

01	☐ A	☐ B	☐ C	☐ D	☐ E
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35	☒ A	☐ B	☐ C	☐ D	☐ E
36	☐ A	☐ B	☐ C	☒ D	☐ E
37	☐ A	☐ B	☒ C	☐ D	☐ E
38	☐ A	☒ B	☐ C	☐ D	☐ E
39	☐ A	☐ B	☐ C	☐ D	☒ E

PRACTICE QUESTIONS

Saudi Commission For Health Specialties (SCFHS)

SPMED

Sports Medicine

EDITION

Demo

QUESTIONS

8

FORMAT

Limited Edition PDF

Before you begin

What this is

8 practice questions for Saudi Commission For Health Specialties (SCFHS) **SPMED**, 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, **SPMED**
- 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 22-year-old football player lands awkwardly from a jump and reports immediate pain and instability in the right knee. On-field examination reveals a positive Lachman test with a soft endpoint and a large hemarthrosis that develops within 2 hours. Which structure is most likely injured?

- ☐ A Medial collateral ligament (MCL)
- ☒ B Anterior cruciate ligament (ACL)
- ☐ C Lateral meniscus
- ☐ D Patellar tendon

ANSWER B

WHY An acute hemarthrosis following a non-contact pivoting injury combined with a positive Lachman test with a soft endpoint is the classic presentation of an ACL rupture. The MCL is an extra-articular structure and typically does not produce a tense hemarthrosis. Isolated meniscal tears usually present with a slower joint effusion and mechanical symptoms rather than gross instability, and the patellar tendon rupture causes an inability to actively extend the knee.

QUESTION 2

SINGLE CHOICE

Which of the following findings on pre-participation cardiac screening in an adolescent athlete is an absolute contraindication to participation in competitive sports according to current international consensus guidelines (e.g., AHA/ESC)?

- ☐ A Asymptomatic bicuspid aortic valve with normal aortic root diameter
- ☒ B Hypertrophic cardiomyopathy with marked left ventricular outflow obstruction and prior syncope
- ☐ C First-degree atrioventricular block on resting ECG without structural heart disease
- ☐ D Situs inversus with no associated congenital cardiac anomaly

ANSWER B

WHY Hypertrophic cardiomyopathy with significant LVOT obstruction and a history of syncope is a well-established cause of sudden cardiac death in young athletes and is classified as an absolute contraindication to competitive sport participation. Asymptomatic bicuspid aortic valve without aortic dilation, isolated first-degree AV block, and situs inversus without associated cardiac anomaly do not, by themselves, prohibit sports participation.

QUESTION 3

SINGLE CHOICE

A 35-year-old long-distance runner presents with gradual onset of medial tibial pain that worsens with running and improves with rest. Examination shows tenderness along the posteromedial border of the distal two-thirds of the tibia with no focal bony tenderness. Plain radiographs are normal. What is the most likely diagnosis?

- ☐ A Anterior tibial stress fracture
- ☒ B Medial tibial stress syndrome (shin splints)
- ☐ C Chronic exertional compartment syndrome
- ☐ D Popliteal artery entrapment

ANSWER B

WHY Diffuse posteromedial tibial pain in a runner, with tenderness along the distal two-thirds of the posteromedial tibial border and normal radiographs, is characteristic of medial tibial stress syndrome (commonly called 'shin splints'). An anterior tibial stress fracture would produce focal, well-localized tenderness over the anterior cortex, often with pain at rest and radiographic or MRI evidence of fracture. Chronic exertional compartment syndrome is typically associated with anterior or lateral leg pain, exercise-induced raised compartment pressures, and neurological symptoms. Popliteal artery entrapment presents with exertional calf pain and diminished pulses.

QUESTION 4

SINGLE CHOICE

In the context of concussion in sport, what is the current recommended approach to 'return to play' during the same competitive event after a suspected concussion in an adult athlete?

