№Стом-21 ИН

Federal State Budgetary Institution of Higher Professional Education
«North Ossetia State Medical Academy»
of the Ministry of Healthcare of the Russian Federation

APPROVED
by the minutes of the meeting
of the Central Coordinating
Educational and Methodological
Council
"23"May 2023 No. 5

EVALUATION MATERIALS

by discipline

"FORENSIC MEDICINE"

the main professional educational program of higher education is the specialty program in the specialty 31.05.03 Dentistry,
approved on 24.05.2023.

for 6th year students

specialty 31.05.03 Dentistry

Reviewed and approved at the meeting of the department
Dated 22.05.2023 (Protocol No. 10)

Head of the Department
docent A.A. Ephiev

Vladikavkaz 2023

STRUCTURE OF EVALUATION MATERIALS

1. Title page
2. Structure of evaluation materials
3. Reviews of evaluation materials
4. Passport of evaluation materials
5. Set of evaluation materials:

- questions for the test
- bank of situational tasks
- bank of test tasks
- tickets for the test

ФЕДЕРАЛЬНОЕ ГОСУДАРСТВЕННОЕ БЮДЖЕТНОЕ ОБРАЗОВАТЕЛЬНОЕ УЧРЕЖДЕНИЕ ВЫСШЕГО ОБРАЗОВАНИЯ «СЕВЕРО-ОСЕТИНСКАЯ ГОСУДАРСТВЕННАЯ МЕДИЦИНСКАЯ АКАДЕМИЯ» МИНИСТЕРСТВА ЗДРАВООХРАНЕНИЯ РОССИЙСКОЙ ФЕДЕРАЦИИ

РЕЦЕНЗИЯ
на оценочные материалы
по дисциплине «СУДЕБНАЯ МЕДИЦИНА»
для студентов 4 курса
по специальности 31.05.03 Стоматология

Оценочные материалы составлены на кафедре патологической анатомии с судебной медициной на основании рабочей программы дисциплины «Судебная медицина» по специальности 31.05.03. Стоматология и соответствуют требованиям ФГОС ВО по специальности 31.05.03. Стоматология, утвержденный Министерством образования и науки РФ «12» августа 2020 г (№984)

Оценочные материалы включает в себя:
- вопросы к зачету,
- банк ситуационных задач,
- эталоны тестовых заданий (с титульным листом и оглавлением),
- билеты к зачету

Банк тестовых заданий включает в себя следующие элементы: тестовые задания. Все задания соответствуют рабочей программе по дисциплине судебная медицина и охватывают все её разделы. Количество тестовых заданий составляет 100. Сложность заданий варьируется. Количество заданий по каждому разделу дисциплины достаточно для проведения контроля знаний и исключает многократное повторение одного и того же вопроса в различных вариантах. Количество зачетных билетов составляет 10, что достаточно для проведения зачета и исключает неоднократное использование одного и того же билета во время зачета в одной академической группе в один день. Зачетные билеты выполнены на бланках единого образца по стандартной форме, на бумаге одного цвета и качества. Зачетный билет включает в себя 5 вопросов. Формулировки вопросов совпадают с формулировками перечня вопросов, выносимых на экзамен/зачет. Содержание вопросов одного билета относится к различным разделам рабочей программы дисциплины, позволяющее более полно охватить материал дисциплины. Дополнительно к теоретическим вопросам предлагаются 47 ситуационных задач, включенные в зачетный билет, дают возможность объективно оценить уровень усвоения студентом теоретического материала.

Сложность вопросов в зачетных билетах распределена равномерно.

Замечаний к рецензируемым оценочным материалам нет.

В целом, оценочные материалы по дисциплине «Судебная медицина» способствует качественной оценке уровня владения обучающимися общепрофессиональными и профессиональными компетенциями.

Рецензируемые оценочные материалы по дисциплине «Судебная медицина» может быть рекомендован к использованию для промежуточной аттестации на стоматологическом факультете у студентов 4 курса.

Рецензент:
Председатель ЦУМК естественно-научных
и математических дисциплин с подкомиссией
экспертизы оценочных материалов,
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ФГБОУ ВО СОГМА Минздрава России
"___" _____ 20___ г.

ОТДЕЛ КАДРОВ И ДОКУМЕНТООБОРОТА

ФЕДЕРАЛЬНОЕ ГОСУДАРСТВЕННОЕ БЮДЖЕТНОЕ ОБРАЗОВАТЕЛЬНОЕ УЧРЕЖДЕНИЕ ВЫСШЕГО ОБРАЗОВАНИЯ «СЕВЕРО-ОСЕТИНСКАЯ ГОСУДАРСТВЕННАЯ МЕДИЦИНСКАЯ АКАДЕМИЯ» МИНИСТЕРСТВА ЗДРАВООХРАНЕНИЯ РОССИЙСКОЙ ФЕДЕРАЦИИ

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Тестовые задания соответствуют рабочим программам по дисциплине судебная медицина и охватывают все её разделы. Количество тестовых заданий составляет 100. Сложность заданий варьируется. Количество заданий по каждому разделу дисциплины достаточно для проведения контроля знаний и исключает многократное повторение одного и того же вопроса в различных вариантах.

Для проведения зачета имеется 10 зачетных билетов. Зачетный билет включает в себя 5 вопросов. Содержание вопросов одного билета относится к различным разделам программы, позволяющее более полно охватить материал учебной дисциплины.

Дополнительно к теоретическим вопросам предлагаются 47 ситуационных задач, включенные в зачетный билет, дают возможность объективно оценить уровень усвоения студентом теоретического материала.

Сложность вопросов в зачетных билетах распределена равномерно.

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В целом, оценочные материалы по дисциплине «Судебная медицина» способствует качественной оценке уровня владения обучающимися общепрофессиональными и профессиональными компетенциями.

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Рецензент:
Начальник ГБУЗ «РБСМЭ» МЗ РСО-А
к.м.н. А.А. Калоева

Passport of evaluation materials for the discipline
"FORENSIC MEDICINE"
specialty 31.05.03 Dentistry

№п/п	**Name of the supervised section (topic) of the discipline/module**	**The code of the competence being formed (stage)**	**Name of the evaluation material**
1	2	3	4
Type of control	**Interim certification**		
1.	Procedural and organizational bases of forensic medical examination in the Russian Federation.	GPC-11	I, TT, ST
2.	Forensic medical examination of corpses. Features of the study of corpses of newborn infants. Sudden death.	GPC-5	I, TT, ST, TrT
	Hypoxia and hypoxic conditions. Mechanical asphyxia.		I, TT, ST, TrT
	The impact of physical factors (the effect of extreme temperatures; electrical injury).		I, TT, TrT
	Forensic medical diagnostics of poisoning.		I, TT, ST, TrT
	Forensic traumatology.		I, TT, ST, TrT
	Forensic thanatology. Examination of the corpse at the place of its discovery.		I, TT, TrT
	Examination of victims, suspects, accused and other persons.		I, TT, TrT
3.	Expertise on official and professional offenses of medical workers.	GPC-5 GPC-11 PC-2	I, TT, TrT

Note: I – interview, TT – test tasks, ST – situational tasks, TrT – training tasks

Questions for the test

1. Forensic medical examination, its difference from other types of examinations
2. The content of the concept of "procedural position of an expert"
3. Rights, duties and responsibilities of the expert
4. Grounds for the appointment of a forensic medical examination
5. Who can conduct a forensic medical examination? The limits of the expert's competence?
6. Subjects and objects of forensic medical examination.
7. Types of forensic medical examination. Grounds for the appointment of additional and repeated examinations.
8. Procedure for appointment of examinations
9. Features of appointment, organization and conduct of examinations in the expert institution and outside it.
10. The procedure for conducting a commission examination.
11. Types of forensic medical documentation. The difference in the content of the "Expert opinion" and the "Act of forensic medical research"
12. Medical certificate of death, the procedure for registration.
14. Structure of the forensic medical service in the Russian Federation
15. Departmental subordination of forensic medical institutions
16. Structure of the SME Bureau of the subject of the Russian Federation
17. Structure and content of the laboratory units of the Bureau of Forensic Medical Examination
18. The management system of the forensic medical service of the subject of the Russian Federation.
19. Procedural duties of employees of forensic medical institutions.
20. Departmental duties of employees of forensic medical institutions
21. Who by whom and how can be appointed as a freelance medical expert
22. Duties of a freelance medical expert.
23. Forms of interaction between the forensic medical service and law enforcement agencies
24. Forms of interaction of the forensic medical service and territorial health authorities.
25. The concept of forensic medical examination of a corpse
26. Reasons for forensic examination of a corpse
27. Similarity and difference of forensic and pathoanatomic studies of a corpse
28. Procedure for forensic medical examination of a corpse
29. The main, immediate and immediate causes of death
30. Types of documents drawn up by a doctor after autopsy for the Registry Office and investigative bodies. Their content.
31. The concept of sudden death. Sudden death.
32. Causes of sudden death in adults
33. Causes of sudden death in children
34. Features of the study of corpses of infants
35. Criteria of newborn, full-term, maturity, live birth, viability
36. Determination of the duration of intrauterine life of the fetus
37. Determination of the duration of extrauterine life
38. Causes and diagnostics of violent and nonviolent death of newborn infants.
39. Hypoxia, types, general signs.
40. Classification of mechanical asphyxia
41. Stages of the lifetime course of mechanical asphyxia
42. Features of thanatogenesis and morphological signs of death in cases of hanging, strangulation with a noose, strangulation with hands. Differential diagnosis of these types of asphyxia
43. Signs of lifetime formation of a strangulation furrow.

44. Features of thanatogenesis and morphological signs of mechanical asphyxia as a result of closure of respiratory openings and airways by foreign bodies, loose substances, liquid.

