

Memory Test - Extremity _Class Test_Foundation_1

Total Mark: 100

Time: 90 Min

<p>1. Anterior cruciate ligament of knee A) Is avascular in structure B) Consists of two bundles C) Is intraarticular and extra synovial D) Is primary resistant to rotational stability E) Has attachment with the posterior cruciate ligament Answer: F, T, T, T, F Discussion: Explanation: a) Middle geniculate artery Reference: (Ref) BD 6TH V-2,P-142+ Datta, 4th V-3, P- 237)</p>	<p>2. Carpal tunnel syndrome A) Is a self limiting disease B) It may occur during pregnancy C) More pain during night sleep D) Sensory impairment over thenar area of hand E) Phalen's test is positive in carpal tunnel syndrome Answer: F, T, T, F, T Discussion: a) Treatment includes: Physiotherapy, treatment of underlying cause, local steroid injection and surgical decompression d) The skin over the thenar eminence is not affected as the branch of median nerve supplying it arises in the forearm e) Phalen's maneuver is a diagnostic test for carpal tunnel syndrome Reference:</p>
<p>3. Following are the muscles of hypothenar eminence A) Palmaris brevis B) Opponenspollicis C) Adductor digitiminimi D) Abductor digitiminimi E) Opponensdigitiminimi Answer: F, F, F, T, T Discussion: A) Thenar eminence - -Abductor pollicisbrevis -Flexor pollicisbrevis - Opponenspollicisbrevis B) hypothenar eminence- -palmarisbrevis -abductor digitiminimi -flexor digitiminimi -opponensdigitiminimi Reference: (Ref : A)K)Datta /4th /P-90)</p>	<p>4. Greater sciatic foramen transmits A) Tendon of obturatorinternus B) Nerve to the obturatorinternus C) Superior and inferior gluteal vessels & nerves D) Origin of two gamely E) Internal pudendal vessels and pudendal nerve Answer: F, T, T, F, T Discussion: Reference:</p>
<p>5. regarding locking A) By popliteus muscle B) Initiated by quadriceps femoris muscle C) Anterior cruciate ligament taut D) Rectus femoris is relaxed E) Occurs during hyperextension Answer: F, T, T, T, F Discussion: Reference: [Ref: BD 6th V-2 P-146]</p>	<p>6. Regarding rotator cuff: A) Tearing occur due to chronic use of the shoulder B) After tear pain experienced during adduction C) It includes deltoid muscle D) Supraspinatus muscle damaged most frequently E) May rupture during fall with an abducted upper limb Answer: T, F, F, T, T Discussion: Reference: [Ref: BD/V-1/P-74 + Harold Ellis/P-180]</p>

<p>7. The cubital fossa:</p> <p>A) Is a quadrilateral space situated in front of the elbow joint</p> <p>B) Is floored by the bicipital aponeurosis</p> <p>C) Contains the median nerve</p> <p>D) Contains the radial nerve</p> <p>E) Is crossed by the medial cutaneous nerve of the forearm</p> <p>Answer: F, F, T, T, T</p> <p>Discussion: F (Triangular fossa) F (Roof) TTT</p> <p>Reference: [Ref: Vishram/2nd/Vol-3/P-100]</p>	<p>8. The great saphenous vein:</p> <p>A) Passes behind the medial malleolus</p> <p>B) Passes anterior to the knee joint.</p> <p>C) Is accompanied by the saphenous nerve in the lower leg</p> <p>D) Enters the femoral vein in the middle of the thigh</p> <p>E) Usually receives blood from the deep veins in the legs and thighs</p> <p>Answer: F, F, T, F, F</p> <p>Discussion:</p> <p>Reference: [Ref: Vishram/2nd/Vol-1/P-296]</p>
<p>9. The popliteal fossa:</p> <p>A) Has soleus muscle on its floor</p> <p>B) Crossed by post. femoral cutaneous nerve</p> <p>C) Bordered laterally by iliotibial tract</p> <p>D) Bordered medially by the gracilis muscle</p> <p>E) Has the common peroneal nerve passing through it laterally</p> <p>Answer: F, T, F, F, T</p> <p>Discussion: (Floor- popliteal surface of femur , lateral border- biceps femoris. iliotibial tract lies anterolaterally. Medial border- semitendinosus + semimembranosus.</p> <p>Reference: (Ref : A)K)Datta /4th /P-195)</p>	<p>10. The sciatic nerve-</p> <p>A) Root value is L4-S3</p> <p>B) Tibial part is formed by dorsal divisions of L4-S3 ventral primary rami</p> <p>C) it passes through the piriformis at greater sciatic foramen</p> <p>D) it enters the back of thigh at the lower border of gluteus maximus</p> <p>E) When its division occur in pelvis tibial nerve pierces the piriformis to enter gluteal region</p> <p>Answer: T, F, F, T, F</p> <p>Discussion:</p> <p>Reference: [Ref: Vishram/2nd/Vol-1/P-468]</p>
<p>11. Wrist drop</p> <p>A) Unopposed flexor muscle of wrist</p> <p>B) Makes one able to firm grip of object</p> <p>C) Produce total anesthesia in dorsum of the hand</p> <p>D) Injury to radial nerve in axilla</p> <p>E) Due to injury to radial nerve in below elbow</p> <p>Answer: T, F, F, T, F</p> <p>Discussion:</p> <p>Reference: [Ref: BD 6th V-1 P-98]</p>	<p>12. Features of Erb's palsy</p> <p>A) Mainly involved C5, C6</p> <p>B) Paralysis to supraspinatus muscle</p> <p>C) During birth, occurs during breech presentation</p> <p>D) Inability to lateral movement</p> <p>E) Inability to abduction of shoulder joint</p> <p>Answer: T, T, T, T, T</p> <p>Discussion:</p> <p>Reference: Ref: BD/V-1/P-59-60]</p>

