
THE JOURNAL OF BONE & JOINT SURGERY

CONTINUING MEDICAL EDUCATION

CME

REVIEW QUESTIONS

APRIL, MAY, JUNE
2008

THIS CME EXAM IS ALSO AVAILABLE AT JBJS.ORG AS AN INTERACTIVE ONLINE EXAM.
CREDITS EARNED BY COMPLETING AND SUBMITTING THIS EXAM ONLINE CAN BE
APPLIED TO THE SCORED AND RECORDED SELF-ASSESSMENT REQUIREMENT AS
MANDATED BY THE ABOS MAINTENANCE OF CERTIFICATION (MOC) PROCESS.

THE DEADLINE TO SUBMIT YOUR ANSWERS FOR GRADING THIS SET OF QUESTIONS IS SEPTEMBER 15, 2008.

PURPOSE

The purposes of this CME program are:

- To provide the general orthopaedic surgeon with an ability to assess his or her continuing competence in orthopaedics through the acquisition of contemporary scientific information.
- To provide a broad-based review and update of the major subspecialty areas in orthopaedics.
- To make *The Journal* reader aware of new advances in orthopaedic surgical techniques and technology.

INSTRUCTIONS

In order to benefit most from this educational experience and qualify for Continuing Medical Education credit, please observe the following instructions:

1. Read the learning objectives listed on the Response Form and be certain that they meet your individual learning needs.
2. These CME questions have been derived from the information presented in the January, February, and March issues of the 2008 American volume of *The Journal of Bone and Joint Surgery* (Vol. 90-A). A careful study of each article should yield the best response to each question.
3. Record your answers and complete all portions of the attached Response Form in the back of this document. Upon successful completion of the examination, you may claim up to ten category-1 CME credits. However, to claim up to ten credits to satisfy self-assessment examination requirements mandated by the Maintenance of Certification process, you must take the *online* JBJS quarterly examination.
4. In order for the American Academy of Orthopaedic Surgeons to document your participation in the CME activity, Academy Fellows must provide their AAOS membership number in the designated area on the Response Form.
5. In addition to providing the answers to the CME questions, you must complete the examination evaluation questions. These questions are found on the Response Form. The way you answer these evaluation questions will not in any way affect the score that you achieve.
6. All completed answer sheets will be graded, and you will be advised of the results of this examination within four weeks after it is received. In order to qualify for CME credit, a score of more than 50% correct must be achieved on the examination. The charge must be paid at the time that the answer sheet is submitted. **The deadline to submit your answers for grading this set of questions is September 15, 2008.**

1. Who reimburses hospitals for the explicit cost of orthopaedic implants used to treat Medicare patients who have sustained an intertrochanteric fracture?

- A. Medicare, on a case-by-case basis
- B. the patient
- C. the surgeon
- D. the device manufacturers
- E. none of the above

2. Which of the following findings concerning primary arthroscopic Bankart repair after a first-time anterior shoulder dislocation is least accurate?

- A. there is a substantial reduction in the risk of recurrent instability in the two years following arthroscopic Bankart repair
- B. there is a substantial reduction in the risk of recurrent dislocation following arthroscopic Bankart repair
- C. the shoulder-specific functional outcome scores remain improved, whether or not recurrent instability develops
- D. there is a low rate of postoperative complications
- E. there is a greater likelihood that an athlete will return to playing contact sports

3. Obese patients can expect to have successful weight reduction following which of the following procedures, once symptoms have resolved?

- A. lumbar decompression of one level
- B. lumbar decompression of two levels with arthrodesis
- C. total knee replacement
- D. total hip replacement
- E. none of the above

4. Autograft contamination can occur during preparation for anterior cruciate ligament reconstruction. After implantation into the knee of a contaminated autograft as evidenced by a positive culture:

- A. antibiotic treatment for three weeks should be prescribed
- B. arthroscopic débridement and graft removal is necessary regardless of a benign clinical course
- C. no further treatment is necessary in the absence of clinical infection
- D. the C-reactive protein level will remain elevated for two months
- E. infection of the knee joint will occur in 50% of cases

5. Which metatarsal fractures occur most frequently in children older and younger than five years of age and what are the predominant mechanisms causing metatarsal fractures in these age groups?

