Imaging Musculoskeletal Diseases

Chapter 1

- 1. What is the classic form of shoulder instability, commonly caused by trauma?
 - a. Static instability
 - b. Basic instability
 - c. Complex instability
 - d. Dynamic instability
- 2. What type of lesion consists of a tear in the labrum?
 - a. Anterior lesion
 - b. Bankart lesion
 - c. Static lesion
 - d. Static lesion
- 3. A bony defect of the ______ is probably the most important factor for the development of an unstable glenohumeral joint.
 - a. Glenoid rim
 - b. Glenoid track
 - c. Glenoid lip
 - d. Glenoid band

4. Posterior instability of the glenohumeral joint is most prevalent in ______.

- a. Young children
- b. Young women
- c. Young men
- d. A&B
- 5. What type of labrum tear is referred to as a frayed free edge of the superior labrum?
 - a. Type 1
 - b. Type 2
 - c. Type 3
 - d. Type 4
- 6. True or false. SLAP tears appear on MR images as linear increased signals extending to the articular surface of the labrum between the 11:00 and 1:00 positions of the glenoid rim.
 - a. True
 - b. False
- 7. What is a related etiology for why labral tears occur in overhead throwing athletes?
 - a. Glenohumeral internal rotation deficit
 - b. Internal impingement
 - c. External impingement
 - d. A & B
- 8. What percentage of paralabral cysts are associated with a labral tear?
 - a. 75%
 - b. 80%
 - c. 85%
 - d. 90%
- 9. What is the most common labral variant?
 - a. Superior sublabral recess
 - b. Type 1
 - c. Type 2
 - d. Type 3

10. What percentage of patients have a partially unattached superior labrum between 11:00 and 1:00?

- a. 55%
- b. 62%
- c. 69%
- d. 74%

11. Which of the following is a labral variant that can occur in the anterosuperior labrum?

- a. Sublabral foramen
- b. Buford complex
- c. Anterosuperior sublabral recess
- d. All the above
- 12. The Buford complex variant is seen in _____ of individuals.
 - a. 1-2%
 - b. 3-4%
 - c. 5-6%
 - d. 7-8%

- 13. What is the most flexible and movable synovial joint in the body?
 - a. Hip
 - b. Knee
 - c. Shoulder
 - d. Elbow
- 14. The rotator cuff is organized in a ______ structure.
 - a. Five-layer
 - b. Six-layer
 - c. Seven-layer
 - d. Eight-layer
- 15. Which of the following is a posterior rotator cuff tendon?
 - a. Supraspinatus
 - b. Infraspinatus
 - c. Subscapularis
 - d. A & B
- 16. The _____ has the largest tendon with many fascicles.
 - a. Supraspinatus
 - b. Subscapularis
 - c. Infraspinatus
 - d. Greater tuberosity
- 17. True or false. Bursal-side tears <u>are not</u> associated with subacromial and coracohumeral arch degenerative changes.
 - a. True
 - b. False
- 18. What type of shoulder tear extends from the articular side to the bursal side?
 - a. Partial tears
 - b. Tendinopathy
 - c. Full-thickness tears
 - d. Massive rotator cuff tears

19. A massive rotator tear is characterized by the involvement of two or more tendons and the retraction great than

- a. 5 cm
- b. 6 cm
- c. 7 cm
- d. 8 cm
- 20. Subscapularis tendon tears are more frequent than previously thought and have been found in more than of reviewed cases.
 - a. 15%
 - b. 20%
 - c. 25%
 - d. 30%
- 21. What MR plane is best to visualize a subscapularis tear?
 - a. Sagittal plane
 - b. Coronal plane
 - c. Transverse plane
 - d. Sagittal followed by coronal plane
- 22. What is an important cause of shoulder pain in young adults and its cause is still unknown?
 - a. Adhesive capsulitis
 - b. Calcified tendinopathy
 - c. Nerve denervation syndrome
 - d. Isolated greater tuberosity fractures

- 23. The elbow is made up of how many separate articulations with a common capsule?
 - a. Two
 - b. Three
 - c. Four
 - d. Five
- 24. In MR of the elbow, which of the following provides a much-needed improvement in signal-to-noise ratio and improved image resolution?
 - a. Higher field strength
 - b. Dedicated coils
 - c. Small field of view
 - d. A & B
- 25. Which of the following are part of the elbow joint?
 - a. Humerus
 - b. Ulna
 - c. Radius
 - d. All the above
- 26. In elbow stress fractures the olecranon is involved in what percentage of cases?
 - a. 96%
 - b. 97%
 - c. 98%
 - d. 99%

- 27. What is the most important ligament that stabilizes the elbow?
 - a. Ulnar collateral ligament
 - b. Radial collateral ligament
 - c. Annular ligament
 - d. Lateral ulnar collateral ligament

