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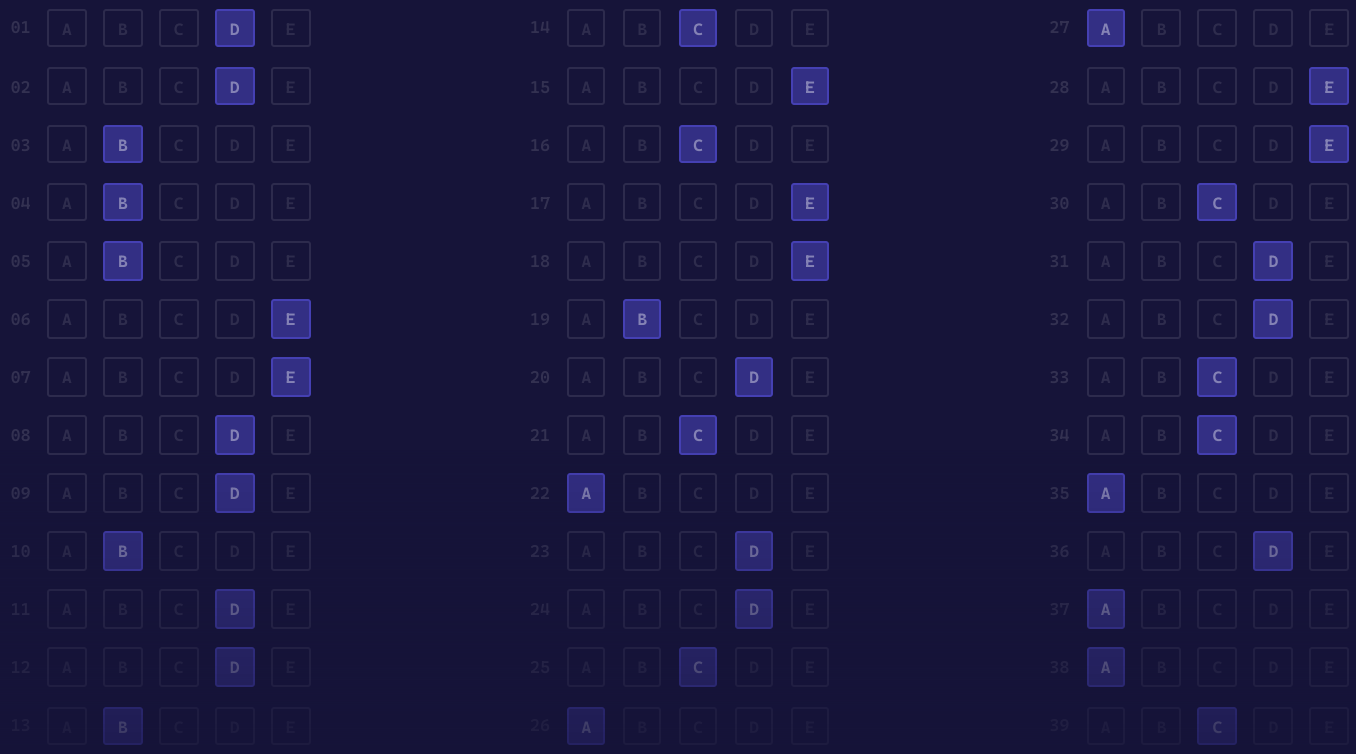

PRACTICE QUESTIONS

Saudi Commission For Health Specialties (SCFHS)

ORPRS

Orthotics and Prosthetics Specialist

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for Saudi Commission For Health Specialties (SCFHS) `ORPRS`, 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, `ORPRS`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1 SINGLE CHOICE

In a patellar tendon-bearing (PTB) transtibial prosthetic socket, which structure is the primary pressure-tolerant weight-bearing area?

A **Patellar tendon**

B Fibular head

C Distal tibia

D Tibial crest

ANSWER A

WHY The PTB socket design directs load-bearing primarily onto the patellar tendon, a pressure-tolerant area, while relieving pressure over sensitive bony prominences like the tibial crest and fibular head.

QUESTION 2 SINGLE CHOICE

Which transfemoral amputation level provides the best mechanical advantage for prosthetic control due to preserved adductor muscle attachment?

