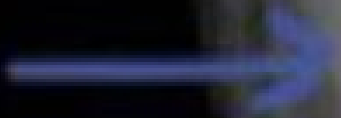


Orthopedic Arsheif

segmental fracture



Q13

Treatment: •

Closed reduction with
wires **and cast**



9-According to Salter- Harris classification, what is the type of this fracture?

Type
IV.



7- what type of fracture is this ?

Answer : **Avulsion**



6- patient presents with high fever , knee swelling and tenderness what is your next step in management

A- antibiotics

B-surgery

C-knee aspiration

D-CBC and ESR

E-conservative

ANSWER :- C

* Septic arthritis ⇒ arthrocentesis



5-In what position is the shoulder locked in this picture ?

A-adduction

B-abduction

C-external rotation

D-internal rotation

E-extension

Answer: not sure but I think it is abduction

* Posterior shoulder
dislocation.



1-What is **false** about the condition in this picture ?

*infective tenosynovitis

A-flexed posturing of the involved digit

B-tenderness to palpation over the tendon sheath

C-marked pain with passive extension of the digit

D-fusiform swelling of the digit

E-presence of superficial tender nodules on the palm of the hand



Answer : E

INFECTIVE TENOSYNOVITIS

- Penetrating trauma to the tendon sheath, or spread from adjacent infection (felon, septic joint or deep space infection)
- Symptoms usually pain and swelling of the affected digit, later decrease range of motion and stiffness
- Signs:
 - flexed posturing of the involved digit
 - tenderness to palpation over the tendon sheath
 - marked pain with passive extension of the digit
 - fusiform swelling of the digit

