

To be filled by the candidate)

Booklet S. No. \_\_\_\_\_

Roll No. (In figures) \_\_\_\_\_

Roll No. (In words) \_\_\_\_\_

Name of the Candidate : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Center of Examination : \_\_\_\_\_

**Total No. of Questions : 50**

**Paper Code-2612**

**Name of Examination- Senior Resident/Specialist Tutor Entrance 2026  
Specialty-Orthopedics**

**Time Allowed : 90 Minutes**

**Maximum Marks : 200**

**IMPORTANT NOTE:**

- (i) OMR Answer Sheet will be supplied by the Examination Centre Superintendent for answering the questions.
- (ii) Use **Blue/Black Ink/ Ball Pen only**, to darken the appropriate circle in the OMR Answer Sheet.
- (iii) Darken one circle deeply for each question in the OMR Answer Sheet, as faintly darkened circle might be rejected by the Optical Scanner.
- (iv) Darkening of more than one circle shall be rejected by the scanner. **Over-writing, cutting, erasing or use of White Fluid is not allowed.**
- (v) Before dealing with the question paper, fill-up the required information with Blue/Black Ball Pen correctly both in the Question Booklet and in the OMR Answer Sheet.
- (vi) Do not fold the OMR Answer Sheet nor put any mark here and there to avoid rejection by the Optical Scanner.
- (vii) Write Roll. No. carefully on the OMR Answer Sheet and darken the appropriate circle properly.
- (viii) **Each question carries Four Marks while 1 mark shall be deducted for each incorrect response.**
- (ix) **Use of Calculator is not allowed.**
- (x) **No over-writing, cutting, erasing or use of white fluid is allowed.**
- (xi) Rough work be done on the sheet(s) at the end.
- (xii) **MOBILE TELEPHONES (EVEN ON SWITCH-OFF MODE) AND SUCH OTHER ELECTRONIC DEVICES ARE NOT ALLOWED INSIDE THE EXAMINATION HALL.**
- (xiii) The question paper-booklet will be retained by the candidate after the entrance test is over.

1. In posterior hip dislocation with sciatic nerve injury, which division is most commonly affected?

- A. Tibial division
- B. Peroneal division
- C. Both equally
- D. Depends on reduction timing

Answer: B

2. A Garden type III fracture has all EXCEPT:

- A. Incomplete displacement
- B. Varus angulation
- C. Partial loss of trabecular alignment
- D. Intact posterior cortex

Answer: D

3. The most reliable radiological sign of early avascular necrosis of femoral head is:

- A. Crescent sign
- B. Increased sclerosis
- C. MRI double line sign
- D. Flattening of head

Answer: C

4. Which periosteal reaction indicates the fastest growing tumor?

- A. Onion-skin
- B. Codman triangle
- C. Solid periosteal reaction
- D. Sunburst appearance

Answer: B

5. In ACL reconstruction, the graft most resistant to elongation is:

- A. Bone–patellar tendon–bone
- B. Hamstring graft
- C. Quadriceps tendon graft
- D. Allograft

Answer: A

6. In slipped capital femoral epiphysis, the epiphysis typically displaces:

- A. Anteriorly and superiorly
- B. Posteriorly and inferiorly
- C. Posteriorly and medially
- D. Inferiorly and laterally

Answer: B

7. Which fracture has the highest risk of non-union?

- A. Intertrochanteric fracture
- B. Subtrochanteric fracture
- C. Femoral neck fracture
- D. Shaft femur fracture

Answer: C

8. In Monteggia fracture, failure to recognize radial head dislocation leads to:

- A. Elbow stiffness
- B. Chronic radial head dislocation
- C. Posterior interosseous nerve palsy
- D. All of the above

Answer: D

9. The most sensitive investigation for early osteomyelitis is:

- A. X-ray
- B. CT scan
- C. MRI
- D. Bone biopsy

Answer: C

10. Which is the strongest predictor of poor outcome in supracondylar fracture?

- A. Presence of nerve injury

- B. Delay in surgery
- C. Vascular compromise
- D. Age of patient

Answer: C

11. Terrible triad of elbow requires fixation of all EXCEPT:

- A. Radial head
- B. Coronoid process
- C. Olecranon
- D. Lateral collateral ligament

Answer: C

12. In carpal tunnel syndrome, the earliest nerve fiber affected is:

- A. Motor fiber
- B. Large myelinated sensory fiber
- C. Small unmyelinated fiber
- D. Autonomic fiber

Answer: B

13. Smith fracture is also known as:

- A. Reverse Colles fracture
- B. Chauffeur fracture
- C. Barton fracture

D. Die-punch fracture

Answer: A

14. Neer's 4-part fracture implies loss of blood supply from:

A. Anterior humeral circumflex artery

B. Posterior humeral circumflex artery

C. Axillary artery

D. Thoracoacromial artery

Answer: A

15. Which structure is MOST commonly injured in anterior shoulder dislocation?

A. Supraspinatus tendon

B. Axillary nerve

C. Long head of biceps

D. Subscapularis tendon

Answer: B

16. In ankylosing spondylitis, the earliest radiographic sign is:

A. Bamboo spine

B. Squaring of vertebra

C. Sacroiliitis

D. Syndesmophyte formation

Answer: C

17. Most common cause of failure of fracture fixation is:

A. Infection

B. Implant breakage

C. Inadequate biomechanics

D. Poor bone quality

Answer: C

18. Jones fracture differs from avulsion fracture because it:

A. Occurs proximal to tuberosity

B. Has better blood supply

C. Heals faster

D. Rarely needs surgery

Answer: A

19. Which is the gold standard for diagnosing rotator cuff tear?

A. X-ray

B. Ultrasound

C. MRI

D. Arthroscopy

Answer: D

20. The most common complication following Ilizarov bone lengthening is:

- A. Non-union
- B. Pin tract infection
- C. Neurovascular injury
- D. Refracture

