CE Credit Package 11

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1. The drug sildenafil citrate (Viagra®) was originally developed to treat ___.
   a. Angina
   b. Erectile dysfunction
   c. Hypertension
   d. Glaucoma

2. A drug containing active molecules that have never been included in another new drug application is called ___.
   a. A new molecular entity
   b. An original compound
   c. A unique chemical compound
   d. A prototype

3. Which is not a principal concept affecting drug interaction?
   a. Onset
   b. Peak effect
   c. Duration of action
   d. Frequency of future doses

4. ___ studies encompass the entire process of the drug within the body.
   a. Toxicology
   b. Pharmacokinetic
   c. Post-clinical
   d. Biotransformation

5. ___ studies determine the dosage and safety of the drug for human use.
   a. Toxicology
   b. Pharmacokinetic
   c. Post-clinical
   d. Biotransformation

6. Toxicology studies are used to determine:
   a. Toxic, side and adverse effects
   b. Reversal agents
   c. Addictive properties
   d. All of the above

7. ___ denotes a study when subjects and administrators are unaware of grouping status.
   a. Single blind
   b. Double blind
   c. Placebo
   d. None of the above

8. A written plan of action that follows the scientific process is a ___.
   a. Theory
   b. Hypothesis
   c. Protocol
   d. Trial

9. Examples of clinical safeguard trials include:
   a. Informed consent
   b. Audits
   c. Institutional review boards
   d. All of the above

10. Human trials have ___ phases.
    a. 2
    b. 3
    c. 4
    d. 5
11. The ___ contains all information know about a new drug.
   a. New drug application (NDA)
   b. Food and drug administration (FDA)
   c. Center for drug evaluation and research (CDER)
   d. Center for disease control (CDC)

12. A patent is valid for ___ years from the original date of application
   a. 10
   b. 15
   c. 20
   d. 25

13. A ___ distinguishes the source of goods of one party from those of another.
   a. Phrase
   b. Symbol
   c. Design
   d. Trademark

14. A new drug application is filed with the FDA at the end of ___.
   a. Phase 1
   b. Phase 2
   c. Phase 3
   d. Phase 4

15. ___ is conducted on a small group of people (20-80).
   a. Phase 1
   b. Phase 2
   c. Phase 3
   d. Phase 4

16. Determining effectiveness and identifying long-term risks are purposes of ___.
   a. Phase 1
   b. Phase 2
   c. Phase 3
   d. Phase 4

17. The study design for ___ trials is usually a double blind, randomized control trial.
   a. Phase 1
   b. Phase 2
   c. Phase 3
   d. Phase 4

18. Approximately how many clinical trials are currently underway worldwide?
   a. 50 – 55,000
   b. 55 – 60,000
   c. 60 – 65,000
   d. 65 – 70,000

19. One of the biggest legal challenges in clinical trials is ___.
   a. Luring qualified volunteers
   b. Misrepresentation/fraud
   c. Clarity of informed consent
   d. FDA regulations and safeguards

20. Increasing legal threats may lead to a decline in ___.
   a. Quality of medical research
   b. Willing volunteers
   c. Clinical trials
   d. Marketable drugs
1. Recurrent ear infections can be treated with the removal of the ___.
   a. Tonsillar fossa  c. Adenoids
   b. Tonsillar capsule d. All of the above

2. ____ decreases postoperative pain, quickens recovery and aids in fewer readmissions for complications.
   a. Intracapsular tonsillectomy
   b. Extracapsular tonsillectomy
   c. Supercapsular tonsillectomy
   d. Electrocautery

3. The use of a laser affords the patient ___.
   a. Less postoperative pain
   b. More rapid healing
   c. Less blood loss
   d. All of the above

4. ____ is a powered rotary shaving device with continuous suction.
   a. Plasma knife
   b. Harmonic scalpel
   c. Coblator
   d. Microdebrider

5. ____ is a bipolar radiofrequency low-level energy device that transfers to sodium ions, creating a thin layer of plasma.
   a. Plasma knife
   b. Harmonic scalpel
   c. Coblator
   d. Microdebrider

6. A ----- uses the high-frequency ultrasound vibration of a titanium blade to cut and coagulate tissue with minimal thermal tissue damage.
   a. Plasma knife  c. Coblator
   b. Harmonic scalpel d. Microdebrider

7. After adenoid removal, tonsil sponges should be soaked in saline prior to application to ____.
   a. Avoid the risk of airway fire
   b. Avoid wound contamination
   c. Promote hemostasis
   d. Promote adhesion

8. Required elements for the surgeon during a tonsillectomy include ____.
   a. A rolling chair
   b. A headlight
   c. An electrosurgical unit
   d. All of the above

9. ____ is required throughout the procedure to keep the surgical field visible.
   a. A headlight
   b. A mouth gag
   c. Suction
   d. A tonsil sponge