- A. fractures of the fifth metatarsal in children five years of age or younger caused by falls from a height and fractures of the first metatarsal in children older than five years of age caused by falls on a level surface
- B. fractures of the first metatarsal in children five years of age or younger caused by falls from a height and fractures of the fifth metatarsal in children older than five years of age caused by

- falls on a level surface
- C. fractures of the first metatarsal in children five years of age or younger and fractures of the fifth metatarsal in children older than five years of age, with no difference in mechanisms of injury
- D. fractures of the first metatarsal in children five years of age or younger caused by falls on a level surface and fractures of the fifth metatarsal in children older than five years of age caused by falls from a height
- E. fractures of the fifth metatarsal in children five years of age or younger caused by falls on a level surface and fractures of the first metatarsal in children older than five years of age caused by falls from a height
- 6. The most prevalent cause of failure of unipolar hip replacement performed in children following removal of a proximal femoral tumor is:**
- A. dislocation
- B. protrusion
- C. premature fusion of the triradiate cartilage
- D. subluxation
- E. metal wear debris
- 7. Application of small electrical fields to human osteoarthritic cartilage explants had which of the following results?**
- A. an increase in chondrocyte proliferation
- B. a decrease in articular cartilage pain fibers
- C. an increase in expression of genes that form cartilage
- D. an increase in genes that stimulate cytokine production
- E. an increase in cartilage thickness
- 8. Which of the following statements regarding glenoid component failure in total shoulder arthroplasty is least accurate?**
- A. eccentric loading of the glenoid component by the humeral head can cause loosening by the rocking-horse mechanism
- B. eccentric loading of the glenoid component can alter the surface contour of the component by wear and cold flow
- C. failure of glenoid components has been demonstrated to occur less often when metal backing and new techniques in polyethylene manufacture have been used
- D. polyethylene particles smaller than 1 μm may cause osteolysis of the glenoid bone
- E. radiolucent lines around the glenoid component suggest suboptimal fixation and are often progressive over time
- 9. Where is the insertion of the infraspinatus muscle on the humerus?**
- A. the lesser tuberosity
- B. all of the highest impression of the greater tuberosity
- C. all of the middle impression of the greater tuberosity
- D. about half of the highest impression and all of the middle impression of the greater tuberosity
- E. the entire impressions of the greater tuberosity
- 10. A surgeon wishes to use ropivacaine instead of a more commonly administered local anesthetic such as bupivacaine for intra-articular postoperative analgesia after arthroscopy. The pharmacy requests justification for the change because of potentially increased cost. The best evidence to support use of ropivacaine is:**
- A. ropivacaine is less toxic than bupivacaine to human chondrocytes in cartilage explants
- B. ropivacaine and bupivacaine have equal systemic toxicity
- C. ropivacaine has been shown to be more cost-effective than bupivacaine
- D. intra-articular administration of bupivacaine has been associated with chondrolysis
- 11. The general health outcome (Short Form-12 [SF-12]) scores of patients who had undergone a two-incision total hip arthroplasty were compared, at two months and one year postoperatively, with the scores of patients who had undergone a single mini-posterior-incision total hip arthroplasty. The general health outcome scores were:**
- A. markedly better, both at two months and at one year, for the patients who had the two-incision total hip arthroplasty
- B. markedly better at two months for the patients who had the two-incision total hip arthroplasty, but the scores for the two groups were similar at one year
- C. similar for the two groups at both two months and one year
- D. markedly better, both at two months and at one year, for the patients who had the mini-posterior-incision total hip arthroplasty
- E. similar for the two groups at two months but markedly better at one year for the patients who had the mini-posterior-incision total hip arthroplasty
- 12. Blinding of personnel in randomized clinical trials:**
- A. is less important in orthopaedic surgery than in pharmacological interventions
- B. can rarely be incorporated into trials that report subjective outcomes
- C. should be avoided because it is unethical
- D. is not practical in trials comparing treatments for orthopaedic trauma
- E. is feasible with use of simple techniques in most trials comparing treatments for orthopaedic trauma
- 13. What is the relationship between patient age and the reliability of grip strength measurements?**
- A. the absolute measurement error is larger for older and stronger children
- B. the absolute measurement error is larger for older children, but the normalized measurement error is the same for all ages
- C. the absolute measurement error is the same for all children, but the normalized measurement error is larger for younger children
- D. the normalized measurement error is larger for older children, but the absolute measurement error is larger for younger children
- 14. In an in vitro midshaft bone gap model, a fixa-**

