



Orthopedics

MAJOR OSCE

020

Special Thanks to :

Ahmad Riyad

Insaf Ammouri

Alaa Mutaz

Nour Sufian

Yasmeen Othman

Major OSCE 1st month

د. محمد حمدان

The case was OA:

The doctor asks you what are the ddx for your chief complaint then what is your assessment (I gave him 7 differentials and he asked if I can mention more)

Then he asked me what did I asked in the social hx (you must ask detailed questions to the pt like

(نوع الحمام... مسافه المشي قبل وبعد... الدرج... أي طابق... في مصعد... معها حدا
من أهلها بساعدها او عايش معها... الصلاة على كرسي ولا واقف)

Then he asked me describe the findings on X-ray.

What is the treatment for your case

د. جهاد العجلوني

الحاله كانت OA :

كيف تفرق هاي عملية major or minor

Differential diagnosis الهيستوري الي مأخذها

كل ديفرينشال مين هم الناس معرضين اله

Virchows triad

Complications of surgery

Early mobilization أهم اشئ

Causes of hyper coagulable state

After surgery you should hydrate your patient to avoid clot formation

X-ray و حدد بالزبط اش موجود بالصورة

Scale of dvt إبتداءً من بدون أعراض انتهاءً ب massive pe

نسبة رضى المرضى عن 70 % TNR is

أهم واحد بال triad is stasis

LMWH OR GABATRIX

.....

طلبني احكي ال assessment

وأقرأ findings ع x-ray

وسألني أي تأثيره اكبر (يحسن حالة المريض) ع المريض THR ولا TKR

وعن مضاعفات TKR

د. باسم حداد

Total knee replacement with doctor basem

When i wrote in the history no weight loss no fever no night sweats

He asked why did you mention no night sweats, bone mets doesnt cause it then he asked me to name things that could cause night sweats like multiple myeloma

When i wrote no osteoporosis he asked me why did i consider it as a differential

And when i write no history of RA he also asked me why did i write it

So he asked me for differentials of generalized body ache (either pain or stiffness) i said fibromyalgia, osteomalacia, i cant remmeber other things

He asked me about mechanism of osteoarthritis loss of join space, subchondral sclerosis, osteophyte formation

And he asked if a patient had a fever of 38 1 day after TKR what would cause that.

,Answer? Atelectasis, Uti from foley

dvt, pe

(Joint infection causes fever in 3 days not 1)

.....
طلب أقرأ لحد نهاية ال hpi وبسأل عنها

بعدين سأل ايش شايفة بال imaging

بسأل شو نوع الالم اللي عندها وشو في انواع ثانية وبحطلك حالة المريض بعد العلمية شو ممكن يصير معها وليه

د. عمر سماره

- 1-tell me a summary about your patient's case (Without looking on the paper)
- 2-how to differentiate between OA and RA
- 3- show me your patient's images and highlight the findings you see
- 4- he pointed on the ischial tuberosity and sacroiliac joint and asked me to name them
- 5-he pointed at the lesser trochanter and asked me to name it +what muscle is attached to it? (Iliopsoas) what is this muscle function ? Hip flexion ..what is its nerve supply ? L1 to L3
- 6-Normally the lesser trochanter is below the level of ischial tuberosity? Yes because if lesser trochanter at or above the level of ischial .. then leg is shortened
- 7-My case was hip pain so he asked me where exactly the pain is : anteriomedial part of groin area
- 8-how did u know her hip pain wasn't from disc herniation ? There was no radiating pain similar to sciatica (i believe it wasn't the perfect answer but whatever 😊)

.....
بالهستوري RA and Oa سأل عن الفرق بين

Abnormal finding

complication of TKR

Prophylactic drug after TKR to avoid complication

د. محمد سميح

الصراحة على وقتنا اصعب اثنين بالاسئلة كانو د.مجمد سميح + د.عبابنه

طلب مني اقرا ال assessment
و بعدها سألني لو هاي الوقعة high energy ولا low
سألني متى بنعتبرها high و الجواب عن 6m
و عن أنواع reduction و fixation
و كمان شو ال absolute fixation اللي بنستخدمهم
و سألني لو ممكن نعمل anatomical reduction و تكون close ؟
الجواب اه ممكن
و سألني عن صور المريضة نفسها و انه اورجيه الكسر و نوعه.
كم malleolus 4 ؟
ال posterior malleolus بيبين ع lateral view ؟
و ع اي يوم بنقدر نفتح ع wound بعد ٤٨ ساعة ؟
و متى ببلش يصير ال infection ؟
(و هو بركز كتير بالتفاصيل خاصة الكسر و نوعه و ال infection.)

