

**CHAPTER ONE: ORGANIZATION AND MANAGEMENT OF THE DISTRICT SURGICAL SERVICE**

1. **In addition to identifying the opinion leaders, you must be sensitive to any groups or subgroups whose voices are:**  
A persuasive in the area      B unlikely to be heard      C the loudest      D the most vulnerable
2. **No matter what the cultural norms, effective listening is:**  
A summarizing the speaker      B writing down what is said      C active, not passive      D playing devil's advocate
3. **Feedback is most helpful if comments are constructive in nature and suggest changes in a way that is ——— rather than threatening.**  
A supportive      B constructive      C critical      D encouraging
4. **When delivering bad news, arrange to talk to the patient in the company of family, preferably away from:**  
A children      B other patients      C other staff      D friends
5. **In-service training should be ——— to the work people do and the care they provide.**  
A tangentially related      B at least somewhat related      C mostly related      D directly related
6. **The bedside is a good place to review clinical skills and specific physical findings.**  
A True      B False
7. **All post-operative patients should be assessed at least ———, even those who are not seriously ill.**  
A once every two days      B once a day      C twice a day      D three times a day
8. **Consistency of approach, infection rates, length of patient stay, transfusion rates, and complication rates can all be identified by:**  
A records audit      B procedure evaluation      C chart audit      D historical data
9. **It is vital to develop a ——— disaster plan if your hospital does not yet have one.**  
A public health      B written      C natural      D trauma
10. **Blood and body fluids are treated with ——— of caution.**  
A some level      B a high degree      C varying degrees      D the same degree

**CHAPTER TWO: THE SURGICAL DOMAIN: CREATING THE ENVIRONMENT FOR SURGERY**

11. **Most of the small number of reported infections of health workers with HIV have resulted from:**  
A injuries from sharp objects      B wound to wound contact      C injuries from the patient      D mucous contact
12. **When incising the skin or abdominal wall, use the ——— scalpel and blade.**  
A larger      B smaller      C midsize      D #15
13. **It is standard practice to count supplies:**  
A before beginning a case      B before final closure      C on completing the procedure      D all of the above
14. **——— prevent transmission of HIV through contact with blood, but there is always the possibility of accidental injury and puncture.**  
A gowns      B sterile equipment      C surgical gloves      D protective eyewear
15. **Needles and instruments should routinely be soaked in a chemical disinfectant for ——— before cleaning.**  
A 10 minutes      B 30 minutes      C 1 hour      D 6 hours

**CHAPTER THREE: THE SURGICAL PATIENT**

16. **The ability to provide ——— can limit the surgical capabilities of a hospital.**  
A routine medical procedures      B routine staff      C the latest medical technology      D consistent postoperative care

17. The preoperative note should document:

- A history and physical examination      B results of labs/investigations      C diagnosis      D all of the above

18. Infants and children under ——— of age have important physiological differences that influence the way in which they should be cared for.

- A 10 years      B 12 years      C 13 years      D 8 months

19. Children are especially prone to ——— in the operating room.

- A bradycardia      B hypothermia      C tachycardia      D hypoxia

20. Children with abdominal operations typically require up to ——— fluid than baseline requirements.

- A 50%      B 40%      C 30%      D 20%

21. Infants are unable to concentrate urine as well as adults, making them more susceptible to electrolyte abnormalities.

- A True      B False

22. In children, local anaesthetics (bupivacaine 0.25%, not to exceed ———) administered in the operating room can decrease incisional pain.

- A .5 ml/kg      B 1 ml/kg      C 2 ml/kg      D 2.4 ml/kg

23. ——— is caused by enlargement of the muscle that controls stomach emptying (pylorus).

- A gastroesophageal reflux      B gastroenteritis      C intestinal atresia      D hypertrophic pyloric stenosis

24. ——— is the name given to a small sac that protrudes through a bony defect in the skull or vertebrae, most commonly in the lumbar area.

