



الطبيب والجراحة  
للجراحة

Nabed  
3<sup>rd</sup> of August 2023

إعداد:

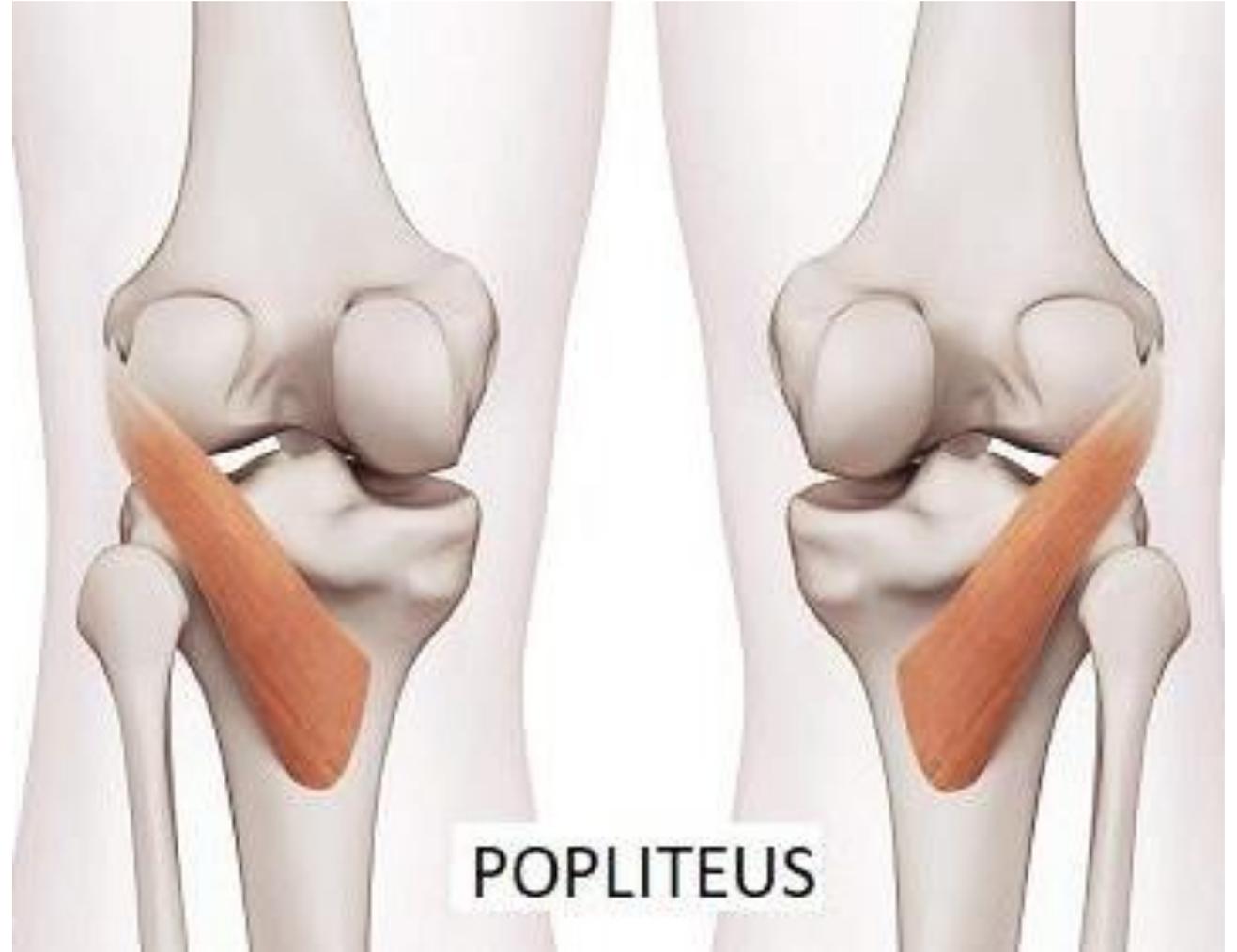
خزامة عبد الفتاح سعادة

أميمة أنور البدائية

1. All of the are true following about this muscle, except :

- A. Originate from the lateral aspect of the lateral femoral condyle
- B. Supplied By tibial nerve
- C. supplied by popliteal artery
- D. one of the main stabilizers of the Posterior aspect of knee
- E. it “unlock” the knee joint by flexion and medial rotation of femur over tibia.

Answer : E



2. 75 years old patient felt a back pain from leaning forward presented with shown image, What investigation we should do for follow up?

- A. MRI
- B. SPECT
- C. DEXA

Answer : C



3. 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

Answer :Downhill more painful



4. This patient came to ER after RTA, vasculature is intact, according to the management of this type of injury all of the following are true except

- A. Anti-tetanus
- B. Intravenous 1<sup>st</sup> & 2<sup>nd</sup> generation cephalosporine
- C. Irrigation by normal saline
- D. Acute suturing & repair
- E. Analgesia

Answer : D



## 5. A case of Osteoarthritis, the pathophysiology of the marked change :

- a. Progressive softening and disintegration of articular cartilage
- b. due to increased water permeability of synovial fluid
- c. deposition Of bone to increase the surface area
- d. New bone and cartilage formation
- e. Increase water content in cartilage



Answer : A

6. Name of the classification of this type of fracture :

- A. Schatzker Classification
- B. Weber Classification
- C. Ruedi and Allgower Classification
- D. Sanders Classification
- E. Hawkins classificatio

Answer : B



7. One of the following is true :

- A. First metatarsal is in valgus position
- B. big toe is in varus
- C. Intermetatarsal angle is less than 10
- D. History of rheumatoid arthritis
- E. Usually unilateral

Answer : D



8. Pain elicited on performing this test indicates tenosynovitis of

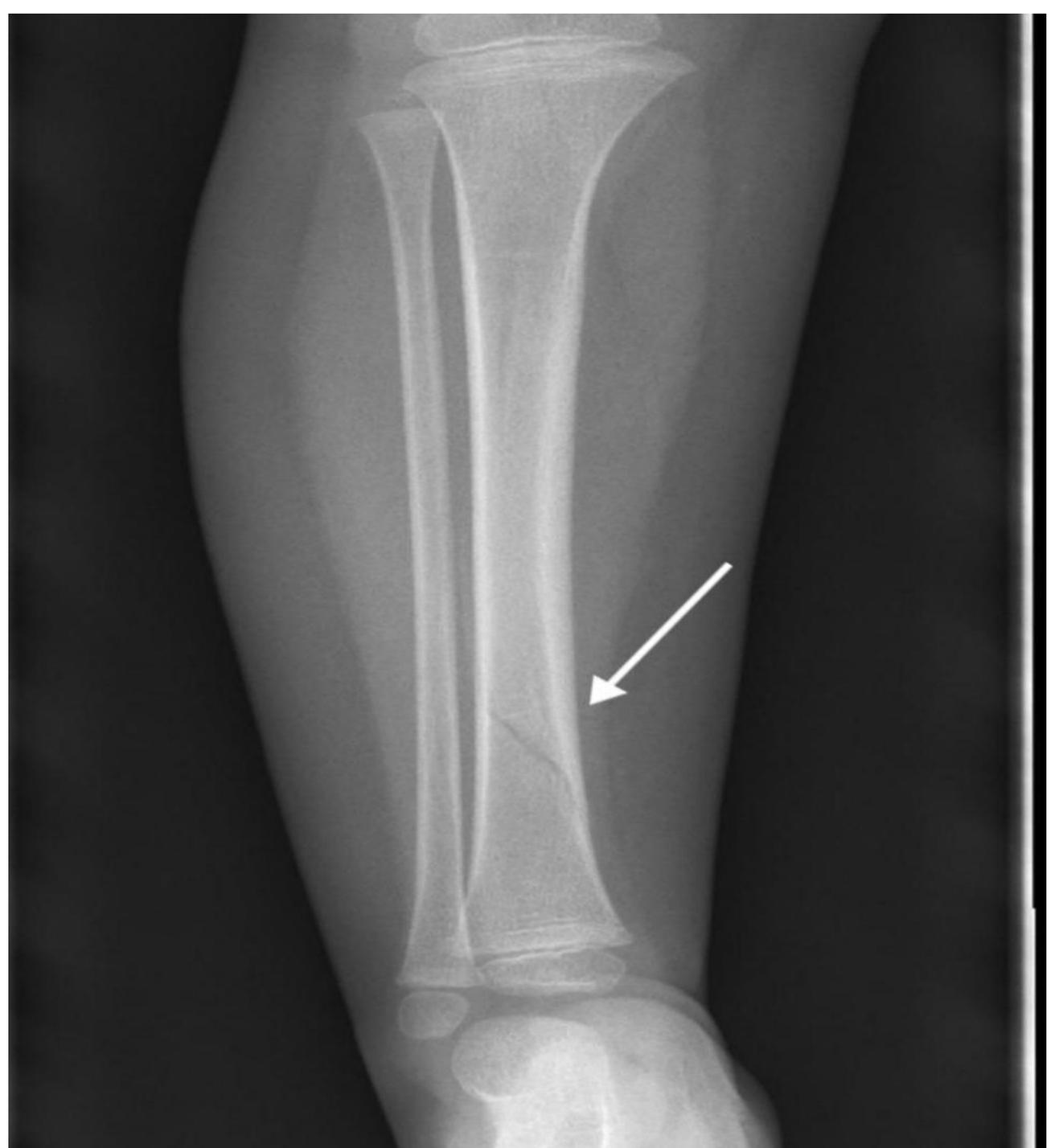
Abductor pollicis longus and extensor pollicis brevis



## 9. Manegment

- A. Short cast
- B. Long cast
- C. closed reduction And cast

Answer : B



## 10.diagnosis

- A. Perthes
- B. hip Dislocation
- C. SCFE

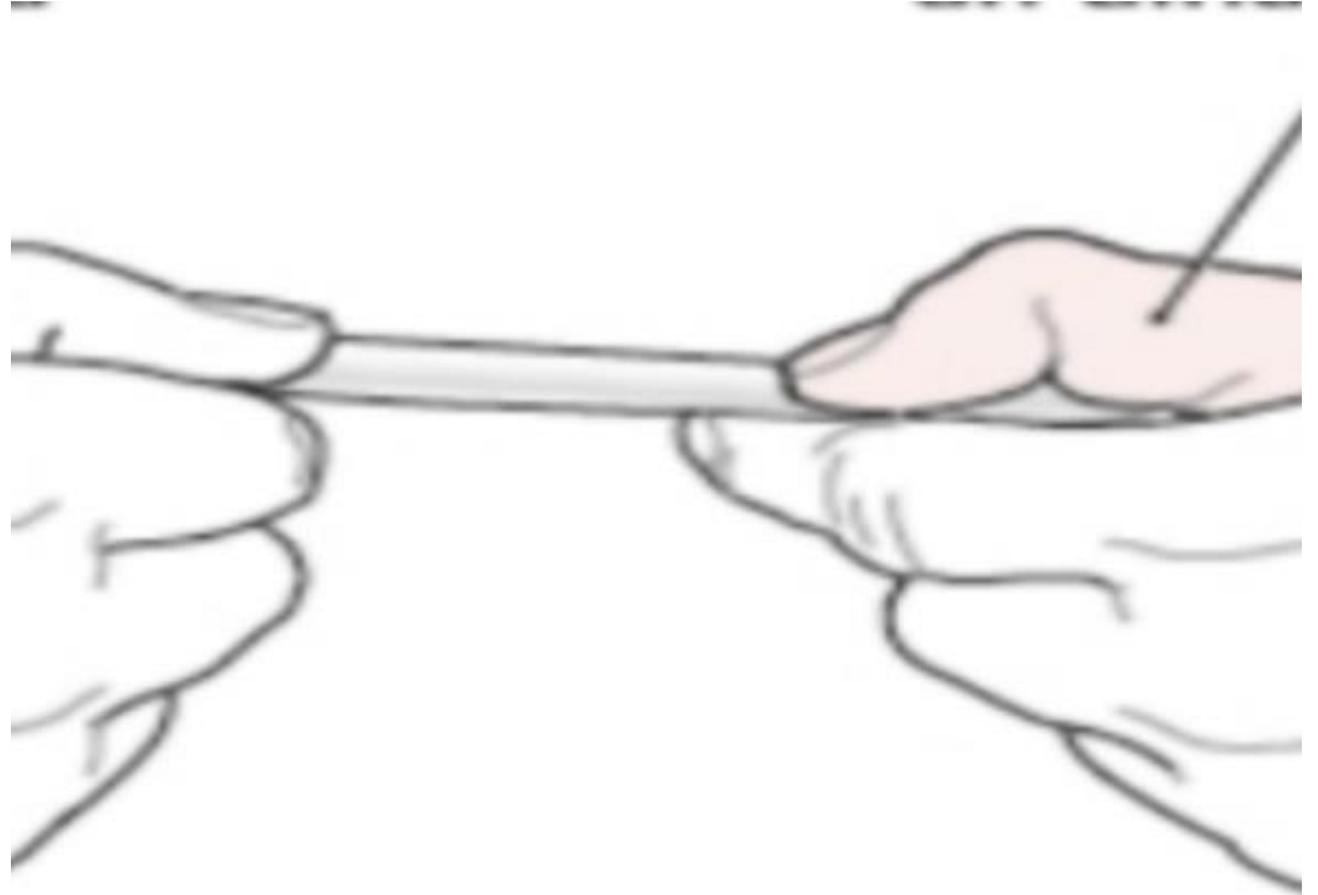
Answer :C



11. Name of the nerve examined :

- A. Radial
- B. anterior interosseous
- C. Posterior interosseous
- D. Ulnar
- E. Median