طلب اقرا ال assessment و كنت عاملاها نفس طريقة المثال اللي انبعت عاجروب و كلنا عملنا زيه و حكايلغلط مش هيك
بنعمل
انه لازم بس اسم المريضة و اذا عندها comorbidities .. و اي يوم دخلت عالمستشفى .. و ايش العملية .. و متى بتطلع من
المستشفى (يعني سطرين او سطرين و نص بس)
و حكايلي لازم اشوف المريضة قبل و بعد العملية
بعدين فتح عالصورة و سأل اذا varus او valgus و ليش .. و هل كانت هيك من زمان ولا بسبب المرض
وليش ال OA سبب varus
و اذا كان من زمان هيك ايش سبب ال OA

كم نسبة وزن الانسان المحمولة عال knee joint من ال medial side و كم النسبة من ال lateral side
Signs and symptoms of OA
لما حكيت pain سأل ايش ال pathophysiology of pain يعني ليش بصير و بده نجابو انه بسبب ال pressure و ال loss
of cartilage
و سأل ايش الوضعية الافضل بعد العملية flexion or extention و ليش
بعد العملية ب ٥ او ١٠ سنين هل المريض لسا بقدر يصلي عادي ولا عكوسي (في ناس بضللال limitation موجود)
هل الكل بقدرش يسجد بسبب ال OA ولا في اسباب ما بتكون عند الكل
اذا اجا عنده حرارة ايش ا

د. عمر عباينه

الصراحة على وقتنا اصعب اثنين بالاسئلة كانو د.مجمد سميح + د.عباينه

الدكتور بسأل اول اشى شو ال **positive findings** اللي عند مريضتك كان عندها OA بلشت اعدده شو كان عندها اعراض وليش ممكن تكون لجأت للعملية بخليك تفصل بأعراضها وما بتكون تقرأ يعني لازم تكون متذكر شو كان عند المريضة وتحكيه اياهم حكي.

سألني كم ال **Walking distance** قبل العملية

سألني شو عندها **chronic diseases**

شو علاج ال **osteoporosis** شو الأدوية اللي بنستخدمها اله شو العلاج اللي بنعطيه لمريض عنده ديسك

سألني عن **classification of OA>> primary & secondary**

Causes of secondary OA

وكل مرض كنت اجاوبه اياه يسألني عنه شوي

سألني شو الفيزكال اللي عملته للمريضة شو ال **findings** اللي عندها اياهم

سألني اذا قستلها حرارتها

حكته عندها **swelling of the left knee** حكالي شو نوع ال **swelling** وشو سببه

...**what causes effusion of the knee? Gout, OA, bursitis, infection**

سألني عن RA والفرق بينه وبين OA انه الاول **autoimmune** الثاني **degenerative changes**

سألني كيف فحصت الركبة شو ال **focused knee exam** اللي عملته وال **special test** وكيف بنعملوا

وخلاقي اشوف الصور تاعون المريضة واحكيه شو ال **findings** الي عندها اياهم.

.....

طلب ال **positive findings** اللي عند المريضه ."

