

KRS STUDY GUIDES : Quiz Questions : Poirier : "How am I supposed to choose a specific funny quote?"

INTRODUCTION

1. Fibrous matrix has a _____ appearance
2. Periosteal response has a _____ latent period.
3. What can lift the periosteum?
4. What is the benign type of periostitis?
5. What are the malignant periostitis?
6. How do laminated periostitis appear radiographically?
7. How do spiculated periostitis appear radiographically?
8. What is Codman's triangle?
9. Codman's triangle is common in what tumor?
10. Primary malignancies of bone are much more likely to have _____ associated than secondary malignancies.
11. What bone tumors are biopsied?
12. Complete uniform narrowing of a joint is typically associated with a _____.
13. Non-uniform narrowing of a joint is typically associated with a _____.
14. When are CT's used?
15. When is MRI used?
16. When is Ultrasound used?
17. When is a Bone Scan / PET / SPECT used?

SCOLIOSIS

18. Define: Apical vertebrae
19. Define Dextroscoliosis
20. Define Double major scoliosis
21. Define Double primary scoliosis
22. Define End vertebra
23. Define gibbous
24. Define Kyphoscoliosis
25. Define Levoscoliosis
26. Define major curve
27. Define minor curve
28. Define primary curve
29. Define Rib hump
30. Define Rotoscoliosis
31. What is a structural curve?
32. What is a non-structural curve?
33. What causes structural scoliosis?
34. What causes non-structural?
35. In idiopathic scoliosis, there is no _____ imbalance.
36. What type of idiopathic scoliosis is most likely to independently restore? Least?
37. Infantile idiopathic scoliosis occurs between ages ____, present with a ___ curve, are ____, and usually _____.
38. Juvenile scoliosis occurs between ages _____, are more common in _____, and 30% of the time require ____.
39. What is the most common type of idiopathic scoliosis?
40. What is the critical time for scoliosis curve progression?
41. Skeletal maturity is indicated by the fusion of the _____.
42. On average, degeneration that occurs later in life may lead to an average increase of _____.
43. There is greater incidence of _____ when the idiopathic curve is _____.
44. In adolescent idiopathic, the lordosis & kyphosis are often _____.



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45. Up to ____% of idiopathic adol patients have an affected family member.
46. What is the most common adolescent idiopathic scoliosis?
47. What is the Hueter-Volkman Principle?
48. What is the most common vertebral/rib anomaly of Congenital scoliosis?
49. What are the other common anomaly's of congenital scoliosis?
50. What is the typical curve of a congenital scoliosis?
51. Where do most scoliosis tend to occur segmentally?
52. How does Neuromuscular scoliosis appear?
53. What type of idiopathic curve is rare? Such a curve is usually associated with what?
54. What is the most common neuropathic causes of neuromuscular scoliosis?
55. What is the most common myopathic cause of neuromuscular scoliosis?
56. Underlying pathologies should be suspected in children who _____.
57. Neurofibromatosis, aka _____, is an _____ disorder.
58. What tissues are affected by neurofibromatosis? What is the most common bony abnormality of it?
59. Post-traumatic scoliosis is often due to a _____ force, in the _____ spine of _____ patients.
60. What are the the symptoms/signs of Neurofibromatosis? (6)
61. What is a Cafe-au-lait spot (Coast of California)?
62. What is a Coast of Maine spot? What disease is it associated with?
63. Non-structural scoliosis are _____ curves that realign with _____'s test.
64. Most causes of short leg syndrome are _____ and _____.
65. Short leg is correlated with _____.
66. How should short leg be measured?
67. What are the non-treatment complications of scoliosis?
68. Degenerative scoliosis is ____-lateral, due to _____.
69. What side of the curve does degenerative scoliosis occur and what does it result in?
70. Osteoid osteoma occur on the _____ side, which is the _____ position.
71. What connective tissue diseases result in rapidly progressive double thoracolumbar curves? Why?
72. What type of radiographs should be taken for scoliosis?
73. Why is breast cancer more common with scoliosis?
74. What is the most commonly used scoliosis measurement? Why?
75. How is a Cobb-Lippman measurement taken?
76. How is the Risser-Ferguson scoliosis measurement taken?
77. Cobb-Lippman tends to have a _____ curve compared to Risser-Ferguson?
78. What rotational method is more accepted? Why?
79. What is the system used to measure pedicle rotation?
80. What did Greulich & Pyle determine?
81. What is the most accurate indicator of completed spinal growth?
82. What is the strongest inhibiting factor to future scoliotic growth?
83. What is Risser's sign?
84. When does the iliac apophysis being to cap? Fuse?
85. What Risser scores usually signal the end of curve progression?
86. What Risser grade is full fusion?
87. What are the most likely curve patterns to progress?
88. What are the indicators of likely curve progression? (4)
89. What are the conventional scoliosis management techniques?
90. Does spinal manipulation help scoliosis?
91. How should a curve under 20 degrees be managed?



