



CAPR
Canadian Alliance
of Physiotherapy
Regulators

ACORP
Alliance canadienne des
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de la physiothérapie

Physiotherapy Competency Examination

WRITTEN COMPONENT

Practice Questions



This set of practice questions is provided solely as a resource for candidates who are preparing for the Written Component of the Physiotherapy Competency Examination (PCE).

Your performance on these practice questions will NOT predict your success or failure on the Written Component.

This sampling of 50 questions is not balanced to the [PCE Blueprint 2018](#), but features questions that test the different domains and areas of practice covered in the exam.

These questions also appear on the [Written Component Practice Exam](#), a paid service offered through our exam delivery partner, Prometric, that allows candidates to use the exam platform and experience the test delivery process first-hand, prior to exam day.

For more Written Component exam preparation resources, visit the [Preparing for the Exam](#) page on the CAPR website.

Written Component Practice Questions

The following scenario is associated with the next 3 items

A 3-month-old baby boy who has been diagnosed with congenital muscular torticollis is brought by his parents to physiotherapy in an out-patient department.

1. On palpation, the physiotherapist finds tightness on the left sternocleidomastoid muscle. In which of the following positions would the baby most likely maintain his head?

- A. Right lateral flexion and rotation to the right.
- B. Right lateral flexion and rotation to the left.
- C. Left lateral flexion and rotation to the left.
- D. Left lateral flexion and rotation to the right.

2. The physiotherapist teaches a home program to the baby's parents. Which of the following instructions should the physiotherapist emphasize?

- A. Incorporating the exercises into the baby's daily routine.
- B. Pursuing the exercises intensively at frequent intervals during the day.
- C. Carrying out the exercises only when the baby is awake and can participate.
- D. Doing the exercises only when the baby is asleep.

3. The baby's torticollis improves with physiotherapy treatment. However, during a follow-up assessment at eight months, the physiotherapist identifies a motor delay. Which of the following assessment tools should the physiotherapist use to determine the child's motor performance in relation to his peers?

- A. Alberta Infant Motor Scale (AIMS).
- B. Gross Motor Function Measure (GMFM).
- C. Ashworth Scale.
- D. Functional Independence Measure (FIM).



The following scenario is associated with the next 2 items

A 50-year-old man sustained full thickness burns to his face, upper body, and arms at work. He is admitted to an acute care facility. He has also been diagnosed with a restrictive pulmonary complication secondary to the burn.

4. Which of the following findings would the physiotherapist expect to find on assessment with respect to the client's restrictive pulmonary complication?

- | | | |
|--------------------------|----|--|
| <input type="checkbox"/> | A. | Decreased vital capacity and increased pulmonary resistance. |
| <input type="checkbox"/> | B. | Decreased vital capacity and decreased pulmonary resistance. |
| <input type="checkbox"/> | C. | Increased vital capacity and increased pulmonary resistance. |
| <input type="checkbox"/> | D. | Increased vital capacity and decreased pulmonary resistance. |

5. The physiotherapist's caseload has doubled today due to an illness of a colleague. Which of the following would be the best approach for the physiotherapist to manage the increased caseload?

- | | | |
|--------------------------|----|---|
| <input type="checkbox"/> | A. | Complete full treatments for all clients before leaving work. |
| <input type="checkbox"/> | B. | Shorten all treatments in order to see all clients within work hours. |
| <input type="checkbox"/> | C. | Provide treatment only to clients who were not seen yesterday. |
| <input type="checkbox"/> | D. | Prioritize clients who would deteriorate without treatment. |



The following scenario is associated with the next 3 items

A 60-year-old man with post-polio syndrome is experiencing a deterioration of his physical status. He is attending out-patient physiotherapy at a rehabilitation centre.

6. During assessment, the physiotherapist notes weakness of the erector spinae muscle group. Which of the following postures is the physiotherapist likely to observe?

- | | | |
|--------------------------|----|------------------------------|
| <input type="checkbox"/> | A. | Decreased thoracic kyphosis. |
| <input type="checkbox"/> | B. | Increased lumbar lordosis. |
| <input type="checkbox"/> | C. | Decreased lumbar lordosis. |
| <input type="checkbox"/> | D. | Thoracic scoliosis. |

7. The client has greater paralysis on his left lower extremity, which may be contributing to right knee and ankle pain due to overuse. Which of the following supportive devices should the physiotherapist recommend for the left lower extremity?

