

## CPD QUESTIONNAIRE. MARCH 2026 VOL 25 NO 1

**The combined use of titanium elastic intramedullary nails and postoperative skin traction in unstable femoral diaphyseal fractures in children (Socutshana B, Khoza ZM, Phala M, Dey R, Bila SK, Rachuene PA)**

**1. According to the criteria used in this study (Sink et al.), which of the following fracture patterns is classified as unstable in paediatric femoral shaft fractures?**

- |                            |   |
|----------------------------|---|
| a. Transverse fractures    | A |
| b. Short oblique fractures | B |
| c. Spiral fractures        | C |
| d. Greenstick fracture     | D |
| e. Buckle fracture         | E |

**2. What was the primary objective of this study?**

- |  |   |
|--|---|
| a. To compare TENS with submuscular plating in all paediatric femoral fractures                        | A |
| b. To determine the cost-effectiveness of TENS   | B |
| c. To evaluate outcomes of TENS in stable fractures only   | C |
| d. To assess the effectiveness of TENS combined with postoperative skin traction in unstable fractures | D |
| e. To assess immediate weight-bearing after TENS   | E |

**3. Which outcome measure was used to evaluate functional results in this study?**

- |                                 |   |
|---------------------------------|---|
| a. Harris Hip Score             | A |
| b. PODCI                        | B |
| c. Lysholm Knee Score           | C |
| d. Stans' radiological criteria | D |
| e. Flynn criteria               | E |

**The outcomes of the single-stage, three-incision surgical approach in the treatment of neglected cases of congenital vertical talus: a single centre's experience (Hegazy MA, Khairy HM, Hegazy AA, Sebaei MAEF, Ouda BM, Sadek SI)**

**4. Which tarsal bones can be removed during CVT surgery in cases where the reduction of the talonavicular joint is excessively tight or difficult, and if the medial arch remains much longer than the lateral arch, causing severe abduction of the forefoot?**

- |              |   |
|--------------|---|
| a. Calcaneus | A |
| b. Talus     | B |
| c. Navicular | C |
| d. Cuneiform | D |
| e. Cuboid    | E |

**5. What patient age is best suited for managing CVT cases with good cosmetic results?**

- |                                       |   |
|---------------------------------------|---|
| a. Before the age of 2 years          | A |
| b. Between the ages of 2 and 4 years  | B |
| c. Between the ages of 4 and 6 years  | C |
| d. Between the ages of 6 and 10 years | D |
| e. After puberty                      | E |

**6. In the current surgical approach, the third incision was made posteriorly to lengthen which of the following tendons?**

- |                                    |   |
|------------------------------------|---|
| a. Flexor digitorum tendon         | A |
| b. Tibialis anterior tendon        | B |
| c. Tibialis posterior tendon       | C |
| d. Extensor hallucis brevis tendon | D |
| e. Achilles tendon                 | E |

**What is the current consensus among orthopaedic surgeons in South Africa regarding robotic-assisted surgery in total joint arthroplasty? (Almeida RP, Sikhali N, Mokete L, Seiketto A, Pietrzak J)**

**7. Robotic systems can be classified as the following except for:**

- |                    |   |
|--------------------|---|
| a. Passive         | A |
| b. Active          | B |
| c. Semi-active     | C |
| d. Fully assisted  | D |
| e. Active assisted | E |

**8. What is the main reason surgeons reported for using RA-TJA?**

- |   |   |
|---|---|
| a. Superior long-term functional outcomes             | A |
| b. Better patient satisfaction                        | B |
| c. Higher precision and reproducibility in procedures | C |
| d. Decreased complications                            | D |
| e. Theatre efficiency                                 | E |

**9. The perceived learning curve of RA-TJA is:**

- |                |   |
|----------------|---|
| a. 0–10 cases  | A |
| b. 11–20 cases | B |
| c. 21–40 cases | C |
| d. 41–50 cases | D |
| e. > 50 cases  | E |

**Outcomes of an all-suture anchor technique for the treatment of transverse olecranon fractures: a case series (Qwanyaza W, O'Connor M, Haynes W, Pretorius JL)**

**10. Which of the following best describes the union rate achieved using the all-suture anchor (ASA) technique in this case series?**

