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Physiotherapy Secrets

Multiple Choice Questions



PP Mohanty
Monalisa Pattnaik

2nd Edition

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CHAPTER 11

Physiotherapy in Geriatric Care

1. The most common physiological change associated with aging is:
A. Increase in muscle mass
B. Decrease in bone density
C. Increase in lung compliance
D. Increase in nerve conduction velocity
Ans: B—Decrease in bone density: Aging leads to osteoporosis due to reduced bone mineral density, increasing fracture risk.

2. Sarcopenia refers to:
A. Loss of bone mass
B. Loss of joint cartilage
C. Loss of muscle mass and strength
D. Loss of sensory function
Ans: C—Loss of muscle mass and strength: Sarcopenia is a progressive, age-related decline in skeletal muscle mass and strength.

3. Which balance assessment tool is most commonly used in elderly individuals?
A. Barthel Index
B. Berg Balance Scale
C. Mini Mental State Examination
D. Oswestry Disability Index
Ans: B—Berg Balance Scale: Berg Balance Scale assesses static and dynamic balance and fall risk in older adults.

4. The most important risk factor for falls in the elderly is:
A. Visual impairment
B. Muscle weakness
C. Medication use
D. Cognitive impairment
Ans: B—Muscle weakness: Lower limb muscle weakness is the strongest modifiable risk factor for falls.

5. Forward head posture and thoracic kyphosis in elderly are mainly due to:
A. Increased disc hydration
B. Ligament laxity
C. Osteoporotic vertebral changes
D. Increased muscle flexibility
Ans: C—Osteoporotic vertebral changes: Vertebral compression fractures and degenerative changes lead to kyphotic posture.

6. The preferred exercise intensity for elderly individuals is:
A. High intensity anaerobic training
B. Maximal resistance training
C. Moderate intensity aerobic exercise
D. Passive movements only
Ans: C—Moderate intensity aerobic exercise: Moderate intensity exercises improve cardiovascular health with minimal risk.

7. Which condition is characterized by shuffling gait, rigidity, and postural instability in elderly?
A. Alzheimer's disease
B. Parkinson's disease
C. Stroke
D. Peripheral neuropathy
Ans: B—Parkinson's disease: Parkinson's disease presents with classical motor symptoms affecting gait and posture.

8. Best physiotherapy intervention to prevent osteoporosis in elderly is:
A. Passive stretching
B. Hydrotherapy only
C. Weight-bearing exercises
D. Electrotherapy

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Ans: C—Weight-bearing exercises: Weight-bearing and resistance exercises stimulate bone formation.

9. The Timed Up and Go (TUG) test assesses:
A. Muscle strength
B. Cardiopulmonary endurance
C. Functional mobility and fall risk
D. Cognitive function
Ans: C—Functional mobility and fall risk: TUG evaluates balance, gait speed, and functional mobility.

10. Age-related reduction in VO_2 max is primarily due to:
A. Increased lung elasticity
B. Reduced cardiac output
C. Increased hemoglobin
D. Increased mitochondrial activity
Ans: B— Reduced cardiac output: Decline in maximal cardiac output reduces aerobic capacity.

11. Which joint is most commonly affected by osteoarthritis in elderly?
A. Shoulder B. Hip
C. Knee D. Wrist
Ans: C—Knee: Knee joint bears body weight and undergoes degenerative changes most frequently.

12. A key goal of geriatric physiotherapy is to:
A. Cure aging
B. Prolong hospital stay
C. Improve functional independence
D. Avoid physical activity
Ans: C—Improve functional independence: The main aim is to enhance quality of life and independence in daily activities.

13. Which modality should be used cautiously in elderly due to reduced skin sensation?
A. Exercise therapy B. Ultrasound
C. Electrotherapy D. All of the above
Ans: D—All of the above: Reduced sensation and fragile skin increase risk of burns and injuries.

14. The best exercise to improve balance in elderly is:
A. Isometric exercises
B. Proprioceptive and balance training
C. Passive ROM exercises
D. Breathing exercises
Ans: B—Proprioceptive and balance training: Balance-specific exercises reduce fall risk effectively.