- | | | |
|--------------------------|----|---------------------------------|
| <input type="checkbox"/> | A. | Neoprene knee sleeve. |
| <input type="checkbox"/> | B. | Ankle splint (air-cast splint). |
| <input type="checkbox"/> | C. | Hinged knee brace. |
| <input type="checkbox"/> | D. | Knee-ankle-foot orthosis. |

8. The client has used crutches for eight years. He states that his walking has slowed, and longer distances are more fatiguing. Which of the following aids should the physiotherapist recommend for longer distances in the community?

- | | | |
|--------------------------|----|----------------------|
| <input type="checkbox"/> | A. | Four-wheeled walker. |
| <input type="checkbox"/> | B. | Two-wheeled walker. |
| <input type="checkbox"/> | C. | Manual wheelchair. |
| <input type="checkbox"/> | D. | Powered scooter. |



The following scenario is associated with the next 2 items

A 29-year-old man attends physiotherapy at a rehabilitation centre. He fell onto his right elbow four weeks ago. The client reports pain and numbness in the ring finger and little finger and difficulty using the right hand.

9. When assessing the right upper extremity, which of the following sustained movements would the physiotherapist expect to exacerbate the client's symptoms?

- | | |
|----|---------------------|
| A. | Elbow flexion. |
| B. | Elbow extension. |
| C. | Wrist flexion. |
| D. | Forearm supination. |

10. The physiotherapist performs the Tinel's test on the client. In which of the following areas would the physiotherapist most likely expect a positive test result?

- | | |
|----|---------------------|
| A. | Carpal tunnel. |
| B. | Lateral epicondyle. |
| C. | Cubital tunnel. |
| D. | Cubital fossa. |



The following scenario is associated with the next 4 items

A 54-year-old woman fell on an outstretched right hand while at work. She experienced immediate hand and wrist pain. A Colles' fracture was confirmed on x-ray. After six weeks in a cast, the client's x-rays show poor callus formation, and she is reporting right shoulder and elbow pain. She is re-casted and referred to a private physiotherapy clinic.

11. Before initiating treatment, the physiotherapist describes the proposed treatment and possible outcomes to the client. Why should the physiotherapist do this?

- A. To allow the client to make an informed decision about her treatment.
- B. To allow the physiotherapist to justify the treatment intervention.
- C. To prevent the client from asking too many questions during treatment.
- D. To allow the physiotherapist to avoid litigation.

12. During assessment, the client is found to have pain from the shoulder to the elbow, muscle guarding in the shoulder, and limited elbow extension. The pain is disturbing the client's sleep. The physiotherapist is concerned that the client may be developing adhesive capsulitis of the shoulder. Which pattern of limitation would indicate that the client has a capsular pattern of restriction in the shoulder?

- A. External rotation > adduction > internal rotation.
- B. External rotation > abduction > internal rotation.
- C. Flexion > abduction > external rotation.
- D. Flexion > abduction > internal rotation.

13. Which of the following treatments should be included in the physiotherapist's initial treatment for the client's shoulder?

- A. A sling for the arm, joint traction, and grade III glides.
- B. Active-assisted range of movement, joint traction, and grade I glides.
- C. Passive range of movement, joint traction, and grade III glides.
- D. Complete shoulder immobilization, with elbow and finger exercises.

14. Six weeks later, the client's cast is removed. She has a bone density study and is diagnosed with osteoporosis. Which of the following interventions should the physiotherapist use with caution in the treatment of this client's wrist and hand?

- A. LASER.
- B. Interferential current.
- C. Joint mobilization.
- D. Soft tissue manipulation.



The following scenario is associated with the next 3 items

A 50-year-old man comes to a private physiotherapy clinic for an aerobic exercise program. He has a 10-year history of insulin-dependent diabetes.

15. Which signs and symptoms of hypoglycemia should the physiotherapist anticipate the client may demonstrate while participating in an aerobic exercise program?

- A. Manic mood, increased energy level.
- B. Increased temperature, flushed face.
- C. Weakness, excessive sweating.
- D. Nystagmus, ringing in the ears.

16. In designing the aerobic cycling program for the client, which of the following exercise parameters should the physiotherapist recommend?

- A. 4 - 7 days a week for 20 - 60 minutes.
- B. Daily at 20 - 40% of maximum heart rate.
- C. Daily at 80 - 90% of maximum heart rate.
- D. 3 - 5 days a week for 60 - 90 minutes.

