SOUTH AFRICAN ORTHOPAEDIC JOURNAL

THE OFFICIAL JOURNAL OF THE SOUTH AFRICAN ORTHOPAEDIC ASSOCIATION

ISSN: 1681-150x SAOJ

CPD QUESTIONNAIRE. AUGUST 2025 VOL 24 NO 3

Access to reverse shoulder arthroplasty in South Africa's public healthcare system (Rachuene PA, Dey R, Sivarasu S, du Plessis J-P, Roche SJL)

1. What is the most commonly reported waiting period for reverse shoulder arthroplasty (RSA) procedures in the South African public health care sector?

a. Less than 1 year	A
b. 1–2 years	B
c. 2–5 years	C
d. 5–10 years	D
e. None of the above	E

2. What proportion of respondents reported performing RSA at South African public hospitals?

a. 21%	A
b. 36%	B
c. 43%	C
d. 50%	D
e. 46%	E

3. Which statement *best* reflects the study findings on accessibility and availability of RSA services in the South African public healthcare sector?

a. All hospitals had multiple operating theatres and short waiting times	A
b. RSA is rarely performed due to lack of skilled surgeons	B
c. Skilled surgeon shortages and limited theatre time are the biggest obstacles to RSA provision	C
d. The waiting period for shoulder arthroplasty is longer than that for hip arthroplasty	D
e. Poor infrastructure is the biggest obstacle to RSA provision	E

4. In a survey of hospitals within the South African public healthcare sector, what percentage reported having one or two fellowship-trained subspecialist shoulder surgeons?

a. 10%	A
b. 20%	B
c. 30%	C
d. 40%	D
e. 50%	E

Risk factors for complication requiring reintervention following reverse shoulder arthroplasty: a retrospective study 2011–2021 (du Plessis JG, O'Connor M, Koch O, le Roux T)

5. What was the most common complication following RSA in this study?

a. Haematoma formation	A
b. Sepsis	B
c. Instability	C
d. Mechanical failure	D
e. Notching	E

6. Which of the following individual comorbidities were seen as a risk factor for complication?

a. Diabetes mellitus	A
b. Hypertension	B
c. Hyperthyroidism	C
d. Urinary tract infection	D
e. None of the above	E

7. Which of the following systemic comorbidities were seen as a risk factor for complication?

a. Endocrine disease	A
b. Renal disease	B
c. Cardiovascular disease	C
d. Neurological disease	D
e. Gastroenteric disease	E

8. What approach was used to perform the RSA in this study cohort?

a. Deltopectoral approach	A
b. Mackenzie approach	B
c. Transdeltoid approach	C
d. Posterior approach	D
e. Deltoid splitting (MIPO)	E

Deep infection rate resulting in reoperation in minor hand surgery with wide-awake local anaesthesia no tourniquet (WALANT) under field sterility in an outpatient setting (Skosana LL, Koch O, Olorunju S, Rademan L, le Roux T)

9. The adrenaline dose strength used for the WALANT mixture is?

a. 1:100	A
b. 1:1000	B
c. 1:100 000	C
d. 1:1	D
e. 1:1 000 000	E

10. The following methods/practices are used in a field sterility surgical site set-up *except*?

a. Chlorhexidine and alcohol solution	A
b. Mask and sterile gloves	B
c. Prophylactic antibiotics	C
d. Minimal draping	D
e. Sterile surgical set	E

11. What is the most common procedure performed under WALANT in a field sterility setting?

a. Carpal tunnel release	A
b. Trigger finger release	B
c. Ganglion excision	C
d. De Quervain's tenosynovitis	D
e. Excision biopsy	E

Outcomes of single-stage surgical treatment of diaphyseal non-union of the humerus (Maimin D, Moss S, Laubscher M)

12. Which of the following scenarios provided below are *not* given in the text as a risk factor for humeral shaft fracture non-unions?

a.	Segmental diaphyseal bone loss	A
b.	Circumferential soft tissue defects at the fracture site	B
c.	Minimal cortical contact after fracture reduction	C
d.	Axillary artery disruption at the time of injury	D
e.	Fractures that were plated with a fracture gap	E

13. In the surgical technique described for treatment of humerus non-unions, what was the *primary indication* for using demineralised bone matrix (DBM)?

a.	To stimulate biological healing	A
b.	To provide a structural scaffold for bone growth	B
c.	To fill large voids resulting from previous failed fixation	C
d.	To facilitate delivery of local antibiotics in cases of infection	D
e.	To enhance interfragmentary compression	E