- A Meningocele      B Myelocele      C Meningomyelocele      D Spina bifida

25. When a dislocated flexed hip is abducted, a click can often be felt as the dislocated femoral head enters the:

- A acetabulum      B glenoid cavity      C femur joint      D labrum

26. The most common cause of peritonitis in children is:

- A pancreatitis      B appendicitis      C diverticulitis      D trauma

27. Umbilical hernias are common in:

- A children 4-7      B toddlers      C newborns      D adolescents

## CHAPTER FOUR: SURGICAL TECHNIQUES

28. A suture that degrades and loses its tensile strength within ——— days is generally considered to be absorbable.

- A 30      B 45      C 60      D 90

29. Continuous or running sutures are less time-consuming than interrupted sutures.

- A True      B False

30. A minimum of ——— complete square knots on any substantive vessel should be used when tying sutures.

- A five      B four      C three      D two

31. The ——— knot is the most secure.

- A two handed      B one handed      C square      D surgeon's

32. When a wound is extensive and more than ——— old, you should consider it to be colonized with bacteria.

- A 3 hours      B 1 day      C 12 hours      D 6 hours

## CHAPTER FIVE: BASIC SURGICAL PROCEDURES

33. ——— is the most common reason for skin graft failure.

- A Technical error      B Infection      C Haematoma      D Seroma formation

34. Wounds of the ear and nose may result in deformities or necrosis of the cartilage.  
 A True B False
35. Epistaxis often occurs from the plexus of veins in the ——— part of the nasal septum  
 A medial B lateral C posterior D anterior
36. Repaired tendons should be held in a relaxed position with a splint for ——— weeks.  
 A four B two C three D six
37. Bites from wild and domestic animals are the source of rabies infection with the ——— being the major source.  
 A domestic dog B unvaccinated dog C feral cat D wild racoon
38. In burns, one should excise adherent necrotic tissue initially and debride all necrotic tissue over:  
 A one or two days B the first three days C the first several days D a couple weeks
39. Airway foreign bodies are common in children; ——— are the most frequent object.  
 A beads B peanuts C raisins D marbles
40. Acute mastoiditis is usually a complication of:  
 A cholesteatoma B an inner ear infection C acute otitis media D a blockage in the ear
41. When a child has retropharyngeal abscesses, the child cannot eat, has a voice change, is irritable and has croup and fever.  
 A True B False
42. Pyomyositis is an intramuscular abscess occurring in the large muscles of the limbs and trunk, most commonly in:  
 A toddlers B young boys C adolescent females D adolescent males
43. Lymph nodes are located beneath fascia and therefore require deeper dissection than skin or subcutaneous lesion biopsies.  
 A True B False
44. In cases of invasive carcinoma, the cervix may initially be eroded or ——— infected.  
 A mildly B severely C acutely D chronically
45. Sigmoidoscopy is indicated for patients who have symptomatic colorectal disease and have had a(n) ——— proctoscopy.  
 A conclusive B inconclusive C negative D positive
46. Drainage is not recommended in the ——— or chronic stages of perianal haematoma.  
 A hyperacute B acute C early subacute D subacute
47. ——— is not always a significant feature of haemorrhoids.  
 A Itching B Bleeding C Pain D Prolapse of varicose masses

## CHAPTER SIX: LAPAROTOMY AND ABDOMINAL TRAUMA

48. One should avoid laparotomy in:  
 A appendicitis B pancreatitis C ovaries D fibroids
49. A possible cause of free bowel contents and gas in the peritoneum is:  
 A perforation of stomach B diverticulitis C injury to liver, spleen or mesentery D bowel perforation
50. Retention sutures are indicated in patients that are:  
 A debilitated B fully capable of movement C otherwise healthy D somewhat physically weak

51. **Diagnostic peritoneal lavage should not be performed if:**
- A a patient is stable                      B abdominal findings are equivocal                      C a nasogastric tube is inserted                      D there are indications for immediate laparotomy
52. **Following blunt abdominal trauma, signs that may indicate intra-abdominal bleeding include:**
- A hypertension                      B hypotension                      C referred neck pain                      D bruising
53. **Delayed rupture of an enlarged spleen can occur up to ——— weeks after the injury.**
- A three                      B two                      C four                      D six
54. **Large liver lacerations should not be closed.**
- A True                      B False
55. **Reasons for resection include:**
- A traumatic perforation                      B gangrene                      C tear of mesentery w/ischaemic loop of bowel                      D all of the above
56. **Colostomy closure should not be performed earlier than ——— month(s).**
- A one                      B two                      C three                      D four
57. **An expanding or pulsating haematoma is evidence of ——— bleeding.**
- A mild                      B life-threatening                      C moderate                      D anaemic
58. **When managing the aftercare of a ruptured bladder, administer antibiotics for the first:**
- A two weeks                      B week                      C five days                      D three weeks

