ST MARY’S UNIVERSITY

**TWICKENHAM LONDON**

BA/BA(ITT)/BSc Degree Examination students registered for

Level **SEVEN**

Title: **Management of Common Neuromusculoskeletal Conditions**

Code: **PHP7005**

Semester: **RE-SIT**

Date: **1st July 2019**

Time: **09:30-10:30 AM**

TIME ALLOWED: **ONE** HOUR

**Section 1:** Please select **2 out of the 3 essay questions**, each worth 10 marks, and write your essays in the answer book provided (20 marks). This exam is worth 20% of your final mark for PHP 7005. You have 1 hour to write both essays. Make sure you explain your reasoning behind your interventions and support your approach to management from the evidence base.

**Long answer questions.**

**Please answer 2 out of 3 questions in the booklet provided.**

1. A 60-year-old man who plays tennis every weekend presents with 6 weeks history of recurrent right medial calf pain. He felt it strain initially when he ran for a low ball. He stopped and rested it for 2 weeks then gradually resumed playing. Last week he overstretched for a ball and felt it pull again (symptoms are medial side still but also more central). He is struggling to walk as it hurts.

He doesn’t have any neurological symptoms, but he is a known type II diabetic for the last 10 years. Explain how would you manage him initially and subsequently progress his management to help him return to tennis. Justify your approach and clinical reasoning with knowledge of the disease process and current evidence base. (10 marks)

1. A 25-year-old man presents with neck pain and ‘whiplash’ 5 weeks after he was involved in a car accident. He was shunted from behind whilst stationary at a roundabout. He did not hit his head or lose consciousness because of the accident. He initially thought he was okay, but the next day the neck was very stiff and very painful. He went to A & E and was examined although an XR was not done.

He has become increasingly concerned because his pain and stiffness are not resolving. He is waking up at night, as he cannot find a comfortable position. He was working initially, but his neck pain is really getting him down and the GP has signed him off for two weeks. He has no pins and needles or numbness, and no bladder or bowel symptoms and is usually fit and well. He has not been able to play football and feeling very frustrated. He is convinced something very bad is going on in his neck. Explain how would you manage him initially, and subsequently progress his management to help him return to normal ADLs and football. Justify your approach and clinical reasoning using current evidence base and relevant clinical guidelines. (10 marks)

1. A 56-year-old woman presents to you with a 3-week exacerbation of her known bilateral rheumatoid arthritis (RA) of the wrists and hands, right worse than left.

She was diagnosed 5 years ago. She generally manages well and works as a Personal Assistant (PA) in a media company. She felt her symptoms gradually come on over a few days – she had been feeling very run down with a cold that went around the office. Her hands are painful and stiff on waking for about 2 hours and waking her up at night. She is struggling with ADLs – especially using a fork and knife, doing up her buttons, and holding a cup of tea. She is on her usual medication for RA and her GP has increased her dose but her symptoms remained unchanged. Explain how you would manage her initially and subsequently progress her management to help her return to normal ADLs? Justify your approach and clinical reasoning with knowledge of the disease process and current evidence base. (10 marks)

**END OF EXAMINATION**