

<p> ОҢТҮСТІК-ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ </p>		<p> SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия» </p>
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Discipline: Traumatology

Discipline code: Trav 4303

Name of the specialty: 6B10101 «General medicine»

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Control and measuring means

Shymkent, 2023



Department of" surgery, oncology and Traumatology"

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The CMM for the discipline "Traumatology" was compiled by the Department of surgery, oncology and traumatology on the basis of a modular curriculum in the specialty "General Medicine".


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Developer

assistant Duisebekov M. T.

Head of the Department,
Habilitation degree in Medicine,
Acting Professor

Abdurakhmanova B. A.

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Test tasks for the I boundary control in the discipline "Traumatology"

I option

- On the mechanism of "shear" ribs often break:
 - 11-12
 - 2-4
 - 5-7
 - 7-9
 - 1-2
- The clinical picture of a complex fracture of the ribs is composed of symptoms:
 - 1) pain symptom
 - 2) hemoptysis
 - 3) subcutaneous emphysema
 - 4) petechial hemorrhages
 - 5) the paradoxical movement of the chest wall
 - 6) balloting of the mediastinum
 - 7) pneumohemothorax
 - 1, 3, 4, 5
 - 2, 3, 4, 5
 - 1, 2, 4, 7
 - 2, 5, 6, 7
 - 1, 2, 4, 6
- The mechanism of mediastinal emphysema is due to:
 - rupture of the bronchus
 - tracheal rupture
 - rupture of the mediastinal pleura
 - rupture of the parietal pleura with compression of the chest
 - lung rupture with pleural adhesions
- Infected hemothorax is established on the basis of:
 - 1) positive Gercke test
 - 2) a positive test of Efendiev
 - 3) a positive test Petrov
 - 4) the deterioration of the patient with the appearance of symptoms of intoxication
 - 5) pleural fluid obtained by puncture
 - 1, 4
 - 2, 3
 - 3, 5
 - 2, 4
 - 1, 5
- Drainage of the pleural cavity with hemothorax should be carried out through:
 - 1) 6-7th intercostal space in the mid axillary line
 - 2) 5-6 e intercostal space in the front axillary line

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3) 3-5 e intercostal space in the mid-clavicular line

4) 7th intercostal space in the front axillary line

5) 8th intercostal space along the scapular line

A) 1, 4, 5

B) 2, 3, 5

C) 1, 3, 5

D) 2, 4, 5

E) 1, 2, 5

6. With rapid hemorrhage in the pericardial cavity, cardiac arrest occurs if the volume of spilled blood reaches ... ml.

A) 200

B) 150

C) 100

D) 250

E) 300

7. Fractures not accompanied by a violation of the pelvic ring:

1) iliac wings

2) pubic and ischial bones on one side

3) the left pubic and right ischial bones

4) pubic and ischial bones of the type of "butterfly"

5) Malgen type

A) 1.3

B) 1.4

C) 1.5

D) 2,3

E) 2.5

8. Lateral thoracotomy makes it possible to examine in detail:

1) the back of the heart

2) the front of the heart

3) the back of the lung

4) aperture

5) anterior lung

A) 2, 3, 5

B) 2, 3, 5

C) 1, 3, 5

D) 2, 4, 5

E) 1, 3, 4

9. Possible injury mechanism for fracture of the bottom of the acetabulum:


1) fall on the buttocks

2) compression of the pelvis in the anterior-posterior direction

3) hit in the area of the greater trochanter

4) fall on straight legs

5) pelvic compression in the sagittal plane

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A) 1.3

B) 1.4

C) 1.5

D) 2,3

E) 3.5

10. Unstable vertebral fractures:

1) separation of the anteroposterior angle of the body

2) "explosive fracture" of the body

3) wedge-shaped compression of the body to 1/2 of its height

4) fracture dislocation

5) extensional bow fracture

A) 1.3

B) 1.4

C) 1,5,2

D) 2,3,5

E) 2,4,5

II- option

1. The patient 32 years 5 months ago received an open comminuted fracture of the bones of the right tibia in the middle third of the diaphysis with displacement. He was treated in a hospital, conservative treatment was carried out. The fracture healed, however, over time, the wound above the fracture inflamed, a fistula with purulent discharge formed. On radiography - an overgrown fracture of the bones of the right lower leg with a cavity and a separately lying bone fragment. Such changes are indications for the operation:

A) sequestration necrectomy

B) osteotomy


C) osteosynthesis

D) resection

E) trepanation

2. A 40-year-old man received an open fracture from the right thigh with a displacement. In the hospital after wound healing, an intramedullary osteosynthesis with a pin was performed. The postoperative wound healed without any features, a coxitic plaster cast was applied and the patient was discharged for outpatient treatment. After 2 months, the patient was again hospitalized in the hospital with complaints of severe pain in the right thigh and the presence of a wound on the s / s thigh with a thick purulent discharge. On examination: the right thigh is severely edematous, on the s / s in the middle of the postoperative scar there is a fistulous opening with a thick purulent discharge, the bottom of the fistula rests on the bone. The most likely preliminary diagnosis:

A) post-traumatic osteomyelitis

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- B) phlegmon thigh
- C) thigh abscess
- D) ligature fistula
- E) purulent leak

3. From the place of the road accident to the emergency room, the injured person was delivered in consciousness, somewhat agitated. Answers questions with pleasure. The pulse is soft, 80 per minute, blood pressure 105/70 mm Hg Examination revealed fractures of the right femur and lower leg bones, as well as swelling and tenderness of the right side of the pelvis. Without immobilization, the patient was taken on a gurney to an X-ray room, where X-rays of the pelvic bones, thighs and lower leg were made. During the manifestation of the films, the patient, who was on the X-ray table, stopped talking, lost consciousness, stopped breathing and cardiac activity. The most possible cause of death of the patient:

- A) fat embolism
- B) thromboembolism
- C) traumatic shock
- D) bleeding
- E) hypovolemic shock

4. In a patient with a closed fracture of the lower leg bones, a fixed Ilizarov apparatus, an onset inflammation of the soft tissues around one of the spokes on one side was found. The most rational treatment option:

- A) chop the area of inflammation with a solution of novocaine with antibiotics, check and correct the tension of the spokes in a clinic
- B) remove the needle around which the tissue is inflamed
- C) remove the device in the conditions of the trauma unit and transfer the patient to skeletal traction
- D) refer the patient to the trauma unit for inpatient treatment
- E) apply a plaster cast

5. A 26-year-old patient was crushed by a stove against a wall at work. Got a pelvic fracture. The x-ray photographs show a fracture of the pubic and ischium on the left and the discrepancy of the iliac-sacral joint on the left, the entire half of the pelvis is shifted up. Proper treatment:

- A) perform intra-pelvic blockade on both sides and establish skeletal traction for tuberosity of the tibia of both legs with a load of 5 kg on the right and 8 kg on the left
- B) perform intra-pelvic blockade on the left and lay the patient according to Volkovich

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C) perform intra-pelvic blockade on both sides and establish skeletal traction on the left leg with a load of 8 kg

D) perform intra-pelvic blockade on both sides and establish skeletal traction for the tuberosity of the left lower leg with a load of 8 kg

E) perform intra-pelvic blockade on both sides and lay the patient on a hammock

6. A 42-year-old patient turned after a car collision. Revealed oblique fracture of both bones of the right tibia in the middle third with a shift in length and a rotational shift. After the injury, 3 hours have passed. Swelling of the lower leg is moderate. The doctor anesthetized the fracture site and performed a manual reposition, holding the leg, the nurse put a plaster cast on the lower leg to the middle of the thigh. On the control x-ray image, the displacement of fragments even increased. Proper treatment:

A) anesthetize the fracture site, establish skeletal traction over the calcaneus, put a foot on the Belera splint with a load of 7 kg to continue conservative treatment, after 5-7 days perform control x-rays, if there is an offset, perform osteosynthesis

B) execute

C) anesthetize the fracture site, fix the lower leg with a circular plaster cast and postpone surgical treatment for 2 to 3 days

D) perform anesthesia of the place surgical treatment - open repair and osteosynthesis with a plate as an emergency fracture, establish skeletal traction over the calcaneus, lay a foot on the Belera splint with a load of 7 kg to continue conservative treatment

