



**AMREF INTERNATIONAL UNIVERSITY
SCHOOL OF MEDICAL SCIENCE
DEPARTMENT OF REHABILITATION MEDICINE
BACHELOR OF SCIENCE IN PHYSIOTHERAPY
END OF SEPT-DECEMBER 2024 TRIMESTER EXAMINATIONS**

UNIT CODE: PHT 216

UNIT NAME: Wellness and Health promotion

DATE: Day/ Date/ AUGUST

TIME: TWO HOURS

START: 0:00

STOP : 0:00

INSTRUCTIONS

- 1. Do not write on this question paper**
1. This exam is marked out of 70 marks
2. This Examination comprises 3 Sections
3. This exam will take 2 Hours
4. Late submission of the answers will not be accepted
5. Ensure your web-camera is on at all times during the examination period
6. No movement is allowed during the examination
7. Idling of your machine for 5 min or more will lead to lock out from the exam
8. The Learning Management System (LMS) has inbuilt integrity checks to detect cheating
9. Any aspect of cheating detected during and or after the exam administration will lead to nullification of your exam
10. In case you have any questions call the invigilator for this exam or the Head of Department
11. For adverse incidences please write an email to: amiu.examinations@amref.ac.ke

Section 1

1. The World Health Organization emphasizes that health is:
 - A. Solely a physical condition.
 - B. A combination of physical, mental, and social factors.
 - C. Primarily a mental state.
 - D. Only related to the absence of illness.

2. The Ottawa Charter emphasizes the importance of:
 - A. Individual responsibility for health
 - B. The role of the healthcare system in disease prevention
 - C. The social determinants of health
 - D. Community empowerment and participation

3. The action area of "Strengthen community action" in the Ottawa Charter refers to:
 - A. Empowering individuals to make healthy choices
 - B. Improving access to healthcare services
 - C. Advocating for social justice and equity
 - D. Promoting collaboration between different sectors of society

4. The goal of health promotion policy is to:
 - A. Make healthy choices more accessible.
 - B. Make unhealthy choices more appealing.
 - C. Create equal access to healthcare services.
 - D. Promote individual responsibility for health.

5. The primary goal of health education is to:
 - A. Influence people's health decisions.
 - B. Create social and political change.
 - C. Provide medical care to the community.
 - D. Conduct research on health issues.

6. Which charter primarily targets governments and policymakers?
 - A. The Ottawa Charter
 - B. The Bangkok Charter
 - C. Both charters
 - D. Neither charter

7. What is the role of subjective norms in the TRA?
 - A. Subjective norms influence a person's behavioral intention by representing the perceived social pressure to perform a behavior.
 - B. Subjective norms are determined by a person's past experiences.
 - C. Subjective norms are only relevant in collectivist cultures.
 - D. Subjective norms are the same as attitudes.

8. According to the Theory of Reasoned Action (TRA), what is the primary determinant of behavior?
 - A. Past experiences

- B. Personality traits
- C. Behavioral intention
- D. Social status

9. Individuals in the Maintenance stage of the Transtheoretical Model have sustained their behavior change for how long?

- A. More than 6 months
- A. Less than 6 months
- B. 6 months to 1 year
- D. Less than 3 months

10. Sarah is a 25-year-old woman who smokes heavily. She has been smoking since her teenage years and has never considered quitting. She believes that smoking helps her relax and doesn't see it as a problem. She has never experienced any serious health issues related to her smoking and dismisses the warnings from her doctor. Sarah enjoys smoking and sees it as a normal part of her life.

Based on this scenario, which stage of the Transtheoretical Model is Sarah in?

- A. Pre-contemplation stage
- B. Contemplation stage
- C. Action stage
- D. Maintenance stage

11. Which of the process highlighted in this model will be the MOST ideal to assist Sarah to move from his current stage to the next stage?

- A. Dramatic Relief
- B. Conscious awareness
- C. Social liberation
- D. Self-liberation

12. Negative appraisals in the context of illness can:

- A. Promote proactive health management
- B. Hinder motivation to engage in healthy practices
- C. Improve compliance with medical treatments
- D. Increase resilience to stress

13. What role do previous experiences with the healthcare system play in help-seeking behavior?

- A. Positive experiences have no impact on help-seeking behavior.
- B. Negative experiences always lead to decreased help-seeking behavior.
- C. Past experiences have no impact on help-seeking behavior.
- D. Positive experiences may encourage help-seeking, while negative experiences might lead to avoidance.

14. Which of the following factors does NOT influence symptom perception?

- A. Environmental characteristics.
- B. Cognitive processes.

- C. Emotional processes.
- D. Genetic predisposition.

15. How do cognitive schemas influence the encoding of sensations?

- A. They prevent individuals from feeling any sensations.
- B. They distort the intensity of sensations.
- C. They cause individuals to ignore all sensations.
- D. They lead individuals to encode information consistent with their beliefs.

16. A 50-year-old woman notices a small, painless lump in her breast. She has a family history of breast cancer, but she dismisses the lump, thinking it's likely a benign cyst or fibroadenoma. She has had similar lumps in the past that resolved on their own. She continues to monitor the lump but avoids scheduling an appointment with her doctor, believing that it's unnecessary to worry. Which delay in seeking care behavior is the patient exhibiting?

