CME Credit Quiz

In association with Dalhousie University



This test offers the opportunity to assess your knowledge and retention of the information presented in the articles in this issue. Physicians who complete the quiz will receive a statement from Dalhousie University, Continuing Medical Education indicating their participation and their score.

Dalhousie University is fully accredited by the Committee on Accreditation of Canadian Medical Schools and, by reciprocity, the Accreditation Council for Continuing Medical Education of the United States to offer continuing medical education to physicians. Where applicable, physicians may report their participation in this CME activity to the appropriate professional and health organizations.

Each quiz may be submitted only once for consideration and must be submitted within six months after the date of issue.

Correct answers will be published in the journal six months after the quiz appears.

SELECT THE BEST ANSWER(S) FOR EACH OF THE FOLLOWING

- 1. Nystagmus can be tested by which of the following?
- a) The use of strong reading glasses
- b) Heal-to-toe walking
- c) Hyperventilation
- d) a & c
- e) All of the above
- 2. Vertigo when lying down, rolling over, and with head extension represents:
- a) Benign positional vertigo
- b) Vestibular neuronitis
- c) Meniere's syndrome
- d) Ototoxicity
- 3. A patient with cold and sudden onset vertigo, with vomiting and imbalance without hearing loss probably represents:
- a) Benign positional vertigo
- b) Vestibular neuronitis
- c) Meniere's syndrome
- d) Ototoxicity
- 4. Episodic vertigo accompanied by unilateral, low, roaring tinnitus, or unilateral, low-frequency hearing loss lasting two to eight hours represents:
- a) Benign positional vertigo
- b) Vestibular neuronitis
- c) Ototoxicity
- d) Meniere's syndrome

- 5. Bilateral ototoxicity produces vertigo, not oscillopsia.
- a) True
- b) False

(Dizziness; page 65)

- 6. Which of the following is/are factor(s) that contribute to stress for physicians?
- a) Lack of sleep
- b) Poor eating habits
- c) Lack of regular exercise
- d) Overuse of drugs and alcohol
- e) All of the above
- 7. What are some of the signs of burnout?
- a) No energy left at the end of the day
- b) Difficulty being with other people
- c) Feelings of low job satisfaction
- d) Feeling a lack of reward or recognition
- e) All of the above

(Stress and Burnout; page 74)

- 8. Tendonosis is a pathologic process demonstrated by:
- a) Dense groups of fibroblasts
- b) Vascular hyperplasia
- c) Disorganized collagen
- d) b&c
- e) All of the above

9. The signs and symptoms of tendonosis include:

- a) History of the increased or change intended use
- b) Tenderness at bone tendon interface
- c) Pain with resisted action of the tendon
- d) All of the above

10. According to the author, corticosteroid injections provide improvement for:

- a) 2 to 6 weeks
- b) 8 to 12 weeks
- c) 16 to 20 weeks

11. According to the author, at least one randomized controlled trial found greater improvement with physical therapy than with corticosteroid injections at 26 and 52 weeks.

- a) True
- b) False

(Overuse Tendon Injuries; page 80)

12. What causes impetigo?

- a) Streptococcus pyogenes
- b) Staphylococcus aureus
- c) Pseudomonas
- d) a & b
- e) a & c

13. What causes erysipelas?

- a) Streptococcus pyogenes
- b) Staphylococcus aureus
- c) Pseudomonas
- d) a & b
- e) a & c

14. What can be used to treat cellulitis?

- a) Topical mupirocin 2%
- b) Oral cloxacillin
- c) Oral penicillin
- d) Oral cephalexin
- e) b&d

15. Necrotizing fasciitis is caused by virulent strains of:

- a) Streptococcus pyogenes
- b) Staphylococcus aureus
- c) Pseudomonas
- d) a & b
- e) a & c

16. Initial treatment of necrotizing fasciitis consists of intravenous:

- a) Penicillin
- b) Cloxacillin
- c) Clindamycin
- d) Cephalexin
- e) a & c

(Skin Infections; page 86)

Made possible through an educational grant from MERCK FROSST CANADA LTD.