Тесты по травматологии и ортопедии

Describe the main types of callus:
1. -periosteal callus, endosteal, of intermediate
2. intra-muscular, intra-fascial
3. interstitial
4. periarticular

List the subjective criteria of fracture healing:
1. preservation of pain at the site of bone fracture
2. minor abnormal mobility at the fracture site
3. -no complaints of pain and abnormal motility with moderate static and dynamic load
4. inability to functional use of limbs

What are the objective criteria for fracture healing:
1. the tenderness of the area of bone damage
2. mobility in the area of the fracture under conditions of moderate longitudinal load and the load on the kink and torsion segment
3. the inability to create a short-term static load on a limb
4. -painlessness palpation and lack of mobility in the fracture zone under moderate longitudinal load as well as load at break and torsion segment, creating the possibility of short-term static loads the limb at least 80% of the healthy limb load

List radiological criteria for fracture consolidation:
1. the presence of a gap between the bone fragments
2. poorly defined, heterogeneous density callus
3. -no interfragmentary gap close to a uniform density of callus, the recovery of the medullary canal and the cortical layer at the fracture level
4. the preservation of cortical defect at the fracture level

What are the factors that contribute to the consolidation of bone fragments:
1. does not eliminate the offset bone fragments during reposition
2.- an exact repositioning of bone fragments (jitter), correctly executed, and sufficient time stable immobilization, adequate blood supply to the bone fragments
3. brief immobilization
4. early functional load with enough stable fixation

Give the definition of "slow consolidation":
1. -not healing of fractures for up to 1,5-2 time required for consolidation of the damage localization
2. the absence of signs of consolidation in a patient suffering from diabetes a month after injury
3. imperforate medullary canal throughout the diaphysis
4. the formation of the fracture callus is the hearth and in the soft tissues

Define the concept of a "false" joint:
1. the lack of evidence of the consolidation of a patient suffering from chronic cardiovascular insufficiency month after injury
2. -resistant violation fracture consolidation for more than double the period required for the consolidation of the localization of the damage to the closure of the medullary canal
3. the formation of callus fracture is large hearth, and para-articular soft tissue

List the most typical localization of false joints:

1. -neck femur navicular bone of the wrist, lower third of a leg bones
2. fracture of the radius in the "typical place"
3. hip fracture between the middle and lower third
4. clavicle fracture

Describe the main methods of treatment of "slow consolidation" and "false" joint:
1. conservative treatment with immobilization of extension for 1 month and conduct physical therapy, physiotherapy, massage, medical treatment
2. beck only by tunneling to form Kirschner wires or thin bone drill channels in different directions, the fracture line passing through from one fragment to another extension and immobilization
3. -surgical treatment with: extrafocal compression-distraction osteosynthesis, a stable functional osteosynthesis with blocking, osteosynthesis plates with limited contact, opening the medullary canal and bone grafting
4. the only drug therapy, supplemented by physical therapy, physiotherapy, massage

Give the definition of "bone grafting":
1. -bone plastic - surgery is aimed at restoring the integrity of bones, with bone-plastic material
2. conservative treatment of fractures of long bones, including physiotherapy and medication
3. the stimulation of bone formation method using massage
4. surgical treatment with the use of intramedullary osteosynthesis

List the types of bone grafting:
1. autovenous plastic
2. -autoplasty, alloplasty, ksenoplasty, blefoplasty and combined bone grafting
3. the plastic triangular patches on the Limberg, multi-Z-plastic, plastic trapezoidal
4. plastic splintered bone graft, tendon-bone grafting

Give the definition of "congenital dislocation of the hip":
1. this hip joint disease, resulting from improper provision of obstetric aid in childbirth
2.- is the vice-natal formation of the hip joint, which consists in the hypoplasia of all its elements: acetabulum, the proximal part of the femur together with the femoral head, the joint capsule and is accompanied by decentration of the femoral head
3. the hip joint disease, which developed as a result of undergoing intrauterine infection
4. degenerative hip disease in the early neonatal period

What are the clinical signs are characteristic of congenital dislocation of the hip in the early neonatal period?
1. the shortening of the lower limb up to 5cm
2. the extension of the lower limb with an internal rotation
3. Trendelenburg-Duchenne and "duck" gait symptoms
4. - Marx Ortolani-Barlow, rotational instability symptoms

Is the asymmetry of skin folds reliable sign of congenital hip dislocation in infants?
1. this symptom is always a reliable sign of this disease
2. -asimmetriya skin folds is not a reliable sign of a congenital pathology of hip joints, especially if it is not combined with other symptoms
3. specified symptom in girls is a characteristic and significant feature of this pathology
4. the asymmetry of skin folds in infants is never found, and therefore has no diagnostic value

What are the clinical signs of congenital pathology of hip joints in children older than one year:

1. -late start walking, gait disturbance (claudication), - hyperlordosis lumbar spine, limb external rotation in the prone position, shortening, limiting abduction hip, the presence of symptoms of Duchenne-Trendelenburg
2. the asymmetry of skin folds in the upper third tibia, hypertrophy of the thigh muscles on the side of dislocation, lengthening limbs to 3 cm., early self-walk at the age of 10-11 months
3. Marx Ortolani-Barlow, rotational instability symptoms
4. hip stability under load in the sagittal, frontal plane

At what age may conduct x-ray diagnosis of congenital hip dislocation in infants?
1. with the newborn period
2. -optimal for X-ray diagnostics is the age of 2 - 3 months
3. only when the child begins to walk; aged 10-12 months
4. irrespective of age, even the first days of life in the presence of clinic

What are the benefits, and at what age it is possible diagnosis of congenital dislocation of the hip using ultrasound?
1. the ultrasonic diagnostic pathology of hip joints is possible from the age of 10-12 months and is not superior to X-ray diagnostics
2. -the ultrasound diagnostic advantages compared with X-ray of the hip joints: can be used with the newborn period, reveals the core of ossification of the femoral head for 1-2 months before, is not accompanied by radiation exposure, can visualize limbus position
3. the ultrasound diagnosis is a costly method of examination can only be used in trauma centers, it is rarely used in cases of expert

Is this rationally if conservative treatment of congenital dislocation of the hip in infants?
1. is not rational, as there are modern surgical treatments
2. -conservative treatment is the main method of treatment in infants
3. the choice of treatment depends on the preferences of the treating physician
4. conservative treatment is not applicable to the year of age, and the age of 1 year, the child performed the operation

How is the conservative treatment of congenital dislocation in infants?
1. -used orthopedic splint for 20-22 hours a day, for a long time (3-6 months). Giving the legs of the child - abduction and internal rotation, physical therapy, physiotherapy, massage
2. the orthopedic splint is applied only during the day for 2 weeks
3. the orthopedic splint used 2 - 3 times a day for 3 hours
4. child orthopedic bus is held continuously for several months prior to the occurrence of complications such as avascular necrosis of the femoral head

Specify one of the basic rules of the X-ray examination with bone fractures of extremities:
1. X-rays only in the direct projection of the inclusion of the nearby joint
2. sighting radiography only in side view with the inclusion of the two joints of the injured segment
3. X-rays in the axial projection
4. - X-rays in two standard projections with the inclusion of one or two joints of the damaged segment

Specify the optimal age, in which the presence of indications is performed surgical correction of congenital dislocation of the hip:
1. in the neonatal period after the establishment of clinical diagnosis
2. -surgical treatment of congenital dislocation of the hip performed at a late diagnosis of disease at the age of 1.5-2 years, with irreducible dislocation hip, in the presence of residual changes after conservative treatment on the part of the proximal femur and acetabulum

3. surgical treatment of children with congenital hip dislocation is not carried out
4. the surgical correction of congenital hip dislocation is carried out only to women aged 17-20 years

Give the definition of "congenital clubfoot":
1. - congenital foot malformation characterized by persistent contractures of the joints with the fixation of the foot in equinus position, supination, varus and increase arch
2. foot deformity that is formed in the first weeks of a child's life if not properly care
3. the strain, which developed as a result of acute osteomyelitis of the foot bones at the age of 2-3 months
4. the position of the foot, characterized by partially fixed backside extension and valgus deviation of the foot

At what age can a clinical diagnosis of congenital clubfoot?
1. aged not earlier than 5 - 6 months
2. – at once after birth in the delivery room
3. 1 year of age, when the child begins to walk
4. before birth at 20 weeks of fetal development

Specify the optimum age of onset of conservative treatment of congenital clubfoot:
1. aged not earlier than 5-6 months, when the physical development of the child allows for treatment with plaster bandages
2. 1 year of age, when the child begins to walk and deformed foot violate walking
3. -in the first days after birth
4. conservative treatment of this disease is not carried out

Specify the optimal method of conservative treatment of congenital clubfoot:
1. bandaging on Fink-Oettingen the age of 3 months
2.- step-by-step plaster bandage from middle third of the thigh by Ponsety's method since first days of life
3. the use of the Ilizarov frame correction
4. the method of treatment in congenital clubfoot in order to achieve a good result does not matter

After reaching full correction of congenital clubfoot conservative to the age of 6-9 months, as far as possible in the future recurrence of the strain?
1. congenital clubfoot relapse never occurs
2. relapse deformation rarely formed in adolescence
3. - relapse always develops when treatment is discontinued after the correction and rehabilitation treatment is not carried out to 4-5 years
4. foot deformity in the treatment of congenital clubfoot conservative methods of treatment are not corrected

Define the term "congenital muscular torticollis":
1. congenital spinal disorder with abnormal head fixed installation
2.- is a congenital disease of sternocleidomastoid muscle, which leads to its fibrous degeneration, shortening and abnormal head position
3. scarring of the skin of the neck, accompanied by deformation of the patient's head and neck
4. neck strain as a result of scarring of the upper esophagus after chemical burn

At what age child the main clinical sign of congenital muscular torticollis ("tumor formation") is most pronounced:
1. immediately after birth
2. 6 months after birth

3. -on 3-5 weeks after birth, when the seal is in the muscle reaches its maximum size
4. 5 years of age, when the rough scar formed in the muscle bundle

Describe the main clinical features of congenital muscular torticollis in children aged 4-6 months:
1. scoliosis of the thoracic spine, neck strain
2. the absence of movement in the cervical spine, gross asymmetry of the skull and face
3. -availability in sternocleidomastoid muscle of tumor compression, limiting turning their heads toward defeat and tilt in the opposite direction, the initial signs of the secondary deformation - the asymmetry of the skull and face
4. head position occurs after acute respiratory infections and cervical lymphadenitis manifested clinic

Specify the basic principles of conservative treatment of congenital muscular torticollis:
1. conservative treatment of congenital muscular torticollis is not effective and does not apply
2. -early orthopedic use pilings child's head in the correct position, the collar Schantz, passive exercise therapy, massage, physiotherapy, introduction lidazy into the affected muscle
3. only exercise therapy
4. due to the very low percentage of positive results of conservative treatment, an operation at the age of 3 months.

At what age is carried out surgical treatment of congenital muscular torticollis?
1 in connection with a 100% positive results conservative treatment operations are performed
2. aged 5-7 years
3. -in after the age of 1 year prior to the development of secondary deformities
4. only if the part of the cervical spine bone gross changes in the age of 10

Define the term "scoliosis disease":
1. no fixed deformity of the spine, thoracic completely corrects the active tension of the back muscles
2. the deformation of the spine in the sagittal plane with a strong mobile thoracic kyphosis
3 -is a fixed deformity of the spine and paravertebral soft tissue adjacent to the lateral curvature of the vertebral bodies and torsos
4. mobile deformation thoraco-lumbar lordosis with a predominance

Specify the main early clinical sign of scoliosis disease:
1. the displacement of the line of the spinous processes of the midline
2. the asymmetry of the lower corners of shoulder blades, waist triangles
3. -paravertebral asymmetry, elevation rib (rib hump) muscle roller
4. misalignment of the pelvis

Describe the concept of violation of posture of the spine pathology in children
1. violation of posture is a fixed installation of the spine
2 -is a non-fixed deviation of the spine in the sagittal and frontal planes is completely at a voltage correcting muscle or in the horizontal position of the patient
3. fixed deformity of the spine, in a standing position, which is fully corrected in the supine position
4. there is no clinical difference between scoliosis and various postural disorders

What are the physiological curves of the spine is a healthy patient in the sagittal plane:
1. the backbone of a healthy person in the sagittal plane has no bends
2. there is only thoracic and cervical kyphosis
3. - cervical lordosis, thoracic kyphosis, lumbar lordosis and sacral kyphosis
4. cervical kyphosis, thoracic kyphosis, lumbar kyphosis, sacral kyphosis

Specify the fundamental difference between the spinal deformity in scoliosis and posture disorders of various kinds:
1. scoliosis deformity is not fixed and is easily corrected with muscle tension, and for all kinds of violations of posture deformation is fixed
2 - is a fixed deformity of the spine in scoliosis and unfixed changes at different posture disorders - the fundamental difference between these pathological changes
3. spinal deformity in scoliosis and various kinds of violations of posture do not have fundamental differences
4. scoliosis patient's anterior tilt with fixed pelvic girdle is accompanied by a full correction of the deformity

Specify the frequency of scoliosis disease among children in the Republic of Belarus:
1. scoliosis disease is not common among the child population of Belarus
2. the strain rate is 50-60%
3.- 3% of preschool children and 8-9% of schoolchildren
4. found in 0.35% of the child population