Answer: B

21. In compartment syndrome, irreversible muscle damage occurs after:

- A. 2 hours
- B. 4 hours
- C. 6 hours
- D. 12 hours

Answer: C

22. In septic arthritis, the most important determinant of prognosis is:

- A. Age
- B. Organism
- C. Time to drainage
- D. Antibiotic choice

Answer: C

23. Pott's spine commonly affects which vertebral region?

- A. Cervical
- B. Upper thoracic
- C. Lower thoracic
- D. Lumbosacral

Answer: C

24. The most common reason for early dislocation after THR is:

- A. Infection
- B. Component malposition
- C. Weak abductors
- D. Limb length inequality

Answer: B

25. Which tumor typically presents with pain worse at night relieved by NSAIDs?

- A. Osteblastoma
- B. Osteoid osteoma
- C. Ewing sarcoma
- D. Chondroblastoma

Answer: B

26. The MOST common cause of failed spinal fusion is:

- A. Infection

B. Hardware failure

C. Pseudoarthrosis

D. Adjacent segment disease

Answer: C

27. Trendelenburg gait occurs due to dysfunction of:

A. Gluteus maximus

B. Gluteus medius

C. Iliopsoas

D. Adductor longus

Answer: B

28. The most sensitive marker of bone turnover is:

A. Serum calcium

B. Alkaline phosphatase

C. Osteocalcin

D. Parathyroid hormone

Answer: C

29. Most common site of chondrosarcoma:

A. Distal femur

B. Pelvis

C. Proximal tibia

D. Humerus

Answer: B

30. The single most important factor determining union in fractures is:

A. Age

B. Blood supply

C. Type of implant

D. Duration of immobilization

Answer: B

31. In femoral neck fractures, the retinacular vessels primarily arise from:

A. Obturator artery

B. Medial femoral circumflex artery

C. Lateral femoral circumflex artery

D. Inferior gluteal artery

Answer: B

32. The earliest radiological sign of osteoarthritis is:

A. Osteophyte formation

B. Subchondral sclerosis

C. Joint space narrowing

D. Subchondral cysts

Answer: C

33. Which structure is NOT part of the extensor mechanism of the knee?

- A. Quadriceps tendon
- B. Patella
- C. Patellar ligament
- D. Medial collateral ligament

Answer: D

34. In a floating knee injury, the most common associated injury is:

- A. Popliteal artery injury
- B. Knee ligament injury
- C. Femoral nerve injury
- D. Patellar fracture

Answer: B

35. The most common cause of non-traumatic osteonecrosis of femoral head is:

- A. Sickle cell disease
- B. Alcohol abuse
- C. Steroid therapy
- D. Idiopathic

Answer: C

36. The safe zone for K-wire insertion in supracondylar fracture is to avoid injury to:

- A. Median nerve
- B. Radial nerve
- C. Ulnar nerve
- D. Brachial artery

Answer: C

37. Which fracture has the poorest blood supply?

- A. Scaphoid waist fracture
- B. Talus neck fracture
- C. Femoral neck fracture
- D. All of the above

Answer: D

38. In Lisfranc injury, the most consistent radiological sign is:

- A. Widening between 1st and 2nd metatarsals
- B. Fracture of cuboid
- C. Dorsal dislocation of navicular
- D. Collapse of medial arch

Answer: A

39. The most common complication of conservative treatment of clavicle fractures is:

- A. Infection
- B. Non-union
- C. Malunion
- D. Neurovascular injury

Answer: C

40. Which test is most specific for meniscal injury?

- A. Joint line tenderness
- B. Apley grinding test
- C. McMurray test
- D. Thessaly test

Answer: D

41. In Perthes disease, the earliest pathological event is:

- A. Collapse of femoral head
- B. Revascularization
- C. Ischemic necrosis
- D. Fragmentation

Answer: C

42. The most common cause of pseudoarthrosis is:

- A. Infection
- B. Inadequate stabilization
- C. Poor nutrition
- D. Excessive callus

Answer: B

43. Which nerve is most commonly injured in acetabular posterior wall fracture?

- A. Femoral nerve
- B. Obturator nerve
- C. Sciatic nerve
- D. Superior gluteal nerve

Answer: C

44. In rheumatoid arthritis, the earliest joint to be affected in the hand is:

- A. DIP joint
- B. PIP joint
- C. MCP joint
- D. First CMC joint

Answer: C

45. The most common cause of failed rotator cuff repair is:

- A. Infection
- B. Poor rehabilitation
- C. Tendon re-tear
- D. Adhesive capsulitis

Answer: C

46. Which parameter best predicts stability in thoracolumbar fractures?

- A. Amount of kyphosis
- B. Canal compromise
- C. Posterior ligamentous complex integrity
- D. Vertebral body height loss

Answer: C

47. In open fractures, the most important determinant of infection is:

- A. Time to antibiotics
- B. Degree of contamination
- C. Time to debridement
- D. Soft tissue damage

Answer: D

48. Which bone tumor is associated with “chicken-wire” calcification?

- A. Chondroblastoma

- B. Osteoid osteoma
- C. Chondrosarcoma
- D. Ewing sarcoma

Answer: A

49. In clubfoot, the LAST deformity to be corrected is:

- A. Cavus
- B. Adduction
- C. Varus
- D. Equinus

Answer: D

50. The most common cause of early loosening after total knee replacement is:

- A. Infection
- B. Polyethylene wear
- C. Malalignment
- D. Osteolysis

Answer: C

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