

PROGRAM : BACCALAUREUS TECHNOLOGIAE

PODIATRY

SUBJECT : **PODIATRIC MEDICINE 1 THEORY**

<u>CODE</u> : HPMA 111

DATE : SUPPLEMENTARY 2016 EXAMINATION

DURATION : 180 MINUTES

WEIGHT : 50:50

TOTAL MARKS : 162 MARKS

EXAMINER : MS N. SITHOLE

MODERATOR : MR S. NTULI

NUMBER OF PAGES: 4 (Including the cover page)

INSTRUCTIONS

- ANSWER ALL QUESTIONS
- MARKS WILL BE ALLOCATED FOR A CLEAR AND LOGICAL EXPOSITION OF THE ANSWER
- PLEASE HAND IN ALL QUESTION AND ANSWER PAPERS TO THE INVIGILATOR

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QUESTION 1

The prevention of treatment-associated infection, both in patients and in staff, is an integral part of the professional responsibilities of podiatrists.

1.1 In your own words define infection control. (3)

1.2 Differentiate between a pathogen and normal flora (4)

1.3 Differentiate between sterilization and disinfection. (4)

1.4 Identify and give examples of how infection may be transmitted i.e. route of transmission & their examples. $(8\times0.5 = 4)$

1.5 List the steps that one should follow following exposure to blood-borne infections.

(11)

1.6 Explain the role of Personal Protective Equipment (PPE) in Infection control.

(4)

[30]

QUESTION 2

In order to make a correct diagnosis the podiatrist rely on information gathered during their interaction with the patients. This information comes from two main areas: the patient interview and clinical assessment.

2.1 Give two reasons why taking a comprehensive podiatric history is important.

 $(2 \times 2 = 4)$

2.2 Identify and list the six elements/components of history taking. $(6 \times 1 = 6)$

2.3 Briefly explain what is focused history and how is it different from general history.

(4)

Mr. Sulu presents to the clinic with a painful toe as a chief complaint.

2.4 List seven questions that you would ask Mr. Sulu and provide reasons why you would ask these questions. $(7\times2=14)$

2.5 What is the difference between a sign and a symptom? (4)

2.6 Briefly discuss what is meant by clinical reasoning. (4)

[36]

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QUESTION 3

A 45 year old male patient, presents to the podiatry clinic with itching and maceration of the 2^{nd} and 3^{rd} toes which has been present for the last 2 months. On examination, there was toe web scaling, fissuring, maceration; scaling of soles.

3.1 What is your likely diagnosis of this patient's condition?	(3)
3.2 What is the main cause/etiology of this condition?	(4)
3.3 Describe the various clinical presentations of this condition.	$(4 \times 3 = 12)$
3.4 What are the common risk factors associated with this condition	(6)
3.5 Describe the management of this condition.	(8)
	[33]

QUESTION 4

A patient present with pain under the 2^{nd} metatarsal head. The patient describes the pain as stabbing pain when walking as if she's walking on stones. When examining the area you see hard thick skin with a central core and there's pain when applying direct pressure.

4.1 Briefly discuss the pathology of this lesion.	(4)
4.2 Identify the predisposing factors for hyperkeratotic lesions.	(6×1=6)
4.3 How would you differentiate this lesion from a verruca pedis (tabula	te the differences)
	(3x2=6)
4.4 Outline your management of this patient?	$(3 \times 2 = 6)$

Deciding which dressing to use on wounds is a very important part and a potentially complicated task in wound management due to a vast variety of wound dressings available

4.5 List the characteristics/features of an ideal wound dressing. (11x1=11)
4.6 List and briefly explain the factors that can inhibit or delay wound healing. (9×2=18)

[51]

QUESTION 5

5.1 C	Give a	brief	description	of the	following	nail	conditions:
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a)	Onycholysis	(2	.)
b)	Onychauxis	(2)

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c)	Onychomadesis	(2)
d)	Onychomycosis	(2)
5.2 Name and describe the 2 phases of gait.		(4)
		[12]

Grand total: 162 marks