

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 I 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, 1985 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 of 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. True statements about attention deficit disorder (ADD) include:

- A. All children with ADD are hyperactive.
- B. Genetic influences are important in its genesis.
- C. Findings on routine neurologic examination are usually normal.
- D. Specific EEG abnormalities are evident in nearly half of the affected children.
- E. A positive response to stimulant medication proves the diagnosis.

2. According to DSM III, inattention criteria include:

- A. Is extremely excitable.
- B. Needs a calm, quiet atmosphere or is unable to work or concentrate.
- C. Easily distracted.
- D. Talks excessively.
- E. Hears but does not seem to listen.

3. Relative exclusion criteria for ADD include:

- A. Any degree of mental retardation.
- B. Deafness.
- C. Pervasive developmental disorder.
- D. Petit mal epilepsy.
- E. Fetal alcohol syndrome.

4. In children with ADD, stimulant medication has been documented to:

- A. Improve performance in fine motor tasks.
- B. Produce sustained effects on learning.
- C. Reduce noisy behavior.
- D. Reduce non-task-oriented activities.
- E. Reduce activity in a structured classroom situation.

5. The drug of first choice in the pharmacologic management of ADD is:

- A. D-Amphetamine.
- B. Imipramine.
- C. Pemoline (Cylert).
- D. Methylphenidate (Ritalin).
- E. Phenytoin (Dilantin).

6. A newborn with Erb's palsy typically has a/an:

- A. Abducted and externally rotated shoulder.
- B. Extended elbow.
- C. Asymmetric Moro reflex.
- D. Poor palmar grasp reflex.
- E. Insignificant sensory deficit.

7. Neonates with Klumpke's paralysis usually have:

- A. Elbow flexion.
- B. Wrist extension.
- C. "Clawing" of the hand.
- D. Increased triceps reflex.
- E. Good palmar grasp response.

8. A 15-year-old boy had a weakness of his right arm noted right after birth. The arm is now shortened and thinned. His hand is functionless with decreased sensation. He has supination and flexion contractions about his elbow. The single most likely diagnosis is:

- A. Spinal cord injury.
- B. Radial nerve injury.
- C. Neurapraxia.
- D. Klumpke's paralysis.
- E. Erb's palsy.

9. Relatively favorable prognostic signs in a young infant with a brachial plexus injury include:

- A. Erb's palsy as compared with Klumpke's paralysis.
- B. Associated Horner's syndrome.
- C. Associated periscapular muscle paralysis.
- D. Involvement of the entire plexus.
- E. Spontaneous potentials demonstrated "at rest" by electromyography.

10. True statements about the treatment of brachial plexus injuries include:

- A. Results of surgical repair of severed neurons have not been satisfactory.
- B. Passive exercises should begin within a few days after birth.
- C. Splints should not be used.
- D. Exercises should be continued throughout the years of growth.
- E. Electrical stimulation significantly diminishes muscular atrophy.

11. Orthomolecular treatment of children with Down syndrome has been proven to:

- A. Increase intelligence.
- B. Improve personality.
- C. Increase growth.
- D. Improve facial appearance.
- E. None of the above.

12. Children with Down syndrome often benefit from treatment with:

- A. Pyridoxine.
- B. 5-Hydroxytryptophan.
- C. Thyroid hormone.
- D. Growth hormone.
- E. None of the above.

13. True statements about atlantoaxial dislocation in children with Down syndrome include:

- A. It is present in 12% to 20% of patients with Down syndrome.
- B. Participation in all active sports should be prohibited if it is present.
- C. The majority of children with it are asymptomatic.
- D. Surgery is rarely helpful in a symptomatic patient.
- E. All children with Down syndrome should have neck roentgenograms.

14. Currently, positron emission tomography (PET) is most commonly used in the determination of which three of the following?

- A. Brain tissue pH.
- B. Regional cerebral blood flow.
- C. Brain tissue drug levels.
- D. Cerebral metabolism.
- E. Regional cerebral blood volume.

15. PET has been informative in the study of adult patients with:

- A. Cerebrovascular disease.
- B. Epilepsy.
- C. Brain tumor.
- D. Dementia.
- E. Huntington's disease.

16. The PET scan of an asphyxiated newborn reveals diminution of cerebral blood flow to the parasagittal regions of the cerebrum. The decreased flow is bilateral, symmetric, and more marked posteriorly. The most likely diagnosis is:

- A. Intraventricular hemorrhage with hemorrhagic intracerebral involvement.
- B. Generalized seizure disorder.
- C. Hypoxic-ischemic encephalopathy.
- D. Hypocalcemia.
- E. Meningitis.

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