Orthopedics' Quick Review

1-the carpal bone most commonly fracture is
A.triquetrum
B.hamate
C.capitate
D.scphoid

2- a 24 years old man came to the out clinic with a complaint of right knee pain, physical examination revealed a positive Lachman test and a positive posterior drawer test what would be your provisional diagnosis?
A-ACL and medial meniscus tear
B-ACL and lateral meniscal tear
C- PCL and medial meniscal tear
D- PCL and lateral meniscus tear
E-ACL and PCL rupture

3- the spiral fracture is due to
A.blunt trauma
B.axial compression
C.twist
D.direct impact
note: the best healing is seen in which fracture type ? is spiral fracture
اسرع وحدة بتلحم

4- a greenstick fracture
A. Occurs chiefly in the elderly
B.Does not occur in children
C.is a spiral fracture of tubular bone
D.is a fracture where part of the cortex is intact and partis crumpled or cracked

5- Finkelstien test is specific to which of the following diseases?
A-Dequrvain disease
B- carpal tunnel syndrome
C- lateral epicondylitis
D-medial epicondylitis
E-malleat finger

6- which one of these statements is true in the diagnosis of congenital hip dislocation in the first few days of life:
A.it is impossible to diagnose it
B.the sign of telescoping is the best way of diagnosis it
C.it is possible to diagnose it by the ortolani/barlowtest
D.the trendelenberg test is the most useful

7- trendelenburg sign is used in the diagnosis of
A.varicose venis
B.congenintal dislocation of the hip
C.carcinoma of the stomach
D.pulamonary embolism

8- Finkelstein's test is used for which one of the following:
De Quervain’s syndrome.
Carpal tunnel syndrome
Mallet finger
Trigger finger
Boutonierre deformity

9- chauffer fracture is a fracture of?
A-radial head
B-elbow medial condyle
C-tibial plafond
D-tibial platue
E-radial styloid

10- Commonest site of fracture scaphoid
a) Waist
b) Proximal third
c) Distal third
d) Tuberculosis

11- The complication not common in colle's fracture is
a) malunion
b) non union
c) sudeck's atrophy
d) stiffness of wrist

12- AH are components of the Rotator cuff except
a) Supraspinatus
b) Infraspinatus
c) Subscapularis
d) Teres major

13- Bennet's fracture is fracture-dislocation of the base of ___ metacarpal
a) 4th
b) 3rd
c) 2nd
d) 1st

14- A Bennet's fracture is difficult to maintain in a reduced position because of the pull of
a) Extensor pollicis longus
b) Extensor pollicis brevis
c) Abductor pollicis longus
d) Abductor pollicis brevis

15- In Colles# the following is the most common complication
a) Non-union
b) Malunion
c) Sudeck's dystrophy
d) Volkmann's ischemic contracture

16- In a newborn child, abduction and internal rotation produce a click sound. It is known as:
a-Ortolani's sign.
b-telescoping sign
c-Mc Murrays sign

17- Which of the following test is useful in the diagnosis of congenital dislocation of hip?
(a)Barlow s test
(b)Thomas test
(c)Hibb s test
(d)Laguerres test

18- Which of the following movement is restricted in congenital dislocation of the hip, in infants?
(a)-Flexion
(b)-Extension
(c)-Rotation
(d)-Abduction

19- phalen s test is positive in
(a)carpal tunnel syndrome
(b)De Quervain s disease
(c)Tennis elbow
(d)Ulnar bursitis

20- Congenital bilateral dislocation of the hip shows
(a)Waddling gait
(b)Lordosis
(c)+ ve Trendelenburg test
(d) + ve Von Rosen s sign

21- The joint most likely to have recurrent dislocation is:

a. Ankle.
b. Knee.
c. Shoulder.
d. Patella

22- Trendelenburg's sign is used in the diagnosis of:
a. Varicose veins.
b. Congenital dislocation of the hip.
c. Carcinoma of the stomach.
d. Pulmonary embolism.

23-Which of the following lines cross the triradiate cartilage in DDH?
A- Hilgenreiners line
B- Perkins line
C- Shanton line
D- Calves line
E – Von Rosen line

24- The deformity of the wrist in Colles' fracture is:
a. Madelung's deformity.
b. Dinner fork deformity.
c. Buttonaire deformity.
d. None of the above.

25- Which fracture neck of the femur has a poor prognosis
a) Intracapsular
b) Extracapsular
c) Both
d) None.

