**Эл аралык медицина факультети**

**« Хирургиялык дисциплиналар травматология курсу менен » кафедрасынын окутуучулары 5- курска “Хирургия 2”, 4- курска “Общая хирургия”, “Травматология”, “Анестезиология”, “ЛОР”, “Глазные болезни” студенттердин предметтери боюнча билим сапатын текшерүү максатында откорулгон мониторингдин жыйынтыгы.**

|  |  |  |  |
| --- | --- | --- | --- |
| **№** | **Дисциплинанынаты** | **Абсолюттукжетишүүсү** | **Сапаттык жетишүүсү** |
| 1. | Хирургические болезни 2(5 курс) | 88% | 80,2% |
| 2. | Хирургические болезни 1(4 курс) | 81,6% | 87,4% |
| 3. | Анестезиология и реанимация | 87,7% | 78,85% |
| 4. | Травматология | 89,2 | 82,45 |
| 5. | ЛОР | 68 | 79,8 |
| 6. | Глазные болезни | 80,9% | 77,6% |
|  |  |  |  |

**Хирургиялык ооруулар 2**

**Группалар боюнча жыйынтык: Абдумажит**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **№** | **Группалар** | **Жал****пы саны** | **Ка****тыш****кандар** | **Ка****тышпагандар** | **Хиругия 2** |
| 1 | ИНлР-1-19 | 29 | 23 | 7 | 79% |
| 2 | ИНлР-2-19 | 30 | 26 | 4 | 86,6% |
| 3 | ИНлР-3-19 | 30 | 28 | 2 | 93,3% |
| 4 | ИНлР-4-19 | 27 | 22 | 5 | 81,4% |
| 5 | ИНлР-5-19 | 30 | 22 | 8 | 73,3% |
| 6 | ИНлР-6-19 | 29 | 25 | 3 | 86,20% |
| 7 | ИНлР-7-19 | 29 | 29 | 0 | 100% |
| 8 | ИНлР-8-19 | 29 | 28 | 1 | 96,55% |
| 9 | ИНлР-9-19 | 29 | 26 | 3 | 89,65% |
| 10 | ИНлР-10-19 | 29 | 24 | 5 | 82,75% |
| 11 | ИНлР-11-19 | 30 | 22 | 8 | 73,33% |
| 12 | ИНлР-12-19 | 30 | 25 | 5 | 83,33% |
| 13 | ИНлР-13-19 | 30 | 23 | 7 | 76,66% |
| 14 | ИНлР-14-19 | 30 | 28 | 2 | 93,33% |
| 15 | ИНлР-15-19 | 30 | 27 | 3 | 90% |
| 16 | ИНлР-16-19 | 30 | 29 | 1 | 96,66% |
| 17 | ИНлР-17-19 | 30 | 27 | 3 | 30% |
| 18 | ИНлР-18-19 | 27 | 27 | 0 | 100% |
| 19 | ИНлР-19-19 | 30 | 26 | 4 | 86,66% |
| 20 | ИНлР-20-19 | 30 | 25 | 5 | 83,33% |
| 21 | ИНлР-21-19 | 30 | 28 | 2 | 93,33% |
| 22 | ИНлР-22-19 | 29 | 28 | 1 | 96,55% |
| 23 | ИНлР-23-19 | 30 | 26 | 4 | 86,66% |
| 24 | ИНлР-24-19 | 19 | 19 | 0 | 100% |
|  | **Всего:** | 696 | 613 | 83 | 88% |

**Хирургия для 4 курса СаидАли**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **№** | **Группалар** | **Жалпы саны** | **Катыш****кандар** | **Катыш пагандар** | **Хирургические болезни** |
| 1 | ИНл-1-20 | 28 | 22 студ. | 6 | 78,5 |
| 2 | ИНл-2-20 | 28 | 23 студ. | 5 | 82,1 |
| 3 | ИНл-3-20 | 29 | 22 студ. | 7 | 75,8 |
| 4 | ИНл-4-20 | 29 | 21 студ. | 8 | 72,4 |
| 5 | ИНл-5-20 | 29 | 23 студ. | 6 | 79,3 |
| 6 | ИНл-6-20 | 30 | 26 студ. | 4 | 86,6 |
| 7 | ИНл-7-20 | 27 | 23 студ. | 4 | 85,1 |
| 8 | ИНл-8-20 | 29 | 27 студ. | 2 | 93,1 |
| 9 | ИНл-9-20 | 30 | 28 студ. | 2 | 93,3 |
| 10 | ИНл-10-20 | 30 | 21 студ. | 9 | 70 |
| 11 | ИНл-11-20 | 30 | 18 студ. | 12 | 60 |
| 12 | ИНл-12-20 | 27 | 16 студ. | 11 | 59,2 |
| 13 | Инл-13-20 | 30 | 20 студ | 18 | 10 |
| 14 | ИНл-14-20 | 27 | 18 студ | 9 | 66 |
| 15 | ИНл-15-20 | 24 | 20 студ | 4 | 83 |
| 16 | ИНл-16-20 | 26 | 10 студ | 16 | 38 |
| 17 | ИНл-17-20 | 27 | 20 студ | 13 | 51 |
| 18 | Инл-18-20 | 26 | 18 студ | 8 | 69 |
| 19 | ИНл-19-20 | 29 | 22 студ | 7 | 75 |
| 20 | Инл-20-20 | 33 | 22 студ | 11 | 66 |
| 21 | Инл-21-20 | 32 | 15 студ | 17 | 46 |
| 22 | Инл-22-20 | 26 | 19 студ | 7 | 73 |
| 23 | Инл-23-20 | 27 | 15 студ | 12 | 55 |
| 24 | Инл-24-20 | 29 | 15 студ | 14 | 51 |
| **Всего:** | **682** | **540** | **142** | **81,95** |

**Анестезиология: Медер, Сыргак, Арстан**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **№** | **Группалар** | **Жал****пы саны** | **Ка****тыш****кандар** | **Ка****тышпагандар** | **Анестезиология** |
| 1 | ИНлР-1-18 | 32 | 32 студ | 0 | 96,88% |
| 2 | ИНлР-2-18 | 29 | 29 студ. | 0 | 96,55% |
| 3 | ИНлР-3-18 | 32 | 32 студ. | 0 | 81,25% |
| 4 | ИНлР-4-18 | 29 | 29 студ. | 0 | 93,1% |
| 5 | ИНлР-5-18 | 31 | 30 студ. | 1 | 96,77% |
| 6 | ИНлР-6-18 | 31 | 31 студ. | 0 | 96,77% |
| 7 | ИНлР-7-18 | 30 | 27 студ. | 3 | 76,67% |
| 8 | ИНлР-8-18 | 31 | 31 студ. | 0 | 96,77% |
| 9 | ИНлР-9-18 | 31 | 31 студ. | 0 | 96,77% |
| 10 | ИНлР-10-18 | 29 | 27 студ. | 2 | 86,21% |
| 11 | ИНлР-11-18 | 29 | 28 студ. | 1 | 93,1% |
| 12 | ИНлР-12-18 | 30 | 23 студ. | 7 | 76,67% |
| 13 | ИНлР-13-18 | 28 | 28 студ. | 0 | 89,29% |
| 14 | ИНлР-14-18 | 27 | 27 студ. | 0 | 100% |
| 15 | ИНлР-15-18 | 28 | 25 студ. | 3 | 82,14% |
| 16 | ИНлР-16-18 | 25 | 25 студ. | 0 | 32% |
| 17 | ИНлР-17-18 | 28 | 24 студ. | 4 | 71,43% |
| 18 | ИНлР-18-18 | 28 | 26 студ. | 2 | 92,86% |
| 19 | ИНлР-19-18 | 25 | 25 студ. | 0 | 88% |
| 20 | ИНлР-20-18 | 24 | 14 студ. | 10 | 37,5 |
| **Всего:** | 579 | **552** | **27** | 66,84% |