Specify the degree of spinal deformity in scoliosis:
1. mark out 6 degrees of deformation in scoliosis - by 10 ° for each degree
2. - mark out 4 degrees: first degree of curvature of the primary arc of 10 °, 2nd degree - curvature of the arc of 11 ° to 25 °, the third degree of 26 ° -40 °, 4th degree - more than 40 °
3. 2 degrees: compensated and decompensated
4. the degree of deformation is not mark out in scoliosis

For what purpose x-ray Riesser test used with scoliosis?
1. -for prediction of further development of the disease
2. to determine the severity of the degree of deformation
3. to monitor the outcome of surgical treatment
4. this test is used to predict the development of congenital hip dislocation

What stage Riesser test determines the completion of skeletal growth?
1. 0-1-stage expressed strong growth of bones
2. 2-3-stage moderately active growth of bones
3. 4-step stabilization of skeletal growth
4. -5 stage

In carrying out any part of the spine X-ray examination of patients with scoliosis of the spine should be included?
1. only a deformed spine
2. thoracic spine
3. thoraco-lumbar spine
4. -from the lower level of the first sacral vertebra with the capture of the iliac wing to the upper level Th 3

Specify conventional radiometric method for determining the degree of curvature of the spine when scoliosis:
1. - the method of Lippman-Cobb
2. the method of Ferguson
3. the method of Riesser
4. the method of Abalmasovoy

Specify the basic principles of clinical prediction of the development of scoliosis during growth of the patient:
1. the patient is taken into account the growth in the identification of scoliosis
2. - clinical prediction is based on the age of the account to identify the strain, primary localization of the arc of curvature, the occurrence of puberty
3. the prediction is based on data dermgraphycal test
4. on the growth dynamics of the spine measured in a sitting position

Describe the main radiological criteria for predicting the development of scoliosis during growth of the patient:
1. the phenomenon expressed vertebral osteoporosis
2. the presence of cleft bow 5 lumbar vertebrae
3.- riesser analysis test, development annular apophyses, the presence of wedge deformed vertebral bodies, the initial value of the primary curvature of the arc
4. signs of osteochondrosis with hernia Shmorlja, disc protrusion, radiological signs of spondylosis

What kinds of incorrect posture in children observed in the sagittal plane?
1. -off-round spin, round, concave back, flat back, lordotic back
2. pathologic fixed thoracic kyphosis (Scheuermann Mau's disease)
3. spondylolisthesis, spondylosis
4. Klippel-Feil deformity, Grisel's disease

What is included in the concept of proper organization of the working individual patient place - student with spinal deformity?
1.-height table and chairs match the growth of the child table and chair are tilted (table 15 °, to a chair 5-10 °), the chair has the support for the lumbar spine, the light source to the left
2. the table has a flat surface is not tilted, the chair design and arrangement of the light source does not have a value
3. the growth of the child, regardless of the height of the table does not matter
4. the height of the chair is determined by the patient's preference, tabletop flat without inclination, the light source is located in front of the patient

Corrective therapeutic exercises for scoliosis - purpose purpose:
1. -create a good muscular system by trunk muscles, which, thanks to the symmetrical traction, keep the spine in the correct position
2. the individual physical exercises chosen a doctor or an instructor in physical therapy to strengthen the children's clinic of the lower limbs
3. in scoliosis II degree does not require special physical therapy, the patient's physical activity is important
4. corrective physiotherapy for scoliosis III-IV degree is aimed at complete deformation correction

Orthopedic corset for the treatment of scoliosis disease is indicated for patients:
1. patients with thoracic spinal deformity greater than 60 ° with the completed growth
2. -with strains over 20 ° -25 ° while preserving spinal growth in patients with complete spinal growth, with unstable deformation value of 25 ° -40 °
3. patients with severe form of scoliosis disease posture
4. there is no indication for orthopedic corset for the treatment of scoliosis disease

On what principle is based use a corset type Chenot - KR 4 for the treatment of scoliosis?
1. traction on the spine in a corset due to the two points of support: the pelvis and skull base
2. on the direct pressure bandage on the spinal column of the patient
3. in the derotation of vertebral bodies in that corset

4. -corset provides simultaneous pressure on the patient's abnormal bulge torso in corset as a free space for the correction movement of the deformed portion

Specify the method of surgical treatment of severe scoliotic deformations used in the Republic of Belarus:
1. Lyuke technique in which each vertebra is fixed to two rods conducted under the bail wire loops
2. Dwyer technique using metal screws, introduced into the vertebral body and the subsequent use of the elastic metal rod
3. -the method Bel CD - segment by segment transpedicular fixation and subsequent 3-planar deformity correction
4. the method of Harrington using the distractor and the contractor

Fractures of the femoral condyles should be differentiated:
1. with a fractured patella
2. with rupture of the knee ligaments
3. a supracondylar fracture of the thigh
4. - with all the listed types of injuries

Under what kind of anesthesia should reduce a traumatic dislocation of the hip?
1. Local anesthesia
2. - general anesthesia with muscule relaxant
3. intraosseous anesthesia
4. without anesthesia

What is the main cause of long-seam hip fracture:
1. inability to support the feet
2. - absence at the femoral neck periosteum and circulatory disorders of the femoral neck at the time of fracture
3. the complexity of the plaster cast immobilization
4. pain syndrome

As an optimal transport immobilization method used hip fracture:
1. –Diterichs' splint
2. Cramer's splint
3. plywood splint
4. all the listed

As a temporary immobilization with femoral neck fracture is used:
1. -derotation plaster boot
2. Cramer's splint
3. plywood splint
4. Diterichs' splint

What shortening observed in hip dislocation?
1. anatomical
2. the apparent
3. -relatively
4. functional

In what is probably the most hip dislocation compression of the femoral vessels?
1. iliac
2. sciatic

3. over pubic
4. -obturative

Which of the following can be attributed to the anatomy of the proximal femur?
1. The presence of neck-shaft angle
2. The absence of the periosteum at the femoral neck
3. problematic blood supply
4. -all the listed specifications

In a normal neck-shaft angle is:
1. -127-130º
2. 90º
3. 30º
4. 100º

Varus deformity of the proximal femur is:
1. -reduction neck-shaft angle
2. the increase in neck-shaft angle
3. the neck-shaft angle does not change
4. the neck-shaft angle 150º

The characteristic symptoms in a hip fracture include:
1 -is a positive sign of the heel stuck
2. call sign
3. Marx Ortolani symptom
4. The asymmetry of the gluteal folds

What is the age of the most characteristic of proximal femur fractures?
1. - elderly and old
2. children and youth
3. the working age
4. irrelevant

The best way to surgical treatment of elderly patients with fracture of the femoral neck is:
1. - hip replacement
2. osteosynthesis
3. skeletal traction
4. plaster bandage

Which of the following is a contraindication for surgical treatment of patients with hip fracture?:
1. somatic pathology in the stage of decompensation
2. the lack of support to the injured limb
3. pronounced mental disorders
4. -all listed

The best way to surgical treatment of the working-age patients with a fracture of the femoral neck is:
1. -osteosynthesis
2. conservative treatment plaster immobilization
3. the refusal of any treatment
4. hip replacement

In order to immobilize a fractured femur is used:
1. - body cast
2. thoraco-brachial plaster cast
3. Desault's bandage
4. bandage Smirnova-Weinstein

Which of the following symptoms might indicate damage to the great vessels with a broken hip ?:
1. -no pulse at the popliteal artery and dorsalispedis, a.tibialisposterior
2. the absence of a pulse at the radial artery
3. the reduction in the volume of the thigh
4. the shortening of the hip

Absolute indications for surgical treatment of patients with hip fracture are:
1. -damage great vessels
2. somatic pathology in the stage of decompensation
3. fractures without displacement
4. mental disorders

Which of the following methods of fixation are possible at the turn of the hips?
1. extramedullary
2. intromedullyarny blocking
3. extrafocal compression-distraction osteosynthesis
4. -all the listed

What possible deformation fracture femur diaphysis?
1. - "breeches"
2. bayonet-like
3. forked
4. crescent

Complications of hip fracture include:
1. nonunion
2. false joint
3. avascular necrosis of the femoral head
4. -all the listed

Optimal timing of the femoral neck osteosynthesis:
1. - during 6 hours
2 during the week
3. after a long preoperative preparation
4. does not matter

As the neck of the femur fixators can be used:
1 compression screws
2. L-shaped plate
3. DHS screw
4. -all the listed tabs

For femoral neck fractures include:
1. - subcapital, transcervical

2. transtrochanteric
3. subtrochanteric
4. transcondylar

Specify the approximate date of consolidation of the femoral neck fracture:
1. 2-3 weeks
2. 1 month
3. -6 months or more
4.2 years

Specify the most common classification of femoral neck fractures:
1. -Pawels-Garden
2. Kocher
3. Billroth
4. Manninger

Which of the following types of displacement characteristic of hip fractures?
1. -adducting and abducting
2. flexion
3. extensor
4. rotary

The blood supply of the proximal femur are involved:
1. round ligament artery
2. artery envelopes her hip
3. intraosseous artery
4. -all the listed vessels

Acetabulum is the glenoid cavity:
1. -hip joint
2. the knee joint
3. ankle
4. none of the list

Behind the hip joint is covered:
1. - gluteal muscles
2. gastrocnemius muscle
3. quadriceps muscle
4. none of the listed

The cause of the femoral neck fractures in elderly people is:
1. -osteoporosis
2. beriberi
3. atherosclerosis
4. dementia

The mortality in elderly patients with hip fractures occur in the background:
1. pneumonia
2. thromboembolism
3. bedsores
4. -all these factors

In order to prevent thromboembolism (PTE) in fractures of the neck of femur diaphysis and optimal use:
1. - low molekulyar heparins
2. antibiotics
3. analgesics
4. vitamins

With age, the neck-shaft angle:
1. -reduce
2. increase
3. can both increase and decrease
4. unchanged

At the turn of the femoral neck with varus displacement of bone fragments the length of the limb:
1. -decreases
2. increases
3. may increase or decrease
4. unchanged

The hip joint is formed by:
1. - acetabular cavity and the head of the femur
2. glenoid cavity scapula and shoulder head
3. The head of the radius and capitate shoulder elevation
4. None of the above examples are not correct

Large and small skewer located:
1. – at the proximal femur
2. at the distal femur
3. in the middle third of the femur
4. in the proximal tibia

The most durable of the hip is called:
1. -the arc of Adams
2. Ward's triangle
3. Wolf plot
4. line Pokard-Meyer

"Creeping" or fatigue of the femoral neck fractures occur:
1. -without any injury
2. the background to the action expressed by the traumatic agent
3. as a result of an acute injury
4. no answer is not correct

For the diagnosis of hip fractures impacted optimal use:
1. -the computer tomography
2. X-ray
3. venography
4. The ultrasound study

What is offset with intra-articular fractures is considered unacceptable?
1 to 0.1 mm

2. 1 mm
3. -more than 2 mm in a step
4. offsets allowed

Which of these fractures are lateral:
1. - transtrochanteric, intertrochanteric
2. subcapital
3. transcervical
4. none of the listed

Closed fractures of the femur accompanied by blood loss:
1. -800-900 ml
2. 100-120 ml
3. 3000-4000 ml
4. are not accompanied by hemorrhage

List the clinical fracture femur diaphysis symptoms:
1. passive position limbs
2. thigh strain
3. shortening of femur
4. -all the listed

At the treatment of hip fracture of the diaphysis by skeletal traction needle is advantageously carried out through:
1. -supracondylar thigh area
2. calcaneus
3. greater trochanter
4. nadlodyzhechnaya shin area

Femoral condyle are:
1. -spongiform structure
2. the structure of the cortical
3. mixed
4. no answer is correct

Fractures of the femoral condyles may occur when:
1. direct injury
2. indirect injury
3. - both answers are correct
4. both answers are wrong

In the treatment of fractures of the femoral condyle by skeletal traction needle is advantageously carried out through:
1. supracondylar thigh area
2. calcaneus
3. greater trochanter
4. – tibia's tuberosity

The offset central fragment hip fracture in up/ 3 (up third) occurs in the direction:
1.- flexion of the hip abduction and external rotation
2. flexion of the hip adduction, internal rotation

3. extension
4. extension, internal rotation

Supracondylar fractures of the femur accompanied by the displacement of the peripheral posterior fragment, which can lead to:
1. -damage popliteal artery
2. damage to the femoral nerve
3. damage to the sciatic nerve
4. damage to the median nerve

Fractures of the collarbone of all fractures are:
1. 1.3%
2. -5-10%
3. 30%
4. 50%

The most commonly broken collarbone in the fall:
1 on the side of the face surface
2. on the elbow
3-on outstretched hand
4 for any of the following options

When conservative treatment of collarbone fractures in the elderly are used to immobilize the collarbone all of the dressings, except for:
1 triangular bandage
2. Desault's bandage
3. -8-shaped plaster cast
4. suspensory bandage

Indications for surgical treatment of collarbone fracture are:
1. open fractures with damage or compression of the neurovascular bundle
2. comminuted fracture of the clavicle with the danger of skin injury
3. closed comminuted fracture
4. -only 1 and 2