Answer : D



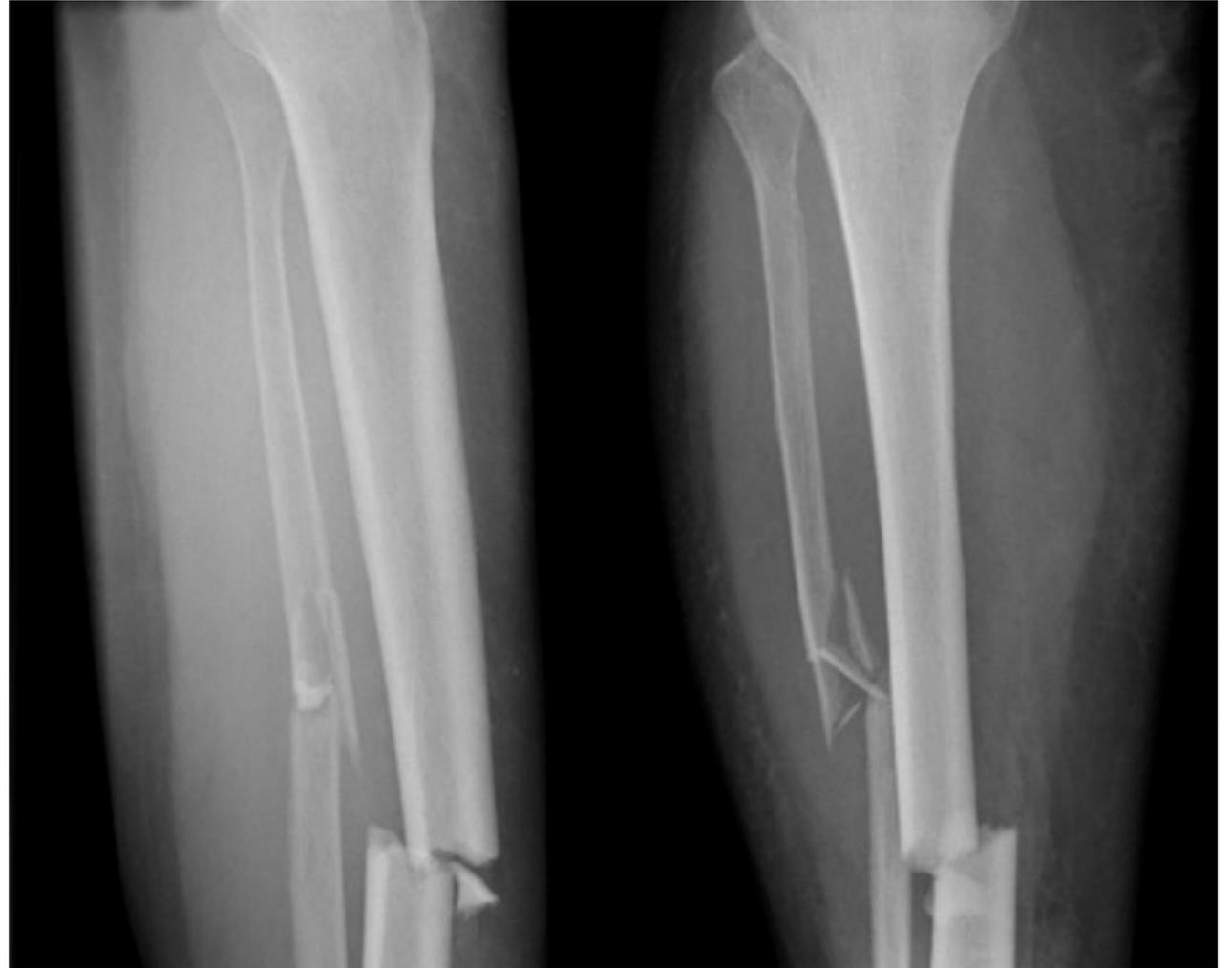
12. Hip position that produce the least compression on the joint capsule :

External rotation and flexion



13. RTA patient, complains from pressure sensation around the leg and pain That doesn't resolve with narcotics, what's your next step in management of this patient ?

Fasciotomy and fixation



14. All These tests are used in examination of this injury except :

- A. Lachman test
- B. pivot shifting Test
- C. anterior drawer test
- D. Lever (Lelli's) test
- E. Mucmmury's test

Answer : E



## 15. Mechanism of injury

Vertical shear



## 16. Diagnosis:

Osteosarcoma



## 17. Salter harris Classification :

- A. Type 1
- B. Type 2
- C. Type 3
- D. Type 4
- E. Ttpe 5

Answer : C



18. The true statement about this case

- A. Varus of the midfoot
- B. valgus of the Ankle joint
- C. Equinus at the Ankle joint
- D. valgus at the midfoot
- E. Equinus at the midfoot

Answer : C



19. All of the following are true except

- A. Internally rotates the shoulder
- B. supplied by upper and lower Subscapular nerves
- C. Insert in the lesser tubercle of humerus
- D. One of the static stabilizers of the shoulder joint
- E. Supplied by Subscapular artery

Answer : D



## 20. Fracture type

- A. Buckle
- B. greenstick
- C. Plastic deformity

Answer : B



Nabed

31 /8/2023

20 question in 40 minute

Rahma saraireh

Sara saraireh

Shahed saraireh

ebtehal qudah

Heba saraireh

Dema saraireh

Baraah qudah

Anood maaitah

# 1- Salter harris Classification :

A.Type 1

B.Type 2

**C.Type 3**

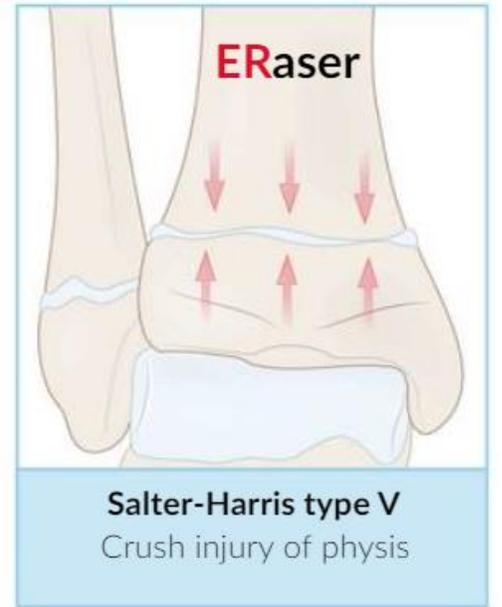
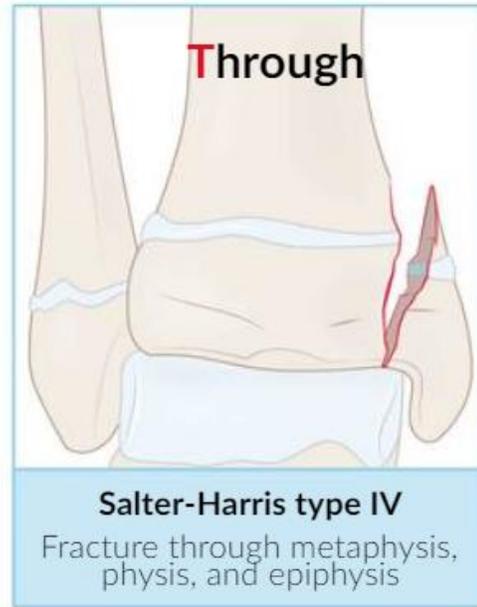
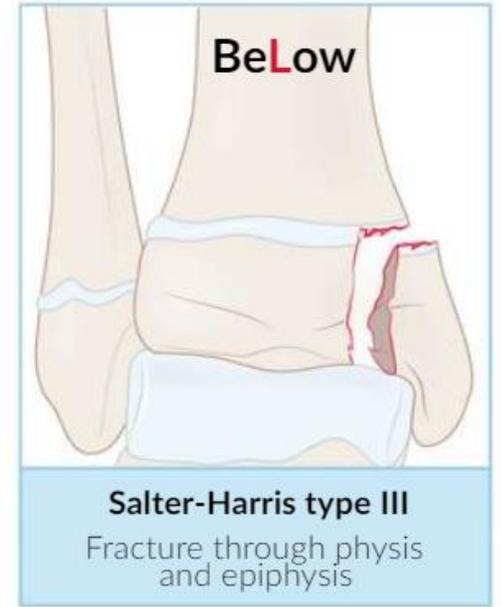
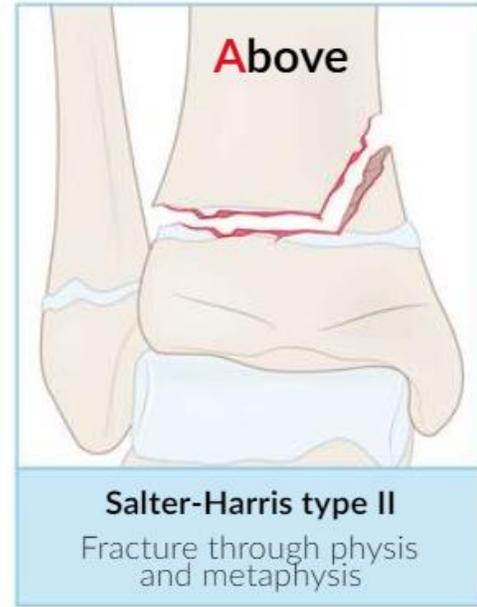
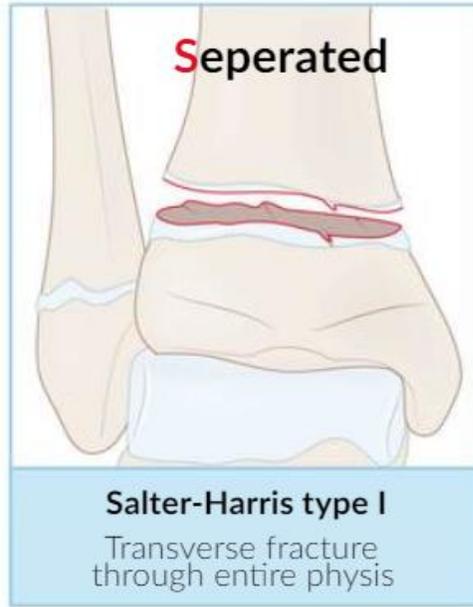
D.Type 4

E. Ttpe 5





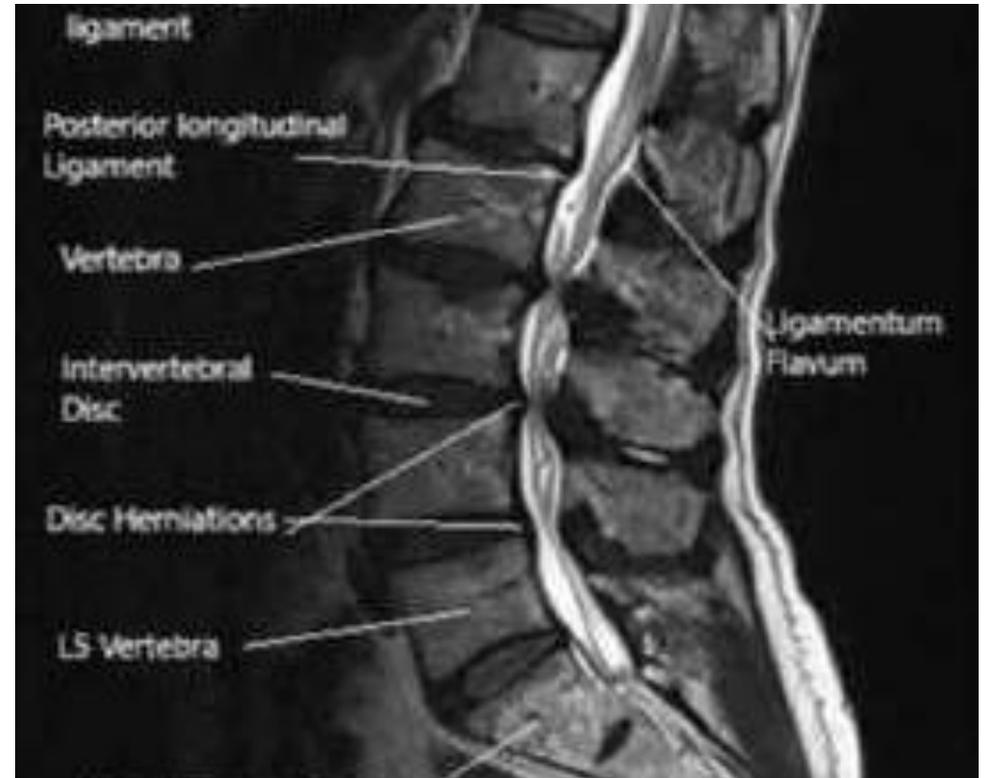
Salter-Harris classification of physal fractures



- ① Metaphysis
- ② Physis
- ③ Epiphysis

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

- Answer :Downhill more painful



# Neurogenic Vs Vascular claudication

Symptoms	<b>Neurogenic</b>	<b>Vascular</b>
Back Pain	Common	Uncommon
Pain Relief	Sitting or flexed posture Standing and resting usually insufficient Often slow (>5 mins)	Not positional  Pain relief while standing Almost immediate
Ambulatory tolerance	Variable	Fixed
Uphill vs. Downhill	Downhill more painful (extended posture)	Uphill more painful
Bicycle ride	No pain	Pain

3- In a 19year old this was an incidental finding, how is it managed ?

---

- A-Conservative without follow up
- B-Bracing
- C-Arthrodesis
- D-Completespine MRI
- E-Conservative + follow up every 6 months for the second two years



4. This patient came to ER after RTA, vasculature is intact, according to the management of this type of injury all of the following are true except

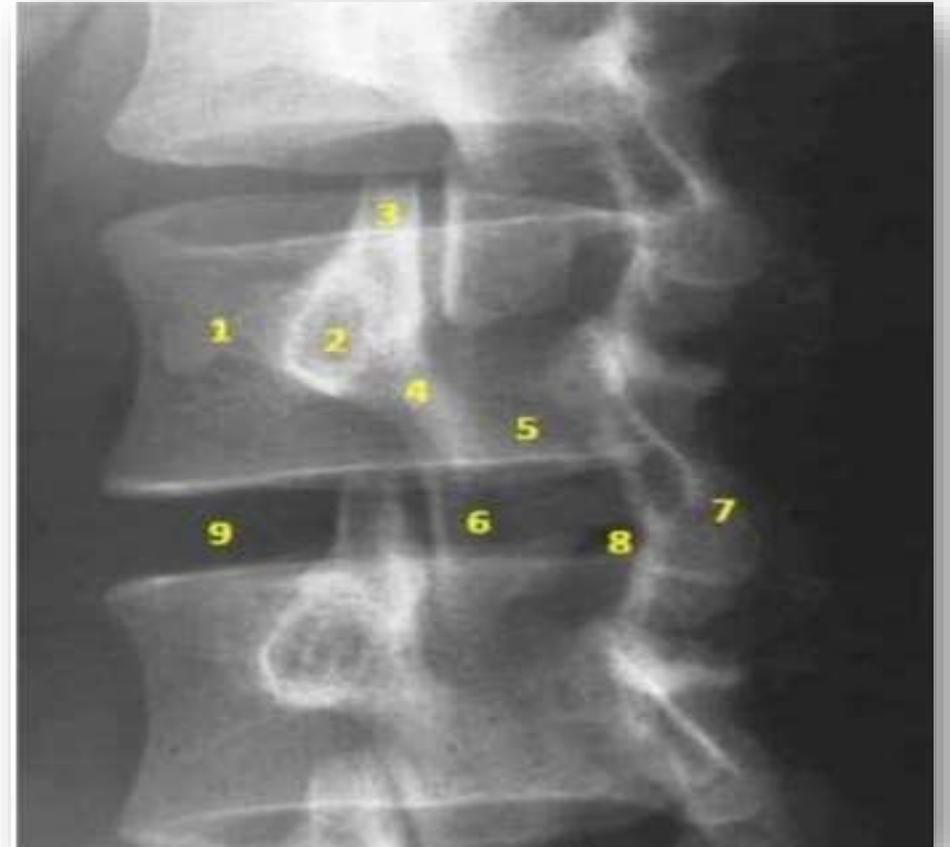
- A. Anti-tetanus
- B. Intravenous 1<sup>st</sup> & 2<sup>nd</sup> generation cephalosporine
- C. Irrigation by normal saline
- D. Acute suturing & repair**
- E. Analgesia



# 5-Spondylolysis

**What test should we do?**

1-Leg hyperextension test



Scottie dog with a collar sign

6- case and All These tests are used in examination of this injury except :

- A. Lachman test
- B. pivot shifting Test
- C. anterior drawer test
- D. Lever (Lelli's) test
- E. Mucmmury's test**



# Isolated fibula fracture

7- Which nerve is affected in this injury ?

