



## The Journal of the American Osteopathic Association

The purpose of this quiz is to provide a convenient means for osteopathic physicians to assess their understanding of the scientific content in the December 2015 issue of *The Journal of the American Osteopathic Association (JAOA)*.

To apply for 2 Category 1-B continuing medical education (CME) credits, AOA members may take this quiz online at <https://www.osteopathic.org/docmeonline>, where this and other JAOA quizzes can be accessed. Quizzes that are completed online will be graded and credited to members' CME activity reports.

Alternatively, osteopathic physicians can complete the quiz below and mail it to the following address by June 30, 2017:

American Osteopathic Association  
Division of CME Policy & Accreditation  
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AOA No. \_\_\_\_\_

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If you mail or fax this form to the Division of CME Policy & Accreditation, the AOA will record the fact that you have submitted this form for Category 1-B CME credit. Osteopathic physicians who are not members of the AOA and who forward hard copies of completed JAOA quizzes to the Division of CME Policy & Accreditation will be charged a fee of \$25 per quiz for staff time to grade the quiz, record the credits, and provide a letter to the osteopathic physician as documentation.

For each of the questions below, place a checkmark in the box provided next to your answer so that you can easily verify your answers against the correct answers, which will be published in the January 2016 issue of the JAOA.

### A National Study of Primary Care Provided by Osteopathic Physicians

John C. Licciardone, DO, MS, MBA

1. The most distinctive aspect of primary care provided by osteopathic physicians was seen in their management of which of the following:
- (a) low back pain
  - (b) neck pain
  - (c) upper respiratory infection
  - (d) hypertension
  - (e) diabetes mellitus

### Femoral Nerve Block vs Periarticular Bupivacaine Liposome Injection After Primary Total Knee Arthroplasty: Effect on Patient Outcomes

Brandon J. Horn, DO;  
Adam Cien, DO, MS;  
N. Peter Reeves, PhD;  
Pramod Pathak, PhD; and  
Charles J. Taunt Jr, DO

2. What is the weight-bearing status of a patient immediately after undergoing total knee arthroplasty?
- (a) non-weight bearing
  - (b) toe-touch weight bearing
  - (c) partial weight bearing
  - (d) full weight bearing

### Utility of Colonoscopy to Exclude Underlying Malignant Polyps After Resolution of Uncomplicated Diverticulitis

Molly Disbrow, MD;  
Amy Foxx-Orenstein, DO;  
and Neera Agrwal, MD

3. A 64-year-old woman presents with sharp, constant abdominal pain of 24 hours' duration focused over the left lower quadrant. Her pain does not radiate and is not associated with eating, bowel movements, or urination. Her medications are metoprolol, aspirin, and ibandronate. On examination, her temperature is 38.1°C. Her abdomen is soft and tender to palpation in the left lower quadrant without guarding or rebound. Bowel sounds are decreased, and no masses are palpated. Laboratory results are normal except for an elevated white blood cell count at 13,000/ $\mu$ L with a left shift. Computed tomography of the abdomen and pelvis shows thickening of the sigmoid colon with stranding of the pericolonic fat. She recovers with supportive care and antibiotics. What treatment should this patient undergo?

- (a) Colonoscopy should be offered approximately 6 weeks after resolution of the episode.
- (b) After an imaging-proven diagnosis, current recommendations do not support routine colonoscopy.
- (c) Computed tomographic colonography should be performed approximately 6 weeks after resolution of the episode.
- (d) Barium enema should be performed approximately 6 weeks after resolution of the episode.

### Posterolateral Corner Knee Injuries: A Review of Anatomy and Clinical Evaluation

Eric W. Schweller, DO,  
and Peter J. Ward, PhD

4. A 24-year-old man presents to the emergency department after an injury sustained during a touch football game. During a tackle his proximal right tibia was pushed posteriorly and laterally by the shoulder of another player. As part of the examination of the knee, the dial test is performed. The patient is asked to lay prone with his knees bent to 90° flexion so that the soles of his feet face the ceiling. His heels are placed together and his legs externally rotated. The same procedure is repeated with the knees flexed at 30°. In both positions, his right foot shows approximately 20° greater external rotation than his left foot. This finding demonstrates injury to which of the following structures:

- (a) anterior cruciate ligament only
- (b) posterior cruciate ligament only
- (c) posterolateral corner structures only
- (d) posterolateral corner structures and anterior cruciate ligament
- (e) posterolateral corner structures and posterior cruciate ligament

5. A 34-year-old woman is transported to the emergency department after a head-on motor vehicle collision. She was in the front passenger seat and was restrained by her seatbelt. However, her left knee

had been resting on the car's dashboard, and the collision pushed the dashboard toward her. During examination of the injured knee, anterior drawer, and posterior drawer test results are negative; however, valgus test is positive at 30° of flexion but not at 0° of flexion. After anesthesia is administered, the patient's toes are lifted from the table while she is lying supine and the leg falls into hyperextension and external rotation. Which of the following structures is likely ruptured:

- (a) fibular collateral ligament only
- (b) fibular collateral ligament and posterolateral corner structures
- (c) posterior cruciate ligament only
- (d) posterior cruciate ligament and posterolateral corner structures
- (e) posterolateral corner structures only

### Implementation of a Resident-Led Osteopathic Manipulative Treatment Clinic in an Allopathic Residency

CPT Blake Busey, DO; CPT Jelaun Newsome, DO; CPT Tyler Raymond, DO, MPH; and MAJ Heather O'Mara, DO

6. The implementation of an osteopathic manipulative treatment (OMT) clinic within the allopathic clinic had which of the following outcomes:

- (a) Residents reported that they were more able to maintain their OMT skills.
- (b) Residents reported that they were less satisfied with their osteopathic education.

