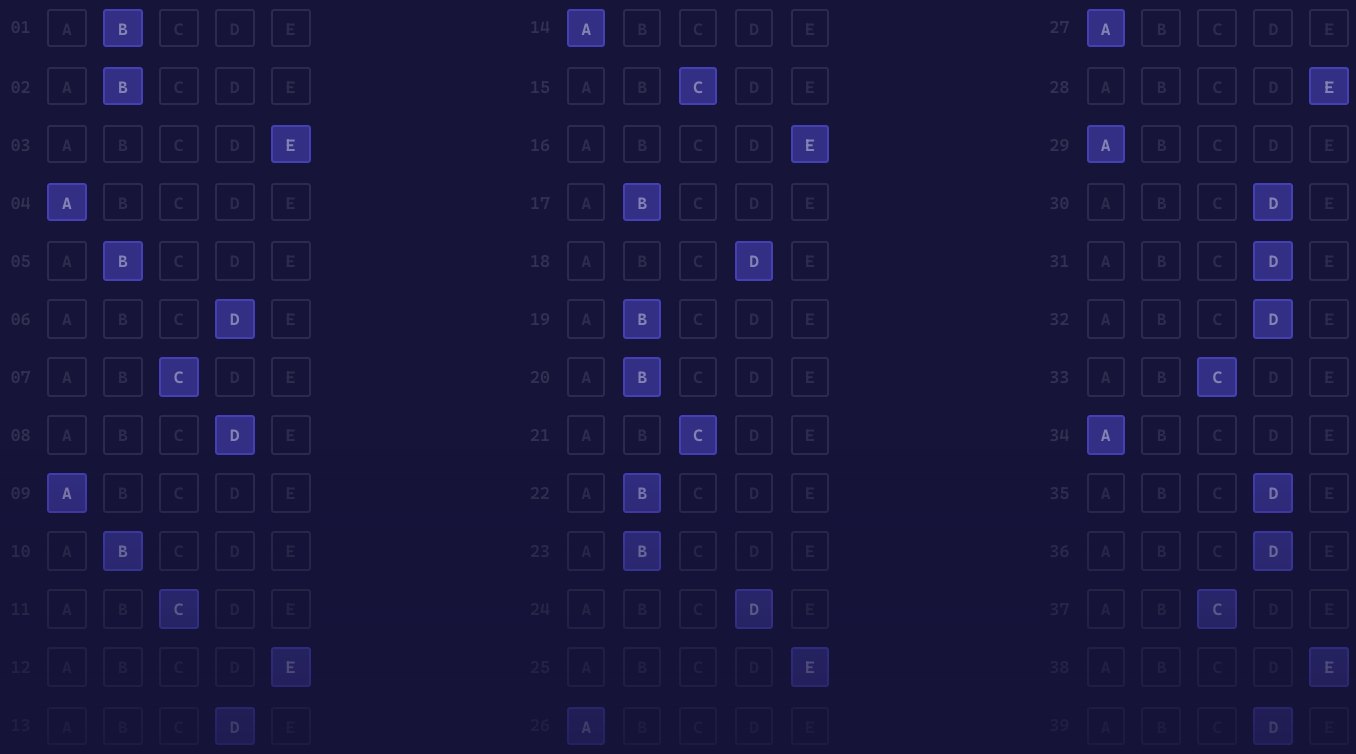
MOMETRIX
SMARTER PREP. BETTER RESULTS.



PRACTICE QUESTIONS

Ministry of Health Kuwait Medical Licensing Department

SORTH

Orthopaedics for Senior

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

WEB www.mometrix.net

SUPPORT support@mometrix.net

Before you begin

What this is

9 practice questions for Ministry of Health Kuwait Medical Licensing Department `SORTH`, 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, `SORTH`
- the question number
- the email address on your order

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

QUESTION 1 MULTIPLE CHOICE

A 45-year-old man sustains a closed tibial pilon fracture with significant articular comminution and soft tissue swelling. Which of the following are accepted principles in the staged management of this injury? (Choose two.)

