

1. Clinical Indications for Hip Surgery include:
 - a) Pathologic fractures from metastatic cancer
 - b) Congenital hip disease
 - c) Joint instability
 - d) Selected fractures
 - e) All of the above

2. ORIF stands for:
 - a) Open rearrangement of internal fragments
 - b) Orthopedic rod internally framed
 - c) Open reduction and internal fixation
 - d) Orthopedic reduction with iridium-guided fastening

3. An ORIF involves replacement of the hip joint socket
 - a) True
 - b) False

4. An ORIF procedure is more stable and requires fewer initial post-operative hip precautions than a hemiarthroplasty or total hip replacement.
 - a) True
 - b) False
 - c) All require similar hip precautions

5. Your patient with a right hip fracture returns from surgery without an abductor pillow in place. You assess that he has two small right hip dressings over two short incisions. Your nursing intervention is:
 - a) To obtain an abductor pillow and place it between his legs
 - b) To elevate the right leg on bed pillows
 - c) To place him in Buck's traction
 - d) To assess his pain level and provide ordered pain medication to facilitate early mobility

6. An important precaution to teach the patient with a recent hemiarthroplasty to avoid flexing the hip joint:
 - a) no greater than 120° angle
 - b) no greater than 90° angle
 - c) no greater than 45° angle
 - d) no greater than 30° angle

7. Which of the following patients is at highest risk for a poor outcome (morbidity or mortality) following an ORIF of their left hip?

- a) An 45 year-old female with COPD and osteoporosis from long term steroid medication
- b) A 65 year old male with moderately reduced kidney function
- c) An obese 80 year old female with a sedentary life style
- d) A 67 year-old male with early-onset dementia

8. In monitoring a patient during the first eight hours following hip surgery for traumatic fracture, the nurse assess that the post-operative blood in the hemovac is 300 ml. What is the nurse's next action?

- a) Instruct the CNA to continue to take vital signs hourly and report then to you
- b) After taking the patient's vital signs, call the surgeon to report the blood loss
- c) Reassure the patient that this amount of bleeding is well-tolerated following hip surgery
- d) Call an immediate Rapid Response Team for evaluation of the patient's condition

9. Circle each of the dietary factors which place the patient with a traumatic hip fracture at risk for delayed or inadequate wound and bone healing:

- a) Low levels of Vitamin D and Calcium
- b) High serum cholesterol levels
- c) Chronic hyponatremia (low salt)
- d) Chronic hypernatremia
- e) Low protein (cachexia)

10. Which of the following motions by a patient with a right hemiarthroplasty would place them at risk for hip joint dislocation: (**Circle all that apply.**)

- a) internal rotation of the right foot and leg
- b) crossing the right leg over the left leg
- c) crossing the left leg over the right leg
- d) early ambulation on the first postoperative day

11. Not all patients recover at the same rate. Not all procedures require the same precautions. Adjusting the patient's activity level is based on individual patient's abilities, procedure guidelines, doctor's orders and physical therapist's direction.

