Posttest and CME Instructions

To receive a statement of credit for CME you must:

1. Print out the handouts and posttest files prior to reviewing the presentations. You can find the handouts by clicking on each module; choose "Module Overview and Handouts", then select "Handout Material". To print the Post Test files choose "Click Here for Post Test and CME", choose the appropriate module, and download the PDF file found at the top of the page.

2. Review the full content of the module and all presentations associated with the module. It is best to fill out the posttest on the print out as you complete each presentation.

3. Review any supplementary materials referenced under the Handout Material section.

4. Reflect on the content.

5. Successfully complete the online posttest for the entire module. A 70% passing grade is required to move on to the evaluation and credit claim form. Go to the appropriate post test by choosing the Post Test and CME link.

   Choose the Post Test you wish to take by selecting the link, re-read the posttest instructions, then click "Begin" found at the bottom of the page.

6. Once you have successfully completed the online posttest(s), you will be given a CME code for the completed module. Please print this page and note the CME code for the completed module. Once you submit, you will not be able to use the Back button to return to this page.

7. After clicking “Submit Test Results”, you will be directed to the Continuing Medical Education website at Case Western Reserve University to complete the evaluation for the course. This website is managed separately from the NextCare Core Content in Urgent Care Medicine site, so follow the instructions carefully: You will be asked to enter your email address and to create a password if you do not already have one for the CME website. Please keep your email address and the password that you create in a safe place. This is how you will sign in each time you do an evaluation and claim credit for a module. You can also get your cumulative transcript from the CME website using this information.

   After signing in, you will be asked to compete and evaluation for this course.
Once you submit your evaluation, you will be taken directly to the online credit claim form. You should only claim credit commensurate with your participation in the activity. Once you submit your credit, a certificate will come up that you can print for your records.

Your credits will be recorded by the Case Western School of Medicine CME Program and made a part of your cumulative transcript.
Facial Trauma  
Faculty: Fadi Abbass, MD, FACS

1. The most useful imaging study for a suspected maxillary fracture is:  
   a. Plain sinus films  
   b. MRI face  
   c. CT facial bones with coronal reconstructions  
   d. Panorex  
   e. PET/CT

2. A patient presents with a deep facial laceration and paralysis of upper half of the ipsilateral side of the face. The most appropriate course of action is:  
   a. Suture the laceration with follow-up in 1 week to remove sutures and re-evaluate facial strength.  
   b. Suture the laceration and arrange for follow-up with Otolaryngologist within 1 week.  
   c. Contact Otolaryngologist immediately as patient will likely require nerve exploration/repair within 72 hours.  
   d. Attempt to explore the nerve in the urgent care center  
   e. None of the above

3. The most sensitive/specific lab test to rule out a suspected CSF leak following facial trauma include:  
   a. Fluid protein content  
   b. Fluid glucose content  
   c. Beta 2-transferrin  
   d. Halo sign  
   e. Ratio Protein/glucose

4. A 5ft-10inch, 250 lb patient presents following assault, and is diagnosed with bilateral body fractures of the mandible. You find out he has a CPAP. He is in severe pain. The most appropriate course of action is:  
   a. Antibiotics, pain medication, discharge home with instructions to use CPAP machine.  
   b. Antibiotic, pain medication, and arrange for follow up with facial surgeon in 1 week.  
   c. Pain medication, transfer to monitored hospital bed for inpatient admission/surgical evaluation.  
   d. Observe in urgent care center for 2 hours then discharge with short term follow-up with facial surgeon.  
   e. None of the above
Facial Trauma Continued
Faculty: Fadi Abbass, MD, FACS

5. Which is the most common facial fracture?
   a. Mandible
   b. Nasal
   c. Orbital floor
   d. Tripod
   e. Maxillary
Oral Infections/Dental Trauma
Faculty: John Vaughn, MD

6. Which of the following is not an appropriate means of transporting an avulsed tooth to the Emergency Department?
   a. Commercial transport medium
   b. Milk
   c. The patient’s buccal sulcus (between the patient’s cheek and gum)
   d. A sterile specimen cup containing the patient’s saliva

