1. Which classification type indicates the total absence of the radius in radial longitudinal deficiency?
    A. Type I
    B. Type II
    C. Type IIIA
    D. Type IIIA
    E. Type IV
    Answer: E

2. Which syndrome is associated with congenital underdevelopment or absence of the radius?
A. Holt-Oram Syndrome
B. Poland's Syndrome
C. Amniotic Band Syndrome
D. VACTERL Association
E. Madlung deformity
Answer: A

3. Camptodactyly is predominantly recognized for what kind of deformity?
A. Flexion deformity of the thumb
B. Progressive flexion deformity of the proximal interphalangeal joint
C. Curvature of the little finger
D. Absence of digits
E. Extension of the index
Answer: B

4. The surgical approach to manage radial polydactyly aims to produce a thumb that is:
A. Non-functional and aesthetically pleasing
B. Temporary and subject to further procedures
C. Stable, functional, and aesthetically pleasing
D. Only functional, without aesthetic considerations
E. Only stable without aesthetic considerations
Correct answer: C

5. What specific feature is associated with congenital clasped thumb?
A. Inability to flex the thumb
B. Complete absence of the thumb
C. Malformation of all fingers
D. Inability to extend the thumb at the metacarpophalangeal joint
E. Malformation of distal phalanx of thumb
Correct answer: D

6. What is the primary developmental signaling center responsible for the proximal-distal axis in limb development?
A. Zone of Polarizing Activity (ZPA)
B. Apical Ectodermal Ridge (AER)
C. Wnt7a
D. Fibroblast Growth Factors (FGFs)
E. Indian hedgehog homolog
Answer: B

7. Which of the following is NOT typically a risk factor for developing Carpal Tunnel Syndrome?
A. Rheumatoid arthritis
B. Pregnancy
C. Diabetes mellitus
D. Chronic kidney disease
E. Smoking
Answer: E

8. What is the typical range of the normal cross-sectional area of the median nerve at the wrist, beyond which Carpal Tunnel Syndrome is usually suspected?
A. 3-5 mm^2
B. 6-8 mm^2
C. 9-10 mm^2
D. 11-12 mm^2
E. 13-15 mm^2
Answer: E

9. Which of the following findings is most specific for diagnosing Carpal Tunnel Syndrome during a physical exam?
A. Tinel's sign
B. Phalen's maneuver
C. Durkan's compression test
D. Finkelstein's test
E. Froment's sign
Answer: C

10. Which of the following is NOT a typical symptom of Carpal Tunnel Syndrome?
A. Numbness in the thumb and first three fingers
B. Nighttime hand pain
C. Weak grip strength
D. Numbness in the little finger
E. Tingling in the palm
Answer: E

11. What is the most common complication following Carpal Tunnel release surgery?
    A. Recurrence of symptoms
    B. Infection at the incision site
    C. Injury to the ulnar nerve
    D. Complex regional pain syndrome (CRPS)
    E. Adhesion formation around tendons
    Answer: A

12. Which surgical approach is preferred for treating irreducible, displaced scaphoid fractures located in the distal two-thirds of the scaphoid?

    A. Dorsal approach
    B. Volar approach
    C. Posterior approach
    D. Lateral approach
    E. Medial approach
    Answer: B

13. What is the primary concern when utilizing a volar approach for scaphoid fixation?
    A. Preventing median nerve compression during engagement of fractured waist.
    B. Maintaining capsular integrity above the scaphoid tubercle.
    C. Avoiding extensor tendon impairment while fixing proximal pole fractures.
    D. Limiting injury to blood supply while performing fixation in the distal two-thirds.
    E. Minimizing ligament rupture risk in proximal pole fixation.
    Answer: D

14. Which feature of the blood supply to the scaphoid bone contributes to its potential for avascular necrosis?
    A. The blood supply to the scaphoid is entirely through venous return.
    B. The scaphoid receives a retrograde blood supply.
    C. The scaphoid depends on collateral circulation between multiple vessels.
    D. The scaphoid is solely supplied by an artery from the elbow region.
    E. The scaphoid receives direct supply from multiple small capillaries.
    Answer: B

