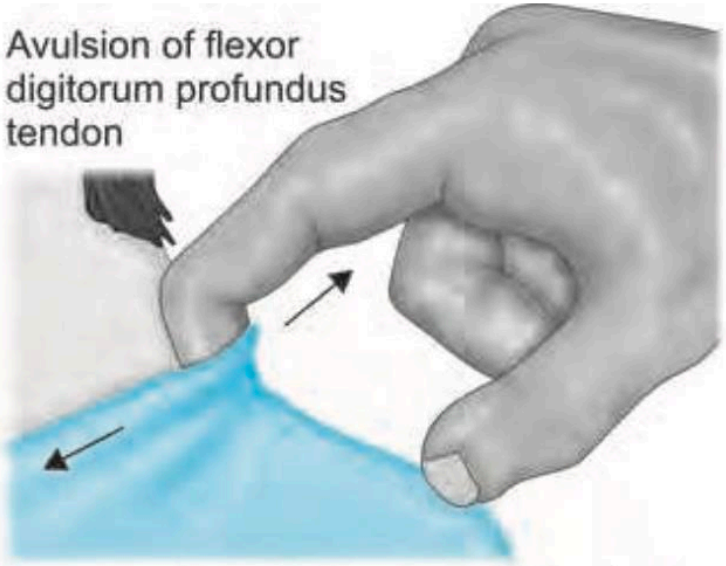
ORTHOPEDICS AIIMS PYQ

Medsynapse by Dr. Nikita

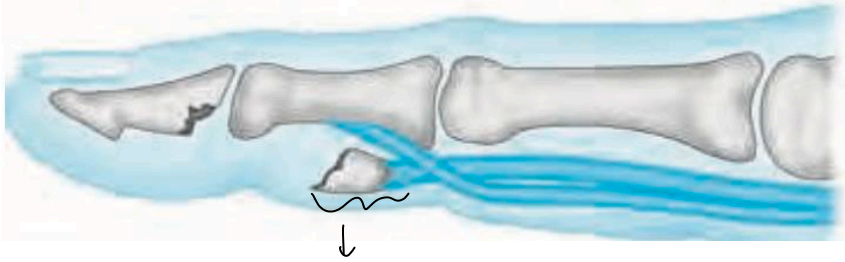
Jersey finger is caused by rupture of:

Mallet
= mallext
↓
extensor injury.

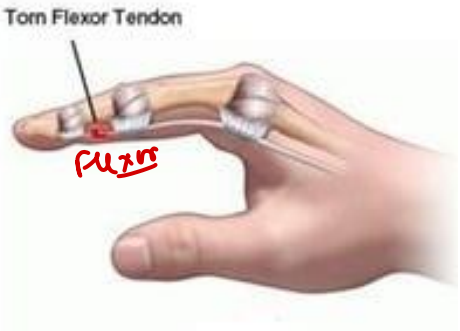
a) Flexor digitorum superficialis
b) Flexor digitorum profundus → inserts on Distal phalanx.
c) Extensor digiti minimi
d) Extensor indicis proprius



Caused by violent traction on flexed distal phalanx, as in catching on jersey of running football player

