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CME: Free CME is being offered as a member benefit to active members of the Southern Orthopaedic Association (SOA), Eastern Orthopaedic Association (EOA), Western Orthopaedic Association (WOA), the Society of Military Orthopaedic Surgeons (SOMOS), Maryland Orthopaedic Association (MOA), and Irish-American Orthopaedic Society (IAOS). Through the joint sponsorship of ProScan Imaging Education Foundation (PIEF) and SOA, Volume 24 participants will receive a maximum of 6 *AMA PRA Category-1 credits*TM per issue for each correctly completed CME Answer Form. (See CME Questionnaire for more details.)

Indices: In an effort to make more pages available for journal articles, the indices (appearing in issue number 4) have been made available online on the JSOA website beginning with Volume 21.

2015

The **Clinical Orthopaedic Society** will hold its 103rd Annual Meeting on September 24–26, 2015 at The Westin Times Square in New York, New York. www.cosociety.org.

The **Tennessee Orthopaedic Society** will hold its 2015 Annual Conference on September 25–26, 2015 at the Omni Nashville Hotel in Nashville, Tennessee. www.tosweb.org

The **Society of Military Orthopaedic Surgeons** will hold its 57th Annual Meeting on December 7–11, 2015 at The Vinoy Renaissance in St. Petersburg, Florida. For information, please visit www.somos.org.

2016

The **Virginia Orthopaedic Society's** 69th Annual Meeting will take place on April 15–27, 2016 Colonial Williamsburg, Virginia. Go to www.vos.org for more information.

The **Southeastern Hand Club's** 2016 Annual Meeting is scheduled for April 28–May 1, 2016 at The Willard Hotel in Washington, DC. For more information, visit www.sehandclub.com.

The **Eastern Orthopaedic Association's** 47th Annual Meeting will be held on October 19–22, 2016 at the Ritz-Carlton in New Orleans, Louisiana. To learn more, go to www.eoa-assn.org.

The **Michigan Orthopaedic Society** will hold its 2016 Annual Scientific Meeting on June 17–19, 2016 at The Grand Hotel on Mackinac Island, Michigan. For more information, visit www.mosonline.org.

The **Southern Orthopaedic Association's** 33rd Annual Meeting will be held on July 27–30, 2016 at The Naples Grande in Naples, Florida. For more information, visit www.soaassn.org.

The **Western Orthopaedic Association** will hold its 80th Annual Meeting at the Renaissance Indian Wells Resort in Indian Wells, California on September 28–October 1, 2016. Go to www.woa-assn.org for more information.

Erratum

The last author's name in the article "Outcomes of Subtalar Arthroereisis for the Planovalgus Foot," which was published in JSOA 21(3):147–150, 2012, was incorrectly spelled. It should appear as N. Y. Otsuka, MD, not as Norman Ostuka, MD.



The *Journal of Surgical Orthopaedic Advances* CME program was designed for physicians in the specialty of orthopaedic and trauma surgery. *This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of ProScan Imaging Education Foundation (PIEF) and the Southern Orthopaedic Association. PIEF is accredited by the ACCME to provide continuing medical education for physicians.*

PIEF designates this educational activity for a maximum of 16 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity. To obtain category-1 credit, follow the instructions on the answer sheet.

Objectives: After completing each issue of the *Journal of Surgical Orthopaedic Advances* Continuing Medical Education (CME) instructional media program, the learner should be better able to: identify new techniques and procedures in orthopaedics; cite ongoing activities of interest to orthopaedists; and describe the medical knowledge, clinical procedures, and experiences of physicians.

The *Journal of Surgical Orthopaedic Advances* CME program is intended to be a 24-credit-per-year program. Each issue will have questions of Board Examination quality in a four-part (A–D), multiple-choice format. Participants of Volume 24, Number 3 will receive a maximum of 6 category-1 credits for a correctly completed CME Answer Form submitted to Data Trace Publishing Company for scoring. There is a per issue charge for scoring and processing, payable at the time the answer sheet is submitted.

In order to qualify for CME credit, a score of 70% or more must be achieved on the written examination material. Any participant who does not pass the first time may take the exam one additional time. A new test must be submitted to Data Trace Publishing with a fee of \$25. Data Trace Publishing Company will score the tests and notify participants of their scores within 30 days. You will be responsible for notifying your state of the number of credits you have received.

INSTRUCTIONS: The following questions are based on the material presented in the journal issue. Please select the best answer and mark the appropriate box on the CME Answer Form which follows. *The Answer Form, accompanied by your payment, should be returned for scoring to Director of Continuing Education, Data Trace Publishing Company, P.O. Box 1239, Brooklandville, MD 21022-9978 or faxed to 410-823-6898.*

CME QUESTIONS

1. What is the return to duty rate in lower extremity amputations in the military population?
 - A. 0% to 5%
 - B. 15% to 20%
 - C. 40% to 50%
 - D. 70% to 80%
2. One of the reasons for differences in return to duty for Army and Marine Corps personnel can be attributed to which of the following?
 - A. Different physical evaluation board process
 - B. Different length of deployment
 - C. Severity of injuries
 - D. Surgeon performing index procedure
3. In patients with a body mass index ≥ 30 and an anterior cruciate ligament (ACL) injury, what structure is 21.6% more likely to be injured?
 - A. Posterior cruciate ligament
 - B. Lateral meniscus
 - C. Medial meniscus
 - D. Popliteus tendon
4. What percentage of chronic ACL-deficient patients will have meniscus tears?
 - A. 10%
 - B. 100%
 - C. 75.8%
 - D. 52.6%
5. In the questionnaire discussed in the article by Thayer et al., patients who responded positively to the statement, "The emotional problems caused by the injury have been more difficult than the physical problems" are which of the following?
 - A. More likely to be female
 - B. More likely to have had an open fracture
 - C. More likely to have had a complication following their surgery
 - D. More likely to have had a higher DASH score
6. Which of the following did the study by Thayer et al. demonstrate at an average of 60 months postinjury?
 - A. Hand dominance had a significant effect on functional outcome measures.
 - B. A large percentage of patients participated in physical therapy.
 - C. DASH scores were lower in patients who had participated in physical therapy.
 - D. More than 40% of patients reported a change in work status.
7. In military patients, which of the following is a risk factor for late amputation?
 - A. Age
 - B. Officer rank
 - C. Time since injury
 - D. Ethnicity

