

## 骨科护理出科考核理论试题

### Orthopedic Nursing Exit Examination (Theory)

姓名 / Name: \_\_\_\_\_ 得分 / Score: \_\_\_\_\_

#### 一、选择题 / Part 1: Multiple Choice Questions (1 point each, Total 20 points)

1. 长途行军导致第 2、3 跖骨骨折的原因是/Etiology of 2nd & 3rd metatarsal fractures caused by long-distance marching:

- A. 直接暴力 / Direct violence
- B. 间接暴力 / Indirect violence
- C. 肌肉牵拉 / Muscle traction
- D. 骨骼疾病 / Bone disease
- E. 疲劳性骨折 / Fatigue fracture

2. 下列属于不稳定性骨折的是/Which of the following is an unstable fracture

- A. 青枝骨折 / Greenstick fracture
- B. 横形骨折 / Transverse fracture
- C. 凹陷骨折 / Depressed fracture
- D. 斜形骨折 / Oblique fracture
- E. 嵌插骨折 / Impacted fracture

3. 几乎所有骨折病人都会有的临床表现是/Common clinical manifestation in most fracture patients:

- A. 畸形 / Deformity
- B. 肿胀 / Swelling
- C. 骨擦感 / Bone crepitus
- D. 骨擦音 / Bone friction 音
- E. 反常活动 / Abnormal movement

4. 下列属于骨折局部特有体征的是/Specific local sign of fracture:

- A. 疼痛 / Pain
- B. 肿胀 / Swelling
- C. 畸形 / Deformity
- D. 功能障碍 / Dysfunction
- E. 发热 / Fever

5. 骨折和关节损伤中最常见的并发症是/Most common complication of fractures and joint injuries:

- A. 关节僵硬 / Joint stiffness
- B. 急性骨萎缩 / Acute bone atrophy
- C. 创伤性关节炎 / Traumatic arthritis
- D. 缺血性骨坏死 / Avascular necrosis
- E. 骨筋膜室综合征 / Compartment syndrome

6. 张先生, 23 岁, 前臂骨折复位行石膏绷带包扎后 1h, 自觉手指剧痛, 护士观察到其手指发凉发绀, 不能自主活动, 应首先考虑的原因是 /Mr. Zhang, 23, developed severe finger pain 1 hour after forearm fracture reduction and plaster cast application. The nurse observed cold, cyanotic fingers with loss of voluntary movement. The primary cause should be:

- A.室内温度过低 / Low ambient temperature
  - B.石膏绷带包扎过紧 / Overly tight plaster cast application
  - C.神经损伤 / Nerve injury
  - D.体位不当 / Improper positioning
  - E.静脉损伤 / Venous injury
7. 骨折病人现场急救方法正确的是/Correct on-site first aid for fracture patients:
- A.对伸出皮肤的骨折断端应现场还纳 / On-site reduction of protruding bone fragments
  - B.未确诊骨折者可暂不处理 / Delay management for suspected unconfirmed fractures
  - C.止血带持续扎紧不能放松 / Keep tourniquet tightly applied without loosening
  - D.对疑有脊柱骨折者应 1 人抱持搬运 / Transport suspected spinal fractures via single-person carrying
  - E.先处理张力性气胸，再固定前臂骨折 / Manage tension pneumothorax before stabilizing forearm fracture
8. 关于骨折病人固定的叙述，不正确的是 / Incorrect statement regarding fracture immobilization:
- A.外展架有利于患肢消肿镇痛 / Abduction brace reduces swelling and pain
  - B.外固定器有利于处理伤口 / External fixators facilitate wound management
  - C.小夹板固定适用于开放性骨折 / Splinting is suitable for open fractures
  - D.切开复位内固定有利于早期活动 / Open reduction and internal fixation enable early mobilization
  - E.石膏绷带可根据肢体形状塑形 / Plaster casts can be molded to limb contours
9. 骨折病人采用石膏绷带固定最主要的目的是 / Primary purpose of plaster cast immobilization for fractures:
- A.减少肿胀 / Reduce swelling
  - B.预防脱钙 / Prevent decalcification
  - C.维持复位体位 / Maintain reduction alignment
  - D.缩短愈合时间 / Shorten healing time
  - E.增加患肌力量 / Strengthen affected muscles
10. 单处骨折骨盆环完整者一般卧床时间为 / Bed rest duration for single pelvic ring fracture with intact ring:

- A.1~2 周 / 1-2 weeks                      B.3~4 周 / 3-4 weeks                      C.2 个月 / 2 months  
D.3 个月 / 3 months                      E.6 个月 / 6 months

11. 单纯性耻骨联合分离且较轻者非手术治疗期间可用 / Non-surgical management for mild isolated pubic symphysis diastasis:

- A.骨盆牵引 / Pelvic traction                      B.双下肢皮牵引 / Bilateral lower limb skin traction  
C.双侧跟骨结节骨牵引 / Bilateral calcaneal tuberosity skeletal traction  
D.骨盆兜带悬吊牵引 / Pelvic sling traction  
E.双侧胫骨结节骨牵引 / Bilateral tibial tubercle skeletal traction

12. 骨盆环单处骨折后采取骨盆兜带悬吊牵引时，正确的护理措施是 / Correct nursing care for pelvic sling traction in single pelvic ring fracture:

- A.下肢绝对制动 / Complete lower limb immobilization  
B.悬吊的臀部应接触床面 / Suspended buttocks must contact bed surface  
C.定时放下兜带平卧休息 / Periodically remove sling for supine rest  
D.若兜带移位及时自行调整复位 / Self-adjust displaced sling immediately  
E.兜带应上抵髂骨翼，下达股骨大转子 / Sling extends from iliac crest to greater trochanter

13. 肩关节脱位的特有体征是 / Pathognomonic sign of shoulder dislocation:

- A.肩部肿痛 / Shoulder swelling and pain    B.肩部瘀斑 / Shoulder ecchymosis  
C.托马斯征阳性 / Thomas sign positive    D. Dugas 征阳性 / Dugas sign positive  
E.拾物试验阳性 / Pick-up test positive

14. 出现方肩畸形的原因是 / Cause of "square shoulder" deformity:

- A.锁骨骨折 / Clavicle fracture                      B.上臂明显肿胀 / Severe upper arm swelling  
C.关节盂空虚 / Glenoid fossa 空虚                      D.肱三头肌撕裂伤 / Triceps brachii tear  
E.肱骨外科颈骨折 / Surgical neck fracture of humerus

15. 下列关节脱位的特有体征描述正确的是 / Correct description of dislocation pathognomonic signs:

- A.肿胀，畸形，功能障碍 / Swelling, deformity, dysfunction  
B.压痛，肿胀，瘀斑 / Tenderness, swelling, ecchymosis  
C.畸形，反常活动，关节盂空虚 / Deformity, abnormal mobility, empty glenoid  
D.畸形，弹性固定，关节盂空虚 / Deformity, elastic fixation, empty glenoid  
E.畸形，反常活动，弹性固定 / Deformity, abnormal mobility, elastic fixation

16. 万先生, 30 岁, 车祸致右髋疼痛, 且右下肢活动受限, 呈屈曲、内收、内旋及短缩畸形。

最有可能的诊断是 / Mr. Wan, 30, presented with right hip pain and restricted right limb movement in flexion, adduction, internal rotation, and shortening. Most likely diagnosis:

- A. 股骨颈骨折 / Femoral neck fracture
- B. 股骨转子骨折 / Trochanteric fracture
- C. 骨内收肌扭伤 / Adductor muscle strain
- D. 髋关节前脱位 / Anterior hip dislocation
- E. 髋关节后脱位 / Posterior hip dislocation

17. 常用 Allis 法和 Stimson 法复位的关节脱位是 / Dislocation reduced by Allis and Stimson maneuvers:

- A. 腕关节脱位 / Wrist dislocation
- B. 肩关节脱位 / Shoulder dislocation
- C. 肘关节脱位 / Elbow dislocation
- D. 膝关节脱位 / Knee dislocation
- E. 髋关节脱位 / Hip dislocation

18. 卢先生, 42 岁, 因驾车时追尾撞击致左髋关节脱位, 行持续左下肢皮牵引, 牵引期间的护理措施错误的是 / Mr. Lu, 42, with left hip dislocation from rear-end collision received continuous skin traction. Incorrect nursing measure:

- A. 需抬高床尾 / Elevate bed foot
- B. 定时取下牵引锤放松下肢 / Periodically remove weights to relax limb
- C. 观察牵引装置效能 / Monitor traction device functionality
- D. 指导功能锻炼 / Instruct exercise during traction
- E. 调整时检查有效性 / Verify effectiveness when adjusting

19. 手外伤清创术应争取在伤后多长时间进行 / Optimal time window for hand trauma debridement:

- A. 6~8h
- B. 10~12h
- C. 14~16h
- D. 18~20h
- E. 22~24h

20. 护士指导腰椎间盘突出症病人早期直腿抬高训练的目的是预防 / Purpose of early straight leg raise training for lumbar disc herniation:

- A. 腰背肌萎缩 / Paraspinal muscle atrophy
- B. 伤口感染 / Wound infection
- C. 骨质疏松 / Osteoporosis
- D. 血肿形成 / Hematoma formation
- E. 神经根粘连 / Nerve root adhesion

## 二、共用题干题 / Part 2: Case-based Questions (2 points each, Total 20 points)

### 病例 1 / Case 1:

荣先生, 42 岁, 工作中不慎被重物砸伤, 造成骨盆环 3 处骨折, 直肠破裂, 入院后出现

烦躁，面色苍白，脉搏加快，少尿等休克早期表现。Mr. Rong, 42, sustained 3 pelvic ring fractures and rectal rupture from a heavy object injury at work. On admission, he presented with restlessness, pallor, tachycardia, oliguria (early shock manifestations).

21. 此时正确的处理顺序是 / The correct management sequence is:

A. 骨折复位固定、抗休克、处理直肠破裂 / Fracture reduction → Manage shock → Repair rectal rupture

B. 抗休克、处理直肠破裂、骨折复位固定 / Manage shock → Repair rectal rupture → Fracture reduction

C. 骨折复位固定、处理直肠破裂、抗休克 / Fracture reduction → Repair rectal rupture → Manage shock

D. 抗休克、骨折复位固定、处理直肠破裂 / Manage shock → Fracture reduction → Repair rectal rupture

E. 处理直肠破裂、骨折复位固定、抗休克 / Repair rectal rupture → Fracture reduction → Manage shock

22. 提示该病人有耻骨和坐骨骨折的特有体征是 / Specific sign indicating pubic and ischial fractures:

A. 腹部膨隆 / Abdominal distension

B. 肠鸣音减弱 / Decreased bowel sounds

C. 会阴部瘀斑 / Perineal ecchymosis

D. 双下肢不等长 / Leg length discrepancy

E. 腹膜刺激征阳性 / Positive peritoneal irritation sign

23. 术前对该病人的病情监测中，最重要的是观察 / Most critical preoperative monitoring parameter:

A. 勃起功能 / Erectile function

B. 排尿功能 / Urinary function

C. 排便功能 / Defecation function

D. 下肢运动和感觉 / Lower limb motor/sensory function

E. 血压、脉搏和神志 / BP, pulse, and consciousness

## 病例 2 / Case 2:

张先生，20岁，1年前因左大腿外伤性手术治疗，伤口愈合后又反复破溃、流脓，局部有瘢痕和窦道，伤口周围皮肤有色素沉着和湿疹样皮炎。病人目前发热，T39.5℃，伤口局部流脓，并可见经破溃处排出的小碎骨片。

Mr. Zhang, 20, with recurrent ulceration, purulent discharge, scar/sinus tract formation, periwound

pigmentation, and eczematous dermatitis after left thigh trauma surgery 1 year ago. Current fever (39.5° C) and small bone fragments discharged from the wound.

24. 为进一步明确诊断, 首选的检查是 / First-line diagnostic test:

- A. X 线 / X-ray                      B. B 超 / Ultrasound                      C. MRI  
D. 核素扫描 / Radionuclide scan                      E. 血管造影 / Angiography

25. 该病人首先应考虑为 / Most likely diagnosis:

- A. 急性骨髓炎/Acute osteomyelitis                      B. 慢性骨髓炎/ Chronic osteomyelitis  
C. 急性化脓性关节炎/ Acute septic arthritis  
D. 慢性化脓性关节炎 / Chronic septic arthritis                      E. 慢性蜂窝织炎 / Chronic cellulitis

26. 本病的基本病理变化是 / Core pathological features:

- A. 以骨皮质破坏为主 / Predominant cortical bone destruction  
B. 以骨松质破坏为主 / Predominant cancellous bone destruction  
C. 呈反应性骨增生 / Reactive bone proliferation  
D. 呈偏心性溶骨性破坏 / Eccentric osteolytic destruction  
E. 病灶内有死骨、无效腔和窦道 / Presence of sequestrum, dead space, and sinus tract

27. 病人左下肢用石膏托固定, 其目的是 / Purpose of left limb plaster cast immobilization:

- A. 缓解肢体疼痛 / Relieve pain  
B. 减轻局部肿胀 / Reduce swelling  
C. 防止病理性骨折 / Prevent pathological fracture  
D. 减少脓液生成 / Decrease pus production  
E. 防止炎症扩散 / Prevent infection spread

### 病例 3 / Case 3:

王女士, 38 岁, 左膝关节外上方肿痛 4 个月, 左膝关节伸屈活动受限。X 线显示左股骨远端有骨质破坏灶, 边缘膨胀, 中央有肥皂泡样改变, 向内已超过中线, 远端距关节面不足 1cm, 无骨膜反应。/Ms. Wang, 38, presented with 4-month left knee swelling/pain and restricted motion. X-ray shows osteolytic lesion in left distal femur with expansile margins, central soap-bubble appearance, crossing midline, <1cm from joint surface, and no periosteal reaction.

28. 本病应首先考虑为 / Most likely diagnosis:

- A. 骨髓炎 / Osteomyelitis                      B. 骨结核 / Bone tuberculosis                      C. 骨肉瘤 / Osteosarcoma  
D. 骨囊肿 / Bone cyst                      E. 骨巨细胞瘤 / Giant cell tumor of bone

29. 有利于疾病确诊的检查是 / Definitive diagnostic test:

- A.血清碱性磷酸酶增高 / Elevated serum alkaline phosphatase
- B.放射性核素骨扫描 / Radionuclide bone scan                      C. CT
- D.血沉增快 / Elevated ESR                      E.局部穿刺活组织检查 / Local biopsy

30. 本病术前护理错误的是 / Incorrect preoperative nursing measure:

- A.保持情绪稳定,减轻焦虑 / Reduce anxiety and stabilize mood
- B.疼痛较轻者可不予理睬 / Ignore mild pain
- C.疼痛严重者遵医嘱用镇痛药 / Administer analgesics for severe pain
- D.骨质破坏严重者固定患肢 / Immobilize limb in severe bone destruction
- E.变动体位动作轻柔 / Reposition patient gently

**(三) 名词解释 (每题 5 分, 共计 15 分) / Terminology Explanation (5 points each, total 15 points)**

- 1. 骨盆分离试验 / Pelvic Distraction Test:
- 2. 寒性脓肿 / Cold Abscess:
- 3. Dugas 征阳性 / Positive Dugas Sign:

**(四) 简答题(每题 5 分, 共计 20 分) / Short Answer Questions\*\* (5 points each, total 20 points)**

- 1. 骨盆骨折的急救处理原则 / Emergency Management Principles for Pelvic Fractures:
- 2. 颅骨牵引病人保持有效牵引的护理措施/ Nursing Interventions for Maintaining Effective

Skull Traction:

- 3. 前臂缺血性肌挛缩“5P”征 / "5P" Signs of Forearm Compartment Syndrome:
- 4. 关节脱位的特有体征 / \*\*Characteristic Signs of Joint Dislocation:

**(五) 案例分析题 (共计 25 分) / Case Study (Total 25 points)**

周先生, 45 岁, 因车祸致右髋部剧烈疼痛, 活动障碍。既往体健。初步诊断为: 右髋关节后脱位。予手法复位后行持续右下肢皮牵引。请问 / Mr. Zhou, 45, sustained severe right hip pain and immobility after a car accident. Diagnosed with posterior hip dislocation. Post-reduction, continuous skin traction was applied to the right lower limb.