**Травматология Улар, Омур**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **№** | **Группалар** | **Жалпы саны** | **Катыш****кандар** | **Катыш пагандар** | **Травматология** |
| 1 | ИНл-1-19 | 30 | 30 студ. | - | 97 |
| 2 | ИНл-2-19 | 30 | 30 студ. | - | 96.66 |
| 3 | ИНл-3-19 | 30 | 25 студ. | 5 | 80,65 |
| 4 | ИНл-4-19 | 27 | 24 студ. | 3 | 88,89 |
| 5 | ИНл-5-19 | 30 | 23 студ. | 7 | 53,33 |
| 6 | ИНл-6-19 | 29 | 29 студ. | - | 93,31 |
| 7 | ИНл-7-19 | 29 | 28 студ. | 1 | 79,31 |
| 8 | ИНл-8-19 | 29 | 21 студ. | 8 | 55,17 |
| 9 | ИНл-9-19 | 29 | 27 студ. | 2 | 68,97 |
| 10 | ИНл-10-19 | 29 | 26 студ. | 3 | 72,41 |
| 11 | ИНл-11-19 | 30 | 28 студ. | 2 | 66,67 |
| 12 | ИНл-12-19 | 30 | 25 студ. | 5 | 83,33 |
| 13 | ИНл-13-19 | 30 | 29 студ. | 1 | 76,67 |
| 14 | ИНл-14-19 | 31 | 30 студ. | 1 | 80,65 |
| 15 | ИНл-15-19 | 30 | 26 студ. | 4 | 76,67 |
| 16 | ИНл-16-19 | 30 | 26 студ. | 4 | 70 |
| 17 | ИНл-17-19 | 30 | 28 студ. | 2 | 93,33 |
| 18 | ИНл-18-19 | 27 | 23 студ. | 4 | 88,89 |
| 19 | ИНл-19-19 | 30 | 25 студ. | 5 | 76,34 |
| 20 | ИНл-20-19 | 30 | 24 студ. | 6 | 80 |
| 21 | ИНл-21-19 | 30 | 26студ. | 4 | 73,33 |
| 22 | ИНл-22-19 | 29 | 19студ. | 10 | 86,21 |
| 23 | ИНл-23-19 | 31 | 24студ. | 7 | 61,29 |
| 24 | ИНл-24-19 | 19 | 17студ. | 2 | 93,33 |
| **Всего:** | **699** | **618** | **81** | **78,85** |

**ЛОР Тынар, Абдрасул**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **№** | **Группалар** | **Жалпы саны** | **Катыш****кандар** | **Катыш пагандар** | **лор** |
| 1 | ИНл-1-19 | 30 | 8 студ. | 22 | 62% |
| 2 | ИНл-2-19 | 30 | 23 студ. | 7 | 62% |
| 3 | ИНл-3-19 | 30 | 13 студ. | 17 | 58,5% |
| 4 | ИНл-4-19 | 27 | 19 студ. | 8 | 83% |
| 5 | ИНл-5-19 | 30 | 11 студ. | 19 | 76% |
| 6 | ИНл-6-19 | 29 | 22 студ. | 7 | 98% |
| 7 | ИНл-7-19 | 29 | 16 студ. | 13 | 60% |
| 8 | ИНл-8-19 | 29 | 22 студ. | 7 | 61% |
| 9 | ИНл-9-19 | 29 | 18 студ. | 11 | 75% |
| 10 | ИНл-10-19 | 29 | 19 студ. | 10 | 79,5% |
| 11 | ИНл-11-19 | 30 | 19 студ. | 11 | 69,2% |
| 12 | ИНл-12-19 | 30 | 20 студ. | 10 | 75,5% |
| 13 | ИНл-13-19 | 30 | 16 студ. | 14 | 95% |
| 14 | ИНл-14-19 | 31 | 24 студ. | 7 | 89,4% |
| 15 | ИНл-15-19 | 30 | 20 студ. | 10 | 82,75% |
| 16 | ИНл-16-19 | 30 | 27 студ. | 3 | 91,5% |
| 17 | ИНл-17-19 | 30 | 26 студ. | 4 | 89% |
| 18 | ИНл-18-19 | 27 | 19 студ. | 8 | 85,5% |
| 19 | ИНл-19-19 | 30 | 26 студ. | 4 | 89,6% |
| 20 | ИНл-20-19 | 30 | 22 студ. | 8 | 81% |
| 21 | ИНл-21-19 | 30 | 25 студ. | 5 | 94% |
| 22 | ИНл-22-19 | 29 | 21 студ. | 8 | 86% |
| 23 | ИНл-23-19 | 31 | 28 студ. | 3 | 89,5% |
| 24 | ИНл-24-19 | 19 | 14 студ. | 5 | 83% |
| **Всего:** | **699** | **478** | **221** | **79,8**% |

**Глазные болезни Жылдыз, Уултай, Гульнара**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **№** | **Группалар** | **Жал****пы саны** | **Ка****тыш****кандар** | **Ка****тышпагандар** | **Глазные болезни** |
| 1 | ИНлР-1-19 | 30 | 25 | 5 | 82,1% |
| 2 | ИНлР-2-19 | 30 | 27 | 3 | 82,4 |
| 3 | ИНлР-3-19 | 30 | 24 | 6 | 70% |
| 4 | ИНлР-4-19 | 27 | 23 | 4 | 69% |
| 5 | ИНлР-5-19 | 30 | 29 | 1 | 88% |
| 6 | ИНлР-6-19 | 29 | 29 | 0 | 84% |
| 7 | ИНлР-7-19 | 29 | 23 | 6 | 81% |
| 8 | ИНлР-8-19 | 29 | 27 | 2 | 77% |
| 9 | ИНлР-9-19 | 29 | 29 | 0 | 98,5% |
| 10 | ИНлР-10-19 | 29 | 24 | 5 | 65% |
| 11 | ИНлР-11-19 | 29 | 26 | 3 | 74,6% |
| 12 | ИНлР-12-19 | 30 | 29 | 1 | 63% |
| 13 | ИНлР-13-19 | 30 | 25 | 5 | 79% |
| 14 | ИНлР-14-19 | 30 | 30 | 0 | 82,9% |
| 15 | ИНлР-15-19 | 30 | 24 | 6 | 87,4% |
| 16 | ИНлР-16-19 | 30 | 27 | 3 | 78,5% |
| 17 | ИНлР-17-19 | 30 | 26 | 4 | 71% |
| 18 | ИНлР-18-19 | 26 | 26 | 0 | 89% |
| 19 | ИНлР-19-19 | 30 | 28 | 2 | 88,4% |
| 20 | ИНлР-20-19 | 30 | 27 | 3 | 91,7% |
| 21 | ИНлР-21-19 | 30 | 28 | 2 | 74% |
| 22 | ИНлР-22-19 | 29 | 29 | 0 | 78,7% |
| 23 | ИНлР-23-19 | 30 | 24 | 6 | 88,3% |
| 24 | ИНлР-24-19 | 23 | 21 | 2 | 98,7% |
| **Всего:** | **699** | **630** | **69** | **80,9%** |

* Мониторингге жалпы 5- курстун студенттери катышып , студенттердин жалпы

саны 699, 24 тайпа. Катышкан студенттердин саны - 613.

