Date: 03/12/2024 (Foundation-3, Blood-3, MSK-3) Write your Roll No. on Scoring sheet & Question Paper. Select the best answer from given choices by filling the circle in Scoring sheet as 1. Clinical governance is the system by which healthcare agencies continually monitor and improve the quality of Marks: 120 Handling claims for clinical negligence Randomized controlled trials (RCTs) Are not required to be based on the concept of equipoise Always have a control arm that uses placebo Are the 'gold standard' for determining efficacy and safety in clinical research Double blinding is not necessary Which of the following statement is incorrect about appraisal? a. Encourages open informal dialogue b. Encourages discussion of personal development plan Tests that competencies have been met against a predetermined standard d. Addresses concerns supportively Which stage of clinical audit process follows development of criteria and standard? A patient's wound is not healing and appears to be worsening with the current treatment. The nurse first Changing the wound care treatment Which of the following is not a characteristic of geriatric care? Emphasis on functional independence F

e. All of the above Which of the following is considered a geriatric syndrome? a. Hypertension b. Frailty В Appendicitis C. d. Migraine

b. Resource management Professional regulation

Are always 'double blinded'

Audit alone.

c. None of the above

Data collection

a. Netifying the physician b. Calling the wound care nurse d. Consulting with another nurse

None of the above

a. Multidisciplinary approach Focus on cure rather than care

d. Attention to comorbidities

e. All of the above

Search for literature

d. Implement necessary changes

Search for lite
 Data Analysis

· b.

All of the above Which of the following is the most common cause of falls in elderly?

a. Visual impairment b. polypharmacy Neurological disorders C. d. Environmental hazards

e. All of the above The single best test to confirm iron deficiency is?

a. Serum iron b. Serum ferritin Transferrin saturation В Hematocrit levels d.

10. A patient has history of gut surgery which included partial gastrectomy 3 months back now presented with fatigue and shortness of breath on exertion. CBC done which showed hemoglobin of 10. What is the most probable cause of anemia in this patient?

a. Iron deficiency anemia b. Folate deficiency anemia c. Vitamin b12 deficiency anemia d. Anemia of chronic disorder

Pernicious anemia

11. A 23-vens	ed with feeling low energy in body with tiredness all the times. CBC done which the is the probable cause of anemia in this patient?
HB of 9.1 will male present	ed with feeling low energy in body with tiredness all the times. CBC done which the is the probable cause of anemia in this patient?
hypochromic air MCV of 65. V	ed with feeling low energy in body with tiredness all the times. CBC done which the VBC are slightly increased with high eosinophil count. Blood film showed microsylle is the probable cause of anemia in this patient?
d. Hookworm bicture. What	are slightly increase in body with tiredness all the times. Cooking which the
b. Blood loss intestation	the probable cause of with high eosinophil count. Blood film showed introtytic
C. Celiac disease	or anemia in this patient?
and the state of t	
12. Blood file	A
probable of a patient	rs macrocytosis with polkilocytosis and neutrophils with 6 lobes. What is the
a Alle diagnosis?	/s macrocytes-
b Ukoholism	or tosis with polkilocytosis and acutanabile with 6 lobes. What is the
C Followhyroidism	C Tross and neutrophils with 6 lobes. What is
c. Folate deficiency	C
o i suggette	
e. Iron deficiency	
deficie of the following	
a line anemia?	meters starts getting better earliest after starting iron supplements for iron
h Merease in HB	getting better earliest after starting iven supplements for iron
b. Normalization of cell size	atter starting from supplements for non-
c. Increase in reticulocyte of	ount C
d. Feeling of well being	ount C
e. Increase in ferritin	
pallor ar-old female is prose	
a vita angular cheilitis with	nted with complaints of the
h Isaa supplement	ented with complaints of intermittent dysphagia. Examination showed marked R
r Fron supplements	treatment should be given to her?
c. Esophageal dilatation	В
d. Lameprazole	D
shar-year-old male is investig	ated for exertional dyspnea diagnosed as having oron deficiency anemia. What
should be the next best man	ated for exertional dyspans.
a. Upper Gl endoscopy	gement step for him? diagnosed as having oron deficiency anemia. What
b. Fecal occult blood test	, mili
Colonoscom	В
U. C. abriamon	D
C Irina	
16. Which one of the follows:	
a. Motor waskness	the earliest neurological manife
b. Ataxia	the earliest neurological manifestations of cobalamin deficiency?
c. Paresthesia in lower limbs	C
d. Dementia	
e. psychosis	
17 A programa (
PDWl remale has work u	P for low hemoglabia.
Row value. Total RBC count is	also high Paris and Labs showed Hb 10.2, MCV of 61 with normal platelets and
anemia?	p for low hemoglobin. Labs showed Hb 10.2, MCV of 61 with normal platelets and also high. Patient is otherwise asymptomatic. What is the most probable cause of
d. If on deliciency anomia	and the most probable cause of
U. Beta thalassemia trait	
C. Beta thalassemia major	В
u. Sideroblastic anomia	D
P Folato deficiones	
10. A 23 Vear old male has malest	which was treated with primaquine 4 days back. Now patient presented with
jaundice and fatigue Labarta	which was treated with primaquine 4 days back. Now patient presented with ved Hb of 8.1 with normochromic normocytic picture, bilirubin 4.1, ALT 24 and Dievels are normal. Peripheral film also showed hits calls. What is the
alkaling phosphotose to a sonov	ved Hb of 8.1 with normochromic normocytic nichture billion presented with
diagnosica diagnosica 1.2. G6PD	D levels are normal. Peripheral film also showed bite cells. What is the probable
GIGELIO212:	and showed bite cells. What is the probable
a. Plasmodium falciparum	
b. mycoplasma	<u>C</u>
c. G6PD deficiency anemia	
d. Hereditary spherocytosis	
e. Dubin johnsons syndrome	
19. A 25-year-old female presented	with weakness with anorexia and sore tongue for 3 months. Examination
showed marked nallor with yell	Ow sclera and smooth shine to and sore tongue for 3 months. Examination
Which test will confirm your sus	OW stilled did Sillouth Shine tongue with multiple white color hat the
Trineir test trin commit your sus	pected diagnosis:
a. Peripheral blood smear	
b. Serum bilirubin	
c. Intrinsic factor antibodies	C
d. Anti-parietal cell antibodies	
e Serum folate levels	
20 A natient with history of anemia	and jaundice is investigated with a peripheral film which showed 3%
fragmented DBC (schistocutes) 1	Which of the following is not a cause of this abnormality?
Tragmented RBC (Schistocytes).	The state of the s
a. Hemolytic uremic syndrome	ic purpura
b. Thrombotic thrombocytopen	L purpura D
c. Mechanical heart valves	
d. G6PD deficiency	
	with burning sensation in both feet associated with ataxia for 2 weeks.
Every instign should a pale looki	ng female with smooth tongue with loss of vibration sense. Labs showed
Examination showed a paic rook	ed neutrophils. What should be the treatment duration of this patient?
macrocytosis and nyper segment	
a. 3 months	
b. 6 months	The state of the s
c. 9 months	
THE REAL PROPERTY OF THE PARTY	
e. Life long	and the second s

