Government Medical College and Hospital Sector 32, Chandigarh

Post: Senior Resident Orthopedics

QUESTION BOOKLET

Time: 120 Minutes **Number of Question: 100** **Maximum Marks: 100**

Name of Candidate

Roll Number: In figure **In Words**

Signature of the Candidate: ______________________

DO NOT OPEN THE SEAL ON THE BOOKLET UNTIL ASKED TO DO SO

INSTRUCTIONS:-

1. Write your Roll Number on the Question Booklet and also on the OMR Sheet in the space provided. You will be required to give your thumb impression on the OMR sheet in the space provided.
2. This question booklet contains 100 MCQ's. Once you are permitted to open the Question Booklet, please check for any missing question / misprint etc. and in case of any discrepancy, inform the Assistant Superintendent / Invigilator within 10 minutes of the start of the test.
3. Each question has four alternative answer **(A, B, C, D)** out of which only one is correct. For each question, **darken only one bubble (A or B or C or D),** whichever you think is the correct answer, on the OMR Answer sheet **with Black or Blue Ball Pen only**. Do not use any other Pen / Gel pen /Pencil etc. **Do not Tick √ or × on the OMR Sheet**. Darken the bubbles in the OMR Answer Sheet according to the Serial No. of the Questions given in the Question Booklet.
4. Each MCQ is of One (01) mark. There is no negative marking.
5. If you do not want to answer a question, leave all the bubbles corresponding to that question blank in the OMR Answer sheet.
6. The OMR Answer sheet is designed for computer evaluation. Therefore, if you do not follow the instructions given, it may make evaluation by the computer difficult. Any resultant loss to the candidates on the above account, i.e. not following instructions completely and properly, shall be the responsibility of the candidates only.
7. After the test, handover the Question Booklet and OMR sheet to the Invigilator on duty.
8. A Candidate who creates disturbance of any kind or changes his/her seat or is found in possession of any paper or the any assistance or found giving or receiving assistance or found using any other unfair means during the examination will be expelled from the examination by the Centre superintendent/Observer whose decision shall be final.
9. Telecommunication equipment such as pager, cellular phone, wireless, scanner, smart watch/ watch etc. is not permitted inside the examination hall. Use of calculators is not allowed.
10. Candidate should ensure accuracy of their personal details on the OMR Sheet i.e. Name and Roll No. as well as thumb impression. The personal details are to be filled in by the candidates with his/her own hand writing.

1. The normal orientation of posterior and anterior wall lines on hip AP radiograph is:
   A. No crossover with anterior wall projection medial to posterior wall
   B. Crossover with anterior wall projection medial to posterior wall
   C. Posterior wall medial to femoral head
   D. No crossover with posterior wall medial to anterior wall

2. Primary static restraint to anterior dislocation of shoulder in 90 degrees abduction and external rotation is:
   A. Superior glenohumeral ligament
   B. Middle glenohumeral ligament
   C. Anteroinferior glenohumeral ligament
   D. Posteroinferior glenohumeral ligament

3. The third essential step in management of terrible triad of elbow after coronoid fixation and radial head recon / replacement is:
   A. LCL recon/repair
   B. MCL recon./repair
   C. Hinged fixator application
   D. Temp. Ulno-humeral K-wire fixation

4. What structure(s) course(s) through the quadrangular (quadrilateral) space:
   A. Circumflex scapular artery
   B. Radial nerve, posterior humeral circumflex artery
   C. Axillary nerve, posterior humeral circumflex artery
   D. Radial nerve, circumflex scapular artery

5. The anterior portal of a hip arthroscopy places what structure at greatest risk for injury:
   A. Ascending branch of the lateral circumflex femoral artery
   B. Ascending branch of the medial circumflex femoral artery
   C. Femoral nerve
   D. Lateral femoral cutaneous nerve

6. Identify the wrong statement
   A. Flexor digitorum profundus has acts as primary flexor of PIP and DIP joints of fingers
   B. Biceps is a strong supinator of forearm
   C. Extensor digitorum is the primary extensor of interphalangeal joints of fingers
   D. No muscle inserts on talus

