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*Q No: (1):-*

*Ans :-*

1. *Tubercle:-*

 *Tubercle any round nodule small eminence, out growth found on external or internal organ of body. within the human body.*

*For example:-*

1. *Mouth:-*

 *Tubercle are usually behind the last molar in the upper jaw covered by gum.*

1. *Bone:-*

 *It serves as an attachment for skeletal muscle, attach by tendon.*

1. *Lungs:-*

 *Tubercle are nodules that contain caseous necrosis which form in the lungs as a result of an infection with mycobacterium tuberculosis.*

1. *Genitals:-*

 *It is small bump that eventually develop into penis or a clitoris on a human fetus.*

1. *Tuberosity :-*

 *The large elevation on the bones , as serves for the attachment of skeletal muscle, ligaments is called tuberosity.*

*ie:-*

1. *:- tuberosity of tibia*
2. *:- ischial tuberosity*
3. *:- iliac tuberosity*
4. *:- Maxillary tuberosity*
5. *:- Gluteal tuberosity*
6. *:- Redial tuberosity*
7. *:- Calcaneal tuberosity*
8. *:- Deltoid tuberosity*
9. *:- Infra glenoid tuberosity*
10. *:- Tuberosity of ulna.*
11. *Condyle:-*

 *It is round prominence at the end of the bone serves as an articulation with another bone.*

*ie:*

 *\*(1) Femur:-*

 *At knee joint.*

 *(1):Medial condyle*

 *(2):Lateral condyle*

 *\*(2) Tibia:-*

 *At knee joint.*

 *(1):Medial condyle*

 *(2): Lateral condyle*

 *\*(3) Humerus :-*

 *\* At elbow joint*

 *\* Condyle of humerus.*

*\*(4) Mandible:-*

 *\* At temporomandibular joint*

 *\*Mandibular condyle*

*\*(5) Occipital bone :-*

 *\* At Atlantic Occipital joint*

 *\* Occipital condyle*

*(D) Eminence :-*

 *The protuberant structure present different site of body.*

 *ie:-*

 *(1): colletral eminence*

 *(2): cruciform eminence*

 *(3): Frontal eminence*

 *(4):hypotenar eminence*

 *(5):illio pubic eminence*

 *(6): Inter condylar eminence*

 *(7):Medial eminence*

 *(8):Mullerian eminence*

 *(9): parietal eminence*

 *(10):Thenac*

*(E):- Malleolus :-*

 *A malleolus is the bony prominence on each side of the humeu ankle joint.*

 *ie :*

* 1. *: Medial malleolus*
	2. *: Lateral malleolus.*

*Q No :- (2) Ans: (1):- Tennis elbow :-*

 *At is also known as lateral epicondylitis is a condition in which the outer part of the elbow becomes painful and tender The pain may also extend into the balk of forearm and grip strength may be weak.*

*Signs and Symptoms:-*

 *\* pain on the outer part of the elbow . \* Point tenderness over lateral epicondyle. . \* Pain aggravate with and gripping.*

 *Diagnosis:-*

1. *Physical examination*
2. *X-ray*
3. *Ultrasound*
4. *MRI*

*Treatment :-*

1. *Physiotherapy*
2. *Orthotic device*
3. *NSAID*
4. *Injectable steroid*
5. *Botulinum toxin*
6. *Surgery*

*Surgery:-*

 *Lengthening release and repair of the origin of the extrinsic extensor muscle of the hand at the lateral epicondyle.*

*(2): Mallet Finger:-*

 *A Mallet Finger also known as “hammer finger” in which extensor tendon injury at distal end of finger tendon, which result in the inability to extend the finger tip without pushing.*

*Sing / Symptoms :-*

 *\* Inability to extend the finger tip. . \* Pain and brushing of the finger*

*Causes :-*

 *Trauma resulting in over bending of the finger tip.*

*Diagnosis :-*

 *\*: Clinically. . \*: X-ray. . \*: MRI*

*Treatment:-*

 *\*: Splinting for 8 weeks. . \*: Surgery.*

*Q No:-. (3) Ans:-. . At the level of the distal radius, at radial border of forearm , is cephalic vein, which is arise from dorsal venous network, \* Anatomical location:-*

1. *: Lateral to the cephalic vein is extensor pollicis tendon and radial artery brevis at the level of snuff box.*
2. *:Medial to the cephalic vein is extensor pollicis longer tendon.*
3. *:At the level of distal radius there is snuff box cephalic vein laying on it.*