10. Timing the length of suspension of the mouth gag prevents ____.
    a. Swelling of the tongue
    b. Decreased blood flow to the tongue
    c. Excessive postoperative jaw pain
    d. All of the above
**Advance Directives**

1. The ____ requires that health care entities provide information concerning advanced directives.  
   a. Patient Self-Determination Act of 1990  
   b. Patient’s Bill of Rights  
   c. Limited power of attorney for health care  
   d. Durable power of attorney for health care

2. A/an ___ indicates that a proxy has been named to make health care decisions if the patient is unable to do so.  
   a. Limited power of attorney for health care  
   b. Durable power of attorney for health care  
   c. Advance directive  
   d. Living will

3. A/an ____ dictates medical care if the patient is unable to make his/her wishes known.  
   a. Limited power of attorney for health care  
   b. Durable power of attorney for health care  
   c. Advance directive  
   d. Living will

4. The patient Self-Determination Act of 1990 has ___ basic components.  
   a. 1  
   b. 2  
   c. 3  
   d. 4

5. A/an ____ specifies the type of care that should be given or withheld if a patient is unable to communicate his/her wishes.  
   a. Limited power of attorney for health care  
   b. Durable power of attorney for health care  
   c. Advance directive  
   d. Living will

6. The durable power of attorney for health care is sometimes also called a/an ____.  
   a. Health care proxy  
   b. Medical power of attorney  
   c. a & b  
   d. None of the above

7. If the power of attorney has an expiration date, it is referred to as ____.  
   a. Limited  
   b. Durable  
   c. Temporary  
   d. None of the above

8. A/an ____ is special advance directive that only applies to withholding CPR and ACLS in the event of cardiac or respiratory arrest.  
   a. Living will  
   b. Medical power of attorney  
   c. Do not resuscitate  
   d. Health care proxy

9. If an original legal document is unavailable, a ____ can stand in its place.  
   a. Notarized physician’s note  
   b. Copy of the original document  
   c. Notarized attorney’s note  
   d. Original must be obtained

10. A living will may contain provisions for:  
    a. Pain management  
    b. Experimental treatment  
    c. Mechanical ventilation  
    d. All of the above
1. Ulnar collateral ligament (UCL) reconstruction surgery was pioneered by ___.
   a. Tommy John
   b. Frank Jobe
   c. David Altchek
   d. James Andrews

2. The UCL is made up of ____ bands.
   a. 1
   b. 2
   c. 3
   d. 4

3. Resection of both the UCL and the radial head can result in ____ of the elbow.
   a. Gross instability
   b. Subluxation
   c. Dislocation
   d. All of the above

4. ____ stress on the elbow during a pitch can overcome the tensile strength of the UCL, causing it to tear.
   a. Valgus
   b. Flexion
   c. Extension
   d. Acceleration

5. According to James Andrews, MD, the odds of partial UCL tears healing with non-surgical treatment is ____.
   a. 20%
   b. 50%
   c. 70%
   d. 90%

6. ____ is an example of acceptable autograft tendon.
   a. Palmaris longus
   b. Gracilis
   c. Plantaris
   d. All of the above

7. One advantage of allograft tendon is ____.
   a. Less likely to be rejected by the body
   b. Takes less time to heal
   c. More tissue is available to work with
   d. All of the above

8. The modified docking procedure was developed by ____.
   a. Frank Jobe
   b. David Altchek
   c. James Andrews
   d. E Lyle Cain

9. The docking technique features a higher rate of ____ than the traditional method.
   a. Postoperative nerve damage
   b. Postoperative bone fracture
   c. Postoperative return to competition
   d. a & b

10. Holes for the bone tunnel are drilled above and below the tubercle using a ____.
    a. Small bur
    b. 2.0 drill bit
    c. 4.5mm drill bit
    d. Curette
11. To approximate the tendon’s normal location, it is checked in ____.
   a. Flexion
   b. Extension
   c. mild varus
   d. a & b

12. The surgically-repaired arm is immobilized for ____ days postoperatively.
   a. 3–5
   b. 5–10
   c. 10–14
   d. 14–21

13. External rotation of the shoulder is prohibited for ____.
   a. 10 – 14 days
   b. Four weeks
   c. Six weeks
   d. Three months

14. The patient can resume a normal throwing routine at ____.
   a. 20 weeks
   b. Six months
   c. Nine months
   d. One year

15. It is estimated that ____ percent of patients who undergo a second Tommy John procedure return to their pre-surgery level of play.
   a. 10
   b. 20
   c. 30
   d. 40

16. In 2005, ____ of the surgical patients in E Lyle Cain’s study were high school athletes.
   a. 10 percent
   b. 25 percent
   c. 33 percent
   d. 40 percent

17. The increased number of UCL reconstructions in minors can be attributed to ____.
   a. Overanxious parents
   b. Player wanting to throw harder
   c. Players seeking second opinions
   d. The overuse of young arms