14. According to the text, which of the following statements regarding vitamin D are *true*?

a.	Metabolic or endocrine abnormalities are seldom related to fracture non-unions	A
b.	Vitamin D deficiency is seen in 25–35% of the general population	B
c.	Nearly 90% of the cohort in this study was found to have low vitamin D levels	C
d.	Vitamin D deficiency has been proven to be a risk factor for delayed fracture healing	D
e.	Low serum vitamin D is a contraindication to proceed with surgical treatment of humeral non-unions	E

Development of an NSAID decision tool for perioperative pain management in adult orthopaedic patients: a modified Delphi study (Plenge U, Laubscher M, Nortje MB, Maqungo S, Hilton T, Dunn R, Roche SJL, Nejthardt MB, de Vaal A, Eickhoff S, Coetzee E, Porrill OS, Pelaez LFM, Louw VJ, Hodkinson B, Setshedi M, Raubenheimer PJ, Wearne N, Chin A, Parker R, Biccard BM)

15. A 58-year-old woman with mild, well-controlled asthma reports wheezing and nasal congestion after taking ibuprofen and aspirin. She is scheduled for elective total hip arthroplasty, and the team is planning a multimodal analgesic regimen. Which of the following *best describes* the appropriate use of NSAIDs in this setting?

a.	Prescribe a non-selective NSAID such as diclofenac, with proton pump inhibitor protection	A
b.	Prescribe a selective COX-2 inhibitor, such as celecoxib, as part of the analgesic plan	B
c.	Avoid all NSAIDs and use opioids exclusively	C
d.	Trial aspirin preoperatively to assess tolerance	D
e.	Avoid all agents affecting prostaglandin metabolism, including paracetamol and COX-2 inhibitors	E

16. A 35-year-old ASA 1 patient undergoes internal fixation of a scaphoid fracture. The surgical team is concerned about potential delayed union due to NSAID use postoperatively. According to current expert consensus and available evidence, what is the *most appropriate* approach to analgesia in this context?

a.	Avoid all NSAIDs completely, as any duration poses a high risk of non-union	A
b.	Prescribe NSAIDs freely, as they enhance bone healing	B
c.	Prescribe a short course of NSAIDs postoperatively, as they are unlikely to impair union	C
d.	Delay NSAID administration until radiological union is confirmed	D
e.	Prescribe NSAIDs for at least three weeks to maintain effective inflammation control	E

17. A 69-year-old male with stage 3 chronic kidney disease (eGFR 48 ml/min/1.73m²) is scheduled for elective total hip arthroplasty. The anaesthesia team considers including ibuprofen as part of a multimodal postoperative analgesic regimen. According to the perioperative NSAID treatment algorithm, what is the *most appropriate* approach to NSAID use in this patient?

a.	Prescribe non-selective NSAIDs with a PPI for renal protection	A
b.	Prescribe a short course of selective COX-2 inhibitors to reduce nephrotoxicity	B
c.	Avoid NSAIDs entirely due to increased risk of renal adverse events	C
d.	Prescribe NSAIDs only after resumption of oral intake	D
e.	Delay NSAID initiation until renal function improves postoperatively	E

Current concepts in thrower's shoulder: a South African perspective (Gray J, Dutton M, Roche SJL, Rajah L, du Plessis J-P, Anley C)

18. Which one of the following statements is *not true* in the thrower's paradox?

a.	The posterior capsule is stretched	A
b.	A reduced cam effect	B
c.	There is an internal rotation deficit (GIRD) of 20°	C
d.	The glenohumeral contact point is changed to a posterosuperior position	D
e.	The anterior capsule is lengthened	E

19. Which statement regarding musculoskeletal profiles in throwers is *false*?

a.	An increased external range (ER) range of movement (ROM) of the dominant shoulder has been associated with lower loads on the shoulder and elbow when pitching	A
b.	Cricketers do not have an external range gain (ERG), have a greater reduction in internal range (IR) ROM compared to baseball pitchers, and have a reduced total rotational ROM	B
c.	Water polo players present consistently with a dominant internal rotation gain (IRG)	C
d.	Water polo players present with a dominant ERG	D
e.	Elite cricketers demonstrated a more downwardly rotated scapula at rest until 90° abduction, which contrasts with other overhead athletes who demonstrated an increased upward scapula rotation (USR) at these angles	E

20. Which of the following statements is *false* regarding the cricketing shoulder?

a.	Absence of an external rotation gain may increase risk of injury	A
b.	Rotator cuff weakness puts the cricketing shoulder at risk	B
c.	The cricketing shoulder is subject to an anterosuperior to posteroinferior force rather than a posterosuperior directed force	C
d.	Cricketers throw with less shoulder external rotation than baseball pitchers	D
e.	When throwing with a run-up approach there is double the forces on the shoulder	E