<p>13. Foot drop is associated with</p> <p>A) Tibial nerve injury B) Lumbar intervertebral disc prolapse at L4/L5 level C) Common peroneal nerve injury D) Obturator nerve injury E) Post poliomyelitis</p> <p>Answer: F, T, T, F, F Discussion: Reference:</p>	<p>14. In peripheral nerve injuries of the lower limb section of the:</p> <p>A) Obturator nerve rarely produces loss of cutaneous sensation. B) Tibial nerve produces loss of dorsiflexion and eversion of the foot. C) Deep peroneal nerve gives sensory loss over the medial aspect of the foot D) Femoral nerve gives sensory loss over the medial aspect of the thigh and leg. E) Femoral nerve produces loss of hip extension</p> <p>Answer: T, F, F, T, F Discussion: T F (These are the defects produced by damage of the common peroneal nerve) F (The only cutaneous loss is over the first interdigital cleft. There is loss of dorsiflexion and the foot becomes inverted by the unopposed action of tibialis posterior (foot drop) T F (The quadriceps femoris muscle is paralysed with loss of extension at the knee joint.) Reference:</p>
<p>15. In the lymph drainage of the lower limb:</p> <p>A) The deep vessels pass with the limb arteries B) The popliteal nodes receive afferents from the area drained by the small saphenous vein C) Efferent vessels from the upper superficial inguinal group pass to the nodes around the umbilicus D) The deep inguinal nodes lie in the femoral canal E) The gluteal region drains to the pararectal nodes</p> <p>Answer: T, T, F, T, F Discussion: T T F (There are no lymph nodes on the anterior abdominal wall. this area drains down to the groin and up to the axilla) T F (This region drains to the superficial inguinal nodes.) Reference:</p>	<p>16. Inversion is assisted by</p> <p>A) Peroneus longus B) Peroneus brevis C) Tibialis posterior D) Flexor hallucis longus E) Flexor digitorum longus</p> <p>Answer: F, F, T, T, T Discussion: Reference: [Ref: B) D/ 7th /V-2/ P-102,108,118]</p>