If you have a collarbone fracture in patients affected by high-energy trauma (accident, catatrauma) necessary to perform X-ray:
1. - chest in direct projection in a standing position
2. opposite shoulder girdle
3. a functional load
4. chest when lying down

At the turn of the collarbone in the middle third most frequently used:
1. - intraosseous osteosynthesis pin
2. osteosynthesis with external fixation
3. linear osteosynthesis plate LCP
4. The osteosynthesis plate hook

The average term immobilization in the conservative treatment of collarbone fracture:
1. 1-2 weeks
2. 2-3 weeks
3. - 4-6 weeks

4. 6-8 weeks

Acute, called the acromion dislocated collarbone injury during the term of limitation no more than:
1 -3 days
2. 7-days
3. 14 days
4. 21 days

Chronic, called dislocation of the collarbone acromial at term injury statute more:
1. 5 days
2. 10 days
3. 14 days
4. -21 th day

At full dislocation of the acromial end of the collarbone occurs ligament rupture:
1. -coracoclavicular and acromioclavicular
2. deltoid
3. round
4. anterior cruciate

A characteristic symptom of a complete acute dislocation of the acromial end of the collarbone is:
1. bruising in the injured shoulder girdle
2. local tenderness in the projection of acromioclavicular joint
3. crepitus of bone fragments in the acromial end of the clavicle
4. - piano-key phenomenon

In assessing the presence of the X-ray subluxation or dislocation of the acromial end of the shows:
1. -dislocation of lower contour of the collarbone in the acromioclavicular joint up to the corresponding contour acromion process
2. the unevenness of the upper contour of acromioclavicular joint
3. calcifications in under acromial space
4. periosteal layering in the middle third of the collarbone

The leading method of diagnosis dislocation sternal end of the collarbone is:
1. The inspection and palpation of the sterno-clavicular joint
2. US joint sternoclavicular
3. -KT chest
4. The chest X-ray in 2 projections

Fractures of the proximal shoulder metaepiphysis in all age groups are as follows:
1 -4-5% of all fractures
2. 20% of all fractures
3. 17% of all fractures
4. 80% of all fractures

The most common fractures of the proximal shoulder is fractured:
1. head
2. anatomical neck
3. tubercles

4. - surgical neck

Abduction fracture of the surgical neck of the shoulder occurs:
1. shoulder at bringing
2. -with shoulder abduction
3. at the neutral position
4. at any of these positions

Adduction surgical neck fracture of the shoulder occurs:
1. -with shoulder enforcement
2. when shoulder abduction
3. at the neutral position
4. at the shoulder flexion

In abduction fracture of surgical neck of the shoulder angle formed by fragments, open:
1. medially and posteriorly
2. - ectad and posteriorly
3. medially and anteriorly
4. without angular displacement

In abduction fracture of surgical neck shoulder wreckage shifted so as to form an angle, open to:
1. - ectad and posteriorly
2. outwards and backwards
3. laterally and anteriorly
4. medially and anteriorly

The most severe complication in the treatment of fractures of the proximal shoulder is:
1. the consolidation in the wrong position of bone fragments
2. contracture of the shoulder joint
3. -aceptical necrosis of the humeral head
4. the formation of a false joint

Signs of muscle interposition at diaphyseal fractures of the shoulder are:
1. the displacement of the fragments
2. -no crepitations bone fragments by palpation
3. failure to reposition
4. all of the above

Diaphyseal fractures of the shoulder in the conservative treatment of fuse:
1 to 4-5 week
2. to 6.8 week
3. - to 12-14 week
4. a 20-22 week

For fractures of the diaphysis in the upper third, below the surgical neck of the shoulder above the attachment point of the pectoralis major central fragment is displaced by the draft of the supraspinatus muscle:
1. - ectad, anteriorly with external rotation
2. inside
3 is a proximal displacement and internal rotation
4. all of the above is not true

The most common complication of fractures of the shoulder in the lower third of the diaphysis is damaged:
1. ulnar nerve
2. -the radial nerve
3. The radial artery
4. median nerve

Damage to the radial nerve in fractures in the lower third of the shoulder is all of the above except:
1. –disorders of sensitivity in the 4th and 5th fingers
2. dangling hand and the inability of the active extension and its main phalanges
3. The lower the sensitivity of the radial side of the wrist
4. The reduction in the sensitivity of the extensor forearm

In most cases, damage to the radial nerve in fractures of the shoulder between the middle and the lower third is due to:
1. its margin at the level of the brachial plexus
2. -infringement and is its compression in the area of the humerus fracture
3. it crush
4. damage to the brachial artery

Traumatic shoulder dislocation is called:
1. -complete uncoupling the mating surfaces of the humeral head and the glenoid cavity of the blade to break the joint capsule as a result of physical violence
2. The displacement of the humeral head within the shoulder joint
3. uncoupling the mating surfaces of the humerus in the elbow joint as a result of physical abuse or pathological process
4. The right answers are 1 and 3

Damage to the Hill-Sachs (Hill-Sachs) - is:
1. -impression bone damage posterolateral outer shoulder of the head when they hit the edge of the glenoid cavity scapula during shoulder dislocation
2. separation of the lower front edge of the labrum cavitasglenoidalis
3. separation attachment point of the long head of the biceps shoulder at the top of the labrum
4. The change in the field of surgical neck of the humerus

The following types of sprains:
1. acute
2. stale
3. chronic
4. habitual
5. -all the listed

Shoulder dislocation when, as a rule:
1 shows
2. - abduct
3. bent
4. rotate outwards

A characteristic symptom of shoulder dislocation is:
1. - symptom "springy resistance"
2. piano-key phenomenon

3. symptom of falling hands
4. Kennedy’s symptom

The most gentle way of acute dislocation of the shoulder is a way to reposition:
1. Hippocrates
2. - Chaclyne
3. Mott
4. Kocher

The cause of habitual dislocation of the shoulder is:
1. birth trauma
2. infectious arthritis
3. dislocated shoulder, accompanied by fracture of the clavicle
4. -damage at the time of a traumatic dislocation, combined with the wrong tactics of the patient after reposition of dislocation

After the diagnosis of "traumatic dislocation" to reposition should resort:
1. - immediately
2. 1 hour after
3 a day
4. 3 days

An external shoulder rotator muscles include the following:
1. -m. supraspinatus, m. infraspinatus, m. teres minor
2. m. supraspinatus, m. subscapularis
3. m. brachioradialis
4. m. supraspinatus, m. infraspinatus, m. teres minor, m. subscapularis

To check the availability of shoulder impingement syndrome following tests are used:
1. Kaplan
2. -Jobe
3. lift-off
4. falling hand

Conservative treatment for supraspinatus tendon rupture in the early period is:
1. - an immobilization injured limb in the position of abduction and adequate anesthesia
2. physical therapy and strengthening the muscles of the shoulder joint
3. the appointment of strength exercises to strengthen the muscles of the upper limb
4. all answers are right

"The gold standard" surgical treatment of acute massive rotator cuff tears is:
1. - arthroscopic suture with anchor clamps
2. the mini-invasive transosseous suture
3. the open seam shoulder rotators
4. plastic replacement of the damaged tendon

If no diagnosis or the wrong tactics of treatment of scaphoid fracture brush is the most serious complication:
1. the formation of a false joint
2. - aseptic necrosis of the proximal pole of the scaphoid
3. violation of the sensitivity in the 4th and 5th fingers brush
4. the development of the "tunnel" syndrome

When acute scaphoid fractures preferred method of surgical treatment is:
1. extrafocal compression-distraction osteosynthesis
2. percutaneous osteosynthesis needles
3. - osteosynthesis compression screws Herbert
4. the bone fixation pin

Contraindications to the imposition of the primary tendon suture deep flexor tendon of fingers is all of the above except:
1. the presence of obvious signs of acute inflammation in the wound on his finger
2. the presence of the victim of severe combined internal injuries
3. multiple fractures of hand bones and fingers, require special treatment
4. scalped skin hands and fingers injuries requiring plastic recovery
5. -availability damage tendons several fingers

The primary tendon suture called seam imposed:
1. on the tendon during the first hour after injury
2. -in the first 12-24 hours after injury
3 during the first 7 days after injury
4 for the first 3 days after injury

On the palm of the hand in the choice of tactics and techniques flexor tendon suture release:
1. -5 flexor tendon zones
2. 6 zones of the flexor tendons
3. 7 flexor tendon zones
4. 8 flexor tendon zones

"Critical" area of the flexor tendons of the fingers is called the field:
1. -from the middle of the middle phalanx to the metacarpal heads
2. carpal tunnel area
3. from the distal phalanx until the middle of the middle phalanx
4. the proximal metacarpal heads to the transverse carpal ligament

Suture the tendon flexor finger in a "critical" zone:
1. - must-provide the best conditions for slip
2. fails due to his inappropriate
3. must be made absorbable material
4. all of the above is true

Bankarta's damage is:
1. - abruption cartilage lip with capsular ligamentous complex from the front edge of the articular process of the scapula
2. ischemic contracture of the hand
3. damage to the Lisfranc joint level
4. contracture, accompanied by sagging hand and fingers

With acute tears closed extensor tendons of the fingers at the level of the distal interphalangeal joint external fixation is performed in the state:
1. - "writing pen"
2. in the unbent position
3. the position of the distal phalanx overcorrection
4. in bent position

The effectiveness of the methods of conservative treatment of fractures of the extensor tendons of the fingers:
1. 50%
2. - less than 50%
3. 100%
4. 70%

Most often traumatic plastic defect flexors and extensors of fingers used:
1. -tendon palmaris longus (m. Palmarislongus)
2. Achilles tendon
3. acromioclavicular ligament
4. tendon peroneus brevis (m. Peroneusbrevis)

An immobilization period of conservative treatment rupture extensor tendons of the fingers:
1. 2 weeks
2. 3-4 weeks
3. -5-6 weeks
4. immobilization is not required

Specify which bones are form the forearm:
1. ulna and fibula
2. radial and tibial
3.- the radial and ulnar
4.fibula and tibial

What are called the movement of the forearm pronation and supination?
1. flexing forearms
2. - rotatory movement of the forearm
3. the extension of the forearm
4. flexion and extension of the forearm

What forearm fractures are characteristic of childhood?
1. offset length
2. with offset width
3. the rotary displacement with
4. - fractures in diaphysis for "green branches" type

Fracture-dislocation Montedzhi - a combination of:
1. - fracture proximal third of the ulna with dislocation of the radial head
2. fracture of the radius with dislocation of the olecranon
3. fracture of both bones of the forearm with a dislocation of the radial head
4. olecranon fracture with dislocation of the radial head

Galeazzi fracture-dislocation - a combination of:
1. - fracture distal third of the radius with dislocation of the head of the ulna
2. fractured forearm bones with dislocation of the head of the ulna
3. fracture of the ulna with dislocation of the radial head
4. fracture of the ulna with dislocation of the head of the ulna

Absolute signs of fracture of the forearm:
1. swelling and pain on palpation

2. swelling and restriction of
3. -deformation angle and abnormal mobility
4. hyperemia and local temperature rise

Transport splint Cramer immobilization in fractures of the forearm bones:
1. -from the upper third of the shoulder to the fingertips
2. from the fingertips to the elbow
3. from the wrist to the upper third of the shoulder
4. from the wrist to the elbow joint

Fracture of the radial bone in a typical place type Collis or Smith is:
1. - fracture radius 2-2.5 cm proximal to the wrist joint space
2. fracture of the radial head
3. fracture of diaphysis of radius
4. fracture of the radius with dislocation of the head of the ulna

Bone base shin presented:
1. tibia
2. fibula
3. - tibia and fibula
4. femur

Which of the leg bones performs a supporting function:
1. - more tibia
2. femur
3. fibula
4. tibia and fibula as equal

Open fractures of the tibia is:
1. fractures with extensive hematoma
2. -the presence of soft tissue wound communicating with the break
3. fractures to lower leg strain
4. the presence of a wound on the lower leg is not associated with fracture

Immobilization with a broken shin bone superimposed:
1. from the fingertips to the knee
2. from the ankle to the upper thigh
3.-from the fingertips to the upper thigh
4. from the ankle to the knee

Extrafocal compression-distraction osteosynthesis is:
1. osteosynthesis rods
2. osteosynthesis plates
3. osteosynthesis screws
4. - osteosynthesis Ilizarov

The term immobilization plaster cast diaphysis fracture of both bones of the lower leg:
1. 1 month
2. -3,5-4 month
3. 5 months
4. 1.5 months

How to perform radiography shin with a fracture:
1. the only direct projection
2. -to two projections with the seizure of the adjacent joints (knee and ankle)
3. in two projections with the capture of the ankle joint
4 only in the lateral projection

When applying skeletal traction with a broken shin bone diaphysis spoke conduct:
1. through the Achilles tendon
2. through the calf muscle
3. -through calcaneus
4. through the skin

The patient is on skeletal traction with a broken shin bone:
1. 3-5 days before the matching fragments
2. -35-40 days prior to the formation of primary callus
3. 100-110 days prior to the fracture healing
4. 10-15 days until the heat edema

Osteosynthesis of shin bones on emergency indications carried out:
1. closed fracture
2. when transverse fractures with displacement
3. in fractures with trophic ulcers on the skin of the lower leg
4. -with fractures with damage to blood vessels and nerves

