

**KENYA MEDICAL TRAINING COLLEGE**

**FACULTY OF CLINICAL SCIENCES**

**DEPARTMENT OF ORTHOPAEDIC & TRAUMA MEDICINE**

**PROMOTIONAL EXAMINATION**

**FOR**

**DIPLOMA IN ORTHOPAEDIC & TRAUMA MEDICINE**

**PAPER: ORTHOPAEDIC**

**DATE: TIME:**

**INSTRUCTIONS**

1. This paper consists of:
* Section 1 (20 Multiple Choice Questions)
* Section 2 (6 T/F Questions)
* Section 3 (6 Short Answer Questions)
* Section 4 (1 Long Answer Question)
1. Attempt **ALL** Questions
2. Write the EXAMINATION **NUMBER** given on all the answer sheets provided and on the question paper.
3. Ensure that all examination answer scripts are handed in at the end of the examination
4. Ensure you sign the examination register provided

EXAMINATION NUMBER ………………………………………………………………

**MULTIPLE CHOICE QUESTIONS (30 MARKS)**

1. **Concerning the diagnosis of congenital dislocation of the hip at the earliest possible moment in life,all are true except?**
2. All obstetricians, midwives and general practitioners can be able to diagnose congenital dislocation of the hip at birth.
3. The condition is diagnosed at birth by eliciting a click or a clunk from the hip.
4. The sign is known as Barlows or Von Rosen sign.
5. Shentons test is positive
6. **All of the following are absolute indications for radiological evaluation of pelvis for congenital dislocation of the hip, except?**
7. Positive family history
8. Breech ptesentation
9. Shortening of the limb
10. Unstable hip.
11. **Painful syndrome is due to**
	1. Fracture of greater tubercle of humerus
	2. Chronic supraspinatus tendomitis
	3. Subacromial bursitis
	4. All of the above
12. **Sclerosis of the bone is seen in all except?**
13. Flourosis
14. Hyperparathyroidism
15. Osteoporosis
16. Secondaries from prostate
17. **A short statured patient brought to Orthopaedics OPD with xray showing flattened vertebra with break, the probable diagnosis is?**
18. Achondroplasia
19. Eosinophilic granuloma
20. Calves disease
21. Osteochondroma
22. **Diaphysial achalasia is related to**
23. Multiple hereditary exostosis
24. Multiple neurofibromatosis
25. Multiple echondromatosis
26. Aneurysmal bone cysts
27. **Tumour of the jaw is seen in**
28. Osteoporosis
29. Osteomalacia
30. Osteochondritis
31. Caffes diseas
32. **Chondrolysis occurs commonly in**
33. T.B Arthritis
34. Syphyllitic Arthritis
35. Septic Arthritis
36. Chondrosarcoma only.
37. **Spina ventosa results from**
38. Sarcoidosis
39. Tuberculosis
40. Cerebral palsy
41. Rickets
42. **The metabolic indicator of rickets is**
43. Low serum calcium
44. Low PO4
45. Increased alkaline phosphatase
46. Increased urinary hydroxyl proline
47. **The cause of osteomalacia is**