A Immediate definitive open reduction and internal fixation of the articular surface within 24 hours

B Initial spanning external fixation across the ankle joint to allow soft tissue recovery

C Definitive ORIF of the articular surface typically performed after soft tissue condition improves (usually 10–21 days)

D Primary below-knee amputation as the standard of care for all pilon fractures with comminution

ANSWER **B** · **C**

WHY Staged management of pilon fractures is the accepted standard: initial spanning external fixation restores length and alignment while allowing soft tissue recovery, followed by definitive ORIF once the soft tissue envelope improves (wrinkle sign, typically 10–21 days). Immediate definitive ORIF carries high complication rates. Primary amputation is reserved for severely compromised limbs, not all comminuted pilon fractures.

QUESTION 2 MULTIPLE CHOICE

An 68-year-old woman presents with groin pain, inability to bear weight, and a shortened, externally rotated left lower limb after a fall. Radiographs show a displaced intracapsular femoral neck fracture (Garden III). Which of the following are appropriate management considerations? (Choose two.)

A **Hemiarthroplasty or total hip arthroplasty is typically preferred over internal fixation in active elderly patients with displaced intracapsular fractures**

B Attempted internal fixation with cancellous screws is the treatment of choice regardless of patient age or displacement

C **The high risk of avascular necrosis and non-union with displaced intracapsular fractures influences the choice away from fixation in elderly patients**

D Non-operative management with bed rest is the standard of care for all femoral neck fractures in patients over 65

ANSWER **A · C**

WHY Displaced intracapsular femoral neck fractures in elderly patients have a high risk of avascular necrosis of the femoral head and non-union due to disruption of the retinacular blood supply. For this reason, arthroplasty (hemiarthroplasty or total hip replacement) is generally preferred over internal fixation in active patients over 65. Non-operative management leads to unacceptable morbidity and mortality.

QUESTION 3 SINGLE CHOICE

A 62-year-old man presents with progressive bilateral knee pain, morning stiffness lasting less than 15 minutes, and crepitus. Examination shows mild varus deformity. Which is the most likely diagnosis?

A Rheumatoid arthritis

B Primary osteoarthritis of the knee

C Gouty arthritis

D Ankylosing spondylitis

ANSWER B

WHY Primary osteoarthritis classically presents with activity-related pain, short-duration morning stiffness (<30 minutes), crepitus, and deformity (commonly varus). Rheumatoid arthritis typically presents with prolonged morning stiffness (>1 hour), symmetric polyarticular involvement, and systemic features. Gout presents acutely and asymmetrically. Ankylosing spondylitis primarily affects the axial skeleton.

QUESTION 4 SINGLE CHOICE

A 55-year-old man presents with low back pain and pain radiating down the right leg in the L5 dermatomal distribution. Examination reveals weakness of extensor hallucis longus and a diminished medial foot sensation. Straight leg raise is positive on the right. Which nerve root is most likely compressed?

A L3 nerve root

B L4 nerve root

C L5 nerve root

D S1 nerve root

ANSWER C

WHY L5 radiculopathy classically presents with weak extensor hallucis longus (great toe extension), sensory disturbance over the dorsum of the foot and great toe, and a positive straight leg raise. L4 affects quadriceps and medial leg/foot sensation. S1 affects plantar flexion and lateral foot sensation with a diminished ankle reflex.

QUESTION 5 SINGLE CHOICE

A 60-year-old man presents with chronic shoulder pain and inability to actively abduct the arm beyond 15 degrees, although passive range of motion is preserved. There is tenderness over the greater tuberosity. Which is the most likely diagnosis?

