

CPD QUESTIONNAIRE. NOVEMBER 2023 VOL 22 NO 4

Paediatric distal radius fractures: risk factors for redisplacement (Epstein GZ, Du Toit J, Ferreira N, Burger MC, Esterhuizen TM)

1. The cast index defined by Chess et al. is measured/calculated:

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| a. As the inner diameter of the cast on lateral radiograph divided by the inner diameter of the cast on AP radiograph at the level of the fracture | A |
| b. As the addition of the inner diameter of the cast on the lateral to the inner diameter of the cast on the AP radiograph at the level of the fracture | B |
| c. As the outer diameter of the cast on lateral radiograph divided by the outer diameter of the cast on AP radiograph at the level of the fracture | C |
| d. As the inner diameter of the cast on the AP radiograph divided by the inner diameter of the cast on the lateral radiograph at the level of the fracture | D |
| e. As the outer diameter of the cast on the AP radiograph divided by the outer diameter of the cast on the lateral radiograph at the level of the fracture | E |

2. The cast index defined by Chess et al. has a cutoff value of:

- | | |
|---------|---|
| a. 0.9 | A |
| b. 0.8 | B |
| c. 0.7 | C |
| d. 0.65 | D |
| e. 0.75 | E |

3. Which of the following statements regarding distal radius fracture in children is false?

- | | |
|-------------------------------------------------------------------------------------------------------------------------|---|
| a. Distal radius fractures in children are common injuries | A |
| b. Treatment for distal radius fractures ranges from closed reduction and plaster casts, K-wire fixation and TENS nails | B |
| c. Redisplacement of distal radius fractures is uncommon and is not problematic | C |
| d. Under the age of 10 years, remodelling of the distal radius in children is very good | D |
| e. Risk factors for redisplacement of distal radius fractures in children include comminution and high body mass index | E |

Coding guidelines for soft tissue knee procedures based on a national Delphi consensus study (Held M, North D, Hardcastle P, Erasmus P, Firer P, Gelbart B, Barrow M, Von Bormann R, Dunn R)

4. According to the Delphi consensus study discussed in the manuscript, what percentage of agreement among participants was defined as consensus for codes?

- | | |
|--------|---|
| a. 50% | A |
| b. 60% | B |
| c. 70% | C |
| d. 80% | D |
| e. 90% | E |

5. What was the most commonly recommended code for anterior cruciate ligament (ACL) reconstruction in the Delphi consensus study?

- | | |
|---------|---|
| a. 0679 | A |
| b. 0593 | B |
| c. 0592 | C |

- | | |
|---------|---|
| d. 0673 | D |
| e. 0775 | E |

6. In the study, what was the primary aim of establishing and prioritising codes for soft tissue knee procedures?

- | | |
|------------------------------------------------------------------------|---|
| a. To assess the financial impact of different knee procedures | A |
| b. To determine the average age of surgeons performing knee procedures | B |
| c. To create recommendations of codes for ethical billing practices | C |
| d. To analyse the level of experience of participating surgeons | D |
| e. To examine the success rates of knee surgeries in South Africa | E |

Diagnostic accuracy of preoperative clinical examination in zone V flexor injuries (Osei ED, Sathekgga MC, Ntombela P, Aden AA)

7. Zone V flexor injury is defined as:

- | | |
|--------------------------------------------------------------------------------------|---|
| a. Proximal end of the carpal tunnel to the distal end of the carpal tunnel | A |
| b. Distal end of the carpal tunnel to the musculotendinous junction in the forearm | B |
| c. Proximal end of the carpal tunnel to the musculotendinous junction in the forearm | C |
| d. Proximal end of the carpal tunnel to the elbow | D |
| e. Musculotendinous junction in the forearm to the elbow | E |

8. Which of the following has the highest rate of inaccurate diagnosis in zone V flexor injuries?

- | | |
|-----------------------------------------|---|
| a. Flexor digitorum superficialis | A |
| b. Flexor digitorum profundus | B |
| c. Flexor carpi ulnaris | C |
| d. Partially torn anatomical structures | D |
| e. Ulnar nerve | E |

9. Which of the following statements is false?

- | | |
|--------------------------------------------------------------------------------------------------------------------------------|---|
| a. Lack of proper clinical examination by clinicians is a cause of the high rate of missed diagnosis in zone V flexor injuries | A |
| b. Not all zone V flexor injuries extending beneath the fascia should be sent to theatre for exploration | B |
| c. Allen's test detects arterial injury better than palpation of the arteries | C |
| d. The rate of missed diagnosis of flexor digitorum superficialis is higher than flexor digitorum profundus | D |
| e. One of the commonest combined injury patterns in zone V flexor injuries is the injury to ulnar triad structures | E |

Soft tissue reconstruction of Gustilo-Anderson grade 3B open tibia fractures at a tertiary hospital: a retrospective case series (Maimin D, Barouni E, Price C, Hudson D, Adams S, Laubscher M)

10. Which of the following is not a common complication of grade 3B open tibia fractures?

- | | |
|---------------------------------------|---|
| a. Fracture-related infection | A |
| b. Soft tissue reconstruction failure | B |
| c. Delayed fracture union | C |
| d. Vascular injuries requiring repair | D |
| e. Delayed amputation | E |

