

## CPD QUESTIONNAIRE. NOVEMBER 2025 VOL 24 NO 4

### Functional and patient-reported outcomes of terrible triad elbow fracture-dislocations (Strydom JP, Pretorius HS, Burger MC)

#### 1. Who dubbed the term 'terrible triad'?

- a. Pugh et al. A
- b. Hotchkiss et al. B
- c. Stambulic et al. C
- d. O'Driscoll et al. D
- e. Morrey et al. E

#### 2. Which protocol is deemed the gold standard in surgically managing terrible triad injuries?

- a. Pugh's protocol A
- b. Hotchkiss' protocol B
- c. Stambulic's protocol C
- d. O'Driscoll's protocol D
- e. Morrey's protocol E

#### 3. Which of the following best describes the universally accepted functional range of motion of the elbow?

- a. Flexion < 130° A
- b. Extension > 30° B
- c. Pronation < 50° C
- d. Pronation-supination arc < 100° D
- e. Flexion-extension arc > 100° E

### The neurological outcomes of patients with cervical spinal cord injury treated by closed reduction and surgical stabilisation: a retrospective longitudinal study (Mabitsela SB, Ngcelwane M, Maku M, Olorunju S)

#### 4. Which factor was *most* strongly associated with improved neurological outcomes?

- a. Age of patient A
- b. Timing of closed reduction (< 24 hours) B
- c. Sex of patient C
- d. Initial transport time to referral hospital D
- e. Presence of MRI prior to reduction E

#### 5. Which international trial reinforced the importance of early (< 24 h) decompression in spinal cord injury?

- a. SPORT trial A
- b. SPRINT trial B
- c. STASCIS trial C
- d. NEXUS trial D
- e. SLIC trial E

#### 6. Which vertebral region is *most* commonly affected in traumatic cervical spinal cord injuries?

- a. Atlanto-axial (C1–C2) A
- b. Upper thoracic (T1–T4) B
- c. Lumbar spine (L1–L2) C
- d. Subaxial cervical spine (C3–C7) D
- e. Sacrum E

### 7. What was the *main* rationale for avoiding routine MRI before closed reduction?

- a. Lack of MRI scanners in South Africa A
- b. MRI is contraindicated in cervical trauma B
- c. MRI is less accurate than CT in bony alignment C
- d. MRI may delay urgent decompression and reduction D
- e. MRI increases the risk of spinal instability E

### Blood management strategies in posterior corrective surgery for idiopathic scoliosis (Aftab MHS, Ukunda UN, Milner B, Robertson AJF)

#### 8. Which of the following factors were found to have a statistically significant effect on intraoperative blood loss in posterior corrective surgery for adolescent idiopathic scoliosis (AIS)?

- a. Tranexamic acid (TXA) and ultrasonic bone scalpel (UBS) A
- b. Lenke classification type and Cobb angle B
- c. Intraoperative cell salvage (ICS) and restrictive transfusion triggers C
- d. Patient sex and weight D
- e. Use of ICS alone E

#### 9. Which recommendation was *not* included by the authors to reduce intraoperative blood loss during AIS corrective surgery?

- a. Routine administration of prophylactic tranexamic acid A
- b. Standard use of intraoperative ultrasonic bone scalpel B
- c. Use of intraoperative hypothermia to reduce metabolic demand C
- d. Restrictive haemoglobin transfusion triggers (Hb < 7 g/dL) D
- e. Effective preoperative planning and surgical time efficiency E

#### 10. How did the use of ultrasonic bone scalpel (UBS) impact mean blood loss compared to surgeries without UBS?

- a. Increased blood loss by 100 ml A
- b. Reduced mean blood loss by approximately 328 ml B
- c. No statistically significant difference C
- d. Reduced mean blood loss by approximately 150 ml D
- e. Reduced mean blood loss by over 500 ml E

### HIV and multiple myeloma: do patients present at a younger age? A perspective from a South African orthopaedic oncology unit (Phakathi O, Ngcana TV, Kgagudi PM, Linda ZA)

