Allegato n. 1 al verbale n. 5 del 29/06/2023

Concorso pubblico, per titoli ed esami, per la copertura a tempo indeterminato di n. 7 posti di Fisioterapista, Area dei Professionisti della Salute e dei Funzionari.

Prova orale del 29 giugno 2023

Quesiti inerenti al profilo a concorso, nonché sui compiti connessi alla funzione da conferire

1. Riabilitazione post impianto di protesi totale di anca
2. Riabilitazione post impianto di protesi totale di ginocchio
3. Riabilitazione post intervento al menisco mediale
4. Riabilitazione in emiplegico destro
5. Riabilitazione nella S. di Guillan-Barrè
6. Riabilitazione nella lombosciatalgia
7. Riabilitazione nella distrofia muscolare
8. Riabilitazione nella lesione dello SPE
9. Riabilitazione senologica
10. Riabilitazione nel paziente amputato trans-femorale
11. Riabilitazione nel soggetto geriatrico
12. Riabilitazione nella Sindrome di allettamento
13. Riabilitazione nel trauma cranico
14. La terapia fisica in riabilitazione
15. Scale di valutazione in riabilitazione
16. Riabilitazione del cammino
17. Riabilitazione propriocettiva
18. Riabilitazione post frattura astragalo-calcaneare
19. Riabilitazione post frattura femorale distale
20. Ausili ed ortesi in riabilitazione
21. Metodiche riabilitative in paziente neurologico
22. Riabilitazione nel long-COVID
23. Riabilitazione nel paziente oncologico allettato
24. Riabilitazione nelle distonie
25. Riabilitazione nell'atrofia muscolare spinale SMA
26. Riabilitazione nella cervico-brachialgia acuta

27. Riabilitazione nella spalla congelata
28. Riabilitazione dell'arto inferiore nel paziente emiplegico
29. Riabilitazione nei disturbi dell'equilibrio e coordinazione motoria
30. Riabilitazione nella fascite plantare
31. Plasticità cerebrale e recupero motorio
32. Riabilitazione nella dorso-lombalgia
33. Riabilitazione nei postumi di poliomielite di arto inferiore
34. Riabilitazione post lussazione gleno-omerale
35. Riabilitazione nella spondilodiscoartrosi cervicale
36. Riabilitazione post ictus cerebellare
37. Riabilitazione del paziente paraplegico in carrozzina
38. Riabilitazione nella camptocormia
39. Riabilitazione del politraumatizzato
40. Riabilitazione nel torcicollo miogeno
41. Riabilitazione nella cervicalgia
42. Riabilitazione nella periartrite scapolo-omerale
43. Valutazione funzionale di un paziente neurologico

IL PRESIDENTE
Dott. Giuseppe Quattrocchi

I COMPONENTI
Dott.ssa Agata Maria Cristina Iannuzzi

Dott. Angelo Casa

IL SEGRETARIO
Dott.ssa Graziana Rita Costa

Allegato n. 2 al verbale n. 5 del 29/06/2023

Concorso pubblico, per titoli ed esami, per la copertura a tempo indeterminato di n. 7 posti di Fisioterapista, Area dei Professionisti della Salute e dei Funzionari.

Prova orale del 29 giugno 2023

Quesiti lingua inglese
estratti di articoli tratti da riviste scientifiche in lingua straniera

1. The term "neurodegenerative disease"refers to a set of illnesses that primarily affect brain's neurons. Substantia nigra (a midbrain dopaminergic nucleus) with lack of hormone called dopamine causes Parkinson's disease (PD), a neurological disorder. PD leads to tremor, stiffness, impaired posture and balance, and loss of automatic movements.

2. Patient with Parkinson's often develops a parkinsonian gait that includes a tendency to lean forward, small quick steps as if hurrying forward, and reduced swinging of the arms. They also may have trouble initiating or continuing movement. Gait analysis is often used to diagnose neurodegenerative illnesses and determine their stage.

