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02	☐ A	☐ B	☐ C	☐ D	☒ E
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31	☐ 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

Sharjah Health Authority (SHA)

ORTHO

Orthopedics

Uploaded by Community B

EDITION

Original Demo

QUESTIONS

8

ISSUED

October 14, 2026

Before you begin

What this is

8 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 70-year-old man complains of bilateral leg heaviness, numbness, and cramping that develops when he walks more than a few hundred meters, but resolves completely within minutes of sitting down or leaning forward. Straight leg raise is negative and pedal pulses are normal. What is the most likely diagnosis?

- ☐ A Intermittent claudication due to peripheral arterial disease
- ☒ B Lumbar spinal canal stenosis with neurogenic claudication
- ☐ C Cauda equina syndrome
- ☐ D Acute lumbar disc herniation with radiculopathy

ANSWER B

WHY Neurogenic claudication from lumbar spinal stenosis is reproduced by walking/standing and relieved by lumbar flexion (sitting, leaning forward), which opens the spinal canal. Symptoms are typically bilateral, pedal pulses are preserved, and straight leg raise is usually negative. Vascular claudication is relieved by simply stopping activity regardless of posture. Cauda equina syndrome presents with saddle anesthesia, urinary retention and bilateral neurological deficits. Acute disc herniation causes unremitting radicular pain with positive SLR.

QUESTION 2

SINGLE CHOICE

A 68-year-old postmenopausal woman presents with progressive thoracic kyphosis and chronic back pain. Dual-energy X-ray absorptiometry (DEXA) scanning is ordered to evaluate for osteoporosis. According to the WHO criteria, which T-score defines osteoporosis?

- ☐ A T-score of -1.0 or higher
- ☐ B T-score between -1.0 and -2.5
- ☒ C T-score of -2.5 or lower
- ☐ D T-score of -3.5 or lower

ANSWER C

WHY By WHO criteria, osteoporosis is defined as a bone mineral density T-score of -2.5 or lower at the lumbar spine, femoral neck, or total hip. T-scores between -1.0 and -2.5 define osteopenia, while a T-score of -1.0 or higher is normal. A T-score threshold of -3.5 is not used in the WHO definition, although it may appear in some fracture-risk calculators.

QUESTION 3

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.

QUESTION 4

MULTIPLE CHOICE

Which of the following are characteristic features of acute compartment syndrome of the leg following a tibial shaft fracture? (Choose two.)

- ☒ **A** Pain that is disproportionate to the injury and unrelieved by adequate opioid analgesia
- ☒ **B** Pain on passive stretch of the muscles of the involved compartment
- ☐ **C** Palpable distal pulses are always absent
- ☐ **D** Tense swelling of the involved compartment with shiny, erythematous overlying skin

ANSWER A • B

WHY The hallmark of acute compartment syndrome is pain out of proportion to the injury that worsens despite adequate analgesia, together with pain on passive stretching of the ischaemic muscles within the affected compartment. Distal pulses are frequently preserved because compartment pressures rarely exceed systolic pressure, so palpable pulses do not exclude the diagnosis. Tense swelling is a useful supportive finding, but the overlying skin is typically pale or normal rather than reliably erythematous.

QUESTION 5

MULTIPLE CHOICE

A young adult with a tibial shaft fracture in a long leg cast develops severe, disproportionate pain unrelieved by opioids. Which of the following are characteristic features of acute compartment syndrome of the leg? (Choose two.)

- ☒ **A** Pain that is disproportionately severe for the injury and worsens with passive stretch of the compartment muscles
- ☒ **B** Pain that is dramatically relieved by splitting or removal of the cast
- ☐ **C** Distal pulses are reliably absent early in the course
- ☒ **D** Paraesthesia in the territory of nerves traversing the affected compartment
- ☐ **E** Pain that is reliably improved by opioids and immobilization

ANSWER A - B - D

WHY Acute compartment syndrome is characterized by pain out of proportion to the injury, exacerbated by passive stretch of the ischaemic muscles within the compartment, and by features of nerve ischaemia (paraesthesia in the distribution of nerves traversing the compartment, such as the deep peroneal nerve in the anterior compartment of the leg). Loss of distal pulses is a very late and unreliable sign; pulses are usually palpable until late because compartment pressures rarely exceed systolic arterial pressure. A dramatic reduction in pain immediately after splitting or removing the cast supports the diagnosis (and is part of initial management), whereas pain that responds to opioids does not exclude but is not characteristic of compartment syndrome.

QUESTION 6

SINGLE CHOICE

A 3-month-old infant is brought for routine assessment. Examination reveals a positive Ortolani sign on the left hip. Which imaging modality is most appropriate to confirm the diagnosis and guide treatment at this age?

- ☐ A Plain anteroposterior pelvic radiograph
- ☐ B CT of the pelvis
- ☒ C Ultrasound of the hips (Graf method)
- ☐ D MRI of the pelvis
- ☐ E No imaging is required; proceed directly to closed reduction and spica casting

ANSWER C

WHY Up to about 4-6 months of age the femoral head and acetabulum are largely cartilaginous and not reliably seen on plain radiographs, so ultrasound (using the Graf technique) is the imaging modality of choice for confirming developmental dysplasia of the hip. It visualizes the cartilaginous acetabulum and assesses both morphology and dynamic stability. CT is useful for postoperative assessment of reduction, MRI can be used in late-presenting or complex cases, but neither is first-line at 3 months. Plain radiographs become useful once the proximal femoral epiphysis ossifies, usually after 4-6 months. Closed reduction should be preceded by imaging to confirm dysplasia and assess reducibility.

QUESTION 7

SINGLE CHOICE

A 72-year-old man undergoes total hip arthroplasty and falls on postoperative day 8. Radiographs demonstrate a fracture of the femur at the tip of a well-fixed femoral stem, with an intact cement mantle and a stable prosthesis. According to the Vancouver classification, what is the correct subtype?

- ☐ A Type A (ag) - fracture in the trochanteric region
- ☒ B Type B1 - fracture at or just distal to the stem tip with a well-fixed stem
- ☐ C Type B2 - fracture at or just distal to the stem tip with a loose stem but adequate proximal bone
- ☐ D Type B3 - fracture at or just distal to the stem tip with a loose stem and deficient proximal bone
- ☐ E Type C - fracture well distal to the stem tip

ANSWER B

WHY Vancouver type B1 fractures occur at or just distal to the stem tip with a well-fixed prosthesis and adequate proximal bone stock. Type A involves the trochanter, B2 and B3 involve a loose stem (with or without bone deficiency, respectively), and type C is well distal to the stem tip.

QUESTION 8

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).