28. Throwing athletes often develop a constellation of injuries known as the ______ overload syndrome.

- a. Maximum
- b. Annular
- c. Valgus
- d. Bundle

29. What is the most common pattern of recurrent elbow instability?

- a. Ulnar collateral ligament tear
- b. Posterolateral rotatory instability
- c. Little league instability
- d. T-sign instability
- 30. Tendon injuries are organized in which of the following classifications?
 - a. Location
 - b. Acuity
 - c. Degree of injury
 - d. All the above

- 31. What modality is used to evaluate the bones in the wrist?
 - a. Radiography
 - b. CT
 - c. MRI
 - d. All the above
- 32. What is the most common fracture of the hand?
 - a. Middle phalanx fracture
 - b. Distal phalanx fracture
 - c. Metacarpal fracture
 - d. Proximal phalanx facture
- 33. What is a two-piece fracture of the base of the thumb metacarpal with intra-articular extension and dorsolateral displacement called?
 - a. Bennet fracture dislocation
 - b. Mallet finger
 - c. Seymour fracture
 - d. Jersey finger
- 34. What is the most common carpal bone fracture?
 - a. Triquetral fracture
 - b. Lunate fracture
 - c. Scaphoid fracture
 - d. Hook of hamate fracture
- 35. What carpal bone fracture may occur due to a direct trauma during sports or a fall?
 - a. Triquetral fracture
 - b. Hook of hamate fracture
 - c. Lunate fracture
 - d. Scaphoid fracture

36. In the Mayfield classification of carpal instability, what stage is scapholunate dissociation?

- a. Stage 1
- b. Stage 2
- c. Stage 3
- d. Stage 4
- 37. True or false. The articulations between the lunate and the surrounding four bones play the most important role in carpal stability.
 - a. True
 - b. False
- 38. For a trigger finger injury, what modality can show real-time impingement of the tendon?
 - a. MRI
 - b. US
 - c. Radiography
 - d. A & C
- 39. What are fibrous structures which wrap around the flexor tendon sheaths of the digits to form a supporting fibro-osseous tunnel?
 - a. Pulleys
 - b. Rims
 - c. Strings
 - d. Gauges

40. What pulley is the most load-bearing and most commonly injured pulley?

- a. A1 pulley
- b. A2 pulley
- c. A3 pulley
- d. A4 pulley

Chapter 5

41. What additional condition for early-onset hip pain has been discovered?

- a. Development dysplasia
- b. Femoroacetabular impingement
- c. Osteoarthritis
- d. Anatomical deformity
- 42. What modality is considered the first-line technique in the evaluation of hip pain?
 - a. CT
 - b. MRI
 - c. Radiography
 - d. US
- 43. What modality should be used to evaluate a hip stress fracture?
 - a. CT
 - b. MRI
 - c. US
 - d. Radiography

44. The initial phase of femoral head osteonecrosis (ON) includes which of the following?

- a. Cell death
- b. Interruption of cell enzymes
- c. Loss of cell metabolic activity
- d. All the above

- 45. _____ imaging is the most sensitive method for detecting early ON.
 - a. US
 - b. Radiography
 - c. CT
 - d. MRI
- 46. What type of fracture is of the femoral head, is a cause of marked mechanical hip pain, and typically occurs in the older, osteoporotic population?
 - a. Subchondral insufficiency fracture
 - b. Femoral head osteonecrosis
 - c. Stress fracture
 - d. Microtrabecular fracture
- 47. True or false. Femoroacetabular impingement (FAI) is typically seen in young and athletic individuals who report hip or groin pain and present with reduced internal rotation of the hip joint.
 - a. True
 - b. False
- 48. Patients with FAI are evaluated with _____ as the first step of the imaging workup.
 - a. MRI
 - b. Radiographs
 - c. US
 - d. CT
- 49. What is considered a good first treatment option in patients with symptomatic FAI?
 - a. Surgery
 - b. Steroid injection
 - c. Exercise therapy
 - d. Bed rest

- 50. In skeletally immature patients, what is a frequent "weak link"?
 - a. Apophyseal physis
 - b. Myotendinous junction
 - c. Avulsions
 - d. Apophysitis
- 51. For anterior pelvis pain, what is the initial screening test of choice in many practices?
 - a. Ultrasound
 - b. MRI
 - c. Radiography
 - d. CT
- 52. What modality has become a frontline tool in many practices to image anterior pelvis pain?
 - a. Sonography
 - b. MRI
 - c. CT
 - d. A & B
- 53. Which of the following is a strength of sonography in evaluating chronic groin pain?
 - a. Point-of-care evaluation
 - b. Dynamic assessment
 - c. Guiding percutaneous injections
 - d. All the above