18. Correcting and improving mechanics, as well as strengthening shoulders and rotator cuff muscles can ____.
   a. Increase pitch velocity
   b. Increase injury potential
   c. Increase recovery time
   d. Decrease recovery time

19. Tommy John surgery provides ____ increased ability over a healthy, natural ligament.
   a. No
   b. Slightly
   c. Moderately
   d. Significantly

20. ____ is/are a contributing factor to overuse of young arms.
   a. Year-round baseball leagues
   b. Throwing a greater number of pitches
   c. Throwing more difficult pitches
   d. All of the above
1. A person’s ideal weight is established by his or her ___.
   a. Height
   b. Sex
   c. Build
   d. All of the above

2. ___ occurs when excess body fat accumulates to such levels that it affects a person’s health.
   a. Obesity
   b. Hypertension
   c. Heart disease
   d. None of the above

3. According to the CDC, ___ is the number one health threat in America.
   a. Obesity
   b. Smoking
   c. Heart Disease
   d. Cancer

4. ___ is not a cause of obesity.
   a. Poor eating habits
   b. Lack of exercise
   c. High leptin levels
   d. A sedentary lifestyle

5. According to Cynthia Ogden’s study, ___ percent of American adults are obese.
   a. 65
   b. 59
   c. 31
   d. 15

6. Medical conditions facing obese people include:
   a. Hypertension
   b. Diabetes
   c. Cardiac failure
   d. All of the above

7. More than 80 percent of overweight people have ___.
   a. Heart disease
   b. Type 2 diabetes
   c. High levels of HDL cholesterol
   d. All of the above

8. The state of ____ successfully banned junk food from being sold in its public school system.
   a. Texas
   b. Colorado
   c. Virginia
   d. New York

9. The diet with the highest success rate is ___.
   a. Low in carbohydrates
   b. Low in calories
   c. Low in protein
   d. Low in fat

10. Surgery is recommended for patients with ___.
    a. A BMI of 40
    b. A BMI of 25-39.9 with serious obesity related conditions
    c. Aversion to exercise
    d. a&b
11. ___ involves the injection of fat-melting drugs.
   a. Liposuction
   b. Mesotherapy
   c. Restrictive bariatric surgery
   d. Vertical banded gastroplasty

12. ___ removes fat deposits from under the skin by using a cannula attached to a vacuum.
   a. Liposuction
   b. Mesotherapy
   c. Restrictive bariatric surgery
   d. Vertical banded gastroplasty

13. ___ was developed in the 1970s as a safer alternative to Roux-en-Y gastric bypass.
   a. Liposuction
   b. Mesotherapy
   c. Restrictive bariatric surgery
   d. Vertical banded gastroplasty

14. ___ is the most common weight loss procedure today.
   a. Roux-en-Y gastric bypass
   b. Biliopancreatic diversion
   c. Gastric banding
   d. None of the above

15. On average, ___ leads to a loss of 40 percent of excess weight.
   a. Roux-en-Y gastric bypass
   b. Biliopancreatic diversion
   c. Gastric banding
   d. None of the above

16. ___ is considered the safest and least invasive weight loss surgery.
   a. Roux-en-Y gastric bypass
   b. Biliopancreatic division
   c. Gastric banding
   d. Vertical banded gastroplasty

17. In ___, a reduced stomach is created and digestive juices are diverted to the small intestine.
   a. Roux-en-Y gastric bypass
   b. Biliopancreatic division
   c. Gastric banding
   d. None of the above

18. About ___ percent of those who undergo vertical banded gastroplasty achieve normal weight, and about ___ percent achieve some degree of weight loss.
   a. 30, 80
   b. 30, 50
   c. 50, 30
   d. 50, 80

19. ___ percentage of Americans are overweight or obese.
   a. 53
   b. 47
   c. 64
   d. 35

20. Diabetes is projected to increase by ___ percent in the next 50 years.
   a. 100
   b. 125
   c. 145
   d. 165
1. Failure of a wound to heal can result in ___.
   a. Additional surgical procedures
   b. Longer hospital stys
   c. Long-term disability
   d. All of the above

2. A full thickness surgical incision will be repaired by ___.
   a. Primary intention
   b. Secondary intention
   c. Polyglactin suture
   d. Adhesive strips

3. Regeneration and repair of a pressure ulcer is an example of ___.
   a. Primary intention
   b. Secondary intention
   c. Granulation
   d. Epithelialization

4. The proliferation phase of healing includes ___.
   a. Inflammation
   b. Granulation
   c. Contraction
   d. b & c

5. The cessation of bleeding following an injury is ___.
   a. Contraction
   b. Proliferation
   c. Hemostasis
   d. Maturation

6. ___ is classified as the early inflammatory stage of wound healing.
   a. Contraction
   b. Proliferation
   c. Hemostasis
   d. Maturation

