

Prab sehmi  
5b answers

5. Best treatment of scapula fracture is:-
- a) Figure of 8 bandage.
  - ~~b) Sling and shoulder exercises.~~
  - B** c) Collar and cuff.
  - d) Aeroplane shoulder spica **Brachial plexus injury**
  - e) Velpeau bandage. **Clavicle fracture**
6. The correct sequence of reducing supracondylar fracture:-
- ~~a) Disimpact, correct angulation, coronal displacement, flexion.~~
  - b) Flexion, correct angulation, restores coronal displacement, disimpact.
  - A** c) Correct coronal displacement, flexion, correct angulation, disimpact.
  - d) Restore angulation, flexion, correct coronal displacement, disimpact
7. Best method of immobilising cervical vertebrae fracture dislocation is:-
- ~~a) Halo-vest~~
  - A** b) Hard collar
  - c) Skull traction
  - d) Collar and plaster cuirass
  - e) Bed rest in propped-up position.
8. The attitude of lower limb in posterior hip dislocation is:-
- a) Internal rotation ✓
  - b) Adduction ✓
  - c) Hyper extension
  - A or B** d) External rotation
  - e) Neutral position.
9. Adams test is useful in screening children with:-
- a) Developmental dysplasia of hip.
  - b) Perthes disease
  - ~~c) Scoliosis~~ **C**
  - d) Slipped upper femoral epiphysis
  - e) Spina bifida occulta.
10. The stereotypical patient with chronic slipped epiphysis is:-
- ~~a) Male, obese, hypogonadal.~~
  - b) Female, obese, hypogonadal
  - c) Male, short, gynaecomastia **A**
  - d) Female, lean, anovulation
  - e) Male, Crypto-orchidism, short phallus.
11. Physiological Genu Varus in children is best treated by:-
- ~~a) Expectant management upto 4 years of age.~~
  - A** b) Splinted at night
  - c) Avoid use of diapers
  - d) Osteotomy by 3 years of age.
  - e) Epiphysodesis.

12. Clinical features of ligament laxity described by Wynes-Davis include the following except:-

- a) Foot dorsiflexion greater than  $60^\circ$  ✓
- b) Hyper extension of elbow more than  $15^\circ$  180
- c) Extension of wrist to parallel the fore arm. ✓
- d) Dislocated hip
- e) Hyperextension of knee more than  $15^\circ$  180

D

13. Characteristic features of metatarsus adductus include the following except:-

- a) Bean shaped sole of foot. ✓
- b) Neutral hindfoot with fixed adducted forefoot. ✓
- c) High arch.
- d) Convex medial border. *concave*
- e) Separation of first and second toes.

D

14. Clinical findings associated with peroneal spastic flat foot include the following except:-

- a) Talo -navicular joint subluxation.
- b) Restricted sub - talar motion.
- c) Abduction of the forefoot.
- d) Tightness of the peroneal tendons. ✓
- e) Hind foot valgus deformity

*Restricted dorsiflexion*

A

15. The most specific test for sciatica is:-

- a) Straight leg raising
- b) Crossed leg raising
- c) Bow-string.
- d) Flip-flap
- e) Patrick/Fabre.

B

16. Common complications of fractures of the distal femoral epiphysis except:-

- a) Ligament laxity
- b) Angular deformity ✓ *2° malunion.*
- c) Shortening of limb ✓
- d) Avascular necrosis of epiphysis
- e) Loss of reduction.

D

17. The most sensitive imaging modality in diagnosis of early osteomyelitis is:

- a) M.R.I - best method of demonstrating BU inflammation. // Early; differentiates ST1 or OM.
- b) Ultrasound ✓
- c) Bone scanning ✓
- d) Plain X-ray ✗
- e) CT-Scan

A

18. Babcock triangle is a radiological feature described in:-

- a) S.U.F.E
- b) Chronic septic arthritis of hip.
- c) TB arthritis of hip.
- d) Avascular necrosis femoral epiphysis.
- e) Perthes disease.

C

19. Which of the following sequence is appropriate in correction of deformities in a club foot?

- a) Varus, equines, adductus, cavus.
- ~~b) Cavus, adductus, varus, equines.~~
- c) Adductus, varus, equines, cavus.
- d) Euius, varus, cavus, adductus
- e) Cavus, equines, adductus, varus.

