

CPD QUESTIONNAIRE. MAY 2026 VOL 25 NO 2

Infection prevention in shoulder arthroplasty: current practices among South African orthopaedic surgeons (Kriel R, Mann TN, Anley C, de Beer JF)

1. According to the cited meta-analysis, how long should one wait between an intra-articular steroid injection and performing shoulder arthroplasty in order to reduce the risk of periprosthetic joint infection?

- a. At least 1 month A
- b. At least 3 months B
- c. At least 6 months C
- d. At least 9 months D
- e. At least 12 months E

2. Among respondents, what was the most prevalent preoperative antibiotic regimen prior to shoulder arthroplasty?

- a. Cefazolin only A
- b. Cefazolin and vancomycin B
- c. Vancomycin only C
- d. Cefazolin and clindamycin D
- e. Clindamycin only E

3. Which of the following in-theatre infection prevention measures was *not* practised by the majority (> 50%) of respondents?

- a. Double gloving A
- b. Changing blades after skin incision B
- c. Using a mask with a visor C
- d. Laminar flow D
- e. Changing gloves during the procedure E

Percutaneous radiofrequency ablation as a treatment for chronic back pain: knowledge, attitude and practices of South African spine surgeons (Mann TN, Vorster P, Davis JH)

4. Which of these statements regarding the scientific literature on RFA for chronic back pain is *false*?

- a. There is a lack of multi-site studies A
- b. There is a lack of evidence syntheses B
- c. There is a lack of long-term follow-up C
- d. There is variation in outcome measures D
- e. There is variation in patient selection E

5. Which surgeon characteristic showed the strongest association with conducting RFA in multiple regression analysis?

- a. University of training A
- b. Specialisation B
- c. Being a designated service provider C
- d. Number of surgeries per month D
- e. Full-time private practice E

6. What is the minimum time that respondents waited before repeating RFA at the same spine region?

- a. 3 months A
- b. 6 months B
- c. 9 months C
- d. 12 months D
- e. 18 months E

A retrospective review of adolescent idiopathic scoliosis in a spinal unit in Cape Town, South Africa (Afrika NL, Burger MC, Miseur S)

7. Which of the following best explains the observed progression of curve severity in 18% of patients?

- a. Ineffective surgical techniques A
- b. Delayed initial presentation and prolonged waiting time for surgery B
- c. High rate of postoperative complications C
- d. Overuse of conservative management D
- e. All of the above E

8. Which of the following factors showed a significant association with curve magnitude?

- a. Length of hospital stay A
- b. Blood transfusion requirements B
- c. Number of vertebral levels fused C
- d. Patient age D
- e. Patient gender E

Functional outcomes of patients with direct vs indirect fixation of tibial plateau fractures with posterior column involvement (Falabella NR, Esperón R, Valdivia C, Bobadilla G, Martínez FA, Cámara F)

9. What is the main clinical implication of using CT-based three-column assessment according to the study?

- a. It replaces the need for surgery A
- b. It determines postoperative rehabilitation only B
- c. It helps tailor the surgical approach and fixation strategy C
- d. It predicts infection risk D
- e. It eliminates complications E

10. Which of the following best explains the biomechanical advantage of posterior buttress plating described in the discussion?

- a. It increases bone density A
- b. It neutralises rotational forces only B
- c. It converts shear forces into compressive forces C
- d. It reduces surgical exposure D
- e. It eliminates need for fixation E

11. A 52-year-old patient treated with indirect fixation via an anterolateral approach returns for follow-up. Based on the study findings, which complication is he at relatively higher risk of compared to patients treated with direct posterior fixation?

- a. Neurovascular injury A
- b. Deep infection B
- c. Early post-traumatic osteoarthritis C
- d. Implant failure D
- e. Sepsis E

Diagnostic discordance between MRI and histology in suspected malignant transformation of osteochondromas: a retrospective review (Jansen van Rensburg A, Siwicki K, Fúzy EJ, Venter RG, Ferreira N)

12. Which imaging modality is most useful for assessing malignant transformation using cartilage cap assessment?

- a. CT A
- b. MRI B
- c. Plain radiography C
- d. Bone scan D
- e. Ultrasound E

13. In an adult patient, which cartilage cap thickness on imaging modality is generally considered concerning for malignant transformation of an osteochondroma?

- a. > 5 mm A
- b. > 1 cm B
- c. > 10.5 mm C
- d. > 20 mm D
- e. > 3 mm E

14. Which of the following statements regarding the risk of malignant transformation is most accurate?

- a. Solitary osteochondromas have a malignant transformation risk of approximately 20% A
- b. Multiple hereditary exostoses carry a lower malignant transformation risk than solitary osteochondroma B
- c. Malignant transformation is most common before age 10 years C
- d. Solitary osteochondromas have a low risk (1–2%), while multiple hereditary exostoses has a higher risk (3–5%) D
- e. All symptomatic osteochondromas should be assumed malignant E

Susceptibility and molecular characterisation of *Cutibacterium acnes* from patients with bone and joint infection samples in South Africa (Wojno J, Laubscher M, Hilton T, Rebe K, Poole T, Laubscher M, Wolfaardt M, van der Plas H)

15. Which of the following statements regarding *C. acnes* prosthetic joint infection is *incorrect*?

- a. These organisms are commonly disregarded as contaminants A
- b. Choosing a highly bioavailable oral agent with good bone penetration is key to treatment B
- c. Metronidazole is a good oral option for treatment of *C. acnes* prosthetic joint infection C
- d. Rifampicin addition may improve relapse rates; however, data is limited D
- e. Classic polymorphonuclear infiltration can be absent E

16. Which of the following *C. acnes* sequence-types has been associated with hip, knee and shoulder prosthetic joint infections?

- a. A-E, H and K A
- b. IA1 B
- c. IB and II C
- d. III D
- e. All of the above E

17. Antibiotic options that can be considered when treating *C. acnes* prosthetic joint infection include all of the following *except*?

- a. Polymyxin A
- b. Ceftriaxone B
- c. Linezolid C
- d. Vancomycin D
- e. Moxifloxacin E

Surgical management of the hallux valgus: a current concepts review (Sigodi D, Frank R, Mthethwa PG)

18. Which of the following best describes the pathogenesis of hallux valgus?

- a. Increased vascular supply to the first metatarsal head A
- b. Dysfunction of the windlass mechanism leading to altered MTP joint biomechanics B
- c. Isolated trauma to the fifth metatarsal C
- d. Excessive calcification of the Achilles tendon D
- e. Shortening of the plantar fascia E

19. Which radiographic measurement is considered diagnostic of hallux valgus when it exceeds a certain value?

- a. Intermetatarsal angle greater than 5° A
- b. Hallux valgus angle greater than 10° B
- c. Hallux valgus angle greater than 15° C
- d. Distal metatarsal angle greater than 20° D
- e. Sesamoid angle greater than 25° E

20. What is a key advantage of minimally invasive surgery (MIS) for hallux valgus compared to open techniques?

- a. Reduced pain and faster recovery A
- b. Higher long-term recurrence rates B
- c. Increased soft tissue trauma C
- d. Elimination of all complications D
- e. No need for surgical expertise E

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