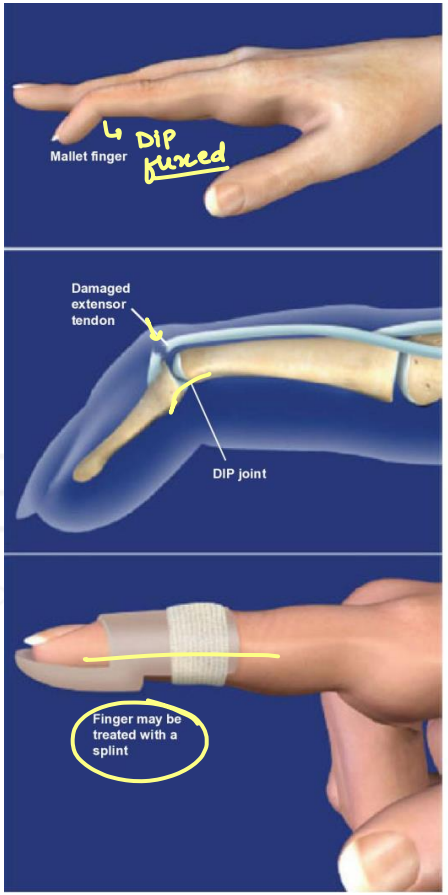


Jersey finger



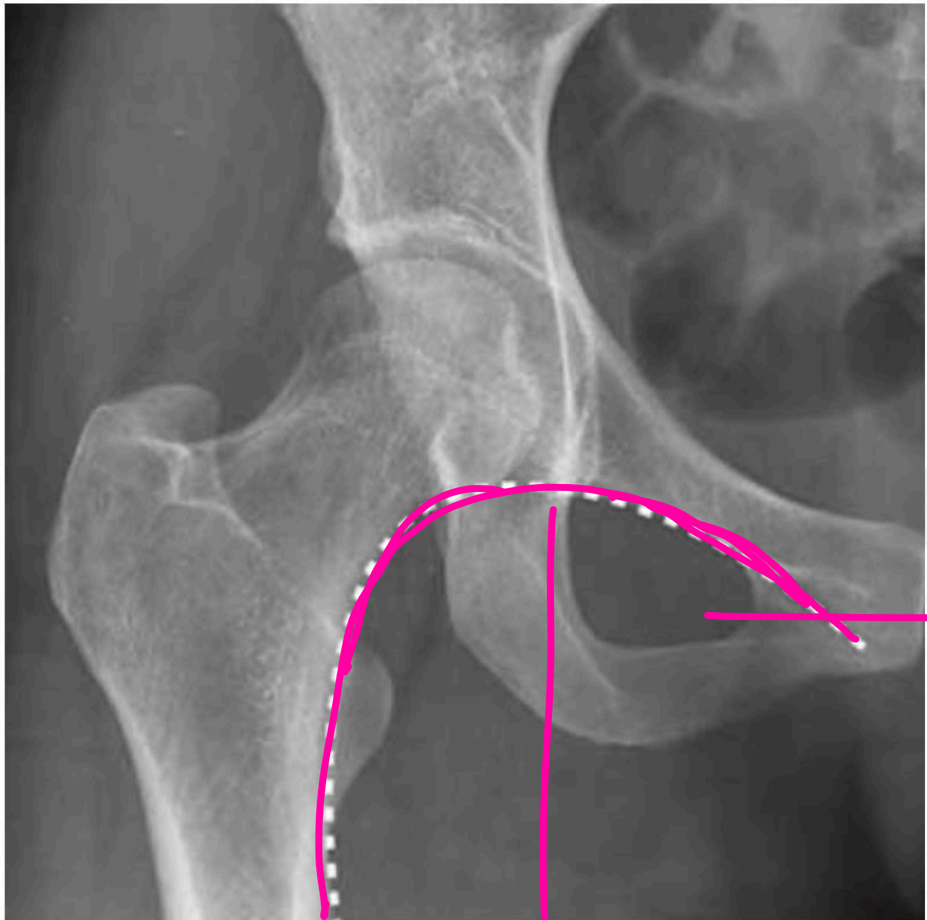
RA → multiple
Swan neck → DIP flexn, PIP extension
Boutain → DIP extn, PIP flexn

Trauma → only 1 jt → DIP
Jersey → DIP extensn
mallet → DIP flexed



Shenton line is seen in X-ray of:

a) Shoulder
b) Elbow
c) Knee
d) Hip



- inf Border of sup ramus
- sup border of obturator foramen
- Medial border of neck of femur

N - continuous

neck femur
hip dislocation

Which of the following tractions is not used in lower limb?

a. Gallows
b. b. Bryant
c. c. Dunlop
d. d. Perkin

a, b, d → # shaft femur

G P R B

- gallows
- perkins
- Russells
- Bryants

c. Dunlop → in SCH humerus

cast

* Hand shake → colleague
  Colles

* glass holding → scaphoid #

scaphoid abdomen → glass
CDH

In Osteoporosis which of these is seen?

↳ all (N) → Ca, P, ALP.

