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38	A	B	C	D	E
39	A	B	C	D	E

PRACTICE QUESTIONS

American Board of Orthopaedic Surgery (ABOS)

PEDS

Pediatric Orthopaedic Practice-Profiled Recertification

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for American Board of Orthopaedic Surgery (ABOS) PEDS , each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, PEDS
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

SINGLE CHOICE

A 3-month-old infant is found to have a positive Ortolani sign on physical examination. What is the most appropriate initial treatment?

- ☒ **A Pavlik harness**
- ☐ B Closed reduction and spica casting
- ☐ C Open reduction with femoral shortening
- ☐ D Observation with repeat exam in 6 months

ANSWER A

WHY In infants under 6 months of age with DDH, a Pavlik harness is the first-line treatment and is highly successful in achieving and maintaining reduction.

QUESTION 2

SINGLE CHOICE

A 12-year-old obese male presents with several weeks of knee pain and a limp. Physical exam reveals limited internal rotation of the hip with obligate external rotation on flexion. What is the most appropriate imaging study to confirm the diagnosis?

- ☐ A Ultrasound of the hip
- ☒ **B AP and frog-leg lateral radiographs of the pelvis**
- ☐ C MRI of the knee
- ☐ D Bone scan of the lower extremity

ANSWER B

WHY SCFE classically presents with knee pain referred from the hip in an obese adolescent; AP and frog-leg lateral pelvis radiographs are the standard initial imaging to diagnose slippage of the femoral epiphysis.

QUESTION 3

SINGLE CHOICE

What is the correct sequence of correction in the Ponseti method for treating idiopathic clubfoot, and which deformity is corrected last?

- ☐ A Cavus, adductus, varus, then equinus corrected last
- ☐ B Equinus, varus, adductus, then cavus corrected last
- ☐ C Varus, cavus, equinus, then adductus corrected last
- ☒ D Adductus, varus, cavus, then equinus corrected last

ANSWER D

WHY The Ponseti method corrects cavus first, followed by adductus and varus simultaneously through supination and abduction, with equinus corrected last, often requiring percutaneous Achilles tenotomy.

QUESTION 4

SINGLE CHOICE

Which of the Kocher criteria is used to help differentiate septic arthritis from transient synovitis of the hip in children?

- ☒ A Non-weight-bearing status, fever greater than 38.5°C, ESR greater than 40 mm/hr, WBC greater than 12,000/mm³
- ☐ B Presence of joint effusion on ultrasound alone
- ☐ C Positive Ortolani sign
- ☐ D Elevated serum creatinine

ANSWER A

WHY Kocher's criteria include inability to bear weight, fever >38.5°C, ESR >40 mm/hr, and WBC >12,000/mm³, with increasing number of positive criteria correlating with increased probability of septic arthritis.

QUESTION 5

MULTIPLE CHOICE

Which of the following are accepted indications for surgical treatment (spinal fusion) in a skeletally immature patient with adolescent idiopathic scoliosis? (Choose two.)

- ☒ **A** Curve magnitude greater than 45-50 degrees
- ☒ **B** Documented curve progression despite bracing
- ☐ **C** Curve magnitude of 15 degrees with no progression
- ☐ **D** Skeletally mature patient with a stable 20-degree curve

ANSWER A • B

WHY Surgical fusion is generally indicated for curves exceeding 45-50 degrees or for documented progression despite appropriate bracing, due to risk of continued progression and cardiopulmonary compromise.

QUESTION 6

SINGLE CHOICE

A 6-year-old girl sustains a fall onto an outstretched hand resulting in a Gartland type III (completely displaced) supracondylar humerus fracture. Which nerve is most commonly injured in association with this fracture pattern?

- ☐ **A** Median nerve
- ☐ **B** Ulnar nerve
- ☒ **C** Anterior interosseous nerve
- ☐ **D** Musculocutaneous nerve

ANSWER C

WHY The anterior interosseous nerve, a branch of the median nerve, is the most commonly injured nerve in extension-type supracondylar humerus fractures, though the radial nerve is more common in posteromedial displacement patterns.

QUESTION 7

TRUE/FALSE

Bilateral genu varum in a 14-month-old otherwise healthy toddler who is beginning to walk is most consistent with physiologic bowing and typically resolves without treatment by age 2-3 years.

☒ **A** True☐ **B** False**ANSWER A**

WHY Physiologic genu varum is common in toddlers beginning ambulation and generally corrects spontaneously by 2-3 years of age; pathologic causes such as Blount disease should be considered if bowing persists or worsens beyond this age.

QUESTION 8

SINGLE CHOICE

In a child with spastic diplegic cerebral palsy who has significant hip adductor spasticity and is at risk for hip subluxation, which of the following is the most appropriate surveillance tool for monitoring hip status?

☒ **A** Serial pelvic radiographs measuring the migration percentage☐ **B** Annual electromyography of the hip abductors☐ **C** MRI of the brain☐ **D** Gait analysis alone**ANSWER A**

WHY Hip surveillance in children with cerebral palsy is performed with serial pelvic radiographs to measure the migration percentage, allowing early detection of hip subluxation before dislocation occurs.

QUESTION 9

SINGLE CHOICE

A child presents with disproportionate short stature, rhizomelic limb shortening, a trident hand configuration, and frontal bossing. Which condition is most consistent with this presentation?

- ☐ A Osteogenesis imperfecta
- ☒ B Achondroplasia
- ☐ C Marfan syndrome
- ☐ D Multiple hereditary exostoses

ANSWER B

WHY Achondroplasia, caused by an FGFR3 mutation, classically presents with rhizomelic (proximal) limb shortening, trident hand, frontal bossing, and disproportionate short stature.