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| كلية الطب  جامعة مؤتة | |  | Faculty of Medicine,  Mu’tah University |
| Fifth-year Orthopedic Exams | | | |

**This folder contains OrthopedicMCQ questions from :  
2010/2012/2014/2016/2019/2020/2021 and 2 unknown folders**

**قام بجمع وترتيب هذه الأسئلة أحمد الخطايبة لغاية امتحانات سنة 2017 ..  
 وتم إضافة تنسيق الإمتحانات حتى 2019 عن طريق طارق أبولبدة& عمار العضايلة ..**

**و امتحان 2020 عمل عبدالرحمن الوردات و ساجدة الذنيبات**

**امتحان 2021 عمل عبدالرحمن بدير و اشرف نصراويين**

**وبإشراف لجنة الطب والجراحة .**



**2023**

1. **Principles of fractures management one is wrong; Select one.**
2. Neurovascular exam is the most important part of the exam.
3. Open fractures are not treat by debridement at Emergency department.
4. When examining start with active then passive movement.
5. Splint all fractures before send, patient to X-Ray.
6. Antibiotic is not used for closed fractures.
7. The best recovery and prognosis after nerve injury is seen in which combination; Select one:
8. Child with neurotmesis.
9. Healthy adult with neurotmesis.
10. Child with neurapraxia.
11. Healthy adult with neuropraxia
12. Child with axonotmesis
13. One is not true regarding fracture management in pediatrics: Select one.
14. Conservative management for the majority of fractures
15. Toddler fracture is treated with closed reduction and casting.
16. Type three supracondylar fracture is treated with closed reduction and wires.
17. Closed reduction is better than open in most of cases.
18. Stiffness is rare in pediatrics as a complication.
19. Which of the following Spine fracture patterns is at greatest risk for nonunion with non operative and operative treatment; Select one:
20. Jefferson fracture.
21. 50 percent wedge L2 fracture
22. Base of Odontoid process fracture
23. Type 1 Hangman's fracture
24. Tip of odontoid process fracture
25. All of the following is true regarding Isthmic spondylolisthesis EXCEPT
26. It's a common cause of low back pain in children and adolescents
27. It's caused by a defect in the pars interarticularis
28. Most common location is L4-L5
29. Usually activity related and occurs from repetitive extension
30. Most commonly it's treated conservatively.
31. 17-year-old female patient presented to the clinic with scoliotic back deformity, after physical examination and performing the primary diagnostic X-rays, which of the following is indicative to perform whole Spine MRI, Select one:
32. Cobb's angle of 36 degrees
33. Pelvic asymmetry.
34. Painless curve
35. Neurofibromatosis
36. Early menarche
37. The triceps tendon reflex is primarily transmitted through which of the following primary nerve roots; Select one:
38. C1, C2
39. C2, C3
40. C3, C4
41. C5, C6
42. C7, C8
43. 40 year old male patient involved in road traffic accident presented to the emergency department by the civil defense , he was conscious oriented , his blood pressure was 90/60. Upon resuscitation, physical examination and proper imaging. He has isolated open book pelvis fracture. The mechanism contributing to his fracture is?
44. Anterioposterior compression.
45. Lateral compression.
46. Vertical shear .
47. Crushing injury.
48. Dashboard injury.
49. Which of the following is not type of acetabular fracture classification; Select one
50. Posterior column and posterior wall
51. Transverse and posterior wall
52. Both column
53. distal tuberosity
54. T-shaped
55. 22 year old male soccer player, presented to the emergency department complaining of left knee pain, swelling and locking, after he injured his knee while he had a contact injury in a game the day before , upon physical examination he has positive medial joint tenderness and a positive Mcmurray’stest.What Is the most likely injured structure?
56. Anterior cruciate ligament.
57. Posterior cruciate ligament.
58. Medial meniscus.
59. Lateral meniscus
60. Iliotibial band.
61. 14 year old male child presented to the clinic complaining of both knees anterior pain, there is no history of trauma, upon physical examination there is mild swelling and tenderness at the tibial tuberosity, what is the diagnosis?
62. Meniscus tear.
63. Anterior cruciate ligament tear.
64. Prepatellar bursitis .
65. Osgood Schlatter’s disease.
66. Medial collateral ligament injury.
67. The used classification for proximal tibial fracture classification is; Select one:
68. Neers classification
69. Garland classification
70. garden classification
71. schatzcker classification
72. weber classification
73. All of the following are risk factors for recurrent patellofemoral joint dislocation except:
74. Previous history of patellofemoral dislocation.
75. Ligamentous laxity (Ehlers-Danlos syndrome).
76. High femoral anteversion.
77. Genu varus
78. Trochlear dysplasia
79. In treatment of Osteoarthritis of the knee , all of the following consider useful treatment in some stages of the disease except:
80. Nonsteroidal anti-inflammatory drugs.
81. Exercise.
82. Weight reduction.
83. Oral supplement of glucosamine and chondroitin .
84. Total knee replacement
85. male patient presented to emergency with suspected septic hip, Temp : 39.5, ESR is 60 ,his WBC is 8000, and he is unable to walk normally,crp is 80 his Kocher criteria is
86. One
87. Two
88. Three
89. Four
90. Five
91. All of the following bones are affected by Osteoporosis except :
92. Scapula
93. Vertebral body
94. femoral neck
95. distal radius
96. proximal humerus
97. 12-year-old boy presented with continuous right thigh pain of three weeks duration, associated with fever and weight loss. No history of trauma. Physical examination revealed swelling, hotness of the right thigh. All of the following can be seen on the X ray of this patient EXCEPT:
98. Thinning of the cortex
99. Extension to the surrounding tissues
100. Onion skin appearance
101. Sunburst appearance
102. Codman triangle
103. 13 year old patient presented with right leg pain that awakened him from sleep, and relieved be pain medication, there was no history of fever or weight loss. X rays showed a small nidus surrounded by sclerotic bony reaction, the most likely location of this lesion is:
104. Epiphyseal
105. Metaphyseal
106. Diaphyseal
107. Subchondral
108. Apophyseal
109. A patient presents to the emergency department with a open fracture . the wound measures 11 cm, that needed surgical intervention during which they found the radial artery was injured /cut and fixed it . Based on the Gustillo-Anderson classification, this wound is graded as:
110. Type I
111. Type II
112. Type IIIA
113. Type IIIB
114. Type IIIC
115. All of the following are considered as RED FLAG in Low back pain Except; Select one:
116. Night sweating and fever
117. High grade fever and low back pain
118. Sciatica
119. Progressive neurological deficit
120. What is the most common type of kyphosis in 17 years old young adult?
121. Postural Kyphosis
122. Scheuermann's kyphosis
123. Congenital Kyphosis
124. Adolescent idiopathic Kyphosis
125. DDH, one is wrong; Select one:
126. Left side is more than right
127. Less common in premature
128. happens in female earlier
129. Very mild DDH can’t be treated conservatively
130. Open reduction is treatment for older child
131. Which of the following muscles is supplied by the Deep peroneal nerve?\*
132. flexor hallucis longus
133. Tibialis anterior
134. Flexor digitorum longus
135. Flexor hallucis brevis
136. All the following is a Risk factor for osteoporosis except :
137. Female
138. Alcohol
139. Sedentary life style no exercise
140. Obesity
141. Smoking
142. Which of the following is wrong matched ?
143. ewing tumor/ bone marrow tumor
144. osteosarcoma / bone marrow tumor
145. osteoid / bone forming tumor
146. chondroma / bone marrow tumor
147. multiple myeloma / bone tumor
148. all of the following indicates POOR PROGNOSIS of brachial plexus injury except :
149. return biceps function by 3 months
150. Preganglionic injuries (worst prognosis)
151. Loss of rhomboid function (dorsal scapular nerve)
152. Elevated hemidiaphragm (phrenic nerve)
153. Horner's syndrome (ptosis, miosis, anhydrosis)
154. Wrong match :
155. Osteomalacia - bone deformity
156. perthes - ADHD
157. DDH - swaddling
158. rickets thin cortex
159. which of the following is wrong about the lower limb fractures ?
160. tibial bone fractures complication can be delayed union and non union
161. Pilon rarely associated with soft tissue injury
162. Classification of calcaneus fractures is Based on the number of articular fragments seen
163. Which of the following isn’t in septic arthritis treatment ?
164. Splintage in functional posture
165. Iv antibiotics
166. Aspiration of the joint with antibiotics injection
167. Arthrotomy
168. Analgesia
169. In case of Distal biceps tendon rupture select one regarding the elbow joint :
170. Flexion = supination
171. flexion is half of supination
172. only flexion becomes weaker
173. Supination becomes weaker than flexion
174. No change
175. in the clavicular fracture One below is WRONG,:
176. the medial part goes posterio-inferiorly by the Sternocleidomastoid Muscle
177. lateral one third fracture is common in elderly
178. keeping the bone in place after reduction is hard
179. risk of major vascular injury
180. One below is WRONG : Perth’s in Older children has a good prognosis
181. regarding the force transmission which is correct ?
182. full wrist extension transfer to the scaphoid
183. Full wrist flexion transfer to lunate
184. full wrist flexion transfer to the scaphoid
185. Case about a woman with index finger pain, swelling and tenderness on extension Invonlving flexor digitorum tendon Most appropriate step in management: {it was case of Tenosynovitis }
186. Incision and drainage
187. Physical therapy to increase the rom
188. Steroid injection
189. NSAIDs
190. True about club foot CTEV -
191. start management at 3 months
192. Skin and soft tissue of the calf and the medial side of the foot are short and underdeveloped
193. which of the following isn’t a risk factor for stress fracture :
194. male
195. corticosteroid use
196. alcohol and smoking
197. obesity
198. military installations { repeated minor loading }
199. Patient suffered from shoulder dislocation that was seen on x ray and was treated appropriately, after a week he come back with anterior shoulder dislocation , his lateral arm sensation is intact which is the appropriate imaging ?
200. MRI
201. Ultrasound of the shoulder joint
202. Repeat the x ray
203. Ct
204. 80 years old male fall on the bathroom and come to ER with left hip pain and unable to bear Wight, on x ray no fracture was found what is the next appropriate step ?
205. Give analgesia and send him home
206. Refer to the clinic after 1 week for reevaluation
207. Do MRI
208. ESR AND CRP
209. wrong about proximal humeral fracture in pediatric
210. salter haris type 1 is rarly seen and can be managed {conservatively or without follow up \*-\* can’t remember which}
211. proximal humerus has the ossification in the upper limb
212. site for pathological fracture
213. elbow :
214. the lateral epicondyle fracture has better prognoses than supracondylar fracture
215. the medial epicondyle has faster ossification than the radial head
216. distal radial fracture if more than 30 º displaced it need Open reduction
217. supracondylar fracture type 2 can be treated conservatively
218. Supination and hyper-flexion of the elbow Is the treatment for Nursemaid elbow