- Common peroneal nerve



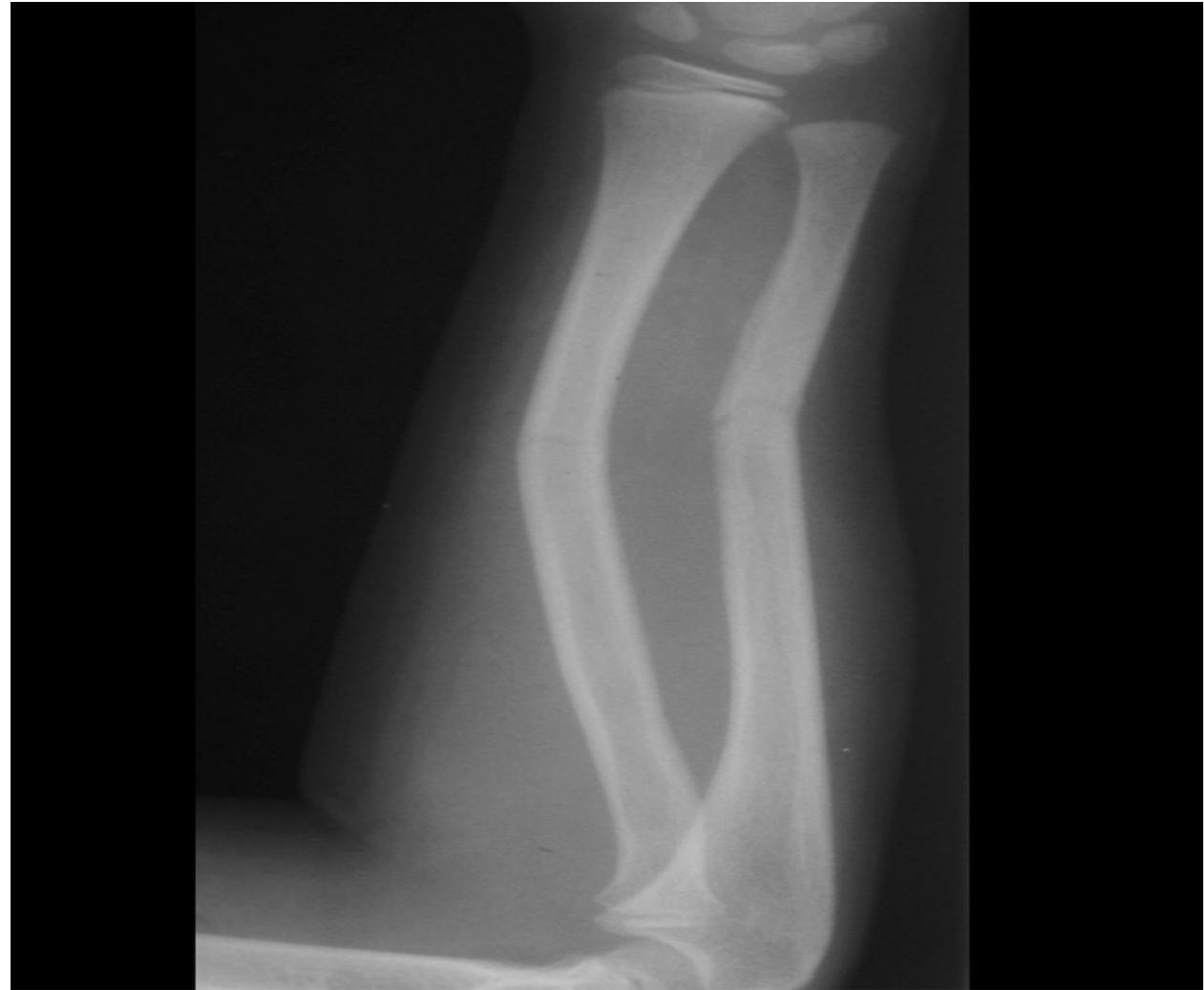
## 8- Fracture type

A. Buckle

B. greenstick **لانه فيه كسر على ال  
2bone**

C. Plastic deformity

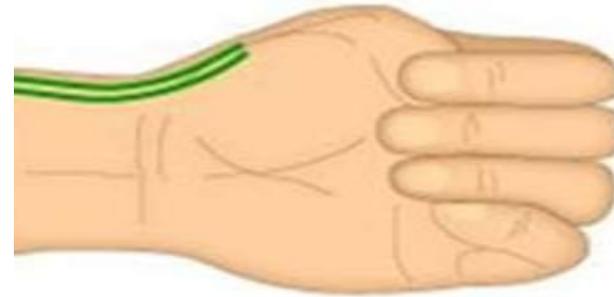
D. Plastic and greenstick



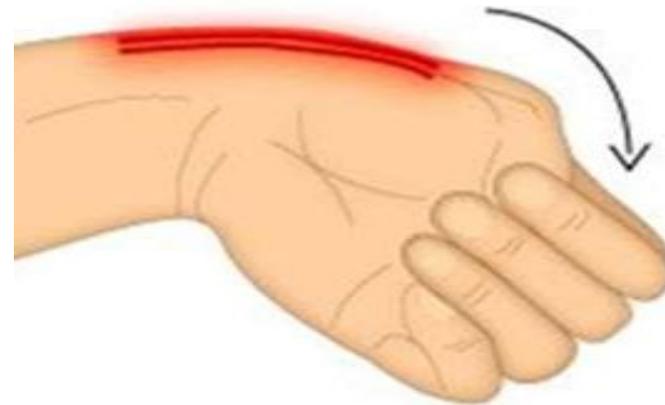
9- Pain elicited on performing this test indicates tenosynovitis of

- Abductor pollicis longus and extensor pollicis brevis

1. Place thumb in a closed fist

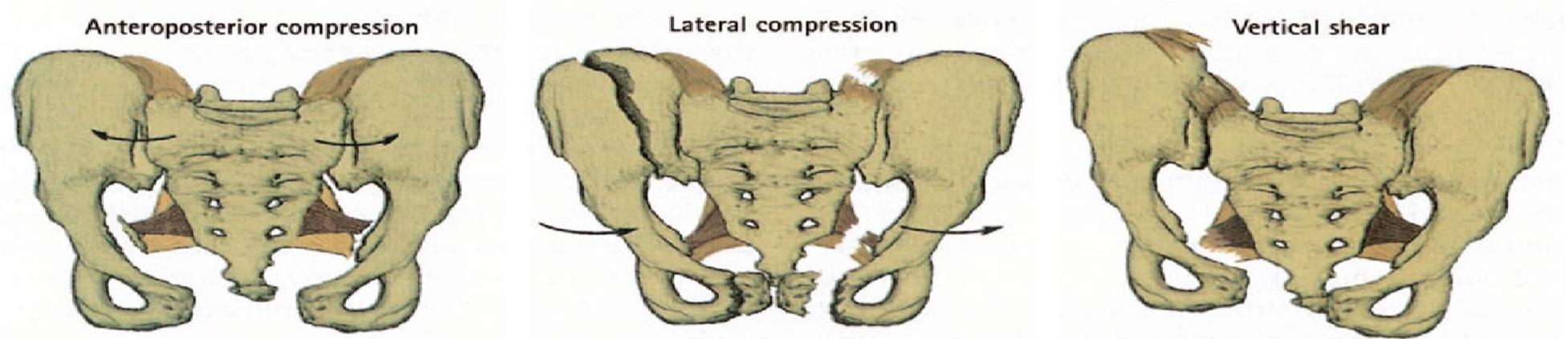


2. Tilt hand down



# 10- Mechanism of injury

- a. Vertical shear
- b. Anteroposterior compression
- c. Stress fracture
- d. Lateral compression
- e. Avulsion



# 11- diagnosis

A. Perthes

B. hip Dislocation

**C. SCFE**

D. Displacement of head



# 12- Manegment

A.Short cast

**B.Long cast**

C.closed reduction And cast



# 13- The true statement about ttt of this case

- A. we start with Varus
- B. The late deformity ttt is Pes Cavus
- C. There are several methods of treatment, **depends** Talocalcaneal angle
- D. Serial casting using 5 – 6 different types of casts that are used in a gradual sequence of correcting the deformity every 2 month
- E. **relapse** is common (even in successful treatment), especially in babies with associated neuromuscular disorders



# 14- Diagnosis

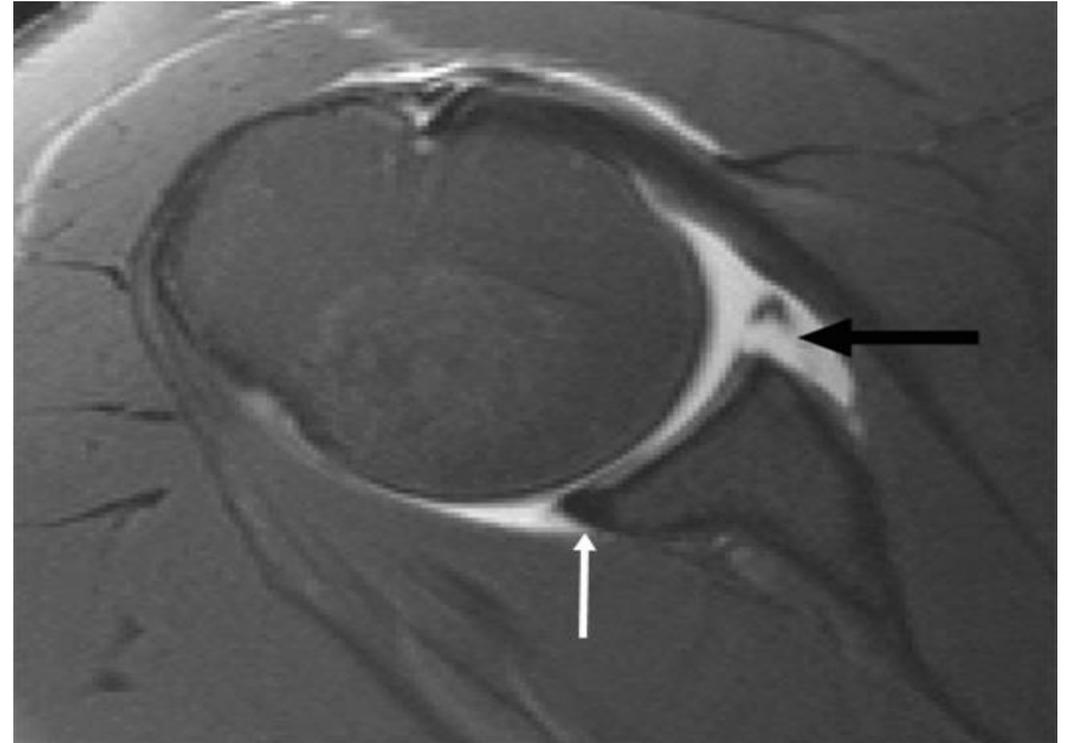
1. Osteosarcoma
2. Chondrosarcoma
3. Chondroblastoma
4. Osteochondroma
5. Osteoid osteoma



# 15- Bankart lesion :

1. anterior inferior glenoid labrum injury
2. anterior superior glenoid labrum injury

**Bankart lesion:** injury of the anterior inferior lip of the glenoid labrum due to traumatic anterior shoulder dislocation



- MRI-Arthrogram of Bankart Lesion (black arrow). Labrum is dark triangular structure at edge of socket (white arrow shows normal labrum in back).

