FRCS Experience MCQ February 2016, Part 2 Leicester May 2016

Revising for over a year is grim, but if you have outside commitments and can't spend 3 hours per day revising, then it has to be done. I started in March 2015, read Miller and Ramachandran and the Postgraduate Paediatric Orthopaedics book (better than paeds in Miller) all the way through twice. Then Current Orthopaedics Practice (Sanjeev Agarwal) and Orthopaedic Surgery Review (Mark Sokolowski) for a briefer reminder. I stopped reading and started MCQs in December (Orthopaedic Basic Science MCQs [Dawson-Bowling], Kesavan, Orthobullets, previous UKITEs). Despite previous cohorts saying the UKITE is close to the real thing, I don't think any practice questions were like the real thing. The SBA question stems were literally 1 sentence with very little information, the EMQs were much more like the UKITE.

Booked onto the Oswestry course before I had the part 1 results, just as well, as it sold out. It was the only course I did as I just didn't have the money for more. It was 2 weeks before part 2 and that was about right. Just 3 days of intense clinicals and viva practice. It would have been too off putting to do it earlier but once the book work is done, it was really good practice, a lot like the real thing.

I didn't go back to Miller after part 1. Used Banaskiewicz, both the big blue one (good for details and readability) and the brown viva one. Take the scenarios in both with a huge pinch of salt - the examiners were nothing like as mean as this and the level of detail in the books was not required for most of the exam. Also used FRCS Trauma and Orthopaedics Exam (Mansoor Kassim - Kindle only), FRCS Trauma and Orthopaedics Viva (Davies), Orthopaedic Basic and Clinical Science (Dawson-Bowling), FRCS (Tr & Orth) MCQs and Clinical Cases (Khanduja) for practice scenarios - varied in their complexity.

Started revising again before I had the part 1 results but only because Nick and Jowan insisted! I genuinely would have waited. They made us come to Sunderland for 7.15am most mornings to viva each other, it was exhausting and anxiety inducing but talking your answers out loud is so important before the viva.

We also had viva or teaching sessions with lots of trainers before the exam, which was brilliant. Special thanks to Mr Lakshmanan, Mr Michla, Mr Dalal and Mr Krishnan in Sunderland, Mr Townshend in North Tyneside and Mr Ayeung in Durham.

Part 2 - Lecicester

Be careful about your hotel choice, check reviews about noise et.c. Use ear plugs and eye mask (or whale music and aromatherapy....) to make sure you get some sleep. Do try to meet up with the other exam goers in the evening for some food and a reality check.

The exam flies over and it's really important to try to put any parts you think went badly behind you (there will be some no matter how well you prepare), as there are plenty of opportunities to score points.

Intermediates

Lower limb - 'This man has bilateral painful hips. He does not speak English'. Cue brief panic. Took history with daughter as interpreter, mostly focussing on my presumed diagnosis of AVN. Hip exam

bilateral (prompting from daughter so a bit challenging). Then reviewed X-ray and MRI, discussed Ficat grading, treatment options including bisposphonates, core decompression and vascularised fibular graft.

Upper limb - Lady in her 60s, arm weakness post shoulder dislocation. Brachial plexus + ?rotator cuff. Did brachial plexus exam, managed to stumble to a diagnosis of post-ganglionic lower plexus (C8-T1) but examiner keep interrupting, asking the root value of the muscles I was testing and really put me off my flow. Discussion of when to refer and when to investigate plexus. Shown MRI of rotator cuff tear, discussed management of massive tear (tendon transfer and reverse arthroplasty). This was my worst station.

Upper limb short cases

1 - 'Examine this man's hands'. Really obvious flexion deformity of left little finger but then re-directed to look at right hand - wasting suggestive of ulnar nerve lesion. Brief sensory and motor exam of ulnar nerve. How do you differentiate high and low lesions? Directed to look again at forearm (whoops) saw large, firm mass over course of ulnar nerve, examined it but no idea what it was.

2 - 'Look at this man's forearm'. Large volar scar consistent with Henry's approach and wasting of thenar eminence. Said ?tumour excision with median nerve involvement. Asked which tumour - mentioned a few including rhadomyosarcoma. Told it was. Explain skin changes - radiotherapy. What is the treatment? What follow-up should he be having?

