

CPD QUESTIONNAIRE. MAY 2022 VOL 21 NO 2

The impact of the Covid-19 lockdown restrictions on orthopaedic trauma admissions in a central academic hospital in Johannesburg (Foster M, Du Plessis J, Jansen van Vuuren M, Jingo M, Pietrzak JRT)

1. Where was this retrospective review conducted?

- a. Durban A
- b. Cape Town B
- c. Pretoria C
- d. Johannesburg D
- e. Stellenbosch E

2. What was the decrease in trauma admissions between 2019 and 2020?

- a. 55% A
- b. 10% B
- c. 25% C
- d. 68% D
- e. 5% E

3. What percentage of Covid-19 tests were positive in patients once mandatory testing began?

- a. 30% A
- b. 10% B
- c. 2% C
- d. 22% D
- e. 45% E

Comparing outcomes between enhanced recovery after surgery and traditional protocols in total knee arthroplasty: a retrospective cohort study (Beukes JE, Immelman RJ, Venter JH, Janse van Rensburg C, Ngcelwane MV, De Vos JN)

4. Enhanced recovery after surgery (ERAS) protocols contain which of the following interventions:

- a. Preoperative A
- b. Intraoperative B
- c. Postoperative C
- d. a and b D
- e. a, b and c E

5. The following forms part of the ERAS protocol except:

- a. Full diet day 0 postoperative A
- b. Mobilisation out of room day 0 B
- c. Benzodiazepine sedative C
- d. Clear fluids up to 2 hours preoperative D
- e. Standard ward postoperative E

6. ERAS is associated with:

- a. Increased readmission rate A
- b. Increased complication rate B

- c. General anaesthesia C
- d. Increased reoperation rate D
- e. Decreased length of stay E

Splints and immobilisation approaches used for second to fifth metacarpal fractures: a systematic review (Keller MM, Barnes RY, Brandt C, Hepworth LM)

7. According to the highest level of evidence sourced in the article, fifth metacarpal neck (boxer's) fractures with $\leq 70^\circ$ of angulation and no rotational deformities are best immobilised with which of the following?

- a. U-shaped gutter splint A
- b. Hand-based palmar splint B
- c. Plaster of Paris cast C
- d. Soft wrap and buddy strapping D
- e. Palmar wrist extension splint E

8. Select the complication following prolonged and incorrect immobilisation of extra-articular neck or shaft of fifth metacarpal fractures:

- a. Itchiness A
- b. Pressure sores B
- c. Pain C
- d. Neuropraxia D
- e. b and e E

9. Select the outcome measures/assessments most frequently used for monitoring management for individuals who sustained second to fifth metacarpal fractures:

- a. Pinch strength A
- b. Joint range of motion B
- c. DASH/QuickDASH C
- d. Sensation D
- e. b and c E

Orthopaedic research in Zimbabwe: a seminal bibliometric analysis (Sibindi C, Mageza A, Socci A)

10. In this bibliometric analysis of research in Zimbabwe, what nature of research collaboration was seen to yield the most productivity and is suggested for more productivity?

- a. Established Zimbabwe-based researcher working with HIC researcher A
- b. HIC/LIC-based graduate student working with mentor in HIC B
- c. Established Zimbabwe-based researcher working with LIC researcher C
- d. External researchers working in Zimbabwe D
- e. All of the above E

11. Within Zimbabwean orthopaedic surgery research, what is a key distinction in the trend of research foci compared to other low- and middle-income countries (LMICs)?

- | | |
|--|---|
| a. Trauma has the highest focus of research | A |
| b. Paediatric clubfoot is a distinguished research focus | B |
| c. All research foci seem to be equally represented | C |
| d. HIV-related orthopaedic pathology dominates as a consequence of the HIV/AIDS pandemic | D |
| e. The Zimbabwean trends follow other LMIC trends with no distinction | E |

12. Looking at this study, what, if any, is an inherent limitation of bibliometric analysis methodology?

- | | |
|--|---|
| a. In a bibliography with a limited number of papers, there is severe distortion of the output limiting utility | A |
| b. For a bibliography with papers spread over an extended time period, there is incoherence of output | B |
| c. No limitation of bibliometric analysis methodology is highlighted in this paper | C |
| d. Bibliometric analysis is better carried out on bibliography containing publications of a higher level of evidence | D |
| e. All of the above | E |

Modular prosthetic reconstruction for primary bone tumours of the distal tibia in ten patients (Mugla W, Bauer HCF, Vogel J, Hosking KV, Campbell N, Hilton TL)

13. Which study has the biggest number of patients who had a distal tibial replacement?

- | | |
|---------------------|---|
| a. Shekkeris et al. | A |
| b. Lee et al. | B |
| c. Natarajan et al. | C |
| d. Abudu et al. | D |
| e. This study | E |

14. What is the functional outcome MSTS of this study?

- | | |
|--------|---|
| a. 90% | A |
| b. 80% | B |
| c. 50% | C |
| d. 20% | D |
| e. 63% | E |

15. What was the amputation rate of this study?

- | | |
|--------|---|
| a. 10% | A |
| b. 20% | B |
| c. 30% | C |
| d. 33% | D |
| e. 5% | E |

Current concepts on the assessment of a patient with a traumatic anterior shoulder dislocation (Kauta NJ, Du Plessis JP, De Wet JJ, Vrettos B, Roche SJL)

16. Which one of the following statements is true with regard to recurrent traumatic anterior shoulder dislocation?

- | | |
|---|---|
| a. A rotator cuff tear is almost always present in patients younger than 40 years of age | A |
| b. This is a common challenge in patients older than 30 years of age | B |
| c. An off-track Hill–Sachs lesion is associated with a recurrence rate of more than 90% in anterior shoulder dislocation | C |
| d. Anteroinferior glenoid bone loss will not predispose to recurrent dislocation if the humeral head is intact | D |
| e. Age younger than 30 years at the initial dislocation is the single most important predisposing factor to recurrent dislocation | E |

17. The clinical significance of a positive Walsh sign (or test) is best described by:

- | | |
|---|---|
| a. External rotation more than 90° and higher risk of shoulder instability | A |
| b. Internal rotation of more than 90° and higher risk of shoulder instability | B |
| c. Abduction of more than 90° and higher risk of shoulder instability | C |
| d. Forward flexion of more than 90° and higher risk of shoulder instability | D |
| e. Internal rotation of more than 90° and lower risk of shoulder instability | E |

18. The currently recommended imaging modality for glenoid bone loss measurement is:

- | | |
|------------------------------|---|
| a. Axial CT scan | A |
| b. Coronal CT scan | B |
| c. 3D CT scan (en face view) | C |
| d. Axial MRI scan | D |
| e. Coronal MRI scan | E |

Mega-OATS of the knee without specialised instrumentation: a low-cost option for large cartilage defects in a resource-restrained environment (Le Roux J, Von Bormann R, Braun S, Imhoff AB, Held M)

19. Recommended treatment options for a large cartilage lesion in the knee in a young patient is:

- | | |
|--|---|
| a. Microfracture | A |
| b. Arthroplasty | B |
| c. Osteochondral autograft transplantation (OATS) | C |
| d. Fresh osteochondral allograft transplantation (OCA) | D |
| e. Intra-articular local anaesthetic and steroid injection | E |

20. The traditional Mega-OATS technique requires:

- | | |
|--|---|
| a. Donor hamstrings tendon | A |
| b. Donor allograft cartilage | B |
| c. Donor autograft cartilage from the contralateral knee | C |
| d. A specialised workbench | D |
| e. Autologous chondrocyte culture in a laboratory | E |

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