E) perform anesthesia of the fracture site, fix the calf with a plaster cast and perform osteosynthesis the next day


7. A 37-year-old patient fell at a construction site from a height of about 3 meters. Received an hour after the fall. Complains of pain in the right heel. Inspection - the heel is slightly swollen and sharply painful. On x-ray images in 2 projections, a comminuted fracture with a slight displacement is determined, the Beler angle is not changed. Proper treatment:

A) immobilization with a plaster cast to the lower third of the thigh in the position of flexion of the foot for a period of 4 months

B) immobilization with a plaster cast to the lower third of the thigh in the position of flexion of the foot for a period of 1 month

C) immobilization with a plaster cast to the lower third of the thigh in the position of flexion of the foot for a period of 2 months

D) immobilization with a plaster cast to the lower third of the thigh in the position of flexion of the foot for a period of 3 months

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E) immobilization with a plaster cast to the lower third of the thigh in the position of flexion of the foot for a period of 5 months

8. A 17-year-old patient received a cut wound with glass on the back of the hand closer to the elbow edge. Examination revealed damage to the extensor tendon of the 5th. The doctor at the trauma unit decided to urgently restore the extensor tendon of the 5th finger. Material used:

A) stitch with dextron

B) suture with catgut

C) stitch dacron

D) stitch silk

E) seam nylon

9. A 32-year-old patient was admitted after falling from a height of the 3rd floor. Upon admission after the examination, a diagnosis was made - a brain contusion, multiple rib fractures on both sides, shock of the II - III degree. After stabilization of hemodynamics to achieve long-term pain relief should apply:

A) establish an epidural catheter at the level of the thoracic vertebrae and inject lidocaine when pain occurs

B) continuous injection of promedol into a dropper

C) periodic administration of a solution of morphine into a dropper

D) periodically add maradol solution to the dropper

E) establish an epidural catheter at the level of the upper thoracic vertebrae and inject 1 ml of morphine once a day

III- option

1. The clinical picture of a simple fracture of the ribs consists of the symptoms:

1) cough

2) hemoptysis

3) forced position of the body

4) local pain in the area of fracture of the rib

5) subcutaneous emphysema in a small area, within 1-2 ribs

6) hoarseness

7) mobility of a broken rib during palpation

8) lack of voice trembling on the side of the fracture of the rib


A) 3, 4, 5, 7

B) 1, 3, 4, 5

C) 1, 2, 4, 8

D) 1, 4, 5, 8

E) 1, 3, 5, 6

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2. The diagnosis of complicated rib fracture can be made on the basis of signs:

- 1) severe respiratory failure
- 2) progressive subcutaneous emphysema
- 3) pneumothorax, not eliminated by pleural puncture
- 4) hemothorax
- 5) hemoptysis
- 6) fracture of at least 5-6 ribs
- 7) increasing hoarseness
- 8) neck vein swelling

- A) 1, 2, 5, 6
- B) 3, 4, 5, 6
- C) 2, 3, 4, 5
- D) 2, 4, 5, 7
- E) 3, 4, 7, 8

3. Closed emphysema occurs due to:

- A) strained hematorx
- B) voice change
- C) lung tissue damage by a broken rib
- D) lung rupture in violation of pleural adhesions
- E) separation of the bronchus

4. Chylothorax should not be differentiated from pathological conditions:

- 1) hemarthrosis
- 2) hemothorax
- 3) purulent pleurisy
- 4) exudative post-traumatic pleurisy
- 5) pleural empyema

- A) 4, 5
- B) 2, 3
- C) 1, 3
- D) 2, 4
- E) 1, 2

5. Osteomyelitis of the ribs and sternum, as a complication of open injuries of the chest, includes:

- 1) the occurrence of pericarditis
- 2) involvement in the inflammatory process of perietal pleura
- 3) the development of mediastinitis
- 4) pronounced periosteal reaction
- 5) the appearance of fistulous passages with holes on the skin, often away from the lesion of the sternum or rib

- A) 2, 4, 5
- B) 2, 3, 5
- C) 1, 3, 5
- D) 1, 4, 5
- E) 1, 2, 5

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6. Damage to the internal organs of the chest with a closed injury occurs in the following increasing frequency:

- 1) lung damage
- 2) tracheal damage
- 3) heart damage
- 4) damage to the esophagus
- 5) diaphragm damage
- A) 2, 3, 4
- B) 2, 3, 5
- C) 3, 5, 6
- D) 3, 4, 6
- E) 2, 4, 6

7. Pelvic fractures with possible damage to the bladder:


- 1) sciatic
- 2) the sacrum
- 3) the type of "butterfly"
- 4) pubic
- 5) rupture of symphysis
- A) 1.3
- B) 3.4
- C) 1.5
- D) 2,3
- E) 2.5

8. The developer of the method of functional treatment of fractures in the thoracolumbar spine:

- 1) Kaplan A.V.
- 2) Gorinevskaya V.V.
- 3) G. Yumashev
- 4) Dreving E.F.
- 5) Watson-Jones
- A) 1.3
- B) 1.4
- C) 1.5
- D) 2,3
- E) 2.4

9. The operation of fixing the posterior spine is indicated for:

- 1) "explosive" fracture of the vertebral body
- 2) a vertebral fracture with damage to the spinal cord or its roots
- 3) uncomplicated flexion fractures of Th 11-12 bodies
- 4) damage to the intervertebral discs in the thoracolumbar junction
- 5) uncomplicated compression fractures L 1-3
- A) 1.3
- B) 1.4
- C) 1.5
- D) 2,3

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E) 3.5

10. A 52-year-old patient was admitted to the hospital from the accident scene with complaints of severe pain in the left inguinal region, inability to stand up. On examination: the left lower limb is shortened and rotated outwardly, active movements in it are impossible, passive movements are sharply painful and limited, the symptom of a "sticking heel" is positive. X-ray of the thigh shows a medial varus fracture of the neck of the left thigh. The patient has the most appropriate treatment:

- A) osteosynthesis
- B) skeletal traction
- C) derotation boot
- D) coxite plaster cast
- E) arthrodesis


IV-option

1. The girl hit her right iliac bone on a makeshift swing. Delivered to the hospital trauma unit. On examination, bruising and swelling are visible in the area of the right ilium. Pressure on the wings of the ilium is accompanied by significant pain, with palpation, crepitus is determined. Active flexion and abduction of the right leg increases pain. The most appropriate type of anesthesia:

- A) the pelvic
- B) combined
- C) total ETH
- D) presacral
- E) epidural

2. Patient A., 30 years old, hit by a car. Delivered to the hospital without transport immobilization. The condition is serious. Is pale. HELL = 80/50 mm Hg, pulse 110 beats. in minutes The leg is sharply deformed in the upper third, the varus curvature of the thigh is determined. Here, on the outer surface of the thigh, a wound with torn edges 4.0 * 5.0 cm in size bleeds. The pulse on the arteries of the foot is preserved, movements in the toes of the foot are saved. List the treatment measures in the proper sequence.

