

SGH Fortbildung 08.12.16 – Probefragen

Frage mit 1 richtiger Antwort:

- 1. Negative pressure wound therapy (NPWT) uses application of subatmospheric pressure to promote healing in wound beds. Which of the following is a contraindication to NPWT?**
 - a) Exposed tendon
 - b) Contaminated wound
 - c) Malignant wounds
 - d) Full thickness skin loss
 - e) Exposed hardware

- 2. Negative pressure wound therapy promotes wound healing by decreasing:**
 - a) Excessive wound exudate
 - b) Formation of fibroblasts
 - c) Tissue strain
 - d) Formation of fibroblasts
 - e) Formation of collagen fibrils

- 3. Which of the following scenarios would have the weakest support for replantation?**
 - a) Thumb at the interphalangeal joint in a 50-year-old male
 - b) Index finger at the proximal interphalangeal joint in a 30-year-old laborer
 - c) Index finger at the metacarpophalangeal joint of a 12-year-old
 - d) Ring finger distal to the FDS in a 25-year-old pianist
 - e) Long and ring finger at the level of the proximal interphalangeal joint in a 40-year-old female

- 4. Outcomes data regarding digital fingertip amputation is best reflected by which of the following?**
 - a) Complications including hypoesthesia, dysesthesia, and cold sensitivity are relatively constant regardless of the reconstruction method chosen
 - b) Mechanism of injury is unlikely to play a role in the final clinical outcome
 - c) Complications are less evident with the reconstructive method of shortening of the bone and primary closure of the stump
 - d) Complications are less common with neurovascular Island flaps and other local flaps
 - e) Replantation offers a better long-term outcome

- 5. In articular fractures at the base of the middle phalanx, the PIP joint remains stable until the volar fragment is larger than:**
 - a) 30% of the articular surface
 - b) 40% of the articular surface
 - c) 50% of the articular surface
 - d) 60% of the articular surface
 - e) 70% of the articular surface

- 6. The deforming force in a Bennett's fracture dislocation of the 1st metacarpal (radial, proximal, dorsal) is created by which muscle?**
 - a) Abductor pollicis brevis
 - b) Abductor pollicis longus
 - c) Extensor pollicis brevis
 - d) Extensor pollicis longus
 - e) Flexor pollicis longus

Frage mit jeweils richtig oder falsch Aussage:

7. Which of the following statements about the UCL are true?

- a) In a complete UCL tear the proximal phalanx supinates relative to the metacarpal
- b) The collateral ligaments are at maximal tension in 40° flexion
- c) Avulsion fractures and ligament tears do not occur together
- d) There is consensus that conservative treatment is warranted in undisplaced avulsion fractures
- e) The examination in extension is more relevant when testing stability of the UCL

8. Perilunar dislocations

- a) Closed reduction of the lunate (Tavernier's method) can safely be done using a "wide awake approach"
- b) In Stage IV of the Mayfield classification the short radio-lunar ligament is disrupted
- c) SL dissociation is a form of carpal instability dissociative (CID)
- d) Berger described a dorsal approach to the carpus along the 2nd extensor compartment
- e) Approximately 60% of all perilunate dislocations manifest with a displaced scaphoid fracture

9. The lumbrical-plus finger is:

- f) Caused by amputation through the middle phalanx
- g) Caused by an over-short flexor tendon graft
- h) Caused by avulsion of the flexor digitorum profundus tendon
- i) Commonly occurs in the index finger
- j) The clinical manifestation is a paradoxical extension