45. Diagnostic signs of drowning

46. Mechanism and morphological signs of asphyxia with compression of the chest and abdomen

47. Laboratory methods of investigation in the diagnosis of death from various types of mechanical asphyxia (histological studies, research on plankton during drowning, etc.)

48. Phenomena observed in posthypoxic states (in animated hanged, etc.)

49. General and local effects on the human body of low temperatures.

50. Death from hypothermia. The concept of "cold shock", "cold anesthesia", "anoxia without anoxemia"

51. Genesis of death in cases of hypothermia

52. Features of the examination of the corpse at the place of its discovery.

53. Thermal burns, classification.

54. Causes of death from the effects of high temperature

55. Differential diagnosis of burns caused by flame, boiling liquid, incandescent metals and gases.

56. Signs of lifetime exposure to fire.

57. Features of the examination of the corpse at the place of its discovery.

58. The effect of electric current components on the body (dependence on voltage, current strength, resistance, time of action, body condition, etc.).

59. Types of electric current action.

60. Diagnostics of damage caused by electric current.

61. The effect of atmospheric electricity, its signs.

62. The concept of poison and poisoning.

63. Classification of toxic substances and poisoning.

64. The conditions of the poison.

65. Forensic establishment of poisoning (preliminary information, autopsy data, results of additional studies)

66. Poisoning with caustic poisons, including acetic acid.

67. Poisoning with "blood poisons"

68. Poisoning with destructive poisons (arsenic, mercury salts, FOS, HOS, etc.)

69. Poisoning with nervefunctional poisons (sleeping pills, narcotic, etc. medicines, ethanol and its substitutes, etc.)

70. The main signs, mechanism of action and causes of death in the above poisoning.

71. Food poisoning, toxicoinfection, intoxication.

72. Rules and techniques of autopsy of a corpse in case of suspected poisoning.

73. Interpretation of the results of forensic chemical research.

74. The concept of "damage". Medical classification of injuries.

75. Damaging factors, their classification

76. Causes of death due to mechanical damage.

77. Lifetime and postmortem injuries.

78. Blunt solid objects, their classification.

79. Types of impact of blunt solid objects.

80. Types of deformation that occur when exposed to blunt solid objects.

81. What kind of damage occurs during various types of impact (impact, compression, stretching, friction, body shaking)?

82. Abrasion, stages of its healing. Forensic significance.

83. Bruising, hemorrhage. Hematoma. Stages of healing.

84. Classification of wounds caused by blunt hard objects. 85. Дифференциальная диагностика ушибленных и рваных ран.

86. Classification of fractures of flat bones.

87. The mechanism of formation and the forensic significance of these fractures.

88. Types of fractures of long tubular bones, the mechanism of formation, their morphological features.

89. Direct and indirect injuries of internal organs, their distinctive features.

90. Sharp objects, their classification.

91. Mechanism of action of cutting objects

92. Characteristics of damage caused by sharp-cutting objects (shape, depth, edges, ends, bottom).

93. The nature of the scars remaining after the healing of incised wounds.

94. Features of incised wounds inflicted for the purpose of murder, suicide, "self-mutilation" (self-harm).

95. Properties and mechanism of action of the chopping tool.

96. The nature of the damage resulting from the action of chopping tools.

97. Features of chopped wounds caused by a chopping tool during "self-mutilation".

98. Types of stabbing tools.

99. The mechanism of action of the piercing object.

100. Characteristics of damage caused by piercing objects.

101. Piercing and cutting objects. The mechanism of their action.

102. Properties of stab wounds, as well as injuries to internal organs, bones caused by piercing and cutting objects.

103. Methods and basic principles of identification of piercing and cutting tools by damage

104. Forensic medical examination in cases of transport injury and falling from a height.

105. Classification of transport injury.

106. The most common mechanisms of car injury

107. What is the mechanism of injury when: a) the front surface of the car collides with the body of a pedestrian; b) the car moves over the body of a person; c) a person falls out of the car body?

108. Injuries most characteristic of the injury that occurs to the driver and passengers as a result of a collision

109. Determining the direction of moving the car through the human body.

110. Features of damages arising from motorcycle injury, tractor injury, the action of rail transport, the action of parts of water transport.

111. Features of damage in aviation accidents.

112. The main tasks of forensic medical examination in cases of investigation of aviation accidents.

113. Classification of falling from a height

114. Varieties of injury conditions during falls (direct fall, "stepwise", "with added acceleration", etc.).

115. Features of damage that occurs when falling on a flight of stairs.

116. Features of injuries when falling on the head, legs, torso.

117. Firearms, their classification.

118. The components of the cartridge, their purpose.

119. The mechanism of the shot.

120. Additional factors (accompanying components) of the shot. Characteristics of each of them.

121. Ballistic properties of a bullet. Features of damage depending on the kinetic energy of the projectile. Hydrodynamic effect of the bullet

A "blank" shot. Damage characteristics.

122. Mechanisms of formation of the entrance gunshot wound, signs.

123. Types of wound channels in soft tissues, internal organs, flat and tubular bones.

124. Exit gunshot wound.

125. Establishing the distance of the shot (at point-blank range, from close and not close distance) when fired from a rifled weapon.

126. Shot damage, setting the distance of a shot from a smoothbore weapon.

127. Features of gunshot injuries from homemade and atypical weapons.

128. Establishing the sequence of shots.

129. Characteristics of explosive trauma.

130.Forensic thanatology. Examination of the corpse at the place of its discovery.

131. Dying and death (pre-diagonal period, agony, clinical and biological death, probable signs of death).

132. Reliable signs of death

133. The mechanism of formation of cadaveric spots, their diagnostic value. The difference between a cadaverous spot and a bruise.

134. The mechanism and significance of muscular rigor.

135. The process of cooling the corpse and the factors affecting it.

136. The drying process, its manifestations on the corpse.

137. The main environmental factors affecting the late changes of the corpse.

138. Features of rotting (transformation) of a corpse depending on environmental conditions and "internal" factors.

139. The essence of mummification processes

140. Zhirovosk.

141. Peat "tanning".

142. Procedural bases of examination of the corpse at the place of its discovery.

143. Organization of inspection and tasks of the participants of the inspection.

144. Stages and sequence of examination of the corpse.

145. Signs of "survivability" of tissues

146. Establishment of the limitation period for the occurrence of death. Entomological research

147. Examination of victims, suspects, accused and other persons

148. Reasons and organization of forensic medical examination of living persons

149. Forensic medical documentation

150. Reasons for the forensic medical establishment of the state of health.

151. Simulation and dissimulation, aggravation and disaggravation.

152. Examination of self-harm and artificially induced painful conditions

153. Examination of infection with venereal diseases and HIV infection.

154. Types of working capacity. Determination of the degree of permanent disability.

155. Examination to determine the severity of harm to health

156. The concept of "harm to health. The main provisions of the Rules of forensic medical examination of the severity of harm to health.

157. Serious harm to health, its signs.

158. Harm to health of moderate severity. Its signs.

159. Slight harm to health, its signs.

160. The content of the concepts of "health disorder", "persistent loss of general ability to work", "complete loss of professional ability to work".

161. The concept of "indelible facial disfigurement". The tasks of a forensic medical expert in establishing harm to health in cases of facial injuries.

162. Examination of sexual conditions and sexual crimes

163. Hermaphroditism, puberty

164. Virginity and signs of former sexual intercourse.

165. Sexual and productive capacity.

166. Abortion, recognition of former births

167. Rape

168. Depraved acts. Sodomy.169. Судебно-медицинское установление возраста

170. Methods for determining age

171. The limits of the accuracy of age determination during childhood, adolescence, adulthood, old age and senility.

172. Factors affecting the ratio of biological and calendar age.

173. Laboratory and special types of forensic medical examination

174. The concept of material evidence.

175. The basic principles of the organization of research of physical evidence of biological origin.

176. Examination of blood traces at the site of their detection

177. Description of the nature of the traces

178. Preliminary tests to identify traces suspicious of blood.

179. Rules for the removal, packaging and referral to the study of objects suspected of blood

180. Examination of traces of blood

182. Proof of trace blood origin (detection of hemoglobin and its derivatives, modern evidence-based methods of trace blood origin)

183. Determination of the species of blood

184. Establishment of a group special

185. Establishing the sex of the blood, the prescription of the formation of traces, the regional origin and the origin of blood traces from an infant or an adult.

186. Blood examination concerning disputed paternity (motherhood).

187. Hair examination

188. Examination of human secretions (semen, saliva, traces of fat, urine and other secretions)

189. Medical and forensic studies of objects of forensic medical examination.

190. Methods of identification of the injury instrument

200. Identification of the person

201. Examination of official and professional offenses of medical workers

202. Basic provisions of biomedical ethics

203. Misdemeanor and crime

204. Responsibility of medical workers for causing moral harm

205. Iatrogenic diseases

206. Accident in medical practice

207. Medical errors (diagnostic, therapeutic, organizational and tactical)

208. Official crimes (abuse of official authority, abuse of official authority, bribery, forgery, negligence)

209. Professional crimes

210. Causing death by negligence

211. Causing serious or moderate harm to health by negligence

212. Coercion to remove human organs and tissues for transplantation

213. Infection of another person with HIV infection

214. Illegal abortion

215. Failure to provide assistance to a patient

216. Illegal placement of a person in a psychiatric hospital, disclosure of the secret of adoption, illegal healing, violation of sanitary and epidemiological rules, etc.

Situational tasks

Task №1

Mr. E., 44 years old. 3/1 in the yard of the house, a teenager threw a piece of ice in the face of Mr. I.

Examination data 8/1: in the center of the forehead, 4 cm above the bridge of the nose, there is an oval abrasion, 3x2 cm, covered with a dense dark brown crust, slightly peeling off along the periphery. On the upper eyelids of both eyes there are widespread purplish-blue bruises with a yellowish tinge in the upper part.