Катышпаган студенттердин саны - 86.

Аналитика: Мониторинг өтүлгөн күн 12 - октябрь 2023-жыл. Жалпы суроонун саны – 25.

Студенттердин деңгээли канааттандырарлык.

 (“**Хирургические болезни 2**” предмети боюнча студенттердин денгээли ортодон жогору.)

* Мониторингге жалпы 4- курстун студенттери катышып , студенттердин жалпы

саны 682, 24 тайпа. Катышкан студенттердин саны - 540

Катышпаган студенттердин саны - 142

Аналитика: Мониторинг өтүлгөн күн 15 - октябрь 2023-жыл. Жалпы суроонун саны – 40.

Студенттердин деңгээли канааттандырарлык.

(“**Хирургические болезни 1**” предмети боюнча студенттердин денгээли ортодон жогору.)

* Мониторингге жалпы 5- курстун студенттери катышып , студенттердин жалпы

саны 699, 24 тайпа. Катышкан студенттердин саны - 613.

Катышпаган студенттердин саны - 86.

Аналитика: Мониторинг өтүлгөн күн 12 - октябрь 2023-жыл. Жалпы суроонун саны – 20.

Студенттердин деңгээли канааттандырарлык.

(“**Анестезиология**” предмети боюнча студенттердин денгээли ортодон жогору.)

* Мониторингге жалпы 5- курстун студенттери катышып , студенттердин жалпы

саны 699, 24 тайпа. Катышкан студенттердин саны - 618.

Катышпаган студенттердин саны - 81

Аналитика: Мониторинг өтүлгөн күн 12 - октябрь 2023-жыл. Жалпы суроонун саны – 30.

Студенттердин деңгээли канааттандырарлык.

(“**Травматология Ортопедия**” предмети боюнча студенттердин денгээли ортодон жогору.)

* Мониторингге жалпы 5- курстун студенттери катышып , студенттердин жалпы

саны 699, 24 тайпа. Катышкан студенттердин саны - 478.

Катышпаган студенттердин саны - 221

Аналитика: Мониторинг өтүлгөн күн 21 - октябрь 2023-жыл. Жалпы суроонун саны – 20.

Студенттердин деңгээли канааттандырарлык.

(“**Оториноларингология**” предмети боюнча студенттердин денгээли ортодон жогору.)

* Мониторингге жалпы 5- курстун студенттери катышып , студенттердин жалпы саны 699, 24 тайпа. Катышкан студенттердин саны - .630

Катышпаган студенттердин саны - 69.

Аналитика: Мониторинг өтүлгөн күн 14 - октябрь 2023-жыл. Жалпы суроонун саны – 40.

Студенттердин деңгээли канааттандырарлык. (“**Офтальмология**” предмети боюнча студенттердин денгээли ортодон жогору.)

**Сунуш:**

* Аталган предмет боюнча отулгон темаларга көбүрөөк басым жасоо менен студенттердин өз алдынча иштөөсүн активдештирүү.
* Виртуалдык клиниканын базасын кенейтуу.
* Тиешелуу хирургиялык кондумдорду калыптандыруу учун пациенттер менен иштоого шарт тузуу.

кафедра жетекчисинин милдетин

убактылуу аткаруучу төрагасы, завуч: Кайыпов Абдумажит Абдразакович

Катчы: Курманбек кызы А.

**«Surgery»**

**1.Preferred noninvasive test to confirm H.pylori eradication is**

a) stool antigen

b) whole blood antibody

**c) serological detection**

d) urea breath test

**2.A 42-year-old female presents to her GP complaining of intermittent upper abdominal pain. She is experiencing this pain several times a week and experienced a particularly bad episode last night after dinner. The episodes of pain are variable in length, lasting from minutes to a few hours and tend to occur after eating. During the episodes, she feels very nauseated and has vomited on several occasions. She denies any recent weight loss or change in bowel habit. On examination the patient is obese, but there are no other significant findings. Vital signs, FBC, U&Es, LFTs and CRP are all within normal limits.Which of the following is the most likely diagnosis?**

**a) Biliary colic**

b) Cholangitis

c) Pancreatic cancer

d) Pulmonary embolism

e) Cholecystitis

**3. You are working as a junior doctor in a general surgery firm and are referred a 45-year-old female with severe abdominal pain from A&E. For the past few days, she has been experiencing bouts of severe upper abdominal pain after meals but overnight the pain has become increasingly severe and constant. The pain radiates to her back and she is also complaining of a pain in her shoulder. She complains of feeling nauseous and has vomited several times. She feels hot and shivery. She has no past medical history. On general inspection, you note that she has an increased body habitus, is lying very still and is taking shallow breaths. She is not jaundiced. She is tender in the right upper quadrant on palpation and when you ask her to take a deep breath in, she flinches in pain. This does not happen on palpation of the left upper quadrant. Vital signs are as follows:HR = 110 bpmRR = 25 breaths per minTemperature= 38.2 degree Celsius Which eponymous clinical sign is positive here?**

a) McBurney's sign

b) Grey-Turner's sign

c) Cullen's sign

**d) Murphy's sign**

e) Rovsing's sign

**4. Which statement is correct regarding formation of peptic ulcers?**

а) increase in gastric acid is only sole cause

b) releases of prostaglandins cause stomach line to break

**c) fromed when hcl penetrates mucosa of stomach this causes histamineto be released and send signal to parietal for more acid**

d) stress

**5.h.pylori can live in stomach because it secretes --- that neutralize acid?**

a) ammonia

**b) urease**

c) carbon dioxide

d) bicarbonate

**6.Acute cholecystitis is generally managed conservatively, and patients are then brought back for elective cholecystectomy when well.Which of the following is NOT a complication of acute cholecystitis?**

a) Acute pancreatitis

b) Recurrent cholecystitis

c) Cholangiocarcinoma

**d) Chronic pancreatitis**

e) Jaundice

**7.A patient arrives at clinic with epigastric pain the pain is relieved by eating .in addition he reports awakening in night with pain in stomach . based on the symptoms what type of ulcers do he have?**

