

## **DERMA, STATION 1 :**

**PSORIATIC PLAQUES ON  
EXTENSOR UPPER LIMBS AND  
SCALP**

**DIAGNOSES( EXACT TYPE)**

**PREDISPOSING FACTORS**

**AGGRAVATING FACTORS**

**TREATMENT**

## **Station 2**

**DUCHENE MUSCULAR DYSTROPHY  
DIAGNOSIS**

**PATTERN OF INHERITANCE**

**TREATMENT**

## **Station 3**

- **NENONATAL HYPOGLYCEMIA/  
NENONATAL HYPERINSULINEMIA**
- **COMPLICATIONS IN BABY BORN  
TO A DIABETEIC MOTHER**
- **TREATMENT**

## **Station 4**

**NEONATAL EXAMINATION**

**GENERAL PHYSICAL**

**EXAMINATION IN PEADIATRICS**

**AND ADULTS**

**HAND AND WRIST EXAMINATION**

**COUNSELLING FOR MINOR**

**THALASEMIA**

## **Station 5**

# **GENERAL PHYSICAL EXAMINATION STEPS**

## **Station 6**

### **RTA PATIENT ATLS PROTOCOL**

## **Station 7**

### **RHEUMATOID HAND EXAMINATION**

## **Station 8**

### **ULNAR NERVE EXAMINATION**

## **Station 9**

### **COMPARTMENT SYNDROME**

## **Station 10**

# **CT ABDOMEN SHOWING RENAL CELL CARCINOMA**

## **Station 11**

**PANCYTOPENIA SCENARIO**

**ALL CELLS DECREASE**

**NO LYMPHADENOPATHY NO  
HEPATOSPLENOMEGALY**

## **Station 12**

**DIAGNOSIS APLASTIC ANEMIA**

**DEFINITIVE TEST TO CONFIRM  
DIAGNOSIS?? BONE MARROW  
BIOPSY**

**TREATMENT AND MANAGEMENT**

## **Station 13**

**MATCH THE DISEASE TO  
INVESTIGATION:**

**PSORIATIC ARTHRITIS: PENCIL IN  
CUP DEFORMITY**

**POLYMYOSITIS: EMG**

**ANTIPHOSPHOLIPID SYNDROME:  
ANTICARDIOLIPIN/LUPUS  
ANTICOAGULANT**

**SJOGREN'S: ANTI SSA/ANTI SSB**

**REACTIVE ARTHRITIS: HLA-B27**

**GIANT CELL ARTERITIS:  
TEMPORAL ARTERY BIOPSY**

**Station 14**

**PERSON DEVELOP  
COMPLICATIONS AFTER  
CHOLECYSTECTOMY**

**AND CHOLANGIOGRAM  
PICTURE(PTC) DONE  
SHOWING EMPTY GALLBLADDER  
FOSSA**

**AND IDENTIFICATION LAND  
MARKS**

**CBD PAR CLAMP LAGA THA ISLIYE  
WAHAN SAY AGAY DYE NHI NAZAR  
AII**

**Station 15**

**THALASSEMIA MINOR STATION  
SCENERIO**

**SIR K SAMNAY**

**INHERITANCE**

**MANAGEMENT**

# **ADVICE**

## **Station 16**

**TINEA LESION**

**IDENTIFICATION**

**TREATMENT**

**TYPES OF TINEA**

**ROLE OF STEROIDS IN TINEA**

**FURTHER QUESTION**

**NAME INVESTIGATIVE**

**WHAT ABNORMAL FINDING**

**STAGING OF CARCINOMA**

**MANAGEMENT**

## **Station 17**

**IDENTIFY SJS**

**DIFFERENCE BETWEEN TEN AND SJS**

**NAME TWO DRUG RASH**

**MANAGEMENT OF SJS**

## **Station 18**

**FRACTURE HUMERUS**

**COMPLICATION**

**MANAGEMENT**

## **Station 19**

**WRITTEN SCENARIOS**

**CHALONGI9CARCINOMA**

**INVESTIGATION**

**COMPLICATION**

# **TREATMENT**

## **Station 20**

### **OSTEOPOROSIS**

**INVESTIGATION T SCORE BHI SUN  
RHY RHY**

### **MANAGEMENT**

**FINDING ON XRAY COMPRESSION  
FRACTURE KY BARY MAIN BTANA  
THA**

## **Station 21**

**ELBOW FRACTURE, MANAGEMENT**

## **Station 22**

**EXAMINATION OF A NEONATE  
WITH PALLOR CONJUNCTIVA,  
JAUNDICED EXAMINE**

**repeat**

**STEVEN JOHNSON SYNDROME,  
DIFFERENCES BTW STEVEN  
JONSON AND TEN, OTHER TYPES  
OF DRUG RASHES, TX OF STEVEN  
JOHNSON**