B..cave

20. Which of the following clinical features suggest posterior horn tear of medial meniscus?

- ~~a) Positive McMurry test.~~
- b) Knee locking ✓
- c) Positive Appley grinding test
- d) Lachmann test ✓ ACL
- e) Positive posterior drawers test. ✓

A.

21. Genu recurvatum include all the following except:-

- a) Rupture of posterior cruciate ligament
- b) Upper tibia epiphysis injury ✓
- ~~c) High-heeled shoes in early adolescent.~~
- d) Congenital joint laxity ✓
- e) Charcot's disease. ✓

C

22. Morton's metatarsalgia is due to:-

- a) Verruca pedis - Infection (foot wart)
- b) Planter fasciitis
- ~~c) Neuroma~~
- d) March fracture
- e) Calcaneal traction epiphysitis.

C

23. Tarsal tunnel syndrome is best treated by:-

- a) Reassurance
- ~~b) Flexor retinaculum release~~
- c) Block of superficial peroneal nerve. ✓
- d) Topical application of anaesthetic gel ✓
- e) Release of extensor retinaculum

B.... release of tibial nerve

24. Footballers ankle primary pathology is:-

- a) Anterior capsule tear.
- b) Dystrophic calcification
- c) exostosis
- d) Entrapment of posterior tibial nerve.
- ~~e) Restricted dorsiflexion. Dorsiflexion~~

E

25. The following are common causes of leg pain in young adults except:-

- a) Anterior compartmental syndrome.
- b) Syphilis → septic arthritis.
- c) Stress fracture tibia.
- d) Brodie's abscess - chronic OM.

E

- ~~e) Pseudoclaudication. aka neurogenic claudication~~
  - symptom of lumbar spinal stenosis.
  - pain, numbness, weakness in calves, buttocks & thighs.

# Radial head + coronoid process + elbow dislocation

26. Terrible triad is constituted by:

- a) PCL, Lateral meniscus, lateral collateral ligament
- b) ACL, medial meniscus, MCL,
- c) Discord meniscus, medial joint line pain, Bursitis.
- D** ~~d) Elbow dislocation, coronoid fracture, radial head fracture.~~
- e) Proximal radial ulna joint dislocation, fracture radius lacerated interosseous membrane

27. Which of the following line is interrupted in developmental dysplasia of hip:

- a) Klein
- ~~b) Shenton~~
- c) Klisc's
- d) Kohler
- e) Tear drop.

B

28. The most valuable investigation of infection around implant is:

- a) M.R.I
- b) Plain radiography
- D** ~~c) Leucocyte labelling~~
- d) Ultrasound
- e) Single photon emission contraband tomography.

29. One of the following is true of a congenital defect:-

- a) Is always diagnosed at the time of birth.
- ~~b) Is a physical defect present at birth~~
- c) Manifests itself during delivery.
- d) Is always associated with genetic defect.
- e) Needs correction immediately after birth.

B

30. In acute osteomyelitis one of the following is correct:-

- a) Lymphocyte count is very high.
- b) Blood cultures are positive in 90% of cases.
- c) Blood cultures are positive in 50% of cases.
- ~~d) Blood cultures are positive in 30% of cases.~~
- e) None of the above.

C

31. <sup>Open /</sup>Compound fractures are commonest in the following:-

- a) Radial fractures.
- b) Ankle fractures
- c) Humeral fractures.
- ~~d) Tibial fractures.~~
- e) Spinal fractures.

D

45. Lunate dislocation is associated with compromise to:-

- a) Anterior interosseus nerve
- b) Ulnar nerve
- c) Posterior interosseus nerve **E**
- d) Radial artery
- ~~e) Median nerve.~~

46. Which is the correct order of correction of club foot deformities in the Ponsenti method of treatment?

- ~~a) Adduction – varus – equinus~~
- b) Varus-adduction – equinus **A**
- c) Equinus-varus-adduction
- d) Uquinus – adduction – varus
- e) Adduction-equinas – varus.

