

This file contains multi choice questions for Oman Prometric exam for Orthopedics, have been collected in a single file from several previous Exams and solutions is a collective effort by our medical team. Hope this can help you through your endeavour to work in the Sultanate of Oman. For more information regarding the procedure to obtain certificate to work as a Orthopedics in Oman, ou can contact on <https://www.prometricmcq.com> .

Exam Questions to prepare for:

- DHA Exam – Dubai (Dubai Health Authority)
- DHCC Exam – Dubai (Dubai Healthcare City Authority)
- Haad Exam – Abu Dhabi (Health Authority–Abu Dhabi)
- MOH Exam – UAE (Ministry of Health)
- SCFHS Exam – Saudi Arabia (Saudi Commission for Health Specialties)
- SMLE Exam – Saudi Arabia (Saudi Medical Licensing Exam)
- OMSB Exam – Oman (Oman Medical Specialty Board)
- QCHP Exam – Qatar (Qatar Council for Healthcare Practitioners)
- NHRA Exam – Bahrain (National Health Regulatory Authority).

1. (208) Q1-315:



Slide 1

What is the most likely mechanism of failure for the patellar component shown:

- 1) Fatigue
- 3) Tension
- 2) Shear
- 5) Delamination
- 4) Compression

Component fracture in a completely polyethylene patellar component is rare. Most patellar component failures involve metal-backed patellar components. Shearing of the fixation pegs from the remainder of the patellar component is a recognized complication of metal-backed patellar components. The same mechanism is responsible for the failure seen. Correct Answer: Shear

2. (209) Q1-317:

The minimum thickness of polyethylene required for the tibial component of a total knee prosthesis is:

- 1) 4 mm
- 3) 8 mm
- 2) 6 mm
- 5) 12 mm
- 4) 10 mm

Laboratory studies have demonstrated that a minimum of 12 mm polyethylene thickness is required to minimize cold extrusion. However, placement of a 12-mm polyethylene component would necessitate removal of an excessive amount of host bone. Currently, the U.S. Food and Drug Administration requires use of at least 8 mm polyethylene thickness in total knee arthroplasty. Correct Answer: 8 mm

3. (210) Q1-318:

A 65-year-old man undergoes total knee revision without complication. Routine intraoperative cultures are submitted that are positive for growth of coagulase negative staphylococcus at 48 hours postoperative in 3 of 5 specimens. The patient is afebrile and his wound is dry. Appropriate treatment should include:

- 1) No further antibiotic therapy
- 3) Irrigation and debridement with retention of the components
- 2) Six weeks of parenteral antibiotics
- 5) Irrigation and debridement with removal of components and delayed exchange arthroplasty
- 4) Irrigation and debridement with one stage component exchange

Infected total knee arthroplasties can be placed into one of the following categories:

- Positive intraoperative cultures without gross evidence of infection
- Early postoperative infection
- Late chronic infection
- Acute hematogenous infection

Patients with positive intraoperative cultures can only be treated with 6 weeks of antibiotics. Early postoperative infections are treated with multiple debridements as indicated with retention of the prosthesis and antibiotic therapy. Late chronic infections are treated with component removal and delayed exchange arthroplasty. If treated early enough, acute hematogenous infections can be treated with irrigation and debridement with prosthetic retention.

Correct Answer: Six weeks of parenteral antibiotics

4. (211) Q1-319:

When preoperatively templating a radiograph in preparation for the femoral component in total hip arthroplasty, the leg should be positioned in:

- 1) Neutral rotation
- 3) 30° internal rotation
- 2) 15° internal rotation
- 5) 30° external rotation
- 4) 15° external rotation

When templating the femoral component in total hip arthroplasty, positioning the leg in 15° internal rotation neutralizes the femoral anteversion. This gives a true anterior/posterior view of the proximal femur and allows for a more accurate templating of the femoral component. Correct Answer: 15° internal rotation

5. (212) Q1-320:

The most common complication following high tibial osteotomy for treatment of medial compartment knee arthrosis is:

- 1) Neurovascular injury
- 3) Undercorrection
- 2) Overcorrection
- 5) Patella baja
- 4) Compartment syndrome

Complications in high tibial osteotomy include undercorrection, overcorrection, osteonecrosis of the tibial plateau, patella baja, neurovascular injury, anterior compartment syndrome, and other complications common to all procedures. The most common of these is undercorrection. Correct Answer: Undercorrection

6. (213) Q1-321:

Which of the following is considered a contraindication to high tibial osteotomy for the treatment of medial compartment knee arthrosis:

- 1) 10° fixed varus deformity
- 3) Prior knee infection
- 2) Normal lateral compartment
- 5) 5° flexion contracture
- 4) Lateral tibial subluxation of 2 cm

