

## CPD QUESTIONNAIRE. MARCH 2022 VOL 21 NO 1

### Evaluating the design modifications of an intramedullary forearm nail system: a cadaver study (Pretorius HS, Burger MC, Ferreira N)

**1. Maintaining length in a comminuted forearm fracture with an intramedullary nail is problematic with conventional nails because:**

- |  |   |
|--|---|
| a. The nails are not of a sufficient diameter                        | A |
| b. The nails do not have non-driving end locking                     | B |
| c. The nails have poor modulus of elasticity                         | C |
| d. The nail's entry reamer is too large                              | D |
| e. The nail's radius of curvature is not equal to the native forearm | E |

**2. Iatrogenic radial nerve injuries are common with proximal radius locking and have been reported in up to 11% of cases. The reason for this is:**

- |   |   |
|---|---|
| a. The proximity of the nerve to the radial neck in the pronator muscle   | A |
| b. The reports are only for sensory branches of the nerve                 | B |
| c. The proximity of the nerve to the radial neck in the brachialis muscle | C |
| d. The proximity of the nerve to the radial neck in the supinator muscle  | D |
| e. The proximity of the nerve to the radial neck anteriorly               | E |

**3. Radiation exposure for intramedullary locking is always a concern for surgeons. The radiation exposure in the study is lower than other reported studies and attributed to:**

- |   |   |
|---|---|
| a. Poor reporting by other authors            | A |
| b. Surgeon experience only                    | B |
| c. Design modifications only                  | C |
| d. Surgeon experience and locking hole design | D |
| e. Poor radiographer measurements in studies  | E |

**A retrospective file audit of preoperative anaemia in patients referred to an anaesthesiology clinic before elective orthopaedic surgery (Van Marle A, Acho P-M, Chepape CO, Mahlaba RM, Dlamini P, Magugu S, Mahlohla KK, Teis N, Kachelhoffer AM, Joubert G, Coetzee MJ)**

**4. Preoperative anaemia has been associated with:**

- |  |   |
|--|---|
| a. Increased risk of postoperative mortality | A |
| b. Prolonged hospital stay                   | B |
| c. Admission to critical care units          | C |
| d. Increased rate of blood transfusions      | D |
| e. All of the above                          | E |

**5. The recommended cut-off value for preoperative anaemia:**

- |   |   |
|---|---|
| a. Depends on the patient's age and underlying comorbidities  | A |
| b. Is 12 g/dL for women and 13 g/dL for men                   | B |
| c. Should be adjusted according to the height above sea-level | C |
| d. Is 13 g/dL in both sexes                                   | D |
| e. Is 12 g/dL in both sexes                                   | E |

### Orthopaedic surgical training exposure at a South African academic hospital – is the experience diverse and in depth? (Dunn C, Held M, Laubscher M, Nortje M, Roche S, Dunn R)

**6. With the overwhelming trauma load in South Africa, the orthopaedic registrars' exposure to elective and trauma cases was:**

- |              |   |
|--------------|---|
| a. Very low  | A |
| b. Low       | B |
| c. Similar   | C |
| d. More      | D |
| e. Much more | E |

**7. At our training hospital, the number of orthopaedic cases performed after hours was around:**

- |        |   |
|--------|---|
| a. 10% | A |
| b. 20% | B |
| c. 30% | C |
| d. 40% | D |
| e. 50% | E |

**8. Which sub-discipline contributed the most elective cases?**

- |                |   |
|----------------|---|
| a. Upper limb  | A |
| b. Lower limb  | B |
| c. Hands       | C |
| d. Paediatrics | D |
| e. Spine       | E |

**Not strong enough? Movements generated during clinical examination of sagittal and rotational laxity in a cadaver knee (Le Roux JA, Bezuidenhout CW, Klopper J, Hobbs H, Von Bormann R, Held M)**

**9. The anterolateral structures of the knee were originally described by:**

- |                    |   |
|--------------------|---|
| a. Freddie Fu      | A |
| b. Paul Segond     | B |
| c. David Dejour    | C |
| d. Robert LaPrade  | D |
| e. Mininder Kocher | E |