- ☐ A Return within 15 minutes if symptoms resolve and cognitive testing returns to baseline
- ☐ B Return at the end of the game if the athlete feels normal
- ☒ C **No same-day return to play; the athlete must follow a graduated, stepwise return-to-play protocol**
- ☐ D Same-day return is permitted only after a normal CT scan of the brain

ANSWER C

WHY Current consensus guidelines (e.g., Concussion in Sport Group, Berlin/Amsterdam statements) mandate that any athlete with a suspected concussion must be removed from play and must NOT return to sport on the same day. Return-to-play requires a stepwise, symptom-limited progression that begins only after the athlete is asymptomatic at rest and off medications, with medical clearance at each stage.

QUESTION 5

SINGLE CHOICE

During a marathon, a runner collapses near the finish line and is unresponsive. Bystanders report he was observed to be running well, then suddenly dropped. On examination he is pulseless and apneic. According to standard emergency protocols, what is the FIRST action the on-scene medical team should take?

- ☐ A Obtain a blood glucose level
- ☒ B **Begin high-quality chest compressions and attach an automated external defibrillator (AED)**
- ☐ C Administer intravenous fluids
- ☐ D Transport immediately to the nearest emergency department

ANSWER B

WHY An unresponsive, pulseless, apneic athlete is in cardiac arrest. The first priorities in Basic and Advanced Life Support are immediate high-quality chest compressions and rapid defibrillation with an AED. Etiology-specific actions (e.g., glucose measurement, IV access) and transport are secondary to the initiation of CPR and defibrillation.

QUESTION 6

SINGLE CHOICE

Which training principle is best supported by evidence to reduce the risk of anterior cruciate ligament (ACL) injuries in young female team athletes?

- ☐ A High-intensity isolated hamstring strengthening in the gym only
- ☒ B Neuromuscular warm-up programs that include plyometrics, balance, and sport-specific cutting technique
- ☐ C Static stretching of the quadriceps and hamstrings before every training session as the sole intervention
- ☐ D Mandatory use of knee braces during all practices and games

ANSWER B

WHY Structured neuromuscular warm-up programs (e.g., FIFA 11+, PEP) that incorporate plyometrics, balance/proprioception, core strengthening, and education on safe cutting/landing technique have the strongest evidence for reducing ACL injury rates in young female athletes. Isolated hamstring strengthening, static stretching alone, and bracing have not consistently shown similar injury-prevention efficacy.

QUESTION 7

SINGLE CHOICE

A 19-year-old swimmer reports chest tightness and cough that occur only during intense training in the pool and resolve within 30 minutes of stopping exercise. He has no symptoms at rest and no history of asthma. Spirometry at rest is normal. What is the most appropriate next step?

- ☐ A Start inhaled corticosteroids without further testing
- ☒ B Perform an exercise challenge (or eucapnic voluntary hyperpnea) test to evaluate for exercise-induced bronchoconstriction
- ☐ C Order a high-resolution CT scan of the chest
- ☐ D Diagnose cardiac ischemia based on the history

ANSWER B

WHY Symptoms limited to high-intensity exercise with normal resting spirometry are suggestive of exercise-induced bronchoconstriction (EIB). Diagnosis should be confirmed objectively with an exercise challenge test, eucapnic voluntary hyperpnea, or bronchoprovocation test before committing the athlete to chronic inhaled therapy. CT and a diagnosis of cardiac ischemia are inappropriate as first steps given the clinical picture.

QUESTION 8

SINGLE CHOICE

A 25-year-old overhead throwing athlete presents with deep posterior shoulder pain, loss of internal rotation, and a positive Kim test. MRI arthrography is planned. Which lesion is most likely being sought?

- ☐ A Bankart lesion
- ☐ B Superior labral anterior to posterior (SLAP) tear
- ☒ C Postero-inferior labral tear
- ☐ D Full-thickness supraspinatus tendon tear

ANSWER C

WHY Deep posterior shoulder pain, loss of internal rotation, and a positive Kim test in a throwing athlete are classic findings of a posteroinferior labral tear, often associated with internal impingement. A Bankart lesion is anterior-inferior and typically follows anterior dislocation. A SLAP tear presents with overhead pain and mechanical catching, often with a positive O'Brien's test. A full-thickness supraspinatus tear causes lateral pain and weakness of abduction, not deep posterior pain.