

ORALS

1 Sources of health care financing, advantages and disadvantages of each.

2 Talk on how the family affects the health of members- health needs of the family

3 Outline the steps in the emergency management of acute severe asthma as Doctor on call. Resuscitation- ABC

4 Using ethical principles, how will you manage a couple who had secondary infertility with a 3yr old son, and the husband was found to have azoospermia and bilateral testicular atrophy

5 As a Chief registrar in your department, what will you do to improve the training of the Junior residents in your department.

6 The house officer in your unit prescribed ferrous sulphate, antimalarial, antibiotic, Vitamin C for a 2yr old child brought by the mother on account of Common cold. Identify the issues with the prescription and discuss.- polypharmacy

7 You were just employed as a Doctor in a construction company, list the medical, surgical

and social problems you can encounter and how you will manage them.

Orals:

1. Describe the outline you would use to teach medical students about PCCM

ANSWER; EUCHERR

Exploring the illness and disease

Understanding the whole man

Finding a common ground

Incorporating health education and promotion

Building doctor and patient relationship

Being realistic with resources

2. Levels of prevention and how you would apply it to interventions for prevention of HIV transmission

Primordial

Primary

Secondary

Tertiary

quaternary

3. SR in A &E. Child brought in with features of Acute Severe Asthma. How would you manage? Classification of asthma

4. Principles of medical ethics and how you would apply it to patient management in your GOPD

5. Contents of a referral letter for patient who had lumpectomy and histology result suggestive of adenocarcinoma .

6. How would you manage a patient who was brought in on account of abnormal behaviour as well as auditory hallucinations following ingestion of a meal of rice that was cooked with marijuana leaves

7. Patient newly diagnosed with glaucoma. Discuss the family medicine tool you would use to identify presence of the disease in his extended family

8. One more oral question, u r a doctor in a camp with girls that were just rescued from terrorist. How do u manage them and prevent the spread of communicable diseases

Log Book:

1 You did not sign skin scraping and skin snip, tell us about them.

2 Foreign body in the eye, how will u manage.

3 You did not sign hypochondriasis, tell us about it.

4 Case of Panic disorder you saw, management and differentials.

5. Sleep pattern in Depression and anxiety disorder, differentiate...

6 A case of hypoglycemic emergency you saw and management.

7 A case of testicular torsion you saw and management.

8 Grade Hypertension using JNC 7 and JNC 8, differentiate between the 2. Then ASC(American....latest classification)

9. Management of Hypertension using lifestyle modification.

Answer; WASHED MNEMONICS

Weight reduction

Alcohol reduction

Smoking cessation

Health promotion

Exercise prescription

Dietary advice

OSCE RECALL:

1. IUCD insertion (copper T) in a mannequin. 😂
EVERYTHING is provided so u will not be saying "I will like to wash my hand & Scrub. There is water and Scrub gown for you. You must DO!

2. Counselling on Lifestyle (weight loss, DM)

3. BLS (Emergency station)

4. Visual acuity

5. Hearing Assessment (ear exam, Rinnes , Weber's)

6. Write a referral Letter using a case scenario.

7. Focused history on Vertigo.

8. Focused history (SECONdARY Survey) in head trauma

9. Knowledge station

Recalls...

Log book:

Shoulder dislocation

Abscesses

Ring block

Venous cutdown

Lumbar puncture

ICPC

Palliative care

Home visit

Caesarean section

I answered 5 questions plus an extra as the bell rang.

Your house officer prescribed for a patient with common cold and it contained antimalarial, antibiotic, fesoate, Folic acid, Vit bco, vitamin c. Comment on the prescription.

Manage a 3 yr child with acute severe asthma.

As a doctor in a construction site, what are the cases and how would u set up a clinic.

Write the Operation note for cs secondary to obstructed labour

Effect of family on health

added question - What is APGAR?

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Effect of family on health

added question - What is APGAR?

*which CAM would I want to employ for the patient that I offered palliative care. I mentioned spirituality.

What is the difference between spirituality and religion?

MCQs/MEQs

1. 52 year old female with 6 months history of reducible hernia. What's the diagnosis?

a. Indirect,

b. direct,

c. femoral

2. Question on APGAR score of a neonate.

3. Question on FM tools

4. Question on statistics. They didn't ask the usual "what is the sensitivity, PPV etc". You should calculate all the statistics and relate them to the option.

a. There was an option like the FP is higher than the FN, you were to choose which was the correct statement.