- tion construct comprised of an allograft strut and a nonlocked plate mounted with cables and nonlocked screws demonstrated greater stiffness in all test modes when compared with a locked plate mounted with locked screws, a locked plate mounted with cables and locked screws, and a nonlocked plate mounted with cables and nonlocked screws. What best explains the reason for the stiffest construct?**
- fewer screws were inserted into the host bone and thus the bone was less damaged
 - it was effectively a two-plate construct whereas the others were one-plate constructs
 - it used four cables in total whereas the other constructs used two or fewer cables
 - it used a plate that was longer than that of two of the other constructs
 - it used a strut that was embalmed, which greatly increases stiffness
- 15. The largest risk factor for the development of a cerebrospinal fluid leak during cervical spine surgery was found to be:**
- ossification of the posterior spinal ligament
 - revision surgery
 - obesity
 - male sex
 - corpectomy
- 16. A fifty-five-year-old woman underwent cementless total hip arthroplasty for the treatment of unilateral osteoarthritis of the hip. Six weeks postoperatively, she sustained a posterior dislocation of the hip after arising from a low chair. Postreduction radiographs showed the femoral component to be in neutral mediolateral alignment and 15° of anteversion; the acetabular component was in 55° of abduction and neutral anteversion. The patient subsequently experienced three additional dislocations during activities of daily living over the next eight months. You are asked to evaluate her. On examination, you find that the true limb lengths are equal. The range of motion of the hip is limited by apprehension when you flex the hip to 90° and internally rotate it to 5°. The abductor strength is good, and she is neurologically intact. The most appropriate treatment would be:**
- use of a knee immobilization brace for six weeks
 - advancement of the greater trochanter
 - leaving the femoral component in place but revising the modular head-neck component to one that is longer
 - revising the acetabular component with use of a nonconstrained design
 - revising the acetabular component with use of a constrained design
- 17. A forty-four-year-old woman sustained an injury to the left knee. Radiographs and computed tomography revealed a Schatzker type-II split depression fracture of the tibial plateau with an estimated 5-cm³ bone defect. Elevation of the fracture and open reduction and internal fixation is thought to be the treatment of choice. A recent meta-analysis suggests that the best graft material to support the articular elevation over the short term is:**
- calcium phosphate bone cement
 - autogenous iliac bone graft
 - allogeneic iliac bone graft
 - cortical fibular bone struts
 - custom metallic wedge
- 18. A potential disadvantage of the use of ring external fixation rather than internal fixation for revision ankle arthrodesis is:**
- delayed weight-bearing on the treated extremity
 - sacrifice of the subtalar joint in patients with poor residual bone at the tibiotalar joint
 - loss of compression at the arthrodesis site postoperatively
 - the need for patient compliance
 - the need to place an implant across areas of previous infection
- 19. In a retrospective study comparing adolescents who underwent surgery for scoliosis with those treated surgically for spondylolisthesis, the overall long-term quality of life was found to be better for the scoliosis group. In comparison with the spondylolisthesis group at the time of long-term follow-up, the scoliosis group was found to have:**
- equivalent Scoliosis Research Society-24 (SRS-24) questionnaire scores
 - equivalent physical component scores on the Short Form-36 (SF-36)
 - less spinal deformity
 - equivalent self-image scores on the SRS-24 questionnaire
- 20. Early designs of reverse shoulder arthroplasty for treatment of glenohumeral arthritis associated with severe rotator cuff deficiency were associated with mechanical failure. In one study, a reverse shoulder arthroplasty was performed with use of 5.0-mm peripheral locking screws for baseplate fixation and with a lateralized center of rotation. The potential benefit of a lateralized center of rotation is that it approximates normal shoulder anatomy and diminishes scapular notching. In comparison with patients who do not have scapular notching, those with scapular notching have had lower:**
- Constant scores
 - subjective shoulder values
 - postoperative flexion
 - postoperative abduction
 - all of the above
- 21. The majority of children with neonatal brachial plexus palsy have no identifiable risk factors. However, of the risk factors that have been identified as being associated with this condition, the most frequent was found to be:**
- cesarean delivery
 - exceptionally large body weight (>4.5 kg)
 - forceps delivery
 - shoulder dystocia