a) gastric

b) esophageal

**c) duodenal**

d) refractory

**8.What causes crohn’ s disease  ?**

a) lack of vit D

b) irritable bowel syndrome

c) inflammation of bowel by chemicals

**d) unknown etiology**

**9.What is crohn’s disease?**

a) caused by allergy to gluten

b) blood in stool

**c) chronic inflammatory disease of intestine**

d) constipation

**10.Toxic megacolon is most commonly seen in?**

a) crohn’s diseases

b) appendectomy

c) whipple’s disease

**d) ulcerative colitis**

**11.Most common cause of death in acute pancreatitis is**

a) renal failure

b) cardiac failure

**c) respiratory failure**

d) uncontrolled coagulopathy

**12.Most common cause of acute pancreatitis**

a) infection

**b) gall stones**

c) hereditary

d) hypercalemia

**13.Intussusception is most common in which age group?**

a) 5-10 months

b) 1-2 years

**c) > 3 years**

d) 18-25 years

**14.Which of these can cause a bowel obstruction?**

**a) hernia**

b) gout

c) diabetes

d) arthiritis

**15. Which is best proven to mainstay remission in crohn’s diseases**

a) salicylites

b) methotrexate

c) sulfadiane

**d) glucocorticoids**

**16. Toxic megacolon is seen in?**

a) removal of pylorus

**b) ulcerative colitis**

c) ischemic colitis

d) subtotal gastrectomy

**17.Complete mechanical small bowel obstruction can cause dehydration by?**

a) induce vomiting

**b) dec intestinal water absorption**

c) secretion of water in lumen

d) all of above

**18.Epitheliod like giant cells are seen in all except ?**

a) leprosy

**b) ulcerative colitis**

c) ccrohn’s disease

d) brucellosis

**19. What is least common cause of large bowel obstruction?**

**a) adhesions**

b) volvulus

c) diverticulus

d) surgical removal

**20. Who is most likely to develop appendicitis?**

a) obese

b) alcoholic person

**c) between 10-30 years**

d) person with acid reflux

**21.long term effect of appendectomy is?**

a) fatigue

b) bloating

c) weight loss

**d) none**

**22.Which of the following is most common cause of ulcerative colitis -related mortality?**

a) colonic adenocarcinoma

**b) toxic megacolon**

c) perforated colon

d) colonic infarction

**23.ulcerative colitis affects colon .COLON is also referred to as?**

a) small intestine

**b) large intestine**

c) sphincter

d) appendix

**24. Ulcerative colitis is related to what similar condition?**

a) indigestion

b) GERD

c) Anorexia

**d) crohn’s diseases**

**25. Symptoms of ulcerative colitis can include?**

a) rectal bleeding

b) abdominal pain

c) diarrhea

**d) all.**

**Хирургия 4 курс**

**1.The tensile strength of wound reaches that of normal tissue by:**

a. 6 weeks

b. 2 months

c. 4 months

**d. None**

**2. Patient has lacerated untidy wound of the leg and attended the casualty after 2 hours. His wound should be:**

a. Sutured immediately

**b. Debrided and sutured immediately**

c. Debrided and sutured secondarily

d. Cleaned and dressed

**3. Delayed wound healing is seen in all except:**

a. Malignancy

**b. Hypertension**

c. Diabetes

d. Infection

**4. A clean incised wound heals by:**

**a. Primary intention**

 b. Secondary intention

c. Excessive scaring

d. None of the above

**5. Tensile strength of wound becomes normal after:**

a. 6 weeks

**b. Never**

c. 4 months

d. 6 months

**6. The worst position for scars is:**

a. Back

b. Shoulder

**c. Sternum**

d. Abdomen

**7.Trauma to spleen in a stable patient is best diagnosed by:**

a. X-ray abdomen

b. USG

**c. CTscan**

d. Diagnostic peritoneal lavage

**8. Investigation of choice for diagnosing intra-abdominal bleeding in an unstable patient:**

a. CT scan

b. MRI scan

**c. USG**

d. diagnostic peritoneal lavage

**9. A man sustained injury and presented with fluid coming out through nose. What could be the possiblefracture?**

**a. Fracture base of skull**

b. Fracture of mandible

c. Fracture of maxilla

d. None of the above

**10. What is not found in head injury?**

a. Confusion

b. Loss of consciousness

c. Lucid interval

**d. GCS score of 0**

**11. Minimum score in glasgow coma scale:**

a. 0

b. 1

c. 2

**d. 3**

**12. According to “rule of nines”, burns involving perineum are:**

**a. 1%**

**b. 9%**

**c. 18%**

**d. 27%**

**13. A five years old child presents to the emergency department with burns. The burn area corresponding to the size of his palm is equal to:**

**a. 1% BSA**

b. 5% BSA

c. 10% BSA

d. 20%

**14. An adult whose both lower limbs are charred along with genitalia has……..burns.**

a. 18%

b. 19%

c. 36%

**d. 37%**

**15. In a 6 years old child with burns involving the whole of head and trunk, estimated body surface area of burns is:**

**a. 44%**

b. 52%

c. 55%

d. 58%

**16. Rule of nine of estimate surface area of a burnt patient was introduced by:**

a. Mortix Kaposi

**b. Alexander Wallace**

c. Joseph Lister

d. Thomas Barclay

**17. Best method to assess burns in 5 years old child caused by boiling water:**

a. Palm method

b. Rule of 9

**c. Lund and Browder chart**

d. Rule of one

**18. Investigations advised in a diabetic prior to surgery include:**

A. Carotid Doppler study

B. Lipid profile

 C. Glycosylated Hb

 **D. All of the above**

 **19. Investigations advised for a patient of COPD planned for surgery include all except:**

A. PFT

 B. Arterial blood gases

 C. Chest X-ray

**D. Bronchoscopy**

**20. Water is lost from the body by the undermentioned routes except:**

A. Lungs

 B. Skin

 C. Faeces

 D. Saliva

**E. Urine**

**21. Sudden hypokalaemia occurs:**

A. Following severe head injury

B. Following operation trauma

 **C. Diabetic coma treated by insulin and prolonged infusion of saline solution**

D. All of the above

 E. None of the above

**23. Haemorrhage due to infection of operative wound is**:

 A. Primary haemorrhage

 B. Reactionary haemorrhage

**C. Secondary haemorrhage**

D. Any of the above

**24. Blood loss in surgical practice is done by assessing:**

A**. Blood clot of the size of a clenched fist is roughly equal to 500 ml**

B. Moderate swelling in closed fracture of tibia equals to 500-1500 ml of blood loss

 C. Moderate swelling in fractured shaft of femur equals to 500-2000 ml blood loss

D. Estimating Hb level

 E. Monitoring pulse and BP

**25. Shelf life of CPD preserved blood is:**

 A. 1 week

 B. 2 weeks

**C. 3 weeks**

D. 4 weeks

**26. Cryoprecipitate is a rich source of:**

A. Factor V

 B. Factor VII

**C. Factor VIII**

D. Factor XII

**27. Low molecular weight dextran refers to the polymer with molecular weight below:**

A. 10,000

 B. 20,000

**C. 40,000**

D. 80,000

**28. Dextran has which of the following properties:**

A. Can induce abnormal bleeding

B. Improves blood flow in microcirculation

 C. Acts as blood substitute

D. Can interfere with blood grouping and cross matching

**E. All of the above**

**29. Five percent dextrose-saline is:**

 A. Isotonic

**B. Hypertonic**

 C. Hypotonic

 D. All of the above

**30. Cardiogenic shock occurs when infarction involves more than:**

 A. 25% of LV wall

 **B. 50% of LV wall**

C. 75% of LV wall

D. 85% of LV wall

 **31. The skin is warm and dry in:**

 A. Anaphylactic shock

**B. Septic shock**

C. Burn shock

D. All of the above

 **32. Pulmonary capillary wedge pressure is equal to pressure in**

 **A. LA**

B. RA

 C. Pulmonary vein

 D. CVP

**33. Normal central venous pressure is:**

 A. 0-5 cm saline

**B. 5-8 cm saline**

C. 8-12 cm saline

D. 12-15 cm saline

**34. Which of the following is beneficial in severe infection:**

A. TFPI

 B. Bradykinin antagonist

**C. Activated protein C**

 D. None of the above

**35.Glycogen store in liver is:**

**A. 200 gm**

B. 300 gm

C. 400 gm

D. 500 gm

**36. To prevent skeletal muscle protein break down, daily minimum glucose intake be:**

A. 100 gm

**B. 150 gm**

 C. 200 gm

D. 250 gm

**37. Daily nitrogen loss is higher in:**

 A. Herniotomy

B. Cholecystectomy

**C. Fractured femur**

 D. Appendicectomy

**38. Which of the following is hypercatabolic state:**

A. Burn

B. Sepsis

C. Pancreatitis

 **D. All of the above**

**Анестезиология и реанимация**

**1. A patient with a very labile psyche before surgery is in a state of acute emotional tension with a predominance of fear. Which drug would you prefer as a means for premedication?**

a) promedol

b) droperidol

c) morphine

**d) sibazona**

**2. During the operation performed under mask anesthesia, the patient's pupils expanded sharply while maintaining their reaction to light and increased lacrimation. What is the most likely cause of pupil** dilation?