**2021**

1. **One is not true regarding fracture management in pediatrics: Select one.**
2. Conservative management for the majority of fractures
3. Toddler fracture is treated with closed reduction and casting.
4. Type three supracondylar fracture is treated with closed reduction and wires.
5. Closed reduction is better than open in most of cases.
6. Stiffness is rare in pediatrics as a complication.
7. **Principles of fractures management one is wrong; Select one.**
8. Neurovascular exam is the most important part of the exam.
9. Open fractures are treat by debridement at Emergency department.
10. When examining start with active then passive movement.
11. Splint all fractures before send, patient to X-Ray.
12. Antibiotic is not used for closed fractures.
13. **Thirteen years old boy arrived to Emerge, department with left knee pain with no clear history of trauma, he had the pain for one month, but the pain increased over the last week which is not part of your differential diagnosis; Select one:**
14. SCFE
15. Hip synovitis.
16. Perthis disease
17. Inflammatory disease
18. Osteosarcoma
19. **Regarding hands conditions. all of the following are correctly matched EXCEPT; Select one:**
20. Trigger finger is related to A1 Pulley.
21. Swan neck deformity: 'riper-extension of PIP question
22. Mallet finger: flexion of DIP
23. Boutonniere: Flexion of PIP
24. Dupuytren Contracture: Fibroblast proliferation
25. **One is not of the hip at risk signs; Select one:**
26. Gage sign
27. Calcification lateral to the epiphysis
28. Lateral subluxation of the femoral head
29. Vertical proximal femoral physis
30. Diffuse metaphyseal cysts
31. **32-year-old male patient arrived at emergency after Motor Vehicle Accident. His vital signs revealed temperature, blood pressure 90/60 mmHg. and pulse 110. Glasgow coma scale is 13. The emergency team started ATLS protocol management. Radiographs showed type ii anteroposterior compression injury. The next step should be, Select one:**
32. Full neurological assessment
33. Intravenous antibiotics
34. Application of pelvic binder
35. Blood transfusion
36. Chest. abdomen,
37. **The best recovery and prognosis after nerve injury is seen in which combination; Select one:**
38. Child with neurotmesis.
39. Healthy adult with neurotmesis.
40. Child with neurapraxia.
41. Healthy adult with neuropraxia
42. Child with axonotmesis
43. **Regarding elbow fractures in pediatrics all are true except; Select one:**
44. Supracondylar fracture is most common.
45. Fat pad can be the only symptom.
46. Anterior humeral line can be normal.
47. Pulled elbow is diagnosed by radial head subluxation seen on AP X-Ray
48. Lateral condylar fracture can be treated conservatively
49. **Which of the following structures causes an avulsion fracture of the tuberosity of the fifth metatarsal; Select one:**
50. Peroneus brevis
51. Tibialis anterior
52. Achilles tendon
53. Peroneus longus
54. Tibialis posterior
55. **52 year old male patient presented to Emergency department complaining of right arm pain after hist, of Upon X-ray image there is a transverse humerus shaft fracture. All of the following are indication for Open reduction, and internal fixation except; Select one:**
56. Displaced intraarticular extension of the fracture
57. Floating elbow (humerus fracture and forearm both bones fractures
58. Pathological fracture.
59. Nondisplaced mid shaft humerus fracture in the dominant hand
60. Radial nerve palsy after manipulation
61. **All of the following are recommended by AAOS guidelines for management of knee osteoarthritis EXC; Select one:**
62. Weight reduction
63. Lateral wedge insoles
64. NSAIDs
65. Proximal tibial osteotomy
66. Home exercises
67. **One is not of the hip at risk signs; Select one: is**
68. Gage sign
69. Calcification lateral to the epiphysis
70. Lateral subluxation of the femoral head
71. Vertical proximal femoral physis
72. Diffuse metaphyseal cysts
73. **All of the following is true regarding isthmic spondylolisthesis EXCEPT**
74. it’s a common cause of low back pain in children and adolescents.
75. it caused by a defect in the pars interarticularis.
76. Most common location is L5-S1.
77. Usually activity related and occurs from repetitive flexion exercise
78. Most commonly its treated conservatively.
79. **All of the following are true about menisci EXCEPT; Select one:** 
    1. The peripheral border is thick &amp; attached to the capsule, the inner border is thin &amp; concave forming a free edge.
    2. Medial menisci are a semicircle, but the lateral is almost a complete circle.
    3. They transmit the load across the surface of the joint. thus reducing the load per unit area on the tibio-femoral contact sites
    4. Medial meniscus is less likely to be injured due to its peripheral attachment
    5. They deepen the articular surfaces of the tibial condyles to receive the convex femoral condyles.
80. **The biceps tendon reflex is primarily transmitted through which of the following primary nerve roots; Select one:**
81. C1, C2
82. C2, C3
83. C3, C4
84. C5, C6
85. C7, C8
86. **Radiculopathy of c- spine, one is FALSE; Select one:**
87. C4 radiculopathy causes scapular winging.
88. C5 radiculopathy leads to deltoid and biceps weakness, numbness lateral shoulder.
89. C6 radiculopathy leads to arm pain, paresthesia in the thumb, weakness to brachioradialis.
90. C7 radiculopathy leads to rotator cuff weakness and diminished sensation in the thumb.
91. C8 radiculopathy lead to weakness in distal phalanx flexion of middle and index finger
92. **Rickets, one is wrong; Select one.**
93. Vitamin D deficiency most common cause
94. Can result from malabsorption.
95. Vitamin D resistant is related to phosphate.
96. calcium level in the blood is normal or near normal in most cases.