47. Which statement explains the treatment of supracondylar humerus fracture Gartland type III in a 6 year old boy.

- ~~a) Open reduction and plating.~~
- A** b) Anterior push on the olecranon to reduce and apply above elbow circular cast.
- c) Internally rotate the distal fragment and apply an above elbow backstab.
- d) Posterior push on the olecranon to reduce and apply above elbow circular cast.
- ~~e) Anterior push on the olecranon to reduce and apply an above elbow backslab.~~

48. What is the ideal treatment for asymptomatic osteochondroma?

- ~~a) Observation and follow-up.~~
- b) Excision. **A**
- c) Infra-lesional steroid injection.
- d) Cyclophosphamide
- e) Amputation.

49. A one part fracture (Neer's one fracture) of the proximal humerus is best treated by:-

- a) Hanging cast.
- ~~b) Armsling~~ **B**
- c) Cuff and sling
- d) U-slab.
- e) Shoulder spica.

50. Which is the ideal method to cover the defect in a Gustillo type IIIB injury?

- a) Skin graft
- b) Secondary closure
- ~~c) Musculo-cutaneous flap.~~
- d) Periosteal flap
- e) Bone graft.

51. Osteoporosis:

- a) Bone stock loss occurs after the age of 50 years.
- b) Have increased holes in trabecular plates.
- c) Calcium levels in serum is always low
- d) Phosphate levels are never elevated in urine
- e) Ward's triangle in the humeral neck is empty.

A

52. TB of the spine:-

- a) Genitourinary disease contribute to its causation
- b) Is commonest at L3/4 in adults
- c) Interveterbral soft tissue mass is diagnostic.
- d) ESR is always higher than 50.
- e) Hascopiusbacilli in the bone.

A

53. Fracture femur in an adult:-

- a) Blood loss is less than a litre. 1.5
- b) Dog plates are good for internal fixation.
- ~~c) Distal fracture may be displaced posteriorly~~
- d) Nailing is a standard surgical treatment.
- e) DCP plate fixation required 3.5 screws.

C

54. A child fell from a mango tree and landed directly on the elbow. He may have:-

- a) He may have sustained a Colle's fracture.
- b) Epiphyseal injury of the proximal radius.
- c) Proximal ulna epiphyseal injury
- ~~d) Extension type of supracondylar fracture.~~
- e) Soltapurs manoeuvre is required in treating this injury.

C

55. Which joint is more commonly affected by mechanical osteoarthritis:-

- a) Wrist
- ~~b) Knee~~
- c) Symphysis pubis
- d) Glenohemral
- e) Metacarpophalangeal.

B

56. The following are signs of fracture healing except:-

- ~~a) Tenderness.~~
- b) Callus on x-ray
- c) Movement of fragments as a single unit.
- d) Firm mass at fracture site.
- e) Ability to use limb.

A

4 year old girl presents with a fracture distal third left humerus with absent radial pulse following a fall.

- a. Manage the vascular injury and the possible short and long term complications of the injury.
- b. Options available for the management of this fracture

**Write short notes on the following hip disorders:**

a. **Developmental dysplasia of the hip**

b. **Slipped capital femoral epiphysis**

c. **Legg Calve Perthes disease**





Short notes on:

a. Causes of fractures of the neck of the femur in elderly patients

Osteoporosis  
Bone-losing disorders eg osteomalacia  
Diabetes  
Stroke → misuse

Alcoholism  
Chronic debilitating disease

b. Classify # neck of the femur - GARDEN'S CLASSIFICATION

Stage I - incomplete # (abducted/impacted)  
II - complete # w/o displacement  
III - complete # w/ partial displacement  
IV - " " full displacement

c. Mention indications for conservative and operative management of the same

Conservative - I & II  
- Impacted Garden I # that is an old injury

Surgery - III & IV  
- Young pts, older pts  
⊗ Accurate reduction, secure internal fixation, early activity  
⊗ OPEN reduction if stage III or IV # can't be reduced closed & pt ≥ 60 yrs.

d. Complications associated with this #

- DVT  
- Pulmonary embolism  
- Pneumonia  
- Bed sores  
- Arterial necrosis  
- Non union

- Osteoarthritis

38 y/o man was involved in an RTA and sustains an injury in the right leg 6 hours before he presented. On examination, there was a 2 cm by 5 cm wound with exposed bone and periosteal stripping on the anterior part of the leg.

a. Diagnosis?  
b. Initial steps in management

c. Classify the injury in this patient



d. Definitive management

10 y/o boy presents with a 6 month hx of discharging sinus and acutely swollen and a tender right arm.  
On examination, there is an extruding piece of bone from the sinus.

