



The University of Fiji

(An Entity of Arya Pratinidhi Sabha of Fiji)

Umanand Prasad School of Medicine and Health Services
Department of Clinical Sciences

FINAL COURSE EXAMINATION PAPER ALSB 506

Important Instructions to Students:

1. Read the questions, and instructions carefully and answer the questions.
2. You are allowed an extra 10 minutes of reading time (during this time, you are not allowed to write with a pen) and 180 minutes (3 Hours) to complete this paper.
3. Silent, non-programmable calculators are allowed, but not supplied.
4. Write all your answers in the answer TOP HAT provided. Write your name, course code, and student identification number on the attendance sheet.
5. This Final Course Examination Paper is worth 100 marks and contributes 75% of the total course assessments. Students must at least score 50% in this final exam to pass the course.
6. This paper contains (1) section A. All questions are compulsory to answer.
7. Write all your answers legibly. The marker has the right to award zero for un legible answers.
8. This is a Closed Book Examination. The University views plagiarism, cheating, and dishonest practice as serious offenses, and offenders are penalized if found.

Examination Paper Content (Format):

<u>Section</u>	<u>Question</u>	<u>Content</u>	<u>Marks</u>	<u>Suggested Time</u>
A	1-100	Multiple Choice	100	180 minutes
		TOTAL	100	180 minutes

UMANAND PRASAD SCHOOL OF MEDICINE and HEALTH SERVICES

ALSB 506 - FINAL EXAMINATION

Time Allowed: 3 Hours

TOTAL MARKS: 100

Multiple Choice Question: Choose the best answer. Tick your final answer.

1. Commonest cause of facial nerve paralysis is:
 - A. Mumps
 - B. Bell's palsy
 - C. Fracture base of the skull
 - D. Mastoid surgery

2. A 20-year-old boy had a running nose followed by severe earache. One day later he had mucopurulent discharge from the ear. Diagnosis is:
 - A. Malignant otitis externa
 - B. Acute Suppurative otitis media
 - C. Eustachean catarrh
 - D. Barotraumas

3. Tonsillectomy is a common procedure done in ENT specialty. What is the commonest indication for tonsillectomy?
 - A. Peritonsillar abscess
 - B. Recurrent chronic tonsillitis
 - C. Rheumatic heart disease
 - D. Suspicion of malignancy

4. A patient complained of pain over the cheek radiating to the frontal region and increasing with bending down. There is tenderness to pressure over the frontal sinus floor immediately above the inner canthus. The most likely condition:
 - A. Acute sinusitis
 - B. Acute rhinitis
 - C. Acute otitis externa
 - D. Wax impaction

5. Which is not a branch of the facial nerve?
 - A. Temporal
 - B. Zygomatic
 - C. Buccal
 - D. Oculomotor nerve

6. Which drug from the following should you give to a patient with non–acute increased intraocular pressure and a history of asthma.?
- A. Acetazolamide
 - B. Furosemide
 - C. Levobunolol
 - D. Timolol
7. Foreign bodies in the throat often lodge in the:
- A. Pyriform fossa
 - B. Cribriform plate
 - C. Zenker's diverticulum
 - D. Vestibule
8. Stensen's duct opens near the:
- A. Upper second molar
 - B. Frenulum linguae
 - C. Lateral wall of the nose
 - D. Upper third molar
9. Quinsy is the term given to:
- A. Peritonsillar abscess
 - B. Parapharyngeal abscess
 - C. Retropharyngeal abscess
 - D. Cellulitis of the floor of the mouth.
10. A 45-year-old patient with an acute upper neck infection is admitted to hospital. Why should this patient be actively monitored?
- A. Impending airway obstruction
 - B. Necrotizing fasciitis
 - C. Intra cerebral spread
 - D. Trismus & dysphagia
11. Kiesselbach's plexus is NOT supplied by the:
- A. Anterior ethmoidal artery.
 - B. Middle meningeal artery
 - C. Greater palatine artery
 - D. Superior labial artery
12. The ossicles are arranged in the following order starting from the tympanic membrane:
- A. Incus, malleus stapes