97. Vitamin D dependent can be caused by enzyme mutation.
98. **The used classification for proximal tibial fracture classification is; Select one:**
99. Neers classification
100. Garland classification
101. garden classification
102. schatzcker classification
103. weber classification
104. **27 year old Painter fell down from a ladder on out stretched hand on his left upper limb, he complaint of left wrist pain, swelling and inability to move his wrist. Upon physical examination he has tenderness and puffiness of anatomical snuff box. The most common complication of this patient fracture is? Select one**
105. Non-union
106. Malunion
107. Avascular necrosis
108. Osteoarthritis
109. Scapholunate advance collapse
110. **All of the following are associated with Hallux valgus except; Select one.**
111. Lateral deviation and rotation of the hallux
112. Prominence of the medial side of the head of the first metatarsal
113. Contraction of adductor hallucis and the lateral capsule
114. First Metatarsal bone in valgus position
115. The sessamoid bones of flexor hallucis brevis are displaced laterally.
116. **Which of the following is not type of acetabular fracture classification; Select one**
117. Posterior column and posterior wall
118. Transverse and posterior wall
119. Both column
120. distal tuberosity
121. T-shaped
122. **External rotation of the shoulder is the function of which of the following muscles; Select one**
123. Subscapularis, teres minor
124. Infraspinatus, teres minor
125. Subscapularis, infraspinatus
126. Supraspinatus, Biceps
127. Supraspinatus, Deltoid
128. **Thirteen-year-old female patient presented to the clinic with scoliotic back deformity, after physical examination and performing the primary diagnostic X-rays, which of the following is indicative to perform whole Spine MRI, Select one:**
129. Cobb's angle of 36 degrees
130. Lt thoracic curve with apical kyphosis
131. Pelvic asymmetry.
132. Painless curve
133. Family history of juvenile Scoliosis
134. **Bankart lesion is Separation of the glenoid labrum from the margin of the glenoid of; Select one**
135. Superior margin
136. Posterior superior margin
137. Posterior-interior margin
138. Anterior-superior margin
139. Anterior-inferior margin
140. **All the following are signs of carpal tunnel syndrome Except; Select one:**
141. Paresthesia of lateral three and half fingers
142. Weakness of thumb opposition
143. Thenar atrophy
144. Positive phalen test
145. Positive froment sign
146. **Ulnar nerve compression symptoms is present in high percentage of patients with: Select one:**
147. Rotator cuff tendonitis
148. Medial epicondylitis
149. Lateral epicondylitis
150. Frozen shoulder
151. De quervain disease
152. **Which of the following Spine fracture patterns is at greatest risk for nonunion with nonoperative treatment; Select one:**
153. Jefferson fracture.
154. 50 percent wedge L2 fracture
155. Base of Odontoid process fracture
156. Type 2 Hangman's fracture
157. Tip of odontoid process fracture
158. **DDH, one is wrong; Select one:**
159. Left side is more than right
160. More common in premature
161. If one child is affected, the risk for the second child is increased
162. Dynamic brace has less complications than static brace
163. Open reduction is treatment for older child
164. **All of the following are considered as RED FLAG in Low back pain Except; Select one:**
165. Intravenous drug use.
166. Low back pain for 2 months duration.
167. Perineal paresthesia.
168. Progressive neurological deficit
169. Immunosuppressive drug therapy
170. **Nerve injuries, one is wrong; Select one:**
171. Crush injury is bad prognostic factor.
172. Neuropraxia endoneurium is intact.
173. Axonotmesis: neurona formation
174. Neurotmesis wallerian degeneration
175. Distal injury is better than proximal.
176. **All of the following are components of Club Foot except; Select one:**
177. Midfoot cavus
178. Forefoot adductus
179. Hindfoot varus
180. Hindfoot eqiunus
181. Pronation of the entire foot
182. **Regarding Acute osteomyelitis, which of the following is true; Select one:**
183. Requires operative debridement in the majority of cases.
184. Requires antibiotic therapy for 4 to 6 weeks.
185. Never causes growth disturbance of the involved bone.
186. Occurs in the diaphysis in most cases
187. Occurs always via Hematogenous Route
188. **Thirteen-year-old patient presented with right leg pain that awakened him from sleep, and relieved be pain medication, there was no history of fever or weight loss. X rays showed a small nidus surrounded by sclerotic bony reaction, the most likely location of this lesion is; Select one:**
189. Epiphyseal
190. Metaphyseal
191. Diaphyseal
192. Subchondral
193. Apophyseal
194. **All of the following are factors that increase mortality of hip fracture patient EXCEPT: Select one:**
195. Intertrochanteric fracture
196. Female gender
197. C. ASA III
198. Age &gt;85 years
199. Operative delay of &gt;2 days
200. **Three, years male patient presented to emergency with suspected septic hip, ESR is 50,his WBC is 8000, and he is able to walk normally, his Kocher criteria is**
201. One
202. Two
203. Three
204. Four
205. Five
206. **One is not an osteoporotic fracture; Select one:**
207. Vertebral fracture
208. Proximal femur fracture
209. Tibia fracture
210. Distal radius
211. Proximal Humerus
212. **30-year-old manual worker complain of right knee pain and instability. He has a history of hyperextension injury 2 months ago. Radiographs of the knee were unremarkable. The most likely positive physical exam test would be; select one:**
213. Anterior drawer test
214. Posterior drawer test
215. Mcmurry’s test
216. Varus stress test
217. Vulgus stress test