a) drug overdose

**b) too superficial anesthesia**

c) myocardial fibrillation

d) reflex cardiac arrest

**3. In the process of anesthesia of a short-term operation, the patient had motor arousal, then an increase in blood pressure was observed, increased muscle rigidity took place. After anesthesia, the patient was restless, delirium and hallucinations were noted. The depth of anesthesia was sufficient. Which drug is characterized by the described clinical symptoms?**

a) oxybutyre

b) sodium thiopental

c) propofol

**d) ketamine**

**4. Which of the substances used in intravenous anesthesia is characterized by an increase in blood pressure during anesthesia?**

a) sodiumoxybutyrate

b) sodium thiopental

c) propofol

**d) ketamine**

5. Which narcotic drug is most characterized by respiratory depression?

a) sodiumoxybutyrate

b) sodium thiopental

c) propofol

d) ketamine

**6. What drug for anesthesia is contraindicated in the presence of bronchial asthma in the patient?**

a) sodiumoxybutyrate

**b) sodium thiopental**

c) propofol

d) ketamine

**7. By order of the anesthesiologist, the anesthesiologist nurse injected the patient with a muscle relaxant. Muscle relaxation in response to the administration of the drug came gradually, without previous fibrillar contractions. Which drug from among those listed below was introduced by the nurse?**

a) musclerelaxin

**b) arduan**

c) ditilin

d) listenon

**8. There was a need for anesthesia using muscle relaxants in a patient with a concomitant disease with glaucoma. Which relaxant from among the following will you give preference to?**

a) listenone

**b) musclerelaxin**

с) arduan

d) ditilin

**9. During anesthesia and controlled breathing along a semi-closed circuit, due to a mechanical error made during the operation of the anesthesia apparatus, the patient developed progressively increasing hypertension and tachycardia, which were replaced by bradycardia and a catastrophic drop in blood pressure. Attention is paid to the increased moisture of the skin. What mistake was most likely made by the anesthesiologist?**

a) the oxygen dosimeter is not open

**b) the absorber is not turned on**

c) there was an inflection of the corrugated hose

d) there was a depressurization of the device

**10. Which anesthesia creates more prerequisites for disruption of the vasomotor and respiratory centers?**

a) paravertebral

**b) spinal**

c) peridural

d) conduction

**11. When trying to perform a certain type of anesthesia, the anesthesiologist injected a trial dose of lidocaine solution into one of the lumbar segments. After 3 minutes, there was a sufficiently deep anesthesia of the lower extremities and an extensive area of the lower trunk. Active movements of the toes have become impossible. What kind of anesthesia was most likely performed?**

a) peridural

**b) spinal**

c) paravertebral

d) conductive

**12. Anesthesia is most manageable if the anesthetic is administered**

a) intravenously

b) rectal route

**c) inhalation route**

d) intramuscular route

**13. What is the reason for the surgical and anesthetic risk**

a) the initial condition of the patient

b) the duration and traumatic nature of the operation

c) the type of anesthesia

**d) all of the above is true**

**14. Which of the listed substances of the internal environment of the body is the most powerful physiological anticoagulant?**

**a) antithrombin III**

b) plasminogen

c) fibronectin

d) plastic factor 4 (PF-4)

**15. Some tissues of the human body (placenta, vascular wall, etc.) contain a large number of fibrinolysis activators.which substrate mainly provides increased fibrinolytic activity. Which substrate is most characterized by an increase in the fibrinolytic activity of these tissues?**

a) lactate dehydrogenase

**b) alkaline phosphatase**

c) urokinase

d) bilokinase

**16. Which anticoagulant is of the greatest importance in the anticoagulant activity of the blood?**

**a) antithrombin III**

b) heparin

c) antitrypsin

d) antikephalin

**17. Which link of blood clotting suffers the most with hypocalcemia?**

**a) the transition of prothrombin to thrombin**

b) the transition of fibrinogen to fibrin

c) activation of tissue thromboplastin

d) activation of plasma thromboplastin

**18. For the prevention and treatment of DIC syndrome (especially in the first phase of hypercoagulation), heparin is widely used, but with certain types of hemostasis disorders, its use is impractical. In what kind of hemostasis disorder does this take place?**

**a) with a deficiency of antithrombin III**

b) with a decrease in the antiheparin factor of platelets

c) with increased release of tissue thromboplastin

d) with increased release of plasma thromboplastin

**19. Which method of administration of thrombin is most effective in order to stop bleeding from parenchymal organs?**

**a) local exposure by applications**

b) intramuscular

c) intravenous

d) intra-arterial into the artery that provides blood supply to the bleeding area

**20. To the greatest extent, the distribution of poison in the body depends on**

**a) on the amount of time that has elapsed since the poison hit**

b) on the path of penetration of the poison

c) on the age of the patient

d) from the ambient temperature

**Травматология**

**1. Which of the following is not a cause of a swan neck deformity?**

a. Mallet deformity.

b. Flexor tendon tenosynovitis.

c. Volar plate rupture.

**d. Central slip rupture.**

e. Lateral band subluxation.

**2. When performing a replant of an amputated finger, which of the following**

is the correct order of surgery?

a. Bone, Artery, Extensor, Flexor, Nerve, Vein.

b. Artery, Bone, Vein, Extensor, Flexor, Nerve.

c. Artery, Bone, Extensor, Flexor, Vein, Nerve.

**d. Bone, Extensor, Flexor, Artery, Nerve, Vein.**

e. Bone, Extensor, Flexor, Artery, Vein, Nerve.

**3. When performing flexor tendon repair, which of the following pulleys must**

be preserved?

**a. A2 and A4.**

b. A2 only.

c. A2 and C2.

d. A2 and A3.

e. A3 only.

**4. A Stener lesion is significant because?**

a. Adductor aponeurosis interposition between the proximally based avulsed

ligament impairs ligament healing.

**b. Adductor aponeurosis interposition between the distally based avulsed ligament**

**impairs ligament healing**.

c. Skiing is an increasingly popular sport.

d. It involves partial and complete ulnar collateral ligament rupture.

e. It is associated with a fleck sign on the X-ray

**5. Which of the following regarding metacarpal neck fractures is true?**

a. Up to 35º of angulation of the index and middle finger can be accepted.

b. Up to 40º of angulation of the little and ring finger can be accepted.

c. Metacarpal neck fractures should never be operated upon unless it is an open injury.

d. The Jahss position is the correct position to immobilize a manipulated

metacarpal neck fracture.

**e. Up to 15º of angulation of the index and middle finger can be accepted.**

**6. When reducing a Smith’s or volar Barton’s fracture, the reduction manoeuvre**

**should include?**

a. Supination only.

b. Extension only.

**c. Extension and supination.**

d. Extension and pronation.

e. Flexion and supination.

