

أرشيف العظام

وتين آخر قروب



**MC age of this
disease--> 14**



Mechanism of injury
:
vertical shear

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

29

Answer :Downhill more painful



15- true about this :

- fibrous tissue



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



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

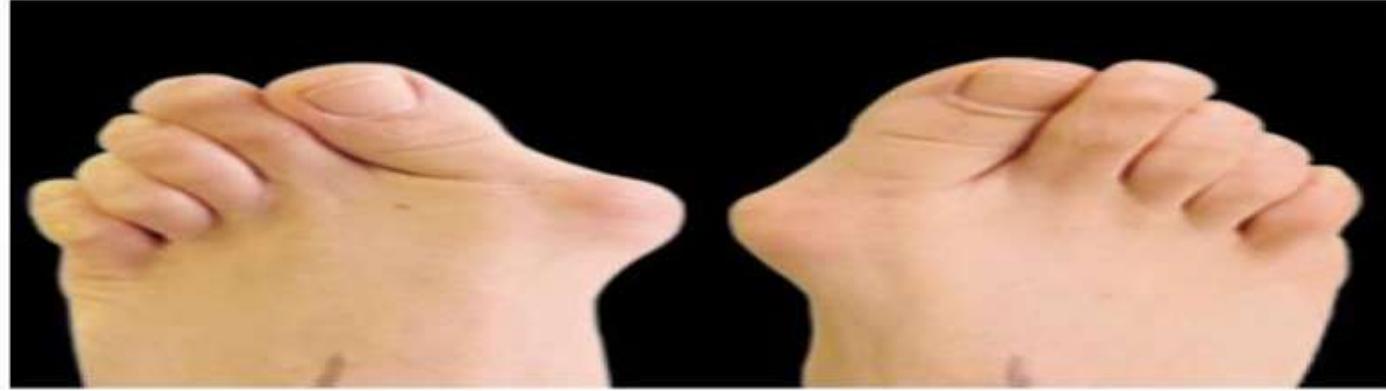
- A . Planter flexion
- B . Supination and adduction
- C . Dorsiflexion
- D . Inversion and Eversion
- E . Abduction

Answer : D (from Doctor)



Not the same picture , but it was calcaneus bone fracture

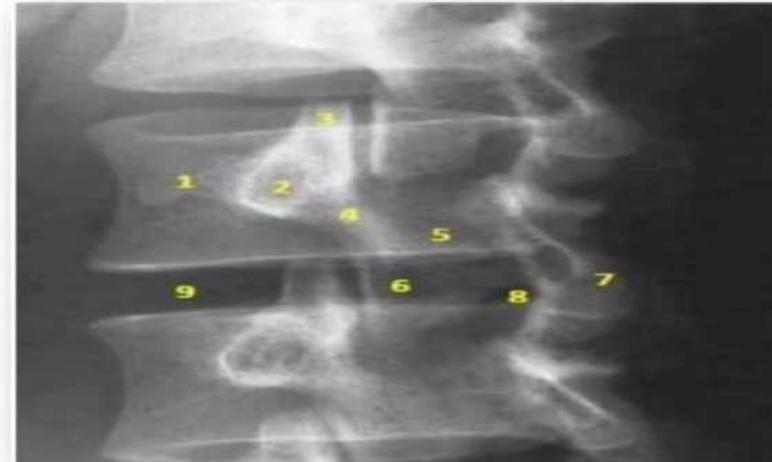
- The wrong answer:
- In severe cases the nail will face laterally



Spondylolysis

What test should we do?

1-Leg hyperextension test



Scottie dog with a collar sign

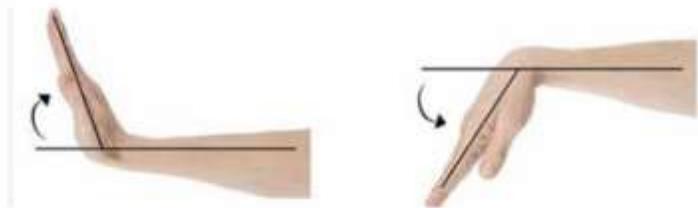
Q5

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

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



Which of the following not a test for this injury?

Lachman test



perthis disease

Name of finding in circles?

Osteophytes



Q8 What is this dermatome indicate (L3)

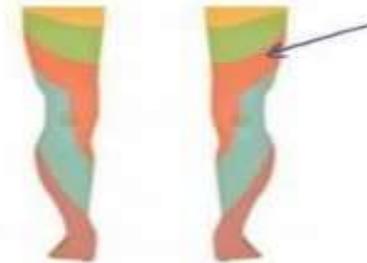
مكرر كثير عند وتين

A. Ankel jerk ~ S₁

B. Dorsiflexion ~ L₄

C. Knee jerk ✓ ~ L₃

Ans : C



Shoulder dislocation in pediatric,
most common nerve injury → axillary
nerve injury

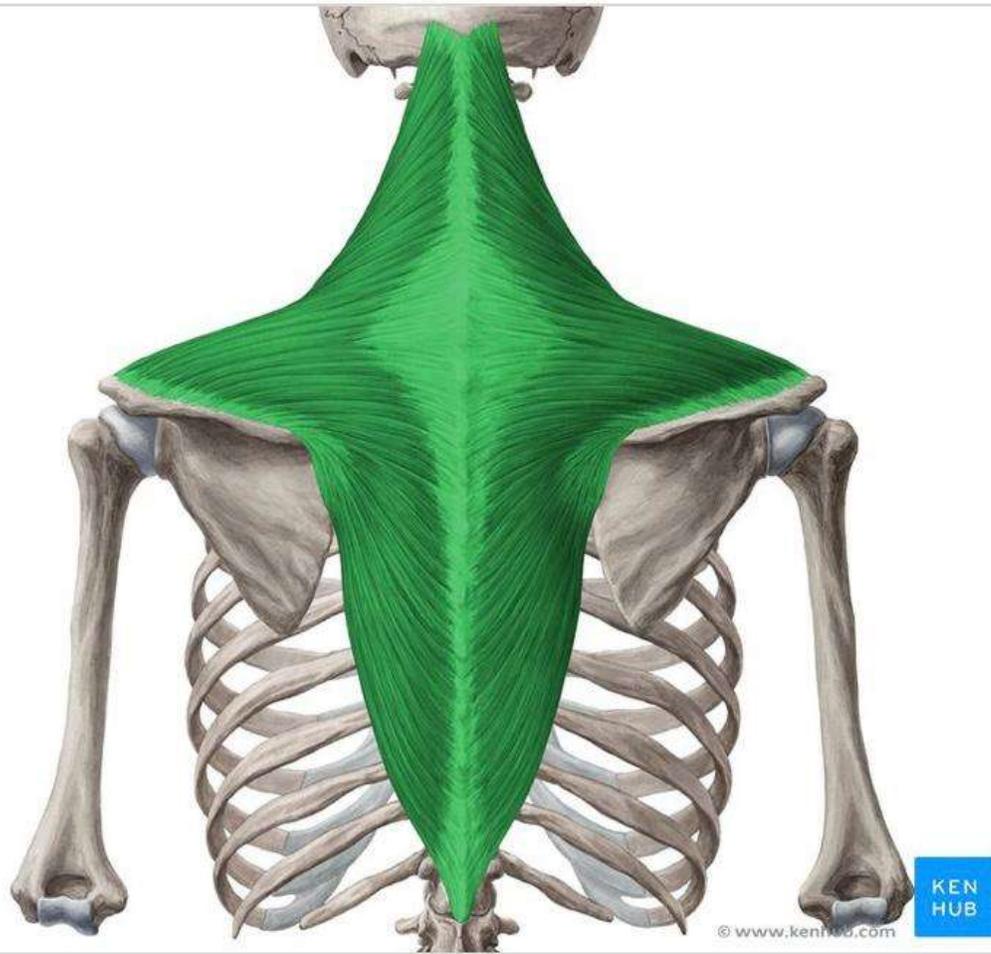
All of the following are true about
pediatric fracture, except:
treatment of plastic deformity
(manipulation) can be do in the
clinic ✓✓

