SECTION 1. MULTIPLE CHOICES QUESTIONS. (40marks).

1. Below are ideal sites for skeletal traction except.

A. Distal femur.

B. Calcaneus.

C. Malleoli.

D.Tibia tuberosity.

2. The following options below are true about balanced traction except.

A. Requires pulley systems and traction cords.

B. For optimal fracture alignment, it allows multiple adjustments.

C. With longitudinal traction , it allows suspension of the limb.

D. Allows ambulation , weight bearing during traction.

3. In calcaneal traction identify odd -pin insertion.

A. Increased risk of pin -tract infection.

B. A septic techniques an important standard procedure.

C. Pin insertion 2.5cm posterior surface of the calcaneus , medial to the internal malleolus , the direction of Steinmann pin insertion.

D. Pin -insertion 2cm anterior to the medial and lateral malleolus.

4. Accetabular fracture.

A. Balanced traction in the treatment of choice.

B. Russell's traction is useful.

C. Parkins traction is useful.

D. Traction of 10kg will surface to the counter shock.

5.In fractures of the humerus ,u -slab .

A. Permit swelling in the acute phase of inflammation.

B. Is a form of traction by gravity.

C. Not useful when lying in bed.

D. All the above.

6. Olecranon traction is useful in the following injuries .

A. Fracture anatomical neck of the Humerus.

B. Supracondylar fracture with comminution.

C. Fractures of the Humeral shaft.

D. Fracture surgical neck of the humerus.

7. Definition of the traction.

A. Assets of mechanism to strengthen the fracture fragments.

B. Process that relieves intra compartment pressure following soft tissues injuries.

C. A set of mechanism to align fracture fragments.

D. Processes of applying skeletal and not skin traction.

8. Below are the contraindications of skin traction except.

A. In children mid shaft femur.

B. Psychiatric patients.

C.Dementia.

D. Allergic skin traction.

9. The following are useful applications in cervical spine injuries except.

A.sand bags.

B. Harmock.

C. Hard cervical collar.

D. Forehead tape.

10. Pelvic fracture the following application are useful .

A. Dunlop traction.

B. Russell's traction.

C. Perkins traction.

D. Longitudinal lateral traction.

11. Treatment of choice in subluxed cervical spine injuries.

A. Harlo- thoracic support.

B. Minerva jackets.

C. Skull traction.

D. Plaster cellar.

12. Physiotherapy and active exercise may be useful in the following situation .Except.

A. Avoided in patients on traction.

B. Avoided in Quadriplegic patients.

C. Initiated after release of traction.

D. Patients on traction.

13. In adults supracondylar fracture.

A. Best treated by Parkins traction.

B. Best treated by Russell's traction.

C. Best treated by skeletal traction.

D. Skin traction offers the best outcomes.

14. Pathological fractures.

A. Traction lead to nonunion.

B. Benefit from skin and skeletal traction.

C. Traction are contraindicated .

D. Traction ,no traction healings will not take place.

15. Open fractures , the following are indicated except.

A. Back -slab useful.

B. P.O.P. with window.

C. Gastillo 111 a,b,c, open reductions ,internal fixation.

D. Traction have no role.

16. Complications of skeletal traction include the following except.

A. Pin -traction infection.

B. Osteomyelitis.

C. Loose Steinmann pin.

D.malignant change.

17. Contraindications if skull traction include the following except

A. Psychiatric patients.

B. Subluxed or dislocated cervical spine.

C. Double cervical spine and head injury.

D. Head injury.

18. Continuous tractions.

A. Is Perkins methods .

B. Is the Russell's techniques.

C. In this method , splint is used.

D. Canvus sling is unnecessary for knee support from overhead beam.

19. Indication for t Russell's traction.

A. Injuries about the hip.

B. Not indicated in trochanteric fractures.

C. Fracture proximal tibia fibular.

D. Operative fixation of fracture fragments.

20. Continuous traction with balanced suspension by use of a Thomas split with Pearson knee flexion pieces . Choose the most correct option.

A. Traction grip on the leg may be obtained by adhesive skin strapping above the knee.

B. Traction grip may be obtained by a pin through the tibial or greater trochanter.

C. Is the standard method for fracture of the shaft femur.

D. It the same as fixed traction.

21. Correct site for trans fixation of Steinmann pin include the. Following except.

A. Tibial tubercles.

B. Calcaneus.

C. Transfixation of pin medial -lateral direction.

D. Via intercondylar eminence

22.Conservative treatment of the acetabular included the following.