Δ → BMD → • DEXA

• QCT = Quantitative

• T score < −2.5 = osteoporosis CT

a) Normal calcium, normal ALP
b) Decreased calcium, increased ALP
c) Decreased calcium, decreased ALP
d) Normal calcium, decreased ALP

* nasal spray → Calcitonin
* ⊕ osteoblasts → (Teriparatide)

* Bisphosph → ⊖ osteoclasts
⊖ resorption

esophagitis → ↓ ✓ xx lie down
✓ glass of water empty stom.

* mab → Denosumab → ⊖ RANKL
⊖ osteoclasts

* Both mech → Strontium

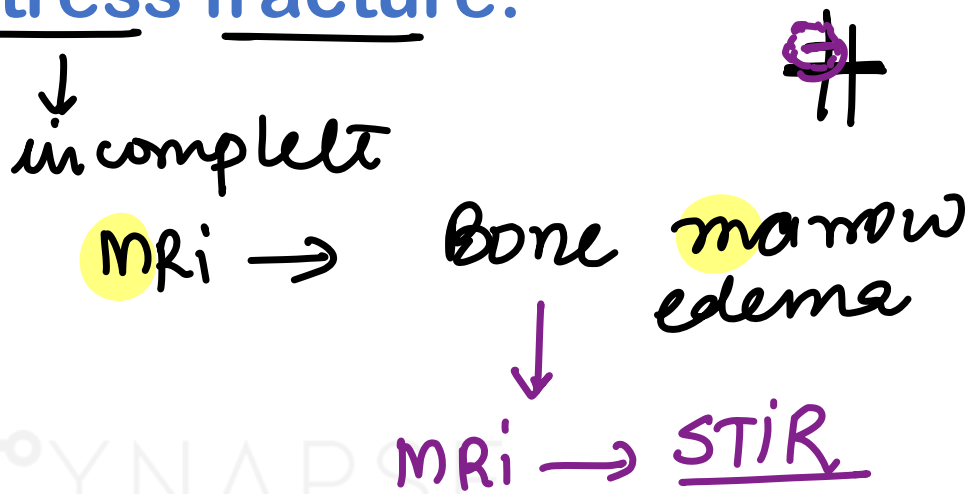
Judet view of X-ray is for:

Rec. ant dislocn shoulder
- Hill sachs → Humerus HPL
- Bankarts → bony glenoid antinf labrum

View
1. skyline → Patella
2. strykers → shoulder
3. lateral → CTEV
4. Y view → Y shoulder

a. Calcaneum
b. b. Scaphoid
c. c. Shoulder
~~d.~~ d. Pelvis → acetabular # ✓

Investigation of choice in stress fracture:



a) CT scan

b) MRI

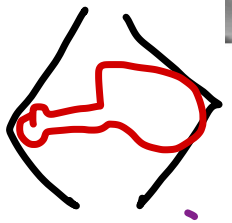
c) X-ray

d) Bone scan → BL Stress # / AVN

A 9-year-old child presents to your clinic with the following deformity. Which is the most likely fracture leading to such a defect?

a) Colle's fracture
b) Lateral epicondyle fracture
c) Medial epicondyle fracture
d) Supracondylar fracture

cubitus varus
gun stock



gun

Gunshot supra in
↳ MARS
median → < anterior → varus
SCH

★ SCH

↓

malunion

AiN

LCH

non-union

Tardy ulnar n palsy

★ SCH → ① 3 point bony relationship maintained

② classⁿ → Gartland. (SCH)

③ angle → Baumann → elbow

④ Fish tail deformity Pyo.

A child presented with pain in the forearm following a trauma. An AP and lateral X-ray of the forearm reveal the findings as shown. What is the most likely diagnosis?

MV/R GA

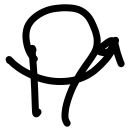
a. Colle's fracture CD
b. b. Smith fracture SUV
c. c. Monteggia fracture
d. d. Galeazzi's fracture

↳ 2→ distal RUJ dislocn.