3. In this study, we attempt to investigate postural balance, and of gait signals for Parkinson's patients, also, we incorporate interim rehabilitation technique. We included 25 PD patients who had 2.5 to 3 IV score of Hoehn and Yahr scale. A ten-minute walk test has been performed to observe primary and secondary results of dual task interference on gait velocities, and gait time motion vector for right and left legs was observed.

4. Two experimental ground conditions include three conditions of trunk alignment, that is, erect on a regular basis (RE), trunk dorsiflexion 30° (TF1), and trunk dorsiflexion 50° (TF2) were analysed. We identified the walking speed of PD patients was decreased, and trunk dorsiflexion variables influence the gait pattern of Parkinson's disease patients, where higher 95% CI for TF1 condition was reported.

5. The regular erect trunk showed swing time reduction (0.7%) in PD, so the higher unified PD rating scale (UPDRS) values have significant difference in swing phase time in Parkinson's patients. The average Hoehn and Yahr scale (H&Y scale) was 4.3±2.5 reported in the study participants. In a 10-week follow-up evaluation, the stance duration was shown to be substantial, as was the slower speed gait in the baseline condition.

6. Excessive flexion was discovered in our investigation at the lower limb joints, particularly the knee and ankle. Patients with Parkinson's disease had similar maximum dorsiflexion and minimum plantarflexion values in stance. The trunk fraction conditions were found significant in patients after rehabilitation training.
   The best response to rehabilitation treatment was seen when the trunk was rotated.

7. Background: Parkinson's disease (PD) is the second most common neurodegenerative disorder and seriously affects quality of life globally. Moxibustion is widely used to treat neurodegenerative diseases in the clinic and has achieved a beneficial clinical effect.

8. However, strict control and high-quality randomized controlled trials are still lacking. Therefore, this trial aims to evaluate the clinical efficacy and safety of moxibustion in patients with PD and preliminarily explore the underlying mechanism. Methods: This is a randomized, single-blind and placebo-controlled trial design in which 70 eligible participants will be randomly divided into a moxibustion group and a sham moxibustion group. Baihui (DU20) and Sishenchong (EX-HN1) are selected for both groups.

9. The treatment will be performed for 30 min per session, two sessions a week for 8 weeks. The mean change in MDS-UPDRS scores (including MDS-UPDRS II, III subscale scores and total scores) from baseline to the observation points will be the primary outcome. The secondary outcomes will include scores on the Parkinson's Disease Questionnaire-39 (PDQ-39), Fatigue Severity Scale (FSS), Parkinson Disease Sleep Scale (PDSS), Montreal Cognitive Assessment (MoCA), and Self-Rating Depression Scale (SDS) as well as the Wexner constipation score.

10. All the above outcomes will be assessed at 4 and 8 weeks. Laboratory blood biochemical analysis and functional magnetic resonance imaging (fMRI) will be conducted at baseline and at the end of treatment to explore the potential mechanisms of moxibustion in regulating PD.

11. Discussion: In conclusion, the results of this trial will reveal whether moxibustion is effective for treating motor and nonmotor symptoms in PD. This trial will also preliminarily explore the underlying mechanism of the regulatory effect of moxibustion in PD, which will contribute to providing a theoretical basis for the treatment of PD.

12. We performed liquid chromatography tandem mass spectrometry analysis with the targeted metabolomic kit Biocrates MxP Quant 500, in human brain cortex (Brodmann area 9) and putamen, to reveal metabolic changes characteristic of Parkinson's disease (PD) and PD-related cognitive decline.

13. This case-control study involved 101 subjects (33 PD without dementia, 32 PD with dementia (cortex only), 36 controls). We found changes associated with PD, cognitive status, levodopa levels, and disease progression. The affected pathways include neurotransmitters, bile acids, homocysteine metabolism, amino acids, TCA cycle, polyamines, β-alanine metabolism, fatty acids, acylcarnitines, ceramides, phosphatidylcholines, and several microbiome-derived metabolites.

