Instructions: Answer all questions and email answers to: marcusstrutzdc@gmail.com
Please DO NOT scan tests or test answers, simply just type answers in an email.
For Fill-in Questions: just write your answer.
For Multiple Choice Questions: list your answers, letter choices only, in a NUMBERED vertical column

Example:
1. A
2. B
3. C
4. The spinal column.

50 Questions. Choose the best answer according to the notes.

1. For every _____degree(s) of tube tilt, the tube is moved ____inch(es) closer to the patient to reduce magnification.
   a. 1 degrees, 1 inch   b. 10 degrees, 2 inches   c. 5 degree, 1 inch   d. Don’t move the tube

2. What advanced imaging is recommended to evaluate for fracture fragments and for bony detail?
   a. CT   b. Ultrasound   c. Bone scan   d. MRI

3. What advanced imaging is advised to evaluate for ligaments, tendons and disc pathology?
   a. MRI   b. CT   c. Mammography   d. Bone Scan

4. What are the 3 standard radiographs to evaluate the hip?
   a. AP pelvis, and AP and lateral frogleg spot   b. PA, lateral and oblique
   c. Oblique, AP and PA pelvis   d. AP and lateral only

5. Fill-in Question. When positioning the patient for AP pelvis and AP spot view of the hip, the femur should be in _____________ position?

6. The lateral frog-leg spot projection is taken AP with what type of position of the femur:
   a. Flexion, abduct and externally rotation of the femur
   b. Flexion and internally rotation of the femur
   c. Flexion, adduct and internally rotation of the femur
   d. Flexion of the femur only

7. What is the location of the central ray for the lateral frog-leg and AP spot view of the hip?
   a. Iliac crest   b. Femoral pulse   c. Ischial tuberosity   d. Umbilicus

8. What is the likely diagnosis of disrupted trabecular pattern within the femoral neck resulting in a linear zone of sclerosis traversing the femoral neck.

9. Description of X-ray: The AP view of the left hip indicates an osseous bump along the lateral aspect of the head-neck junction of the left femur. The patient has hip pain. What ranges of motion are likely decreased in this individual?
   a. Extension only of the femur
   b. Flexion, adduction and internal rotation of the femur
   c. Flexion only of the femur
   d. Flexion and external rotation of the femur
10. Fill-in Question. The possible outcomes or complications with femoroacetabular impingement are tears of the articular cartilage and ________________, and premature degeneration.

11. Herniation pit within the lateral aspect of the femur is associated with what abnormality?
   a. Fracture  
   b. Femoroacetabular impingement  
   c. Avascular necrosis  
   d. Normal Finding

12. What advanced imaging would be helpful in determining a labral tear of the hip?
   a. MRI with arthrography  
   b. Bone scan  
   c. CT  
   d. X-ray

13. An avulsion of the Anterior Superior Iliac Spine is seen on the AP view of the pelvis. What tendon(s) attachment to the ASIS?
   a. Iliopsoas  
   b. Sartorius and TFL  
   c. Gracilis  
   d. Rectus Femoris

14. An adolescent patient is complaining of knee pain. What areas should be evaluated beside the knee joint/region?
   a. Ankle, foot, hip and lumbar spine  
   b. None, just the knee.  
   c. Hip only  
   d. Ankle only

15. Fill-in Question. The AP view of the right hip demonstrates an abnormal Klein’s line which does not intersect the femoral epiphysis, and there are open growth plates. The diagnosis is______________________.