## CHAPTER SEVEN: ACUTE ABDOMINAL CONDITIONS

59. **Diseased retroperitoneal organs (kidney, pancreas) may present with:**
- A back pain                      B hind gut pain                      C fore gut pain                      D mid gut pain
60. **The more proximal the bowel obstruction, the ——— the vomiting.**
- A less frequent                      B more frequent                      C more violent                      D less severe
61. **The following are major causes of peritonitis except:**
- A endometriosis                      B appendicitis                      C pancreatitis                      D typhoid perforation
62. **The delay in performing an emergency surgery for a perforated peptic ulcer becomes critical ——— after perforation.**
- A 1 hour                      B 2 hours                      C 4 hours                      D 6 hours
63. **Cholecystitis presents with epigastric cramps then pain which radiates to the ——— quadrant.**
- A right upper                      B left upper                      C right lower                      D left lower
64. **Acute appendicitis results from ——— usually distal to obstruction of the lumen.**
- A viral invasion                      B bacterial invasion                      C abdominal injury                      D an autoimmune response
65. **Appendicular abscess should be treated with incision and drainage.**
- A True                      B False
66. **The most common cause of large bowel obstruction seen at the district hospital is:**
- A abdominal adhesions                      B diverticulitis                      C volvulus of the sigmoid colon                      D hernias

## CHAPTER EIGHT: ABDOMINAL WALL HERNIA

67. **——— hernia is by far the most common type of hernia in males.**
- A Inguinal                      B Femoral                      C Umbilical                      D Incisional

68. ——— is the most dangerous complication of a hernia.
- A Recurrence                      B Bowel obstruction                      C Strangulation                      D Incarceration
69. Diagnosis of a ——— hernia is often intraoperative, becoming apparent once you open the inguinal canal and the hernia sac.
- A sliding                      B epigastric                      C incisional                      D umbilical
70. ——— hernia are groin hernia which have a small opening and are prone to incarceration.
- A Inguinal                      B Femoral                      C Umbilical                      D Incisional
71. As umbilical hernias usually close spontaneously, they should not be repaired before ——— years of age.
- A 2                      B 3                      C 4                      D 5
72. ——— hernias can be difficult to treat because of adhesions of abdominal viscera to the sac.
- A Epigastric                      B Femoral                      C Umbilical                      D Incisional

## CHAPTER NINE: URINARY TRACT AND PERINEUM

73. In ——— retention of urine, pain is not a feature.
- A severe                      B acute                      C chronic                      D moderate
74. Bladder puncture may become ——— if urethral catheterization fails.
- A harder                      B easier                      C necessary                      D dangerous
75. Chronic strictures can be managed safely with repeat dilations using metal bougies.
- A True                      B False
76. Paraphimosis occurs most commonly in:
- A toddlers                      B babies                      C teens                      D children
77. In torsion, the testicle can become gangrenous in ——— hours; treatment is thus an emergency.
- A 3                      B 4                      C 5                      D 6
78. A hydrocoele is differentiated from hernia in that it:
- A transilluminates                      B transmits a cough impulse                      C reduces                      D extends above the inguinal ligament
79. Lymphoedema of the scrotum is characterized by:
- A redness                      B thickened skin                      C tightness                      D restricted range of motion
80. Possible postoperative complications of scrotal hydrocoele include all except:
- A haematoma                      B necrosis                      C infection                      D recurrence
81. Following a vasectomy, it can take up to ——— for the patient to become completely sterile.
- A 2 weeks                      B 4 weeks                      C 8 weeks                      D 3 months
82. Fournier's gangrene is a necrotizing fasciitis of perineal areas most commonly affecting the scrotum of:
- A toddlers                      B children                      C adolescents                      D adults

## CHAPTER TEN: HYPERTENSION IN PREGNANCY

83. ——— is a good indicator of prognosis for the management of hypertensive diseases in pregnancy.
- A Systolic blood pressure                      B Diastolic blood pressure                      C Heart rate                      D Oxygen saturation
84. ——— is the preferred drug for preventing and treating convulsions in pregnant women.
- A Lamotrigine                      B Nimodipine                      C Phenytoin                      D Magnesium sulfate

