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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 **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 **Irish-American Orthopaedic Society** will hold its Annual Meeting on April 15–17, 2016 in conjunction with the Mayo Arthroplasty Conference (MAC) in Ireland's County Mayo. Go to www.iaos.net for more information.

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 64th Annual **Piedmont Orthopedic Society** Meeting will be held May 11–14, 2016 at The Sanctuary on Kiawah Island, South Carolina. For more information, visit www.piedmontorthopedicsociety.org. Abstracts from the 2015 annual meeting have been posted to: <http://www.datatrace.com/medical-jsoa.html> (select Piedmont Orthopedic Society).

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.

The **Clinical Orthopaedic Society** will have its next Annual Meeting on September 29–October 1, 2016 at The Roosevelt Hotel in New Orleans, Louisiana. www.cosociety.org.



The *Journal of Surgical Orthopaedic Advances* CME program was designed for physicians in the specialty of orthopaedic and trauma surgery.

PROSCAN IMAGING EDUCATION FOUNDATION ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of ProScan Imaging Education Foundation (PIEF) and the Southern Orthopaedic Association (SOA). PIEF is accredited by the ACCME to provide continuing medical education for physicians.

CME DESIGNATION

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.

CME NOTES

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. When a drug is injected intra-articularly after knee arthroscopy, which of the following occurs?
 - A. The drug concentration within the knee is not diluted.
 - B. The drug concentration within the knee is minimally diluted.
 - C. The drug concentration within the knee is significantly diluted.
 - D. The drug concentration within the knee is more concentrated.
2. On injection of a drug intra-articularly after knee arthroscopy, which of the following occurs?
 - A. The concentration of drug is highest in the suprapatellar pouch.
 - B. The concentration of drug is equally distributed throughout the knee.
 - C. The concentration of drug is highest near the anterolateral portal.
 - D. The concentration of drug is highest near the anteromedial portal.
3. All of the following are true about the AAOS Clinical Practice Guidelines, except:
 - A. They are meant to represent “best evidence synthesis.”
 - B. They undergo a peer-review process.
 - C. They are paid for by the Centers for Medicare and Medicaid Services.
 - D. They do not necessarily reflect practices that are currently used.
4. Which of the following modalities recommended by the AAOS Clinical Practice Guidelines on nonsurgical management of osteoarthritis of the knee is rarely used by patients?
 - A. Low-impact aerobic exercises
 - B. Self-management arthritis programs
 - C. Weight loss
 - D. Anti-inflammatory medicines
5. Which nerve does not typically innervate the hip capsule?
 - A. Superior gluteal nerve
 - B. Inferior gluteal nerve
 - C. Sciatic nerve
 - D. Obturator nerve
6. When using periarticular infiltration of liposomal bupivacaine (Exparel) after total knee arthroplasty, which of the following is true compared with using a femoral nerve block?
 - A. Mean amount of postsurgical opioid consumption is decreased.
 - B. Mean amount of postsurgical opioid consumption is increased.
 - C. Average length of hospital stay is increased.
 - D. Average cost of hospitalization is increased.
7. Use of femoral nerve block for analgesia in total knee arthroplasty has not been associated with which of the following?
 - A. Increased average cost of hospitalization

- B. Measurable quadriceps weakness in up to one-third of patients
 - C. Increased risk of falls
 - D. Increased time to reach important discharge criteria when compared with normal saline
8. Which of the following outcomes in the Heim et al. study was not significantly different between the two pain control groups?
 - A. Pain scores
 - B. Length of stay
 - C. Range of motion
 - D. Ability to walk farther
 9. Which of the following is not a commonly observed opioid-related adverse event?
 - A. Nausea
 - B. Ileus
 - C. Vomiting
 - D. Osteolysis
 10. The use of liposomal bupivacaine as a local injection anesthetic was shown to potentially reduce which of the following after total hip arthroplasty?
 - A. Time in surgery
 - B. Blood loss
 - C. Opioid consumption
 - D. Infection risk
 11. What is the average reading level of most U.S. adults?
 - A. 12th grade
 - B. 10th grade
 - C. 9th grade
 - D. 8th grade
 12. Using a _____ approach means that materials are written in language that is easy to read and understand for all patients, not just those with low health literacy.
 - A. Health literacy screening
 - B. Universal precautions
 - C. Written communication
 - D. Supportive systems
 13. Preoperative education before total joint arthroplasty has been shown to decrease which of the following?
 - A. Operative time
 - B. Rate of infection
 - C. Intraoperative complications
 - D. Length of stay
 14. Which of the following has been shown to decrease hospital cost in regard to total joint arthroplasty?
 - A. Preoperative blood transfusion
 - B. Preoperative education
 - C. Antibiotic cement
 - D. Minimally invasive incision
 15. Which of the following is the primary indication for medial unicompartmental knee arthroplasty?
 - A. Partial-thickness medial compartment disease, failed conservative management, but not yet severe enough for total knee arthroplasty
 - B. Failed high tibial osteotomy with continued medial disease and isolated medial-sided knee pain
 - C. Avascular necrosis isolated to the medial femoral condyle following arthroscopic medial meniscectomy
 - D. Anteromedial osteoarthritis
 16. Which of the following is no longer considered a contraindication to medial unicompartmental knee arthroplasty?
 - A. Obesity
 - B. Previous high tibial osteotomy
 - C. Rheumatoid arthritis
 - D. Lateral compartment disease
 17. Which of the following structures is a part of the triangular fibrocartilage complex?
 - A. Scapholunate ligament
 - B. Flexor carpi ulnaris subsheath
 - C. Lunotriquetral ligament
 - D. Ulnotriquetral ligament
 18. Which abnormality differentiates Palmer class 2C from class 2D lesions?
 - A. Tear of the lunotriquetral ligament
 - B. Perforation of the triangular fibrocartilage
 - C. Peripheral tear of the triangular fibrocartilage complex
 - D. Chondromalacia of the ulna
 19. Liposomal bupivacaine differs from traditional local anesthetics in which of the following ways?
 - A. Traditional anesthetics provide longer lasting pain control.
 - B. Liposomal bupivacaine offers increased efficacy in pain control postoperatively.
 - C. Efficacy of liposomal bupivacaine is highly technique dependent.
 - D. Traditional anesthetic incurs less use of narcotics during hospital admission.
 20. Which of the following is not a major sensory nerve that innervates the periarticular region of the knee?
 - A. Femoral nerve
 - B. Medial geniculate nerve
 - C. Recurrent peroneal nerve
 - D. Tibial nerve



Expiration: Your completed form and payment for the set of questions in Volume 24, Number 4 must be received by **December 1, 2016.**

Choose one:

- ☐ Active SOA Member (Take exams free)
☐ Active EOA Member (Take exams free)
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INSTRUCTIONS: Please return the answer form with payment to Data Trace Publishing Company for grading. You will be notified of the results within 30 days by return mail. Any questions or inquiries regarding the *Journal of Surgical Orthopaedic Advances* Continuing Education Program should be directed to:

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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
7. ☐ A ☐ B ☐ C ☐ D 8. ☐ A ☐ B ☐ C ☐ D 9. ☐ A ☐ B ☐ C ☐ D 10. ☐ A ☐ B ☐ C ☐ D 11. ☐ A ☐ B ☐ C ☐ D 12. ☐ A ☐ B ☐ C ☐ D
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 _____