17. Which of the following components of the client's treatment can the physiotherapist assign to the physiotherapist assistant?

- A. Progression of the exercise program.
- B. Examination of the feet.
- C. Assessment of the fitness level.
- D. Monitoring of the exercise program.



The following scenario is associated with the next 4 items

A 38-year-old man is seeking treatment at an out-patient physiotherapy clinic for an insidious onset of right ankle and shin pain. The client states that the pain has been present for two weeks and is now unrelenting, even at night, and has spread from the ankle into the shin. He is a regular jogger and has not changed his training regime. He believes his pain is related to running. He has not seen his family physician about this problem because his physician is away for two weeks. He does not have a history of leg injuries and is in excellent health, except for a recent tooth infection.

18. Which of the following reports from the client's history may lead the physiotherapist to suspect a diagnosis of osteomyelitis?

- | | | |
|--------------------------|----|---|
| <input type="checkbox"/> | A. | Pain at night. |
| <input type="checkbox"/> | B. | Recent history of infection. |
| <input type="checkbox"/> | C. | Lack of mechanism of injury. |
| <input type="checkbox"/> | D. | Pattern and location of the painful area. |

19. After completing the assessment, the physiotherapist suspects that the client may have osteomyelitis. Which of the following courses of action would be most appropriate for the physiotherapist to take?

- | | | |
|--------------------------|----|---|
| <input type="checkbox"/> | A. | Commence treatment and closely monitor his symptoms. |
| <input type="checkbox"/> | B. | Recommend immediate consultation with a physician. |
| <input type="checkbox"/> | C. | Suggest that the client contact his physician in two weeks. |
| <input type="checkbox"/> | D. | Contact the client's physician in two weeks to review the client's condition. |

20. After completing the assessment, the physiotherapist decides to treat the client's pain symptoms as part of the treatment plan. Which of the following modalities would be most appropriate to use?

- | | | |
|--------------------------|----|-----------------------------|
| <input type="checkbox"/> | A. | Ice. |
| <input type="checkbox"/> | B. | Superficial heat. |
| <input type="checkbox"/> | C. | Short wave diathermy. |
| <input type="checkbox"/> | D. | Thermal dose of ultrasound. |

21. The physiotherapist finds that the client is lacking active and passive dorsiflexion range of motion in his right ankle. How should the physiotherapist approach joint mobilizations for this client?

- | | | |
|--------------------------|----|--|
| <input type="checkbox"/> | A. | Posterior manipulation of the talus on the tibia. |
| <input type="checkbox"/> | B. | Grade 4 anterior glide mobilizations of the talus on the tibia. |
| <input type="checkbox"/> | C. | Grade 4 posterior glide mobilizations of the talus on the tibia. |
| <input type="checkbox"/> | D. | Joint mobilizations are contraindicated. |



The following scenario is associated with the next 6 items

A 76-year-old man fell and sustained a sub-capital fracture of his left hip. He was admitted to an acute care facility for a total hip replacement using a posterolateral surgical approach.

22. In the immediate post-operative period, which of the following movements of his left hip should the physiotherapist instruct the client to *avoid*?

- A. Flexion to 60°.
- B. Medial rotation to neutral.
- C. Adduction across midline.
- D. Extension beyond neutral.

23. On post-operative day one, the physiotherapist visits the client to assess his respiratory status. The client is confused and pulls up his hospital gown several times. Which of the following courses of action should the physiotherapist take *first*?

- A. Report the client's behaviour to the health team.
- B. Defer the assessment until the client's confusion clears.
- C. Drape the client appropriately and continue with the assessment.
- D. Inform the client that he will not receive treatment if the behaviour does not stop.

24. On post-operative day two, the physiotherapist visits the client to continue mobilization. The client seems fearful, reports tiredness, and refuses to get up. Which of the following courses of action is *most* appropriate for the physiotherapist to take?

- A. Discuss the need for anti-depressants with nursing staff.
- B. Acknowledge the client's concerns and initiate treatment.
- C. Refer the client to a geriatrician for a psychological evaluation.
- D. Acknowledge the client's concerns and come back at a later time.

25. The client is allowed partial weight bearing on the operative side during the first few post-operative days. Which of the following should the physiotherapist include in the client's education?