- a) True
- b) False

12. When the patient is moved in bed immediately postoperatively the nurse correctly and safely turns the patient with a hemiarthroplasty by which of the following actions?
- a) Independently turns patient onto the unoperated side while supporting the operated hip securely in an adducted position
 - b) With a second nurse or assistant turns the patient on to the unoperated side while supporting the operated leg and hip in an abducted position
 - c) Leaves the patient on a supine position until the physical therapist is available to help with turning the patient
 - d) With a second nurse or assistant turns the patient on to the operated side while supporting the unoperated leg and hip in an abducted position
13. When assisting the patient with a hip repair on to a fracture pan under what circumstances is it safe to not have an abductor pillow in place? (**Circle all that apply.**)
- a) When the patient has had an ORIF
 - b) When the patient with a hemiarthroplasty is alert, mobile and able to prevent internal rotation and flexion of the operated hip
 - c) When the patient is uncomfortable with the abductor pillow in place regardless of their degree of alertness
 - d) When the patient is medicated for pain
14. When is a gait belt required for the post-operative hip surgery patient in acute care?
- a) When first SITTING on the edge of the bed
 - b) When TRANSFERRING from bed to chair or commode
 - c) When WALKING the patient on the second post-op day
 - d) In all of the above situations
15. The proper height of a chair or commode for a patient with a hemiarthroplasty is:
- a) Two inches below the patient's knee
 - b) Two inches above the patient's knee
 - c) At the level of the patient's knee
 - d) At the level of the patient's hip
16. Which of the following statement is true about "weight-bearing" for the patient with a hip repair or replacement?
- a) All hip surgery patients are encouraged to weight bear as tolerated on day two
 - b) Permit weight-bearing only as prescribed
 - c) Only patients with hemiarthroplasties are allowed to weight-bear on the second post-op day
 - d) Hip surgery patients are no encouraged to weight-bear for up to six weeks.

17. The advantages of external fixation in fracture treatment are: **(Circle all that apply.)**

- a) Facilitates wound care and soft tissue reconstruction
- b) Allows early function of muscle and joints
- c) Allows early patient comfort
- d) Reduces risk of compartment syndrome

18. An external fixator maintains the fracture in a stable position and the extremity can be moved during the first 24 hours by:

- a) Grasping the frame and assist the patient to move the extremity
- b) Having the patient lift the extremity without assistance
- c) Teaching crutch walking without weight-bearing when soft tissue swelling has diminished
- d) Teaching crutch walking with weight-bearing

19. When is it safe for the patient with an EFD (external fixation device) to weight-bear?

- a) Immediately after the EFD is placed
- b) Within two weeks after placement of the EFD
- c) Weight-bearing should occur only after patient is cleared by doctor or physical therapist, and only as prescribed.
- d) Six to eight weeks after the EFD is placed and bone healing has occurred

20. You observe the following around the EFD pin site of a patient with a temperature of 99.9 F: redness, warmth, and hardening of the surrounding skin. The best next action is to:

- a) Elevate the leg on two to three pillows and monitor the site
- b) Call the lab to draw a blood culture
- c) Call the patient's primary care doctor
- d) Call the surgeon

21. Discharge Planning for the Patient with and External Fixation Device includes which of the following elements: **(Circle all that apply.)**

- a) Specific amount of weight-bearing or non-weight bearing ordered
- b) Instruction to not internally rotate the affected limb
- c) Signs of infection at pin sites
- d) Instruction not the flex greater that 90 degrees when sitting or standing
- e) Pain management plan
- f) Dietary instruction to maintain or increase intake of calcium, phosphorus and protein

22. Which one of the following signs and symptoms is the earliest indicator of compartment syndrome?

- a) Poikilothermia
- b) Paralysis
- c) Paresthesia
- d) Unrelenting pain
- e) Pallor
- f) Pulselessness

23. Which of the following situations can lead to compartment syndrome?

- a) Blood-soaked padding may shrink beneath a cast and cause constriction of circulation
- b) Swelling inside of muscle fascia around any fracture can constrict blood flow
- g) Crush injuries
- h) Burns
- i) Overly tight bandages
- j) Prolonged compression of a limb during a period of unconsciousness
- k) Surgery to blood vessels of an arm or leg
- l) A blood clot in a blood vessel in an arm or leg
- m) All of the above

24. Physical therapy and nursing have overlapping responsibilities in caring for orthopedic patients. The Physical Therapist primary responsibilities in caring for the patient with an ORIF include:

- a) Monitoring and guiding pain management
- b) Assuring safe mobility and teaching use of assistive devices
- c) Teaching nutrition for bone healing
- d) Preventing skin breakdown

25. I learned at least one piece of information from doing this orthopedic unit and quiz that will improve my personal safety in caring for patients with orthopedic conditions. (Circle one answer and comment on line "C".)

- a) True
- b) False
- c) _____