Shortening deformity

في سؤال 85 ER 85
year old came to ER
after RTA with hip fracture
what's the factor affect
negative mortality rate

We think the answer is : if
surgery done within 48 hs or sth
like that

Soooo, check for hip fx lec مع
التبييض



Trapezius muscle (Musculus trapezius)

Origin

Descending part (superior fibers): medial third of the superior nuchal line, external occipital protuberance, nuchal ligament

Transverse part (middle fibers): spinous processes and supraspinous ligaments of vertebrae T1-T4 (or C7-T3)

Ascending part (inferior fibers): spinous processes and supraspinous ligaments of vertebrae T4-T12

Insertion

Descending part (superior fibers): lateral third of clavicle

Transverse part (middle fibers): medial acromial margin, superior crest of spine of scapula

Ascending part (inferior fibers): lateral apex of the medial end of scapular spine

Innervation

Motor: accessory nerve (CN XI)

Motor/Sensory: anterior rami of spinal nerves C3-C4 (via cervical plexus)

Descending part (superior fibers)

- Scapulothoracic joint: draws scapula superomedially
- Atlantooccipital joint: extension of head and neck, lateral flexion of head and neck (ipsilateral)
- Atlantoaxial joint: rotation of head (contralateral)

Transverse part (middle fibers)

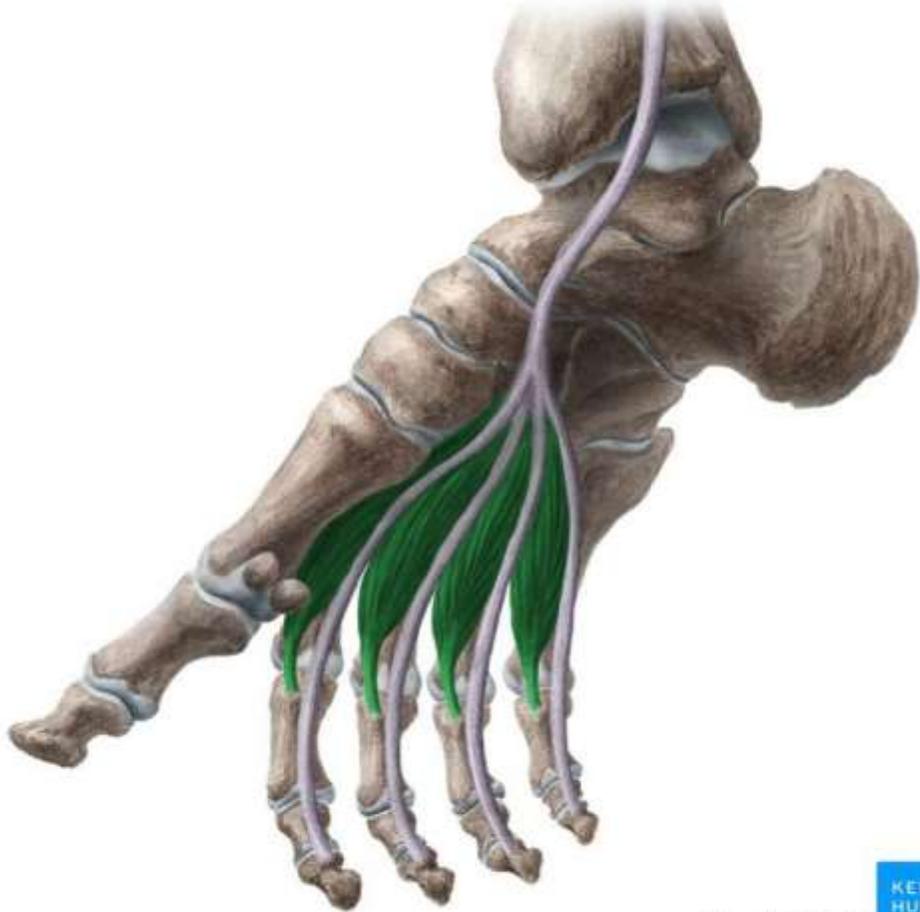
- Scapulothoracic joint: draws scapula medially

Ascending part (inferior fibers)

- Scapulothoracic joint: Draws scapula inferomedially

Blood supply

Occipital artery (descending part), superficial or transverse cervical artery (transverse part), dorsal scapular artery (ascending part)



Lumbrical muscles of foot (Musculi lumbricales pedis)

Key facts about the lumbrical muscles of the foot [Table](#) [quiz](#)

Origin

Tendons of flexor digitorum longus

Insertion

Medial bases of proximal phalanges and extensor expansion of digits 2-5

Function

Metatarsophalangeal joints 2-5: Toe flexion, Toes adduction;
Interphalangeal joints 2-5: Toes extension

Innervation

Lumbrical 1: Medial plantar nerve (S2,S3);
Lumbricals 2-4: Lateral plantar nerve (S2-S3)

Blood supply

Lateral plantar artery, plantar metatarsal arteries, dorsal metatarsal arteries, dorsal digital arteries

Wateen Group 3

Orthopedic archive

10-10-2024

Done by:

Shahed Hayel

Hana'a Al jalodi

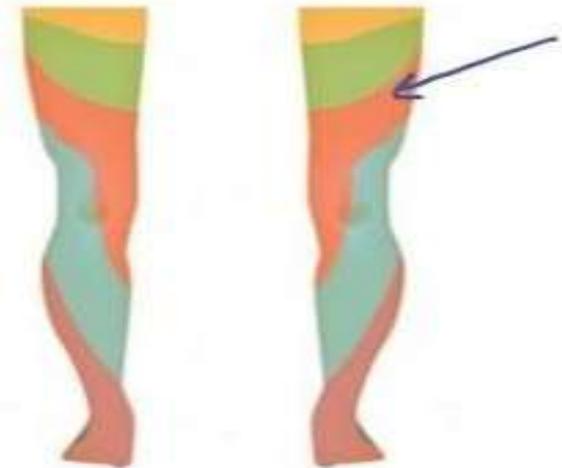
What is the type of this fracture?



Burst Fracture

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

Knee jerk L3



All of the following muscles are affected by this fracture except?

Tibialis posterior

WHICH NERVE AFFECTED IN THIS INJURY ?



A classification used for fractures in this region ?

Weber classification



This examination used for ?

Lateral epicondylitis



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



Type of salter harris fx?

Type 2



One of the following findings is seen in this disease?

Equines



15-Type of fracture?

**Buckle
fracture**



Q 15

(5) سنوات

❖ What is this test used to diagnose ?

- De quervain disease

(4) سنوات

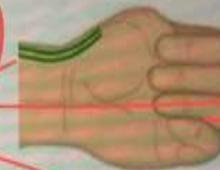
❖ Which extensor compartment of the wrist is affected ?

- 1st extensor compartment of the wrist (extensor pollicis brevis, abductor pollicis longus) EPB , APL

❖ What is your management ?