14. Previously reported levodopa-related homocysteine accumulation in cortex still best explains the dementia status in PD, which can be modified by dietary supplementation. Further investigation is needed to reveal the exact mechanisms behind this pathological change.

15. Parkinson's disease (PD) is an age-related neurological disorder known for the observational differences in its risk, progression, and severity between men and women. While estrogen has been considered to be a protective factor in the development of PD, there is little known about the role that fluctuations in hormones and immune responses from sex-specific health experiences have in the disease's development and severity.

16. We sought to identify women-specific health experiences associated with PD severity, after adjusting for known PD factors, by developing and distributing a women-specific questionnaire across the United States and creating multivariable models for PD severity.

17. We created a questionnaire that addresses women's specific experiences and their PD clinical history and deployed it through The Parkinson's Foundation: PD Generation. To determine the association between women-specific health factors and PD severity, we constructed multivariable logistic regression models based on the MDS-UPDRS scale and the participants' questionnaire responses, genetics, and clinical data.

18. For our initial launch in November 2021, we had 304 complete responses from PD GENEration. Univariate and multivariate logistic modeling found significant associations between major depressive disorder, perinatal depression, natural childbirth, LRRK2 genotype, B12 deficiency, total hysterectomy, and increased PD severity. This study is a nationally available questionnaire for women's health and PD.

19. It shifts the paradigm in understanding PD etiology and acknowledging how sex-specific experiences may contribute to PD severity. In addition, the work in this study sets the foundation for future research to investigate the factors behind sex differences in PD

20. The perception of everyday events implies the segmentation into discrete sub-events (i.e. event segmentation). This process is relevant for the prediction of upcoming events and for the recall of recent activities. It is thought to involve dopaminergic networks which are strongly compromised in Parkinson's disease (PD).

21. Indeed, deficits of event segmentation have been previously shown in PD, but underlying neuronal mechanisms remain unknown. We therefore investigated 22 persons with PD and 22 age-matched healthy controls, who performed an event segmentation task with simultaneous electroencephalography (EEG).

22. Both groups had to indicate by button press the beginning of sub-events within three movies showing persons performing everyday activities. The segmentation performance of persons with PD deviated significantly from that of controls. Neurophysiologically, persons with PD expressed reduced theta (4–7 Hz) activity around identified event boundaries compared to healthy controls.

23. Together, these results point to disturbed event processing in PD. According to functions attributed to EEG activities in particular frequency ranges, the PD-related theta reduction could reflect impaired matching of perceptual input with stored event representations and decreased updating processes of event information in working memory and, thus, event boundary identification.

24. Brain-computer interfaces (BCIs) provide the central nervous system with channels of direct communication to the outside world, without having to go through the peripheral nervous system. Neurodegenerative diseases (NDs) are notoriously incurable and burdensome medical conditions that will result in progressive deterioration of the nervous system.

25. The applications of BCIs in NDs have been studied for decades now through different approaches, resulting in a considerable amount of literature in all related areas. In this study, we begin by introducing BCIs and proceed by explaining the principles of BCI-based neurorehabilitation.

26. Then, we go through four specific types of NDs, including amyotrophic lateral sclerosis, Parkinson's disease, Alzheimer's disease, and spinal muscular atrophy, and review some of the applications of BCIs in the neural rehabilitation of these diseases. We conclude with a discussion of the characteristics, challenges, and future possibilities of research in the field.

27. Going through the uses of BCIs in NDs, we can see that approaches and strategies employed to tackle the wide range of limitations caused by NDs are numerous and diverse. Furthermore, NDs can fall under different categories based on the target area of neurodegeneration and thus require different methods of BCI-based rehabilitation.

28. In recent years, neurotechnology companies have substantially invested in research on BCIs, focusing on commercializing BCIs and bringing BCI-based technologies from bench to bedside. This can mean the beginning of a new era for BCI-based neurorehabilitation, with an anticipated spike in interest among researchers, practitioners, engineers, and entrepreneurs alike.