54. What modality is better able to show soft tissue edema than sonography?,

- a. CT
- b. MRI
- c. Radiography
- d. PET

55. Which of the following is not a category describing groin pain in athletes?

- a. Pubic
- b. Abductor
- c. Inferior
- d. Inguinal
- 56. What is a cartilaginous joint supported by four capsular ligaments?
 - a. Pubic symphysis
 - b. Sacroiliac joint
 - c. Hip joint
 - d. Knee joint

57. Imaging evaluation for true inguinal and femoral hernias is best performed by ______.

- a. Sonography
- b. Radiography
- c. CT
- d. MRI
- 58. What syndrome is generally caused by abnormalities involving the abductor tendons?
 - a. Proximal ITB syndrome
 - b. Partial abductor syndrome
 - c. Trochanteric pain syndrome
 - d. Gluteus medius syndrome
- 59. The sacrum typically has _____ fused segments in adults.
 - a. Two
 - b. Three
 - c. Four
 - d. Five
- 60. Both traumatic fractures and ______ fractures occur in the sacrum.
 - a. Complex
 - b. Stress
 - c. Convoluted
 - d. Variable
- 61. True or false. With acute trauma to the scrum or coccyx, it has been recommended that radiography be eliminated.
 - a. True
 - b. False

- 62. The menisci are composed of which of the following?
 - a. Anterior horn
 - b. Body
 - c. Posterior horn
 - d. All the above

63. Discoid meniscus is _____ times more common than the lateral meniscus.

- a. 5 times
- b. 10-20 times
- c. 15 times
- d. 20-25 times

64. In young patients with acute injuries _____ meniscal tears are common.

- a. Posterior
- b. Anterior
- c. Lateral
- d. Inferior

65. What is the accuracy of MR in diagnosing a meniscal tear when using arthroscopy?

- a. 50-60%
- b. 65-70%
- c. 75-80%
- d. 90-95%
- 66. What is a direct MR sign of an ACL tear?
 - a. Focal ligamentous discontinuity
 - b. Diffuse or focal signal intensity abnormality
 - c. Mass-like appearance
 - d. All the above
- 67. Partial tears account for what percentage of all ACL injuries?
 - a. 30%
 - b. 40%
 - c. 50%
 - d. 60%
- 68. What grade classification is an MCL partial tear?
 - a. Grade I
 - b. Grade II
 - c. Grade III
 - d. Grade IV

69. In the posterolateral corner, what ligament is a thickening of the posterior joint capsule and has a Y shape?

- a. Fabellofibular ligament
- b. Popliteofibular ligament
- c. Arcuate ligament
- d. Popliteus tendon

Chapter 8

70. Ankle tendons are most commonly imaged with which modality?

- a. MRI
- b. Radiography
- c. US
- d. A&C

71. There are _____ ankle/foot tendon compartments.

- a. Two
- b. Three
- c. Four
- d. Five

- 72. The Achilles tendon is _____ located.
 - a. Anteriorly
 - b. Posteriorly
 - c. Inferiorly
 - d. Laterally

73. What is the most common class of bone injuries diagnosed on imaging?

- a. Dislocation
- b. Compound fracture
- c. Stress fracture
- d. Convoluted fracture
- 74. True or false. The most important ligament is the Lisfranc ligament which is found along the medial aspect of the midfoot.
 - a. True
 - b. False
- 75. What is the preferred imaging modality to evaluate plantar plate pathology?
 - a. Radiography
 - b. CT
 - c. MRI
 - d. US
- 76. Which of the following is a main structure of the lateral collateral ligament complex of the ankle?
 - a. Anterior talofibular ligament (ATFL)
 - b. Calcaneofibular ligament (CFL)
 - c. Posterior talofibular ligament (PTFL)
 - d. All the above

77. Approximately ______ of all ankle sprains result in damage to the lateral ligamentous complex.

- a. 75%
- b. 80%
- c. 85%
- d. 90%

Chapter 9

- 78. What is the first challenge when interpreting a postoperative MRI examination of the knee?
 - a. Recognition that prior surgery has occurred
 - b. Quality scan
 - c. Proper positioning
 - d. Recognition of anatomy
- 79. Most ACL tears are managed with ______.
 - a. Exercise therapy
 - b. Bed rest
 - c. Graft reconstruction
 - d. Crutches