7. The rotator cuff includes all the following muscles EXCEPT
   A. Supraspinatus
   B. Teres major
   C. Infraspinatus
   D. Subscapularis

8. A 42 years old man held a sudden snap in the ankle region. A tendo-Achilles rupture is being suspected. The clinical test of choice would be
   A. Silverskiold test
   B. Thompson test
   C. Coleman block test
   D. Allis test

9. The following is not a complication of bisphosphonates
   A. Pathological fracture
   B. Osteonecrosis of jaw
   C. Oesophagitis
   D. Heterotrophic ossification

10. The following is NOT a foot abduction brace used for clubfoot
    A. Dennis Brown splint
    B. Dobb's brace
    C. Ponseti's brace
    D. Steenbeck brace

11. A 32 years old lady comes to you with a genu valgum deformity of 200 as measured clinically. The best course of management would be
    A. Distal femur varus osteotomy alone
    B. Distal femur varus osteotomy along with proximal tibial varus osteotomy
    C. Leave it as such and do a replacement once pain develops
    D. None of above

12. The factors responsible for chronic discharge from sinus in a patient of chronic osteomyelitis would be all EXCEPT
A. Epithelized sinus tract
B. Presence of granulation tissue
C. Presence of sequestrum
D. Non-dependent cavity

13. The geographic type of cerebral palsy which generally carries the best prognosis for walking would be
A. Quadriplegic
B. Hemiplegic
C. Diplegic
D. Cannot be commented upon from this data

14. Regarding grafting of the ulnar nerve at the wrist, which one of the following is correct?
A. Larger diameter allograft is preferable to autogenous nerve graft
B. wrist should be splinted in flexion to protect the repair
C. The sural nerve is commonly used as an autogenous donor nerve
D. Surgical nerve repair by 'tubulation' has better results than graft repair

15. Bone cement is strongest in:
A. Compression
B. Tension
C. Shear
D. Torsion

16. The presence of Hawkin's sign following open reduction and internal fixation of the fracture of the talus signifies:
A. Avascular necrosis of the talus
B. Inappropriate reduction of the fracture fragments
C. Revascularisation of the talus
D. Non-union of the talus

17. Which of the following investigations best distinguishes osteoporosis from osteomalacia?
A. MRI of the hip region
B. Serum calcium levels
C. Dual energy quantitative CT
D. Tetracycline labelled bone biopsy

18. All of these are associated with a pes cavus deformity EXCEPT?
A. Forefoot adduction
B. Forefoot supination
C. Hindfoot varus
D. Plantar flexion of first metatarsal

19. During the process of nerve regeneration, which one of the following modalities is the first to return?
A. Fine touch
B. Deep touch
C. Vibration
D. Pain

20. The following statement is NOT true about rickets in childhood
A. Alkaline phosphatase levels in serum may be increased
B. Alkaline phosphatase levels in serum may be reduced
C. Reduced phosphate levels in serum
D. Increased phosphate levels in serum

21. The proper prescription for weight bearing on day 3 following internal fixation of trochanteric fracture in a lady aged 78 years fixed with proximal femoral nail should be:
A. Ambulation using walking stick in opposite hand
B. Weight bearing as tolerated with crutches
C. Non weight bearing with crutches
D. Touch down weight bearing with crutches

22. Which of the following statements is true regarding congenital pseudarthrosis of the tibia
A. Nearly always associated with neurofibromatosis
B. Presents with a posterior and medial bowing of tibia
C. Rarely associated with ipsilateral fibular pseudarthrosis
D. About 30% cases may present with bilateral condition

23. A potential major complication of lumbar pedicle screws is
   A. Medial screw breakout causing vertebral fracture
   B. Lateral screw breakout injuring the vertebral artery
   C. Medial screw breakout injuring the exiting nerve root
   D. Lateral screw breakout injuring the exiting nerve root

24. Which of the following factors is least likely to predispose a patient to patellar maltracking
   A. Excessive femoral anteversion
   B. Genu varum
   C. External tibial torsion
   D. Hypoplastic lateral ridge