A Very short transfemoral amputation

B **Amputation preserving adductor magnus insertion via myodesis**

C Knee disarticulation

D Hip disarticulation

ANSWER B

WHY Preserving and reattaching the adductor magnus through myodesis maintains normal muscle length-tension relationships and improves femoral adduction control, enhancing prosthetic gait efficiency.

QUESTION 3 MULTIPLE CHOICE

Which of the following are recognized clinical indications for prescribing a solid ankle-foot orthosis (AFO)? (Choose two.)

- **A** **Significant spasticity with fixed equinus deformity**
- **B** Isolated mild dorsiflexion weakness with normal tone
- **C** **Severe mediolateral ankle instability**
- **D** Need for maximal ankle plantarflexion during push-off

ANSWER **A** · **C**

WHY A solid AFO fully immobilizes the ankle, making it appropriate for cases with significant spasticity/fixed deformity or severe mediolateral instability; mild isolated weakness is better managed with an articulated or hinged AFO, and solid AFOs restrict rather than allow push-off plantarflexion.

QUESTION 4 SINGLE CHOICE

In a myoelectric transradial prosthesis, surface electrodes are typically placed over which muscle groups to generate control signals?

- **A** Biceps and triceps
- **B** **Wrist flexors and wrist extensors**
- **C** Deltoid and pectoralis major
- **D** Trapezius and rhomboids

ANSWER **B**

WHY Myoelectric transradial prostheses commonly use residual wrist flexor and extensor muscle activity to generate antagonistic EMG signals that control terminal device opening and closing.

QUESTION 5 SINGLE CHOICE

A TLSO is primarily prescribed to restrict motion in which region of the spine?

A Cervical spine only

B **Thoracic and lumbar spine**

C Lumbar and sacral spine only

D Cervical and thoracic spine

ANSWER **B**

WHY A thoracolumbosacral orthosis (TLSO) is designed to immobilize and support the thoracic and lumbar spinal segments, commonly used for scoliosis, fractures, or post-surgical stabilization.

QUESTION 6 SINGLE CHOICE

Which type of prosthetic knee unit uses hydraulic or pneumatic resistance to adjust swing phase timing in response to walking speed changes?

A Single-axis constant friction knee

B Manual locking knee

C **Fluid-controlled (hydraulic/pneumatic) knee**

D Weight-activated stance control knee

E Polycentric knee without fluid control

ANSWER **C**

WHY Fluid-controlled knee units use hydraulic or pneumatic cylinders to provide variable resistance, allowing swing-phase cadence to adapt automatically to changes in walking speed, unlike constant-friction mechanisms.

QUESTION 7 TRUE FALSE

In pediatric prosthetic management, children typically require more frequent socket replacements than adults primarily due to rapid limb growth and volume changes.

A **True**

B False

ANSWER **A**

WHY Pediatric patients undergo continuous limb growth and residual limb volume changes, necessitating more frequent socket adjustments or replacements compared to skeletally mature adults.

QUESTION 8 SINGLE CHOICE

A transtibial prosthesis user exhibits excessive knee flexion during early stance phase. Which socket or alignment fault is the most likely cause?

A **Socket set too far anterior relative to the foot**

B Socket set too far posterior relative to the foot

C Excessive plantarflexion of the prosthetic foot

D Prosthesis too long

ANSWER **A**

WHY An anteriorly placed socket (or excessive dorsiflexion) shifts the ground reaction force line anterior to the knee axis at heel strike, creating a knee flexion moment and causing excessive knee flexion during early stance.

QUESTION 9 SINGLE CHOICE

Which thermoplastic material is most commonly used for fabricating low-temperature, hand-moldable orthoses such as small hand or wrist splints?

A Polypropylene

B Low-temperature thermoplastic (e.g., polycaprolactone-based material)

C Carbon fiber composite

D Titanium alloy

ANSWER B

WHY Low-temperature thermoplastics soften in hot water (around 60-70°C) and can be directly hand-molded onto the patient without a positive mold, making them ideal for small splints such as hand or wrist orthoses, unlike polypropylene which requires higher heat and a mold.