5. What finding in peripheral blood film would suggest a liver pathology?-

a. a.Acanthocytes,

b. sideroblasts, etc.

c. ans; targets and spur cells

Liver disease is a cause of megaloblastic anemia ans

6. What is the Commonest bone tumour?

a. Chondroblastoma,

b. osteosarcoma,

c. giant cell tumour,

d. aneuysmal bone cyst,

e. .metastasis to the bone

7. Shilling's test diagnosis what?

a. Vit B12 deficiency- shows how patient can absorb vitamin b12 from intestinal tract.

b. folate deficiency etc

8. Burkitts lymphoma is associated with the following except:demystifying

a. a. CMV

b. EBV, T

c. malaria, T

d. forest vegetation

Meq-

9. The lady with infertility that asked you as a doctor, what is the best time to have sexual intercourse?

a. 3 days before ovulation,

b. 1 day before,-LH surge

c. 1 day after,

d. 3 days after,

e. on ovulation day

9. Which immunoglobulin is not seen in multiple myeloma?

a. IgM, -t

b. igG, -t

c. c.IgA, -t

d. d.IgE,

e. IgD

Meq-

10. a woman that delivered outside hospital facility. What investigation would be appropriate to carry out?

a. There was a combination of PCV, hbsag, HIV, eucr, blood group, etc in different options

11. Examination of the baby, there was a fluctuant mass that did not cross suture lines.

What is this mass?

a. Cephalhaematoma-does not cross suture line,

b. caput succedenum,

c. subgaleal haematoma...

12. Baby came at 3 weeks with yellowness of the eyes. What would u do?

a. Place under blue light,-pathological

b. place under sunlight,

Meq-

13. The health challenges at various family life stages.-PADSTROM

Meq-

14. a nullipara that presented with fever, malaise, sore throat. LMP 8 weeks. In clerking her, what questions would be least important?

- a. Drug history,
- b. Sexual history, etc

15. What is your possible diagnosis at this time?

- a. **Viral infection,**
- b. malaria

16. Further history showed that she had stooling, vomiting a month ago.

Examination revealed diffuse tenderness, worse on the RIF.

What is now your diagnosis? **Right ectopic pregnancy,**

17. What is your view of use of abdominal X-ray in this patient?

One option was –

- a. **It may not be relevant due to risk to her pregnancy...**

17. Which is not X-ray features of cardiac failure –

Ans; ABCDE; Alveolar edema(bats wing appearance), kerley B lines(interstitial edema), cardiomegaly, dilated prominent upper lobes diversion, pleural effusion

- a. a.kerly b lines,
- b. b.upper lobe diversion,
- c. **.widened mediastinum,**
- d. cardiomegaly.

18; Following are Causes of pulseless electrical activity except : 5TS and HS-hypoxia, hyperkalemia, hypokalemia, hypothermia, hypovolemia, hydrogen ion-acidosis, thrombosis, , tamponade, tension pneumothorax, toxins

- a. **Hypotension,**
- b. hyperkalaemia,
- c. cardiac tamponade,

d. hypothermia.

19. These are ecg findings in hyperkaemia except:

- a. Prolonged pr interval,-t
- b. st segment depression,-t
- c. tall peaked t waves.-t

Ans; mnemonics for hyperkalemia- pull effect; wide, flat P wave, prolonged PR interval, widened QRS complex, tall , peaked T wave

Hypokalemia- push effect; inverted T wave, appearance of U wave

20. What is the gold standard for diagnosis of PID?

- a. **Laparoscopy,**
- b. endocervical swab mcs,
- c. positive CET.

21. Most virulent Ebola specie?

- a. **Zaire,**
- b. b.Preston.....

22. Which of these categories should not be given a flight permit? Ans; 24 hours after keyhole surgery, 10 days after simple abdominal surgery, 10 to 14 days after chest surgery or a coronary artery bypass graft , One day after simple cataract or corneal laser surgery, 7 days after more complicated eye surgery, 2 -6 weeks after surgery for retinal detachment,,7 days after brain surgery, One day after a colonoscopy, One day after surgery where a plaster cast is applied, 3 months if, Lung resection, Joint replacement, such as a hip or knee replacement

a. **Stable recent stroke,**

- b. 3 weeks post coronary artery bypass graft.,
- c. stable HTN,

23. When should a Pregnant woman not be allowed to fly?- ans;35weeks of pregnancy on international flights, 36weeeks on domestic flight, twin pregnancy-32 weeks

a. **36wks international flight**

- b. 36 weeks local flight
 - c. 32 weeks twin gestation.
24. Which trimester in pregnancy is safest to fly? **2nd trimester**

25. anaesthetic that you have to increase the dose in children because they are resistant to it?