وسال عن الفيزيكال شو اللي سويته؟ وسال عن ال **point of tenderness**

وسالني من اي كتاب دارس الموضوع؟ وقال لي اشرحلي عن ال

د. فادي

how to differentiate btw OA and RA ,Gout
Xray findings

د. فريح

على وقتنا ما امتحن حدا
بس بالعادة الدكتور كثير بحب الادويه فادرسوا ادويه الكيس تبكم
من كل النواحي:
mechanism of action
side effect
indication

د. شاهر

اذا امتحك دكتور شاهر فانت انسان كثير محظوظ
(: وعلامتك غالبا رح تكون عاليه وترفع لنا الافاريج

Major OSCE- 2nd month

د. فريح

اول ما دخلت سألني حضرت محاضراتو ولا لا... حكيه اه حكالي مين ortolani؟
حكيتلي صاحب ال ddh examination حكالي زي ب مالو؟ حرامي ولا مش حرامي؟
حكيتلو حرامي

اخذ مني الورقة وحكالي طبيب احكي لي عن حالتك... فبلشت حكيه assessment...
طلب احكي وافصل كمان فحكيت شوي عن ال walking distance و الصلاة عكرسي
والوجع متى ييجي... حكالي ممتاز

حكالي لو هاي امك او ستك اجت بنفس الشكوى هاي شو بتعمليلها... حكيتلو
conservative treatment (analgesia and wt loss, excersize etc..)
حكالي شو لغة الطب؟ 😊 حكالي هستوري وفيزيكال هاي لغة الطب... اذا شو بتسوي
لامك؟ حكيتلو هستوري وفيزيكال حكالي ممتاز وبعدين؟ قلتو investigations حكالي
زي شو؟ حكيالو imaging و labs قالي تمام زي شو؟ قلتو للصور بنعمل xray both
AP knees و lateral و labs بنسوي esr, crp, cbc.. حكالي ممتاز

بعدين سألني طبيب بعد ما شفتي هاي الاشياء وبين عندك ال findings شو بتعمليلهم؟
حكيت حسب ال finding غالبا conservative عديتهم مثل analgesia حكالي ايوا
زي ايش قلت NSAIDs حكالي مرة وحدة؟ قلتو paracetamol حكالي ايوا شو الاسم
العلمي؟ acetaminophen حكالي شو ال daily max dose حكيه 4000mg حكالي
ممتاز طبيب الحبة الوحده كم؟ ما عرفت.. حكيه ٨٠٠ و حكيه ٥٠٠ حكالي لا

حكالي طبيب غير الادوية... حكيه بننصحهم ينزلو وزن ويسوو excersize حكالي ايوا
physiotherapy ممتاز

بِسْمِ اللَّهِ وَالْحَمْدُ لِلَّهِ

Orthopedics OSCE : (3rd month)

Dr .Freih

- 1.What is the assessment ,without reading.
- 2.Scientific name of panadol :acetamenophene.
3. Define OA :degeneration of cartilage,wear and tear
4. Cartilage regenerable or not : no
5. Most imp management of OA: physiotherapy

Dr.Omar samarah

1. what is the assessment ,withiut reading
2. Mention the symptoms of the patient
3. what are the positive findings on physical
4. How to diffrentiate between OA & RA
5. Finding of OA on X-ray
6. If it was rheumaoid ,what would not you see in x-ray
7. Treatment of OA
8. One side effect for NSAID
9. Can knee pain be referred? Yes from the hip through the obturator nerve

Dr.Fadi Al-Hadidi

1. Read the hx till ROS ,and asks about the symptoms you have mentioned in HPI ,why you mentioned them and what to exclude and why : for ex exclusion of RA ,gout and etc .
2. Asked about the cause of stiffness in OA and RA : both due to capsule thickening
3. If the patient refused TKR ,what else can be used for tx in OA :
Physiotherapy ,intra-articular injections ,supplement ,weight loss ..etc
4. Also asked about ddx for the chief complaint

Dr.Mohammad sameeh

1. Mention the assesment ,without reading : name of pt. age ,chief complain ,chronic diseases ,prevoius surgeries
2. what causes pain in OA
3. What we care about more after TKR surgery (flexion or extension)
:extension to maintain stability
4. when to change dressing and why: after 48 hours ,as healing and epitheliaization specifically occur .

