High yield MCQ's Foot & Ankle

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FOOT AND ANKLE INJURY CENTRE, RHL, JAIPUR

- The main sensory supply of the plantar aspect of the foot is by:
- A Sural nerve
- B Superficial peroneal nerve
- C Deep peroneal nerve
- D Lateral plantar nerve
- E Medial plantar nerve

- Anterior talofibular ligament is tested in:
- A Neutral ankle position
- B Inversion of ankle
- C Eversion of the ankle
- D Plantarflexion of the ankle
- E Dorsiflexion of the ankle

Applied anatomy

- Q1. The surgical approach used for exposure of neck of talus from medial side is:

a. Anterior to tibialis anterior

b. Posterior to tibialis posterior

c. In between tibialis anterior and tibialis posterior

d. Through the sheath of tibialis posterior

Answer: C

Q: Behind the medial malleolus neurovascular bundle comprising of posterior tibial vessels and tibial nerve is:

a. Between tibialis posterior and flexor digitorum longus
b. Between flexor digitorum longus and flexor hallucis longus
c. Posterior to flexor hallucis longus
d. Anterior to tibialis posterior

▶ Answer: B

Q: While performing distal soft tissue procedure which step should be avoided?

A. Excision of lateral sesamoid
B. Release of adductor tendon
C. Release of metatarso-sesamoid suspensory ligament
D. Release of lateral metatarso-phalangeal capsule of MTP joint of great toe

▶ Answer: A

Biomechanics of foot and ankle

Q:The axis of the ankle joint:

(a). has a valgus tilt of 14°

(b) is externally rotated 20-30° in transverse plane

(c) is internally rotated with reference to the knee joint axis

(d) passes just distal to medial and lateral malleoli

(e) is fixed during dorsiflexion and plantarflexion same

- Answer: D

Q: Dorsiflexion of the ankle while the foot is fixed causes:

(a) internal rotation of tibia and pronation of foot

(b) external rotation of tibia and pronation of foot

(c) internal rotation of tibia and supination of foot

(d) external rotation of tibia and supination of foot

(e) knee extension

Answer: A

Q:The optimum position of ankle fusion include all the following, *except*:

(a) slight valgus (up to 5°)

(b) external rotation 5°-10°

(c) neutral flexion (no dorsiflexion/ plantarflexion)

(d) relative dorsiflexion in forefoot equinus

(e) anterior translation of talus under tibia

- Answer: E

Q:All of the following statements about midfoot and forefoot are correct, except:

(a) division of plantar fascia affects the height of longitudinal arch

(b) instability of first cuneometatarsal joint is seen with hallux valgus deformity

(c) medial three rays are more flexible than lateral two rays

(d) tarsal joints are very stable and have limited motion

(e) interphalangeal joints are not important for walking

- Answer: C

Principles of foot and ankle orthoses

Q:What is the likely functional loss noted in a patient with an Achilles' rupture?

A Concentric control during mid-stance and a lack of push off

B Eccentric control during stance phase and reduced concentric power at terminal stance

C Reduced isokinetic stability

D Reduced control of dorsiflexion in swing phase

- Answer: B

Paediatric & adolescent foot disorders

Q:Hindfoot valgus, plantarflexion of the talus, midfoot abduction and forefoot adduction is the Pathoanatomy description of which paediatric foot deformity?

a. Congenital vertical talus
b. Congenital talipes equinovarus (CTEV)
c. Skew foot
d. Calcaneovalgus foot
e. Pes planovalgus

Answer: C

Q:All of the following are key steps in the treatment of CTEV with Ponseti method except:

a. Forefoot is pronated during correction
b. Forefoot abduction with lateral pressure on the talus
c. Percutaneous Achilles tenotomy done before final cast application for residual equinus
d. Weekly cast changes
e. The last cast is applied with the foot in 60 degrees of abduction

▶ Answer: A

Forefoot disorders

Q: The commonest cause of bunionette is

a. Enlarged 5th metatarsal head
b. Lateral bowing of the 5th metatarsal shaft
c. Widened 4/5 Inter-metatarsal angle
d. Pes Cavovarus
e. Exostosis of the 5th metatarsal

- Answer: C

Q:A 16-year-old girl with severe hallux valgus has a familial history of ligamentous laxity. Radiographs show that first metatarsal base growth plate has almost fused. The best method of management for this symptomatic hallux valgus is

A. Lapidus fusion of first tarsometatarsal joint with correction of inter-metatarsal angle

b. Distal chevron osteotomy with internal fixation

c. Scarf osteotomy of the first metatarsal shaft

d. To continue conservative management till growth plates fuse

e. Modified McBride procedure with medial soft tissue plication and lateral release

- Answer: D

Q: With reference to inter-digital (Morton's) neuroma of the feet, which of the following statements is true?

a. The commonest site is the web space between the 2nd and 3rd toe
b. The common histopathological finding is a perineural fibrosis
c. NICE recommends radio- frequency ablation as a secondary line of management if steroid injections fail to improve symptoms
d. Greis' digital nerve stretch test is the most specific clinical test for Morton's neuroma
e. Males are more commonly affected compared to females

- A 45-year-old construction worker suffers from great toe metatarso-phalangeal (MTP) arthritis and finds it difficult to wear his work steel toe cap shoes. He has dorsal osteophytes over the great toe MTP joint and a positive grind test. Following failure of conservative management, which one of the following options describes the best management option for this patient

a. Great toe silastic hinge arthroplasty
b. Polyvinyl alcohol hydrogel hemiarthroplasty
c. Keller's excision arthroplasty
d. Cheilectomy with Moberg's osteotomy of the proximal phalanx
e. Great toe metatarsophalangeal joint fusion