<p>17. Lymph drainage of the upper limb:</p> <p>A) Comprises a superficial and a deep group of vessels and nodes B) Has no lymph nodes distal to the axilla C) Is entirely to the axillary groups of lymph nodes D) Deeper tissues drain to the pectoral group of nodes E) Is eventually into the internal jugular vein.</p> <p>Answer: T, F, T, F, T Discussion: T F (A cubital node is sited posterior to the medial epicondyle) T F (Deeper tissues drain first to the lateral group of nodes and then to central and apical nodes) T Reference:</p>	<p>18. Regarding brachial plexus</p> <p>A) Root value is cervical 5,6,7,8 & Thoracic 1 B) Lateral cord is formed by upper & middle trunk C) Long thoracic nerve is a branch of medial cord D) Injury to the upper cord causes Erb's palsy E) Saturday night palsy occurs due to the injury to the radial nerve</p> <p>Answer: T, T, F, T, T Discussion: Reference: (Ref: A.K.Datta /4th /P-105,106)(BD/7th /P-184)</p>
<p>19. Regarding the cephalic vein-</p> <p>A) Its counterpart in the leg is the saphenous vein B) The position of this vein is mostly variable C) It is related to the medial side of biceps muscle in the upper arm D) It piercing the clavipectoral fascia to join the axillary vein E) Pierce the deep fascia in upper arm.</p> <p>Answer: T, F, F, T, T Discussion: Explanation: a) Great saphenous vein b) Static, along lateral border of arm & forearm c) Lateral side e) Pierces the deep fascia at the lower border of the pectoralis major Reference: [Ref: BD 6th, V-1, P-80 + Netter 3rd, P-411, 412]</p>	<p>20. Scaphoid bone (Surgery, Jan'19)</p> <p>A) Found in the floor of anatomical snuff box B) Lies lateral to lunate C) Receives its blood supply by its distal part D) Fracture is caused by fall on outstretched hand E) Goes to avascular necrosis when fracture of distal part</p> <p>Answer: T, T, T, T, F Discussion: Reference: [Ref: Harold Ellis/P-176-178]</p>
<p>21. The anatomical snuff box</p> <p>A) Is bounded anteriorly by the tendons of extensor pollicislongus and brevis B) Is bounded Posteriorly by the tendon of abductor pollicislongus C) Overlies the scaphoid and trapezium D) Contains the tendons of extensors carpi radialislongus and brevis on its floor E) Contains the basilic vein in its roof</p> <p>Answer: F, F, T, T, F Discussion: F (Anteriorly by abductor pollicislongus & extensor pollicisbrevis, Posteriorly by extensor pollicislongus) F T T F (cephalic vein) Reference:</p>	<p>22. The femoral triangle:</p> <p>A) Is bounded medially by the adductor longus muscle B) Is bounded laterally by the rectus femoris muscle C) Contains an extension of the transversalis fascia D) Contains both the femoral artery and its vein E) Has a defect in its fascial roof</p> <p>Answer: T, F, T, T, T Discussion: Reference: T F (Sartorius muscle) T T T</p>

<p>23. The lumbrical muscles (Basic, MS March 16)</p> <p>A) Are attached to the tendons of flexor digitorum superficialis</p> <p>B) Have each a tendometacarpophalangeal joint n winding round the radial side of the corresponding</p> <p>C) Are supplied by the median nerve</p> <p>D) Produce flexion at the interphalangeal joints</p> <p>E) Cause claw- hand if paralysed</p> <p>Answer: F, T, F, F, T</p> <p>Discussion: e) They extend the interphalangeal joints. When paralysed there is a resulting claw hand partial or complete</p> <p>Reference: [Ref: According Lumley Q-195 P-127]</p>	<p>24. The medial longitudinal arch of the foot is maintained by the followings-</p> <p>A) Bony contour</p> <p>B) Plantar aponeurosis</p> <p>C) Flexor hallucis longus tendon</p> <p>D) Short plantar ligaments</p> <p>E) Short muscles of first layer of foot muscles</p> <p>Answer: T, T, T, F, T</p> <p>Discussion:</p> <p>Reference: [Ref: BD 6th V-2 P-161, 162]</p>
<p>25. The palmar aponeurosis:</p> <p>A) Is strengthened deep fascia</p> <p>B) Is firmly attached to the palmar skin</p> <p>C) Is continuous proximally with the flexor retinaculum</p> <p>D) Distally is continuous with the long flexor tendons</p> <p>E) Is attached distally to the deep transverse ligament of the palm</p> <p>Answer: T, T, T, F, T</p> <p>Discussion: TTTF (The long flexor tendons gaining attachment to the fibrous) T</p> <p>Reference: [Ref: Vishram/2nd/Vol-3/P-140]</p>	<p>26. A 55 year old patient has been given a course of antibiotics by gluteal intramuscular injections after a major abdominal surgery. To avoid damaging sciatic nerve during an injection,needle should be inserted into which of the following areas?</p> <p>A) Over the sacrospinous ligament</p> <p>B) Midway between ischial tuberosity and lesser trochanter</p> <p>C) Midpoint of the gemelli muscles</p> <p>D) Upper lateral quadrant of gluteal region</p> <p>E) Lower medial quadrant of gluteal region</p> <p>Answer: D</p> <p>Discussion: (Upper and outer/lateral quadrant is preferred site for giving intramuscular injection to avoid neurovascular injury)</p> <p>Reference: (Ref-BD 6th Page 70)</p>
<p>27. A 60-year-old woman slips and falls on the bathroom floors as a result she has a posterior dislocation of the hip joint and a fracture of the neck of femur. Rupture of the ligamentum teres capitis femoris may lead to avascular necrosis of head of femur. Artery to the ligamentum teres is a branch of which of the following arteries?</p> <p>A) Medial circumflex femoral</p> <p>B) Lateral circumflex femoral</p> <p>C) Obturator</p> <p>D) Superior gluteal</p> <p>E) Inferior gluteal</p> <p>Answer: C</p> <p>Discussion: (Artery to the ligamentum teres is a branch of obturator artery)</p> <p>Reference: (Ref-BD 6th Page 63)</p>	<p>28. A boy fall from height on out stretched hand after some days his thenar muscles is found wasting which nerve most commonly affected</p> <p>A) Femoral nerve</p> <p>B) Axillary nerve</p> <p>C) Radial nerve</p> <p>D) Median nerve</p> <p>E) Ulnar nerve</p> <p>Answer: D</p> <p>Discussion:</p> <p>Reference: (REF-BD CHAURASIA-6TH-123)</p>