All cases were OA

Dr.jehad was out of Jordan

Dr.shaher didnt ask that significant



Orthopedics

MiniOSCE 020

Special thanks to:

1st month:

Insaf Al Ammouri

Fawzi Qadoomi

Bayan Shiekh Ali

2nd month:

Ala'a Mutaz

Noor Sufian

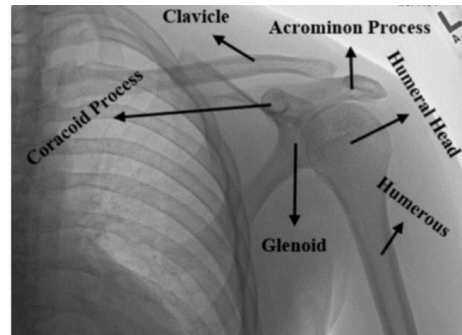
3rd month:

past papers so not mentioned again

1st Month- Summer Semester

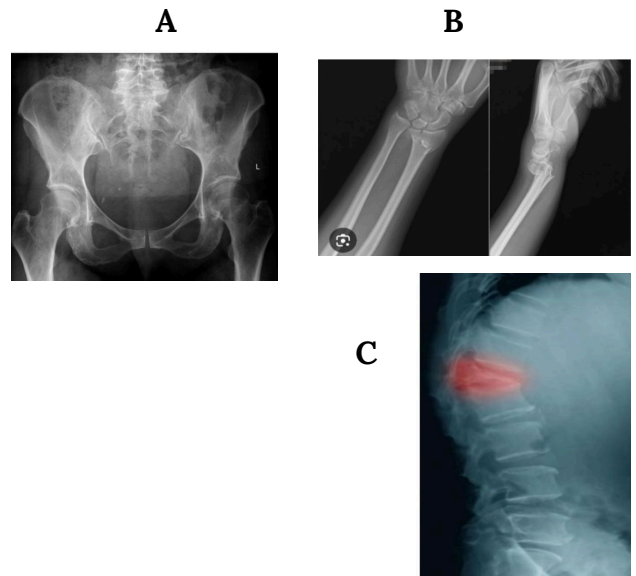
1) Name the pointed structures :

- a) acromion
- b) Coracoid
- c) glenoid



2) Identify the following fractures:

- a) Femur neck fracture
- b) Colle's fracture
- c) compression stress fracture



3) DDH of 1 month old baby

- Name these tests →

- a) barlow's b) ortolani

- Best imaging modality for this age :
ultrasound

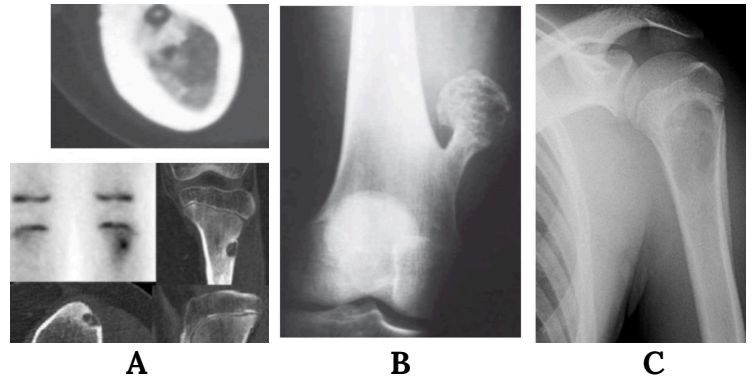


A

B

4) Identify these lesions :

- a) osteoid osteoma
- b) osteochondroma
- c) simple bone cyst



5) Hypotensive patient came to ER after RTA:

- Identify this fracture
- open book fracture
- What is the immediate step you would do?
- ABCDE with iv fluid resuscitation + pelvic binder



6) Scenario: basketball injury, couldn't continue the game, immediate swelling

- Most likely diagnosis → ACL injury
- Best physical test → Lachmann test

7) RTA pt open wound fracture

- Immediate management → ABCDE
- Wound management → irrigation, antibiotics, anti tetanus, analgesia

8) Mother concerned about her 11 year old daughter

- Most likely diagnosis: idiopathic adolescent scoliosis*
- Name of the test: Adam's forward bending test



9) child presented to ER with fever, irritability, inability to bear weight:

- Workup → CBC, CRP, ESR, joint aspirate culture
- Management → IV antibiotic (augmentin, cephalosporin), drainage



10) Fracture

- Type of reduction (anatomical, functional) → anatomical
- Type of stabilization (absolute, relative) → absolute



11) Trauma, pain, redness, not responding to analgesia

- Diagnosis → compartment syndrome
- Management → Fasciotomy

12)

- what is the name of this test → McMurry test
- what anatomical structure is tested → medial meniscus

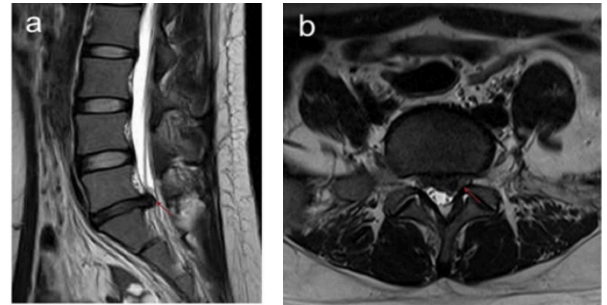


13)

a) Diagnosis → **Disc herniation**

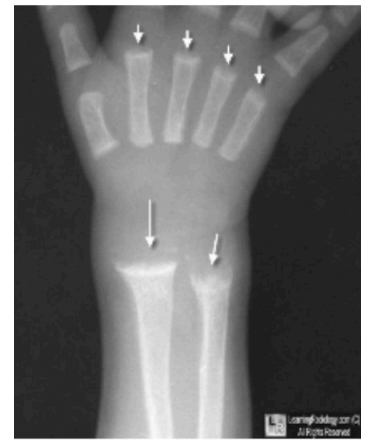
b) Pathoanatomical features

→ **Thickening of ligamentum flavum +
Pars interarticularis defect
(not sure)**



14)

- Diagnosis → **rickets**
- Management → **calcitriol, calcium, vit D**



15)

- Identify the pointed angle

→ **acetabular index angle**

- What is the upper limit of this angle?

30 degree < 6 months and 25 degree > 6 months

- Name other markers for DDH screening

→ **Hilgenreiner's, Perkin's and Shelton line**



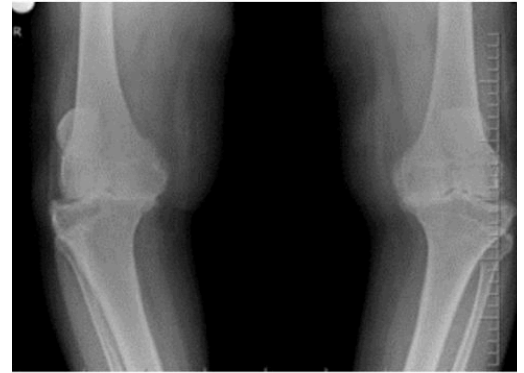
16)

- Symptoms of this patient other than pain??

swelling, stiffness and trouble moving the affected joint, loss of range of motion

- Possible complications after TKR

→ infection, bleeding, PE, DVT



17)

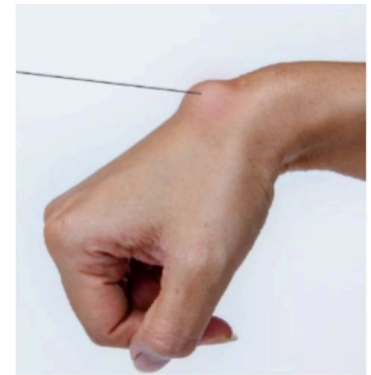
- Diagnosis → Patello-femoral syndrome

- Management → conservative (NSAIDS/rest/ice/...)