**2020**

Q1: **5 year old male patient , presented with back deformity, on radiological examination, he has an unsegmented 2 vertebrae with unilateral bar , cobb's angle 32 degree, which type of deformity this patient has**

a. Scheuermann's kyphosis

b. Adolescent idiopathic scoliosis

c. Juvenile scoliosis

d. Infantile scoliosis

e. Congenital scoliosis

Q2:**32 year old male, presented to emergency department complaining of Right elbow and swelling after he fell down the floor. In X-ray he has displaced transverse olecranon fracture. The muscle contributing to this displacement of fracture is ?**

a. Brachioradialis

b. Anconeus

c. Triceps

d. Brachialis

e. Pronator teres

Q3:**DDH, one is wrong:**

a. Gender can be a risk factor

b. left side is more common

c. happens perinatal or after birth

d. static devises are preferred over dynamic for treatment

e. treatment is surgery if diagnosed after age of one year

Q4:**27 year old male, fell down from a ladder, he injured his Left shoulder, after physical examination and X-ray he has displaced mid clavicle fracture.The most common complication of clavicle fracture is?**

a. Malunion

b. Nonunion

c. Axillary nerve injury

d. Brachial artery injury

e. Delayed union.

Q5:**You are consulted in the nursery regarding a newborn baby, for foot deformity, you diagnosed the baby with CTEV (Club foot) all are true Except:**

a. The heel is in equinus

b. The midfoot and forefoot is adducted and pronated

c. The skin and soft tissues of the calf and the medial side of the foot are short and underdeveloped

d. the X-ray is used to measure the angle between calcaneus and talus

e. Management should be started as early as possible

Q6:**In treatment of Osteoarthritis of the knee , all of the following consider useful treatment in some stages of the disease except:**

a. Nonsteroidal anti-inflammatory drugs.

b. Exercise.

c. Weight reduction.

d. Oral supplement of glucosamine and chondroitin .

e. Total knee replacement.

Q7:**All of the following are considered as RED FLAG in Low back pain Except:**

a. Intravenous drug use.

b. Smoking for 10 pack/year

c. Saddle paresthesia.

d. 15 year old boy.

e. Immunosuppressive drug therapy

Q8: **14 year old male child presented to the clinic complaining of both knees anterior pain, there is no history of trauma, upon physical examination there is mild swelling and tenderness at the tibial tuberosity, what is the diagnosis?**

a. Meniscus tear.

b. Anterior cruciate ligament tear.

c. Prepatellar bursitis .

d. Osgood Schlatter’s disease.

e. Medial collateral ligament injury.

Q9:**Extensor hallucis longus muscle is innervated by:**

a. Tibial nerve

b. Common peroneal nerve

c. Femoral nerve

d. Deep peroneal nerve

e. Superficial peroneal nerve

Q10: **Which of the following test in NOT correctly matched**

a. Lift off test; supraspinatus muscle

b. Apprehension test; stability of the shoulder

c. Press belly test; subscapularis

d. Speed test; Biceps tendon

e. Yergason test; Biceps tendon

Q11: **Regarding elbow fractures in pediatrics, all are true exept:**

a. supracondylar fracture is most common

b. fat pad can be the only symptom

c. anterior humeral line can be normal

d. lateral condyle fracture can be treated conservative

e. pulled elbow needs surgery and casting

Q12:**A patient presents to the emergency department with a segmental tibia fracture as a result of a gunshot injury with a 1-cm entrance wound. After appropriate irrigation and debridement, the wound measures 11 cm, there is no arterial injury, and the wound edges are easily approximated. Based on the Gustillo-Anderson classification, this wound is graded as:**

a. Type I

b. Type II

c. Type IIIA

d. Type IIIB

e. Type IIIC

Q13:**The patellar tendon reflex is primarily transmitted through which of the following primary nerve roots:**

a. L1

b. L2

c. L3

d. L4

e. L5

Q14: **Which one of the following causes a Trendelenburg gait**

a. Injury to Superior gluteal nerve.

b. Weak hip adductors.

c. Weak ankle dorsiflexors.

d. Injury to Inferior gluteal nerve.

e. Injury to Common peroneal nerve.

Q15:**All of the following are true regarding golfer elbow EXCEPT:**

a. May be associated with ulnar nerve compression symptoms

b. The pathology is mainly in the common flexor supinator tendon

c. Characterized by localized tenderness over the medial epicondyle

d. Management starts with conservative treatment such as NSAID and bracing

e. It is less common than tennis elbow

Q16: **Rickets disease, one is wrong:**

a. Vit D defecient is rare these days

b. can result from mal-absorption

c. Vit D resistant is related to phosphate

d. calcium level in blood is low most of the times

e. Vit D dependent can be caused by receptor mutation

Q17: **All of the following bones increased risk of fracture in patients with osteoporosis except**

a. Distal Radius

b. Proximal humerus.

c. Vertebral body.

d. Proximal femur.

e. Scapula.

Q18: **13 year old patient presented with right leg pain that awakened him from sleep, and relieved be pain medication, there was no history of fever or weight loss. X rays showed a small nidus surrounded by sclerotic bony reaction, the most likely location of this lesion is:**

a. Epiphyseal

b. Metaphyseal

c. Diaphyseal

d. Subchondral

e. Apophyseal

Q19: **SCFE,one is ture:**

a. Girls more common

b. Trauma is always in the history

c. Treatment is coservative if nondisplaced

d. MRI is mandatory for diagnosis

e. boys are affected at later age than girls

Q20: **Which of the following muscle is supplied by the ulnar nerve:**

a. Opponens Pollicis

b. Abductor Pollicis Brevis

c. Adductor Pollicis

d. First and second lumbrical muscles

e. Flexor Pollicis longus

Q21: **An elderly man with pre-existing cervical spondylosis, falls sustaining hyperextension injury to his neck. On examination he has motor deficit worse in the upper limb than the lower limb.Which spinal cord injury explains this presentation.**

a. Complete spinal cord injury.

b. Anterior cord syndrome.

c. Brown-Sequard syndrome.

d. Central cord syndrome.

e. Spinal shock

Q22: **Hill-sachs lesion is:**

a. Tear of the middle glenohumeral ligament.

b. Detachment of the labrum and capsule from the posterior rim of the glenoid.

c. Detachment of the labrum and capsule from the anterior rim of the glenoid.

