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Impact of correctable mediolateral tibiofemoral subluxation on unicompartmental knee arthroplasty implant survival in patients with anteromedial osteoarthritis (Oosthuizen CR, Maposa I, Magobotha S, Pandit H)

1. Which knee is most suitable for medial unicompartmental knee arthroplasty?	
a. Isolated medial osteoarthritis without mediolateral subluxation	A
b. Isolated medial osteoarthritis with mediolateral subluxation	B
c. Isolated medial osteoarthritis with anterior cruciate ligament rupture	C
d. Isolated medial osteoarthritis with patellofemoral joint osteoarthritis	D
e. Dominant medial osteoarthritis with intact ligaments	E
2. How do you confirm the correct diagnosis of medial osteoarthritis on X-ray evaluation?	
a. Anteroposterior and lateral view radiographs	A
b. Anteroposterior, lateral view and skyline view radiographs	B
c. Anteroposterior, lateral view, skyline view and 45° posteroanterior radiographs	C
d. Anteroposterior, lateral view, skyline view and 15° posteroanterior radiographs	D
e. Anteroposterior, lateral view, skyline view, 15° posteroanterior and stress views radiographs	E
3. Unicompartmental knee arthroplasty is indicated for patients:	
a. > 40 years	A
b. > 50 years	B
c. > 60 years	C
d. > 70 years	D
e. Any age conforming to the clinical and X-ray indications	E

Preoperative asymptomatic bacteriuria in patients undergoing total joint arthroplasty in South Africa (Maharaj Z, Pillay T, Mokete L, Pietrzak JRT)

4. The prevalence of asymptomatic bacteria in patients undergoing total joint arthroplasty is:	
a. 22% in a single institution in Gauteng, South Africa	A
b. 22% in rural South Africa	B
c. 39% in an academic institution in South Africa	C
d. 39% in a multicentre study in Gauteng	D
e. 22% worldwide	E
5. What is the five-year mortality rate for PJI following total joint arthroplasty?	
a. 12.5%	A
b. 5.4%	B
c. 27.6%	C
d. 21.12%	D
e. 1.4%	E

Patient-reported outcomes following plantar incisions in foot surgery (Alexander AN, Saragas NP, Ferrao PNF)

6. Which comment below is true regarding incisions made parallel to the RSTLs?	
a. The incision runs parallel to collagen bundles	A
b. It lessens the chance of painful hypertrophic scar formation	B
c. The incision runs perpendicular to the axis of muscle contraction	C
d. It results in finer and stronger scars	D
e. All of the above	E
7. Which statement regarding plantar fibromatosis is *incorrect*?	
a. It is a benign condition	A
b. It has a low recurrence rate	B
c. It is a locally aggressive fibrous tissue tumour	C
d. The presence of skin adherence is a poor prognostic sign	D
e. Indications for surgery include pain and local aggressiveness	E
8. For which pathology/procedure is a plantar incision *not* indicated?	
a. Medial sesamoiditis	A
b. Morton's neuromas	B
c. Metatarsal head resection	C
d. Ledderhose disease	D
e. Turf toe	E

Do anatomical contoured plates address scapula body, neck and glenoid fractures? A multi-observer consensus study (De Wet JJ, Dey R, Vrettos B, Du Plessis JP, Anley C, Rachuene PA, Haworth LC, Yimam HM, Sivarasu S, Roche SJL)

9. When addressing intra-articular glenoid fractures and associated glenoid rim and/or neck fractures, which of the following do the authors prefer as first-line treatment of these fractures?	
a. Cannulated screws	A
b. Buttressing plates	B
c. Bone grafting (coracoid/iliac crest)	C
d. Cerclage wiring	D
e. Suture anchors	E
10. Isolated scapula fractures are rare and account for what percentage of upper limb fractures?	
a. 1–2%	A
b. 3–5%	B
c. 7–8%	C
d. 9–10%	D
e. 10%	E

The short-term outcomes of hip arthrodesis in children and adolescents with end-stage hip disease (Mniki TA, Maré PH, Marais LC, Thompson DM)

