

Intro to Fractures: The Workup

Lecture MCQs

10 questions + 1 bonus

MCQs (1pt)

1. What are some of the key factors to investigate when taking a history from a patient who has sustained a fracture?
 - Age, mechanism of injury, previous cancer
 - Age, ACE inhibitor use, next of kin information
 - Age, corticosteroid use
 - Age, falls history
 - Age, accommodation, next of kin information

2. Is corticosteroid usage a risk factor for fractures?
 - Long term usage mainly
 - Short term usage only
 - No evidence of statistically significant risk

3. What is the bone of the upper arm called?
 - Humerus
 - Ulna
 - Radius
 - Tibia
 - Fibular

4. Which of the following bones is most commonly affected in an upper limb fracture?
 - Scaphoid
 - Humerus
 - Distal 5th phalanx
 - Proximal 1st phalanx
 - Proximal ulna

5. Which eponymously named fracture is associated with a punch?

- Bennett's
- Barton's
- Galeazzi's
- Colle's
- Smith's

6. How does a Colle's fracture occur?

- Fall onto outstretched hand
- Punch
- Fall backwards
- Twist motion
- Repetitive stress on a bone

7. What is the bone of the upper leg called?

- Humerus
- Fibula
- Tibia
- Sacrum
- Femur

8. What is the most common type of lower limb fracture in elderly patients?

- Intracapsular neck of femur
- Extracapsular neck of femur
- Distal tibial shaft
- Lateral malleolus
- Fibular head

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9. Which grading classification is used for intracapsular neck of femur fractures?

- Garden
- Conservatory
- Kitchen
- Diner
- Bath

10. Which eponymously named grading classification is used for ankle fractures?

- Weber
- Ottawa
- Gustillo and Anderson
- Mirel
- Dukes

Radiology bonus question (2 pts)

11. What is the radiological view of choice for an ankle fracture?

- Mortise view
- Anterior-posterior view
- Frog lateral view
- Weber view
- Ottawa view

Answers

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