	A 25 year old male presented with weakness and epistaxis. CBC showed Hb 7.1, WBC count of 1200 and platelets lymphadenopathy. What is your diagnosis? Aplastic anomal
	30000. Reticulocyte are 1%. Peripheral film is normocytic normochromic. There is no hepatosplenomegaly or Aplastic anemia Aplastic anemia Acute leaders.
	Aplastic anemia Acute leukemia
Description of the last	C. Myelpfibresis
	C. Mingloblas
	23. What is the most common cause of death in aplastic anemia?
	8 G Biccoms
	d. Kidney failure A
	C. Iron ownerland
- 4	24. A 43-year-old man presents to the emergency with a 4 week history of worsening abdominal discomfort and findings are kilo 18 a way again, a plethoric complexion is noted. Abdomen is to comfort and
	weight gain. On physical examination, a plethoric complexion is noted. Abdomen is tense with fluid thrill, Lab vein thrombosis. 10. 2 pure tense with fluid thrill, Lab vein thrombosis.
	and a supplied to the supplied
	c. Flow cytometry for CDSS and CD sp.
1	C Enthropidia lond
	25. What is the first line treatment for mild SLE with joint and skin involvement?
	b. Methotroxate
	c. Prednisolone d. NSAIDS
	C. Arathioprine 26. Which Autoantibody is most specific for dermatomyositis? a. Agti. 181 3
	a. Anti- Idi 2 b. Anti-Scl 70
	c. Anti dis DNA
	d. Anti centromere
	27. A 45 year old female patient presents with proximal muscle weakness, helitope rash. And elevated CPK levels. She also develops shortness of breath. Which complication should be suspected?
	a. Pulmonary embolism
	b. Interstitial lung disease c. Pleural effusion
	d. Cardia: tamponade e. ARDS
	28. Which malignancy is most commonly associated with dermatemyoritie?
100	b. Ovarian Ca
1 00	c. Lung Co d. Breast Co
1 00	e. Thyroid Ca
100	29. A 16 years old patient, a known case of SLE presented with a history of right lower limb swelling, the limb is painful, crythematous and swollen compared to the left leg. Doppler U/S of the affected limb shows DVT. Her
20	a. Asprin
	b. LMWH followed by warfarin c. Steroids
	d. Hydrusychloroquine
	e. Methotrexate 30. A37 war old female with SLF presents with confusion, solvers, and almost death of the party of the presents with confusion, solvers, and almost death of the party of t
100	30. A32 year old female with SLE presents with confusion, seizures, and elevated anti ds- DNA levels. What is the next best step in her management?
335	a Low dose aspirin b. Methotrexate
	c High dose steroids
	Hydroxychloroquine Azathioprine
	31. Which of the following is the most common histological class of lupus nephritis?
83	a. Minimal mesangial lupus nephritis b. Mesangial proliferative lupus nephritis
10	c. Diffuse proliferative lupus nephritis
图	d. Advanced sclerotic lupus nephritis e. Rapidly progressive lupus nephritis
8	32. 25 years old female with 2 months history of progressive muscle weakness. She is unable to climb the stairs or
1	comb her hair. She also has mild fatigue but denies any joint pain or skin rashes or weight loss. What is appropriate next investigation that will support the diagnosis?
10	a. CPK
-	b. ESR c. CHC
	d. Nerve conduction Studies A
	c ALI

