

Scoliosis

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:

- a) Cobb's angle of 36 degrees
- b) Pelvic asymmetry.
- c) Painless curve
- d) Neurofibromatosis NF
- e) Early menarche

? CT and MRI needed in:

- Pain (because it indicates 2nd underlying pathology causing the pain)
- Abnormal neurological examination → compression (سكولiosis) (compression) (تضييق)
- Big curves > 50 at initial time of presentation
- Left thoracic curve (because its Atypical, 10-20% associated with neurological disorder)

13-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:

- a) Cobb's angle of 36 degrees
- b) Lt thoracic curve with apical kyphosis
- c) Pelvic asymmetry.
- d) Painless curve
- e) Family history of juvenile Scoliosis

منه 3 اثار

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

OSTEOPATHIC (CONGENITAL) SCOLIOSIS

The commonest bony cause is some type of vertebral anomaly.

- Hemivertebra
 - wedged vertebra (failure of formation)
 - fused vertebrae
 - fractures
 - bone softening (rickets or osteogenesis imperfecta)
- more aggressive and need early surgery



10. All are important Qs to ask in during history taking for scoliosis, except:

- a. Family history
- b. Age
- c. Age of menarche
- d. Sex



wrong about structural scoliosis :

- a- always ass. with bone and skeletal abnormality
- b- there is a lump at a concave side in the thorax
- c- don't change with change in position
- d- may increase in severity with growth

* the bodies point to the convexity. And the spinous processes to the concavity of the curve

concave } convex (bodies)

16- scoliosis measured by:

- a- cobbs angle **

Kyphosis

ت سوال واحد

-What is the most common type of kyphosis in 17 years old young adult?

- a) Postural Kyphosis
- b) Scheuermann's kyphosis
- c) Congenital Kyphosis
- d) Adolescent idiopathic Kyphosis

ت سوال واحد

Spondylo

-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 extension
- e) Most commonly it's treated conservatively.

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 L5-S1.
- d) Usually activity related and occurs from repetitive flexion exercise
- e) Most commonly its treated conservatively.

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

case of lower back pain – one of the following is the most common cause :

- spondylolithiasis
- Multiple myeloma

About Spondylolysis, site of fracture :

- Pars interarticularis

intro to nerve injury

The best recovery and prognosis after nerve injury is seen in which combination; Select one:

- a) Child with neurotmesis.
- b) Healthy adult with neurotmesis.
- c) Child with neurapraxia.
- d) Healthy adult with neuropraxia
- e) Child with axonotmesis

تکسی - حوالہ - یہاں

Nerve injuries, one is wrong; Select one:

- a) Crush injury is bad prognostic factor.
- b) Neuropraxia and neuritis is intact.
- c) Axonotmesis: neuronal formation
- d) Neurotmesis: Wallerian degeneration
- e) Distal injury is better than proximal.

تکسی - حوالہ - یہاں

After open wound fracture patient is unable to use his extensors, what is the affected nerve?

- radial nerve neurotmesis

تکسی - حوالہ - یہاں

Which of following is faster to heal :

neurapraxia in child

intro to trauma & fx

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:

- a) Full neurological assessment
- b) Intravenous antibiotics
- c) Application of pelvic binder
- d) Blood transfusion
- e) Chest, abdomen,

all done according to ATLS emergency, except :
Skull xray??

Osteomalacia is associated with :
Insufficiency fracture ?!

Osteomalacia is most commonly associated with which of the following types of fractures?

- a) Fatigue fracture
- b) Pathological fracture due to tumor
- c) Insufficiency fracture
- d) Stress fracture in athletes
- e) Traumatic fracture with high-energy injury

Explanation:

- Osteomalacia is a condition characterized by defective bone mineralization, usually due to vitamin D deficiency.
- ✦ This leads to soft, weak bones, especially in older adults or those with malabsorption. age
- It causes insufficiency fractures, which occur when normal physiological stress is applied to abnormally weakened bone.
- Common sites: pelvis, femoral neck, ribs.

which of the following isn't a risk factor for stress fracture :

- a) male
- b) corticosteroid use
- c) alcohol and smoking
- d) obesity
- e) military installations { repeated minor loading }

80 years old male fall on the bathroom and come to ER with left hip pain and unable to bear weight, on x ray no fracture was found what is the next appropriate step ?

- a) Give analgesia and send him home
- b) Refer to the clinic after 1 week for reevaluation
- c) Do MRI
- d) ESR AND CRP

? XR may be normal initiallyMRI

Fracture with more than two fractured ends is called :

- a. comminuted **
- b. Compound
- c. Pathological
- d. Stress
- e. Compressed

Wrong statement :

Healing of transverse fracture is more than spiral.