- A. Chair and toilet transfers.
- B. Ambulation with two canes.
- C. Wheelchair propulsion using his feet.
- D. Weightbearing evenly on both feet.

26. When the physiotherapist measures a cane for the client, which guideline should be used to determine the height of the cane?

- A. Gripping the handle should result in full elbow extension.
- B. Gripping the handle should result in 50° of elbow flexion.
- C. The handle should be at the level of the greater trochanter.
- D. The handle should be at the level of the anterior superior iliac spine (ASIS) of the pelvis.



27. When teaching the client to negotiate stairs using a cane, which instruction should the physiotherapist provide to the client?

	A. The right leg will lead when descending.
	B. The left leg will lead when descending.
	C. The left leg will lead when ascending.
	D. The cane will lead when ascending and descending.



The following scenario is associated with the next 6 items

A 48-year-old woman with Guillain-Barré syndrome had a tracheostomy two weeks ago and is no longer ventilated. The client is unable to clear thick secretions independently and requires suctioning. Her arterial blood gases on room air are: PaO₂ = 90, PaCO₂ = 35, pH = 7.4, HCO₃⁻ = 22.6, SaO₂ = 95%.

28. When assessing this client, which of the following would the physiotherapist expect to observe?

- A. A decreased respiratory rate due to muscle weakness.
- B. A decreased respiratory rate due to respiratory acidosis.
- C. An increased respiratory rate due to respiratory alkalosis.
- D. An increased respiratory rate due to decreased tidal volume.

29. The client has difficulty coughing. Which of the following would the physiotherapist report to the client's family as the most likely cause?

- A. Pain.
- B. Thick secretions.
- C. Muscle weakness.
- D. A depressed respiratory centre.

30. When should the physiotherapist suction this client?

- A. Routinely, every 2 hours.
- B. Following administration of bronchodilators.
- C. When respiratory rate is noticeably decreased.
- D. When coarse upper airway sounds are present.

31. When suctioning the client, the physiotherapist notices blood-tinged secretions. What is the most likely cause?

- A. Epistaxis.
- B. Haemothorax.
- C. Lung contusion.
- D. Tracheal trauma.

32. Yesterday, the client was able to tolerate the head of the bed being raised to 45°. Today, the physiotherapist notes a pressure ulcer on the client's sacrum, despite regular position changes. Which of the following is the most probable cause?

- A. Stress loading.
- B. Poor nutrition.
- C. Shearing forces.
- D. Exposure to moisture.

33. When the client is ready to be taught how to cough, which of the following techniques should the physiotherapist teach the client?

- A. Inhale deeply, then relax the abdominal muscles.
- B. Inhale deeply, then contract the abdominal muscles.
- C. Inhale shallowly, then relax the abdominal muscles.
- D. Inhale shallowly, then contract the abdominal muscles.



The following scenario is associated with the next 3 items

A 62-year-old man is seen in an emergency room at an acute care facility with chest pain and shortness of breath. The client has a 20-pack-year smoking history and is overweight. An electrocardiogram (ECG) revealed that he sustained a myocardial infarction. The client is now medically stable and is transferred to the cardiac care unit. The physiotherapist is asked to assess and provide treatment.

34. As a part of the treatment, the physiotherapist discusses risk factor reduction with the client. The client explains that he is unwilling to consider quitting smoking or changing his diet. How should the physiotherapist respond?

- | | |
|----|---|
| A. | Discuss the need for change with the client's family. |
| B. | Discuss the client's reluctance to change with the physician. |
| C. | Explain the risks of these behaviours but respect the client's decision. |
| D. | Explain to the client that change is essential, or his health will deteriorate. |

35. The client is concerned about the effect of his myocardial infarction on his planned vacation in six months' time. Which of the following should be included in the client's education as potential factors that may affect activity tolerance while on vacation?

- | | |
|----|---|
| A. | Change in altitude and change in diet. |
| B. | Change in altitude and cold temperature. |
| C. | Change in diet and change in time zone. |
| D. | Cold temperature and change in time zone. |

36. After five days of treatment in the acute care facility, the client is ready to be discharged. Prior to discharging the client, which of the following should the physiotherapist complete?