11. Regarding timing of initial surgery in grade 3B open tibia fractures, which of the following is true?	
a. Initial debridement within six hours has been shown to be crucial to obtain satisfactory outcomes	A
b. NPWT (negative pressure wound therapy) may be applied in the emergency room setting and can replace initial debridement in theatre	B
c. This research found no difference in outcomes between patients initially debrided within 24 hours and those debrided after 24 hours	C
d. Godina et al. coined the term 'fix and flap' and were advocates of microvascular free flaps in the trauma setting within five days of injury	D
e. Antibiotic administration is not necessary provided the patient had an adequate debridement within six hours	E
12. The outcomes of treatment of grade 3B open tibia fractures is influenced by all of the following statements except:	
a. These injuries tend to occur in elderly patients with compromised healing potential	A
b. The natural anatomy of the tibia predisposes to open fractures	B
c. Local context such as theatre availability and surgeon expertise	C
d. The majority of these injuries are caused by high energy trauma	D
e. NPWT was shown to be a useful temporising measure while awaiting definitive surgery	E
Establishing the safety of the lateral femoral cutaneous nerve when using the Bridging Infix for anterior pelvic fixation (Van Schalkwyk J, Keough N, Strydom S, Snyckers CH, Masenge A, Mogale N)	
13. Which anatomical landmark is used to secure the Bridging Infix to the pubic bone?	
a. On the iliac fossa	A
b. On the ala of the ilium, specifically on the iliac crest	B
c. On the pubic symphysis	C
d. On the ala of the ilium, specifically on the iliac crest as well as the pubic symphysis	D
e. On the iliac fossa and pubic symphysis	E
14. Where did the LFCN emerge in the current studies sample?	
a. Deep to the inguinal ligament and medial to the anterior superior iliac spine	A
b. Deep to the inguinal ligament and lateral to the anterior superior iliac spine	B
c. Superficial to the inguinal ligament and medial to the anterior superior iliac spine	C
d. Deep the inguinal ligament and medial to the anterior inferior iliac spine	D
e. Superficial to the inguinal ligament and lateral to the anterior superior iliac spine	E
15. Where did the authors conclude was the location of the LFCN along its course in the cadaveric sample?	
a. Three finger breadths lateral to the anterior inferior iliac spine	A
b. Two finger breadths lateral to the anterior superior iliac spine	B
c. Three finger breadths medial to the anterior inferior iliac spine	C
d. 10 mm medial to the anterior superior iliac spine	D
e. Three finger breadths medial to the anterior superior iliac spine	E
The biochemical, microbiological and histological findings in native joint septic arthritis in adults (Maimin D, Martin V, Williams K, Dey R, Dlamini S, Maqungo S)	
16. What was the most reliable method of identifying a causative microorganism found in this study?	
a. Blood cultures	A
b. Synovial tissue biopsy	B
c. Joint fluid aspirate obtained preoperatively	C
d. Joint fluid pus swab obtained intraoperatively	D
e. GeneXpert assay	E

17. Regarding bacterial cultured in this study, which of the following is true?	
a. Methicillin resistant <i>S. aureus</i> (MRSA) was highly prevalent when compared to similar South African literature	A
b. Gram-negative organisms were cultured in over one-third of all cases	B
c. <i>Citrobacter braakii</i> is commonly cultured in HIV-positive patients with septic arthritis	C
d. Streptococcal species were the second most cultured organism after Staphylococcal species	D
e. <i>Mycobacterium tuberculosis</i> was from the knee joint in two cases	E
18. Regarding blood work-up of septic arthritis patients from this study, which of the following is true?	
a. White cell count (WCC) had the lowest positive predictive value in diagnosing septic arthritis	A
b. C-reactive protein (CRP), on average, was found to be raised in elderly patients despite negative cultures and histology not supporting a diagnosis of septic arthritis	B
c. Interpretation of HIV-positive patients' inflammatory markers were shown to be as reliable as HIV-negative patients	C
d. ESR (erythrocyte sedimentation rate) was found to have a positive predictive value of 90% in the diagnosis of septic arthritis	D
e. CRP was found to have a positive predictive value of 100% in the diagnosis of septic arthritis	E
Fibrous dysplasia: a current concepts review (Arkel C, Van Heerden J)	
19. With regard to McCune-Albright syndrome, which of the following statements is true?	
a. McCune-Albright syndrome is characterised by monostotic fibrous dysplasia and intramuscular myxomas	A
b. Specialised genetic and metabolic testing is required to make the diagnosis of McCune-Albright syndrome	B
c. McCune-Albright syndrome is a genetically inherited form of fibrous dysplasia	C
d. McCune-Albright syndrome is characterised by the presence of polyostotic fibrous dysplasia and extraskeletal endocrine abnormalities	D
e. In patients with McCune-Albright syndrome, the predictable clinical manifestations and natural history of disease make treatment uncomplicated and prognosis easy to predict	E
20. Which of the following is an appropriate management step in treating fibrous dysplasia?	
a. Cancellous bone grafting used in isolation	A
b. Correction of neck shaft angle to > 120 degrees	B
c. Long-term bracing of scoliotic deformities	C
d. Oral bisphosphonates	D
e. Plate-and-screw fixation for long bone deformity correction	E

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MDB015/069/01/2023