# 16 - Best ttt and mangment:

1. Surgical intervention??
2. Advanced image
3. Pain killer



# 17- Scaphoid fracture

1. Wrist splint with pain killer ??
2. Fixation with plate and screws



# Management

- Pain management:
  - Over-the-counter analgesics and strengthening exercises
- Nondisplaced fractures or displaced fractures < 1 mm:
  - **Wrist immobilization via thumb spica cast** for a minimum of 6–8 weeks with x-ray re-evaluation in 2 weeks
- Surgical treatment
  - Usually, internal fixation
  - Indications are complicated cases that include:
    - **Displaced fractures > 1 mm**
    - **Open fractures**
    - **Proximal pole fractures high risk of AVN**

# 18- A case of Osteoarthritis, the pathophysiology of the marked change :

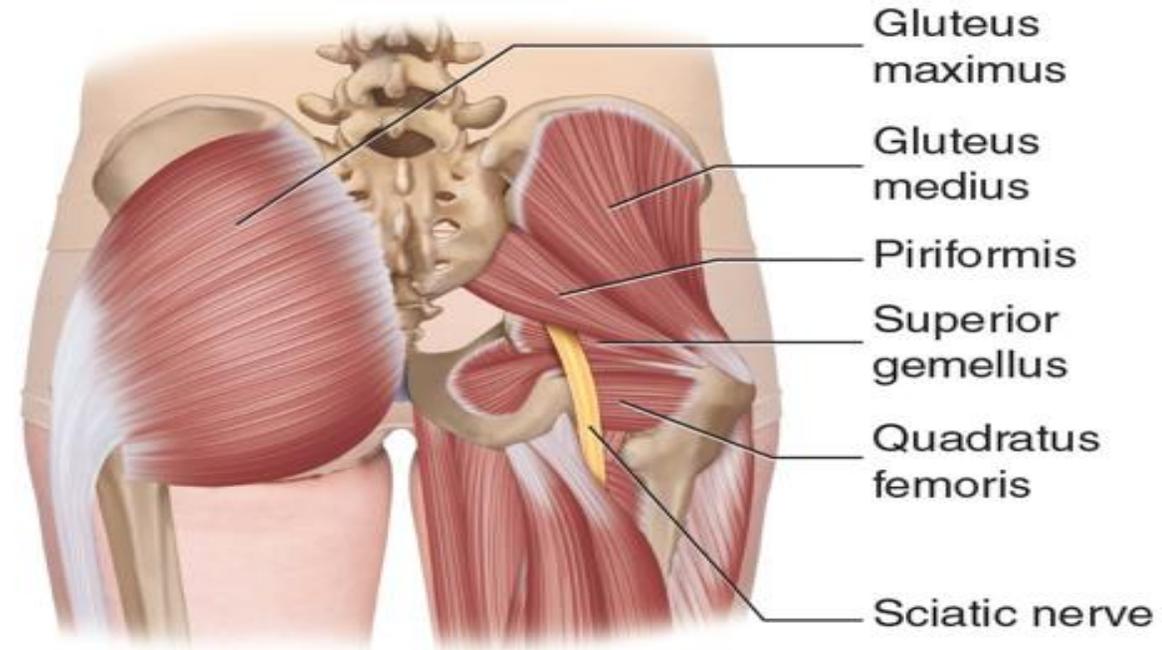
- a. Progressive softening and disintegration of articular cartilage??
- b. due to increased water permeability of synovial fluid
- c. deposition Of new bone in subarticular cartilage ??
- d. New bone and cartilage formation
- e. Increase water content in cartilage



Sclerosis كان مباشر على

# 19- piriformis Ms

1. originates from the posterior sacrum and Gluteal surface of ilium at level of lesser sciatic notch
2. Inserts on the greater trochanter
3. muscle receives its vascular supply from Superior gluteal artery, inferior gluteal artery, gemellar branches of the internal pudendal
4. Help in hip rotation
5. innervated by the piriform nerve



## 20- Which of the following injury

1. Soft tissue injury
2. Ligamintous
3. Osteochondral



# Orthopedic Mini- OSCE

Group 3

# Type 4 salter-harris fracture



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**



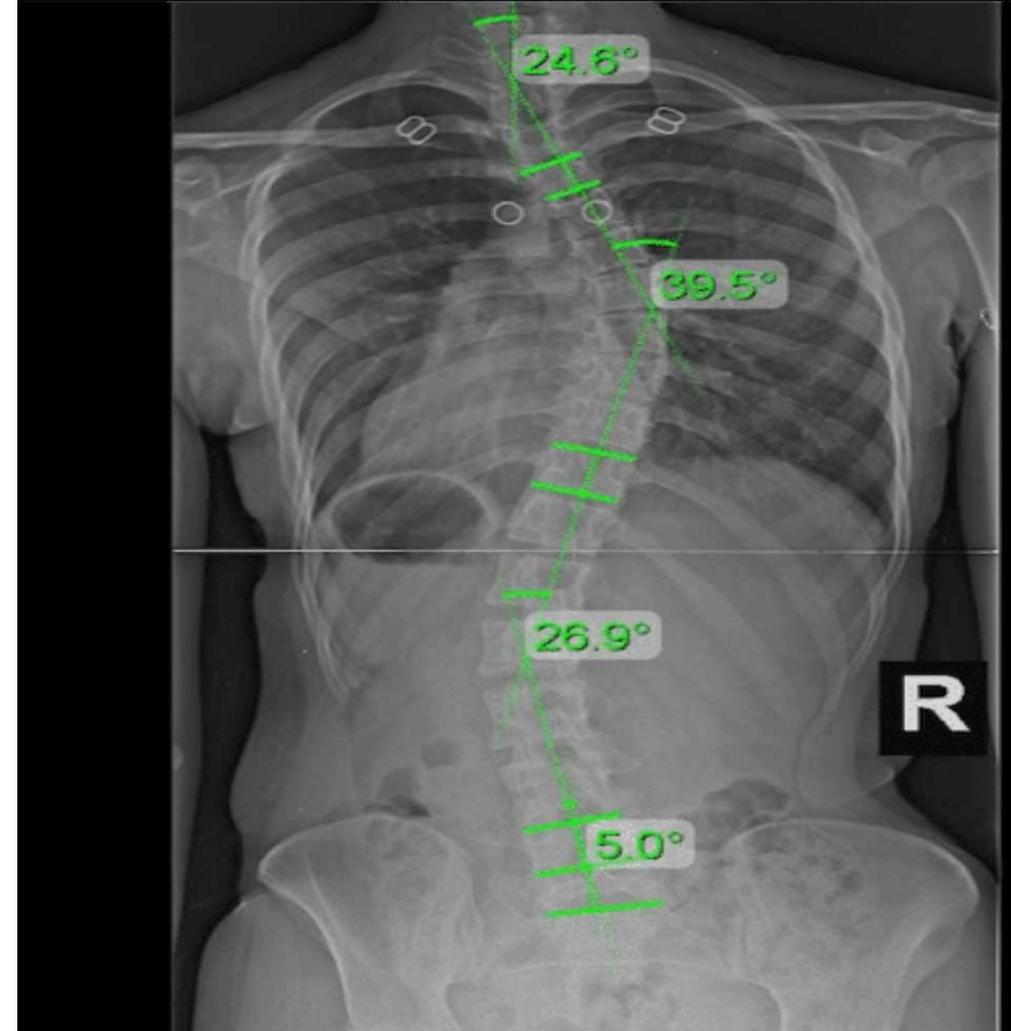
1-This patient came to ER after RTA, vasculature is intact, according to the management of this type of injury all of the following **are true except**:\_\_\_\_\_

- a. Anti-tetanus
- b. Intravenous 1st & 2nd generation cephalosporine
- c. Irrigation by normal saline
- d. Acute suturing & repair**
- e. Analgesia



**19 year old female complaining of spinal deformity, counseling for this patient?**

- conservative with no follow up
- conservative with follow up every 6 months for 2 years
- Boston brace 16 hours a day for 2 years**



Which of the following not a test for this injury?

Lachman test



Mechanism of this fracture?

Axial loading



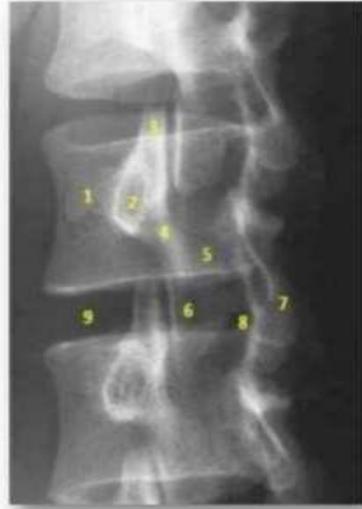
-What test should we do ??

❖ What is your diagnosis ?

○ Spondylolysis

❖ What test should we do?

○ 1-Leg hyperextension test



---

Q6 : Not a risk factor :

a. Claw foot



Patient come to ER after RTA, what is mechanism of fracture?

Lateral shear



❖ What are the differential diagnoses ?

- Giant cell tumor
- Chondroblastoma



Adducts deformity is in which part of the foot?  
**Forefoot**



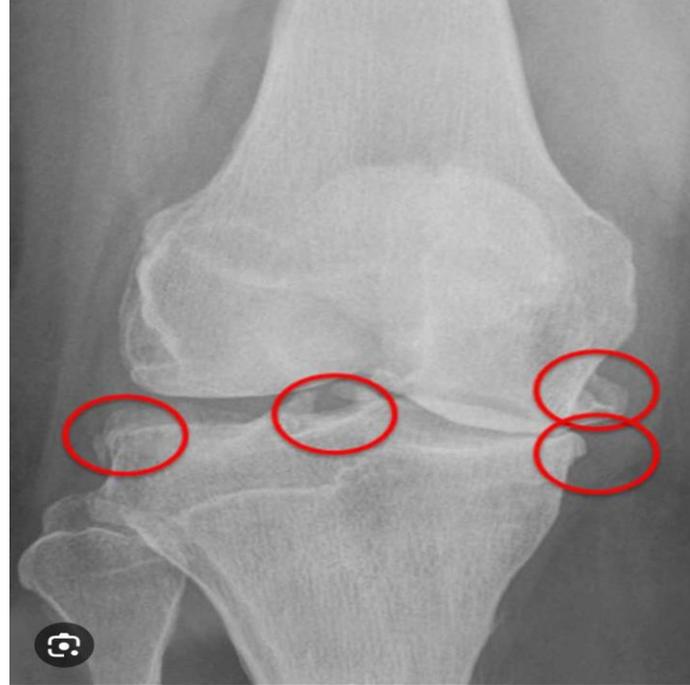
Q8-Most common age for Osgood-Schlatter . For this finding in males

- 1-6
- 2-10
- 3-14**



Name of finding in circles?

**Osteophytes**



Patient underwent closed reduction and on physical examination after reduction he can't oppose his thumb, where is the injury?

-Anterior interosseous

**-Median**



## Management?

- Short cast
- Long cast
- Closed reduction and cast
- Closed reduction and wires
- Closed reduction, wires and cast**



**Wrong about this muscle?**

**Its action is internal rotation and extension**



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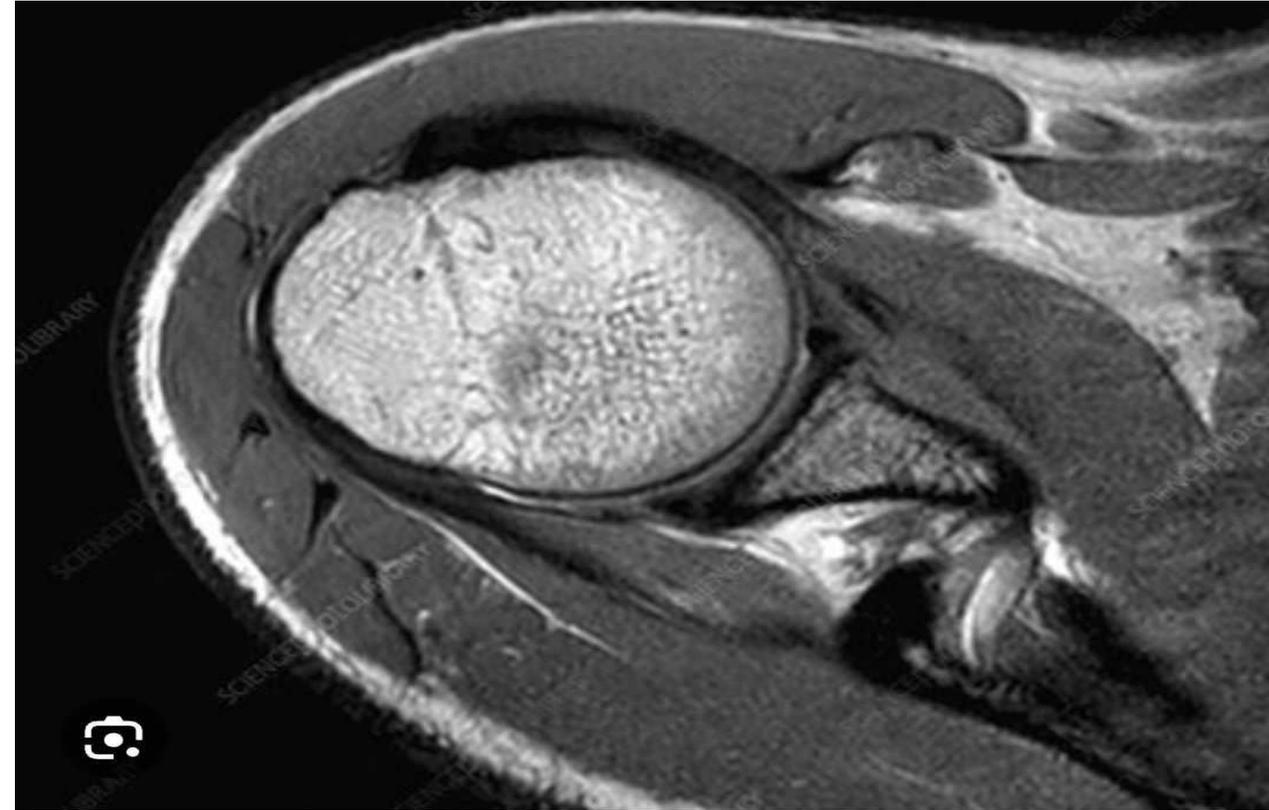
**Most probable diagnosis?**

**Perthes**



**75 year old female complaining of shoulder pain and limitation of active movement, she underwent physical therapy and there was minimal improvement, on examination, she can't do full forward extension and there was pain on external rotation, press belly test was negative, how do you prove that there is no real weakness in the muscles?**

**Active forward flexion of 100 degrees after intraarticular local anesthesia injection**



## What is the finding on x ray?

- Buckle fracture
- Greenstick fracture
- Normal (no fracture)

**-Nondisplaced fracture**



**What is the position in which there is the least compression on the joint capsule?**

**Flexion, abduction, external rotation**



**\*\*Femoral neck fracture**  
صورة الامتحان كانت أوضح

# Mini- OSCE / Nabed

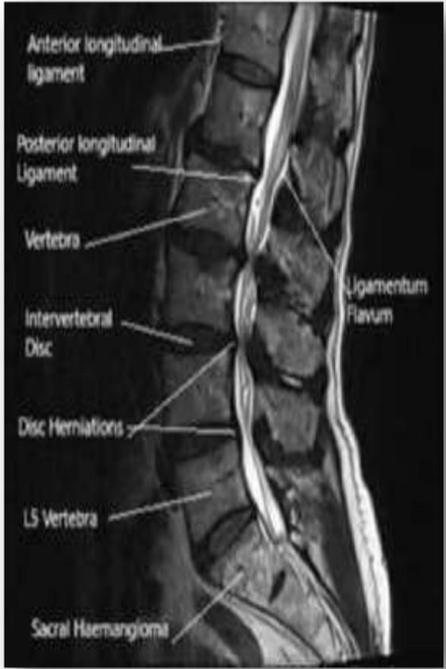
Group 4

1-This patient came to ER after RTA, vasculature is intact, according to the management of this type of injury all of the following **are true except:**

- a. Anti-tetanus
- b. Intravenous 1st & 2nd generation cephalosporine
- c. Irrigation by normal saline
- d. Acute suturing & repair**
- e. Analgesia



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**

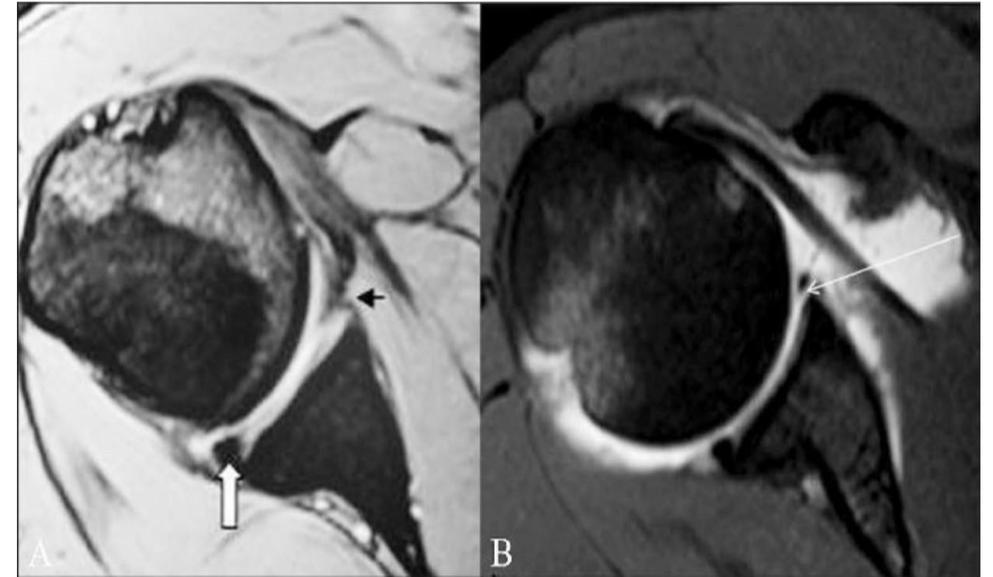


9-According to Salter- Harris classification, what is the type of this fracture?