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92. When should a curve under 20 degrees be braced?
93. What brace can brace cervicals? What brace can be worn at night?
94. When is surgery implicated in Scoliosis?
95. What is the most common implantation of scoliosis? What is its strong points? Weaknesses?

SKELETAL DYSPLASIAS

96. What is the most common congenital dwarfism?
97. What occurs in Achondroplasia?
98. What are the clinical features of a Achondroplastic patients trunk?
99. What are the clinical features of a Achondroplastic patients head?
100. What are the image features of the spine in Achondroplasia?
101. What are the 5 imaging features of the pelvis?
102. What is a trident configuration?
103. Why should we be caution before adjusting a achondroplastic?
104. In Cleidocranial dysostosis, the _____ ossification is abnormal.
105. Cleidocranial dysostosis (CD) is a _____ dominant mutation.
106. What are the clinical features of cleidocranial dysostosis?
107. What are the imaging features of the skull in cleidocranial dysostosis (CD)?
108. What occurs to the teeth in CD patients?
109. What occurs in the thorax of CD patients?
110. What are the imaging feature of the pelvis of CD patients?
111. On X-ray, Cleidocranial dysostosis patients have _____ & _____ in the spine.
112. Raja has Cleidocranial dystostosis, what are some possible complications he should be aware of?
113. What is occurring in Chondrodysplasia punctata (CP)?
114. What are the two forms of CP?
115. What is the autosomal dominant for of CP aka?
116. CP patients look a lot like _____.
117. Chondrodysplasia punctata patients have ___ of long bones, endplates, & ribs, which can lead to __. Name this.
118. Dysplasia epiphysealis hemimelica, aka _____, is a _____ of a portion of the epiphysis.
119. Trevor's Disease can be _____, _____, or _____. (Forms)
120. John is 8, has an epiphyseal osteochondroma, causing altered biomechanics w/pain in 1 leg. What does he have?
121. Marfan's is an autosomal dominant defect on chromosome ___ that results in failure to _____.
122. What systems are usually involved in Marfan's?
123. What is the life expectancy of a Marfan's patient?
124. What are the skeletal clinical features of Marfan's?
125. What may happen to the eyes of a Marfan's patient?
126. What are the cardiovascular features of Marfan's?
127. What is the 1 cause of death in Marfan's patients?
128. What types of scoliosis are common in Marfan patients?
129. Why do marfan patients tend to have a widened spinal canal?
130. What may be a contraindication to adjusting a Marfan's patient?
131. Osteogenesis Imperfecta is a defect of _____.
132. What are the clinical diagnostic criteria of Osteogenesis imperfecta?
133. Which type of Osteogenesis results in infantile death?
134. What are the imaging features of O. imperfecta?
135. What are the sclerosing dysplasias?
136. Melorheostosis resembles _____.



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137. Melorheostosis, which appears in __AGE__, presents with _____.
138. Melorheostosis imaging features involve _____ of the cortex.
139. How does osteopathia striata appear on imaging?
140. _____ is the lack of osteochondral bone reabsorption.
141. Osteopetrosis is also known as _____.
142. How does Osteopoikilosis appear upon x-ray?
143. Because of the lack of medullary space, what are the lab findings in osteopetrosis?
144. What are the two common descriptions for osteopetrosis?
145. Pyknodysostosis is characterized by _____, _____, & _____.
146. What are the clinical features of the face in Pyknodysostosis?
147. What are the clinical features of the hands/feet in Pyknodysostosis?
148. What are the imaging features of Pyknodysostosis?
149. Tuberous sclerosis, aka _____, presents with a chromosome _____ affecting _____ systems.
150. What is the classical clinical triad of Tuberous sclerosis?
151. Tuberous sclerosis presents with hyperostosis, what is it called in the tibia?