d. Indentation on the anterolateral aspect of the humeral head

e. Indentation on the posteriolateral aspect of the humeral head

Q23:**Avascular necrosis is a well Known complication of bones after a displaced fracture.Which bone of the following will have the high incidence of Avascular necrosis if fractured?**

a. Scaphoid

b. Metacarpel bone

c. Humerus

d. Ulna

e. Phalanges

Q24: **12-year-old boy presented with continuous right thigh pain of three weeks duration, associated with fever and weight loss. No history of trauma. Physical examination revealed swelling, hotness of the right thigh. All of the following can be seen on the X ray of this patient EXCEPT:**

a. Thinning of the cortex

b. Extension to the surrounding tissues

c. Onion skin appearance

d. Sunburst appearance

e. Codman triangle

Q25: **Osteoporosis, one is wrong:**

a. Females are more affected

b. at least 30% loss of bone mass needed to be diagnosed on X-Ray

c. bone looks darker on X-ray

d. Z score is more important than T score

e. DEXA scan is the gold standard for diagnosis

Q26: **Which test of the following is the best regarding the evaluation of the anterior cruciate ligament?**

a. Lachman test

b. Mcmurray’s test.

c. Dial test

d. Posterior drawer test

e. Apprehension test

Q27: **All are Complications Of cast splintage Except.**

a. High risk of infection in closed fractures.

b. Immobility can lead to. DVT, stiffness.

c. Tight cast

d. Pressure sores.

e. Skin abrasion or laceration, during cast removal.

Q28: **All of the following are risk factors for recurrent patellofemoral joint dislocation except:**

a. Previous history of patellofemoral dislocation.

b. Ligamentous laxity (Ehlers-Danlos syndrome).

c. High femoral anteversion.

d. Genu varus

e. Trochlear dysplasia

Q29: **Hydroxylation of 25-hydroxycholecalciferol (calcifediol) to Calcitriol occurs in the:**

a. Liver

b. Kidney

c. Thyroid

d. Parathyroid hormone

e. Lung

Q30: **40 year old male patient involved in road traffic accident presented to the emergency department by the civil defense , he was conscious oriented , his blood pressure was 90/60. Upon resuscitation, physical examination and proper imaging. He has isolated open book pelvis fracture. The mechanism contributing to his fracture is?**

a. Anterioposterior compression.

b. Lateral compression.

c. Vertical shear .

d. Crushing injury.

e. Dashboard injury.

Q31: **20 year male patient presented after RTA with complete paralysis of the lower limbs, without sensory function, on assessment he was hypotensive, with bradycardia, absent peripheral reflexes.What is the first sign that signifies the end of spinal shock phase**

a. Heart rate more than 60

b. Mean arterial pressure more than 60

c. Return of bulbocavernosus reflex

d. ASIA score B

e. Normal peripheral vascular resistance

Q32: **All of the following indicate poor prognosis for Salter Harris fracture exept:**

a. Older age at the time of injury of growth plate

b. growth plate that is very active like distal femur

c. significant displacement

d. late diagnosis

e. Formation of bar

Q33: **All of the following are case of pes planus except:**

a. Tibialis posterior tendon dysfuntion

b. Tarsal Coalition

c. ligamentous laxity

d. Claw foot

e. Post traumatic

Q34:**Perthes disease, one is not true:**

a. age 4-8

b. smoking parents is risk factor

c. obese child

d. X-ray can be normal at early stages

e. containment is the main treatmnet principle

Q35:**Todllerfracture , one is wrong:**

a. age is usually 1-3

b. tibia fracture

c. nondisplaced fracture most of the times

d. usually transverse

e. more obviouse on lateral view

Q36:**Which of the following structures causes an avulsion fracture of the tuberosity of the fifth metatarsal?**

a. Tibialis posterior

b. Tibialis anterior

c. Achilles tendon

d. Peroneus longus

e. Peroneus brevis

Q37:**22 year old male soccer player, presented to the emergency department complaining of left knee pain, swelling and locking, after he injured his knee while he had a contact injury in a game the day before , upon physical examination he has positive medial joint tenderness and a positive Mcmurray’stest.What Is the most likely injured structure?**

a. Anterior cruciate ligament.

b. Posterior cruciate ligament.

c. Medial meniscus.

d. Lateral meniscus

e. Iliotibial band.

Q38: **66 year old female not known to have medical illnesses , fell on out retched hand , she was unable to move her Right shoulder with tenderness over the shoulder region, in X- ray she has displaced four parts surgical neck humerus fracture .The best definitive treatment for her condition?**

a. Physiotherapy

b. Rest and analgesia

c. Sarmiento brace.

d. Shoulder replacement

e. Open reduction and internal fixation with plate and screws.

Q39:**Kocher criteria for septic hip includes all of the following exept:**

a. ESR

b. CRP

c. weight bearing

d. Tempreture

e. WBC count

Q40:**All of the following is true regarding Isthmic spondylolisthesis EXCEPT**

a. It's a common cause of low back pain in children and adolescents

b. It's caused by a defect in the pars interarticularis

c. Most common location is L4-L5

d. Usually activity related and occurs from repetitive hyperextension

e. Most commonly it's treated conservatively.