Task №2

Mr. K.. 41 years old. 15/VIII on the street, a drunk man hit his right hand with a stick. Immediately after the blow, there were violations of the movement of the right hand. He turned to the polyclinic, where a neurologist diagnosed "traumatic neuritis of the right radial nerve", prescribed medication and physiotherapy.

Survey data 17/VIII. There is an oval dark blue bruise 6x3 cm on the back surface of the lower third of the right shoulder. The right hand is hanging down. There are no active extensor movements in the wrist joint and metacarpophalangeal joints of 2-5 fingers, active abduction of the 1st finger. The remaining active movements and all passive movements of the brush in full. There is a slight decrease in surface sensitivity on the back surface of the 1st finger and the interdigital space.

Task №3

Mr. S., 22 years old. 5/11 at work, in a quarrel, a friend hit a metal part on his hand. The victim was immediately taken to the hospital.

Examination data 22/11. The nail phalanx of the 5th finger of the left hand is missing. The stump is well decorated, it has a linear pinkish—cyanotic scar 2 cm long. Complaints of discomfort when pressing on the stump. It is known from the medical history that S. was admitted to the surgical department of the hospital on February 5. The soft tissues of the nail phalanx of the 5th finger of the left hand were crushed, the bone was crushed. Amputation of the damaged phalanx in the second interphalangeal joint was performed. The postoperative period proceeded without complications. On 12/11, he was discharged home with a 10-day release from work.

Task № 4

Gr-ka And.. 23 years old. 7/X on the street during an attempted robbery, an unknown man stabbed in the back. She reached the hospital on her own, was hospitalized.

It is known from the medical history that Gr-ka I., upon admission, complained of pain in the lumbar region on the left. The general condition is satisfactory. On the left back, at the level of the 2nd lumbar vertebra, 8 cm from the middle line of the back, there is a rectilinear wound of 1.5x0.2 cm. large in the direction of the digits 12 and 6 of the clock face. The edges of the wound are smooth, smooth, the walls of the wound are vertical. The upper end of the wound is sharp, the lower one is rounded. It was found that the wound canal in the muscles of the back penetrates to the parotid fiber and ends here blindly. The kidney is not damaged. The wound is sewn tightly. Kidney function according to clinical data and the results of laboratory examination of urine is not impaired. Complaints of soreness in the lumbar region on the left when bending the trunk and feeling the muscles in the wound area, 13/X stitches were removed and gr. I. was discharged for outpatient treatment with release from work for 10 days.

Task № 5

Gr-ka U., 53 years old. 9/VI in the tram, a drunk man poked his fist in the chest.

Survey data 9/VI. On the chest from the front to the right along the mid-clavicular line at the level of 6-8 ribs there is an oval dark blue bruise, 8x7 cm. When feeling 6-7 ribs on the right, complaints of local soreness in the bruise area. Chest radiographs from 10/VI show a transverse fracture with a slight displacement of fragments of 6 and 7 ribs on the right along the mid-clavicular line.

Task № 6

Gr-ka 3.. 40 years. 12/X at home in a family quarrel, a drunken husband hit with a hammer. I felt a sharp pain in the area of the right collarbone. I went to the emergency room.

The certificate from the emergency room states that 12/X during examination, a closed fracture of the right clavicle was found in the middle third, the fragments were fixed with the help of rings.

Survey data 14/X. In the area of the middle third of the right clavicle, there is a swelling of soft tissues and a purplish-blue bruise, 9x5cm. An X-ray from 14/X revealed an oblique fracture of the right clavicle with the correct standing of the fragments.

Task № 7

Mr. D., 37 years old. 5/XII in a trolleybus, a drunk man punched his right ear. I turned to an otolaryngologist 6/XII. It is known from the outpatient chart that 6/XII, when examined, there is a common dark cyanotic bruise on the right auricle. There are dark red blood clots in the auditory canal. There is a post-traumatic perforation on the eardrum with uneven bruised edges. Hearing is almost completely absent during the examination. “Diagnosis: traumatic otitis media. He was on outpatient treatment until 2/1, the phenomena of acute inflammation gradually subsided, hearing in the right ear did not recover. Hearing in the left ear is preserved.”

Survey data 10/1. Right ear: the perforation of the eardrum was tightened by a rough scar. Adhesions formed with the inner wall of the tympanic cavity. On the audiogram, there is a sharp decrease in hearing by the type of violation of the sound-conducting system. Perceives (a cry at the auricle.) Hearing in the left ear is preserved. Diagnosis: adhesive right-sided otitis media.

Task №8

Mr. M. is 29 years old. In the evening, 21 was robbed and beaten on the street. He resisted the attackers, who stabbed him in the right shin during the fight. I walked home on my own. After 1 hour, the right shin swelled sharply. He was taken to the hospital by an ambulance. From the medical history: upon admission, complains of pain and sharp swelling of the right shin. The pulse is 92 in 1 minute. Arterial pressure is 120/70 mm Hg. On the front surface of the right shin in the middle third there is an obliquely located wound of linear shape with smooth edges of 1.5 x 1 cm. The wound does not bleed. The circumference of the right shin is 7cm larger than the left. There is no pulse on the back of the right foot. Primary surgical treatment of the shin wound was performed under local anesthesia. After dissection of the wound (for revision), a hematoma of about 150 ml was emptied, arterial bleeding began. Damage (intersection) of the anterior tibial artery, which is bandaged, was detected. Stitches were applied, which were removed after 10 days. Able to work in 4 weeks. Clinical diagnosis: knife wound of the right shin with damage to the tibial artery without massive blood loss.

Task № 9

Gr-n I, 20 years old, 12/X was hit on the right leg with a metal pipe during a street fight. Taken by ambulance to the hospital. It is known from the medical history that Mr. I. complained of pain in his right lower leg upon admission. The condition is satisfactory. Pulse – 84 in 1 minute. Blood pressure 130/85 mm Hg, art. On the outer surface of the right shin in the middle third, a wound 2x1.5 cm, with uneven edges, a bone fragment will stand out of the wound. There are no motor and sensory disorders. On the radiograph of the right shin, a transverse fracture of the fibula of the middle third with a displacement of fragments is determined. Under anesthesia, primary surgical treatment of the wound of the right shin was performed, an open reposition of the fibular fracture. Subsequently, immobilization with a plaster cast was carried out for 1 month. The ability to work was restored after 1.5 months. Clinical diagnosis: open fracture of the right fibula with dislocation of fragments.

Task № 10

Mr. B, 37 years old, 23/VI was stabbed in the chest, was taken to the hospital 30 minutes later. Mr. B. was taken to the operating building in a serious condition: sharply pale, lips with a bluish tinge, pulse 120 in 1 minute, weak filling, arrhythmic, heart tones are muted. Blood pressure is 70/50 mm Hg. see

Breathing 26 per minute. On the right, the breathing is not auditioned: percussion - solid stupidity. There is a 2x0.5 cm wound on the chest on the right in the third intercostal space at the edge of the sternum. The pleural cavity was opened along the third intercostal space. The intersection of the IV edge on the right was detected. There are 700 ml of blood and blood clotting in the right pleural cavity.
The postoperative period proceeded without complications, the general condition gradually improved and after 35 days B. was discharged from the hospital with a 15-day release from work.
To determine and justify the severity of the harm caused to health.

Task № 11

Mr. U,. 23 years old, 4/XI was riding a motorcycle and was hit by a car. Taken by ambulance to the hospital. It is known from the medical history that Mr. U. came in complaining of pain in his right leg. The general condition is satisfactory. The skin is pale. Pulse is 90 per minute, weak filling. On the back surface of the right shin in the middle third there is a 1x0.5 cm laceration with uneven edges, blunt ends. The wound is bleeding slightly. The lower leg is sharply painful when felt, there is a deformation of the lower leg in the middle third and crepitation of fragments. The radiograph shows a multi-splintered fracture in the middle third of the tibia and fibula with a significant displacement at an angle and in width. On the same day, the operation of osteosynthesis of the tibia of the right tibia with titanium rods was performed. On the control radiograph after reposition: a metal rod was inserted into the bone canal of the tibia. Отломки ее сопоставлены хорошо. Fragments of the fibula are brought together, their condition is satisfactory. The wound on the back surface of the right shin was washed and sewn up with 2 stitches. An aseptic bandage was applied to the wound. A plaster splint is applied to the shin.

The data of the examination in the hospital 6/XI. A plaster splint is placed on the right leg from the upper third of the thigh. The patient's condition is satisfactory. There are no complaints.

Task № 12

Gr-ka B.. 35 years old, 11/VII was hit by a truck while crossing the street. After 40 minutes, she was taken by ambulance to the hospital. From the medical history: the patient's condition during hospitalization is severe. Consciousness is confused, motor excitations. The pulse is 120 in 1 minute. Blood pressure is 150/95 mm Hg. The respiratory rate is 28 in 1 minute. There is no pathology from the cranial nerves, paralysis, paresis. There is swelling of the right thigh, pathological mobility and bone crepitation in the middle third of it. The patient underwent antishock therapy (administration of drugs, cardiac drugs; intravenous infusion of polyglucine, novocaine solution, case blockade of the right thigh). Hourly and daily diuresis was sufficient. The X-ray of the right thigh shows a transverse fracture of the femur in the middle third with a displacement of fragments along the length and width. On the second day, the patient's condition worsened, consciousness remained confused, shortness of breath sharply increased (up to 40 in 1 minute). During auscultation of the lungs, dry and wet wheezes were heard on both sides. There are a lot of small focal shadows on both sides of the lung X-ray. The administration of antispasmodics, heparin, and lipostabil was added to the ongoing infusion therapy, which included infusion of rheopolyglucin, hemodesis, and novocaine.

