

CE Credit Package 12 13 Credits for \$21⁰⁰



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CE Exams

Radiation Risk

- 1. The use of medical imaging ____.
 - a. Has rapidly increased in the last 20 years
 - b. Has improved diagnosis and treatment
 - c. Increases estimated cancer risks
 - d. All of the above
- 2. Radiation that carries enough energy to eject electrons from particles is described as ____.
 - a. Ionizing
 - b. X-Ray
 - c. Radiosensitive
 - d. All of the above
- 3. Radiation effects that are measured by probabilities are considered ____.
 - a. Deterministic
 - b. Radiosensitive
 - c. Stochastic
 - d. Sieverts
- 4. Many estimates of radiation-associated cancer risks are based on ____.
 - a. Stochastic data
 - b. Radiation absorption rate
 - c. Atomic bomb data
 - d. Size of absorbed dose

5. Cell radiosensitivity is directly proportional to ____.

- a. The degree of cell differentiation
- **b.** The rate of cell division
- **c.** The cell maturity level
- **d.** None of the above

- 6. If current rates continue, 1.5-2 percent of future US cancers will be caused by ____.
 - a. CT scans
 - b. Nuclear medicine scans
 - c. Embolizations
 - d. Coronary angiography
- 7. Radiographic procedures can be ordered due to _____.
 - a. Diagnostic reasons
 - b. Miscommunications
 - c. Medico-legal reasons
 - d. All of the above

8. Deterministic effects do not include ____.

- a. Infertility
- b. Cancer development
- c. Skin erythema
- d. Cataracts
- 9. By optimizing technique and protocol, radiation exposure may be ____.
 - a. Eliminated
 - b. Decreased
 - c. Accurately measured
 - d. Improved

10. Unnecessary radiation and redundant exams can be eliminated through ____.

- a. Technological advances
- b. Patient cooperation
- c. Communication
- d. Proper safety attire

Total Knee Arthroplasty

1. The first know total knee implant was made of

___•

- a. Ivory
- b. Plaster of paris
- c. Wood
- d. Acrylic
- 2. From 1951 through the early 70s, the ____ was the primary replacement system.
 - a. Polycentric knee
 - b. Condylar knee
 - c. Walldius hinge
 - d. Geometric prosthesis

3. Universal instrumentation was introduced in ____.

- a. 1975
- b. 1987
- c. 1978
- d. 1971

4. Surgical navigation systems can record ______ intraoperatively.

- a. Joint range-of-motion
- b. Laxity
- c. Kinematics
- d. All of the above

5. The greatest detriment to early robotics systems was ____.

- a. Inaccuracy
- b. Cost and complexity
- c. Training personnel
- d. None of the above

6. A system with dedicated instruments that are compatible with different implant systems is considered ____.

- a. Open platform
- b. Interchangeable
- c. Imageless navigation
- d. Precision 4.0
- 7. The <u>digitizes bony landmarks</u>, monitored by a camera attached to a computer.
 - a. Optical tracking system
 - b. Fixation pin
 - c. Camera
 - d. None of the above

8. The _____ is used to determine a patient's correct standing anatomy.

- a. Femoral tracker
- b. Femoral rotation axis
- c. Mechanical axis
- d. Reference for resection level

9. Pins are placed with the knee in flexion to reduce

- ___•_ .
- a. Incidence of fracture
- b. Muscle load
- c. Collisions with the tibial implant
- d. All of the above

10. When setting up for a total knee using navigation, the ST will need .

- a. Navigation jigs
- b. Standard jigs
- c. All regular total knee instruments
- d. A & C only

