



CME POST-TEST

All post-tests must be completed and submitted online.

EXPIRATION DATE: MAY 2021

Earn Category I CME Credit by reading both CME articles in this issue, reviewing the post-test, then taking the online test at <http://cme.aapa.org>. Successful completion is defined as a cumulative score of at least 70% correct. This material has been reviewed and is approved for 1 hour of clinical Category I (Preapproved) CME credit by the AAPA.

COMPARTMENT SYNDROME

1. Which mechanism is responsible for most cases of compartment syndrome?
 - a. soft tissue infections
 - b. external compression from casts and bandages
 - c. fractures from high-energy trauma
 - d. IV infiltration into surrounding tissues
2. Which signs and/or symptoms are most likely to be present in a patient with compartment syndrome?
 - a. Paresthesia and pain out of proportion to the injury
 - b. Resting and intention tremors
 - c. Limited passive range of motion in proximal joints
 - d. Streaking erythema along tendon sheaths
3. Which sign in an obtunded patient most strongly suggests upper extremity compartment syndrome?
 - a. Dupuytren contracture
 - b. intrinsic-minus or claw position
 - c. swan neck deformity
 - d. boutonniere deformity
4. Which of the following is considered the gold standard for the diagnostic conclusion of upper extremity compartment syndrome?
 - a. Doppler ultrasound
 - b. MRI
 - c. angiography
 - d. direct measurement of interstitial pressures
5. Which of the following best represents the standard treatment of compartment syndrome?
 - a. Emergent fasciotomy within 4 hours of symptom onset
 - b. IV baclofen to relieve spasm in affected compartments
 - c. Elevation of extremity and proximal joints above the level of the heart
 - d. Oral NSAIDs and prednisone to reduce inflammatory processes

SUBCLINICAL HYPOTHYROIDISM

6. In iodine-sufficient areas, which of the following is the most common cause of primary hypothyroidism?
 - a. external radiation exposure
 - b. thyroidectomy
 - c. autoimmune (Hashimoto) thyroiditis
 - d. infiltrative processes such as sarcoidosis
7. Which of the following best describes the ATA's recommendations for screening for subclinical hypothyroidism?
 - a. Start at age 20 years and repeat every 10 years
 - b. Start at age 35 years and repeat every 5 years
 - c. Start at age 50 years and repeat if symptoms occur
 - d. One-time screening at age 40
8. Which is the most widely accepted initial screening test for subclinical hypothyroidism?
 - a. serum TSH level
 - b. serum FT4 level
 - c. anti-TPO antibody test
 - d. serum FT3 level
9. An isolated elevation in TSH level with a normal T4 level should prompt which of the following?
 - a. Initiate levothyroxine treatment
 - b. Repeat TSH level in 3 months
 - c. Obtain a serum FT3 level
 - d. Order a thyroid ultrasound
10. Which characteristic represents a group most likely to benefit from the treatment of subclinical hypothyroidism?
 - a. Patients over age 70 years
 - b. Patients are anti-TPO negative
 - c. Patients at low risk of cardiovascular disease
 - d. Women who are pregnant