7. ___ may be regarded as the first line of defense against infection at the wound site.
   a. Neutrophil leucocytes
   b. Basophils
   c. Eosinophils
   d. Monocytes

8. The class of compounds known as ___ are vital for cell-to-cell and tissue adhesion.
   a. Fibroblasts
   b. Proteoglycans
   c. Electrolytes
   d. Glycoproteins

9. By keeping a wound moist, ____.
   a. Infection is more likely
   b. Healing time is prolonged
   c. Healing rates increase
   d. Scarring is increased

10. Spillage of bile during a cholecystectomy is classified as a ___ wound.
    a. Clean
    b. Clean/Contaminated
    c. Contaminated
    d. Dirty/Infected
11. One intrinsic factor affecting wound healing is __.
   a. Wound perfusion
   b. Radiotherapy
   c. Medication
   d. Wound infection

12. One extrinsic factor affecting wound healing is __.
   a. Disease
   b. Age
   c. Oxygen tension
   d. Radiotherapy

13. Surgical patients should eat within __ of surgery for optimal clinical outcome.
   a. 6
   b. 12
   c. 24
   d. 48

14. ____ is a critical nutrient in optimizing the tensile strength of new tissue.
   a. Carbohydrate
   b. Protein
   c. Fat
   d. Vitamin A

15. ____ is a critical nutrient for collagen synthesis.
   a. Vitamin A
   b. Vitamin E
   c. Vitamin B
   d. Vitamin K

16. ____ is another critical nutrient for collagen synthesis.
   a. Iron
   b. Zinc
   c. Vitamin C
   d. All of the above

17. Attributes of a surgical dressing include the ability to __.
   a. Enable gaseous exchange
   b. Maintain a dry environment
   c. Compress the wound
   d. Adhere to the skin

18. Low-cost, transparent adhesive film dressings are ideal for __.
   a. Infected wounds
   b. Straight forward surgical wounds
   c. Acute surgical wounds
   d. Nonsurgical wounds

19. Factors to consider when selecting a wound dressing include ___.
   a. Level of exudates
   b. Depth of the wound
   c. Cost
   d. All of the above

20. A mild to moderate amount of exudate requires a ___ dressing.
   a. Alginate
   b. Simple adhesive film
   c. Hydrocolloid dressing
   d. Adhesive film/foam
1. The two main goals of the HIPAA program are __ and ___.
   a. Privacy/accessibility
   b. Portability/confidentiality
   c. Portability/accountability
   d. Privacy/accountability

2. Which is an example of health organization that is required to follow HIPAA privacy rules?
   a. Health plans
   b. Health care providers
   c. Health care clearing houses
   d. All of the above

3. Information that is created or maintained by a HIPAA-covered entity is any form is ___.
   a. Medical records
   b. Protected health information
   c. Public domain
   d. Available only to immediate family

4. Prior to interaction with a patient, the ___ must be given to the patient and a signed receipt must be verified.
   a. Notice of privacy practices
   b. Liability waiver
   c. A & B
   d. None of the above

5. The notice of privacy practices can be supplied via ___.
   a. Written brochures
   b. Posted information in the reception area
   c. The entity’s web site
   d. All of the above

6. Written or printed information does not include ___.
   a. Charts
   b. Faxes
   c. Emails
   d. None of the above

7. Messages concerning appointments and lab results should only be left on an answering machine if ___.
   a. The patient is not home
   b. The patient has given consent
   c. The information is time sensitive
   d. Information should never be left on an answering machine

8. The most severe consequences for a HIPAA violation include ___.
   a. A fine of $100 per incident
   b. $25,000
   c. 10 years in prison
   d. All of the above

9. A notice of privacy should ___.
   a. Explain the legal duties of the covered entity
   b. Explain patient’s rights and responsibilities
   c. Disclose how information is used, stored and protected
   d. All of the above

10. A business associate agreement includes ___.
    a. A list of consequences for noncompliance
    b. An advance directive
    c. An appointed trustee
    d. All of the above
Maslow’s Hierarchy of Needs

1. Maslow developed the concept for the hierarchy of needs by observing ___.
   a. Kurt Goldstein
   b. His students
   c. Monkeys
   d. Infants

2. Based on observed reactions, the most important need in monkeys is ___.
   a. Water
   b. Food
   c. Play
   d. None of the above

3. The ___ level of the pyramid addresses the need of being.
   a. Safety needs
   b. Self-actualization
   c. Esteem needs
   d. Physiological needs

4. ___ needs make up the four lower components of Maslow’s pyramid.
   a. Deficit
   b. Being
   c. Safety
   d. Esteem

5. Drawing conclusions about spirituality is an example of ___ needs.
   a. Deficit
   b. Being
   c. Safety
   d. Esteem

6. Needs that must occur for the body to survive are ___ needs.
   a. Safety
   b. Esteem
   c. Belongingness
   d. Physiological