Type IV .



10-Bankart lesion : anterior inferior glenoid labrum injury



## 12-Hallux valgus

one is true about this deformity? Varus angulation of the first metatarsal



18-All of the following regarding this deformity are true except: last step of management is varus



### Q3: Spondylolysis TYPE I

What test should we do?

- a. Leg hyperextension test
- b. Straight leg raise test

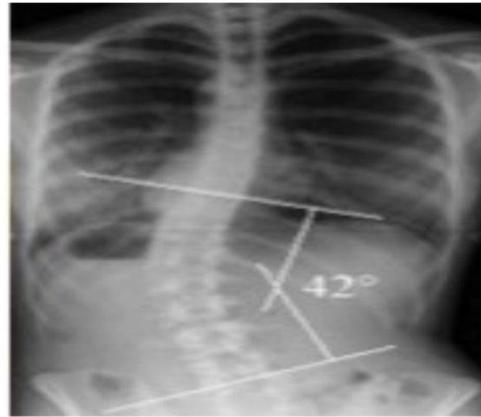


One is true?  
Patient present with night pain that  
relieved by aspirin



Q12 - In a 19year old this was an incidental finding, how is it managed ?

- A-Conservative without follow up
- B-Bracing
- C-Arthrodesis
- D-Complete spine MRI
- E-Conservative + follow up every 6 months for the second two years



بس مو عارفين اذا صح الجواب لانه مغير الصورة  
الي بتيجي كل مره ارشيف فممكن الجواب B

/-what is the most common delayed function loss with this fracture ?

- A . Planter flexion
- B . Supination and adduction
- C . Dorsiflexion
- D . Inversion and Eversion
- E . Abduction

**Answer: D ( from Doctor )**



8. Pain elicited on performing this test indicates tenosynovitis of

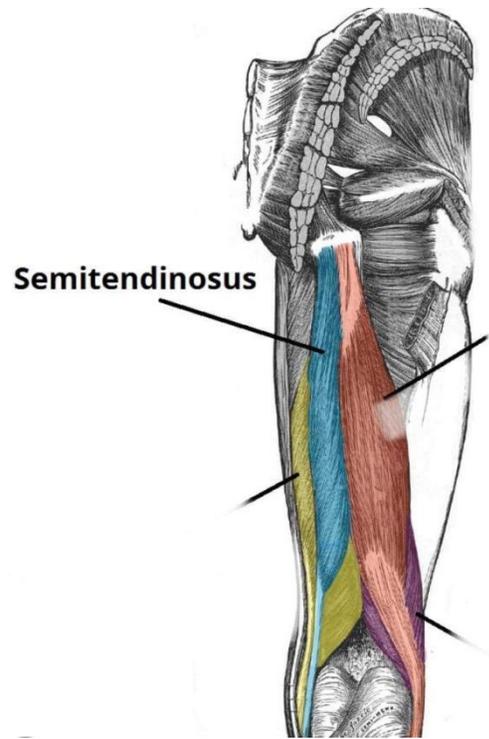
Abductor pollicis longus and extensor pollicis brevis



11- diagnosis

- A. Perthes
- B. hip Dislocation
- C. SCFE**
- D. Displacement of head





One is wrong?

1-Inervated by s4-s5

2-inserted in base of proximal phalanx 2-5 toe

3-originated from tendon of flexor digitorum longus

4-laterally rotating the femur during the closed-chain phase and medially rotating the tibia during the open-chain phase of the gait cycle.

## 8- Fracture type

A.Buckle

B.greenstick لانه فيه كسر على ال  
2bone

C.Plastic deformity

D.Plastic and greenstick



## Nonunion Tibia Fracture & It's Treatment



الجواب يا 4 يا 5 الدكتور صهيب حكا 4 بس السؤال  
للدكتور محمد سعيد واحنا حاطين 5

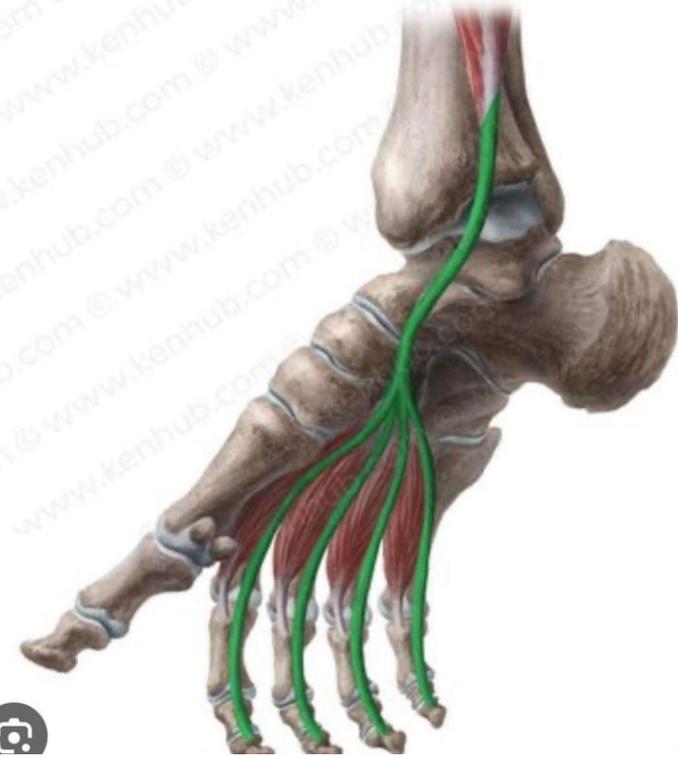
The last important  
step?

1-antibiotics

2-debridment

3 remove screws

4 leg MRI



One is wrong?

1 Inervated by s4-s5

2 inserted in base of proximal phalnx 2-5 toe

3 originated from tendon of flexor digitorum



The best management ?

1-cast only

2-closed reduction

3-open reduction and screw



Anterior superior iliac crest>>>sartorius

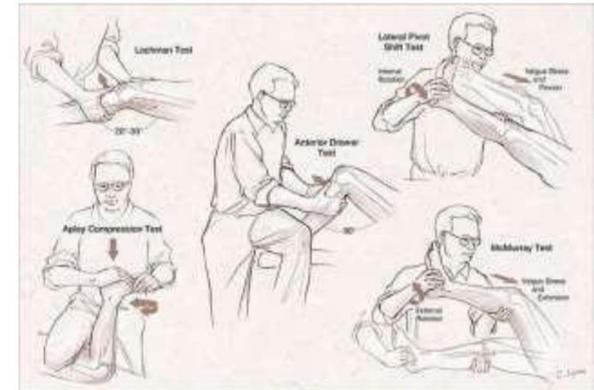
Pathophysiology of the defect seen in the picture is

- a. Increase water content in cartilage
- b. Increase water permeability**
- c. Progressive softening and disintegration of articular cartilage
- d. New growth of cartilage and bone at the joint margins
- e. Sclerosis in the sub-chondral bone



All the following tests done in the supine position except

- a. Apley's test**
- b. Lachman test
- c. Anterior drawer test
- d. MacMurray test



# Orthopedic mini osce

30-nov-2023

Salma almawajdeh

Leen mbaidin

Rand mbaidin

Which of the following muscles is responsible for this avulsion fracture



- a. Posterior tibialis muscle
- b. Peroneus brevis
- c. Peroneus longus
- d. Planter fascia
- e. Anterior tibialis muscle

answer : b

The predominant tissue in the lesion is :



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

answer: c

this patient came to ER after RTA , vasculature is intact ,  
According to the management of this type of injury all of the  
following are true



- A . Antitetanus
- B. Intravenous 1st & 2nd generation cephalosporine
- C . Irrigation by normal saline
- D. Acute suturing & repair
- E . Analgesia

answer : d

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

a 19year old this was an incidental finding, how is it managed?



- A-Conservative without follow up
- B-Bracing
- C-Arthrodesis
- D-Complete spine MRI
- E-Conservative + follow up every 6 months for the second two years

Answer : e

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



Type IV

Management?



- a. Short cast
- b. Long cast
- c. Closed reduction and cast
- d. Closed reduction and wires
- e. Closed reduction, wires and cast

Answer :e

All of these are late complications except



- a. sciatic nerve injury
- b. Avascular necrosis
- c. Secondary osteoarthritis

answer : a

All presentations are true for this case, except



- a. Joint line tenderness
- b. Genu Valgus
- c. Narrowing of joint space
- d. Swelling and effusion
- e. Osteophyte and stiffness

answer : b

Case of seizure came to er  
At what position the shoulder was locked in?



- a. Adduction
- b. Abduction
- c. Internal rotation
- d. External rotation
- e. Extension

answer : c

patient presents with high fever , knee swelling and tenderness  
no history of trauma  
what is your next step in management?



- A- antibiotics
  - B-surgery
  - C-knee aspiration
  - D-CBC and ESR
  - E-conservative
- ANSWER :- C

What test should we do?



Leg hyperextension test

What is the pathology in this X-ray ?



oSlipped Capital Femoral epiphysis

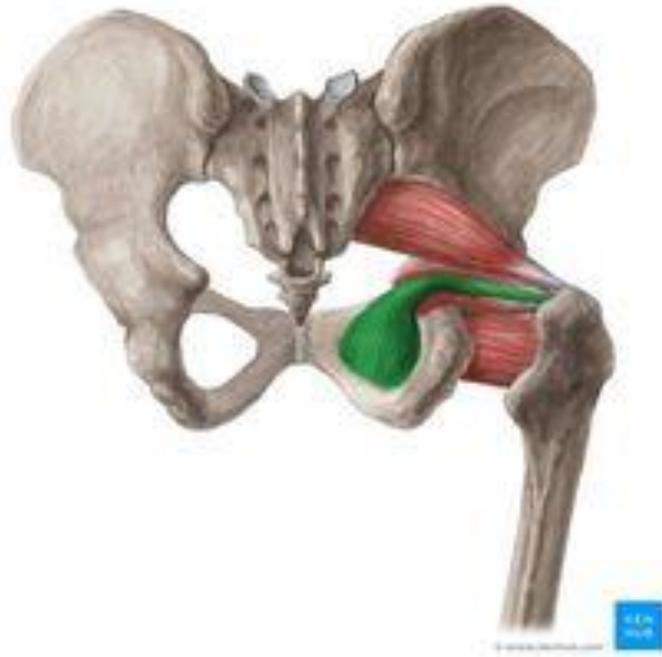
All false except



- a. Unilateral
- b. No recurrence after surgery
- c. When the valgus deformity exceeds 30 or 40 degrees The great toe rotates into pronation so that the nail faces medially.

Answer : c

What is true about this muscle?



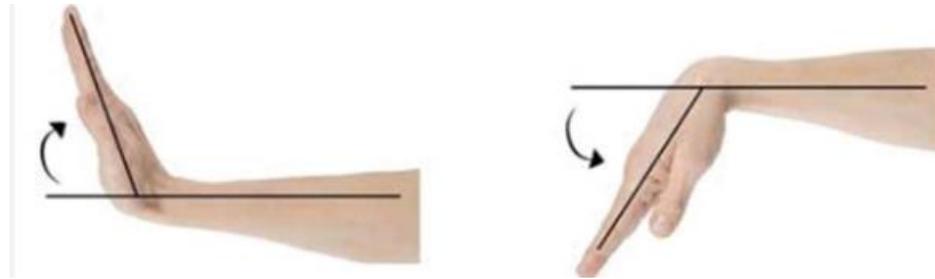
- a. Supplied by external pudendal nerve
- b. Supplied by obturator internus I1/I2
- c. It medially rotates the femur

What is your diagnosis ?



oDupuytren's contracture

Regarding the force transmission on the wrist joint one is true:



- a. wrist has no role in force transmission
- b. Extended wrist increase the force transmission on the lunate fossa.
- c. Extended wrist increase the force transmission on the scaphoid fossa .
- d. Normal wrist position decrease force transmission

Answer : c

All the following can cause this except



Infrapatellar bursitis(CLERGYMAN'S KNEE)

What is the finding on x ray?



- a. Buckle fracture
- b. Plastic fx
- c. Greenstick fracture
- d. Normal (no fracture)
- e. Nondisplaced fracture

Answer : e

Name of the classification of this type of fracture



- A. Schatzker Classification
- B. Weber Classification
- C. Ruedi and Allgower Classification
- D. Sanders Classification
- E. Hawkins classification

Answer : B

# NABED

28/12

Done by:  
felasteen olimat  
Tamara almahadeen  
Sajedah magableh  
Naba'a Jihad

# Lumbar canal stenosis

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  
(the other choices were the features of vascular claudication)



This patient came to ER after RTA, vasculature is intact, according to the management of this type of injury all of the following **are true except**:

- a. Anti-tetanus
- b. Intravenous 1st & 2nd generation cephalosporine
- c. Irrigation by normal saline
- d. Acute suturing & repair**
- e. Analgesia



# Q3

Name of the classification of this type of fracture :

- A. Schatzker Classification
- B. Weber Classification
- C. Ruedi and Allgower Classification
- D. Sanders Classification
- E. Hawkins classificatio

Answer : B



# Q4

## Manegment

- A. Short cast
- B. Long cast
- C. closed reduction And cast

Answer : B



Long case history of old man 65 years with 2 years history of pain in the hip not responding to analgesia and interfering with his daily life, management ?