- E. twin or multiple birth
- 22. When early spine fusion is performed for non-neuromuscular scoliosis, subsequent pulmonary function may be compromised. The patient most likely to be affected by restrictive lung disease is one who underwent:**
- proximal thoracic fusion that included the T1 or T2 level
 - thoracic fusion that included the level caudad to T6
 - distal thoracolumbar fusion
 - spinal instrumentation for correction of hemivertebrae
 - use of Harrington rods
- 23. When titanium and stainless steel elastic nails were compared for use in treating femoral fractures in children, the titanium nails were found to be associated with a significantly higher rate of:**
- malunion
 - nail breakage
 - nonunion
 - infection
 - irritation by the nail
- 24. A forty-year-old right-hand-dominant man who fell down the stairs presents with acute hemarthrosis of the injured, dominant elbow. Radiographs demonstrate a coronal shear fracture of the capitellum that extends medially to involve most of the trochlea (Type IV). Following anatomic articular reconstruction of the distal humeral partial articular fracture, there is an increased risk of:**
- clinically important bridging heterotopic ossification of the elbow
 - elbow flexion contracture and reduced terminal flexion
 - elbow instability requiring ligamentous reconstruction
 - postoperative neurapraxia
 - complex regional pain syndrome
- 25. You are treating a patient with a chronic Achilles tendon rupture and you prepare to perform a reconstruction with a flexor hallucis longus transfer. All of the following are advantages of this technique except:**
- the tendon is long and durable
 - the muscle is stronger than that of other transfer candidates
 - the axis of the flexor hallucis longus closely resembles that of the Achilles tendon
 - the flexor hallucis longus lies in a separate but easily accessible compartment
 - contraction of the flexor hallucis longus occurs in phase with the gastrocnemius-soleus complex
- 26. Which of the following statements is true regarding the fixation implant that candidates for the ABOS oral certification examination choose for treatment of intertrochanteric fractures?**
- the sliding hip screw and side plate is currently the implant most frequently chosen by this group of surgeons
 - the implant type most frequently chosen by this group of surgeons has remained stable over the past seven years
 - the implant that is currently most frequently chosen by this group of surgeons has been proven to be superior to other options in the majority of prospective randomized trials
 - the introduction of new types of fixation technology among this group of surgeons has proceeded at the same rate in all regions of the country
 - the type of implant that is currently more frequently chosen by this group of surgeons has, in the hands of these surgeons, been associated with a rate of complications equal to or higher than the rate associated with the other primary type of fixation
- 27. Progressive increased laxity over time of hamstring grafts used for anterior cruciate ligament reconstruction can be attributed to all but which of the following factors?**
- female sex
 - physiologic laxity of the knee
 - the diameter of the graft
 - delayed incorporation of the graft into the bone tunnel
 - the severity of the initial knee injury
- 28. What is the most substantial difference in the radiographic characteristics between patients with an ossified lesion of the upper cervical spine and those without such a lesion?**
- ossification of the anterior longitudinal ligament
 - ossification of the ligamentum nuchae
 - alignment of the cervical spine
 - the range of motion of C1-C2
 - the existence of ossification of the posterior longitudinal ligament at the thoracic and/or lumbar spine
- 29. In navigated total knee arthroplasty, which of the following measurements is usually not performed by the navigation systems?**
- preoperative lower limb alignment
 - bone-cut alignment
 - soft-tissue balancing
 - final prosthetic component alignment
 - postoperative lower limb alignment
- 30. The postoperative range of motion achieved following total knee arthroplasty affects many functional activities. In one study, a range of motion of between 128° and 132° was associated with:**
- the best walking ability
 - the best stair-climbing ability
 - the best knee function scores
 - the best pain scores
 - all of the above
- 31. Which of the following landing strategies is likely to help reduce the peak strain, and therefore the risk of rupture, in the anteromedial region of the anterior cruciate ligament during a jump landing with a usual amount of knee flexion?**
- no increase in hip flexion compared with usual values, but active contraction of the hamstrings