80. On MRI, tendon grafts are avascular and will appear dark on all pulse sequences for the first _____ months.

- a. 1-2
- b. 3-4
- c. 5-6
- d. 7-8

81. After ACL repair, postoperative stiffness affects approximately _____ of patients, more commonly women.

- a. 2%
- b. 3%
- c. 4%
- d. 5%
- 82. True or false. Primary meniscus repair using suture, darts, or other anchors is the preferred treatment for menisci that have the potential to heal.
 - a. True
 - b. False
- 83. What is one of the most commonly performed arthroscopic procedure?
 - a. Knee arthroscopy
 - b. Shoulder arthroscopy
 - c. Hip arthroscopy
 - d. Elbow arthroscopy
- 84. What is the most common rotator cuff procedure?
 - a. Rotator cuff repair
 - b. Rotator cuff debridement
 - c. Rotator cuff steroid injection
 - d. A&B
- 85. Which of the following is an abnormal finding after rotator cuff repair?
 - a. Discreet gap within the tendon
 - b. Tendon retraction
 - c. New regions of tendon delamination
 - d. All the above
- 86. To make a confident diagnosis of a residual or recurrent superior labral tear, if conventional MRI is inconclusive, what can be performed to better assess the status?
 - a. MR arthrography
 - b. Ultrasound
 - c. Radiography
 - d. CT
- 87. True or false. An abnormal finding following instability surgery includes absence of the soft tissue prominence along the anterior inferior glenoid rim.
 - a. True
 - b. False

- 88. The majority of soft tissue tumors (STT) are _____.
 - a. Cancerous
 - b. Aggressive
 - c. Benign
 - d. Superficial
- 89. In the initial evaluation of STT, what is often underestimated, but can provide highly valuable information and should be routinely part of the workup of STT?
 - a. Radiographs
 - b. Lab work
 - c. Biopsy
 - d. Staging

- 90. In soft tissue sarcoma (STS), which <u>is not</u> a key MRI imaging feature that helps predicts its behavior and potentially impact surgical management?
 - a. Patient age
 - b. Site
 - c. Size
 - d. Depth
- 91. What is considered the mainstay treatment for STS?
 - a. Minimally invasive surgical resection
 - b. Chemotherapy
 - c. Radiation therapy
 - d. Wide surgical resection
- 92. When evaluating extremity bone tumors, accurate characterization relies heavily on the ______ appearance.
 - a. MRI
 - b. Radiographic
 - c. US
 - d. CT
- 93. When radiographs confirm the presence of an aggressive or indeterminate bone lesion in the extremity or pelvis, what is the modality of choice for further imaging evaluation?
 - a. CT
 - b. PET/CT
 - c. MRI
 - d. US
- 94. Which of the following is one of the three most common types of primary bone sarcoma?
 - a. Osteosarcoma
 - b. Ewing sarcoma
 - c. Chondrosarcoma
 - d. All the above
- 95. True or false. When treating osteosarcoma and Ewing sarcoma radiation is usually reserved for locations where complete surgical resection is difficult or impossible.
 - a. True
 - b. False

- 96. Which of the following is considered an inflammatory arthritis?
 - a. Rheumatoid arthritis
 - b. Spondylarthritis
 - c. Osteoarthritis
 - d. A & B
- 97. What is an example of an inflammatory arthritis associated with joint inflammation?
 - a. Rheumatoid arthritis
 - b. Osteoarthritis
 - c. Psoriatic arthritis
 - d. Gout
- 98. What is a condition associated with the buildup of uric acid in the body?
 - a. Rheumatoid arthritis
 - b. Psoriatic arthritis
 - c. Gout
 - d. Spondylarthritis

- 99. Which of the following **is not** an area that requires attention when reviewing a radiograph to diagnose joint disease?
 - a. Length of the bone between the joints
 - b. Joint space between bones
 - c. Appearance of the bones forming the articulation
 - d. Alignment of the bones at the joint
- 100. What is an early feature of disease in the inflammatory arthritides and may be due to synovitis, joint effusion, and/or soft tissue edema?
 - a. Inflammation
 - b. Soft tissue swelling
 - c. Pain
 - d. Stiffness

101. What is the hallmark of OA and represents new bone forming around the site of the cartilage degeneration?

- a. Osteoporosis
- b. Osteopenia
- c. Osteophytes
- d. Osteomyelitis

102. Which of the following modalities is less commonly used in arthritis imaging?

- a. MRI
- b. US
- c. NM
- d. CT

103. What is identified on ultrasound as a discontinuity of the bone surface?

- a. Erosions
- b. Pitting
- c. Rimming
- d. Speckling
- 104. The ability of ______ to directly image articular cartilage and demonstrate cartilage loss and cartilage defects is one of the great advantages of this modality over other imaging techniques.
 - a. CT
 - b. MRI
 - c. US
 - d. Radiographs

105. Which of the following is a characteristic of osteoarthritis?

- a. Cartilage thinning
- b. Joint space loss
- c. Soft tissue swelling
- d. All the above
- 106. Erosive OA is usually confined to the _____.
 - a. Hands
 - b. Feet
 - c. Ankles
 - d. Hips

