

## CPD QUESTIONNAIRE. AUGUST 2021 VOL 20 NO 3

### Positive patient experience of wide awake local anaesthesia no tourniquet (WALANT) hand surgery in the government setting: a prospective descriptive study (Naude JJ, Koch O, Schmidt LW, Le Roux TLB)

#### 1. Techniques to decrease pain on injection include:

- |   |   |
|---|---|
| a. Pausing after 0.5 ml injection                                       | A |
| b. Staying within 10 mm of the indurated area with following injections | B |
| c. Using a 27- or 30-gauge needle                                       | C |
| d. Adding 8.4 bicarbonate to the infiltration                           | D |
| e. All of the above   | E |

#### 2. Select the *false* statement below:

- |   |   |
|---|---|
| a. Procaine usage in the 1950s caused isolated cases of finger ischaemia due to a low pH                                  | A |
| b. Clinical epinephrine can be used without inducing infarction   | B |
| c. Phentolamine, an alpha-blocker, reliably reverses epinephrine vasoconstriction in the finger                           | C |
| d. Lignocaine and epinephrine infiltration in the finger has a high probability of causing finger infarction and necrosis | D |
| e. In WALANT procedures, 1:100 000 epinephrine is used  | E |

#### 3. Select the *false* statement below:

- |  |   |
|--|---|
| a. LeBlanc et al. had a superficial infection rate of 0.4% and deep infection rate of 0% following minor hand surgical procedures outside of theatre in 1 504 patients | A |
| b. Outpatient minor hand procedures have an improved efficiency compared to in-theatre procedures  | B |
| c. Patients are given a resting period of 10 minutes to give the infiltration time to take effect  | C |
| d. Outpatient procedures may have a positive environmental impact by decreasing long-term refuse   | D |
| e. The safe limit of lignocaine injection is 7 mg/kg   | E |

### The prevalence of vascular injury utilising the lateral parapatellar approach for malignant distal femoral tumour resections: a case series (Van der Watt NP, Koch O, Le Roux TLB, Meijer JG, McLoughlin H)

#### 4. Which one of the following malignancies *does not* occur frequently in the distal femur?

- |                                |   |
|--------------------------------|---|
| a. Chondrosarcoma              | A |
| b. Ewing's sarcoma             | B |
| c. Conventional osteosarcoma   | C |
| d. Fibrosarcoma                | D |
| e. Telangiectatic osteosarcoma | E |

#### 5. Which of the following surgical approaches has been considered to be the gold standard for distal femoral tumour resections?

- |                         |   |
|-------------------------|---|
| a. Anteromedial         | A |
| b. Direct anterior      | B |
| c. Posteromedial        | C |
| d. Direct lateral       | D |
| e. Lateral parapatellar | E |

#### 6. With regard to the lateral parapatellar approach for distal femur tumour resections, which of the following is *not* true?

- |  |   |
|--|---|
| a. Theoretical increased risk for vascular complications           | A |
| b. Decreased risk for inadequate soft tissue cover                 | B |
| c. Potential to increase exposure to the greater trochanter        | C |
| d. The cruciate and collateral ligaments are spared                | D |
| e. An elliptical resection of the lateral biopsy site is performed | E |

### The surgical management of metastatic lesions of the femur (Saini AK, Ferreira N)

#### 7. What is the most common long bone destination of metastatic disease?

- |            |   |
|------------|---|
| a. Humerus | A |
| b. Femur   | B |
| c. Radius  | C |
| d. Tibia   | D |
| e. Ulna    | E |

#### 8. Simultaneous nailing of two or more long bones in the context of metastatic disease:

- |  |   |
|--|---|
| a. Can be performed safely if the medullary canals have been adequately reamed           | A |
| b. Can be performed safely if the patient has been receiving chemical thromboprophylaxis | B |
| c. Is associated with a significant risk of intraoperative mortality                     | C |
| d. Is associated with a significant risk of late postoperative death                     | D |
| e. Is cost effective and allows for early mobilisation                                   | E |

#### 9. Which primary malignancy is associated with the worst five-year prognosis once bone metastasis has been diagnosed?