- a. Hip arthrodesis
- b. Hip Osteotomy
- c. **Hip replacement**
- d. Analgesia and lifestyle modification
- e. Open reduction and internal fixation



Diagnosis :

**Osteosarcoma**



# Salter harris Classification :

- A. Type 1
- B. Type 2
- C. Type 3
- D. Type 4
- E. Ttpe 5

Answer : C



**Most probable diagnosis?**  
**Perthes**



## What is the finding on x ray?

- Buckle fracture
- Greenstick fracture
- Normal (no fracture)

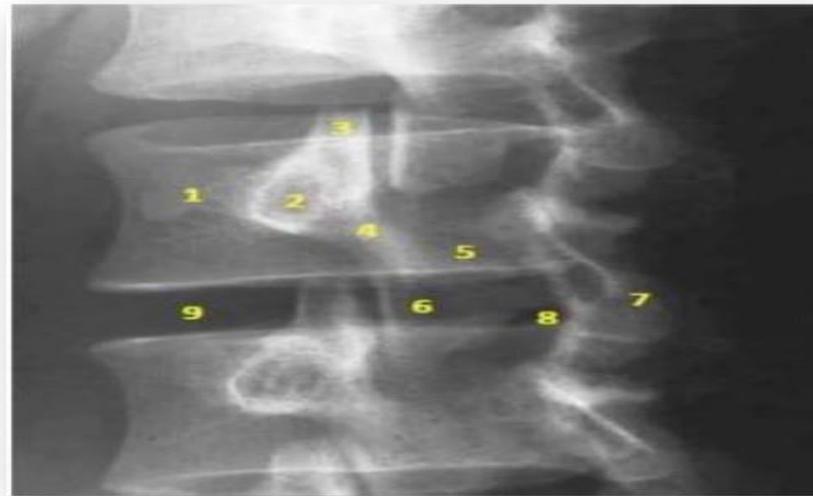
**-Nondisplaced fracture**



## Spondylolysis

### What test should we do?

1-Leg hyperextension test



Scottie dog with a collar sign

# Q11

What is false about the condition in this picture ?

- 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**



# Q12

---

what is the function of the injured nerve

- A-extension of wrist
- B-flexion of wrist
- c-elbow supination
- D-MCP joint extension



# Q13

14 years old boy, no history of trauma, what is the most likely diagnosis:

Osgood-Schlatter disease

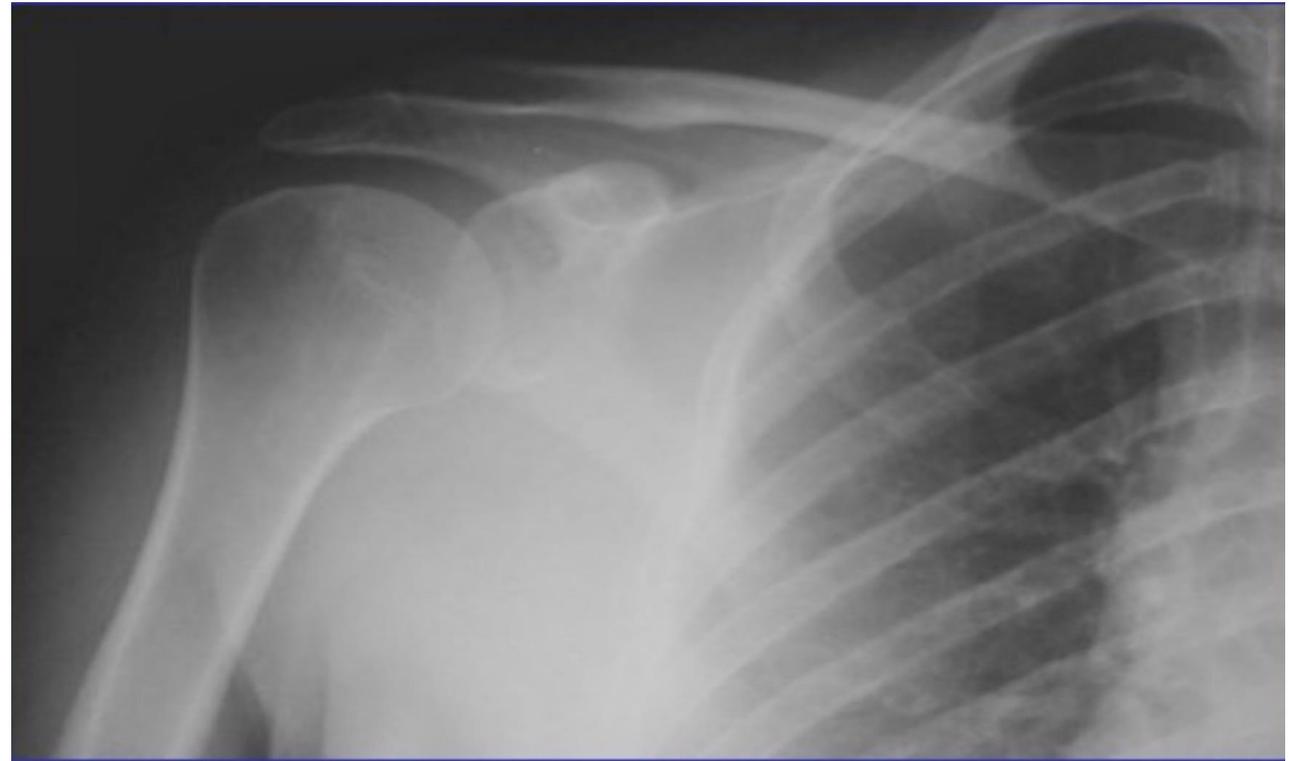


# Q14

pt after electrical shock or seizure (posterior dislocation) on what position the shoulder will be:

- a-abduction
- b-adduction
- c-external rotation
- d-internal rotation
- e-extension

And: D(not sure)



# Q15

Child came to the ER with his parents complaining of hip pain since 24 hours, he is stable , he has slightly high temperature, wbc:120000,ESR:80 , what is the first thing you will do

- a-admission b-  
antibiotic
- c-admission and observation d-  
arthrotomy
- e-analgesia



Ans: d

Where is lesion in this picture ?

- A-syndesmosis
- B-anterior talofibular ligament
- C-posterior talofibular ligament
- D-anterior tibiofibular ligament
- E-Calcaneofibular ligament

Answer :- **A**



mechanism

- a-vertical shear**
- b-anteroposterior compression**
- c-lateral compression**



# Q17

What is true (or false) about this muscle

- a-Supplied by ulnar artery
- b-Originated from lateral condyle
- c-Inserted in lateral aspect of ulnar bone
- d-Innervated by ulnar nerve
- e-function is pronation and extension



This is pronator teres

# Q18

After RTA ,BP:107/80, the pressure on the compartments of the leg are as follows (anterior 27,lateral 53, posterior superficial 22, posterior deep 27  
What is the most likely function loss the pt will complaint from:

- a-loss of sensation on the dorsum of the foot including the first web space
- b-loss of sensation on the 1st ,3rd, 4th fingers c-loss of ankle dorsiflexion
- d-loss of adduction
- e-loss of ankle plantarflexion

Note:Intracompartment pressure-diastolic BP if<30 it's compartment syndrome, and the nerve that supplies the lateral compartment is superficial peroneal nerve so the answer is **b or c**

# Q19

All these muscles contributes to foot dorsiflexion except:

- a. peroneus tertus
- b. Tibialis anterior
- c. plantaris
- d. extensor hallucis
- e. extensor digitorum profundus

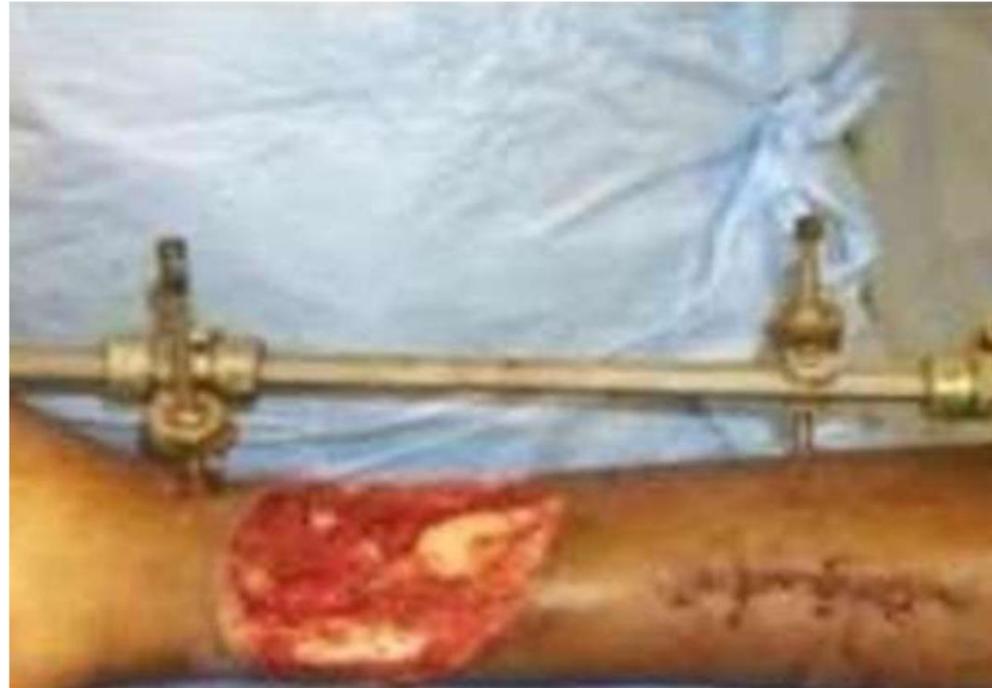
Ans: c

Orthopedic

4. This patient came to ER after RTA, vasculature is intact, according to the management of this type of injury all of the following are true except

- A. Anti-tetanus
- B. Intravenous 1<sup>st</sup> & 2<sup>nd</sup> generation cephalosporine
- C. Irrigation by normal saline
- D. Acute suturing & repair
- E. Analgesia

Answer : D



3. 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

Answer :Downhill more painful

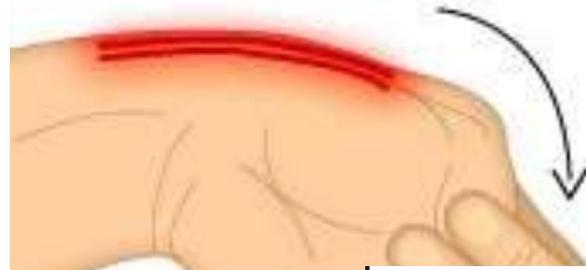


8. Pain elicited on performing this test indicates tenosynovitis of

Abductor pollicis longus and extensor pollicis brevis



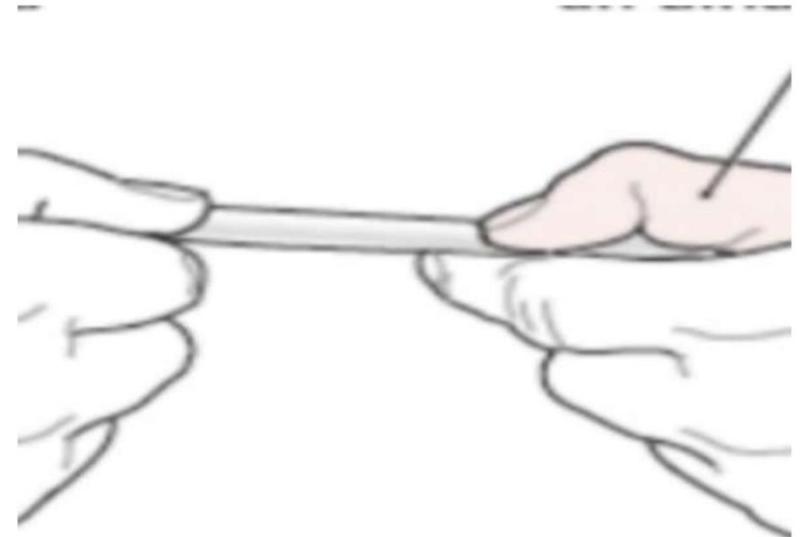
2. Tilt hand down



11. Name of the nerve examined :

- A. Radial
- B. anterior interosseous
- C. Posterior interosseous
- D. Ulnar
- E. Median

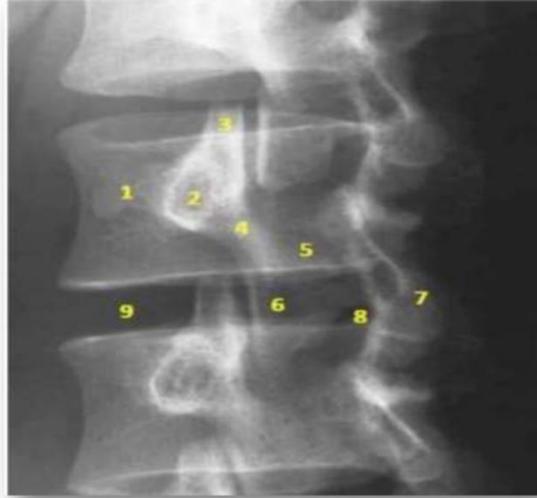
Answer : D



# 5-Spondylolysis

What test should we do?