- B. no increase in hip flexion compared with usual values, but with relaxed hamstrings
 C. an increase in hip flexion compared with usual values, with active contraction of the hamstrings
 D. an increase in hip flexion compared with usual values, with relaxed hamstrings
- 32. What is the most common site for presentation of an osteosarcoma in a twelve-year-old child?**
 A. shaft of the femur
 B. epiphyseal area around the hip joint
 C. spine and pelvis
 D. distal femoral or proximal tibial metaphysis
 E. tarsal bones
- 33. The possibility that osteoporosis is associated with the presentation of a fragility fracture is often not investigated. Which of the following has been shown to improve evaluation and treatment rates for osteoporosis following fragility fractures of the distal part of the radius?**
 A. providing educational materials to the patient at the time of the initial visit
 B. providing educational materials to the patient's primary care physician
 C. ordering a bone mineral density test at the time of the initial visit
 D. e-mailing treatment guidelines to the patient's primary care physician
 E. a follow-up telephone call to the patient detailing osteoporosis treatment options
- 34. An eighteen-month-old girl is suspected of having pediatric trigger thumb. On examination, the most likely physical finding of trigger thumb would be:**
 A. painless triggering of the interphalangeal joint
 B. extension deformity of the interphalangeal joint
 C. flexion deformity of the interphalangeal joint
 D. radial deviation of the interphalangeal joint
 E. a palpable nodule in the interphalangeal joint
- 35. Painful clicking in the retrofibular region following an ankle sprain without clinical subluxation can be caused by intrasheath subluxation of the peroneal tendons. This is confirmed by which preoperative imaging study?**
 A. magnetic resonance imaging
 B. dynamic ultrasound
 C. computed tomography
 D. single-photon-emission computed tomography (SPECT)
 E. plain radiographs
- 36. A time-dependent rate of bacterial contamination of open surgical trays was demonstrated in a recent study. The most prevalent contaminants were:**
 A. polymicrobial
 B. coagulase-negative Staphylococcus
 C. alpha Streptococcus
 D. Corynebacterium
 E. Bacillus species
- 37. Rotator cuff repairs may fail at the bone-anchor interface, at the suture-anchor interface, or at the suture-tendon interface. A study comparing three double-row rotator cuff repair techniques with regard to individual failure rates demonstrated significant differences at which of the following interfaces?**
 A. both the bone-anchor and the suture-tendon interface
 B. neither the bone-anchor nor the suture-tendon interface
 C. the bone-anchor interface but not the suture-tendon interface
 D. the suture-tendon interface but not the bone-anchor interface
 E. the suture-anchor interface but not the bone-anchor or suture-tendon interface
- 38. After intralesional treatment of giant-cell tumor of bone, a recurrence of the tumor often presents with an extracompartmental extension close to a joint. In that situation, the therapy of choice is:**
 A. wide excision and allografting
 B. secondary curettage with filling of the cavity with polymethylmethacrylate
 C. secondary curettage with bone-grafting
 D. wide excision and arthrodesis
 E. resection and placement of an endoprosthesis
- 39. Recent studies have shown that bisphosphonates may enhance the biological fixation of metallic implants. According to current knowledge, what is the most likely mechanism by which bisphosphonates provide enhanced fixation?**
 A. incorporation into peri-implant bone mineral reduces the solubility of the mineral
 B. modulation of the interaction between osteoblasts and osteoclasts
 C. a decrease in the degradation of the calcium phosphate coatings on the implants maintains the bioactivity of the implants
 D. acceleration of the transformation of the new woven bone to lamellar bone
 E. reduction of the foreign-body reaction of the host bone to the implants
- 40. Which of the following extremity sarcomas has a tendency to metastasize to extrapulmonary tissues without pulmonary involvement?**
 A. myxoid liposarcoma
 B. malignant fibrous histiocytoma (undifferentiated pleomorphic sarcoma)
 C. malignant nerve sheath tumor
 D. osteosarcoma
 E. leiomyosarcoma
- 41. A sixty-year-old man has sustained a minimally displaced scaphoid fracture in the nondominant hand. In discussing treatment options, he asks about the long-term pain and function when comparing operative and nonoperative treatment. On the basis of studies that involved limb-specific outcome instruments (the DASH [Disabilities of the Arm, Shoulder and Hand] and PRWE [Patient-Rated Wrist Evaluation]), you can tell him which of the following?**

