

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME (Code SMJ 201609B)

Question 1. Regarding Haglund’s deformity:

- (a) The condition has a higher incidence in men.
- (b) It usually affects patients who are in their second and third decade of life.
- (c) It consists of a triad of retrocalcaneal bursitis, Achilles tendinosis and posterosuperior calcaneal bony prominence.
- (d) The Haglund’s deformity refers to an inflamed and swollen retrocalcaneal bursa.

True False

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Question 2. Regarding patients with posterior heel pain:

- (a) Patients may report aggravation of symptoms after chronic activity such as long-distance running.
- (b) Tenderness localised to the retrocalcaneal bursa can be elicited with passive plantarflexion.
- (c) Physical examination to exclude a calcaneal stress fracture should be performed.
- (d) Conditions such as reactive arthritis, rheumatoid arthritis and referred pain from lumbosacral radiculitis should be considered in the differential diagnosis.

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Question 3. Regarding evaluation of Haglund’s deformity on radiography and ultrasonography:

- (a) A lateral view, non-weight-bearing ankle radiograph is used for measurement of radiographic parameters.
- (b) There is no single radiographic parameter that can confidently diagnose the condition.
- (c) A curvilinear ultrasound transducer is frequently used for sonographic evaluation of the foot.
- (d) Ultrasonography cannot distinguish cystic masses from solid masses that may mimic the disease.

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Question 4. Regarding evaluation of Haglund’s deformity with magnetic resonance (MR) imaging:

- (a) It is superior in demonstrating the anatomical relationship between the inflamed retrocalcaneal bursa and Achilles tendon.
- (b) It has the added advantage of being able to assess bone marrow for the presence of oedema.
- (c) The visualisation of a retrocalcaneal bursa on MR imaging is always considered abnormal.
- (d) It is superior in the characterisation of masses, abscesses and vascular anomalies.

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Question 5. Regarding management of Haglund’s deformity:

- (a) Surgical therapy is the primary mode of treatment for most patients.
- (b) The main aims of treatment include reducing inflammatory bursitis and relieving tension in the Achilles tendon.
- (c) Percutaneous injection of steroids around the Achilles tendon to relieve tendinopathy is recommended.
- (d) Surgery typically involves excision of Haglund’s deformity.

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Doctor’s particulars:

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

SUBMISSION INSTRUCTIONS:

(1) Visit the SMJ website: <http://www.smj.org.sg/current-issue> 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 online in the SMJ November 2016 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 2 November 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: (September 2016 SMJ 3B CME programme): 12 noon, 26 October 2016.