- NSAIDs and rest
- Corticosteroid injection
- Resistant cases need an operation, which consists of slitting the thickened tendon sheath

1. Place thumb in a closed fist

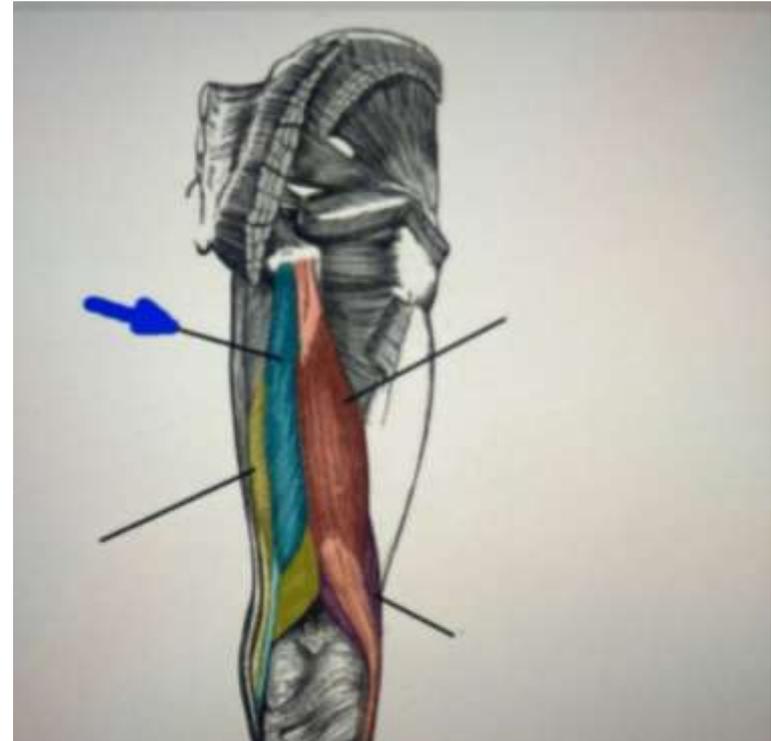


2. Tilt hand down



Finkelstein's test

- One of the following is wrong about the muscle indicated by brown color?
- a long head that originates from the ischial tuberosity and a short head that originates at the linea aspera of the femur.



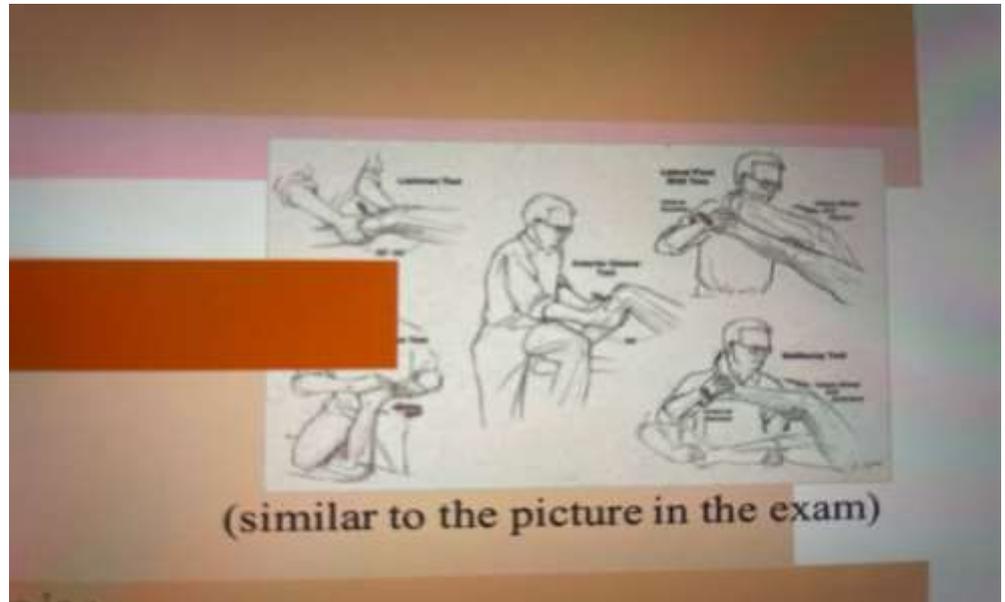
hysiologyof the defect seen in the picture is

- Increase water content in cartilage
- Increase water permeability

Answer: b



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



- One of the following is wrong about this disease?
- It is found in adult more than in children



- Management for toddler fracture?
- Long sling



- Which is true?
- There is a small risk for malignancy



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



(case senario)

Pt came with suprachondylar fracture, and then he couldn't oppose his thumb with little finger, what is the affected nerve?

Median n.

Which of the following pairs are true?

ASIS & Sartorius



. Type of fracture?

Segmental fx

تقريبًا نفس الصورة اللي اجت

non displaced بس كانت



Archive Ortho 7

1) What is this dermatome indicate (L3)

A. Ankle jerk
B. Dorsiflexion
C. Knee jerk
Ans: C



2) What is the type of this fracture

A. Transitional fracture
B. Segmental fracture
C. Comminuted fracture
Ans: B



3) Case of lumbar canal stenosis what is the difference between vascular and neurovascular claudication (Choose the correct answer)

Ans: Downhill more painful



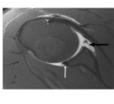
4) What is the management of this fracture

A. Short cast
B. Long cast
C. Closed reduction
D. Closed reduction, wires and cast
Ans: D



5) On of the following true about this lesion

A. Anterior inferior labrum, bankart lesion
B. Anterior inferior labrum, hill sach lesion
C. Anterior superior labrum, bankart lesion
Ans: A



6) 1-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-Jugiform swelling of the digit
E-presence of superficial tender nodules on the palm of the hand
Answer: E

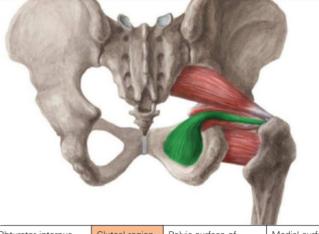


7) Child came to the ER with his parents complaining of hip pain since 24 hours, he is stable, he has slightly high temperature, wbc:120000, ESR:80, what is the first thing you will do

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



8)



Obturator internus Gluteal region Pelvic surface of obturator foramen and surrounding bone Medial surface of greater trochanter of femur Nerve to obturator internus muscle

9) ligament affected??

Anterior talofibular ligament
Posterior talofibular ligament
Deltoid ligament



10) diagnosis??

Osteochondroma



11)

Fracture type	Mechanism	Examination/ deformity	Classification
Calcaneus	High energy axial loading (fall from height)	- delayed function loss (inversion & eversion) ارتشيف	Senders

12) clinical finding??

Tibial tuberosity tenderness



13)

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



14) one is false about achilis tendinitis??

Compromised dorsiflexion of foot

Patient with a trauma history

- What is your diagnosis?
 - Ruptured Achilles tendon
- Muscles of the affected structure are
 - Superficial posterior muscles
- Which of the following is not associated with Achilles tendon tear?
 - Positive squeeze test
 - Palpable gap at the site of rupture
 - Compromised dorsiflexion of the foot
- Management
 - Achilles tendon rupture repair



15)



13 - salter Harris type 2

16) What is the most likely diagnosis

A. Acute SCFE
B. Perthes
C. DDH
D. Osteonecrosis
Ans: A



17) true about this muscle??

Cause flexion and lateral rotation



18) elderly with hip fracture, the most effective treatment???

Total hip replacement

19) false about rickets??

Treatment mainly by surgery

"orthopedic archive"

⇒ *Anatomy* you should know (blood supply /nerve /origin / insertion/action).

اللي اجا

Lower limb

- (archive) obtrature internus muscle

upper limb

- levator scapula muscle

Salter harries type 4 ,all true except?

- type 1 usually clinical diagnosis

- type2 Most Common

- type 4 pass throught 4 bony part ✓

- type 5 may be present late

All choice favor AcL ligament more than mensicus, except?

