

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

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.

True	False
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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.

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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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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.

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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.

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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.

<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
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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 February 2020 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 7 February 2020. (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 2019 issue will be credited for the month of December 2019, even if the deadline is in January 2020).

Deadline for submission (December 2019 SMJ 3B CME programme): 12 noon, 31 January 2020.