	A districted CDV law
33. A 45 year old female nationt pro	sents with proximal muscle weakness, helitope rash. And elevated CPK levels,
a. Antibody panel (Anti Mi-2 and b. Skin biopsy	
c. MRI of the muscle	A
d. Repeat CPK	officer for 5 years. The pain is
34. A 45-year-old male presented i	with complaints of neck pain associated with stiffness for 5 years. The pain is sity and duration and for the last 6 months he is unable to move his neck freely.
An x-ray of cervical spine shower	sity and duration and for the last 6 months he is unable to make a situation of the anterior and posterior elements and bilateral upper zone depends of the anterior and posterior elements.
The state of the s	t is the most probable diagnosis?
a. Rheumatoid arthritis b. SLE	
c. Ankylosing spondylitis	D
d. Spinal TB e. Cervical spondylosis	
33. A patient with history of uric acid	d stones has serum uric acid of 9.5mg/dl. He is started on allopurinol 100mg
a. < 4 mg/dl	ninimum target of uric acid in this patient?
b. < 5 mg/dl c. < 6 mg/dl	
d. <7mg/dl	
c. < 3mg/dl	
	case of RA on methotrexate and HCQ with folic acid presented with painful hich are normal. What should be done?
" " " " " " " THE THOUGHT XALE AND CTAFF	folinic acid
c. Stop hydroxychloroguing	
Stop methotrexate	
e. Increase the dose of folic acid	
GOILE WHICH SHOWED BIRD DOCITIVE	with a six months history of pain and swelling in her hands. Blood test were a RA factor and anti CCP with high titer ANA level. Which drug regime should be
started initially? a. Methotrexate+ prednisolone	
b. methotrexate	
c. prednisolone	izina. A
 d. Methotrexate plus sulphasala e. Sulphasalazine plus steroids 	zine / C
8. A patient with RA presented with	n feeling more fatigued over the last 2 months. She is taking methotrexate and
were done which showed Hb 7.5	arthritis. Examination showed splenomegaly and rheumatoid nodules. Labs, wbc, 2000 and platelets 75000. What is the most probable diagnosis?
a. Felty's syndrome	, may been and protected / seven while is the most product diagnosis.
b. Aplastic anemia c. Iron deficiency anemia	
d. Methotrexate induced pancy	topenia A
e. Sulphasalazine induced pancy	/topenia
a. Hip	st common site involved in osteoarthritis?
b. Knee	
c. Hand	
d. Cervical spine e. Ankle	
and and all and a supposited to	with complaints of pain in the right knee and left ankle joint for 3 days. Pain is
worsened with active and passi	ve movements. Patient is also taking eye drop for painful red eyes and is on . Examination showed plaques like lesions on both soles. What is the most likely
diagnosis?	. LABIMONON STOTE Pro-1
a. Reiter's syndrome	
b. Gonococcal arthritis	A
c. Stills disease d. Psoriatic arthritis	
a Phoumatoid arthritis	
41. A 35-year-old male presented wi	th pain and swelling in the joints of right hands. Examination showed tenderness re is also dystrophic hyperkeratosis of the finger nails. Which is the most likely
in MCP, PIP and DIP Joints. The	e is also distribute title
diagnosis? a. Rheumatoid arthritis	A CONTRACTOR OF THE PARTY OF TH
b Psoriatic arthritis	В
c. hemochromatosis	
· ideale	followmataid arthritis?
e. Palindromic rheumatism	st common extraarticular manifestation of rheumatoid arthritis?
b. Pleurisy B	
c. Pericarditis	
d. Scleritis	
e. Neuropathy	

The same			was suited in the last the suite of the last the	-
43. A 4	0 year old male represented with	complaints of a	dden onset of excruciating pain in left 1st tarsometatarsal	
joir	him?	showed negative	dden onset of excruciating pain in left 1st tarsometatarsal ly birefringent crystals. What is the best initial treatment	
d.	Colchicine		The Continue of Continues	
	Naproxen	В		
d.	Prednisone Febuxostat			
C.	Allopurinol			
44. W	hich of the following is the most of Sepsis	ommon cause of	death in long standing rheumatoid arthritis?	
b.	Interstitial lung disease	0		
C.	Cardiovascular disease			
C.	Renal failure Lymphoma			
45. A	39-year-old male presented with	pain and swelling	of small joints of hands is diagnosed as a case of	
	. Methotrexate	rollowing is the ir	nitial long-term drug of choice for him	
b	. NSAIDS	^		
	. Aspirin I. Celecoxib	A		
		i- dot and r	please clotting factors to produce	
46. F	Platelets in the wound form a hem J. Fibrin	ostatic clot and r		(115)
ı	o. Fibrinogen	Α		
	fibroblast Thrombin	A		
	Thrombonlastin	a thigh abracion	which becomes infected. When he comes to hospital, the healing by secondary intention. The resultant scar is likely to	
47.	A patient suffers a deep, 6 cm wide	ing to allow for h	which becomes infected. When he comes to which becomes infected. When he comes infected when he comes infected when he comes in the comes infected. When he comes in the comes infected when he comes in the comes in	
	no.			
	a. Thin, and easily broken b. Thick and vascular		D	
	The table of the second resistant t	o trauma	В	
	d. Of nominal thickness, but with	Out sensation	The state of the s	
48	Neurogenic shock is characterized	by the presence	of:	
	a. Cool, moist skin			
	b. Increased cardiac output Decreased peripheral vascular	resistance	C	
	d Decreased blood volume			
	e. Increased pulse rate	resuscitation in	hemorrhagic shock include: nger's solution is complicated by increasing lactic acidosis res the extracellular fluid deficit-produced blood loss	
49.				
	b. Lactated kinger soudily excret	ted by the norma	al kidney stoctively than whole blood plus lactated kinger's	Ε
	d. Use of whole blood alone con	rects hypovolem	rect hypovolemia, decreased intravascular oncotic pressure	
	rollifion	I and the cost	TOCT DVUUVUIGITIMA SEE	
	e. When lactated kinger 3 3000	-decuate nr	e-load to the heart is maintained initially by the	
50	In the presence of acute blood lo	ss, adequate pro	e-load to the heart is maintained initially by the	
	THE PROPERTY OF THE PARTY OF TH	(CIO	A	
	b. Hormonal effects of angioten c. Hormonal effects of antidiure	etic hormone		his
	d. Hormonal effects of renin	resistance	nmediate surgery. The situation is dire. If the patient's stomac best protect the lungs against aspiration pneumonia is:	11 13
	e. Increase in systemic vascular	and requires im	nmediate surgery. The situation is dire. If the patient's stome best protect the lungs against aspiration pneumonia is:	
51.	full from a recent meal, the tech	inique that will		
	a. Kapiu sugar dention	L		
	b. Nasogastiic asplitidine there	ару		
	a Floyation of the			
	e. None of above Safe dosage limits for local anes	thetic are		
52.	Safe dosage mind of 2%			
	a. Light 40 ml of 1%		Control of the Contro	
	b. Bupivacaine: 40 ml of 1% c. Ropivacine: 40 ml of 1%		function in patient receiving and	
	d. Prilocaine: 40 mi oi 176		about which coagulation function in post-	
	e. None of above	arly concerned	about which coagulation function In patient receiving and	
53.		ication.		
	a. APTI	and the second		
	b. PT	D		
	a Riceding time	STORY		
	e Thrombin time			