Office-Based Ablations

- 1. _____ is not a conservative method of treating menorrhagia.
 - a. Hysterectomy
 - b. Hormone replacement therapy
 - c. Oral contraceptives
 - d. All are conservative methods
- 2. Of the 600,000 hysterectomies performed in the United States, ____ percent are from benign causes.
 - a. 75
 - b. 80
 - c. 85
 - d. 90
- 3. ____ is an FDA-approved alternative to hysterectomy.
 - a. ThermaChoice®
 - b. NovaSure®
 - c. Global Endometrial Ablation
 - d. All of the above
- 4. _____ is made up of a fan structure layered with copper mesh.
 - a. NovaSure®
 - b. ThermaChoice®
 - c. Her Option®
 - d. All of the above
- 5. The only GEA method that allows hysteroscopic visualization during the procedure is ____.
 - a. ThermaChoice®
 - b. Her Option®
 - c. Hydrothermal ablation
 - d. B & C

6. Producing local anesthesia by localized application of cold is known as ____.

- a. Her Option®
- b. Cryoanesthesia
- c. Refrigeration anesthesia
- d. B & C
- 7. By keeping pressure to 55 mmHg, HTA avoids ____.
 - a. Ionic dissociation
 - b. Fluid flow through the fallopian tubes
 - c. FDA sanctions
 - d. All of the above
- 8. The best method for sterilizing scopes in the office is
 - a. Steam sterilization
 - b. Sterile wipes
 - c. Activated dialdehyde
 - d. Antimicrobial solution
- 9. A/an _____ consists of a series of injections with a local anesthetic.
 - a. Paracervical block
 - b. Ionic dissociation
 - c. Refrigeration anesthetic
 - d. None of the above

10. Postoperatively, most patients can expect _____.

- a. Mild, menstrual-like cramps
- b. A few weeks of vaginal discharge
- c. Significant reduction in menstrual cycle
- d. All of the above

Acquired Adult Flatfoot Deformity

- 1. The talonavicular joint is located ____.
 - a. between the talus and navicular
 - b. on the anterolateral midfoot
 - c. on the dorsal foot, below the ankle
 - d. a & c
- 2. Attaching the posterior tibial tendon to the transferred FDL is called ____.
 - a. Midfoot dissection
 - b. Tenodesis
 - c. Spring ligament repair
 - d. Ligament fixation

3. Surgical procedures to correct flatfoot include ____.

- a. Spring ligament reconstruction
- b. Triple arthrodesis
- c. Subtalar arthrodesis
- d. All of the above
- 4. Weight-bearing radiographs should be taken ____.
 - a. Preoperatively
 - b. Postoperatively
 - c. At the surgeon's discretion
 - d. Only when screws are used

5. The most common cause of adult-acquired flatfoot is

- a. Lateral hindfoot pain
- b. Navicular tuberosity
- c. Posterior tibial tendon dysfunction
- d. Achilles tendonitis

6. The <u>can be used to replace the posterior tibial</u> tendon.

- a. Achilles tendon
- b. FDL tendon
- c. Peroneal tendon
- d. None of the above
- 7. ____ can be used to lengthen the lateral column in this surgical alternative.
 - a. Iliac crest block autograft
 - b. Structural allograft
 - c. FDL transfer
 - d. A & B
- 8. Varying degrees of flatfoot are present in ____ percent of the population
 - a. 10-25
 - b. 15-30
 - c. More than 50
 - d. Unknown

9. In the lateral column lengthening procedure, the "bump" under the ipsilateral hip provides ____.

- a. Support for the hip
- b. Relief of a bony pressure point
- c. Better access to the lateral side of the foot
- d. Stability for the thigh

10. Patients with painful arthritis or fixed flatfoot with PTTD are usually best served with ____.

- a. Motion-sparing procedures
- b. Subtalar arthrodesis
- c. Triple arthrodesis
- d. B & C

Hip Arthroscopy : Femoroacetabular Impingement

- 1. The _____ should include the qualitative nature of discomfort, location, onset and history of trauma/developmental abnormality.
 - a. Diagnosis
 - b. Patient history
 - c. Treatment
 - d. Rehabilitation

2. Primary portals are placed ____.

- a. Anterior and anterolateral
- b. Anterior and posterior
- c. Anterolateral and posterolateral
- d. Superior and inferior

3. A pincer lesion is located on the ____.

- a. Femoral head
- b. Femoral head neck junction
- c. Acetabular fossa
- d. Acetabular rim