107. What part of the spine is affected by osteoarthritis?

- a. Cervical
- b. Thoracic
- c. Lumbar
- d. A&C

108. Joint space narrowing in ______ tends to be more uniform than in osteoarthritis.

- a. Gout
- b. Rheumatoid arthritis
- c. Osteoporosis
- d. Psoriatic arthritis

109. What imaging modality is used to detect subclinical synovitis in the early stages of RA?

- a. Ultrasound
- b. Radiography
- c. MRI
- d. A & C

Chapter 12

110. Yellow bone marrow is also called _____ marrow.

- a. Hematopoietic
- b. Heavy
- c. Fatty
- d. Large
- 111. Red marrow contains approximately _____ water.
 - a. 10%
 - b. 20%
 - c. 30%
 - d. 40%

112. Bone marrow and related disorders are best assessed using ______.

- a. MRI
- b. CT
- c. US
- d. PET

113. A MRI-based method that generates water and fat images is known as ______.

- a. Chemical shift imaging
- b. Water-fat imaging
- c. Dixon method
- d. All the above

114. The amount of bone in the skeleton at any moment is entirely dependent on the peak bone base attained during the ______ decade of life, and on the balance between bone resorption and formation.

- a. First
- b. Second
- c. Third
- d. Fourth

115. What is the most common metabolic bone disease in Western countries?

- a. Osteopenia
- b. Osteoporosis
- c. Osteomyelitis
- d. Osteosarcoma

116. At 1 year after hip fracture, ______ of patients are unable to walk independently.

- a. 40%
- b. 50%
- c. 60%
- d. 70%

- 117. True or false. The main radiographic features of generalized osteoporosis include the disappearance of the trabecular network and cortical thinning.
 - a. True
 - b. False
- 118. Spontaneous vertebral fractures predominantly involve the thoracolumbar spine and never occur above what level?
 - a. T3
 - b. T4
 - c. T5
 - d. T6

- 119. What percentage of C2 fractures involve the odontoid process?
 - a. 39%
 - b. 44%
 - c. 55%
 - d. 59%
- 120. What is the most common cause of C2 fractures?
 - a. Motor vehicle accident
 - b. Diving accident
 - c. Football accident
 - d. Skiing accident
- 121. What fracture is commonly called the "hangman's fracture"?
 - a. Type I
 - b. Type II
 - c. Traumatic spondylolisthesis
 - d. Type III
- 122. Mid to lower cervical spine injuries represent _____ of cervical spine fractures.
 - a. 55%
 - b. 65%,
 - c. 68%
 - d. 70%
- 123. Referencing the Subaxial Injury Classification and Scoring system, a neurologic status score of 1 indicates which of the following?
 - a. Intact
 - b. Root injury
 - c. Complete cord injury
 - d. Incomplete cord injury
- 124. The ______ vertebrae are relatively immobile as they are stabilized by a ring formed by the spine, ribs, and
 - sternum.
 - a. T1-T5
 - b. T1-T7
 - c. T1-T10
 - d. T1-T-12
- 125. 78% of white women older than _____ have at least one thoracic compression fracture.
 - a. 60 years
 - b. 70 years
 - c. 80 years
 - d. 90 years

126. Spondylolysis is a stress fracture of the bony arch connecting the upper and lower facet joints and occurs primarily at the _____ and _____ levels.

- a. L1, L2
- b. L2, L3
- c. L4, L5
- d. L5, S1

- 127. True or false. Ligaments and muscles bridge vertebral segments but <u>do not</u> allow flexion, extension, tilt, or rotation.
 - a. True
 - b. False
- 128. Which of the following is not a degenerative process?
 - a. Osteosarcoma
 - b. Cartilage wear in the joints
 - c. Vascular ingrowth into the disc
 - d. Herniation of discs
- 129. A _____ may be seen as a defect in the annulus, containing soft tissue material.
 - a. Herniation
 - b. Fold
 - c. Tear
 - d. Scar
- 130. What is it called when the spinal canal is rendered too narrow due to disc or joint disease for normal blood supply to reach neural structures?
 - a. Spinal instability
 - b. Spinal stenosis
 - c. Spinal fusion
 - d. Spinal decompression
- 131. What modality is the ideal method of assessing complex fractures and detecting destructive tumors?
 - a. MRI
 - b. Radiographs
 - c. CT
 - d. PET
- 132. What inflammatory disease of the spine primarily affects the cervical spine?
 - a. Osteoarthritis
 - b. Psoriatic arthritis
 - c. Gout
 - d. Rheumatoid arthritis
- 133. Inflammation of the vertebral body is known as _____.
 - a. Spondylitis,
 - b. Myelitis
 - c. Discitis
 - d. Osteoarthritis
- 134. What is the most important spinal complication in ankylosing spondylitis?
 - a. Osteoporosis
 - b. Fracture
 - c. Instability
 - d. All the above

- 135. What is a systemic granulomatous disease of unknown cause that has been shown to affect nearly every body system?
 - a. Crystal deposition disorder
 - b. CPPD
 - c. Sarcoidosis
 - d. HA