7. An Ellis type III dental fracture involves which of the following dental structures?
   a. The enamel
   b. The dentin
   c. The neurovascular pulp
   d. All of the above

8. Which of the following dental injuries does not require immediate follow-up?
   a. Subluxation
   b. Concussion
   c. Extrusive luxation
   d. Lateral luxation

9. When re-implanting an avulsed tooth, all of the following should be done except:
   a. Hold the tooth only by the crown
   b. Gently rinse the tooth with sterile saline
   c. Scrub the tooth to remove debris
   d. Have the patient bite a gauze pad to hold it in place during transport to ED

10. A patient with a mandibular tooth abscess presents to the urgent care for pain medication and you notice that she has a fever and neck swelling. The appropriate disposition is:
    a. Home with oral antibiotics and analgesia; dental follow-up in 1-2 days
    b. IM Ceftriaxone in urgent care; home with oral antibiotics and analgesia; dental follow-up in 24 hours
    c. Direct admit for IV antibiotics and oral surgery consult in the morning, transfer by private auto
    d. To ED by EMS with strict airway protection measures in place.
11. A 65-year-old male pipe smoker presents to the urgent care for evaluation of a painless white, rough, hardened, plaque on the side of his tongue. All of the following are true of this condition EXCEPT:
   a. Smoking cessation may lead to complete resolution
   b. Emergent transfer to the ED with strict airway precautions is necessary
   c. Non-emergent biopsy of lesion is mandatory
   d. Surgical removal may be necessary

12. An infectious agent has been identified as the cause of all of the following stomatitis syndromes EXCEPT:
   a. Herpangina
   b. Recurrent Aphthous Stomatitis
   c. Acute Necrotizing Ulcerative Gingivitis (“Trench Mouth”)
   d. Hand, Foot and Mouth Disease

13. All of the following are true of Herpes Simplex Labialis EXCEPT:
   a. Most cases are caused by HSV-2
   b. Lesions may involve peri-oral skin
   c. Lesions often rupture to form ulcerations with a honey-colored crust
   d. Patients typically note tingling, burning or itching pain 1-2 days before lesions develop
Pharyngeal Infections
Faculty: William Gluckman, DO, MBA, FACEP

14. All of the following are true about Strep pharyngitis EXCEPT:
   a. Strep pharyngitis may lack exudates
   b. It is very difficult to accurately diagnose by simply looking at the throat
   c. It is the most common cause of pharyngitis
   d. It often presents with tender adenopathy and no constitutional symptoms

15. Other causes of pharyngitis include all of the following EXCEPT:
   a. Group C and G streptococci
   b. Mycoplasma pneumoniae
   c. Arcanobacterium hemolyticus
   d. Enterococcus

16. A 10 year old presents with a red sore throat. Which of the following is the most appropriate approach?
   a. Treat with Pen VK
   b. Treat with Azithromycin (Zithromax®)
   c. Perform a rapid strep test and if negative recommend supportive care
   d. Perform a rapid strep and if negative perform a throat culture and only treat if positive
   e. None of the above

17. Which of the following is true about Mononucleosis?
   a. Splenic rupture is a complication
   b. Children may not play contact sports for at least 8 weeks
   c. The monospot test has a sensitivity approaching 100%
   d. Most children treated with erythromycin will develop a rash

18. A 20 year old presents with a temp of 102, complains of severe sore throat, has a hoarse voice and is having severe difficulty swallowing. Which of the following is the MOST likely diagnosis?
   a. Strep pharyngitis
   b. Epiglottitis
   c. Gonococcal Pharyngitis
   d. Peritonsilar Abscess
Pharyngeal infections Continued
Faculty: William Gluckman, DO, MBA, FACEP

19. The drug of choice for Strep pharyngitis is:
   a. Loracarbef
   b. Cephalexin
   c. Pen VK
   d. Ampicillin
Otitis Externa and Otitis Media
Faculty: Tony Reisman, MD

20. The most common organism found in Acute Otitis Media is:
   a. Staphylococcus aureus
   b. Strep. Pneumonia
   c. Hemophilus Influenza
   d. Clostridium Difficile
   e. None of the above

21. By Three years of age, what percentage of children have had at least one episode of Otitis Media?
   a. 70-80%
   b. 50-60%
   c. 10-20%
   d. Less than 5%
   e. 100%