16. What advanced imaging could be ordered to evaluate for a stress fracture with NO radiation?
   a. MRI  
   b. PET scan  
   c. CT  
   d. Bone scan

17. Incidence of avascular necrosis of the femoral head greatly increases if the time in reducing a hip dislocation is greater than _____hours?
   a. 12 hours  
   b. 6 hours  
   c. 1 hour  
   d. 48 hours

18. How much flexion of the knee is required to perform a lateral x-ray of the knee?
   a. 180 degrees of flexion  
   b. 90-120 degrees  
   c. 45 degrees  
   d. 0 degrees

19. What is the tube tilt for the non-weight bearing AP x-ray study of the knee?
   a. 25-35 degree cephalad tube tilt  
   b. 5 degree cephalad tube tilt  
   c. 15 degree cephalad tube tilt  
   d. 25-35 degree caudad tube tilt

20. Fill-in Question. There is a caudad tube tilt of ___________ for the PA tunnel x-ray study of the knee.

21. What X-ray study of the knee should be performed to best evaluate the intercondylar notch, femoral condyles and tibial eminences?
   a. Sunrise/Tangential  
   b. PA Tunnel  
   c. AP  
   d. Lateral

22. What X-ray study of the knee should be performed to best evaluate the medial and lateral patellofemoral joints?
   a. Lateral  
   b. PA Tunnel  
   c. Sunrise/Tangential  
   d. AP

23. What is another name for tangential view/radiograph of the knee?
   a. Oblique view  
   b. Sunrise view  
   c. Axillary view  
   d. Catcher’s view

24. A fracture fragment is adjacent to the proximal lateral tibia called a segond fracture. What structures were avulsed from this attachment site?
   a. Biceps femoris  
   b. Vastus lateralis  
   c. Lateral collateral ligament and fibers of iliotibial band  
   d. Semimembranosus
25. Fill-in Question. The tibial eminences are avulsed from the proximal tibia. On MRI, the __________________attaches to the tibial eminences and is likely torn.

26. What advanced imaging can be performed following a patellar dislocation, to evaluate the medial patellar retinaculum for integrity/tear?
   a. CT   b. Xray   c. MRI   d. Bone Scan

27. The AP x-ray study of the knee demonstrates an oval radiopacity or bony ossicle along the superolateral portion of the patella with smooth margins. What is this normal finding?
   a. Fracture   b. Bipartite patella   c. Myositis ossificans   d. Tumor

28. A large defect or radiolucency at the articular surface of the medial femoral condyle of the knee is noted on AP and lateral radiographs. What is the advanced imaging of choice to better evaluate this lesion?
   a. X-ray   b. CT   c. MRI   d. Bone Scan

29. There is osteochondral dessicans of the medial femoral condyle with a loose fragment and defect in cartilage, and joint locking. What is the treatment or management of choice for this patient?
   a. Shockwave Therapy   b. Surgery   c. Immobilize   d. Ice Therapy

30. Fill-in Question. The lateral x-ray study of a ten-year-old male exhibits fragmentation and slight separation of the tibial tuberosity, and is diagnosed as __________________disease.

31. The AP x-ray study demonstrates an avulsed fragment at the styloid process of the fibula. What ligament and tendon attach to this site?
   a. Lateral collateral ligament and bicep femoris tendon
   b. Lateral (fibular) collateral ligament and quadricep tendon
   c. Meniscofemoral ligament and quadricep tendon
   d. Posterior cruciate ligament and semitendinosus tendon

32. What type of ligament tear is commonly associated with an avulsion of the styloid process of the fibula?
   a. Medial patellar retinaculum
   b. Anterior cruciate ligament
   c. Posterior cruciate ligament
   d. Lateral patellar retinaculum

33. The AP x-ray study shows calcification or heterotopic ossification along the medial femoral condyle. Patient reports previous knee trauma. What structure is calcified/ossified and what is it known as?
   a. Lateral collateral ligament; Myositis ossificans
   b. Semimembranosus tendon; Pellegrini Stieda syndrome
   c. Medial collateral ligament; Pellegrini Stieda syndrome
   d. Medial collateral ligament; Myositis ossificans

34. The lateral radiograph of the knee demonstrates significant cephalad/superior migration of the patella. What is the likely diagnosis?
   a. Medial collateral ligament tear
   b. Anterior cruciate ligament tear
   c. Patellar tendon tear
   d. Lateral collateral ligament tear

