



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
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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
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19	☒ A	☐ B	☐ C	☐ D	☐ E
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27	☐ A	☐ B	☒ C	☐ D	☐ E
28	☐ A	☐ B	☒ C	☐ D	☐ E
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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

Sharjah Health Authority (SHA)

ORTHO

Orthopedics

Uploaded by Community A

EDITION

Original Demo

QUESTIONS

6

ISSUED

October 14, 2026

Before you begin

What this is

6 practice questions for Sharjah Health Authority (SHA) **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 45-year-old woman presents with numbness and tingling in the thumb, index, and middle fingers, worse at night. Tinel sign over the volar wrist is positive. Which of the following is the most likely diagnosis?

- ☐ A Cubital tunnel syndrome
- ☒ B Carpal tunnel syndrome
- ☐ C De Quervain tenosynovitis
- ☐ D Radial tunnel syndrome

ANSWER B

WHY Carpal tunnel syndrome is compression of the median nerve at the wrist, causing numbness/tingling in the thumb, index, middle, and radial half of the ring finger (not the palm, since the palmar cutaneous branch branches proximal to the retinaculum). Classic symptoms include nocturnal paresthesia. Tinel sign (tapping) and Phalen sign (wrist flexion) are positive. Cubital tunnel involves the ulnar nerve at the elbow causing ring/little finger symptoms. De Quervain involves first dorsal compartment tendons (pain with thumb extension/abduction).

QUESTION 2

MULTIPLE CHOICE

A 25-year-old male sustains a closed midshaft femur fracture after a motor vehicle accident. Examination reveals a pale, cold foot with absent dorsalis pedis pulses on the affected side despite adequate reduction and splinting. Which of the following are the most appropriate immediate management steps? (Choose two.)

- ☐ **A** Immediate closed reduction with increased traction force
- ☒ **B** Urgent vascular surgery consultation for possible arterial injury
- ☐ **C** Measurement of ankle-brachial index (ABI) and observation for 24 hours
- ☒ **D** Emergent operative exploration with vascular repair and fracture fixation
- ☐ **E** Application of a long leg cast and outpatient follow-up
- ☐ **F** Administration of IV vasodilators only

ANSWER B - D

WHY Absent pulses after fracture reduction suggest vascular injury (often popliteal artery with distal femur fractures). Closed reduction has already failed to restore perfusion. Options C and E are inadequate - waiting risks limb ischemia. Option A risks further vascular damage. Vasodilators alone (F) are insufficient. Both vascular surgery consultation (B) and emergent operative exploration with vascular repair combined with fracture fixation (D) are the standard of care for this combined orthopedic-vascular injury.

QUESTION 3

SINGLE CHOICE

A 4-month-old infant is noted on clinical examination to have limited abduction of the right hip, a positive Galeazzi sign, and a positive Ortolani sign. Pelvic ultrasound demonstrates a dysplastic right hip with the femoral head dislocated. Which of the following is the most appropriate initial treatment?

- ☐ A Immediate open reduction with spica casting
- ☒ B Pavlik harness
- ☐ C Closed reduction and hip spica cast in theatre
- ☐ D Observation with repeat ultrasound at 12 months

ANSWER B

WHY In infants identified with developmental dysplasia of the hip (DDH) between approximately 6 weeks and 6 months of age, the Pavlik harness is the first-line treatment, with success rates of 80-90%. Open or closed reduction is reserved for cases that fail harness treatment or present late (typically after 6-18 months).

QUESTION 4

SINGLE CHOICE

A 16-year-old boy presents with a 3-month history of progressive pain and swelling around the distal femur, worse at night and partially relieved by ibuprofen. Radiographs show a mixed lytic and sclerotic lesion in the metaphysis with cortical destruction, a 'sunray' periosteal reaction, and a Codman's triangle. What is the most likely diagnosis?

- ☐ A Ewing sarcoma
- ☒ B Osteosarcoma
- ☐ C Giant cell tumour of bone
- ☐ D Aneurysmal bone cyst

ANSWER B

WHY Osteosarcoma classically presents in adolescents with pain and swelling around the metaphysis of a long bone (distal femur or proximal tibia being most common). The radiographic combination of a mixed lytic/sclerotic lesion, cortical destruction, 'sunray' spiculation and a Codman triangle is characteristic. Ewing sarcoma typically arises in the diaphysis, produces a permeative 'onion-skin' periosteal reaction, and is not usually sunray-producing.

QUESTION 5

SINGLE CHOICE

Which of the following radiographic findings is most characteristic of osteoarthritis of the knee?

- ☐ A Periarticular osteopenia and joint erosions
- ☐ B Symmetric joint space narrowing with marginal erosions
- ☒ C Asymmetric joint space narrowing with subchondral sclerosis and osteophytes
- ☐ D Ankylosis of the joint with bamboo spine appearance

ANSWER C

WHY Osteoarthritis classically shows asymmetric (non-uniform) joint space narrowing, subchondral sclerosis, osteophyte formation, and subchondral cysts. Option A suggests rheumatoid arthritis (periarticular osteopenia). Option B describes inflammatory arthritis (symmetric narrowing with erosions). Option D describes ankylosing spondylitis (bamboo spine).

QUESTION 6

SINGLE CHOICE

A 7-year-old boy presents with a 4-day history of progressive thigh pain, fever of 39.4°C, and inability to bear weight on the right leg. Blood tests show a white cell count of $18 \times 10^9/L$ and CRP of 180 mg/L. Which of the following is the most likely causative organism?

- ☒ A *Staphylococcus aureus*
- ☐ B *Streptococcus pyogenes*
- ☐ C *Haemophilus influenzae* type b
- ☐ D *Kingella kingae*

ANSWER A

WHY *Staphylococcus aureus* is by far the most common cause of acute haematogenous osteomyelitis in children of all age groups, accounting for the majority of cases in those older than about 4 years. It produces a range of virulence factors (such as coagulase, Panton-Valentine leukocidin and adhesins) that allow it to seed and proliferate within the metaphyseal sinusoidal vessels. *Kingella kingae* is increasingly recognised as a cause in children under 4 years of age, but in a 7-year-old with high fever, marked leucocytosis and very elevated CRP, *S. aureus* remains the most likely organism and must be covered empirically until culture results are available.