29. Background: About 70–90% of Parkinson's disease (PD) patients have olfactory deficits which is considered as pre-motor symptom of PD. Lewy bodies have been demonstrated in the olfactory bulb (OB) in PD. Objective: To assess the OB volume (OBV), olfactory sulcus depth (OSD) in PD and compare with progressive supranuclear palsy (PSP), multiple system atrophy (MSA) and vascular parkinsonism (VP) patients and determine the cut-off volume of OB that will aid in the diagnosis of PD.

30. Methods: This was a cross-sectional, hospital based, single-center study. Forty PD, 20 PSP, 10 MSA, 10 VP patients and 30 controls were recruited. OBV and OSD was assessed using 3-T magnetic resonance imaging (MRI) brain. Olfaction was tested using Indian Smell Identification test (INSIT). Results: The mean total OBV in PD was 113.3 ± 79.2 mm^3 and 187.4 ± 65.0 mm^3 in controls (P = 0.003) which was significantly lower in PD. The mean total OSD in PD was 19.4 ± 8.1 and 21.1 ± 2.2 mm in controls (P = 0.41) with no difference.

31. The mean total OBV was significantly lower in PD as compared to that of PSP, MSA and VP patients. There was no difference in the OSD among the groups. The total OBV in PD had no association with age at onset, duration of disease, dopaminergic drugs dosage, motor and non-motor symptoms severity but had positive correlation with cognitive scores. Conclusion: OBV is reduced in PD patients as compared to PSP, MSA, VP patients and controls. OBV estimation by MRI adds to the armamentarium in the diagnosis of PD.

32. Leigh syndrome is a rare, inherited, complex neurometabolic disorder with genetic and clinical heterogeneity. Features present in affected patients range from classical stepwise developmental regression to ataxia, seizures, tremor, and occasionally psychiatric manifestations.

33. Currently, more than 100 monogenic causes of Leigh syndrome have been identified, yet the pathophysiology remains unknown. Here, we sought to determine the cellular specificity within the brain of all genes currently associated with Leigh syndrome. Further, we aimed to investigate potential genetic commonalities between Leigh syndrome and other disorders with overlapping clinical features.

34. Enrichment of our target genes within the brain was evaluated with co-expression (CoExp) network analyses constructed using existing UK Brain Expression Consortium data. To determine the cellular specificity of the Leigh associated genes, we employed expression weighted cell type enrichment (EWCE) analysis of single-cell RNA-Seq data. Finally, CoExp network modules demonstrating enrichment of Leigh syndrome associated genes were then utilised for synaptic gene ontology analysis and heritability analysis.

35. CoExp network analyses revealed that Leigh syndrome associated genes exhibit the highest levels of expression in brain regions most affected on MRI in affected patients. EWCE revealed significant enrichment of target genes in hippocampal and somatosensory pyramidal neurons and interneurons of the brain.

36. Analysis of CoExp modules enriched with our target genes revealed preferential association with pre-synaptic structures. Heritability studies suggested some common enrichment between Leigh syndrome and Parkinson disease and epilepsy. Our findings suggest a primary mitochondrial dysfunction as the underlying basis of Leigh syndrome, with associated genes primarily expressed in neuronal cells.

37. Background: The primary motor cortex (M1) is an important hub in the motor circuitry of Parkinson's disease (PD), but the subregions' function and their correlation to tremor dominant (TD) and postural instability and gait disturbance (PIGD) with PD remain unclear. This study aimed to determine whether the functional connectivity (FC) of the M1 subregions varied between the PD and PIGD subtypes.

38. Methods: We recruited 28 TD patients, 49 PIGD patients, and 42 healthy controls (HCs). M1 was divided into 12 regions of interest using the Human Brainnetome Atlas template to compare FC among these groups. Results: Compared with HCs, TD and PIGD patients exhibited increased FC between the left upper limb region (A4UL_L) and the right caudate nucleus (CAU)/left putamen (PUT), between the right A4UL (A4UL_R) and the left anterior cingulate and paracingulate gyri (ACG)/bilateral cerebellum4_5 (CRBL4_5)/left PUT/right CAU/left supramarginal gyrus/left middle frontal gyrus (MFG), as well as decreased connectivity between the A4UL_L and the left postcentral gyrus and the bilateral cuneus, and between the A4UL_R and the right inferior occipital gyrus.