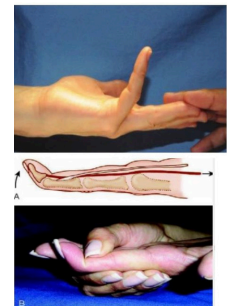
18)

- Diagnosis → ganglion cyst
- Give one differential → lipoma



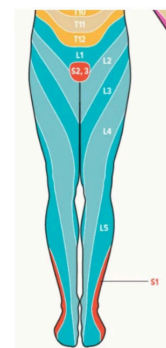
19) what are the structures examined in these images :

1. FDS
2. FDP



20) name the pointed dermatomes :

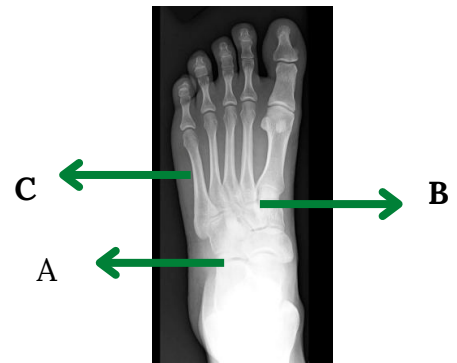
L2,L4,L5



2nd Month- Summer semester

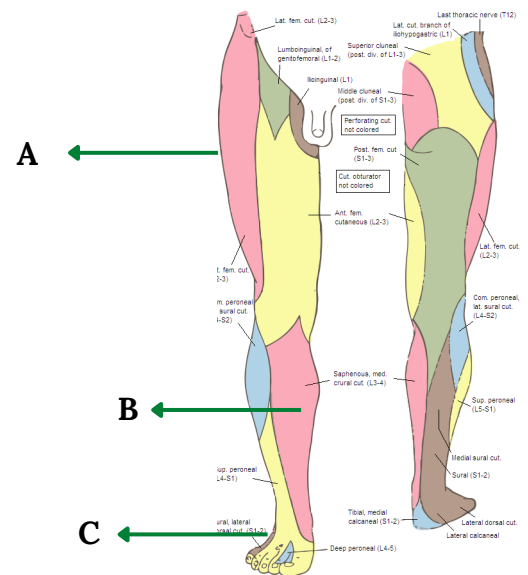
1) Name the bones in the foot :

- A) cuboid
- B) medial cuneiform
- C) 5th metatarsal bone



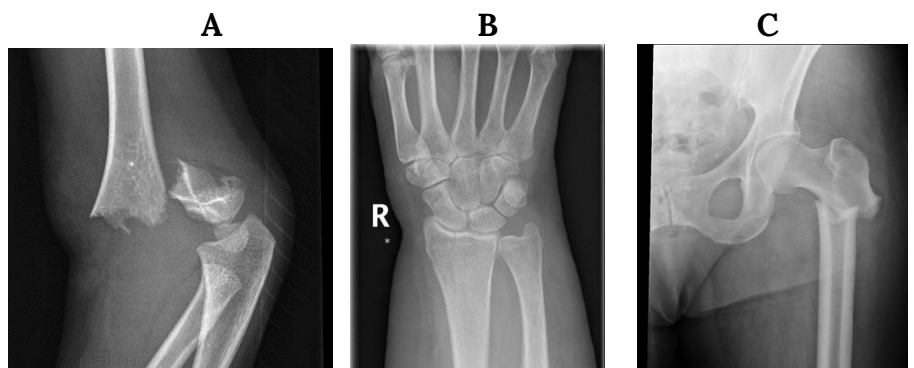
2) name the innervation of lower limb:

- A) lateral cutaneous nerve of the thigh
- B) saphenous nerve
- C) superficial peroneal nerve



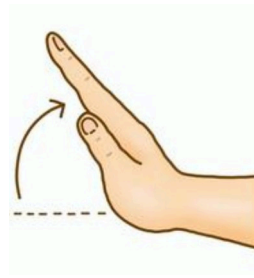
3) Name of the fractures:

- A) supracondylar fracture
- B) Cheffers fracture
- C) subtrochanteric fracture



4) Name of innervation in the following:

- A) radial nerve
- B) common peroneal nerve



A



B

5) child comes to ER, can't bear wt, sever pain ,he was febrile :

- investigations : **CBC,ESR ,CRP**
- Management : **antibiotics, drainage**



6) old age patient with history of DM, distal Femur fracture 6 months ago presented by dischar :