15. Frailty syndrome in elderly includes:
A. Increased strength and endurance
B. Weight gain and hyperactivity
C. Fatigue, weakness, and slow walking speed
D. Improved immunity
Ans: C—Fatigue, weakness, and slow walking speed: Frailty is a clinical syndrome indicating vulnerability and functional decline.

16. A 72-year-old male presents with repeated falls, difficulty rising from a chair, and reduced gait speed. Manual muscle testing reveals grade 3/5 strength in hip extensors. What should be the primary focus of physiotherapy?
A. Passive range of motion exercises
B. Balance training alone
C. Progressive resistance training of lower limbs
D. Electrotherapy for pain relief
Ans: C—Progressive resistance training of lower limbs: Lower-limb muscle weakness, particularly hip extensors, is a major contributor to falls and functional dependency. Progressive resistance training improves strength, mobility, and fall prevention.

17. A 68-year-old woman with osteoporosis presents with thoracic kyphosis and a history of vertebral compression fracture. Which exercise is contra-indicated?
A. Back extensor strengthening
B. Weight-bearing walking
C. Trunk flexion exercises
D. Postural correction exercises

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Ans: C—Trunk flexion exercises: Spinal flexion increases anterior vertebral loading and risk of further compression fractures in osteoporotic patients.

18. A 75-year-old patient with knee osteoarthritis reports pain during stair climbing. Quadriceps strength is reduced and crepitus is present. Which intervention is most appropriate initially?

A. High-velocity joint manipulation
B. Isometric quadriceps strengthening
C. Running and plyometric exercises
D. Prolonged bed rest

Ans: B— Isometric quadriceps strengthening: Isometric quadriceps strengthening reduces pain and improves joint stability without increasing joint stress.

19. A 70-year-old man with Parkinson's disease shows shuffling gait and freezing episodes. Which physiotherapy strategy would be most effective?

A. Passive stretching only
B. Visual and auditory cueing
C. Immobilization with braces
D. Strength training alone

Ans: B—Visual and auditory cueing: External cues bypass basal ganglia dysfunction, improving gait initiation and step length in Parkinson's disease.

20. A 74-year-old female with history of falls completes the timed up and go test in 16 seconds. What does this indicate?

A. Normal mobility
B. Excellent balance
C. Increased fall risk
D. Cognitive impairment

Ans: C—Increased fall risk: A TUG time >13.5 seconds indicates increased risk of falls in older adults.

21. An 80-year-old man with COPD complains of early fatigue during walking. What exercise prescription is most appropriate?

A. High-intensity continuous training
B. Interval training with rest periods
C. Bed rest and breathing exercises only
D. Isometric exercises exclusively

Ans: B—Interval training with rest periods: Interval training reduces dyspnea and allows higher total workload with better tolerance in elderly with cardiopulmonary disease.

22. A 73-year-old diabetic patient presents with decreased sensation in feet and poor balance. What is the most important physiotherapy consideration?

A. Aggressive manual therapy
B. Use of hot packs
C. Foot care education and balance training
D. Ignoring sensory loss

Ans: C—Foot care education and balance training: Peripheral neuropathy increases fall and injury risk; education and balance training are essential.

23. A frail 78-year-old woman is unable to perform ADLs independently. Which outcome measure best assesses functional independence?

A. Berg balance scale
B. Barthel index
C. MMSE
D. VAS

Ans: B—Barthel Index: It evaluates independence in basic ADLs such as feeding, bathing, and mobility.

24. A 69-year-old male complains of dizziness when standing up suddenly. Blood pressure drops significantly on standing. What should the physiotherapist suspect?

A. Vestibular dysfunction
B. Orthostatic hypotension
C. Stroke
D. Anxiety disorder

Ans: B—Orthostatic hypotension: Age-related autonomic dysfunction and medications often cause orthostatic hypotension.

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25. A 76-year-old female with hip fracture is in the postoperative phase. Which physiotherapy goal is most important initially?