22. Following Acute Otitis Media fluid may be present in the middle ear at twelve weeks in what percentage of cases?
   a. 100%
   b. 70-80%
   c. 30-50%
   d. 5-25%
   e. 0%

23. All are potential complications of Acute Otitis Media EXCEPT:
   a. Meningitis
   b. Facial Paralysis
   c. Brain Abscess
   d. Emesis
   e. Dysphonia

24. The most common organism found to cause Acute Otitis Externa is:
   a. Staphylococcus aureus
   b. Hemophilus Influenza
   c. Strep. Pneumonia
   d. Pseudomonas Aeruginosa
   e. None of the Above
Epistaxis and Sinus Infection
Faculty: Tony Reisman, MD

25. The most common site of Epistaxis is the:
   a. Nasopharynx
   b. Osteomeatal Complex
   c. Posterior Septal Wall
   d. Anterior Septal Wall
   e. Nasal Vestibule

26. The Nose receives its vascular supply from the:
   a. Internal Carotid Artery
   b. External Carotid Artery
   c. Both of the above
   d. None of the above
   e. Vertebrobasilar Artery

27. When considering imaging for doubtful cases of sinusitis, the most appropriate study would be a:
   a. Coronal Sinus CT
   b. Axial Sinus CT
   c. Limited Sinus CT
   d. MRI of the Sinuses
   e. Angiogram of the Sinuses

28. Unilateral nasal polyps are associated with _________ till proven otherwise.
   a. Asthma
   b. Chronic Rhinosinusitis
   c. Acute Rhinosinusitis
   d. Cancer
   e. Sarcoidosis

29. All of the following are potential complications of Sinusitis EXCEPT:
   a. Meningitis
   b. Orbital Cellulitis
   c. Orbital Abscess
   d. Cavernous Sinus Thrombosis
   e. All the above
Core Content In Urgent Care Medicine
ENT/Eye/Neurology Module

Release Date: December 1, 2009 Review Date: January 31, 2011 Expiration Date: November 30, 2014

Vertigo/Dizziness
Faculty: Hassan Abbass, MD, FACS

30. Benign Positional Vertigo is most consistent with the following characteristics:
   a. Severe spinning sensation and vertigo with the dix-hallpike maneuver
   b. Vertigo and Nystagmus have a latency
   c. Vertigo and Nystagmus severity decrease with repetition of the dix hallpike maneuver (fatigue)
   d. All of the above

31. Patients with Meniere’s disease typically suffer from the following symptoms EXCEPT:
   a. Tinnitus and fluctuation hearing loss
   b. Double vision and blurring
   c. Fullness in the Ears
   d. Vertigo

32. All of the following are signs of peripheral vertigo EXCEPT:
   a. Severe spinning sensation
   b. Horizontal Nystagmus
   c. Vertical Nystagmus
   d. Deviation from the straight line with tandem gait

33. The most appropriate immediate test for a patient presenting with vertical nystagmus and blurry vision in the urgent care setting is:
   a. MRI of the brain
   b. CT scan of the brain
   c. Audiogram and Electronystagmogram
   d. Electrocardiogram

34. A patient presents with unilateral tinnitus and vertigo. CT scan is normal. Symptoms are controlled with Meclizine. What is the most appropriate next step:
   a. Schedule MRI of the brain
   b. Start treatment with Prednisone
   c. Arrange for emergent Audiological/Hearing evaluation within 24-48 hours
   d. Reassure patient that this is a viral etiology and follow up on a prn basis
Eye Injury
Faculty: Terry Buzzard, MD

35. Treatment for corneal abrasions includes all off the following EXCEPT:
   a. Topical NSAIDS
   b. Oral narcotic pain medication
   c. Topical anesthetic 1-2 drops q2 hrs for up to 24 hours
   d. Reevaluation in 24-48 hours
   e. Debriding torn epithelial tissue

36. The following are true of corneal FBs, EXCEPT:
   a. Scarring can occur and affect vision permanently.
   b. Anterior chamber findings should be documented
   c. Vision is usually unaffected
   d. Rust rings may be removed more easily 24 hours later
   e. A small peripheral white infiltrate around the FB always represents infection.