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	the following the second with the resource of the three following construction of the second
45	Which at the federal made about administered by Spins balance Spins and Company Company
	Complete from the printing to be got more interesting the second property.
	to be a property of the second
	- And west state
	the franchista state of the sta
8.9	the first time processed to the section and variable become to right him. It was shown right test of the section and variable become to right him. It was shown right test of the first time. There are no comercial. What is the treatment of choice for this patient.
	A Thin attribute
	to transport tracking A
	U. SAUDOLI HIGHIAN
54	p. Purp question. According to the recommendation of the American college of surgeons committee of traums, which of the
	full inviting particular should be transported to a trauma center?
	In the verify the property of
	by I verify this they elist with closed head injury and Glasgew come scale some some some series. 1 Verify this make assault victure with stale wound to the back, normal with series and respiration.
	III. 12 A A CALLE AND THAT IN THE WASHINGTON TO INSTRUMENT AND A SECURITY OF AND A SECURITY OF A SEC
	A. a. b.c.
	M. Alek
	K A K A
40.00	
88.	A 22 years old male is hospitalized with complex fracture of the femur. What is the initial emergency treatment. Debrighment
	b. Intromedulary nail
	e. Plates and screws d. Wash and antibiotics
	D. Patronal Brasian
	A. a,b,t
	C. c.d.e
	D. b.d.e
10.00	A 33 years old male involved in a street fight presents with bruises and deformity in the upper part of his leg. S-
89.	ay shows fracture of the neck of fibula. What is the single most associated nerve injury?
	s. Sciatic nerve
	s. Sural nerve
	Musculocutaneous nerve Lateral peroneal nerve
	I libial nerve
60.	1 31 years old man underwent an operation where his hand, was injured? The had wrist drop and sensory loss over the dorsum of his hand. Which nerve was injured?
	A to A to A
	Ultras
	Median
	Axillary
63.1	Urachial uring psychiatric assessment the patient told that his neighbors are persistently talking about him. They are buring psychiatric assessment him. They are criticizing him. The psychiatrist also noted that the patient is talking with taking planes against him. They are criticizing him. The psychiatrist also noted that the patient is talking with taking planes against him. They are criticizing him. The psychiatrist also noted that the patient is talking with taking planes against him. They are criticizing him. The psychiatrist also noted that the patient is talking with taking planes against him. They are criticizing him.
07.	naking planes against him. They are criticizing him. The psychiatrist and interest against him. They are criticizing him. This phenomenon is called as:
1	imself when he is alone and managed
- 0	Delusion Hallucination
b	Hallucination A Illusion
- 4	Obsession
c	Obsession Overvalued idea uring mental status examination, the patient told that some blasphemous ideas against the God and Propher uring mental status examination, the patient told that some blasphemous ideas against the God and Propher uring mental status examination, the patient told that some blasphemous ideas against the God and Propher uring mental status examination, the patient told that some blasphemous ideas against the God and Propher uring mental status examination, the patient told that some blasphemous ideas against the God and Propher uring mental status examination, the patient told that some blasphemous ideas against the God and Propher uring mental status examination, the patient told that some blasphemous ideas against the God and Propher uring mental status examination, the patient told that some blasphemous ideas against the God and Propher uring mental status examination, the patient told that some blasphemous ideas against the God and Propher uring mental status examination, the patient told that some blasphemous ideas against the God and Propher uring mental status examination, the patient told that some blasphemous ideas against the God and Propher uring mental status examination in the God and Propher uring mental status examination in the God and Propher uring mental status examination in the God and Propher uring mental status examination in the God and Propher uring mental status examination in the God and Propher uring mental status examination in the God and Propher uring mental status examination in the God and Propher uring mental status examination in the God and Propher uring mental status examination in the God and Propher uring mental status examination in the God and Propher uring mental status examination in the God and Propher uring mental status examination in the God and Propher uring mental status examination in the God and Propher uring mental status examination in the God and Propher uring mental status examination in the God and Propher uring mental status examinati
62. D	uring mental status examination, the patient told that give ideas but all in usin. This phenomenan essentiated into his mind. He is trying to control and prevent these ideas but all in usin. This phenomenan essentiated into his mind. He is trying to control and prevent these ideas but all in usin. This phenomenan essentiated in the first trying to control and prevent these ideas but all in usin. This phenomenan essentiated in the first trying to control and prevent these ideas but all in usin. This phenomenan essentiated in the first trying to control and prevent these ideas but all in usin. This phenomenan essentiated in the first trying to control and prevent these ideas but all in usin. This phenomenan essentiated in the first trying to control and prevent these ideas but all in usin. This phenomenan essentiated in the first trying to control and prevent these ideas but all in usin. This phenomenan essentiated in the first trying to control and prevent these ideas but all in usin. This phenomenan essentiated in the first trying to control and prevent these ideas but all in usin. This phenomenan essentiated in the first trying to control and prevent these ideas but all in usin. This phenomenan essentiated in the first trying to control and prevent the second in the first trying trying the first trying
it	trude into his mind. He is deforming his religious activities. He is very learning mentioned ghenomenone
fi	trude into his mind. He is trying to control and particles. He is very fearful and sad. He is unitarity trude into his mind. He is trying to control and sad. He is unitarity there whenever he is performing his religious activities. He is very fearful and sad. He is unitarity trying to control and sad. He is unitarity trying tryin
a.	Delusions.
b.	Hallucination
C.	Illusions.
d.	Obsession
e.	Compulsion