26- Which of the following is least common in supracondylar fracture
a) Non-union
b) Median nerve injury
c) volkmanns ischemic contracture
d) cubitus varus

27- the single dependable sign or symptom of early compartment syndrome is
A.cyanosis of fingers
B.obliteration of the radial pulse
C.paralysis of flexor muscle of the forearm
D.pallaor of fingers
E.pain out of proportion

28- Most common type of supracondylar fracture is
a) extension type
b) flexion type

c) abduction type

29- three-year-old boy presented with septic arthritis of the knee, the main causative organism is:
a-haemophilous influenza
b-streptococcus pyogen
c-salmonella
d-staphylococcus aureus*
e-pseudomonas

30- In Colles# the following is the most common complication

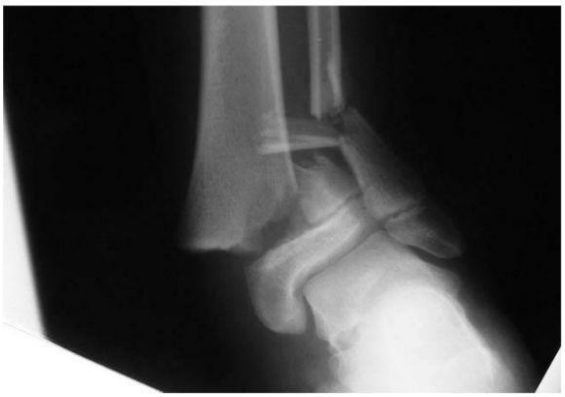
a) Non-union

b) Malunion

c) Sudeck's dystrophy

d) Volkmann's ischemic contracture

3- Which type of epiphyseal fracture is this fracture according to Salter Harris ?



A- 1
B- 2
C- 3
D- **4**
E- **5**

31- Which one of these statements is True in diagnosis

of congenital hip dislocation in the first few days of life:

a.It is impossible to diagnose it.

b.The sign of telescoping is the best way of diagnosing it.

C.It is possible to diagnose it by the Van Rosen/Barlow Test.

d. The Trendelenberg test is the most useful.

32- If an unstable hip is detected at birth the management policy is:

a. Do nothing and re-examine every six months as only a minority of hips develop into a persistent dislocation.

b. Use a splint to keep the hip joint in 45° flexion and

adduction.

C.Use a splint to keep the hip joint in 90° flexion and abduction.

d.Advise operative stabilization.

33- The most|common complication of supracondylar fracture is

(A) Osteosarcoma

(B) Genu valgum- lateral condylar fracture—— may be in another question

(C) Blood vessel injury

(D) Volkman'sischaemic contracture

(E) Malunion with gun stock deformity

34- The most vulnerable structure in supracondylar fracture of the humerus is the:

A)Median cubital vein

B)Brachial artery

C)Median nerve

D)Ulnar nerve

E)Radial nerve

35- What is true about compartment syndrome:

(A) Loss of pulses is reliable sign

(B) Pain on passive stretch is reliable sign

(C) Interstitial stretch is reliable sign

(D) Fasciotomy is the earliest management

36- Main blood supply to the head and neck of femur comes from

(A) Lateral circumflex femoral Artery

(B) Medial circumflex femoral Artery

(C) Artery of Ligamentum Teres

37- Garden's classification is applicable to

(A) Intertrochanteric fracture

(B) Fracture neck of femur

(C) Epiphyseal separation

(D) Posterior dislocation of hip

38- Most common complication of intertrochanteric fracture femur is

(A) Malunion

(B) Nonunion

(C) Osteoarthritis

(D) Nerve injury

39- An army recruit, smoker and 6 months into training started complaining of pain at postero medial aspect of both legs There was acute point tenderness and the pain was aggravated on physical activity the most likely diagnosis is

(A) Bearger's disease

(B) Gout

(C) Lumbar canal stenosis

(D) Stress fracture

40 - No# of compartment in the hand is 10

41- Characteristic features of acute compartment syndrome in the lower leg include

a. gross swelling

b. normal pulses

c. normal sensation distally

d. acute pain on employing the stretch test

e. venous occlusion

42- Mechanism of Mescus injury is rotational twisting in flexsion knee.

43- Cause of cubitus valgus & varus is fracture maluinon .

44- Ulnar nerve injury at level of wrist creases causing loss of thumb adductor muscle(Forment sign) .

45- complete Claw hand caused by both median and ulnar nerve injury, partial claw by ulnar nerve injury only.

46- The anterior interosseous nerve (volar interosseous nerve) is a branch of the median nerve that supplies the deep muscles on the anterior of the forearm

47- new bene formation osteoblast

48- most common comminuted scapula fracture associated with rib fracture

49- Essex – lopresti injury

انه كيس اجاك مريض والاشعة نورمال بس بيشكي من tenderness and some clicking sound at rest

• Fracture of the radial head, dislocation of the distal radioulnar joint and rupture of the antebrachial interosseous membrane

50- humerus fracture + wrist drop (Radial nerve injury)