37. On your FCN stain exam you note vertical linear corneal abrasions. Which is NOT necessary:
   a. Check for subtarsal FBs
   b. Update tetanus
   c. Check V.A.
   d. Prescribe topical antibiotics
   e. Patch the eye

38. The following is true of hyphemas EXCEPT:
   a. Should be referred to ophthalmology
   b. Can advise activity as tolerated
   c. Should avoid ASA/NSAIDS
   d. Should R/O rupture/perforation
   e. Elevated IOP is a serious concern
   f. Rebleeding within a few days can occur and is usually worse than the first bleed.

39. Which of these items should an Urgent Care Practitioner document on every eye visit?
   a. Visual acuity
   b. Tetanus status
   c. Specific follow up plan
   d. Appearance of the cornea
   e. Ocular history
   f. All the above
Eye Injury Continued
Faculty: Terry Buzzard, MD

40. Which is NOT true of IOFB’s (Intraocular foreign bodies)?
   a. A Seidel test can be used to detect corneal perforation
   b. If a ruptured globe is suspected you should avoid any direct pressure to the eye
   c. Orbital X-rays are useful in suspected high velocity FB ocular injuries
   d. If a globe perforation is noted, apply a topical anesthetic, topical antibiotics and refer
   e. Apply an eye shield and refer urgently to ophthalmology

41. Which of the following is NOT true regarding ocular burns?
   a. Injuries involving bases are typically worse than acids
   b. Acute chemical burns should be regarded as a medical emergency
   c. Irrigation should be followed by pH testing
   d. Complications could include perforations, scarring and cataracts
   e. Acids typically cause liquefactive necrosis or the cornea
Common Acute Eye Conditions
Faculty: Terry Buzzard, MD

42. Viral conjunctivitis is commonly associated with all of the following EXCEPT:
   a. Watery discharge
   b. Photophobia
   c. URIs
   d. Tender preauricular node
   e. Adenovirus

43. Which of the following is true of iritis?
   a. Up to 10% are idiopathic
   b. Topical steroids are frequently required
   c. Usually asymptomatic
   d. Usually presents with dilated pupils
   e. Usually requires antibiotics

44. All of the following are true of Acute angle-closure glaucoma EXCEPT:
   a. Frequently associated with pain
   b. Frequently symptoms include photophobia, nausea and vomiting
   c. Pupils usually dilated and slow to react
   d. IOP typically elevated
   e. Vision is typically normal

45. Which is true of Giant Papillary Conjunctivitis?
   a. Associated with corneal ulcers
   b. Associated with viral infections
   c. Associated with contact lens wear.
   d. Associated with trauma

46. Which of the following are true?
   a. Contact lens-induced ulcers are often caused by Pseudomonas.
   b. Dendritic appearing ulcers are typically herpetic
   c. Topical steroids are to be avoided if one suspects a herpetic ulcer
   d. Corneal cells can harbor latent HSV and result in recurrence cornea lesions
   e. All the above are true
Common Acute Eye Conditions Continued
Faculty: Terry Buzzard, MD

47. Which of the following is true regarding episcleritis and scleritis?
   a. Episcleritis is more painful than scleritis.
   b. Episcleritis should be referred urgently.
   c. Scleritis vessels can be blanched with phenylephrine.
   d. Both conditions respond well to topical steroids.
   e. A blue appearing sclera in the context of scleritis necessitates urgent referral.

48. Which of the following is NOT true of Central Retinal Artery Occlusion?
   a. Often caused by an Emboli from carotids or cardiac valves.
   b. Usually has a normal anterior eye exam.
   c. Presents with acute profound vision loss.
   d. Typically see a pale appearing retina.
   e. Responds well to thrombolytics.
Headaches
Faculty: Michael Weinstock, MD

49. All of the following are causes of morning headaches EXCEPT:
   a. Carbon monoxide toxicity
   b. Pseudotumor cerebri
   c. Meningitis
   d. Sleep apnea

50. Which of the following typically presents as a sudden onset headache?
   a. Acute angle closure glaucoma
   b. Subarachnoid hemorrhage
   c. Brain tumor
   d. Temporal arteritis
   e. Migraine headache