3- 'Examine this lady's shoulder - just active movements'. Restricted in all planes. Some vague signs of polyarthropathy. Shown x-ray glenohumeral athropathy. Asked about types of arthoplasty. What other concerns with RA - DMARDS, atlantoaxial instability.

Lower limb short cases

1- 'Examine this elite triple-jumper's hip'. Large, young man with very painful, irritable hip - difficult to examine due to pain. Differential - AVN, FAI, stress #. Shown x-ray of FAI with established OA, discussed management - any point in MRI?, any point in scope?, osteotomy? THR?

2- 'Look at this man - what do you see?' Older man in wheelchair with obvious distal wasting. Offered CMT. Asked to comment on wrists and hands!! (wrist drop, clawing) What types of CMT? Inheritance, gene defect, conservative management with orthotics.

3- 'Exam this lady's feet'. Middle-aged lady with moderate hallux valgus, bilateral tib post dysfunction and small toe deformities. Really protracted examination, commenting on forefoot, gait, heel raise, ROM, calluses, correctability of forefoot, ROM hindfoot and ankle. What is the difference between claw, mallet, hammer toe, what you offer surgically?

Vivas

Paeds and hands

1- Fight bite - management including what you do at surgery, which antibiotic?

2- High radial nerve lesion - when to investigate? Mentioned Giannoudis paper (most are neuropraxia and get better), which tendon transfers?

3- Trans-scaphoid lunate dislocation - immediate management, which ligaments need to be repaired, which approach?

4- Limping child - Kocher's critieria all negative, discussed original and revised criteria, when to admit, which investigations.

5- Off-ended radial neck fracture - closed reduction, joy-sticking, why not open reduction? Cut-off for leaving alone.

6- Osgood-Schlatters - differentials, what to tell patient about restriction of activities, return to sport criteria, other areas for osteochondritis.

Basic science

1- Nerve conduction studies - describe points on graph, explain depolarisation, how to do, how to consent patient

2- Osteoporosis - WHO definition, BOAST guidelines, principles of DEXA, primary and secondary prevention, lifestyle and pharmacological, mechanism of action of bisphosphonates, SERM and strontium.

3- modes plates can be used in, draw how to do a compression plating, primary and secondary bone healing, Wolffs law and Perrin's strain theory.

4- Xray of calcified mass around shoulder - malignant? what is it? chondrosarcoma, staging and grading. Discussed deltopectoral approach.

5 + 6??? Honestly blanked from my memory, despite writing these down within a couple of hours of the end of the exam. Just felt like a whirlwind!

Adult path

1- Severe varus OA knee - what approach, sequence of releases, which knee would you use? Ladder of constraint.

2- Permeative lytic lesions femur - differential, investigation, told myeloma then shown pathological fracture, management?

3- Degenerative scoliosis - describe, management options conservative and operative

4- Elbow gouty tophus - differential diagnosis, management, skin incisions (discuss with plastics), what if infected?

5- MoM resurfacing - never been right since surgery. Differential - iliopsoas irritation, ARMD, infection, loosening. How to investigate. Comment on CT - osteolysis. How to investigate for infection - mentioned Berbari paper on sensitivity/specificity ESR/CRP, how to revise and what equipment needed to deal with acetabular osteoplysis.

6- ??? Lost to the adrenaline again

Trauma

1- Calcaneal fracture - angles, CT classification, ?surgery or not. Mentioned Buckley paper and discussed UK Heel trial extensively.

2- Type II odontoid peg non-union - how to estabilsh stability, comment on flex/ext views and CT. How to treat - atlanto-axial fusion, how to treat in acute setting, mortality in the elderly, complication of halo

3- Humerus # in adult treated abroad with ESIN - ?infected non-union. How to manage, compression plating, bone graft etc.

4- Intertroch/subtroch # - Nail vs DHS, biomechanical principles, what would you tell patient/relatives, NICE guidelines

5- Severe 4-part proximal humerus # in young patient - assessment, surgical management, mentioned Hertel's paper on predicting AVN

6- Segond # - ACL injury, meniscal injuries acute and chronic, my favoured reconstruction and why, reasons to reconstruct. How to pre-habilitate and rehabilitate and what to tell patient about return to work and sport.

Overall there was considerable focus on consent and what you would tell patients including percentage risks you would quote.

The viva was all fair game, mostly stuff you see in clinic all the time.

Good luck!!!