

**KENYA MEDICAL TRAINING COLLEGE**

**FACULTY OF CLINICAL SCIENCES**

**DEPARTMENT OF ORTHOPAEDIC & TRAUMA MEDICINE**

**PROMOTIONAL EXAMINATION**

**CERTIFICATE IN ORTHOPAEDIC PLASTER TECHNOLOGY**

**PAPER: TRAUMATOLOGY 2**

**DATE: TIME:**

**INSTRUCTIONS**

1. This paper consists of:

* Section 1 (30 Multiple Choice Questions)
* Section 2 (True/False)
* Section 3 (4 Short Answer Questions)
* Section 4 (1 Long Answer Question)

1. Attempt **ALL** Questions
2. Write the EXAMINATION **NUMBER** given on all the answer sheets provided and on the question paper.
3. Ensure that all examination answer scripts are handed in at the end of the examination
4. Ensure you sign the examination register provided

COLLEGE NUMBER ………………………………………………………………

**SECTION ONE; MULTIPLE CHOICE QUESTIONS (40MARKS)**

1. **In compound fractures which is the most important local intervention**
2. tetanus toxoid
3. intravenous antibiotics
4. immediate reduction
5. surgical toilet
6. **All the statements below are true on fractures of the femur except**
7. It is the bone prone to fractures in the lower limb due to lack of muscle coverage
8. Its more associated with haemorrhage
9. Fracture neck is more in osteoporotic bone
10. Definitive treatment for shaft fractures are internal fixation
11. **About fractures of the shaft of the femur in a well built young adult male**
12. Russells traction is a treatment of choice
13. Open reduction and internal fixation are contraindicated
14. Skin traction is preffered
15. Skeletal traction on a Thomas splint is useful
16. **One of the following is not true regarding fractures in children, which one.**
17. Remodelling is more active and complete than in adults
18. The younger the child the more rapid the healing
19. Greenstick fractures occur commonly because the bones are brittle
20. Callus formation is often more pronounced since the periosteum is easily stripped
21. **Which of the following types of internal fixation is best suited for fractures of the neck region of femur**
    1. Intramedullarry nail
    2. Fixation with kitschier wires
    3. Tension band wiring
    4. Dynamic hip screws
22. **Which of the following is not a component of an informed consent in a patient undergoing closed reduction of a fracture**
23. The cost of the operation
24. Alternative methods of treatment
25. The risk associated with the operation
26. The indication for operation
27. **The following are absolute indications for spinal column Xrays in patient with spinal cord injury except**
28. Neck pain
29. Paraesthesia
30. Self prescribed
31. Unconsciousness
32. **About non union of fractures**
33. If its diagnosed 4 weeks after injury,the fracture fragments are still mobile
34. Treatment is by plaster of paris for more than 6 months
35. PseudoAthrosis may occur at the fracture site
36. Infection is rarely a predisposing factor
37. **About compound fracture**
38. Direct communication with the skin surface through a wound
39. Presence of a large opening over the fractured site
40. Presence of a multiple fragment is a must
41. Fracture fragments more than four protruding through the skin
42. **Which one of the following is not a method of fracture reduction**
43. Athroclesis
44. External fixation
45. Traction
46. External splints
47. **Union of transverse fractures in adults takes**
48. 18 weeks
49. 8 weeks
50. 12 weeks
51. 6 weeks
52. **In complicated fractures**
53. Only periosteum is affected
54. Blood vessels and nerves are affected
55. All tissues around fracture sites are affected
56. **One of the following is not an implant**
57. Orthosis
58. Prosthesis
59. Plates
60. Screws
61. **One of the following is not an indication for manipulation**
62. Correcting deformity
63. improvement of circulaton
64. Increase range of joint motion of a stiff joint
65. Relief of chronic pain in or about the joint
66. **In fractures of the shaft of long bones,the main problems are**
67. Shortening and deformity
68. Shortening
69. Deformity
70. Choice of management
71. **The early features of fracture seen in xyay doesn’t include**
72. Malalignment
73. Non union
74. Osteophytes
75. Interruption in bone continuity
76. **Comminuted fracture can be caused by**
77. Torsion force
78. Shearing force
79. Compressive forces
80. Direct excessive forces
81. **If a patient is reported to have fallen in a bathroom,the most likely injury is**
82. Fracture of the clavicle
83. Paralysis
84. Bruised leg
85. Fracture of the hip
86. **Flexion,adduction and internal rotation are characteristic postures of**
87. Anterior hip dislocation
88. Posterior hip dislocation
89. Fracture hip femur
90. Fracture neck femur
91. **Traumatic anterior shoulder dislocation is characterized by**
92. Abduction and internal rotation