25. Which of the following conditions is not part of the differential diagnosis of a valgus knee in a 4-year-old child
   A. Multiple exostoses
   B. Infantile Blount disease
   C. Prior proximal metaphyseal fracture
   D. Physiologic valgus

26. The rigidity of an external fixator can be increased by
   A. Decreasing pin diameter
   B. Decreasing the distance between pins
   C. Decreasing the distance between the bone and rods
   D. Decreasing the angulation between 2 planes in biplanar fixator

27. The radiographic view to ascertain the optimum length of screws in distal femur following fixation of a 'T' type supracondylar fracture of humerus is
   A. AP view in 30 degrees of flexion
   B. AP view in 30 degrees of internal rotation
   C. AP view in 30 degrees of external rotation
   D. None of above

28. A 73-year-old woman with a history of cervical stenosis who sustained a fall at home yesterday is now complaining of clumsy fingers and weakness in her hands. She does not have any difficulty with ambulation or bowel and bladder dysfunction. She most likely has:
   A. Exacerbation of cervical stenosis
   B. Anterior cord syndrome
   C. Central cord syndrome
   D. Posterior cord syndrome

29. Care of an amputated part prior to replantation includes
   A. Painting the amputated part with povidone-iodine
   B. Immersing the amputated part in water
   C. Placing the amputated part in a warm saline bath
   D. Wrapping the amputated part with saline-soaked gauze and placing it in a plastic bag on ice

30. A 7-month-old girl is diagnosed first time for a dislocation of her left hip. There was no history of trauma or sepsis. Best treatment includes
   A. Pavlik harness
   B. Open reduction through a lateral approach
   C. Open reduction through a medial approach
   D. Closed reduction and hip spica under anesthesia

31. Identify the WRONG statement
   A. Pseudo-cubitus varus deformity can develop following lateral condyle fractures
   B. Lateral condyle fracture of humerus always requires operative fixation
   C. Lateral condyle fractures can lead to fish tail deformity
   D. Lateral condyle fractures are usually caused by varus force on elbow

32. In case of occlusion of the radicular artery, which area of the spinal cord is most prone to ischemia?
   A. Cervical cord
   B. Thoracic cord
   C. Lumbar cord
   D. Sacral cord

33. Examination of a 16-year-old boy with hereditary motor sensory neuropathy reveals a correctable cavovarus. Recommended treatment would consist of:
- A. Split anterior tibial tendon transfer
- B. Triple arthrodesis
- C. First metatarsophalangeal arthrodesis and Achilles tendon lengthening
- D. Plantar fascial release, dorsal closing wedge osteotomy of the first metatarsal, and peroneus longus to peroneus brevis tendon transfer

34. Which of the following is the most sensitive finding in patients who are at risk for compartment syndrome before irreversible muscle and nerve ischemia occurs
- A. Loss of peripheral pulses
- B. Loss of motor function
- C. Pallor
- D. Parasthesia

35. A 24 year old male, known epileptic, presented following a seizure with pain in the right shoulder region. Examination revealed that the right upper limb was adducted and internally rotated and the movements could not be performed. Which of the following is the most likely diagnosis?
- A. Subglenoid dislocation of shoulder
- B. Intrathoracic dislocation of shoulder
- C. Posterior dislocation of shoulder
- D. Luxatio erecta

36. Which of the following statements concerning locking plates is true
- A. Locked bicortical screws have greater toggle than standard bicortical screws
- B. Toggle between the screws and plate is greater than standard plating
- C. Locked plating is biomechanically similar to external fixation with a lower moment arm
- D. Friction between the plate and cortical bone is greater in locked plating compared to standard plating

37. Osteoprotegerin is a protein that leads to
- A. Increase of bone mass
- B. Cartilage hypertrophy
- C. Osteoconduction
- D. Resorption of bone by activating osteoclasts

38. Flexion-type supracondylar fractures of the distal humerus in children are characterized by which of the following when compared to extension-type injuries
- A. Higher risk of anterior interosseous nerve injury
- B. Lower risk of needing open reduction
- C. Greater frequency of occurrence
- D. Higher risk of ulnar nerve injury