*Q No:- (4). .Ans:-*

 *As we know that axillary artery, subclavian artery passes out of neck b/w clavicle and first ribs, give continuation with axillary artery. So there are three possibilities to compromise axillary blood supply, unable to detect of axillary pulse .*

*\*Three possibilities:-*

*(1): First ribs tractors:-*

 *A rapid deceleration injury involving upper thoracic trauma may compromise the distal part of subclavian artery or the first part of axillary artery b/c fractures of first ribs and dislocate anterior compress subclavian and axillary artery .*

*(2):Anterior dislocation of the humeral head:-*

 *At may directly compress axillary artery by which axillary pulse is not feeble.*

*(3) Fracture of clavicle:-. . At the medial end of clavicle fracture, dislocated posteriorly may impinge great vessel in neck especially subclavian and axillary, compromise blood supply to axillary region pulses is unable or diminished to dected*

*.Q No(5):-*

*Ans:-. . There are two types of cruciate ligaments at knee joint.*

*(1):Anterior cruciate ligaments injury:-. . When ACL is either stretched, partially from, or completely torn, the most common injury is complete tear*

*Sign/symptoms:-. . (1): Those having ACL injury are likely to hear a “pop” in their knee followed by pain and swelling.*

*(2):Also having experience instability in the knee once they resume walking and activities.*

*(3): Reduced range of motion of the knee. and tenderness along the joint.*

*Causes:-*

1. *Changing direction rapidly*
2. *Landing from a jump awkward*
3. *Coming to a sudden stop when running*
4. *A direct contact or collision to the knee.*

*Diagnosis:-*

1. *Clinical examination*
2. *MRI*

*Treatment:-*

1. *Physical Therapy*
2. *Surgery:- The surgery is dox with an arthroscopy*
3. *Rehabilitation:- ACL injury are to regain knee strength and*

 *motion.*

*(3):Posterior cruciate ligament injury:-. . the junction of the posterior cruciate ligament is to prevent the femur from sliding off the Anterior edge of the tibia and to the prevent the from displacing posterior to the femur.*

*Causes:-*

 *(1):hyper flexion and hyperextension of the knee joint. . (2): changing direction rapid.*

*Treatment:-. . (1): Physiotherapy. . (2) : Surgery. . (3: Rehabilitation.*

*Q No:- (6)*

*Ans:-. Metatarsal bones fracture:-. . A metatarsal fracture occurs When one of the long bones of the midfoot is cracked or broken. This may be due to sudden injury (an acute fracture),or due to repeated stress (stress fracture).*

 *Fracture of the fifth Metatarsal:-. . Fracture (breaks) are common in the fifth Metatarsal. The long bone on the outside of the foot that connects to the little toe. The result of an injury in which the ankle rolls. Avulsion fractures are often overlooked when they occur with an ankle sprain. Jones fractures are caused by overuse, repetitive stress or trauma. They are less common and more difficult to treat then avulsion. Other types of fracture can occur in the fifth Metatarsal. Example: include midshaft fracture, which usually result from trauma or twisting, and fracture of the metatarsal of the head and neck.*

*Causes:-. . Acute metatarsal fracture is usually caused by a sudden forceful injury to the foot, such as dropping a heavy object when tripping, or from a sporting injury. A stress fracture is a hairline break in a bone.*

*Symptoms:- . Avulsion and Jones fractures have the same signs and Symptoms. These include: \* pain, swelling and tenderness of the outside of the foot. \* Difficulty walking. \* Bruising.*

*Diagnosis:-. . Anyone who has symptom of a fifth metatarsal fracture should see a foot and ankle surgeon as possible for proper diagnosis and treatment. To arrive at a diagnosis, the surgeon will ask how the injury occurred or When the pain started. The foot will be examined, with the doctor gently pressing on different areas of the foot to determine where there is pain. The surgeon will also order x-ray. Because a Jones fracture sometimes does not show up on initial x-ray, additional imaging studies may be needed.*

*Treatment:- . \*Avoid the offending activity. \*. \* Rest. Sometimes rest is the only treatment needed to promote healing of a stress or traumatic fracture of a metatarsal bone. . \* Immobilization, casting or rigid shoe.. . \* surgery. . \* Follow-up care.*

 *.\*\*(( THE END ))\*\*.*