7. The body regulates itself by ___.
   a. Controlling its temperature
   b. Counterbalancing hormones
   c. Homeostasis
   d. All of the above

8. Fear can prevent an individual from fulfilling ___ needs.
   a. Esteem
   b. Belongingness
   c. Safety
   d. Physiological

9. Belongingness needs can be influenced by ___.
   a. Socially-accepted behaviors
   b. Education levels
   c. Economic status
   d. All of the above

10. According to Maslow, a child who grows up in an affluent neighborhood is ___ likely to join a gang.
    a. More
    b. Less
    c. Just as
    d. Cannot determine
11. The highest platform in the category of deficit needs is
   a. Physiological  
   b. Belongingness  
   c. Esteem  
   d. Safety

12. Self-esteem begins to manifest at ___.
   a. Age 2  
   b. Age 5  
   c. Age 12  
   d. Birth

13. The lower form of self-esteem is characterized by ___.
   a. A need to be respected by others  
   b. A low opinion of oneself  
   c. Confidence in one’s abilities  
   d. Inferiority complexes

14. The higher form of self-esteem is characterized by ___.
   a. A need to be respected by others  
   b. A low opinion of oneself  
   c. Confidence in one’s abilities  
   d. None of the above

15. Low self-esteem is characterized by ___.
   a. Constantly seeking validation/acceptance  
   b. Lack of self-respect  
   c. Unrealistic expectations for oneself  
   d. All of the above

16. “The single component of being” describes ___.
   a. High self-esteem  
   b. Self-actualization  
   c. Social acceptance  
   d. Maslow’s Hierarchy of Needs

17. Fluctuation within Maslow’s hierarchy is ___.
   a. Common  
   b. Probable  
   c. Constant  
   d. All of the above

18. The process of self-actualization can include ___.
   a. Defining oneself spiritually  
   b. Focusing on resolving deficits  
   c. Rejecting unfavorable aspects of one’s life  
   d. a & b

19. Self-actualization is limited to ___.
   a. Dignitaries  
   b. Everyone  
   c. Scientists  
   d. Explorers

20. Maslow’s Hierarchy of Needs is especially relevant in the ___ field.
   a. Medical  
   b. Educational  
   c. Self-help  
   d. All of the above
Endoscopic Thoracic Sympathectomy

1. ETS was initially developed to treat ___.
   a. Goiter
   b. Glaucoma
   c. Epilepsy
   d. All of the above

2. The ___ is responsible for controlling involuntary bodily functions.
   a. Autonomic nervous system
   b. Central nervous system
   c. Regulatory system
   d. Homeostatic effect

3. The ___ system slows down a function.
   a. Homeostatic
   b. Sympathetic
   c. Parasympathetic
   d. Autonomic

4. The “fight or flight” response is triggered by the ___ system.
   a. Homeostatic
   b. Sympathetic
   c. Parasympathetic
   d. Autonomic

5. The ___ are destroyed during the ETS procedure.
   a. Sympathetic trunk
   b. Sympathetic ganglia
   c. Spinal nerves
   d. None of the above

6. ETS is a treatment for ___.
   a. Hyperhidrosis
   b. Epilepsy
   c. Irregular heartbeat
   d. All of the above

7. Treatment options for idiopathic craniofacial erythema include ___.
   a. Endoscopic thoracic sympathectomy
   b. Valium
   c. Cognitive behavioral therapy
   d. All of the above

8. ___ is a vascular disorder that affects blood flow to extremities in cold conditions.
   a. Erythromelalgia
   b. Raynaud’s Syndrome
   c. Complex regional pain syndrome
   d. Hypoxia

9. Raynaud’s Syndrome can result in ___.
   a. Gangrene
   b. Skin ulcers
   c. Skin atrophy
   d. All of the above

10. Thermography and radiography are two methods of detecting ___.
    a. Erythromelalgia
    b. Raynaud’s Syndrome
    c. Complex regional pain syndrome
    d. Hypoxia
11. Clamping the nerves allows for ___.
   a. Irreversible procedure
   b. Temporary relief
   c. Improved functionality
   d. Easier reversal process

12. A ___ is not used in the ETS procedure.
   a. Harmonic scalpel
   b. Hemostat
   c. Video tower
   d. Fiber-optic light source

13. Complications associated with ETS sometimes include ___.
   a. Respiratory problems
   b. Compensatory sweating
   c. Horner’s Syndrome
   d. All of the above

14. Disfiguring asymmetry of the face can indicate ___.
   a. Raynaud’s Syndrome
   b. Horner’s Syndrome
   c. Erythromelalgia
   d. Complex regional pain syndrome

15. A reversal of the ETS procedure is possible by ___.
   a. Performing a nerve graft
   b. Removing the clip from the nerve
   c. A or B, depending on the surgeon’s method
   d. The ETS procedure is not reversible

