased risk of retained secretions and atelectasis but is unable to cooperate with an active cycle of breathing technique. Which physiotherapy intervention is most appropriate as a first-line strategy?

- ☐ A Forced expiratory technique with huff
- ☐ B Autogenic drainage in the sitting position
- ☒ C Positioning, early mobilization, and assisted deep breathing with incentive spirometry
- ☐ D Maximal inspiratory muscle training against an external load

ANSWER C

WHY When a patient cannot cooperate with active techniques, positioning, early mobilization, and assisted deep breathing supported by incentive spirometry are appropriate first-line respiratory physiotherapy strategies. Active techniques like FET/huff and autogenic drainage require patient cooperation, and inspiratory muscle training is not a secretion-clearance technique.

QUESTION 6

SINGLE CHOICE

Which finding during the initial assessment of a patient presenting with low back pain should prompt the physiotherapist to refer urgently for further medical evaluation?

- ☐ A Central low back pain that worsens at the end of the working day
- ☐ B Unilateral leg pain reproduced by a straight leg raise at 70 degrees
- ☒ C Saddle anesthesia with urinary retention and decreased anal tone
- ☐ D Asymmetric hip range of motion with positive Trendelenburg sign

ANSWER C

WHY Saddle anesthesia with urinary retention and decreased anal tone are features of cauda equina syndrome, a surgical emergency requiring urgent medical referral. Mechanical low back pain, a positive straight leg raise at 70 degrees, and hip weakness with Trendelenburg sign are not red flags requiring urgent referral.

QUESTION 7

SINGLE CHOICE

Which statement best reflects current evidence-based principles of motor rehabilitation after stroke?

- ☐ A Compensatory strategies should be discouraged in all phases of recovery to force recovery of normal movement patterns
- ☒ B Task-specific, high-intensity, repetitive practice leads to better functional outcomes than generic rote exercise
- ☐ C Rehabilitation is most effective when delayed until neurological recovery has fully plateaued
- ☐ D Strength training of the unaffected side is the primary driver of functional recovery

ANSWER B

WHY Current stroke rehabilitation evidence supports task-specific, high-intensity, repetitive practice to drive neuroplastic recovery and functional gains. Compensatory strategies may be appropriate at certain stages, rehabilitation is most effective when started early, and strength training of the unaffected side does not drive recovery of the paretic limb.

QUESTION 8

SINGLE CHOICE

A physiotherapist wants to monitor change in functional mobility in an older adult receiving rehabilitation after a hip fracture. Which outcome measure is most appropriate to track change over time?

- ☐ A Numeric pain rating scale at rest
- ☐ B Visual analog scale for mood
- ☒ C Timed Up and Go (TUG) test
- ☐ D Manual muscle testing grade of the unaffected quadriceps

ANSWER C

WHY The Timed Up and Go (TUG) is a validated, reliable, and responsive measure of functional mobility in older adults, commonly used to track change following hip fracture rehabilitation. Pain scales, mood scales, and isolated strength testing of the unaffected limb do not adequately capture functional mobility change.

QUESTION 9

SINGLE CHOICE

A physiotherapist in Qatar wishes to share a patient's clinical record with another facility where the patient is being referred. What is the correct ethical and legal practice?

- ☐ A Send the full clinical file by unsecured email so the receiving clinician has all details
- ☐ B Share the record without consent if the physiotherapist believes it is in the patient's best interest
- ☒ C Obtain the patient's informed consent before disclosing identifiable clinical information to another party
- ☐ D Disclose the information only if the patient is a minor or legally incapacitated

ANSWER C

WHY Patient confidentiality is a core ethical and legal requirement in Qatar. Identifiable clinical information should only be shared with another party after obtaining the patient's informed consent, regardless of the recipient being another healthcare provider. Unsecured email transmission and disclosure without consent are inappropriate.