



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 March 2013 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 <http://www.osteopathic.org/quiz>, 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 September 30, 2014:

American Osteopathic Association
Division of CME
142 E Ontario St
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If you mail or fax this form to the Division of CME, 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 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 April 2013 issue of the JAOA.

Effect of Osteopathic Manipulative Treatment on Incidence of Postoperative Ileus and Hospital Length of Stay in General Surgical Patients

by Gerard A. Baltazar, DO;
Michael P. Betler, DO; Krishna Akella, BA;
Rishi Khatri, MS IV; Regina Asaro, DO;
and Akella Chendrasekhar, MD

- Which of the following modalities has been proven effective for the prevention and management of postoperative ileus:
 - (a) limiting narcotic use
 - (b) early postoperative feeding
 - (c) osteopathic manipulative treatment
 - (d) repletion of electrolytes
 - (e) a, b, and d

- Which of the following is a known effect of osteopathic manipulative treatment in the perioperative period?
 - (a) earlier resumption of regular diet
 - (b) improved hemodynamics
 - (c) accelerated wound healing
 - (d) decreased use of enteral narcotics
 - (e) all of the above

Scoliosis Rates in Symptomatic Patients as Demonstrated With Weight-Bearing or Supine MR Imaging

by Manuel S. Vogt, OMS IV; John W. Gilbert, MD; Robert Windsor, MD; Gregory E. Mick, DO; Gay B. Richardson, MD; Benjamin B. Storey, MD; and Stephanie L. Herder, MD

- Which of the following best describes the vertebra used to calculate the Cobb angle:
 - (a) the least tilted vertebra above and below the apex of the curve
 - (b) the most tilted vertebra at the apex of the curve
 - (c) any random thoracic vertebra
 - (d) the most tilted vertebra above and below the apex of the curve

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- At which Cobb angle is idiopathic scoliosis confirmed?
 - (a) $>10^\circ$
 - (b) $>20^\circ$
 - (c) $>25^\circ$
 - (d) $>40^\circ$

- Dextroscoliosis* is defined as which of the following:
 - (a) convexity to the right and left
 - (b) convexity to the right
 - (c) convexity to the left
 - (d) convexity to neither the right nor the left

Osteopathic Manipulative Treatment for Colonic Inertia

by Adam Cohen-Lewe, DO

- Management of gastrointestinal visceral dysfunction below the diaphragm could include inhibitory pressure on which of the following:
 - (a) T1-T4 vertebrae
 - (b) C5-C9 vertebrae
 - (c) ribs 1-4
 - (d) celiac, superior mesenteric, and inferior mesenteric ganglia
 - (e) somato-somatic reflex
- Sympathetic facilitation from the left half of the colon is associated with somatic dysfunction at which of the following spinal levels:
 - (a) T10-T12
 - (b) T12-L2
 - (c) T8-T10
 - (d) L1-L2

Intestinal Angioedema Induced by Angiotensin-Converting Enzyme Inhibitors: An Underrecognized Cause of Abdominal Pain?

Vedra A. Augenstein, MD;
B. Todd Heniford, MD;
Ronald F. Sing, DO

8. Which of the following is not consistent with a diagnosis of intestinal angioedema induced by angiotensin-converting enzyme inhibitors:
- (a) use of lisinopril
 - (b) peripheral edema
 - (c) ascites
 - (d) abdominal tenderness
 - (e) none of the above

Answers to February 2013 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.

Acceptability of Fluzone Intradermal Vaccine to Patients and Vaccine Administrators

by James E. Foy, DO; Tami Hendriksz, DO; Philip Malouf, MD; and Allison Tobin, OMS III

1. **(a)** The Fluzone Intradermal vaccine is licensed in the United States for persons aged 18 to 64 years.
2. **(b)** The Advisory Committee on Immunization Practices recommends annual immunization for all persons aged 6 months or older.

Sleep Trends of Active-Duty Service Members Referred for Psychiatric Care: A Descriptive Study

by R. Gregory Lande, DO, and Cynthia Gragnani, PhD

3. **(d)** Compared with service members who did not use tobacco products, service members who used tobacco products had 60 minutes less of total sleep time.
4. **(a)** Compared with service members who did not have combat experience, service members who had combat experience reported significantly higher presleep arousal scores.

Insulin Therapy in Type 2 Diabetes Mellitus: A Practical Approach for Primary Care Physicians and Other Health Care Professionals

by James R. LaSalle, DO, and Rachele Berria, MD, PhD

5. **(e)** A patient who weighs 120 kg should be administered a maximum of 120 U/d (1 U/kg/d), at a ratio of 60 U (50%) basal insulin to 60 U (50%) prandial insulin.
6. **(d)** If basal insulin in combination with oral antidiabetics is not enough to achieve target fasting blood glucose and glycated hemoglobin levels for a patient, further treatment options include addition of a dipeptidyl peptidase-4 inhibitor or a glucagon-like peptide-1 receptor agonist to the existing treatment regimen; addition of 1 injection of 3 to 4 U of a rapid-acting insulin analog at the time of the largest meal or the meal with the highest postprandial glucose excursions; and stepwise approach to achieve a full bolus regimen including 3 daily prandial insulin injections.

Predictors of Scoring at Least 600 on COMLEX-USA Level 1: Successful Preparation Strategies

by Aditya Vora, OMS III; Nathan Maltezos, OMS III; Lauren Alfonso, BA; Nilda Hernandez, AA; Erica Calix; and M. Isabel Fernandez, PhD

7. **(d)** An osteopathic medical student can help ensure that he or she does well on the Comprehensive Osteopathic Medical Licensing Examination-USA Level 1 by earning a high Medical College Admission Test score, maintaining a high grade point average in medical school, and starting early to prepare for the examination.

Vacuum-Assisted Closure Therapy for a Complicated, Open, Above-the-Knee Amputation Wound

by Kenneth Richter, DO, and Brent Knudson, DO

8. **(b)** Wound vacuum-assisted closure therapy is safe with open exposed bone.
9. **(e)** Large wounds with exposed bone may become prosthetic-ready with wound vacuum-assisted closure therapy.

Answers to the February 2013 Supplement to the JAOA CME Quiz

1. **(c)** Bariatric surgery is a significant risk factor for osteoporosis.
2. **(a)** A 58-year-old man with celiac disease should be screened for osteoporosis.
3. **(b)** The Fracture Risk Assessment score is expressed in terms of percentage fracture risk for 10 years.
4. **(b)** According to guidelines from the National Osteoporosis Foundation, an increased global osteoporotic fracture risk of 20% constitutes a threshold for treatment initiation.
5. **(b)** The Z score is used for patients to whom the T-score criteria do not apply. The Z score should be used for a 45-year-old premenopausal woman receiving long-term anticonvulsant therapy for epilepsy.
6. **(c)** The average daily dietary intake of calcium is 700 mg.
7. **(d)** Teriparatide has a black box warning concerning an elevated risk of osteosarcoma.
8. **(d)** The mechanism of action of bisphosphonates is to decrease the rate at which bone is resorbed by osteoclasts.
9. **(c)** When monitoring therapy with dual-energy x-ray absorptiometry, stable bone mineral density is the most important criterion for successful treatment.
10. **(a)** Denosumab is associated with less kidney toxic effects than is intravenous bisphosphonates.

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