- | | |
|----|--|
| A. | A graded exercise test and a complete VO ₂ Max test. |
| B. | A review of the home exercise program and a complete VO ₂ Max test. |
| C. | A graded exercise test and a referral to occupational therapy. |
| D. | A review of the home exercise program and a referral to an out-patient rehabilitation program. |



The following scenario is associated with the next 2 items

A 22-year-old woman is at an out-patient physiotherapy clinic after developing anterior left knee pain. She states that the pain began gradually about one month ago while training to run a half-marathon. Her training has included running, weightlifting, and swimming. She has not been able to increase her training lately due to increased pain. The physiotherapist suspects patellofemoral pain syndrome.

37. When taking the client's history, which of the following would the physiotherapist most likely expect the client to report?

- | | |
|----|--|
| A. | Increased knee pain when ascending stairs, significant knee swelling, and occasional "clicking" in the knee. |
| B. | Increased knee pain when ascending stairs, mild knee swelling, and locking of the knee. |
| C. | Increased knee pain when descending stairs, mild knee swelling, and occasional "clicking" in the knee. |
| D. | Increased knee pain when descending stairs, significant knee swelling, and locking of the knee. |

38. When performing an objective assessment of the client, which of the following would the physiotherapist most likely expect to find?

- | | |
|----|---|
| A. | Decreased lateral glide of the patella and pain that is reproduced with patellar compression. |
| B. | Decreased medial glide of the patella and pain that is reproduced with patellar compression. |
| C. | Decreased medial glide of the patella and decreased quadriceps angle (Q angle). |
| D. | Decreased lateral glide of the patella and increased quadriceps angle (Q angle). |



The following scenario is associated with the next 2 items

A 49-year-old woman who is a truck driver is referred to a private physiotherapy clinic for assessment and treatment of left arm and neck pain. The client reports a gradual onset of paraesthesia in the left upper extremity. The physiotherapist suspects thoracic outlet syndrome.

39. To test if the client has thoracic outlet syndrome, the physiotherapist instructs the client to rotate her head towards the left shoulder and extend her neck. The physiotherapist laterally rotates and extends the client's left shoulder passively. The client is then instructed to take a deep breath and hold it. Which finding would indicate a positive result for thoracic outlet syndrome using this test?

- | | |
|----|---------------------------------|
| A. | Report of dizziness. |
| B. | Presence of strabismus. |
| C. | Decrease in the radial pulse. |
| D. | Deep ache in the cubital fossa. |

40. The physiotherapist determines that the client has thoracic outlet compression. Which of the following interventions should be emphasized during the first visit?

- | | |
|----|---------------------------------|
| A. | Cervical traction. |
| B. | Posture correction. |
| C. | Neck range of motion exercises. |
| D. | Neural mobilization. |



The following scenario is associated with the next 2 items

A 51-year-old man is in an acute care hospital with aspiration pneumonia. He has a history of Amyotrophic Lateral Sclerosis (ALS) and frequent falls.

41. The physiotherapist recognizes that ALS primarily affects which of the following components of the nervous system?

- | | |
|--------------------------|--|
| <input type="checkbox"/> | A. Upper motor neurons and peripheral nerves. |
| <input type="checkbox"/> | B. Lower motor neurons and peripheral nerves. |
| <input type="checkbox"/> | C. Peripheral nerves and cranial nerve nuclei. |
| <input type="checkbox"/> | D. Both upper and lower motor neurons. |

42. Which of the following should the physiotherapist identify as the most likely cause of the client's aspiration pneumonia?

- | | |
|--------------------------|---------------------------------|
| <input type="checkbox"/> | A. Impaired cough. |
| <input type="checkbox"/> | B. Impaired inspiratory effort. |
| <input type="checkbox"/> | C. Dysphagia. |
| <input type="checkbox"/> | D. Dysphasia. |



The following scenario is associated with the next 2 items

A 40-year-old woman who has rheumatoid arthritis is referred to out-patient physiotherapy at a rehabilitation centre. She has a long-standing history of extensive joint involvement and has an acute exacerbation of her symptoms.

43. The physiotherapist decides to use ice on the client's inflamed joints. Which of the following assessments should the physiotherapist perform prior to the application of ice?

- | | |
|----|--|
| A. | Proprioception and light touch. |
| B. | Temperature sensation and circulation. |
| C. | Pin prick sensation and light touch. |
| D. | Vibration and temperature sensation. |

44. The client is having an exacerbation of inflammation in her knees and wrists. Which of the following walking aids should the physiotherapist recommend?