A. Fixed traction.

B. Longitudinal traction.

C. Lateral traction.

D. Longitudinal and lateral traction.

23. Indication for Gallows 's traction include .

A. Femoral shaft fracture above 5 years of age.

B. Proximal tibia fibula fractures.

C. Proximal shaft fracture up to 3years.

D. Fracture of tibia or fibula fracture upto 3years.

24. Complications of Bryant traction include. Following except.

A. Nerve injury .

B. Frequent monitoring of the limb in the first three days.

C. Major arterial injuries.

D. Simultaneously hip dislocation.

25. In adults Hip dislocation .

A. Traction maintained 4-6weeks.

B. Traction maintain 6-8weeks.

C. Traction maintain for 3 Weeks.

D. Traction maintain for 8-12 Weeks.

26. Continuous traction.

A. Traction safe even in excessive function weight.

B. Not applicable in spiral fractures.

C. Traction applied along the limb distal to the fracture to exert continues pull along the bony axis.

D. Traction applied along the limb with counter force in the opposite direction.

27. Pin tract infection is a complications in .

A. Perkins traction.

B. Pearson flexion attachment.

C. Skeletal traction.

D. Russell's traction.

28. Skin traction sustains a pull of .

A. 8-10kg.

B. 4-5kg.

C. 7-8kg .

D. 6-7kg.

29. Skeletal traction sustain a pull of .

A. 10kg or more.

B. 5kg or less.

C. 5kg or more in children.

D. 5kg or less in children.

30. Traction by gravity

A. Applies to the lower limbs.

B. Applies to the skull traction.

C. U slab in fractures of the humerus.

D. Applies to the upper or Lower limbs .

31. The following are methods of holding reduction by traction except.

A. Functional bracing.

B. External fixation.

C. Cast splintage.

D. Continuous traction.

32. Chose the most correct answers.

A. Muscles surrounding a fractures traction or compression creates hydraulic pressure effect capable of splinting the fracture.

B.Closed methods are more useful for fracture with intact soft tissues.

C. Closed methods are suitable for fracture with intact soft tissues but not useful as a primary method with severe soft tissues injuries.

D. All the above option are correct.

33. Skeletal traction is useful in the following injuries except.

A. Hip, knee injuries.

B. Double cervical and head injuries.

C. Thigh injuries.

D. Tibio Fibula injuries.

34. Skin traction , the fracture us reduced and held in the following method for the upper and the lower limbs except.

A. Traction by gravity.

B. Fixed traction.

C. Balanced traction.

D. Combined fixed and balanced traction.

35. Complications of traction include the following except.

A. Nerve injuries.

B. Pin tract infection.

C. Erbs palsy.

D. Circulatory embarrassment.

36. Continuous traction.

A. With splint the patients is comfortable.

B. May be combined with parkins traction.

C. Maybe combined with person knee flexion pieces.

D. Patients cannot move joint while traction holds the position.

37. Conservative management pelvic fracture in 60 years old patient woman may benefit from traction.

A. After release of traction , the hip should remain congruent.

B. Acetabular fracture with minimum displacement.

C. Displacement fracture that do not involved super medial weight Bearing segment of the acetabular.

D. All the above are correct.

38. Continuous traction is useful in the following injuries.

A. Severely displaced supracondylar fracture that cannot be reduced by manipulation.

B. Supracondylar fracture pulse obliterate and image intensification not available.

C. Severe or multiple injuries of the limb.

D.All the above are correct.

39. Dunlop traction is useful in the following injuries .

A. Elbow stiffness and myositis ossificans.

B. In children , severely displaced supracondylar fracture humerus.

C. Severely displaced supracondylar fracture of femur in children.

D. Epiphyseal injuries of the upper extremity.

40. Complications of excessive traction include the following except.

A. Nonunion.

B. Delayed union.

Neurovascular injury.

D. Malunion.

SECTION 2. SHORT ANSWER QUESTIONS.

41. Briefly explain various types of traction applicable in orthopaedic unit.

42. Enumerate indication of tibial traction in the lower injuries.

43. Briefly explain indication of skull tong traction .

44. Describes the meaning of combined traction.

45. Describes the components of the skin traction.

46. Outline the five common sites of skeletal traction.

47. Briefly explain traction by gravity.

48. Explain Russell traction.

SECTION 3 .LONG ANSWER QUESTIONS.( 20 marks).

49. List the components of Dunlop traction.

50. Explain the procedure of performing skin traction to a 10 year old child with fractures shaft femur.