**repeat**

**B THALASSEMIA MINOR  
COUNSELING**

**HAND AND WRIST EXAMINATION  
WITH RESPECT TO ORTHOPEDICS**

## **Station 22**

**CHILD HAVING CLIMBING STAIRS  
DIFFICULTY, HYPERTROPHY OF  
CALF AND LORDOSIS, (DMD) MODE  
OF INHERITANCE, TX?**

Juvenile RA  
Types  
Treatment

ITP  
Treatment  
Diagnosis

RA hand examination  
GPE (2 stations )  
Ulnar nerve examination

Scenario .dx Wegner granulomatosis  
Investigations:  
Diagnostic test  
Treatment

Hernia consent form  
Counselling  
Complications  
Laparoscopy of hernia  
Explain Complications Injury to spermatic cord

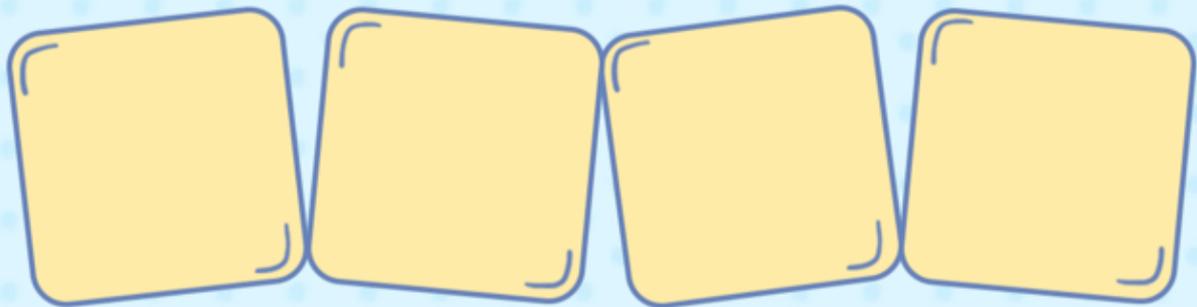
[ Shingles pic  
Virus causing it  
Other diseases caused by this virus

Posterior hip joint dislocation  
Management  
Within 6hrw reduction  
And if left then necrosis

Leprosy  
] Types  
Treatment  
Leprosy types and which nerves r involve in leprosy

3 days ka baby tha who wasn't taking feed and was lethargic  
Take relevant history from mother

robotic+ laproscopic advantages, disadvantage, indications etc  
Yo Cml ka Cll counseling wo



    
BLOCK

N

2025 

📌 (written) 1 day baby born with vacuum delivery parietal protrusion that does not cross suture lines but all normal in functions no pitting feeding normally cell count all normal hb 15 bilirubin not yet high enough phototherapy

What are differentials

What are risks

What are complications

---

📌 (written) 65 yr old male drowsy breathless and vomiting  
Pulse high bp low jvp diminished urine output negligible

Diagnosis

Fluid resuscitation plan

How to assess his condition after fluids

📌 (viva) Term Baby not crying floppy no respiratory effort

How will u assess the baby

And wt is the management

( neonatal resuscitation)

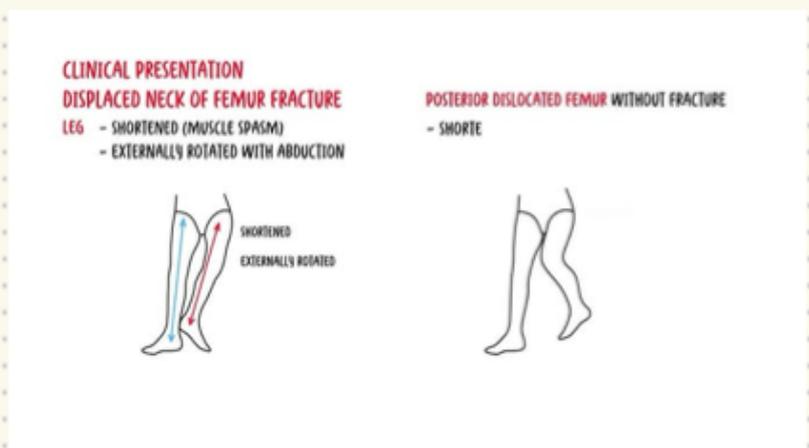


📌 ( written) Femur neck fracture xray ( fall from 20 feet)