**10. The most reliable test to clinically assess for an anterolateral ligament (ALL) injury is:**

- |   |   |
|---|---|
| a. Anterior drawer test   | A |
| b. Posterior drawer test  | B |
| c. Pivot-shift manoeuvre  | C |
| d. Internal rotation of tibia in relation to the femur                    | D |
| e. No clinical test has been validated to reliably test for an ALL injury | E |

**11. Clinical factors to consider when deciding to reconstruct the ALL ligament are:**

- a. Age A
- b. High grade meniscal tear B
- c. Hypermobility C
- d. Poor patient compliance D
- e. All of the above E

**The Fassier technique for correction of proximal femoral deformity in children with osteogenesis imperfecta (Mwelase SM, Maré PH, Thompson DM, Marais LC)**

**12. Osteogenesis imperfecta is characterised by abnormal:**

- a. Type 2 collagen A
- b. Type 1 collagen B
- c. CFTR protein C
- d. Type 4 collagen D
- e. Elastin E

**13. Finidori described a technique to correct coxa vara using:**

- a. Intramedullary K-wires A
- b. Plates B
- c. Cast C
- d. Telescopic rods D
- e. External fixator E

**Patient satisfaction following wide awake local anaesthetic no tourniquet hand surgery (De Buys BM, Tsama M, Aden AA)**

**14. WALANT hand surgery as described by Lalonde involved the following:**

- a. Patient is sedated, tourniquet used for haemostasis and local anaesthetic given for postoperative pain A
- b. Selective nerve block given depending on area of surgical field B
- c. Radial, ulnar and median nerve block at level of mid-forearm C
- d. Lignocaine/adrenaline mixture injected in a tumescent fashion at surgical site D
- e. Lignocaine/adrenaline mixture injected directly into radial and ulnar digital nerves of finger to be operated on E

**15. Lalonde recommends the following drug to be available to reverse adrenaline-induced vasoconstriction:**

- a. Phenylephrine A
- b. Phentolamine B
- c. Nitroglycerine C
- d. Propofol D
- e. Magnesium sulphate E

**Transarticular gunshot injuries: a systematic review of 150 years of management (Ferreira N, Anley C, Joubert E)**

**16. What is the antibiotic of choice for transarticular gunshot injuries according to the included literature?**

- a. Penicillin A
- b. Gentamycin B
- c. First-generation cephalosporin C
- d. Second-generation cephalosporin D
- e. Third-generation cephalosporin E

**17. What is the most common long-term complication following retained intra-articular bullets and bullet fragments?**

- a. Avascular necrosis A
- b. Post-traumatic osteoarthritis B
- c. Chronic osteomyelitis C
- d. Lead arthropathy D
- e. Systemic lead toxicity (plumbism) E

**18. The highest infective complications were seen following transarticular gunshot injuries to which joint?**

- a. Elbow A
- b. Hip B
- c. Knee C
- d. Shoulder D
- e. Wrist E

**A rare occurrence of ganglion cysts on the posterolateral aspect of the elbow without neurological manifestations: a case series and review of the literature (Meier W, Tsama M, Aden AA)**

**19. All of the following conditions can present with pain on the lateral aspect of the elbow with an associated paraesthesia except:**

- a. C6-7 cervical radiculopathy A
- b. Shingles B
- c. Tennis elbow C
- d. Anterolateral elbow ganglion D
- e. Lateral antebrachial cutaneous neuropathy E

**20. Ganglion cysts occur commonly around the wrist and hand. They are rare around the elbow, but when they do occur, the most frequent presentation is:**

- a. Asymptomatic, slowly growing mass on the lateral aspect of the elbow A
- b. Vague anterolateral elbow pain with numbness/paraesthesia on the dorso-radial aspect of the hand B
- c. Vague anterolateral elbow pain with numbness/paraesthesia on the dorso-radial aspect of the hand and difficulty extending the fingers and thumb, and weak radial deviation when asked to extend the wrist C
- d. Vague anterolateral elbow pain with difficulty extending the fingers and thumb, and weak radial deviation when asked to extend the wrist D
- e. Mass on the medial aspect of the elbow with clawing of the little and ring fingers and numbness of the ulnar one and a half fingers E

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