85. Severe pre-eclampsia is present if a patient has one or more of the following, except:  
 A urine output <500 ml      B headache      C pulmonary oedema      D hyperreflexia
86. ——— is the drug of choice for managing blood pressure in pre-eclampsia and eclampsia patients.  
 A Hydralazine      B Minoxidil      C Prazosin hydrochloride      D Guanadrel
87. Continue anticonvulsive therapy for ——— after delivery or last convulsion, whichever occurs last.  
 A 1 week      B 12 hours      C 48 hours      D 24 hours

## CHAPTER ELEVEN: MANAGEMENT OF SLOW PROGRESS OF LABOR

88. While normal labour usually ends within ———, labour may be prolonged in some cases.  
 A 4 hours      B 6 hours      C 12 hours      D 18 hours
89. The most frequent and most favourable fetal presentation is a well flexed head in the occipito-anterior position.  
 A True      B False
90. In the latent phase, the cervix is ——— dilated.  
 A between 4 and 6 cm      B less than 4 cm      C more than 2 cm      D 5 cm
91. Using a partograph, ——— should be recorded every 2 hours.  
 A fetal heart rate      B blood pressure      C pulse rate      D temperature
92. The latent phase is prolonged when the cervical dilatation remains:  
 A less than 4 cm after 8 hours      B less than 6 cm after 6 hours      C less than 4 cm after 4 hours      D less than 6 cm after 4 hours
93. If arrested labor occurs and the head is engaged and at ——— or more below the ischial spines, deliver by forceps or ventouse.  
 A 2 cm      B 1 cm      C 4 cm      D 3 cm
94. Prolonged labour is an indication for urgent caesarean section in breech presentation.  
 A True      B False
95. If the patient is severely anaemic prior to beginning a caesarean section, plan to give ——— units of blood.  
 A 1      B 2      C 3      D 4
96. The recommended dose for Ampicillin post caesarean section is:  
 A 1 g IV      B 3 g IV      C 1-2 g IV      D 1-3 g IV
97. Post caesarean, give ergometrine:  
 A 0.2 mg IM      B 0.2 mg IV      C 0.5 mg IM      D 0.5 mg IV
98. If labour is not established ——— after ARM, begin oxytocin infusion.  
 A 30 minutes      B 45 minutes      C 2 hours      D 1 hour
99. When using a vacuum extractor in the absence of fetal distress, continue the "guiding" pulls for a maximum of:  
 A 15 minutes      B 20 minutes      C 30 minutes      D 1 hour
100. Forceps delivery fails if the fetus is undelivered after ——— pulls.  
 A 2      B 3      C 4      D 5

## CHAPTER TWELVE: BLEEDING IN PREGNANCY AND CHILDBIRTH

101. Bleeding is the cause of one in ——— maternal deaths worldwide.  
 A 7      B 6      C 3      D 4



119. Anaesthesia is not required for ——— cervical tears.

- A any                                      B very few                                      C most                                      D about half of

120. Complete transection of the anal sphincter is the ——— degree of tear that can occur during delivery.

- A first                                      B second                                      C third                                      D fourth

121. A perineal tear is always contaminated with faecal material.

- A True                                      B False

122. In the case of uterine and utero-ovarian artery ligation, give a single dose of:

- A ergometrine                                      B paracetamol                                      C oxytocin                                      D prophylactic antibiotics

123. In cases of molar pregnancy, recommend a hormonal family planning method for at least ——— to prevent pregnancy.

- A 3 months                                      B 6 months                                      C 1 year                                      D 2 years

## CHAPTER THIRTEEN: RESUSCITATION AND PREPARATION FOR ANAESTHESIA AND SURGERY

124. If when intubating a patient you hear a gurgling noise, it is a sign that:

- A you should remove the tube                                      B correct tracheal intubation is certain                                      C correct tracheal intubation is probable                                      D the patient is resuscitated

125. Having made the diagnosis of circulatory arrest, the immediate first step must be to do external cardiac massage (ECM).

- A True                                      B False

126. Causes of pulseless electrical activity (sinus rhythm) include all of the following except:

- A overdose of anaesthetic agent                                      B septicaemia                                      C hypothermia                                      D hypoxia

127. When diagnosing shock in surgical patients, look for hypovolaemia and ——— first.

- A acute anaphylaxis                                      B sepsis                                      C neurogenic                                      D heart failure

128. A preoperative haemoglobin value at or above ——— is acceptable without the need for transfusion or blood requests.

- A 6 or 7 g/dl                                      B 6 g/dl                                      C 5 g/dl                                      D 7 or 8 g/dl

129. Causes of convulsions include:

- A hypoglycaemia                                      B cerebral malaria                                      C meningitis                                      D all of the above

130. For intravenous access, do not attempt the ——— as there is a high risk of pleural puncture.

- A subclavian vein                                      B femoral vein                                      C antecubital fossa                                      D internal jugular vein

131. Intramuscular ketamine ———, is effective in creating an enabling environment for successful venipuncture of a baby after failed attempts.