1-Leg hyperextension test



Scottie dog with a collar sign

## 14- Diagnosis

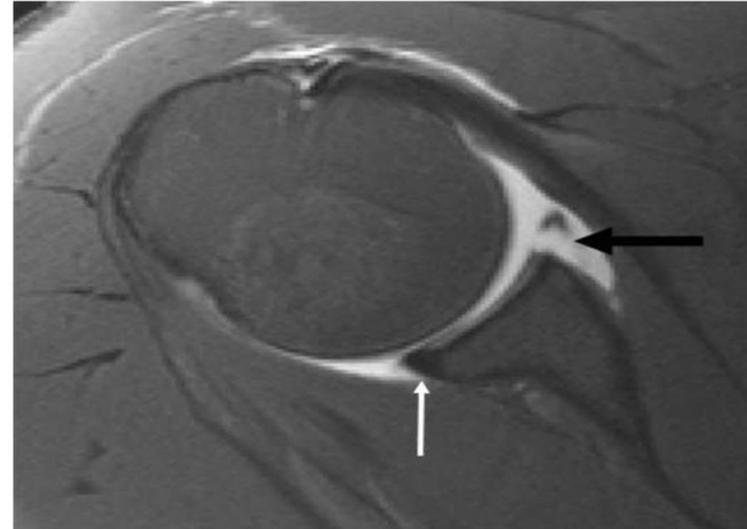
1. Osteosarcoma
2. Chondrosarcoma
3. Chondroblastoma
4. Osteochondroma
5. Osteoid osteoma



## 15- Bankart lesion :

1. anterior inferior glenoid labrum injury
2. anterior superior glenoid labrum injury

**Bankart lesion:** injury of the anterior inferior lip of the glenoid labrum due to traumatic anterior shoulder dislocation



- MRI-Arthrogram of Bankart Lesion (black arrow). Labrum is dark triangular structure at edge of socket (white arrow shows normal labrum in back).

## Management?

- Short cast
- Long cast
- Closed reduction and cast
- Closed reduction and wires

**-Closed reduction, wires and cast**



Open reduction and wires

Most probable diagnosis?

**Perthes**



- A photo for proximal tibial fracture,,what is the used classification and its management?
- Schatzker and ORIF

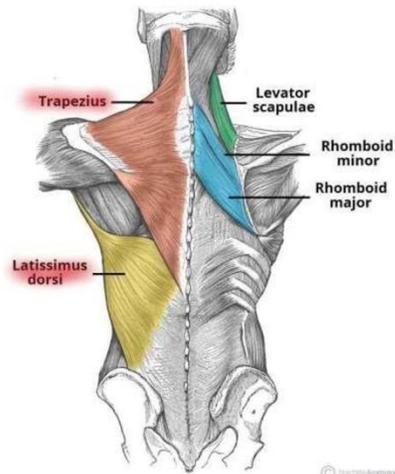
# Q5

Long case history of old man 65 years with 2 years history of pain in the hip not responding to analgesia and interfering with his daily life, management ?

- a. Hip arthrodesis
- b. Hip Osteotomy
- c. **Hip replacement**
- d. Analgesia and lifestyle modification
- e. Open reduction and internal fixation

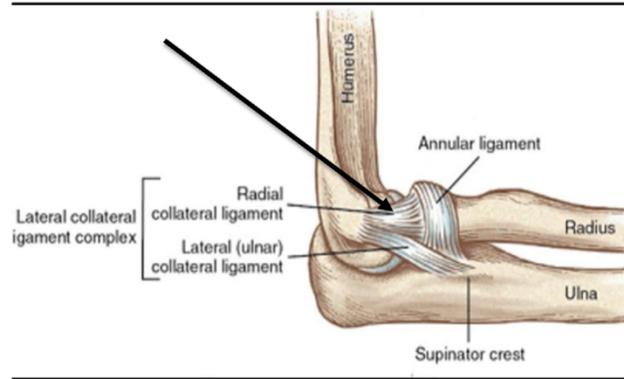


6-Nerve supply for muscle  
(blue) dorsal scapular N



17-Name this structure ?

Radial collateral lig.



Q5 : this test is done for ?

- a. Biceps tendonitis
- b. Tennis elbow
- c. Golfers elbow



Q11: The most sensitive test for this patient is

---

- a. Lachman test
- b. Posterior drawer test
- c. Apley's test
- d. MacMurray's test
- e. Tibial tuberosity tenderness**



- L4 myotome function?
- Ankle jerk reflex
- Dorsiflexion
- Non of the above

## Rachitic rosary



All of the following can be seen in this patient except:

A-normal calcium

B-thick cortex

C-wide epiphysis

Ans: B

- The wrong answer:
- In severe cases the nail will face laterally



- The nerve supply the deformed structure?
- Common Peroneal
- Superficial peroneal
- Deep peroneal
- Tibial
- Saphenous
- Ans: D



- The force is?
- Vertical



ortho

february

shahd ayoub

Q5 : this test is done for \_\_\_\_\_

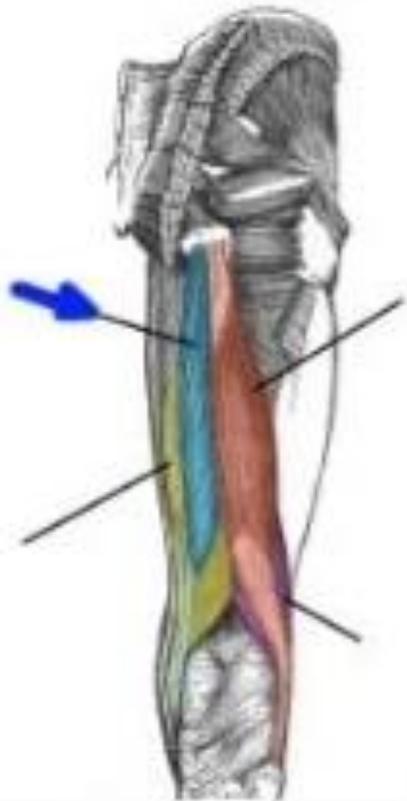
- a. Biceps tendonitis
- b. Tennis elbow
- c. Golfers elbow



الجنة  
للطباعة

**which is wrong:**

-the function of this muscle is flexion and external rotation external rotation with popliteus.



© 2010 Anatomical

7-what is the most common delayed function loss with this fracture ?

- A . Planter flexion
- B . Supination and adduction
- C . Dorsiflexion
- D . Inversion and Eversion
- E . Abduction

Answer : D (from Doctor)



Not the same picture , but it was calcaneus bone fracture

6 ) One of the following features is not related to this deformity:

- 1) Abduction
- 2) pes cavus
- 3) dorsiflexion
- 4) valgus



## Q18

After RTA ,BP:107/80, the pressure on the compartments of the leg are as follows (anterior 27,lateral 53, posterior superficial 22, posterior deep 27  
What is the most likely function loss the pt will complaint from:

- a-loss of sensation on the dorsum of the foot including the first web space
- b-loss of sensation on the 1st ,3rd, 4th fingers
- c-loss of ankle dorsiflexion
- d-loss of adduction
- e-loss of ankle plantarflexion

Note:Intracompartment pressure-diastolic BP if<30 it's compartment syndrome, and the nerve that supplies the lateral compartment is superficial peroneal nerve so the answer is **b or c**

**b**

## Q1 6

Long case history of old man 65 years with 2 years history of pain in the hip not responding to analgesia and interfering with his daily life, management ?

- a. Hip arthrodesis
- b. Hip Osteotomy
- c. Hip replacement
- d. Analgesia and lifestyle modification
- e. Open reduction and internal fixation



7-the most sensitive test for this patient 14 year old , hyperactive pt

is?

- A-Lachman test
- B-Posterior drawer test
- C-Joint Line tenderness
- D-Mcmurray's test
- E- Provocative test**



## 14- Diagnosis

1. Osteosarcoma
2. Chondrosarcoma
3. Chondroblastoma
- 4. Osteochondroma**
5. Osteoid osteoma



3. 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

Answer :Downhill more painful



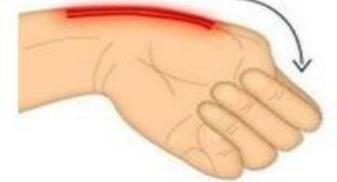
9- Pain elicited on performing this test indicates tenosynovitis of

- Abductor pollicis longus and extensor pollicis brevis

1. Place thumb in a closed fist

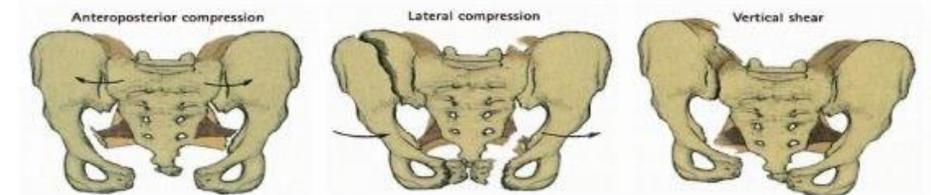


2. Tilt hand down



10- Mechanism of injury

- Vertical shear
- Anteroposterior compression
- Stress fracture
- Lateral compression
- Avulsion



Q17- According to salter classification,  
this fracture is :

Type  
2



113

20. Fracture type

- A. Buckle
- B. greenstick
- C. Plastic deformity

Answer : B

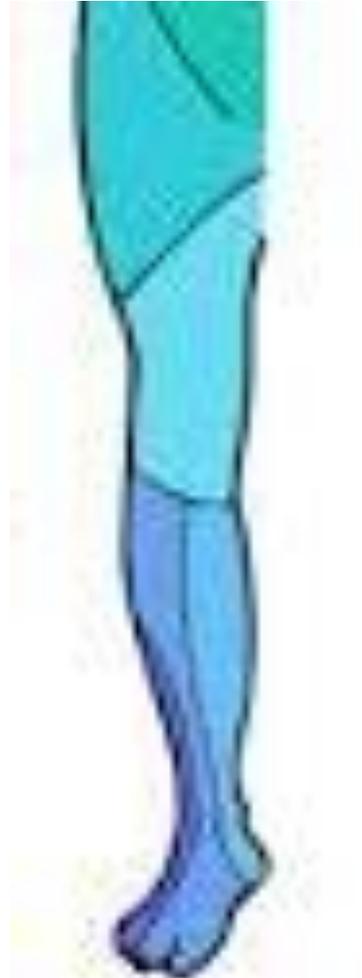


2-Where is lesion in this picture ?  
A-syndesmosis  
B-anterior talofibular ligament  
C-posterior talofibular ligament  
D-anterior tibiofibular ligament  
E-Calcaneofibular ligament

Answer :- A



**function of L4:**  
dorsiflexion of ankle



## 10. diagnosis

- A. Perthes
- B. hip Dislocation
- C. SCFE

Answer : C



12

5- One of these sentences  
is wrong about this

case :

- A . Ca+2 level is normal or low
- B . Bowing of long bone
- C . Normal or high vit D level
- D . Thickening of physis and cortex
- E . Serum alkaline phosphate is high

Answer : D , cortex is thin !



4. This patient came to ER after RTA, vasculature is intact, according to the management of this type of injury all of the following are true except

- A. Anti-tetanus
- B. Intravenous 1<sup>st</sup> & 2<sup>nd</sup> generation cephalosporine
- C. Irrigation by normal saline
- D. Acute suturing & repair**
- E. Analgesia

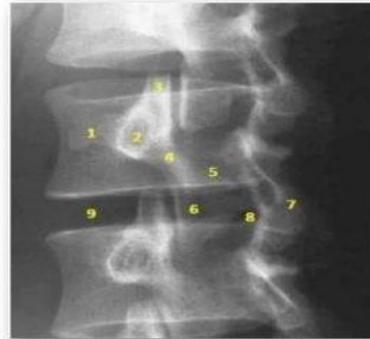


29

## 5-Spondylolysis

**What test should we do?**

1-Leg hyperextension test



Scottie dog with a collar sign

30

Case of seizure came to er  
At whar position the shoulder was locked in?



- a. Adduction
- b. Abduction
- c. Internal rotation
- d. External rotation
- e. Extension

answer : c

# Orthopedics

**Mini- OSCE**

4. This patient came to ER after RTA, vasculature is intact, according to the management of this type of injury all of the following are true except

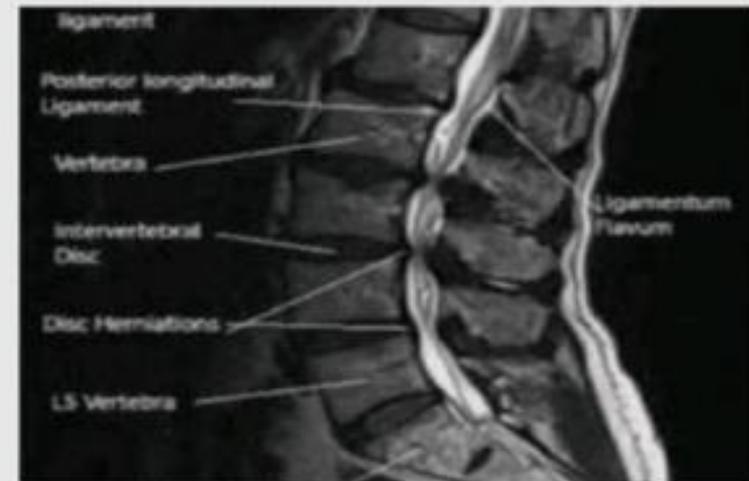
- A. Anti-tetanus
- B. Intravenous 1<sup>st</sup> & 2<sup>nd</sup> generation cephalosporine
- C. Irrigation by normal saline
- D. Acute suturing & repair
- E. Analgesia

Answer : D



3. 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

Answer : Downhill more painful



## Management?

- Short cast
- Long cast
- Closed reduction and cast
- Closed reduction and wires
- Closed reduction, wires and cast**



3

Long case history of old man 65 years with 2 years history of pain in the hip not responding to analgesia and interfering with his daily life, management ?

