

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201712A)

	True	False
1. Frozen shoulder is defined as a condition of uncertain aetiology, characterised by significant restriction of both active and passive shoulder motion occurring in the absence of a known intrinsic shoulder disorder.	<input type="checkbox"/>	<input type="checkbox"/>
2. Patients with frozen shoulder typically experience severe pain, which is worse in the day and improves at night.	<input type="checkbox"/>	<input type="checkbox"/>
3. There is higher risk of primary idiopathic frozen shoulder in patients with diabetes mellitus, and it may be the first presentation of a diabetic.	<input type="checkbox"/>	<input type="checkbox"/>
4. Adhesive capsulitis can occur after shoulder injuries or immobilisation (e.g. trauma, rotator cuff tear or shoulder surgery) or with systemic diseases such as thyroid diseases and Parkinson's disease.	<input type="checkbox"/>	<input type="checkbox"/>
5. Frozen shoulder often progresses in two stages: the freezing (painful) and thawing phases.	<input type="checkbox"/>	<input type="checkbox"/>
6. In the freezing stage, which lasts about 1–2 months, there is a gradual onset of diffuse, severe shoulder pain that typically worsens at night.	<input type="checkbox"/>	<input type="checkbox"/>
7. During the thawing stage, the patient experiences a gradual return of range of motion, which takes about 5–26 months to complete.	<input type="checkbox"/>	<input type="checkbox"/>
8. Adhesive capsulitis is often self-limiting, usually resolving in 1–3 years without professional treatment.	<input type="checkbox"/>	<input type="checkbox"/>
9. Frozen shoulder is estimated to affect about 2–5 in 100 persons among the general population, and can be significantly painful and disabling.	<input type="checkbox"/>	<input type="checkbox"/>
10. Frozen shoulder most commonly occurs in those in their sixth to eighth decades of life, and more often in women than men.	<input type="checkbox"/>	<input type="checkbox"/>
11. There are limited management modalities for frozen shoulder in the primary care setting, and these are limited to patient education of its natural history and appropriate anti-inflammatory drugs and analgesia.	<input type="checkbox"/>	<input type="checkbox"/>
12. Doctors should be encouraging and reassure patients that they will definitely regain full range of motion with adequate thawing time.	<input type="checkbox"/>	<input type="checkbox"/>
13. Physical therapy has been shown to increase pain for patients but can speed up the return of functional motion.	<input type="checkbox"/>	<input type="checkbox"/>
14. Pain is often most severe during the freezing phase, and there are no physical therapies targeted at pain relief.	<input type="checkbox"/>	<input type="checkbox"/>
15. A heat or ice pack can be applied as a modality to relieve pain before the start of physical therapy exercises.	<input type="checkbox"/>	<input type="checkbox"/>
16. Aggressive stretching beyond the pain threshold can result in faster recovery and better outcomes, particularly in the early phase of the condition.	<input type="checkbox"/>	<input type="checkbox"/>
17. Strengthening exercises are added at the frozen stage to maintain muscle strength.	<input type="checkbox"/>	<input type="checkbox"/>
18. In the thawing phase, it is crucial to get the shoulder back to normal as quickly as possible by regaining full movement and strength. Strengthening exercises are important, as the shoulder is considerably weakened after a few months of little movement.	<input type="checkbox"/>	<input type="checkbox"/>
19. Referral to a physiotherapist can be made if the patient needs more guidance or fails to improve after the recommended trial of exercises.	<input type="checkbox"/>	<input type="checkbox"/>
20. Patients with calcific tendonitis or acromial bone spur seen on shoulder radiographs need to be referred to an orthopaedics specialist for further evaluation and 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 February 2018 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 29 January 2018.

(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: (December 2017 SMJ 3B CME programme): 12 noon, 22 January 2018.