<p>29. A patient came to you with complaints of fall on shoulder. On examination you found his arm medially rotated and adducted with extended forearm, Which of following spinal nerve root is mainly affected in this case</p> <p>A) C5 B) C6 C) C7 D) C8 E) T1</p> <p>Answer: A Discussion: Reference:</p>	<p>30. A typist complains of severe 'pins and needles' sensations on the dorsum of her left hand, over parts of the thumb and parts of digits 1 and 2, During physical examination, the patient has weakness of wrist dorsiflexion and finger extension, Which nerve is most likely to be injured?</p> <p>A) Ulnar B) Radial C) Musculocutaneous D) D Axillary E) Median</p> <p>Answer: B Discussion: Reference:</p>
<p>31. After injury a person develops Horner's syndrome. which nerve root mainly injured?</p> <p>A) C5 B) C6 C) T1 D) T2 E) T3</p> <p>Answer: C Discussion: Horner's syndrome develops in case of lower trunk of brachial plexus injury. In this condition sympathetic fibre of T1 is mainly affected) Reference: (Ref-BD 7th Page 59)</p>	<p>32. After severe accident, upward displacement of head of the humerus occurs in a person. Which muscle prevents this displacement?</p> <p>A) Deltoid B) Biceps Brachii C) Triceps brachii D) Trapezius E) Serratus anterior</p> <p>Answer: B Discussion: (Long head of Biceps brachii prevents upward displacement of head of humerus) Reference: (Ref-BD 7th Page 91)</p>
<p>33. After sudden pressure on the shoulder from above a person cannot perform pushing and punching actions. Which muscle is mainly injured?</p> <p>A) Deltoid B) pectoralis major C) Latissimus dorsi D) Trapezius E) Serratus anterior</p> <p>Answer: E Discussion: (The serratus anterior is occasionally called the "big swing muscle" or "boxer's muscle" because it is largely responsible for the protraction of the scapula — that is, the pulling of the scapula forward and around the rib cage that occurs when someone throws a punch.) Reference: (Ref-BD 7th Page 60)</p>	<p>34. Following injury to shoulder region a person can not retract his scapula. which muscle may be paralysed?</p> <p>A) Pectoralis major B) Infraspinatus C) Rhomboid major D) Deltoid E) levator scapulae</p> <p>Answer: C Discussion: (The rhomboid major helps to hold the scapula (and thus the upper limb) onto the ribcage. Other muscles that perform this function include the serratus anterior and pectoralis minor. Both rhomboids (major and minor) also act to retract the scapula, pulling it towards the vertebral column.) Reference: (Ref-BD 7th Page 65)</p>