39. TD patients showed increased FC between the right caudal dorsolateral area 6 (A6CDL_R) and the left ACG/right MFG, between the A4UL_L and the right CRBL6/right middle frontal gyrus, orbital part/bilateral inferior frontal gyrus, and orbital part (ORBinf), and between the A4UL_R and the left ORBinf/right MFG/right insula (INS). PIGD patients displayed increased connectivity between the A4UL_L and the left CRBL4_5.

40. Compared with PIGD patients, TD patients exhibited increased connectivity between the A6CDL_R and the left ACG/right MFG and between the A4UL_R and the left ACG/left ORBinf/right INS/right MFG. Furthermore, in TD and PIGD groups, the FC strength between the A6CDL_R and right MFG was negatively correlated with PIGD scores, while the FC strength between the A4UL_R and left ORBinf/right INS was positively correlated with TD scores and tremor scores.

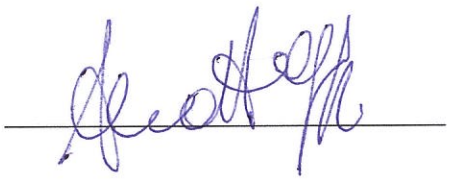
41. Tremor is one of the earliest signs of Parkinson's disease (PD), which seriously disrupts patients' daily lives. It is important to study upper limb tremors quantitatively to control PD progression. In this study, surface electromyography (sEMG) signals from wearable devices are used to recognize rest, posture, and kinetic tremor action from 6 upper-limb clinical actions and to quantify features of tremors.

42. A multivariable time series classification model (MTSCM) based on fully convolutional networks and a long short-term memory network is proposed to recognize tremor actions. MTSCM achieves a high degree of accuracy both on the left-hand and right-hand data sets for tremor actions.

43. An improved Hilbert-Huang transform (HHT) method is proposed to decompose the inertial signals of tremor actions to obtain tremor components. Using the improved HHT, tremor and motion components can be decomposed effectively. In addition, 53 features are extracted from inertial and sEMG signals, and a canonical correlation analysis is used to determine the correlation between features and MDS-UPDRS scores.

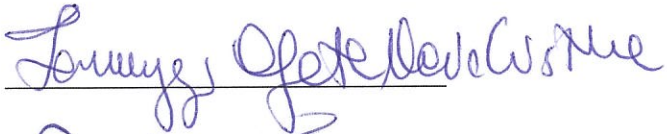
IL PRESIDENTE

Dott. Giuseppe Quattrocchi

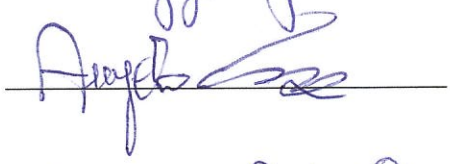


I COMPONENTI

Dott.ssa Agata Maria Cristina Iannuzzi



Dott. Angelo Casa



IL SEGRETARIO

Dott.ssa Graziana Rita Costa

Allegato n. 3 al verbale n. 5 del 29/06/2023

Concorso pubblico, per titoli ed esami, per la copertura a tempo indeterminato di n. 7 posti di Fisioterapista, Area dei Professionisti della Salute e dei Funzionari.