- A. the majority of patients treated either operatively or nonoperatively will have a low score, indicating that most are asymptomatic
- B. more patients treated operatively will have a higher score
- C. more patients treated nonoperatively will have a higher score
- D. >25% of patients will have a high score, indicating that quite a few patients have persistent problems
- E. very few patients will have a score of 0
- 42. You are managing a patient with a limb-threatening high-energy fracture of the tibia. Which of the following factors are most likely to be associated with the patient's satisfaction with his or her outcome?**
- A. education and poverty status of the patient
- B. the patient's personality profile and medical comorbidities
- C. the patient's final walking speed and pain intensity
- D. the treatment chosen for the limb (amputation or reconstruction)
- E. the severity of the initial bone or skin damage
- 43. The authors of a study proposed a new "three-point index" as a superior method of identifying the risk of redisplacement in children treated with cast fixation for a displaced or angulated distal radial fracture. In comparison with other techniques, the major strengths of this method are that it makes it possible to:**
- A. calculate the gap between the cast and the skin at the fracture line more accurately
- B. better calculate the interosseous gap and also take into account the risk factor of initial complete displacement
- C. take into account the possible risk factors of ulnar fracture and obliquity
- D. calculate the fracture site gaps and the gap at the proximal and distal supporting points of the cast against possible redisplacement directions
- E. determine the sum of the cast index and the gap index
- 44. The timing of administration of antibiotics prior to surgery has been selected by payers as a pay-for-performance measure. In pay-for-performance programs, what is considered the proper timing for administration of antibiotic prophylaxis prior to surgery?**
- A. within five minutes prior to the incision
- B. within thirty minutes prior to the incision
- C. within sixty minutes prior to the incision
- D. within ninety minutes prior to the incision
- E. within thirty minutes prior to the incision or after the incision
- 45. A fifty-year-old man sustained a depressed lateral plateau fracture of the left tibia that resulted in valgus malunion. In the operative exposure to restore normal alignment, you perform an oblique osteotomy of the middle third of the fibula and a straight lateral incision. Only the anterior part of the malunion is exposed with this approach. To gain further posterior exposure your next step would be to perform:**
- A. a lateral arthrotomy
- B. a fibular head osteotomy
- C. a release of the insertion of the iliotibial band
- D. an osteotomy of Gerdy's tubercle
- E. a release of the insertion of the lateral collateral ligament
- 46. At the time of medium-term follow-up in a large series of endoprosthetic reconstructions that had been performed following resection of a bone tumor, 34% of the patients had undergone revision surgery. The most prevalent reason for revision was:**
- A. mechanical failure of the prosthesis
- B. infection
- C. locally recurrent disease
- D. a second primary malignant tumor at the site
- E. periprosthetic fracture
- 47. In a long-term follow-up report on the Taperloc femoral component, the most common reason for revision of the stem was:**
- A. aseptic loosening
- B. infection
- C. periprosthetic fracture
- D. the procedure was part of a revision of a failed acetabular component
- E. subsidence
- 48. Which of the following factors have been associated with the problem of noise (squeaking, clicking) with use of ceramic-on-ceramic total hip arthroplasty components?**
- A. extreme ranges of flexion by patients
- B. stripe wear
- C. impingement
- D. component malposition
- E. all of the above
- 49. In the presence of femoral diaphyseal lysis or cortical thinning, which of the following revision surgical techniques is preferable?**
- A. impaction grafting at the site of bone lesions and use of a long uncemented stem
- B. use of a short cemented stem and mesh reconstruction alone of femoral defects below the stem
- C. use of a short cemented stem and use of struts and plates to reinforce cortical defects
- D. use of stainless steel mesh to reconstruct areas of lysis or cortical defects and implantation of a long cemented stem to bypass defects
- 50. The prognosis of an osteonecrotic lesion of the femoral head depends on many variables such as the etiology, size, and location of the lesion. In a study of the natural history of asymptomatic osteonecrosis of the femoral head, the authors found that the worst prognosis was in patients who:**
- A. overused alcohol
- B. used steroids
- C. had sustained trauma
- D. had sickle cell disease
- E. had an idiopathic etiology

