



01	☐ A	☐ B	☐ C	☐ D	☐ E
02	☐ A	☐ B	☐ C	☐ D	☒ E
03	☐ A	☐ B	☐ C	☒ D	☐ E
04	☐ A	☒ B	☐ C	☐ D	☐ E
05	☐ A	☐ B	☐ C	☐ D	☒ E
06	☐ A	☒ B	☐ C	☐ D	☐ E
07	☐ A	☐ B	☐ C	☐ D	☒ E
08	☐ A	☐ B	☒ C	☐ D	☐ E
09	☒ A	☐ B	☐ C	☐ D	☐ E
10	☒ A	☐ B	☐ C	☐ D	☐ E
11	☐ A	☒ B	☐ C	☐ D	☐ E
12	☐ A	☒ B	☐ C	☐ D	☐ E
13	☐ A	☐ B	☐ C	☐ D	☒ E

14	☒ A	☐ B	☐ C	☐ D	☐ E
15	☐ A	☐ B	☐ C	☐ D	☒ E
16	☒ A	☐ B	☐ C	☐ D	☐ E
17	☐ A	☐ B	☐ C	☐ D	☒ E
18	☐ A	☒ B	☐ C	☐ D	☐ E
19	☒ A	☐ B	☐ C	☐ D	☐ E
20	☐ A	☐ B	☒ C	☐ D	☐ E
21	☒ A	☐ B	☐ C	☐ D	☐ E
22	☐ A	☐ B	☐ C	☒ D	☐ E
23	☒ A	☐ B	☐ C	☐ D	☐ E
24	☒ A	☐ B	☐ C	☐ D	☐ E
25	☐ A	☐ B	☐ C	☐ D	☒ E
26	☐ A	☐ B	☐ C	☐ D	☒ E

27	☐ A	☐ B	☒ C	☐ D	☐ E
28	☐ A	☐ B	☒ C	☐ D	☐ E
29	☐ A	☐ B	☒ C	☐ D	☐ E
30	☐ A	☐ B	☐ C	☒ D	☐ E
31	☐ A	☐ B	☒ C	☐ D	☐ E
32	☐ A	☐ B	☒ C	☐ D	☐ E
33	☐ A	☒ B	☐ C	☐ D	☐ E
34	☐ A	☐ B	☐ C	☒ D	☐ E
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

SCFHS Remote

ORTHO

Orthopedic Surgery

Uploaded by Community A

EDITION

Original Demo

QUESTIONS

6

ISSUED

October 14, 2026

Before you begin

What this is

6 practice questions for SCFHS Remote **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

A 50-year-old woman presents with a 2-year history of pain over the medial aspect of the great toe metatarsophalangeal joint, with a hallux valgus angle of 32 degrees and an intermetatarsal angle of 14 degrees on weight-bearing radiographs. She has failed appropriate non-operative management including footwear modification and orthoses. What is the most appropriate surgical procedure?

- ☐ A Distal chevron osteotomy
- ☒ B Scarf osteotomy or proximal metatarsal osteotomy with a distal soft-tissue procedure
- ☐ C Keller resection arthroplasty
- ☐ D First metatarsophalangeal joint arthrodesis
- ☐ E Simple bunionectomy (exostectomy)

ANSWER B

WHY With a moderate hallux valgus deformity (HVA 32°, IMA 14°), the standard surgical correction is a proximal metatarsal osteotomy (e.g., proximal crescentic or Ludloff) combined with a distal soft-tissue procedure (modified McBride), or alternatively a scarf osteotomy which can correct a wide range of deformities. The distal chevron is best for mild deformities (IMA < 13°). Keller arthroplasty is reserved for low-demand elderly patients. Arthrodesis is for severe deformity or arthritis. Simple exostectomy is inadequate and recurrence is high.

QUESTION 2

SINGLE CHOICE

A 72-year-old woman sustains an intertrochanteric fracture after a fall. Radiographs show a comminuted fracture with a reverse obliquity pattern. Which fixation device is most appropriate to counteract the unstable fracture configuration?

- ☐ A Sliding hip screw (dynamic hip screw) with a short side plate
- ☒ B Cephalomedullary nail (proximal femoral nail) with a cephalic screw
- ☐ C Three cannulated cancellous screws in an inverted triangle configuration
- ☐ D Hemiarthroplasty with a cemented bipolar prosthesis

ANSWER B

WHY Reverse oblique and comminuted intertrochanteric fractures are unstable patterns in which a sliding hip screw tends to telescope and lose fixation. A cephalomedullary nail provides intramedullary load sharing and resists the deforming forces in unstable fractures, making it the preferred implant.