8. Projected lifetime health care costs for patients undergoing amputation are _____.
 - A. the same as those with limb salvage
 - B. more than three times that of those with limb salvage
 - C. twice that of those with limb salvage
 - D. less than those of patients having limb salvage
9. What is the most common complication associated with external fixation?
 - A. Pin tract infections
 - B. Post removal fracture
 - C. Nerve injury
 - D. Premature consolidation
10. What is an advantage of internal femoral lengthening versus femoral lengthening with external fixation?
 - A. Early weight bearing
 - B. Range of knee motion is regained in shorter period of time
 - C. The ability to concurrently correct angular deformities
 - D. Higher quality of bone regenerate
11. Which of the following may not show a significant difference between intraoperative and postoperative images with regard to quality of reduction and fixation visualized?
 - A. Fracture gap
 - B. Rotation
 - C. Angulation
 - D. Implant position
12. When comparing intraoperative and postoperative images, if the postoperative image yields information that may change the patient's treatment plan, the images are most likely to differ with respect to which of the following?
 - A. Visualization of orthogonal views
 - B. Acceptance of fracture gap
 - C. Acceptance of angulation
 - D. Acceptance of implant position
13. What is the average diameter of a male scaphoid waist in the sagittal plane?
 - A. 10.33 mm
 - B. 11.28 mm
 - C. 12.38 mm
 - D. 13.43 mm
14. What is the average volume of the human scaphoid waist?
 - A. 480 mm³
 - B. 560 mm³
 - C. 715 mm³
 - D. 878 mm³
15. Besides open fracture, what is the only agreed-upon indication for surgical treatment of a fracture of the medial humeral epicondyle in a child?
 - A. Displacement of more than 5 mm
 - B. Displacement of more than 10 mm
 - C. Entrapped fragment in the joint
 - D. Valgus instability on stress radiograph
16. When testing for valgus instability, the amount of opening with valgus stress that generally is considered significant is _____.
 - A. 1 mm or more
 - B. 5 mm or more
 - C. 10 mm or more
 - D. 15 mm or more
17. Surgical stabilization of a grossly unstable ulnar nerve in the cubital tunnel is best performed by which of the following procedures?
 - A. Medial epicondylectomy
 - B. Anterior subcutaneous transposition of the ulnar nerve
 - C. The ulnar nerve does not need to be stabilized
 - D. Release of Osborne's ligament
18. Which of the following is the best surgical procedure to treat ulnar neuropathy at the elbow?
 - A. Anterior submuscular transposition of the ulnar nerve
 - B. Use of a fascial flap to stabilize the unstable ulnar nerve in its bed in situ
 - C. Anterior subcutaneous transposition of the ulnar nerve
 - D. No procedure has been found to be clearly superior to other procedures
19. Which of the following statements is false regarding Achilles insertional tendinitis?
 - A. It involves the proximal Achilles tendon near the myotendinous junction.
 - B. It is seen in older or sedentary patients.
 - C. MRI demonstrates thickening and edema of the distal Achilles tendon often with an enthesophyte of the posterior calcaneus at the tendon insertion.
 - D. Pathology demonstrates tendon degeneration with an inflammatory process.
20. Which of the following is not an associated finding of Achilles tendinitis seen on MRI?
 - A. Retrocalcaneal bursitis
 - B. Paratendinitis of Kager's fat pad
 - C. Posterior paratenonitis
 - D. Calcaneal lipoma



Expiration: Your completed form and payment for the set of questions in Volume 24, Number 3 must be received by **November 1, 2016**.

Choose one:

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1. ☐ A ☐ B ☐ C ☐ D 2. ☐ A ☐ B ☐ C ☐ D 3. ☐ A ☐ B ☐ C ☐ D 4. ☐ A ☐ B ☐ C ☐ D 5. ☐ A ☐ B ☐ C ☐ D 6. ☐ A ☐ B ☐ C ☐ D
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13. ☐ A ☐ B ☐ C ☐ D 14. ☐ A ☐ B ☐ C ☐ D 15. ☐ A ☐ B ☐ C ☐ D 16. ☐ A ☐ B ☐ C ☐ D 17. ☐ A ☐ B ☐ C ☐ D 18. ☐ A ☐ B ☐ C ☐ D
19. ☐ A ☐ B ☐ C ☐ D 20. ☐ A ☐ B ☐ C ☐ D

Overall Evaluation

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Presented objective, balanced, and scientifically rigorous content	5	4	3	2	1
Written in an easily understandable manner	5	4	3	2	1
Achieved stated objectives and satisfied my educational need	5	4	3	2	1
Will enhance performance of my duties and improve my practice/professional outcome	5	4	3	2	1
Presented free of commercial bias	5	4	3	2	1

What change(s) (if any) do you plan to make in your practice as a result of reading this issue:

 Needs Assessment
 Clinical topic/experience that most needs to be addressed
 in future JSOA articles is _____
