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Complications following acute severe haematogenous osteomyelitis of the long bones in children (Horn A, Wever S, Hoffman EB)

1. In a recent study on osteoarticular infections in children, which causative organism was associated with co-infection with HIV?

- a. *Pseudomonas aeruginosa* A
- b. *Klebsiella pneumonia* B
- c. *Streptococcus pneumonia* C
- d. *Staphylococcus epidermidis* D
- e. *Staphylococcus aureus* E

2. Which of the following factors are commonly associated with the development of complications following acute haematogenous osteomyelitis?

- a. Raised ESR at presentation A
- b. Male sex B
- c. History of trauma C
- d. Raised CRP at presentation D
- e. Raised temperature at presentation E

3. In this study, there was an association between:

- a. Delay in presentation and the development of complications A
- b. The development of complications and a prolonged hospital stay B
- c. The need for repeat surgery during the index admission and duration of antibiotic treatment C
- d. Raised CRP at presentation and the development of a pathological fracture D
- e. Infection with MRSA and the development of complications E

4. The main radiological finding in this study was that:

- a. Bony changes in more than 45% of the diaphysis on X-rays taken at 6 weeks were significantly associated with the development of complications A
- b. Bony changes in more than 66.1% of the diaphysis on X-rays taken at 6 weeks were significantly associated with the development of complications B
- c. X-rays taken at presentation are usually normal C
- d. MRI should be performed in all cases of suspected osteomyelitis D
- e. X-rays taken at presentation usually show early periosteal reaction which is associated with the development of complications E

Profile of patients with Blount's disease at an academic hospital (Mehtar M, Ramguthy Y, Firth GB)

5. The deformities of Blount's disease develop secondary to relative inhibition of the:

- a. Posterolateral aspect of the proximal tibial growth plate A
- b. Anteromedial aspect of the proximal tibial growth plate B
- c. Posterior aspect of the proximal tibial growth plate C
- d. Posteromedial aspect of the proximal tibial growth plate D
- e. Anterolateral aspect of the proximal tibial growth plate E

6. Regarding the classification of Blount's disease as described by Thompson and Carter, which statement is correct?

- a. Juvenile Blount's onset is after the age of 10 years A
- b. Adolescent Blount's onset is after the age of 15 years B
- c. Juvenile Blount's onset is at age 4 to 10 years C
- d. Infantile Blount's occurs under the age of 5 years D
- e. Infantile Blount's occurs under the age of 3 years E

7. In our study, the percentage of patients with Blount's disease classified as obese was:

- a. Highest in the infantile group A
- b. Highest in the adolescent group B
- c. Highest in the juvenile group C
- d. Equal in all the groups D
- e. Lowest in the juvenile group E

8. According to the series of Blount's patients at Chris Hani Baragwanath Academic Hospital:

- a. Unilateral involvement occurred more frequently compared to bilateral disease A
- b. There is an increased occurrence of obesity in female children with Blount's B
- c. The majority of patients in the adolescent group were female C
- d. Blount's disease is associated with an early walking age D
- e. Blount's disease is not associated with an early walking age E

Cross-screw technique for the modified Lapidus procedure using headless compression screws (Mayet Z, Ferrao PNF, Saragas NP)

9. Choose the incorrect statement regarding the modified Lapidus procedure:

- a. The Lapidus procedure is used to treat hallux valgus A
- b. It is a powerful procedure B
- c. Correction is possible in two planes C
- d. Correction is possible in three planes D
- e. It has a long lever arm for correction E

10. In the preparation of the joint for the modified Lapidus fusion:

- | | |
|---|---|
| a. The plantar side of the joint should be neglected | A |
| b. Joint surfaces are never fenestrated | B |
| c. The intercuneiform joint should always be included | C |
| d. The medial cuneiform articular surface is resected perpendicular to the long axis of the second metatarsal | D |
| e. All of the above | E |