35. Fill-in Question. The 3 standard x-ray projections of the ankle are AP, __________, and lateral.

36. What is the central ray placement for the AP and medial oblique radiographs of the ankle?
   a. Fibula   b. Midtarsal bones   c. Between the malleoli   d. Calcaneus
37. A subtle linear sclerosis is traversing the posterior aspect of the calcaneus on the lateral x-ray study of the foot. Patient has pain in this area. What is the likely diagnosis and what advanced imaging could be performed?
   a. Normal finding; no imaging needed  
   b. Degeneration and CT  
   c. Tumor; PET scan  
   d. Stress fracture; MRI

38. The AP x-ray study of the ankle exhibits a linear radiolucency within the epiphysis of the distal tibia extending into the growth plate (Salter Harris III fracture). What are some possible complications with this injury?
   a. Dislocation  
   b. Bony resorption  
   c. Early or partial closure of the growth plate  
   d. Nonunion

39. A small oval radiolucency or osteochondral lesion is seen along the articular surface of the talar dome following trauma. What advanced imaging can be performed for further evaluation to determine surgical versus conservative care?
   a. Bone scan  
   b. Fluroscopy  
   c. CT  
   d. MRI

40. Fill-in Question. The ________________ fracture is a combination of fractures involving the medial malleolus AND proximal fibula.

41. The x-ray demonstrates ill-defined margins of the Achilles tendon, and tendon rupture of the Achille’s tendon is clinically suspected. What advanced imaging is warranted for further evaluation?
   a. X-ray only  
   b. CT  
   c. Bone scan  
   d. MRI

42. The foot x-rays should include what bony structures?
   a. Toes to the navicular  
   b. Only the distal toes  
   c. Distal toes to the distal tibia  
   d. Distal tibia to the navicular

43. The lateral x-ray study of the foot requires a tube tilt of what degree and direction?
   a. 5 degree caudad tube tilt  
   b. 10 degree caudad tube tilt  
   c. 10 degree cephalad tube tilt  
   d. Doesn’t require a tube tilt

44. The dorsoplantar x-ray study of the foot requires a tube tilt of what degree and direction?
   a. 5 degree caudad tube tilt  
   b. 5 degree caudad tube tilt  
   c. 10 degree cephalad tube tilt  
   d. Doesn’t require a tube tilt

45. Fill-in Question. The ________________ x-ray projection best evaluates the base of the 5th metatarsal bone and its styloid process.

46. Patient had an inversion sprain of the foot and ankle. The x-ray study exhibits an avulsed fragment adjacent to the base of the 5th metatarsal or styloid process. What attaches to the styloid process of the 5th metatarsal?
   a. Lateral cord of plantar aponeurosis and peroneus brevis tendon  
   b. Anterior tibialis tendon  
   c. Peroneus longus tendon  
   d. Peroneus tertius tendon

47. A radiopacity with smooth margins is lateral and parallel to the long axis of the proximal 5th metatarsal bone. What is the diagnosis of this radiopacity?
   a. Dislocation  
   b. Fracture  
   c. Surgical artifact  
   d. Normal apophysis
48. Patient has been training for long distance breast cancer walk, and has been gradually experiencing foot pain for the last 3 weeks. The x-ray of the foot exhibits callous formation within the mid-diaphysis of the 4th metatarsal. What is the likely diagnosis?
   a. Tumor  b. Lisfranc dislocation  c. Calcific tendinitis  d. Stress fracture

49. Widening or diastasis of the tarsometatarsal joint (Lisfranc joint) is a serious injury and may result in:
   a. Stable, leave it alone
   b. Avascular necrosis
   c. Infection
   d. Midfoot instability and surgical intervention

50. Fill-in Question. A special or additional radiograph, DP weight bearing radiograph of the foot, can be taken to evaluate AND stress the____________________ joint?

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