High tibial valgus producing osteotomy attempts to redirect the forces crossing the knee joint from the medial compartment to slightly lateral to the center of the knee. Indications include isolated medial knee pain, less than 15° fixed varus deformity, a normal lateral compartment, and a normal patellofemoral compartment. Contraindications include:

- Restricted knee motion (flexion contracture greater than 15° or flexion limited to less than 90°)
- Lateral tibial subluxation greater than 1 cm
- Peripheral vascular disease
- Tibial bone loss
- Lateral thrust gait pattern

Correct Answer: Lateral tibial subluxation of 2 cm

7. (231) Q1-341:

Following acute traumatic patellar dislocation, the most important injured structure in regard to future instability of the patellofemoral joint is the:

- 1) Medial parapatellar retinaculum
- 3) Medial patellofemoral ligament
- 2) Vastus medialis obliquus
- 5) Medial patellomeniscal ligament
- 4) Medial patellotibial ligament

The medial patellofemoral ligament is the primary restraint to lateral subluxation of the patella. The other structures above contribute less substantially to patellofemoral stability. In the majority of cases of acute traumatic patellar dislocation, the medial patellofemoral ligament is disrupted. Correct Answer: Medial patellofemoral ligament

8. (233) Q1-344:

The most common sequelae following traumatic shoulder dislocation in an 18-year-old man is:

- 1) Normal shoulder without further problems
- 3) Axillary nerve injury
- 2) Recurrent shoulder dislocation
- 5) Adhesive capsulitis
- 4) Rotator cuff tear

Up to 90% of young patients with a traumatic shoulder dislocation will have a recurrent dislocation. Rotator cuff tears occur commonly with shoulder dislocation in the older population, but are relatively uncommon in younger patients. Correct Answer: Recurrent shoulder dislocation

9. (524) Q1-726:

A 55-year-old woman has rheumatoid arthritis with shoulder, elbow, and hand/wrist symptoms. No single site of involvement is more symptomatic than the others. After failure of nonoperative treatment, the appropriate order of surgical intervention is:

- 1) Hand/wrist, elbow, shoulder
- 3) Elbow, shoulder, hand/wrist
- 2) Shoulder, elbow, hand/wrist
- 5) Shoulder, hand/wrist, elbow
- 4) Hand/wrist, shoulder, elbow

Generally speaking, the more symptomatic joints are addressed first in rheumatoid arthritis. However, when upper extremity joints are equally disabling, the hand and wrist disability is addressed first. Although it is somewhat controversial, it is generally agreed that the shoulder should be addressed before the elbow. This eliminates referred pain from the shoulder to the elbow, allowing for better evaluation of elbow symptoms. Addressing the shoulder pathology earlier may prevent ensuing rotator cuff tears that can compromise results of arthroplasty. Lastly, increasing shoulder mobility may decrease the stresses on an arthritic elbow. Correct Answer: Hand/wrist, shoulder, elbow

10. (533) Q1-735:

The normal version of the glenoid is:

- 1) 20° to 30° retroversion
- 3) Neutral to 10° retroversion
- 2) 10° to 20° retroversion
- 5) 10° to 20° anteversion
- 4) Neutral to 10° anteversion

The normal version of the glenoid has been established to be between neutral and 10° of retroversion. Excessive glenoid retroversion can indicate excessive posterior wear caused by primary osteoarthritis. Retroversion in excess of 25° can indicate glenoid dysplasia. Correct Answer: Neutral to 10° retroversion

11. (534) Q1-736:

Posterior translation of the humeral head is associated with which of the following arthritic etiologies:

- 1) Primary osteoarthritis
- 3) Post-infectious arthritis
- 2) Rheumatoid arthritis
- 5) Post-traumatic arthritis
- 4) Arthritis secondary to osteonecrosis

Primary osteoarthritis of the shoulder is a well-described entity. Neer described posterior subluxation of the humeral head following posterior glenoid erosion. Although the exact sequence of events has recently come into question, the end result is a static posterior subluxation of the humeral head with arthritis. Correct Answer: Primary osteoarthritis

12. (535) Q1-737:

Which of the following statements best describes the most common scenario in regard to the rotator cuff in patients with primary osteoarthritis of the shoulder:

- 1) Intact rotator cuff
- 3) Rupture of the supraspinatus tendon only
- 2) Thin, attenuated rotator cuff
- 5) Massive rupture of the rotator cuff
- 4) Rupture of the subscapularis tendon only

In most situations of primary osteoarthritis, the rotator cuff is intact or has minimal tearing. Correct Answer: Intact rotator cuff