Prova orale del 29 giugno 2023

Quesiti informatica
relativi alla conoscenza delle applicazioni informatiche più diffuse

1. Se nell'ambito di una riunione si volessero presentare dei risultati con una presentazione al PC, quale software risulterebbe più adeguato utilizzare e perché?
2. Che cosa sono gli applicativi Word, Excel e Power Point, che utilizzo un utente può rispettivamente farne e quali elementi li caratterizzano? Descriverne caratteristiche, specificità e differenze.
3. Occorre creare un "data base" per incrociare numerosi dati provenienti da diverse fonti e persone per poi poter realizzare dei grafici, che software utilizzo?
4. Occorre inoltrare via e-mail copia di un documento del quale possiedo esclusivamente l'originale in formato cartaceo, che cosa faccio e perché?
5. Se si vuole mandare un messaggio via e-mail semplice/ordinaria che software utilizzeresti, cosa devi necessariamente conoscere e che tipi di allegati si possono accludere?
6. Se ho urgente necessità di collegarmi ad un sito internet specifico, per acquisire delle informazioni indispensabile per poter effettuare delle scelte, ma non conosco l'URL htts, come agisco?
7. Cos'è Windows Media Player?
8. Se durante l'utilizzo del PC appare sullo schermo un avviso di "Download", senza che si abbia volutamente scelto tale azione, che cosa sta succedendo?
9. Se un collega tramite posta elettronica mi inoltra dei dati su un "foglio di lavoro elettronico", di che software o bisogno per poterlo aprire ed eventualmente modificare o integrare?
10. In Windows, il file "Manuale.doc" è un documento che è possibile aprire con il programma?
11. Qual è la definizione di Tablet?
12. Qual è la definizione di Smartphone?
13. Qual è la definizione di Pendrive?
14. In Outlook che cosa succede quando si fa clic sul pulsante Invia della finestra Messaggio?
15. Cosa è la Pec?
16. Cosa è un motore di ricerca?
17. A cosa serve un back up?
18. I dispositivi di input.
19. I dispositivi di output.
20. Il filtro di posta indesiderata.
21. La barra dei preferiti.
22. la firma digitale.
23. La funzione copia.
24. La funzione incolla.
25. la funzione cronologia.

26. Che cos'è e a cosa serve il driver di un PC?
27. la funzione dello scanner.
28. la casella di posta elettronica.
29. le funzioni dell'hard disk.
30. l'inserimento di una tabella in Microsoft Word.
31. L'anteprima di stampa, funzioni e utilità.
32. cosa è un motore di ricerca?
33. Differenza tra rete internet e rete intranet.
34. la funzione taglia.
35. cosa è il power point?
36. estensioni dei file.
37. la funzione filtro in Microsoft Exel.
38. la funzione modifica carattere su MS Word.
39. le modalità di connessione di un dispositivo alla rete.
40. la funzione dell'antivirus
41. Cosa è una connessione wireless?
42. Un modem è indispensabile per …
43. Che cosa è Windows?

IL PRESIDENTE

Dott. Giuseppe Quattrocchi

I COMPONENTI

Dott.ssa Agata Maria Cristina Iannuzzi

Dott. Angelo Casa

IL SEGRETARIO

Dott.ssa Graziana Rita Costa

Concorso pubblico, per titoli ed esami, per la copertura a tempo indeterminato di n. 7 posti di Fisioterapista, Area dei Professionisti della Salute e dei Funzionari.

PROVA ORALE del 29/06/2023

AULA E, TORRE SUD, PIANO -1 DELLA TORRE BIOLOGICA "FERDINANDO LATTERI" DELL'UNIVERSITÀ DEGLI STUDI DI CATANIA, SITA IN VIA S. SOFIA N. 89, 95123, CATANIA

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5	BONANNO MIRJAM	29/03/1998	C.I. N° CA62091MQ SCAD. 29/03/2033	
6	BUSCEMI CLAUDIA BENEDETTA	11/07/1992	C.I. N° AX1611759 SCAD. 11/09/2027	
7	CALABRO' GIUSEPPE MIRKO	06/01/1994	C.I. N° AY1711949 SCAD. 06/01/2027	
8	CALO' GIANLUCA	13/05/1994	C.I. N° CA50560PC SCAD. 13/05/2033	
9	CARBONARO MICHAEL ROBERTO	11/07/1995	C.I. N° AX1226130 SCAD. 11/07/2027	
10	CARROCCIO GIUSEPPE	13/06/1997	C.I. N° CA22279FE SCAD. 13/06/2030	
11	CARUSO CHRISTIAN	11/12/1996	C.I. N° CA34166FV SCAD. 11/12/2030	
12	CASSINERA LUIGI FABRIZIO	26/10/1981	C.I. N° CA9202ZLD SCAD. 26/10/2032	
13	CATALANO GIUSEPPE MATTIA	29/05/1995	C.I. N° CA22485FT SCAD. 29/05/2030	
14	CHIARENZA GIANMARCO	25/07/1991	C.I. N° AU2182846 SCAD. 25/07/2023	

