

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 202010A)

	True	False
1. Knee osteoarthritis (OA) often leads to gradual adaptation to symptoms and can result in functional and psychological problems such as weakness, poor balance, inability to fulfil work or recreational needs, and poor sleep and mood.	<input type="checkbox"/>	<input type="checkbox"/>
2. Many knee OA patients do not receive the appropriate care based on guidelines and are referred for surgery before optimisation of conservative management.	<input type="checkbox"/>	<input type="checkbox"/>
3. The typical knee OA patient is aged > 45 years and has mechanical pain, morning stiffness of more than 30 minutes and functional limitation. There is often crepitus, bony enlargement and restricted range of motion.	<input type="checkbox"/>	<input type="checkbox"/>
4. Red flags or important differential diagnoses for knee OA include young age, effusion, signs of infection, inflammatory arthritides, cancer, fracture, rapid rate of worsening and severe pain.	<input type="checkbox"/>	<input type="checkbox"/>
5. It is acceptable to delay surgery until patients become deconditioned or homebound as rates of revision surgery tend to be higher in younger and more active patients.	<input type="checkbox"/>	<input type="checkbox"/>
6. The most useful strategy in knee OA management is a combination of self-empowerment, weight loss and/or exercise.	<input type="checkbox"/>	<input type="checkbox"/>
7. Patients with poor coping skills or intellectual impairment, those with more severe knee OA, and those on medications or with comorbidities may benefit from more frequent follow-up.	<input type="checkbox"/>	<input type="checkbox"/>
8. 5%–10% weight loss in six months can lead to significant improvements in function and pain.	<input type="checkbox"/>	<input type="checkbox"/>
9. Accompanying issues such as mood, sleep and gait-related problems such as instability do not exacerbate the symptoms and severity of knee OA.	<input type="checkbox"/>	<input type="checkbox"/>
10. Nonsteroidal anti-inflammatory drugs (NSAIDs) do not cause renal impairment, risks of cardiovascular and gastrointestinal tract bleeding, and rise in blood pressure.	<input type="checkbox"/>	<input type="checkbox"/>
11. Several professional organisations recommend prescription of proton pump inhibitor with NSAIDs.	<input type="checkbox"/>	<input type="checkbox"/>
12. NSAIDs should be avoided in patients with chronic kidney disease Stage 3–5 and cardiac disease.	<input type="checkbox"/>	<input type="checkbox"/>
13. Recent evidence shows that paracetamol is effective for OA knee pain but causes a dose-response increase in complications such as liver injury, renal impairment, cardiovascular events, and gastrointestinal perforation, ulceration and bleeding.	<input type="checkbox"/>	<input type="checkbox"/>
14. Opioids offer limited efficacy for OA knees, and there are concerns regarding side effects and dependence.	<input type="checkbox"/>	<input type="checkbox"/>
15. If repeated intra-articular glucocorticoid injections are needed, it is prudent to refer the patient to a specialist.	<input type="checkbox"/>	<input type="checkbox"/>
16. There is scepticism about the clinical benefit of viscosupplementation although the American Medical Society for Sports Medicine released a scientific statement advocating its benefits for well-selected patients.	<input type="checkbox"/>	<input type="checkbox"/>
17. Prosthetic survival rates have improved over the years, ranging from 85% to 90% at 15 years in studies performed on patients aged 55 years or younger with functionally demanding lifestyles.	<input type="checkbox"/>	<input type="checkbox"/>
18. Osteotomies may delay the need for a total knee arthroplasty in a young patient for 5–10 years provided there is lifestyle modification after such surgeries.	<input type="checkbox"/>	<input type="checkbox"/>
19. Physicians should advise and facilitate weight loss and knee muscle strengthening before knee replacement surgery to improve surgical outcomes.	<input type="checkbox"/>	<input type="checkbox"/>
20. Patients cannot start active weight-bearing and range of motion exercises within 24 hours of surgery.	<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 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 December 2020 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 9 December 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 October 2020 issue will be credited for the month of October 2020, even if the deadline is in December 2020).

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