After consulting a therapist, bilateral pneumonia was treated. The condition has improved. Three weeks after hospitalization, she was operated on – osteosynthesis of the hip with a titanium rod. Postoperative period without complications. The ability to work was restored after 6 months.

Task № 13

Mr. T., 48 years old. On September 11, a man armed with a knife was attacked on the street. Defending himself, T. injured his right hand. After 40 minutes I went to the hospital. It is known from the medical history that T. was admitted to the surgical department on September 11 for incised wounds of the right hand. When examined on the palm in the area of the anterior thirds of the 2-5 metacarpal bones, there is a deep wound 5.5 cm long with smooth edges and sharp ends. According to one of the same nature, a 0.8—0.9 cm long wound is located on the palmar surfaces of the main phalanges of 2-5 fingers. The wounds show fully crossed tendons of the superficial flexors of the fingers and partially crossed tendons of the deep flexors. Movements in the metacarpophalangeal joints of 2-5 fingers are

limited, there are no interphalangeal joints. All kinds of sensitivity are preserved. The tendons of the superficial and deep flexors are sutured. The wounds are sewn shut. 12-th of September. The bandage on the right hand is not wet. The fingers are warm. He continues to be treated in the hospital.

Clinical diagnosis: incised wounds of the palm surface of the right hand with damage to the flexors of the fingers.

Task № 14

Gr-n E, 23 years old, during a traffic accident, a collision of two cars, while in the cab of the car, suffered an injury to the cervical spine. He was taken to the hospital in a satisfactory condition. Complaints of pain in the cervical spine, sharply increasing with movements. Radiologically, a closed fracture of the body of the II cervical vertebra was established. There are no signs of a violation - there is no spinal cord function. He was on treatment for 36 days.

To determine and justify the severity of the damage to health.

Task № 15

Gr-ka K., 24 years old 06.06 on the street, the wife of a friend on the grounds of jealousy scratched her face with her nails. Examination data 07.06: on the forehead and both cheeks 12 randomly arranged scratches, 0.8-5 cm long, straight and slightly arched norm. The scratches are covered with dense dark red, grayish in places with purulent separable crusts, the whole face is swollen, which has changed its appearance. To determine and justify the severity of the damage to health.

Task №16

Gr-ke S, 34 years old, drunk roommate bit off part of the tongue. On the same day, she was taken to the hospital with a bleeding wound of the tongue stump, the general condition is satisfactory, the pulse is 80 beats, in min., satisfactory filling and tension. Blood pressure 120/80 mmHg. The wound is sutured. She was discharged home after 10 days. When examining the victim on the 25th day after the injury, it was noted: the end of the tongue stump is arched, with a soft pinkish-cyanotic scar. Speech is significantly impaired, individual words are completely incomprehensible, the patient prefers to explain herself by correspondence.

To determine and justify the severity of the damage to health.

Task № 17

Gr-well To.. 61 years old, stabbed in the abdomen. He was admitted with complaints of sharp pains in the lower abdomen, a bruise 2x3 cm in the left hypochondrium. In connection with the suspected symptoms of irritation of the peritoneum, a diagnostic laparatomy was performed. During the revision of the abdominal organs, a bleeding rupture of the spleen with a length of 1 cm was found, which was sutured. The surgical wound was sutured with the leaving of a rubber graduate. The postoperative period proceeded without complications, the patient was discharged for outpatient treatment after 18 days. The duration of outpatient treatment is 6 days.

To determine and justify the severity of harm to health.

Task №18

Mr. F., 21 years old, was stabbed on the left side of the neck. He was taken to the hospital in a satisfactory condition. On the left side surface of the neck, a slit-shaped wound with a length of 1.3 cm is obliquely located, the upper end of it is sharp, the lower one is rounded. Minor bleeding from the wound. During the revision of the wound canal, it was found that it passes through the soft tissues of the neck and penetrates into the pharynx. The wound canal is sutured in layers. Discharged to work on recovery. He was in the hospital for 10 days, outpatient treatment - 5 days.

To determine and justify the severity of harm to health.

Task № 19

Gr-ke N. 35 years old, splashed concentrated acid in his face. When examined in a forensic

outpatient clinic, it was found: on the right cheek on an area of 8x3 cm, a bluish-purple rough slightly protruding scar with uneven contours. The same type of scar on the back and right wing of the nose, measuring 2x1.5 cm. An extract from the medical history is presented, in which the diagnosis is indicated: chemical burns of the soft tissues of the face. She was on treatment for 24 days.

Determine and justify the severity of the harm to health.

Task № 20

Mr. N., 40 years old, received burns on his right hand from the burning clothes of the III art. The total area of the burn was about 7% of the body surface. The patient was on inpatient and outpatient treatment for 43 days. When examined 2 months after the injury, extensive tightening scars were found on the anterior and posterior surfaces of the right shoulder and forearm. The elbow joint is in the bending position at an angle of 45 degrees. Active and passive movements in the elbow and wrist joints are absent, in the shoulder fully preserved.

To determine and justify the severity of the damage to health.

Task № 21

Gr-ka N. is 30 years old, she was traveling on a bus and when the bus collided with a tram, she suffered damage to her right collarbone. There is local soreness and a cyanotic bruise measuring 2x3 cm. oval in the middle third of the clavicle. The function of the right limb is not impaired. She was discharged to work after 8 days, but the pain of the right clavicle area remained. She was sent for an X-ray of the clavicle, which she did not attend. At the request of the investigator, the conclusion should be completed and conclusions written. To determine and justify the severity of the harm to health.

Task № 22

Mr. L.. 31 years old, was injured in a traffic accident. The hospital diagnosed a double fracture of the pelvic ring in the anterior and posterior parts of the pelvis with a violation of its continuity. The general condition is satisfactory, blood pressure is 100/70, pulse is 80 beats per minute. Urine was obtained without admixture of blood. He was on treatment for 42 days. Clinical diagnosis: double fracture of the pelvic bones with a violation of the continuity of the pelvic ring.

To determine and justify the severity of the damage caused.

Task № 23

Gr-n.E..32 years old, five days ago he was beaten on the street by unknown people. Complaints of pain in the places of damage. Objectively: there is an oval bruise around the right eye, yellowish in color, greenish on the periphery, measuring 5x3 cm. The bruises on the right cheek and in the chin area are the same in shape, measuring 6x5cm, respectively. bluish color. On the back surface of the right hand there is an irregular 4x2.5 cm abrasion covered with a towering brownish crust. To determine and justify the severity of the harm to health.

Task № 24

Mr. Zh., 41 years old, received a gunshot wound to the left shoulder. The wound is through, the entrance opening is located on the anterior, the exit is on the posterior surface of the shoulder in the middle third, there is acute bleeding. Radiologically, a through wound of the humerus was found. Urgent treatment of wounds and suturing of the damaged brachial artery was performed. He was on treatment for 18 days. Limb function has been restored.

To determine and justify the severity of the damage to health.

Task № 25

The girl K., three years old, received burns with hot liquid. The condition is serious. The skin of the upper half of the trunk is reddish-pink, there are many merging blisters, some of which burst, exposing red burn surfaces. After treatment of the affected surfaces, bandages are applied. During catheterization of the left subclavian vein, the tip of the left lung with pneumothorax was damaged. She

was treated for thermal burns and this complication for 35 days. Discharged upon recovery.

To determine and justify the severity of the damage to health.

Task № 26

Mr. S., 31 years old, 17.04 was hit on the neck with a broken bottle in a fight. He was taken to the hospital in a satisfactory condition, the skin and mucous membranes are pale, blood pressure is 100/60 mm Hg. On the lateral surface of the lower part of the neck on the left, a gaping wound in the form of an arc 5.5 cm long, with smooth edges, sharp ends. During the revision of the wound, it was found that it is up to 1 cm deep, penetrates into the deep layers of the neck muscles, a damaged external jugular vein is visible in the upper wall at the anterior end. The damage is flap-shaped 2.5x0.4 cm. Liquid dark blood flows out of it in a stream. The wound is sutured, stitches are applied to the skin. The wound healing proceeded without complications. On 20.04, he was discharged for outpatient treatment with a 10-day release from work. Clinical diagnosis: incised neck wound with damage to the jugular vein. To determine and justify the severity of the damage to health.

Task № 27

Mr. Zh. 41 years old, received a gunshot wound to the left shoulder. The wound is through - the entrance hole is located on the anterior, the exit hole is on the posterior surface of the shoulder in the middle third, there is acute bleeding. Radiologically, a through wound of the humerus was found. Urgent treatment of wounds and suturing of the damaged brachial artery was performed. He was on treatment for 18 days. Limb function has been restored.

To determine and justify the severity of the damage to health.

Task № 28

Gr-ka N., 36 years old, was traveling by bus and when the bus collided with a tram, she received a closed fracture of both bones of her left forearm. She was taken to the hospital in a serious condition, unconscious, blood pressure 80/70. After 28 days, she was discharged in a satisfactory condition with a plaster cast for outpatient treatment. By the time of the examination, we do not make complaints.

To determine and justify the severity of the damage to health.

Task № 29

Mr. S., 40 years old, 10 .10 received a burn as a result of clothing ignition. He was in a state of intoxication. Delivered 2 hours later to the burn injury department. On examination, the condition is severe, the skin is pale, the pulse is 120 beats per minute, the arterial pressure is 180-40 mmHg. On the front surface of the chest, alive, on the back against the background of skin hyperemia, individual bubbles with transparent contents, in places the epidermis is torn off and gray areas devoid of pain sensitivity are visible, the area of these areas is about 30% body surfaces.

Clinical diagnosis: thermal burn of the chest, abdomen, back of the second degree with an area of 30% of the body surface.

