



## 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 July 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 January 31, 2017:

American Osteopathic Association  
Division of CME  
142 E Ontario St  
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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 August 2015 issue of the JAOA.

### Osteopathic Manipulative Therapy in Women With Postpartum Low Back Pain and Disability: A Pragmatic Randomized Controlled Trial

Florian Schwerla, MSc, DO (Germany);  
Katrin Rother, DO (Germany);  
Denis Rother, DO (Germany);  
Michaela Ruetz, MSc, DO (Germany);  
and Karl-Ludwig Resch, MD, PhD

1. Low back pain (LBP) is a common complaint among women during and after pregnancy. Which of the following patterns of LBP during and after pregnancy are described in the literature?
- (a) pregnancy-related low back pain
  - (b) pregnancy-related pelvic girdle pain
  - (c) lumbopelvic pain
  - (d) pelvic girdle pain
  - (e) lumbar pain
  - (f) all of the above

### Diabetes Mellitus Coding Training for Family Practice Residents

Geraldine N. Urse, DO, MHPEd

2. How many codes are associated with diabetes mellitus in *International Classification of Diseases, Ninth Revision, Clinical Modification*?
- (a) 20
  - (b) 47
  - (c) 132
  - (d) 39
3. The Physician Quality Reporting System was established by the US Centers for Medicare & Medicaid Services (CMS) as:
- (a) a registry for patients with chronic disease entities such as diabetes mellitus who see primary care physicians for treatment
  - (b) a way to track how many cases of diabetes mellitus are managed in family medicine practices according to the CMS guidelines

- (c) a voluntary reporting process for physicians through which they can receive additional reimbursement for reporting patient care parameters for patients with chronic diseases
- (d) a governmental registry that provides extra coverage to patients with chronic illnesses receiving care from family physicians

### Heart Failure With Preserved Ejection Fraction

Felix J. Rogers, DO; Teja Gundala, MD;  
Jahir E. Ramos, DO; and Asif Serajian, DO

4. Patients with heart failure with preserved ejection fraction (HFpEF) may seem to have unexplained dyspnea and fatigue because they do not show obvious signs of heart failure such as neck vein elevation and ankle edema. In patients with normal ejection fraction, the diagnosis is confirmed by evidence of diastolic dysfunction. Which of the following is not a marker of diastolic dysfunction?
- (a) increased left atrial volume
  - (b) elevated pulmonary arterial pressure
  - (c) brain natriuretic peptide >200 pg/mL
  - (d) atrial fibrillation
  - (e) increased left ventricular chamber size by echocardiography
5. Although medications are not effective in the treatment of patients with HFpEF, exercise training has been shown to be helpful. Which of the following is not a proven benefit of exercise training?
- (a) reduced mortality
  - (b) reduction in 30- and 90-day hospital readmission rates
  - (c) improved exercise capacity
  - (d) improved quality of life physical functioning scores
  - (e) both a and b

### Improving Resident Performance Through a Simulated Rapid Response Team: A Pilot Study

Peter A. Burke, DO; Michael T. Vest, DO; Hemant Kher, PhD; Joseph Deutsch, MD; and Sneha Daya, MD

6. Since the institution of rapid response teams (RRTs), there have been national improvements in inpatient \_\_\_\_\_.
- (a) all-cause mortality
  - (b) emergency intensive care unit transfers
  - (c) patient morbidity
  - (d) non-intensive care unit cardiac arrest
7. What percentage of US hospitals have RRTs in place?
- (a) 25%
  - (b) 95%
  - (c) 50%
  - (d) 80%

### Effects of Osteopathic Manipulative Treatment on Diabetic Gastroparesis

Valerie J. Van Ravenswaay, OMS V, MPH; Simeon J. Hain, DO; Sierra Grasso, OMS II; and Jay H. Shubrook, DO

8. Osteopathic manipulative treatment techniques performed on which of the following areas were found to reduce nausea and vomiting after the initial visit:
- (a) abdominal, occipital, pelvic, and thoracic diaphragms
  - (b) upper and lower extremity diaphragms
  - (c) abdominal, occipital, thoracic, and upper extremity diaphragms
  - (d) abdominal, occipital, thoracic, and lower extremity diaphragms

9. Osteopathic manipulative treatment may be helpful in improving which of the following:

- (a) diabetic gastroparesis symptoms
- (b) quality of life of patients with diabetic gastroparesis
- (c) all of the above
- (d) none of the above

### Pheochromocytoma Diagnosis After an Abnormal Stress Test: Case Report and Review of the Literature

German Treyger, OMS III; Shawn A. Silver, OMS III; and Alla A. Sakharova, MD

10. What percentage of individuals with hypertension are found to have confirmed pheochromocytoma?
- (a) 0.01%
  - (b) 0.1%
  - (c) 1%
  - (d) 10%

11. What is the most definitive treatment for a patient with diagnosed pheochromocytoma?

- (a)  $\beta$ -blockers
- (b) active blood pressure management with osteopathic manipulative treatment
- (c) surgical excision
- (d) diet, exercise, and aggressive blood pressure management

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## Answers to the June 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.