- A) antishock therapy - promedol, blockade, immobilization, infusion therapy, in case of shock relief - primary surgical treatment of the wound + extrafocal compression-distraction osteosynthesis, or extension to the supracondylar region followed by Rg - control
- B) open reposition. Plate osteosynthesis, antibiotic therapy
- C) antishock therapy - promedol, blockade, immobilization, infusion therapy, open reduction intramedullary metal osteosynthesis
- D) antishock therapy - promedol, blockade, immobilization, infusion therapy, primary surgical treatment of wounds

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E) anesthetize at the fracture site, then primary surgical treatment of the wound extrafocal compression-distraction osteosynthesis, or extension beyond the supracondylar region

3. A man accidentally dropped a board on the parietal region of his head during unloading. Consciousness did not lose. I didn't ask for help. Through

5 hours after injury, i.e. after the "bright gap", the condition deteriorated sharply. Nausea, vomiting, and growing headache appeared. Objectively: the patient is anxious, rushing about, groans due to excruciating, bursting headache. Chills, cramps, hoarse intermittent breathing are noted, the pulse is slowed down. Reflexes are broken. The most likely preliminary diagnosis:

A) brain compression by intracranial hematoma

B) brain concussion

C) brain contusion

D) fracture of the base of the skull

E) frontal bone fracture

4. A 21-year-old patient fell down while skiing down the mountain, while the ski on his right leg did not come off, felt a dull crack in the right knee joint and pain. After 3 to 4 hours, the joint increased in volume, severe pain, it became impossible to load the leg. Inspection to determine the nature of the damage fails. The method of additional research is the most informative:

A) nuclear magnetic resonance computed tomography of the joint

B) sonography of the knee

C) radiography of the knee

D) arthroscopy of the knee


E) computed tomography of the joint

5. Patient N., 65 years old, three days ago, with sudden braking of the bus, fell and hit the right half of the chest. The doctor at the emergency room found the presence of a fracture of VII - VIII ribs on the right along the anterior axillary line, applied a pressure bandage to the chest, and recommended that the patient take analgin. The patient's well-being did not improve, there was pain during breathing, a cough with sputum joined, shortness of breath began to increase, and the temperature rose. On examination, the patient has tachycardia up to 94 beats per minute, lip cyanosis, temperature 38.4 ° C, sharp weakening of breathing on the right, scattered moist rales.

1. The complication in this situation:

2. Measures necessary to eliminate the patient's complications:

A) pneumonia. It is necessary to remove the bandage, perform alcohol-novocaine blockade, prescribe antibiotics, anti-inflammatory, detoxification therapy, expectorant drugs

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B) pneumonia. It is necessary to remove the bandage, perform a blockade according to Vishnevsky, prescribe antibiotics, anti-inflammatory, detoxification therapy, expectorant drugs

C) intense pneumothorax. It is necessary to remove the bandage, perform intercostal blockade, perform a puncture of the chest, prescribe antibiotics

D) hemothorax. It is necessary to remove the bandage, perform intercostal blockade, perform a puncture of the chest, prescribe antibiotics

E) anaphylactic shock. Cancel analgesics. Gastric lavage, detoxification and desensitization therapy

6. A 35-year-old patient was admitted to the department with a diagnosis of closed oblique fracture of the bones of the right lower leg with displacement of fragments. The fracture plane is two times longer than the tibia diameter. It was decided to treat the patient with an operative method. For stable osteosynthesis, you should choose a fixative:

A) two screws, one of which is installed perpendicular to the axis of the bone, the second - perpendicular to the plane of the fracture

B) osseous plate with 6 screws

C) pin for intramedullary osteosynthesis

D) two wire cerclage seams

E) two knitting needles perpendicular to the plane of the fracture, leaving the ends above the skin

7. A patient 43 years old 3 months ago was operated on for a closed oblique fracture of the right shoulder. Osteosynthesis is performed by a plate with 4 screws. A week ago, a fistula with a yellowish discharge opened without increasing the overall body temperature. According to x-ray data, a weakly healed fracture of the humerus is determined. On the fistulogram, the contrast reaches the plate. The correct diagnosis:

A) osteomyelitis after osteosynthesis surgery on the shoulder


B) osteitis as an individual reaction of the patient to metal

C) metallosis on the use of bone fixative

D) ligature fistula

E) seroma after osteosynthesis of a humerus fracture plate

8. A 37-year-old patient was admitted on an emergency basis after a car hit a right shin. On examination, a fracture of the leg bones and the presence of a wound in the projection of the fracture measuring 5 cm by 2 cm with moderate bleeding were revealed. X-ray pictures were taken - an oblique fracture of the middle third of both bones of the lower leg with the presence of two longitudinal fragments from the tibia, which are rotated around the axis, was revealed. Proper treatment:

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A) in the operating room, perform a full surgical treatment of an open fracture, bring the fragments closer to the “place”, without depriving them of soft tissue, drain the wound, sew it up and fix the lower leg with Ilizarov’s apparatus

B) in the operating room, treat the wound, suture and establish skeletal traction

C) in the operating room, treat the wound, suture and cast

D) in the operating room, perform full surgical treatment of an open fracture, while trying not to deprive the fragments of communication with soft tissues, perform plate osteosynthesis, drain the wound, suture the wound, fix the calf with a plaster cast

E) in the operating room, perform full surgical treatment of an open fracture, bring the fragments closer to the “place”, fix with metal braces with memory, drain the wound, sew it up and fix it with a plaster cast

9. A 32-year-old patient was admitted with complaints of pain in the heel. For two days he jumped over the ditch and felt a crack and pain in the heel area. The leg is weak. On examination, edema, hematoma and soreness in the Achilles tendon. He can’t climb toes on this leg. Ultrasound examination revealed clear data on rupture of the Achilles tendon.

Proper treatment:

A) perform the operation - restoration of the Achilles tendon and immobilize the leg to the middle third of the thigh with a circular plaster cast in the position of flexion in the knee and ankle joints

B) anesthetize the area of the Achilles tendon and immobilize the leg to the knee with a circular plaster cast in the position of flexion in the knee and ankle joints

C) anesthetize the area of the Achilles tendon and immobilize the leg to the middle third of the thigh with a circular plaster cast in the position of flexion in the knee and ankle joints

D) perform an operation - restoration of the Achilles tendon and immobilize the leg to the knee with a circular plaster cast in the position of flexion in the knee and ankle joints

E) perform the operation - restoration of the Achilles tendon and immobilize the leg to the middle third of the thigh with a plaster cast in the position of flexion in the knee and ankle joints

10. A 20-year-old patient was diagnosed with damage to the rotational cuff of the right shoulder joint. Tendons of which muscles form the rotational cuff:

A) supraspinatus, infraspinatus, small round and subscapularis muscles

B) supraspinatus, infraspinatus and subscapularis muscle

C) supraspinatus, infraspinatus, and small round muscle

D) supraspinatus, infraspinatus, humerus, and pectoralis minor

E) supraspinatus, infraspinatus, small round and large pectoral muscles

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V- option

1. The clinical picture of chylothorax consists of:

- 1) increase in body temperature to 38 ° C
- 2) progressive respiratory failure
- 3) hemoptysis
- 4) hemothorax clinics
- 5) pleural fluid obtained by puncture: upon suction, forms a white-pink thick upper and liquid lower layer
- 6) pleural clear straw-yellow fluid obtained on the first day after a chest injury
- 7) a positive test Petrov

A) 5, 6

B) 1, 2

C) 2, 3

D) 1, 6

E) 2, 7

2. Clinically, a bruised lung is manifested:

- 1) in the first minutes after injury
- 2) in the first hours after an injury
- 3) 2 weeks after injury
- 4) chest pain
- 5) the localization of the foci of contusion on the back surface of the lower lobes
- 6) localization of foci of contusion in the area of the main bronchi
- 7) localization of foci of contusion in the deep sections of the middle lobes
- 8) high body temperature 39-40 ° C
- 9) Hercke's symptom

A) 1, 2, 3, 4

B) 2, 4, 6, 9

C) 3, 4, 7, 8

D) 2, 4, 5, 9

E) 3, 4, 6, 9

3. If the victim has external open pneumothorax, therapeutic tactics include therapeutic actions:

- 1) the introduction of morphine to the patient
- 2) vagosympathetic blockade according to A.V. Vishnevsky
- 3) primary surgical treatment of a chest wound
- 4) the application of an occlusive dressing on the chest wound before the primary surgical treatment
- 5) drainage of the pleural cavity in the intercostal space of the chest wound

A) 2, 3, 4

B) 1, 2, 5

C) 2, 3, 5

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D) 1, 2, 4

E) 2, 4, 5

4. Fracture of the posterior-upper edge of the acetabulum is accompanied by:

1) central hip dislocation

2) damage to the sciatic nerve

3) iliac hip dislocation

4) sciatic dislocation of the thigh

5) damage to the cartilage of the acetabulum and femoral head

A) 1,3

B) 1,4

C) 1,5

D) 2,3

E) 2,4

5. Symptoms characteristic of pelvic fractures:

1) Lozinsky

2) Duverney

3) Gabaya

4) Malgenya

5) sticky heel

A) 1,3,5

B) 1,4,5

C) 1,2,5

D) 2,3,4

E) 2,4,5

6. The victim was hit by a car, taken to an emergency room. The patient is adynamic, apathetic. The skin is earthy gray, the mucous membranes are pale, cyanosis of the auricles, hands and feet. Pulse filiform, 140 per minute, blood pressure 70/40 mm Hg Breathing shallow, 30 per minute. No damage to the skin. First of all, the type of treatment is most shown:

A) infusion therapy

B) sedative therapy

C) pain therapy

D) inhalation therapy

E) detoxification therapy

7. A 36-year-old patient was delivered from the scene of an accident with signs of traumatic shock, a fracture of the diaphysis of the left femur with displacement, and continued bleeding into the abdominal cavity. The most appropriate method of research:

A) laparoscopy

B) radiography

C) electroencephalography

D) magnetic resonance imaging

E) computed tomography

8. A 64-year-old patient complains of constant pain, restriction of movements in the right hip joint. A history of traumatic dislocation of the right thigh 12 years ago. On examination: the right lower limb in the adduction and flexion position, an attempt to correct this position causes a

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sharp increase in pain in the region of the right hip joint. On palpation, pain in the right inguinal region is determined. The volume of active and passive movements in this joint is sharply limited and painful. On pelvic radiography - a far advanced stage of coxarthrosis.