39. A 40 years old lady sustains a fracture of mid-shaft humerus fracture with radial nerve palsy. The following active movement is not likely to be completely affected
- A. Forearm supination due to paralysis of supinator
- B. Wrist dorsiflexion due to paralysis of EDU, ECRL, ECRB
- C. Extension at MP joints of fingers due to paralysis of ED
- D. None of above is true answer

40. Which of the following conditions is not associated with an increased risk of cavus foot
- A. Charcot-Marie-Tooth disease
- B. Diastomatomyelia
- C. Calcaneo-navicular coalition
- D. Tethered cord

41. Which one of the following statements is false with regard to the clinical presentation of patients with tarsal tunnel syndrome?
- A. Symptoms are variable
- B. There is sensory disturbance along the big toe
- C. There is atrophy of the intrinsic muscles of the foot
- D. There is hind-foot varus deformity

42. All of these are examples of enchondral bone formation EXCEPT
A. Embryonic long-bone formation
B. Fracture callus
C. During distraction osteogenesis
D. Longitudinal growth

43. A newborn child presents to you in OPD with a bean shaped foot. Examination reveals that the forefoot adduction deformity is correctable by gentle manipulation. The dorsiflexion is possible upto 20 degrees. The best course of action would be
A. Immediate POP casts using Ponseti's technique
B. POP casts using Ponseti's technique after 2 weeks when foot size becomes slightly more manageable
C. Manipulation by mother
D. None of above

44. A 32-year-old lady underwent surgery for her proximal tibia fracture. The first wound inspection is to be done on the 4th postoperative day. All the following local parameters are the indicators of sepsis EXCEPT
A. Wound oedema
B. Local redness
C. Blackening of wound margins
D. Discharge from wound

45. The following is NOT true about major adverse effects of first line anti-tubercular drugs
A. Isoniazid causes peripheral neuritis
B. Pyrazinamide causes gout like symptoms
C. Ethambutol causes hepatotoxicity
D. Rifampicin causes hepatotoxicity

46. The following is NOT an antigravity muscle
A. Psoas major
B. Gluteus maximus
C. Quadriceps femoris
D. Soleus

47. Which factor is an absolute contraindication for the placement of C1-C2 transarticular screws?
A. Disruption of the transverse ligament
B. Concomitant C1 ring fracture
C. Previous C2 laminectomy
D. Aberrant vertebral artery

48. The following is NOT true for femoral neck fractures in children aged between 8 and 14 years
A. Risk of avascular necrosis of femoral head is high
B. Anatomical reduction is required
C. Screws must never cross the capital femoral epiphysis
D. None of above

49. Angulation of distal radius fracture in a <8 years old child will remodel @ about
A. 5 degrees/ Year
B. 10 degrees/ Year
C. 15 degrees/ Year
D. 20 degrees/ Year

50. Ideal cast index in forearm fractures while casting should be
A. 0.5
B. 0.8
C. 1.1
D. 1.5

51. The following statement is true for forearm fractures
A. Fractures in the proximal third tend to have best remodelling potential
B. Fractures in the middle third tend to have best remodelling potential
C. Fractures in the distal third tend to have best remodelling potential
D. The remodeling potential is independent of the level of fracture

52. Magnitude of limb shortening after Post traumatic growth arrest in upper limb would be greatest in
A. Physeal arrest of proximal Humerus
B. Physeal arrest of distal Humerus
C. Physeal arrest of proximal radius
D. All of above contribute equally

53. The ideal stage (Modified Elizabeth Town classification) for containment surgery of femoral head in a boy aged about 7 years would be

A. Stage 1
B. Stage 2B
C. Stage 3B
D. Stage 4

54. All the following are complications following safe surgical dislocation for SCFE EXCEPT

A. Hip subluxation
B. Avascular necrosis of femoral head
C. Chondrolysis
D. Coxa breva

55. Which is a contraindication for high tibial osteotomy?

A. 10 degree flexion deformity
B. Flexion of 100 degree possible
C. Degenerative arthritis of knee
D. Inflammatory arthritis

56. Which of the following factor does NOT help in optimising patellar tracking?

A. Neutral rotation of tibial component
B. Internal rotation of femoral component
C. Correction of valgus deformity
D. Medial placement of the patellar component

57. A 36 year biker is seen in emergency department after 6 hrs after being involved in a road traffic accident. He has a close fracture left tibial diaphysis. Despite being given enough morphine, he remains in pain. On examination there is swelling of leg with weak dorsalis pedis pulse. Passive movements of the toes results in severe pain. What should be the next action plan?