CANAVAL SIGNS

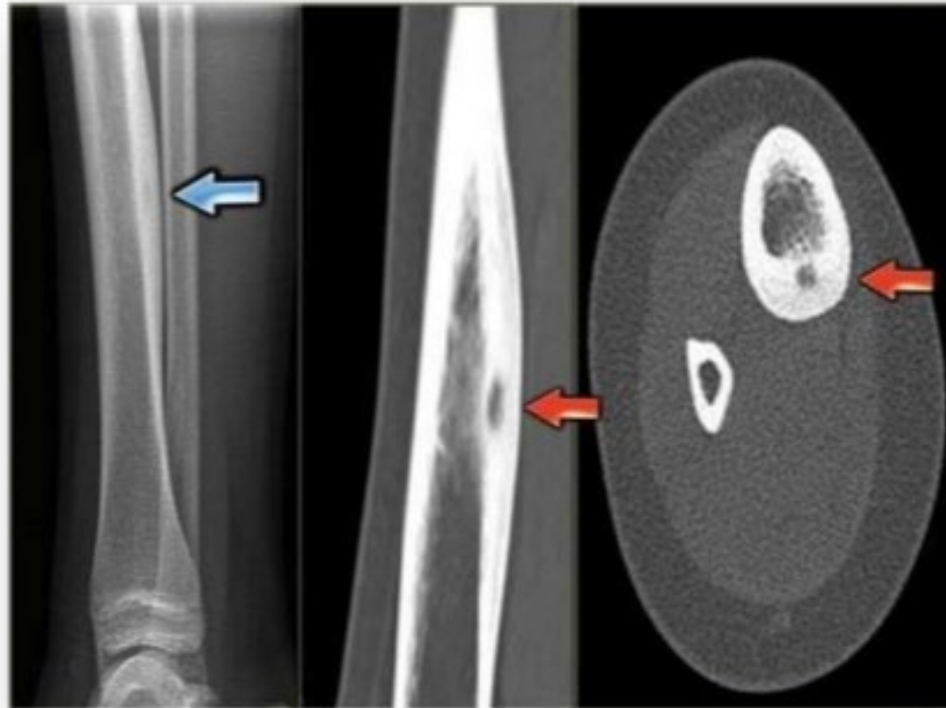
* emergency :-

20. What is the diagnosis ?

Coxa vara



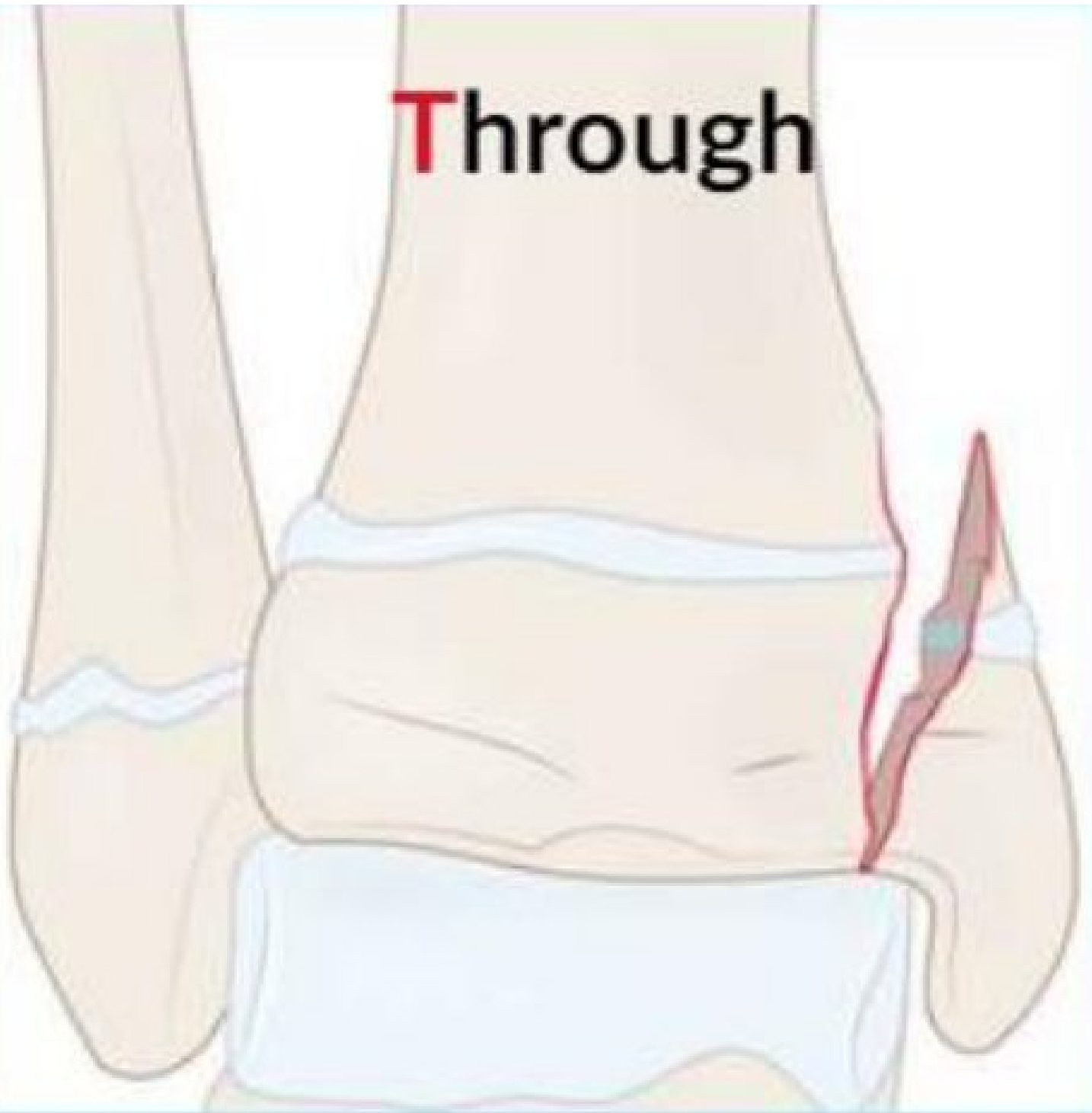
The predominant tissue in the lesion is :



- a. Cartilage
- b. Fibrous
- c. Bone

answer: c

Through



Salter-Harris type IV

Fracture through metaphysis, physis, and epiphysis

* hallux valgus deformity

7. One of the following is true : *No, in Varus position.*

- A. First metatarsal is in valgus position
- B. big toe is in varus *No, in Valgus*
- C. Intermetatarsal angle is less than 10 *No, <15*
- D. History of rheumatoid arthritis
- E. Usually unilateral *No, bilateral female*