- Mechansim non contact injury

- swelling more than one day ✓

- anterior withdrawal test

- Hearing pop at time of injury

Dr alaa aqel (archive حرفي)

- Down-hill

- knee jerk (L3)

[Photo] Tumor ;

⇒ •Drop wrist--- shaft humerus fx

⇒ •Burst fx

⇒ •Segmental fx

⇒ •Lisfranc fx --- ORIF

⇒ •85 y/o female -- hip fx --- negative effect risk of mortality (i think "fixation beyond 48 hr")

⇒

- Looser fx
- Normal ca
- Associated wt medical conditions

مش عارفه شو طبيعة السؤال بالزبط

بس اعتقد بده الجملة الخطأ

Buckle fx no need reduction

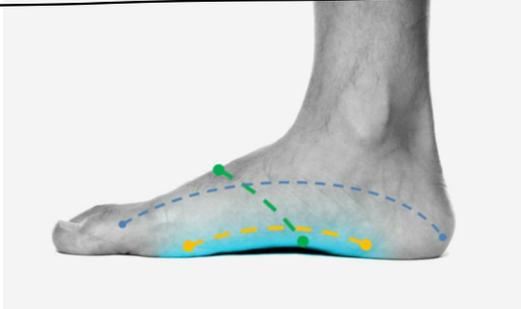
Greenstick fx in upper or lower limb

Supracondylar fx due to indirect trauma

..... radius extraarticular كان في خيار الة علاقه

Which mc in proximal radius fx

Extra or intra articular :::



السؤال هان شو العوامل اللي بتساعد ف archs يظل ثابت فمحله، except.

- Planter fascia
- bony structure
- Peronus brevis muscle
- Posterior tibial muscle ✓



Diagnosis ?

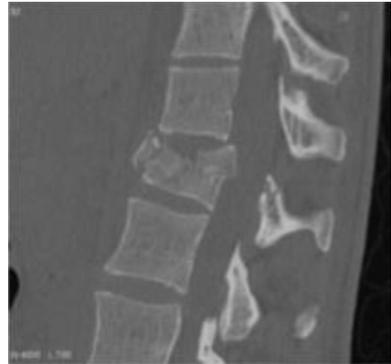
A. SCFE

B. Perthes



2- diagnosis ?

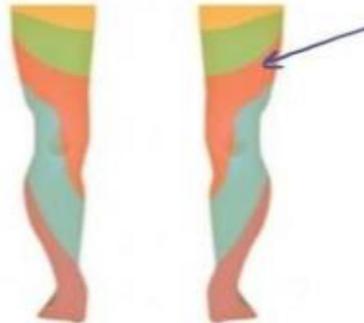
Burst fracture



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

A- knee jerk

B- ankle jerk



4- 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 ✓



5- Salter harris
Classification:

A. Type 1

B. Type 2

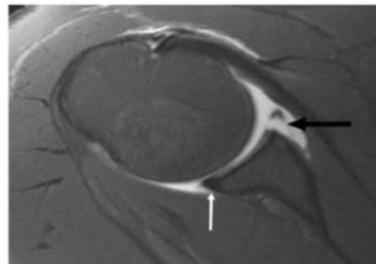
C. Type 3 ✓



6-

A. anterior inferior glenoid labrum injury , Bankart leasion

✓



7- what is the treatment ?

A- cast below the elbow ✓

B- cast above the elbow

C- reduction



8- All of the following can cause this except :

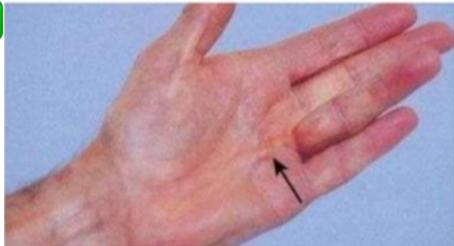
a. - clergyman bursa ✓

B- baker cyst



9- your diagnosis?

Dupuytren's contracture ✓



10- Cause of this fracture , and what is the type ?

- A- eversion , Weber classification
- B- inversion , Weber classification



11- dx ?

Segmental fracture



12- 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-NSAIDs
- b- antibiotic
- c-admission and observation
- d- arthrotomy and wash out
- e-analgesia



13- All these muscles contribute to foot dorsiflexion except:

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



14- Dx ?

Osteochondroma ✓

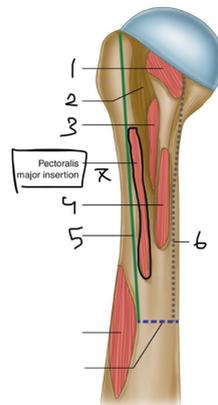


15- name the muscle insertion in 7 ?

A- Deltoid

B- pectoralis major ✓

C- latissimus Dorsi



16- all true except ?

1st metatarsal is in valgus position ✓



17- All of these are late complications except

a. sciatic nerve injury ✓

b. Necrosis



18- Which of these symptoms won't be associated with this picture ?

A- Genu valgus



B- crepitation

C- knee swelling

D- pain



19- what is the cause of this positive test ?

A- injury in medial side of forearm

B- flexor tendon injury



20- Which of the following is false ?

A- Its insert to medial cuneiform and second metatarsal bone 2

B- cause foot dorsiflexion

C- supplied by deep fibular nerve

D- originate from Lateral tibial condyle , Superior two thirds of the lateral surface of tibia , Anterior surface of interosseous membrane , Deep surface of deep fascia of the leg , Anterior intermuscular septum.



بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

ارشیف عظام 6

Q1

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



Q2 11- diagnosis

- Perthes
- hip Dislocation
- SCFE**
- Displacement of head



❖ What are the differential diagnoses ?

- Giant cell tumor
- Chondroblastoma



Q3

SSO

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

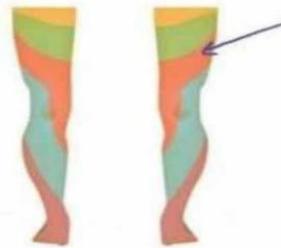


Q4

SSO

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

Knee jerk L3



shutterstock.com - 256938613

Q5

3 of 589

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



Q6

Q8: What is the mechanism of fracture ?

Q7

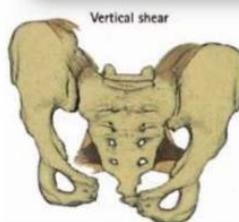
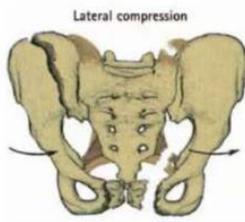
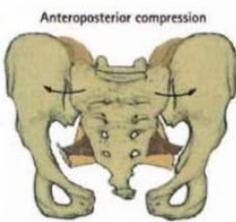
a. Anteroposterior compression

b. Vertical shear

c. Stress fracture

d. Lateral compression

e. Anteroposterior compression



الطبة
الجزالة
لجنة

65 of 589 Q11: The most sensitive test for this patient is

Q8

a. Lachman test

b. Posterior drawer test

c. Apley's test

d. MacMurray's test

e. Tibial tuberosity tenderness



Q9

Management?

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

-Closed reduction, wires and cast



12-Hallux valgus
one is **wrong** about this
deformity? **Usually**

unilateral, female, bilateral, Rheumatoid arthritis

Positive family history 60%



Q10

Postive family history

Q11

Q20:

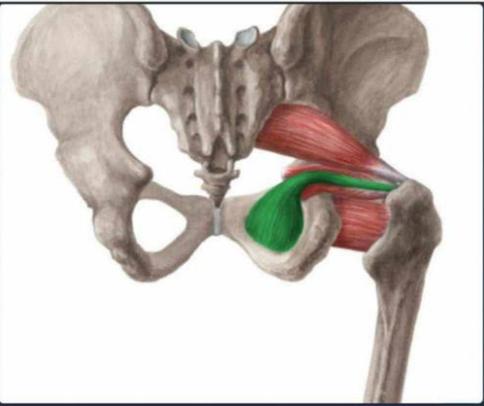
(A)



Segmental fracture

two line of fracture

Q12



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

Q13

X-ray findings in Rickets : ...