Diagnosis

Attitude of limb on examination

Management



📌 (Viva) person with history of RTA anxious bp low pulse high

Diagnosis

Grade of hypovolemic shock

Management

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📌 (patient) Elbow examination  
( elbow flexion extension degrees main kitni  
hoti hai )  
( locate olecranon fossa )

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📌 (patient) Gpe of a woman ( positive finding is  
redness on face ( malar rash ))

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📌 (patient) Rheumatoid hand examination

**Module N – MSK OSCE Station 04**  
**Examination of Rheumatoid Hands**  
Time Allowed: 5 minutes  
Maximum Marks: 6

- 1. Look - General Inspection (1 Mark)**
  - Observe for deformities (0.5 Mark):  
Swan neck deformity, boutonniere deformity, Z-thumb, ulnar deviation.
  - Skin changes (0.5 Mark):  
Rheumatoid nodules, scars from surgeries, skin thinning, erythema.
- 2. Feel - Palpation (2 Marks)**
  - Joint swelling and tenderness (1 Mark):  
Metacarpophalangeal, proximal interphalangeal, and wrist joints.
  - Synovitis assessment (0.5 Mark):  
Spongy feel of synovium or warmth.
  - Tendon involvement (0.5 Mark):  
Palpate for tendon rupture or tenosynovitis.
- 3. Move - Special Maneuvers (1 Mark)**
  - Assess deformities (0.5 Mark):
    - Check for fixed vs. correctable deformities.
  - Screen for nerve involvement (0.5 Mark):
    - Tinel's or Phalen's test for carpal tunnel syndrome.
- 4. Assess - Functional Assessment (1 Mark)**
  - Assess grip strength, pincer grip, or ability to perform daily activities (1 Mark).
- 5. Communication and Summarization (1 Mark)**
  - Communicates findings concisely throughout the examination (0.5 Mark).
  - Provides a structured summary of findings linking to RA (0.5 Mark).

**Important Notes for Examiner:**

- Ensure candidates follow infection control protocols.
- Look for a systematic and structured approach.
- Focus on the candidate's ability to correlate findings with the diagnosis of rheumatoid arthritis.

 (viva) Small child pale hepatosplenomegaly blood transfusions hx frontal bone prominence  
Hb low MCV low platelet and wbc normal

Diagnosis

Test for confirmation ( more than one)

Management

---

 (written) Match the disease to investigation

Psoriatic arthritis :	pencil cup deformity
Polymyositis :	emg
Anti phospholipid syndrome :	anticardiolipin
Sjogren :	anti ssa ssb
reactive arthritis :	hla b27
Giant cell arteritis :	temporal artery biopsy

📌 (written in front of teacher) Little girl with rash on nose and cheeks and skin tightness and photosensitivity

Diagnosis

Diagnostic criteria

Management

---

📌 (viva) Dermatomyositis scenario ( man with weakness of muscles unable to comb hair has purplish discoloration of eyes and rash on hands)

Diagnosis

Confirmatory test

Management

additional Q → malignancy associated with dermatomyositis

 (written) Patient underwent open appendectomy

Now there is discharge from

What are 4 post op complication u would be worried about in this case

Immediate steps u would take

Wt are other investigations u would like to perform

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 (viva/interactive/ no patient ) joint examination

And if patient has knee joint pain then wt would u be suspecting (d/ds)

And dmd gower sign wt is it ?

