

# **Knowledge of MSK Conditions**

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Hello

The examination is conducted as a research study, and is intended to assess your knowledge in regards to musculoskeletal conditions. This examination consists of 25 questions. Each question has 4 multiple-choice answers, and participants can choose 1 answer.

If you are a medical doctor or a physical therapist who works in Saudi Arabia, you are invited to participate in this examination.

## **Note**

You can know your score at the end of the examination. The passing score is 73.1%.

The exam is timed 20 minutes

You will automatically be asked for your name. If you don't wish to provide your name, you can just use your initials. Example:

Name: "Muhammad Abdullah" can be written as "MA".

To start the test, click on the blue icon at the top right of the screen.

Thank you for your participation!

**What is your name?**

1.

**A patient dislocates his knee in a car accident. What structure(s) is/are at risk for injury and therefore MUST be evaluated?**

- A. Patellar tendon
- B. Medial or lateral meniscus
- C. Popliteal artery
- D. Saphenous nerve

2.

**What muscle(s) control(s) external rotation of the humerus with the arm at the side?**

- A. Infraspinatus and teres major
- B. Infraspinatus or teres minor
- C. Supraspinatus and Subscapularis
- D. Subscapularis and serratus anterior

3.

**A patient comes to the office complaining of low back pain that wakes him up from sleep. What two diagnoses are most concerning?**

- A. Ankylosing spondylitis and degenerative disc disease
- B. Tumor and infection
- C. Cauda equina syndrome and spinal cord compression
- D. Spondylolisthesis or spinal canal stenosis

4.

**What is the function of the normal anterior cruciate ligament at the knee?**

- A. Prevents anterior displacement of the femur on the tibia
- B. Prevent lateral displacement of the femur on the knee
- C. Prevents anterior displacement of the tibia on the femur
- D. Prevent medial displacement of the femur on the knee

5.

**Rupture of the biceps at the elbow results in weakness of both elbow flexion and \_\_\_\_\_?**

- A. Pronation
- B. Elbow extension
- C. Shoulder flexion
- D. Supination

6.

**How is compartment syndrome treated?**

- A. Splint and Non-steroidal inflammatory drugs
- B. Soft tissue mobilization
- C. Extension exercises
- D. Fasciotomy or surgery

7.

**How is motor function of the median nerve tested in the hand?**

- A. Fingers abduction
- B. Wrist extension
- C. Forearm supination
- D. Thumb flexion

8.

**A patient presents with new-onset low-back pain. Under what conditions are plain radiographs indicated?**

- A. Age < 50 with pain below the level of the knee
- B. History of trauma; or steroid use; and systemic symptoms (night pain, fever)
- C. Pain that is only in the buttock with trunk extension
- D. With positive crossed straight leg raise test

9.

**A patient has a disc herniation pressing on the 5th lumbar nerve root. How is motor function of the 5th lumbar nerve root tested?**

- A. Dorsiflexion of the great toe
- B. Planterflexion of the great toe
- C. Dorsiflexion of the ankle
- D. Planter flexion of the ankle

10.

**A 12-year-old boy severely twists his ankle. Radiographs show only soft-tissue swelling. He is tender at the distal aspect of the fibula. What are 2 possible diagnoses?**

- A. Posteriotibial artery and tibial nerve injury
- B. Ligament sprain and Salter-Harris fracture
- C. Achilles tendon rupture and cuboid subluxation
- D. Tarsal tunnel syndrome and subtalar coalition

11.

**A 20-year-old injured his knee while playing football. You see him on the same day, and he has a knee effusion. An aspiration shows frank blood. What are the three most common diagnoses?**

- A. Plica synovialis syndrome, suprapatellar lesion, and PVN synovitis
- B. Popliteal cyst, crystal synovitis, and traumatic arthritis
- C. Osteochondrosis dissecans, epiphyseal injury, and synovial chondromatosis
- D. Ligament tear, fracture, and peripheral meniscal tear

12.

**Acute septic arthritis of the knee may be differentiated from inflammatory arthritis by which laboratory test?**

- A. Musculoskeletal imaging
- B. Tissue biopsy
- C. Measuring uric acids levels
- D. Analysis of joint aspiration

13.