51. All of the follow are seen with carotid or vertebral artery dissection EXCEPT:
   a. Sudden occipital HA with neck pain
   b. Pain occurring days before neuro Sx
   c. Dizziness/vertigo
   d. Minor head trauma frequent in preceding 6 hours
   e. Fever

52. How frequently will CT demonstrate blood 1 week after a subarachnoid hemorrhage?
   a. 95%
   b. 90%
   c. 83%
   d. 58%
   e. 10%

53. When meningitis is suspected, which test must be performed?
   a. Kernig's sign (hip flex and extend knee)
   b. Brudzinski's signs (passive neck flexion causes involuntary flexion of hips and knees)
   c. CBC
   d. ESR
   e. Lumbar puncture
Syncope
Faculty: Michael Weinstock, MD

54. The first step when evaluating syncope is to differentiate from seizure. All of the following are typical of syncope EXCEPT:
   a. Preceding nausea or diaphoresis
   b. Oriented upon wakening (no post-ictal phase)
   c. Age > 45
   d. Tongue biting
   e. History of CHF or CAD

55. All of the following are often seen with a vertebrobasilar stroke EXCEPT:
   a. Abdominal and back pain
   b. Diplopia
   c. Ataxia
   d. Vertigo
   e. Dysarthria

56. How frequently does a ruptured abdominal aortic aneurysm (AAA) present as syncope?
   a. 5%
   b. 15%
   c. 60%
   d. 80%
   e. 100%

57. Brugada syndrome (RBBB with ST elevation in right precordial leads) has a 10% mortality per year if untreated. Management involves placement of an implantable cardiac defibrillator. What is the 10 year mortality after ICD placement?
   a. 0%
   b. 15%
   c. 25%
   d. 50%
   e. 100%
58. All of the following patients with syncope require emergent ED evaluation EXCEPT?
   a. Patients with history of heart failure
   b. Abnormal ECG
   c. Age over 50
   d. Syncope occurring during exertion
   e. Patients with history of coronary artery disease
CVA/TIA
Faculty: Joseph Toscano, MD

59. Which of the following is NOT a characteristic of a transient ischemic attack?
   a. Brief duration
   b. Focal neurological dysfunction
   c. Irreversible neuronal injury
   d. Cerebral ischemia
   e. All of the above are compatible with a transient ischemic attack

60. A possible symptom of hemispheric cerebral ischemia includes which of the following?
   a. Vertigo
   b. Loss of consciousness
   c. Hemiparesis
   d. Bilateral facial numbness

61. Which of the following disorders can produce stroke-like clinical presentations?
   a. Brain tumors
   b. Systemic infectious processes
   c. Migraine
   d. Hypoglycemia
   e. Each of the above can result in a stroke mimic

62. Compared with a stroke mimic, stroke is more likely if:
   a. The patient is able to walk
   b. There is a history of prior cognitive impairment
   c. There was a recent seizure
   d. The patient has abnormal speech

63. True or False: All patients with TIA or CVA require an echocardiogram.
   a. True
   b. False

64. The objective of the work-up of a patient who has had a TIA includes which of the following?
   a. Identify possible treatable causes of recurrent ischemia
   b. Control risk factors like hypertension and diabetes
   c. Predict who will have a stroke in the future
   d. Prove that a TIA occurred
CVA/TIA Continued

Faculty: Joseph Toscano, MD

65. Unenhanced CT scanning of the brain is useful in a patient who has had a TIA because it reliably does which of the following?
   a. Detects acute intracranial hemorrhage
   b. Demonstrates changes that confirm a diagnosis of TIA
   c. Identifies blood vessel malformations
   d. Reveals the cause of most TIA’s

66. Which of the following is a hallmark of cerebellar TIA and CVA?
   a. Visual field deficit
   b. Ataxia
   c. Pure sensory loss
   d. Hemiparesis

67. Which of the following is an important initial step in the management of a patient with acute and ongoing stroke-like symptoms who presents to your urgent care clinic?
   a. Performing a 12-lead ECG
   b. Starting supplemental oxygen
   c. Measuring a finger-stick blood sugar
   d. Giving a dose of aspirin