To determine and justify the severity of the damage to health

Task № 30

The boy L., 12 years old, a student of the 8th grade hit a briefcase in the face. Examination data: the back of the nose is swollen, there is a dark blue bruise on it 5x4 cm. There are traces of dried blood in the nasal passages. Nasal breathing is not disturbed. Complaints of soreness when feeling the nose. The X-ray shows a fracture of the nasal bones in the middle part without displacement of the fragments. The next day, he was pushed down the stairs, as a result of which he had a fracture of the left radius in the n/a.

To determine and justify the severity of harm to health.

Task № 31

Gr-nu Ts, 30 years old, was hit in the face during a fight. I did not seek medical help. During the

forensic examination, it was noted: the upper and lower lips are swollen, on the mucous membrane of the upper lip, in the projection of the first incisors, there is a star-shaped wound measuring 1.5 x 1 cm with uneven edges, covered with a grayish-yellowish coating. There is a red-purple hemorrhage around the wound on an area of 3x3 cm. On the upper jaw on the left, the first and second incisors are missing. The holes in the gum in place of the missing teeth are deep with dark red hemorrhages.

To determine and justify the severity of the damage to health.

Task № 32

Mr. D., 19 years old, blind in both eyes, was wounded by a sharp object in the area of the left eye. He was admitted to the hospital an hour later in a satisfactory condition. A puncture wound penetrating into the eyeball with damage to the cornea, iris, and vitreous effusion was found. Enucleation of the left eye was performed. The duration of treatment is 32 days. The condition after discharge is satisfactory.

To determine and justify the severity of the damage to health.

Task № 33

Gr-N.V. 46 years in a drunken state got hit by a tram. He was taken to the surgical department of the hospital in satisfactory condition, with a tourniquet on his left thigh. The left leg is separated at the level of the lower third of the lower leg. Surgical treatment of the stump was performed. He was discharged for outpatient treatment after 24 days. To determine and justify the severity of the damage to health.

Task № 34

Gr-ku K., 26 years old, was pushed down the stairs by her husband during an argument. There is an extensive soft tissue hematoma in the right half of the head, from which she was admitted to the traumatology department, where she was diagnosed with closed TBI, bruising of the soft tissues of the head and hearing loss was detected in the right ear (she does not hear spoken speech at a distance of up to 5 cm). Hearing is preserved on the right ear.

To determine and justify the severity of the damage to health.

Task № 35

Gr-ku K., 26 years old, periodically beats her husband with her hands for no reason, sometimes pinches painfully. When examined on the left anterolateral surface of the chest, there are 6 bruises of a bluish-purple color with sizes from 2x2 to 8x6 cm, on both shoulders and forearms there are many bruises with sizes from 1x0.5 cm to 2x2.5 cm. yellowish-greenish and bluish color with yellowness at the edges. To justify the severity of the damage to health.

Task № 36

Gr-ke M., 27 years old, had an illegal abortion by scraping the uterine cavity. Due to the introduction of infection, an inflammatory process of the uterine wall developed, for which the patient was on outpatient treatment for 15 days. After 6 months, M. turned to a women's consultation with a request to examine her, since she wants to have a child, and pregnancy does not occur. During a special study, a woman was found to have obliteration of the fallopian tubes, excluding the possibility of pregnancy.

To determine and justify the severity of the damage to health.

Task № 37

Gr-ka 3., 30 years old, was hospitalized for pyelitis for two weeks. A day after discharge, there was a quarrel with her husband, during which he pushed her. As a result of a fall on the right side and right hand, there are 2 cyanotic bruises 3x1 and 3x2 cm, with the phenomena of threatening miscarriage, she was urgently hospitalized to the hospital, where a miscarriage occurred with a 3-month-old fetus. To

determine and justify the severity of the damage to health.

Task № 38

Gr-ka. B is 23 years old, hit by a car while crossing the street. She was taken to the surgical department in a satisfactory condition. On the anterior surface of the left shin in the upper third there is an irregular 5x2.3 cm wound with uneven edges, bone fragments are visible in its depth. The X-ray shows oblique fractures of both bones of the left shin. The wound was treated, skeletal traction was applied after the bone fragments were repositioned. She was on treatment for 32 days. Discharged upon recovery.

To determine and justify the severity of the damage to health.

Task № 39

Gr-n. D. , 36 years old, was injured in a fall from a height of 2 floors, fell on the buttocks. Upon admission to the hospital: the condition is of moderate severity. Blood pressure 120/80 mmHg, pulse 70 beats per minute. There is painful urination, urine, red color. During clinical, X-ray and ultrasound examinations, morphological injuries of internal organs were not revealed. The diagnosis was made: renal insufficiency. He was on treatment for 60 days. Discharged upon recovery. To determine and justify the severity of the damage to health.

Task № 40

Gr-n. D. , 36 years old, was injured in a fall from a height of 2 floors, fell on the buttocks. Upon admission to the hospital: the condition is of moderate severity. Blood pressure 120/80 mmHg, pulse 70 beats per minute. There is painful urination, urine, red color. During clinical, X-ray and ultrasound examinations, morphological injuries of internal organs were not revealed. The diagnosis was made: renal insufficiency. He was on treatment for 60 days. Discharged upon recovery.

To determine and justify the severity of the damage to health.

Task №41

Gr-ka. B is 23 years old, hit by a car while crossing the street. She was taken to the surgical department in a satisfactory condition. On the anterior surface of the left shin in the upper third there is an irregular 5x2.3 cm wound with uneven edges, bone fragments are visible in its depth. The X-ray shows oblique fractures of both bones of the left shin. The wound was treated, skeletal traction was applied after the bone fragments were repositioned. She was on treatment for 32 days. Discharged upon recovery.

To determine and justify the severity of the damage to health.

Task № 42

Gr-n. A. 19 years old, was injured in a fight. In the MSH, he complained of pain in the back of the nose, difficulty breathing, pain when swallowing. After receiving the injury, there was a profuse nosebleed. There are three bluish-purple bruises on the back of the nose and on the neck. A fracture of the nasal bones was found on the X-ray, he was not treated. During diagnostic esophagoscopy, which was first performed by the doctor on duty, the esophageal wall was damaged, which required inpatient treatment for a month.

To determine and justify the severity of the damage to health

.Task № 43

Mr. S. 29 years old, 03.11 in a quarrel, a neighbor hit his right hand with an axe and chopped off the first finger. In the emergency room certificate from 3.11 it is indicated that half of the main phalanx of 1 finger of the right hand is missing. The wound surface on the stump is smooth, bleeding. In the surgical department of the hospital, 1 finger was amputated in the metacarpophalangeal joint. The postoperative period proceeded without complications, the stitches were removed on the 7th day. The stump is well designed, it has a linear pink-cyanotic scar 2.5 cm long, dense, sedentary when felt.

Movements of the remaining fingers in full.

To determine and justify the severity of the damage to health.

Task № 44

Gr-n. d., 26 years old, was stabbed with a knife in the left shoulder in the upper third on the border with the armpit. During the revision of the wound, it was found that the branches of small arteries and the brachial nerve were damaged. The nerve is stitched, the bleeding branches of the arteries are bandaged. He was admitted to the hospital in the following condition: blood pressure 110/80, pulse satisfactory. The wound healed after 8 days, the stitches were removed. There are no more active movements and sensitive in the left upper limb. Upon re-examination after a month, the patient's condition improved: sensitivity in the left arm was restored, however, movement is limited. To determine and justify the severity of the damage to health.

Task № 45

Mr. K., 26 years old, was punched in the face. He was admitted to the hospital with complaints of pain in the lower jaw and inability to fully open his mouth. There is an extensive pale bluish swelling on the right side of the lower jaw. The X-ray shows a fracture of the lower jaw. A reposition was made, wire splints were applied. For 10 days in the hospital and continues to be treated. The condition is satisfactory. To determine and justify the severity of the damage to health.

Task № 46

Mr. E., 23 years old, during a traffic accident (collision of 2 cars), while in the cab of the car, received an injury to the cervical spine. He was taken to the hospital in a satisfactory condition. Complaints of pain in the cervical spine, which increases with exertion. A closed fracture of the arch of the 2nd cervical vertebra was radiologically established. There are no signs of spinal cord dysfunction. He was hospitalized for 30 days, and was released from work for 10 days.

To determine and justify the severity of the damage to health.

Task №47

The bus hit Mr. N.'s shoulder during braking, as a result of which his head abruptly deviated and pain appeared in the area of the right shoulder joint. In this regard, he was taken to the surgical department of the BSMP. Objectively: on the anterior surface of the shoulder joint there are 3 bruises of pale bluish color 2x3 cm, there is no damage to bones and joints on the X-ray. The phenomena of cervical osteochondrosis were revealed, for which he was hospitalized for 22 days. To determine and justify the severity of the damage to health.

