

# SAOJ

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### Assessment of elbow functional outcome after closed reduction and percutaneous pinning of displaced supracondylar humerus fractures in children (Rutarama A, Firth GB)

#### 1. Regarding functional outcomes of closed reduction and percutaneous pinning of Gartland grade 3 supracondylar humerus fractures in children, most children gain good functional outcome and range of motion by:

- a. 3 weeks A
- b. 6 weeks B
- c. 12 weeks C
- d. 24 weeks D
- e. 36 weeks E

#### 2. In uncomplicated as opposed to complicated supracondylar humerus fractures in children, the role of physiotherapy versus no physiotherapy on functional outcome after closed reduction and percutaneous pinning at one-year follow-up is as follows:

- a. Better outcome A
- b. Poor outcome B
- c. Same outcome C
- d. Guarded outcome D
- e. Early to assess outcome E

#### 3. The Paediatric Outcome Data Collection Instrument (PODCI) to assess functional outcomes after closed reduction and percutaneous pinning of supracondylar humerus fracture in children is important because:

- a. Anatomical outcome is less important than clinical outcomes A
- b. Anatomical outcomes do not necessarily equate to clinical outcomes B
- c. Anatomical outcomes equate to clinical outcomes C
- d. Anatomical outcomes are more important than clinical outcomes D
- e. Anatomical outcomes somehow equate to clinical outcomes E

### Antegrade flexible intramedullary nailing through the greater trochanter in paediatric femur shaft fractures (Rosin RC, Rasool MN, Sibanda W, Rollinson PD)

#### 4. The incidence of femoral shaft fractures in South Africa is estimated to be:

- a. 0.50 per 100 children per year A
- b. 0.45 per 100 children per year B
- c. 0.30 per 100 children per year C
- d. 0.25 per 100 children per year D
- e. 0.10 per 100 children per year E

#### 5. The articulo-trochanteric distance is defined as the distance between two lines perpendicular to the anatomical axis of the femur through the following points:

- a. The tip of the greater trochanter and the tip of the lesser trochanter A

- b. The tip of the greater trochanter and the highest extent of the femoral head B
- c. The tip of the greater trochanter and the lateral border of the acetabulum C
- d. The tip of the greater trochanter and the contralateral tip of the greater trochanter D
- e. The tip of the greater trochanter and the centre of the femoral head E

#### 6. It is recommended that flexible intramedullary nailing should not be used in children older than:

- a. 13 years A
- b. 6 years B
- c. 10 years C
- d. 15 years D
- e. 11 years E

### 'Out with the old and in with the new' – a retrospective review of paediatric craniocervical junction fixation: indications, techniques and outcomes (Swan AK, Dunn RN)

#### 7. Which of the following screw fixation options is not commonly used for the C2 vertebra?

- a. C2 translaminar screw fixation A
- b. C2 lateral mass screw fixation B
- c. C2 pars screw fixation C
- d. C2 pedicle screw fixation D
- e. None of the above E

#### 8. Which of the following biomechanical statements is true?

- a. Primary motion at the occipitocervical joint is rotation A
- b. Primary motion at the atlanto-axial joint is in the sagittal plane B
- c. The craniocervical junction is the most significant transitional zone in children younger than 8 years C
- d. The sublaminar wiring technique is biomechanically superior to Magerl's TASF in resisting rotation D
- e. The cervical facet joints are more vertically oriented in paediatric patients E

#### 9. Which statement regarding Magerl's TASF and the Harms techniques is true?

- a. Magerl's TASF has a significantly higher risk of vertebral artery injury than the Harms technique A
- b. The C2 nerve root is encountered during the surgical approach for the Harms technique B
- c. Obesity, barrel chest and kyphosis are relative contraindications for the Harms technique C
- d. The risk of vertebral artery injury is approximately 7% for both techniques D
- e. The Harms technique requires the reduction of the C1-C2 joints to be used E