**2019**

**1-Possitive McMurray test :   
medial Meniscus tear**

**2- True matching :   
Lachman test – examine ACL**

**3- Not a characteristic of Club foot :  
 pronation of entire foot**

**4- Tallus fracture , what is the complication we do surgery to prvent :   
AVN**

**5- Why we do ORIF for fracture of femur neck :  
to prevent AVN of head**

**6- Wrong matching :   
dupuytren's contracture – Fibroblast is the main cell ( It is Myofibroblast ? )**

**7- Which of the following vertebral fracture has the risk of non-union :  
???**

**8-When we do MRI for scoliosis :  
 ???**

**9- case of bone pain relieved by NSAIDs (osteoid osteoma ) , what is the confirmatory test? :  
 CT scan**

**10- Tip-toes gait after difficult labor , what is dx with best initial therapy :  
Cerebral palsy- physiotherapy**

**11- Not a characteristic of Osteoarthritis :   
valgus deformity ( It is varus )**

**12- Not a true regarding RA:  
 It is a primary disease of cartilage ( There is another choice regarding HLA-DW4 ? )**

**13- Not true matching regarding Radiculopathy:  
 C7- thumb numbness**

**14- All of the following bones are affected by Osteoporosis except :  
scapula**

**15-Ankle reflex root :   
S1**

**16- True regarding Club foot :  
 We start to treat cavus first ? I’m not sure**

**17- Wrong regarding supracondylar fracture at children :  
 Most common deformity is Varus**

**18- One of the following isn’t a test used to assess stability:  
patrick test of hip**

**19- Wrong regarding SCFE :   
???**

**20- 25-Hydroxycholecalciferol hydroxylation occurs at :  
 Kidney**

**21- Movements of entrapment Test of shoulder are :   
abduction, internal rotation , flexion**

**22- Osteosarcoma :   
Most common site is at pelvis**

**23- Case of RTA with loss of movement in upper more than lower :  
 Central cord syndrome**

**24- Case of trendelenburg gait, true choice? :  
It is due to Superior gluteal nerve injury**

**25- Case of injury with failing to dorsiflex , which nerve is injured :  
 Deep peroneal nerve**

**26- Wrong statement :   
Healing of transverse fracture is more than spiral.**

**27- Which of following is faster to heal :   
neuropraxia in child**

**28- shoulder dislocation Q ?   
???**

**29-Most common complication of pelvic fracture :   
???**

**30-Wrong regarding Perthes disease :   
No rule for conservative treatment**

**31-Wrong regarding isthmic spondylolisthesis:   
It is commonly occur between L4-L5**

**32- most reliable test for patient of Compartment :  
 ???**

**33- Wrong regarding Hallux valgus:   
???**

**34- Something about Pediatric fracture :  
 type 1 easly seen in x-ray ( remind me please)**

**35- Not a manifestation of Osteomalacia :   
???**

**36- True regarding pelvic fractures :  
conservative treatment is used for avulsion fractures**

**37- Wrong regarding DDH:  
 It is always familial**

**38- One of the following is not a part of Kanavel's criteria :  
Hotness and redness**

**39- Muscle that cause abduction of hip :  
Gluteus medius**

**2016**

1. **Rocker bottom foot is :**

**congenital vertical talus**

1. **Pelvic fracture and massively bleeding , what to do :**

**Pelvic banding**

1. **Most common type of Salter Harris :**

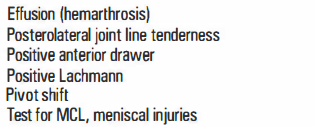
**Type II  
4. Shepherd crook deformity is found in :**

**Fibrous dysplasia  
5. ACL injury , hemoarthiosis in:**

**Medial anteriorly /tibia , laterally/femur**

**6. ACL ,all of the following are true except :**

**It usually results from contact sport injuries!**

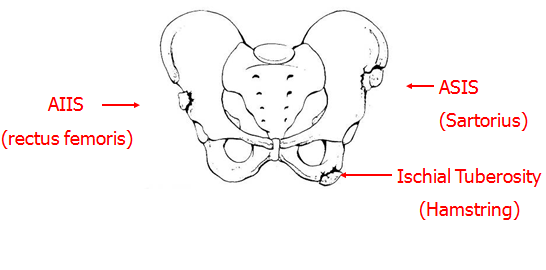


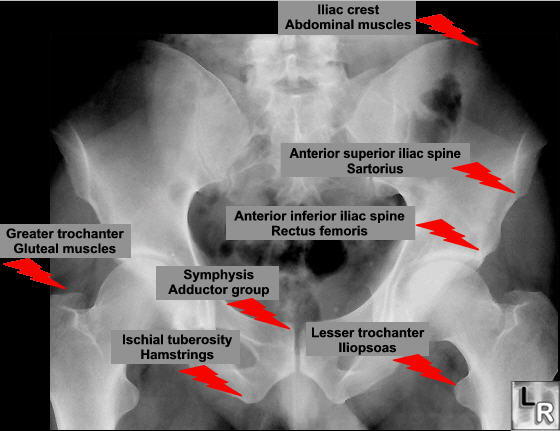
**7. All the following are DDH risk factors except :**

**Polyhydrominas**

**8. About avulsion , all are true except :**  
From the lecture :

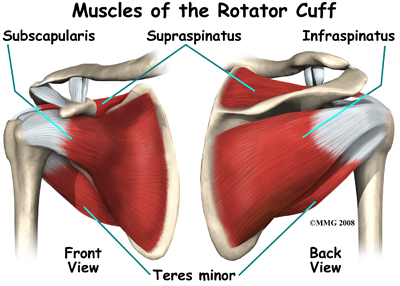
* Sartorius may pull off ASIS.
* Rectus femoris AIIS
* Adductor longus pull piece of pubis





1. **Rotater cuff, all except :**

**teres major**



**10 . CP most common type :**

**spastic diplegia**

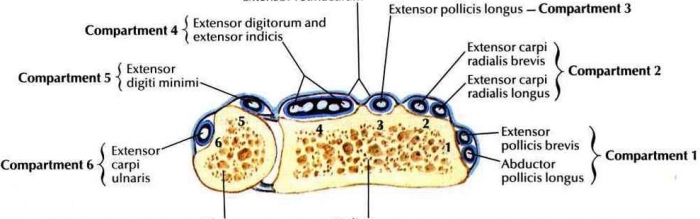
1. **About Spondylolysis, site of fracture :**

**Pars interarticularis**

**12. Circumduction gait, wrong about it :  
Extention of the elbow, wrist, and fingers .\*\***It can be caused by stroke

**13. Regarding Compartments of the wrist , all of the following are true except :**

**the answer is : Compartment 3 : EPL , abductor Pollicislongus (as I remember )**



**14. Rheumatoid arthritis all of the following are true except :**

**It is primarily a cartilage disease .**

**15. The Monteggia fracture is :  
 a fracture of the proximal third of the ulna with dislocation of the head of the radius.**

**16. Ulnar nerve injury results in one of the following :**

**Claw hand**

**17. Carpenter , he noticed that while he is using the hammer the lateral side of his elbow is painful , other sign of radial nerve injury , injury to :**

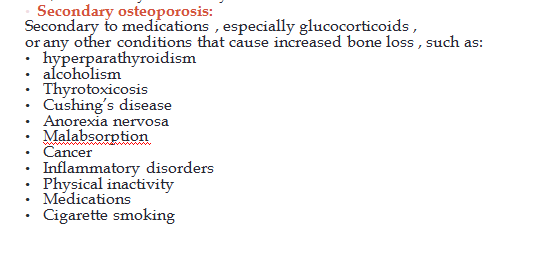
**injury to ECRB**

**18. Fail to make “OK” sign :**

**lesion of the anterior interosseous nerve**

**19. About Osteoprosis,One of the following is a risk factor :**

**Thyrotoxicosis**

****

**20. Osteomalacia is associated with :**

**Insufficiency fracture ?!**

**21. About Osteomyleitis , Organism :**

**Staph. Aureus**

**22. Poliomyelitis , all are true except :**

**transmitted primarily via the fecal-oral route**

**23. ACL :**

**Hemarthiosis**

**24. Bone tumor , mets to lung :**

**Giant cell tumor**

**25. One of the following is right :  
 woven bone  is later replaced by lamellar bone**

**26. Trendelenburg's sign :**

**damaged superior gluteal nerve**

**27. Surgical Neck injury :**

**axillary NERVE !**

**28. Post Pelvic fracture , the dr delay the management of the patient , which of the following is the most common expected complication to occur :**

**a. PE (I guess this is correct)**

b. recurrency

**29. Club foot deformity, false about it :**

**heel is pronated**

**30. Hallux valgus , false about it :**

**It usually need a surgery**

**31. About Klumpke's paralysis , it is associated with :**

**Horner’s syndrome**

**32. One of the following is associated with hypothyroidism :**

**SCEF**

**33. Case : 17-year-old pt sexually active , he c/o fever , chills, pain in his left ankle and macupapular rash ,he ignores that he has any genitourinary symptoms, what you will find in the synovium fluid :**