54 6		to the second second second to have come
54. Five d	m level of 120	cystectomy, an asymptomatic middle aged woman is found to have serum
a. A	m level of 120 meq/L, proper dministration of hypertonic sal	line solution
12. 180	estriction of free water	
c. P1	lasma ultrafiltration	В
d. 11	emodialysis	
SE MAN	agressive diuresis with furoser	mide
pota-	h of the following medication ssium without reducing the se	is administered for hyperkalemia counteracts the myocardial effects lof
n. 5	odium polystyrene sulfonate (Kayexalate)
b. 5	odium bicarbonate	
	0% dextrose	
	Calcium gluconate	
56. 55 ye	ears old male had road traffic	accident and sustained trauma to right hip. X-ray shows right neck of femur
fract	ture. There are no comorbid. V	What is the treatment of choice for this patient
a. 1	Fixation of fracture	
	Total hip arthroplasty	A
d. !	Skeletal traction	
	Non operative	
follo	ording to the recommendation owing patients should be trans	n of the American college of surgeons committee of trauma, which of the
a.	50 years old female who fell 8	feet from a step ladder, with isolated hip fracture and normal vital signs.
b.	15 years old bicyclist with clos	sed head injury and Glasgow coma scale score of 12.
C.	23 years old male assault victing	im with stab wound to the back, normal vital signs, and respiratory distress. restrained) in motor vehicle accident with normal vital signs and no apparent
G.	3 years old infant passenger (r injuries except abdominal wal	I contusion.
A.	a,b.c	Charles and the Charles and th
В.	a.c.d	Marie Desired Control of the Control
	b,c,d	
41	a,b,d a,c,d	
58. A 2	2 years old male is hospitalize	ed with complex fracture of the femur. What is the initial emergency treatment?
a.	Debridement	
b.	Intramedullary nail	
	Platos and scrows	
d.	Plates and screws Wash and antibiotics	
d. e.	Wash and antibiotics External fixation	E
d. e. A.	Wash and antibiotics External fixation a,b,d	E
d. e. A. B.	Wash and antibiotics External fixation a,b,d a,c,d	E
d. e. A. B.	Wash and antibiotics External fixation a,b,d a,c,d c,d,e	
d. e. A. B. C.	Wash and antibiotics External fixation a,b,d a,c,d c,d,e b,d,e	the formitte in the upper part of his less X-
d. e. A. B. C.	Wash and antibiotics External fixation a,b,d a,c,d c,d,e b,d,e a,d,e 33 years old male involved in a y shows fracture of the neck o	the formitte in the upper part of his less X-
d. e. A. B. C.	Wash and antibiotics External fixation a,b,d a,c,d c,d,e b,d,e a,d,e 33 years old male involved in a y shows fracture of the neck of Sciatic nerve	
d. e. A. B. C. D. E. 59. A 3 ray a. b.	Wash and antibiotics External fixation a,b,d a,c,d c,d,e b,d,e a,d,e 33 years old male involved in a y shows fracture of the neck o Scialic nerve	a street fight presents with bruises and deformity in the upper part of his leg. X- of fibula. What is the single most associated nerve injury?
d. e. A. B. C. D. E. 59. A 3 ray a. b.	Wash and antibiotics External fixation a,b,d a,c,d c,d,e b,d,e a,d,e 33 years old male involved in a y shows fracture of the neck o Sciatic nerve Sural nerve Musculocutaneous nerve	a street fight presents with bruises and deformity in the upper part of his leg. X- of fibula. What is the single most associated nerve injury?
d. e. A. B. C. D. E. 59. A 3 ray a. b.	Wash and antibiotics External fixation a,b,d a,c,d c,d,e b,d,e a,d,e 33 years old male involved in a y shows fracture of the neck o Sciatic nerve Sural nerve Musculocutaneous nerve Lateral peroneal nerve	a street fight presents with bruises and deformity in the upper part of his leg. X- of fibula. What is the single most associated nerve injury?
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d. e. A. B. C. D. F. S9. A3 ray a. b. c. d. e. 60. A he a. b. c. d. d. e. 61. Di m hi a. b. c. d. d. e. 62. D ir ft	Wash and antibiotics External fixation a,b,d a,c,d c,d,e b,d,e a,d,e 33 years old male involved in a y shows fracture of the neck of Sciatic nerve Sural nerve Musculocutaneous nerve Lateral peroneal nerve Tibial nerve 31 years old man underwent a ge had wrist drop and sensory to Radial Ulnar Median Axillary Brachial	a street fight presents with bruises and deformity in the upper part of his leg. X- of fibula. What is the single most associated nerve injury? D an operation where his hand was hanging outside the table. After the operation oss over the dorsum of his hand. Which nerve was injured? the patient told that his neighbors are persistently talking about him. They are they are criticizing him. The psychiatrist also noted that the patient is talking with taking gestures. This phenomenon is called as: A