A. Running and endurance training
B. Early mobilization and DVT prevention
C. High-resistance strengthening
D. Sports-specific training

Ans: B—Early mobilization reduces complications such as DVT, pneumonia, and pressure sores.

26. A 71-year-old man with chronic low back pain shows fear-avoidance behavior. What approach should the physiotherapist adopt?

A. Advise complete rest
B. Ignore psychological factors
C. Graded activity and reassurance
D. Only electrotherapy

Ans: C—Graded activity and reassurance: Fear-avoidance worsens disability; graded exposure improves confidence and function.

27. An elderly patient shows slow walking speed, unintentional weight loss, exhaustion, and low activity. This constellation indicates:

A. Normal aging B. Sarcopenia
C. Frailty syndrome D. Depression

Ans: C—Frailty syndrome: Frailty is a multidimensional syndrome associated with increased vulnerability and adverse outcomes.

28. A 79-year-old woman presents with recurrent falls. Findings include TUG = 18 sec., Berg Balance Scale = 38/56, Hip abductor strength = 3/5, Normal vision and cognition. Which intervention will produce the greatest reduction in fall risk?

A. Static balance exercises only
B. Hip abductor strengthening combined with dynamic balance training
C. Visual scanning exercises
D. Passive range of motion exercises

Ans: B—Hip abductor strengthening combined with dynamic balance training: Fall risk is multifactorial. Combining targeted muscle strengthening (hip abductors crucial for lateral stability) with dynamic balance training addresses both impairments, producing superior functional outcomes.

29. A 72-year-old man with severe knee osteoarthritis reports pain score 7/10 and quadriceps weakness. He is reluctant to exercise due to pain. Which strategy best facilitates long-term adherence and functional improvement?

A. Delay exercise until pain subsides completely
B. Begin with high-load resistance training
C. Initiate pain-free isometric exercises with education
D. Rely solely on electrotherapy

Ans: C—Initiate pain-free isometric exercises with education: Addressing pain, fear-avoidance, and self-efficacy through education and pain-free strengthening improves adherence and outcomes more than passive modalities.

30. An 80-year-old female with osteoporosis and kyphosis demonstrates reduced inspiratory capacity and poor endurance. Which intervention most effectively addresses both musculoskeletal and respiratory limitations?

A. Bed rest and breathing exercises
B. Trunk flexion exercises
C. Back extensor strengthening with thoracic expansion exercises
D. Cervical traction

Ans: C—Back extensor strengthening with thoracic expansion exercises: Improved spinal alignment enhances thoracic mobility and lung expansion while reducing fracture risk.

31. A 75-year-old Parkinson's disease patient freezes while turning and in narrow spaces despite adequate

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muscle strength. What does this most strongly indicate?

A. Primary muscle weakness
B. Vestibular dysfunction
C. Impaired motor planning and cue dependency
D. Cognitive decline

Ans: C—Impaired motor planning and cue dependency: Freezing is related to impaired basal ganglia motor sequencing; cue-based strategies directly target this deficit.

32. An elderly diabetic patient has decreased plantar sensation and demonstrates increased postural sway on foam surface. Which adaptation most effectively reduces fall risk?

A. Eyes-closed balance training
B. Emphasis on visual and vestibular cues during balance training
C. Hot water foot baths
D. Passive mobilization

Ans: B—Emphasis on visual and vestibular cues during balance training: When somatosensory input is impaired, rehabilitation should emphasize sensory substitution through vision and vestibular systems.

33. A frail 82-year-old woman with slow gait speed and exhaustion is hospitalized for deconditioning. Which outcome measure best captures clinically meaningful change?

A. Manual muscle testing
B. Goniometry
C. Gait speed (m/s)
D. Pain VAS

Ans: C—Gait speed (m/s): Gait speed is a powerful predictor of survival, frailty, and functional recovery, making it ideal for outcome evaluation.

34. A 70-year-old male with COPD and osteoporosis requires aerobic conditioning. Which mode of exercise is most appropriate?