- B. Malleus, incus, stapes
 - C. Stapes, malleus, incus
 - D. Malleus, stapes, incus
13. A 50-year-old gentleman with no known illnesses suddenly became apneic while eating on the dinner table. What would you do?
- A. Cricothyroidectomy
 - B. Tracheostomy
 - C. Commence CPR
 - D. Heimlich maneuver
14. The facial nerve exits the skull through the:
- A. Foramen ovale
 - B. Jugular Foramen
 - C. Facial foramen
 - D. Stylomastoid foramen
15. A major risk factor for otitis media is
- A. Immunosuppressed patients
 - B. Otitis externa
 - C. Eustachian tube dysfunction
 - D. Viral pharyngitis
16. The most dangerous foreign body in the nose is a:
- A. Button cell
 - B. Plastic bead
 - C. Stone fragment
 - D. Pea
17. Which of the following is NOT a risk factor for ischemic heart disease?
- A. Hyperlipidemia
 - B. Chronic Smoker
 - C. Age < 65 years
 - D. Family History of IHD
18. A 65-year-old male, chronic smoker with a strong family history of MI. he was recently diagnosed with Diabetes and is obese. He presented to Ed with chest pain that lasted for about 30 mins and his ECG was found to be normal. You are asked to risk stratify him according to the TIMI score. What will be his score?
- A. 5/7
 - B. 2/7

- C. 7/7
- D. 3/7

19. Which of the following is not a characteristic of Unstable Angina?
- A. Anginal pain occurring for the first time.
 - B. Angina only after meals.
 - C. Angina at rest.
 - D. Angina only after meals
20. A 28-year-old woman presents to the Emergency Department with severe lower abdominal pain for 1day. She has associated dizziness and weakness. On examination, she is pale with the following vital signs: BP- 100/60 HR- 120 T-37.2C. Which of the following is part of the initial management of this patient?
- A. Insert a Nasogastric tube
 - B. Insert two large bore cannulas
 - C. Administer Antibiotics
 - D. Order for Abdominal Scan
21. The above patient has a White cell count of 13000, Hb of 9, and Platelets of 320000. Which of the following is the most appropriate laboratory investigation to order for?
- A. Liver Function Tests
 - B. Kidney Function Tests
 - C. Beta HCG
 - D. Amylase
22. A 50-year-old Fijian male presents to ER with severe Right flank pain. He describes the pain as tearing and says he feels pain as well in his groin. Which of the following should be the first differential to rule out?
- A. Appendicitis
 - B. Ureteric Calculi
 - C. Abdominal Aortic Aneurysm
 - D. Right Inguinal Hernia
23. What is the most appropriate treatment for a hemodynamically stable patient diagnosed with an un-ruptured ectopic pregnancy via ultrasound without evidence of fetal heart activity and BhCG level 2000ml/ml?
- A. Oral methotrexate
 - B. Intramuscular methotrexate
 - C. Laparoscopic salpingectomy
 - D. Laparoscopic salphingostomy
24. Which is the most common site of the occurrence of ectopic pregnancy?