- a. Succinyl choline* ,
- b. halothane etc.

26. Question on jet lag.

The symptoms are worse when?

- a. Flying east to west, *
- b. flying west to east.***

27. Diabetic Patient flying, what is most appropriate to do... Diabetic passengers should maintain the departure/home timing throughout the journey, for both meal and medication, and adjust to arrival/local time only after arrival at the final destination, however there will be need to check blood glucose 18hrs after usual morning dose (local time) when travelling westward before administering insulin if less than 250mg/dl wait till morning of local time.

Adjustment in insulin use can be guided by:

When travelling east, travel day is shorter and patient requires less dose of insulin

When travelling west (if travel day is longer by at least 2 hrs), there may be need to use more dose of insulin

a. He shld do his rbs 18 hrs after take off...

b. He has to note the changes in time zone and adjust dose accordingly.

other options listed...

28. The woman sitting in front seat who had an RTA, with limb shortening and internal rotation of the hip-ans; flexion and adduction of the leg, posterior dislocation

- a. Posterior dislocation,**
- b. anterior dislocation....

29. Why is it important to cool down after an exercise?

a. To eliminate lactic acidosis,

b. to reduce core body temp, -t

c. to reduce heart and resp rate etc-t

d. To reduce to their optimal length and tension relationship-t

30. How do you identify E. histolytica microscopically?

a. By number of nuclei in cyst,.....4

Meq-

31. Vaginal discharge with fishy smell

a. T vaginalis,

b. bacterial vaginosis

32. What drug would be given?

a. Metronidazole &/ clindamycin, etc

33. Question on hypertensive emergency - which drug is not used? They listed 4 iv antihypertensives and ***sublingual nifedipine***

34. Question on hypertensive urgency: which is not true

a. You don't need to admit px

b. It is not a htensive crisis*

c. Reduce bp over hours

WACP OCT 2019 RECALLS ON PICTURE TEST*

They are a total of 5 questions with babies.

Read the instructions. Also, before for each question, there was a slide that explained what the picture was all about that should guide the answer to give.

1. AED – Automated External Defibrillator identify and state it's use-pulseless ventricular tachycardia, ventricular fibrillation

Contraindications.- pxt is wet, asystole, pulseless electric activity

2. peak expiratory flow meter

Identify, state two uses-monitor treatment, differentiate btw copd and asthma, home mgt of asthma, response to treatment

3. CXR film of homogenous opacity on the right hemithorax.

describe the film and what are the differentials-tb, pneumonia, trauma,

4. CT scan of hyperdense lesion in the left parietal region as well as in the lateral ventricles.

Describe u see.

Diagnosis-acute left intra cerebral and intraventricular haemorrhage...

5. A man having two electrodes over his temples.

Electroconvulsive therapy

Mention indications and contraindications.-

Severe depression, schizophrenia, catatonia, bipolar

Contraindications; acute glaucoma, raised icp, recent mi, severe arterial hypertension, narcotic intolerance

6. Laboratory slide of a urine sample and another of a skin specimen with KOH applied.

What kind of urine preparation was used.

7. Identify.

The second slide had branching hyphae above and what looked like round bodies in a chain form.

Fungal and cocci

8. A picture of gas fumes from a factory. What are the health hazards?

Copd, lung cancer, pneumoconiosis, conjunctivitis, pneumonia, dermatitis/skin malignancy

Asbestosis-roofing, berylliosis-electrical appliance

9. A picture of children Hawking.

Describe.

what are the rights of a child that are violated according to the picture? Rights to education, right to adequate care, freedom from kidnapping,

freedom from child abuse, right to live with the parent

9. A picture of an openly defecating in a gutter.

Describe

What are the health risks? –water-borne disease, helminthic infection, diarrhea, water pollution, rape, water pollution, increased risk of sexual violence

10. A man using a machine wearing shades on (a blacksmith or so) What are the risk involved in this practice? Ans; Visual impairments from trauma, conjunctivitis, ear pain or discharge, ocular melanoma, lung cancer, copd

36. Meq- woman that delivered outside hospital facility. What investigation would be appropriate to carry out?

There was a combination of

a. PCV,

b. hbsag,

c. HIV,

d. eucr,

e. blood group, etc in different options

37. Question on TTM. Which is not true?

a. Action comes before precontemplation.

