

Revision:-

① Carpal tunnel :- . median n. compressions.

- Signi- causes → Ape like hand

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

Which nerve is compressed in carpal tunnel syndrome:
a. Ulnar.
b. Median.
c. Radial.
d. All of the above.

Correct statements regarding the carpal tunnel syndrome include the following except that it:

- Is always due to compression of the median nerve in the carpal tunnel
- May follow a wrist fracture
- May occur in patients with rheumatoid arthritis
- Frequently first appears during pregnancy
- Is often associated with vascular disorders

② Scoliosis:- lateral deviation with rotation of the spine

- 91) Idiopathic scoliosis is a
- lateral curvature of the spine
 - rotation of the spine
 - lateral curvature with rotation of the spine
 - flexion deformity of the spine
 - congenital disease with hemivertebrae

③ Cobb angle:- . in case of scoliosis,

- measures curve of deviation of scoliosis

upper end of vertebrae

lower end of vertebrae

2 lines 2 lines
line عردي على مقاطع 1
نقطه

- normally → max. 10°

indication of surgery
كل ما زاد ←

يمكن يجيب سؤال أي درجة indication بنقطه

الرقم الأكبر

25° - 31° - 41°

④ Scoliosis :- associated with 3 diseases

isolated
#

Neurofibromatosis

Klippel-Feil $\rightarrow 1$ scoliosis

Renal disease $\rightarrow 3$

Levi-Weil $\rightarrow 2$

Cardiovascular dz. $\rightarrow 4$

Respiratory $\rightarrow 5$

Endocrine $\rightarrow 6$

بعض من هاتى امراض

⑤ Types of correction & Curve of scoliosis:-

Fixed - Flexible

Leaves and

progression

مقياس

structural $\rightarrow$ vertebra

or Failure of segmentation or failure of formation

progression

(بعض بمرحلة و بعض بمرحلة)
Complications

⑥ Median n. injury:- ① innervation to flexor digitorum superficialis
except flexor carpi ulnaris

② Half of flexor digitorum profundus

③ Flexor pollicis longus

④ pronator quadratus

adductor pollicis → Thumb n. adduction
الابعد
↳ innervation from ulnar n.

→ All of the following muscles are innervated by median n. except.
adductor pollicis.

⑦ Ulnar n. injury → Can't adduct the thumb.

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

⑧ High radial n. injury → wrist drop

• most common nerve injury in flexion type is ulnar nerve injury

⑨ Low radial n. injury:- finger drop

• humerus fracture + wrist drop (Radial nerve injury) (ALL of The Above

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

⑩ High ulnar n. injury:- claw hand

⑪ Low ulnar n. injury:- ulnar paradox.

⑫ Median n. injury:- OK sign

12- AH are components of the Rotator cuff except

- a) Supraspinatus
- b) Infraspinatus
- c) Subscapularis
- d) Teres major

(13) Rotator cuff muscles (4):-

Subscapularis
Infraspinatus
Teres minor
Supraspinatus

SITS

all of the following except

(14) Most common carpal bone to be fractured → scaphoid

localised tenderness
in anatomical snuff
box.

55) The carpal bone most commonly fractured is:

- a. Triquetrum.
- b. Hamate.
- c. Capitate.
- d. Scaphoid.

(15) Finkelstein's test:- De Quervain's

- Finkelstein test is specific to which of the following diseases?

A-Dequervain disease

B- carpal tunnel syndrome

C- lateral epicondylitis

D-medial epicondylitis

E-mallet finger

(16) Mallet Finger:- avulsion in extensor tendon at base of distal phalanx.

middle phalanx base of central 2 joints
distal phalanx base of peripheral joints

(17) Distal femoral metaphysis fracture:- Spongy bone or cancellous

(18) Marfan bone → occurs in osteopetrosis

(19) Osteoporosis :- quantitative abnormality

↳ For diagnosis / radiology :- **DEXA scan**

128) Osteoporosis is a deficiency in:

- a. Calcium metabolism
- b. Calcium deposition
- c. Protein supporting tissue
- d. All of the above
- e. None of the above

(20)

orally administered to the spine

↳ **bumper spine**

Can't put chin to the chest

Chin test

(21) Most common cancer that metastasize to bone :- **breast**

- 155) The most common osteolytic metastases in bones are derived from the:
- a. Lung
 - b. Breast
 - c. Stomach
 - d. Kidney
 - e. Prostate

(22) NSAIDs :- acts on both COX-1 and COX-2

(23) Most common shock in pt. with RTA :-

hypovolemic / hemorrhagic shock

(24) Osteomyelitis :- most common organism is

Staph. aureus

↳ most common to any bone in **fection**

- 2) Acute osteomyelitis is commonly caused by:
- a. Staph aureus.
 - b. S. pyogenes.
 - c. H. influenzae.
 - d. Salmonella.