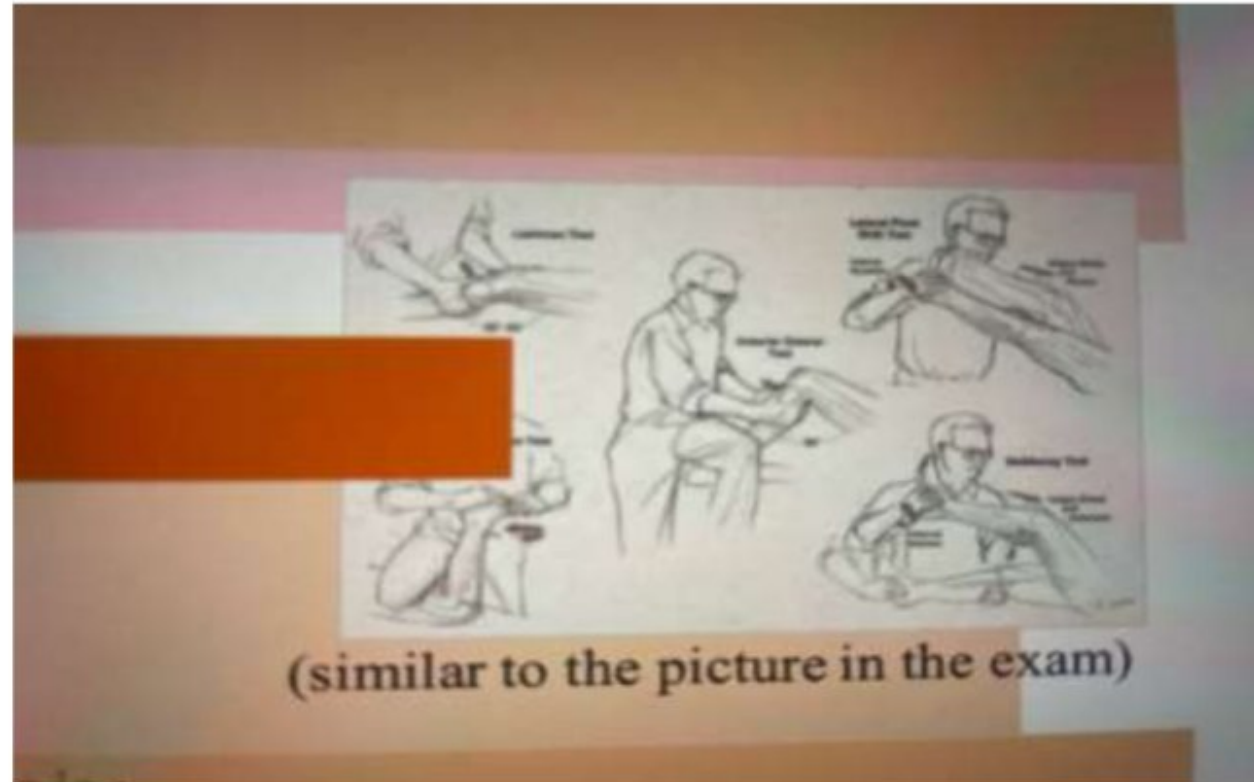
Answer : D



observed in the joint

rheumatoid
arthritis

- All of the following are done in supine position except ?
- Apply grinding test



physiology of the defect seen in the picture is

- Increase water content in cartilage
- Increase water permeability

Answer: b





2-A case of patient had lumbar canal stenosis (this information was not written in the question), according to difference between vascular and neurological claudication choose the true answer