Thickening & widening of the physes.
Distortion of the metaphysis (cupping).
Bowling of the long bones.



- ✓ Wide metaphysis and Physis.
- ✓ Bowing of tibia and femur.
- ✓ Very thin cortex.

32

- ✓ Widening of the growth plate leading to cupping of the wrist.

Rickets

Bone clinical changes in Rickets :

1. Deformity and flattening of the skull (craniotabes).
2. Thickening of the knee, ankles, & wrist from Physal overgrowth.
3. Enlargement of the costochondral junction (ricketic rosary).
4. Lateral Indentation of the chest (Harrison sulcus).
5. Femur and tibial bowing (Lower limbs). (not upper limbs). *fb*
6. In sever rickets there maybe spinal curvature.
7. Coxa vara. *not xiaia fb*
8. Fractures of the long bones.

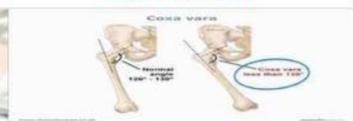
33

Rickets



Rachitic rosary

Harrison sulcus



Craniotabes *Flake*

34

Coxa vara :
Neck-shaft angle less than 120 degrees



Q14

Answer: Percutaneous tenotomy of tendon achilles

at birth

Which of the following muscles is responsible for this avulsion fracture

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



Q15

A:- Eversion and planter flexion ✓

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

Q16

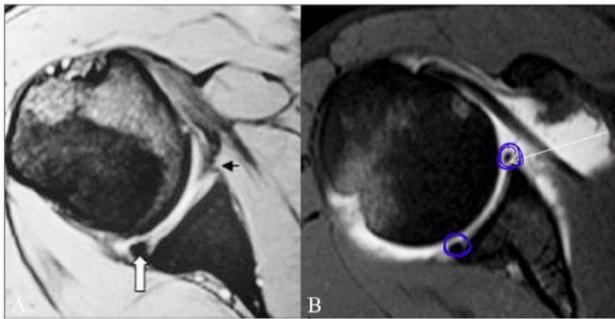
- a-admission b-
- antibiotic
- c-admission and observation d-
- arthrotomy
- e-analgesia



Ans: d

10-Bankart lesion : anterior inferior
glenoid labrum injury

Q17



: is the type of this fracture?

Q18



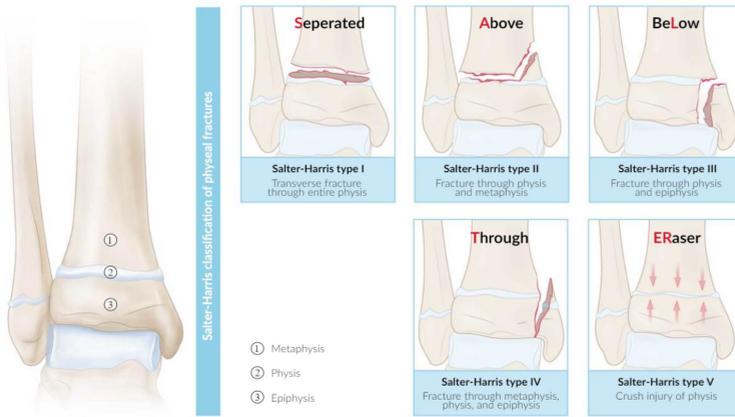
Burst

Q19

Answer: Supply by ulnar artery



Q20



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



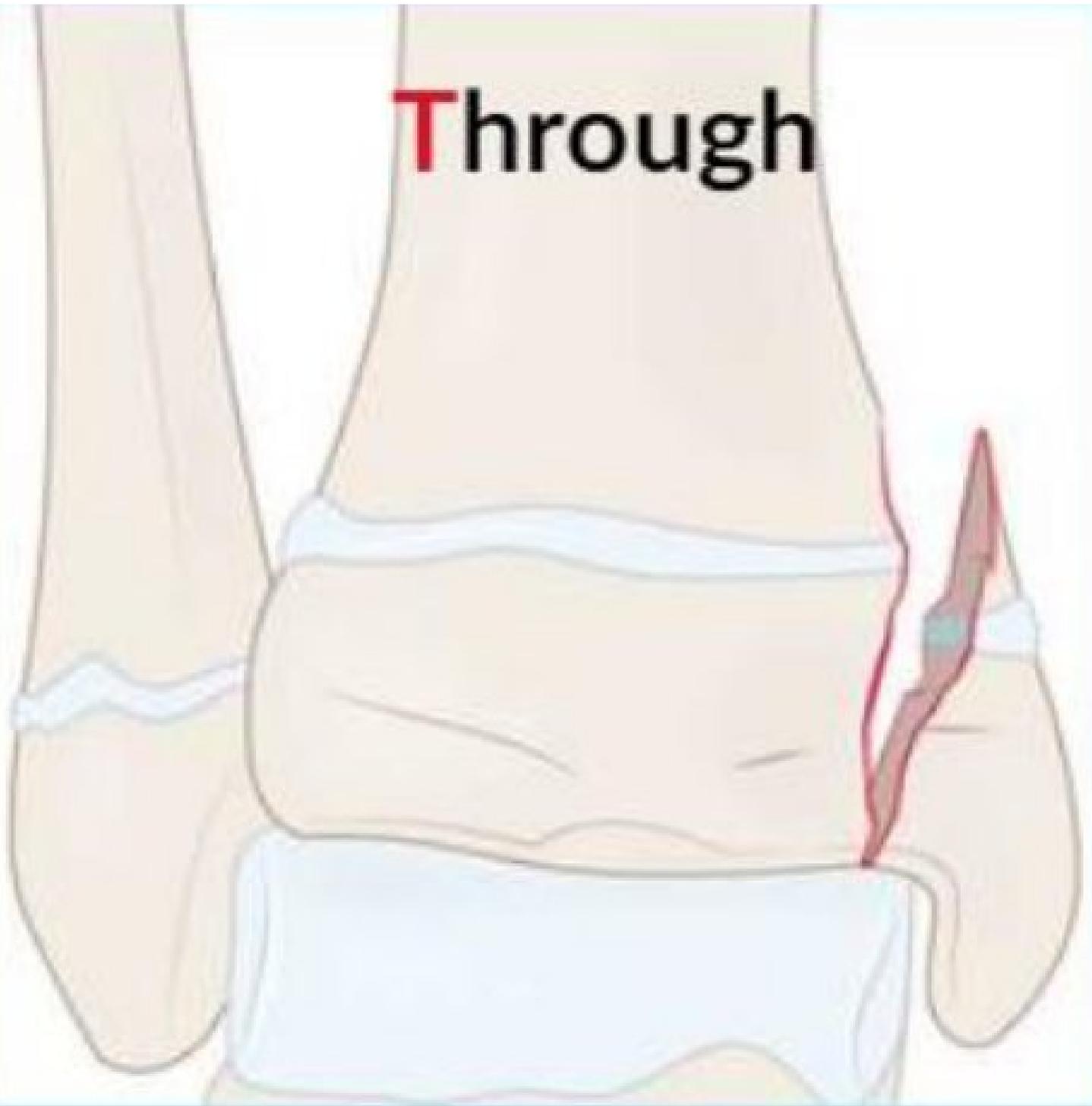
The predominant tissue in the lesion is :



