

The purpose of this quiz is to provide a convenient means for osteopathic physicians to assess their understanding of the scientific content in the August 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 February 28, 2014:

American Osteopathic Association
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142 E Ontario St
Chicago, IL 60611-2864
Fax: (312) 202-8202

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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 September 2012 issue of the *JAOA*.

Preventative Osteopathic Manipulative Treatment and the Elderly Nursing Home Resident: A Pilot Study by Karen T. Snider, MS, DO; Eric J. Snider, DO; Jane C. Johnson, MA; Celia Hagan, RN, BSN, CCRP; and Conrad Schoenwald, DO

1. The use of adjunctive osteopathic manipulative treatment as part of the inpatient care of elderly patients with pneumonia has been shown to do which of the following?
- (a) decrease nighttime blood oxygen saturation
 - (b) decrease total intravenous antibiotic usage
 - (c) increase acute care length of stay
 - (d) increase lower lung atelectasis
 - (e) increase mortality due to respiratory distress

2. Which one of the following statements is correct regarding the health status of nursing home residents:

- (a) The number of deaths due to all causes peaks during the summer months.
- (b) Fewer than 20% of residents take more than 5 medications per day.
- (c) Frequent pain is common in less than 15% of residents.
- (d) Less than 2% of residents are independent in all of their activities of daily living.
- (e) Most residents are admitted to a nursing home from their personal residence.

3. Osteopathic manipulative treatment used as part of a regular treatment plan for elderly nursing home residents resulted in which of the following:

- (a) decreased pain
- (b) decreased total medication usage

- (c) improved activities of daily living
- (d) increased acute care hospital admissions
- (e) increased mortality during the winter months

Validation of a Triage Algorithm for Psychiatric Screening (TAPS) for Patients With Psychiatric Chief Complaints by Andrew C. Miller, DO; Steven P. Frei, MD; Valerie A. Rupp, RN, BSN; Brian S. Joho, RN; Kerry M. Miller, RN; and William F. Bond, MD

4. What is the key feature of the Triage Algorithm for Psychiatric Screening (TAPS) psychiatric chief complaint tool?

- (a) It provides a convenient checklist of psychiatric diagnoses.
- (b) It provides a way to screen for the presence of concomitant medical conditions.
- (c) It provides information about psychiatric illness and potential adverse events.
- (d) It provides a way to screen for the absence of concomitant medical conditions.

5. Use of TAPS may curb increased use of which of the following clinical resources:

- (a) laboratory testing
- (b) clinical staff time
- (c) acute care beds
- (d) all of the above

6. The medical clearance examination requires a physician to take which of the following steps:

- (a) identify emergency medical conditions suggested by presenting signs and symptoms
- (b) administer an additional required psychiatric screening examination
- (c) perform thorough ancillary diagnostic testing on psychiatric patients
- (d) only screen patients with a suggestive medical history and physical examination

7. The biggest potential advantage of using TAPS is which of the following:

- (a) It ensures that psychiatric patients are taken seriously in the emergency department.
- (b) It makes triage of psychiatric patients more efficient and cost effective.

- (c) It allows psychiatric patients to be more easily classified as “non-emergent.”
- (d) none of the above

Frequency of Specific Osteopathic Manipulative Treatment Modalities Used by Candidates While Taking COMLEX-USA Level 2-PE by Erik E. Langenau, DO; Dennis J. Dowling, MA, DO; Caitlin Dyer, MA; and William L. Roberts, EdD

8. Which of the following osteopathic manipulative treatment (OMT) techniques was most frequently used overall during the 2010-2011 testing cycle for the Comprehensive Osteopathic Medical Licensing Examination-USA Level 2-Performance Evaluation (COMLEX-USA Level 2-PE):

- (a) balanced ligamentous tension
- (b) counterstrain
- (c) facilitated positional release
- (d) muscle energy
- (e) myofascial/soft tissue

9. Which of the following OMT techniques was used most frequently for respiratory presentations during the 2010-2011 testing cycle of COMLEX-USA Level 2-PE:

- (a) counterstrain
- (b) lymphatic
- (c) osteopathy in the cranial field
- (d) sinus drainage
- (e) visceral

10. High-velocity, low-amplitude (HVLA)/articular thrust techniques are prohibited from use on COMLEX-USA Level 2-PE because of which of the following reasons:

- (a) Individual standardized patients may be treated multiple times by several candidates with a thrust technique to the same segment during a single testing session.
- (b) It is dangerous and should not be used by osteopathic medical students unless they are directly supervised by an attending physician in the room at the time of the examination.
- (c) It is difficult to score due to the rapidness of the treatment, and the OMT raters might be unable to determine the efficacy.

- (d) Only a few colleges of osteopathic medicine actually teach HVLA technique to their undergraduate students.
- (e) The use of HVLA technique always requires another technique be performed first to prepare the tissue for the thrust technique, and there is only time for students to perform 1 technique during their encounters with standardized patients.