4. The labrum is made up of ____.

- a. Fibrocartilage
- b. Osseous abnormalities
- c. Bone
- d. Hyaline cartilage

5. The _____ is/are located on the femoral head-neck junction.

- a. Cam lesion
- b. Pincer lesion
- c. Labrum
- d. Nerve fibers

6. The anterolateral portal penetrates the ____.

- a. Sartorius
- b. Rectus femoris
- c. Gluteus medius
- d. Greater trochanter

7. The femoral artery and nerve lie _____ to the anterior portal.

- a. Posterior
- b. Medial
- c. Lateral
- d. Superior

8. A type 2 tear is _____.

- a. Detachment or pincer impingement
- b. Detachment or cam impingement
- c. Intrasubstance tear or pincer impingement
- d. Intrasubstance tear or cam impingement

9. The anterior portal penetrates the ____.

- a. Sartorius
- b. Rectus femoris
- c. Gluteus medius
- d. Both a & b

10. Postoperative rehabilitation includes ____.

- a. Walking or light jogging
- b. Rest
- c. Crutches
- d. Continuous passive motion and physical therapy

Open Thoractomy Approach to Bronchoesophageal Fistula Repair

- - a. 1
 - b. 2
 - c. 3
 - d. 4
- 2. During embryonic development, the lungs begin to form during gestational week ____.
 - a. 2
 - b. 3
 - c. 4
 - d. 5
- 3. Bronchoesophageal fistulae may present secondary to
 - a. Hodgkin's lymphoma
 - b. Certain respiratory irritants
 - c. Cavitating lesions
 - d. All of the above
- 4. The _____ is made up of stratified squamous epithelial cells.
 - a. Mucosal layer
 - b. Submucosa
 - c. Mainstem bronchus
 - d. Muscularis

5. The most common type of fistula is ____.

- a. Type 1
- b. H-type
- c. Sequestered parenchyma
- d. None of the above

- 6. ____ has been proven as an effective surgical method in fistula closure.
 - a. Endotracheostomy
 - b. Open thoracotomy
 - c. Video-assisted thoracotomy
 - d. B & C
- 7. According to ease of access to the fistula, the typical patient is preoperatively positioned in either _____ or ____ position.
 - a. Lateral/Trendelenburg
 - b. Supine/Fowler's
 - c. Supine/Lateral
 - d. No proper combination
- 8. An "H-type fistula" refers to a direct connection between the esophagus and the ____.

a. Tracheal lumen

- b. Bronchus
- c. Parenchymal tissue
- d. None of the above

9. Postoperative swallowing evaluations may include ____.

- a. Speech therapy
- b. Barium swallow
- c. Contrast radiography
- d. B & C

10. Postoperative complications may include ____.

- a. Hemorrhage
- b. Pneumothorax
- c. Nosocomial infection
- d. All of the above

Platysmaplasty: A Surgical Resolution for the Turkey Neck

- 1. The ____ covers the external jugular vein in the neck
 - a. Platysma
 - b. Deltoideus
 - c. Superior part of the pectoralis major
 - d. None of the above
- 2. A _____ is used to separate the subcutaneous layer form the platysma muscle.
 - a. Army/Navy retractor
 - b. Adson forceps
 - c. #15 blade
 - d. Straight Metzenbaum scissor
- 3. Patients must cease drinking and smoking _____ prior to the procedure.
 - a. 24 hours
 - b. One week
 - c. Two weeks
 - d. One month
- 4. Patients should wear an elastic bandage around the head and neck for ____.
 - a. 24 hours postoperatively
 - b. 48-72 hours postoperatively
 - c. Up to five days postoperatively
 - d. All of the above
- 5. Platysmaplasty can be performed using _____ anesthesia.
 - a. General
 - b. IV sedation
 - c. Local
 - d. All of the above

6. The method of suturing for this procedure is based on ____.

- a. Surgeon's preference
- b. The amount of fat removed
- c. The type of suture
- d. A & B

7. _____ is administered preoperatively to help prevent infection.