- 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.*

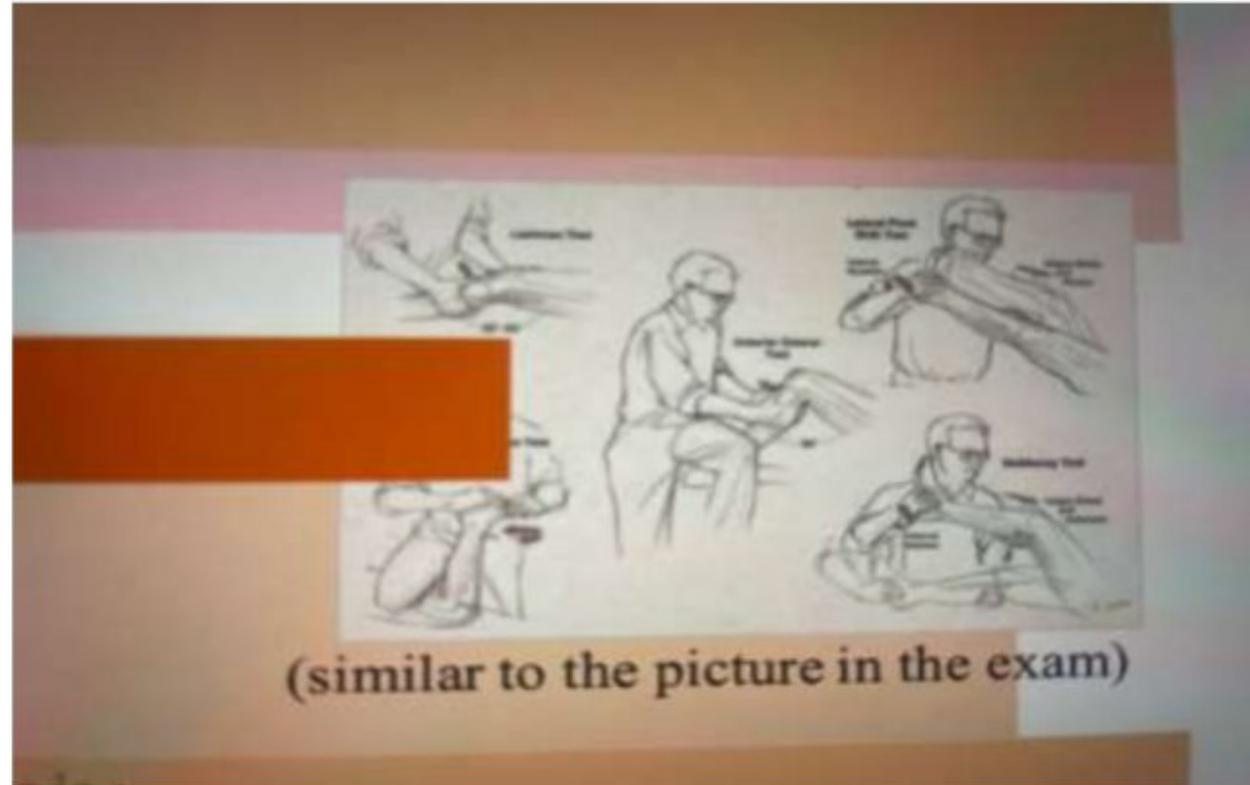
- A. First metatarsal is in valgus position
- B. big toe is in varus *No, in Valgus*
- C. Intermetatarsal angle is less than 10 *No, <15*
- D. History of rheumatoid arthritis
- E. Usually unilateral *No, bilateral female*

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

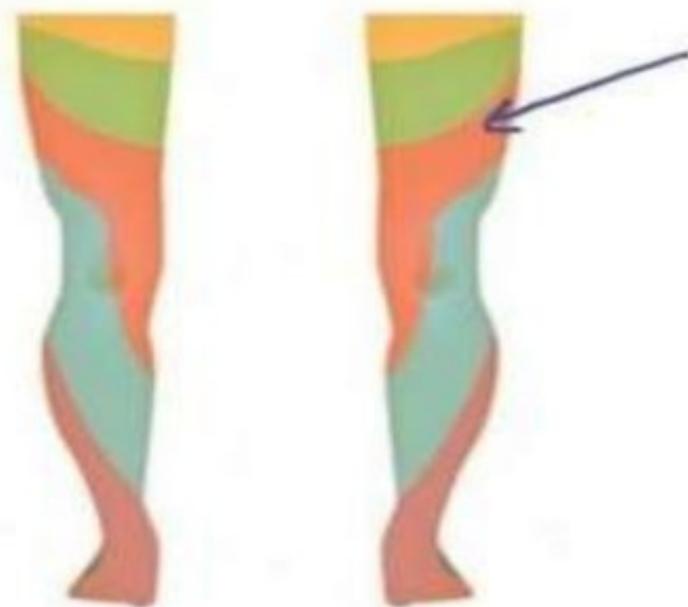
a. **Downhill** more painful



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

الخطبة الوردية
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



الخطبة الوردية
لجنة

Patient with a trauma history

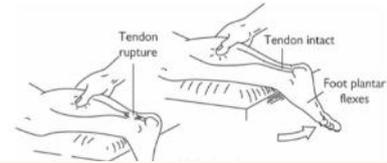
- (4) سنوات ❖ **What is your diagnosis ?**
 - Ruptured Achilles tendon
- (1) سنوات ❖ **Muscles of the affected structure are**
 - Superficial posterior muscles
- (2) سنوات ❖ **Which of the following is not associated with Achilles tendon tear ?**
 - a. Positive squeeze test
 - b. Palpable gap at the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