- A. Ovarian
 - B. Fallopian tube
 - C. Abdominal
 - D. Cervical
25. Below are some of the risk factors of ectopic pregnancy. Which one of the following women is the higher risk of ectopic pregnancy than another pregnant woman?
- A. Age less than 18 years.
 - B. Previous genital infections.
 - C. In vitro fertilization.
 - D. Smoker
26. Working up a patient with acute abdominal pain, which of the following etiologies is LEAST likely to represent an immediate life threat?
- A. Myocardial infarction
 - B. Perforated duodenal ulcer
 - C. Abdominal aortic aneurysm
 - D. Ruptured ectopic pregnancy
27. Which of the following scenarios may represent acute appendicitis?
- A. A 4-year-old male with vomiting and lethargy.
 - B. A 26-year-old female who is 32 weeks pregnant with right upper quadrant pain.
 - C. A 45-year-old male with AIDS who has vomiting and diarrhea.
 - D. All of the above.
28. All of the following are TRUE regarding the evaluation of a patient with acute abdominal pain EXCEPT:
- A. The most important physical examination modality is palpation.
 - B. The WBC may be normal even in inflammatory conditions such as appendicitis
 - C. Ultrasonography is a valuable imaging tool increasingly available to emergency physicians.
 - D. Analgesic medications should be withheld until a surgeon evaluates the patient because they may obscure the diagnosis.
29. A 25-year-old male presents to the ED with abdominal pain. His pain is vague, peri umbilical, and associated with anorexia and nausea. He is afebrile with normal vital signs. Physical examination is normal except for mild umbilical discomfort, without guarding or rebound. The initial work-up includes a normal CBC and urinalysis. Which one of the following would be the LEAST appropriate course of action?
- A. Abdominal ultrasound to evaluate for appendicitis.
 - B. Coverage with broad-spectrum antibiotics for acute appendicitis.
 - C. Observation with surgical consultation if symptoms progress.

D. Observation and discharged home with close follow-up if symptoms resolve.

30. A 30 yr. old male presented to ED with severe retrosternal chest pain lasting about 30 mins with diaphoresis and shortness of breath. This is his ECG on arrival. What is the possible diagnosis?



- A. Inferior STEMI
- B. Inferior NSTEMI
- C. Unstable angina
- D. Anterior STEMI

31. Looking at the above ECG, what will be your initial management in the Emergency Department?



- A. A, B, C, Morphine, Oxygen, Aspirin, Nitrates, await blood results.
- B. A, B, C, Morphine, Oxygen, Aspirin, Nitrates, streptokinase.
- C. A, B, C, Morphine, Oxygen, Aspirin, Nitrates, Risk Stratify
- D. A, B, C, Morphine, Oxygen, Aspirin, Nitrates, Discharge

32. What constitutes cardiac arrest?

- A. Unresponsiveness
- B. Hypoglycemia
- C. Absence of pulse
- D. Sinus bradycardia

33. What is the ratio of chest compressions to ventilation in a CPR for an adult?

- A. 15:2
- B. 30:2
- C. 3:1
- D. 30:1

34. How often is adrenaline administered in cardiac arrest?

- A. Every 10 mins
- B. Every 1 minute

- C. Every 4 minutes
 - D. After every cycle
35. Which of the following is a shockable cardiac arrest rhythm?
- A. Supraventricular tachycardia
 - B. Asystole
 - C. Ventricular fibrillation
 - D. Atrial fibrillation
36. What Shock caused by injury to the spinal cord would be called?
- A. Hypovolemic
 - B. Neurogenic
 - C. Obstructive
 - D. Septic
37. The first steps emphasized in the revised CPR algorithm is:
- A. Clear airway
 - B. Rescue breath
 - C. Chest compression
 - D. Administer shock
38. One of the following is the shortest-acting muscle relaxant?
- A. Suxamethonium
 - B. Atracurium
 - C. Vecuronium
 - D. Pancuronium
39. Which of the following agents have hypnotic as well as analgesic properties?
- A. Halothane, isoflurane, ketamine & propofol
 - B. Ketamine only
 - C. Propofol only
 - D. Propofol and thiopentone
40. Name the 3 important components of anesthesia?
- A. Sedation, anxiolysis & analgesia
 - B. Hypnosis, sedation & paralysis
 - C. Paralysis, hypnosis & anxiolysis
 - D. Hypnosis, paralysis & analgesia
41. Name 2 of the 3 important airway maneuvers that are helpful in maintaining an open airway:

- A. Cervical collar application & head tilt.
- B. Chin lift and jaw thrust.
- C. Mallampati score & thyromental distance.
- D. Rescue breaths & CPR.

