TRAUMA MEDICINE DIPLOMA FQE

1. **Principall involved in fracture management include;**
2. Manual reduction
3. Open reduction
4. Mechanical reduction
5. Cosmetic reduction

**2.Which of the followings is not a principal of fracture management**

a) No tendon repair

b) Aggressive Antibiotic cover

c) Wound debridement

d) Immediate Wound closure

**3.Which of the following is unlikely to cause of hypotension in a trauma patient:**

1. Pneumothorax
2. Cardiac tamponade
3. Blood loss of 600 cc (adult)
4. Spinal Cord Injury at T4-T5

**4.Uncontrollable bleeding is initially managed by:**

1. Administration of large volumes of Normal Saline
2. Epinephrine administration for shock
3. Hypothermia (<35 degree)
4. Replacing large volume blood losses with packed RBC’s

**5.The Glasgow coma scale is used to:**

* 1. Measure the effects of anesthetic drugs
  2. Plan a neurosurgical procedure
  3. Describe the eye,motor and verbal responses of a head-injured patient
  4. Plan for a skull traction application

**6. Which of the following is a preferred analgesia to relieve acute pain in trauma patients ?**

1. Paracetamol
2. Asprin
3. Per oral diclofenac
4. Injectable Tramadol

**7.In basic life support the first step in an accident scene is to ensure**

1. Assessment and scene safety.
2. Patient is transported to a hospital
3. Control of bleeding
4. Presence of emergency response team

**8.Systemic factors affecting wound healing include**

1. Haematoma
2. Poor blood supply
3. Infection
4. Anaemia

**9. Which of the following is not a way of establishing an obstructed airway**

1. Extending the neck
2. Putting the patient in semi prone position
3. Sucking of secretions from the mouth
4. Elevating the lower limbs

**10.Head injury is highly suggestive in the following instances**

1. Open skull fracture
2. The patient has a big skull hematoma
3. The pupils are equal in size
4. The patient bleeding from the nose

**11.Compartment syndrome does not presents with:**

1. Pain.
2. Pulsenessness.
3. Paralysis.
4. Putrefaction.

**12.A greenstick fracture:**

1. Occurs chiefly in the elderly
2. Does not occur in children
3. Is a spiral fracture of tubular bone
4. Is a fracture where part of the cortex is intact and part is crumpled or cracked.

**13. The single most important factor in fracture healing is?**

a) Correct bone alignment

b) Accurate reduction

c) Immobilization

d) Organization of clot

**14. Internal reduction is considered in presence of:**

a) Reduction impossible to be achieved or maintained

b) Healing expected to be delayed

c) Pathological fracture

d) All of the above

**15. What is true of fracture clavicle?**

a) Non union is rare

b)Melanin is of no functional significance

c) Reduction even if achieved is difficult to maintain

d)All are true

**16.The joint most likely to have a recurrent dislocation is**

a) Ankle

b) Knee

c) Shoulder

d) Patella

**17.What is not true about fracture surgical neck of humerus**

a) Occurs due to fall on outstretched hand

b) Common in children

c) Osteoporosis is an important factor

d) Non union is uncommon

**18.Malunion of a fracture is**

a) A fracture which unites in apposition of deformity

b) Delayed union of a fracture

c) Non union of a fracture

d) Followed by pseudoarthrosis

**19. Local complications of closed fractures do not include**

a) Malunion

b) Non union

c) Infection

d) Joint stiffness

**20.Fractures of the shaft of the humerus are best treated by**

a) Closed reduction and shoulder spica

b) Continouos skeletal traction

c) Open reduction and internal fixation

d) Hanging plaster cast

**21. Principles of management of a fracture include the following except;**

a) Reduction

b) Immobilization

c) Rehabilitation

d) Osteotomy

**22.In a healing fracture**

1. The haematoma is initially invaded by osteoblasts
2. The tissue formed by the invading osteoblasts is termed mast cells
3. Phosphste salts are laid down in the osteoid tissue
4. The final stage of repair is the callus formation .

