ST MARY’S UNIVERSITY

TWICKENHAM, LONDON

BA/BSc Degree Examination students registered for

Level **SEVEN**

Title: **Management of Common Neuromusculoskeletal Conditions**

Code: **PHP 7005**

Semester: **TWO**

Date: **May 13th 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. The patient is a 50 year old keen, male squash player who presents with a 4 week history of right TA tendinopathy. It came on gradually and has been getting worse. He is now no longer able to play due to pain and has been resting it for the last 2 weeks. He played again yesterday and had to stop again due to pain, which is localised over his achilles tendon and hurts with all dynamic loading. On examination you notice a thickened tendon with a painful lump mid tendon on palpation 2cm superior to the insertion. Explain how you would manage him initially and subsequently progress his management to help him return to squash. Justify your approach and why you would use this approach over the others available. Support your answers with current evidence base. (10 marks)
2. A 67 year old man presents 4 weeks post sudden onset of LBP. He was gardening and felt a bit stiff over the weekend and then 4 days later he bent to put on his socks and he was unable to move. It has freed up a bit now and he is able to move around the house but he is struggling with pain with most movements, especially flexion and cannot get his socks or trousers on unaided. He had no pins and needles or numbness, and no bladder or bowel symptoms and is usually fit and well (he takes BP medication). He has had an intermittent history of back pain that usually resolves within a week or two and been previously diagnosed with lumbar spondylosis affecting L5 and L4 facet joints. He has now had his symptoms for 4 weeks and is starting to feel quite low and depressed. He has been laying in his bed or on the floor to relieve his pain and has not been able to do his usual activities of rambling and playing tennis. Explain how would you manage him initially and subsequently progress his management to help him return to normal ADLs, walking and tennis. Justify your approach and clinical reasoning using current evidence base, and relevant guidelines. (10 marks)
3. A 45 year old woman presents to you with known osteoarthritis of her Left knee. She generally manages well and works as an accountant in addition to managing her family and 2 children. She does the park run most weekends and Pilates once a week. She was on holiday 3 weeks ago and must have irritated her knee whilst walking around Venice as it has swollen and become very painful. It is painful at night and stiff on waking for 30 minutes. She has not been able to run and cannot go upstairs because of the pain. She is taking anti-inflammatory drugs which are helping but she is worried about her knee and has been resting it. She is fit and well normally but is really concerned her knee will limit her and is anxious that she will need a knee replacement. Explain how would you manage her initially and subsequently progress her management to help her return to normal ADLs, running and Pilates. Justify your approach and clinical reasoning using the knowledge of the disease process and current evidence base. (10 marks)

**END OF EXAMINATION**