**( the answers are about the count of WBC and Lymphocytes , WBC and PMN , WBCand**

**RBC )**

**34. One of the following is most reliable about compartment syndrome :**

a. absence of dorsalispedis on Doppler

b. tense swelling on palpation

**c. PAIN \*\***

**35. Wrong about Osteoarthritis :**

**periarticular osteopenia**

**36. case of lower back pain – one of the following is the most common cause : spondylolithiasis , Multiple myeloma**

**37. Perths , one is unfavorable prognostic sign :**

**the answer is about the “severe metaphyseal rarefaction”**

**2014**

1. **In acute osteomylitis diagnosis is by :**
2. **in acute osteomylitis all are true except :**
3. **all are in AlTS except :**
4. **Injury in the deep peronial nerve will cuz :**
5. **in both bone # closed reduction didnt work next step :**
6. **In compartment syndrome what to do :**
7. **Gustillo classification :**
8. **A 75 year old man with HTN , DM and ischemic heart disease with fracture from thrgt to the lt the proper management is :**
9. **tennis elbow which muscle involved ?**
10. **in carpal tunnel syndrome one is true ?**
11. **in volkmann's contracture the first sign is ?**
12. **in supracondylar fractures all are true except ?**
13. **in hullaxvulgas all are true except ?**
14. **in contrast to close reduction open reduction is**
15. **X-ray scull , X-ray chest , 2 large pore cannula and fluids**
16. **inability to extend first toe , inability to ,,?   
    Ankle**
17. **open reduction with internal fixation with wires , open reduction and fixation with a plate**
18. **observation , elevation and reassist after 6 hours , surgical decompression**
19. **patient came to ER with open fracture in his (arm ?) and wound 4 cm that needed surgical intervention during which they found the radial artery was injured /cut and fixed it :   
    III c**
20. **intertrochanteric fx :   
    conservative , fixation with dynamic screw**
21. **brachioradialis , pronator terres ,**
22. **most common type of cp :   
    Spastic**
23. **most common cause of anterior knee pain :  
    Chondomalaciapatelle**
24. **ewing sarcoma all true except :   
    Arise from metaphysis**
25. **case: Man age 50 came with severe back pain for 3 months , on exam. Tenderness on the back &ribs o absr wen kman , low grade fever , anemia, night sweats . Xray- punched out lesions in the skull . Dx? :  
     Multiple myeloma**
26. **case: Child male 14 years old came with hip and groin pain , no fever , not toxic , D? :  
     Slipped capital femoral**
27. **about OA & RA what can u see in the early stages:   
    Fibrilation of cartilage? And synovitis ???**
28. **about osteoporosis all true except?   
    a. more in females   
    b. secodary causes may appear earlier  
    c. less likely to be in obese people   
    d. Tscore more important than Z**
29. **case: Male with DM o HTN etc.. Came with hip pain on Xray - fracture line bw GT & LT... TTT?   
    Intertrochanteric fx , ttt dynamic hip screw**
30. **about blood supply to bones , poor blood supply to which bone in the foot?   
    I guess navicular bone**
31. **girl fell on her hand , tenderness on the anatomical snuff box , mostly?   
    Scaphoid fx**
32. **Baby 3 months age , examined for DDH , acetabular index on right 32• on left 23 , what to do?**
33. **in humeral shaft fx which nerve is mostly injured?**
34. **all done according to ATLS emergency , except :  
    Skull xray??**
35. **all must be done in urgent open wound management except  
    Fixation**

**2012**

1. **All of the following are risk factors for osteoporosis, except:**
   1. Hysterectmoy
   2. A physically active 45 yo woman
2. **The greatest danger with pelvis fracture is :**
   1. **Hypovolemic shock**
3. **One is not a rotator cuff muscle:**
   1. Teres minor
   2. **Teres major\*\***
   3. Subscapularis
   4. **Lattissmusdorsi \*\***
4. **Wrong about DDH:**
   1. There is a limitation of abduction
5. **The first sign in a child with perth disease is:**
   1. **Antalgic gait**
6. **All of the following are causes of secondary osteoarthrosis, except:**
   1. Rheumatic fever
   2. Comminuted bone fragments in the joint
   3. RA
7. **The common perineal nerve supplied:**
   1. Ant compartment of leg
   2. Post compartment of leg
   3. Lat compartment of leg
   4. A & C
   5. **B & C \*\***
8. **All are important Qs to ask in during history taking for scoliosis, except:**
   1. Family history
   2. Age
   3. Age of menarche
   4. Sex

**2010**

1. **Radial club hand :**
2. muffcoociabsarshoeshezaihaik
3. fanconis syndrome
4. oliers disease
5. alpert syndrome
6. **secondary osteosarcoma, can be 2ry for all of the following except:**
7. **osteoma \*\***
8. **most important surgical indication for SCFE is:**
9. pain
10. limping
11. correct malformation
12. correct legdiscrepancy
13. **wrong about nursemaid (pulled elbow):**
14. **occur with traction toflexed arm \*\***
15. **clawing hand :**
16. **MCP hyperextension-PIPJ flexion-DIPJflexion \*\***
17. **Maffucci syndrome:**
18. **multiple enchondromas associated with multiplehemangiomas. Alsolymphangiomas**
19. **R.Awrong :**
20. **involve DIP \*\***
21. **club foot:**
22. fibular shortening
23. navicular medial sublaxation
24. wt bearing AP<20
25. ponseti surgery
26. **pt with ankle trauma and healed but on internal fixation in the past. nowshe have osteoarthritis with severe daily restricting ..management**
27. arthrodesis
28. total ankle arthroblasty
29. hemiarthroblasty
30. **for a total hip replacement posterior approach, the pt must avoid:**
31. **flexion, adduction, internal rotation \*\***
32. **rehabilitation guidelines following total knee replacement (one true):**
33. allowed to drive after 6 weeks post op
34. can do low impact sports like tennis, football..
35. repetitive passive extension for the knee..
36. not weight bearing for one week
37. **most common site for osteosarcoma :**
38. **distal femur**
39. **wrong about openfracture :**
40. m.c at radius and ulna
41. tissue viability is most importantprognostic factor
42. **most common fracture to be corrected surgically :**
43. **proximal femoralfracture \*\***
44. proximal humerus fracture
45. **wrong about structural scoliosis :**
46. always ass. with bone and skeletalabnormality
47. there is a lump at a concave side in the thorax
48. don’tchange with change in position
49. may increase in severity with growth
50. **scoliosis measured by:**
51. **cobbs angle \*\***
52. **hangman fracture :**
53. there are a fracture of both pedicles
54. occur withhyper extension
55. don’t affect the spinal cord
56. **not risk to develop osteosarcoma :**
57. osteoid osteoma
58. GCT
59. chronic osteomyelitis

