

CPD QUESTIONNAIRE. AUGUST 2024 VOL 23 NO 3

The prevalence of malnutrition in patients requiring total joint arthroplasty in a South African tertiary hospital (Almeida RP, Mokete L, Sikhauli N, Cakic J, Pietrzak JRT)

1. It is estimated that 60% of all future revision surgery for total joint arthroplasty will be due to:

- | | |
|-----------------------------------|---|
| a. Implant failure | A |
| b. Aseptic loosening | B |
| c. Instability | C |
| d. Periprosthetic joint infection | D |
| e. Periprosthetic fracture | E |

2. The most commonly used markers for assessment of malnutrition includes all, except:

- | | |
|----------------|---|
| a. BMI | A |
| b. TLC | B |
| c. Albumin | C |
| d. Transferrin | D |
| e. Haemoglobin | E |

3. The prevalence of malnutrition reported in this cohort of patients requiring total joint arthroplasty using albumin and transferrin was:

- | | |
|--------|---|
| a. 6% | A |
| b. 7% | B |
| c. 9% | C |
| d. 11% | D |
| e. 12% | E |

4. In this cohort of patients requiring total joint arthroplasty, the risk factors associated with increased odds ratios for malnutrition include all, except:

- | | |
|--|---|
| a. Fractured neck of femur | A |
| b. Age > 55 years | B |
| c. HIV infection with CD4 < 350 cells/UI | C |
| d. Haemoglobin < 12 g/dl | D |
| e. History of malignancy | E |

Radiographic and clinical outcomes in adolescent idiopathic scoliosis corrective fusion surgery: a one-year follow-up (Blankson BH, Noconjo L, Dunn RN)

5. Which domain subgroup of the SRS score achieved the most improvement?

- | | |
|------------------|---|
| a. Pain | A |
| b. Function | B |
| c. Self-image | C |
| d. Satisfaction | D |
| e. Mental health | E |

6. The MCID refers to:

- | | |
|---|---|
| a. The greatest change in patient-reported outcome measures (PROM) considered relevant to the patient | A |
| b. Any change unlikely due to chance | B |
| c. The smallest change in PROM considered relevant to the patient | C |
| d. The threshold value for the smallest change in a PROM that is considered relevant to the patient | D |
| e. Any change that is both clinically and statistically relevant | E |

7. Which of these best describes an adolescent idiopathic scoliosis (AIS) curve?

- | | |
|--|---|
| a. A 5-year-old patient with scoliosis with no attributable cause | A |
| b. A 10-year-old patient with scoliosis with a significant history of developmental delay | B |
| c. A 12-year-old patient with scoliosis and noted to have multiple café au lait patches and axillary freckling | C |
| d. A 13-year-old patient with scoliosis with a Beighton score < 4 | D |
| e. A 13-year-old patient with scoliosis with a midline sacral dimple and myelopathic | E |

8. What is the definition of a non-structural curve?

- | | |
|--|---|
| a. A curve that bends below 30° on the postoperative views | A |
| b. A curve that bends below 30° on the bending views | B |
| c. A curve that bends below 25° on the traction view | C |
| d. A curve that bends below 25° on the postoperative views | D |
| e. A curve that bends below 25° on the bending views | E |

Closed intra-articular tibial plafond fractures managed with circular external fixation: clinical outcomes at a South African tertiary hospital (Reddy D, Rajpaul J, Kubicek JG)

9. Circular external fixation (CEF) results in predictably high union rates due to:

- | | |
|---|---|
| a. Low infection rates and less chance of septic non-union | A |
| b. Patients are more compliant and follow up more often | B |
| c. The fracture is controlled in three planes of motion with increased stability | C |
| d. Fractures treated with this treatment method are low energy and less complex | D |
| e. Patients do not mobilise on the affected limb for a long time, allowing the fracture to heal | E |

