

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201804B)

Question 1. Regarding accessory ossicles:

- a) They are only found in the foot.
- b) They are usually congenital.
- c) They are usually symptomatic.
- d) They may mimic fractures.

True	False
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Question 2. Regarding the accessory navicular:

- a) Type 1 accessory navicular has a cartilaginous interface (synchondrosis) with the navicular bone.
- b) Type 2 accessory navicular is most commonly symptomatic.
- c) Radiographs are usually diagnostic for os naviculare syndrome.
- d) Tears of the posterior tibial tendon may be seen in os naviculare syndrome.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Question 3. Regarding the os trigonum:

- a) It is best seen on the anterior-posterior projection of the ankle radiograph.
- b) It may mimic a lateral talar process fracture.
- c) Bright T1-weighted signal is a sign of bone marrow oedema in posterior ankle impingement syndrome.
- d) Flexor hallucis longus tenosynovitis may be a feature in posterior ankle impingement syndrome.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Question 4. Regarding accessory ossicles:

- a) The os peroneum is located within the peroneus brevis tendon.
- b) Lateral foot pain is a feature of os peroneum syndrome.
- c) The os intermetatarsium is located between the third and fourth metatarsals.
- d) Fracture at the base of the fifth metatarsal may mimic an os vesalianum.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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Question 5. Regarding sesamoids of the foot:

- a) Hallucal sesamoids have medial and lateral components.
- b) Bipartite sesamoid is most commonly seen in the lateral hallucal sesamoid.
- c) Sesamoiditis most commonly involves the interphalangeal sesamoid.
- d) Increased T2-weighted signal in the sesamoid is a feature of sesamoiditis.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Doctor's particulars:

Name in full: _____ MCR no.: _____
 Specialty: _____ Email: _____

SUBMISSION INSTRUCTIONS:

Visit the SMJ website: <http://www.smj.org.sg/current-issue> and select the appropriate quiz. You will be redirected to the SMA login page.

For SMA member: (1) Log in with your username and password (if you do not know your password, please click on 'Forgot your password?'). (2) Select your answers for each quiz and click 'Submit'.

For non-SMA member: (1) Create an SMJ CME account, or log in with your SMJ CME username and password (for returning users). (2) Make payment of SGD 21.40 (inclusive of 7% GST) via PayPal to access this month's quizzes. (3) Select your answers for each quiz and click 'Submit'.

RESULTS:

(1) Answers will be published online in the SMJ June 2018 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 7 June 2018. (3) Passing mark is 60%. No mark will be deducted for incorrect answers. (4) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council. (5) One CME point is awarded for successful candidates. (6) SMC credits CME points according to the month of publication of the CME article (i.e. points awarded for a quiz published in the December 2017 issue will be credited for the month of December 2017, even if the deadline is in January 2018).

Deadline for submission: (April 2018 SMJ 3B CME programme): 12 noon, 31 May 2018.