

The purpose of this quiz is to provide a convenient means for osteopathic physicians to assess their understanding of the scientific content in the May 2012 issue of *JAOA—The Journal of the American Osteopathic Association*.

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Alternatively, osteopathic physicians can complete the quiz below and mail it to the following address by November 30, 2013:

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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 June 2012 issue of the *JAOA*.

Cardiac Computed Tomographic Angiography and the Primary Care Physician by J. Ronald Mikolich, MD

1. Coronary computed tomographic angiography (CTA) typically acquires images of the coronary arteries best during which phase of the cardiac cycle?

- (a) end systole
- (b) midsystole
- (c) early systole
- (d) end diastole
- (e) early diastole

2. Which of the following patients would *not* be a good candidate for coronary CTA:

- (a) patients with an equivocal nuclear stress test
- (b) patients with a nondiagnostic nuclear stress test
- (c) patients with a body mass index higher than 40

- (d) patients with chest pain and an intermediate risk of coronary atherosclerosis
- (e) patients with a left bundle branch block on a resting 12-lead echocardiogram

3. Preauthorization of coronary CTA by a radiology benefit manager is *most likely* for which of the following clinical scenarios:

- (a) chest pain with an intermediate Framingham Risk Score
- (b) chest pain with a high (>20%) Framingham Risk Score
- (c) syncope with an intermediate Framingham Risk Score
- (d) atrial fibrillation with a high Framingham Risk Score
- (e) family history of myocardial infarction but a Framingham Risk Score of 2%

4. Which of the following medications is *most commonly* used in the performance of coronary CTA?

- (a) ACE inhibitor to control systolic blood pressure
- (b) β -blockade to lower heart rate to less than 65 beats per minute
- (c) oral prednisone to prevent a contrast medium allergic reaction
- (d) long-acting oral amlodipine to prevent coronary vasospasm
- (e) oral amiodarone to prevent atrial fibrillation

Efficacy of Osteopathic Manipulative Treatment for Low Back Pain in Euhydrated and Hypohydrated Conditions: A Randomized Crossover Trial by Justine Parker, OMS IV; Kurt Heinking, DO; and Robert Kappler, DO

5. The majority of primary care patients with low back pain...

- (a) show substantial improvement in the first month independent of intervention, thus making it difficult to demonstrate the value of osteopathic manipulative treatment or any other therapy in patients with acute symptoms.
- (b) show substantial improvement in the first month when treated by an osteopathic physician, as opposed to standard care or no care.
- (c) have an etiologic process that is not biomechanical in nature.
- (d) will take more than 3 months to return to the functional status they had before they had low back pain.

6. Patients who are hydrated during osteopathic manipulative treatment...

- (a) have resolution of the same number of areas of somatic dysfunction as patients who are hypohydrated.

- (b) report greater pain relief on a visual analogue scale immediately after treatment than when hypohydrated.
- (c) have greater improvement in their diagnosed areas of somatic dysfunction and a greater number of resolved asymmetrical landmarks on the standing structural examination than when hypohydrated.
- (d) are in the minority. In fact, most patients present to treatment in a state of hypohydration.

Iliacus Tender Point in Young Adults: A Pilot Study by Ying Liu, PhD, MS, and Joy L. Palmer, DO

7. Which of the following descriptions best describes the location of the iliacus tender point:

- (a) deep to the piriformis muscle
- (b) deep in the iliacus fossa, approximately 2 inches medial and slightly caudal to the anterior superior iliac spine
- (c) just medial to the anterior inferior iliac spine

- (d) on the superior aspect of the pubic ramus, just lateral to the tubercles

8. Patients with a single iliacus tender point may have pain in which of the following regions:

- (a) lower abdomen, groin, buttocks, and lower extremity
- (b) medial scapular border
- (c) contralateral sacroiliac joint

Fatal Venous Thromboembolism After Splenectomy: Pathogenesis and Management by Linda P. Ha, DO, and Mark Arrendondo, MD

9. Which of the following venous thrombosis treatment modalities has been shown to have an antitumor effect in cancer patients with venous thromboembolism:

- (a) warfarin
- (b) low molecular weight heparin
- (c) inferior vena cava filters
- (d) aspirin

Efficacy of a Physician's Words of Empathy: An Overview of State Apology Laws by Nicole Saitta, MA, and Samuel D. Hodge, Jr, JD

10. Which of the following factors might encourage a physician to remain silent in the event of an adverse medical outcome:

- (a) He or she is unaware of error.
- (b) He or she decides to avoid the situation because of improper training on delivering bad news.
- (c) He or she is afraid of a legal reprisal.
- (d) all of the above

11. Studies have demonstrated that the benefits of an apology in the wake of an adverse medical outcome include:

- (a) decreased financial consequences resulting in litigation
- (b) decreased respect for both the aggrieved party and the physician
- (c) decreased willingness to settle a malpractice claim
- (d) slower settlement times ♦

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