A. Treadmill running
B. Cycle ergometry with interval protocol
C. Jump training
D. Prolonged unsupported standing

Ans: B—Cycle ergometry with interval protocol: Cycle ergometry reduces fall and fracture risk while allowing controlled cardiovascular loading.

35. A posthip fracture patient is medically stable but fearful of weight bearing. What is the most effective physiotherapy approach?

A. Avoid ambulation until pain-free
B. Graded exposure with assistive device and education
C. Passive exercises only
D. Discontinue therapy

Ans: B—Graded exposure with assistive device and education: Addressing psychological barriers through graded exposure restores confidence and mobility.

36. A 74-year-old man with chronic low back pain avoids activity despite minimal structural pathology. Which model best explains this behavior?

A. Biomedical model
B. Tissue injury model
C. Fear-avoidance model
D. Pathoanatomical model

Ans: C—Fear-avoidance model: Disability is driven more by fear and beliefs than tissue damage in chronic pain.

37. An elderly woman presents with dizziness on standing, multiple medications, and recent falls. What should be the physiotherapist's first action?

A. Vestibular rehabilitation
B. High-intensity balance training
C. Screen for orthostatic hypotension and refer
D. Ignore blood pressure changes

Ans: C—Screen for orthostatic hypotension and refer: Patient safety requires identification of medical red flags before initiating physical training.

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38. Which combination best reflects evidence-based geriatric exercise prescription?

A. Low load, high repetition, minimal progression
B. Moderate-to-high intensity resistance with gradual progression
C. Passive movements only
D. Aerobic training without strength work

Ans: B—Moderate-to-high intensity resistance with gradual progression: Older adults demonstrate significant strength and functional gains with appropriately dosed progressive overload.

39. A 78-year-old woman has sarcopenia and mild cognitive impairment. What is the most effective intervention strategy?

A. Complex unsupervised exercises
B. Dual-task training with strength exercises
C. Bed rest
D. Electrotherapy only

Ans: B—Dual-task training with strength exercises: Dual-task training improves motor and cognitive integration, enhancing real-world function.

40. Which factor most strongly predicts loss of independence in elderly?

A. Chronological age
B. Presence of disease
C. Muscle strength and mobility
D. Gender

Ans: C—Muscle strength and mobility: Functional capacity, not age or diagnosis alone, determines independence.

41. In geriatric rehabilitation, which principle most distinguishes it from adult rehabilitation?

A. Focus on pathology cure
B. Single-system treatment
C. Function-oriented, goal-based, multidisciplinary approach
D. Short-term intervention

Ans: C—Function-oriented, goal-based, multidisciplinary approach: Geriatric rehab emphasizes function, participation, and quality of life, requiring integrated care.

42. A 74-year-old woman with diagnosed osteoporosis presents with thoracic kyphosis and a recent vertebral compression fracture. She complains of back pain and reduced endurance. Which exercise is contraindicated?

A. Back extensor strengthening
B. Weight-bearing walking
C. Trunk flexion exercises
D. Postural correction exercises

Ans: C—Trunk flexion exercises: Trunk flexion increases anterior vertebral loading, raising fracture risk.

43. Which intervention best improves both posture and respiratory function in an elderly lady with thoracic kyphosis due to recent vertebral compression fracture?

A. Bed rest
B. Back extensor strengthening with thoracic expansion exercises
C. Passive stretching
D. Cervical traction

Ans: B—Back extensor strengthening with thoracic expansion exercises: Improved spinal alignment enhances lung expansion and reduces pain.

44. A 70-year-old male with bilateral knee osteoarthritis reports pain while climbing stairs. Quadriceps strength is 3+/5 and pain is 7/10 during activity. What should be the initial strengthening approach?

A. High-load resistance training
B. Isometric quadriceps exercises
C. Plyometric training
D. Avoid strengthening

Ans: B—Isometric quadriceps exercises: Isometric exercises reduce pain and improve activation without increasing joint stress.