**7. A 22-year-old medical student was slightly intoxicated and fell onto his extended**

**wrist while his forearm was pronated. He has pain and a clicking sensation on the**

**ulnar side of his wrist. X-rays and nerve conduction studies are normal. The most**

**likely diagnosis is?**

a. Scapholunate dissociation.

b. Hook of hamate fracture.

**c. Triangular fibrocartilage complex (TFCC) tear.**

d. Piso-triquetral subluxation.

e. Extensor carpi ulnaris (ECU) subluxation.

**8. If a 28-year-old male motorbiker had a complex distal radius fracture (volar fixation**

**required) and acute severe carpal tunnel syndrome, which of the following surgical**

**approaches would be correct?**

**a. Perform a Henry’s approach and a separate, very ulnar carpal tunnel incision.**

**b. Observe the carpal tunnel syndrome for 48 hours after surgery.**

c. Perform a Henry’s approach and a separate carpal tunnel incision.

d. Continue Henry’s approach across the wrist with an S curve and decompress the

carpal tunnel.

e. Continue Henry’s approach across the wrist and decompress the carpal tunnel.

**9. Which of the following is not a sign of an unstable scaphoid fracture?**

a. Vertical oblique fracture.

b. Comminuted fracture.

c. >1 mm displacement.

d. Associated perilunate injury.

**e. Scapholunate angle <60º.**

**10. In Wartenburg syndrome the compression takes place between?**

**a. Brachioradialis and extensor carpi radialislongus (ECRL) in pronation.**

b. Brachioradialis and ECRL in supination.

c. ECRL and extensor carpi radialisbrevis (ECRB).

d. Abductor pollicislongus (APL), extensor pollicisbrevis (EPB) and ECRL, ECRB.

e. Brachioradialis and flexor carpi radialis (FCR).

**11. A patient presents with pain and cold insensitivity at the fingertip. There is a bluish**

**discolouration under the nail. The most likely diagnosis is?**

a. Neurofibroma.

**b. Glomustumour.**

c. Turret tumour.

d. Epithelioid sarcoma.

e. Raynaud’s disease.

**12. The following are all good prognosis after nerve injury except?**

a. Young age.

b. Low velocity injury.

c. Sharp (knife) injury.

**d. Proximal injury.**

e. Early exploration.

**13. All of the following make up the spiral cord except?**

a. Grayson’s ligaments.

b. Spiral band.

c. Lateral sheet.

**d. Natatory ligament.**

e. Pretendinous band.

**14. Which of the following is not a poor prognostic indicator in traumatic brachial**

**plexus injury?**

a. Horner’s sign.

b. Transverse process fracture.

c. Empty sheaths on MRI scan.

d. Diaphragmatic flattening on inspiration/expiration X-rays.

**e. No sensation from tip of acromion to tip of fingers.**

**15. Which of the following is a rule of tendon transfer?**

a. The donor muscle must be at least MRC grade 3.

b. Joints can have 50% maximum contracture.

**c. Tendon pull must be synergistic.**

d. Line of pull should be orthogonal.

e. Tendon excursions of the finger extensors is longer than the flexors.

**16. A 56-year-old obese man presents with a painless deterioration in bilateral hand**

**function. Initially it was the metacarpophalangeal (MCP) and proximal**

**interphalangeal (PIP) joints that were involved and now it is the distal**

**interphalangeal (DIP) joints. He has thick tight skin and a positive prayer sign.**

**The most likely disease is?**

a. Gout.

b. Osteoarthritis.

c. Rheumatoid arthritis.

d. Scleroderma.

**e. Diabetic cheirarthropathy.**

**17. A 38-year-old man presents with dorsal wrist pain. He has a stiff wrist with very**

**limited range of motion and can’t work as a mechanic. Plain films reveal Grade IV**

**Kienbock’s disease. He should be treated with?**

a. Proximal row carpectomy.

b. Wrist replacement.

c. Curettage and vascularized pronator quadratus graft.

d. Radial shortening.

**e. Wrist arthrodesis.**

**18. A 41-year-old woman sustained a distal radius fracture whilst hiking in the Andes. It**

**was treated in plaster by a local missionary doctor and went on to malunion. She**

**presents with ulnar-sided pain and on examination she impacts on the ulnar side,**

**with a negative grind test at the distal radioulnar joint (DRUJ). The best treatment**

**would be?**

**a. Ulnar shortening osteotomy.**

b. Darrach procedure.

c. Sauve–Kapandji procedure.

d. Arthroscopic debridement of DRUJ.

e. Distal ulnar head implant arthroplasty.

**19. Which of the following is not true of Dupuytren’s disease?**

a. The long-term recurrence rate is 50%.

**b. Painful nodules are an indication for surgery.**

c. Metacarpophalangeal joint (MCPJ) contracture of greater than 30º is an indication

for surgery.

d. Myofibroblasts are the offending cells in the aetiology of the disease.

e. Concomitant carpal tunnel release increases incidence of post-operative flare.

**20. A 17-year-old snowboarder fell onto his outstretched pronated hand. He presents**

**with ongoing ulnar-sided wrist pain. He is tender over the ulnar fovea and has no**

**click. The distal radioulnar joint (DRUJ) is stable. Plain films are normal and a MR**

**arthrogram show a triangular fibrocartilage complex (TFCC) defect adjacent to the**

**ulna. How is this classified according to the Palmer classification?**

a. Class 2A lesion.

b. Class 1A lesion.

c. Class 2B lesion.

**d. Class 1B lesion**.

e. Class 1C lesion.

**21. A 16-year-old girl had multiple fractures in her forearm and hand. One year later**

**after fracture healing she presents with trouble gripping things. When the**

**metacarpophalangeal (MCP) joint is extended you cannot passively flex the proximal**

**interphalangeal (PIP) joint. When the MCP joint is flexed it is possible to passively flex**

**the PIP joint. Her extensors are at a good length. Which of the following is incorrect?**

a. She has an intrinsic plus hand.

**b. She has a claw hand.**

c. She has a positive Bunnell test.

d. She has a likely positive Bouviere effect.

e. There is an imbalance between the intrinsic and extrinsic muscles.

**22. A 23-year-old cricketer had an avulsion of the flexor digitorumprofundus (FDP)**

**tendon of his ring finger. This was diagnosed early and despite proximal migration**

**he had it reinserted with a button technique. Six months later he complains that he**

**can’t close his fingers tightly over a cricket ball. This problem is?**

a. Lumbrical plus effect.

b. Swan neck deformity.

**c. Quadrigia effect.**

d. Intrinsic tightness.

e. Chronic mallet finger.

**23. Which of the following is true regarding a Mayfield Stage I injury?**

**a. There is not always a scaphoid fracture**.

b. There is a lunotriquetral ligament injury.

c. The lunate is extruded.

d. There is a radio-scapho-capitate ligament detachment.

e. There is a perilunate dislocation.

**24. A 23-year-old was intoxicated at a wedding and fell through a glass window.**

**He presents to the emergency department with a radial wrist laceration with arterial**

**bleeding. With regards to the timing of surgery the major blood supply to the hand**

**is provided by which of the following?**

a. Deep branch of the radial artery.

b. Radial artery.

c. Deep palmar arch.

**d. Superficial palmar arch.**

e. Interosseous artery.

**25. A 41-year-old man presents with a swelling at the level of his distal interphalangeal**

**(DIP) joint on his right middle finger. What is the most likely diagnosis?**

a. Epidermoid cyst.

b. Keratoacanthoma.

**c. Mucoid cyst.**

d. Epithelioidtumour.

e. Sebaceous cyst.