- a. Diagnosis? Osteomyelitis (chronic)  
b. Relevant specific lab and imaging investigations? Possible findings of each

Lab:  
- FHG: ↑ WCC  
- CSR or ESR: ↑  
- Culture of material from discharging sinus (before AB rx)

Imaging:  
- XR: bone resorption w/ periosteal thickening & sclerosing of the surrounding bone; ~~res~~  
- CT/MR: extent of bone destruction & reactive edema, hidden abscesses

c. Rx

Antibiotics - based on culture sensitivity  
- duration: 4-6 weeks  
- IV

Surgery - Ilizarov method  
- Wound closure  
- Debridement

Abscess - I & D

d. 6 complications associated with this condition

Short notes on:

a. Recurrent dislocation of the shoulder

b. Carpal tunnel syndrome

- Caused by compression of the nerve by any swelling
  - Common in menopause, rheumatoid arthritis, pg, myxoedema
  - s/s: pain & paresthesia in the distribution of the median nerve in the hand; hanging arm over the side of the bed may relieve symptoms // Advanced cases - weakness & clumsiness.
  - W > M; age 40-50 yrs.
  - Sensory symptoms: Tinel's sign, Phalen's test
  - Rx: physical therapy, occupational therapy (wrist splint w/ joint in neutral or slight extension) min 4 weeks
  - medical: steroid injection, NSAIDs
  - surg: surgical release of the transverse ligament
- LATE: results in THENAR wasting

Discuss acute hematogenous osteomyelitis in a 6 y/o boy under the following:

- a. Aetiology
- b. Management
- c. Complications

a. Aetiology  
 - Staph aureus (HCC)  
 - Strep pyogenes (chronic skin infections)

b. Management

Lab investigations: FTG: ↓ WCC

ESR & CRP ↑  
 Aspirate pus or fluid from metaphyseal <sup>sub</sup>periosteal abscess, extracapsular soft tissues

Imaging: Plain radiograph:  
 → no bone abnormality in the 1st week (soft tissue swelling)  
 → 2nd week: periosteal new bone formation

HRI → bone marrow inflammation

Rx: antibiotics, manage pain & dehydration, splint affected part to prevent contractures  
 → adequate drainage  
 → extensive debridement of necrotic tissue  
 → manage dead space

c. complications

- Suppurative arthritis
- Chronic osteomyelitis
- Pathological #

c) Rx of a 1 year old boy with the above

10 y/o girl presents with a pathological # of distal femur

a. DDx

b. Investigations

c. Rx

d. Possible complications

Supracondylar fracture of humerus:

a) List the clinical and radiological features

b) Classify supracondylar # of the humerus



WANJA

UNIVERSITY OF NAIROBI  
College of Health Sciences

ortho  
ORTHO

END OF LEVEL V MCQ C.A.T - GROUP B1 - B6

DATE: WEDNESDAY 13<sup>TH</sup> APRIL, 2016

TIME: 2.00 P.M TO 5.00 P.M

MCQ: 1 HOUR

INSTRUCTIONS: ANSWER ALL QUESTIONS. ONLY ONE ANSWER IS CORRECT.

1. In Osteomyelitis of spine, most common organism is:-
  - a) Staph aureas
  - b) Staph alba
  - A** c) Tuberculosis
  - d) Pseudomonas
  - e) Staph pyogenes.
  
2. Which of the following is not true regarding tubercular osteomyelitis:-
  - a) It is secondary TB. *primary*
  - b) Periosteal reaction is seen. ✓
  - c) Sequestration is uncommon. ✓ **B**
  - d) Inflammation is minimum.
  - e) Osteopenia is a feature
  
3. True about HIV, osteomyelitis is all except:-
  - a) Necrosis is absent.
  - b) Often bilateral. ✓
  - c) Periosteal new bone formation. **A**
  - d) Most common cause is staph aureus.
  - e) Treatment similar to In non- HIV.
  