42. Why is jaw thrust performed?

- A. To prevent the tongue from falling back and obstructing the airway.
- B. To protect the teeth.
- C. To assist intubation.
- D. To wake the patient up.

43. What are some common drugs used in CPR?

- A. Gentamicin, adrenalin & suxamethonium
- B. Fentanyl, thiopentone & atracurium
- C. Adrenalin, amiodarone & sodium bicarbonate
- D. Atropine, ephedrine & propofol

44. SPINAL Anesthesia is:

- A. Form of regional anesthesia involving injection of a local anesthetic into the subarachnoid space.
- B. This technique is not useful in patients having an irritable airway (bronchial asthma or allergic bronchitis).
- C. Contraindicated in diabetic patients.
- D. Useful in uncooperative patients.

45. What are the 3 basic but important monitoring essential for all anesthetized patients?

- A. Blood loss, respiratory rate & heart rate
- B. Urine output, GCS & blood pressure
- C. GCS, sedation score & spo2
- D. Blood pressure, oxygen saturation & ECG monitoring

46. Name the shortest-acting opioid analgesic available in Fiji:

- A. Fentanyl
- B. Pethidine
- C. Morphine
- D. Codeine

47. Which enzyme does NSAIDS block to exert its mode of action?

- A. Amylase
- B. Prostaglandins
- C. Lipase

D. Cyclooxygenase

48. Which one of the following is the only depolarizing muscle relaxant available?

- A. Suxamethonium
- B. Atracurium
- C. Vecuronium
- D. Pancuronium

49. Name the 4 Hs of the reversible causes of cardiac arrest:

- A. Hypoxia, hypothermia, hypo/hyperkalemia, hypovolemia
- B. Hypoglycemia, hyperglycemia, hypothermia, hypoxia
- C. Hyperthyroidism, hypocalcemia, hypoxia, hyperkalemia
- D. Hypothyroidism, hypoglycemia, hyperglycemia, hypoxia

50. Name the commonly used local anesthetic agents in spinal block:

- A. Lidocaine
- B. Lignocaine
- C. Fentanyl
- D. Bupivacaine

51. Why does the blood pressure fall after spinal anesthesia?

- A. Because of blood loss.
- B. Due to vasodilatation resulting from the blockade of autonomic fibers.
- C. Because of inadequate IV fluids.
- D. Due to vagal stimuli.

52. Recognized features of diabetic retinopathy include:

- A. Flame hemorrhages
- B. New blood vessels overlying the optic discs
- C. Macular oedema
- D. All of the above

53. In spinal anesthesia, there is usually:

- A. Sympathetic blockage leads to venous pooling of blood leading to hypotension.
- B. Compensatory bradycardia
- C. Parasympathetic blockage with urinary retention.
- D. Loss of consciousness with analgesia.

54. In the Trendelenburg position:

- A. The body is laid supine, or flat on the back on a 15–30-degree incline with the feet elevated above the head.
 - B. The body is laid supine, or flat on the back on a 15–30-degree incline with the head elevated above the feet.
 - C. Better position of choice in general anesthesia.
 - D. Usually not recommended for spinal anesthesia.
55. All of the following can be seen with ocular adenoviral infection except:
- A. Preauricular lymphadenopathy.
 - B. Large central geographic corneal erosions.
 - C. Multifocal subepithelial infiltrates.
 - D. Enlarged corneal nerves.
56. Corneal transparency depends on:
- A. Metabolic pump in the endothelium
 - B. Zonular occludens in the endothelium
 - C. Glycosaminoglycans in the stroma
 - D. Irrigation by calcium-free solution in the anterior chamber during operation.
57. When considering diabetic retinopathy which of the following statements is most accurate:
- A. Microaneurysms represent saccular dilatation of retinal arterioles.
 - B. Hard exudates represent calcium deposits in the retina.
 - C. Cotton wool spots represent infarcts of the nerve fiber layer of the retina.
 - D. Hemorrhages close to the fovea is not potentially sight-threatening.
58. 30-year-old female presents to the eye clinic with an acute history of pain and blurring in the right eye. Examination reveals a visual acuity of 6/36 in the right eye but 6/6 in the left eye, a central scotoma in the right eye, with a right swollen optic disc. What is the most likely diagnosis?
- A. Compression of the optic nerve
 - B. Cavernous sinus thrombosis
 - C. Glaucoma
 - D. Optic neuritis
59. Distichiasis is:
- A. Misdirected eyelashes
 - B. Accessory row of eyelashes
 - C. Downward drooping of upper lid
 - D. Outward protrusion of lower lid
60. Irrespective of the etiology of a corneal ulcer, the drug always indicated is:
- A. Corticosteroid