**23.Pre-operative measures in treatment of closed fractures includes;**

1. Oral broad spectrum antibiotics
2. Sedation of the patient by morphine
3. Anti tetanus
4. Getting an informed consent

**24. Which of the following is not a common complication of a closed fracture femur?**

1. Haemorrhagic shock
2. Pulmonary embolism
3. D.V.T.
4. Septic shock

**25. Regarding fractures of the proximal humerus**

1. anatomical neck fracture usually results from a fall on the outstretched hand .
2. Fracture of the surgical neck is common in children
3. Fracture of surgical neck is treated by excision of the head of the humerus and replacement by prosthesis
4. Fracture of the anatomical neck with dislocation of the shoulder is best treated by rest in a sling with active mobilization once pain has subsided

**26. Immediate surgical management of compound fracture include;**

1. Skin grafting in presence of marked skin loss
2. Stitching in the presence of marked skin laceration
3. Surgical toilet in the presence of devitalised wounds
4. Internal fixation in presence of fragmented fracture

**27. Post operative management of a trauma patient involves:**

a) History taking.

b)consent taking

c)Intravenous fluid avoidance .

e) Pain Medication.

**28. Identify the instrument which is not used in stitching of the skin .**

1. Cutting needle
2. Dissecting forceps
3. Cheatle forceps
4. Needle holder

**29. Which of the following is not a component of an informed consent?**

a) Alternative method of treatment

b) The indication of the surgery

c) The expected associated risks

d) The name and qualification of the surgeon

**30. Whichof the followings is not a type of an orthopaedic surgery**

(a) Laminectomy

(b) Craniotomy

(c) Osteotomy

(d) Debridement

**31. Features of hypovolemic shock include.**

a) Reduced pulse rate

b) Increased capillary refill time

c) Increased blood pressure in compensated shock

**32. In the assessment of an unconscious multiply injured patient.**

a) Priority should be given to determining the circumstances of the injury

b) The administration of blood should be commenced immediately

c) Cervical collar should be applied if cervical spine injury is suspected

d) The “D” in the ABCD protocol for assessment of a patient refers to finding out whether the patient suffers from Diabetes

**33. A nursing has sustained open wound on her left leg from a notor cycle accident She is bleeding profusely .The immediate method of stopping bleeding when she arrives in the hospital is** ;

1. Elevating the leg
2. local pressure an elevating the leg
3. Ligating the bleeding vessel
4. Using a tourniquet

**34. Compartment syndrome**

1. Presents with increased peripheral temperature
2. Rarely presents with pain
3. Requires immobilization with plaster of paris
4. Is treated with urgent fasciotomy

**35.Inspection of musculo skeletal involve the following except**

1. Bones
2. Soft tissue
3. Scars
4. Blood vessels

**36.Striking features of fracture neck femur DO NOT include the following**

1. Marked lateral rotation
2. Shortening
3. Tenderness at hip
4. Marked medial rotation

**37.Commonnest carpal fracture is**

1. Scaphoid
2. Lunate
3. Trapezium
4. Capitates

**38. Wrist drop is a sign of which nerve injury**

1. Median
2. Radial
3. Ulna
4. Musculo cutaneous

**39. Twisting energy force in elderly may lead to the following pattern of fracture**

1. Oblique
2. Transverse
3. Greenstick
4. Impacted

**40.Injuries of the shoulder girdle does not include**

1. Dislocation of the acromioclavicular joint
2. Dislocation of shoulder
3. Temporal mandibular dioslocation
4. Rupture of tendinus cuff

**41.Fractures are subdivided according to aetiology except;**

1. Sudden injury
2. Fatigue
3. greenstick
4. Pathological

**42.Regarding Neer’s classification**

1. Part 1 – there is minimal displacement
2. Part 2 – there are three fragments
3. Part 3 – there are two fragments
4. Part 4 – requires conservative treatment

**43.In secondary survey assessment the following regions are not targeted**

1. Neck
2. Spine
3. Airway
4. Extremities

**44.Salter and Harries describe injuries of**

1. Epiphysis only
2. Metaphysss only
3. Both metaphysic and epiphysis
4. Calpals
5. Metaphysic

45.Treatment of choice for fracture shaft of femur in children

1. Gallows or Russel traction
2. Screws and plates
3. Kuntschep nail
4. Thomas splint

**46.In volkmans ischemia, surgery should be done within**

1. 24 hrs
2. 12 hrs
3. 5hrs
4. 1 hr

**47.Which fracture in children requires open reduction**

1. Fracture mid shaft femur
2. Fracture both forearms
3. Fracture tibial ephysis
4. Fracture mid condyle

**48.About greenstick fractures,**

1. Is any fracture in children
2. Is generally incomplete
3. Ussually occurs in ricky children
4. Must be reduced and immobilised immediately