The most appropriate operation for the patient:

- A) endoprosthetics
- B) Fossa
- C) McMurray
- D) arthroscopy
- E) arthroplasty

9. The patient was admitted to the operating room 30 minutes after an injury with a diagnosis of traumatic detachment of the lower limb at the level of the lower third of the thigh. At the site of injury, a tourniquet was applied on the upper third of the thigh. HELL 65-60 mm. The most rational in this situation to perform:

- A) urgently start infusion therapy and after stabilization of blood pressure to resolve the issue of anesthesia and surgery
- B) urgently start infusion therapy
- C) urgently start infusion therapy with the simultaneous start of anesthesia
- D) urgently start infusion therapy and start surgery
- E) urgently start infusion therapy and achieve stabilization of blood pressure

10. A patient 5 years ago, a month ago he began to limp on his left leg, complaining of pain in the hip joint. The general condition does not suffer, the temperature is normal. An external examination of the pathology in the hip joint is not observed. Blood tests without pathology.

Probable preliminary diagnosis:

- A) femoral head osteohodropathy
- B) tuberculous coxitis
- C) juvenile epiphysiolysis
- D) congenital hip dislocation
- E) deforming arthrosis of the hip joint

VI-option

1. A 20-year-old patient was hit by a car and received a fracture of the left thigh. An X-ray image shows a transverse fracture of the middle third of the left femur with a shift of 7 cm in width and length. To achieve stable osteosynthesis, a fixator should be used:


- A) an intramedullary hollow round CITO pin, selected according to the diameter of the channel
- B) intramedullary hollow three petal pin CITO, selected according to the diameter of the channel
- C) a plate with 6 screws
- D) a tetrahedral pin CITO selected according to the diameter of the channel
- E) a plate with 6 screws with a Polyakov rotation device

2. A boy of 10 years fell from the fence. Received an injury to the left elbow joint. The x-ray image shows a fracture of the humerus proximal to the ulnar fossa without a shift in width, but there is an angle open posteriorly. The correct diagnosis:

- A) closed supracondylar fracture of the left humerus with angular displacement

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- B) Supracondylar fracture of the left humerus
- C) Supracondylar fracture of the left humerus with displacement
- D) closed supracondylar fracture of the left humerus with displacement
- E) closed extramural supracondylar fracture of the left humerus
3. A 33-year-old patient fell from a swing. He received a closed comminuted fracture of the lower third of the humerus with displacement of fragments and the function of the radial nerve fell out. The patient is shown treatment:
- A) perform open fracture matching, radial nerve revision and plate osteosynthesis
- B) perform anesthesia of the fracture area and reposition of fragments
- C) to establish skeletal traction beyond the ulnar process on the Balkan frame
- D) impose a BSEC apparatus according to Ilizarov
- E) perform open fragment matching and plate osteosynthesis
4. A 67-year-old patient fell in the street. On examination, there is a bayonet-shaped deformation of the lower third of the forearm. X-ray photographs were taken in 2 projections - there is a transverse fracture of the radius with a shift of the peripheral fragment to the rear and to the radial side. What kind of author should I name this type of displacement?
- A) Smith type fracture
- B) Burton type fracture
- C) Collis type fracture
- D) Belera type fracture
- E) Malgen type fracture
5. A 54-year-old patient fell in the street. On examination, there is a bayonet-shaped deformation of the lower third of the forearm. X-ray photographs were taken in 2 projections - there is a fracture of the radius of the Barton type with a shift of the peripheral fragment to the rear and to the radius along with the hand. Proper treatment:
- A) perform local anesthesia, manual reduction of fragments and apply a plaster cast in a functionally advantageous position of the brush
- B) perform local anesthesia, manual reduction of fragments and apply a plaster cast in the flexion position of the hand
- C) perform local anesthesia, manual reduction of fragments and apply a plaster cast in the extension position of the hand
- D) apply the Ilizarov distraction apparatus
- E) adjust skeletal traction on the Balkan frame
6. A 19-year-old patient was admitted to the emergency trauma unit 30 minutes after falling from a bicycle. On examination, the clinic revealed a typical fracture of the right clavicle. X-ray images show an oblique fracture with a typical displacement and a vertically standing bone fragment with sharp ends. The treatment indicated for this patient:
- A) upon admission, perform anesthesia at the site of collarbone fracture, fix the arm with a plaster cast to a healthy shoulder girdle and hospitalize the patient for osteosynthesis as planned
- B) perform a comparison of bone fragments under local anesthesia and fix the shoulder girdle with a Delbe dressing
- C) upon admission, establish indications for surgical treatment - osteosynthesis with an intramedullary pin of Bogdanov and proceed with surgery

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D) perform both pain relief of the fracture site, apply Delbe rings and send the patient to outpatient treatment

E) inject intramuscularly anesthetic drug, hang a hand on a scarf and direct the patient to outpatient treatment

7. A 35-year-old patient, while working at a construction site, was hit in the foot by a concrete block. Delivered after 30 minutes to the front desk. The foot is swollen, cyanotic, cold to the touch. On an X-ray, a bone fracture is not detected. The diagnosis of crush syndrome of soft tissues of the foot. The main method of treatment of the patient:

A) upon admission to the operating room, dissolve the main fascial canals behind the ankles, along the rear of the foot, cold, plaster cast, infusion therapy

B) put foot on ice, infusion therapy

C) create gypsum immobilization, put a foot on ice, infusion therapy

D) perform case blockade, gypsum immobilization, painkillers, infusion therapy

E) upon admission to the operating room, dissolve the main fascial canals behind the ankles, along the rear of the foot and prescribe antibiotics

8. A victim with a blunt trauma to the abdomen and damage to the pelvic bones complains of pain throughout the abdomen, weakness, dizziness, and veil in front of the eyes. Objectively: pale. Cold sweat, cyanosis of the mucous membranes. Blood pressure 90 \ 50 mm Hg Pulse 125 beats per 1 minute, weak filling. The abdomen is painful in all departments, a positive symptom of Shchetkin-Blumberg. Dullness in sloping places. Algover-Gruber index severity

A) 30% bcc, severe 10%

B) BCC mild

C) 40% bcc, severe

D) 21%, bcc, medium degree

E) 15% bcc, medium degree

9. Patient Ch., 35 years old, hit by a car. At admission complains of pain in the pubic region. On examination, the patient reveals an overflowing bladder protruding above the pubic region, palpation of the pubic bones is sharply painful. There is no self-urination. A soft catheter does not pass into the bladder. When a catheter was removed from the urethra, a few drops of blood were released. Estimated diagnosis:

A) a fracture of the pubic bones, damage to the urethra

B) fracture of the pubic and ischium

C) pelvic bruise, bladder damage

D) a fracture of the pubic bones, rupture of the bladder

E) fracture of the pubic and sciatic bones, damage to the pelvic organs

10. 6 months ago, at a wrestling competition, a young man experienced a sharp over extension in the knee joint. I did not seek help, bandaged the joint with an elastic bandage. Instability in the knee joint is worrying, the symptom of the "front drawer" is positive. Such changes are indications for the operation:

A) plastic ligaments

B) a seam on a bunch

C) arthrotomy

D) arthroscopy

E) arthrodesis

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Test tasks for the II boundary control in the discipline "Traumatology"

I- option

1. Drainage of the pleural cavity with hemopneumothorax should be done through ... the intercostal space with a tube ... diameter:

- 1) 2nd intercostal space in the mid-clavicular line
- 2) 4th intercostal space in the mid axillary line
- 3) 8th intercostal space along the scapular line
- 4) drain pipe with a diameter of 12 mm
- 5) drain pipe with a diameter of 5 mm

A) 3, 5

B) 1, 2

C) 3, 4

D) 1, 5

E) 2, 4

2. With a closed chest injury, indications for thoracotomy will be:

- 1) hydrothorax with a level up to 3-4 rib
- 2) fatal lung obstructive atelectasis
- 3) air intake into the pleural cavity
- 4) coagulated hemothorax
- 5) continuous bleeding into the pleural cavity

A) 3, 4, 5

B) 2, 3, 5


C) 1, 3, 5

D) 2, 4, 5

E) 1, 2, 5

3. Vertebral damage does not apply ... fractures.

- 1) torsion

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- 2) uncomplicated
- 3) compression
- 4) complicated
- 5) the back of the spine

- A) 1, 5
- B) 2, 3
- C) 1, 3
- D) 2, 4
- E) 1, 2

4. The young man fell on his left arm, bent at the elbow joint, resting on the palm of his hand. As a result of this injury, severe pain in the elbow joint appeared. Objectively: the left elbow joint is enlarged, deformed, the ulnar fossa is smoothed. With careful palpation, the ulnar process protrudes from behind. The axis of the shoulder is shifted forward. Active movement in the elbow joint is not possible. When trying to passive movements, a springy resistance is felt. The most likely preliminary diagnosis:

- A) dislocation of the forearm posteriorly
- B) forearm dislocation anterior
- C) divergent dislocation of the forearm
- D) dislocation of the forearm inside
- E) forearm dislocation out

5. A 34-year-old patient received a closed fracture with s / s of the bones of the left lower leg with a slight displacement. It was treated conservatively, a plaster boot was applied to the s / s thigh for 3-4 months. However, after 1.5 months, the patient himself removed the plaster cast and walked, loading the sore leg. Subsequently, mobility and deformation, pain during exertion appeared at the fracture site. On the control x-ray at the site of the fracture of the corn is not present, the ends of the fragments are sclerotic, the marrow canal is closed. The most likely preliminary diagnosis:

- A) false joint
- B) fused fracture
- C) nonunion fracture
- D) fused fracture
- E) slowly growing fracture

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6. A 32-year-old patient was delivered from a car accident with complaints of pain and impaired right shoulder function, severe headaches, dizziness, nausea and vomiting, weakness. Examination revealed signs of a fracture of the humerus and contusion of the brain. General treatment of the patient in the competence of a specialist:

- A) neurosurgeon
- B) traumatologist
- C) resuscitator
- D) surgeon
- E) Neuropathologist

7. A 25-year-old patient has a transverse fracture of the left shoulder in m / 3. All clinical signs of a fracture are determined, with the exception of crepitus. X-ray transverse fracture of the shoulder is confirmed. An attempt to manually reposition the fracture was unsuccessful. Most likely the cause of the failed reposition:


- A) soft tissue interposition
- B) significant displacement of bone fragments
- C) misrepresentation
- D) insufficient anesthesia.
- E) constitutional features

8. A 30-year-old patient was admitted to the hospital with a diagnosis of a closed fracture of both the pubic and left sciatic bones. Upon admission, the condition is serious, the skin is pale, the face is earthy in color, covered with cold sweat. Pulse 140 beats / min Blood pressure 60 / 40mm Hg The kind of anesthesia you would use:

- A) according to Shkolnikov-Selivanov
- B) perirenal block
- C) according to Vishnevsky
- D) vagosympathetic block
- E) blockage of the fracture site

9. A 56-year-old patient has unilateral primary deforming arthrosis of the hip joint of the fourth degree. There are no contraindications to the operation. The best treatment option:

- A) endoprosthetics
- B) Vent operation
- C) Foss type abductomy surgery

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D) Subtrochanteric osteotomy of the Shants-Iizarov type

E) arthrodesis

10. Patient M., 16 years old, diving in a shallow place hit his head on the hard bottom of the river. Extracted from the water by comrades. The patient complains of loss of sensation and lack of movement in the arms and legs, as well as shortness of breath. The position of the patient during transportation to a medical institution.

A) on the shield, in the supine position, with a fixed head (special tires, Elansky tire)

B) on the shield, in the position according to Volkovich with neck fixation

C) on the shield, in the position of neck fixation by the Shants collar, the head is turned on its side, in the position of flexion in the knee and hip joints.

D) on the shield, with fixing the neck loop Glisson

E) supine position, head tilted to one side

II-option

1. A 45-year-old patient fell from the balcony of the 2nd floor. Received 3 hours after injury. On admission, a wound was detected in the projection of the medial ankle 2 by 1 cm, the ankle joint was deformed and swollen. An x-ray of the collar of the talus with a discrepancy of fragments of 11-12 mm was detected. Treatment should be taken as a matter of urgency:

A) perform initial surgical treatment, compare fragments and perform osteosynthesis with an extra focal compression and distraction apparatus

B) suture the skin wound and apply a plaster cast

C) suture the skin wound and establish skeletal traction

D) perform initial surgical treatment, match fragments and perform osteosynthesis with needles

E) perform initial surgical treatment, match fragments and perform screw osteosynthesis

2. A 40-year-old patient fell from the second floor and received a fracture of his left thigh. What first aid should an emergency doctor do?

A) Inject anesthetic and apply Diterichs splint

B) inject an anesthetic and apply Cramer's splint

C) inject an anesthetic and bandage the leg to the second leg

D) inject an anesthetic and fix the foot with the first board

E) introduce 20.0 ml of a 2% solution of novocaine at the site of hip fracture and fix the foot with the first board

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3. A 40-year-old patient fell from the second floor and received a left hip fracture. An X-ray image shows a transverse fracture of the middle third of the femur with a shift to full width and 5 cm in length with external rotation. To achieve stable osteosynthesis, which fixative should be used:

- A) an intramedullary hollow round CITO pin, selected according to the diameter of the channel
- B) intramedullary hollow three petal pin CITO, selected according to the diameter of the channel
- C) a plate with 6 screws
- D) a tetrahedral pin CITO selected according to the diameter of the channel
- E) a plate with 6 screws with a Polyakov rotation device

4. In a two-month-old girl, congenital dysplasia was clinically detected and X-rayed. The treatment used most often:

- A) treatment with Pavlik stirrups
- B) treatment by Freyk pillow
- C) treatment with CITO bus
- D) treatment on the Vilensky bus
- E) Volkov bus treatment

5. A 18-year-old patient was admitted to the hospital due to a closed comminuted fracture of the right clavicle in the middle third with an offset. The patient is shown treatment:

- A) open reposition of fragments and metal osteosynthesis with memory
- B) reposition of fragments and superposition of Delbe rings
- C) repair of fragments and application of a bandage according to the Turner
- D) open reduction of fragments and osteosynthesis with a pin
- E) open reduction of fragments and plate osteosynthesis

6. A 22-year-old patient turned up her right foot and felt severe pain in the ankle joint. After 2 hours, puffiness and hematoma appeared around the outer ankle. On the radiograph of the ankle joint, a discrepancy of the tibiofibular syndesmosis up to 7 mm is determined. Diagnosed with a rupture of the tibiofibular syndesmosis. The method of treatment of the patient:

- A) manual compression of syndesmosis and external immobilization with a plaster cast
- B) manual compression of syndesmosis and external immobilization with a plaster cast
- C) compression of syndesmosis with the Kaplan-Sverdlov apparatus
- D) restoration of syndesmosis with the use of a bolt - screed

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E) restoration of syndesmosis using a screw according to the AO method