A. Urgent fasciotomy of the leg and stabilisation of fracture
B. Colour Doppler to check for vascular injury after splinting the fracture
C. Elevate the limb after splinting the fracture
D. Elevate the limb after close reduction under sedation and POP splintage

58. Which of the following is NOT a risk factor for avascular necrosis of the femoral head?

A. Steroids
B. Diuretics
C. Sickle cell disease
D. Pregnancy

59. Which of the following is seen in rheumatoid arthritis?

A. Acetabular retroversion
B. Acetabular protrusion
C. Acetabular dysplasia
D. Reduced femoral offset

60. Which of the following is a feature of 3rd generation cementing technique?

A. Cement gun
B. Pulse lavage
C. Cement restrictor
D. Vacuum mixing

61. Which of the following is associated with pincer type femoroacetabular impingement?

A. Acetabular retroversion
B. Femoral anteversion
C. Coxa Vara
D. Slipped capital femoral epiphysis

62. The most effective way of reducing chances of infection in an open fracture is

A. Starting antibiotic within 24 hours of injury
B. Wound irrigation with povidone iodine solution in emergency
C. Wound irrigation with povidone iodine solution during debridement
D. Treatment of wound with hydrogen peroxide during debridement

63. Which muscle does not have dual nerve supply

A. Adductor magnus
B. Brachialis
C. Flexor pollicis brevis
D. Subscapularis

64. Which of the following is a part of lateral collateral ligament complex of elbow joint?
   A. Medial collateral ligament
   B. Anterior joint capsule
   C. Annular ligament
   D. None of above is true answer

65. Which fixation construct does NOT provide absolute stability at fracture site?
   A. Tension band wiring
   B. Lag screw
   C. Locking plate
   D. Compression plate

66. Which surgical technique has highest chances of non-union at fracture site in case of simple transverse fracture?
   A. Open reduction and compression plating
   B. Open reduction and fixation with locking plate
   C. Close reduction and nailing
   D. MIPPO

67. Which of the following is NOT true about bone cement
   A. It has good tensile and shear strength
   B. Reduction of pores in cement can increase tensile strength
   C. Insertion of cement can lead to a significant drop in blood pressure of patient
   D. Polymerisation of cement is an exothermic reaction that occurs in three stages

68. What is the reason for adding barium sulphate to bone cement?
   A. It acts as an accelerator
   B. It acts as an inhibitor
   C. It acts as a radio-opacifier
   D. It acts as a colouring agent

69. Which of the following is true about ceramics?
   A. They have low modulus of elasticity
   B. They have low fracture resistance
   C. They have poor wear characteristics
   D. They have poor compressive strength

70. Which of the following is NOT true about bone
   A. Bone is strongest in compression
   B. The mineral content is the main determinant of stiffness
   C. Ageing results in a decrease in the cortical diameter of bone
   D. Implant may lead to osteoporosis of adjacent bone

71. Which of the following statement is true regarding metal plates for internal fixation?
   A. Doubling the thickness of plate increases rigidity by three folds
   B. Plate and screw removal after fracture union does not weaken the bone
   C. Plates are most effective when applied on compression side of bone
   D. Neutralisation plate applies static compression across a fracture

72. Which of the following is true regarding intramedullary nail?
   A. Doubling the radius of an intramedullary nail increases rigidity by eight folds
   B. Intramedullary nails are load bearing devices
   C. Intramedullary nails resists bending forces better than rotational forces
   D. There is no difference in tortional stiffness between closed-section and slotted nails

73. Which of the following is true about hip replacement?
   A. A small head size increases range of motion
   B. A large head size increases volumetric polyethylene wear
   C. Increasing femoral component offset reduces the abductor moment arm
   D. Femoral stem should be placed in slight varus