All the following can lead to damage of the axillary nerve except:

- Deltoid
- Teres minor
- cord → Post

STAR

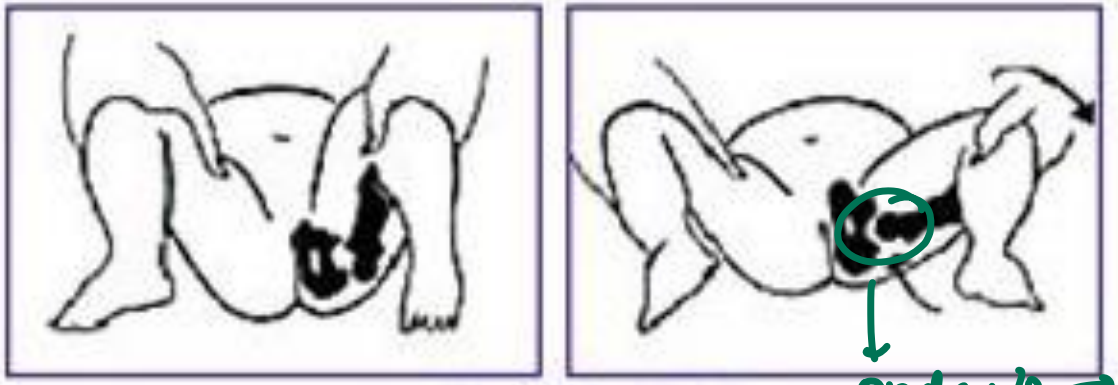


a. Fracture of surgical neck of humerus
b. Intramuscular injection
c. Improper use of crutches → Radial nerve = sat night palsy
d. Shoulder dislocation →

The following pelvic X-ray was seen in a patient. All the following signs will be present except:

DDH
↳ female, breech ↑

a. Narath → vascular → femoral a feeble/abst
b. Barlow
c. Ortolani
d. Gaenslen's → si jt / L4 / pubic



Ortolani Test

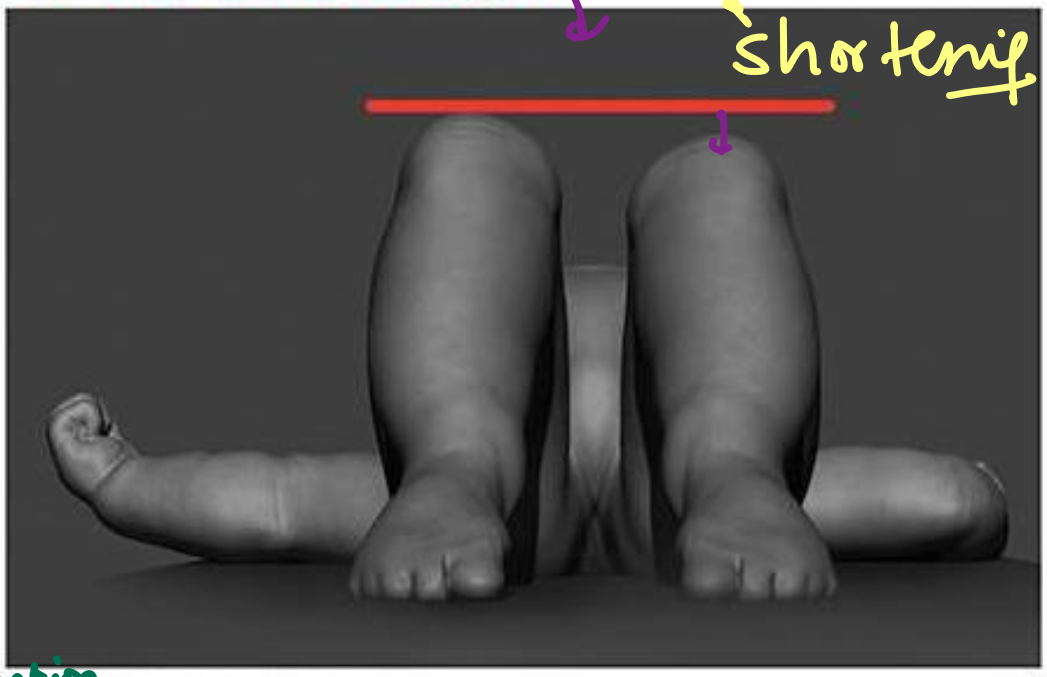
- splints DDH → newborn screening
  - ① von Rosen
  - ② Craig
  - ③ pelvi harness.
  - ↳ USG
    - α, β angle

andar lo. → abdu

Baahar Barlow

femur Bad → adduction

Positive Galeazzi Sign



shortening

Illustration by Walt Shumway.