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45. Which factor most influences long-term functional outcome in case of osteoarthritis of knee?
A. Radiographic severity
B. Age
C. Quadriceps strength
D. Gender
Ans: C—Quadriceps strength: Muscle strength correlates better with function than radiographic findings.

46. A 76-year-old man with Parkinson's disease experiences freezing during turning and narrow spaces. Strength is preserved, but gait is shuffling. The primary underlying problem is:
A. Muscle weakness
B. Vestibular dysfunction
C. Impaired motor planning
D. Joint stiffness
Ans: C—Impaired motor planning: Freezing reflects impaired basal ganglia motor sequencing rather than strength loss.

47. Which physiotherapy strategy is most effective in case of freezing in Parkinson's disease?
A. Passive stretching
B. Visual and auditory cueing
C. Immobilization
D. Bed rest
Ans: B—Visual and auditory cueing: External cues bypass defective motor pathways and improve gait initiation.

48. An 82-year-old woman presents with slow gait speed, fatigue, weight loss, and low physical activity. This clinical presentation most likely indicates:
A. Normal aging B. Sarcopenia
C. Frailty syndrome D. Depression
Ans: C—Frailty syndrome: Frailty is a multidimensional syndrome with systemic vulnerability.

49. A 79-year-old female, 3 days post-hip fracture surgery, is medically stable but fearful of mobilization. What is the most important immediate physiotherapy goal?
A. High-resistance strengthening
B. Early mobilization and DVT prevention
C. Sports training
D. Complete rest
Ans: B—Early mobilization and DVT prevention: Early mobilization prevents complications and accelerates recovery.

50. Which approach best addresses fear of movement in geriatrics population?
A. Avoid weight bearing
B. Graded exposure with assistive devices
C. Passive exercises only
D. Ignore fear
Ans: B—Graded exposure with assistive devices: Graded exposure reduces fear-avoidance and restores confidence.

51. A frail elderly patient is undergoing rehabilitation for generalized deconditioning. Which outcome measure best reflects clinically meaningful change?
A. Range of motion
B. Pain Visual Analog Scale
C. Gait speed
D. Manual muscle testing
Ans: C—Gait speed: Gait speed is a validated predictor of mortality, hospitalization, and functional independence in older adults.

52. A 79-year-old woman is medically stable on day 3 following hip fracture surgery. What is the primary physiotherapy goal?
A. High-intensity resistance training
B. Early mobilization and prevention of complications
C. Sports-specific conditioning
D. Complete rest
Ans: B—Early mobilization and prevention of complications: Early mobilization reduces the risk of deep vein thrombosis,

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pneumonia, pressure injuries, and functional decline.

53. Which exercise prescription is most evidence-based for older adults?

A. Low-intensity exercise without progression
B. Moderate-to-high intensity resistance training with gradual progression
C. Passive modalities only
D. Aerobic training without strength work

Ans: B—Moderate-to-high intensity resistance training with gradual progression: Progressive resistance training improves strength, mobility, and independence even in very old adults.

54. A Timed Up and Go (TUG) score of >13.5 seconds in older adults indicates:

A. Normal mobility
B. Mild disability
C. Increased fall risk
D. Cognitive decline

Ans: C—Increased fall risk: The TUG integrates sit-to-stand, walking, turning, and sitting. Prolonged completion time reflects impaired mobility and balance control, which are strongly associated with increased fall risk.

55. Which muscle group contributes most to frontal plane stability during gait in elderly individuals?

A. Quadriceps
B. Hip abductors
C. Hamstrings
D. Gastrocnemius

Ans: B—Hip abductors: Hip abductors control pelvic drop during single-limb stance. Weakness leads to lateral instability, compensatory trunk lean, and increased fall risk.

56. The most important modifiable risk factor for falls in older adults is:

A. Age
B. Gender
C. Muscle weakness
D. Living alone

Ans: C—Muscle weakness: Age and gender are non-modifiable. Muscle weakness, particularly in lower limbs, is the strongest modifiable contributor to falls and is responsive to exercise-based interventions.