Osteosynthesis screws tibia produce:
1. when the transverse fractures
2. in comminuted fractures
3. -with helical fracture when the fracture line is twice the diameter of the bone
4. in fractures without displacement

Osteosynthesis plates for fractures of the leg bones are used:
1. -with fractures of the proximal and distal metaepiphysis offset with intra-articular fractures
2. in fractures of the diaphysis
3. when the double fracture
4. when the transverse fractures

The plate with angular stable screws LCP is:
1. this plate with screws monocorticalis
2. this plate with limited contact with the bone
3. - is a plate in which the heads of the screws are firmly fixed in the plate and held in different directions
4. it compresses the plate

After fracture tibia osteosynthesis rod blocked:
1. - plaster immobilization is not used
2. plaster immobilisation of 3.5 months
3. plaster immobilisation of 1.5 months
4. fixation orthosis shin

That includes Dupuytren's fracture?
1. fracture of both ankles

2. -cross fracture of the internal malleolus, the distal tibiofibular syndesmosis rupture, fracture of the lower third of the fibula with a subluxation of the foot outwards
3. fracture of both ankles and the rear edge of the tibia
4. fracture of lateral malleolus and the gap deltoid ligament

In fracture-dislocations of the ankle:
1c. edematic joint, painful movement
2. - joint deformed, the support function is impaired, there are no active movement, pronounced swelling and bruising
3. active movement saved pain when walking
4. the pronounced swelling and bruising on the outer surface of the joint. Active movements are limited

At the fracture of the ankle with displacement shown:
1. plaster immobilization. Closed reposition after swelling wears off
2.- close, reposition for emergency indications
3. skeletal traction
4. open metalosteosynthesis wears off after swelling

The separate outer ankle fracture without displacement shown:
1. the imposition of an 8-shaped bandage
2. - the application U-shaped plaster splints
3. the application of Ilizarov frame
4. the osteosynthesis plate

In case of partial damage to the external lateral ligament of the ankle shows:
1. -8-shaped bandage elastic bandage
2. plaster splint for 6 weeks
3. surgery
4. skeletal traction

At the turn of the fibula in the middle third of the show:
1. osteosynthesis plate
2. - plaster splint
3. skeletal traction
4. the application of Ilizarov frame

What method of treatment that is more effective in the open fracture-dislocation of the ankle:
1. closed reduction
2. metalosteosynthesis
3. skeletal traction
4. - extrafocal compression-distraction osteosynthesis Ilizarov

What is intramedullary osteosynthesis of the tibia pin blocked "interloking"?
1. osteosynthesis two spokes
2. osteosynthesis with three screws
3. - osteosynthesis intramedullary nail providing axial and rotational stability
4. the osteosynthesis plate

Specify through which bone spend needle when applying skeletal traction for the shin:
1. talus
2. -calcaneus bone

3. the outer ankle
4. metatarsal

Specify which bus is used in the treatment of bone fractures of the tibia by skeletal traction:
1. - Böhler frame
2. Diterichs' splint
3. Cramer's splint
4. makeshift bus

Specify the primary method of treatment for fractures of the radial bone in a typical place such as Colles':
1.- closed reposition, plaster splint
2. skeletal traction
3. extrafocal compression-distraction osteosynthesis using Ilizarov's device
4. the osteosynthesis plate

Specify the characteristic clinical signs of fracture of radial bone in a typical place such as Colles:
1. the angular deformation of the middle third of the forearm
2. abnormal mobility
3. -bayonet-like deformation of the lower third of the forearm
4. crepitus of fragments

Specify the characteristic clinical signs when the extensor fracture-dislocation Montedzhi:
1.- shortening and deformation of the upper third of the forearm with limited flexion of the elbow
2. the lower third of the forearm strain on the "plug" type
3. angular deformity and crepitus of bone fragments in the middle third of the forearm
4. swelling and limitation of wrist function

Specify which method of osteosynthesis preferable with closed bone fracture with displacement of the forearm:
1. extrafocal compression-distraction osteosynthesis using Ilizarov's device
2. osteosynthesis needles
3. - osteosynthesis plates
4. intramedullary fixation pins

Specify the method of treatment for fractures of the diaphysis of the radius without displacement:
1. -plaster bandage
2. extrafocal compression-distraction osteosynthesis using Ilizarov's device
3. osteosynthesis needles
4. osteosynthesis pin

Specify the level of fixation plaster cast after closed reduction of forearm fracture of the middle third:
1. from the wrist to the elbow joint
2.-from heads of metacarpal bones to the middle of the shoulder
3. from the fingertips to the upper third of the shoulder
4. from the wrist to the "healthy" blades

Specify the basic alternate method of research used in the diagnosis of forearm fractures:

1. sonography
2. -X-rays
3. The magnetic resonance imaging
4. Doppler

What are the most effective method of treatment of open fractures of the forearm bones in the middle third:
1. skeletal traction
2. -extrafocal compression-distraction osteosynthesis using Ilizarov's device
3. osteosynthesis needles
4. osteosynthesis plates

Назовите механизм травмы при «переломе лучевой кости в типичном месте»:
1. **-падение на вытянутую руку**
2. прямой удар по нижней трети предплечья
3. падение с опорой на локоть
4. падение на плечо

Name the mechanism of injury if the "turn of the radial bone in a typical place":
1. -landing on outstretched arm's length
2. a direct blow to the lower third of the forearm
3. The fall of relying on elbow
4. drop shoulder

Specify the correct technique manual repositioning of the radius bone fragments fracture Colles:
1**. - traction along the length of the hand, then the palmar flexion and ulnar abduction**
2. the traction and brush length dorsiflexion
3. brush dorsiflexion and abduction beam
4. traction hand length and beam diversion

Specify the method of treatment of an isolated fracture of the tibia without displacement:
1. -cylinder plaster cast from the tips of the toes to mid-thigh
2. extrafocal compression-distraction osteosynthesis using Ilizarov's device
3. skeletal traction
4. The osteosynthesis plate

Specify the mechanism of injury in comminuted 'bumper' fracture of the tibia:
1. direct blow to the shin car bumper
2. -at the vehicle running over a pedestrian
3. torso rotation at a fixed stop
4. falling from a height

Specify which fractures of the tibia are subject to surgical treatment:
1. fractures without displacement of bone fragments
2. isolated fractures of the tibia
3. fractures with a transverse line of fracture of the tibia
4. - fractures with interposition between the fragments of soft tissues or muscles laterally spaced bone fragments

Specify the period of immobilization plaster cast with a broken radius in the "typical place":
1. 2 months
2. -5 weeks

3. 2 weeks
4. 3 months

What are the most common complications of fracture of tibial bones in the lower third:
1. deep vein thrombosis
2. osteomyelitis
3. -delayed consolidation and false joints
4. damage to major vessels

Indicate which strengthens the ankle ligament on the inner surface:
1. front talo-fibular
2. calcaneal-fibular
3. -deltoid
4. the inner side

Specify the most frequent injury of the ankle:
1. fracture of lateral malleolus
2. -damage ligaments
3. fracture of the talus
4. fracture of the inner ankle

What are the most common complication that develops in the lower leg ankle fracture:
1. suppurative arthritis
2. -posttraumatic deforming arthrosis
3. bony ankylosis
4. false joint lateral malleolus

Absolute indication of fracture:
1. joint deformity
2. soft tissue deformation
3. edema
4. - pathological mobility of bone fragments

Symptom, characteristic only for a fracture:
1. bruise
2. swelling
3. - crepitation of bone fragments
4. violation of limb function

Symptom, characteristic only for dislocation:
1. pain
2. hyperemia
3. dysfunction
4. -spring resistance to movement in the joint

Pathological dislocation is called:
1. congenital
2. trauma
3. -with the destruction of the articular surfaces forming the joint
4. "chronic"

If the integrity of the skin is saved and determined local pain, crepitation, and deformation of limbs, it can be assumed:
1. damage ligamentous apparatus
2. contusion of the soft tissues
3. dislocated
4.- closed fracture

Absolute shortening characteristic of:
1. sprains
2. -fracture bones
3. injury
4. rupture of the joint capsule

At the turn of the hips must be immobilized:
1. hip
2. The hip and knee joints
3. -hip, knee and ankle joint
4. fracture site

The "frog" position transported patients with fractures:
1. -pelvic bones
2. spine
3. hip
4. foot bones

Children are usually observed fractures:
1. oblique
2. - green-stick and subperiostal fractures, slipped capital femoral epiphysis, osteoepiphyziolisis
3. compression
4. full

Symptom, characteristic of pelvic fracture:
1. the tension of the muscles of the anterior abdominal wall
2. crepitus in the upper third of the femur
3. the urgent need to urinate
4. - Larrey's symptom

With an open fracture, first of all, you must:
1. to give an anesthetic
2. carry out the immobilization of a limb in a position in which it is at the time of damage
3. - to put a sterile bandage on the wound in the area of fracture
4. stop the bleeding

Displacement type of fragments is determined according to:
1. -X-ray
2. angiograms
3. poll
4. US
5. densitometry

The shortening of the limbs is determined according to:
1. palpation

2. ultrasound
3. auscultation
4. -comparative measuring the length of the limb bone protrusions

The most frequently used in the diagnosis of fractures:
1. CT
2. MRI
3. –X-ray
4. US
5. densitometry

A range of motion in the joint is determined by:
1. tonometer
2. the compass
3. ruler
4. -fleximeter
5. Ilizarov

The general rule when applying immobilization:
1. the limb should always be to straighten
2. immobilize the bone on her throughout
3. immobilize the segment with the capture of one joint
4. tighten the fixing bandages
5. - to immobilize segment with the capture of the overlying and underlying joints

The goal of treatment is fracture:
1. - recover of functions of the injured limb
2. the anatomical juxtaposition of fragments
3. to minimize the costs
4. do without surgery
5. immobilize the limb

Ability to upload a limb after surgery osteosynthesis depends on:
1. the patient's wishes
2.-stability and fixation method of fracture fixation
3. working time doctor
4. the load compartment
5. the requirements of the insurance company

The anatomical juxtaposition of fragments should:
1. for fractures of the lower limb
2. for all fractures
3. for fractures of the upper extremity
4. -for intra-articular fractures
5. not required

Intramedullary osteosynthesis with blocking provides axial load:
1. -in the early stages
2. in the same terms as in the osteosynthesis plates
3. in the later stages
4. does not provide
5. not available

Extrafocal osteosynthesis in fractures of long bones can be applied:
1. only for simple fractures
2. only for type C fractures
3. -for all types of fractures requiring surgical treatment
4. only a temporary fix
5. shall not apply

When acetabular fractures with significant displacement of fragments:
1. - indicate a surgery
2. indicate conservative treatment
3 sent to the emergency room on their own
4. no treatment

If you suspect a fracture of the pelvis:
1. -checks Verneuil's and Larrey's symptoms
2. check Trendelenburg symptom
3. check Bajkov's symptom
4. check the Babinski's sign
5. check Chaklin's symptom

At the turn of one of the branches of the pubic bone:
1. indicated CT
2. the integrity of the pelvic ring broken
3. only surgery
4. - integrity pelvic ring is not broken
5. carry out spinal anesthesia

In fractures of the pelvis with the aim of anesthesia is recommended:
1. conduction anesthesia
2. anesthesia
3. epidural blockade
4. - Shkolnikov-Selivanov's anesthesia
5. receiving barbiturates

Clinically, the axis of the lower extremity passes through all of the following education, excluding:
1. the anterior upper iliac spine
2. -the exterior edge of the patella
3. the inner edge of the patella
4. the first toe

Clinically, the axis of the upper extremity passes through all of the following education, except:
1. the center of the humeral head
2. center capitate shoulder elevation
3. the head of the radius
4. the head of the ulna
5. -the center of V fingers

The relative length of the lower limb includes the distance from the anterior superior spine of the pelvis:
1. up to the greater trochanter femur

2. up to the knee joint gap
3. -up to the lower edge of the inner ankle
4. to the calcaneal tuber

The relative length of the upper limb is measured from the acromion process of the scapula:
1. up to the middle projection of the humeral head
2. to the outer condyle
3. -up to the styloid process of the radius arm
4. until the end of the third finger
5. to the end of the fifth finger

Percussion on the bony prominences cannot identify:
1. the presence of fluid in the joint cavity or chamber
2. the presence of gas in the cavity or joint
3. -a rate of healing of fractures of long bones
4. the degree of blood supply to the extremities
5. the presence of large cavities in the epiphysis or metaphysis limbs

Abduction and adduction extremities - are movements:
1. in the sagittal plane
2. -in the frontal plane
3. in the axial plane
4. the internal movement around the longitudinal axis
5. the outer movement around the longitudinal axis

X-ray analysis makes it possible to install the listed, except:
1. the presence of bone fractures and their degree of consolidation
2. the nature of displacement of bone fragments
3. the changes in bone structure
4. -power regeneration of damaged cartilage
5. major discontinuities tendons, the presence of free gas and liquid in the cavities, soft tissue tumors

When reading radiographs for fractures of bones is necessary to pay attention to all of the above except:
1. X-ray bone density pattern (osteoporosis, osteosclerosis)
2. violation of cortical bone
3. the state of the surrounding bone tissue
4. changes in the axis of the bone and forms
5. -power density (exposure) X-ray field is the study of bone