<p>35. Fracture of the neck of the femur results in avascular necrosis of the femoral head, probably resulting from lack of blood supply from which of the following arteries?</p> <p>A) Obturator B) Superior gluteal C) Inferior gluteal D) Medial femoral circumflex E) Lateral femoral circumflex</p> <p>Answer: D Discussion: (Head of femur is mainly supplied by Medial femoral circumflex artery) Reference: (Ref-BD 6th Page 63)</p>	<p>36. Pain is felt in the anatomical snuff box during which bone fracture</p> <p>A) Scaphoid B) Lunete C) Triquetral D) Pisiform E) Hamate</p> <p>Answer: A Discussion: Reference: [Ref: BD ,7TH ,28]</p>
<p>37. Painless thickening of the palmar aponeurosis and flexion contracture at the PIP joints of ring fingers occur in :</p> <p>A) wrist drop B) Erb' paralysis C) Klumpke's paralysis D) Dupuytren' contracture E) Claw hand</p> <p>Answer: D Discussion: Reference:GE.LEC.49</p>	<p>38. Pulsation of the popliteal artery felt against the tendon of</p> <p>A) Adductor longus B) Adductor magnus C) Popliteus D) Semitendinosus E) Sartorius</p> <p>Answer: B Discussion: Reference: [Ref: BD ,7TH ,84]</p>
<p>39. A women came to you with pain in palmar aspects of hands and finger sand difficulty in carrying bags. which condition may occur?</p> <p>A) Wrist drops B) Pronator teres syndrome C) Carpal tunnel syndrome D) Supinator syndrome E) Guyon's canal syndrome</p> <p>Answer: C Discussion: (In Carpal tunnel syndrome, median nerve is entrapped. So features of median nerve paralysis is developed) Reference:</p>	<p>40. After fall from a height a person lost his sensation lateral side of upper left arm. Which nerve root mainly injured?</p> <p>A) C6 B) C7 C) T1 D) T2 E) C5</p> <p>Answer: E Discussion: (Lateral side of upper arm is supplied by C5) Reference: (Ref-BD 7th Page 59.</p>
<p>41. Floor of the anatomical snuff box if formed by</p> <p>A) Scaphoid & lunate B) Trapezious& trapezoid C) Scaphoid & trapezium D) Scaphoid & trapezoid E) Lunate &Capitate</p> <p>Answer: C Discussion: Reference: [Ref: BD ,7TH ,136]</p>	<p>42. Following stab injury patient developed winging of scapula, which of the following structure of brachial plexus would most likely be damaged?</p> <p>A) Root B) Division C) Upper trunk D) Lower trunk E) One of the cord</p> <p>Answer: A Discussion: Ref: Vishram/2nd/Vol-1/P-38] Reference:</p>

<p>43. Lurching & Waddling gait is due to paralysis of which muscle</p> <p>A) Glutei medius&minimus B) Glutei maximus&minimus C) Glutei maximus&medius D) Gluteus maximus E) Sartorius</p> <p>Answer: A Discussion: Reference: [Ref: BD ,7TH ,62]</p>	<p>44. The medial boundary of the femoral ring is formed by the</p> <p>A) Inguinal ligament B) Pectineus muscle C) Lacunar ligament D) Femoral vein E) Femoral artery</p> <p>Answer: C Discussion: Reference:</p>
<p>45. Which bone is mostly used for bone graft</p> <p>A) Tibia B) Fibula C) Radius D) Ulna E) Femur</p> <p>Answer: B Discussion: Reference: [Ref: BD ,7TH ,41]</p>	<p>46. Which muscle is called peripheral heart</p> <p>A) Soleus B) Gastrocnemius C) Plantaris D) Sartorius E) Adductor longus</p> <p>Answer: A Discussion: Reference: [Ref: BD ,7TH ,122]</p>
<p>47. Which of these pairs of muscle are inserted into upper part of iliotibial tract</p> <p>A) Adductor longus and Pectineus B) Pectineus& tensor fasciae latae C) Gluteus maximus & Pectineus D) Gluteus maximus& tensor fasciae latae E) Gluteus maximus&minimus</p> <p>Answer: D Discussion: Reference: [Ref: BD ,7TH ,62]</p>	<p>48. Which one is essentially a climbing muscle</p> <p>A) Trapezius B) Latissimusdorsi C) Levator scapulae D) Rhomboid minor E) Rhomboid major</p> <p>Answer: B Discussion: Reference: [Ref: BD ,7TH ,65]</p>
<p>49. Which vein is commonly used for intravenous infusion in infant & in patient with peripheral circulatory failure</p> <p>A) Subclavian vein B) Femoral vein C) Popliteal vein D) Axillary vein E) Great saphenous vein</p> <p>Answer: B Discussion: Reference: [Ref: BD ,7TH ,55]</p>	<p>50. While performing a radical mastectomy, the surgeon injured the long thoracic nerve, Which of the following muscles will be affected due to injury to the long thoracic nerve?</p> <p>A) Anterior scalene B) Middle scalene C) Serratus anterior D) Subscapularis E) Teres major</p> <p>Answer: C Discussion: Reference: [Ref: Vishram/2nd/Vol-1/P-]</p>