-	-21		
	63	. Du	ring psychiatric interview a physically healthy individual is totally mute and not responding to any question?
1		Se	lect the best option?
		а,	Offer that he can be interviewed novt time if not comfortable
		101	Office that he can be interviewed in another place if not comfortable bear
		767.7	Once that he can be interviewed in written form or can compare that About a second
		75.5	STATE OF THE COLLECTIVE WITH ADDITION OF CONTRACTOR IS A WITH BURN
١.		. 560	Office all above obtions one after another
а.	p	4. A	young man rushes into emergency department with complaint that he has been suffering from heart attack and
а		1.3	about to die. He lids politication, shortness of breath, fremore and profuse sweating After proper accomment
я.		uc	of assured him that your heart is ok and discharged him with some anxiolytics. He has very long history of
		SII	milar problems with frequent consultations with frequent investigations with negative findings. What is the most
		pr	obable diagnosis?
			Somatization disorder
			Somatoform pain disorder
		ď	Somatoform autonomic dysfunction Hypochondriacal disorder
		e.	Fibromyalgia
	65	5. At	which age will child develop pincer grasp?
		a.	6 MONTHS
			9 MONTHS
			12 MONTHS B
			15 MONTHS
	66	C.	BOTH a n b easles vaccination done at which age?
	-	2, 141	12 AND 18 MONTHS
			18 AND 20 MONTHS.
			9 AND 15 MONTHS A
			6 N 12 MONTHS
			18 MONTHS
	67	. At	what age weaning should be start ?
		a.	6 MONTHS
		b.	7 MONTHS A
			4 MONTHS
			9 MONTHS
	1000		10 MONTHS
	68		lich of the following muscles are stance phase muscles?
			Hamstring
			Quadricep
			Anterior tibial
			Peroneous longus
		C.	
	69.	. VVa	addling gait is due to
		Ð.	Gluteal muscle weakhoess A
		b.	Paravertenan industry wednisses
		C.	Obtruator nerve palsy
			Adductor muscle weakness
		C.	Both a n c e most common cause of monoarthritis in children
	70.	The	e most common cause of monoardinas in cause
		a.	Tuberculosis arthritis
		b.	Septic arthritis Octoosrthritis B
		C.	
		d.	Rheumatoid arthritis
		C.	Both a n C periosteal erosions of middle phalanges at the radial aspect is characteristics of
	71.	Sut	periosteal erosions of modele products
		200	Chitaal muscle weakuness
		b.	Paravertebral muscle weakness Obtroater nerve palsy
		200	Obtrustor nerve palsy
		d.	Adductor muscle weakiess
		c.	Both and
	72.	Cor	agenital hip dislocation is usually use to
		Ch.	Short remur nead
		h	Small femur neck
		-	Displacement of capital epiphysis
		d	Large acetabulum
		u.	small acetabulum
		C.	Small acetabulum of the following are characteristics of duchence muscular dystrophy except;
	73.	All	Both sexes are affected
		а.	Both Sexes are the sexes are t
		b.	Pseudohypertrophy Death in 2nd decade
		C.	DCath in water
		d.	Hereditar
		e.	Gower sign ef coolings in children is
	7/	The	Gower sign most common cause of scoliosis in children is
	1-4.	. 49.	Hami verteorae
		a.	Marfan syndrome
		b.	Post coliamyelitis
		C.	Post poliomyclitis E
		d.	Unequal limb length
		C.	None of the above

