

Nursing Faculty, Year 2 Orthopedics, May 2016

Read carefully the below statements and mark the true ones with (T), and the false ones with (F): (0.5 mark each)

1. Urine volume remains normal in patients suffering from crush syndrome.
2. Early spinal stabilization in polytrauma significantly have less pulmonary complications and shorter hospital stay.
3. Fracture shaft femur occurring with minor trauma, are considered pathological until proved otherwise.
4. Patient with fractured tibia will show abnormal mobility in the leg.
5. Cortical and cancellous bone have the same density and porosity.
6. Insertion of bilateral large bore cannula isn't an emergency in multiple trauma patient.
7. Death occurs mostly in 1st hour in multiply injured patient.
8. Radiography of chest and pelvis is mandatory in polytrauma patient.
9. Intramedullary nail is a type of internal fixation.
10. A patient with fracture femur only is considered multiply injured patient.
11. Open fractures constitute an orthopedic emergency.
12. Patient presenting with an open fracture of the distal femur. The skin wound measures 5 cm with adequate soft tissue coverage. The popliteal artery of the same side is also injured. The Gustilo et al classification type of this open fracture is II.
13. The wound in an open fracture may require multiple debridement.
14. Single x-ray view is adequate for assessment of fracture pattern.
15. Tibial metaphysis is composed of cancellous bone mainly.

16. Venous thromboembolism (VTE) is a condition that includes both deep vein thrombosis (DVT) and pulmonary embolism (PE)
17. Resuscitation in any polytrauma patient has a priority irrespective to the fracture sites.
18. Protection of thoracolumbar spine trauma is application of long spine board.
19. Protection of cervical spine trauma is application of semirigid collar.
20. The most common complication of long spine board is bed sores.
21. The most common type of shock in polytrauma patient is septic shock.
22. Patient with tense swollen leg with severe pain post traumatic and intact pulse is an emergency that compromise leg circulation.
23. Patient with tense swollen leg , severe pain post traumatic and intact pulse needs a good analgesic and splint only.
24. Open fracture can be present in cases with wounds not directly over the fracture site.
25. Primary treatment of open fracture is washing by saline, debridement, anti-shock measures, analgesics and splint
26. Dislocation is defined as a break in structural continuity of bone.
27. The sequelae of compartement syndrome is sudek"s atrophy
28. Searching for crepitus and swelling are the most important clinical signs of fracture assessment.
29. Re-evaluation of polytrauma patient is by CVS monitoring, urine output and oxygen saturation.
30. Multiply injured patient is a patient with more than one system affected.
31. Glasgo coma scale (GCS) includes assessment of eye opening, verbal response and motor response.
32. Hypovolemic shock may occur in fracture pelvis.
33. In crush syndrome, the patient has normal coloured urine and normal level of creatinine.
34. Fat embolism may occur within 48 hours of long bone fracture.
35. Primary survey includes airway, breathing, circulation, disability and exposure (a,b,c,d,e)
36. In compartement syndrome of leg, the patient has severe pain not responding to analgesic.

37. Malunion is one of general complications of fracture.
38. Cast is an internal fixation.
39. Types of traction are skin and skeletal.
40. Patient with fractured tibia will have pain, swelling and deformity of the leg.
41. Insertion of bilateral large bore cannula and fluid replacement is mandatory in multiple trauma patient.
42. General complications of fracture are bed sores, pulmonary embolism and chest infection.
43. Complications of prolonged recumbancy are DVT, diarrhea and fat embolism.
44. The local complications of fracture are malunion, nonunion, and neurovascular injury.
45. The end point of resuscitation in multiple trauma patient is fully resuscitated patient.
46. Signs of fracture are: Swelling, deformity and tenderness.
47. Control of bleeding in open fracture is by sterile dressing and compression.
48. The sequelae of compartment syndrome can be prevented by urgent fasciotomy.
49. Musculoskeletal system is one of the major sources of bleeding in polytrauma patient.
50. The transportation of patient with dorsolumbar fracture requires sitting of the patient.

Good luck