- 136. Of the routes for the introduction of infection around the body, which one occurs from puncture wounds or penetrating trauma?
 - a. Hematogenous
 - b. Direct implantation
 - c. Direct spread
 - d. Indirect spread
- 137. What is characterized in the early stages by joint effusion?
 - a. Septic arthritis
 - b. Osteomyelitis
 - c. Osteoarthrosis
 - d. Osteoarthritis
- 138. What is the imaging modality of choice for evaluating infection?
 - a. CT
 - b. Radiographs
 - c. MRI
 - d. Nuclear medicine
- 139. Imaging infection, what is seen as the replacement of normal fat signal in subcutaneous tissue on T1-weighted images?
 - a. Osteomyelitis
 - b. Cellulitis
 - c. Osteoarthritis
 - d. Discitis
- 140. Patients with joint effusion and clinical suspicion of ______ should undergo image-guided aspiration of the fluid.
 - a. Osteomyelitis
 - b. Osteoporosis
 - c. Septic arthritis
 - d. Osteoarthritis
- 141. What percentage of osteomyelitis of the foot and ankle is a result of contiguous spread through the skin?
 - a. 87%
 - b. 90%
 - c. 93%
 - d. 95%
- 142. What bacteria causes most hematogenous musculoskeletal infections?
 - a. Staphylococcus aureus
 - b. Staphylococcus epidermidis
 - c. Gram-positive cocci
 - d. Staphylococcus haemolyticus

- 143. True or false. Chronic renal failure can lead to the resorption of bone at the joints and enthesial attachments, as well as the intervertebral discs.
 - a. True
 - b. False

144. What is an effective imaging method for the evaluation of upper extremity sports injuries?

- a. CT
- b. Radiography
- c. Ultrasound
- d. MRI
- 145. A linear transducer of greater than ______ is preferred to image superficial soft tissue abnormalities.
 - a. 9 MHz
 - b. 10 MHz
 - c. 11 MHz
 - d. 12 MHz

146. The ______ is the most commonly imaged tendon group using ultrasound.

- a. Bursa
- b. Rotator cuff
- c. Glenohumeral
- d. Transverse
- 147. In the wrist and hand, one ligament that is ideally assessed with ultrasound is the ______.
 - a. Anterior radiocarpal ligament
 - b. Radial collateral ligament
 - c. Ulnar collateral ligament of the thumb
 - d. Inferior collateral ligament

148. For athletic injuries, diagnostic ultrasound is used daily as a ______ to confirm injury and guide treatment.

- a. Barometer
- b. Stethoscope
- c. Tool
- d. Indicator
- 149. What percentage of symptomatic athletes experiencing groin pain had an inguinal hernia?
 - a. 85%
 - b. 89%
 - c. 91%
 - d. 93%
- 150. In the ankle, what is a commonly affected tendon, especially in runners?
 - a. Flexor hallicus longus tendon
 - b. Flexor digitorum tendon
 - c. Achilles tendon
 - d. Peroneal tendon
- 151. Diagnostic ultrasound may be used to assess muscle tears _____ hours after injury.
 - a. 3
 - b. 4
 - c. 5
 - d. 6

- 152. Causes of muscle pathology include which of the following?
 - a. Traumatic
 - b. Autoimmune
 - c. Infectious
 - d. All the above
- 153. What grade of muscle strain is a 10-50% fiber disruption?
 - a. Grade 1
 - b. Grade 2
 - c. Grade 3
 - d. Grade 4
- 154. Muscle hernias are most commonly seen in the _____.
 - a. Lower extremity
 - b. Upper extremity
 - c. Lumbar spine
 - d. Cervical spine
- 155. What is the infarction of skeletal muscle called?
 - a. Inclusion body myositis
 - b. Myonecrosis
 - c. Inflammatory myopathy
 - d. Polymyositis

156. In compartment syndrome, elevated pressure reduces ______ to muscles.

- a. Venous blood flow
- b. Nerve signals
- c. Arterial blood flow
- d. Stimulation
- 157. True or false. Infarcted muscle can be salvaged.
 - a. True
 - b. False
- 158. What refers to the dysfunction of skeletal muscle and encompasses a spectrum of diseases?
 - a. Dystrophy
 - b. Syndrome
 - c. Myopathy
 - d. Edema
- 159. What is an aggressive bacterial infection that spreads rapidly between muscle the compartment along deep fascial planes and subcutaneous fat?
 - a. Necrotizing fasciitis
 - b. Denervation
 - c. Myositis
 - d. Parsonage-Turner syndrome

- 160. What is the main peripheral nerve abnormality that leads to referral for imaging?
 - a. Tumors
 - b. Trauma
 - c. Perineural fibrosis
 - d. Entrapment