---

 (Counselling) a patient with pancytopenia

Diagnosis differentials

Further tests ( bone marrow biopsy but since it will be giving a dry tap then trephine biopsy)

Management

📌 (viva) Patient has to go for emergency laproscopic appendectomy

What would be parts of a valid consent

How would u explain in easy word about procedure

What would be risks of procedure

What other management can u offer if she is reluctant to surgery

Batch c block N

Child presents with shiny

Molluscum contagiosum

Acanthosis nigricans

Identify

Systemic diseases associated with it

Dm

Obesity

Cushing

Investigations to be done

(the ones you will do in the above systemic diseases, Biophysical lipid profile test)

Treatment

Treatment to control the systemic disease



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Dermatology Advisor



## Acanthosis nigricans - Dermatology Advisor

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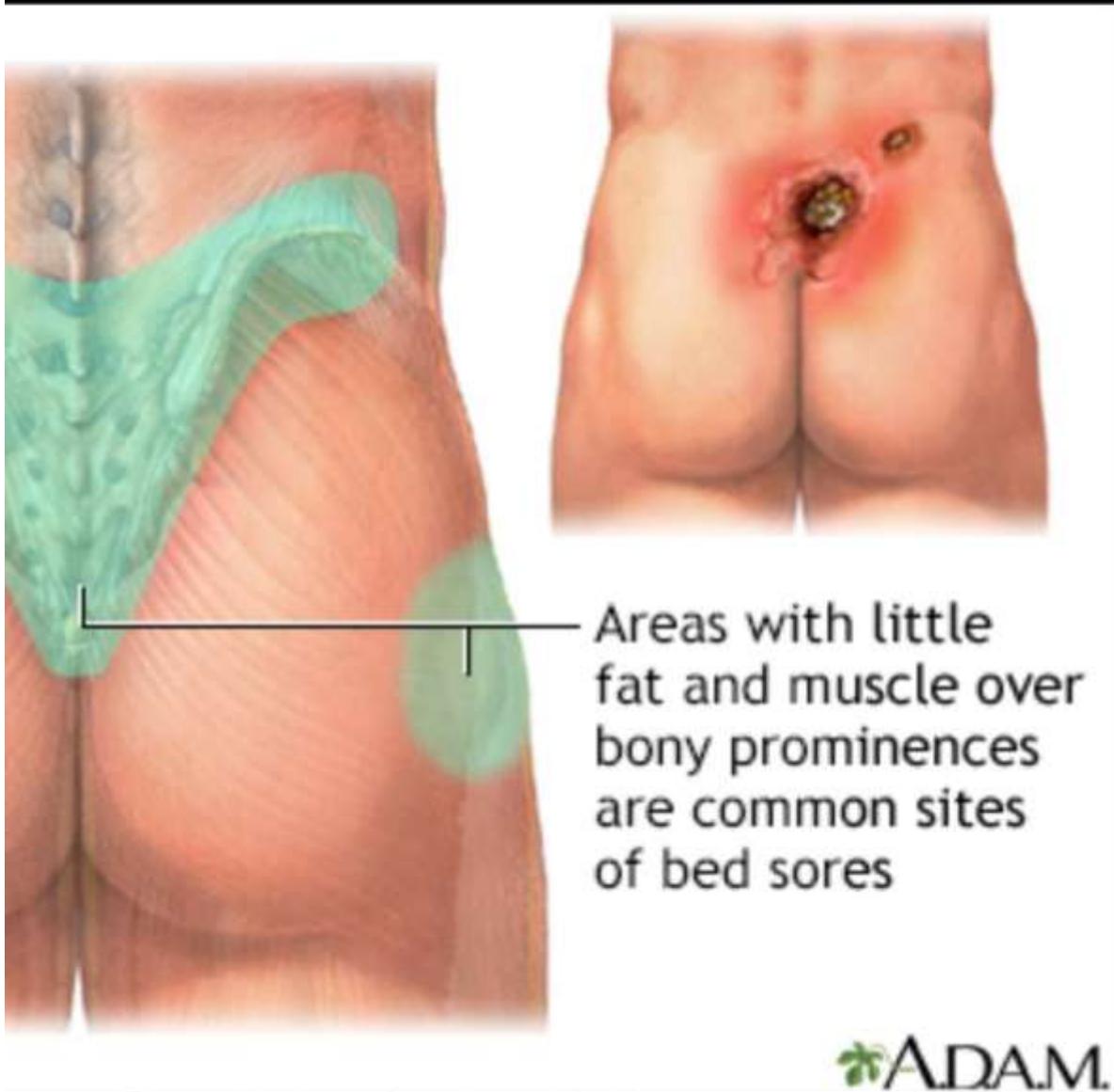
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Station  
Bed sores