Other options....

38. Pregnant woman u are examining lying down develops some symptoms-

Supine hypotension syndrome.... Etc because of aortovena cava compression

39. Question on Post dural puncture headache. Management would include these except:

a. Epidural dextrose,

b. epidural saline...

40. What doesn't predispose to it?

a. a.Amount of anesthesia,

b. b.Needle size,

c. c.shape,

explanation; pdph; develop within 7days of post lp and disappears after 14days

predisposing factors; needle size, needle design, direction of bevel, number of attempts, replacement of stylet, body mass index, obstetrics

41. Which is not a type of local Anaesthesia?

- a. **a.Epidural,**
- b. biers block,**
- c. local infiltration.

42. Definitions of drug adherence, drug compliance, drug persistence, drug concordance... Which is not correct..

Drug concordance; new approach to the prescribing and taking of medicine, agreement reached after negotiation with health care provider and patient.

Drug adherence; degree to which the persons behaviour correspond to the agreed recommendation by the health care provider. Behaviour matches recommendation of the health care provider.

Drug compliance; degree or extent of conformity to the recommendation about day to day treatment by the provider with respect to the timing, dosage, and frequency- right time, right dosage and right frequency.

43. Which muscle undergoes rigor mortis first after death?

- a. **A Face,**
- b. b.neck,
- c. c.arm,
- d. d leg

44. Which chemical is used? Formalin, alcohol, glutaraldehyde, phenol

45. A person sustained injury to the knee. Which is unlikely to occur?-

- a. Posterior cruciate commonly injured.
- b. Anterior cruciate with medial collateral-most commonly injured**

46. You are discussing with a patient. I think it's breaking bad news or so... Which is least important?

a. Holding her hands.....

47. You did a dix hall pike manoeuvre for a patient and it was positive. Epley manoeuvre is for treatment

This suggest what?

a. Positional vertigo.,

b. meniere disease

48. Which drug causes squamous cell Carcinoma?

a. Hydrochlorothiazide,

b. Losartan,

c. Atenolol..

49. Patient with features of PCOS. What cancer is she prone to? (I think the scenario was painted and u have to have deduced that it was PCOS)

a. **.Endometrial Ca,**

b. ovarian Ca

50. What can u use to differentiate between conjunctivitis and keratoconjunctivitis?

a. Fluorescein dye,.... others

51. Which of the symptoms is specific for heart failure? **Ans; PND**

a. Leg swelling,

b. cough.. ..

52. Meaning of pearl index? **The number of contraceptive failure per 100 women year, the smaller the index, the safer the method of contraception**

53. Which contraceptive has the highest Pearl.index? **natural method**

a. a.Cocp,

b. b.IUD

54. What is Yuzpe regimen? Ethinyl estradiol and levonorgestrel

a. Cocp,

b. b.levonorgestrel

55. The man who had tremors, not seen on movements, triggered by holding a pen. On exam, the tremor was visible on holding ur hand.

a. Essential tremors-involuntary and rhythmic shaking especially when u do simple tasks,

b. parkinsonism,-

c. alcoholism

56. What test check for early feature of heart failure?

BNP....

57. At triage, what do the colours mean? They gave examples of conditions and asked which was not correct. **IDMED**

Red; immediate

Yellow; delay

Green; minimal

Blue; expectant

58; A patient just treated for GTD. What contraceptive would you give her?

- a. **Cocp,**
- b. iud, etc
- c. barrier method-best

59. Clinical scenario of child who doesn't play with other children, stays alone, only responds to his name when tapped.

Diagnosis –

- a. **autism,**
- b. aspergers syndrome,
- c. deafness,
- d. ADHD

60. Question on internal hernia-diaphragmatic, pericecal, paradeodenal, foramen of Winslow, obturator hernia

61. Child delivered with vomiting post prandial. Chest exam-absent breath sounds, but audible bowel sounds.

Diagnosis - **diaphragmatic hernia, etc**

62. Child with honey coloured discharge on face.- impetigo

What drug would you give? Topical mupirocin, etc

63. 65yr old man with lung ca, not expected to live more than 2 months.