- diagnosis : **osteomyelitis**
- Investigations : **CBC , ESR,.....**



7)

- Name of the deformities : **CAVE**
- Treatment : **Serial ponsetti cast**



8) Mother concerned about her 11 year old daughter:

- Most likely diagnosis: **idiopathic adolescent scoliosis***
- Name of the test: **Adam's forward bending test**



9)

- Mechanism of action : **Cox 1 and cox 2 inhibitors**
- 2 side effects : **nausea , vomiting , Gi symptoms....**



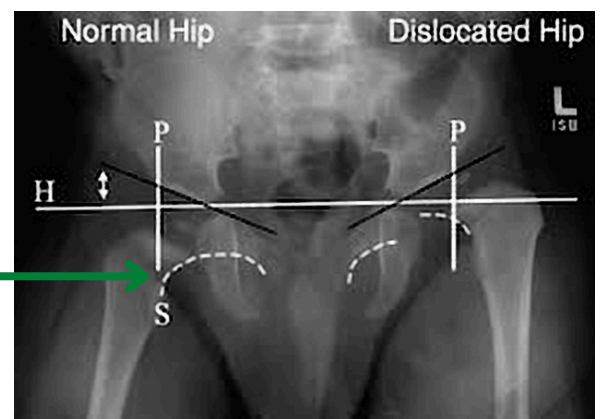
10) RTA accident with the following fracture :

- type of reduction : **functional**
- Type of fixation : **relative**



11)

- Name line : **shenton line**
- Risk factors: **female , family history, breech dilevary**



12)

- identity lesion : **osteochondroma**
- Describe lesion : **pendiculated , well defined**



13)

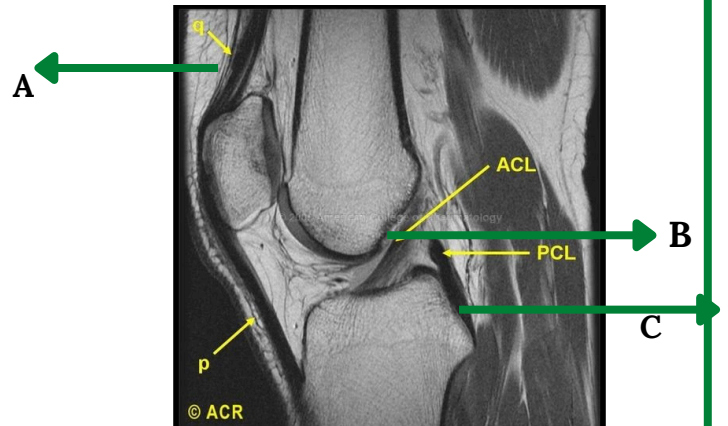
- name this test? **Varus stress test**
- Tested structure? **LCL**

Varus stress test



14) name the pointed structures:

- A) **Quadriceps tendon**
- B) **ACL**
- C) **PCL**



15) basketball player fell on ankle in this position :

- A) **Diagnosis : ankle sprain !!**
- B) **treatment : rest ,ice , compression, elevation**



16) comminuted tibial fracture, pain

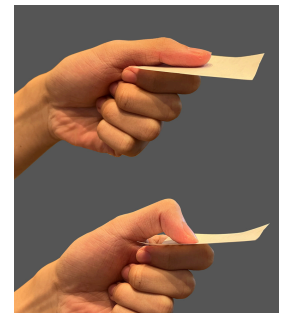
- Diagnosis : **compartment syndrome**
- Which compartment ? **Posterior (حسب الصورة)**
- Treatment : **fasciotomy**

17) RTA open wound

- initial management: **ABCDE**
- Management to prevent infection: **irrigation, antibiotic, analgesia, anti tetanus**

18)

- Name of this test: **forments test**
- Narve tested : **Ulnar**



19) 51 year old female present with hip pain :

- diagnosis : **osteoarthritis**
- Best Surgical treatment? **Total hip replacement**



20) old lady present with back pain (2 MRI image)

- Diagnosis : **disc herniation**
- Name the pathological changes (in second image - I couldn't find it -) !!!!

