

Sample questions

Diploma – T/F

Following are the common causes of pain on extension of lumbar spines:

- A. Lumbar spinal canal stenosis
- B. Facet arthropathy
- C. Posterolateral disc bulges
- D. Osteoporotic fractures
- E. Haemangiomas of spines

Most haemangiomas cause no pain and are incidental findings. So also osteoporotic Fractures (Ref: J Multidiscip Healthc. 2013; 6: 205–214). Posterolateral disc bulges can cause radicular pain on spine flexion. LSCS gets worse on extension and causes severe back pain.(Ref: J Neuroimaging. 2011 Jan; 21(1): 92–94.)

Answers: T,T,F.F.F

Diploma – SBA

5. 4.A chronic pain patient who has been managed with a controlled-release opioid presents with complaints of hyperalgesia and allodynia, which were not present previously. The pain is in a different location and is described differently to the pain for which the opioid was prescribed. The likeliest explanation for this report is:

- A.Opioid tolerance
- B.Drug-seeking behaviour
- C.Immune suppression caused by the opioid
- D.Opioid-induced hyperalgesia
- E.Coincidental malignant disease development

Answer D. Opioid-induced hyperalgesia

[OIH is described as a paradoxical increase in pain associated with allodynia and hyperalgesia. The pain may occur at a different location and can be widespread. It is usually poorly defined in terms of region and quality]

Ref: Velayudhan A, Bellingham G, Morley-Forster P. Opioid-induced hyperalgesia. *BJA Continuing Education in Anaesthesia Critical Care & Pain* 2014;14(3):125–129

FPM -SBA

A 63 year old woman presents with low back pain and cramping in both the calves. It worsens on walking with is variable claudication distance. Spine extension is painful and neurological examination reveals segmental sensor loss . Her pedal pulses are feeble with ABI of 1. What is the most likely diagnosis.

- A. Neurogenic claudication
- B. Vascular claudication
- C. Peripheral neuropathy
- D. Facet mediated low back pain
- E. Spondylolisthesis

Answer: A. Neurogenic claudication is associated with variable claudication distance and normal ABI unlike vascular claudication where claudication distance is fixed with abnormal ABI.

FPM -T/F

4. Pregnancy related pelvic girdle pain

- A. Starts in the first trimester
- B. Mostly involves sacroiliac joint
- C. There is strong correlation between pelvic pain and blood relaxin level
- D. Epidural labour analgesia is contraindicated
- E. Cutting short of second stage of labour is helpful

Answers: F,T,F,F,T

- A. False-2nd Trimester
- B. True
- C. False-Study has shown no correlation
- D. False
- E. True- prevents prolonged stretching of pelvis

Ref:

A,B. Pregnancy-related pelvic girdle pain: an update. BMC Med. 2011; 9: 15.

C. Pregnancy-related pelvic girdle pain and its relationship with relaxin levels during pregnancy: a systematic review. Eur Spine J. 2012 Sep; 21(9): 1769–1776.