- a. Cleocin
- b. Cephalexin
- c. Azithromycin
- d. Penicillin
- 8. To prevent bleeding, _____ are not allowed during the first week following surgery.
 - a. Vitamin D
 - b. Aspirin
 - c. Acetaminophen
 - d. A & B

9. Which item is not laid out on the Mayo stand?

- a. DeBakey tissue forceps
- b. Elastic bandage
- c. Head light source
- d. Surgeon's magnified intense glasses

10. Possible complications from platysmaplasty include

- a. Hematoma
- b. Infection
- c. Seroma
- d. All of the above

Emergency Cesarean Delivery

1. Early practice of Cesarean section often resulted in

- a. Fetal bradycardia
- b. Shoulder dystocia
- c. Cardiac arrest
- d. All of the above
- 2. What important innovation helped make the Cesarean delivery safer in the mid-1800s?
 - a. Anesthesia
 - b. Blood bank
 - c. ESU
 - d. Oxytocin
- 3. The ____ must be present in the LDR during a Code Blue.
 - a. Patient's next of kin
 - b. Anesthesiologist
 - c. Blood bank
 - d. In-house obstetric attending physician

4. The rarest presentation of a breech birth ____.

- a. Kneeling breech
- b. Complete breech
- c. Frank breech
- d. Footling breech

5. The _____ is placed in charge of obtaining additional supplies in emergency situations.

- a. Nurse manager
- b. Assistant nurse manager
- c. Patient's primary nurse
- d. Runner

6. During the delivery, the _____ is delivered first.

- a. Bottom
- b. Head
- c. Feet
- d. Umbilical cord

7. Breech birth risks include ____.

- a. Umbilical cord prolapse
- b. Head entrapment
- c. Oxygen deprivation
- d. All of the above
- 8. What size blade does the surgical technologist need to incise the patient's skin?
 - a. #20
 - b. #11
 - c. #15
 - d. #10
- 9. Which of the following factors is not influential in the occurrence of a breech birth?
 - a. The sex of the baby
 - b. Multiple fetuses
 - c. Premature labor
 - d. Uterine abnormalities

10. Who determines if the patient should be moved to the OR for further patient management and/or closure?

- a. Team leader
- b. Physician
- c. Medication nurse
- d. None of the above

Birmingham Hip Resurfacing

- - a. Total hip replacement
 - b. Birmingham Hip Resurfacing
 - c. Corin Cormet Hip Resurfacing
 - d. CONSERVE® Plus Total Hip Resurfacing
- 2. The acetabular cup should be seated at _____ degrees of inclination and _____ degrees of anteversion.
 - a. 40/20
 - b. 20/40
 - c. 44/46
 - d. 46/44
- 3. A _____ is placed around the femoral head to protect soft tissues from being contaminated by bony reaming during the femoral preparation.
 - a. Continuous flow of irrigation
 - b. Sterile 4x4 pad
 - c. Urology drape
 - d. Drain cannula

4. Indications for hip resurfacing include ____.

- a. Impaired or disrupted blood supply
- b. Rheumatoid arthritis
- c. Bone-on-bone articulation
- d. All of the above
- 5. Why is an X-ray-detectable 4x4 placed in the acetabular cup after it is set?
 - a. To prevent impingement
 - b. To protect the cup during the next process
 - c. To take X-ray measurements
 - d. All of the above

6. There are currently ____ FDA-approved hip resurfacing systems

- a. 1
- b. 2
- c. 3
- d. 4

7. A/an __ is used to remove the peripheral ring of femoral head bone.

- a. Osteotome
- b. Cannulated rod
- c. Rongeur
- d. Cylindrical reamer
- 8. The best candidates for hip resurfacing are ____.
 - a. Elderly, inactive patients
 - b. Younger, active patients
 - c. Elderly, moderately-active patients
 - d. Young, relatively inactive patients

9. Rehabilitation can begin _____ after surgery.

- a. One day
- b. Three to five days
- c. One week
- d. 10-15 days
- 10. "If loading on a particular bone increases, the bone will remodel itself over time to become stronger and resist that sort of loading," is a principle of ____.
 - a. Science
 - b. Medical theory
 - c. Wolff's Law
 - d. Birmingham Hip Resurfacing

