

UNIVERSITY COLLEGE LONDON

University of London

EXAMINATION FOR INTERNAL STUDENTS

For The Following Qualification:–

B.Sc.

Health Sciences HSC34: Theory of Podiatric Medicine (III)

COURSE CODE : HESC0034

UNIT VALUE : 1.00

DATE : 23-APR-04

TIME : 10.00

TIME ALLOWED : 3 Hours

**Health Sciences HSC34: THEORY OF PODIATRIC MEDICINE (III)
April 2004**

Time Allowed: 3 hours

INSTRUCTIONS TO CANDIDATES: PLEASE:

- ANSWER **FIVE** OUT OF THE FOLLOWING **SEVEN** QUESTIONS
- EACH QUESTION MUST BE STARTED IN A NEW ANSWER BOOKLET
- WRITE THE QUESTION NUMBER ON THE ANSWER BOOKLET
- WRITE YOUR CANDIDATE NUMBER ON EACH SHEET

- 1** Juvenile hallux abductovalgus differs from the adult condition.
Name the four features which are commonly noted in the juvenile foot that are thought to be etiological factors of hallux abducto valgus. Describe how each feature may cause juvenile hallux abductovalgus. (12)

Describe the management plan for a child presenting with mild, asymptomatic juvenile hallux abductovalgus deformity, detailing any orthotic intervention required. (8)

- 2** A 27 year old distance runner is referred to the podiatrist via his GP. He complains of gradually worsening medial knee pain, which is hampering his training. He can think of no traumatic incident. He complains of tenderness of the patella, occasional swelling, pain when going downstairs and after prolonged sitting. Clarke's test is positive. Anterior drawer and McMurray's tests are both negative.
- a) What is the diagnosis? (2)
- b) Describe the main aetiologies of this condition. (8)
- c) Discuss the management of this condition. (10)
- 3** Discuss the assessment of the motor system in a patient with a suspected neurological pathology. (15)
- What findings would be evident in a patient with a lower motor lesion. (5)

TURN OVER

- 4** Describe the clinical signs and symptoms of rheumatoid arthritis. (5)
- Discuss the conservative management of a 60 year old female with a 20 year history of rheumatoid arthritis and who is having her disease managed using Methotrexate, and who presents with hallux abducto valgus, subtalar joint involvement and chronic non infected bursitis under all the metatarsal heads of both feet. (15)
- 5** Discuss the podiatric implications of treating a person with Type 2 diabetes who has accompanying sensory neuropathy. (20)
- 6** How would you clinically assess the arterial blood supply to the foot and lower limb? (10)
- Describe the appearance of a foot that is affected by chronic arterial insufficiency. (10)
- 7** Compare and contrast the appearance of a wound that is not healing because of sensory loss, and one that is non healing because of chronic ischaemia. (8)
- How should each case be managed? (12)

END OF PAPER