11. Fixation options for the modified Lapidus procedure does not include:

- | | |
|--------------------------------|---|
| a. Solid 3.5 mm AO screws | A |
| b. Chromic sutures | B |
| c. Cannulated screws | C |
| d. A lag screw with a plate | D |
| e. Headless compression screws | E |

12. Regarding complications of the Lapidus procedure, select the correct answer:

- | | |
|--|---|
| a. Attention to detail and meticulous surgical technique minimises complications | A |
| b. Non-union is a minor complication | B |
| c. Transfer metatarsalgia is not a concern | C |
| d. The distal metatarsal articular angle is not affected | D |
| e. None of the above | E |

Unrepaired rotator cuff tears following acromioplasty (Chivers D, Lambrechts A, Vrettos B, Dachs R, Roche S)**13. Melis *et al.*'s research into the progression of fatty infiltration and atrophy in tears of supraspinatus stated that:**

- | | |
|--|---|
| a. Traumatic tears do not progress to fatty atrophy and infiltration | A |
| b. Traumatic tears progress faster than atraumatic tears | B |
| c. Muscle atrophy was present in all tear types at 6 years | C |
| d. Tears progressed to stage 2 fatty infiltration at 6 years | D |
| e. Traumatic tears can heal without intervention | E |

14. The aetiology of atraumatic rotator cuff tears:

- | | |
|---|---|
| a. Is only due to intrinsic causes | A |
| b. Is mainly due to genetic influence | B |
| c. Is attributed to genetic, intrinsic and extrinsic causes | C |
| d. Is such that acromial morphology does not play a role | D |
| e. Is such that acromial morphology is the only extrinsic cause | E |

15. Evidence to support intrinsic theories for rotator cuff tears include:

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|--|---|
| a. Bursal-sided tears are more common than articular-sided tears | A |
| b. Cuff tears and acromial degeneration both progress with age | B |
| c. Open acromioplasty prevents cuff tear progression | C |

- | | |
|--|---|
| d. There is a zone of hypovascularity and hypoxia which results in cuff degeneration | D |
| e. Acromial morphology is directly related to cuff tear progression | E |

16. In the rotator cable theory as described by Burkhart:

- | | |
|---|---|
| a. Three distinct areas with different load characteristics are described | A |
| b. The rotator cable is relatively thicker and supports more load | B |
| c. There is progressive thickening of the crescent area with age | C |
| d. Kim <i>et al.</i> have not been able to support Burkhart's theory | D |
| e. Degenerative tears occur in a more anterior position | E |

Anthropometric differences in the tibial tuberosity to trochlear groove measurement in an African population (Rankin M, Mohideen MAH)**17. The tibial tuberosity trochlear groove (TTTG) measurement is clinically relevant for which diagnosis?**

- | | |
|--------------------------------------|---|
| a. Osteoarthritis | A |
| b. Anterior cruciate ligament laxity | B |
| c. Patella instability | C |
| d. Medial co-lateral laxity | D |
| e. Blount's disease | E |

18. The TTTG measurement predominantly utilised with which imaging modality?

- | | |
|----------------------|---|
| a. Ultrasonography | A |
| b. X-ray | B |
| c. CT scan | C |
| d. MRI | D |
| e. Radionuclide scan | E |

19. Regarding the TTTG measurement:

- | | |
|--|---|
| a. TTTG measurement decreases at terminal extension due to the 'screw-home' mechanism | A |
| b. TTTG measurement increases at terminal extension due to the 'femoral roll-back' mechanism | B |
| c. TTTG measurement decreases at terminal extension due to the 'femoral roll-back' mechanism | C |
| d. TTTG measurement increases at terminal extension due to the 'screw-home' mechanism | D |
| e. TTTG measurement is unaffected by range of motion of the knee | E |

20. According to current literature, a medialising osteotomy of the tibial tuberosity should be considered when the TTTG is:

- | | |
|------------------------|---|
| a. >20 mm | A |
| b. >15 mm | B |
| c. >12 mm | C |
| d. <20 mm | D |
| e. Not a consideration | E |

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