

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 2012 issue of *JAOA—The Journal of the American Osteopathic Association*.

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, 2013:

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.

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 2012 issue of the *JAOA*.

Use of Computed Tomography in Diagnosing Appendicitis: Redundant, Expensive, Toxic, and Potentially Unnecessary by Samuel Anandan, MD, and Ronald V. Marino, DO, MPH

1. Which of the following is not a criterion in the original pediatric appendicitis score:

- (a) nausea or emesis
- (b) diffuse abdominal pain
- (c) fever (temperature >38°C)
- (d) white blood cell count >10,000/ μ L
- (e) right lower quadrant tenderness

2. For a 5-year-old girl, what is the approximate lifetime risk of radiation-induced cancer from a single abdominal computed tomography scan?

- (a) 1 per 100,000
- (b) 14 per 100,000

- (c) 26 per 100,000
- (d) 42 per 100,000
- (e) 124 per 100,000

Osteopathic Manipulative Medicine for Carpal Tunnel Syndrome by Gilbert Siu, DO, PhD; J. Douglas Jaffe, DO; Maryum Rafique, DO, MA; and Michael M. Weinik, DO, MS

3. The osteopathic manipulative treatment technique for carpal tunnel syndrome that releases the transverse carpal ligament is which of the following:

- (a) interosseous bilateral thumb pressure technique
- (b) high-velocity, low-amplitude technique to the carpal bones
- (c) myofascial wrist retinaculum release
- (d) muscle energy of the wrist flexors and extensors

4. What percentage of conservatively treated patients with carpal tunnel syndrome have their symptoms recur after 1 year?

- (a) 20%
- (b) 40%
- (c) 60%
- (d) 80%

Elevated Factor VIII: An Unfamiliar Risk Factor for Cerebral Venous Thrombosis by Nicole E. Albert, DO; Andrew Y. Hamarich, OMS IV; and Ami Joshi, DO, MBA

5. Which of the following statements is false regarding elevated plasma levels of factor VIII:

- (a) Hyperthyroidism is a potential risk factor.
- (b) African American patients with elevated factor VIII levels have been found to have a higher risk of venous thromboembolism when compared with white patients.
- (c) It is likely an acute phase reactant.
- (d) High plasma factor VIII levels persist over time following a thrombotic event.

6. Which of the following has not been mentioned in the literature as a risk for elevated levels of factor VIII:

- (a) elevated body mass index
- (b) increasing age
- (c) increased von Willebrand factor levels
- (d) hyperglycemia
- (e) liver disease
- (f) non-O blood type groups

7. Plasma factor VIII levels higher than 150 IU/dL are thought to be associated with which of the following:

- (a) fivefold increased risk of cerebral thrombosis
- (b) fivefold increased risk of stroke
- (c) fivefold increased risk of venous thrombosis
- (d) tenfold increased risk of venous thrombosis

(continued)

CME QUIZ/CME QUIZ ANSWERS

8. Which of the following statements is true regarding lifelong anticoagulation in patients who experience a thrombotic event and are found to have elevated factor VIII levels:

- (a) Lifelong anticoagulation should be initiated in these patients.
- (b) Lifelong anticoagulation should definitely not be considered in these patients.
- (c) No anticoagulation should be given.
- (d) The necessity of lifelong anticoagulation is still unclear. ♦

Answers to February 2012 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 sub-

mission to and publication in the *JAOA*.

Graduating Osteopathic Medical Students' Perceptions and Recommendations on the Decision to Take the United States Medical Licensing Examination by Robert T. Hasty, DO; Samuel Snyder, DO; Gabriel P. Suci, MSPH, PhD; and Jaclynn M. Moskow, BPhil, OMS III

1. (c) Most graduating osteopathic medical students recommend that future students take the United States Medical Licensing Examination.

Angioedema in a 47-Year-Old Woman With Hypocomplementemic Urticarial Vasculitis Syndrome by Julie M. Jones, DO; Keith A. Reich, DO; and Deena G. Ravel, DO

2. (c) Lesions of hypocomplementemic urticarial vasculitis syndrome (HUVS) may be pruritic but are usually painful and burning.

3. (d) A 40-year-old woman diagnosed as having HUVS has been treated with prednisone and dapsone for the past 6 months. At her last office visit 4 weeks ago, she was doing well and denied any symptoms of urticaria or angioedema. She presents today with shortness of breath, headache, and cyanosis. Findings from chest radiography were normal, blood drawn for a complete blood cell count and comprehensive metabolic panel appears darker in color, and pulse oximetry is 97% on room air. Complete blood cell count shows a white blood cell count of $13.5 \times 10^9/L$ with increased neutrophils, no bands, and decreased lymphocytes. Other findings include hemoglobin level, 10.9 g/dL; hematocrit, 31%; and platelet count, $254 \times 10^9/L$. Comprehensive metabolic panel findings are normal. The physician should administer supplemental oxygen, discontinue dapsone, and give methylene blue. ♦

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