After applying circular plaster bandage on the limb may have all the complications listed below, with the exception of:
1. the formation of bedsores
2. -loss all saprophytic skin flora with subsequent replacement of its fungal microflora
3. compression of (ischemia) supply vessels
4. the compression of the nerve trunks with the further formation of neurites and folkmanovskoy contracture on the upper limbs

Fractures of the pelvis meet with all these mechanisms, except for:
1. the compression of the pelvic bones
2. breeding pelvis
3. direct blow to the pelvis

4. - twisting pelvis
5. tear mechanism

For fractures, accompanied by rupture of the pelvic ring, include:
1. the broken wing of the ilium
2. fractured pubic bone
3. acetabular lip fracture
4. - fracture of the pubic and ischial bones on one side
5. fracture of the pubic and ischial bone from different angles

In the treatment of patients with severe fractures of the pelvic bones do not apply:
1. treatment and prevention of traumatic shock
2. replenishing lost blood in trauma
3.- early bird standing up and activation of the victim - "functional cure"
4. reposition the displaced bone fragments of the pelvis
5. the prevention and treatment of complications arising

The most common bone fractures of the pelvis are damaged:
1. the prostate in men and ovaries in women
2. -uretra, prostatic part of it
3. the distal portion of the urethra
4. bladder
5. vagina in women and penis in men

Fractures of the greater trochanter are possible in the case of:
1. fall on his feet
2. the fall in the buttocks area
3. compression of the pelvis in anterior-posterior direction
4. -compression pelvis laterally or falling on the area of the greater trochanter

Characteristic features of the fracture of large and small skewers are all listed, except:
1. pain in the hip region, increasing by palpation
2. pain in the groin and inner thigh
3. -pain in the sacroiliac joint
4. bruising in the hip area

Bone grafting can be applied most successfully:
1. for joint arthrodesis
2. -for the treatment of false joints
3. to create a joint
4. with acute fractures

Among pelvic fractures is called "Malgenya fracture":
1. double fracture of the anterior half rings
2. tear fracture of the lower front bones
3. –one-sided fracture of the pubic and ischial bone front and the ilium behind
4. fracture of the acetabulum
5. the turning point of the wing of the ilium

When a traumatic rupture of the symphysis pubis in the hospital it is advisable to use the following stacking of the patient:
1. -squeeze and lift the pelvis via hammock reinforced frame on the Balkan

2. the position of the "frog" on the horizontal plane
3. skeletal traction of both lower limbs on a horizontal plane
4. does not require special styling

Symptom "back step" is typical:
1. for iliac wing fracture
2. to break the symphysis
3. to break the sacroiliac joint
4. horizontal branch pubic bone fracture
5. -for separation of the front upper spine

Feature, which allows generic suspected fracture of the clavicle, is:
1. hematoma in the area of the shoulder joint
2. -painful reaction fragments and crepitation on palpation of the clavicle
3. hemiparesis
4. causeless weeping and reaction to pain during swaddling
5. poor circulation

What amount of 0.25% solution of novocaine is necessary to perform in a one-sided pelvic blockade?
1 -240 ml (600 mg)
2. 400-550 ml
3. 600-750 ml
4. 700-850 ml

What is the Gabay's symptom?
1. pelvic deformity
2. violation of the pelvis functions
3. - a supports by "healthy" leg a sore when moving the body
4. support of "healthy" hand injured leg while moving the body

Larrey's symptom - pain at the fracture site at:
1. -opening iliac wings
2. the compression of iliac wings
3. the feeling of iliac wings

Verneuil's symptom - pain at the fracture site at:
1. breeding iliac wings
2. -contraction iliac wings
3. the feeling of iliac wings

When intraperitoneal rupture of the bladder urinary urgency to urination:
1. frequent
2. ordinary
3. -lack

When I hallux valgus toe (hallux valgus) typical form accompanying the deformation of the foot is:
1. heel stop
2. the hollow foot
3. equine-varus foot
4. -cross-foot flattened

Specify the damage characteristic of supination fracture ankle area:
1. -cross fracture of lateral malleolus
2. The syndesmosis rupture of the distal tibiofibular
3.poperechny fracture of the inner ankle
4. deltoid ligament rupture

For fractures of the calcaneus most characteristic lesions are associated:
1. fractured tibia
2. hip fracture
3. - fracture of the vertebra
4. fracture of the patella

Type of treatment, which is useful for a valgus deformity of the I-st toe II-III, Sr .:
1. conservative - corrective casts
2. -surgery
3. exercise therapy
4. wearing orthopedic shoes

Specify the most frequently occurring strain of the foot:
1. - I valgus deformation toe
2. The hollow foot
3. equinus foot
4. varus foot

Clinical signs of fracture of the calcaneus are:
1. pain in the heel bone, flattening of the arch of the foot, ankle strain, prolapse of the tops of your ankles on the side of the heel bone fracture
2. ankle strain and displacement of the inner ankle up
3. hemarthrosis ankle, flattening of the inner arch of the foot
4- in calcaneus location area, the lack of ankle deformation

What method of examination is most preferred for imaging x-ray negative of a foreign body in the plantar region?
1. -US
2. X-ray
3. CT
4. MRI

The best way to immobilize the fracture proximal phalanx V finger is:
1. Rear plaster splint
2. -bandage to the IV finger
3. The closed reduction
4. open reduction with fixation spokes

Bruising on the plantar surface of the foot (Mondor sign) is characteristic:
1. fracture of metatarsal bones
2. - Lisfranc's joint damage
3. The neck of the talus fracture
4. ankle fracture

The preferred method of treatment of fracture Jones (base V metatarsal) is:

1. Immobilization plaster splint
2. Closed-stage reposition
3- is an open reposition, osteosynthesis screw
4. wearing orthopedic shoes

The articular capsule of the ankle joint is devoid of reinforcing cords:
1. laterally and posteriorly
2. –in front and rear
3. medially and behind
4. medially and laterally

Treatment of soft tissue injuries of the foot includes all of the above except:
1. -apply low-dose X-ray
2. The application of cold in the acute period
3. The imposition of a pressure bandage
4. physiotreatment

Indications for surgical correction of deviations I outer toe are all except:
1. -damage of cosmetic shape of the foot
2. pain
3. Hammer strain toes
4. chronic bursitis region metatarsal heads I metatarsal bone

Contraindications to surgical correction of deviations I outer toe are all but:
1. angiopathy of the lower extremities
2. The acute phase of myocardial infarction
3. Skin and soft tissue infections in surgery
4. -pain syndrome and the presence of "corns"

Conservative treatment for external I reject toe shown at:
1. rigid shape deformations
2. The presence of overweight
3. -elastic form deformation
4. The distortion of II degree

Causal factors deformation hammer toes are all but:
1. extended II beam foot
2. poorly chosen shoes
3. Neuro-muscular disorders
4. -the presence of long-standing internal malleolus fracture

When pigeon toes deformation fingers is observed:
1. – extension in metatarsophalangeal and flexion of the proximal interphalangeal joint
2. bend in the metatarsus-phalanx and extension in the proximal interphalangeal joint
3. neutral position in the metatarsus-phalanx and flexion in the proximal interphalangeal joint
4. neutral in metatarsus-phalanx and extension in the proximal interphalangeal joint

The main reason for the strain pigeon toes is:
1. The wearing of poorly chosen shoes
2. - disbalance muscles flexors and extensors
3. Foot injury
4. birth defects of the foot

Angle Belair normally is:
1. -25-40 °
2. 40-55 °
3. 30-65 °
4. 10-20 °

Conservative treatment of intra-articular fractures of the calcaneus is permissible largest Belair angle: 1. 0-10 °
2. -15-20 °
3. The negative angle Belair
4. Belair angle is not critical at the indications for conservative treatment

Tactics of treatment for fractures of the neck of the talus with displacement of bone fragments and subluxation:
1 -is an open reduction and osteosynthesis
2. The imposition of the cast
3. Wearing orthoses plantar-arch supports
4. skeletal traction

The most common foot subtalar dislocation is:
1. -medial
2. lateral
3. front
4. rear

The main method of treatment of subtalar dislocation of the foot is:
1.- Closed a one-time reduction
2. open a one-time reduction
3. skeletal traction
4. astragalektomiya

Medial subtalar dislocation of the foot accompanied by severe deformity of the foot in the form of:
1. - acquired clubfoot
2. heel of the foot
3. equine-varus foot
4. The shape of the foot does not change

A typical mechanism of injury in fractures of the neck of the talus is:
1. heavy object falling on the foot
2. -dorsiflexion and supination of the foot
3. forced load on the heel bone
4. supination of the foot under axial load

Treatment options for faults Lisfranc joint is:
1 - is an open reposition with fixing screws and needles
2. closed reduction with plaster immobilization Longuet
3. The active rehabilitation without immobilization
4. skeletal traction

The main cause of longitudinal flat adult is:

1. -dysfunction posterior tibial muscle
2. foot injury
3. osteoarthritis talo-navicular joint
4. related neurological pathology

Choice of treatment at a mobile form of longitudinal flat is:
1. -wearing insoles arch supports
2. plaster immobilization
3. skeletal traction
4. The surgical correction

With the ineffectiveness of conservative methods of treatment of flatfoot is carried out:
1. -Evans-operation
2. Lisfranc amputation at the joint level
3. ankle arthroplasty
4. exercise therapy

Hock formed:
1. The two bones
2. The three bones
3. The four bones
4. - the five bones

In the presence of intra-articular fracture in the knuckle area of choice is:
1 -is an open reduction and internal fixation with needles
2. closed reduction and immobilization plaster splint
3. immobilization to the adjacent finger
4. active exercise therapy

To conservative therapies metatarsal fractures are as follows:
1. plaster immobilization
2. skeletal traction
3. intarmedullyarny osteosynthesis
4. -all except 3

When diaphyseal fractures of the metatarsal bones of the most characteristic of the displacement takes place in:
1. - the sagittal plane
2. the frontal plane
3. the vertical plane
4. the horizontal plane

When equinus foot deformities is a method of choice for the treatment of:
1. - elongation Achilles tendon
2. ankle arthrodesis
3. amputation by Pirogov
4. ankle arthroplasty

The reason for the frequent formation of nonunion fractures at the base V metatarsal bones are:
1.-Features of the blood supply in this anatomical area
2. violation of the prescribed regimen the patient
3. The wrong choice of treatment tactics

4. The use of calcium-poor food

The most frequent cause of failures during reposition lateral subtalar dislocation of the foot is:
1. -interposition tendon posterior tibial muscle
2. accompanying fracture of the neck of the talus
3. Lisfranc dislocation of the joint
4. The lowest practical skills of the surgeon

Indications for surgical treatment of intra-articular fractures of the calcaneus is:
1. -dislocation articular surface back more than 2 mm
2. Age over 70 years
3. mental retardation
4. The presence of infection in the soft tissues of the heel region

A frequent complication of fractures of the neck of the talus is:
1. -avascular necrosis
2. arthritis of the subtalar joint
3. PE (pulmonary embolism)
4. delirium

The method of choice for treatment of intra-articular fractures of the calcaneus in a patient with severe concomitant diseases:
1. -plaster immobilization
2. open reposition, osteosynthesis plate
3. Closed-stage reposition
4. The purpose of calcium supplements

The choice of treatment for fractures of the cuboid is:
1. -conservative
2. open reposition, osteosynthesis plate
3. The appointment of chondroprotectors
4. Closed-stage reposition

When dislocation nail phalanx I toe the most rational method of treatment is:
1.- Closed a one-time reduction
2. open a one-time reduction
3. plaster immobilization
4. osteosynthesis screws

When the sphenoid bone fractures of the foot most common mechanism of injury is:
1.- heavy object falling on the foot
2. fall from a height
3. accident
4. The work injury

The most common mechanism of injury in case of damage Lisfranc joint:
1. -axial pressure on the bent at the ankle foot
2. heavy object falling on the foot
3. fall from a height
4. parasuicide

By talus attached tendon following muscles:

1. The posterior tibial muscle
2. shin triceps muscle
3. The flexor digitorum longus
4. -No one of the above

To tuberosity V metatarsal bone is attached:
1. -tendon peroneus brevis
2. Achilles tendon
3. tendon extensor digitorum longus
4. none of the above

Skeletal traction is used for:
1. fractures of metatarsals
2. fractures of the phalanges
3. calcaneus fractures
4. -all the above

With the help of the method is achieved by most the best visualization of intra-articular fractures of the calcaneus:
1. - CT
2. MRI
3. scintigraphy
4. radiography

The method of choice in the treatment of fractures of the posterior process of the talus is:
1. exercise therapy
2. -plaster immobilization
3. open reduction with fixation spokes
4. none of the above

The best method of transport immobilization at fractures of the calcaneus:
1. - immobilization stair rail
2. plaster cast
3. podbintovyvanie to a healthy limb
4. without immobilization

The choice of treatment for fractures of the talus support (sustentaculum tali) is:
1 -is an open reduction and internal fixation
2 closed one-time reduction
3. plaster immobilization
4. none of the above

Specify in the order of priority of the spine injury rate by department:
1. the cervical spine - I place, lumbar - II place, the chest - III place
2. -lumbar - I place, the chest - II place, neck - III place
3. lumbar - I place, neck - II place, the chest - III place

Enter the author's theory, according to which all spinal injuries are divided into stable and unstable:
1. -Denis
2. Yumashev GS
3. A. Kaplan