- A 1 mg/kg                                      B 1-2 mg/kg                                      C 2-3 mg/kg                                      D 4 mg/kg

132. A 3 kg neonate should have ——— circulating blood volume, so the initial intravenous fluid load is about 20% of circulating volume.

- A 250 ml                                      B 200 ml                                      C 150 ml                                      D 100 ml

133. The standard epinephrine 1/1000 dose for any cardiac arrest and also where the cause and/or rhythm are unknown is:

- A 0.5 mg                                      B 1 mg                                      C 1.5 mg                                      D 2 mg

134. Failure to make a proper assessment of the patient's condition is one of the commonest causes of mishaps associated with anaesthesia.

- A True                                      B False

135. ——— with no history of trauma will usually mean bowel obstruction or ileus from peritonitis.

- A soft abdomen                                      B a fixed mass                                      C acute distension                                      D chronic distension

136. For safe fasting, children should have no solid food for 6 hours, milk up to 4 hours, and water up to ——— hours preoperatively.

- A 4                                      B 3                                      C 2                                      D 1

137. A nerve block is suitable for which type of surgery?

- A intrathoracic                      B upper abdominal                      C lower abdominal                      D upper limbs

138. A complication of conduction anaesthesia is:

- A respiratory depression              B airway obstruction              C cardiac dysrhythmias              D spread of sepsis

139. All of the following except ——— would be appropriate under both general and regional anaesthesia.

- A amputation                      B debridement of wounds              C gunshot wound to leg              D drainage of abscesses

140. The shocked patient may suffer ——— in cardiac output if Intermittent Positive Pressure Ventilation (IPPV) is applied.

- A a moderate reduction              B a significant reduction              C a mild increase              D a moderate increase

141. In some situations, it may be convenient to mix drugs in the same syringe. ——— does not mix well with other drugs.

- A Paracetamol                      B Suxamethonium                      C Ketamine                      D Diazepam

142. There is no absolute haemoglobin concentration below which a patient is "unfit for anaesthesia."

- A True                      B False

143. For short procedures in those with asthma or chronic bronchitis, avoid intubation and use ———% oxygen or more.

- A 20                      B 30                      C 40                      D 50

144. For insulin-dependent patients, measure the blood sugar concentration shortly before anaesthesia; it will probably be ——— mmol/litre.

- A 5-10                      B 6-12                      C 7-12                      D 8-13

## CHAPTER FOURTEEN: PRACTICAL ANAESTHESIA

145. Certain drugs, such as ———, produce unconsciousness without relaxation or analgesia.

- A thiopental                      B ether                      C opiates                      D barbiturates

146. Thiopental is presented as ampoules of yellow powder that must be dissolved before use to make a solution of:

- A 2%                      B 2.5%                      C 3%                      D 3.5%

147. The normal induction dose of propofol is ———/kg of body weight.

- A 1-1.5 mg                      B 1.5-2 mg                      C 2-2.5 mg                      D 2.5-3 mg

148. At ———/kg of body weight, ketamine produces a marked increase in salivary secretions.

- A 5                      B 6                      C 7                      D 8

149. When you reach ———% ether, turn off the halothane.

- A 8                      B 7                      C 9                      D 10

150. Signs that anaesthesia may be too light include all except:

- A patient moves                      B rising pulse                      C lowering blood pressure                      D sweating

151. Prevent a rise in blood pressure in eclamptic patients with a bolus of ——— G magnesium sulfate before intubation.

- A 1-1.5                      B 1.5-2                      C 2-2.5                      D 2-3

152. Before inducing anaesthesia for delivery, give a ——— ml dose of a liquid antacid.

- A 20                      B 30                      C 40                      D 50

153. For children under ——— kg, differences in anatomy and physiology mean you will have to significantly modify your anaesthetic technique.