### Perceptions of Physicians in Civilian Medical Practice on Veterans' Issues Related to Health Care

Todd Robert Fredricks, DO, and Masato Nakazawa, PhD

1. (e) Approximately 2.6 million US service members have participated in combat activities in Iraq and Afghanistan over the past 12 years, according to both the Department of Veterans Affairs and the Defense Brain Injury Center. No definitive number is available at this time because it has been and is logistically difficult to track soldiers through multiple deployments and the constant entry and exit of personnel from these theaters.
2. (c) Approximately 164,000 primary care physicians practice medicine in the United States, each with an average patient panel of 3000 patients. Approximately 22 million veterans from all wars live in the United States. The average primary care practice has about 130 veteran patients. Iraq and Afghanistan veterans comprise approximately 12 patients per primary care physician.
3. (c) Approximately 25% of civilian physicians surveyed responded that they "very much" agree that they need more training in veterans' health issues.
4. (b) Of the topics surveyed, the topic of referral and consultation options for veterans was the most unfamiliar to civilian physicians. Future studies should ask specific questions regarding aspects of Veterans Affairs information access and explore barriers that civilian physicians face when trying to interface with Veterans Affairs and other veteran-specific services.

### Relationships Between Polypharmacy and the Sleep Cycle Among Active-Duty Service Members

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

5. (b) The commonly prescribed selective serotonin reuptake inhibitors decrease total rapid eye movement sleep.
6. (b) The following statement is false: "The Epworth Sleepiness Scale is a 10-item self-report instrument." The scale is an 8-item instrument.

### Screening for At-Risk Drinking Behavior in Trauma Patients

Timothy P. Plackett, DO;  
Hieu H. Ton-That, MD;  
Jeanne Mueller, RN;  
Karen M. Grimley, LCSW;  
Elizabeth J. Kovacs, PhD;  
and Thomas J. Esposito, MD, MPH

7. (c) Compared with an AUDIT (Alcohol Use Disorders Identification Test) score, a blood alcohol level greater than 0 mg/dL in a trauma patient is less predictive of at-risk drinking behavior.
8. (b) At-risk drinking behavior was found in 24% of trauma patients.

### Age-Related Decline in Chest Wall Mobility: A Cross-Sectional Study Among Community-Dwelling Elderly Women

Daiki Adachi, RPT, BS; Minoru Yamada, PhD;  
Shu Nishiguchi, RPT, MSc; Naoto Fukutani,  
RPT, MSc; Takayuki Hotta, RPT, BS;  
Yuto Tashiro, RPT, BS; Saori Morino, RPT,  
BS; Hidehiko Shirooka, RPT, BS; Yuma  
Nozaki, RPT, BS; Hinako Hirata, RPT, BS;  
Moe Yamaguchi, RPT, BS; and Tomoki  
Aoyama, MD, PhD

9. (a) Chest wall mobility decreased with age at the axillary level.

### The Doctors Hospital and Nationwide Children's Hospital Dually Accredited Pediatric Residency Program: A Potential Best Model for Pediatric Osteopathic GME Training

Alexander Rakowsky, MD; John Mahan, MD;  
Rajesh Donthi, MD; and Carl Backes, DO

10. (d) Regarding pediatric resident education in the new single graduate medical education system, the ability will exist to develop programs that incorporate both Accreditation Council for Graduate Medical Education (ACGME) requirements and still provide a solid foundation in osteopathic manipulative medicine (OMM) to interested residents. Although dually accredited programs will no longer exist in the new single graduate medical education accreditation system, the spirit of the dually accredited programs should thrive in this new paradigm. The authors believe that their program is a model of how a successful OMM focus can be provided to residents training at very large and well-established pediatric training institutions.
11. (e) A program that combines both OMM training and a rigorous ACGME curriculum can be expected to prepare graduates to perform well in either the American Board of Pediatrics or American Osteopathic Board of Pediatrics examinations, prepare those graduates interested in primary care to succeed in such a future career, prepare those graduates in subspecialty training to be competitive candidates for pediatric fellowship positions, and prepare graduates to be able to incorporate OMM into their future practice, regardless of the field of pediatrics they ultimately enter.
3. (a) In 2015, the Advisory Committee on Immunization Practices (ACIP) recommended the use of the 13-valent pneumococcal conjugate vaccine (PCV13) and the 23-valent pneumococcal polysaccharide vaccine (PPSV23) for adults aged 19 years or older with immunocompromising conditions.
4. (c) In a statement issued by the ACIP, adults aged 65 years or older who have previously received 1 or more doses of PPSV23 should receive a dose of PCV13.
5. (d) Although there are no current data indicating that people younger than 19 years who smoke are at increased risk for pneumococcal disease, there is evidence that cigarette smoking can lead to lung disease, which is a risk factor. Physicians should not refuse service to these patients.
6. (b) In 2018, the ACIP will reevaluate its recommendations for the use of PCV13 in adults aged 65 years or older.
7. (c) The Centers for Disease Control and Prevention recommends that patients with asthma, cigarette smoking, and diabetes be immunized against pneumonia.
8. (d) Lack of communication and lack of information hinders vaccination efforts in public health clinics.
9. (b) According to the Guide to Community Preventive Services, public service announcements to inform the public about vaccinations are not recommended to improve vaccination rates.
10. (d) Electronic medical records make it easier for providers to track immunization histories and flag patients who need vaccination.
11. (a) The Patient Protection and Affordable Care Act provides for patient access to preventive care.

## Answers to the June 2015 Supplement to the JAOA CME Quiz

1. (d) Pneumococcal infections are a common complication of influenza and measles.
2. (c) According to data gathered in 2004, the total annual cost of pneumococcal disease was \$7.7 billion, with adults accounting for 84% of this amount.