QUESTION 3

SINGLE CHOICE

A 4-month-old infant is diagnosed with developmental dysplasia of the hip with a dislocated but reducible hip on clinical and ultrasound examination. Which is the most appropriate initial management?

- ☐ A Immediate closed reduction and spica casting under general anaesthesia
- ☒ B Pavlik harness with regular ultrasound monitoring
- ☐ C Open reduction through a medial (or anteromedial) approach
- ☐ D Salter innominate osteotomy
- ☐ E Observation with repeat ultrasound in 6 months

ANSWER B

WHY For a dislocated but reducible hip diagnosed between birth and approximately 6 months of age, the Pavlik harness is the first-line treatment with reported success rates of 80-95%. It positions the hip in flexion and abduction to maintain reduction and stimulate acetabular development, with regular ultrasound surveillance (typically weekly for the first 3 weeks, then less frequently) to confirm reduction. Closed reduction under anaesthesia is reserved for failed Pavlik treatment or hips that are not reducible clinically. Open reduction is indicated if closed reduction fails or in older children. Innominate osteotomy is performed after walking age for residual dysplasia. Observation alone risks persistent dysplasia and early osteoarthritis.

QUESTION 4

SINGLE CHOICE

A 22-year-old man sustains a closed tibial shaft fracture in a football injury. After intramedullary nailing he is placed in a splint. On the second postoperative day he has increasing pain out of proportion to the injury, pain on passive stretch of the toes, and tense swelling of the leg. Compartment pressure measurement shows a delta pressure (diastolic blood pressure minus compartment pressure) of 18 mmHg in the anterior compartment. What is the most appropriate next step?

- ☐ A Increase analgesia and re-evaluate in 4 hours
- ☐ B Loosen the splint only and elevate the leg
- ☒ C Urgent four-compartment fasciotomy of the leg
- ☐ D Immediate fasciotomy of only the anterior compartment
- ☐ E Apply ice and observe

ANSWER C

WHY A delta pressure (diastolic BP minus compartment pressure) of less than 30 mmHg is the accepted threshold for diagnosing compartment syndrome requiring fasciotomy. Here the delta pressure is 18 mmHg, confirming compartment syndrome. The treatment is an urgent four-compartment fasciotomy, not selective single-compartment release, which risks missing other affected compartments.

QUESTION 5

SINGLE CHOICE

A 6-month-old infant is diagnosed with developmental dysplasia of the hip with a dislocated but reducible hip on clinical examination and ultrasound. The most appropriate initial treatment is:

- ☐ A Pavlik harness
- ☒ B Closed reduction and spica casting
- ☐ C Open reduction with femoral and pelvic osteotomy
- ☐ D Observation until walking age

ANSWER B

WHY After approximately 6 months of age, the Pavlik harness becomes less effective and the treatment of choice for a dislocated but reducible hip is closed reduction under anesthesia followed by a spica cast in a safe position. The Pavlik harness is most effective when initiated in the first months of life. Open reduction is reserved for irreducible hips or when closed methods fail, and observation is not appropriate once a true dislocation has been confirmed.

QUESTION 6

SINGLE CHOICE

A 67-year-old man falls at home and sustains a displaced subcapital femoral neck fracture (Garden III). He is independently mobile, cognitively intact, and medically fit. According to current evidence-based orthopaedic practice, which is the most appropriate definitive surgical management?

- ☐ A Cannulated cancellous screw fixation in situ
- ☐ B Sliding hip screw and side plate fixation
- ☐ C Hemiarthroplasty (Austin Moore or bipolar prosthesis)
- ☒ D Total hip arthroplasty
- ☐ E Non-operative management with early mobilization

ANSWER D

WHY Multiple randomized trials and meta-analyses (notably the HEALTH and FAITH trials) demonstrate that in active, cognitively intact elderly patients with a displaced intracapsular femoral neck fracture, total hip arthroplasty provides superior functional outcomes, lower reoperation rates, and better quality of life compared with hemiarthroplasty or internal fixation. Internal fixation has a high rate of avascular necrosis and non-union in displaced fractures (Garden III/IV). Hemiarthroplasty is reserved for lower-demand, cognitively impaired, or medically frail patients. Non-operative treatment is associated with high mortality and morbidity.