4. VV Gorinevskaya

Specify an unstable spinal cord injury:
1. body compression fracture of a vertebra I - II art.
2. fractured vertebra arc
3. - "explosive fracture of the vertebral body"
4. spinous process fracture

Specify in the order of distribution of frequency of complications spine in trauma:
1. cervical, lumbar, thoracic
2. -neck, thoracic, lumbar
3. lumbar, cervical, thoracic
4. sacral, lumbar, cervical

Specify the number of vertebrae that make up the human spine:
1. -33-34
2. 30-33
3. 33-36
4. 28-30

Specify the motion, which carries out the spine:
1. flexion and extension in the sagittal and frontal plane. rotational motion
2. -flexion and extension in the sagittal, lateral inclination in the frontal plane. Rotary movement. The spring movement
3. flexion and extension only in the sagittal plane. Rotary movement. The spring movement
4. flexion and extension only in the frontal plane. Rotary movement. The spring movement

What forms the vertebral canal?
1. -arc vertebrae, posterior longitudinal ligament, yellow ligament
2. only the vertebral arch
3. the posterior longitudinal ligament, yellow ligament
4. arc vertebra, posterior longitudinal ligament, yellow ligament, articular processes

What spinal cord is surrounded by shells?
1. arachnoid (arachnoidea) and vascular (piamater)
2.-solid mater (duramater), the arachnoid (arohnoidea) and vascular (piamater)
3. dura (duramater) and vascular (piamater)
4. The spinal cord is not covered with shells

In the spinal cord ends any level of the spine?
1 of 11 thoracic vertebrae
2. Layer 3 lumbar vertebra
3. -between I and II lumbar vertebrae
4. The level five lumbar vertebrae

Specify the basic mechanisms of spinal injury:
1. -flexor, flexion-rotational, extensor, compression, shear, by extension, the direct mechanism
2. flexor, extensor, compression, direct mechanism
3. flexion-rotational, compression, shear and tension, direct mechanism
4. traction, rotation

Include the author, who first applied the concept of stable fractures of the spine:

1. -Nicoll
2. Holdsworth
3. Denis
4. Malgen

Specify which vertebral fractures are classified as unstable:
1. fractures with damage to the front and rear support complex
2. fractures with damage only medium reference complex
3. - fractures accompanied by damage to the 2 reference systems of the front, middle or back, middle, or all 3 of support systems
4. fractures with damage to only the front or rear support complex

What spine fractures are classified as stable?
1. fracture of middle and rear support complex
2. fractures of the front and middle of the reference complex
3 is an isolated fracture of one of the three reference complexes
4. fractures all 3 systems support

Who developed the method of functional treatment of fractures in the thoracic-lumbar spine?
1. Kaplan AV
2. - Gorinevskoy VV
3. Yumashev GS
4. Denis

What is the main diagnostic method in detecting vertebral fractures:
1. clinical
2. -X-ray
3. The magnetic resonance therapy
4. scintigraphy

What instrumental diagnostic methods must be used for the diagnosis of spinal injury?
1. MRI (magnetic resonance imaging)
2. X-ray (R-graphy, contrast myelography, CT)
3. neuromyography
4. -all the listed

What applies to the closed spinal cord injury?
1. -commotion, injury, spinal cord compression
2. contusion of the spinal cord
3. only spinal cord compression
4. hemorrhachis

When a patient to the clinic with a spinal injury which method will identify existing neurological complications?
1. X-ray
2. The magnetic resonance imaging
3. The contrasting methods of diagnosis
4. - general clinical

Specify which vertebral segments more likely to suffer injuries by indirect mechanism - fall on the patient's head from a height, or diving into the body of water:
1. -C1-C2, C3-C4

2. C5-C6
3. C6-C7
4. Th3-Th4

Jefferson fracture is:
1. -uni-, bilateral fracture of the arches of the 1st cervical vertebra
2. comminuted fracture of the body of any cervical vertebra
3. fracture of the odontoid process of C2 vertebra
4. fracture-dislocation in any segment of the cervical spine

Specify in what segments of the spine cervical spine are more common fracture-dislocations?
1. C1-C4
2. -C4-C6
3. C1-C2 C6-C7
4. Th1-Th2

To identify the traumatic injury of the cervical spine in the segment C1-C2 which X-ray projection be the most informative-projection?
1. - X-ray segment C1-C2 through the wide open mouth in a straight line projection
2. X-ray segment C1-C2 lateral projection
3. Standard X-ray of the cervical spine in a straight line projection
4. X-ray segment C1-C2 oblique projection

Specify how many types of damage odontoid process of C2 vertebra, according to Anderson i D'Alouzo there?
1.- 3 types
2. 2 types
3. 4 types
4. 5 types

When X-rays of the spine in lateral projection, what signs to look for to recognize the damage:
1. parallel spinous processes
2. the relationship of the articular processes
3. the height of the vertebral body
4. - interrelation vertebral bodies (at the rear contour) as well as the above symptoms

In the case of dislocation of vertebrae, palpation of the spine, which revealed the main symptom?
1. local pain
2. swelling
3. - protuberance or retraction of the spinous processes
4. bone crepitus

When X-rays of the spine in a straight line projection, what signs to look for to suspect damage?
1. the integrity of the upper end plate of the vertebral body
2. the lateral wedge deformation of the vertebral body
3. the integrity of the lower end plate of the vertebral body
4. -all the above

According to the classification Black 2 degree of compression of the vertebral body is characterized by:
1. -reduction body height to ½
2. the decrease in body height of more than ½

3. the decrease in body height of up to 30%
4. the decrease in body height of up to 20%

MRI of the spine in traumatic damage to prescribe in order to determine?
1. the nature of vertebral fracture
2. the nature of displacement of bone structures
3. - a character of intervertebral disc damage, neural structures, the presence of hematoma
4. the value of vertebral displacement

This allows to determine the CT study in traumatic spinal injury?
1.- a character of vertebral fracture and displacement of bone fragments
2. the nature of the damage to the intervertebral disc and neural structures
3. the nature of the damage to the joints and ligaments of the spine
4. the presence of hematoma in the spinal segment

Specify a preferred method of treatment in patients with a acute dislocation or fracture-dislocation of the vertebrae at the level of the segments C2-C7 in the provision of urgent specialized care:
1. conservative treatment
2. - the closed reduction
3. open reduction
4. the traction on the loop Gleason

What are the basic techniques in order of priority with a closed manual control fracture-dislocation of the vertebrae on Gyuteru:
1. rotation in the direction of dislocation, then the healthy side, lengthwise traction
2. - traction in length, and then rotated in a healthy way, the rotation in the direction of dislocation
3. the slope of the healthy side, the length of traction, rotation in the direction of dislocation
4. sequence techniques irrelevant

Specify the indications for conservative treatment for injuries of the cervical spine:
1. -stable, uncomplicated fractures with a small degree of compression
2. fractures and fracture-dislocation without neurological symptoms
3. The elderly and senile age of the patient
4. the absence of neurological symptoms at the turn

Specify the indications for surgical treatment of spinal injury:
1. slight pathological deformation of the spinal segment
2. -unstable, complicated fractures and fracture-dislocations of the vertebrae
3. violation of the anatomical height of a damaged vertebra
4. The young, hard-working patient age

Select the preferred method of treatment for uncomplicated unstable fracture in the C1-C2 cervical spine segment:
1. conservative treatment plaster corset
2. The treatment in traction loop Glisson
3. -treatment "Halo" -apparate
4. Open metalosteosynthesis

Functional treatment for Gorinevskoy-Dreving aims to:
1. The elimination of distraction and compression in the area of vertebral fracture

2. -creation muscular system by means of physiotherapy
3. The elimination of kyphosis vertebral segment
4. restore anatomical relationships in the affected segment

Method gradual repositioning Kaplan landmark in the treatment of uncomplicated fractures of the thoracolumbar spine, the lumbar is:
1. phasing overlay plaster corsets
2. hyperextension of the spine with simultaneous traction on the axis
3. -removal wedge deformation using reclination rollers
4. spine traction axillary regions of axially inclined plane

What method of treatment should be used in patients with comminuted fracture of the C4 vertebra body with compression of the spinal cord?
1. conservative treatment, fixation of thoraco-cranial plaster cast
2. -surgical treatment, anterior decompression of the spinal cord, anterior fusion
3. surgical treatment, the use of "Halo" - the apparatus
4. surgical treatment, rear decompression of the spinal cord, posterior spinal fusion

Specify the terms under which the projected consolidation of vertebral fractures in the cervical spine:
1. 2-3 months
2. -3-4 months
3. 4-5 months
4. 1-2 months

Specify the main drawback of which are using the plaster corset in the treatment of injuries of the spine:
1. -atrophy muscles
2. patient discomfort
3. pathological spinal deformity
4. The development of osteoporosis

Which surgery should be performed in patients with unstable spinal segment uncomplicated injury in the chest-lumbar?
1. Front fusion with extramedullary plate
2. -the rear spinal fusion using pedicle clamps
3. Front fusion using a bone-plastic material
4. Rear fusion using clamps, cable ties

Specify the main advantage of pedicle fixation in the treatment of unstable injuries of the spine:
1. less traumatic surgery compared with anterior fusion
2. Strength performed osteosynthesis
3. -The ability to perform intraoperative repositioning followed by fixing the damaged segment
4. The possibility of early verticalization patient

Specify the main advantage is auto- osteoplastic material over other implants when performing corporodesis:
1. -high biocompatibility
2. usability
3. low cost
4. minimal risk of inflammation in its use

Operation front corporodesis with spinal injuries are:
1. surgery to remove bone fragments of the damaged vertebral body
2.-operation aimed at creating stillness and stabilize the injured segment due to interference on the vertebral bodies
3. The operation aimed at restoring ligaments, damaged segment
4. The operation is aimed at eliminating displacement bone structures in the damaged intervertebral disc segment

With a view to the rapid formation of high-grade corporodesis in spinal injuries, choose the preferred kind of implants:
1. titanium, porous mesh implant (MESH) filled with bone autograft bone
2. - bone's auto-, allograft in combination with extramedullary plate using screws with locking
3. porous mesh implant CAGE
4. The bone graft

In order to complete the diagnosis of spinal injuries, what possible neurological complications should be deleted?
1. radicular symptoms
2. peripheric paresis and paralysis
3. violation of the pelvic organs
4. -all the above

Specify the main feature, in which in some clinical cases, radiographs made in direct projection, should be suspected damage to the vertebral:
1. -increase the distance between the roots of the vertebral arches
2. The displacement of the spinous process towards
3. segmental enlightenment in the projection of the vertebral body
4. The reduction in the height of the intervertebral disc

Specify how the affected patient transport with cervical spine injury:
1. Sitting with a collar Schantz
2. The standing collar Schantz
3. -lying on the back collar Schantz
4. lying on its side with a collar Schantz

Specify how the affected patient transport with a spinal injury in the thoracic region:
1. in a semi-sitting position
2. -lying on the back on the shield
3. Lying on your stomach on the board
4. lying on his back on the soft stretcher

Specify how the affected patient transport with a spinal injury in the lumbar spine:
1. lying on your stomach on the board
2. - lying on his back, on a board with a roll in the lumbar region
3. lying on your back, on a shield
4. lying on his back on the soft stretcher

Specify which type of anesthesia for pain should be done with a spinal injury in the thoracic-lumbar region on the hospital stage:
1. epidural blockade
2. spinal anesthesia
3. - paravertebral novocaine blockade

4. intravenous narcotic analgesics

When compression fractures with displacement of the internal condyle of the tibia following deformation of the knee joint is observed:
1. valgus
2. -varus
3. forced flexion
4. limb axis does not change
5. forced hyperextension

When compression fractures with displacement of the outer condyle of the tibia following deformation of the knee joint is observed:
1. -valgus
2. varus
3. forced flexion
4. limb axis does not change
5. forced hyperextension

When the patella fracture immobilization is applied:
1. -to medium physiological position of the knee
2. flexion of the knee at 90 °
3. in extension
4. do not impose
5. in the cross-legged position

For damage to the anterior cruciate ligament characteristic symptom:
1. Baykova
2. The rear Drawer
3. Trendelenburg
4. - anterior drawer sign
5. no symptom

At the turn of the patella characteristic symptom:
1. crunch in the joint
2. The rear drawer
3. Baykova
4. - impossible to straighten a bent leg at the knee joint
5. The front of the drawer

When you break the patellar tendon:
1. note crepitus of fragments
2. the patella is displaced downward
3. patella does not move
4. The above patella palpable soft tissue retraction
5. -patella shifted upwards

When surgical treatment of partial damage to the lateral ligaments of the knee joint is preferable to use:
1. removable splint
2. -elastic kneepads
3. The hinge brace with side stabilizers
4. gonitis plaster cast

What are the main sign of hemarthrosis of the knee:
1. The reduction of the volume of the joint
2. limitation of movement in the joint
3. - ballottement patellar
4. anterior drawer sign

Because patella fractures are most common:
1. Longitudinal fractures
2 - transverse fractures
3. comminuted fractures
4. avulsion fractures

Knee joint puncture performed:
1. -on the outside of the joint at the base or the top of the patella, departing from it by 1-2 cm
2. some distance from the side surfaces of the patella 3-4 cm medially or laterally
3. at the level of the tibial's tuberosity
4. on the inside of the knee joint