16. Erythromelalgia cannot be described as ___.
   a. Idiopathic
   b. A rare disease
   c. A curable disease
   d. A & B

17. ___ can trigger an EM flare-up
   a. Heat
   b. Physical activity
   c. Anger
   d. A & B

18. EM can develop due to ___.
   a. Psychological disorders
   b. Neurologic or blood disorders
   c. Physical contact with a carrier
   d. A & B

19. ___ do not blush in social situations.
   a. Babies
   b. Cognitive-behavioral therapy patients
   c. ETS recipients
   d. Everyone blushes

20. Cognitive-behavioral therapy can include ___.
   a. Rational emotive behavior therapy
   b. Dialectic behavior therapy
   c. Cognitive therapy
   d. All of the above
1. Breasts consist generally of ___.
   a. Secretory glands
   b. Subcuticular fat
   c. Overlying skin
   d. All of the above

2. ___ are modified sweat glands.
   a. Breasts
   b. Mammary glands
   c. Nipples
   d. Superficial fascia

3. ___ compose the suspensory ligaments of the breasts.
   a. Connective tissue stroma
   b. Individual ductal and lobule systems
   c. Dermal tissues of the breast
   d. None of the above

4. The lateral arterial blood supply to the breast does not include the ___.
   a. Fourth intercostal artery
   b. Thoracoacromial artery
   c. Lateral thoracic artery
   d. Superior thoracic axillary artery

5. Nearly ___ percent of lymphatic drainage of the breast drains laterally and superiorly to the axillary lymph nodes.
   a. 65
   b. 70
   c. 75
   d. 80

6. The ___ are the primary region to sample for cancer metastasis into the lymphatic system.
   a. Parasternal lymph nodes
   b. Axillary lymph nodes
   c. Lymphatic vessels
   d. Intercostal veins

7. The mammary glands are completely functional at ___.
   a. Puberty
   b. The end of pregnancy
   c. Birth
   d. Conception

8. hP1 is a hormone given off by the ___.
   a. Placenta
   b. Pituitary gland
   c. Secretory glands
   d. None of the above

9. ___ is the leading cause of death in women age 40-44.
   a. Heart disease
   b. Lung cancer
   c. Breast cancer
   d. None of the above

10. The risk of developing breast cancer is related to ___.
    a. Age when first child is born
    b. Genetic factors
    c. Family history
    d. All of the above
11. ___ stimulates the secretory cells for lactation.
   a. Placental lactogen
   b. Prolactin
   c. Oxytocin
   d. B & C

12. Breast cancers account for ___ percent of all cancers in women and ___ percent of cancer deaths.
   a. 30, 16
   b. 43, 30
   c. 16, 30
   d. 43, 16

13. ___ provides a standardized way for physicians to determine information about a cancer’s metastasis.
   a. Staging
   b. Mammogram
   c. Lumpectomy
   d. None of the above

14. The most common staging system is the ___.
   a. Mammogram
   b. Lumpectomy
   c. Tumor Nodal Metastasis
   d. None of the above

15. Pathological staging includes the results of a ___.
   a. Mammogram
   b. Lumpectomy
   c. Tumor Nodal Metastasis
   d. All of the above

16. Patients have many treatment options, including ___.
   a. Radiation therapy
   b. Chemotherapy
   c. Hormonal therapy
   d. All of the above

17. In TNM classification, the number following a T indicates ___.
   a. Size of the tumor
   b. If the cancer has metastasized
   c. If the cancer has spread to the lymph nodes
   d. All of the above

18. ___ is considered a “breast conserving surgery”.
   a. Mastectomy
   b. Breast reconstruction
   c. Needle localization and wide excision
   d. B & C

19. In a ___, the surgeon removes a small volume of breast tissue.
   a. Mastectomy
   b. Breast reconstruction
   c. Lumpectomy
   d. B & C

20. Removal of one or both breasts in a male or female patient is a ___.
   a. Mastectomy
   b. Breast reconstruction
   c. Lumpectomy
   d. Needle localization and wide excision
21. An example of a minimally – invasive procedure is a ___.
   a. Simple mastectomy
   b. Skin-sparing mastectomy
   c. Halstead mastectomy
   d. A & B

22. Methylene blue is used during a mastectomy to ___.
   a. Sterilize the surgical site
   b. Provide local anesthetic
   c. Outline the sentinel node
   d. None of the above

23. The complete removal of the entire breast tissue is a ___.
   a. Simple mastectomy
   b. Radical mastectomy
   c. Modified radical mastectomy
   d. Halstead mastectomy

24. A/an ___ is used to separate the breast tissue from the skin.
   a. Electrosurgical pencil
   b. #15 blade
   c. Harmonic scalpel
   d. None of these above

25. In a TRAM flap reconstruction, the surgeon reconstructs the breasts with ___.
   a. Warm saline
   b. Autologous fat
   c. AlloDerm®
   d. Artificial fillers