10. Post-traumatic arthritis is often seen as:

- | | |
|---|---|
| a. Increased metalware causes more damage to the articular surface | A |
| b. A high energy mechanism of injury causing significant initial articular damage | B |
| c. Prolonged immobilisation and non-weight bearing are important associated factors | C |
| d. Most patients are predisposed to post-traumatic arthritis as they are smokers | D |
| e. No reduction of the articular surface is performed with the use of CEF | E |

11. Acceptable limb and fracture alignment can be achieved with CEF as:

- | | |
|--|---|
| a. The initial surgery is highly invasive to ensure accurate reduction | A |
| b. Polytrauma patients are splinted early, and this ensures good alignment | B |
| c. CEF is often augmented with the use of distal tibial plates to ensure accurate reduction | C |
| d. Percutaneous initial reduction and the use of a software program for secondary correction improves radiological alignment | D |
| e. Most fractures are low velocity, minimally displaced and no initial reduction is required | E |

12. Pin site sepsis is a commonly seen complication. Which of the following is true?	
a. Checketts-Otterburn is a reliable classification system used to differentiate between acute and chronic pin site sepsis	A
b. Superficial infections are best treated with early surgical debridement	B
c. Most pin site infections require removal of the frame and conversion to a mono-lateral external fixator device	C
d. Regular pin site cleaning has no effect on the rate of pin site sepsis	D
e. Deep infection rates are low but often require surgical debridement	E

Microbiology of unresolved bone infection: is it recurrence or recalcitrance? (Jansen van Rensburg A, Tsang STJ, Venter RG, Epstein GZ, Ferreira N)

13. What was the most common isolated microorganism at both index and revised infection eradication surgery in this series?	
a. <i>Pseudomonas aeruginosa</i>	A
b. <i>Staphylococcus epidermidis</i>	B
c. <i>Staphylococcus aureus</i>	C
d. <i>Enterobacter cloacae</i>	D
e. <i>Morganella morganii</i>	E
14. There is a higher probability of encountering different species of microorganisms at secondary surgery as opposed to the recurrence of similar species. The probability of encountering different species in this series was calculated at?	
a. 73%	A
b. 35%	B
c. 27%	C
d. 45%	D
e. 55%	E
15. In this series, 'recalcitrance' was defined as?	
a. A change in the isolated pathogen profile at the time of secondary surgery	A
b. The persistence of the same species of pathogen at the time of secondary surgery	B
c. Most commonly isolated pathogen at secondary surgery	C
d. Bone infection with associated bone necrosis for a minimum duration of ten days	D
e. The persistence or re-emergence of confirmatory or suggestive signs of bone infection	E
16. Which statement is correct?	
a. International literature reports a common trend of microorganism recurrence in unresolved bone infection	A
b. There is a discordance noted between microorganisms isolated at index eradication surgery and microorganisms isolated at secondary eradication surgery	B
c. There is a narrow range of microorganisms involved in unresolved bone infection	C
d. The literature provides conclusive evidence of resistance associated with prolonged exposure to antimicrobials in bone infection	D
e. The pathophysiology of recalcitrance of bone infection is not well described, as most literature focuses on the pathophysiology of recurrence of bone infection	E

Current concepts: approach to spondylolysis (Dunn RN)

17. The expected rate of symptom resolution with nonoperative management of paediatric lumbar spondylolysis is:	
a. 10%	A
b. 25%	B
c. 50%	C
d. 75%	D
e. 90%	E
18. The incidence of lumbar spondylosis in children is:	
a. 1.5%	A
b. 4–6%	B
c. 15%	C
d. 20%	D
e. 30%	E
19. Surgery for spondylolysis:	
a. Has a better outcome than nonoperative care	A
b. Should be offered in fast bowlers	B
c. Guarantees return to previous competitive sporting level	C
d. Involves pars debridement, autogenous grafting and screw fixation	D
e. Requires navigation and neural monitoring	E
20. The aetiology of lumbar spondylosis is due to:	
a. Congenital anomaly	A
b. Repetitive flexion and rotation activity	B
c. Lumbar imbrication of facets	C
d. Ventral tensile stress from dorsal impingement force	D
e. Osteoclastic hyperactivity	E

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