- |         |   |
|---------|---|
| a. 87%  | A |
| b. 90%  | B |
| c. 93%  | C |
| d. 97%  | D |
| e. 100% | E |

**11. According to the study's postoperative functional outcomes, what was the median Mayo Elbow Performance Score (MEPS) at final follow up?**

- |                    |   |
|--------------------|---|
| a. 75 (good)       | A |
| b. 80 (good)       | B |
| c. 90 (excellent)  | C |
| d. 95 (excellent)  | D |
| e. 100 (excellent) | E |

<b>12. Which of the following statements regarding complications observed in the study is true?</b>	
a. Deep infections were the most common complication	A
b. Two patients required reoperation for hardware removal	B
c. All complications occurred in closed fractures	C
d. Two cases involved superficial sepsis with exposed suture material	D
e. Loss of forearm rotation was the most frequent complication	E
<b>13. Which key feature of the ASA technique utilised in the present investigation is correctly described?</b>	
a. The suture anchors are placed 2–3 cm proximal to the fracture site	A
b. Only a single anchor is used, positioned centrally in the proximal ulna fragment	B
c. Two convergent anchor holes are drilled at least 1 cm distal to the fracture site and aimed toward the coronoid process	C
d. The construct does not utilise the tension band principle	D
e. Postoperative rehabilitation restricts all elbow motion for the first six weeks	E
<b>A retrospective cohort study investigating the epidemiology of bacterial hand infections at a tertiary hospital in the Western Cape of South Africa (Aboobaker R, van Zyl H, Burger MC)</b>	
<b>14. What proportion of patients in this study experienced at least one complication following treatment for a bacterial hand infection?</b>	
a. 10%	A
b. 15%	B
c. 23%	C
d. 34%	D
e. 55%	E
<b>15. Which organism was most frequently cultured from hand infections in this cohort?</b>	
a. Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	A
b. <i>Streptococcus pyogenes</i>	B
c. <i>Pseudomonas aeruginosa</i>	C
d. Methicillin-sensitive <i>Staphylococcus aureus</i> (MSSA)	D
e. Mixed anaerobic organisms	E
<b>16. Which factor was found to be significantly associated with an increased risk of complications?</b>	
a. Smoking	A
b. Diabetes mellitus	B
c. Delayed presentation $\geq$ 5 days	C
d. Necrotising fasciitis	D
e. Substance abuse	E

<b>17. Regarding antibiotic sensitivity patterns in this study, which statement is most accurate?</b>	
a. Cloxacillin showed higher sensitivity than co-amoxiclav	A
b. MRSA accounted for more than 10% of cultured organisms	B
c. Co-amoxiclav resistance was associated with increased complications	C
d. Most organisms were resistant to both co-amoxiclav and cloxacillin	D
e. Antibiotic sensitivity had no relationship to clinical outcomes	E
<b>Poor prognostic features among soft tissue sarcoma patients: analysis based on the first sarcoma registry in South Africa (Maimin D, Waters R, Kruger N, Bauer HFC, Hilton T)</b>	
<b>18. According to the South African Sarcoma Registry data, what was the median tumour size at presentation, and how does this compare to Scandinavian registry data?</b>	
a. 7 cm; it is identical to Scandinavian average	A
b. 5 cm; it is smaller than Scandinavian averages	B
c. 11 cm; it is significantly larger than the 7 cm average reported in Scandinavia	C
d. 15 cm; it is larger than the 11 cm average reported in Scandinavia	D
e. 9 cm; it is slightly larger than the 8 cm average reported in Scandinavia	E
<b>19. Which factor was identified through multivariate Cox regression analysis as being significantly associated with two-year mortality for patients without metastasis at diagnosis?</b>	
a. Patient age	A
b. Histological grade	B
c. Anatomical location (e.g. upper vs lower limb)	C
d. Tumour size	D
e. Sex of the patient	E
<b>20. How did the prevalence of metastasis at diagnosis in this South African cohort compare to international series?</b>	
a. It was 5%, which is lower than the international range of 8–13%	A
b. It was 10%, falling directly within the international average	B
c. It was 17%, which is higher than the 8–13% identified in international series	C
d. It was 23%, matching the rates reported in the Nigerian registry	D
e. It was 30%, nearly triple the rate seen in Scandinavia	E

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