- 161. Peripheral nerve abnormalities are best imaged by what modality?
 - a. Ultrasound
 - b. MRI
 - c. CT
 - d. A&B
- 162. Peripheral nerves range in diameter from _____.
 - a. 1 to 10 mm
 - b. 1 to 15 mm
 - c. 1 to 20 mm
 - d. 1 to 25 mm
- 163. What is the most common nerve entrapment?
 - a. Carpal tunnel syndrome
 - b. Herniated disc
 - c. Peroneal nerve entrapment
 - d. Ulnar tunnel syndrome
- 164. More than _____ of peripheral nerve tumors are benign.
 - a. 85%
 - b. 90%
 - c. 92%
 - d. 95%
- 165. What is the most common benign nerve sheath tumor?
 - a. Intraneural lipoma
 - b. Intraneural ganglia
 - c. Schwannoma
 - d. Neurofibroma
- 166. Perineural fibrosis is nearly always related to all of the following **except** ______.
 - a. Prior radiation
 - b. Prior Infection
 - c. Prior Surgery
 - d. Prior trauma
- 167. True or false. The most common site of post-radiation perineural fibrosis is the brachial plexus.
 - a. True
 - b. False

- 168. The term juvenile osteochondritis dissecans (JOCD) applies to patients between the ages of _____ and _____
 - years.
 - a. 3,5
 - b. 7,9
 - c. 10, 15
 - d. 16, 18

169. JOCD of the lower extremity is most frequently found in the ______.

- a. Femoral condyles
- b. Talar dome
- c. A & B
- d. Epiphyseal cartilage

- 170. True or false. Acute traumatic chondral injuries are significantly less common than meniscal and anterior cruciate ligament injuries in the immature knee.
 - a. True
 - b. False
- 171. During what time do avulsion injuries in children most frequently happen?
 - a. Puberty
 - b. Adolescence
 - c. Young adulthood
 - d. A&B
- 172. Traction apophysitis at the Achilles tendon calcaneal insertion is termed ______.
 - a. Sever's disease
 - b. Meyer's disease
 - c. McKeever disease
 - d. Slatter disease
- 173. In the Meyers and McKeever classification, what does Type III indicate?
 - a. Nondisplaced
 - b. Posteriorly hinged attachment
 - c. Completely displaced
 - d. Comminuted or rotated fragment
- 174. The physis is also call the ______.
 - a. Cartilage plate
 - b. Growth plate
 - c. Muscle plate
 - d. Tendon plate
- 175. In the Salter-Harris classification of growth plate fractures, what does Type II indicate?
 - a. Fracture confined to the physis
 - b. Involves the physis and metaphysis
 - c. Extends from the epiphysis into the epiphysis
 - d. Obliquely orient fracture

- 176. Which of the following is not a unique feature of the pediatric musculoskeletal system?
 - a. Anatomical differences
 - b. Physiological differences
 - c. Psychological differences
 - d. Age differences
- 177. What is one of the most common musculoskeletal pathologies in the newborn?
 - a. Developmental dysplasia of the hip
 - b. Osteogenesis imperfecta
 - c. Hypophosphatasia
 - d. Hyperparathyroidism
- 178. What imaging technique is the first choice in infants younger than 6-9 months of age with suspicion of developmental dysplasia of the hip?
 - a. Radiography
 - b. MRI
 - c. CT
 - d. Ultrasound

- 179. What is the most common cause of hip pain or limping in children under the age of 10?
 - a. Perthes disease
 - b. Developmental dysplasia
 - c. Transient synovitis
 - d. Femoral epiphysis
- 180. Transient synovitis requires which of the following treatments?
 - a. Physical therapy
 - b. Rest
 - c. Analgesics
 - d. B&C
- 181. Perthes disease typically occurs between what ages?
 - a. 2-4 years
 - b. 5-8 years
 - c. 9-11 years
 - d. 12-15 years
- 182. Juvenile idiopathic arthritis encompasses ______ subsets of aseptic arthritis.
 - a. Five
 - b. Six
 - c. Seven
 - d. Eight
- 183. Benign pediatric bone tumors include which of the following?
 - a. Osteochondroma
 - b. Nonossifying fibroma
 - c. Osteoid osteoma
 - d. All the above

Part Two

Hip Fracture: The Choice of Surgery

- 184. True or false. The aim of hip fracture surgery is to allow immediate mobilization with full weight-bearing.
 - a. True
 - b. False
- 185. The AO/OTA classification system for trochanteric fractures divides the area into _____ types of severity.
 - a. 7
 - b. 8
 - c. 9
 - d. 10
- 186. What percentage of hip fractures are subtrochanteric fractures?
 - a. 3%
 - b. 5%
 - c. 7%
 - d. 9%