In identifying the internal rupture of the meniscus of the knee should be preferred method of investigation:
1. X-ray
2. thermographic
3. ultrasound
4. -MRI
5. arthropneumographic

Damage to the internal condyle of the tibia, arising when excessive adduction, accompanied by:
1. -damage lateral ligaments of the knee joint
2. damaged cruciate ligaments
3. the patellar tendon
4. extensor tendon of the knee extension

Technique symptom "balloting" patella is:
1. In the compression knee
2. in the grip of the left hand nadpatellyarnogo bloat
3. in pressing his fingertips to the patella vperedne-posterior direction
4. -to compression suprapatellar bloat left hand and pressing his fingertips to the patella to the anterior-posterior direction
5. in the percussion of the patella

Most found the following displacement of the patella dislocation when it is:
1. - the lateral
2. The medial
3. horizontal
4. rotary

The most characteristic radiographic signs in deforming arthrosis of the knee include:
1. narrowing and deformation of the joint space, subchondral sclerosis
2. bony growths around the joint
3. The presence of degenerative cysts in the epiphysis
4. The flattening of the articular areas tibial varus or valgus deformity

5. -all the above

Indications for use of conservative therapy in deforming arthrosis of the knee joint is:
1. I stage defeat
2. - the defeat of stage I-II
3. The loss of stage III
4. defeat stage IV

The best way to fixation of fracture of the patella is:
1. peripatellyarny purse-string suture or polukisetny lavsan
2. Transosseous wire U-shaped seam
3. Transosseous storey double seam lavsan
4. - binding fragments Kirschner wires to the 8-shaped tightening double wire suture
5. The compression osteosynthesis devices of various designs

In normal (healthy) knee motion is impossible:
1. 130 ° flexion,
2. The extension of 180 °
3. overextension 15 °
4. - abduction 20 °
5. Rotation (flexion) to 15 °

Fractures of the condylar eminence of the tibia followed by a break:
1. The internal lateral ligament of the knee
2. The external lateral ligament of the knee
3. lateral and cruciate ligaments
4. The posterior cruciate ligament
5. -the cruciate ligaments

In the event of lower leg away from the midline of the lower limb in the frontal plane from 0 ° to 3 °, we can conclude that:
1.- the knee lateral ligaments are intact
2. cruciate ligament retained
3. partial rupture lateral ligaments
4. partial tear of lateral ligament and cruciate ligament
5. the partial cruciate ligament rupture

The patient of 50 years suffering from gonarthrosis deformans. Multiple courses of conservative treatment, osteotomy to correct lower limb axis operation on ligaments of the knee were given a temporary effect. Currently - clinical and radiological picture gonarthrosis III. The patient was concerned about pain, worse when walking. Can not using the limb. The second knee is functioning satisfactorily. Which treatment option is more appropriate?
1. - knee replacement
2. continue to conservative treatment (analgesics, hormone drugs, NSAIDs, magnet, physiotherapy, massage)
3 shows a joint arthrodesis
4. limb amputation above the knee joint and limb prosthesis

Therapeutic measures at "acute" damage to the anterior cruciate ligament of the knee:
1. plastic arthroscopic anterior cruciate ligament
2. plaster immobilisation 6 weeks

3. -plaster immobilization of 3-4 weeks, followed by physical therapy to strengthen the front thigh muscles groups
4. knee replacement

If knee arthroscopy is possible to identify or produce all of the above except:
1. damage to the articular cartilage
2. meniscus damage
3. the presence of an additional ligament - mediapatellar ligament, patellar tendon (the third of the meniscus of the knee joint)
4. - suturing the patellar tendon

Symptomatic rupture internal meniscus of the knee joint is:
1. -Baykova
2. balloting the patella
3. anterior drawer sign
4. Obukhov Hospital

Specify in% of the frequency of the use of arthroscopy of joints:
1. 90% of the wrist joint, the hip joint 10%
2. 80% of the elbow, knee 20%
3. -70% -knee joint, the shoulder joint 20%, all the other joints 10%
4. 50% of the ankle, the elbow 50%

Specify the amount of blood loss during pelvic fractures type C:
1. up to 500 ml
2. Up to 750 ml
3. -up of 1.5-2 liters, and more
4 to 6 liters

What are the bones of the elbow joint is formed by:
1. -shoulder, ulnar, radial
2. shoulder, elbow
3. ulnar, radial
4. humerus, ulna, scaphoid

Humeroulnar joint is:
1. - trochlear
2. globular
3. round

According to the AO classification, the following types of fractures of the distal humerus:
1. - type A, type B, type C
2. Type 1, Type 2 Type 3
3. offset without displacement
4. flexor, extensor

Triangle Gyutera formed:
1. -internal epicondyle of the humerus, external epicondyle of the humerus, the apex of the olecranon
2. The head of the ulna, the head of the radius, the top of the olecranon,
3. greater tuberosity of the humerus, acromion process, coracoid process
4. The front-upper iliac spine, ischial tuberosity, greater trochanter

Average-physiological position of the elbow:
1.- 90 ° flexion
2. 45 ° flexion
3. extension of 180 °
4. 120 ° flexion

The term plaster immobilization with supracondylar fracture of the humerus:
1. -4-6 weeks
2. 4-6 months
3. 3-4 weeks
4. 6-8 months

Select a point of the spokes with skeletal traction for fractures of the distal humerus:
1. -elbow process
2. diaphysis of the ulna
3. diaphysis of the radius
4. metacarpals

The following types of dislocations of the forearm bones:
1. -posterior
2. lower
3. top
4. central

The most common dislocation of the forearm bones:
1. -the rear
2. front
3. divergent
4. bottom

Reduction of dislocation of the forearm bones is produced by:
1.- The general anesthesia
2. Local anesthesia
3. conduction anesthesia
4. without anesthesia

The duration of immobilization after reduction of dislocation of the forearm bones:
1. -1-2 weeks
2. 1-2 months
3. 3-4 months
4. immobilization is not applicable

The level of immobilization after reduction of dislocation of the forearm:
1. -from the upper third of the shoulder to the metacarpophalangeal joints
2. from healthy scapula to the metacarpophalangeal joints
3. from the lower third of the shoulder to the lower third of the forearm
4. from the upper third of the shoulder to the upper third of the forearm

The main method of treatment of comminuted, fragmented fractures of the radial head is:
1. -resection radial head
2. metalosteosynthesis radial head

3. plaster immobilization of 6-8 weeks
4. skeletal traction

Which of the active movement of the elbow is broken at a maximum of olecranon fractures:
1. - extension
2. flexion
3. The rotary motion
4. abduction
5. bring

The most common method of treatment of olecranon fractures with displacement:
1. -metalloosteosintez pins and wire loop Weber
2. plaster immobilization
3. skeletal traction
4. arthroplasty

Specify the reasons Volkmann's contracture:
1. The damage to the median nerve at the elbow
2. phlebothrombosis upper limb
3. -ischemic change as a result of violations of blood circulation in the system of the brachial artery at the elbow
4. The long-term plaster immobilization for fractures of the forearm

Normally Gyutera triangle is:
1. - isosceles triangle
2. the right-angled triangle
3. equilateral triangle

Extensor supracondylar fractures of the humerus risk of damage:
1. -humerus artery
2. ulnar nerve
3. axillary artery
4. ulnar artery

Specify the defining feature of traumatic dislocation of the forearm:
1. The area of the joint swelling
2. flushing area of the joint
3. pain in the joint
4. - "symptom" of the elastic fixation

How does the length of the limb at the posterior dislocation of the forearm?
1 -is the relative shortening of the forearm
2. elongation forearm
3. limb length is not changed
4. absolute lengthening of limbs

The tear fracture of the olecranon is the result:
1. - sharp reduction triceps muscle
2. The sharp contraction of the quadriceps muscles of the shoulder
3. falling on an outstretched hand
4. blunt force trauma to the elbow

At the elbow, the following options movements:
1. - flexion / extension
2. abduction / adduction
3. The external rotation / internal rotation

The main reason for the increased bone regeneration at fractures in elderly people is:
1. prussic psychosis
2. -changes metabolism with a predominance of catabolic processes
3. The lack of vitamins and trace elements
4. atherosclerosis

What fractures are characteristic of childhood:
1. -by type of "green branches"
2. impacted
3. adduction
4. abduction

The most frequent localization of dislocations:
1. - dislocation shoulder
2. hip dislocation
3. The dislocation of the tibia
4. dislocated vertebra C1

The highest incidence of shoulder dislocations caused by:
1. weakness of joints and ligaments of the shoulder joint
2. The flat of the blade glenoid cavity and the spherical head of the humerus
3. a large amount of motion in the shoulder joint
4. –all above

For extensor radial bone fracture in typical place is characterized by deformation:
1. -bayonet-like
2. The "green branches" type
3. The abduction
4. the adduction

What vertebra without body:
1. -1-st neck
2. 1st lumbar
3. The first sacral
4. 1st rib

Specify the most common late complication of traumatic dislocation of the hip in adults:
1. -avascular necrosis of the femoral head
2. thrombophlebitis of subcutaneous veins
3. pulmonary embolism
4. hip osteomyelitis

Call middle-physiological position of the elbow:
1.- 90 ° flexion
2. 45 ° flexion
3. 135 ° flexion

4. The extension of 180 °

Ankylosis is:
1.- be a complete lack of movement in the joint
2. limitation of movement in the joint
3. rocking motion in the joint
4. type of nonunion

Contracture is:
1. The complete absence of movement in the joint
2.- The restriction of movement in the joint
3. rocking motion in the joint
4. type of nonunion

For damage, which anatomic structures most characteristic anterior drawer sign:
1. break the patellar tendon
2. medial meniscus tear
3. - rupture cruciate ligament
4. tear of the lateral meniscus

Specify which type of plaster bandage, apply to the patient at the turn of the outer ankle bone fragments without displacement?
1. coxitis-shaped
2. gonitis-shaped
3. - U-shaped
4. graduate

For what age groups of patients are most common fractures of the proximal femur:
1. children
2. The person of mature age
3. - elder people
4. teens

Traction what muscles caused by the displacement of the proximal fragment of the clavicle fracture her up in the middle third?
1. -sterno-clavicular-mastoid
2. ladder
3. general

Which ligaments damaged by dislocation of the acromial end of the clavicle:
1. coracohumeral
2. costoclavicular
3. sternoclavicular
4. -coracoclavicular

Specify the position of the upper limb at the time of the damage with the abduction fracture of surgical neck of the humerus:
1. abduction
2. -the reduced
3. flexion
4. extension

Specify the position of the upper limb at the time of the damage with the abduction fracture of surgical neck of the humerus:
1. -abduction
2. reduction
3. flexion
4. extension

Note the most common complication of fracture of the humerus in the middle and lower thirds:
1. The damage to the brachial artery
2. damage to the ulnar nerve
3. -damage radial nerve
4. damage to the biceps

What type of anesthesia is used for reposition shoulder dislocation:
1. conduction anesthesia
2. without anesthesia
3. local anesthesia
4. -intravenous anesthesia

On what the edge rib disposed rib arteries and nerves:
1. the front
2. the upper
3. -the lower

An indication of the total acute finger tendon damage is:
1. restriction of passive movements of the joints of fingers
2. - inability active movements in the joints of the fingers
3. looseness in the joints of the fingers
4. inability to passive movements of the joints of fingers

Specify which fractures of the femoral medial are:
1. transtrochanteric
2. - subcapital
3. intertrochanteric
4. transcondylar
5. supracondylar

Specify terms of consolidation of the femoral neck fractures of the medial:
1. 5-6 weeks
2. 2-3 weeks
3. -6-9 months
4. 10-12 months

Specify the most frequent anamnestic and clinical symptom is damaged meniscus:
1. The piston symptom
2. - blockade's symptom
3. abnormal mobility in the knee joint
4. reins symptom

For damage, which anatomic structures most characteristic "anterior drawer" sign:
1. break the patellar tendon
2. medial meniscus tear

3. - rupture cruciate ligament
4. The joint capsule rupture

Specify the symptoms characteristic of hip fracture:
1. -shortening and external rotation of the limb
2. bringing the limbs
3. shortening of the limbs and internal rotation
4. The extension and retraction limbs

Specify the danger of fractures in the lower third thigh:
1. -damage popliteal artery
2. damage to the femoral nerve
3. deep vein thrombosis hip
4. damage to the obturator nerve

What does the functional treatment of stable compression fractures of the vertebral bodies?
1. Glisson traction loop
2. The extension of the pelvis
3. -creation internal muscular corset by conducting massage and therapeutic exercises from the first days after injury
4. The imposition of a plaster corset

The main drawback of the method is a continuous skeletal traction:
1. -duration term bed rest and physical inactivity
2. hyperextension fracture close to joints
3. soft tissue infection around the spokes
4. neurological disorders

Symptom Thompson in identifying an Achilles tendon rupture is manifested:
1. the retraction in the Achilles tendon rupture
2. inability to stand and walk on her fingers damaged legs
3. -lack of plantar flexion of the foot with the injured limb compression of the lower leg muscles triceps
4. the sharp limitation of supination of the foot
5. clicking feeling at rupture of the Achilles tendon