- Hip arthrodesis
- Hip Osteotomy
- Hip replacement**
- Analgesia and lifestyle modification
- Open reduction and internal fixation



4

Child came to the ER with his parents complaining of hip pain since 24 hours, he is stable , he has slightly high temperature, wbc:120000,ESR:80 , what is the first thing you will do

- a-admission b-antibiotic
- c-admission and observation d-arthrotomy
- e-analgesia



Ans: d

6

**What is the finding on x ray?**

- Buckle fracture
- Greenstick fracture
- Normal (no fracture)
- Nondisplaced fracture



7

- The force is?
- Vertical

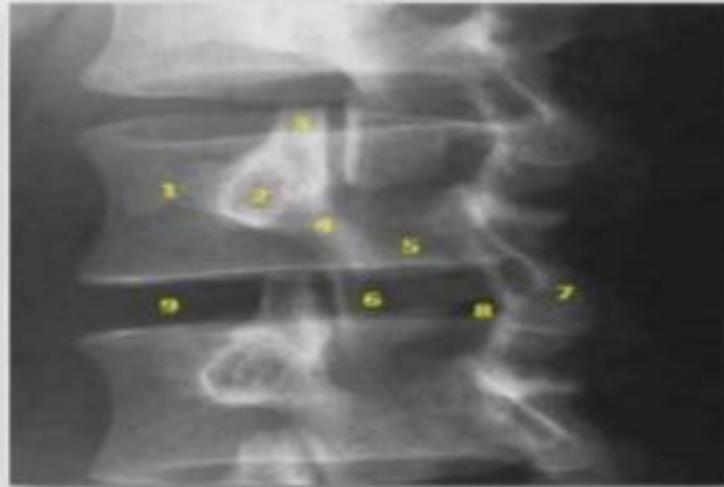


5

## Spondylolysis

**What test should we do?**

1-Leg hyperextension test



Scottie dog with a collar sign

8

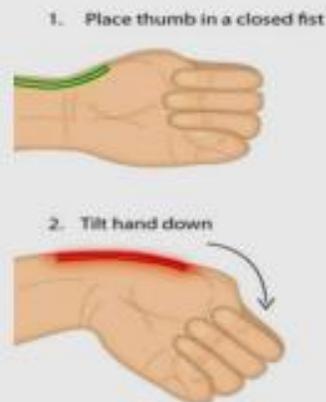


10 mechanism of this fracture, and its classification:

axial loading, Weber classification

9- Pain elicited on performing this test indicates tenosynovitis of

- Abductor pollicis longus and extensor pollicis brevis



11



tibialis posterior muscle

9 wrong about this muscle :

a- The origin of the muscle is: Proximal postero-medial aspect of the tibia. Proximal postero-medial aspect of the fibula and the interosseous membrane

b- The major insertion is onto the navicular and the plantar slip attaches to the medial cuneiform bone.

c- innervation: tibial nerve

d- main function is to support the medial arch of the foot.

e- Located between flexor digitorum longus and flexor hallucis longus, tibialis posterior is the deepest muscle in the posterior compartment.

answer: A

The origin of the muscle is:

Proximal postero-lateral aspect of the tibia.

Proximal postero-medial aspect of the fibula and the interosseous membrane

What is the deformity ?

Coxa vara



12

## Lisfranc fracture

❖ What is the management of this deformity ?

- ORIF (Open reduction internal fixation)



18



13 - salter Harris type 2

19-

- L4 myotome function?
- Ankle jerk reflex
- **Dorsiflexion**
- Non of the above



14- most sensitive test :

- a. Lachman test
- b. Posterior drawer test
- c. Joint Line tenderness
- d. MacMurray's test
- e. **Tibial tuberosity tenderness**

20-

Shoulder's x-ray of a rheumatoid arthritis patient

- a. Passive motion is greater than active
- b. **Passive motion is equal to active**
- c. Active motion is greater than passive



15- true about this :

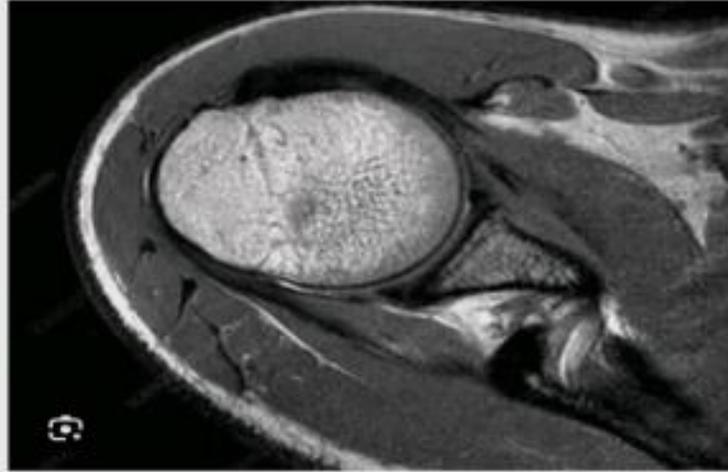
- fibrous tissue



16

75 year old female complaining of shoulder pain and limitation of active movement, she underwent physical therapy and there was minimal improvement, on examination, she can't do full forward extension and there was pain on external rotation, press belly test was negative, how do you prove that there is no real weakness in the muscles?

Active forward flexion of 100 degrees after intraarticular local anesthesia injection



17

Adducts deformity is in which part of the foot?

Forefoot



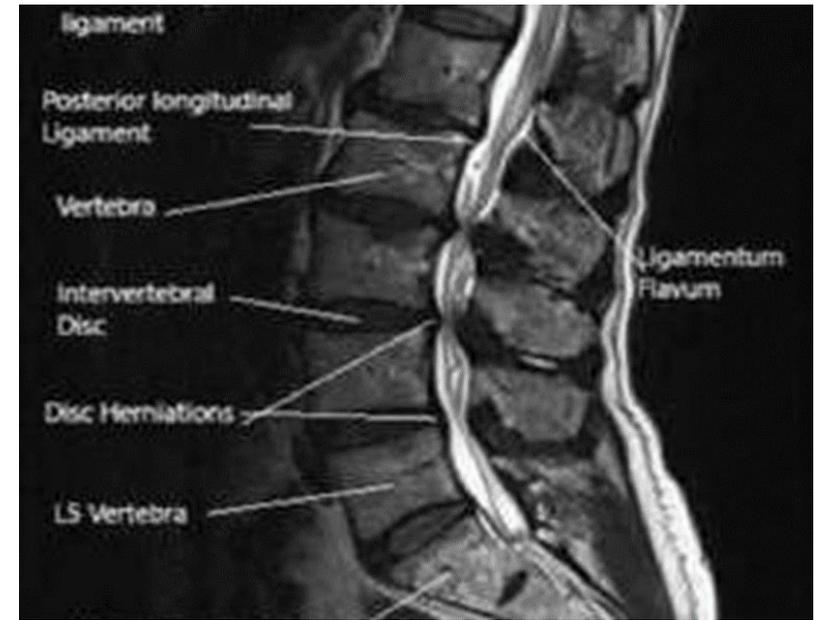
Ortho mini-osce

9/5/2024

Malak hamasha

1. 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

Answer :Downhill more painful



2. This patient came to ER after RTA, vasculature is intact, according to the management of this type of injury all of the following are true except

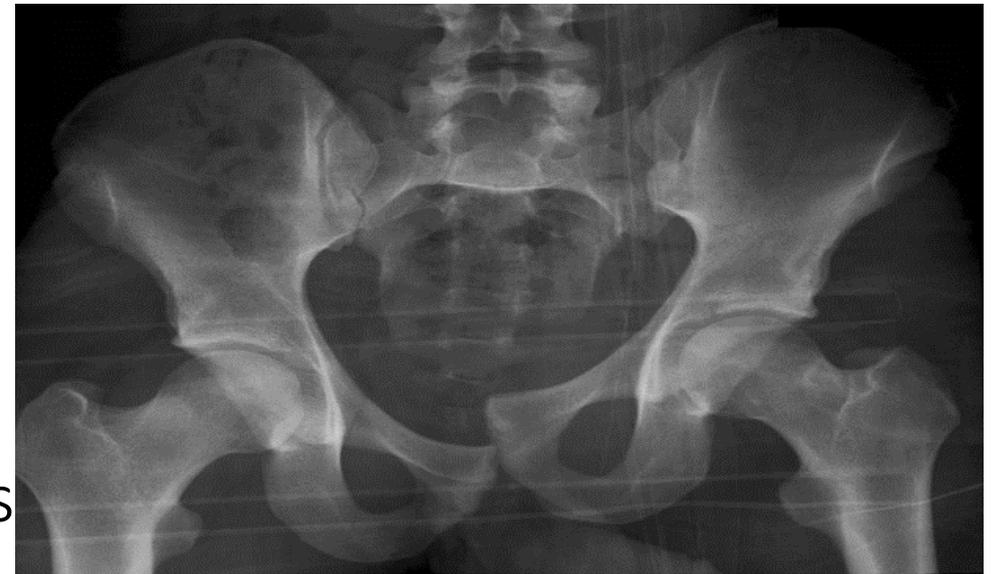
- A. Vascular surgeon need
- B. Intravenous 1<sup>st</sup> & 2<sup>nd</sup> generation cephalosporine
- C. Irrigation by normal saline
- D. Acute suturing & repair
- E. Analgesia



### 3. Mechanism of injury vertical shear

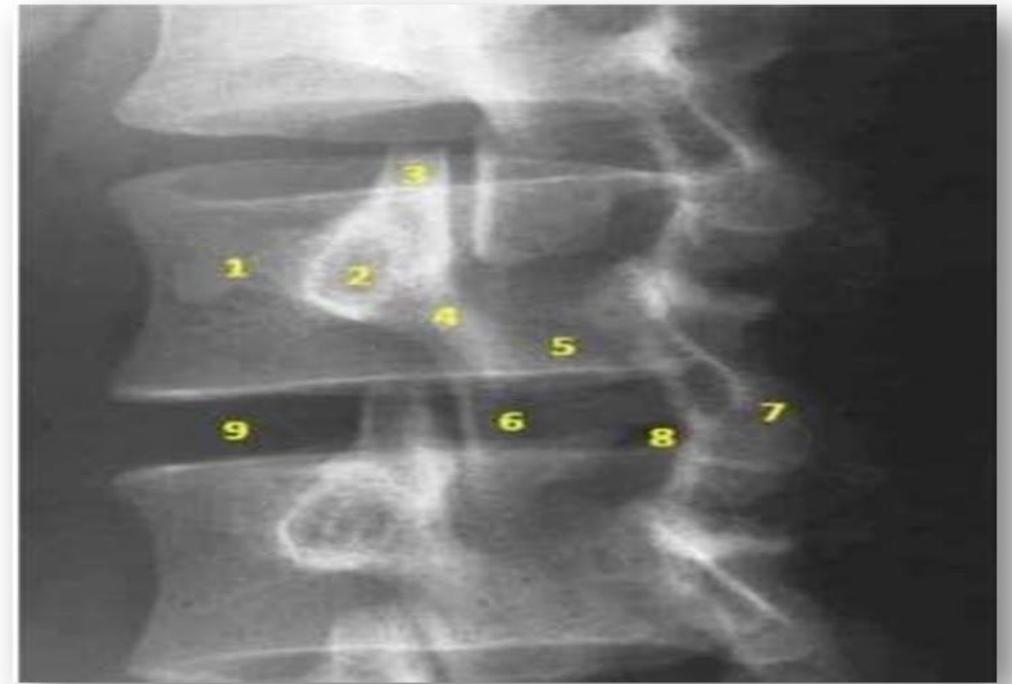
4. Which of the following is true regarding this tumor ?

1. The predominant tissue is fibrous
2. Most common primary benign tumor
3. It has risk to transform to malignant
4. Its caused pain that relived by aspirin

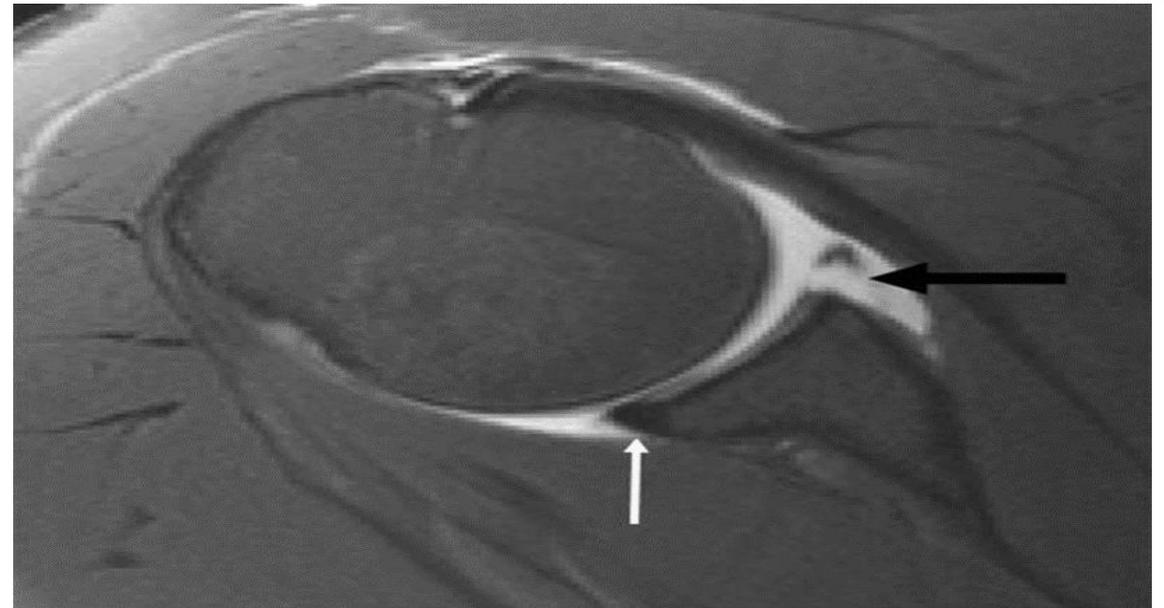


## 5. What test should we do?

1-Leg hyperextension test



**6. Bankert lesion: anterior inferior lesion in glenoid labrum**



## 7. Management ?

Short cast

-Long cast

-Closed reduction and cast

-Closed reduction and wires

**-Closed reduction, wires and cast**



## 8. What is the finding on x ray?

-Buckle fracture

-Greenstick fracture

-Normal (no fracture)

**-Nondisplaced fracture**



9. Which of the following nerve that supply this muscle ?  
superficial peroneal nerve,



10.

What is false about the condition in this picture ?

- 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



11. Child came to the ER with his parents complaining of hip pain since 24 hours, he is stable , he has slightly high temperature, wbc:120000,ESR:80 , what is the first thing you will do

a-admission

b- antibiotic

c-admission and observation

d- arthrotomy and wash out

e-analgesia



12. Most ligaments that causes this fracture ?

Anterior talofibular ligament



13. L4 myotome function?

- Ankle jerk reflex
- **Dorsiflexion**
- Non of the above

14. All of the following can be seen in this patient except:

A-normal calcium

**B-thick cortex**

C-wide epiphysis

D- high vit D

## Rachitic rosary



## 15. Not a risk factor :

- a. Posterior Tibial Tendon Dysfunction
- b. Talocalcaneal
- c. **Claw foot**
- d. Calcaneonavicular
- e. Congenital vertical talus



16. The most sensitive test for this patient is

- a. Lachman test
- b. Posterior drawer test
- c. Apley's test
- d. MacMurray's test
- e. **Tibial tuberosity tenderness**



17. Long case history of old man 65 years with 12 years history of pain in the hip not responding to analgesia and interfering with his daily life, management ?

- a. Hip arthrodesis
- b. Hip Osteotomy
- c. **Hip replacement**
- d. Analgesia and lifestyle modification
- e. Open reduction and internal fixation



18. Which muscles insert in this area ?

**Pectoralis major**



19. Which of the following is false ?

Its insert to second metatarsal bone



20. What is the diagnosis ?

Coxa vara