- A 15                      B 20                      C 25                      D 30

154. The normal heart rate at birth is about ——— per minute, but it may swing widely in response to stress.
- A 180                                      B 120                                      C 160                                      D 140
155. A good urine output is about ——— per kg of body weight.
- A .25 ml/hour                              B 0.5 ml/hour                              C .75 ml/hour                              D 1 ml/hour
156. Most patients undergoing emergency surgery and anaesthesia will become hypothermic during the procedure.
- A True                                      B False
157. The maximum dose in mg/kg body weight of lidocaine 1% + epinephrine 1:200 000 is:
- A 2                                      B 4                                      C 7                                      D 9
158. Give ketamine ———/kg of body weight intramuscularly or ———/kg intravenously.
- A 2-4 mg, 6-8 mg                              B 4-6 mg, 1-2 mg                              C 6-8 mg, 1-2 mg                              D 6-8 mg, 2-4 mg
159. A sleep dose of thiopental is usually ———/kg of body weight for an adult, injected intravenously over 30–45 seconds.
- A 3 mg                                      B 5 mg                                      C 6 mg                                      D 8 mg
160. A patient should be preloaded with ——— ml of normal saline or Hartmann's solution prior to a spinal block for a c-section.
- A 200-400                                      B 250-500                                      C 400-800                                      D 500-1000
161. A small woman having a first time caesarean section with no expected complications would receive ——— heavy lidocaine.
- A 1.2 ml                                      B 1.4 ml                                      C 1 ml                                      D .7 ml
162. Patients should be monitored in the intensive care unit postoperatively, with special emphasis on:
- A blood pressure                              B urine output                              C fluid balance                              D all of the above
163. For an emergency laparotomy, put a ——— cannula in place and have a stock of IV fluids (normal saline or Ringer's lactate) available.
- A 10 gauge                                      B 12 gauge                                      C 14 gauge                                      D 16 gauge
164. In facial trauma, the classical method is to use inhalation anaesthesia with halothane when faced with a potentially obstructed airway.
- A True                                      B False
165. ——— general and regional anaesthetics cause skin vasodilatation.
- A Some                                      B Most                                      C Very few                                      D All
166. ——— anaesthesia produces fairly rapid, shallow breathing.
- A Ketamine                                      B Ether                                      C Halothane                                      D All
167. Older patients do not tolerate tachycardia well and adults ideally should not have a heart rate much above:
- A 90                                      B 100                                      C 110                                      D 120
168. Monitoring of blood pressure and respiration is ——— important after spinal than after general anaesthesia.
- A much less                                      B a little less                                      C just as                                      D more
169. If an adult oximeter is used, there may be a ——— saturation difference between readings on the toe and the finger in babies.
- A 10%                                      B 12%                                      C 15%                                      D 20%
170. The three events that probably contributed most to mortality in the postoperative period are all except for:
- A non-running drip                              B postoperative hypotension                              C respiratory failure                              D bradycardia
171. If morphine analgesia is needed on the ward, it is most usual to give an intramuscular regimen of ———/kg in ages 3-12 months.
- A 0.5-1 mg                                      B 0.05-0.1 mg                                      C 0.02-0.05 mg                                      D 0.1-0.5 mg



189. Post tracheostomy, aspirate secretions from the tracheobronchial tree:

- A semi-regularly      B regularly      C continuously      D as needed

190. Post tracheostomy, The air around the patient should be kept:

- A warm and dry      B warm and humid      C cool and humid      D cool and dry

## CHAPTER SEVENTEEN: ORTHOPAEDIC TECHNIQUES

191. A maximum of ——— kg of weight may be applied using skin traction.

- A 5      B 3      C 7      D 2

192. The Amount of weight to be used for skeletal traction depends on the fracture but, generally, between ——— is safe and adequate.

- A 20 and 40 kg      B 1/10 and 1/7 of body weight      C 40 and 50 kg      D 1/8 and 1/5 of body weight

193. When placing a pin in the proximal tibia, insert the pin ——— distal to the tibial tubercle and 2 cm behind the anterior border of the tibia.

- A 2 cm      B 1 cm      C 1.5 cm      D 3 cm

194. The ring size in halo traction should have ——— cm of clearance at all points.

- A 2-3      B 2      C 1.5      D 1-2

195. Fiberglass casts are lighter than plaster and resistant to water, but are more difficult to remove and are more expensive.

- A True      B False

196. For a splint application, place ——— layers of padding on a flat surface and unroll 5–10 layers of plaster on to the padding.