**In elderly patients, displaced fractures of the femoral neck are typically treated with joint replacement, whereas fractures near the trochanter are treated with plates and screws. Why?**

- A. Because of the risk of avascular necrosis or non-union at femoral neck
- B. Because the femoral neck fracture has associated hip arthrosis
- C. Because the rate of recovery is faster with hip replacement
- D. Because of the reduced infection rate with hip replacement

14.

**A patient has a displaced fracture near the fibular neck. What structure is at risk for injury?**

- A. Tibial nerve
- B. Common peroneal nerve
- C. Iliotibial band insertion
- D. Lateral collateal ligament

15.

**What nerve is compressed in carpal tunnel syndrome?**

- A. Ulnar nerve
- B. Median nerve
- C. Radial nerve
- D. Sural nerve

16.

**A patient punches his companion in the face and sustains a fracture of the 5th metacarpal and a 3-mm break in the skin over the fracture. What is the correct treatment, and why?**

- A. Irrigation and debridement because of risk of infection
- B. Operative reduction of fracture to restore alignment
- C. Immediate physical therapy to maintain hand function
- D. Splinting the hand in maximum flexion to allow healing

17.

**What are two differences between rheumatoid arthritis (RA) and osteoarthritis (OA)?**

- A. RA is inflammatory while OA is degenerative
- B. RA begins later in life while OA begins anytime in life
- C. RA has morning stiffness while OA has joint effusion
- D. RA takes years to develop but OA develops rapidly

18.

**What muscle(s) is/are involved in lateral epicondylitis (tennis elbow)?**

- A. Wrist flexors
- B. Wrist extensors
- C. Elbow extensors
- D. Elbow flexors

19.

**What common problem must all newborns be examined for?**

- A. Congenital dislocation of the hip
- B. Congenital torticollis
- C. Erb's palsy
- D. Gastroesophageal reflux

20.

**What are the five most common sources of metastatic bone cancer?**

- A. Breast, prostate, lung, kidney, thyroid
- B. Liver, pancreas, esophagus, uterus, rectum
- C. Cerebellum, skin, lymph, ascending colon, bladder
- D. Cerebrum, descending colon, gallbladder, parathyroid

21.

**A patient lands on his hand and is tender to palpation in the “snuff box” (the space between the thumb extensor and abductor tendons). Initial radiographs do not show a fracture. What diagnosis must be considered?**

- A. Radial nerve injury
- B. Scaphoid fracture
- C. Avascular necrosis of lunate
- D. Extensor pollicis brevis injury

22.

**A 25-year-old male is involved in a motor-vehicle accident. His left limb is in a position of flexion at the knee and hip, with internal rotation and adduction of the hip. What is the most likely diagnosis?**

- A. Femoral neck fracture
- B. Injury to the sciatic nerve
- C. Hip dislocation
- D. Ilium fracture

23.

**Which malignancy may be present in bone but typically is not detected with a bone scan?**

- A. Giant cell tumor
- B. Osteoblastoma
- C. Multiple Myeloma
- D. Osteoid osteoma

24.

**What is a compartment syndrome?**

- A. Compression on a nerve root
- B. Increased pressure in a closed fascial space
- C. Inflammation of the periosteum of the tibia
- D. Stress fracture of the tarsal bones

25.

**What is the difference between osteoporosis and osteomalacia?**

- A. Osteoporosis affects women; Osteomalacia affects men
- B. Osteoporosis affects the axial skeleton; Osteomalacia affects the extremities
- C. Osteoporosis is decreased bone density; Osteomalacia is decreased bone mineralization
- D. Osteoporosis affects adults; Osteomalacia affects children only

Notes: Adapted with permission from Wolters Kluwer Health, Inc., Freedman KB, Bernstein J. The adequacy of medical school education in musculoskeletal medicine. J Bone Joint Surg Am. 1998 Oct;80(10):1421-7.<sup>1</sup>

## References

1. Freedman KB, Bernstein J. The adequacy of medical school education in musculoskeletal medicine. *J Bone Joint Surg Am.* 1998 Oct;80(10):1421-7. doi: 10.2106/00004623-199810000-00003. PMID: 9801210.