(25) First signs seen on X-ray for osteomyelitis :-

peri-osteal reaction → elevation → osteolysis → **osteolytic - osteoblastic** →
osteoblastic

(26) Bumpou spine → **ankylosing spondylitis**

27) Frozen shoulder :- diagnosis of frozen shoulder is clinical resting and all the characteristics except:-

- A) painful - restricted movement
- B) Normal x-ray
- C) Nutritional [vit. D causes frozen shoulder] *displacement*
- D) None of the above
- E) Hx. of trauma

most common shoulder dislocation

111) In shoulder dislocations, the humeral head usually dislocates primarily in which of the following directions:
a. Inferiorly
b. Superiorly
c. Anteriorly
d. Posteriorly
e. Laterally

28) Types of shoulder dislocation that we can diagnose immediately:- *inferiorly*
erection not visible

29) Which fracture will unite first → A) transverse
B) Oblique
C) spiral → ↑ surface of healing.

note: the best healing is seen in which fracture type? is spiral fracture
اسرع وحدة يتلحم

30) Clavicle fracture most common fracture in middle / medial $\frac{2}{3}$

126. The commonest site of fracture clavicle caused by indirect trauma in form of fall on outstretched hand is:
a. Junction of the medial third with lateral two thirds.
b. Junction of the lateral third with medial two thirds.
c. Middle of the clavicle.
d. Anywhere.
e. None of the above.

In Intertrochanteric # has most common complication of
a) Non union
b) Malunion
c) Avascular necrosis
d) Nerve Injury
Ans: b

31) Intra-trochanteric fracture commonest complication:- mal-union

32) pt. with femoral neck fracture since 4 weeks → best management is

- A) Fixation
- B) Osteotomy
- C) Gamma nail
- D) Juxta caps

③③ Boxer Fracture:- fracture in 5th finger in subcapital area
↳ neck of

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

③④ Avascular necrosis occurs in which area of neck femur?
↳ subcapital area / neck

AVN of acetabulum is less common than of femoral head.

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

③⑤ Volkmann contracture a complication of which fracture?

↳ elbow and in pediatric

→ supracondylar fracture of humerus

distal part of the humerus is the most common type is extension 93%.

- volkman's ischemia commonly occurs following

A. fracture shaft humerus

B. supracondylar fracture

C. Colles' fracture

D. Monteggia fracture

③⑥ In non-union fracture all of the following factor causing that except:-

A) Hematoma

B) Stripping in periosteum

C) Systemic dz.

D) paralysis

③⑦ Scaphoid fracture:- tenderness in snuff box.

→ X-ray → waist fracture

↳ most common fracture area

- Commonest site of fracture scaphoid

a) Waist

b) Proximal third

c) Distal third

d) Tubercle

38) Most common area of dislocation:- shoulder

- 42) The joint most likely to have recurrent dislocation is:
- Ankle.
 - Knee.
 - Shoulder.
 - Patella.

39) Jefferson fracture:- fracture in spine / C1

الباني حكا في الـ 55 و 60

40) Osteoid osteoma:- benign tumor / most common osteoid forming tumor

- Osteolytic Ht.

- NSAIDs for pain → dull-aching [most frequent feature]
if failed → surgery Unawaken ph. at night.

- More common in males

- 5-25 years.

- X-ray → central lytic nidus [up to 1cm across] and
extensive reactive sclerosis → fusiform bulge]

- CT scan → exact dimension of the lesion and nidus

- Bone intake → activity of lesion → hot uptake

- Typical location in spine is in the posterior elements such as
lamina and pedicle

Lumbar spine is most commonly involved

85) A benign tumor forming osteoid is

- a synovioma
- a chondroma
- an osteoma
- a fibroma
- an adenoma

11)

Osteoid osteoma originates from:

- Periosteum.
- Cortex.
- Medullary cavity.
- All of the above.