<b>Circular frames of the humerus: salvage surgery case series (Pretorius HS, Strauss K, Ferreira N, Lamberts RP)</b>	
<b>10. What method was used in this case to minimise pin loosening with insertion?</b>	
a. 90° orthogonal drilling	A
b. Water cooling with drilling	B
c. Pin inserted on power	C
d. Touch technique applied	D
e. Drill sleeves not used due to cumbersome design	E
<b>11. Of the 12 cases that are described, 83% went on to union. What adjunct was used to facilitate union?</b>	
a. Bone grafting	A
b. Distraction	B
c. Stable frame fixation	C
d. Compression	D
e. Concertina technique	E
<b>12. The classification system for pin-site infection that is used to evaluate and manage all pin and wire complications is known as the:</b>	
a. Olsen criteria	A
b. Checketts and Otterburn classification	B
c. Cierny and Mader classification	C
d. Gustilo and Anderson classification	D
e. Henderson classification	E
<b>Grip strength following total wrist arthrodesis using the same hand as reference: a prospective study (Koch O, Alexander AN, Olorunju S, McLoughlin HA, Le Roux TL)</b>	
<b>13. Standard grip strength measurement is done with a Jamar dynamometer in which unit(s)?</b>	
a. kg	A
b. mmHg	B
c. cm <sup>3</sup>	C
d. lb	D
e. kg and lb	E
<b>14. Aetiology contribution to a decrease in grip strength is:</b>	
a. SNAC	A
b. SLAC	B
c. Primary OA of the wrist	C
d. Secondary OA after infection of the wrist joint	D
e. All of the above	E
<b>15. A total wrist fusion:</b>	
a. Improves power grip from the starting value	A
b. Is a suitable option for a high demand patient with OA of the wrist	B
c. Provides pain relief	C
d. Should remain in the skill set of the orthopaedic surgeon	D
e. All of the above	E
<b>Communicating about prognosis with regard to osteosarcoma in a South African cross-cultural clinical setting: strategies and challenges (Brown O, Goliath V, Van Rooyen RM, Aldous C, Marais LC)</b>	
<b>16. At the study site, healthcare professionals are expected to:</b>	
a. Allow sufficient time for cultural practices to be completed before discussing prognosis	A
b. Communicate diagnostic, treatment and prognostic information urgently	B
c. Communicate diagnostic and prognostic information in a staged approach	C
d. Always respect patients' occasional need for ambiguity about prognosis	D
e. Allow patients sufficient time to come to terms with the diagnosis of osteosarcoma before communicating prognosis	E
<b>17. The limitations of this study include the following:</b>	
a. The researcher could have triangulated the data-gathering procedure	A
b. The sample was too big to make meaningful interpretations	B
c. The researcher could have mixed the professionals across cultural groups	C
d. The researcher should have used random sampling	D
e. A and C	E
<b>18. Participants found the following most challenging:</b>	
a. Disclosing a palliative amputation	A
b. Disclosing prognosis	B
c. Feeling incompetent with regard to disclosing prognosis despite adequate training	C
d. Deciding who should disclose prognosis	D
e. Giving patients time frames for survival	E
<b>Current concepts in the management of open tibia fractures (Manjra MA, Basson T, Du Preez G, Du Toit J, Ferreira N)</b>	
<b>19. Choose the most correct answer with regard to the management of open tibial fractures:</b>	
a. Negative pressure wound therapy is an excellent strategy for definitive wound therapy	A
b. The single biggest predictor of infection in open tibia fractures is the use of Gram-negative antibiotic cover	B
c. Antibiotic cover should be continued for five days post wound coverage	C
d. Wound cultures obtained at debridement should guide antibiotic therapy	D
e. Low pressure saline is effective as a lavage solution	E
<b>20. All the statements below regarding open tibial fractures are correct except:</b>	
a. Local antibiotic beads are a useful and effective adjunct to intravenous therapy	A
b. Primary wound closure should be performed where this can be done safely	B
c. HIV status guides management irrespective of CD4 count	C
d. For Gustilo-Anderson III fractures, circular external fixation appears to provide the lowest infection rates when compared to intramedullary nailing	D
e. Definitive soft tissue management should be achieved within seven days	E

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