Self-Assessment Quiz

The questions in this self-assessment quiz are based on the articles in this issue of the journal. Each of the questions or statements is followed by five possible answers or completions. Select all of the correct answers to each of the questions and circle the corresponding letters. The answers appear on the inside front cover of this issue.

As an organization accredited for continuing medical education, the American Academy of Pediatrics certifies that this continuing medical education activity, when used and completed as directed, meets the criteria for two hours of credit in Category 1 of the Physician’s Recognition Award of the American Medical Association and two hours of PREP credit.

To earn two hours of Category I credit and two hours of PREP credit, you must be registered for PREP or subscribing to PEDIATRICS IN REVIEW. You have received a three-ring binder which contains a set of IBM computer cards and return envelopes. There are no monthly deadlines for the return of the computer cards, except that all cards must be returned by June 30, 1983 to ensure proper credit. Be sure that the date on the computer card corresponds with the date on each issue. Please do not write over the date or the ID number on the card.

We invite you to write specific comments about the relevance of each of the articles and any other comments you wish to make about the Journal on the back of each card.

1. A 17-year-old boy landed "off-balance" while doing the broad jump. He felt a snap in the right knee. He experienced moderate discomfort and instability afterwards. The physical examination reveals some swelling about the anterior portion of the knee with tenderness over the anterior tibia. When his knee is flexed 30 degrees, there is increased anterior motion of the tibia. The most likely diagnosis is:
   A. Medial collateral ligament injury.
   B. First episode of a patellar dislocation.
   C. Meniscus injury.
   D. Anterior cruciate ligament injury.
   E. Jumper’s knee (patellar tendonitis).

2. In general, the management of a moderately severe knee injury (one not requiring surgical intervention) in the first 24 hours should include:
   A. Ice packs.
   B. Heated whirlpool.
   C. Elastic wrap.
   D. Isotonic quadriceps strengthening exercises.
   E. Range of motion exercises.

3. Overuse injuries of the knee are associated with:
   A. Change in sports activity.
   B. Working out on hard surfaces.
   C. Change in footwear.
   D. Usually an abrupt onset of symptoms.
   E. Atrophy of vastus medialis portion of the quadriceps.

4. A 14-year-old fullback was tackled while running with the ball. He was able to walk immediately afterwards, but refused to continue participation because his knee felt unstable. Physical examination reveals tenderness and swelling over the anteromedial surface of his knee. When his knee is flexed at 20 to 30 degrees and valgus stress is applied, there is excessive movement. The most likely diagnosis is:
   A. Medial collateral ligament injury.
   B. Intra-articular fracture.
   C. Tear of the anterior cruciate ligament.
   D. Patellar dislocation.
   E. Meniscus injury.

5. The study from Washington State shows that if an unrestrained child is involved in an automobile crash, his chance of a fatal injury is 1:227. If a child is riding in an appropriate restraining device, his chances of a fatal injury are approximately:
   A. 1:500.
   B. 1:1,000.
   C. 1:1,500.
   D. 1:2,000.
   E. 1:3,000.

6. Factors affecting the risk of a passenger being injured in a motor vehicle collision include:
   A. Highway construction.
   B. Type of vehicle.
   C. Position in the vehicle.
   D. Age of the driver.
   E. Cigarette smoking.

7. Which of the following statements pertaining to adolescents and vehicular crashes are true?
   A. Death rate for 16-year-old drivers is greater than for any other age group.
   B. Passenger death rates for 16 to 19 year olds exceed those for all other ages.
   C. About 2/3 teenaged passengers killed were riding in cars driven by teenagers.
   D. About 10% of all deaths resulting from vehicle crashes involve 16- and 17-year-old drivers.
   E. Driver education programs decrease teenagers' involvement in crashes.

8. In the United States, the leading killer of 1- to 4-year-old children is:
   A. Malignancies.
   B. Infectious diseases.
   C. Motor vehicular injuries.
   D. Nonmotor vehicular injuries.
   E. Congenital anomalies.

9. The most common cause of nongonococcal urethritis in the sexually active male adolescent is:
   A. Ureaplasma urealyticum.
   B. Trichomonas vaginalis.
   C. Herpes simplex.
   D. Chlamydia trachomatis.
   E. No identifiable organism.

10. A 16-year-old boy complains of dysuria and a urethral discharge. Office/laboratory supplies that are particularly useful in making a diagnosis include:
    A. Cotton swabs.
    B. Calcium alginate swabs.
    C. Gram stain materials.
    D. Thayer-Martin culture media.
    E. Chocolate agar media.

11. An 18-year-old college freshman went with some friends to a big city during their spring break. He developed some dysuria and a questionable urethral discharge about 1 to 2 weeks later. He then took some tetracycline capsules that he had left over from an old prescription for acne. Since then he has had some occasional mild dysuria but no obvious urethral discharge. The examination of his genitalia is unremarkable. Techniques/procedures that would be potentially useful in establishing the presence of urethritis include:
    A. Urethral stripping.
    B. Prostatic massage.
    C. Inserting a swab into the urethra.
    D. Microscopic examination of urethral specimen for PMNs.
    E. Quantitating the number of WBCs in urine aliquots.

12. True statements about epididymitis in sexually active adolescents include:
    A. Most common causative organism is mumps virus.
    B. Majority of patients with a sexually transmitted pathogen will have a coexisting urethritis.
    C. Most patients are febrile and appear toxic.
    D. Urinalysis is usually unre-markable.
    E. Testicular torsion should be considered in the differential diagnosis.

13. Nongonococcal urethritis generally differs from gonococcal urethritis in that:
    A. Incubation period is longer.
    B. Dysuria is more severe.
    C. Urethral discharge is scanty and mucoid.
    D. It responds better to treatment with oral ampicillin plus probenecid.
    E. Gram stain is more likely to be equivocal.