- B. Atropine
- C. Antibiotics
- D. Antifungal

61. Fleischer ring is found in:

- A. Keratoconus
- B. Chalcosis
- C. Argyrosis
- D. Buphthalmos

62. The earliest feature of anterior uveitis includes:

- A. Keratic precipitates
- B. Hypopyon
- C. Posterior synechiae
- D. Aqueous flare

63. Which of the rectus muscles, inserts closest to the limbus?

- A. Inferior rectus
- B. Medial rectus
- C. Superior rectus
- D. Lateral rectus

64. Ptosis in Horner's syndrome, is due to paralysis of

- A. Riolan's muscle
- B. Horner's muscle
- C. Muller's muscle
- D. The levator palpebral muscle.

65. Corneal Herber's Pitts are found in:

- A. Mucopurulent conjunctivitis
- B. Phlyctenular keratoconjunctivitis
- C. Active trachoma
- D. Spring Catarrh

66. Which of the following presentation is most likely due to bacterial conjunctivitis?

- A. Positive preauricular nodes, rapid onset, and mucopurulent discharge
- B. Positive preauricular nodes and slow onset, watery discharge, and sore throat.
- C. Negative preauricular node, stingy discharge, itchiness
- D. Positive preauricular nodes, watery discharge, urethral discharge.

67. A 22yo. Football player patient complains of 7/10 pain in the left knee. He said someone kicked his knee from in front while playing football this morning. He wasn't able to stand straight and he feels like his knee is wobbly every time he puts weight on it. What do you need to do?
- A. Anterior Drawer Test, Lachman's test, MRI, ice packs, knee brace, Crutches.
 - B. Anterior Drawer Test, Lachman's Test, X-ray, Heat packs, Strengthening exercise
 - C. Posterior Drawer Test, Posterior Sag Sign, MRI, Ice packs, Knee brace, crutches.
 - D. Posterior Drawer Test, Posterior Sag Sign, X-ray, Heat packs, Strengthening exercise.
68. A 78yo. Lady complains of neck pain radiating on the right arm with a pain scale of 8/10. She has difficulty looking down and up the ceiling. She also has difficulty looking to the right. She works as an office secretary for 30 years. What do you need to do?
- A. Postural Assessment for forwarding head posture. Assess for nerve involvement. Send patient for Cervical X-ray
 - B. Postural Assessment for Hyperlordosis of the lumbar spine. Assess for fracture in the vertebra. Send the patient for an ultrasound.
 - C. Assess the patient for a shoulder injury. Send patient for shoulder X-ray.
 - D. Give treatment without assessment
69. A 34yo. Construction worker came in with shoulder pain on the right. He said he was trying to lift a sack of gravel then his shoulder started to pain. He said he wasn't able to reach his back pockets due to pain. What do you need to do?
- A. Assess deltoids and biceps, assess for humeral head fracture, and send for an X-ray.
 - B. Assess rotator cuff muscle, assess for shoulder dislocation, and send for an X-ray
 - C. Give NSAIDs to the patient, put the arm in a sling, and tell the patient to rest.
 - D. Put ice packs, put the arm in a sling, and tell the patient to rest
70. A 90yo patient is diagnosed with L4-L5 facet joint degeneration due to aging. The primary physician sends the patient for physical assessment and for discussion of the rehab treatment plan. What will most likely be the problem list and treatment plan?
- A. Limited lumbar ROM, pain in the lower back, difficulty walking, and bed mobility. Flexion Bias exercises and Heat Modality.
 - B. Limited lumbar ROM, pain in the lower back, difficulty walking, and bed mobility. Extension Bias exercises and Heat Modality.
 - C. Limited lumbar ROM, pain in the lower back, difficulty walking, and bed mobility. Flexion Bias exercises and Cold Modality.
 - D. Limited lumbar ROM, pain in the lower back, difficulty walking, and bed mobility. Extension Bias exercises and Cold Modality.
71. Patient complains of lower back pain on the right side. No history of injury. He has a history of UTI. ROM is not that limited but there is pain on the right side upon percussion. What will be your differential diagnosis?

