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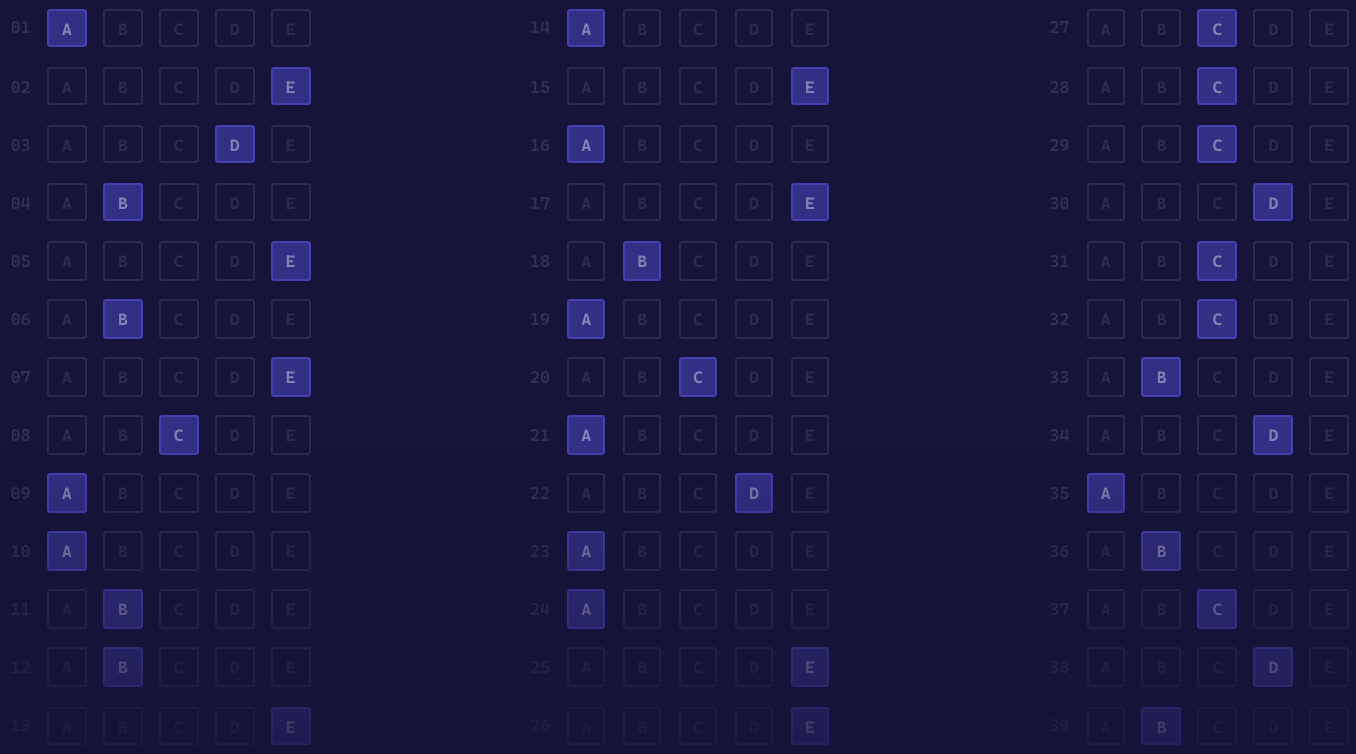

PRACTICE QUESTIONS

Saudi Commission For Health Specialties (SCFHS)

ORTHO

Orthopedic Surgery

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for Saudi Commission For Health Specialties (SCFHS) `ORTHO`, 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, `ORTHO`
- the question number
- the email address on your order

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

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QUESTION 1 SINGLE CHOICE

A 32-year-old man sustains a closed transverse midshaft tibial fracture after a fall. Which of the following is the most biomechanically appropriate fixation method according to the AO principles of fracture fixation?

A **Intramedullary nail with static locking**

B External fixator with half-pin fixation

C Posterior plaster slab

D Cast bracing

ANSWER **A**

WHY For a transverse midshaft tibial fracture in a young adult, intramedullary nailing with static locking provides load-sharing fixation, allows early weight-bearing, and aligns with AO principles of stable fixation that permits functional recovery. External fixation is typically reserved for open fractures or damage-control scenarios, while casting methods are inadequate for an unstable transverse adult tibial shaft fracture.

QUESTION 2 SINGLE CHOICE

An 8-month-old infant is diagnosed with developmental dysplasia of the hip (DDH). Clinical examination reveals a dislocated but reducible hip. According to standard treatment algorithms, which intervention is most appropriate at this age?

A Immediate Pavlik harness application

B **Closed reduction under anesthesia followed by spica casting**

C Open reduction with femoral and pelvic osteotomies

D Observation with repeat ultrasound at 12 months

ANSWER **B**

WHY For DDH diagnosed between 6 and 18 months of age, the Pavlik harness is generally not effective once the child is past the walking age and proximal femoral and acetabular remodeling potential diminishes. Closed reduction under anesthesia with adductor tenotomy if needed, followed by a spica cast, is the standard of care. Open reduction with osteotomies is reserved for failed closed reduction or older children.

