

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME (Code SMJ 201705B)

**Question 1.** Regarding meniscomeniscal (MM) ligaments of the knee:

- (a) Oblique MM ligaments are named based on their anterior attachment site.
- (b) They are commonly torn in association with meniscal injuries.
- (c) They are attached by fibres to the anterior cruciate ligament.
- (d) They possess signal intensity similar to the meniscus on magnetic resonance (MR) imaging.

True	False
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<input type="checkbox"/>	<input type="checkbox"/>
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**Question 2.** Regarding the double posterior cruciate ligament (PCL) sign:

- (a) It is highly specific for a bucket-handle tear of the labrum.
- (b) It is associated with the congenital presence of two PCLs.
- (c) A potential pitfall is the ligament of Humphry.
- (d) A potential pitfall is the popliteus tendon.

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<input type="checkbox"/>	<input type="checkbox"/>
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**Question 3.** Regarding MM ligaments of the knee:

- (a) There are two variants of the oblique MM ligaments.
- (b) The medial oblique MM ligament is attached to the anterior horn of the medial meniscus and the posterior horn of the lateral meniscus.
- (c) The medial oblique MM ligament is synonymous with the ligament of Humphry.
- (d) The lateral oblique MM ligament is attached to the posterior horn of the medial meniscus and the anterior horn of the lateral meniscus.

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**Question 4.** Regarding MM ligaments of the knee:

- (a) The medial oblique MM ligament is the most common variant.
- (b) Intermeniscal ligaments have high signal intensity on MR imaging.
- (c) Oblique MM ligaments have a combined frequency of 1%–4%.
- (d) The lateral oblique MM ligament is more common than the posterior intermeniscal ligament.

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**Question 5.** Regarding transverse intermeniscal ligaments of the knee:

- (a) Nelson and LaPrade described three different types based on their attachment.
- (b) Nelson and LaPrade described three different types based on their orientation.
- (c) The anterior intermeniscal ligament can be mistaken for a tear in the anterior horn of the lateral meniscus on MR imaging.
- (d) The posterior variant is more common than the anterior variant.

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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 July 2017 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 30 June 2017. (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: (May 2017 SMJ 3B CME programme): 12 noon, 23 June 2017.**