Which of the following statements about fracture healing is INCORRECT? و باقي الخيارات من شات

- a) Spiral fractures heal faster than transverse fractures. <— !! جواب الارشيف لكن خطأ
- b) Transverse fractures have less surface area for healing
- c) Spiral fractures are usually caused by torsional forces
- d) Comminuted fractures are more stable and heal quickly
- e) Transverse fractures are more prone to delayed union

Transverse fractures have less surface area for healing
That's why they typically heal slower than oblique or spiral fractures.

A patient presents to the emergency department with an 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:

- a) Type I
- b) Type II
- c) Type IIIA
- d) Type IIIB
- e) Type IIIC

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

A doctor delays the management of a patient with a pelvic fracture. Which of the following is the most common expected complication due to this delay?

- a) Pulmonary embolism (PE)
- b) Urethral injury
- c) Chronic pain
- d) Abdominal compartment syndrome
- e) Avascular necrosis

What is the most serious complication that surgery aims to prevent in a patient with a talus fracture?

- a) Osteoarthritis
- b) Malunion
- c) Nonunion
- d) Avascular necrosis (AVN)
- e) Chronic pain

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

- a) Non-union
- b) Malunion
- c) Avascular necrosis
- d) Osteoarthritis
- e) Scapholunate advance collapse

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.

Principles of fractures management one is wrong; Select one.

- a) Neurovascular exam is the most important part of the exam.
- b) Open fractures are not treat by debridement at Emergency department.
- c) When examining start with active then passive movement.
- d) Splint all fractures before send, patient to X-Ray.
- e) Antibiotic is not used for closed fractures.

→ اذا كان مفتوحا
Not in ER, Just
in Operating Room.

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

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 **

Sequence of musculoskeletal 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

Nerve entrapment

All the following are signs of carpal tunnel syndrome Except; Select one:

- a) Paresthesia of lateral three and half fingers
- b) Weakness of thumb opposition
- c) Thenar atrophy
- d) Positive Phalen test
- e) Positive froment sign

Se ulnar

Carpal tunnel syndrome is a compression of the transverse carpal ligament at the wrist on the :-

- a. median nerve.**
- b. radial nerve.
- c. ulnar nerve .
- d. musculocutaneous nerve.
- e. axillary nerve

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

spinal fx

Which of the following vertebral fractures has the highest risk of non-union?

- a) Compression fracture
- b) Burst fracture
- c) Chance fracture
- d) Odontoid (dens) fracture – Type II
- e) Transverse process fracture

Which of the following Spine fracture patterns is at greatest risk for nonunion with non-operative and operative treatment; Select one:

- a) Jefferson fracture.
- b) 50 percent wedge L2 fracture
- c) Base of Odontoid process fracture
- d) Type 1 Hangman's fracture
- e) Tip of odontoid process fracture

we

hangman fracture : كلهم صح

- a- there are a fracture of both pedicles
- b- occur with hyper extension
- c- don't affect the spinal cord

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

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

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

- a. L1 b. L2 c. L3 d. L4

Ankle reflex root :

S1

Disc herniation

1. Radiculopathy of c- spine, one is FALSE; Select one:

- a) C4 radiculopathy causes scapular winging.
- b) C5 radiculopathy leads to deltoid and biceps weakness, numbness lateral shoulder.
- c) C6 radiculopathy leads to arm pain, paresthesia in the thumb, weakness to brachioradialis.
- d) C7 radiculopathy leads to rotator cuff weakness and diminished sensation in the thumb.
- e) C8 radiculopathy lead to weakness in distal phalanx flexion of middle and index finger

2. All of the following are considered as RED FLAG in Low back pain Except; Select one:

- a) Night sweating and fever
- b) High grade fever and low back pain
- c) Sciatica
- d) Progressive neurological deficit

3. All of the following are considered as RED FLAG in Low back pain Except; Select one:

- a) Intravenous drug use.
- b) Low back pain for 2 months duration.
- c) Perineal paresthesia.
- d) Progressive neurological deficit
- e) Immunosuppressive drug therapy

4. 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

The triceps tendon reflex is primarily transmitted through which of the following primary nerve roots; Select one:

- a) C1, C2
- b) C2, C3
- c) C3, C4
- d) C5, C6
- e) C7, C8

The biceps tendon reflex is primarily transmitted through which of the following primary nerve roots; Select one:

- a) C1, C2
- b) C2,C3
- c) C3, C4
- d) C5,C6
- e) C7, C8