- A 1-3      B 2-4      C 3-5      D 4-6

197. Allow a cast to dry for ——— hours before putting weight on it or resting it on a hard surface.

- A 36      B 12      C 48      D 24

198. Common sites of pressure sores are:

- A sacrum      B ankle      C dorsum of foot      D all of the above

199. ———, the skin is susceptible to plaster or fibreglass allergy and dermatitis develops.

- A Frequently      B Occasionally      C Rarely      D About 70% of the time

200. ——— is the most common imaging technique available at the district hospital.

- A Ultrasound      B MRI      C CT      D X-ray

201. Ultrasound is less expensive than the other techniques and is especially useful for examination of the:

- A chest      B abdomen      C pelvis      D heart

202. Acute extradural and acute subdural haematomas are the only two conditions that may benefit from burr holes.

- A True      B False

## CHAPTER EIGHTEEN: ORTHOPAEDIC TRAUMA

203. Fractures in a sling should heal within 4–6 weeks in adults and ——— weeks in children.

- A 3      B 3-4      C 5      D 5-6

204. ——— fractures result from direct trauma or rotational injuries.

- A Femoral shaft      B Pelvic ring      C Metacarpal      D Humeral shaft

205. Treat non-displaced olecranon fractures with a long arm splint at ——— degrees.

- A 90      B 180      C 45      D any of the above

- 206. The most common complication of forearm fractures is:**
- A excessive bleeding      B loss of forearm rotation      C swelling      D poor circulation
- 207. In forearm fractures, begin motion out of the cast at ——— weeks.**
- A 6-8      B 4-6      C 8-10      D 10-12
- 208. The most common complication(s) of distal radius fractures is/are:**
- A malposition      B loss of motion      C both a and b      D none of the above
- 209. Healing time of scaphoid fractures is between 6 and ——— weeks.**
- A 8      B 10      C 12      D 20
- 210. ——— metacarpal fractures are stable and can be treated with closed manipulation and plaster immobilization.**
- A All      B Most      C Some      D Very few
- 211. Pelvic fractures occur as a result of high-energy trauma and are frequently accompanied by injuries to the genitourinary system.**
- A True      B False
- 212. It takes about ——— for non-displaced or impacted intra-capsular fractures to heal with light skin traction and a gentle range of motion.**
- A 4-8 weeks      B 6-10 weeks      C 8-12 weeks      D 12-16 weeks
- 213. Femoral shaft fractures take about ——— weeks to heal in adults.**
- A 4-6      B 6-8      C 8-10      D 10-12
- 214. Treat isolated fibula fractures in a 3-way splint followed after ——— days by a weight bearing short leg cast.**
- A 7-10      B 5-8      C 6-12      D 8-12
- 215. For a minimally displaced talus fracture, treat in a splint followed by a short leg non-weight bearing cast for ——— weeks.**
- A 4-6      B 6-8      C 8-10      D 10-12
- 216. Treat calcaneal fractures with partial weight bearing 6-8 weeks after the injury and full weight bearing, as tolerated, by:**
- A 10 weeks      B 3 months      C 4 months      D 6 months
- 217. A spine injury is unstable if there is up to ———% vertebral body compression in the thoracolumbar spine.**
- A 30      B 40      C 50      D 60
- 218. When performing a definitive amputation in a lower extremity, cut the skin flaps ——— distal to the proposed level of bone section.**
- A 5-6 cm      B 3-5 cm      C 7-8 cm      D 2-3 cm
- 219. For a low velocity gunshot injury, treat with intravenous antibiotics for ——— days.**
- A 2      B 1-3      C 3-5      D 4-6
- CHAPTER NINETEEN: GENERAL ORTHOPAEDICS**
- 220. Avascular necrosis commonly presents at which age in childhood?**
- A birth      B throughout childhood      C 4-8 years      D 7-15 years
- 221. The presenting findings of developmental dysplasia includes which of the following?**
- A knee pain      B loss of internal rotation      C pain with hip motion      D short leg
- 222. An example of an X-ray characteristic of benign tumors is which of the following?**
- A no soft tissue mass      B soft tissue mass present      C perforation of cortex      D lucent area diffuse



**SURGICAL CARE COURSE POST-TEST ANSWER SHEET**

(Page 1 of 2)

Fill in each blank. There are two options to submit the post test.

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