**26. Which of the following is not a recognized treatment for carpal tunnel syndrome?**

**a. Nerve stimulation therapy.**

b. Steroid injection.

c. One-portal endoscopic surgical release.

d. Two-portal endoscopic surgical release.

e. Yoga.

**27. All of the following contribute to the wrist and hand deformity in rheumatoid**

**arthritis except?**

a. Volar subluxation of the extensor carpi ulnaris (ECU).

b. Radio-scapho-capitate ligament failure.

**c. Scaphoid extension.**

d. Supination of the carpus on the forearm.

e. Distal radioulnar joint (DRUJ) destruction.

**28. A 13-year-old boy is referred to you after a trivial fall onto his elbow. Radiographs**

**reveal a dislocated radial head. He does not have much pain. His mother says she has**

**always had joint pains with abnormal knee caps. She keeps pointing to her knees in**

**an excited manner with long fake nails. The most likely diagnosis is**?

a. Marfan syndrome.

b. MonteggiaBado injury.

c. Generalized ligamentous laxity.

d. Ehlers–Danlos syndrome.

**e. Nail patella syndrome.**

**29. A 43-year-old woman presents with decreased digital flexion and an injury in Zone 2**

**of her left hand. On exploration what percentage laceration of the flexor tendon**

**would you repair?**

a. 40%.

b. 25%.

c. 45%.

**d. 50%.**

e. 35%.

**30. With regards to radioulnar limb formation and the zone of polarizing activity,**

**defects in which protein will result in duplication of digits?**

a. Fibroblast growth factor.

**b. Sonic hedgehog protein.**

c. LMX1.

d. Transforming growth factor.

e. Cartilage-derived morphogenetic protein.

**Otorhinolaryngology**

**1.Sense organ of hearing is?
a. Organ of Corti**
b. Cristae
c. Macula
d. None

e. Ear ossicles

**2.Endolymph is present in?
a. Scala media**
b. Scala vestibule
c. Scala tympani
d. Cochlear aqueduct

 e. Oval window

**3.Ceruluminous glands present in the ear are?**a. Modified eccrine glands
**b. Modified apocrine glands**
c. Mucous glands
d. Modified holocrine glands

 e. Endocrine glands

**4.What is the colour of normal tympanic membrane?
a. Pearly white**b. Grey
c. Yellow
d. Red

 e. Brown

**5.Surface area of tympanic membrane?**
a. 55 mm2
b. 70 mm2
c. 80 mm2
**d. 90 mm2**

 e. 60dB

**6. Cone of light is seen in which part of tympanic membrane?**
a. Anterior superior quadrant
b. Posteriosuperior quadrant
**c. Anterior inferior quadrant**
d.Posterior inferior quadrant

 e. In the middle of TM

**7. In otoscopy the most reliable sign is?
a. Lateral process of malleus**
b. Handle of malleus
c. Umbo
d. Cone of light

 e. Head of malleus

**8. What is the type of joint in ear oscicles?**a. Fibrous joint
b. Primary cartilaginous
c. Secondary cartilaginous
**d. Synovial joint**

**9. Inner ear is present in which bone?**a. Parietal bone
b. Petrous part of temporal bone
c. Occipital bone
**d. Petrous part of squamosal bone**

 e. Mastoid

**10. Stapes footplate covers?**a. Round window
**b. Oval window**
c. Inferior sinus tympani
d. Pyramid

 e. Scala media

**11. Organ of Corti is situated in?
a. Scala media**
b. Scala tympani
c. Scala vestibule
d.Semicircular canal

 e. oval window

**12. Fetus can start hearing by which time of intrauterine life?**a. 14 weeks
**b. 20 weeks**
c. 32 weeks
d. 33 weeks

 e. 24 weeks

**13. Normal threshold of hearing in young adult is?
a. 0 dB**b. 10 dB
c. 20 dB
d. 30 dB

 e. 40 dB

**14. Bones of middle ear are responsible for which of the following?**
**a. Amplification of sound**
b. Reduction of sound intensity
c. Protecting the inner ear
d. Reduction of impedance to sound transmission

**15. All are causes of sensory neural hearing loss except?**
a. Old age
b. Cochlear otosclerosis
c. Loud noise
**d. Rupture of tympanic membrane**

 e. Infections of inner ear

**16. Virus causing Acute SNHL?**a. Coronavirus
**b. Mumps virus**
c. Adeno virus
d. Rota virus

 e. Rhinovirus

**17. According to WHO definition of hearing loss, profound degree of hearing loss is at?**a. 61 – 75 dB
d. > 80 dB
**c. > 90 dB**
d. > 100 dB

**18. Prolonged exposure to noise level greater than the following can impair hearing permanently?**a. 40 dB
b. 85 dB
**c. 100 dB**d. 140 dB

 e. 120dB

**19. Which of thefollowingpatientsymptomdescriptors wouldsuggestthat vestibular andbalance rehabilitation should be consideredasatreatmentoption**

A.Patientreportsspontaneousspellsof vertigolasting 1to 2hours, withnosymptomsbetweenthe events.

B.Patient reports a rockingsensationwhen standingor sittingstill withall symptomsabsentwheninmotion.

**C.Patient reports symptomsthat areprovokedbyhead or visual motionstimuliproducing briefspells of vertigo withnosymptomswhenthe headisstill.**

D. Patient reportsimbalance only whenarisingfrom lyingorsitting, lastingseconds, withnoother symptoms noted.

E. Patientreportsspontaneousspellsofimbalance and vertigolasting2to 3minutes multipletimesper day independent ofheadpositionor movement.

**20. Spontaneousnystagmus**

A. of peripheraloriginismost pronounced withfixation present.

B.of centraloriginismostpronounced with fixation removed.

C.isrecordedin thelateral position.

D. isnotausefulsign for either centralorperipheral disease.

**E. iscommonimmediatelyfollowingunilateral peripheral injury.**

**Ophthalmology (TEST)**

**1.What structure is the arrow pointing to?**

1) acrimal sac

2) lower canaliculus

3) lacrimal gland

4) **nasolacrimal duct**

**2.What structure is the arrow pointing to?**

1)nferior orbital vein

2)inferior tarsus

3)inferior orbital septum

**4) inferior rectus muscle**

**3.What structure is the arrow pointing to?**

1)optic radiations

2)lateral geniculate body

**3)primary visual cortex**

4)optic tact

**4.What structure is the arrow pointing to?**

1)ciliary body

2)sclera

3)cornea

**4)anterior chamber**

**
5.What structure is the arrow pointing to?**

**1)lacrimal gland**

2)nasolacrimal duct

3)lacrimal sac

4)orbital lymph nades

**6.When a person cries heavily, many times their nose begins to “run.” This is due to the fact that tears from the eyes will pass through the \_\_\_\_\_\_\_\_\_\_ and enter into the nasal cavity.**

**1)nasolacrimal duct**

2)scleral sinus of the eye

3)anterior cavity of the eye

**7.Rods and cones of the eye are \_\_\_\_\_\_\_\_\_\_.**

1)nociceptors

2)proprioceptors

**3)photoreceptors**

**8.Which of the following statements is true?**

**1)Rods are more numerous than cones.**

2)The fovea centralis area consists of only rods.

3)Due to the location of rods in the retina, you can see objects at night better if you look straight at the object.