**Extra 1**

1. **All of the following are signs and symptoms of the dislocation except :**
   1. pain and tenderness .
   2. loss of function .
   3. deformity
   4. swelling
   5. **hotness and redness .\*\***
2. **Flat foot means collapse of :-**
   1. **medial longitudinal arch .\*\***
   2. medial transverse arch .
   3. lateral longitudinal arch .
   4. lateral transverse arch .
   5. anterior transverse arch .
3. **All the following may cause non – union in the fracture except:**
   1. bad immobilization .
   2. bad circulation .
   3. **fracture in the metaphysis of long bones in children .\*\***
   4. infection .
   5. bone loss .
4. **The earliest sign in the osteosarcoma is ;-**
   1. skin color changes .
   2. hotness .
   3. redness .
   4. swelling .
   5. **bone pain .\*\***
5. **Carpal tunnel syndrome is a compression of the transverse carpal ligament at the wrist on the :-**
   1. **median nerve .\*\***
   2. radial nerve .
   3. ulnar nerve .
   4. musculocutaneus nerve .
   5. axillary nerve .
6. **All the following are signs and symptoms in congenital dislocation of the hip except :**
   1. shortening of the affected limb .
   2. limping on the affected limb .
   3. assymetrical skin folds .
   4. limitation of abduction in the affected hip .
   5. **limitation of adduction in the affected limb . \*\***
7. **All the following are signs and symptoms of osteoarthrosis of the knee except :-**
   1. pain and tenderness .
   2. crepitus .
   3. **widening of the articular . \*\***
   4. marginal calcification ( osteophytes ) .
   5. narrowing of the articular space .
8. **Fracture middle shaft of the humerus has a high incidence of injury of the :-**
   1. brachial artery .
   2. axillery nerve .
   3. ulnar nerve .
   4. **radial nerve . \*\***
   5. musculocutaneus nerve .
9. **The nerve, which can be injured in the anterior shoulder dislocation is :**
   1. musculocutaneus nerve .
   2. **axillary nerve . \*\***
   3. radial nerve .
   4. ulnar nerve .
   5. median nerve .
10. **In club foot, all the following features present except :-**
    1. forefoot adduction .
    2. forefoot inversion .
    3. ankle planterflexed .
    4. talo – navicular subluxation .
    5. **heel eversion .\*\***
11. **The most common cause of hip pain in the young child is :**
12. Perthes disease
13. Slipped upper femoral epiphysis
14. Developmental dysplasia
15. **Transient synovitis\*\***
16. Developmental coax vara
17. **Bone graft is used in all of the following except :**

a. to fill cavity

b. For arthodesis

c. For non – union

d. For Delayed union

**e. In a cute hematogenoues osteomyelitis \*\***

1. **Fracture with more than two fractured ends is called :**

**a. comminuted \*\***

b. Compound

c. Pathological

d. Stress

e. Compressed

1. **the most common dislocation in the shoulder is :**

a. Interior

b. posterior

c. Superior

**d. anterior \*\***

e. Intra thoracic

1. **All the following are indications for amputation except :**

a. Malignancy

b. Ischaemic limb

c. Acute osteomyalitis

**d. Sever Abnormalities \*\***

e. Severly crushed limb

1. **All the followings about osteogenic sarcoma are correct except :**

a. It is highly malignant tumor

b. It is metaphyseal tumor

c. Codmans triangle and sunburst appearance are an X-Ray findings

d. combined therapy of chemotherapy, radiotherapy and amputation is the best

treatment

**e. It affect the old age people \*\***

1. **All the following about acute septic arthritis in the knee in a yound child are correct except:**

a. The is localized severe pain and tenderness

**b. painless movement of the knee\*\***

c. High fever and leucocytosis are present

d. the general condition is bad

e. turbid synovial edhesion is present

1. **In Talipes equines varus ( club foot ) all the following manifestation are present except :**

**a. the heel is everted \*\***

b. the heel is inverted

c. the ankle is in planterflexion

d. the forefoot is adducted

e. the forefoot is inverted

1. **In DeQuervans disease, tenosynovitis of which of the following endeons present :**

a. Extensor plicislongus + abductor pollicisbrevis

**b. Extensor pollicisbrevis + abductor pollicislongus\*\***

c. Extensor pollicisbrevis + abductor pollicisbrevis

d. Extnsorpollicislongus + abductor pollicislongus

e. Extensor carpi radialislongus + abductor pollicisbrevis

1. **Radiographic signs in osteorthrosis include all the followings except :**

**a. Codmans triangle ( subperiosted bone formation ) \*\***

b. Margnal calcification ( osteophytes)

c. Subcondral sclerosis

d. Narrowing of the articular space

e. Metaphyseal cysts

1. **All the following about montaggia fracture dislocation are correct except :**

a. It is fracture proximal ulna with head of radius dislocation

b. The head of radius usually dislocated anteriorly

c. It can happened in any age

d. It may need open reduction andinternal fixation

**e. It is fracture distal ulna with inferior radio – ulnar dislocation \*\***

1. **All the following about C.D.H ( congenital dislocation of the hip ) are correct except :**

a. Limitation of abductionin the involved hip

b. Shortening of the affected limb

c. Left hip is more affected than the Rt hip

**d. Limitation of adduction in the involved hip \*\***

e. Telescoping movement in the affected hip

1. **can cause delayed union and non union of the fracture except :**

**a. Good immobilization \*\***

b. Inadequate circulation

c. Infection

d. Gaps because of bone loss

e. Loss of vital tissue attachment

1. **All the followings are an absolute signs in the fracture except :**

a. Abnormal movement with crepitus

b. Loss of function

c. Pain and tenderness

d. Swelling

**e. Deformity \*\***

1. **All the followings are correct about acute hematogenous osteomyelitis except :**

a. the most common micropathogen is staphylococcus aureus

b. It is a metaphyseal lesion

c. It sually happens in children

**d. It dose not affect the general condition of the baby \*\***

e. Needs admission, I.V antibiotics , Incision and Drainage

1. **All the followings are correct about club foot ( TalipesEquinusvarus ) except :**

a. Needs to start treatment as soon as possible

b. Usually we stare treatment with correcting stretching exercises and serial casts

c. The forefoot is adducted and inverted

d. The heel is inverted

**e. The ankle is in dorsi flexion \*\***

**Extra 2**

1. **Back ward bending of the foot is referred to as:**

a. adduction

**b. dorsi flexion \*\***

c. eversion

d. plantar flexion

e. flexion

1. **The most reliable assessment of radial nerve sensation in the hand:**

a. 3rd palmer web space

b. 2nd palmer web space

**c. 1st dorsum web space \*\***

d. 2nd dorsum web space

e. Ring finger

1. **In inspection you can look for all of the following except:**

a. skin colour

b. muscle wasting

c. Café-ou-lait.spots

**d. tenderness\*\***

e. scar

1. **Circumduction movement can seen in all of the following except:**

a. shoulder

b. hip

**c. elbow \*\***

d. wrist

e. metacarpo-phalengial joint

1. **A muscle movement that brings a limb into or toward a straight condition is:**

a. supination

b. flexion

c. abduction

**d. extension \*\***

e. adduction

1. **Incident pain means :**

a. pain with unknown cause

**b. pain with activity or movement \*\***

c. pain appearing before a scheduled dose of analgesic

d. less common subtypes of pain

e. all of the above.

1. **Sequence of muscloskeletal examination as a following:**

**a. look-feel-move-function \*\***

b. function-look-move-feel

c. look-feel-function-move

d. feel-move-look-function

e. feel-move-function-look

1. **Phalen test for CTS include one:**

a. forced extension of wrist

b. forced ulnar deviation of wrist

**c. forced flexion of the wrist \*\***

d. forced flexion of MPJ

e. forced radial deviation of wrist