- A. Disc Herniation, Appendicitis, kyphosis
- B. Rhomboid strain, Sacroiliac joint dysfunction, Hip Fracture.
- C. Latissimus Dorsi strain, Kidney Problem, Flatback syndrome.
- D. Latissimus Dorsi Strain, Spondylolistheses, Spondylolysis.

72. When to send stroke patients for rehabilitation?

- A. Right after the vital signs stabilized.
- B. When a patient is already able to sit down by themselves.
- C. When the patient is discharged from the hospital.
- D. When the patient is already able to walk.

73. A 22yo. Football player patient complains of 7/10 pain in the left knee. He said someone kicked his knee from in front while playing football this morning. He wasn't able to stand straight and he feels like his knee is wobbly every time he puts weight on it. What do you need to do?

- A. Anterior Drawer Test, Lachman's test, MRI, ice packs, knee brace, Crutches
- B. Posterior Drawer Test, Posterior Sag Sign, MRI, Ice packs, Knee brace, crutches
- C. Anterior Drawer Test, Lachman's Test, Xray, Heat packs, Strengthening exercise
- D. Posterior Drawer Test, Posterior Sag Sign, Xray, Heat packs, Strengthening exercise

74. Rating of perceived exertion use for cardiac patients:

- A. METs
- B. Borg Scale
- C. PETT scale
- D. A and B

75. Physiotherapy treatment for acute fracture except?

- A. Ice for the first six weeks
- B. Brace/cast fracture site
- C. Weight bearing on the first week
- D. B and C

76. Physiotherapy treatment for chronic upper back pain with trapezius tightness except?

- A. Cold therapy
- B. Heat therapy
- C. Stretching of tight muscles
- D. Send patient for the stress test.

77. These are the nerve tunnel on your upper extremity except?

- A. Tarsal tunnel
- B. Carpal tunnel
- C. Cubital tunnel

- D. None of the above
78. Patient came with lower back pain after lifting weights. The patient is not able to walk properly. Pain is radiating on the left leg. What possible structures are involved?
- A. Lumbar vertebral disc, Back extensors
 - B. Hip joint, Sciatic nerve
 - C. Piriformis, hamstring
 - D. A and C
79. Patient came with hip pain which is aggravated by high-impact activity like running or jumping. The patient also limps occasionally when walking. Pain is evident on Flexion Adduction and Internal rotation of the hip and on Flexion abduction and external rotation. What is your next course of action?
- A. Give the Patient anti-inflammatory and send home
 - B. Request for x-ray/Ct scan to rule out avascular necrosis and impingement syndrome
 - C. Request the patient to do esr test
 - D. B and C
80. Patient came with severe neck pain radiating to left arm. What will be your differential diagnosis?
- A. Cervical Fracture, Rotator cuff tendinitis, cervical radiculitis
 - B. Thoracic outlet syndrome, loss of cervical lordosis, Biceps strain
 - C. Hypertension with cardiac involvement, cervical radiculitis, thoracic outlet syndrome
 - D. None of the above
81. Patient is having acute pain in the anterior shoulder that only started this afternoon after transferring things from bedroom. Pain is not radiating. Pain is worst when arm is lifted and rotated. What possible structures involved?
- A. Rotator Cuff
 - B. Latissimus Dorsi
 - C. Brachial Plexus
 - D. A and B
82. Patient is having both knee pain for more than 6 months. It started with on and off pain but now it's consistent. Swelling is evident on both knees. The patient also reported occasional pain and swelling on hands. Patient is 40yo. What is the best next course of action?
- A. Send patient for x-ray only
 - B. Send patient for x-ray and RA test
 - C. Send patient for physiotherapy
 - D. B and C