57. Which outcome measure best reflects functional mobility and fall risk?

A. Barthel Index
B. Berg Balance Scale
C. Timed Up and Go
D. MMSE

Ans: C—Timed Up and Go: The TUG directly measures functional mobility relevant to daily activities and correlates well with fall risk, unlike impairment-only or cognition-focused measures.

58. In an elderly patient with osteoporosis and vertebral compression fracture, which exercise is contraindicated?

A. Back extensor strengthening
B. Walking
C. Trunk flexion exercises
D. Postural correction exercises

Ans: C—Trunk flexion exercises: Spinal flexion increases anterior vertebral loading, significantly raising the risk of further compression fractures in osteoporotic spines.

59. Thoracic kyphosis in elderly most commonly results from:

A. Ligament laxity
B. Disc herniation
C. Vertebral compression fractures
D. Muscle spasm

Ans: C—Vertebral compression fractures: Osteoporotic vertebral wedging and compression fractures alter spinal alignment, leading to progressive thoracic kyphosis.

60. Which intervention improves both posture and respiratory capacity in osteoporotic elderly?

A. Bed rest
B. Trunk flexion exercises

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C. Back extensor strengthening with thoracic expansion exercises
D. Cervical traction
Ans: C—Back extensor strengthening with thoracic expansion exercises: Improved spinal extension enhances thoracic cage mobility, facilitating lung expansion and improving respiratory efficiency.

61. In knee osteoarthritis, which factor most strongly predicts functional limitation?
A. Radiographic severity
B. Age
C. Quadriceps strength
D. Pain duration
Ans: C—Quadriceps strength: Functional performance correlates more strongly with muscle strength than with radiographic findings, which often poorly reflect symptoms.

62. Initial strengthening in painful knee osteoarthritis should emphasize:
A. High-velocity exercises
B. Isometric quadriceps exercises
C. Plyometrics
D. Running
Ans: B—Isometric quadriceps exercises: Isometric exercises reduce pain and improve neuromuscular activation without increasing joint compression, making them suitable in painful stages.

63. Which strategy most improves long-term adherence in elderly patients with knee OA?
A. Passive modalities alone
B. Education with graded exercise
C. Rest until pain resolves
D. Immobilization
Ans: B—Education with graded exercise: Education reduces fear-avoidance, while graded exercise builds confidence and self-efficacy, improving long-term participation.

64. Freezing of gait in Parkinson's disease is primarily due to:
A. Muscle weakness
B. Vestibular dysfunction
C. Impaired motor planning
D. Joint stiffness
Ans: C—Impaired motor planning: Basal ganglia dysfunction disrupts internal cueing and motor sequencing, causing episodic freezing despite preserved strength.

65. The most effective physiotherapy strategy for freezing of gait is:
A. Passive stretching
B. Visual and auditory cueing
C. Immobilization
D. Strength training alone
Ans: B—Visual and auditory cueing: External cues bypass defective internal motor pathways, improving step initiation and gait rhythm.

66. Dual-task training in elderly primarily improves:
A. Joint range of motion
B. Muscle hypertrophy
C. Cognitive-motor integration
D. Pain modulation
Ans: C—Cognitive-motor integration: Dual-task training enhances the ability to perform motor tasks while processing cognitive demands, reflecting real-world function.

67. Frailty is best defined as:
A. Normal aging
B. Single-system disease
C. Multidimensional vulnerability syndrome
D. Depression
Ans: C—Multidimensional vulnerability syndrome: Frailty reflects cumulative declines across multiple systems, leading to reduced physiological reserve and increased vulnerability.

68. Which sign most reliably indicates frailty?
A. Hypertension
B. Slow gait speed

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C. Joint pain
D. Visual impairment
Ans: B—Slow gait speed: Slow gait speed reflects global decline in strength, balance, and endurance and is a strong predictor of adverse outcomes.

69. Primary physiotherapy intervention for sarcopenia is:
A. Passive ROM
B. Aerobic training alone
C. Progressive resistance training
D. Electrotherapy
Ans: C—Progressive resistance training: Resistance training directly addresses muscle mass and strength loss, the core pathology of sarcopenia.