86. A patient is suffering (
a. Factor ii b. Factor vii c. Factor viii d. Factor xi e. Factor ix 87. In allergic reactions	
c. Factor viii	
d. Factor xi	
87 Le Factor ix	
87. In allergic reactions—— is increased. Lymphocytes	
neutrophils is increased	
b. Lymphocytes c. Eosinestytes	
d. Bassiophils	
odsophile .	
88. All of the above	
88. All of the above a. Schilling test b. Coombs test c. Genetic test	
D. Coombs test	
c. Genetic test	
a Autre of the above	
89. Half life of RBCS are	
a. 90 DAVE are	
0. 120 DAYS	
c. b0 days	
G. 150 DAVE	
90. HB-0lest	
90. HB-electrophoresis should be done?	
b. 4 MONTHS	
C. 12 MONTHS	
a. 6 MONTHS	
91 A 2 MONTHS	
91. A 2-year-old infant is noted to have mild cyanosis who assumes a squatting position during long walking. His likely underlying lesion is: a. Hypoplastic letters:	
noted to have increasing fussiness followed by increasing cyanosis, limpness, and unresponsiveness. The many properties of the properties	
	e is
0. U 0115111100 01 the Car-111	
e. Aspiration with obstruction to air passages 92. A 20 year old male patients.	
92. A 20 year old male patient presents with right lumbar pain for the last one year. The pain increases in severity dilated renal polyic. What is all the severity of the last one year.	1333
water intake and reduces on urination. Ultrasound abdomen shows right renal hydronephrosis with margin a. Renal mass	with
	iany
b. Renal Calculus	
c. Renal PUJ Obstruction	
d. Fungal Infection e. Diabetes Insipidus.	
93. A Gs Pa with 36 weeks gestation comes with history (1)	
93. A G ₅ P ₄ with 36 weeks gestation comes with history of breathlessness and easy fatigability. On examination, looks pale and her HB is 7 gm%. What is the most suitable way of correcting anemia?	She
a. Parental Iron	
b. Oral Iron	
c. Blood transfusion	
d. Vitamin B ¹² injections e. All of the above	
94. Anemia in pregnancy is defined as:	
a. Hb of <10.5 g/dl in 1st trimester	
h Uh of <10 a/d in 2nd and 2rd trimester	
c. Hb of <11 g/dl in 2nd and 3rd trimester	
d. Hb of <10.5 g/dl in 2nd an 3rd trimester	
e. None of the Above	
95. The macrophages found in the epidermis are called:	
a. Merkel cells b. Keratinocytes	
c. Langerhans cells	
d. Melanocytes	
o Rasal colls	
96. Which one of the following layers of the skin contain blood vessels?	
a. Basal layer	
b. Dermis B	
c. Epidermis D	
d. Subcutaneous tissue	
e. Stratum corneum 97. Which one of the following types of psoriasis occurs after sore throat?	
97. Which one of the following types of positions	
a. Plaque Psoriasis b. Scalp Psoriasis	
c. Nail Psoriasis	
d. Inverse Psoriasis	
e. Guttate Psoriasis	
C. Outline The Control of the Contro	

17	b.	MAUREUM OCUITADOOME NI				
	c. d.	Radial Nerve				
7	e.	None of the above				
111	. 60	it. Patient has history of fall and com	plaining of severe	e pain ir	in her Right Hip, unable to move and bear weight	
	lim	nb is externally rotated and shortened	ground on her righ	ht side v	while walking. On examination her right lower	
	a.	Head of femur fracture	. what is your pro	visiona	al diagnosis?	
	D.	Inter trochanteric fracture of femur Neck of femur fracture				
	d.	Dislocation of hip joint	А			
	C.	None of the above				
112	. 25y	years old driver presented to ER with	istory of road traff	fic accid	ident after a head on collision. GCS score is	
	201	/ 43. ratient is complaining of covere	nain in right hin O	In avan	mination right lower limb is shortered	
		xed and internally rotated. What is you shaft of femur fracture	ur provisional dia	gnosis?	5?	
		Inter trochanteric fracture of femur				
	600	Anterior dislocation of hin joint	D			
	u.	Posterior dislocation of hin joint				
112					St. In office road traffic accident. Thereafter	
113	pat	tient has foot drop and decrease sens	fracture around n	eck of f	fibula after road traffic accident. Thereafter	
	Els	Sciatic nerve injury	ation in first web	space o	dorsany. When y	
	D.	Femoral nerve injury				
	C.	Common Peroneal nerve injury	C			
	0.	Superficial Peroneal nerve injury All of the above				
114	. Wh	hat is the dominant blood supply to he	ead of femur?			
	a.	Superficial femoral artery	cau or remain			
	b.	Obturator artery	<u> </u>			
	C.	Medial femoral circumflex artery				
		Lateral femoral circumflex artery All of the above				
115			in both knees me	ore on	right side for last 8 years. Pain worsens on the knees is limited due to pain. Activities of daily	
	act	tivity and relieves with rest. No histor	y of fever. Movem	nent on	right side for last a years. The same is limited due to pain. Activities of daily a nd both knees have Varus deformity.	
	HVI	ing are affected. On examination there	6 12 Journ line rema	et ileas	s and both knees have Varus deformity.	
	Lap	boratory reports are unremarkable. W	hat is your diagno	OSIS:		
		Septic Arthritis Gouty Arthritis				
		Rheumatoid Arthritis	D			
		Osteoarthritis	D			
	C.	None Of the above		in nun	mbness and paresthesias in first 3 digits of both	1
116						
	nan	amination there is atrophy of thenar e	eminence and wea	ak grip	of both hands. What is nerve entrapment and	
	dia	agnosis?				
	a.	Cubital tunnel syndrome with ulner n	erve entrapment			
	b.	Carpel tunnel syndrome with median	nerve entrapmer	nt	В	
	C.	Goyun canal syndrome with ulnar ner Thoracic outlet syndrome	ve entrapment		Ь	
	0	All of the Above				
117.	57v	years old female natient presented wi	th history of fall	on outs	tstretched hand, complaining of painful dinner	
	fork	k deformity of right wrist. X ray wrist	shows distal radi	us trac	cture with dorsal comminution, dorsal angulat	ion,
	dors	rsal displacement, radial shortening, a	and an associated	ulnar	styloid fracture, What is your diagnosis?	
		Smith Fracture.				
		Galeazzi Fracture Colles Fracture.				
		Shaft of femur fracture				
		All of the above				
118.	18 y	years old presented to emergency roo	om with history o	of baske	ketball injury to 3rd finger. On eamination patie	ent
			geal joint (DIP) a	nd lack	ks active DIP extention. What is most likely in	jury
		Mallet finger				
	D. I	Fracture distal phalynx Fracture middle phalynx				
	d 1	Fracture middle phalynx Dislocation PIP JOINT				
		None of the above				
119.	3 ve	ears old child presented with supra co	ndvler humerus	fractu	are to right arm. What is the most common no	
i	njur	ry?	majier maineras	· · · · · ·	are to right arm. What is the most common no	erve
		Úlnar Nerve				
Ł). A	Anterior interosseous branch of Medi	an Nerve	D		
0	. P	Posterior interosseous branch Radial I	Nerve	В		
		Axillary Nerve				
120 2	0 10	None of the above		100000		
120. 2	alpa	ation TIC and noutroak!	with chills with	painfu	ul swelling in right knee joint. Right knee is h	ot or
		ation. TLC and neutrophil count is ra Rheumatoid Arthritis	ised and ESR of 6	60. Wh	hat is your diagnosis?	-
b	. 0	Osteoarthritis				
	G	Souty Arthritis				
d.	. Se	Septic Arthritis				
e.	N	lone of the above				
		Maria Carlos Car				