11. The commonest cause for symptomatic end-stage hip disease in children and adolescents is:

a.	Trauma	A
b.	Post-infective sequala	B
c.	Metabolic/systemic disease	C
d.	Neuromuscular disorders	D
e.	Developmental hip disorders	E

12. Careful patient selection for hip arthrodesis is important and indicated in children and adolescents presenting with:

a.	Active septic arthritis	A
b.	Polyarticular inflammatory disease	B
c.	Monoarticular non-inflammatory end-stage hip disease	C
d.	Bilateral developmental dysplasia of the hip (DDH)	D
e.	Ipsilateral knee fixed flexion contracture	E

Incidence of radius shortening following intramedullary nail fixation for gunshot fractures: a retrospective radiological audit (Abramson M, Maqungo S, Dey R, Laubscher M)

13. What is the most accurate way of assessing radial shortening?

a.	Using Evans rule	A
b.	Ulnar variance on X-ray	B
c.	Clinical examination of radial styloid	C
d.	Circle X-ray method	D
e.	Using the Watson's shift test	E

14. What is considered a normal ulnar variance?

a.	0.9 mm	A
b.	1.5 mm	B
c.	−0.9 mm	C
d.	−1.5 mm	D
e.	−2.0 mm	E

15. Common complications of radial shortening include all of the following *except*:

a.	Reduced pro-supination	A
b.	Reduced wrist flexion/extension	B
c.	Reduced grip strength	C
d.	Ulnar abutment syndrome	D
e.	Early-onset arthrosis	E

Distal radius fractures: current concepts (Rachuene PA, Du Toit FJ, Tsolo GK, Khanyile SM, Tladi MJ, Golele SS)

16. Which of the following is true regarding acute carpal tunnel syndrome in patients with distal radius fractures (DRFs)?

a.	Prophylactic carpal tunnel release should be performed in all patients with DRFs	A
b.	Delayed carpal tunnel release of more than 6 hours is associated with irreversible nerve damage	B
c.	Delayed carpal tunnel release of more than 16 hours is associated with irreversible nerve damage	C
d.	Delayed carpal tunnel release of more than 36 hours is associated with irreversible nerve damage	D
e.	Delayed carpal tunnel release of more than 26 hours is associated with irreversible nerve damage	E

17. With regard to stable extra-articular distal radius fractures, which of the following is true?

a.	Closed reduction with minimum two K-wire fixation and 40° crossing angle is considered a stable fixation	A
b.	Closed reduction with minimum three K-wires fixation and 40° crossing angle is considered a stable fixation	B
c.	Closed reduction with minimum three K-wires fixation and 20° crossing angle is considered a stable fixation	C
d.	Closed reduction with minimum two K-wires fixation and 90° crossing angle is considered a stable fixation	D
e.	ORIF is the only recommended choice in these patients	E

18. Sarcopaenia is a disorder associated with loss of muscle mass; in patients with distal radius fractures (DRFs) which of the following statements is *false*?

a.	Sarcopaenia is prevalent in elderly patients	A
b.	Sarcopaenia is closely related to osteoporosis	B
c.	Sarcopaenia is associated with poor functional outcomes in patients with distal radius fractures	C
d.	Sarcopaenia affects females only	D
e.	Literature reports slightly higher prevalence of sarcopaenia in male patients with DRFs compared to females	E

Minimally invasive subcutaneous anterior fixation of pelvic fractures in the elderly: case report and literature review (Strydom S, Snyckers CH)

19. What is the most common complication with minimally invasive subcutaneous anterior pelvis fixation?

a.	Patient discomfort	A
b.	Surgical site infection	B
c.	Symptomatic heterotropic ossification	C
d.	Lateral femoral cutaneous nerve impingement	D
e.	Significant intraoperative blood loss	E

20. Which statement regarding minimally invasive subcutaneous anterior pelvis fixation techniques is *false*?

a.	It allows for easier nursing compared to Ex-fix	A
b.	Patients need to remain non-weight-bearing for six weeks postoperatively	B
c.	It should not be used in isolation for combined anterior and posterior instability	C
d.	It can be used in patients with osteoporosis	D
e.	They combine the low-profile benefits of internal plate fixation with Ex-fix principles	E