70. The best single predictor of mortality and functional decline in older adults is:
A. Age B. Diagnosis
C. Gait speed D. BMI
Ans: C—Gait speed: Gait speed integrates multiple physiological systems and reliably predicts survival, hospitalization, and independence.

71. Most appropriate aerobic training for elderly with COPD and osteoporosis:
A. Treadmill running
B. Cycle ergometry with interval protocol
C. Jump training
D. Unsupported standing
Ans: B—Cycle ergometry with interval protocol: Cycle ergometry reduces impact and fall risk while allowing controlled cardiovascular loading and symptom-limited exercise.

72. Interval training is preferred in elderly because it:
A. Eliminates fatigue
B. Allows higher total workload with better tolerance
C. Avoids cardiovascular stress
D. Requires no supervision
Ans: B—Allows higher total workload with better tolerance: Alternating work and rest reduces dyspnea and fatigue, enabling greater overall training volume.

73. Primary physiotherapy goal on day 3 after hip fracture surgery:
A. Maximal strengthening
B. Early mobilization and prevention of complications
C. Sports conditioning
D. Complete rest
Ans: B—Early mobilization and prevention of complications: Early mobilization prevents secondary complications such as DVT, pneumonia, pressure injuries, and deconditioning.

74. Fear of movement after hip fracture is best addressed by:
A. Avoiding weight bearing
B. Graded exposure with assistive devices
C. Passive exercises only
D. Delaying mobilization
Ans: B—Graded exposure with assistive devices: Graded exposure reduces fear-avoidance behavior while safely restoring confidence and mobility.

75. Best outcome measure for independence in basic ADLs:
A. Berg balance Scale
B. Barthel Index
C. VAS
D. MMSE
Ans: B—Barthel Index: The Barthel Index directly measures independence in self-care and mobility tasks essential for daily living.

76. Key principle distinguishing geriatric rehabilitation from adult rehabilitation:
A. Disease-oriented care
B. Function-oriented, goal-based approach
C. Single-system treatment
D. Short-term intervention

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Ans: B—Function-oriented, goal-based approach: Geriatric rehabilitation prioritizes functional ability and participation rather than disease cure alone.

77. Which modality requires extra caution in elderly due to skin fragility and sensory loss?

A. Exercise therapy
B. Manual therapy
C. Electrotherapy
D. Education

Ans: C—Electrotherapy: Reduced skin integrity and sensation increase the risk of burns and tissue injury during electrotherapy.

78. Best balance strategy for elderly with diabetic neuropathy:

A. Eyes-closed training
B. Sensory substitution using vision and vestibular cues
C. Heat therapy
D. Passive mobilization

Ans: B—Sensory substitution using vision and vestibular cues: When somatosensory input is impaired, balance training should enhance reliance on intact sensory systems.

79. Evidence-based exercise prescription for older adults includes:

A. Low intensity without progression
B. Moderate-to-high intensity with gradual progression
C. Passive modalities only
D. Aerobic training without strength work

Ans: B—Moderate-to-high intensity with gradual progression: Progressive overload is necessary to stimulate physiological adaptation, even in advanced age.

80. Which factor most predicts loss of independence in elderly?

A. Chronological age
B. Gender
C. Muscle strength and mobility
D. Diagnosis

Ans: C—Muscle strength and mobility: Functional capacity, not age or diagnosis, determines independence in daily life.

81. Prolonged bed rest in elderly most rapidly leads to:

A. Increased flexibility
B. Muscle hypertrophy
C. Deconditioning
D. Improved balance

Ans: C—Deconditioning: Elderly individuals experience rapid loss of strength, endurance, and cardiovascular capacity during inactivity.

82. The primary goal of geriatric physiotherapy is to:

A. Cure disease
B. Increase lifespan
C. Improve functional independence and quality of life
D. Prevent ageing

Ans: C—Improve functional independence and quality of life: Physiotherapy focuses on optimizing functional ability, participation, and quality of life despite chronic conditions.

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