- 1. 该病人可能存在护理问题有哪些? (5 分) / Potential Nursing Issues(5 points) :
- 2. 该病人皮牵引的护理要点是什么? (15 分) / Key Nursing Points for Skin Traction(15 points):
- 3. 如何指导病人功能锻炼? (5 分) Functional Exercise Guidance(5 points):

【参考答案】 / Answer Key

一、选择题 / Multiple Choice Questions

1-5: EDBCA

6-10: BECCB

11-15: DEDCD

16-20: EEBAE

二、共用题干题 / Shared Stem Questions

21-25: BCEAB

26-30: ECEEB

三、名词解释 / Terminology Explanation

1. 骨盆分离试验 / Pelvic Distraction Test

骨盆骨折时，检查者双手交叉撑开两髂嵴，此时两骶髂关节的关节面更紧贴，而骨折的骨盆前环产生分离，如出现疼痛即为骨盆分离试验阳性。In pelvic fractures, the examiner applies outward pressure on both iliac crests. Pain indicates separation of the fractured anterior pelvic ring and close contact of the sacroiliac joints, confirming a positive test.

2. 寒性脓肿 / Cold Abscess

骨与关节结核若病变关节骨质破坏，病灶部位积聚大量脓液、结核性肉芽组织、死骨和干酪样坏死物质，易形成脓肿，由于缺乏红、热、压痛等急性炎症表现，被称为寒性脓肿或冷脓肿。A tuberculous abscess in bone or joints, containing pus, granulomas, sequestra, and caseous necrotic material, without signs of acute inflammation (redness, heat, or tenderness).\*

3. Dugas 征阳性 / Positive Dugas Sign

将病侧肘部紧贴胸壁时，手掌搭不到健侧肩部，或手掌搭在健侧肩部时，肘部无法贴近胸壁。Inability to place the palm on the contralateral shoulder with the elbow adducted, or inability to adduct the elbow while the palm touches the contralateral shoulder, indicating shoulder dislocation.

四、简答题 / Short Answers

1. 骨盆骨折的急救处理原则 / Emergency Management Principles for Pelvic Fractures

原则是先处理休克和各种危及生命的合并症,再处理骨折。Priority: Address shock and life-threatening complications before managing the fracture.

2. 颅骨牵引病人保持有效牵引的护理措施 / Nursing Measures for Effective Skull Traction

① 保持反牵引力：抬高床头。Elevate the head of the bed for counter-traction.

② 牵引重锤保持悬空, 牵引方向与被牵引肢体长轴呈直线; 不可随意增减重量或移除牵引。

Ensure weights hang freely in line with the limb axis; do not adjust weight without orders.

③ 检查牵引弓是否松脱, 拧紧螺母。Tighten traction clamps regularly.

④ 避免过度牵引: 通过 X 线调整牵引重量。Monitor X-rays to prevent over-traction.

### 3. 前臂缺血性肌挛缩 “5P” 征 / "5P" Signs of Forearm Compartment Syndrome

无痛(painlessness), 脉搏消失(pulselessness), 皮肤苍白(pallor), 感觉异常(paresthesia), 肌肉麻痹(paralysis)。

### 4. 关节脱位的特有体征 / Characteristic Signs of Joint Dislocation

畸形、弹性固定、关节盂空虚。Deformity, Elastic fixation, Empty glenoid cavity.

## 五、案例分析题 / Case Study

### 1. 护理问题 / Nursing Issues

① 疼痛 / Pain

② 躯体移动障碍 / Impaired physical mobility

③ 牵引效能降低或失效风险 / Risk of ineffective traction

④ 潜在并发症: 深静脉血栓、压力性损伤、便秘 / Potential complications: DVT, pressure injuries, constipation

### 2. 皮牵引护理要点 / Key Nursing Points for Skin Traction

① 告知病人维持体位, 勿调整重量; 报告疼痛或麻木。Educate on maintaining position and reporting pain/numbness.

② 检查牵引装置(牵引架、砝码悬空、滑轮灵活)。Ensure traction device integrity (alignment, free-hanging weights).

③ 检查足跟及踝部皮肤完整性, 使用棉垫保护。Protect skin at heels/ankles with padding.

④ 观察末梢循环及感觉活动。Monitor circulation and sensation.

⑤ 指导功能锻炼, 预防并发症。Guide exercises to prevent complications.

### 3. 功能锻炼指导 / Functional Exercise Guidance

① 牵引后行患肢踝泵运动。Start ankle pump exercises post-traction.

② 3 天后开始抬臀练习。Begin hip lifting at day 3.

③ 去除牵引后拄拐步行, 2~3 个月内患肢不负重。Use crutches after traction; avoid weight-bearing for 2-3 months.