Experiencing dyspnoea, spo₂ 94%. Which is likely to relieve his symptoms?

- a. **Opioids,**
- b. nebulised morphine,
- c. steroids,
- d. benzodiazepines

MEQ –

64. benefit of circumcision.

a. Reduced risk of UTI....

65. Lady presented with palpitations, tingling in body, dizziness.

What's the diagnosis? –consider hyperventilation syndrome

- a. **Endogenous anxiety,**
- b. caffeine use,
- c. hyperventilation syndrome

66. Common cause of diarrhoea between 6 months and 2 yrs.

Rota virus.....

67. Drug of choice in travellers diarrhoea.

Ciprofloxacin

68. Which is not correct in measurements of MUAC with Shakirs strip?

Normal; >13.5cm

Borderline; 12.5-13.5cm

Wasted; <12.5cm

69; Question on ASA classification.

- 1- Normal healthy patient-non smoker, minimal alcohol use
 - 2- Mild systemic disease-well controlled hypertension, diabetes, pregnancy
 - 3- Severe systemic disease- poorly controlled diabetes, hypertension, COPD, morbid obesity, alcohol dependency, moderate pacemaker, acute hepatitis
 - 4- Patient with severe systemic disease which is incapacitating eg <3months MI, CVA, ARDS
 - 5- Moribund patient who is not expected to survive without operation –ruptured abdominal aortic aneurysm, intracranial bleeding with mass effect
 - 6- Declared brain dead, whose organs are removed for donor purpose
- E- emergency surgery

70. Question on woman with pain in right knee, left ankle and both hands.

Crepitus on examination.

Diagnosis –

- a. rheumatoid arthritis,
- b. osteoarthritis etc.

71; Lady with fishy vaginal discharge.

If she were to have lower abd pain, what would be ur mgt?

- a. Im ceftriazone,
- b. Doxycycline
- c. Ciprofloxacin stat
- d. Metronidazole Stat

72. Question on poisoning with Amitriptyline?

Which is least beneficial in mgt?

- a. Activated charcoal,
- b. gastric lavage,**

73. Prophylaxis given to a newborn.

They listed

- a. IM vitamin K 2mg, -0.5-1mg
- b. erythromycin eye drops 3%, -0.5%
- c. tetracycline eye drops,
- d. silver nitrate,**

They are all used, but what was tested was the knowledge of the *appropriate dose*

74. Counsel given to woman who just delivered.

Which is not?

- a. Colostrum: benefits in protecting against perimenopausal breast cancer and obesity.
- b. Delay for 72-96hrs in primigravida**
- c. Contains Vitamin E which aids red cells.

75. Patient that hold his breath when the right abdomen was palpated would likely have what?

Murphy sign

Acute cholecystitis,

76. Which is not a sign of appendicitis?

- a. Bloomberg sign- rebound tenderness
- b. Murphy,- cholecystitis**
- c. Rovsing,
- d. c.psoas,

77. Which is not a feature of carpal tunnel syndrome?

- a. Phalen sign,
- b. Tinel sign-tap on edial nerve at the wrist,
- c. numbness in proximal half of palm.**

78. Patient with pain in anterior sole that improves as he moves?

- a. Plantar fasciitis,**
- b. Achilles tendonitis.- posterior..

79. Question that lateral epicondylitis was the answer. Aka- tennis/pitchers/ swimmers/little league

Muscles involved; extensor carpi radialis brevis, Medial epicondylitis; golfers/baseball

80. The sportsman who sustained injury at home.

- a. It's a primary sports injury,
- b. secondary sport injury, -because he is a sport man, should be managed with surgery**
- c. not a sport injury hence treat as any other kind of injury.

81. Question with options of REM sleep, other options were different stages of non-rem sleep

REM-

Duration is longer, less restful, associated with dreams and are remembered, hr and breathind are irregular, cycle is 90min

NREM

Deep sleep, restful, Hr and bp are depressed

82. Which is not a step in gram stain?

- a. Stain with Crystal violet,
- b. counter stain with safranin,
- c. 95% acetic acid, heat dry,-acid alcohol**
- d. ,slant the slide and allow to dry

86. Prerequisites for vacuum delivery. A-J MNEMONICS,It can be done at 9cm, other options..... ask for help, bladder help, cervical dilatation, determine the position, 3cm ant to the posterior, 6cm posterior to the anterior, equipment required, gentle traction, halt, incision-episiotomy

A-ask for help/ anaesthesia/ address the patient

B- bladder emptying

c-cervix is fully dilated

d-determine the position

87. Child with asthma and skin disease.

Atopic dermatitis

Infant <6mths, children- middle, adult- below

88;Meq - baby with bilateral facial rash and rash when he is worn diapers.

