

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201604A)

	True	False
1. Plantar fasciitis is the most common cause of plantar heel pain and can be managed effectively in the outpatient setting.	<input type="checkbox"/>	<input type="checkbox"/>
2. Plantar fasciitis is an inflammatory process involving the plantar aponeurosis.	<input type="checkbox"/>	<input type="checkbox"/>
3. Patients with plantar fasciitis often present with medial plantar heel pain that is worse during the first few steps in the morning.	<input type="checkbox"/>	<input type="checkbox"/>
4. Risk factors for plantar fasciitis include obesity, tight calf muscles, prolonged standing, and sudden increase in running volume and/or intensity.	<input type="checkbox"/>	<input type="checkbox"/>
5. Plantar fasciitis can be diagnosed when heel spurs are seen on lateral radiographs of the foot.	<input type="checkbox"/>	<input type="checkbox"/>
6. Ultrasonography results are deemed abnormal when the thickness of the plantar fascia exceeds 4.0 mm.	<input type="checkbox"/>	<input type="checkbox"/>
7. The mainstay of treatment for plantar fasciitis is largely surgical.	<input type="checkbox"/>	<input type="checkbox"/>
8. The plantar fascia-specific stretch has been shown to be efficacious in treating plantar fasciitis.	<input type="checkbox"/>	<input type="checkbox"/>
9. The isolated Achilles tendon stretch is more effective than the plantar fascia-specific stretch in relieving the pain of plantar fasciitis.	<input type="checkbox"/>	<input type="checkbox"/>
10. Plantar fascia-specific stretches should not be done more than three times a day.	<input type="checkbox"/>	<input type="checkbox"/>
11. The use of dorsiflexion night splints can help to improve plantar fascia pain in as little as four weeks.	<input type="checkbox"/>	<input type="checkbox"/>
12. Orthotics can help to alleviate plantar fasciitis but must be custom-fitted, as prefabricated ones are not effective.	<input type="checkbox"/>	<input type="checkbox"/>
13. Nonsteroidal anti-inflammatory drugs have not been shown to be effective in the treatment of plantar fasciitis.	<input type="checkbox"/>	<input type="checkbox"/>
14. A localised injection of steroids can be effective for short-term relief of pain.	<input type="checkbox"/>	<input type="checkbox"/>
15. Multiple localised injections of steroids can be done for the patient who has recurrence of pain after previous injections, as there are no known adverse effects.	<input type="checkbox"/>	<input type="checkbox"/>
16. Ultrasonography-guided focal extracorporeal shockwave therapy (fESWT) can be used to treat recalcitrant plantar fasciitis.	<input type="checkbox"/>	<input type="checkbox"/>
17. A single session of ultrasonography-guided fESWT is enough to treat recalcitrant plantar fasciitis.	<input type="checkbox"/>	<input type="checkbox"/>
18. Activity modification to reduce repetitive impact should be advised.	<input type="checkbox"/>	<input type="checkbox"/>
19. All sporting activities should cease until the patient is completely asymptomatic.	<input type="checkbox"/>	<input type="checkbox"/>
20. Patients should be allowed to gradually increase their amount of repetitive impact activities 4–6 weeks after they become asymptomatic.	<input type="checkbox"/>	<input type="checkbox"/>

Doctor's particulars:

Name in full : _____
MCR number : _____ Specialty: _____
Email address : _____

SUBMISSION INSTRUCTIONS:

(1) Log on at the SMJ website: <http://www.sma.org.sg/publications/smjcurrentissue.aspx> and select the appropriate set of questions. (2) Provide your name, email address and MCR number. (3) Select your answers and click "Submit".

RESULTS:

(1) Answers will be published in the SMJ June 2016 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 30 May 2016. (3) Passing mark is 60%. No mark will be deducted for incorrect answers. (4) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council. (5) One CME point is awarded for successful candidates.

Deadline for submission: (April 2016 SMJ 3B CME programme): 12 noon, 23 May 2016.