1. The Rand Corporation's economic analysis of the malpractice crisis suggested which of the following as potentially having a long-lasting leveling effect?
   
   A. No-fault insurance.
   B. Eliminating the contingency fee for lawyers.
   C. Limiting ("capping") the total awards allowed.
   D. Physician-controlled "self-insurance" companies.
   E. Reducing the awards by the amount received by "collateral resources."

2. Factors that contribute to the perpetuation of the malpractice crisis include:
   
   A. Increasing patient expectations.
   B. Increasing costs of health care.
   C. Narrowing concepts of patients' rights.
   D. Increasing life expectancy.
   E. Changing doctor-patient relationships.

3. Steps that the individual physician can take to avoid some of the consequences of the malpractice crisis include:
   
   A. Establish effective communications with patients.
   B. Be attentive when interacting with patients.
   C. Keep up-to-date with current medical knowledge.
   D. Keep good records.
   E. Emulate the "prudent physician" dealing with a "reasonable patient."

4. Which one of the following is not likely to be present in an infant with hypotonia?
   
   A. Unusual posture.
   B. Increased range of joint movement.
   C. Increased resistance of joints to passive movement.
   D. Paucity of active movement.
   E. Delay in motor milestones.

5. Which one of the following causes of hypotonia is not typically associated with facial weakness?
   
   A. Congenital myotonic dystrophy.
   B. Congenital muscular dystrophy.
   C. Myotubular myopathy.
   D. Congenital facial diplegia syndrome.
   E. Hypoxic/ischemic encephalopathy.

6. Hypotonia on the basis of CNS (as contrasted with neuromuscular) disease is more likely to be associated with:
   
   A. Relatively good muscular strength.
   B. Decreased auditory responsiveness.
   C. Lethargy.
   D. Increased visual responsiveness.
   E. Convulsions.

7. Characteristic structural changes demonstrable by muscle biopsy allow a specific diagnosis in which three of the following disorders:
   
   A. Congenital muscular dystrophy.
   B. Myotubular myopathy.
   C. Nemaline myopathy.
   D. Neonatal myasthenia gravis.
   E. Central core disease.

8. A 2-month-old male infant has had hypotonia and a poor suck since birth. The prenatal and perinatal history are otherwise unremarkable. The infant is inactive, but appears alert, visually tracks, and has a social smile. There are no deformities. Deep tendon reflexes are absent and his breathing is diaphragmatic. The single most likely diagnosis is:
   
   A. Intracranial hemorrhage.
   B. Spinal muscular atrophy.
   C. Congenital myotonic dystrophy.
   D. "Isolated" connective tissue disorder.
   E. Congenital muscular dystrophy.

9. A 14-year-old girl with hydrocephalus has developed dysfunction of her shunt. She is at significantly increased risk for:
   
   A. Decreasing school performance.
   B. Premenstrual water retention.
   C. Sudden death.
   D. Seizures.
   E. Abnormal behavior.

10. Current appropriate urologic management of a child with a meningomyelocele would be likely to include:
    
    A. Ileal diversion of the ureters.
    B. Autonomic drugs.
    C. Suprapubic vesicotomy.
    D. Clean intermittent catheterization.
    E. Urethral resection (Y-V plastic).

11. True statements about scoliosis in patients with myelodysplasia include:
    
    A. Surgical intervention is rarely indicated before adulthood.
    B. Degree of curvature sometimes progresses rapidly during adolescence.
    C. Initial management usually includes a plastic body jacket.
    D. Some infants have such severe kyphoscoliosis that their prognosis for life is poor.
    E. A minority of patients who survive infancy have problems with scoliosis.

12. True statements pertaining to sexuality and adolescents with myelodysplasia include:
    
    A. Most parents are surprised when secondary sexual characteristics appear.
    B. Female adolescents are usually infertile.
    C. Most male adolescents have an anatomically abnormal reproductive system.
    D. Boys cannot develop an erection.
    E. Girls usually have delayed secondary sexual development.
## CME Courses Sponsored by the AAP

<table>
<thead>
<tr>
<th>Date</th>
<th>Course Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 7-10</td>
<td>Crisis and Emergency Pediatrics (Co-sponsored with the University of Arizona Health Sciences Center, Department of Pediatrics) Tucson, Arizona</td>
</tr>
<tr>
<td>March 21-23</td>
<td>General Pediatrics New York, New York</td>
</tr>
<tr>
<td>May 23-25</td>
<td>General Pediatrics Hilton Head Island, South Carolina</td>
</tr>
<tr>
<td>June 10-12</td>
<td>Allergy, Immunology and Dermatology Colorado Springs, Colorado</td>
</tr>
</tbody>
</table>

These courses feature subject matter which is coordinated with the PREP curriculum and are eligible for PREP credits.

For further information, contact: CME, Department of Education, American Academy of Pediatrics, P.O. Box 927, Elk Grove Village, IL 60007.

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