26. Axillary components and the pectoralis muscles are removed in a ___.
   a. Simple mastectomy
   b. Radical mastectomy
   c. Modified radical mastectomy
   d. Bilateral mastectomy

27. To prevent cancer seeding, the wound is ___.
   a. Cauterized
   b. Closed with absorbable suture
   c. Irrigated with sterile water
   d. All of the above

28. Complications of a mastectomy include ___.
   a. Infection
   b. Disfigurement
   c. Cancer metastasis
   d. All of the above

29. In a modified radical mastectomy, ___ are removed.
   a. Only axillary components
   b. Axillary components & pectoralis muscles
   c. Both breasts, in their entirety
   d. Only suspicious lumps

30. Specimens from mastectomy patients are examined ___ by the pathology department.
   a. Prior to scheduling surgery
   b. Intraoperatively
   c. Postoperatively
   d. At follow-up appointments
1. Plastic Surgery most often addresses which of Maslow’s needs?
   a. Physiological
   b. Safety
   c. Love and belonging
   d. Prestige and esteem

2. The most common facial locations for autologous fat grafting include ____.
   a. Nasolabial folds
   b. Chin
   c. Marionette grooves
   d. All of the above

3. Which of the following does not describe an autologous fat graft?
   a. Safe
   b. Permanent
   c. Temporary
   d. Reversible

4. The ultimate goal of cosmetic surgery is _____.
   a. Help the patient achieve a positive self-evaluation
   b. Fix the patient’s physical short-comings
   c. Create a new image for the patient
   d. Reverse the affects of aging

5. Patients who have undergone ____ are not good candidates for autologous fat grafting.
   a. Oral surgery
   b. Organ transplant surgery
   c. Abdominal surgery
   d. All of the above

6. The choice of anesthetic for cosmetic procedures depends on _____.
   a. The patient’s health
   b. The number of procedures being performed
   c. The patient’s current medications
   d. All of above

7. In a fat grafting procedure, the ____ are filled first.
   a. Nasolabial folds
   b. Cheeks
   c. Jaw line
   d. None of the above

8. Nose reconstructions are believed to have been performed as early as ____.
   a. 2,000 BCE
   b. 600 BCE
   c. 1880
   d. The Middle Ages

9. Who is the considered the father of plastic surgery?
   a. Pierre Joseph Desault
   b. Karl Ferdinand von Gräfe
   c. Johann Friedrich Dieffenbach
   d. Sir Harold Gillies

10. Most cosmetic surgery cases are performed under ____.
    a. Local anesthetic
    b. IV with sedation
    c. General anesthesia
    d. Acetaminophen
11. Alternative option for facial augmentation include ___.
   a. Botox  
   b. Chemical peels  
   c. Injectable fillers  
   d. All of the above

12. The term “plastic” is derived from a/an ___ word.
   a. Indian  
   b. Greek  
   c. Latin  
   d. Sanskrit

13. For facial procedures, the patient is put in the ___ position.
   a. Trendelenburg  
   b. Supine  
   c. Reverse Trendelenburg  
   d. Fowler’s

14. Who was a leading pioneer in skin grafts and sex-reassignment surgery?
   a. Gasparo Tagliacozzi  
   b. Karl Ferdinand von Gräefe  
   c. Johann Friedrich Dieffenbach  
   d. Sir Harold Gillies

15. After the fat is harvested, the next step is to ___.
   a. Inject the donor fat into the specified areas  
   b. Place the syringes in a centrifuge  
   c. Apply a cold compress to the surgical site  
   d. Cleanse the injection site

16. Cosmetic surgery became popular during the Renaissance due to ___.
   a. Syphilis  
   b. Nose amputation as punishment  
   c. Social pressures  
   d. All of the above

17. The oldest association for aesthetic surgery in the United States is the ___.
   a. American Academy of Facial Plastic and Reconstructive Surgery  
   b. American Association of Plastic Surgeons  
   c. American Association of Oral Surgeons  
   d. American Board of Plastic Surgery

18. The term “plastic surgery” was coined by ___.
   a. Pierre Joseph Desault  
   b. Karl Ferdinand von Gräefe  
   c. Johann Friedrich Dieffenbach  
   d. Sir Harold Gillies

19. From 1997 and 2007, the number of cosmetic procedures in the United States increased ___.
   a. 162 percent  
   b. 233 percent  
   c. 92 percent  
   d. 80 percent

20. The father of modern plastic surgery is ___.
   a. Pierre Joseph Desault  
   b. Karl Ferdinand von Gräefe  
   c. Johann Friedrich Dieffenbach  
   d. Sir Harold Gillies
1. The most common microorganism causing orthopedic surgical-site infections is ___.
   a. *Staphylococcus*
   b. *Acinetobacter*
   c. *Klebsiella*
   d. *Aspergillus*