A Adhesive capsulitis (frozen shoulder)

B Rotator cuff tear (massive)

C Glenohumeral osteoarthritis

D Acromioclavicular joint arthritis

ANSWER B

WHY Loss of active abduction with preserved passive range is characteristic of a massive rotator cuff tear, particularly involving the supraspinatus. The patient cannot initiate abduction despite a mobile joint. Adhesive capsulitis restricts both active and passive motion. Glenohumeral OA typically has crepitus and global restriction. AC joint arthritis causes focal superior pain, not loss of abduction initiation.

QUESTION 6 SINGLE CHOICE

A 4-year-old boy presents with a painless limp and Trendelenburg gait. Examination reveals limited internal rotation and abduction of the right hip. Radiographs show a smaller, sclerotic right femoral head. Which is the most likely diagnosis?

A Septic arthritis of the hip

B Legg-Calvé-Perthes disease

C Slipped capital femoral epiphysis

D Developmental dysplasia of the hip

ANSWER B

WHY Legg-Calvé-Perthes disease is idiopathic avascular necrosis of the femoral head in children aged 4–8 years, presenting with painless limp, limited internal rotation/abduction, and radiographic changes including a smaller, sclerotic, or fragmented femoral head. SCFE occurs in adolescents. Septic arthritis presents acutely with systemic illness and severe pain. DDH is typically diagnosed earlier in infancy.

QUESTION 7 SINGLE CHOICE

A 30-year-old man presents with a 3-week history of progressive thigh pain, low-grade fever, and inability to bear weight. He has no recent trauma. MRI shows a rim-enhancing fluid collection in the distal femoral metaphysis with surrounding marrow edema. Which is the most likely diagnosis?

A Osteosarcoma

B **Acute hematogenous osteomyelitis**

C Brodie's abscess (subacute osteomyelitis)

D Ewing sarcoma

ANSWER **B**

WHY Acute hematogenous osteomyelitis classically occurs in the metaphysis of long bones in children and young adults, presenting with progressive pain, fever, and inability to bear weight. MRI shows a rim-enhancing abscess with surrounding marrow edema. Subacute forms (Brodie's abscess) present more indolently without systemic signs. Osteosarcoma and Ewing sarcoma are differentials but the infectious presentation (fever, abscess) and metaphyseal location favor acute osteomyelitis.

QUESTION 8 SINGLE CHOICE

A 55-year-old woman presents with numbness and tingling in the thumb, index, and middle fingers, worse at night. Examination reveals a positive Tinel's sign at the wrist and Phalen's test reproduces her symptoms. Thenar eminence wasting is noted. Which is the most likely diagnosis?

A Cervical radiculopathy (C6)

B **Carpal tunnel syndrome (median nerve compression)**

C Cubital tunnel syndrome (ulnar nerve)

D De Quervain's tenosynovitis

ANSWER **B**

WHY Carpal tunnel syndrome presents with nocturnal paresthesia in the median nerve distribution (thumb, index, middle, radial half of ring finger), positive Tinel's and Phalen's tests, and in advanced cases thenar (abductor pollicis brevis/opponens pollicis) wasting. C6 radiculopathy affects the thumb/index dorsally with weakness of wrist extension. Cubital tunnel syndrome affects the ulnar side. De Quervain's causes radial-sided wrist pain with positive Finkelstein's test.

QUESTION 9 SINGLE CHOICE

A 50-year-old woman presents with pain over the medial prominence of her first metatarsophalangeal joint, difficulty wearing closed shoes, and a laterally deviated great toe. Which is the most likely diagnosis?

A Hallux rigidus

B Hallux valgus (bunion)

C Morton's neuroma

D Hammer toe deformity

ANSWER B

WHY Hallux valgus (bunion) is characterized by lateral deviation of the great toe (valgus) with a medial prominence of the first metatarsal head, causing pain and difficulty with footwear. It is far more common in women. Hallux rigidus is osteoarthritis of the first MTP with limited motion. Morton's neuroma causes plantar forefoot pain between the third and fourth metatarsal heads. Hammer toe involves flexion deformity of the PIP joint of the lesser toes.