SPONDYLOLISTHESIS

152. Define spondylolysis
153. Define spondylolisthesis/anterolisthesis.
154. Define Retrolisthesis
155. Define Laterolisthesis
156. How is spondylolisthesis evaluated?
157. What is the most common site of spondylolysis? Second?
158. Who typically gets spondylolysis?
159. What is the etiology of spondylolysis? MC?
160. What is the most common stress fracture of the body?
161. What is the Spondylolisthesis classification system?
162. Name each type of spondy.
163. Type I Dysplastic patients tend to have a _____.
164. Which is the most common spondy?
165. Degenerative spondy most likely occurs in whom and where?
166. Do degenerative spondylolisthesis patients have pars defects?
167. What is the correlation between pain and degree of slippage in Type II-A?
168. What is active spondylolysis?
169. What is a Hangman's fracture?
170. What is a Traumatic spondy?
171. What are the subtypes of Isthmic spondy?
172. What is the pathogenesis of Type IIA?
173. What ages range tends to get Type IIA?
174. In type IIA, there is no correlation between _____ and degree of slippage.
175. What happens when a pars fracture is not allowed to properly rest?
176. _____ patients are asymptomatic at the time of discovery/consultation of a type IIA. What is this called?
177. In an Active Pars Fracture, there is pain during the _____, thus they should remain inactive for _____.
178. In an active pars fracture, _____ may fail to visualize it, thus a _____ should be taken.
179. How do you brace an active pars fracture? Inactive?
180. What is the Stork Test?
181. What are the risk factors for Type IIA displacement?



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182. Who is unlikely to have Type IIA displacement?
183. When is Type IIA most likely to occur? When may displacement occur?
184. What is a Meyerding Grade 5 known as?
185. What are the clinical presentations of spondylolisthesis?
186. What is a step defect?
187. What is a Bowline of Brailsford?
188. What is the best way to view instability?
189. How do you determine instability of a spondy?
190. Unilateral spondylolysis are ____ common, are often ____ in imaging, especially since no _____ is visualized.
191. Can a unilateral spondy become bilateral?
192. What is a Wilkinson syndrome?
193. How may you manage a stable/inactive spondy?
194. How may you manage an unstable spondy?
195. Congenital spondy's tend to occur in the _____ spine. What is the most common level?
196. What is often seen in Congenital Cervical Spondylolisthesis?

CERVICAL SPINE TRAUMA

197. When do Jefferson fractures tend to occur?
198. What is the measurement for atlantaxial alignment?
199. Jefferson's has ____ compression, and has _____ rupture, thus the joint is _____.
200. What bone is fractured in a Jefferson's fracture?
201. What is the most common C1 fracture?
202. What are the typical features of a posterior arch fracture?
203. What is the medical subluxation of C1-C2?
204. Who typically gets rotatory atlantoaxial fixations?
205. What are the most common axis fracture?
206. What are the typical features of a Hangman's fracture?
207. What type of fracture is usually associated with a hangman's fracture?
208. When are Hangman fracture's typically occur?
209. Although Hangman's are stable, they will eventually lead to _____.
210. In a teardrop fracture of ____, the ____ ruptures w/ an avulsion of the _____.
211. When do teardrop fractures tend to occur? Are they stable?
212. Describe a Type I dens fracture.
213. Describe a Type II dens fracture.
214. Describe a Type III dens fracture.
215. When should the apical dens fuse?
216. If the dens is angled forwards it is _____.
217. Wedge fractures occur during _____, are stable with no neuro defects.
218. What type of rare cervical fracture may lead to quadriplegia?
219. Which is more common C2 teardrop or C3? Which is more severe?
220. Where do Clay Shoveler's fractures occur?
221. What is the typical presentation of Clay shoveler's?
222. On an x-ray a "_____ sign" may be seen on a AP view.
223. Unilateral facet jt dislocation occurs during _____, is usually stable with rupture of _____ & _____.
224. What happens to the IVF in unilat facet jt dislocation? What is the typical radiographic indicator?
225. Bilat facet dislocations are unstable with _____ & _____. (complications)
226. On X-ray bilat jt dislocation will present as how?



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227. How can a transverse ligament fracture can be spotted?
228. What grade of WAD should prompt an X-ray?
229. What is a grade 4 WAD?
230. What is the common presentation of WAD?
231. What are the less common presentations of WAD?
232. What typically happens to the soft tissue & throat in whiplash injuries? Voice & throat?
233. What muscles are typically injured in a whiplash injury?
234. In whiplash, what most commonly causes the loss of the cervical lordosis?
235. How is the acute ligament sprained?
236. Numbers... Localized acute kyphosis.
237. Acute vertebral displacement is _____ mm of translation.
238. When is interspinous widening indicated?
239. What is the cervical whiplash radiograph series called?
240. Between flex/extension stress radiographs, when is instability indicated?
241. What occurs with significant disc injury?
242. Post traumatic annular cleft occur after _____ injury, and can last up to _____ years.
243. What radiographic finding can indicate a post-traumatic annular cleft?

