

CPD QUESTIONNAIRE. NOVEMBER 2024 VOL 23 NO 4

Emergent closed reduction of cervical facet dislocations: effect of a standardised protocol and purpose-built table on time to reduction (Badenhorst DHS, Potgieter M, Klopfenstein A, Mann TN, Davis JH)

1. If a patient sustained a spinal cord injury with complete neurology, they would be classified as the following according to the ASIA score:

- | | |
|------------|---|
| a. Grade A | A |
| b. Grade B | B |
| c. Grade C | C |
| d. Grade D | D |
| e. Grade E | E |

2. Maintenance traction with initial immobilisation in Cones callipers is calculated in the following way:

- | | |
|---|---|
| a. 2.5 kg (head) + 0.5 kg (per level above the injury) | A |
| b. 2 kg (head) + 1 kg (each level above the injury) | B |
| c. 2.5 kg (head) + 0.5 kg (to one level below the injury) | C |
| d. 3 kg (head) + 1 kg | D |
| e. 5 kg on average for all injuries | E |

3. What intervention determines the best possible outcome with someone sustaining a cord injury due to facet dislocation?

- | | |
|--|---|
| a. Early antibiotics | A |
| b. Early steroids | B |
| c. Early reduction of the facet dislocation | C |
| d. Keeping vitals stable | D |
| e. The injury is severe and nothing would change the outcome | E |

4. Secondary spinal cord injury may be exacerbated by the following, except:

- | | |
|--|---|
| a. Hypovolemic shock – emphasis the importance of ATLS | A |
| b. Neurogenic shock – emphasis on the importance of distinguishing neurogenic from other forms of distributive shock | B |
| c. Ongoing spinal cord compression – emphasis on the importance of early decompression | C |
| d. Age of the patient – elderly patients are more likely to have cardiovascular impairment, smaller diameter spinal canal due to osteophytes | D |
| e. Spinal shock – emphasis on the importance of distinguishing the pathophysiology of spinal and neurogenic shock | E |

Adolescent idiopathic scoliosis: shoulder balance and SRS-22 patient-reported outcome (Noconjo L, Kimani MM, Dunn RN)

5. Scoliosis correction surgery improves the SRS-22 patient-reported outcome in the following domains:

- | | |
|---------------------------------|---|
| a. Function | A |
| b. Pain | B |
| c. Mental health and self-image | C |
| d. Pain and self-image | D |
| e. Function and mental health | E |

6. The most common adolescent idiopathic curve type in this South African cohort is:

- | | |
|--|---|
| a. Main thoracic only | A |
| b. Main thoracic and proximal thoracic | B |
| c. Triple major | C |
| d. Lumbar | D |
| e. Double major | E |

7. In adolescent idiopathic scoliosis, the following radiographic measurement was associated with the SRS-22 patient-reported outcome:

- | | |
|--|---|
| a. Shoulder height difference of more than 20 mm | A |
| b. Cobb angle | B |
| c. T1 tilt > 10 degrees | C |
| d. Clavicle angle | D |
| e. Curve flexibility | E |

8. When comparing anterior and posterior surgery in adolescent idiopathic scoliosis:

- | | |
|--|---|
| a. There is a significant timesaving with anterior surgery | A |
| b. Anterior is often utilised in Lenke 1 curves | B |
| c. Correction is about the same as the bend views | C |
| d. Anterior surgery has a much lower blood loss with a better correction index | D |
| e. Posterior has a better correction index | E |

The cost of convenience: initial costs to the state healthcare system of orthopaedic injuries in uninsured delivery motorcyclists in Cape Town (Ward JM, Klopper SW, Louw F, Schmieschek M)

9. Which is the predominant app used by injured motorcycle delivery drivers in Cape Town?

- | | |
|------------------------------------|---|
| a. Bolt | A |
| b. Mr D | B |
| c. Uber | C |
| d. Debonairs | D |
| e. Predominantly formally employed | E |

10. What is the estimated median cost to state of initial orthopaedic treatment in injured delivery drivers in Cape Town?

