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PRACTICE QUESTIONS

National Health Regulatory Authority (NHRA)

ORTHO

Orthopedic Surgery

Uploaded by Community B

EDITION

Original Demo

QUESTIONS

8

ISSUED

October 14, 2026

Before you begin

What this is

8 practice questions for National Health Regulatory Authority (NHRA) 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.

Licence

Free Mometrix practice demo. The complete question bank is available through a paid account.

QUESTION 1

SINGLE CHOICE

An active, independent 78-year-old man sustains a displaced intracapsular femoral neck fracture (Garden III) after a low-energy fall. He has no significant comorbidities and was mobilising without aids prior to the injury. Which surgical intervention is generally preferred?

- ☐ A Internal fixation with three cannulated screws
- ☐ B Hemiarthroplasty
- ☒ C Total hip arthroplasty
- ☐ D Non-operative management with early mobilisation

ANSWER C

WHY In an active, independent elderly patient with a displaced intracapsular femoral neck fracture, total hip arthroplasty is generally preferred over hemiarthroplasty because it provides better functional outcomes and lower reoperation rates. Internal fixation carries a high risk of nonunion and avascular necrosis in displaced fractures, and non-operative management is associated with significant morbidity and mortality.

QUESTION 2

SINGLE CHOICE

A 14-year-old boy presents with a 4-month history of deep, progressive pain in the distal femur that is worse at night and partially relieved by NSAIDs. Radiographs show a mixed lytic and sclerotic lesion in the metaphysis with periosteal elevation and a sunburst pattern. What is the most likely diagnosis?

- ☐ A Osteomyelitis
- ☐ B Ewing sarcoma
- ☒ C Osteosarcoma
- ☐ D Giant cell tumour

ANSWER C

WHY Osteosarcoma classically presents in adolescents with progressive deep bone pain (often worse at night), a metaphyseal lesion around the knee, and characteristic radiographic features including periosteal elevation (Codman triangle) and a sunburst periosteal reaction. Ewing sarcoma typically presents in the diaphysis with an 'onion-skin' periosteal reaction.

QUESTION 3

SINGLE CHOICE

A 45-year-old man presents with acute low back pain, saddle anesthesia, urinary retention with overflow incontinence, and bilateral leg weakness following a heavy lift. What is the most appropriate next step in management?

- ☒ **A** Urgent MRI of the lumbar spine and surgical decompression within 24-48 hours if a compressive lesion is confirmed
- ☐ **B** Trial of high-dose oral steroids and outpatient follow-up in 6 weeks
- ☐ **C** Epidural steroid injection and physiotherapy referral
- ☐ **D** Plain radiographs and bed rest for 2 weeks

ANSWER A

WHY Cauda equina syndrome is a surgical emergency. The classic features include saddle anesthesia, bladder or bowel dysfunction (often retention with overflow), and lower limb weakness. Best outcomes are obtained when surgical decompression is performed within 24-48 hours of onset, and an MRI is required urgently to confirm the diagnosis and guide the approach.

QUESTION 4

SINGLE CHOICE

A 62-year-old woman falls onto an outstretched hand and sustains a displaced extra-articular distal radius fracture with dorsal angulation, radial shortening of 6 mm, and dorsal tilt of 25°. According to the AO/OTA classification, which type best describes this fracture?

- ☒ **A** Type A2
- ☐ **B** Type B2
- ☐ **C** Type C1
- ☐ **D** Type C3

ANSWER A

WHY The AO/OTA classification groups distal radius fractures into types A (extra-articular), B (partial articular), and C (complete articular). An extra-articular fracture with metaphyseal comminution (suggested by radial shortening >3 mm and significant dorsal tilt) corresponds to type A2 (extra-articular, multifragmentary/wedge). Type B fractures involve part of the articular surface, and type C fractures are complete articular. Type A3 would be a multifragmentary/comminuted extra-articular fracture.

QUESTION 5

SINGLE CHOICE

A 5-year-old boy presents with a 2-day history of fever (38.8°C) and refusal to bear weight on his right lower limb. Examination reveals a warm, swollen, and exquisitely tender right knee held in slight flexion. ESR is 55 mm/hr and CRP is 90 mg/L. Aspiration of the knee yields turbid fluid with a white cell count of 75,000/μL and predominantly neutrophils. What is the most appropriate next step?

- ☐ A Immobilise in a plaster backslab and re-evaluate in 48 hours
- ☐ B Start intravenous antibiotics and arrange urgent MRI of the knee
- ☒ C Perform urgent arthroscopic or open irrigation and debridement followed by empirical IV antibiotics
- ☐ D Start oral antibiotics and review in clinic in one week

ANSWER C

WHY This is a classic presentation of septic arthritis of the knee. Kocher criteria are met (fever >38.5°C, non-weight-bearing, ESR >40, CRP >20, with synovial WBC >50,000/μL and neutrophil predominance confirming the diagnosis). The standard of care is urgent surgical drainage (arthroscopic or open) combined with empirical intravenous antibiotics after obtaining intra-operative cultures. Antibiotics alone or delayed management risk permanent cartilage damage and osteomyelitis.

QUESTION 6

SINGLE CHOICE

A 24-year-old football player plants his right foot with a valgus force applied to the knee and feels a 'pop' followed by immediate swelling. Examination under anaesthesia demonstrates a positive Lachman test, a positive pivot shift test, and medial joint line opening with valgus stress at 30 degrees of flexion. Which structure is most likely injured?

- ☐ A Isolated medial collateral ligament (MCL)
- ☐ B Isolated lateral meniscus
- ☒ C Anterior cruciate ligament (ACL) with associated MCL injury
- ☐ D Posterior cruciate ligament (PCL)

ANSWER C

WHY A valgus force with a planted foot, immediate effusion, positive Lachman and pivot shift tests indicate ACL rupture, while medial joint line opening at 30 degrees of flexion indicates associated MCL injury. This is a common multi-ligament injury pattern; isolated MCL injury would not produce a positive Lachman or pivot shift.

QUESTION 7

SINGLE CHOICE

A 16-year-old boy presents with deep, progressive night pain in the distal femur, relieved partially by NSAIDs. Radiographs show an eccentric, lytic, metaphyseal lesion with a 'soap-bubble' appearance, narrow zone of transition, and no periosteal reaction. What is the most likely diagnosis?

- ☐ A Osteosarcoma
- ☐ B Ewing sarcoma
- ☒ C Giant cell tumor of bone
- ☐ D Osteomyelitis

ANSWER C

WHY The classic appearance of a giant cell tumor of bone is an eccentric, lytic, subarticular/metaphyseal-epiphyseal lesion extending to the articular surface, with a narrow zone of transition and no matrix mineralization, typically in skeletally mature young adults (20s-40s) around the knee. Osteosarcoma and Ewing sarcoma usually show aggressive features with periosteal reaction, and the patient's age and location fit giant cell tumor best among these options.

QUESTION 8

SINGLE CHOICE

A 30-year-old man reports locking and catching of the knee with intermittent effusion after a twisting injury. Examination shows joint line tenderness but no laxity. Which investigation is most sensitive for confirming a meniscal tear?

- ☐ A Plain radiographs of the knee
- ☐ B MRI of the knee
- ☒ C Diagnostic arthroscopy
- ☐ D Bone scintigraphy

ANSWER C

WHY MRI is the non-invasive imaging modality of choice and is highly sensitive for meniscal tears; however, diagnostic arthroscopy remains the gold standard (most sensitive) because it allows direct visualization and dynamic probing of the menisci. Plain radiographs do not show soft-tissue meniscal pathology, and bone scintigraphy evaluates osseous, not meniscal, pathology.