- 187. Which of the following is a major strategy for treating hip fractures?
 - a. Prothesis
 - b. Osteosynthesis
 - c. Traction
 - d. A & B
- 188. What has been the Gold Standard for treating trochanteric fractures for decades?
 - a. Sliding hip screws
 - b. Parallel implants
 - c. Intramedullary nail
 - d. Prothesis
- 189. What involves a metal femoral head replacement attached by a stem seated in the shaft cavity?
 - a. Parallel implants
 - b. Prothesis
 - c. Sliding hip screws
 - d. Intramedullary nails
- 190. In undisplaced femoral neck fractures, around _____ of the undisplaced fractures are treated with parallel screws or pins.
 - a. One-eighth
 - b. One-fourth
 - c. One-half
 - d. Three quarters
- 191. Trochanteric fractures may be complicated by a non-union or mechanical collapse in what percentage of patients?
 - a. 1-5%
 - b. 1-7%
 - c. 1-10%
 - d. 1-12%

Post-operative Management

192. What percentage of patients are fully independent and with a low level of comorbidity prior to hip fracture?

- a. 10%
- b. 15%
- c. 17%
- d. 20%
- 193. Shortening the time in bed after hip fracture surgery reduces which of the following complications?
 - a. Thrombosis
 - b. Pneumonia
 - c. Respiratory failure
 - d. All the above
- 194. What is a useful tool for monitoring basic mobility during hospitalization?
 - a. Combined Ambulation Score
 - b. Common Ambulation Score
 - c. Cumulated Ambulation Score
 - d. Constant Ambulation Score

- 195. With suitable rehabilitation programs addressing critical issues in the post-operative phase, almost ______ of patients who were able to walk before fracture achieve the ability to walk within the first two post-operative days.
 - a. 75%
 - b. 80%
 - c. 85%
 - d. 90%
- 196. Which of the following is not a factor that may contribute to post-operative hypotension?
 - a. Anemia due to acute blood loss
 - b. Dehydration secondary to poor oral intake of fluids
 - c. Post-operative pain
 - d. The effects of anesthetic agents
- 197. What is a strategy for preventing post-operative hypotension?
 - a. Medication adjustment
 - b. Fluid management
 - c. Bed rest
 - d. A & B
- 198. What percentage of patients with hip fractures have a hemoglobin level below the population normal upon admission?
 - a. 30%
 - b. 40%
 - c. 50%
 - d. 60%
- 199. During the postoperative period, what is the most common cause of death?
 - a. Respiratory failure
 - b. Cardiac failure
 - c. Sepsis
 - d. All the above
- 200. What is a common complication that affects about one-third of older patients with hip fractures in the perioperative period?
 - a. Low blood pressure
 - b. Respiratory failure
 - c. Delirium
 - d. Weight loss

Rehabilitation Following Hip Fracture

- 201. Recovery after hip fracture starts _____.
 - a. After surgery
 - b. Upon admission
 - c. During rehabilitation
 - d. At home

Questions 202 to 206 match the appropriate rehabilitation team element for the following definitions.

- 202. Identifying what can be improved and what cannot.
 - a. Assessment
 - b. Goal-setting
 - c. Treatment
 - d. Evaluation

- 203. Intervening to improve medical and functional problems.
 - a. Assessment
 - b. Goal-setting
 - c. Treatment
 - d. Evaluation
- 204. Identification of problems to be addressed.
 - a. Assessment
 - b. Goal-setting
 - c. Treatment
 - d. Evaluation
- 205. Reviewing the effectiveness of interventions.
 - a. Assessment
 - b. Evaluation
 - c. Treatment
 - d. Planning
- 206. Organizing support services.
 - a. Assessment
 - b. Planning
 - c. Goal-setting
 - d. Treatment
- 207. In Western nations approximately _____ of patients move to a residential care facility following hip fracture.
 - a. 10-20%
 - b. 25-30%
 - c. 35-40%
 - d. 45-50%
- 208. What patients appear to be at particular risk of poor outcomes after hip fracture?
 - a. Male patients
 - b. People living in supported accommodation
 - c. Those with dementia
 - d. All the above
- 209. According to one prospective study, delirium remained in _____ of patients one month after a fracture.
 - a. 28%
 - b. 32%
 - c. 35%
 - d. 37%

Questions 210 to 213 match the category of care with the key element of a typical rehabilitation pathway.

210. Ensure progress in recovery of the pre-fracture level of independence.

- a. Frailty
- b. Activities of daily living
- c. Mobility
- d. Medications
- 211. A review of all medication should be undertaken on admission.
 - a. Frailty
 - b. Mobility
 - c. Activities of daily living
 - d. Medications

- 212. Consider conducting an assessment of activities of daily living.
 - a. Mobility
 - b. Activity of daily living
 - c. Frailty
 - d. Medication
- 213. Strategies to prevent and treat delirium
 - a. Medication
 - b. Cognitive and mental status
 - c. Mobility
 - d. Frailty