Psoas Syndrome: A Frequently Missed Diagnosis by Andrea Tufo, OMS IV; Gautam J. Desai, DO; and W. Joshua Cox, DO

11. A 45-year-old man presents with low back pain. After conducting a patient history, physical examination, and osteopathic structural examination, you diagnose right psoas syndrome. Which of the following positions is best for performing the muscle energy technique on this patient?

- (a) Patient prone with the osteopathic physician (ie, DO) standing on the right side of the table, lifting the patient’s right leg and asking the patient to push with a downward force.
- (b) Patient supine with the DO standing on the right side of the table, lifting the patient’s right leg and asking the patient to push with a downward force.
- (c) Patient prone with the DO standing on the left side of the table, lifting the patient’s left leg and asking the patient to push with a downward force.
- (d) Patient supine with the DO standing on the left side of the table, lifting the patient’s left leg and asking the patient to push with a downward force.

12. Which of the following anatomic structures is the final insertion point for the psoas major muscle?

- (a) anterior superior iliac spine
- (b) greater trochanter
- (c) lesser trochanter
- (d) acetabulum

Answers to July 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 submission to and publication in the *JAOA*.

Somatic Dysfunction and Its Association With Chronic Low Back Pain, Back-Specific Functioning, and General Health: Results From the OSTEOPATHIC Trial by John C. Licciardone, DO, MS, MBA, and Cathleen M. Kearns, BA

1. (c) Key osteopathic lesions represent severe levels of somatic dysfunction. They were observed in the sacrum/pelvis region in more than 25% of OSTEOPATHIC Trial patients. Like moderate levels of somatic dysfunction, key osteopathic lesions may be obviously associated with restriction of motion or tissue texture abnormality. However, unlike moderate levels of somatic dysfunction, key osteopathic lesions maintain a dysfunctional pattern that includes other secondary dysfunctions.

2. (b) Severe somatic dysfunction was most often simultaneously present in lumbar and sacrum/pelvis regions among patients with chronic low back pain. These 2 regions were the most strongly correlated regarding the presence of severe somatic dysfunction.

3. (b) Low back pain severity and back-specific disability were most strongly associated with severe somatic dysfunction in the lumbar region among patients with chronic low back pain. Statistically significant associations were demonstrated between severe somatic dysfunction in the lumbar region and both low back pain severity and back-specific functioning, as measured with a visual analog scale and the Roland-Morris disability questionnaire, respectively.

Cervical Spine Bending: A Factor Confounding Whole Trunk and Lumbar Forward Bending Range of Motion by William J. Brooks, DO; Michael M. Patterson, PhD; Ethan Wagner, DO; and Patrick Hardigan, PhD

4. (d) The outcome of the study on the effects of cervical spine position on whole trunk forward bending strongly suggests that

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there is an effect of cervical spine bending on whole trunk forward bending.

5. (e) Studies on lumbar motion have revealed notable variation, and thus confounding effects, of warm-up, sex, age, and time of day.

6. (b) Loss of lumbar range of motion is *not* recognized as the primary cause of nonorganic low back pain.

Use of and Attitudes Toward Complementary and Alternative Medicine Among Osteopathic Medical Students by Mehulkumar K. Kanadiya, MBBS, MPH; Guy Klein, DO; and Jay H. Shubrook, Jr, DO

7. (c) Osteopathic students showed the highest degree of agreement for the statement, "Osteopathic manipulative therapy is a valuable method for resolving a wide variety of musculoskeletal problems (beyond back pain)."

8. (f) When considering complementary and alternative therapies, patients should ask their health care providers all of the following questions: What benefits can be expected from this therapy? What are the

risks associated with this therapy? Do the known benefits outweigh the risks? What side effects can be expected? Will the therapy interfere with conventional treatment?

A New Triadic Paradigm for Osteopathic Research in Real-World Settings by John C. Licciardone, DO, MS, MBA, and Cathleen M. Kearns, BA

9. (b) The patient-centered research fellowship curriculum is provided by bimonthly extended weekend seminars, which are used to deliver 162 contact hours of instruction. This curriculum capitalizes on regular interactions among the fellows and program directors.

10. (d) Osteopathic palpatory findings and manual treatment techniques will be the focus of the CONCORD-PBRN (Consortium for Collaborative Osteopathic Research Development–Practice-Based Research Network) card study in 2012. Although the CONCORD-PBRN is a primary care research network, it seeks to conduct uniquely osteopathic research whenever possible.

11. (a) Geriatrics is *not* a major subject area covered in the patient-centered research fellowship curriculum. The patient-oriented research fellowship curriculum provides content to enhance research skills, including study design, implementation, and reporting. It does not focus on clinical instruction.

Osteopathic Manipulative Treatment to Resolve Head and Neck Pain After Tooth Extraction by Patricia M. Meyer, DO, MS, and Sharon M. Gustowski, DO, MPH

12. (e) Dental extractions have been linked to all of the following diagnoses of headache: temporal mandibular joint dysfunction, trigeminal neuralgia, cluster headache, and cranial somatic dysfunction.

13. (b) Cranial nerve V—the trigeminal nerve—is affected by somatic dysfunction of the sphenoid bone in patients after dental extraction. ♦

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