**University of Toledo Medical Center**

**Department of Orthopaedic Surgery**

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***Release Date:*** October 1, 2019**Termination Date** *July 30, 2022*

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**Learning Objectives: Participants will be able to:**

* *Describe common orthopaedic concerns*
* *Review new treatment options available for common orthopaedic injuries.*

**October 2019 Orthopaedic Monthly Questions**

Please check the appropriate answer and mail back to the CME office to receive credit.

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| --- | --- |
| 1. When assessing the stability of a distal third clavicle fracture you should
2. Assess the fracture pattern and location
3. Take the patient immediately to surgery
4. Do nothing
5. Give the patient ice and a sling
6. The coracoclavicular ligaments include
7. Conoid and trapezoid ligaments
8. Trapezoid ligament only
9. Sternocleidomastoid ligament
10. B, C only
11. You may need to do a corrective osteotomy for cubitus varus ifA) the hand becomes pulseless and white

 B) develops compartment syndrome1. never
2. there is a cosmetic problem
 | 1. The long head of the bicep tendon is held in position by the
2. Subscapularis tendon
3. Superior glenohumeral ligament
4. Transversehumeralligament
5. Brachial plexus
6. Distal clavicle osteolysis is caused by
7. Hyperparathyroidism and rheumatoid arthritis
8. metastasis
9. weightlifting
10. All of the above
 |

**Bibliographic references:**

Arthroscopic distal clavicle resection for isolated atraumatic osteolysis in weightlifters.1988 Mar-Apr; 26(2):225-31

PMID: 9548111 in *American Journal of Sports Medicine*

Risk Factors for vascular repair and compartment syndrome in the pulseless supracondylar humerus fracture in children. 2010 Jan-Feb; 30(1):50-6. PMID 24919135 *Journal of Pediatric Orthopaedics*

Diagnosis of subscapularis tendon tears: are available diagnostic tests pertinent for a positive diagnosis? 2012 Dec: 98(8 Suppl):S178-85. Epub 2012 Nov 9. PMID 23142297 *Orthopaedics & Traumatology: Surgery & Research.*

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