51- All intrinsic muscle supplied by the ulnar nerve except the LOAF

52- pulled elbow treatment: Supination then flexion Or Hyper-pronation

53- Osteoarthritis aspiration fluid is clear and yellow

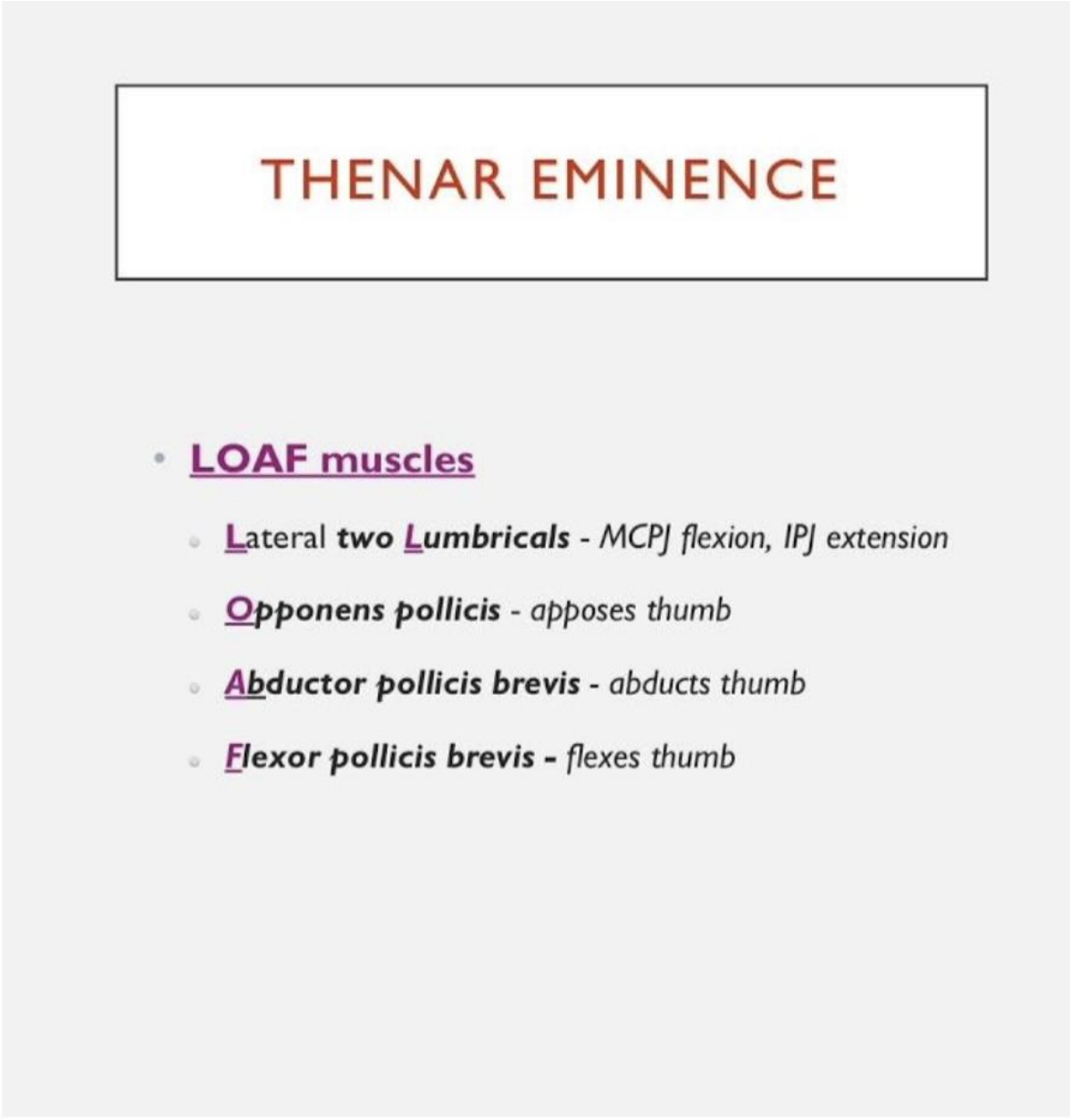
53- AVN of the femur head associated most likely with subcapital neck fracture

54- Treatment of ClUb foot (CTEV) is Ponseti method CAVE

55- Boxer Fracture located at the head of 5th metacarpal bone

56- US is used to diagnosing DDH in less than 4 months of age

57- most common nerve injury in flexion type is ulnar nerve injury



Treatment of ClUb foot (CTEV)

1/ Non operatively :-

** manpulation & serial casting.

** stertching &adhesive srapping.

** Dennis Brown splinting(45-70 degree)

- (manpulation &serial casting) manpulation is done to stretch the contarcted soft tissue then keep the correction by palster of pais

- Mapulation is the most important noneperarive ttt part

- Ponsetti serial casting as early as possible

- Start repair as sequancr of (CAVE) cavus , abduction, varus -them equinos

- After correction , the cast change every(1-2weeks)

- 24hrs Dennis Brown for 6-8 months

- After the 8th month, dennis brown at night anf pronation shoes at day for 7 years

If we need surgery , it done by 10th month of age , after the bony pathoanatomy is obvious .

2. operatively/ suergery and achilles tendon lenghthing percutaneous under local anasthesia.

Treatment of DDH/

Based on 1- age of pt.

2- Surgeon skills.

0-1 month/ Pavlic harnes up to 6 weeks

1-6 months/ Pavlic harnes up to 6 month after hip reduction .

سؤال الامتحان أول ست شهور تتم ال conservative ttt من خلال pavlic harnes .

6-18 months/ Traction&close reduction

If it successful so(cast for 3 months)

If it Not successful so(open reduction bt medial approach if<1 year of age) and by anterolateral approach if >1 year of age .

18-24 months/ close reduction or primarly open reduction by anterlateral approach .

+/- Salter osteotomy.

24months- 6 year/ open reduction by anterolateral approach +/- Salter osteotomy .