

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201710A)

	True	False
1. As a major weight-bearing joint, the knee is a common site of osteoarthritis (OA).	<input type="checkbox"/>	<input type="checkbox"/>
2. Meniscal tears are a common predisposing injury.	<input type="checkbox"/>	<input type="checkbox"/>
3. Pain on climbing stairs suggests tibiofemoral disease.	<input type="checkbox"/>	<input type="checkbox"/>
4. Knee OA never presents with a joint effusion.	<input type="checkbox"/>	<input type="checkbox"/>
5. Morning stiffness with a duration of more than 30 minutes should prompt consideration of an inflammatory joint disease.	<input type="checkbox"/>	<input type="checkbox"/>
6. Erythrocyte sedimentation rates and C-reactive protein levels may be mildly elevated in knee OA.	<input type="checkbox"/>	<input type="checkbox"/>
7. Radiographic changes are always present in symptomatic knee OA.	<input type="checkbox"/>	<input type="checkbox"/>
8. Radiographs characteristically show symmetrical loss of joint space in primary knee OA.	<input type="checkbox"/>	<input type="checkbox"/>
9. Weight loss can improve symptoms and function in knee OA.	<input type="checkbox"/>	<input type="checkbox"/>
10. Exercise kicks off a vicious cycle of events that worsens the disease and should not be recommended.	<input type="checkbox"/>	<input type="checkbox"/>
11. Quadricep-strengthening exercises should only be performed under the supervision of a physiotherapist.	<input type="checkbox"/>	<input type="checkbox"/>
12. If taken for chronic pain management, nonsteroidal anti-inflammatory drugs (NSAIDs) should be prescribed with a proton-pump inhibitor.	<input type="checkbox"/>	<input type="checkbox"/>
13. Tramadol is added if adequate analgesia is not achieved with paracetamol and NSAIDs.	<input type="checkbox"/>	<input type="checkbox"/>
14. There is strong evidence that glucosamine is an effective treatment for knee OA.	<input type="checkbox"/>	<input type="checkbox"/>
15. There is no role for intra-articular corticosteroid injections in the management of knee OA.	<input type="checkbox"/>	<input type="checkbox"/>
16. Medial patellar taping realigns the patella in the intertrochlear groove and is a useful adjunct in the management of patellofemoral OA.	<input type="checkbox"/>	<input type="checkbox"/>
17. Walking sticks should be used on the patient's symptomatic side.	<input type="checkbox"/>	<input type="checkbox"/>
18. The height of the walking stick should be adjusted to reach the distal palmar crease.	<input type="checkbox"/>	<input type="checkbox"/>
19. Acupuncture is a useful alternative therapy for knee OA.	<input type="checkbox"/>	<input type="checkbox"/>
20. Early consultation with an orthopaedic surgeon is warranted should the patient fail an adequate trial of conservative treatment.	<input type="checkbox"/>	<input type="checkbox"/>

### Doctor's particulars:

Name in full: \_\_\_\_\_ MCR no.: \_\_\_\_\_  
 Specialty: \_\_\_\_\_ Email: \_\_\_\_\_

#### SUBMISSION INSTRUCTIONS:

Visit the SMJ website: <http://www.smj.org.sg/current-issue> and select the appropriate quiz. You will be redirected to the SMA login page.

**For SMA member:** (1) Log in with your username and password (if you do not know your password, please click on 'Forgot your password?'). (2) Select your answers for each quiz and click 'Submit'.

**For non-SMA member:** (1) Create an SMJ CME account, or login with your SMJ CME username and password (for returning users). (2) Make payment of SGD 21.40 (inclusive of 7% GST) via PayPal to access this month's quizzes. (3) Select your answers for each quiz and click 'Submit'.

#### RESULTS:

(1) Answers will be published online in the SMJ December 2017 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 4 December 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: (October 2017 SMJ 3B CME programme): 12 noon, 27 November 2017.**