- | | |
|----|---------------------------------|
| A. | Axillary crutches. |
| B. | Four-wheeled walker. |
| C. | Forearm-support wheeled walker. |
| D. | Two standard canes. |



Stand-alone Questions

45. A 15-year-old boy who is a football player sustained a knee injury. He attends a private physiotherapy clinic the next day. The physiotherapist's assessment shows that the coronary ligaments in his knee have been completely torn. Which structure would be directly affected by this tear?

- A. Medial meniscus.
- B. Patella.
- C. Fibular shaft.
- D. Head of fibula.

46. A 38-year-old woman is referred to physiotherapy following a fracture of the proximal shaft of the humerus with traumatic paralysis of the axillary nerve. During assessment, which of the following would the physiotherapist likely find?
nerve root.

- A. Paralysis of the biceps, and anaesthesia in the distribution of the C6.
- B. Paralysis of the deltoid and teres minor, and anaesthesia at the tip of the shoulder.
- C. Paralysis of the serratus anterior and pectoralis minor, and anaesthesia of the superior aspect of the scapula.
- D. Weakness of the rotator cuff, and anaesthesia of the medial aspect of the arm.

47. An 8-month-old baby girl is referred to a physiotherapy out-patient clinic for treatment of poor head control. During assessment, the baby is found to have abnormal muscle tone and strong primitive reflexes. When asked by the parents about her diagnosis, how should the physiotherapist respond?

- A. That the baby has symptoms of cerebral palsy.
- B. That the baby has symptoms of Werdnig-Hoffmann disease.
- C. That it is too early to discuss a diagnosis for the baby.
- D. That they should seek this information from the treating doctor.

48. A 46-year-old woman with systemic lupus erythematosus is being assessed by a physiotherapist. On assessment of the client, what should the physiotherapist expect to find?

- A. Skin thickening.
- B. Symmetrical joint inflammation.
- C. Discolouration and pitting of nails.
- D. Butterfly rash on the face.



49. A 56-year-old woman has been admitted to an intensive care unit with multiple trauma following a motor vehicle collision. The physiotherapy referral requests incentive spirometry and deep breathing. On assessment, the physiotherapist observes that the client is dyspneic, has severe chest pain, and has decreased breath sounds on the right. The chest x-ray reveals failure of the vascular markings to extend to the right chest wall, and a mediastinal shift to the left. The physiotherapist suspects that the client has a tension pneumothorax. Which of the following courses of action is the most appropriate for the physiotherapist to take?

- | | |
|----|--|
| A. | Provide treatment for the client as requested. |
| B. | Discuss clinical findings with the physician. |
| C. | Reposition the client in high Fowler's for comfort. |
| D. | Delay the treatment until the client's pain is better managed. |

50. A 73-year-old man who has rheumatoid arthritis is receiving physiotherapy and other services in a multidisciplinary acute care facility. A volunteer in the facility reports to the physiotherapist that the client has been crying, not eating well, and worried about his family. The volunteer asks if the client is seeing a psychologist for counselling. How should the physiotherapist respond?

- | | |
|----|--|
| A. | Provide a description of the psychological supportive care that the client is receiving. |
| B. | Explain that it is not possible to discuss the client's treatment. |
| C. | Offer to discuss the matter after consulting the psychologist. |
| D. | Remind the volunteer to concentrate on her assigned responsibilities. |



Answer Key

ITEM 1..... D ITEM 11..... A ITEM 21..... D ITEM 31..... D ITEM 41..... D
ITEM 2..... A ITEM 12..... B ITEM 22..... C ITEM 32..... C ITEM 42..... C
ITEM 3..... A ITEM 13..... B ITEM 23..... C ITEM 33..... B ITEM 43..... B
ITEM 4..... A ITEM 14..... C ITEM 24..... D ITEM 34..... C ITEM 44..... C
ITEM 5..... D ITEM 15..... C ITEM 25..... A ITEM 35..... B ITEM 45..... A
ITEM 6..... C ITEM 16..... A ITEM 26..... C ITEM 36..... D ITEM 46..... B
ITEM 7..... D ITEM 17..... D ITEM 27..... B ITEM 37..... C ITEM 47..... D
ITEM 8..... D ITEM 18..... B ITEM 28..... D ITEM 38..... B ITEM 48..... D
ITEM 9..... A ITEM 19..... B ITEM 29..... C ITEM 39..... C ITEM 49..... B
ITEM 10.....C ITEM 20..... A ITEM 30..... D ITEM 40..... B ITEM 50..... B