Radical Neck Dissection

- **1.** How many modifications to the radical neck dissection are there?
 - a. 1
 - b. 2
 - c. 3
 - d. 4
- 2. The _____ is isolated and divided immediately after the external jugular vein.
 - a. Anterior trapezius muscle
 - b. Omohyoid muscle
 - c. Internal jugular vein
 - d. Thyrocervical artery

3. The first radical neck dissection was performed by

- a. George Crile
- b. Hayes Martin
- c. Oswaldo Suarez
- d. Ettore Bocca
- 4. A _____ is used to protect the carotid artery in the event the patient has undergone previous radiation therapy.
 - a. Sterile towel
 - b. Dermal skin graft
 - c. Sterile plastic adhesive
 - d. Fenestrated sheet
- 5. The lymph node groups and additional structures not included in the classic neck dissection are resected in the ____.
 - a. Type I modification
 - b. Type II modification
 - c. Type III modification
 - d. Extended radical neck dissection

- 6. Surgical and anesthesia times increase significantly when _____ are used.
 - a. Radial forearm flaps
 - b. Rectus abdominis flaps
 - c. Microvascular flaps
 - d. Nerve grafts
- 7. Which medical advancement allowed surgery to become the primary treatment for cancers of the head and neck?
 - a. Radical neck dissection
 - b. Preservation of the spinal accessory nerve
 - c. Antibiotics
 - d. All of the above
- 8. Cadaveric tissue grafts may be successful in radical neck dissections because ____.
 - a. It can reduce surgical time
 - b. It can reduce time under anesthetic
 - c. A previously-irradiated field does not affect its integration
 - d. All of the above
- 9. After the thyrocervical artery is clamped, divided and ligated, the _____ is/are dissected.
 - a. Posterior triangle
 - b. Cervical and suprascapular arteries
 - c. Omohyoid muscle
 - d. None of the above
- 10. A radical neck dissection will generally keep a patient in the hospital for ____.
 - a. 3-5 days
 - b. 5-7 days
 - c. 7-12 days
 - d. 13-15 days

Pectus Carinatum : Pigeon Chest

- 1. Pectus Carinatum is characterized by a/an ____ of the sternum.
 - a. Protrusion
 - b. Indentation
 - c. Fracture
 - d. A & C
- 2. Effects of pigeon chest include _____.
 - a. Fatigue
 - b. Dyspnea
 - c. Psychological issues
 - d. All of the above
- 3. The surgical procedure can take anywhere from ____.
 - a. 2-4 hours
 - b. 2-6 hours
 - c. 4-6 hours
 - d. None of the above
- 4. The Ravitch procedure has a ____ percent of satisfaction rate among patients.
 - a. 97
 - b. 87
 - c. 79
 - d. 92

5. Patient's cardiopulmonary function can be affected by

- a. Mitral valve prolapsed
- b. Decreased lung capacity
- c. Impaired gas exchange in cardiopulmonary system
- d. All of the above

6. The Ravitch procedure does not involve ____.

- a. Cutting the costal cartilage
- b. Using a stabilization bar
- c. External pressure brace
- d. Removal of some costal cartilage
- 7. The ratio of males to females that develop pectus carinatum is _____.
 - a. 3:1
 - b. 7:2
 - c. 6:2
 - d. 5:1
- 8. The principal organs of respiration and circulation are protected by the ____.
 - a. Thorax
 - b. Pectoral muscles
 - c. Sternum
 - d. Thoracic vertebrae

9. The human body has _____ false ribs.

- a. Ten
- b. Six
- c. Three
- d. Two

10. A chest deformity characterized by an inverted sternum is ____.

- a. Pectus carinatum
- b. Pigeon chest
- c. Pectus excavatum
- d. All of the above

Pectus Carinatum: Pigeon Chest – questions cont.