№Стом-21 ИН

Federal State Budgetary Institution of Higher Professional Education
«North Ossetia State Medical Academy»
of the Ministry of Healthcare of the Russian Federation

Department of Pathological Anatomy with Forensic Medicine

Standards of test tasks
in the discipline "FORENSIC MEDICINE"

the main professional educational program of higher education is the specialty program in the specialty 31.05.03 Dentistry, approved on 24.05.2023.

for students of the 6th year
in the specialty 31.05.03 Dentistry

Vladikavkaz, 2023

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TEST TASKS IN THE DISCIPLINE

"FORENSIC MEDICINE"

Topic: Procedural and organizational bases of forensic medical examination

1. As an expert, the following may be called:
A. Any person who has the necessary knowledge to give an opinion
B. An expert of the relevant expert institution
C. Another specialist appointed by the person who conducted the inquiry,
the prosecutor and the court

2. Types of expertise provided by the CPC:
A. Primary
B. Additional
C. Repeated
D. By a group of experts
E. Commission

3. The expert's recusal is provided if:
A. Is a victim, a civil plaintiff, a witness in this case
B. Has low qualifications
C. Is a relative of the victim
D. Is in official dependence on the accused

4. Procedural documents drawn up by a forensic medical expert during the forensic medical examination of physical evidence:
A. Protocol of forensic medical examination
B. Act of forensic medical examination
C. Conclusion of an expert on forensic medical examination of physical evidence

5. Forensic medical examination based on the materials of investigative cases may be:
A. Primary
B. Additional
C. Repeated
D. Commission

6. The CPC grants the expert the following rights:
A. To get acquainted with the case materials related to the subject of the examination
B. To submit petitions for additional materials
to him C. With the permission of the person conducting the inquiry, the investigator, the prosecutor, the court to be present during the interrogation or other investigative actions
D. When appointing several experts for the examination, they have before giving the conclusion the right to confer among themselves
, to receive remuneration for the performance of their duties in the event that these duties are not performed in the order of an official assignment

7. Objects (samples) of biological origin (blood, hair, etc.) are seized for comparative research:
A. The person conducting the inquiry
B. The investigator
C. Prosecutor
D. Forensic medical expert

E. Court

8. The duties of the expert provided for by the CPC:
A. To appear at the call of the person who conducted the inquiry, the investigator, the prosecutor or the court
B. To give an objective opinion on the issues put to him
C. To submit the conclusion in writing and sign it
D. To keep secret the data of the preliminary investigation or inquiry
E. If the submitted material is insufficient and the questions raised go beyond special knowledge, to inform in writing about the impossibility of giving a conclusion

9. Indicate whether the forensic medical expert of the biological department has the right to obtain blood, hair and other objects from the suspect, the accused for comparative research:
A. Yes
B. No

10. Investigative actions in which a forensic medical expert can participate as a specialist:
A. In the examination of objects and documents
B. In the inspection of the scene, terrain, premises
C. In the examination of the corpse at the scene of the incident (discovery)
D. When removing the corpse from the burial place
E. When

10. Indicate whether it is allowed to replace the "Expert opinion" or "Act of forensic medical examination" with certificates and extracts:
A. Allowed
B. Not allowed

12. The participation of several forensic medical experts (groups) is mandatory when conducting:
A. Primary examinations
B. Primary examinations in particularly difficult cases
C. Examinations on cases of criminal prosecution of medical workers for professional violations
D. Repeated examinations on the materials of criminal and civil cases
E. Examinations to determine permanent disability

13. The CPC grants the right to collect evidence to:
A. The person conducting the inquiry
B. The investigator
C. The Prosecutor
D. The Expert
E. The Court

14. Duties of a specialist in the field of forensic medicine called to participate in investigative actions:
A. To appear on call and participate in the production of investigative action
B. To assist the investigator in detecting, securing the seized evidence
C. To give explanations about the actions performed by him
D. To record in the protocol data related to the detection, consolidation and seizure of evidence

15. According to the CPC, conducting a forensic medical examination is mandatory:
A. To establish the cause of death and the nature of bodily injuries
B. To determine the mental state of the accused or suspect in cases where there is doubt about their sanity

Subject: Hypoxia. Hypoxic conditions. Mechanical asphyxia

1. Tissue hypoxia develops with:
A. Carbon monoxide poisoning
B. Cyanide poisoning
C. Respiratory tract closure
D. Hanging

2. Hemic hypoxia develops with:
A. Cyanide poisoning
B. Acute blood loss
C. Carbon monoxide
poisoning D. Strangulation with a loop

3. Strangulation with a loop refers to asphyxia:
A. Obturation
B. Compression
C. Strangulation

4. Thanatogenesis during hanging is affected by:
A. The position of the loop on the neck
B. The material of the loop
C. Body weight
D. Body position
E. Number of revolutions of the loop

5. When hanging with a jerk, the following are revealed:
A. Closed strangulation furrow
B. Horizontal strangulation furrow
C. Carotid artery intimal tears
D. Hemorrhages in intervertebral discs
E. Anisocoria
F. Hemorrhages at the attachment points of the sternocleidomastoid muscles

6. Group signs of a loop that squeezed the neck are determined by the signs of a strangulation furrow:
A. Closure
B. Localization on the neck
C. Direction
D. Shape and relief of the bottom
E. Width of the bottom
F. Presence or absence of an intermediate roller

7. To identify the loop as a traumatic object during strangulation, use:
A. Identification of biological overlays on the loop, determination of their belonging
B. Detection of hemorrhages in the bottom of the furrow
C. Comparative study of signs of the strangulation furrow and the traumatic properties of the loop
D. Determination of microparticles of the loop material in the strangulation furrow
E. Density of the furrow bottom

8. The direction of tension (tightening) of the loop on the neck is determined by the signs of a strangulation furrow:

A. Direction
B. Severity throughout
C. Localization on the neck
D. Displacement of the epidermis in the bottom
E. Hemorrhages at the edges

9. The lifetime of neck compression with a loop is evidenced by:
A. A well-defined strangulation furrow
B. Hemorrhages in the muscles and subcutaneous fat layer of the neck in the projection of the furrow
C. Hemorrhages in the area of fractures of the hyoid bone and laryngeal cartilage
D. Hemorrhages in the edges of the furrow and intermediate rollers
E. Thinning of the neck skin when viewed in passing light
F. Epidermal detachment at the bottom of the furrow

10. The lifetime of the formation of a strangulation furrow during microscopic examination of the skin is evidenced by:
A. Focal hemorrhages in the dermis
B. Flattening of the epidermis
C. Flattening of the dermis
D. Hemorrhages in subcutaneous adipose tissue
E. Epidermis detachment
F. Anemia of the vessels of the bottom and their fullness at the edges of the furrow

Topic: Forensic medical examination of injuries when exposed to physical factors on the body
1. Causes of damage by technical electricity:
A. The occurrence of step voltage on a piece of land near a person
B. The appearance of voltage on disconnected parts as a result of erroneous activation of the installation under voltage
C. Damage to the insulation of current-carrying parts
D. Accidental touching of live parts under voltage
E. Passage of a person under a high voltage line

2. Type of electric current:
A. Constant
B. High frequency
C. Low frequency
D. Variable

3. The most life-threatening frequency range of alternating current is:
A. 20-30 HZ
B. 40-60 HZ
C. 70-80 HZ
D. 5000-6000 HZ

4. The average distance between two points on earth at which a "step voltage" of an electric current can occur:
A. 0.5 m
B. 0.8 m
C. 1 m
D. 2 m

5. Types of electricity of forensic significance:

A. Static
B. Industrial
C. Technical
D. Atmospheric

6. The influence of moisture in clothing and footwear materials on the possibility of electric shock damage:
A. Does not affect
B. Lowers current resistance
C. Increases current resistance

7. Resistance to electric current of human skin when it is moistened:
A. Does not change
B. Decreases
C. Increases

8. Areas of the human body that are sensitive to the action of electric current are the following combinations of them:
A. Palm surface of the hand, occipital region, foot
B. Back of the hand, forearm, neck, temporal region, back, anterior surface of the legs, shoulder
C. Face, parietal region, chest, abdomen, posterior surfaces of the legs

9. The internal organs of a person through which the most dangerous loops (paths) of electric current occur:
A. Brain
B. Heart, lungs
C. Lungs, brain, liver
D. Heart, brain

10. Electric current causes the following manifestations in humans:
A. Tonic cramps of skeletal muscles
B. Contraction of the spleen
C. Fibrillation of the ventricles of the heart
D. Spasm of the vocal cords
E. Contraction of smooth muscles of blood vessels

Topic: Poisoning Toxicology

1. Specify the most dangerous route of administration of the poison:
A. Through the mouth
B. Through the intact skin
C. Through the conjunctiva
D. Through the rectum
E. Through the vaginal mucosa

2. Which of the listed poisons belongs to the blood?
A. Mercury
B. Nicotine
C. Aniline
D. Ethyl alcohol
E. Hydrochloric acid

3. Indicate the main sign of poisoning with locally acting poisons:
A. Slate-gray cadaveric spots
B. Almond smell from organs and tissues of the corpse
C. Chemical burns of the skin – streaks
D. Overflow of the bladder
E. Large white kidney

4. The main sign of strychnine poisoning is:
A. The smell of dried mushrooms from the contents of the stomach and intestines
B. Yellow coloration of the skin
C. Subendocardial hemorrhages
D. Pronounced rigor mortis
E. Acute nephrozo-nephritis

5. Grayish-brown corpse spots are characteristic of poisoning:
A. Carbon monoxide
B. Sulfuric acid
C. Bertolet salt
D. Cyanide compounds
E. Morphine

6. Which of the listed poisons is destructive:
A. Morphine
B. Sulema
C. Sulfuric acid
D.Carbon monoxide
E.Caustic sodium

7. Selective toxicity of carbon monoxide is manifested in:
A. Inhibition of the function of the respiratory center
B. Hemolysis of blood
C. Violation of the function of blood hemoglobin
D. Excitation of the respiratory center

8. Pinkish-crimson corpse spots are characteristic of poisoning:
A. Nitroglycerin
B. Carbon monoxide
C. Bertolet salt
D. Aniline
E. Cyanide compounds

9. In case of mercury poisoning, the autopsy determines:
A. Chemical burn of tissues
B. Discoloration of the blood of the corpse
C. Ulcerative colitis
D. Absence of morphological changes in tissues
E. Dystrophic changes of the myocardium

10. In all cases of poisoning, the forensic medical expert must answer the following questions, except:
A. Did poisoning take place in this case
B. What kind of poisoning substance caused the poisoning
C. For what purpose was the poisoning substance

taken D. Did the victim suffer from any disease and did it contribute to poisoning

