

CPD QUESTIONNAIRE. MAY 2025 VOL 24 NO 2

Evaluation of surgical management strategies for chronic anterior shoulder dislocations: a retrospective analysis of 34 patients (Rachuene PA, Phala MP, Rachoene TT, Mathiba CS, du Toit FJ, Dey R)

1. Which of the following statements is true regarding the Eden-Hybinette procedure in patients with chronic anterior shoulder dislocation?

- | | |
|--|---|
| a. It had the lowest complication rate among all procedures | A |
| b. It was exclusively performed in patients with ancient dislocations | B |
| c. No recurrent dislocations were observed with this procedure | C |
| d. Rate of recurrent dislocations was comparable to Latarjet procedure | D |
| e. It showed poorer patient-reported outcome measures (PROMs) than soft tissue repairs | E |

2. Which surgical procedure showed the highest PROMs in patients with chronic anterior shoulder dislocations?

- | | |
|--|---|
| a. Open reduction and capsulolabral repair | A |
| b. Latarjet procedure | B |
| c. Eden-Hybinette procedure | C |
| d. Reverse shoulder arthroplasty | D |
| e. None of the above | E |

3. In patients with chronic anterior shoulder dislocation, what surgical approach is typically preferred for young patients (< 60 years) with large anterior glenoid bone loss (> 25%) and epilepsy or mental health concerns?

- | | |
|----------------------------------|---|
| a. Reverse shoulder arthroplasty | A |
| b. Latarjet procedure | B |
| c. Eden-Hybinette procedure | C |
| d. Soft tissue repair | D |
| e. Hemiarthroplasty | E |

4. What is the primary determinant in deciding between joint preservation surgery and reverse shoulder arthroplasty in patients with chronic anterior shoulder dislocation?

- | | |
|--|---|
| a. Duration of dislocation | A |
| b. Degree of glenoid bone loss | B |
| c. Patient's occupation | C |
| d. Patient's age | D |
| e. Type of hospital (regional vs tertiary) | E |

Investigating the single incision anterior transverse approach to the antecubital fossa for distal biceps tendon repair: a cadaver study (Kotze JD, Peterson I, Korsten G, Pretorius HS)

5. Which of the following structures is located directly anterior to the insertion of the distal biceps tendon and often limits surgical exposure?

- | | |
|--------------------|---|
| a. Brachial artery | A |
| b. Radial nerve | B |
| c. Leash of Henry | C |
| d. Median nerve | D |
| e. Brachial vein | E |

6. Which nerve is to be considered a medial structure at risk during distal biceps tendon repair?

- | | |
|---------------------------------|---|
| a. Radial nerve | A |
| b. Ulnar nerve | B |
| c. Musculocutaneous nerve | C |
| d. Anterior interosseous nerve | D |
| e. Posterior interosseous nerve | E |

7. The classical single transverse incision for distal biceps tendon repair is traditionally placed where?

- | | |
|--------------------------------------|---|
| a. 2 cm proximal to the elbow crease | A |
| b. At the level of the elbow crease | B |
| c. 2 cm distal to the elbow crease | C |
| d. 5 cm distal to the elbow crease | D |
| e. 10 cm distal to the elbow crease | E |

8. Delayed repair of a ruptured distal biceps tendon results in?

- | | |
|--|---|
| a. Increased complexity and reduced function | A |
| b. Improved long-term outcomes | B |
| c. Reduced rate of complications | C |
| d. Easier mobilisation of the tendon | D |
| e. Superior function | E |

The practice of skeletal traction for cervical spine dislocations in district hospitals in the Western Cape (Parbhoo S, Salence B, Simpson J, van der Merwe S, Kruger N)

9. In 2015, the Constitutional Court ruled that reduction of cervical spine dislocations should be achieved, from the time of injury, within:

- | | |
|------------|---|
| a. 2 hours | A |
| b. 3 hours | B |
| c. 4 hours | C |
| d. 5 hours | D |
| e. 6 hours | E |

10. A retrospective study in the Western Cape of South Africa showed median time to reduction from time of injury to be:

- | | |
|-------------|---|
| a. 26 hours | A |
| b. 16 hours | B |
| c. 6 hours | C |
| d. 24 hours | D |
| e. 4 hours | E |

11. What, according to evidence, did the authors propose the most important indication to attempt an emergency cervical reduction to be?

- | | |
|---|---|
| a. Acute cervical dislocation with normal neurology (ASIA E) | A |
| b. Acute cervical dislocation with complete neurology (ASIA A) | B |
| c. Acute cervical dislocation with partial neurology ASIA B or C) | C |
| d. Acute cervical dislocation with worsening neurology | D |
| e. Acute cervical dislocation with improving neurology | E |

Removal of retained bullets from the hip joint in civilian gunshot injuries (Maqungo S, Nicol A, Kauta N, Graham S, Swanepoel S, Laubscher M, Antoni A)

- 12. Which is the most commonly reported method for removal for bullets lodged in the hip joint?**
- a. Surgical hip dislocation A
 - b. Hip arthroscopy B
 - c. Trochanteric osteotomy C
 - d. Direct anterior approach D
 - e. Kocher-Langenbeck approach E

- 13. What was the mean age of the patients in the study on removal of bullets from the hip joint?**
- a. 18 years A
 - b. 28 years B
 - c. 38 years C
 - d. 48 years D
 - e. 58 years E

- 14. What was the commonest reason for not removing bullets around the hip joint?**
- a. Final resting place outside the hip joint capsule A
 - b. Refusal of procedure by the patient B
 - c. Clinical condition not permitting further surgery C
 - d. Risk of infection D
 - e. Difficult surgical access E

The prevalence of second victim experiences and baseline resilience of South African shoulder and elbow surgeons (O'Connor M, Anley C, Roche S, van den Berg C, Mulder M, Taitz P, Rajah L)

- 15. What term did Wu use to describe the distress that healthcare workers experience after being involved in adverse medical events?**
- a. First victim experience A
 - b. Second victim syndrome B
 - c. Healthcare worker trauma C
 - d. Medical error guilt D
 - e. Patient safety stress E

- 16. What was the average resilience score among the respondents as measured by the Connor-Davidson Resilience Scale (CD-RISC 25 ©)?**
- a. 55 A
 - b. 75 B
 - c. 80 C
 - d. 81 D
 - e. 90 E

17. Which demographic factor was found to significantly relate to the mean Second Victim Experience and Support Tool (SVEST) scores?

- a. Gender A
- b. Age B
- c. Number of years in practice C
- d. Type of practice location D
- e. None of the above E

Tenosynovial giant cell tumour: current concepts review and recent developments focusing on pathogenesis and treatment-directed classification (Aboo FB, Kgagudi PM)

- 18. What is the primary origin of tenosynovial giant cell tumours (TSGCT)?**
- a. Bone marrow A
 - b. Joint synovia, bursae and tendon sheaths B
 - c. Muscle tissue C
 - d. Cartilage D
 - e. Lymph nodes E

- 19. What percentage of TSGCT cases present as diffuse types with synovial involvement?**
- a. 5% A
 - b. 10% B
 - c. 25% C
 - d. 50% D
 - e. 90% E

- 20. What imaging modality is considered the gold standard for diagnosing TSGCT?**
- a. X-ray A
 - b. Ultrasound B
 - c. CT scan C
 - d. MRI D
 - e. PET scan E

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