a. Micerio

which nerve is most at risk of damage from a midshaft humeral fracture? Ulnar Nerve I) Musculocutaneous Nerve Radial Nerve None of the above 111. 60 years old female presented to ER complaining of severe pain in her Right Hip, unable to move and bear weight limb is externally rotated and shortened. What is your provisional diagnosis? Inter trochanteric fracture of femur Neck of femur fracture Dislocation of hip joint None of the above 112. 25 years old driver presented to ER wit history of road traffic accident after a head on collision. GCS score is 13/15. Patient is complaining of severe pain in right hip. On examination right lower limb is shortened, adducted, flexed and internally rotated. What is your provisional diagnosis? a. Shaft of femur fracture Inter trochanteric fracture of femur Anterior dislocation of hip joint Posterior dislocation of hip joint None of the above 113. 20 years old has history of comminuted fracture around neck of fibula after road traffic accident. Thereafter patient has foot drop and decrease sensation in first web space dorsally. What is your diagnosis? a. Sciatic nerve injuryb. Femoral nerve injury Common Peroneal nerve injury Superficial Peroneal nerve injury All of the above 114. What is the dominant blood supply to head of femur? Superficial femoral artery Obturator artery Medial femoral circumflex artery Lateral femoral circumflex artery All of the above 115. 65 years old patient presented with pain in both knees more on right side for last 8 years. Pain worsens on activity and relieves with rest. No history of fever. Movement on knees is limited due to pain. Activities of daily living are affected. On examination there is joint line tenderness and both knees have Varus deformity. Laboratory reports are unremarkable. What is your diagnosis?
a. Septic Arthritis
b. Gouty Arthritis Rheumatoid Arthritis Osteoarthritis None Of the above 116. 30 years old hypothyroid female patient presents with pain, numbness and paresthesias in first 3 digits of both hands for last 06 months. Pain and paresthesias increases at night and awakens the patient from sleep. On examination there is atrophy of thenar eminence and weak grip of both hands. What is nerve entrapment and diagnosis? Cubital tunnel syndrome with ulner nerve entrapment Carpel tunnel syndrome with median nerve entrapment Goyun canal syndrome with ulnar nerve entrapment Thoracic outlet syndrome All of the Above 117. 67 years old female patient presented with history of fall on outstretched hand, complaining of painful dinner fork deformity of right wrist. X ray wrist shows distal radius fracture with dorsal comminution, dorsal angulation, dorsal displacement, radial shortening, and an associated ulnar styloid fracture, What is your diagnosis? a. Smith Fracture. Galeazzi Fracture Colles Fracture. Shaft of femur fracture All of the above 118. 18 years old presented to emergency room with history of basketball injury to 3rd finger. On eamination patient has painful swelling at distal interphalangeal joint (DIP) and lacks active DIP extention. What is most likely injury a. Mallet finger Fracture distal phalynx Fracture middle phalynx Dislocation PIP JOINT None of the above 119. 8 years old child presented with supra condyler humerus fracture to right arm. What is the most common nerve injury? Ulnar Nerve Anterior interosseous branch of Median Nerve Posterior interosseous branch Radial Nerve Axillary Nerve None of the above 120. 20 years old patient has high grade fever with chills with painful swelling in right knee joint. Right knee is hot on palpation. TLC and neutrophil count is raised and ESR of 60. What is your diagnosis? a. Rheumatoid Arthritis b. Osteoarthritis Gouty Arthritis Septic Arthritis None of the above