74. Which of the following defines the mechanical axis of the lower limb?
- A. A line drawn from the centre of the femoral head to the centre of the ankle
- B. A line drawn from the centre of the femoral head to the centre of knee
- C. A line drawn from midpoint of S1 vertebra to center of ankle
- D. A line drawn from centre of gravity to the ground

75. Which of the following conditions have normal bone mineralisation?
- A. Rickets
- B. Osteomalacia
- C. Osteoporosis
- D. Renal osteodystrophy

76. Which of the following antibiotic reaches the highest concentration in bone?
- A. Ciprofloxacin
- B. Teicoplanin
- C. Clindamycin
- D. Cefuroxime

77. Which of the following is the most useful test for determining the underlying organism in infected Total joint replacement?
- A. Blood culture
- B. Tissue culture
- C. Wound swab
- D. Joint aspirate culture

78. Which of the following does not pass through the carpal tunnel?
- A. Flexor pollicis longus tendon
- B. Flexor digitorum profundus tendon
- C. Flexor carpi radialis tendon
- D. Flexor digitorum superficialis tendon

79. A lesion in median nerve will result in paralysis of which of the following?
- A. Lateral two lumbricals and opponens pollicis
- B. Flexor carpi ulnaris and flexor digitorum profundus
- C. Dorsal interossei and opponens pollicis
- D. Palmer interossei and medial two lumbricals

80. Injury to anterior interosseous nerve will result in paralysis of -
- A. Flexor carpi ulnaris and pronator quadratus
- B. Flexor pollicis longus and pronator quadratus
- C. Flexor pollicis brevis and pronator quadratus
- D. Flexor pollicis longus and opponens pollicis

81. Which of the following upper limb deformity is NOT seen in patient with cerebral palsy?
- A. Thumb abduction
- B. Forearm pronation
- C. Wrist flexion
- D. Elbow flexion

82. During tension band wiring of olecranon fracture, which of the following structure is at risk while inserting longitudinal ulnar k-wires?
- A. Posterior interosseous nerve
- B. Anterior interosseous nerve
- C. Brachial artery
- D. Median nerve

83. Which of the following is NOT there in radial nerve palsy at level of axilla
- A. Absence of active extension at elbow joint
- B. Absence of active extension at meta carpo-phalangeal joint of fingers
- C. Absence of active extension at interphalangeal joint of fingers
- D. Absence of active extension at interphalangeal joint of thumb

84. Pre-bending of plate is done while fixation of
- A. Comminuted fracture of mid shaft humerus
- B. Segmental fracture of shaft humerus
- C. Transverse fracture of shaft humerus
- D. Inter-condylar fracture of distal humerus

85. Tension band principle is NOT applicable at -

A. Compression plating of transverse fracture shaft femur
B. Tension band wiring of transverse fracture olecranon
C. Tension band wiring of transverse fracture patella
D. Tension band wiring of medial malleolus fracture

86. Which of the following approaches is not meant for approach to anterior column of acetabulum?

A. Ilio-inguinal approach
B. Safe surgical dislocation approach of Ganz
C. Extended ilio-femoral approach
D. Modified Stoppa approach

87. 'Corona mortis' is an anatomical variant between vessels. The following vessel is never a part of Corona Mortis

A. Obturator artery
B. Internal iliac artery
C. External iliac artery
D. Inferior epigastric artery

88. 'Spur sign' is seen in

A. Bicolumnar acetabulum fracture on obturator oblique view
B. Bicolumnar acetabulum fracture on iliac oblique view
C. Transverse fracture on obturator oblique view
D. Transverse fracture on iliac oblique view

89. A 35year male presents at emergency department with history of high velocity road traffic accident. Upon arrival he is intubated, his blood pressure is 60/40 and heart rate is 140. Pelvic compression test is positive. What would be the most appropriate decision at this time

A. Application of external fixator
B. Circumferential wrap placed around greater trochanter
C. Urgent internal fixation under C arm guidance under monitored anaesthesia care
D. Get x-rays done to diagnose the fracture pattern of pelvic

90. A 25 year male presents at emergency department with history of high velocity road traffic accident. There is no long bone fracture on clinical examination. His blood pressure is 60/40 and heart rate is 130. How will you check clinically for pelvic injury EXCEPT?

