



CME POST-TEST

All post-tests must be completed and submitted online.

EXPIRATION DATE: JULY 2022

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.

OTTAWA ANKLE RULES

1. What year were the OARs first published?
 - a. 1988
 - b. 1990
 - c. 1992
 - d. 1995
2. What is the primary purpose of the OARs?
 - a. To provide evidence-based advice for the treatment of ankle fractures
 - b. To provide an evidence-based guide on whether to use or defer radiographic imaging in a patient presenting with foot and ankle injuries
 - c. To provide clinicians with a justification for not having ordered radiographic imaging in a patient later diagnosed with an ankle or foot fracture
 - d. To reassure patients who suffer ankle or foot fractures
3. The OARs state that a foot radiographic series is required only if the patient has any pain in the midfoot zone and which of the following findings?
 - a. Bone tenderness at the talus bone
 - b. Bone tenderness at the base of the fifth metatarsal
 - c. Ability to bear weight immediately after the injury but not an hour later
 - d. Bone tenderness at the base of the first metatarsal
4. Which of the proposed alternative decision-making protocols offers the most promise, claiming 100% sensitivity and 91% specificity?
 - a. The Bernese ankle rules
 - b. SOFAR
 - c. The Revised OARs
 - d. The Rorschach Ankle Radiograph Guidelines
5. Which statement is correct about the use and application of the OARs?
 - a. PAs were intentionally left out of studies on the validation of the OARs.
 - b. They have been validated in studies using nonphysicians, most notably primary care triage nurses.
 - c. The applicability of the OARs in children has not been studied.
 - d. The OARs have only been tested and validated in EDs.

PREOPERATIVE ASSESSMENT

6. Which of the following common diseases are known to significantly affect perioperative morbidity and mortality?
 - a. psoriasis
 - b. depression
 - c. hypothyroidism
 - d. coronary artery disease
7. What is the main purpose of the preoperative assessment?
 - a. To distinguish patients at high risk for perioperative complications
 - b. To determine if a patient should be allowed to undergo surgery
 - c. To help patients determine their likely surgical outcome
 - d. To provide patients a complete history and physician examination
8. Which pulmonary diseases are most likely to harm surgical outcomes?
 - a. COPD, history of pneumonia, and tobacco use
 - b. OSA, COPD, and tobacco use
 - c. asthma, COPD, and OSA
 - d. positive PPD, COPD, and OSA
9. Although there is no specific preoperative A1C cutoff as a contraindication to surgery, which of the following is true?
 - a. Surgery should be avoided in patients with an A1C greater than 6%.
 - b. An A1C greater than 8% tends to be associated with increased postoperative complications and longer hospital stays.
 - c. Studies show that an A1C greater than 6% is associated with an increase in infectious complications.
 - d. An A1C greater than 10% is an absolute contraindication to surgery.
10. A patient with which of the following diagnoses of liver disease would most likely have the worst perioperative outcomes?
 - a. nonalcoholic fatty liver disease
 - b. Wilson disease that is under treatment
 - c. cirrhosis without ascites
 - d. cirrhosis with ascites