- (c) Residents reported that faculty were more supportive of their education than before the intervention.
  - (d) both A and C
7. All of the following survey items garnered more agreement between the preclinic survey to the postclinic survey except:
- (a) The OMT clinic promoted the use of OMT.
  - (b) The OMT clinic helped residents maintain their OMT skills.
  - (c) The OMT clinic increased OMT use.
  - (d) The establishment of an osteopathic curriculum was more important.

### Progressively Worsening Cyclic Rash: Diagnosis and Approach to Care

Angela DeRosa, DO, MBA, CPE;  
Shellee Adams, FNP; and  
Erin Kathleen Fee, OMS IV

8. What is the standard method of diagnosis of autoimmune progesterone dermatitis?

- (a) immunoglobulin E blood levels
- (b) oral progesterone challenge
- (c) progesterone sensitivity injection test
- (d) oral contraceptive pill challenge

## Earn CME Credits Online

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## Answers to the November 2015 JAOA CME Quiz

Discussion answers to JAOA continuing medical education quizzes appear only when authors have included discussions with the quiz questions and answers they must provide to meet the requirement for submission to and publication in the JAOA.

### Feasibility of Using Ultrasonography to Establish Relationships Among Sacral Base Position, Sacral Sulcus Depth, Body Mass Index, and Sex

Michael D. Lockwood, DO;  
Tatyana Kondrashova, MD, PhD;  
and Jane C. Johnson, MA

- (c) In the current study, the sacral base position depended on body mass index.
- (a) Ultrasonography can be most efficiently used to evaluate asymmetry of body landmarks.

### Incidence of Somatic Dysfunction in Healthy Newborns

Erica L. Waddington, DO;  
Karen T. Snider, DO;  
Michael D. Lockwood, DO;  
and Vanessa K. Pazdernik, MS

- (a) In a study of the incidence of somatic dysfunction of the cervical, lumbar, sacral, and cranial regions of newborns, duration of labor was statistically significantly correlated with the total amount of somatic dysfunction identified.

### Pigmented Skin Lesion Biopsies After Computer-Aided Multispectral Digital Skin Lesion Analysis

Richard R. Winkelmann, DO;  
Natalie Tucker, BS; Richard White, MS;  
and Darrell S. Rigel, MD, MS

- (b) Approximately 37% of patients present to their primary care physician with at least 1 skin problem.
- (a) An estimated 7% of pigmented skin lesions biopsied in the United States are found to be positive for melanoma.
- (a) The 5-year survival rate of patients with advanced, metastatic melanoma is less than 10%.
- (b) The "ABCDEs" of melanoma that clinicians look for when evaluating

a suspicious pigmented skin lesion are asymmetry, border irregularity, color variegation, diameter >6 mm, and recent evolution.

### Achilles Tendon Disorders

Sundeep S. Saini, DO;  
Christopher W. Reb, DO;  
Megan Chapter, DO; and  
Joseph N. Daniel, DO

- (d) A 58-year-old male cyclist presents to his primary care physician with the complaint of right posterior heel pain. He states that the pain is worst in the morning on rising. Physical examination reveals swelling and tenderness on palpation over the insertion site of the Achilles tendon. In addition, preliminary radiographs demonstrate a discernible Haglund deformity. The patient's most likely diagnosis is insertional Achilles tendinosis. The classic presentation of a patient with insertional Achilles tendinosis is an active patient aged 50 years or older who has worsening pain after rest and possibly a Haglund deformity.
- (c) Eccentric exercises have been shown to be the best nonoperative approach to midportion noninsertional Achilles tendinosis. These exercises counteract the failed healing response of repetitive trauma by facilitating collagen fiber cross-linking and promoting tendon remodeling.
- (a) A 23-year-old woman presents to her primary care physician with posterior ankle swelling and crepitus. She states that she typically runs 10 miles a day and that the pain has limited her ability to continue this activity. She has had some relief from nonsteroidal anti-inflammatory drugs, but she is concerned about the "sausagelike" mass on the posterior

aspect of her ankle. The patient's most likely diagnosis is paratenonitis. A classic presentation of a patient with paratenonitis is a young long-distance runner with palpable swelling, crepitus, and a sausagelike mass on the Achilles tendon. Nonsteroidal anti-inflammatory drugs have been known to relieve pain in some patients with paratenonitis.

### Learning With Reflection: Practices in an Osteopathic Surgery Clinical Clerkship Through an Online Module

Kadriye O. Lewis, EdD;  
Susan Farber, EdD; Haiqin Chen, PhD;  
and Don N. Peska, DO, MEd

- (c) Sharing vital information with peers in an effort to derive a diagnosis or treatment to produce the best outcome is an example of dialogic reflection, which is a practice of gaining insight through the sharing of knowledge that later directs behaviors. This active exchange between team members differentiates dialogic reflection from content, contextual, or personal reflection.
- (a) Reflective practices enable the application of gained knowledge, skills, and behaviors to medical practice. An example of reflective practice is transformative learning. The conversion of declarative knowledge to procedural knowledge with its subsequent application completes the transformative learning process. Reflective practices provide facility for this transformation irrespective of how knowledge is acquired or constructed.