

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME (Code SMJ 202004B)

Question 1. Regarding Baxter's nerve (inferior calcaneal nerve):

- (a) It arises as the first branch of the lateral plantar nerve.
- (b) It is a pure motor nerve.
- (c) It provides motor innervation to the abductor digiti minimi.
- (d) It gives off branches to the calcaneal periosteum.

True False

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Question 2. Regarding the clinical features of Baxter's neuropathy:

- (a) It is a compressive neuropathy.
- (b) It presents clinically as recalcitrant heel pain together with motor impairment of the abductor digiti minimi.
- (c) The clinical features do not overlap with those of plantar fasciitis.
- (d) It is estimated to involve 5% of patients suffering from chronic heel pain.

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Question 3. Regarding magnetic resonance (MR) imaging of Baxter's neuropathy:

- (a) Identifying denervation changes in the abductor digiti minimi is the imaging hallmark of this condition.
- (b) With chronicity, frank muscle atrophy and fatty infiltration develops.
- (c) A fluid-sensitive sequence is ideal to assess for chronic denervation changes.
- (d) An important role of imaging is detecting commonly associated features such as plantar fasciitis, prominent plantar calcaneal spur and hindfoot deformities.

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Question 4. Regarding the management of Baxter's neuropathy:

- (a) The mainstay of treatment consists of conservative measures.
- (b) A majority of patients respond well to conservative measures.
- (c) Operative treatment is reserved for symptoms that have failed a minimum of three months of conservative measures.
- (d) Several studies report excellent outcomes following surgical release of Baxter's nerve.

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Question 5. Regarding the differential diagnosis of chronic heel pain:

- (a) Baxter's neuropathy should be considered if symptoms persist for longer than six months without improvement despite conservative treatment.
- (b) Magnetic resonance (MR) imaging or ultrasonography may be employed to confirm the diagnosis of plantar fibromatosis.
- (c) Gout is relatively prevalent locally, and urate deposition in the plantar fascia may account for otherwise unexplained recalcitrant heel pain.
- (d) In tarsal tunnel syndrome, MR imaging facilitates the detection of compressive lesions within the tarsal tunnel.

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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 June 2020 issue.
- (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 9 June 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 March 2020 issue will be credited for the month of March 2020, even if the deadline is in May 2020).

Deadline for submission (April 2020 SMJ 3B CME programme): 12 noon, 2 June 2020.