7. A 27-year-old patient was admitted with a diagnosis of oblique fracture of the bones of the right lower leg with displacement of fragments. In the front compartment, a spoke was drawn through the calcaneus and skeletal traction was established. Cargo 7 kg. She feels well, pains in the area of the fracture do not bother, the edema subsided. On the 4th day, sharp pains appeared at night in the calcaneal region, where the knitting needle was held. Body temperature increased to 38 °. Externally, the heel region is not changed, but the patient asks to remove the load. Painkillers have been introduced. After 3 hours, the pain intensified again. Further actions in the treatment of the patient:

A) cross the needle through the supradermal region and continue skeletal traction

B) reduce the load

C) increase the load

D) reintroducing painkillers

E) remove the knitting needle, apply a plaster cast and prepares the patient for surgery

8. A 37-year-old patient was admitted 3 hours after the injury. Fell from a height of 4 meters on a pile of bricks. He received a closed multifragmented fracture from the upper third to the lower third of the humerus with displacement of fragments. Outwardly, the shoulder was shortened by 10 cm, deformed. Treatment should be applied:

A) apply skeletal traction on the CYTO discharge bus

B) Under local anesthesia, perform a manual comparison and immobilize the arm with a plaster cast

C) perform open repair and fix the fragments with a plate

D) perform open bone matching and fix the fragments with an intramedullary pin, to improve the stability of the fragments fix additionally with wire cerclage sutures

E) apply for osteosynthesis the simplest external fixation apparatus

9. A 27-year-old patient was admitted to an emergency room and a transverse fracture was established left thigh at the border of the middle and lower thirds with a shift. Fracture anesthesia was performed and skeletal traction with a load of 8 kg was established. After a day, the displacement remains and at the fracture site, soft tissue retraction is noted. Proper treatment:


A) osteosynthesis is indicated for 2-3 days with a pin with locking screws

B) osteosynthesis is indicated for 2-3 days with a plate

C) osteosynthesis for 2–3 days is indicated with a petal pin of CITO

D) osteosynthesis for 2–3 days is shown with a 4-sided nail. CITO

E)

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10. A patient 5 years ago, a month ago he began to limp on his left leg, complaining of pain in the hip joint. The general condition does not suffer, the temperature is normal. An external examination of the pathology in the hip joint is not observed. Blood tests without pathology. Probable preliminary diagnosis:

- A) femoral head osteohodropathy
- B) tuberculous coxitis
- C) juvenile epiphysiolysis
- D) congenital hip dislocation
- E) deforming arthrosis of the hip joint

III- option

1. A 14-year-old patient was hit by an area of the right thigh in the lower third. An X-ray of the knee joint and the lower third of the thigh was made about the injury. The image shows a defect in the cortical layer of the metaphysis of the femoral 2 by 1.5 cm without the reaction of the periosteum. The correct diagnosis:

- A) giant cell tumor
- B) congenital cortical defect
- C) bone cyst
- D) thigh tuberculosis
- E) hip osteomyelitis

2. With penetrating wounds of the breast in decreasing frequency, organ damage is observed:

- 1) lung
- 2) hearts
- 3) trachea
- 4) esophagus
- 5) aperture
- A) 1, 2, 5
- B) 1, 4, 5
- C) 1, 2, 4
- D) 1, 2, 3
- E) 1, 3, 5

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3. X-ray diagnosis of tooth fractures of the second cervical vertebra is based on the projections:

- 1) front-back
- 2) oblique
- 3) axial or semi-axial
- 4) through the open mouth, front to back

- A) 3, 4
- B) 2, 3
- C) 1, 3
- D) 2, 4
- E) 1, 2

4. It is impossible to treat by methods of over extension of damage to the vertebrae:

- 1) compression fractures of the vertebral bodies
- 2) traumatic spondylolisthesis
- 3) separation of the anteroposterior angle of the vertebral body
- 4) fracture dislocation of the vertebrae
- 5) vertebral body fracture with lateral compression

- A) 1.3
- B) 1.4
- C) 1.5
- D) 2.4
- E) 2.5

5. A 48-year-old patient was admitted with a diagnosis of concussion, hypertension syndrome. The clinical reliability of the diagnosis can be confirmed by:

- A) lumbar puncture
- B) magnetic resonance imaging
- C) electroencephalography
- D) radiography
- E) measurement of central venous pressure

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6. A 40-year-old patient has a compression fracture of the 12th thoracic and 1st lumbar vertebrae of the 1st degree. On the 2nd day after the injury, abdominal pain, decreased intestinal motility, and stool and gas retention appeared. First of all, the most appropriate treatment is:

- A) drug therapy
- B) laparoscopy
- C) laparotomy
- D) laparocentesis
- E) physiotherapy


7. The diver hit his head on the ground in shallow water. The pain in the cervical spine is disturbing. Objectively: the head is in a forced position. Palpation of the spinous processes of the 5th and 6th cervical vertebrae is painful. There is a deformation in the form of a noticeable standing of the spinous processes of these vertebrae. Attempts by the patient to move his head are almost impossible, very painful and significantly limited. The sensitivity and motor function of the upper and lower extremities are fully preserved. First of all, the most appropriate treatment is:

- A) Glisson loop extension
- B) fixing with a collar
- C) bed rest for 1.5–2 months.
- D) simultaneous reduction
- E) gradual reduction

8. A 12-year-old patient fell several days ago and was injured in the left elbow joint. Swelling of the elbow joint is clinically determined, the joint is deformed, the ulnar process protrudes posteriorly and outward. The Gunter triangle is broken, movements in the elbow joint are springy, hemorrhage on the upper third of the forearm. Most likely diagnosis:

- A) stale posterolateral dislocation of the forearm
- B) fresh posterior forearm dislocation
- C) Fresh front forearm dislocation
- D) stale posteromedial dislocation of the forearm
- E) fresh anterolateral dislocation of the forearm

9. A patient came to the emergency room complaining of pain in the knee joint. 30 minutes before admission, he twisted his leg on the street. On examination, a positive symptom of fluctuations, balloting of the patella, Baykov, Perelman. The most acceptable treatment in a rest room is:

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- A) puncture of the knee, plaster immobilization
- B) arthrotomy, gypsum immobilization
- C) exarticulation
- D) gypsum immobilization
- E) meniscectomy

10. Patient M. after an open fracture of the diaphysis of the tibia complicated by chronic osteomyelitis of the ends of the fragments without visible sequestration for a year there is no fusion. Suitable treatment option:

- A) osteotomy of the fibula (or its subperiosteal resection), treatment of extra-focal compression-distraction osteosynthesis according to Ilizarov
- B) an operation of economical resection of the ends of fragments with constant washing of the area of inflammation with antiseptics, skeletal traction, plaster cast
- C) resection of the zone of nonunion with bone transplantation, immobilization with a plaster cast
- D) intraosseous antibiotic therapy with prolonged immobilization of a “functional” unlined dressing
- E) limb amputation

IV-option

1. A 12-year-old patient fell at home, leaning on her left arm set forward. I felt a sharp pain, but turned only the next day. On examination, there is a swelling and deformation in the shoulder joint, subcutaneous hematoma, axial load is painful, crepitation of bone fragments. An X-ray image revealed a sub-tubercle fracture of the humerus with mixing with a partial violation of the growth zone, the angle is open inward. The correct diagnosis:

- A) closed leading fracture - epiphysiolysis of the left humerus with displacement
- B) closed leading fracture - epiphysiolysis of the left humerus
- C) closed fracture of the surgical neck of the left humerus
- D) closed leading fracture of the surgical neck of the left humerus
- E) closed, leading fracture of the surgical neck of the left humerus with displacement

2. A 17-year-old patient fell on a straight arm. There were pains and restriction of movements in the left elbow joint. On palpation of the area of the elbow joint, the main pain is in the area of the head of the radial bone and here there is a gentle crunch and swelling. On radiographs, a

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comminuted fracture of the radial head with displacement of fragments is determined. Proper treatment for this fracture in a patient:

- A) surgical treatment - removal of small fragments, osteositis of large fragments
- B) anesthesia in the joint, reponiation of fragments, external immobilization with a plaster cast
- C) surgical treatment - osteosynthesis of a radial neck fracture
- D) surgical treatment - removal of the head, the formation of a stump of the neck of the radius
- E) surgical treatment - removal of all fragments of the head, the formation of a stump of the neck of the radius