RESPONSE FORM

EXAMINATION EVALUATION

Did the July 2008 CME Review Questions meet these educational objectives*:

1. Provide a broad-based review and update specifically in the areas of pediatric orthopaedics and the foot and ankle? Yes No
2. Strengthen your problem-solving abilities related to patient care particularly in the areas of pediatric orthopaedics and the foot and ankle? Yes No
3. Make you aware of new advances in orthopaedic surgical techniques and technology? Yes No

Comments (please comment on the quality of the questions and their relationship to your practice): _____

*Note: These objectives will change every quarter.

SURVEY (optional)

1. Which of the following best describes your practice type?
 - General orthopaedics
 - General orthopaedics with subspecialty interest
 - Exclusively subspecialty
 - Resident or student
 - Researcher
 - Other: _____
2. What are your specialty interests? Please rank in order of importance (1 = highest importance).

____ Adult	____ Spine
____ Geriatric	____ Hand
____ Pediatric	____ Rheumatology
____ Rehabilitation	____ Foot and Ankle
____ Sports	____ Other: _____
____ Trauma	
3. Which is your number-one priority to read when you receive *The Journal* (American volume only) each month?
 - Commercial advertising
 - Current Concepts
 - Classified advertising
 - Letters to The Editor
 - Clinical scientific articles
 - Basic scientific articles
 - Orthopaedic Forum
 - Instructional Course Lectures

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 sponsorship of the American Academy of Orthopaedic Surgeons (AAOS) and *The Journal of Bone and Joint Surgery* (JBJS). The AAOS is accredited by the ACCME to provide continuing medical education for physicians. The AAOS designates this educational activity for up to 10 hours of category-1 credit toward the AMA Physicians' Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

The deadline to submit your answers for grading this set of questions is September 15, 2008.

QUESTIONS?

For payment questions, contact the Subscription Department at 781-449-9780, x1240. For questions regarding submitted tests, contact Melissa Viola at 781-449-9780, x1224. E-mail all other questions to cme@jbjs.org.

ANSWER KEY

Black out the correct answers

- | | | |
|---------------|---------------|---------------|
| 1. A B C D E | 18. A B C D E | 35. A B C D E |
| 2. A B C D E | 19. A B C D | 36. A B C D E |
| 3. A B C D E | 20. A B C D E | 37. A B C D E |
| 4. A B C D E | 21. A B C D E | 38. A B C D E |
| 5. A B C D E | 22. A B C D E | 39. A B C D E |
| 6. A B C D E | 23. A B C D E | 40. A B C D E |
| 7. A B C D E | 24. A B C D E | 41. A B C D E |
| 8. A B C D E | 25. A B C D E | 42. A B C D E |
| 9. A B C D E | 26. A B C D E | 43. A B C D E |
| 10. A B C D | 27. A B C D E | 44. A B C D E |
| 11. A B C D E | 28. A B C D E | 45. A B C D E |
| 12. A B C D E | 29. A B C D E | 46. A B C D E |
| 13. A B C D | 30. A B C D E | 47. A B C D E |
| 14. A B C D E | 31. A B C D | 48. A B C D E |
| 15. A B C D E | 32. A B C D E | 49. A B C D |
| 16. A B C D E | 33. A B C D E | 50. A B C D E |
| 17. A B C D E | 34. A B C D E | |

CME Credits Claimed* _____

*Required. Please enter the number of CME credit hours you are claiming for this exam. You must complete this field to receive CME credit.

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