

CME questions on the Upper Limb Trauma issue

1 Which of the following injuries, according to the US National Trauma Database, is least likely to be associated with a scapula fracture?

- A Clavicle
- B Head
- C Lung
- D Spine
- E Rib

2 Which of the following is not a component of the superior shoulder suspensory complex?

- A Acromial spine
- B Acromioclavicular joint
- C Coracoid process
- D Glenoid
- E Mid-shaft clavicle

3 Which of the following statements is least supported by modern literature concerning clavicle fractures?

- A A delayed approach to surgical intervention is acceptable
- B Intramedullary nailing gives better results than plating
- C Non-union is more common after nonsurgical treatment but not all non-unions require further treatment
- D The cost of nonsurgical treatment overall is significantly less than surgical treatment
- E When non-unions are excluded, the results of surgical and nonsurgical treatment are equivalent

4 When considering hook plate fixation of distal clavicle fractures, how does the complication rate associated with removal after 6 months compare to the complication rate if the plate is removed before 3 months after insertion?

- A It is 50% higher if removed early
- B It is 20% higher if removed early
- C There is no difference
- D Complications are twice as likely if removed late
- E Complications are 5 times more likely if removed late

5 Which of the following is true concerning the Neer classification of proximal humeral fractures?

- A If the head is separated from the shaft by a 1 mm fracture line and the tuberosities are not rotated, but the greater tuberosity is 5 mm superiorly displaced and the lesser tuberosity 10 mm medially displaced, it is a two-part fracture

- B If there is impaction of the head so it is rotated into 30° valgus and the greater tuberosity is 5 mm prominent, but no other fracture lines, it is a two-part fracture
- C If there is only a fracture line 5 mm wide separating the head segment from the shaft with 5 mm medialisation it is a two-part fracture
- D If there is only a greater tuberosity fracture, displaced 7 mm and causing subacromial impingement, it is a two-part fracture
- E If the head is displaced 8 mm and rotated 40°, the greater and lesser tuberosities are not rotated but displaced by 8 and 5 mm respectively, it is a four-part fracture

6 Which of the following give the greatest contribution to the blood supply of the humeral head?

- A Anterior circumflex humeral artery
- B Ascending artery adjacent to the bicipital groove
- C Medial perforator vessels
- D Medullary supply ascending from shaft
- E Posterior circumflex humeral artery

7 Which of the following statements concerning Sarmiento's study of the nonoperative management of 51 humeral shaft fractures is incorrect?

- A Two patients included in the study had suffered pathological fractures though metastatic breast cancer lesions
- B The average angulation at the fracture site was 10°
- C The most common deformity after treatment was varus
- D The only non-union occurred in a patient using chemotherapy at the time of the study
- E The study included 13 open fractures and 11 gunshot wounds

8 After fixation of the radius in a Galeazzi fracture, with the fracture 9 cm from the DRUJ, what is the likelihood that the DRUJ will be unstable on testing?

- A It will not be unstable
- B Less than 10% chance
- C 10–20%
- D 20–50%
- E Greater than 50% chance

9 Which of the following concerning the management of Galeazzi fracture dislocations is incorrect?

- A A palmar dislocation is more likely to be stable in pronation
- B Exposure of the DRUJ can be improved by wrist flexion
- C If surgery is needed, the approach to the DRUJ is through the floor of the 6th extensor compartment

- D The most common cause of instability in a Galeazzi fracture is a foveal avulsion
- E The sigmoid notch can be quite variable and comparative views of the opposite side may be needed

10 Approximately what proportion of Essex Lopresti lesions are recognised at the initial presentation?

- A 80%
- B 50%
- C 25%
- D 10%
- E 5%

11 What is the 'usual' angle between the distal ulna and the central band of the interosseous membrane?

- A 11°
- B 21°

- C 91°
- D 159°
- E 169°

12 Where is the normal insertion of the triceps on the ulna?

- A The tip of the olecranon
- B A band approximately 16 mm wide extending from the tip of the olecranon to the central posterior surface of the olecranon
- C, The whole posterior face of the olecranon from its tip to the start of the subcutaneous surface of the ulna
- D A band approximately 14 mm wide from the central part of the posterior olecranon to the start of the subcutaneous ulna
- E Most of the posterior surface of the olecranon and the proximal 20 mm of the subcutaneous border of the ulna