4. The ideal treatment for chronic osteomyelitis of long bones is:-
  - a) Antibiotics only.
  - b) Drilling only
  - c) Debridement
  - d) Debridement and oral antibiotic.
  - e) Debridement, intravenous antibiotic and local antibiotic. ✓ **E**
  
5. The most common sequele of tuberculosis spondylitis in an adolescent is:-
  - a) Cold abscess ✓
  - b) Fibrous ankylosis
  - c) Bone ankylosis **C**
  - d) Pathological dislocation.
  - e) Chronic osteomyelitis.

*My - Anterior Resection of diseased tissue & Anterior Spinal Fusion with Graft*

6. Most common site of osteogenic sarcoma is:-

- a) Femur, upper end.
- ~~b) Femur lower end.~~ ✓
- c) Tibia upper end ✓
- d) Tibia lower end
- e) Radial distal end.

B

7. Following bone tumours are seen in the diaphysis except:-

- ~~a) Chondroblastoma.~~ - epiphysis
- b) Ewing sarcoma. - diaphysis or metaphysis
- c) Lymphoma
- d) Osteoid osteoma - metaphysis Femur or Tibia
- e) Adamantinoma.

A

8. True about bone tumor:-

- ~~a) Multiple myeloma is seen in more than 55 years age and above.~~
- b) Osteogenic sarcoma four decade. 10-30 x
- c) Chondrosarcoma first decade. 4<sup>th</sup>-5<sup>th</sup> decade
- d) Osteoblastoma fifth decade. Young adults
- e) All above. x

A

9. Giant cell tumor is:-

- ~~a) Epiphyseal~~
- b) Cortical.
- c) Epiphyseometaphyseal.
- d) Metaphyseal
- e) Metaphyseal diaphyseal.

C

10. Classification system of bone tumor is:-

- ~~a) Enneking~~
- b) Manchester
- c) Edward
- d) TNM
- e) A.O.

A

11. All the following are true about exostosis Except:-

- a) It occurs at the growing end of bones. ✓
- ~~b) Growth continues after skeletal maturity.~~ suggests malignancy
- c) Its covered by cartilaginous cap. ✓
- d) Malignant transformation may occur. 1% for solitary, 6% for multiple
- e) Surgery indicated due to pressure effect. ✓

B

12. Secondary aneurysmal bone cyst arises in the following except:-

- a) Osteoblastoma ✓
- b) Chondroblastoma ✓
- c) Fibrous dysplasia ✓
- d) Giant cell tumour ✓
- ~~e) Chordoma.~~

E



13. Dense calcification is found in:-

- a) Osteosarcoma
- b) Chondroblastoma
- c) Synovial sarcoma
- d) Osteoblastoma
- e) Ewing sarcoma.

B

enchondroma

14. Most common site of origin of ameloblastoma is:-

- a) Mandible near molar tooth.
- b) Middle alveolar margins
- c) Hard palate
- d) Mandible near symphysis menti
- e) Maxillary bone.

A

15. Which of the following is not a benign bone tumor:-

- a) Osteoid osteoma. ✓
- b) Chordoma - malignant of notochord origin
- c) Enchondroma ✓
- d) Unicameral cyst ✓
- e) Chondroma ✓ ✓

B

Chordoma - notochord  
- malignant

16. All are related to recurrent shoulder dislocation except:-

- a) Hill sach defect - Critical depression in the postolateral head of the humerus.
- b) Bankart lesion - The labrum & capsule often detached from the anterior rim of the glenoid.
- c) Lax capsule ✓
- d) Rotator cuff injury
- e) Common anteriorly ✓ ✓

D

17. The most common bone fractures during birth are:-

- a) Clavicle
- b) Femur
- c) Scapula
- d) Radius
- e) Humerus.

A

18. Nerve involved in surgical neck humerus fracture is:-

- a) Axillary nerve
- b) Radial nerve Mid & distal
- c) Median nerve
- d) Musculocutaneous nerve
- e) Suprascapular nerve

A

19. The most important cause of non-union of fracture of humerus shaft is:-

- a) Comminuted fracture
- b) Open fracture ✓ High energy
- c) Over-riding of fracture ends
- d) Distraction at fracture site.
- e) Operative reduction.

D

D

\* Segmental high energy # and open # R more prone to both delayed union and non-union.

