

**Australasian Faculty of Rehabilitation Medicine  
Sample (General and Paediatric) Questions  
Fellowship Written Examination MCQ Paper**

- 1. A 50 year old man sustains an uncomplicated myocardial infarction. During the last part of the hospital stay, he is doing all his own self care, including showering and shaving, without symptoms. Upon discharge to his home, he should:**

  - A be permitted activities of no higher than 2 METS
  - B abstain from sexual activity
  - C not be permitted walking at 2 miles per hour
  - D be encouraged to perform activities of 3 to 4 METS
  
- 2. Your Hospital Administrator has asked you to develop a Chronic Low Back Pain Program for injured workers utilizing the best quality available evidence. Which of the following is most true?**

  - A There is strong evidence that loss of cardiovascular capacity prevents a return to work (RTW)
  - B Attitudes of care givers has little role to play in successful return to work (RTW).
  - C There is strong evidence to support the use of advice to remain active.
  - D Multidisciplinary back training does not have a positive effect on work participation.
  
- 3. A 52 year old male is referred to you with Guillain-Barre syndrome. Symptoms started one week ago, with symptoms still progressing. He is now unable to walk or manage at home, so you arrange admission to hospital. At this stage, it would be most appropriate to treat him with**

  - A Oral corticosteroids
  - B Supportive care
  - C A falls prevention programme
  - D Intravenous immunoglobulin

4. **The most limited motion in the lumbar spine is**
- A flexion
  - B lateral bending
  - C rotation
  - D extension
5. **A high Q angle of the patella is often associated with**
- A varus deformities of the knee
  - B osteonecrosis of the tibial plateau
  - C a low-riding patella (patella infra)
  - D recurrent subluxation of the patella
6. **Common clinical features of the lateral medullary (Wallenberg) syndrome are**
- A hemiparesis, aphasia, and facial weakness
  - B dysarthria, dysphagia, and diplopia
  - C facial weakness, hemineglect, and hemiataxia
  - D hemianaesthesia, ataxia, and dysphagia
7. **You are asked to manage the rehabilitation of a 75 year old man who has suffered an infarctive cerebrovascular accident in the territory of the middle cerebral artery. The patient is complaining of stiffness and pain in the right forearm and is having difficulty with hand function. On clinical examination you note spasticity in the right upper limb. The typical pattern of upper limb spasticity in this setting is**
- A shoulder adduction, internal rotation, elbow flexion and pronation, wrist and finger flexion with thumb adduction
  - B shoulder adduction, external rotation, elbow flexion and pronation, wrist and finger flexion with thumb adduction
  - C shoulder adduction, internal rotation, elbow flexion and pronation, wrist and finger flexion with thumb abduction
  - D shoulder adduction, internal rotation, elbow flexion and supination, wrist and finger flexion with thumb abduction

**8. Patients who suffer stroke are at higher risk of another stroke than the general population. Which of the following is true regarding prognosis for patients following an ischaemic cerebrovascular event?**

- A A coronary event is an unlikely cause of death
- B The annual risk of recurrent stroke is highest within the first year after stroke
- C Age is a poor predictor of death after stroke
- D Lacunar syndromes have the same life expectancy as partial anterior circulation infarct (PACI) syndromes

**9. Which of the following is correct regarding the nerve supply to the bladder**

- A parasympathetics from L2-L4 are motor to the detrusor via the presacral nerves
- B sympathetics from the sacral plexus are motor to the bladder neck via the presacral nerves
- C somatics from L2-L4 are motor to the pelvic floor via the pudendal nerve
- D the vesical plexus contains parasympathetic fibres which are inhibitory to the detrusor and arise from the L4 segment
- E sympathetics from T10-L2 are motor to the bladder neck via the inferior hypogastric plexus

**10. In a child with myelomeningocele, at which lower limit of normal innervation will the rate of hip dislocation be the highest?**

- A T-12 or higher
- B L-1
- C L-2
- D L-4
- E L-5

## ANSWERS TO SAMPLE QUESTIONS (MCQ Paper)

### QUESTION ANSWER

1	D
2	C
3	D
4	C
5	D
6	D
7	A
8	B
9	E
10	D