Topic: General forensic traumatology. Blunt solid object damage

1. Types of traumatic effects are divided into:
A. Impact
B. Compression
C. Shear
D. Stretching
E. Friction

2. Subdivision of subcutaneous fat damage by nature:
A. Hemorrhages
B. Tears
C. Detachments
D. Gaps
E. Crushing

3. Conditions that determine the shape of a bruise on the skin:
A. Shape, structure, dimensions of the contact surface of the collision of the object
B. The area of the body with which the object collides
C. The angle of collision of the object with the skin
D. The shape of the object

4. Specify the shape of the head wound that occurred when exposed to the end part of a solid blunt object with a round closed contour at an angle of 45 °:
A. Round
B. Arcuate
C. Oval
D. Semicircular

5. Signs of open penetrating craniocerebral trauma:
A. Damage to the soft tissues of the head and skull bones
B. Damage to the dura mater
C. Brain damage
D. Simultaneous damage to soft tissues, skull bones, dura mater and brain
E. Simultaneous damage to soft tissues, skull bones, dura mater

Subject: Damage by sharp objects

1. Sharp tools of unambiguous action are:
A. Piercing
B. Cutting
C. Chopping
D. Piercing-cutting
E. Piercing-chopping

2. Sharp tools of combined action are:
A. Piercing
B. Cutting
C. Chopping
D. Piercing-cutting

E. Piercing-chopping

3. The main mechanism in the formation of a cut wound are:
A. Tissue stratification by the blade of the cutting tool
B. Tissue dissection by the blade of the blade
C. Friction of the cheeks of the blade of the wound and skin
precipitation D. Tissue kneading by the blade of the cutting tool

4. The main signs of a cut wound:
A. Rectilinear shape
B. Curvilinear shape
C. Gaping wound
D. Sedimentation of the edges of the wound
E. Sharp - angled ends

5. The sedimentation of the edges of the cut wound depends on:
A. The thickness of the skin
B. The sharpness of the blade
C. The smoothness of the cheeks of the cutting tool
D. There is no sedimentation

Subject: Forensic medical examination of gunshot injuries

1. Gunshot injuries are formed as a result of:
A. A shot from a firearm
B. A shot from an air gun
C. An explosion of gunpowder
D. An explosion of "true" explosives
E. An explosion of combustible substances

2. Types of firearms:
A. Combat
B. Sporting
C. Hunting
D. Atypical (converted)
E. Homemade

3. The caliber of the weapon is determined by:
A. The diameter of the chamber
B. The diameter of the barrel
bore C. The distance between the opposite rifling
D. The distance between the opposite fields of rifling

4. A bullet with high kinetic energy has an effect on an obstacle:
A. Explosive
B. Hydrodynamic
C. Punchy
D. Wedge
-shaped E. Contusion

5. A bullet with an average kinetic energy has an effect on the barrier:
A. Explosive

B. Hydrodynamic
C. Punchy
D. Wedge shaped
E. Contusion

Topic: Thanatology. Examination of the corpse at the place of its discovery

1. When examining a corpse in an apartment (in the kitchen), reddish corpse spots were found, which turn pale when pressed and restore their color after 15 minutes. What is the most probable cause of death and the stage of development of the cadaveric spot?
A. Cyanide poisoning, stasis stage
B. Carbon monoxide poisoning, stasis stage
C. Carbon monoxide poisoning, hypostasis stage
D. Cyanide poisoning, hypostasis stage
E. Carbon monoxide poisoning, imbibition stage

2. How soon after death does rigor mortis spread to all muscle groups?
A. After 3-4 hours
B. After 8-10 hours
C. After 18 hours
D. After 24 hours
E. After 36 hours

3. When can there be an early appearance of cadaveric spots (after half an hour – an hour)?
a. When a large blood vessel is injured
B. In seriously ill patients who died after prolonged agony
C. With acute arsenic poisoning
D. With internal parenchymal bleeding
E. With death from exhaustion

4. What is the process underlying the mummification of a corpse?
A. Saponification of fats
B. Putrefaction
C. Hemolysis of blood
D. Tanning of the skin
E. Drying

5. After examining the corpse at the place of its discovery, the doctor can answer all the investigator's questions listed below, except:
A. What is the cause of death?
B. Are there injuries on the corpse and what instrument (blunt, sharp) could they have been caused?
C. Are there signs of a change in the position of the corpse after death?
D. Is there the place of discovery of the corpse by the place
of injury?
e. Are there traces of struggle and self-defense?

6. How soon after death usually the first signs of putrefaction are detected at an air temperature of + 18C?
A. By the end of the first day
B. On the 2nd – 3rd day
C. On the 5th – 6th day
D. By the end of the week

E. After 10 days

7. 48 hours have passed since the onset of death, after which the corpse, lying face down, is turned over on its back. What will happen to the cadaveric spots?
A. Will move to the back of the body
B. Will be preserved only on the front surface of the body
C. Will partially remain on the front surface and will appear on the back
D. Will appear on the side surfaces of the body
E. Will move to the lower extremities

8. When examining a corpse at the place of its discovery, grayish-
brown cadaveric spots were found, which turn pale when pressed and slowly restore their color. What is the most probable cause of death and the stage of development of the cadaveric spot?
A. Carbon monoxide poisoning, stasis stage
B. Bertolet salt poisoning, hypostasis stage
C. Cyanide poisoning, hypostasis stage
D. Carbon monoxide poisoning, imbibition stage
E. Bertolet salt poisoning, stasis stage

9. What document is drawn up by the investigator when examining the corpse at
the place of its discovery?
A. The act of forensic medical examination of the corpse
B. The protocol of inspection of the scene
C. The expert's conclusion
D. Forensic medical certificate of the cause of death
E. The protocol of examination of the corpse at the place of its discovery

10. What should the doctor first of all establish when he arrives at the place of discovery of the corpse?
A. Cause of death
B. Nature of the damage
C. The fact of death
D. The object that caused the damage
E. The prescription of the

Topic: Determining the severity of harm to health. Health status

1. When examining the severity of injury to health, a forensic medical expert must answer all of the following questions, except:
A. The circumstances of the case
B. The mechanism of damage formation
C. Localization of damage
D. The nature of damage
E. The object that was damaged

2. Specify the qualifying sign: the victim had a cut wound of the soft tissues of the left temporal and zygomatic areas of the head, accompanied by a sharp drop in blood pressure, tachycardia, and other pronounced symptoms of acute blood loss. The duration of inpatient treatment is 15 days, outpatient-7. The resulting scar is linear in shape, measuring 10x0.5 cm.
A.The duration of the health disorder is more than 3 weeks
B.The duration of the health disorder is more than 6 days, but less than 3 weeks
C.Health disorder up to and including 7 days
D.Danger to life

E. Indelible facial disfigurement

3. Specify the qualifying sign: the victim, who was beaten by a neighbor, has complaints of headache, dizziness, nausea. Objectively: there are bruises of blue color around the orbits of both eyes, measuring 2.0x0.5 cm, 1.5x0.5 cm. On the upper jaw on the right "2", "3", "4" teeth wobble when touched. Consultation of a neurosurgeon: oculostatic syndrome, convergence paresis, nystagmus. Tendon and periosteal reflexes are revived. Diagnosis: concussion of the brain.
A. Duration of more than 3 weeks
B. Duration of health disorder more than 6 days, but less than 3 weeks
C. Health disorder within 6 days
D. Danger to life

4. When determining the degree of harm to health, the forensic medical expert takes into account:
A. The circumstances of the case
B. The mechanism of damage formation
C. Localization of damage
D. The nature of damage
E. The object that was damaged

5. Specify the qualifying sign: the victim, 40 years old, as a result of an auto injury, a comminuted fracture of the middle third of the tibia was detected during radiography. On examination – on the front surface of the left shin in the middle third, an abrasion of indeterminate shape, red, slightly wet, sinking in relation to the surrounding tissues, 3x4 cm in size. Inpatient treatment - 23 days. Outpatient - 21 days. Limb function is fully restored.
A. Duration of health disorder over 3 weeks
B. Duration of health disorder from 6 days to 3 weeks
C. Danger to life
D. Persistent significant disability over 33%
E. Minor disability up to 10%

6. Specify the qualifying sign: the victim in the fight was stabbed in the back. On examination, a 4 cm long wound was found in the 4th intercostal space on the left, not penetrating into the cavity:
A. Duration of the health disorder up to 6 days
B. Duration of the health disorder from 6 days to 3 weeks
C. Duration of the health disorder over 3 weeks
D. Danger at the time of injury

7. What should be understood by torment:
A. Infliction of systematic, at least light bodily injuries
B. Depriving a person of necessary physiological needs (drinking, rest, food)
C. Use of special types of weapons (rods, whips)
D. Infliction of unusual bodily injuries (bites, pinches, multiple incised wounds acting on the human psyche, causing fear, fright)

8. Self-harm, artificial, feigned illnesses, occur for the following reasons, except:
A. To receive insurance benefits, insurance premiums, pensions or release from work of the insured
B. To mitigate punishment, referral to the hospital, release from work of persons under investigation, prisoners and serving correctional labor
C. For evading military service of conscripts, military personnel, employees of military enterprises
D. For life or health insurance

9. Which of the following can be reproduced consciously, intentionally:

A. Fake illness
B. Artificial illness
C. Imaginary illness
D. Hypochondriac syndrome

10. What should be understood by the term "beatings".
A. Infliction of systematic, at least light bodily injuries.
B. Infliction of special pain
C. Depriving a person of meeting necessary needs (drinking, rest, food)
D. Use of special types of weapons (rods, whips)
E. Infliction of bodily injuries in an "unusual" way

Topic: Forensic medical examination of sexual crimes and conditions. Examination of age. Identification of the person.