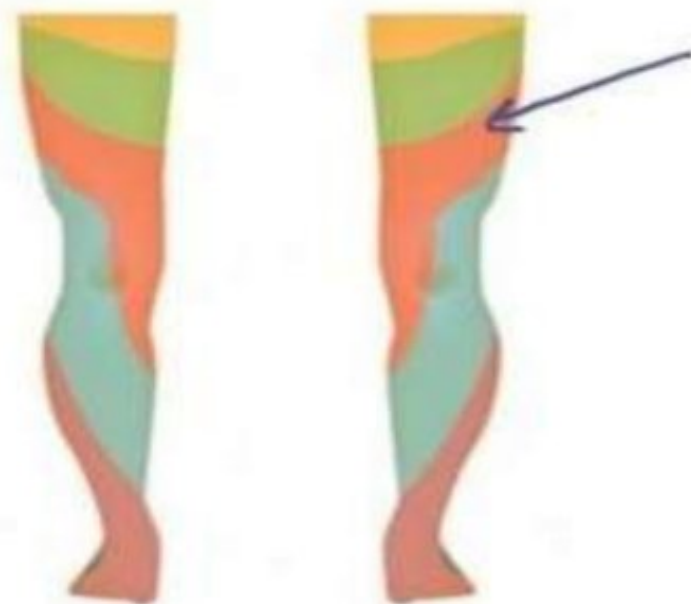
a. **Downhill** more painful



SSO

One of the following jerks is related to an injury of the dermatome indicated by the arrow ?

Knee jerk L3



Achilles tendinitis

- ❖ **Definition:** overuse injury of the Achilles tendon
- ❖ **Etiology:** athletes/individuals who have recently increased their exercise intensity
- ❖ **Clinical features:** pain and tenderness **2-6 cm above** the insertion of the Achilles tendon, may come on gradually, or rapidly
- ❖ **Management**
 - Rest
 - Stretching and later strengthening of the calf muscles
 - Switching to a different, less strenuous sport
 - Icing
 - Physical therapy, ECSW
 - Anti-inflammatory medication.
 - Wearing a shoe with a built-up heel to take tension off Achilles tendon

الخطاب التخصصية
لجنة

Achilles tendon rupture

- ❖ **Epidemiology**
 - Most common in people that are active in sports or recreational activity
 - More common in males, 30-50 years old
- ❖ **Clinical features**
 - A ripping or popping sensation is felt, and often heard, at the back of the heel.
 - The typical site for rupture is at the vascular watershed about 4 cm above the tendon insertion.
 - Plantarflexion of the foot is usually inhibited and weak
 - There is often a palpable gap at the site of rupture; bruising comes out a day or two later



الخطاب التخصصية
لجنة

Patient with a trauma history

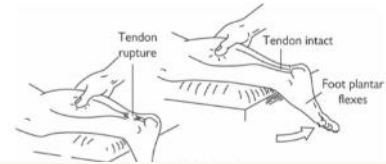
تجميعية سنوات

- (4) سنوات ❖ **What is your diagnosis ?**
 - Ruptured Achilles tendon
- (1) سنوات ❖ **Muscles of the affected structure are**
 - Superficial posterior muscles
- (2) سنوات ❖ **Which of the following is not associated with Achilles tendon tear ?**
 - a. Positive squeeze test
 - b. Palpable gap at the site of rupture
 - c. **Compromised dorsiflexion of the foot**
- Management
 - Achilles tendon rupture repair

