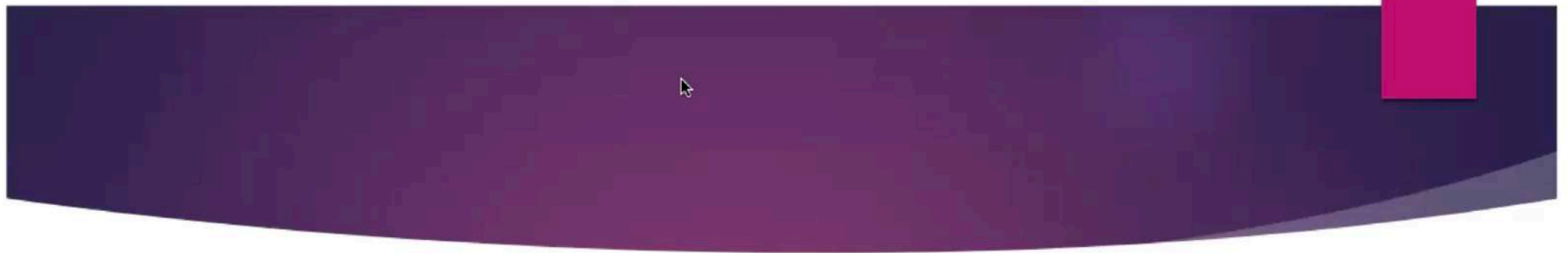


High yield MCQ's Foot & Ankle

DR. RAHUL UPADHYAY

CONSULTANT FOOT AND ANKLE SURGEON

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 $20-30^{\circ}$ 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

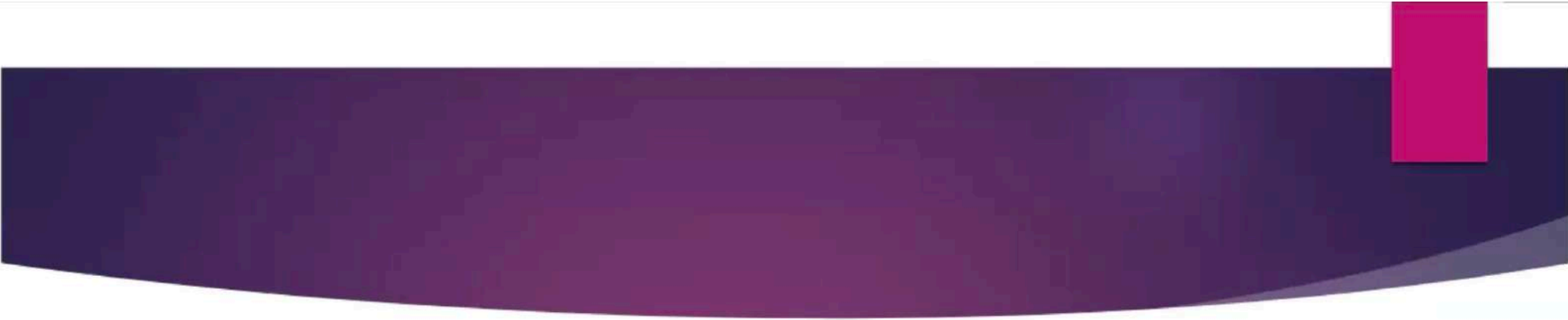
- A.** Lapidus fusion of first tarsometatarsal joint with correction of inter-metatarsal angle
- b.** Distal chevron osteotomy with internal fixation
- c.** Scarf osteotomy of the first metatarsal shaft
- d.** To continue conservative management till growth plates fuse
- e.** Modified McBride procedure 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