What's ur diagnosis? Infantile dermatitis and nappy dermatitis,..... Other options

89. What investigation would be done? ANS; clinical diagnosis None, other options

90. He is now 3 years, no more rash in the nappy region but he has rash on cubital fossa and popliteal fossa.

What's ur diagnosis? Atopic dermatitis

91; Which is not a primary refractive error?

- Myopia- parallel rays of light are focused in front of the retina, corrected using concave lens, sees near object, blurred distant object
- hypermetropia,-parallel rays of light focus behind the retina, corrected using convex lens
- astigmatism- refraction of light varies in different meridian, corrected using
- presbyopia.**

92. TSH value of 6, T4 of 20. No units were given.

(they can bring out question like this. Learn the normal value of TFTs and know the units u are using as reference).

The diagnosis was likely hypothyroidism.

Options were: observe for 3 - 6 months and repeat, give a trial of levothyroxine, thyroid scan, etc.

Levothyroxine is d answer.

93; Which of these would help u differentiate between optic neuritis and papilloedema?

- Presence of pain,**
- reduced vision,
- weakness on the arm etc....

94. APGAR score is normally done in neonates at 0 and 5 mins, **1 & 5 mins**, 1, 5, 10 mins.

95. Questions on blood film finding in liver disease.

96. Risk factors and treatment for osteoporosis, stages of Alzheimer and pearl indices were all asked

97. Question on immunization.

Asked for wrong option.

Meningitis and typhoid given at 12 and 15 months, other options.....

98. meq-ure a resident doctor taking ur family on a vacation to US. Ur children are 5 and 8 years. What are ur concerns? They were asking about what challenges u would face at this family life stages.

- establish independence for the children on the vacation,
- control their curiosity and adventure etc

99. Your child falls ill. What will u do?

Some options on medications to give. One option was take him to the doctor that ur brother in US uses.

100. You remembered that u needed to take htensive drugs for ur BP.

What's the best practice?

- Take 2 weeks advance of medications and ur child wears an allergy band.**
- Take just what is required for d trip because of issue with custom, ur child wear an allergy band.
- Put ur medication in hand luggage, ur children wears allergy band.

.....other options

101. Jet lag.

Symptoms worse when: travelling:

- east to west,
- west to east,**
- across 5 time zones

102. Cancer patient that used Nsaid and Pcm but not getting better. You prescribed opioids. How would u prescribe it?

- Start short acting opioid, then short acting prn
- Long acting opioid, the short acting prn**
- Opioid patch.

103. According to WHO, what is the first step in order of pain management?

- Physiotherapy,
- PCM,
- NSAID.....**

104. Meq - 18 yr nullipara that came with previous abortion, having vaginal discharge.

What would not be included in ur discussions with her? –counsel on abstinence

105. What contraceptive would u want to prescribe?

- a. **Barrier,**
- b. iud,
- c. hormonal
 - b. Endometritis
 - c. Thrombi phlebitis
 - d. **UTI**

107. ECG changes of hyper and hypokalaemia were repeated in both mcq and meq

108. Questions on blood film finding in liver disease. –ans; ancanthocytes, sideroplast, target cell

Risk factors and treatment for osteoporosis, stages of Alzheimer and pearl indices were all asked

109. A patient with anterior neck swelling, the TSH is 4(not sure) while the free T4 is 20mg/ DL. What is the next step

- a. Do nothing
- b. FNAC
- c. Biopsy
- d. Start L- thyroxine

110. On Dix-Hallpike manoeuvre, rotatory nystagmus is noted which reduces in intensity, what is the diagnosis

- a. Central vertigo
- b. Positional vertigo
- c. Meniere disease

111. Pt with anterior heel pain worse on in the morning. What is the diagnosis?

- a. Plantar fasciitis
- b. Anterior plantar impingement syndrome
- c. Achilles tendonitis

112: Pt with fever, confusion and hallucinations, what is the diagnosis.

- a. A. schizophrenia
- b. B delirium
- c. C. Acute confusion

106, Least likely cause of fever on day 3 after cs for an obstructed labour

- a. Breast engorgement