**9.Which of the following correctly describes the pathway of light passing through the eye to the retina?**

**1)cornea, anterior chamber, pupil, posterior chamber, lens, posterior cavity, retina**

2)cornea, anterior cavity, pupil, posterior cavity, lens, posterior chamber, retina

3)cornea, anterior chamber, iris, pupil, posterior chamber, lens, posterior cavity, retina

**10.Which of the following statements is FALSE?**

1)The blind spot does not consist of any rods or cones.

**2)The blind spot is located at the center of the back of the eye.**

3)The blind spot is the area where nerves and blood vessels exit the eye.

**11.Which of the following impulse pathways is correct regarding vision?**

**1)rods and/or cones are activated by light, graded potentials go to bipolar neurons then to ganglion cells, an action potential goes to the brain**

2)rods and/or cones are activated by light, graded potentials go to ganglion cells then to bipolar neurons, an action potential goes to the brain

3)rods and/or cones are activated by light, action potentials go to bipolar neuron then go to ganglion cells, a graded potential goes to the brain

**12.All the ganglion cells of the retina merge and exit the eye forming the optic nerve. What is the name of this exit area?**

**1)optic disc**

2)maculalutea

3)foveacentralis

**13.The anterior cavity of the eye is all of the area anterior to the \_\_\_\_\_\_\_\_\_\_.**

1)Iris

**2)Lens**

3)retina

**14.The \_\_\_\_\_\_\_\_\_\_ produces aqueous humor that fills the \_\_\_\_\_\_\_\_\_\_.**

1)retina; posterior cavity

**2)ciliary body; anterior cavity**

3)oraserrata; posterior chamber

**15.If the vitreous humor level falls below normal levels, the \_\_\_\_\_\_\_\_\_\_ may become detached and will affect vision.**

1)Iris

**2)Retina**

3)cornea

**16. What is the condition when light rays focus in front of the retina instead of on?  Also when looking through glasses of someone with this condition everything will appear small.**

1)Presbyopia

2)Diplopia

**3)Myopia**

4)Hyperopia

**17.What condition occurs when light passing through the cornea is not properly focused on the retina and distance and close vision may appear blurry?**

1)Diplopia

2)Nystagmus

**3)Astigmatism**

4)Entropion

**18. A 41 y/o males comes into your office complaining that he can't see as well as he used to when reading a book but his vision is fine for distance.  What is the most likely Dx?**

**1)Presbyopia**

2)Hyperopia

3)Nystagmus

4)Stabismus

**19.What is the condition called when the distance between the cornea and the retina may be too short?**

1)Diplopia

2)Myopia

3)Astigmatism

**4)Hyperopia**

**20.What typically results from acquired ocular misalignment?**

1)Strabismus

**2)Diplopia**

3)Pinguecula

4)Ptyerigium

**21.What is jiggling of the eyes called?**

**1)Nystagmus**

2)Strabismus

3)Ectropion

4)Entropion

**22.A 30 y/o chronic tanner presents to your office for an eye exam because she has something in her eye that she can't get out.  Upon examination, you see a triangular encroachment of the pinguecula onto the cornea bilaterally.  What is most likely the Dx?**

**1)Ptyerigium**

2)Pinguecula

3)Chalazion

4)Hordelum

**23.A patient presents to your office with a painless, slowly enlarging bump on the eyelid.  What is the treatment?**

1)Topical antibiotics

2)Sent to an ophthalmologist asap

3)Oralantibiotics

**4)Warmcompresses**

**24.A 35 y/o male presents to your office because he thinks he got "pink eye" from his daughter.  He awoke with a red, painful, swollen eye.  Upon examination you see infection in the deeper structures behind the eye. WhatismostlikelytheDx?**

1)Viral Conjunctivitis

**2)Orbital Cellulitis**

3)Scleritis

4)Dacryoadenitis

**25.A patient recently diagnosed with a herpes virus presented to the ophthalmologist with diplopia and painful swelling of the lateral third of the upper eye lid.  WhatismostlikelytheDx?**

1)Conjunctivitis

2)Herpes in the eye

**3)Dacryoadenitis**

4)Hyphema

**26.A patient presents to the ED because he noticed his eye "didn't look right" after being involved in a bar fight the night before.  The patient received multiple hits to the face and has decreased vision in the injured eye.  Upon exam you find that he has increased intraocular pressure.  WhatismostlikelytheDx?**

**1)Anterior acute uveitis**

2)Scleritis

3)Blow out fracture

**4)Hyphema**

**27.What is characterized by headache, jaw claudication, polymyalgia rheumatic, visual abnormalities, and markedly elevated erythrocyte sedimentation rate?**

1)Gravesopthalmopathy

**2)Giant cell arteritis**

3)Optic neuritis

4)High blood pressure

**28.What is painless, passive bilateral disk swelling associated with increased intacranial pressure?  It is associated with nonspecific symptoms of headache, nausea, vomiting, and diplopia from abducens nerve palsy.**

**1)Papilledema**

2)Acute angle closure glaucoma

3)Retinal detachment

4)Central retinal artery occlusion\

**29.A 65 y/o female presents to the ED because she has just experenced a rapid onset of severe pain with profound visual loss.  While talking to the woman you find out that she sees "halos around lights".  Upon examination see document:  red eye, cloudy cornea, dilated pupil, and the eye is hard to palpate.  What is the most likely Dx?**

1)Acute open-angle glaucoma

2)Retinal detachment

3)Acute uveitis

**4)Acute angle closure glaucoma**

**30.How will a patient most likely describe retinal detachment?**

1)Tunnel vision

2)Halos around lights

**3)Curtain coming down over the eyes**

4)Double vision

**31.Theophthalmoscopic exam revealed:  pallid swelling of the retina and cherry-red spot at the fovea.  What is the most likely Dx?**

1)Cataract

2)Open-angle glaucoma

3)Macular degeneration

**4)Central retinal artery occlusion**

**32.Glaucoma is acquired optic nerve atrophy often associated with increased intraocular pressure.  What type is a dysfunction of the aqueous humor drainage system with no visible pathology to the anterior chamber angle?**

**1)Open-angle**

2)Angle-closure

**33.What occurs when abnormal blood vessels grow under the retina affecting your central vision?**

1)Diabetic retinopathy

2)High blood pressure

**3)Macular degeneration**

4)Presbyopia

**34.Macular degeneration and presbyopia are both conditions that are part of the natural aging process.**

**1)True**

2)False

**35.A DM patient will most likely have what disease/condition?**

1)Red eyes due to high blood sugar levels.

**2)Damage to fragile blood vessels inside the retina.**

3)Cataracts

4)Optic neuritis

36. What is the approximate diameter of the human eye?

1)1.2 cm

2)3.3 cm

**3)2.3 cm**

4)4.4 cm

**37. The front transparent part of the sclera is known as \_\_\_\_\_\_**

**1)Cornea**

2)Cones

3)Lens

4)Retina

**38. The junction of the retina and optic nerve where sensory nerve cells are not found is known as \_\_\_\_\_\_\_**

1)Eye spot

2)Lens Point

3)Optic junction

**4)Blind spot**

**39**. **What is the refractive index of the cornea?**

1)1.000

2)1.421

3)1.324

**4)1.376**

**40. Put the following retinal layers in order from inside (next to the vitreous) to outside:**

**1)Ganglion nerves, photoreceptors, choroid, then sclera on the outside.**

2)Photoreceptors, ganglion nerves, choroid, then sclera on the outside.

3)Choroid, photoreceptors, ganglion nerves, then sclera on the outside.

4)Choroid, ganglion nerves, photoreceptors, then sclera on the outside.