	CANDIDATO	DATA NASCITA	DOCUMENTO DI RICONOSCIMENTO	FIRMA
15	COCO ANTONINO GIUSEPPE	24/09/1991	C.I. N° CA23219ND SCAD. 24/09/2032	
16	CONSOLI MAGDA	18/12/1980	C.I. N° CA0995 16J SCAD. 18/12/2030	
17	COSTANZO GIUSEPPE MANFREDI	28/10/1991	C.I. N° CA9904 8DS SCAD. 28/10/2029	
18	CURRO' ANDREA DAVID	10/09/1975	C.I. N° CA8691 5BD SCAD. 10/09/2028	
19	CUTULI ANDREA	02/07/1995	C.I. N° CA3737 5DS SCAD. 02/07/2029	
20	D'AMICO JESSICA	30/12/1986	C.I. N° AU3022168 SCAD. 30/12/2024	
21	DI MAGGIO MARCO	27/10/1995	C.I. N° CA5356 6EX SCAD. 27/10/2029	
22	DI MARCO PIZZONGOLO LAURA	17/06/1986	C.I. N° CA4298 8 0X SCAD. 17/06/2032	
23	DILENA DAVIDE	08/11/1985	C.I. N° AX9404829 SCAD. 08/11/2027	
24	DONATO FRANCESCO	28/06/1981	PAT. N° U13B89310A SCAD. 28/06/2028	
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27	FORCIERI GIULIANO FORCIERI	03/11/1992	C.I. N° AT9538750 SCAD. 03/11/2023	
28	FRANCESCHINO ANDREA	06/05/1993	C.I. N° AX7618791 SCAD. 06/05/2028	
29	GIACCA RAMONA	09/10/1999	C.I. N° AY0702894 SCAD. 09/10/2028	
30	GIACCA ROBERTA	09/10/1999	C.I. N° AY0702895 SCAD. 09/10/2028	
31	GIUFFRIDA DAMIANO	30/09/1987	C.I. N° AT8655908 SCAD. 30/09/2023	
32	GIUFFRIDA VALENTINA	09/02/1994	C.I. N° CA5593 6CB SCAD. 09/02/2029	
33	GRESTA GIOVANNI MARCO	21/01/1994	P.A. N° CT5937234L SCAD. 21/01/2030	
34	INVIDIATO LUCIO	31/05/1994	C.I. N° CA4686 7KN SCAD. 31/05/2032	

	CANDIDATO	DATA NASCITA	DOCUMENTO DI RICONOSCIMENTO	FIRMA
35	LA ROSA ROSARIO AGATINO	16/08/1985	C.I. N° CA98034AK SCAD. 16/08/2028	[signature]
36	LEONARDI GIULIA	22/05/1992	~~C.I. N° CA63821IK SCAD. 26/04/2031~~ *	[signature]
37	LEONARDI MICHELA	26/04/1999	C.I. N° CA63821IK SCAD. 26/04/2031	[signature]
38	LEONARDI ROBERTO	29/10/1996	C.I. N° CA86714CN SCAD. 29/10/2028	[signature]
39	LICCIARDELLO ANTONIO SANTI	02/02/1994	C.I. N° AV6526261 SCAD. 02/02/2026	[signature]
40	LO PRESTI ELENA	27/04/1996	C.I. N° AX8586696 SCAD. 27/04/2027	[signature]
41	LO PRESTI GIUSEPPE	02/01/1996	C.I. N° AY8666509 SCAD. 02/01/2028	[signature]

