

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME (Code SMJ 201907B)

Question 1. Regarding the clinical presentation of a patient with ischiofemoral impingement syndrome:

- (a) Lower back pain precludes the diagnosis of ischiofemoral impingement syndrome.
- (b) Patients typically present with hip or groin pain, worsened by movement of the affected hip.
- (c) The majority of patients present with bilateral hip involvement.
- (d) Tender range of motion involving the affected hip is exacerbated by adduction and external rotation.

True False

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Question 2. Regarding the quadratus femoris muscle:

- (a) It is an internal rotator of the hip.
- (b) It arises from the ischial tuberosity and inserts into the quadratus tubercle and the intertrochanteric crest of the femur.
- (c) It is in close relation to the sciatic nerve.
- (d) It is bordered anteriorly by the insertion of the common hamstring tendon.

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Question 3. Regarding the radiological diagnosis of ischiofemoral impingement syndrome:

- (a) Accurate diagnosis can usually be made on plain radiography alone, by detecting reduction in the ischiofemoral distances.
- (b) Subcortical cysts and sclerosis involving the ischial tuberosity and lesser trochanter of the femur are detectable on plain radiographs.
- (c) Magnetic resonance (MR) imaging allows for the detection of muscle oedema.
- (d) Computed tomography is often sufficient for diagnosis.

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Question 4. The following imaging findings may be seen in MR evaluation of a patient with ischiofemoral impingement syndrome:

- (a) Narrowing of the ischiofemoral and/or quadratus femoris space.
- (b) Oedema involving the quadratus femoris muscle.
- (c) Tear or inflammation of the obturator externus muscle.
- (d) Fluid collections or bursa-like formation.

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Question 5. Predisposing conditions for the development of ischiofemoral impingement syndrome include:

- (a) Coxa valga.
- (b) Prior displaced intertrochanteric fracture of the femur.
- (c) Valgus intertrochanteric osteotomy.
- (d) Prior injury resulting in prominence of the greater trochanter.

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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 log in 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 September 2019 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 10 September 2019. (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. (6) SMC credits CME points according to the month of publication of the CME article (i.e. points awarded for a quiz published in the December 2017 issue will be credited for the month of December 2017, even if the deadline is in January 2018).

Deadline for submission (July 2019 SMJ 3B CME programme): 12 noon, 3 September 2019.