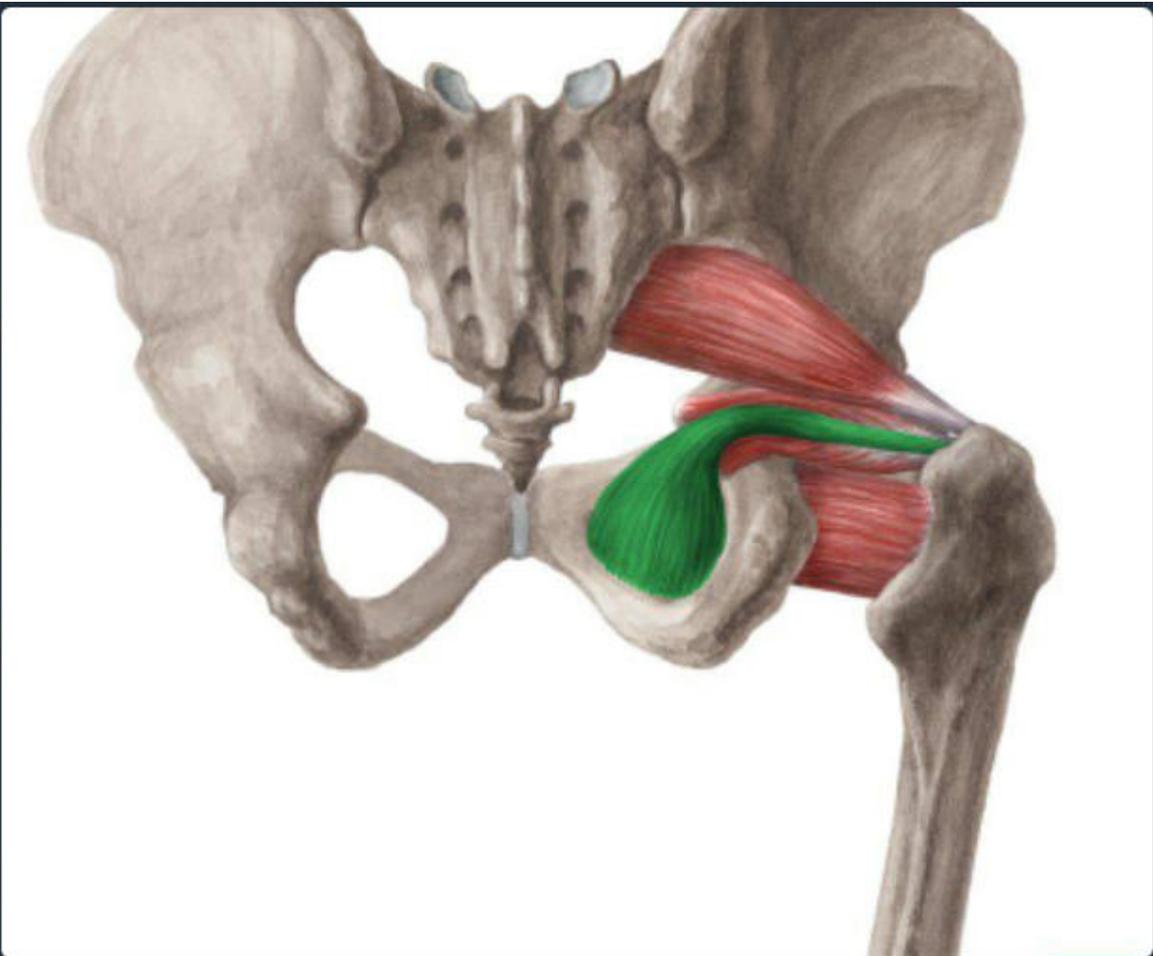
تجميعه سنوات

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

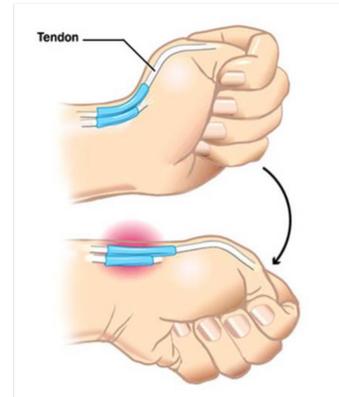
بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

Orthopedic Archief Fourth Group (7/11/2024)

Done by : Eiman Alrfou

Q1 A 32-year-old woman presents to the outpatient orthopedic clinic with complaints of pain and swelling in her right wrist, for the past 6 weeks, **what is the most likely affected muscles**

- A. Abductor pollicis longus , extensor pollicis longus
- B. Abductor pollicis brevis , extensor pollicis brevis
- C. Abductor pollicis longus , extensor pollicis brevis
- D. Adductor pollicis longus , extensor pollicis brevis



Ans : C

Q2 58-year-old male presents with complaints of persistent knee pain, the pain has been gradually worsening over the past 6 months **According to this image what is the pathophysiology of this finding**

- A. Progressive softening and disintegration of articular cartilage
- B. Disintegration (increase) water permeability
- C. Increase surface area
- D. Bone sclerosing to empower the bone



Ans : B

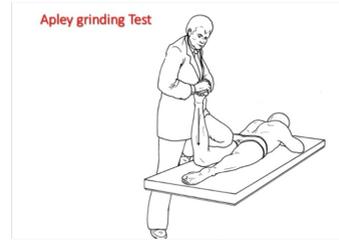
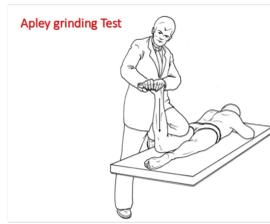
Q3 According to meniscal injury examination which test do in **prone position**

- A. McMurray Test

B. Thessaly Test

C. Joint Line Tenderness

D. Apley's Compression Test



Ans : D

Q4 What is the most likely diagnosis

A. Acute SCFE

B. Perthes

C. DDH

D. Osteonecrosis



Ans : A

Q5 Which on of the following is false regarding this finding

A. Wide physis

B. Thick cortex

C. Low vit D

D. Low calcium



Ans : B

Q6 What is the type of fracture

A. Burst fracture

B. Compression fracture



C. Osteoporotic fracture

D. Spondylosis

Ans : A

Q7 Case of lumbar canal stenosis what is the difference between vascular and neurovascular claudication (Choose the correct answer)



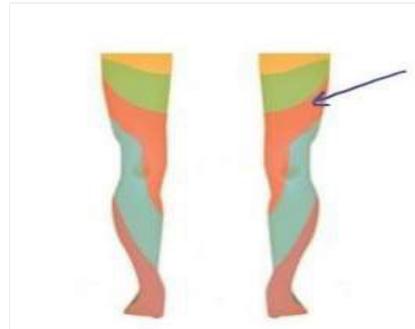
Ans : Downhill more painful

Q8 What is this dermatome indicate (L3)

A. Ankel jerk

B. Dorsiflexion

C. Knee jerk



Ans : C

Q9 What is the name of classification used in this fracture

A. Neer classification

B. Weber classification

C. Raudi and allgower clasification

D. Garden classification



Ans : B

Q10 What is the type of this fracture

A. Transstional fracture

B. Segmental fracture

C. Communitied fracture

Ans : B



Q11 What is the managment of this fracture

A. Short cast

B. Long cast

C. Closed reduction

D. Closed reduction , wiers and cast

Ans : D



Q12 All of the follwing muscels do this action except

A. Extensor hallucis longus

B. Peroneus tertius

C. Pollicis longus

D. Extensor digitorum longus

Ans : C



Q13 What is the finding on x ray

A. Normal x ray

B. Non displaced fracture



C. Buckel fracture

D. Greenstick fracture

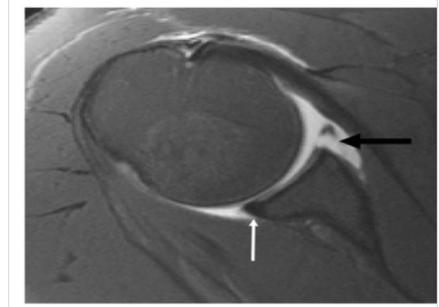
Ans : B

Q14 On of the follwoing true about this lesion

A. Anterior inferior labrum , bankart lesion

B. Anterior inferior labrum , hill sach lesion

C. Anterior superior labrum , bankart lesion



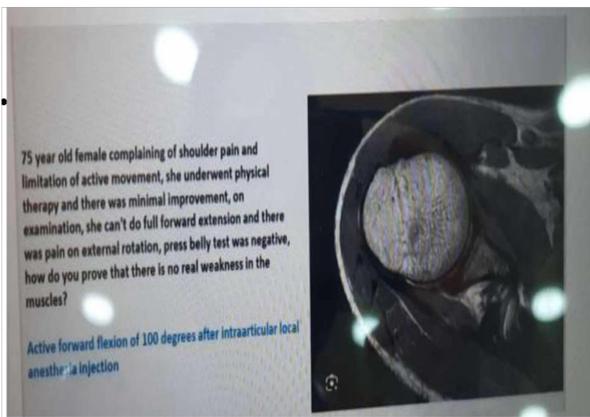
Ans : A

Q15 Which one of the following true about this lesion

Ans : carry small risk for malignant transformation



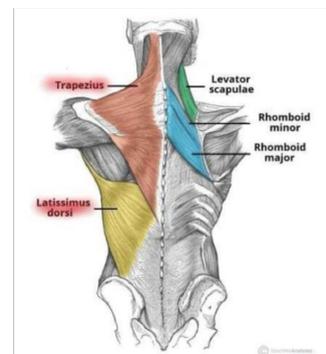
Q16



Q17 Which nerve supply the muscel in blue color

A. Long thoracic nerve

B. Dorsal scapular nerve



C. Upper and lower subscapular nerve

D. Spinal accessory nerve

Ans : B

Q18 Choose the correct answer about this image

A. Anterior superior iliac crest , sartorius muscle

B. Ischial tuberosity , hamstring muscle

C. Anterior inferior iliac spine , sartorius muscle



Ans : A

Q19 Choose the correct answer about this deformity

A. Abduction and varus

B. Dorsiflexion and adduction

C. Valgus and abduction

D. Equine and adduction



Ans : D

Q20 Choose the correct answer about this muscle

A. normally absent in 35% of people

B. supply by the superficial peroneal nerve

C. Insert in the shaft of fifth metatarsal bone

D. work synergistically with peroneus longus on ankle joint



Orthopedics

Wateen Group 2

Q1:

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



Q2:

All of these are late complications except



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

answer : a

Q3:



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

Q4:

Mechanism of this fracture?
Axial loading



Q5:

❖ What are the differential diagnoses ?