2. ___ thrives on plastic, including orthopedic prostheses.
   a. *Staphylococcus epidermidis*
   b. *Staphylococcus aureus*
   c. *MRSA*
   d. All of the above

3. The reservoir for *Staphylococcus* is the ___.
   a. Peritoneal areas of the body
   b. Nose
   c. Skin
   d. All of the above

4. Standard Precautions should be used with ___ patients.
   a. High-risk
   b. All
   c. Symptomatic
   d. Open-wound bearing

5. Hospital-acquired infections cost hospitals between ___ annually.
   a. $150-200 million
   b. $1.5 – 2 billion
   c. $3.5 – 5.7 billion
   d. $6.7 – 9.5 billion

6. Vasoconstriction in surgical patients can be caused by ___.
   a. Smoking
   b. Diabetes
   c. Intraoperative core hypothermia
   d. All of the above

7. ___ is the cause of the majority of SSI.
   a. *Staphylococcus epidermidis*
   b. *Staphylococcus aureus*
   c. *MRSA*
   d. B & C

8. ___ represents a break in the sterile field.
   a. Touching a nonsterile area with sterile gown or gloves
   b. Touching surgical instruments with bare skin
   c. Not properly wearing a surgical mask over the nose
   d. All of the above

9. OPIM stands for ___.
   a. Other Potentially Influential Material
   b. Often Problematic Infectious Material
   c. Other Potentially Infectious Material
   d. Open Portal Infection Method

10. ___ are options to improve decontamination of O.R. keyboards.
    a. Autoclavable keyboards
    b. Plastic keyboard covers
    c. Disinfectant solution
    d. A & B
11. Environmental controls in the O.R. include ___.
   a. Temperature
   b. Humidity
   c. Air flow
   d. All of the above

12. A patient with a/an ___ should be scheduled at the end of the day.
   a. Joint-replacement procedure
   b. Pre-existing infection
   c. Open wound
   d. A & B

13. ___ is the most effective form of infection control in the hospital setting.
   a. Hand washing
   b. Sterile PPE
   c. Proper sterile attire
   d. None of the above

14. The ANSI/AAMI Guide to Steam Sterilization and Sterility states that implants should ___.
   a. Come to the hospital sterile from the manufacturer
   b. Be reprocessed on a case-by-case basis
   c. Not be flash sterilized
   d. All of the above

15. The temperature in the O.R. should be maintained between ___.
   a. 68° - 75° F
   b. 65° - 72° F
   c. 60° - 68° F
   d. Depends on the procedure

16. Disinfectants used in the O.R. must be ___.
   a. Antiviral
   b. Antifungal
   c. Tuberculocidal
   d. All of the above

17. Surgical incisions, traumatic wounds and pin sites are considered ___.
   a. Reservoirs
   b. Portals of Exit
   c. Portals of Entry
   d. Contributing factors of Susceptibility

18. An instrument can be sterilized in glutaraldehyde if immersed for ___.
   a. 10 hours
   b. 20 minutes
   c. 6 hours
   d. Items cannot be sterilized with glutaraldehyde

19. The humidity level in the O.R. should be maintained at ___.
   a. 30 – 60 percent
   b. 25-50 percent
   c. 10-25 percent
   d. Depends on the procedure

20. Antimicrobial prophylaxis refers to ___.
   a. Hand washing
   b. Sterile technique
   c. Preoperative antibiotics
   d. All of the above
**Answers**  
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**Drug Discovery, Development and Approval Process**

|   | a | b | c | d |   | a | b | c | d |   | a | b | c | d |   | a | b | c | d |
| 1. |   |   |   |   |   |   |   |   |   |   | 7. |   |   |   |   | 13. |   |   |   |   |
| 2. |   |   |   |   |   |   |   |   |   |   | 8. |   |   |   |   | 14. |   |   |   |   |
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| 6. |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 12. |   |   |   |   |

Mark one box next to each number. Only one correct or best answer will be selected for each question.

**Tonsillectomy and Adenoidectomy 101**

|   | a | b | c | d |   | a | b | c | d |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1. |   |   |   |   |   |   |   |   |   |   | 7. |   |   |   |   |   |   |   |   |   |   |
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Mark one box next to each number. Only one correct or best answer will be selected for each question.

**Advanced Directives**

|   | a | b | c | d |   | a | b | c | d |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| 3. |   |   |   |   |   |   |   |   |   |   | 9. |   |   |   |   |
| 4. |   |   |   |   |   |   |   |   |   |   | 10. |   |   |   |
| 5. |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 6. |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Mark one box next to each number. Only one correct or best answer will be selected for each question.
### Ulnar Collateral Ligament Reconstruction

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | Mark one box next to each number. Only one correct or best answer will be selected for each question. |
### Endoscopic Thoracic Sympathectomy

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### Radical Mastectomy and Reconstruction

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### In-office Autologous Fat Grafting

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### Infection in Orthopedic Surgical Procedures

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