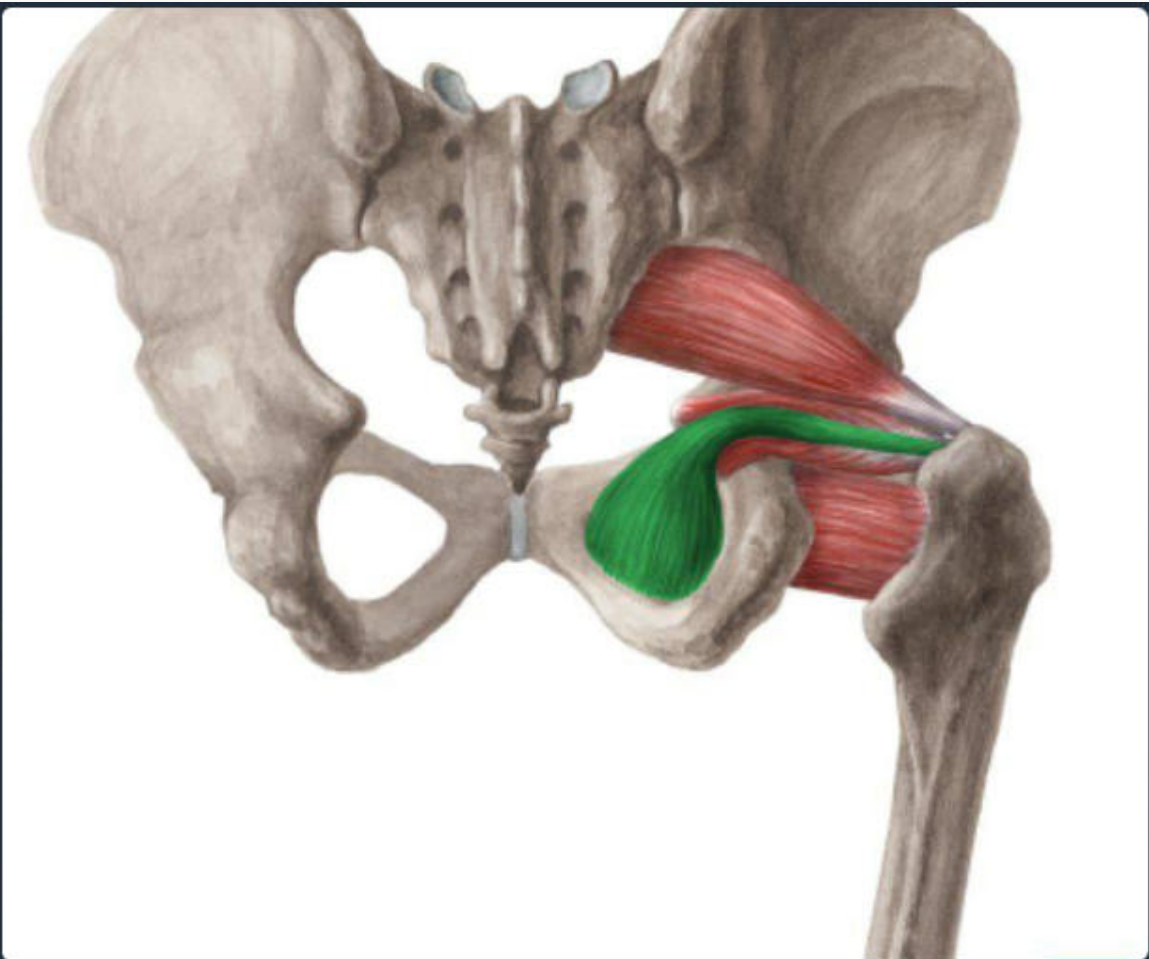


Achilles tendon rupture

- ❖ **Diagnosis**
 - The calf squeeze test (Thompson's or Simmond's test)
- ❖ **Management**
 - Conservative; cast with the foot in plantar flexion
 - Surgical; direct repair of achillius tendon



كان عليها سؤال
مش مذكوره



A- supplied by the nerve to obturator internus
L1-L2

لازم (L5-S2)

B- action is internal rotation with hip flexion
(lateral rotation)

C- the insertion is on the lateral side of the greater
tubercle
(the medial surface of the greater
trochanter)

D- origin from lesser sciatic foramen
(origin from obturator membrane)

E- blood supply from external podndal artery
(internal podndal artery)

فا لحد الان مش عارفين الاجابه



صورة قریبه

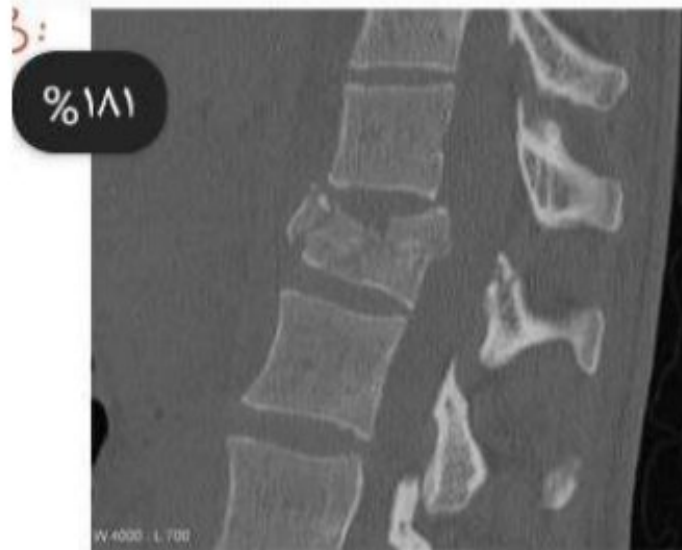
- A- anterior talofibular ligament
- B- posterior talofibular ligament
- C- deltoid ligament

answer is C

4:40 م

What is the type of this fracture?

SSO



Burst Fracture