20. The first to appear amongst the ossification centres about the elbow is:

- a) Radial head
- b) Olecranon
- c) Lateral epicondyle.
- d) Capitellum
- e) Coronoid.

D

C - 1  
R - 3  
I - 5  
T - 7  
O - 9  
E - 11

all odd numbers!

C 2 yr  
R 4  
I 6  
T 8  
O 10  
E 12

21. What is the cause of Malunited supracondylar fracture humerus?

- a) Static cubitus varus.
- b) Progressive cubitus varus
- c) Cubitus valgus. x - ulnar N palsy
- d) Shortening. x
- e) Limited supination/pronation movement

A

Static (nonprogressive) is a common sequelae since the entire physis is separated the cubitus varus in this instance is not due to overgrowth as it is in lateral condyle # where only 1/2 of the physis is injured

22. Fracture supracondylar is usually caused by:-

- a) Hyper flexion injury
- b) Axial rotation.
- c) Extension injury
- d) Hyperextension injury
- e) Varus injury.

D

23. Tardy ulnar nerve palsy is commonly seen in:-

- a) Medial condyle fracture of humerus.
- b) Lateral condyle fracture of humerus. Non union
- c) Fracture humerus shaft.
- d) Neck fracture humerus.
- e) Supracondylar fracture humerus.

B

Tardy ulna nerve palsy - chronic clinical condition characterized by delayed onset ulnar neuropathy. Typically, it occurs as a consequence of non-union of lateral condyle in child resulting in cubitus valgus deformity which is ultimately the cause of ulnar nerve palsy.

24. In posterior compartment syndrome of leg which passive movement causes pain:-

- a) Dorsiflexion of foot. - Ant
- b) Foot inversion
- c) Toe dorsiflexion
- d) Toe planter flexion
- e) All of the above.

C....

Plantarflexion, foot + ankle sup & inversion of foot

25. The treatment of myositis ossification is:-

- a) Active mobilization.
- b) Passive mobilization.
- c) Infra red.
- d) Immobilization.
- e) Early surgery.

E

Indomethacin

26. Posterior interosseous nerve is injured in:-

- a) Posterior elbow dislocation. x
- b) Monteggia fractures dislocation.
- c) Nerveseal monteggia fracture dislocation.
- d) Supraconylar fracture of humerus. - Anterior Interosseous
- e) Radio-ulna diaphysis.

B

Proximal 1/3 radius

- our weeks.  
reduction and calipers.  
reduction and stabilization with plate, Kirchner wires  
Kuntcher nails  
e) Titanium Elastic Nail (TEN)

28. Regarding sudeck osteodystrophy all are true except:-

- a) Burning pain.  
b) Beta blockers are useful. **E**  
c) Stiffness and swelling. ✓  
d) Erythematous and cyanotic discoloration.  
e) Self limiting and good prognosis.

NKAID  
Ankyriphilia  
Physion

29. The commonest cause of spinal cord injuries in our country is:-

- a) Road traffic accidents  
b) Fall from height.  
c) House collapse. **A**  
d) Fall into well.  
e) Quarry site.

Prab... Sehmi

30. Seat belt injury is:-

- a) Tear drop fractures.  
b) Wedge fracture  
c) Chance fracture **C**  
d) Whiplash injury  
e) Burst fracture.

Thoracolumbar #

31. Trendelenburg test is mainly for:-

- a) Gluteus maximum  
b) Gluteus minimal  
c) Gluteus minimum **C**  
d) Tensor fascia late  
e) All above

competency of venic valves in varicose veins

32. All of the following names are associated with tests around hip joint except:-

- a) Bryant - ~~shoulder~~  
b) Shoulder  
c) Memory  
d) Negation  
e) Calves.

Mcmurrey is not from q.review

33. In pelvis fracture, the amount of blood loss is around:-

- a) 1-2 units  
b) 2-4 units  
c) 2-6 units **D**  
d) 4-8 units  
e) < 500mls.