3. A 17-year-old patient ran across the rails in front of a running tram and fell under the wheels. Damage most characteristic with such an injury:


- A) damage to the lower extremities in the form of crushing and separation of their segments
- B) open hip fracture
- C) pelvic damage
- D) chest damage with a fracture of the thoracic spine
- E) a fracture of the lumbar spine in combination with a traumatic brain injury and trauma to the abdominal organs

4. A 22-year-old patient fell from the balcony of the 2nd floor. He landed on his legs and then on his buttocks. Complains of pain in the feet, lumbar and abdomen. The general condition suffers little, normal blood pressure. Damage is most likely:

- A) fracture of the calcaneus and lumbar vertebra
- B) fracture of the lumbar vertebra and contusion of the abdominal organs
- C) fracture of the bones of the foot and rupture of a hollow organ
- D) calcaneus fracture and internal bleeding
- E) fracture of the calcaneus and contusion of the abdomen

5. A 14-year-old patient was hit by an area of the right thigh in the lower third. An X-ray of the knee joint and the lower third of the thigh was made about the injury. The image shows a defect in the cortical layer of the metaphysis of the femoral 2 by 1.5 cm without the reaction of the periosteum. The correct diagnosis:

- A) giant cell tumor
- B) congenital cortical defect
- C) bone cyst
- D) thigh tuberculosis

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E) hip osteomyelitis

6. A 4-year-old patient received a closed fracture of the lower third of the radius of the left forearm. X-ray images show a transverse fracture with an angular displacement, the angle is open in the radial direction by 12 °. Treatment should be applied:

A) under local anesthesia, perform manual reposition and immobilize the arm with a plaster cast

B) open repair and fix the fragments with a plate

C) fix fragments with an extra focal compression-distraction apparatus

D) apply skeletal traction

E) apply external immobilization without repositioning of bone fragments

7. A 42-year-old patient turned after a car collision. Revealed oblique fracture of both bones of the right tibia in the middle third with a shift in length and a rotational shift. After the injury, 3 hours have passed. Swelling of the lower leg is moderate. The doctor anesthetized the fracture site and performed a manual reposition, holding the leg, the nurse put a plaster cast on the lower leg to the middle of the thigh. On the control x-ray image, the displacement of fragments even increased. Proper treatment:

A) pass the needle through the calcaneus and establish skeletal traction

B) reassign the bone fragments of the lower leg

C) perform osteosynthesis of a fracture of the leg bones in an emergency

D) upon receipt, use the Ilizarov apparatus

E) anesthetize the fracture site, fix the shin with a plaster cast and postpone the operation until the next day

8. A 17-year-old patient was admitted to the department with a diagnosis of closed oblique fracture of the right clavicle with displacement of fragments. It was decided to treat the patient with an operative method. For osteosynthesis, a retainer is selected:

A) triangular pin with a diameter of 3 mm


B) Kirschner spoke

C) the Ilizarov needle (1.8 mm) and an additional wire cerclage seam

D) a bone plate

E) Ilizarov's needle (1.8 mm) and an additional cerclage seam with lavsan

9. In case of injuries of the shoulder joint, damage to the anatomical formation, which is called the rotational cuff, often occurs. Such damage was received by an athlete of 20 years when performing exercises on the crossbar, when the left arm broke. Symptom characteristic of this damage:

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- A) with an active abduction up to 60 - 70 ° he is forced to slightly help with his second hand, after which he actively completes the abduction to the full
- B) can't take my hand away
- C) can't turn his hand out
- D) can't bring a hand
- E) cannot rotate internally

10. A boy of 8 years fell from the fence. Received an injury to the right elbow joint. An x-ray of the humerus shows a fracture of the humerus at the level of the upper edge of the ulnar fossa without a shift in width, but there is an angle open anteriorly. The correct diagnosis:

- A) closed flexion supracondylar fracture of the left humerus
- B) Supracondylar fracture of the left humerus
- C) Supracondylar fracture of the left humerus with displacement
- D) closed supracondylar fracture of the left humerus with displacement
- E) closed supracondylar fracture of the left humerus with angular displacement


V- option

1. On the mechanism of "shear" ribs often break:

- A) 11-12
- B) 2-4
- C) 5-7
- D) 7-9
- E) 1-2

2. The clinical picture of a simple fracture of the ribs consists of the symptoms:

- 1) cough
 - 2) hemoptysis
 - 3) forced position of the body
 - 4) local pain in the area of fracture of the rib
 - 5) subcutaneous emphysema in a small area, within 1-2 ribs
 - 6) hoarseness
 - 7) mobility of a broken rib during palpation
 - 8) lack of voice trembling on the side of the fracture of the rib
- A) 3, 4, 5, 7
- B) 1, 3, 4, 5
- C) 1, 2, 4, 8
- D) 1, 4, 5, 8
- E) 1, 3, 5, 6

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3. The clinical picture of a complex fracture of the ribs is composed of symptoms:

- 1) pain symptom
- 2) hemoptysis
- 3) subcutaneous emphysema
- 4) petechial hemorrhages
- 5) the paradoxical movement of the chest wall
- 6) balloting of the mediastinum
- 7) pneumohemothorax

A) 1, 3, 4, 5

B) 2, 3, 4, 5

C) 1, 2, 4, 7

D) 2, 5, 6, 7

E) 1, 2, 4, 6

4. With penetrating wounds of the breast in decreasing frequency, organ damage is observed:

- 1) lung
- 2) hearts
- 3) trachea
- 4) esophagus
- 5) aperture

A) 1, 2, 5

B) 1, 4, 5

C) 1, 2, 4

D) 1, 2, 3

E) 1, 3, 5

5. Osteomyelitis of the ribs and sternum, as a complication of open injuries of the chest, includes:

- 1) the occurrence of pericarditis
- 2) involvement in the inflammatory process of perietal pleura
- 3) the development of mediastinitis
- 4) pronounced periosteal reaction
- 5) the appearance of fistulous passages with holes on the skin, often away from the lesion of the sternum or rib

A) 2, 4, 5

B) 2, 3, 5

C) 1, 3, 5

D) 1, 4, 5

E) 1, 2, 5

6. If the victim has external open pneumothorax, therapeutic tactics include therapeutic actions:

- 1) the introduction of morphine to the patient
- 2) vagosympathetic blockade according to A.V. Vishnevsky
- 3) primary surgical treatment of a chest wound
- 4) the application of an occlusive dressing on the chest wound before the primary surgical treatment

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5) drainage of the pleural cavity in the intercostal space of the chest wound

- A) 2, 3, 4
- B) 1, 2, 5
- C) 2, 3, 5
- D) 1, 2, 4
- E) 2, 4, 5

7. Damage to the internal organs of the chest with a closed injury occurs in the following increasing frequency:

- 1) lung damage
- 2) tracheal damage
- 3) heart damage
- 4) damage to the esophagus
- 5) diaphragm damage
- A) 2, 3, 4
- B) 2, 3, 5
- C) 3, 5, 6
- D) 3, 4, 6
- E) 2, 4, 6


8. The operation of fixing the posterior spine is indicated for:

- 1) "explosive" fracture of the vertebral body
- 2) a vertebral fracture with damage to the spinal cord or its roots
- 3) uncomplicated flexion fractures of Th 11-12 bodies
- 4) damage to the intervertebral discs in the thoracolumbar junction
- 5) uncomplicated compression fractures L 1-3
- A) 1.3
- B) 1.4
- C) 1.5
- D) 2,3
- E) 3.5

9. A patient 32 years 5 months ago received an open comminuted fracture of the bones of the right tibia in the middle third of the diaphysis with displacement. He was treated in a hospital, conservative treatment was carried out. The fracture healed, however, over time, the wound above the fracture inflamed, a fistula with purulent discharge formed. On radiography - an overgrown fracture of the bones of the right lower leg with a cavity and a separately lying bone fragment. Such changes are indications for the operation:

- A) sequestration necrectomy
- B) osteotomy
- C) osteosynthesis
- D) resection
- E) trepanation