83. Patient came with swollen arm and is in a lot of pain. Patient have history of fall and landed on the hand. Xray showed non displaced compress fracture at mid radius. What is your next course of action?

- A. Cast/brace the arm properly. Send patient for orthopedic specialist appointment and physio appointment.
- B. Send patient home and wait for the orthopedic instructions
- C. Give patient pain medication and advice patient to let it be as it will heal in few days
- D. A and C

84. Ideal Chest x-ray film:

- A. Done using a portable x-ray machine
- B. Patient should be sitting.
- C. Should be AP view
- D. Good inspiratory film with posterior diaphragm at least below 9th posterior rib.

85. Physiotherapy treatment for acute fracture except?

- A. Ice for the first six weeks.
- B. Brace/cast fracture site
- C. Weight bearing on the first week
- D. None of the above

86. Body imaging modalities using ionizing radiation include;

- A. Radiography
- B. Computerized Tomography
- C. Fluoroscopy
- D. All of the above

87. Radiation Protection Actions to reduce exposure to external radiation include:

- A. Time
- B. Distance
- C. Shielding
- D. All of the above

88. Radiation Sensitive Tissue is/are:

- A. Bone Marrow
- B. Reproductive Cells
- C. Intestines
- D. All of the above

89. east Radiation Sensitive Tissue is/ are:

- A. Nervous Tissue
- B. Bone and Teeth
- C. Skin
- D. Reproductive Cell

90. The mediastinum contains:

- A. Great Vessels
- B. Heart
- C. Major airways
- D. All of the above

91. Requirements for Standard Chest X-ray, EXCEPT:

- A. Standing up, and with the X-ray beam passing through) the patient from Posterior to Anterior (PA).
- B. 6 feet from the machine.
- C. Taken at expiratory phase.
- D. Scapulae are rotated.

92. Extradural hematoma has the following features, EXCEPT:

- A. Collection of blood between dura matter and skull
- B. Most common cause is trauma
- C. lens shaped
- D. Can Cross the Sutures

93. Subdural Hematoma has the following features, EXCEPT:

- A. Collection of blood between dura and arachnoid matter
- B. Most common cause is trauma
- C. Sickle-Shaped
- D. All of the above

94. The second most commonly injured solid organ is:

- A. Pancreas
- B. Kidneys
- C. Spleen
- D. Liver

95. The most commonly injured solid organ is:

- A. Kidneys
- B. Pancreas
- C. Spleen
- D. Liver

96. Signs and Symptoms of Bone Fracture include:

- A. Pain, swelling, and bruising;
- B. Discolored skin around the affected area;
- C. Angulation: the affected area may be bent at an unusual angle;
- D. All of the above

97. Greenstick Fractures are:

- A. are incomplete fractures of long bones
- B. is usually seen in young children, more commonly less than 10 years of age.
- C. They are commonly mid-diaphyseal, affecting the forearm and lower leg.
- D. All of the above

98. Delayed Complications of Fracture include the following, Except:

- A. Delayed Union
- B. Non-union
- C. Malunion
- D. Vascular and Nerve Injury

99. Commonest cause of bowel obstruction in young children and infants:

- A. Intussusception
- B. Volvulus
- C. Inguinal Hernia
- D. Tumour

100. Pleural effusion on chest x-rays shows:

- A. Blunting of the costophrenic and/or cardiophrenic angle
- B. Fluid within the horizontal or oblique fissures.
- C. +) meniscus sign
- D. All of the above