**49.The most frequent complication of fracture clavicle is.**

1. Delayed union
2. Malunion
3. Non union
4. Nerve injury

**50. Bernetts fractures**

1. Dislocation fractue of the metarcalpalpharangeal joint of the thumb
2. Inrerpharangeal dislocation fracture of the thumb
3. Anthro marginal fracture of distalend radius
4. Dislocation fracture of trapezo-metacarpal joint

**51.Main risk in fractures scaphoid is**

1. Avascular necrosis
2. Non union
3. Delayed union
4. Malunion

**52.Which of the following is more prone to develop avascular necrosis**

1. Fracture of waist of scaphoid
2. Fracture of scaphoid tubercle
3. Fracture of the distal pole of the scaphoid
4. None of the above

**53.Commonest dislocation of the hip**

1. Posterior
2. Anterior
3. Central
4. Anterior and posterior similar

**54.Flexion adduction and internal rotation is a maneuver done in**

1. Anterior dislocation of the hip joint
2. Posterior dislocation of the hip joint
3. Posterior dislocation of shoulder joint
4. Fracture head of femur

**55. Treatment of choice for old non united fracture of shaft of femur**

1. Bone grafting
2. Compression platting
3. Nailing
4. Platting and bone graft

**56. The following is most likely to cause compartment syndrome**

1. Fracture tibia fibula
2. Post ischemic swelling.
3. Exercise initiated syndrome
4. Soft tissue injuries

**57. Compartment syndrome is treated by**

1. Surgical toilet
2. Fasciotomy
3. Early aggressive fluid
4. Chloride rich fluid

**58. The stress fracture rarely involves**

1. Metatarsals
2. Metacarpals
3. Tibia
4. Calcaneous

**59.Avascular necrosis is a complication of**

1. Fracture of talus
2. Olecranon fracture
3. Radial head fracture
4. Fracture of medial condyle femur

60.**Which is the commonest carpal bone fracture**

1. Lunate
2. Pisiform
3. Scaphoid
4. Hamate

**61.In transverse patella fracture with separation,the treatment of choice is**

1. Excicion of smaller fragments
2. Wire fixation
3. Posterior cylinder
4. Patellectomy

**62. March fractures affects**

1. Neck of the 1st metatarsal
2. Body of the 2nd metatarsal
3. Neck of the 2nd metatarsal
4. Neck of the 3rd metatarsal

**63.Myositis Ossifans is commonly seen in the following joint**

1. Hip
2. Knee
3. Elbow
4. Shoulder

**64. Which of the following is not an important factor in the healing of fractures?**

1. Adequate carbohydrate intake
2. Early mobilization
3. Organization of blood clot
4. Rehabilitation

**65.The most preffered treatment for fracture head of femur in a 25 years old man is**

1. Hermiathropasty
2. Open reduction and internal fixation
3. Total hip replacement
4. Conservative treatment

**66.Which of the following is not a common complication of a colles fracture**

1. Non union
2. Suddecks atrophy
3. Stiffness of wrist
4. Malunion

**67.The most common cause of pathological fracture in children is**

1. Fibrous dysplasia
2. Malignancy
3. Bone cysts
4. Pagets disease

**68.Common injury in newborns**

1. Fracture humerous
2. Fracture clavicle
3. Fracture radius ulna
4. Fracture femur

**69.Anterior dislocation of the shoulder causes all the following except**

1. Avascular necrosis
2. Circumflex artery injury
3. Chip fracture of clavicle
4. Brachial plexus injury

**70.Earliest symptoms ofVolkmans ischaemia is**

1. Absence of pulse
2. Cyanosis of the extremity
3. Pain on passive movement
4. Pain in flexor muscles .

71.**Which of the following is least likely in supra condylar fractures**

1. Cubitus Valus
2. Volkmans ischaemic contracture
3. Median nerve injury
4. Non union