*PAT. DI GUIDA N° U166N4682T SCAD 22/05/2033 - LEONARDI GIULIA

[signatures]

Azienda Ospedaliero Universitaria Policlinico
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Allegato n. 5 al Verbale n. 5 del 29/06/2023

Concorso pubblico, per titoli ed esami, per la copertura a tempo indeterminato di n. 7 posti di Fisioterapista, Area dei Professionisti della Salute e dei Funzionari.

Valutazione prova orale espletata il 29/06/2023

	Candidato	Valutazione prova orale (max 30 punti)	Superamento prova scritta (almeno 21/30)
1	ABBRUZZO ROBERTO	21,00	SUPERATA
2	ARGENTO ANTONIO	21,00	SUPERATA
3	AUTERI CARLO SALVATORE	21,00	SUPERATA
4	BASILE GIUSEPPE	ASSENTE	ASSENTE
5	BONANNO MIRJAM	22,00	SUPERATA
6	BUSCEMI CLAUDIA BENEDETTA	27,00	SUPERATA
7	CALABRÒ GIUSEPPE MIRKO	21,00	SUPERATA
8	CALÒ GIANLUCA	21,00	SUPERATA
9	CARBONARO MICHAEL ROBERTO	21,00	SUPERATA
10	CARROCCIO GIUSEPPE	21,00	SUPERATA
11	CARUSO CHRISTIAN	21,00	SUPERATA
12	CASSINERA LUIGI FABRIZIO	22,00	SUPERATA
13	CATALANO GIUSEPPE MATTIA	21,00	SUPERATA
14	CHIARENZA GIANMARCO	21,00	SUPERATA
15	COCO ANTONINO GIUSEPPE	20,00	NON SUPERATA
16	CONSOLI MAGDA	21,00	SUPERATA
17	COSTANZO GIUSEPPE MANFREDI	21,00	SUPERATA
18	CURRÒ ANDREA DAVID	21,00	SUPERATA
19	CUTULI ANDREA	20,00	NON SUPERATA
20	D'AMICO JESSICA	21,00	SUPERATA
21	DI MAGGIO MARCO	23,00	SUPERATA
22	DI MARCO PIZZONGOLO LAURA	21,00	SUPERATA
23	DILENA DAVIDE	21,00	SUPERATA
24	DONATO FRANCESCO	21,00	SUPERATA
25	FAZIO DARIO	21,00	SUPERATA
26	FINOCCHIARO GABRIELE	21,00	SUPERATA
27	FORCIERI GIULIANO	21,00	SUPERATA
28	FRANCESCHINO ANDREA	21,00	SUPERATA
29	GIACCA RAMONA	22,00	SUPERATA
30	GIACCA ROBERTA	22,00	SUPERATA

31	GIUFFRIDA DAMIANO	22,00	SUPERATA
32	GIUFFRIDA VALENTINA	22,00	SUPERATA
33	GRESTA GIOVANNI MARCO	23,00	SUPERATA
34	INVIDIATO LUCIO	21,00	SUPERATA
35	LA ROSA ROSARIO AGATINO	21,00	SUPERATA
36	LEONARDI GIULIA	21,00	SUPERATA
37	LEONARDI MICHELA	21,00	SUPERATA
38	LEONARDI ROBERTO	21,00	SUPERATA
39	LICCIARDELLO ANTONIO SANTI	21,00	SUPERATA
40	LO PRESTI ELENA	23,00	SUPERATA
41	LO PRESTI GIUSEPPE	22,00	SUPERATA

Catania, 29/06/2023

IL PRESIDENTE

Dott. Giuseppe Quattrocchi

I COMPONENTI

Dott.ssa Agata Maria Cristina Iannuzzi

Dott. Angelo Casa

IL SEGRETARIO

Dott.ssa Graziana Rita Costa