- A. Appraisal delay
- B. Illness delay
- C. Utilization delay
- D. None of the above

17. Patients who experience painful symptoms typically have:

- A) Long appraisal and utilization delays
- B) Short appraisal and utilization delays
- C) No delays in seeking care
- D) None of the above

18. The Self-regulatory model (SRM) emphasizes that patients:

- A. Are passive recipients of medical care
- B. Actively engage in managing their illness
- C. Only follow medical advice
- D. Are not concerned about their illness

19. Beliefs about the progression and potential outcomes of an illness can:

- A. Have no impact on coping strategies
- B. Influence coping strategies
- C. Only influence medication taking
- D. None of the above

20. Which of the following psychological factors has been shown to have a strong negative impact on adherence to physical therapy exercise programs?

- A. Depression
- B. Locus of control

C. Threat and beliefs

D. Social support

21. Mrs. Jones is an 85-year-old woman who lives alone. She has recently experienced a decline in her mobility due to arthritis. Daily tasks like bathing and preparing meals have become difficult. When recommending assistive devices for Mrs. Jones, a health promotion professional should.

A. Choose devices that completely high end to take over tasks for her

B. Opt for devices that maximize her ability to perform tasks independently.

C. Recommend devices without considering her specific needs and limitations.

D. Discourage the use of any assistive devices.

22. Physiotherapists play a key role in the delivery of Cognitive Behavior Therapy (CBT) for pain management. Which of the following is NOT a role of physiotherapist in CBT?

A. Provide pain education

B. Assist patients develop coping strategy

C. Provide passive treatments to assist patient with pain and other symptoms

D. Teach relaxation techniques

23. Sarah is a college student who has been feeling overwhelmed with academic stress and deadlines lately. She has noticed she's been getting sick more often, having trouble sleeping, and feeling generally drained. She wonders if her stress could be affecting her health. Based on this scenario, what might Sarah's stress be impacting?

A. Both her mental and emotional well-being

B. Both her physical health and emotional

C. Both her mental and physical well-being

D. Neither her mental nor physical health

24. What role do illness cognitions play in the relationship between the condition and the patient's well-being?

A. They are irrelevant

B. They are a minor mediator

C. They are a significant mediator

D. They are a causal factor

25. A group of 16 students in a classroom suddenly experience dizziness and nausea accompanied by body tremors. No medical or environmental cause is identified.

This is most likely an example of:

A. Mass psychogenic illness

B. Cognitive schemata

C. Carbon monoxide poisoning

D. Contagious disease

26. A 45-year-old man, John, has been diagnosed with type 2 diabetes. He is aware of the importance of regular exercise and a healthy diet to manage his condition.

However, he struggles to motivate himself to incorporate physical activity into his

daily routine. He often feels overwhelmed by the thought of starting an exercise program and doubts his ability to maintain it. Which of the following best describes John's primary barrier to adopting a more active lifestyle?

- A. Lack of knowledge about exercise benefits
- B. Fear of injury
- C. Limited access to exercise facilities
- D. Low self-efficacy

27. A 60-year-old man named David has a history of smoking for over 20 years. Despite numerous warnings from his doctor, he continues to smoke heavily. Recently, he has been experiencing chest pain and shortness of breath, but he has been reluctant to seek medical attention. He has recently retired from work and relocated to rural home which is far from the nearest health facility. Based on the information provided, which health belief might be hindering David's health seeking behavior?

- A. Perceived susceptibility
- B. Perceived severity
- C. Perceived benefits
- D. Perceived barriers

28. A government program implements tax breaks for companies that ban smoking in public buildings and spaces. This program aligns with which action area of the Ottawa Charter?

- A. Strengthening community action
- B. Building healthy public policy
- C. Developing personal skills
- D. Creating supportive environments

29. Gender is one of the factors that influences health seeking behavior. Compared to men, women are generally more likely to:

- A. Avoid seeking healthcare altogether.
- B. Utilize preventive healthcare services.
- C. Delay seeking treatment for serious illnesses.
- D. Prioritize the health needs of others over their own.

30. The main difference between health-related behavior and health-directed behavior is:

- A. The intention behind the behavior.
- B. The duration of the behavior.
- C. The impact on health outcomes.
- D. The social context of the behavior.

Section B- Attempt all the questions

1. Define symptom perception (2 Marks)
2. Explain the difference between the cognitive appraisal and coping appraisal (4 Marks)
3. The self-regulatory model is made of several components. Discuss casual belief and timeline belief (4 Marks)
4. Discuss the three stages of delay in seeking care behavior which a patient might adapt due to illness (6 Marks)
5. Discuss the Theory of planned behavior, a theoretical model for change of behavior (4 Marks)

Section C Choose and attempt one question

1. The Ottawa charter of Health promotion list five action areas. Discuss the five action areas and outline 2 possible interventions as examples for each of the five action areas (20 Marks)
2. You are a physiotherapist evaluating a 28-year-old male with chronic low back pain. He has a history of manual labor, a recent diagnosis of torn discs, and a belief that his back is "stuffed." He is experiencing significant pain, has low pain self-efficacy, and is concerned about his ability to return to work. Based on the principles of wellness, discuss how you would structure physiotherapy management plan to address his pain, improve function, and facilitate a return to work ? (20 Marks)