- 11. The intercostal spaces are located between the ____.
 - a. Lungs
 - b. Ribs
 - c. Vertebral bodies
 - d. Costal cartilages
- 12. Pectus carinatum can present at which phase of a patient's life?
 - a. At birth
 - b. Post surgically
 - c. During growth spurts
 - d. All of the above

13. Which genetic disorder is not considered a possible cause of pectus carinatum?

- a. Trisomy 21
- b. Morquio syndrome
- c. Brittle bone disease
- d. Scoliosis

14. One percent lidocaine with epinephrine, 1:200, 000 describes ____.

- a. Sterile solution
- b. General anesthetic
- c. Local anesthetic
- d. Anxiety medication

15. In the case presented, the patient is in the ____ position for surgery.

- a. Reverse Trendelenburg
- b. Supine
- c. Trendelenburg
- d. None of the above

16. ____ is/are performed preoperatively to rule out genetic disorders.

- a. Blood tests
- b. Urine analysis
- c. X-ray
- d. ECG

17. The average hospital stay for this procedure is ____.

- a. 1-5 days
- b. 3-5 days
- c. 3-7 days
- d. 5-9 days

18. Preoperative diagnostic tests include ____.

- a. Pulmonary function
- b. CT scan
- c. Urine analysis
- d. All of the above

19. _____ is a genetic disorder in which the body cannot metabolize methionine.

- a. Homocystinuria
- b. Morquio syndrome
- c. Trisomy 18
- d. Marfan syndrome

20. Twisting movement or rapid elevation of the arms is restricted for ____.

- a. Two months
- b. Four months
- c. Six weeks
- d. Until postoperative checkup

Vertical Sleeve Gastrectomy

1. What separates the VSG from a banding procedure?

- a. VSG is permanent
- b. VSG does not implant a foreign body
- c. VSG removes most of the stomach
- d. All of the above
- 2. _____ is a comorbid condition that can qualify a patient for a bariatric procedure.
 - a. Diabetes
 - b. Obesity
 - c. Elevated BMI
 - d. All of the above

3. Sleeve gastrectomy is contraindicated for patients with a history of ____.

- a. Diabetes
- b. GERD
- c. Gastric cancer
- d. Sleep apnea
- 4. VSG has a/an ____ risk of re-operation as compared to alternative bariatric procedures.
 - a. Higher
 - b. Lower
 - c. Equal
 - d. Insufficient data to determine
- 5. One possible complication of VSG is a leak at the esophageal- gastric junction, which can cause ____.
 - a. Fistulae
 - b. Pleural effusion
 - c. Infections
 - d. All of the above

6. Which of these screening processes is not required for all bariatric patients?

- a. Blood chemistries
- b. Comprehensive metabolic panel
- c. Serum pregnancy test
- d. All processes are required
- 7. Preoperative education with a _____ is required for VSG patients.
 - a. Nutritionist
 - b. Physical therapist
 - c. Psychologist
 - d. Personal Trainer
- 8. A total of <u>12 mm trocars are placed during this</u> procedure.
 - a. 1
 - b. 2
 - c. 3
 - d. 4

9. The sleeve is checked for air leakage by ____.

- a. Submersion in saline solution
- b. Carbon dioxide pneumoperitoneum
- c. Surgeon's visual examination
- d. None of the above

10. Wounds are irrigated with triple-antibiotic solution, which does not include ____.

- a. Bacitracin
- b. Neomycin
- c. Polymyxin
- d. Saline

Answers ce credit PKG 12: 13 CONTINUING EDUCATION CREDITS

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Radiation Risk				
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Total Knee Arthroplasty

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Office-Based Ablations

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Acquired Adult Flatfoot Deformity

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Hip Arthroscopy: Femoroacetabular Impingement

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Open Thoractomy Approach Brochoesophegeal Fistula Repair

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Platysmaplasty: A Surgical Resolution for the Turkey Neck

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Emergency Cesarean Delivery

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Birmingham Hip Resurfacing

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Radical Neck Dissection

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Pectus Carinatum: Pigeon Chest

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Vertical Sleeve Gastrectomy

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