



01	☐ A	☐ B	☐ C	☐ D	☐ E
02	☐ A	☐ B	☐ C	☐ D	☒ E
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14	☒ A	☐ B	☐ C	☐ D	☐ E
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27	☐ 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

SCFHS Remote

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 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 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 2

SINGLE CHOICE

A 22-year-old man sustains a closed midshaft tibial fracture treated with intramedullary nailing. On the second postoperative day he reports increasing pain despite immobilization and opioid analgesia, and the foot is noted to be cool with painful passive stretch of the toes. Which of the following is the most appropriate next step in management?

- ☐ A Increase the dose of opioid analgesia and re-evaluate in one hour
- ☐ B Obtain an urgent venous Doppler study to exclude deep vein thrombosis
- ☒ C Measure compartment pressures and proceed to fasciotomy if elevated
- ☐ D Remove the nail and apply a spanning external fixator

ANSWER C

WHY Increasing pain unrelieved by opioids, pain on passive stretch, and coolness of the extremity are classic for acute compartment syndrome following tibial fracture and intramedullary nailing. In a conscious, cooperative patient the diagnosis is largely clinical; compartment pressure measurement is used when the diagnosis is uncertain or the patient is obtunded. Definitive treatment is emergent fasciotomy; delay leads to muscle necrosis and Volkmann contracture.

QUESTION 3

SINGLE CHOICE

A 60-year-old woman has isolated medial compartment osteoarthritis of the knee with a varus deformity of 8 degrees, intact cruciate ligaments, and no patellofemoral or lateral compartment disease. She has failed non-operative treatment. Which surgical option best addresses her pathology?

- ☐ A Total knee arthroplasty
- ☒ B Unicompartmental (medial) knee arthroplasty
- ☐ C High tibial osteotomy (medial opening wedge)
- ☐ D Patellofemoral arthroplasty
- ☐ E Arthroscopic debridement and lavage

ANSWER B

WHY Unicompartmental knee arthroplasty (UKA) is indicated in isolated single-compartment osteoarthritis with intact cruciate ligaments, correctable deformity, and absence of inflammatory arthritis - all of which this patient has. Modern registry data show UKA gives excellent function and high satisfaction in appropriately selected patients. High tibial osteotomy is an alternative in younger, high-demand patients but has a higher complication and failure rate. Total knee arthroplasty is excessive for isolated medial disease. Patellofemoral arthroplasty does not address medial compartment disease. Arthroscopic debridement is no longer recommended for degenerative OA based on the Moseley sham-controlled trial and subsequent guidelines.

QUESTION 4

MULTIPLE CHOICE

Which of the following are characteristic features of a giant cell tumor (osteoclastoma) of bone? (Choose two.)

- ☒ **A** Most commonly arises in the epiphysis of long bones around the knee in skeletally mature patients
- ☐ **B** Has a high rate of pulmonary metastasis
- ☐ **C** Is histologically graded using the Enneking surgical staging system for malignancy
- ☒ **D** Shows an eccentric, lytic, 'soap bubble' lesion on radiographs extending to the articular surface
- ☐ **E** Is definitively cured by simple curettage with no risk of local recurrence

ANSWER A - D

WHY Giant cell tumor of bone classically occurs in the epiphysis of long bones (distal femur, proximal tibia, distal radius) in skeletally mature adults aged 20-40, and radiographically appears as an eccentric, lytic, 'soap-bubble' lesion extending to subchondral bone (option A and D are correct). Although histologically benign, it has a notable rate of benign pulmonary implants (not true metastases) in about 1-3%, and historically malignant transformation or metastasis has been reported; it is locally aggressive rather than typically described as having a 'high' rate of pulmonary metastasis. Enneking staging is used for musculoskeletal sarcomas, not for grading giant cell tumors. Simple curettage alone carries a high local recurrence rate (up to 50%); modern treatment uses extended curettage with adjuvants (phenol, cement, cryotherapy) or en bloc resection for aggressive lesions.

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 50-year-old woman presents with a 2-year history of pain over the medial aspect of the first metatarsophalangeal joint. She has a hallux valgus angle of 38 degrees and an intermetatarsal angle of 18 degrees. Which of the following is the most appropriate surgical procedure?

- ☐ A Chevron osteotomy
- ☐ B Scarf osteotomy
- ☒ C Lapidus procedure (first tarsometatarsal arthrodesis)
- ☐ D Keller procedure

ANSWER C

WHY For severe hallux valgus with a hallux valgus angle greater than 35 degrees and intermetatarsal angle greater than 15 degrees, particularly with first tarsometatarsal joint instability, the Lapidus procedure is preferred. Chevron and Scarf osteotomies are reserved for mild to moderate deformity. The Keller procedure is reserved for elderly, low-demand patients.

QUESTION 7

SINGLE CHOICE

A 40-year-old man has a 4-week history of low back pain radiating down the posterior leg into the foot, with a positive straight leg raise test at 30 degrees and weakness of ankle dorsiflexion (L4-L5 radiculopathy). MRI confirms a posterolateral L4-L5 disc herniation compressing the L5 nerve root. Conservative treatment has failed. Which is the most appropriate surgical option?

- ☐ A Posterior lumbar interbody fusion (PLIF) at L4-L5
- ☒ B L4-L5 microdiscectomy (microscopic lumbar discectomy)
- ☐ C Laminectomy without discectomy
- ☐ D Lumbar disc arthroplasty (total disc replacement) at L4-L5
- ☐ E Posterolateral fusion with pedicle screws at L4-L5

ANSWER B

WHY For a single-level posterolateral lumbar disc herniation causing persistent radiculopathy refractory to 6-12 weeks of conservative treatment, the gold-standard surgical procedure is microdiscectomy (microscopic lumbar discectomy). It has excellent outcomes with minimal morbidity. Fusion (PLIF or posterolateral) is reserved for cases with instability, deformity, or recurrent same-level herniation. Laminectomy alone without discectomy leaves the compressive fragment in situ. Lumbar disc arthroplasty is an option for chronic discogenic pain with preserved disc height, not for an acute radiculopathy from herniation.

QUESTION 8

SINGLE CHOICE

A 35-year-old man sustained a closed midshaft tibial fracture treated with an intramedullary nail 9 months ago. He continues to have pain at the fracture site with weight-bearing and there is no bridging callus on three of four cortices on CT. Which of the following best defines this situation?

- ☐ A Delayed union
- ☐ B Malunion
- ☐ C Hypertrophic nonunion
- ☒ D Established nonunion
- ☐ E Refracture

ANSWER D

WHY The FDA standard definition of nonunion is a fracture that has failed to progress toward union over a period of at least 9 months since injury, with no radiographic progression of healing over the preceding 3 months. Because 9 months have elapsed and there is no bridging of three of four cortices on CT, this represents an established (atrophic/oligotrophic) nonunion. Delayed union implies healing is slower than expected but still progressing (<9 months). Malunion refers to healing in an unacceptable position. Refracture is a new fracture at the same site after healing.