15. What is the main biomechanical role of the scaphoid bone in wrist movement?
    A. The scaphoid flexes with wrist flexion and extends with wrist extension.
    B. The scaphoid remains completely static during wrist movement.
    C. The scaphoid only stabilizes the proximal carpal row.
    D. The scaphoid exclusively manages lateral wrist deviation.
    E. The scaphoid primarily restricts rotational movements.
    Answer: A

16. What role does the vascularized bone graft play in treating scaphoid nonunion?
    A. It encourages rapid growth of cartilage over the scaphoid fracture.
    B. It completely replaces the entire scaphoid with synthetic material.
    C. It provides blood supply to the avascular proximal pole of the scaphoid.
    D. It serves solely as a pain relief device without healing properties.
    E. It temporarily stabilizes the fracture until a new scaphoid form
    Answer: C

17. Which ligament is primarily responsible for stabilizing the distal radioulnar joint (DRUJ) and is a key component of the TFCC?
    A. Scapholunate ligament
    B. Ulnar collateral ligament
    C. Dorsal radioulnar ligament
    D. Volar carpal ligament
    E. Palmar ulnocarpal ligament
    Answer: C

18. Which of the following movements typically aggravates a TFCC injury?
    A. Pronation of the forearm
    B. Supination of the forearm
    C. Ulnar deviation of the wrist
    D. Radial deviation of the wrist
    E. Wrist extension
    Answer: C

19. Which test is most commonly used during physical examination to assess for TFCC injury?
    A. Finkelstein's test
    B. Piano key test
    C. Watson's test
    D. Ulnar grind test
    E. Tinel's sign
    Answer: D

20. What is the primary blood supply to the Triangular Fibrocartilage Complex (TFCC)?
    A. Radial artery
    B. Ulnar artery
    C. Anterior interosseous artery
    D. Posterior interosseous artery
    E. Deep palmar arch
    Answer: B

21. What joint is first affected if left untreated with subsequent development of a SLAC (scapholunate advanced collapse) wrist?
    A. Capitolunate joint
    B. Radioscaphoid
    C. Radioulnar
    D. Radiolunate
    E. STT (scaphotrapezotrapezoidal)
    Answer: B

22. Dorsal intercalated segment instability (DISI) describes which carpal deformity?
    A. Scaphoid extension
    B. Lunate extension
    C. Lunate flexion
    D. Triquetral flexion
    E. Hamate rotation
    Answer: B

23. In the pathoanatomy of lunate dislocation, which of the following lists the events in the correct order?
    A. Failure of lunocapitate ligament – failure of scapholunate ligament – failure of lunotriquetral ligament – lunate dislocates into carpal tunnel
    B. Failure of lunotriquetral ligament – failure of lunocapitate ligament – failure of scapholunate Ligament – lunate dislocates into carpal tunnel
    C. Failure of lunotriquetral ligament – failure of scapholunate ligament – failure of lunocapitate ligament - lunate dislocates into carpal tunnel
    D. Failure of scapholunate ligament – failure of lunocapitate ligament – failure of lunotriquetral ligament – lunate dislocates into carpal tunnel
    E. Failure of scapholunate ligament – failure of lunotriquetral ligament- failure of lunocapitate ligament – lunate dislocates into carpal tunnel
    Answer: D

24. What articulation is expected to develop osteoarthritis in the third stage of scapholunate advanced collapse (SLAC)?
    A. Radiolunate
    B. Capitolunate
    C. Radial styloid and scaphoid
    D. Entire radioscaphoid
    E. Lunotriquetral
    Answer: B

25. A 75-year-old patient , presents complaining of night-time hand pain and numbness in his left thumb and index finger. Nerve conduction velocities show motor and sensory latencies of 5 ms with sharp waves and fibrillations on electromyography. Which of the following in this patient would be most predictive of poor resolution of all symptoms after a carpal tunnel release?
    A. Male gender
    B. Positive Durkan's compression test
    C. Electromyography results
    D. Positive Tinel's sign
    E. Pillar pain

    Answer : C