- |             |   |
|-------------|---|
| a. Lung     | A |
| b. Breast   | B |
| c. Thyroid  | C |
| d. Renal    | D |
| e. Prostate | E |

### Correlation of the squat-and-smile test against other patient-reported outcome scores in knee pathology (Le Roux J, Dey R, Deichl AS, Torney O, Laubscher M, Graham SM, Held M)

#### 10. The following score was *not* correlated with the squat-and-smile test:

- |                         |   |
|-------------------------|---|
| a. Tegner Lysholm score | A |
| b. EQ-5D                | B |
| c. KOOS score           | C |
| d. WOMAC score          | D |
| e. None of the above    | E |

<b>11. The squat-and-smile test was originally developed to assess:</b>	
a. Knee pathology	A
b. Hip pathology	B
c. Femur shaft fracture union	C
d. Tibia shaft fracture union	D
e. Ankle pathology	E
<b>12. The individual component of the squat-and-smile test that showed the best correlation with the KOOS score was:</b>	
a. Depth of squat	A
b. Need for arm support during squat	B
c. 'Smiley face' during squat	C
d. Duration of squat	D
e. None of the above	E
<b>A computer tomography-based anthropomorphic study of forearm osteology: implications for prosthetic design (Pretorius HS, Ferreira N, Burger MC)</b>	
<b>13. The radius of curvature refers to which structure in the anatomy of the radius?</b>	
a. The length of the radius (w) in the formula	A
b. The height of the radius arc (h)	B
c. The radius of the circle that the arc of the radius is a portion of	C
d. The angle of the proximal radius	D
e. The radial head size from side to side	E
<b>14. The proposed nail design will have a diameter of 4.5 mm, which is related to the:</b>	
a. Distal width of the radius for implantation	A
b. Proximal ulna width for implantation	B
c. Cortical thickness of the radius and ulna combined	C
d. Combined minimum radius and ulna shaft diameter	D
e. Radius of curvature of the radius	E
<b>15. The mean height of the distal radius is 23 mm and the max 95% CI is 24. This has implications for:</b>	
a. Distal radius styloid screw length	A
b. Distal radius maximum screw length for locking plates	B
c. Shaft screw length for radius plates	C
d. Correction of volar tilt in distal radius fixation	D
e. Correction of radial height distal radius fixation	E
<b>Patella dislocations and patellofemoral instability: a current concepts review (Garrett BR, Grundill ML)</b>	
<b>16. The MPFL is tightest in which position?</b>	
a. Deep flexion	A
b. Full extension into early flexion	B
c. Mid-flexion	C
d. Completely isometric	D
e. 30–60° flexion	E

<b>17. When using a lateral radiograph to assess for patella alta, which ratio is least affected by the flexion position of the knee?</b>	
a. Blackburne-Peel ratio	A
b. Insall-Salvati ratio	B
c. Koshino ratio	C
d. Caton-Deschamps ratio	D
e. Blumensaats line	E
<b>18. A 19-year-old netball player presents with recurrent episodes of patellofemoral dislocations. After detailed assessment, her radiographic findings are as follows: TT-TG distance &lt;20 mm, Dejour type A trochlear dysplasia, Caton-Deschamps index &lt;1.2, and a patella tilt &lt;20°. Which management strategy would be most appropriate?</b>	
a. Aggressive physiotherapy and re-assessment	A
b. Isolated MPFL reconstruction	B
c. MPFL reconstruction with associated tibial tubercle transfer	C
d. MPFL reconstruction with associated trochleoplasty	D
e. Isolated trochleoplasty	E
<b>Phosphaturic mesenchymal tumour, 'non-phosphaturic' variant: a case report and review of the literature (Wadee R, Linda Z, Ismail A)</b>	
<b>19. Which of the following is false regarding phosphaturic mesenchymal tumours?</b>	
a. They are rare neoplasms that are usually associated with renal phosphate loss	A
b. Tumour-induced osteomalacia (TIO) occurs secondary to excessive production of tumour-associated fibroblast growth factor-23 (FGF23)	B
c. Patients often present with nonspecific symptoms and signs of tumour-induced osteomalacia	C
d. The majority of these tumours have been diagnosed in middle-aged adults	D
e. Phosphaturic mesenchymal tumours are commonly diagnosed tumours	E
<b>20. Which of the following is correct?</b>	
a. Fibroblast growth factor-23 (FGF23) is a peptide that has an important role in phosphate reuptake in the kidneys	A
b. Phosphaturic mesenchymal tumours are rare neoplasms that are never associated with renal phosphate loss	B
c. The histogenesis of phosphaturic mesenchymal tumours is well-documented	C
d. PMTs have a specific immunohistochemical profile	D
e. Fibroblast growth factor-23 (FGF23) is a hormone that is only secreted by fibroblasts	E

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