SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME
(Code SMJ 201912A)

	True	False
Question 1. Regarding Osgood-Schlatter disease:		
(a) It is a chronic apophysitis of the tibial tubercle.	☐	☐
(b) It is a traction apophysitis involving the inferior pole of the patella.	☐	☐
(c) It is a fracture of the tibial tuberosity.	☐	☐
(d) There is rupture of the patellar tendon.	☐	☐
Question 2. Regarding imaging of the knee:		
(a) The patellar tendon decreases in thickness from its proximal to distal extent.	☐	☐
(b) The patellar tendon typically does not exceed 7 mm in thickness.	☐	☐
(c) On magnetic resonance (MR) imaging, the normal patellar tendon demonstrates heterogeneous signal intensity on T1-weighted, T2-weighted and proton density-weighted images.	☐	☐
(d) On MR imaging, the normal patellar tendon demonstrates low signal intensity on T1-weighted, T2-weighted and proton density-weighted images.	☐	☐
Question 3. Findings of Osgood-Schlatter disease on a radiograph may include:		
(a) Irregularity of the tibial tubercle.	☐	☐
(b) Decreased density of the tibial tubercle.	☐	☐
(c) Fragmentation of the tibial tubercle.	☐	☐
(d) Enlargement of the tibial tubercle.	☐	☐
Question 4. Findings of Osgood-Schlatter disease on MR imaging may include:		
(a) Enlargement of the distal patellar tendon.	☐	☐
(b) Low signal intensity heterotopic ossification.	☐	☐
(c) Distention of the infrapatellar bursa.	☐	☐
(d) Increased signal on T2-weighted images demonstrating oedema at the tibial tuberosity and tibial epiphysis.	☐	☐
Question 5. The management of Osgood-Schlatter disease includes:		
(a) Corticosteroid injections.	☐	☐
(b) Surgical management when conservative measures fail, after fusion of the proximal tibial growth plate.	☐	☐
(c) Modification of physical activity.	☐	☐
(d) Wearing of a protective pad to prevent trauma to the tibial tubercle.	☐	☐

Doctor's particulars:

Name in full: _____   MCR no.: _____

Specialty: _____   Email: _____