FRACTURE OF THORACIC/LUMBAR/SACRO

244. What is Denis' 3-column theory of stability?
245. Who most commonly gets compression fractures?
246. What are the most common causes of compression fractures?
247. Where in the spine do compression fractures most commonly occur?
248. Any compression fracture above ____ is highly specious of pathological in nature.
249. T11-L2 compression fractures tend to occur during ____ & ____ and are _____ shaped.
250. What is the common shape of a lumbar compression fracture?
251. How does an acute differ from a Pathological compression on MRI?
252. What is the typical shape of a pathological compression fracture?
253. How does a zone of compaction appear?
254. What is a step defect & how does it occur?
255. What are the visceral or soft-tissue indications of vertebral compression?
256. To be considered a burst fracture what is needed? What is seen in an AP radiograph?
257. How do transverse process fractures tend to occur?
258. What are the complications of transverse process fractures?
259. How can you tell the difference between united secondary ossification from a TP fracture?
260. Horizontal splitting of the vertebral body, spinous, and pedicles is seen in _____.
261. What "sign" is seen in a chance seat belt fracture?
262. What tends to result in a pars fracture?
263. Who gets an avulsion fracture of the posterior ring epiphysis? How? Where?
264. What is the most common type of sacral fracture and where does it occur?
265. What is the significance of vertical sacral fractures?
266. When looking for vertical fractures, what to things should be scrutinized?
267. What are the one area stable pelvic injuries?
268. Iliac wing fractures, aka _____, occur from _____.
269. What's a double vertical fract of the S. & I. pubic ramus w/ ipsilateral fracture/diastasis of the SI/ileum/sacrum?
270. Malgaigne fractures are (stable/unstable) and very (common/uncommon).
271. What differs a malgaigne fracture from a bucket-handle fracture?



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272. What non pelvic/sacrum fracture is associated with a malgaigne or bucket handle fracture?
273. When do acetabulum fractures tend to occur? What are the two types?
274. Posterior rim acetabulum fracture is also known as _____.
275. Central acetabular fracture, aka _____, can be measured by _____.
276. Avulsion fractures are very common in _____ & _____.
277. What muscles are associated with pelvic avulsion fractures?
278. The hamstring avulsion at the _____, is also known as a _____.
279. What is the most common form of unstable pelvic fractures?
280. What is a straddle fracture?
281. What are the common complications of a unstable straddle fracture?
282. What is a complete diastasis of pubis symphysis and one or both SI joints?
283. What are the normal measurements of the the pubic symphysis?
284. Pubic diastasis may be congenital in _____ patients.
285. What is the most common group to get osteoporosis?
286. What is the most common site of a proximal femoral fracture?
287. Why is avascular necrosis common in proximal femoral fractures?
288. What is the best imaging form for proximal femoral fractures?
289. If it has the root word 'trochanter' in it, it is a _____ fracture.
290. What is the most common hip dislocation? How?
291. What fractures are associated with posterior hip dislocations?
292. In a posterior hip dislocation, the hip goes _____. Anterior the hip goes _____.
293. What is the most common hip injury of teenagers?
294. What type of Salter - Harris fracture occurs in a SCFE?
295. What are the clinical features of a SCFE?
296. What is the giveaway sign of a SCFE?

UPPER EXTREMITY INJURIES

297. What is the most common location for a clavicular fracture?
298. Why should you rule out pathology in a medial clavicular fracture?
299. Where does the blow come from in a middle clavicle fracture?
300. What is a common injury due to bench pressing?
301. What part of the scapula is most likely to fracture?
302. The coracoid may enlarge or avulse with what repetative action?
303. What is a fracture of the anterior inferior glenoid rim?
304. Bankart fractures are associated with _____.
305. Proximal anatomic neck fractures, aka _____, occur due to _____.
306. The " _____ " defect of a Hill-Sach's fracture is best seen on a _____ view.
307. What is a common fracture to due anterior dislocation?
308. What is the most common glenohumeral joint dislocation?
309. An inferior glenohumeral joint dislocation is known as _____.
310. Seizures, trauma, & electric shock are associated with _____ glenohumeral joint dislocation.
311. What is a type 1 AC joint dislocation?