- | | |
|--------------|---|
| a. R10 000 | A |
| b. R20 000 | B |
| c. R30 000 | C |
| d. R40 000 | D |
| e. > R50 000 | E |

11. What is the estimated increase in risk (odds ratio) for being involved in a safety critical event such as a crash, near crash or unintentional crossing of a solid lane line when looking at a phone while driving?

- | | |
|---------|---|
| a. 2 | A |
| b. 5 | B |
| c. 10 | C |
| d. > 20 | D |
| e. > 30 | E |

12. What percentage of the injured delivery drivers captured by the study were South African nationals?	
a. 0	A
b. 20	B
c. 50	C
d. 80	D
e. 100	E

Patient-perceived barriers and facilitators to full weight-bearing with a lower-extremity circular external fixator: a qualitative study (Crouse MD, Lord S, Keller MM)

13. What was the primary aim of the study discussed in the article?	
a. To compare the effectiveness of different surgical interventions	A
b. To explore barriers and facilitators to early weight-bearing in patients with circular external fixators	B
c. To analyse patient demographics and their impact on recovery	C
d. To investigate the long-term outcomes of circular external fixators	D
e. To teach patients to fully weight-bear with a circular external fixator	E

14. Which of the following factors was identified as the largest influence on weight-bearing ability in patients with circular external fixators?	
a. Age of the patient	A
b. Type of injury	B
c. Financial pressures	C
d. Pain management	D
e. Number of previous procedures	E

15. According to the findings, what role does patient education play in the rehabilitation of individuals with circular external fixators?	
a. It is crucial for understanding postoperative care and preventing complications	A
b. It has no significant impact on recovery	B
c. It primarily addresses financial concerns related to treatment	C
d. It is only necessary for younger patients	D
e. Not all patients need to be educated	E

16. What psychological factors were highlighted as barriers to weight-bearing for patients with circular external fixators?	
a. Improved mental strength	A
b. Fear of falling and anxiety	B
c. Trust in healthcare professionals	C
d. Desire to return to work	D
e. Optimism about the current procedure	E

Advancements in venous thromboembolism prophylaxis strategies for total hip arthroplasty: a comprehensive narrative review (Geldenhuys DB, Almeida RP, Ndindwa B, Sikhauli N, Goga N, Pietrzak JRT)

17. Which of the following factors most directly contributes to venous stasis during total hip arthroplasty (THA)?	
a. Inflammatory reactions releasing prothrombotic mediators	A
b. Intraoperative manipulation of the lower limb causing femoral vein obstruction	B
c. Use of bone cement increasing hypercoagulability	C
d. Soft tissue handling and dissection causing endothelial damage	D
e. Postoperative hypercoagulable state due to tissue trauma	E

18. Which of the following patient-specific factors is most strongly associated with an increased risk of venous thromboembolism (VTE) following total hip arthroplasty (THA)?	
a. Male sex	A
b. Younger age (< 40 years)	B
c. BMI < 18.5 kg/m ²	C
d. History of previous VTE	D
e. ASA status of I (healthy)	E

19. Which of the following surgical factors is most likely to increase the risk of venous thromboembolism (VTE) in patients undergoing total hip arthroplasty (THA)?	
a. Use of regional anaesthesia	A
b. Uncemented prosthesis	B
c. Short operative time (< 2 hours)	C
d. Cemented prosthesis	D
e. Direct anterior approach (DAA)	E

20. Which of the following is the most widely used and validated risk assessment model (RAM) for venous thromboembolism (VTE) in patients undergoing total hip arthroplasty (THA)?	
a. Geneva Score	A
b. Caprini Score	B
c. Padua Prediction Score	C
d. Wells Score	D
e. HAS-BLED Score	E

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