10. 6 months ago, at a wrestling competition, a young man experienced a sharp over extension in the knee joint. I did not seek help, bandaged the joint with an elastic bandage. Instability in the

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knee joint is worrying, the symptom of the “front drawer” is positive. Such changes are indications for the operation:

- A) plastic ligaments
- B) a seam on a bunch
- C) arthrotomy
- D) arthroscopy
- E) arthrodesis

VI-option

1. The young man fell on his left arm, bent at the elbow joint, resting on the palm of his hand. As a result of this injury, severe pain in the elbow joint appeared. Objectively: the left elbow joint is enlarged, deformed, the ulnar fossa is smoothed. With careful palpation, the ulnar process protrudes from behind. The axis of the shoulder is shifted forward. Active movement in the elbow joint is not possible. When trying to passive movements, a springy resistance is felt. The most likely preliminary diagnosis:


- A) dislocation of the forearm posteriorly
- B) forearm dislocation anterior
- C) divergent dislocation of the forearm
- D) dislocation of the forearm inside
- E) forearm dislocation out

2. A patient complained of pain in the knee joint was admitted to the emergency room. 30 minutes before admission, he twisted his leg on the street. On examination, a positive symptom of fluctuations, balloting of the patella, Baykov, Perelman. The most acceptable treatment in a rest room is:

- A) puncture of the knee, plaster immobilization
- B) arthrotomy, gypsum immobilization
- C) exarticulation
- D) gypsum immobilization
- E) meniscectomy

3. A 25-year-old patient has a transverse fracture of the left shoulder in s / s. All clinical signs of a fracture are determined, with the exception of crepitus. X-ray transverse fracture of the shoulder is confirmed. An attempt to manually reposition the fracture was unsuccessful. Most likely the cause of the failed reposition:

- A) soft tissue interposition
- B) significant displacement of bone fragments

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C) misrepresentation

D) insufficient anesthesia.

E) constitutional features

4. Patient N., 65 years old, three days ago, with sudden braking of the bus, fell and hit the right half of the chest. The doctor at the emergency room found the presence of a fracture of VII - VIII ribs on the right along the anterior axillary line, applied a pressure bandage to the chest, and recommended that the patient take analgin. The patient's well-being did not improve, there was pain during breathing, a cough with sputum joined, shortness of breath began to increase, and the temperature rose. On examination, the patient has tachycardia up to 94 beats per minute, lip cyanosis, temperature 38.4 ° C, sharp weakening of breathing on the right, scattered moist rales.

1. The complication in this situation:

2. Measures necessary to eliminate the patient's complications:

A) pneumonia. It is necessary to remove the bandage, perform alcohol-novocaine blockade, prescribe antibiotics, anti-inflammatory, detoxification therapy, expectorant drugs

B) pneumonia. It is necessary to remove the bandage, perform a blockade according to Vishnevsky, prescribe antibiotics, anti-inflammatory, detoxification therapy, expectorant drugs

C) intense pneumothorax. It is necessary to remove the bandage, perform intercostal blockade, perform a puncture of the chest, prescribe antibiotics


D) hemothorax. It is necessary to remove the bandage, perform intercostal blockade, perform a puncture of the chest, prescribe antibiotics

E) anaphylactic shock. Cancel analgesics. Gastric lavage, detoxification and desensitization therapy

5. Patient A., 30 years old, hit by a car. Delivered to the hospital without transport immobilization. The condition is serious. Is pale. HELL = 80/50 mm Hg, pulse 110 beats. in minutes The leg is sharply deformed in the upper third, the varus curvature of the thigh is determined. Here, on the outer surface of the thigh, a wound with torn edges 4.0 * 5.0 cm in size bleeds. The pulse on the arteries of the foot is preserved, movements in the toes of the foot are saved. List the treatment measures in the proper sequence.

A) antishock therapy - promedol, blockade, immobilization, infusion therapy, in case of shock relief - primary surgical treatment of the wound + extrafocal compression-distraction osteosynthesis, or extension to the supracondylar region followed by Rg – control

B) open reposition. Plate osteosynthesis, antibiotic therapy

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C) antishock therapy - promedol, blockade, immobilization, infusion therapy, open reduction intramedullary metal osteosynthesis

D) antishock therapy - promedol, blockade, immobilization, infusion therapy, primary surgical treatment of wounds

E) anesthetize at the fracture site, then primary surgical treatment of the wound extrafocal compression-distraction osteosynthesis, or extension beyond the supracondylar region

6. A 19-year-old patient was admitted to the emergency trauma unit 30 minutes after falling from a bicycle. On examination, the clinic revealed a typical fracture of the right clavicle. X-ray images show an oblique fracture with a typical displacement and a vertically standing bone fragment with sharp ends. The treatment indicated for this patient:

A) upon admission, perform anesthesia at the site of collarbone fracture, fix the arm with a plaster cast to a healthy shoulder girdle and hospitalize the patient for osteosynthesis as planned

B) perform a comparison of bone fragments under local anesthesia and fix the shoulder girdle with a Delbe dressing

C) upon admission, establish indications for surgical treatment - osteosynthesis with an intramedullary pin of Bogdanov and proceed with surgery

D) perform both pain relief of the fracture site, apply Delbe rings and send the patient to outpatient treatment

E) inject an intramuscular pain medication, hang a hand on the scarf and refer the patient for outpatient treatment

7. A 35-year-old patient, while working at a construction site, was hit in the foot by a concrete block. Delivered after 30 minutes to the front desk. The foot is swollen, cyanotic, cold to the touch. On an X-ray, a bone fracture is not detected. The diagnosis of crush syndrome of soft tissues of the foot. The main method of treatment of the patient:

A) upon admission to the operating room, dissolve the main fascial canals behind the ankles, along the rear of the foot, cold, plaster cast, infusion therapy

B) put foot on ice, infusion therapy

C) create gypsum immobilization, put a foot on ice, infusion therapy

D) perform case blockade, gypsum immobilization, painkillers, infusion therapy

E) upon admission to the operating room, dissolve the main fascial canals behind the ankles, along the rear of the foot and prescribe antibiotics


8. A 42-year-old patient turned after a car collision. Revealed oblique fracture of both bones of the right tibia in the middle third with a shift in length and a rotational shift. After the injury, 3 hours have passed. Swelling of the lower leg is moderate. The doctor anesthetized the fracture site and performed a manual reposition, holding the leg, the nurse put a plaster cast on the lower leg to the middle of the thigh. On the control x-ray image, the displacement of fragments even increased. Proper treatment:

A) pass the needle through the calcaneus and establish skeletal traction

B) reassign the bone fragments of the lower leg

C) perform osteosynthesis of a fracture of the leg bones in an emergency

D) upon receipt, use the Ilizarov apparatus

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E) anesthetize the fracture site, fix the shin with a plaster cast and postpone the operation until the next day

9. A 17-year-old patient was admitted to the department with a diagnosis of closed oblique fracture of the right clavicle with displacement of fragments. It was decided to treat the patient with an operative method. For osteosynthesis, a retainer is selected:

- A) triangular pin with a diameter of 3 mm
- B) Kirschner spoke
- C) the Ilizarov needle (1.8 mm) and an additional wire cerclage seam
- D) a bone plate
- E) Ilizarov's needle (1.8 mm) and an additional cerclage seam with lavsan

10. A 35-year-old patient was admitted to the department with a diagnosis of closed oblique fracture of the bones of the right lower leg with displacement of fragments. The fracture plane is two times longer than the tibia diameter. It was decided to treat the patient with an operative method. For stable osteosynthesis, you should choose a fixative:

- A) two screws, one of which is installed perpendicular to the axis of the bone, the second - perpendicular to the plane of the fracture
- B) osseous plate with 6 screws
- C) pin for intramedullary osteosynthesis
- D) two wire cerclage seams
- E) two spokes held perpendicular to the plane of the fracture, leaving the ends above the skin

ОҢТҮСТІК-ҚАЗАҚСТАН

**MEDISINA
AKADEMIASY**

«Оңтүстік Қазақстан медицина академиясы» АҚ



SOUTH KAZAKHSTAN

**MEDICAL
ACADEMY**

АО «Южно-Казахстанская медицинская академия»

Department of " surgery, oncology and Traumatology"

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