ADAM



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Identify

Management

Dressing debridement

Prevention

Air foam mattress

Prevents pressure points

Hygiene

2 hourly turn over

Station

Osteoporosis

Identify

Investigations (dexa scan)

How will u monitor

(dexa scan)

Treatment

Prevention

Station

Nerve examination

Radial median ulnar

Station

Dermatomyositis and its medication

Station

Locomotor examination

Station

GPE

Station

Neonatal resuscitation

Station

Hereditary spherocytosis diagnoses counselling doing splenectomy

Station

Hand examination

Station

Haemophila scenario

Investigations

Treatment

Parents counseling  
(in case bleed occurs cold compress

Station  
Repeat



Radius and Ulnar Shaft Fractures - Trauma - ...

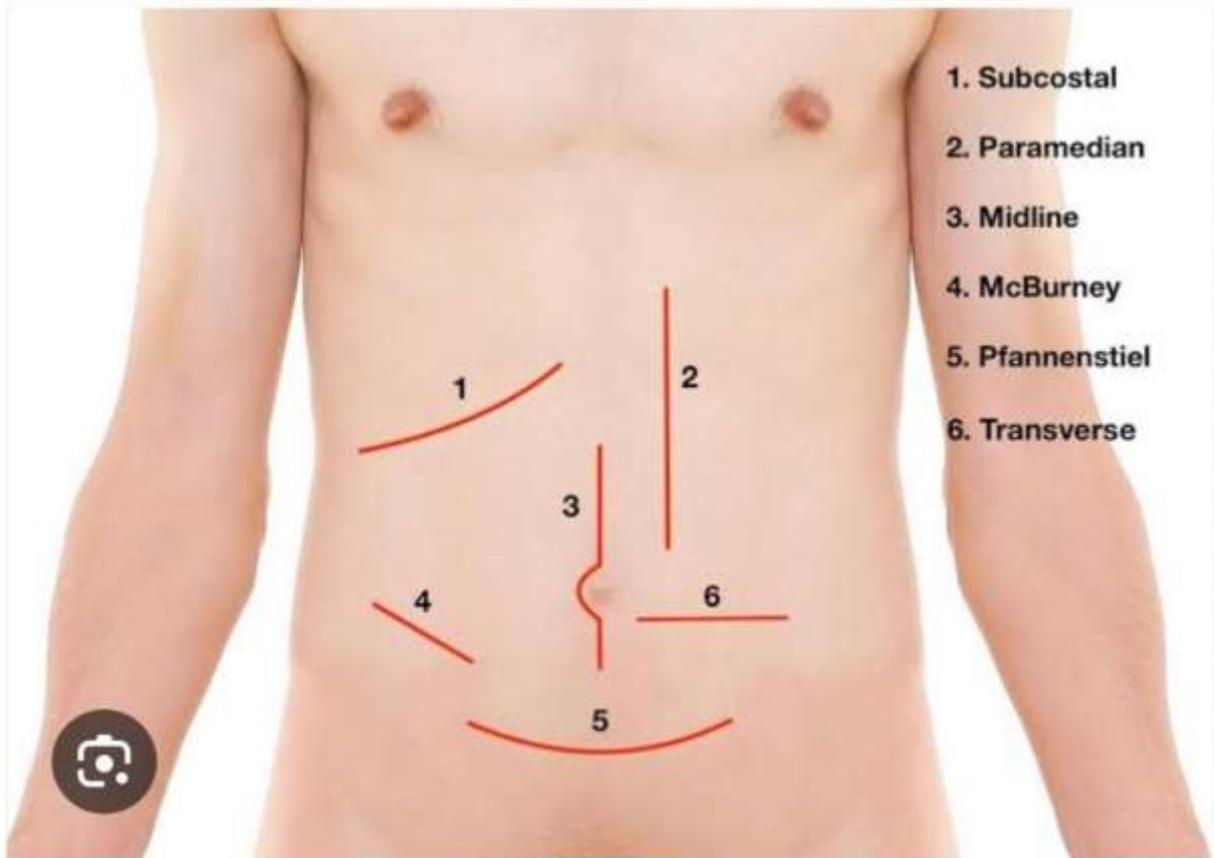
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Station  
Rh incompatibility

Station



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Station

Development dysplasia of hip



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