

**RACGP CPD Approved Activity**

Educational Activities: **5** hours

Reviewing Performance: **5** hours



### How to use *AJGP* for your CPD

Each issue of the *Australian Journal of General Practice (AJGP)* has a focus on a specific clinical or health topic. Many GPs find the entire issue of interest and of relevance to their practice; some GPs find one or more articles in the journal relevant.

You can use *AJGP* for your CPD. If you want to use the entire issue for CPD, you must work your way carefully through each article in the issue and complete the Clinical challenge. When you do this, take time to read the articles carefully and critically, and think carefully about how you might adjust your practice in response to what you have learned.

We recommend that you access *AJGP*, the articles and the Clinical challenge through gplearning (<https://gpl.racgp.org.au/d2l/home>) (Activity ID: 583034). Then, when you complete the articles and the Clinical challenge, your CPD hours are automatically credited to your CPD account. If you work through the full issue of *AJGP* and complete the Clinical challenge, you will receive 10 CPD hours (five hours' Educational Activities and five hours' Reviewing Performance).

If you do not want to do the full *AJGP* issue, and you prefer to select one or more articles to read, you can QuickLog the CPD hours directly through your myCPD dashboard. As guidance, each article in *AJGP* would provide 1–2 CPD hours, split half Educational Activities and half Reviewing Performance.

# Clinical challenge

*These questions are based on the Focus articles in this issue. Please choose the single best answer for each question.*

## CASE 1

Peter, an elite athlete aged 22 years, presents for review of new onset shin pain.

### QUESTION 1

The pes anserinus is formed by the tendinous insertions of the muscles, gracilis, semitendinosus and:

- A. trapezius
- B. piriformis
- C. sartorius
- D. soleus

## CASE 2

Sophie, a woman aged 35 years, presents with sudden onset knee swelling following a non-contact pivoting manoeuvre.

### QUESTION 2

The extensor mechanism of the knee comprises the quadriceps muscle, the quadriceps tendon, the patella, the patellar tendon and the:

- A. semimembranosus tendon
- B. tibial tubercle
- C. gastrocnemius muscle
- D. biceps femoris

### QUESTION 3

The first-line investigation for significant acute sport-related knee injuries is:

- A. ultrasound
- B. computed tomography (CT)
- C. magnetic resonance imaging (MRI)
- D. X-ray

## CASE 3

Hamed, a man aged 63 years, presents for routine review of chronic shoulder pain.

### QUESTION 4

Ultrasound for rotator cuff pathology has equivalent sensitivity to:

- A. MRI
- B. CT
- C. X-ray
- D. fluoroscopy

## CASE 4

Kiara, a woman aged 44 years, presents with cervical spine pain following a motor vehicle injury two weeks ago.

### QUESTION 5

Pain that arises from actual or threatened damage to non-neural tissue and is due to the activation of nociceptors is classified as:

- A. referred
- B. nociceptive
- C. nociplastic
- D. neuropathic

### QUESTION 6

Pain that arises from altered nociception, despite no clear evidence of actual or threatened tissue damage causing the activation of peripheral nociceptors or evidence for disease or lesion of the somatosensory system causing the pain, is known as:

- A. nociceptive
- B. referred
- C. nociplastic
- D. neuropathic

### QUESTION 7

Pain caused by a lesion or disease of the somatosensory nervous system is known as:

- A. neuropathic
- B. nociceptive
- C. nociplastic
- D. referred

### QUESTION 8

Pain occurs when nociceptors are stimulated at a specific site and the brain interprets the pain as coming from a different area due to convergence of neural pathways. This is classified as:

- A. nociceptive
- B. nociceptive referred
- C. neuropathic
- D. nociplastic

**CASE 5**

Din, a man aged 72 years, with a background of type 2 diabetes mellitus, reports difficulty exercising due to peripheral neuropathy.

**QUESTION 9**

Personal Activity Intelligence (PAI; [www.ntnu.edu/ceerg/personal-activity-intelligence](http://www.ntnu.edu/ceerg/personal-activity-intelligence)) is a heart rate-based technology that converts an individual's heart rate responses to:

- A. muscular contraction
- B. reward points
- C. physical activity
- D. personal motivation

**QUESTION 10**

Heart rate responses to exercise might be influenced by comorbidities such as cardiac autonomic neuropathy or medications such as:

- A. ibuprofen
- B. statins
- C. clopidogrel
- D. beta-blockers

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*These questions are based on the Focus articles in this issue. Please write a concise and focused response to each question.*

**CASE 1**

Peter, an elite athlete aged 22 years, presents for review of new onset shin pain.

**QUESTION 1**

Define what is meant by the term medial tibial stress syndrome (MTSS).

**QUESTION 2**

List two common causes of MTSS.

**QUESTION 3**

List eight risk factors for MTSS.

