Question 1. Regarding patellar tendon-lateral femoral condyle friction syndrome (PT-LFCFS):
   a) It is one of the causes of anterior knee pain.
   b) It is an indicator of patellar maltracking and instability.
   c) It can cause patellar dislocation.
   d) It is due to impingement of the inferomedial aspect of the infrapatellar fat pad between the patella and the lateral femoral condyle.

Question 2. The following are imaging features that may be present in PT-LFCFS:
   a) Anterior bowing of the patellar tendon.
   b) Areas of T2-weighted low signal intensity within the infrapatellar fat pad.
   c) A tibial tubercle-trochlear groove distance of equal to or greater than 20 mm.
   d) Oedema of the patellar tendon.

Question 3. Concerning the diagnosis of PT-LFCFS:
   a) Superolateral fat pad oedema is a specific finding on magnetic resonance imaging.
   b) Imaging is often unnecessary to make the diagnosis.
   c) Surgery is recommended as the first line of treatment.
   d) It is associated with patella alta.

Question 4. The following are differentials for cystic lesions of the infrapatellar fat pad:
   a) Synovial sarcoma.
   b) Haemangioma.
   c) Ganglion cyst.
   d) Infrapatellar bursitis.

Question 5. Concerning the infrapatellar fat pad:
   a) It is an extracapsular and intrasynovial structure.
   b) It receives innervation from branches of the femoral, common peroneal and saphenous nerves.
   c) It is attached to the anterior horns of the medial and lateral menisci.
   d) It serves to increase the surface area of the synovium and facilitates the distribution of lubricant in the joint.