Treatment of hip dysplasia begins:
1.- since birthday
2. 1 year of age
3. at the age of 1-2 months
4. aged three months or older

The most characteristic radiographic signs coxarthrosis:
1. joint space narrowing
2. degenerative cyst in the head and in the lid cavity
3. bony growths around the joint
4. sclerosis subchondral area of the head and troughs in the most loaded part of the joint
5. -all listed

When rupture of the anterior cruciate ligament of the knee is a common symptom:
1. knee blockade
2. -“anterior drawer" sing

3. flexion contracture of the knee
4. symptom "heel stuck"

What types of upper extremity fractures are the most typical for childhood?
1. - subperiostal fracture
2. comminuted fracture
3. spiral
4. transverse fracture

Specify clinical signs of congenital muscular torticollis:
1. The shortening of the neck
2. -shortening sternocleidomastoid muscle
3. serving spatula
4. synostosis

What methods are used in the conservative treatment of congenital clubfoot?
1. -step-by-step circular plaster casts of medium third of thigh
2. the total tenoligamentocapsulotomy
3. massage
4. bandaging on Fink-Oettingen

Pick the start of the period of conservative treatment of congenital clubfoot:
1. -c 5-7 days early neonatal period:
2. 8 months
3. 6 months
4. after 1 year

What do you understand by the term "scoliosis"?
1. the strengthening of the thoracic spine bending
2. strengthening of the lumbar spine bending
3. -lateral curvature of the spine with the torso vertebrae
4. the asymmetric position of the shoulder girdle

What are the most reliable sign of congenital dislocation of the hip in the newborn:
1. restriction of hip abduction
2. -symptom Marx Ortolani-Barlow, rotational instability (slipping head)
3. shortening of legs
4. the asymmetry of skin folds
5. the rotation of the outer legs

Not accompanied by a rupture of the pelvic ring:
1. -fracture the bottom of the acetabulum
2. the gap of the sacroiliac joint on one side
3. symphysis pubis rupture and fracture of the ilium
4. fracture of the pubic and ischial bones on one side
5. break the symphysis pubis and the vertical fracture of the sacrum

The most common bone fractures of the pelvis are damaged:
1. the prostate in men and ovaries in women
2. -uretra, it’s prostatic part
3. The distal portion of the urethra
4. bladder

5. vagina in women and penis in men

Indications for surgical treatment of clavicle fracture are:
1. open fractures with damage or compression of the neurovascular bundle
2. comminuted fracture of the clavicle with the danger of skin injury
3. does not eliminate the offset of fragments after reduction
4. -all listed

The most common fractures of the proximal humerus is fractured:
1. head
2. anatomical neck
3. tubercles
4. -surgical neck

Signs of muscle interposition at diaphyseal fractures of the shoulder are:
1. the displacement of the fragments
2. the absence of a "bone crunching"
3. failure to reposition
4. -all listed

At the turn of the shoulder in the lower third, complicated by damage to the median nerve, there is a sensitivity disorder:
1. 4 and 5, the fingers
2. in the 2nd finger
3. only the 1st finger
4. only in the 3rd finger
5. - 1, 2, 3 fingers brush surface 4 and the inner finger

The following types of sprains:
1. acute
2. stale
3. chronic
4. habitual
5. -all the listed

Dislocation of the acromial end of the clavicle is characterized by:
1. the sign of Marx
2. a symptom of the "triangular cushions"
3. -piano-key phenomenon
4. springing motion in the shoulder girdle

A partial dislocation of the acromial end of the clavicle occurs:
1. a complete break acromioclavicular and clavicular-coracoid ligament
2. -break with only acromioclavicular ligament
3. only at break sternoclavicular ligament
4. tensile acromioclavicular ligament

Shoulder dislocation is often accompanied by fracture:
1. collarbone
2. -greater tubercle
3. styloid process of the scapula
4. scapula coracoid

The term immobilization of the shoulder dislocation after reduction is:
1. 10 weeks
2 -4 weeks
3. 6 weeks
4. 8 weeks

The cause of habitual dislocation is:
1. birth trauma
2. infectious arthritis
3. dislocated shoulder, accompanied by fracture of the clavicle
4. -damage at the time of a traumatic dislocation, in conjunction with the wrong tactics of dislocation after reduction

«Свежим» вывихом плеча называется вывих, давностью:
1. **-до 3 дней**
2. 1 неделя
3. 3 недели
4. 4 недели
5. свыше 4 недель

"Acute" shoulder dislocation called a dislocation, the prescription:
1. -up to 3 days
2. 1 week
3. 3 weeks
4. 4 weeks
5. More than 4 weeks

Chronic shoulder dislocation called a dislocation of the prescription:
1 to 2 weeks
2. 1 week
3. 3 days
4. - more than 3 weeks

Drug treatment of congenital muscular torticollis involves the use of:
1. mummy
2. -injection lidaza
3. injection of hydrocortisone
4. do not exist

The most appropriate method of treatment of hip dysplasia in the early period is:
1. tight swaddling
2. massage
3-functional brace
4. operations

The most characteristic radiographic signs coxarthrosis:
1. joint space narrowing
2. degenerative cyst in the head and in the lid cavity
3. bony growths around the joint
4. sclerosis subchondral area of the head and troughs in the most loaded part of the joint
5. -all listed

Specify the location shoulder fracture, in which there is the greatest risk of damage to the radial nerve:
1. comminuted fracture of the upper third of the shoulder with the displacement
2. abduction shoulder neck fracture with displacement
3. adduction shoulder neck fracture with displacement
4. -fracture diaphysis shoulder between the middle and lower third of the shoulder with the displacement
5. capitate eminence fracture of the humerus

Specify the most common late complication of traumatic dislocation of the hip in adults:
1. thigh abscess
2. thrombophlebitis of subcutaneous veins
3. - coxarthrosis
4. hip osteomyelitis

Select the position of the foot, the constituent elements of congenital clubfoot:
1. - equinovarus foot deformity
2. dorsiflexion of the foot
3. pronation of the foot
4. the rotation of the anterior part of the foot outwards

What types of upper extremity fractures are the most typical for childhood?
1. -subperiostal fracture
2. comminuted fracture
3. the spiral fracture
4. transverse fracture

When conservative treatment of fractures of the clavicle are used to immobilize the clavicle:
1. ladder splint
2. -8-shaped bandage
3. U-shaped bandage
4. plaster cast for Turner

Signs of muscle interposition at diaphyseal fractures of the shoulder are:
1. the displacement of the fragments
2. the absence of a "bone crunching"
3. failure to reposition
4. -all listed

The following types of sprains:
1. acute
2. stale
3. chronic
4. habitual
5. -all the listed

"Acute" shoulder dislocation called a dislocation, the prescription:
1. -up to 3 days
2. 1 week
3. 3 weeks
4. 4 weeks

5. more than 4 weeks

Conservative treatment of muscular torticollis form in the early weeks and months of life include:
1. The fixed position of the head
2. wearing a plaster cast
3. -resolving massage the affected side
4. skeletal traction

When subcapital fracture of the femoral neck is the method of choice:
1. osteosynthesis 3 blade nail
2. functional Treatment
3. - hemiarthroplasty
4. osteosynthesis needles
5. treatment in traction followed by the imposition of a shortened spica of pelvis

What is called a fracture of the radius in a typical place?
1. fracture of the distal radius in combination with dislocation of the head of the ulna
2. fracture of the neck of the radius
3. - fracture metaepiphysis distal radius 2-3 cm. Above the wrist joint space
4. fracture of the diaphysis of the radius in the upper third
5. fracture of the radial head

Symptom "interrupted inhalation" is characteristic of a fracture:
1. collarbone
2. blades
3. -ribs
4. shoulder

Radius fractures in the "typical place" is divided into:
1. supination and pronation
2. abduction and adductsion
3. - flexion and extensor
4. the leading and outlet

What disturbed fracture of the patella:
1. the active abduction shin
2. -active extension of the lower leg
3. the active rotation of the lower leg
4. active adduction

Symptom reins - is:
1. a device for stretching the spine
2. - tension back muscles
3. the tension of the muscles of the anterior abdominal wall
4. tension pectoral muscles

Symptom "click" is typical for:
1. congenital torticollis
2. - congenital hip dislocation
3. congenital clubfoot
4. Perthes' disease

Congenital muscular torticollis occurs because of underdevelopment:
1. trapezius muscle
2. - nodding muscles
3. subclavian muscle
4. deltoid muscle

Scoliosis of the spine-bending:
1. anteriorly
2. posteriorly
3. -lateral
4. downwards

What are the treatments can be used in fractures of the femoral shaft, as independent:
1. immobilization back plaster splint
2. immobilization stair rail
3. - external osteosynthesis
4. fixing spokes

Volkmann contracture is caused by:
1. forearm fracture
2. -duration significant, but not a complete violation of the arterial blood flow
3. short, measured in minutes, complete cessation of blood flow
4. double fracture of the humerus

Choose a reliable sign of a fracture:
1. pain when axial load in the area of injury
2. - crepitation fragments
3. pain on palpation
4. the presence of bruising
5. lymphedema

Choose metnods of osteosintnesis:
1. hard
2. -intramedullar
3. side
4. medial

What is one of the earliest complications of fractures of long bones:
1. arthritis
2. - systemic fat embolism
3. osteomyelitis
4. subcutaneous emphysema

Specify the late complications of fractures:
1. -false joints
2. subcutaneous emphysema
3. arthritis
4. emphysema
5. chronic bronchitis

Specify the types of traumatic dislocation of the hip:

1. -the front
2. the usual
3. internal
4. external

Specify the conservative methods of treating fractures of the tibia:
1. fixing of the ladder rail
2. the compression-distraction osteosynthesis
3. -fixation by plaster cast
4. osteoplastic reconstruction

Select the anatomical and morphological characteristics typical of hip dysplasia in infants:
1. - hypoplasia acetabulum
2. hyperplasia of the acetabulum
3. limb lengthening
4. the rotation of the upper end of the femur posteriorly

Specify the typical displacement of the distal fragment with extensor turn Colles':
1. - in the dorsal side
2. in the palm side
3. ventral
4. in the ulnar side

In which position the hand is applied a plaster splint fracture of the distal radius metaepiphysis without displacement?
1. -to medial physiological position
2. in ulnar deviation
3 in a radial deviation
4. dorsiflexion

What kind of anesthesia should reduce a dislocation of the hip:
1. Local anesthesia
2. conduction anesthesia
3. -general anesthesia
4. intraosseous anesthesia

It includes features of uncomplicated fractures of the spine, other than:
1. local pain in the fracture area
2. bulging spinous process palpation
3. the local pain when axial load
4. - urination disorder

For fractures of the 1st rib may be damaged by all of the anatomical structures, except:
1. subclavian vessels
2. brachial plexus
3. -aorta
4. lung

Specify the lateral(trochanteric) fractures of the proximal femur:
1. subcapital
2. - intertrochanteric, pertrochanteric
3. basal

4. transcervical

Note the types of displacement of bone fragments, in which there will be a shortening of the limb segment:
1 in the sideways
2. -on the length
3. the rotary
4. to the angle

For radiographic stage I coxarthrosis is characterized by all the signs, except:
1. slight narrowing of the joint space
2.subhondral sclerosis
3. small marginal osteophytes
4. -dislocation (subluxation) of the femoral head

When surgical treatment is a mistake:
1. incorrect assessment of the overall condition in an operation
2. the wrong choice of design
3. shortening deadlines immobilization
4. -all listed

The following types of sprains:
1. acute
2. stale
3. chronic
4. habitual
5. -all the listed

For the diagnosis of "complete" or "incomplete" dislocation of the acromial end of the clavicle is necessary X-ray:
1. the shoulder girdle in the patient supine
2. the shoulder girdle in the patient standing
3. -Both shoulder girdle, standing, with a load in the hand with an injured hand
4. Both shoulder girdle in the position of the patient "lying"

Depending on the position of the head distinguishes all of the shoulder dislocations, with the exception of:
1. -upper
2. lower
3. front
4. posterior

The most frequently sprains occur:
1. the hip joint
2. the knee joint
3. –to the shoulder joint
4. the elbow
5. the wrist joint

After reposition of the shoulder dislocation should be fixed with the help of:
1 triangular bandage
2. soft bandage

3. -plaster bandage
4. fixing does not apply

Once the diagnosis of dislocation to reposition should resort:
1. -immediately
2. 2 hour after
3. a day after
4. 3 days after

Treatment of soft tissue injuries of the foot includes all of the above except:
1. -apply radiotherapy (low dose)
2. the application of cold in the acute period
3. the imposition of a pressure bandage
4. physioprocedure
5. exercise therapy

The most characteristic radiographic signs coxarthrosis:
1. joint space narrowing
2. degenerative cyst in the head and in the lid cavity
3. bony growths around the joint
4. subchondral sclerosis of the head portion and depressions in the most loaded part of the joint
5. -all listed

The most common cause of deforming arthrosis of the knee joint:
1. - a knee joint traumas: intra-articular fractures, fractures of the tibia properly fused hip, and the consequences of damage to the menisci of the knee ligaments, sprains shin.
2. congenital dislocation of the patella
3. Koenig's disease
4. inflammation

Indications for use of conservative therapy in deforming arthrosis of the knee joint is:
1. - affection stage I
2. affection stage II
3. affection stage III
4. affection stage IV