93. Adduction and External rotation deformity
94. Abduction and External rotation deformity
95. Adduction and internal rotation deformity
96. **Suleiman,a 20 year old was involved in an RTA,he presented with right leg shortening,externally rotated and abducted.The probable diagnosis is**
97. Trochanteric fracture of femur
98. Posterior hip dislocation
99. Anterior hip dislocation
100. Fracture neck of femur
101. **In dislocation of the patella.**
102. Surgery is not indicated as a mode of treatment
103. Only anteroposterior views are taken
104. Recurrent dislocation is a complication
105. Treatment is by insertion of Steinmann pin
106. **External fixation is particularly used for**
107. Stable closed fracture
108. Simple transverse fractures
109. Open fractures for wound care
110. Fractures associated with minimal soft tissue damage
111. **Which among the following is not a factor that determines the healing of a** fractured **bone**
112. Type of fracture
113. Type of the patient
114. Mechanism of injury
115. Location of the fracture
116. **The most common cause of non- union is**
117. Interposition of soft tissues
118. Ischaemia
119. Infection
120. Inadequate immobilization
121. **The following are indications for internal fixation of fractures,which one is not**
122. Unstable fractures
123. Fracture neck femur
124. Displaced fracture of a long bone
125. Greenstick fractures
126. **Which of the following is not a rule for open fracture management/treatment**
127. Anti tetanus toxoid
128. Elevate limb to avoid oedema
129. Leave wound open
130. Cover the site of bone penetration with cotton
131. **In management of ligamentous injury of the ankle joint the following are done except**
132. Application of below knee POP for 2-3 week
133. Give analgesia and antibiotic
134. Application of crepe bandage
135. Repair of the torn ligaments in ORIF
136. **Which one of the following is not a tendon of the foot**
137. Tibialis anterior tendon
138. Extensor hallucis longus tendon
139. Cruciate ligaments
140. Tibialis posterior tendon
141. **Which one of the following is not an early complication of the ankle joint fracture**
142. Nerve injury
143. Non union
144. Nerve injury
145. Compartment syndrome
146. **About complications of the fracture clavicle which one is not true ?**
147. Non union
148. Malunion
149. Brachial plexus paresis
150. Pseudoarthrosis
151. **Which one of the following is not a complication of fracture humerus**
152. Joint stiffness
153. Fracture humerus
154. Arterial injury
155. Pneumothorax
156. **0ne of the following statements concerning shoulder dislocation is not true**
157. Vascular injuries
158. Recurrent shoulder dislocations
159. Brachial plexus damage
160. Malunion
161. **Which one among the following is not a complication of fracture of elbow**
162. Injuries to nerves
163. Vascular injuries
164. Nonunion
165. Malunion
166. **There are three types of dislocation of the hip joint. Which one is not?**
     1. Central dislocation
     2. Anterior dislocation
     3. Lateral dislocation
     4. Posterior dislocation
167. **Which one of the following is not a cause of fracture neck femur?**
     1. Trauma injury
     2. Osteoporosis of bone
     3. Fibrous dysplasia
     4. Radiation
168. **Trochanteric fracture are divided into three categories, which is not?**
     1. Fracture greater trochanter
     2. Fracture lesser trochanter
     3. Intertrochanteric fracture
     4. Proximal trochanteric fracture
169. **Which one of the following is not a reason of traumatic knee swelling?**
     1. Cylinder P.O.P cast
     2. Ligamentous injury
     3. Injuries of the meniscus
     4. Traumatic synovitis
170. **Which one of the following is not among the extra capsular ligamentous of the knee**
     1. Central collateral ligament
     2. Oblique popliteal ligament
     3. Lateral collateral ligament
     4. Ligamentous patellar
171. **The following are bursae of the knee joint EXCEPT?**
     1. Supra-patellar bursae
     2. Deep patellar bursae
     3. Prepatellar bursae
     4. Superficial patellar bursae

**SECTION TWO: SHORT ANSWER QUESTIONS (40 Marks)**

1. Mention five types of fractures (5 marks)
2. List five blood test investigations carried out in a painful and swollen joint (5 marks)
3. Outline ten causes of fractures (5 marks)
4. Give 5 rules for open fracture management (5 marks)
5. List ten (10) general complications of fractures (5 marks)
6. List five (5) late complication of fractures (5 marks)
7. Outline five (5) fractures that heal well without immobilization (5 marks)
8. Outline five indications for open reduction (5 marks)

**SECTION THREE: LONG ESSAY QUESTIONS (20 Marks)**

1. Discuss the principles of managing fractures