34. Incre  
a) Goo  
b) Impa  
c) More  
d) Trabi  
e) None

35. Occu  
a) Ultras  
b) MRI  
c) X-ray  
d) CT-S  
e) Bone

36. Best  
a) Pop-f  
b) Gleol  
c) Bone  
d) Hemi  
e) Total

37. The c  
a) Post  
b) Anter  
c) Cent  
d) Super  
e) None

38. Gall  
a) Frac  
b) Frac  
c) Frac  
d) Disl  
e) Cerv

39. Max  
a) Frac  
b) Frac  
c) Frac  
d) Tran  
e) Vert

40. Fal  
a) Tact  
b) Hyp  
c) Fal  
d) Thro  
e) Pete

34. Increase in panels angle indicate:-

- a) Good prognosis
- b) Impaction
- c) More chances of displacement **C**
- d) Trabecular alignment
- e) None of the above

35. Occult fracture of neck femur are best diagnosed by:-

- a) Ultrasound
- b) MRI
- c) X-ray
- d) CT-Scan **B**
- e) Bone scan

36. Best treatment for fracture neck femur in a 65 year old lady is:-

- a) Pop-hip spica
- b) Gleotomy
- c) Bone grafting and compression.
- d) Hemi-replacement arthroplasty **E**
- e) Total hip replacement

37. The commonest dislocation of the hip is:-

- a) Posterior **A**
- b) Anterior
- c) Central
- d) Superior
- e) None of the above.

38. Gallows traction is most optimum for:-

- a) Fracture shaft femur >72 years of age.
- b) Fractures shaft femur < 2 years of age **B**
- c) Fracture tibia
- d) Dislocation of hip in children < 6 months Femur shaft #
- e) Cervical spine.

39. Maximum shortening of lower limb is seen in:-

- a) Fracture shaft femur.
- b) Fracture neck femur.
- c) Fracture inter trochantric **A**
- d) Transcervical fracture neck.
- e) Vertical shift in pelvic injury.

40. Fat embolism syndrome is characterized by all except:-

- a) Tachycardia ✓
- b) Hypoxemia ✓
- c) Fat globules in urine ✓
- d) Thrombocytosis sudden thrombocytopenia **D**
- e) Petechiae haemorrhage. ✓

41. Tarso metatarsal amputation is also known as:-

- a) Chopart's amputation - **Intertarsal calcaneocuboid joint**
- b) Lisfranc amputation
- c) Pirogoff amputation.
- d) Symes amputation **Hallstedt B**
- e) Boyd amputation.

42. Structural integrity of knee collateral ligaments are tested by:-

- a) Varus/valgus stress test in full extension.
- b) Varus/valgus stress test in full flexion
- c) Varus/valgus test in 30° of flexion **C**
- d) Varus/valgus test in 60° of flexion
- e) Varus/valgus in 90° of flexion.

43. Which is the investigation of choice for a sport injury of the knee:-

- a) Ultrasonography
- b) Plain radiography
- c) Arthrography
- d) Arthroscopy
- e) MRI **E**

44. True regarding mallet finger is:-

- a) Avulsion of tendon at the base of the middle phalanx. **terminal**
- b) Avulsion of extension tendon at the base of the distal phalanx. ✓
- c) Fracture of distal phalanx. **injury to extensor tendon**
- d) Fracture of the proximal phalanx **B**
- e) Ruptured lubricant tendons.

45. Most common site for lumbar disc prolapsed:-

- a) L4 - L5
- b) L5 - S1 **B**
- c) L1 - L2
- d) L3 - L4
- e) L2 - L3

46. Yellow flag signs are seen in:-

- a) Psychological factors of back pain ✓
- b) Clinical factors of back pain
- c) Tuberculosis of hip. **A**
- d) Spinal metastasis
- e) Yellow ligament buckling.

47. Tennis elbow is characterized by: **Lateral epicondylitis**

- a) Tenderness over the medial epicondyle **Golfers Elbow**
- b) Tenderness of common extensor origin **Pain over lateral epicondyle**
- c) Tenderness of common flexor origin
- d) Painful flexion and extension. **B**
- e) Avulsions of olecranon hip

56. All the following are secreted by the anterior pituitary gland -  
 a) Growth hormone  
 b) Prolactin  
 c) Thyroid stimulating hormone  
 d) Adrenocorticotropic hormone  
 e) Somatotrophic hormone