A. Look for any internal/external rotation or shortening of lower limbs
B. At least 3 nos. of pelvic compression/distraction tests
C. Any bruise or contusion in perineum
D. Bleeding at urethral meatus

91. In assessing an acetabular fracture, the following are true EXCEPT

A. An AP pelvis x-rays acts as a screening test
B. The iliopectineal line represents the anterior column
C. The pelvic inlet / outlet view is not a standard view for acetabular fracture assessment
D. An iliac oblique view assesses the posterior column and anterior wall

92. A 30 year male presents with history of fall from 20 feet height. On clinical examination the right lower limb is shortened as compared to left side. There is no abnormal mobility in lower limbs and hip joint movements are normal. Which x-rays can be most helpful in making a diagnosis

A. Pelvis obturator oblique view
B. Pelvis iliac oblique view
C. Pelvis inlet view
D. Pelvic outlet view

93. A 20 year male presents to emergency after a high velocity road traffic accident. His lower limb is in position of flexion, adduction and internal rotation. X-rays shows fracture posterior wall acetabulum with dislocation of hip joint. Under sedation reduction of hip joint was attempted but unsuccessful. What is the next step in management:

A. Reduction of hip joint under general anaesthesia
B. Get CT scan done
C. Skeletal traction for 6 hours and then reduction under anaesthesia
D. Open reduction of hip joint

94. A 20 year male presents in emergency with posterior hip dislocation with a small posterior wall fragment. Hip joint was reduced under anaesthesia successfully. How will you check for stability of hip joint to rule out posterior wall instability?

A. Check stability clinically with hip flexion up to 90 degree
B. Check stability under image intensifier with hip flexion up to 90 degree
C. CT scan
D. Arthrogram

95. Finkelstein's test is associated with

A. Dupuytren's contracture
B. Carpal tunnel syndrome
C. De Quervain's disease
D. Tennis elbow

96. Locking of knee during gait is caused by which muscle?

A. Sartorius
B. Quadriceps
C. Hamstrings
D. Popliteus

97. Osteoporosis is characterized by

A. Low calcium, high phosphate, high alkaline phosphatase
B. Low calcium, low phosphate, low alkaline phosphatase
C. Normal calcium, normal phosphate, normal alkaline phosphatase
D. Low calcium, low phosphate, normal alkaline phosphatase

98. Trendelenburg test is positive due to injury to

A. Obturator nerve
B. Inferior gluteal nerve
C. Superior gluteal nerve
D. Sciatic nerve

99. The only pediatric ankle injury which cannot be treated by closed reduction and POP cast is

A. Pronation Eversion external rotation injury
B. Supination plantar flexion injury
C. Supination external rotation injury
D. Supination inversion injury

100. A 70 year old male presented with low back ache. Lab. investigations show elevated ESR. X-ray skull shows multiple punched out lytic lesions. Most investigation which is least likely to be useful would be

A. Serum acid phosphatase
B. Serum alkaline phosphatase
C. Whole body bone scan
D. Serum electrophoresis

SUBJECT ORTHOPEDICS SR KEY

1	A	21	B	41	D
2	C	22	A	42	C
3	A	23	C	43	D
4	C	24	B	44	C
5	D	25	B	45	C
6	C	26	C	46	A
7	B	27	B	47	D
8	B	28	C	48	C
9	D	29	D	49	B
10	C	30	D	50	B
11	D	31	B	51	C
12	B	32	B	52	A
13	B	33	D	53	A
14	C	34	D	54	D
15	A	35	C	55	D
16	C	36	C	56	B
17	D	37	A	57	A
18	B	38	D	58	B
19	D	39	A	59	B
20	D	40	C	60	D

61	A	81	A
62	A	82	B
63	D	83	C
64	C	84	C
65	C	85	D
66	B	86	B
67	A	87	B
68	C	88	A
69	A	89	B
70	C	90	B
71	A	91	C
72	A	92	D
73	B	93	B
74	A	94	B
75	C	95	C
76	C	96	B
77	B	97	C
78	C	98	C
79	A	99	D
80	B	100	A