42. An osteoid osteoma

- a. usually presents in the adult
- b. is most frequently seen in the bones of the upper limb
- c. commonly presents with local pain
- d. demonstrates a small circular band of bony sclerosis surrounding a translucent area on radiographs
- e. is a blood-filled cavity lined with a soft membrane

C+D

Garden classification of the femoral neck fracture

which takes into account the disturbance of the weight bearing trabecula of calcar femrale;

- * Garden type 1 : the inferior cortex is not broken but the trabecula is angulated.
 - * Garden type 2: the fracture is complete , the inferior cortex is broken , the trabecula line is interrupted but not angulated.
 - * Garden type 3: the fracture line is complete and there is rotation of the femoral head and the fracture is slightly displaced.
 - * Garden type 4: the fracture is fully displaced
- Type 3 and type 4 carry the worst prognosis..



- Garden's classification is applicable to

(A) Intertrochanteric fracture
(B) Fracture neck of femur
(C) Epiphyseal separation
(D) Posterior dislocation of hip

- which garden classification carry worst prognosis:
grade 3&4

ما حد منقارین
احتمال

Snighs index of osteoporosis

- (A) Grade 6 all trabecula are preserved
- (B) Grade 5 the structure of principal tensile and principal compressive trabecula are attenuated Ward triangle is prominent
- (C) Grade 4 the principal tensile trabecula is greatly reduced
- (D) Grade 3 there is a break in the continuity of the principal tensile trabecula opposite the great trochanter, this grade indicates definite osteoporosis.
- (E) Grade 2 only the principal compressive trabecula stand out prominently and the others are resorbed.
- (F) Grade 1 even the principal compressive trabecula are greatly reduced



100. Supraspinatus tendonitis is associated with

- a. rotator cuff injuries
- b. tendon calcification
- c. painful arc syndrome
- d. frozen shoulder
- e. Pancoast syndrome

all of the above
except e

Shoulder عصب → شینز لایه

① Empty can test :- for rotator cuff

[integrity of supraspinatus tendon]

↳ pain and tenderness in anterior to greater tuberosity

② Speed test :- more flexion and extension

more flexion / more flexion / more flexion

more extension / more extension / more extension

③ Rotator cuff arch:-

first abduction initiator is $0-30^\circ$ supraspinatus & anterior fibres of deltoid
 $30-60^\circ$
 $60-120^\circ$ ← بجز اللف
 $>120^\circ$ ← ببقية اللف
 subscapularis
 suprahumeral
 movement

- The painful arc: on active abduction $60-120^\circ$ but pain less if done with arm external rotated.



④ Drop arm sign:-

sudden pain and the pt. is unable to abduct the arm

drop outside ← complete tear
 drop arm ← partial tear

Rotator cuff tears

- a partial or full thickness tear.
- over 45 years.
- shoulder pain with increasing stiffness and weakness.
- A full thickness tear—There is sudden pain and the patient is unable to abduct the arm. (the 'drop arm sign').
- Secondary osteoarthritis may develop in long standing case.

⑤ Neer's impingement sign:-

limited internal rotation

- Neer's impingement sign: the scapula is stabilized with one hand while with the other hand the examiner raises the affected arm to the full extent in passive flexion, abduction and internal rotation, thus bringing the greater tuberosity directly under the coracoacromial arch. The test is positive when pain, located to the subacromial space or anterior edge of acromion, is elicited by this manoeuvre.

Note:- X-ray rotator cuff pathology is normal initially
active process in greater tuberosity - cystic changes - normal
التي قبل كده
rotator cuff.

Normal x-ray in rotator cuff doesn't exclude pathology

⑥ **Pop eye sign** (باباي) :- in case of proximal / long head of biceps rupture
تأنيق عضلة بيسيزي باباي

⑦ **Apprehension sign**:- in case of anterior dislocation of shoulder

- لوناخ الريمين - humerus superior و humerus anterior و clavicle و scapula و humerus الريمين
طابقون حوضك لوناخ الريمين (غالبه خوف)

• **apprehension sign** With the patient seated, the examiner cautiously lifts the arm into abduction, external rotation and then extension; at the crucial moment the patient senses that the humeral head is about to slip out anteriorly and his body tautens in apprehension.

بذل relocation test عكسها - باباي كنه اجزا برباج ريمين مشوره بالوف

Question → apprehension test is (+) by:-

① produce pain

② produce sense of instability

③ + crepitus

⑧ **Hill-Sachs sign**:- on x-ray

depression in the posterolateral part of the humeral head
in anterior dislocation of shoulder

+ Bankart lesion →

auto anterior humeral (glenoid) lesion
dislocation

recurrent
rupture of rotator cuff

← young & dislocation
← SNIS

- 3 conditions in shoulder cause neck problems:-

- ↳ springle shoulder [undescending scapula]
- ↳ Klippel-Feil
- ↳ wing scapula