- Giant cell tumor
- Chondroblastoma



Q6:

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

Type IV .



Q7:



(صورة open fracture بس غير)
Q; all of the following are emergency management except:

- 1-internal fixation
- 2-dressing and casting

Q8:

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

Q9:

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

All the following can cause this except

Q 10:

سورہ قریبتے



Infrapatellar bursitis(CLERGYMAN'S KNEE)

Q 11:

What is your diagnosis ?



oDupuytren's contracture

Q 12

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

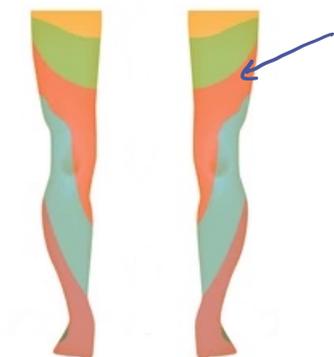
Note:Intracompartment pressure<diastolic BP if<30 it's compartment syndrome, and the nerve that supplies the lateral compartment is superficial peroneal nerve so the answer is **b or c**

Q 13:



Burst Fracture

Q 14:



One of the following results from this dermatome

Knee jerk (it's L3)

Q 15:

WHICH NERVE AFFECTED IN THIS INJURY ?



Common peroneal nerve

All of the following are supplied by the affected nerve except:

Tibialis posterior

Q 16:

Which of the following is true about the muscle:
Supplied by femoral artery

Does hip flexion and knee flexion

Origin of ASIS and inserted in the proximal tibia in the pes anserinus

Synergistically work with hamstring

Most superficial in the anterior compartment



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Q 17:



All are true about this except:
Best seen with X-ray

Q18:

20. What is the diagnosis?
Coxa vara

A close picture to this



Q19:



Loser's zone fracture

Q20:

(A)



Segmental fracture

Orthopedic Wateen Group 1

Done by: Yaman Khaled

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

Answer : D

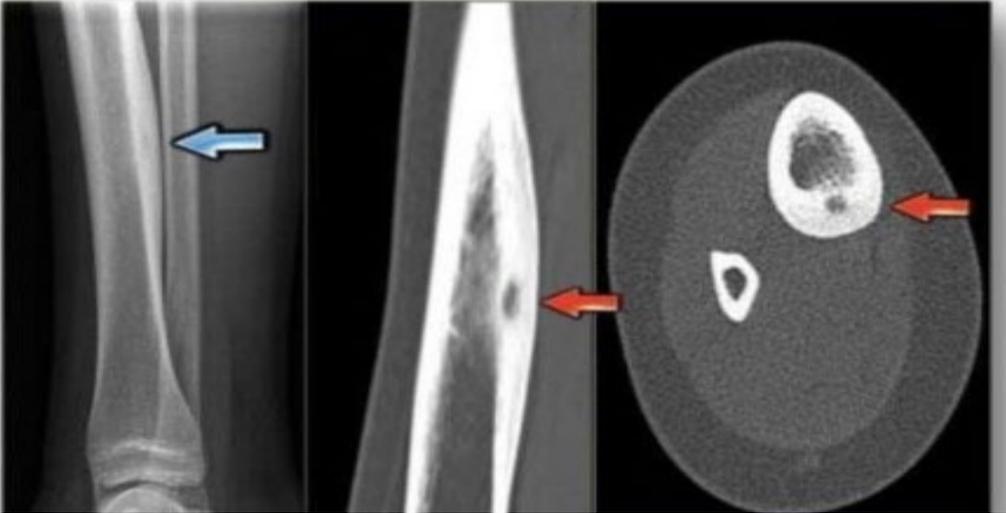


Which of the following not a test for this injury?

Lachman test

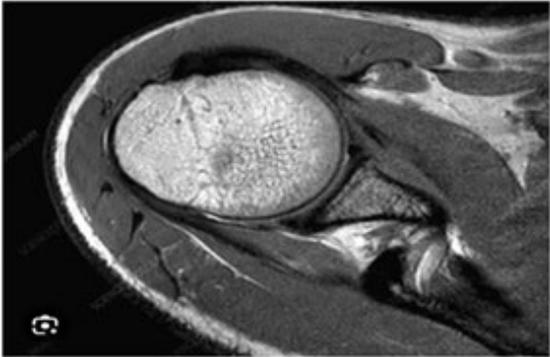


One is true?
Patient present with night pain that
relieved by aspirin



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



Management?

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



Name of finding in circles?

Osteophytes



Q8-Most common age for **Osteomalacia** . For this finding in males

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



rickets associated with

- a) High vit D
- b) Normal phosphate
- c) Looser fracture
- d) Haigh calcium

Rachitic rosary



ANS: C (fracture in osteomalacia not in rickets)

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



/ -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)





All of the following are true
except:
(*treated with no recurrence)

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

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



10.diagnosis

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

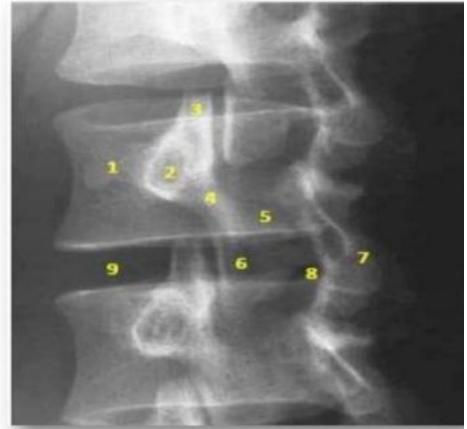
Answer :C



5-Spondylolysis

What test should we do?

1-Leg hyperextension test



Scottie dog with a collar sign



13 - salter Harris type 2

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

Flexion, abduction, external rotation



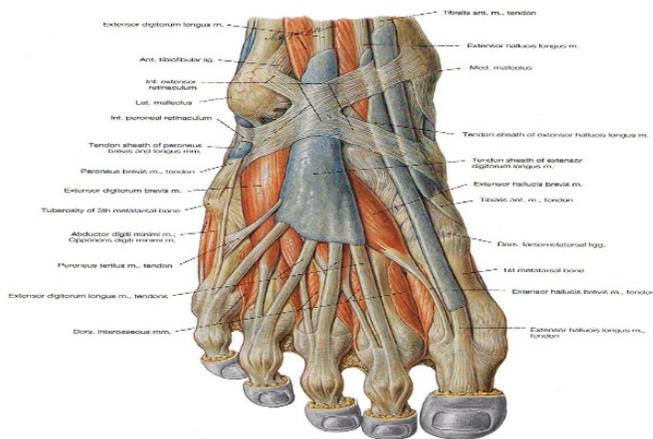
**Femoral neck fracture

صورة الامتحان كانت أوضح

Q12

what is the function of the injured nerve

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



From medial to lateral, the structures in the anterior compartment of the leg are:

Tibialis Anterior, Extensor Digitorum Longus, Extensor Hallucis Longus, Fibularis Tertius, Deep Fibular Nerve, Anterior Tibial Artery

الصورة كانت أوضح الخيارات نفسها لكن الترتيب المختلف



patient com to ER after RTA, what is the mechanism of fracture?

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

Ans : B

الصورة كانت أوضح