1. Rape is a concept:
A. Medical
B. Legal
C. Household
D. Biological

2. Rupture of the hymen according to the degree of harm to health is qualified on the basis of:
A. Minor persistent loss of general working capacity
B. Duration of health disorder
C. Life hazards
D. Significant permanent disability

3. The following methods are used to detect damage and changes in the genitals of women:
A. Visual
B. Instrumental
C. Manual
D. Microscopic
E. Biological

4. The most common forms of the hymen are:
A. Annular
B. Latticed
C. Septate
D. Semilunar
E. Dentate
F. Lip-shaped

5. The following sections are distinguished in the hymen:
A. Urethral
B. Anterior
C. Rectal
D. Posterior
E. Right lateral
F. Left lateral

6. When examining the hymen, the medical examiner must describe:
A. Shape

B. Overall dimensions
C. The nature of the free edge
D. Height
E. Natural recesses
F. Damage

7. During the forensic medical examination concerning the infection with venereal disease, the following questions are resolved:
A. The presence of venereal disease
B. The prescription (stage of development) of the disease
C. The presence (absence) of re-infection against the background of the existing disease
D. The type (strain) of the microbe that caused the disease
E. The circumstances of infection

8. To identify the source of infection with venereal disease, it is necessary to examine:
A. The person suspected of infection
B. The person infected
C. Both participants of the event
D. All persons who were in contact with the person suspected of infection
E. All persons who were in contact with the person infected

9. The fact of depraved acts is established by:
A. A forensic medical expert
B. An obstetrician-gynecologist
C. A doctor of any specialty
D. A court
E. An investigator
10. Infertility in men is most often caused by the following diseases:
A. Tuberculosis
B. Syphilis
C. Gonorrhea
D. Nephritis

Topic: Forensic medical examination of offenses of medical personnel

1. The following persons have the right to head the forensic medical expert commission on cases of offenses of medical personnel:
A. Chief Physician
B. Head of the Bureau of the CME
C. District Prosecutor
D. Head of medical institution
E. District forensic medical expert

2. In what cases will the doctor be held accountable for not helping the patient?
A. With acute gangrenous appendicitis
B. With a strangulated hernia
C. With a perforated stomach ulcer
D. With bleeding from the superficial veins of the forearm
E. With foreign bodies of the esophagus

3. A doctor may be held criminally liable for:
A. Medical error

B. Iatrogenic disease
C. Fatal accident in medical practice
D. Negligence

4. The composition of the forensic medical expert commission in the analysis of "medical cases" includes all of the following specialists, except:
A. Forensic medical experts
B. Investigator of the Prosecutor's Office
C. Secretary of the Forensic Medical Expert Commission
D. Deputy Head of the Bureau of SME
E. Consulting doctors

5. The forensic medical expert Commission resolves all issues except:
A. Was the treatment carried out correctly
B. Is the doctor guilty of the unfavorable outcome of treatment
C. Why did the patient
die D. Is there a causal relationship between the treatment and the onset of death
E. The patient was treated completely and in a timely manner

6. A gynecologist will be brought to criminal responsibility for performing an abortion in out-of-hospital conditions, except for the case when:
A. The abortion did not cause complications
B. The operation was performed by a mother
with many children C. There is a written statement of spouses who do not want to have children
D. Surgical intervention was performed for vital indications
E. Surgical intervention was performed on suspicion of a threatening miscarriage

7. Euthanasia is allowed:
A. If the disease is known to be fatal
B. To stop the physical suffering of the patient
C. Upon written application of the terminally ill
D. Upon written application of relatives of a patient with a brain injury who has been unconscious in the intensive care unit for more than six
months E. Is not allowed in any case

8. The doctor will be held criminally liable for failure to provide medical care in all cases, except:
A. The doctor was ill at the time of the call to the patient
B. The therapist refused to see the surgical patient
C. The doctor refused to accept the patient of another site
D. The doctor refused to accept a nonresident site
E. The doctor refused to accept the patient, citing the absence of a medical insurance policy

9. The forensic medical expert Commission does not resolve the issue of:
A. The cause of the patient's death
B. The correctness of the diagnosis
C. The degree of guilt of the doctor who made mistakes
D. The adequacy of the prescribed treatment
E. The correctness of the medical documentation

10. Reasons for careless actions of medical workers:
A. Arrogance
B. Negligence

C. Dishonesty
D. Low qualification
E. Negligence

Topic: Examination of corpses of adults and newborn infants. Sudden death.

1. Sudden, according to WHO, death is considered if from the beginning of clinical manifestations of the disease has passed:
A. 6 hours
B. 10 hours
C. 12 hours
D. More than a day

2. In the structure of the causes of sudden death, the leading place is occupied by diseases of:
A. Respiratory system
B. Cardiovascular system
C. Central and peripheral systems
D. Digestive system

3. The causes of sudden death in brain tumors are:
A. Acute edema and swelling of the brain
B. Hemorrhage into the tumor with a breakthrough of blood into the brain substance
C. Compression of vital brain centers by the tumor
D. Softening of the brain

4. The immediate cause of death in epileptic status is:
A. Cerebral hemorrhage
B. Paralysis of the respiratory center
C. Swelling and swelling of the brain
D. Dislocation of the brain

5. Acute cardiovascular insufficiency develops:
A. With significant atherosclerosis of the coronary arteries
B. Without a pronounced lesion of the intima of the coronary arteries
C. The degree of lesion of the arteries does not matter significantly
D. With sclerosis of the muscular layer of the coronary arteries

6. Morphological changes in cardiomyocytes can be detected in:
A. 20-30 minutes after the development of hypoxia
B.1-2 hours after the development of hypoxia
C. 3-5 hours after the development of hypoxia
D. 6-7 hours after the development of hypoxia

7. Focal pneumonia is characterized by the presence of:
A. "Variegated" lung coloration on the incision
B. Uniform bright red coloration on the incision surface
C. Uniform gray color on the surface of the incision
D. Uniform brown-brown color on the surface of the incision

8. The sources of pulmonary embolism are thrombosed:
A. Veins of the extremities
B. Veins of the pelvis

C. Portal vein
D. Veins of the small circulatory circle

9. The causes of aortic aneurysm may be:
A. Atherosclerosis
B. Syphilitic mesoaortitis
C. Congenital malformations of the vascular wall
D. Hypertension

10. At death during an attack of bronchial asthma, it is found:
A. Chronic emphysema of the lungs and pneumosclerosis
B. Acute emphysema of the lungs
C. Viscous transparent mucus in the bronchial lumen
D. Foamy fluid in the bronchial lumen
E. Stagnant fullness of internal organs

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Faculty Dental Course 4
Discipline forensic medicine

Ticket to offset No. 1

1. Forensic medicine. The subject and system of forensic medicine.
2. Forensic medical examination (examination) of the corpse.
3. Hypoxia. Hypoxic conditions. Types of hypoxia.
4. Classification of toxic substances. The conditions of action of the poison.
Interaction of poisons and the human body (toxicodynamics).
5. Damage by blunt hard objects. Classification of objects. Types of impacts and deformations.

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Ticket to offset No. 2

1. The main documents regulating forensic medical activity.
2. The process of dying. Agony. Death is clinical and biological.
3. Hanging. The genesis of death. Signs.
4. Forensic toxicology. The concepts of "poison", "poisoning".
5. Damage by sharp objects. Classification. The mechanism of formation of cut and chopped wounds.

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Ticket to offset No. 3

1. Structure of the Bureau of Forensic Medical Examination.
2. The main, immediate and immediate causes of death. Types of documentation compiled during the examination of the corpse.
3. Strangulation with a noose. Diagnostic signs.
4. Poisoning with ethyl alcohol and its surrogates.
5. The mechanism of formation of various types of damage when exposed to blunt solid objects.

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Ticket to offset No. 4

1. Rights and obligations of the expert.
2. Caustic poisons. Diagnostic signs of poisoning.
3. Strangulation by hands. Sectional signs.
4. Examination of age. Methods of age determination in various age groups.
5. Gunshot injuries. Classification of firearms.

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Ticket to offset No. 5

1. Types of forensic medical documentation, their contents.
2. Determination of the duration of intrauterine and extrauterine fetal life.
3. Drowning. Kinds. Signs.
4. Signs of poisoning with destructive poisons.
5. The mechanism of the shot. Additional factors of the shot, their impact on the barrier.

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Ticket to offset No. 6

1. The structure of the forensic medical service in the Russian Federation. Departmental subordination of forensic medical institutions.
2. Types of mechanical asphyxia. The course of asphyxia.
3. The effect of high temperatures on the human body. Signs of lifetime exposure to fire.
4. Types of crimes related to medical activity.
5. The distance of the shot. Signs when fired from a combat, hunting weapon.

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Ticket to offset No. 7

1. The activity of a forensic physician or other doctor as a specialist. The rights of a forensic physician in the implementation of departmental activities.
2. Reasons
3. Establishment of pregnancy, former abortion and childbirth on a living woman and on a corpse.
4. Iatrogenic diseases. An accident in medical practice.
5. Entrance and exit gunshot holes.

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Ticket to offset No. 8

1. Objects of forensic medical examination.
2. Early and late cadaveric phenomena.
3. The effect on the human body of low temperatures. Death from hypothermia. Diagnostic signs.
4. Diagnostic signs of poisoning with "blood" poisons.
5. Types of wound channels in soft tissues, flat and tubular bones, parenchymal and hollow organs.

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Ticket to offset No. 9

1. Features of the appointment, organization and conduct of examinations outside the expert institution.
2. Diagnosis of the prescription of death.
3. The effect of technical and atmospheric electricity on the human body. Types of death. Diagnostic signs.
4. Qualifying signs of serious harm to health.
5. A shot from a long distance. The Vinogradov phenomenon.

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Ticket to offset No. 10

1. Features of forensic medical examination in a court session.
2. Supravital reactions in the diagnosis of the prescription of death.
3. Poisoning with narcotic substances.
4. Qualifying signs of moderate severity of harm to health.
5. The distance of the shot. Signs when fired from a combat, hunting weapon.