QUESTION 3 SINGLE CHOICE

A 28-year-old man presents 12 hours after a closed tibial shaft fracture with increasing pain unresponsive to opioids, pain on passive stretch of the toes, and tense swelling of the leg. The most appropriate next step in management is:

A Increase opioid analgesia and reassess in 1 hour

B Apply a circumferential cast and elevate the limb

C Measure intracompartmental pressures and proceed to fasciotomy if elevated

D Order a Doppler ultrasound to rule out DVT

ANSWER C

WHY The clinical picture strongly suggests acute compartment syndrome. When diagnosis is not definitive clinically, intracompartmental pressure measurement is indicated, and fasciotomy should be performed without delay if pressures are elevated, as delay beyond 6 hours significantly worsens outcomes. Increasing analgesia masks progression and is a recognized cause of missed compartment syndrome.

QUESTION 4 SINGLE CHOICE

Which of the following is the strongest indication for total hip arthroplasty in a patient with osteoarthritis of the hip?

A Joint-space narrowing on plain radiograph

B Mild intermittent pain controlled with activity modification

C Severe pain and functional limitation unresponsive to nonoperative management

D Age greater than 60 years alone

ANSWER C

WHY Total hip arthroplasty is indicated when pain and functional limitation are significant and have not responded to nonoperative measures such as analgesics, physiotherapy, and activity modification. Radiographic changes alone, mild symptoms, or age alone are not sufficient indications.

QUESTION 5 SINGLE CHOICE

A 45-year-old man presents with low back pain, bilateral leg weakness, saddle anesthesia, and urinary retention. The most appropriate next step in management is:

A **Order an MRI of the lumbosacral spine and arrange urgent surgical decompression**

B Prescribe strict bed rest and muscle relaxants and review in 2 weeks

C Order lumbar spine X-rays and refer for physiotherapy

D Perform an epidural steroid injection

ANSWER **A**

WHY The presentation is classic for cauda equina syndrome, an orthopedic emergency requiring urgent MRI confirmation and surgical decompression, ideally within 48 hours of onset, to maximize the chance of neurologic recovery. Delay results in permanent bladder, bowel and motor deficits.

QUESTION 6 SINGLE CHOICE

A 14-year-old boy presents with a slowly enlarging, mildly painful lesion at the distal femur. Radiograph shows an eccentric, lytic, expansile lesion in the metaphysis with a 'soap-bubble' appearance and a narrow zone of transition. The most likely diagnosis is:

A Osteosarcoma

B Ewing sarcoma

C **Giant cell tumor of bone**

D Aneurysmal bone cyst

ANSWER **C**

WHY Giant cell tumor classically occurs in young adults (20–40 years but can present in adolescence) at the metaphysis/epiphysis of long bones (especially distal femur and proximal tibia) with an eccentric, lytic, 'soap-bubble' appearance and narrow zone of transition. Osteosarcoma shows periosteal reaction and sunburst pattern; Ewing sarcoma typically involves diaphysis with onion-skin periosteal reaction; aneurysmal bone cyst is more commonly metaphyseal but tends to occur in younger patients.

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QUESTION 7 SINGLE CHOICE

A 78-year-old independent ambulator sustains a displaced intracapsular femoral neck fracture (Garden III). Considering his age and pre-injury functional status, the preferred treatment is:

A In situ cannulated screw fixation

B Total hip arthroplasty or hemiarthroplasty

C Prolonged skeletal traction for 6 weeks

D Non-weight-bearing mobilization with a walker

ANSWER B

WHY For a displaced intracapsular femoral neck fracture in an elderly, previously active patient, arthroplasty (total hip arthroplasty in independent, cognitively intact patients, or hemiarthroplasty in less active patients) is preferred over internal fixation because of high rates of nonunion and avascular necrosis following fixation. In situ fixation is reserved for younger patients or minimally impacted fractures.

QUESTION 8 SINGLE CHOICE

A 24-year-old man falls on an outstretched hand and has tenderness in the anatomical snuffbox. Initial scaphoid views are normal. The most appropriate management is:

A Reassure and discharge without immobilization

B Thumb spica cast for 10–14 days and repeat imaging

C Urgent MRI of the wrist

D Open reduction and internal fixation of the scaphoid

ANSWER B

WHY Even with normal initial radiographs, clinical suspicion of scaphoid fracture (snuffbox tenderness) mandates thumb spica immobilization and repeat clinical and radiographic assessment in 10–14 days, as occult scaphoid fractures are common and missed fractures risk nonunion and avascular necrosis. Urgent MRI is reserved for cases with persistent suspicion after repeat assessment.

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QUESTION 9 SINGLE CHOICE

A 58-year-old woman falls on an outstretched hand and sustains a closed, dorsally angulated, extra-articular distal radius fracture with 22 degrees of dorsal tilt, 4 mm of radial shortening, and no median nerve symptoms. Which of the following is the most appropriate initial management?

A Immediate open reduction and internal fixation with a volar locking plate

B Closed reduction and casting in a below-elbow cast

C External fixation with or without K-wire augmentation

D Acceptance of the deformity and mobilization as tolerated

E Percutaneous pinning with three K-wires in the emergency department

ANSWER B

WHY For a closed, reducible extra-articular distal radius fracture with acceptable parameters after reduction (dorsal tilt <10-15 degrees, radial shortening <5 mm, no intra-articular step-off), closed reduction and cast immobilization is the standard initial management. Immediate ORIF is reserved for irreducible fractures, unacceptable alignment, or those with median nerve compromise. External fixation is typically used for severely comminuted or open fractures. Acceptance of deformity would not be appropriate in an active 58-year-old, and percutaneous pinning is generally reserved for unstable reductions or intra-articular patterns.

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