a. Phenytoin

b. Malabsorption

c. Vincristine

d. Cushings syndrome

1. **Which is true about Osteomalacia?**
2. Alkaline phosphatase is raised
3. Serum phosphate is low
4. Serum calcium is normal
5. Serum calcium is low.
6. **Which carpal bone fracture causes Median nerve involvement?**
7. Scaphoid
8. Lunate
9. Trapezium
10. Traphezoid
11. **Most important pathology in club foot is-**
12. Congenital talanavicular dislocation
13. Tigheting of tendoachilles
14. Calcaneal fracture
15. Lateral derangement
16. **Sprengel’s shoulder is due to deformity**
17. Scapula
18. Humerus
19. Clavicle
20. Vertebrae
21. **Talipes equinovarus is**
22. Equinus, Inversion,abduction
23. Equinus,Inversion,adduction
24. Equinus,eversion,abduction
25. Equinus, eversion, abduction.
26. **Which movement at shoulder gets restricted when supraspinatous torn?**
	1. Flexion
	2. Adduction
	3. Abduction
	4. Rotation only
27. **Tuberculous Arthritis in advanced cases leads to:**
28. Bony ankylosis
29. Fibrous ankylosis
30. Loose joints
31. Charcots disease
32. **Arthritis of tertiary syphilis mostly involves?**
33. Shoulder joint
34. Elbow joint
35. Knee joint
36. Hip joint
37. **Tennis elbow is:**
38. Olecranon bursitis
39. Pain over the medial epicondyle
40. Pain over the lateral epicondyle
41. Myositis ossificans
42. **Trigger finger is**
43. A feature of carpal tunnel syndrome
44. Injury of fingers while operating a gun
45. Stenosis tenovaginitis of flexor tendon or affected finger
46. Any of the above
47. **Cervical spondylosis**
48. Most frequently results from an incidence of acute trauma
49. Causes compression of nerve roots to produce an upper moor neuron lesion in the lower limbs
50. Produces pain and Parasthesia over the lateral aspect of the forearm and thumb when affecting the 6th cervical nerve
51. Most frequently affects the upper cervical vertebrate
52. **Regarding fibrosarcoma**
53. It has predilection for femur and tibia
54. Amputation is the answer to this
55. X-ray shows moth eaten appearance about a lytic area
56. All of the are true
57. None of the above
58. **Clean- cut multiple, rounded lesions is bone are seen in**
59. Eosinophilic granuloma
60. Multiple mycloma
61. All of these
62. None of these
63. **Treatment of choice for Giant Cell Tumour is**
64. Surgery + Radiotherapy
65. Local excision
66. Chemotherapy
67. Radiotherapy
68. **The destruction of a joint cartilage, capsule and ligaments in rheumatoid arthritis causes the following disorders**
69. mechanical disarray, instability and deformity
70. fractures
71. Infection.
72. neuropathy
73. **In multiple myeloma which of the following is seen**
	1. Raised serum calcium
	2. Raised alkaline phosphatase
	3. Raised acid phosphatase
	4. All of the above
74. **Commonest tumor arising from the metamorphosis is**
	1. Osteoclastoma
	2. Osteosarcoma
	3. Ewings sarcoma
	4. Synovial sarcoma
75. **A 70-year-old lady presented with mild low back pain tenderness in L3 vertebra. On examination Hb 8 gm ESR 110/1hr A/G ratio of 2:4, likely diagnosis**
76. Walderstorms
77. Multiple myeloma
78. Bone secondaries
79. None
80. **On microscopic examination, suspected Giant cell tumor must be differentiated from**
	1. Osteosarcoma
	2. Osteoid osteoma
	3. Both of the above
	4. None of the above
81. **Ewing’s tumor of bone**
82. Should be locally excised
83. Should be treated by immediate amputation
84. Looks like a cut onion o X-ray
85. Has a soap bubble appearance on X-ray
86. None of the above is correct

**SECTION II:TRUE /FALSE (30 MARKS)**

1. **Osteoarthrosis does not affect**
2. Knee joint
3. Hip joint
4. Interphalangeal joint
5. Mcp joint
6. Shoulder joint
7. **Trigger finger is due to**
	1. Tenovagiitis
	2. Synovitis
	3. Bursitis
	4. Fibrositis
8. **The most confirmatory test for myeloma is;**
9. Aspiration of the lesion and histology
10. Bence-jones protein in urine
11. Serum electrophoresis
12. Technitium 99radionuclide bone scan.
13. CT scan.
14. **Expansile growth arising from the end of long bone after epiphyseal closure is**
15. Anerysmal bone cyst
16. Simple bone cyst
17. Osteosarcoma
18. Giant cell tumour
19. Chondrosarcoma

 **5. After L4-L5 or L5-S1, the commonest site of intervertebral disc prolapse is;**

a. C7,T1

b.T12,L1

c.L1,L2

d.L2,L2.

1. **Imaging modalities of skeletal TB includes:**
	1. Conventional radiographs
	2. CT
	3. MRI
	4. Ultra sonography
	5. ECG

**SECTION II: SHORT ANSWER QUESTIONS (SAQs) 20MARKS**

1. List five complications of osteogenesis imperfect ( 5 marks)
2. Discuss five radiological features of osteomalacia( 5 marks)
3. List down five predisposing factors of T.B arthritis( 5 marks)
4. Name five (5) appliances mostly prescribed in poliomyelitis management( 5 marks)

**SECTION III: LONG ANSWER QUESTIONS (LAQs) ( 20marks)**

1. Discuss club foot under the following sub-headings:
2. Defination
3. Causes
4. Clinical presentation
5. Management
6. Complications

 2. (a)Elaborate on five joint operations

 (b)Discuss methods of treatment of orthopaedic conditions.