#### 11. The prognosis of multiple myeloma is estimated using which of the following?

- a. Revised International Staging System (R-ISS) A
- b. Mirels scoring system B
- c. International Myeloma Working Group (IMWG) criteria C
- d. TNM staging D
- e. CRAB criteria E

#### 12. Which of the following is *not* considered an SRE (skeletal-related event)?

- a. Osteonecrosis A
- b. Hypercalcaemia B
- c. Pathological fracture C
- d. Bone pain D
- e. Spinal cord compression E

**13. Risk factors for multiple myeloma include:**

- |                          |   |
|--------------------------|---|
| a. Advanced age          | A |
| b. Female sex            | B |
| c. HIV-infection         | C |
| d. African ancestry      | D |
| e. Solitary plasmacytoma | E |

**Contemporary indications for neoadjuvant chemotherapy for conventional osteosarcoma: results from a survey of South African surgeons and oncologists (Mthethwa PG, Marais LC)**

**14. What percentage of clinicians surveyed routinely prescribed neoadjuvant chemotherapy (NACT) for all cases of conventional osteosarcoma (COS)?**

- |        |   |
|--------|---|
| a. 31% | A |
| b. 54% | B |
| c. 60% | C |
| d. 69% | D |
| e. 89% | E |

**15. According to the study, which of the following factors was significantly associated with a decreased likelihood of recommending NACT?**

- |   |   |
|---|---|
| a. Being an oncologist                          | A |
| b. Being an orthopaedic surgeon                 | B |
| c. Working in a private practice                | C |
| d. Treating a high volume of COS cases per year | D |
| e. Academic affiliation                         | E |

**16. The authors mention clinicians often base their treatment strategies on guidelines from which region?**

- |                          |   |
|--------------------------|---|
| a. Asia                  | A |
| b. South America         | B |
| c. Africa                | C |
| d. Australia             | D |
| e. High-income countries | E |

**17. According to the study, if limb salvage was not an option, what percentage of clinicians would still prescribe NACT if amputation was planned?**

- |        |   |
|--------|---|
| a. 8%  | A |
| b. 27% | B |
| c. 31% | C |
| d. 61% | D |
| e. 69% | E |

**Surgical management of carpometacarpal joint arthritis of the thumb: a current concepts review (Myburgh J, Matshidza S)**

**18. Which of the following statements is most accurate regarding the epidemiology of thumb carpometacarpal (CMC) joint arthritis?**

- |   |   |
|---|---|
| a. It is the most common joint affected in the hand   | A |
| b. It is more common in males than females  | B |
| c. Hormonal changes, such as decreased oestrogen, contribute to ligament laxity and joint instability | C |
| d. Anatomical differences between men and women are negligible in the development of CMC arthritis    | D |
| e. Daily repetitive use of the thumb does not contribute significantly to disease incidence           | E |

**19. Which feature is not part of the 'arthritic quintet' used in the clinical assessment of thumb CMC arthritis?**

- |  |   |
|--|---|
| a. Inspection for thenar atrophy       | A |
| b. Palpation for joint line tenderness | B |
| c. Assessment of range of motion       | C |
| d. Grind test for crepitus and pain    | D |
| e. Weak pinch                          | E |

**20. Which of the following statements about operative procedures for thumb CMC arthritis is correct?**

- |   |   |
|---|---|
| a. Randomised controlled trials have shown ligament reconstruction and tendon interposition (LRTI) to be superior to simple trapeziectomy in both short- and long-term outcomes | A |
| b. Arthrodesis has a low rate of non-union and is recommended in elderly low-demand patients  | B |
| c. Simple trapeziectomy is associated with similar pain and function outcomes to LRTI, but with fewer complications   | C |
| d. New-generation implant arthroplasty has a ten-year survival rate of less than 70%  | D |
| e. Denervation of the CMC joint is recommended in advanced (stage IV) pantrapezial disease  | E |

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