**D** Dequervain - tenosynovitis  
 at cut 1st Dorsal Compartment at the wrist

48. Dequervain disease pathognomonic sign is:-  
 a) Tinel - Tap Over Median Nerve  
 b) Phalen - Allow hand to Fall into Flexion  
 c) Key sign  
~~d) Finkelsteins~~ - Flexion of Thumb across palm then <sup>ulnar</sup> ~~ulnar~~ deviation of the wrist causes sharp Pain at 1<sup>st</sup> dorsal compartment  
 e) Fromment sign. - Tests Ulnar Nerve Palsy specifically Adductor Pollicis

APL and EPB pass thru the 1<sup>st</sup> dorsal

49. Dupuytren's contracture occur in the following except:- **M > F**  
 a) Diabetic mellitus ✓  
 b) Alcohol ✓ <sup>and Cirrhosis</sup>  
 c) Epilepsy ✓ <sup>esp 2<sup>o</sup> pleurothorax</sup>  
~~d) Rheumatoid arthritis~~  
 e) Chronic pulmonary disease. ✓ <sup>(TB)</sup>

**Carpal Tunnel Syndrome**

50. Prepatellar bursitis is:-

- A**  
 a) Housemaid's knee **Prepatellar**  
 b) Clergyman's knee **Infrapatellar**  
 c) Tailor's knee  
 d) Tubercular knee  
 e) All of the above.

Tailors - Ischial  
 Minors | Barry's - Olecranon

51. Hallux valgus means:-

- A**  
~~a) Outward deviation of great toe.~~  
 b) Inward deviation of great toe. - **Varus**  
 c) Outward deviation of fifth toe. **X**  
 d) 2<sup>nd</sup> toe overriding on great toe. **X**  
 e) Inward deviation of fifth toe. **X**

52. Rate of regeneration of several nerves is:-

- B**  
 a) 0.1mm/day  
~~b) 1mm/day~~  
 c) 1cm/day  
 d) 0.5cc/week  
 e) None of the above.

53. Erb's palsy lesion is at:-

- A or C**  
 ✓ a) Upper trunk  
 b) Lower trunk (Klumpke's) C8 and T1  
~~c) C5 - C6~~  
 d) Whole Pharus.  
 e) Musculo cutaneous nerve.

**Erb's Palsy** is caused by  
 - **Walters or Potters Tip**

54. Pointing index sign is seen in nerve palsy:-

- C**  
 a) Ulnar  
 b) Radial  
~~c) Median nerve~~  
 d) Axillary nerve  
 e) Posterior interosseous nerve.

...exus  
...nerve palsy  
...median nerve  
...Combined ulnar and median nerve

56. All the following statements about synovial fluid are true except:-  
a) Secreted primarily by type A synovial cells. *Type B*  
b) Follows non-newtonian fluids kinetic ✓  
c) Contains hyaluronic acid ✓  
d) Viscosity is variable. ✓  
e) Quality is poor in RA.

A

57. Erosion of bone is seen with all of the following except:-  
a) Gout ✓  
b) SLE *nonerosive arthropathy*  
c) Psoriasis ✓ *Penet in hip appearance*  
d) Rheumatoid arthritis ✓  
e) Degenerative osteoarthritis ✓

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B

58. Severe disability in primary osteoarthritis of hip is best managed by:-  
a) Arthrodesis  
b) Arthroplasty  
c) McMurray's osteotomy *non union of femoral shaft, advanced OA*  
d) Intra-articular hyaluronic acid injection  
e) Walking stick and abductor muscle strengthening.

B

59. Rickets in infancy is characterized by the following except:-  
a) Craniotabes *Thinning of skull*  
b) Rachitic rosary ✓  
c) Wide open fontanelles ✓  
d) Bow legs ✓  
e) Recurrent pneumonia. ✓

*Physical overgrowth - thickening at knees, ankles, wrists*

D

60. Osteoporosis is characterized by:-  
a) Increased serum alkaline phosphatase  
b) Decreased bone density.  
c) Wasting of muscles.  
d) Loosers tone seen *Osteomalacia*  
e) Decreased bone density.

B or E

END

Prepared by *[Signature]*  
Dr. E.M. Gakuya  
Examination Co-ordinator.

*29/4/16*  
Date

For: Chairman, Dept. of Orthopaedic Surgery.

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