**QUESTION 4**

List the muscles in the deep posterior compartment of the lower leg.

**QUESTION 5**

List the muscles in the anterior compartment of the lower leg.

**CASE 2**

Sophie, a woman aged 35 years, presents with sudden onset knee swelling following a non-contact pivoting manoeuvre.

**QUESTION 6**

State the major physical examination finding that characterises Grade III medial collateral ligament injury.

**CASE 3**

Hamed, a man aged 63 years, presents for routine review of chronic shoulder pain.

**QUESTION 7**

List four physical examination findings of rotator cuff arthropathy and major rotator disease.

**CASE 4**

Kiara, a woman aged 44 years, presents with cervical spine pain following a motor vehicle injury two weeks ago.

**QUESTION 8**

State what is involved in the quadrant test to assess neck pain.

**QUESTION 9**

List the examination features of cervicogenic headache.

**CASE 5**

Din, a man aged 72 years, with a background of type 2 diabetes mellitus, reports difficulty exercising due to peripheral neuropathy.

**QUESTION 10**

State the major advantage of Personal Activity Intelligence (PAI).

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### October 2023 Multiple choice question answers

**ANSWER 1: A**

The current Fitzpatrick skin types (FST) classification divides sun reactivity in skin into six categories based on a person's self-reported ability to burn and tan.

**ANSWER 2: B**

One of the most common skin issues seen in the 'skin of colour' population is facial hyperpigmentation.

**ANSWER 3: B**

A benign, self-limiting form of atopic dermatitis that is more common in children with 'skin of colour' is pityriasis alba.

**ANSWER 4: C**

A benign condition that presents as flaky, discoloured patches of skin typically on the chest and back is pityriasis versicolor.

**ANSWER 5: B**

A hypopigmented variant of cutaneous T cell lymphoma is mycosis fungoides.

**ANSWER 6: C**

Crisaborole 2% ointment is a Therapeutic Goods Administration-approved phosphodiesterase 4 inhibitor that is used in cases of mild-to-moderate atopic dermatitis but it is currently not covered by the Pharmaceutical Benefits Scheme.

**ANSWER 7: C**

Patients using topical hydroquinone for postinflammatory hyperpigmentation should be counselled on the risk of a 'halo effect' (a lightening of the surrounding skin) and ochronosis, a rare adverse effect of permanent blue-grey discoloration after using high concentrations for a prolonged period.

**ANSWER 8: A**

A hallmark feature of atopic dermatitis in children with skin of colour is postinflammatory dyspigmentation.

**ANSWER 9: D**

Rippled hyperpigmented papules coalescing into plaques, often over extremities and associated with chronic scratching, is known as lichen amyloidosis.

**ANSWER 10: D**

In contrast to acne, a key relevant negative finding on clinical examination in rosacea is absence of comedones.

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**October 2023 Short answer question answers**

**ANSWER 1**

'Skin of colour' is a term that was coined in North America to describe a heterogeneous group of people that have pigmented skin types.

**ANSWER 2**

There are two broad categories of vitiligo: (1) a non-segmental variant, which is the more common type, involving many areas of the body; and (2) a segmental variant, which follows a dermatomal-type distribution and is seen in approximately 2% of those with vitiligo.

**ANSWER 3**

Four therapies currently used to treat vitiligo are:

- topical calcineurin inhibitors for the face and potent and ultrapotent topical steroids for the body
- narrowband ultraviolet B (NB-UVB) light therapy
- targeted UVB phototherapy such as excimer laser
- immunosuppressive therapies such as oral corticosteroids, steroid sparing therapies such as methotrexate and Janus kinase inhibitors such as tofacitinib.

**ANSWER 4**

Two surgical options for the management of vitiligo are: (1) tissue grafts, whereby solid tissue is transferred from donor to recipient; and (2) cellular grafts, which involve the transfer of suspensions of melanocytes to a larger body surface area of the recipient.

**ANSWER 5**

The treatment typically used for widespread progressive vitiligo is pulsed steroid therapy.

**ANSWER 6**

'Koebner phenomenon' is associated with vitiligo, whereby trauma to the skin can trigger new lesions.

**ANSWER 7**

Hypopigmentation appears as poorly demarcated, slightly lighter areas of skin, whereas vitiligo is seen as well-demarcated, stark white macules anywhere on the face, body, genitals, mucosa and/or hair.

**ANSWER 8**

Four significant quality-of-life impairments in children with severe atopic dermatitis are:

- school absenteeism
- sleep deprivation
- poorer academic performance
- impaired social interactions.

**ANSWER 9**

'Acne pomade' is the name given to acne that results from the application of occlusive products on the hair and skin.

**ANSWER 10**

Three treatments that might be prescribed for post inflammatory hyperpigmentation are:

- topical hydroquinone, retinoids, azelaic acid
- chemical peels
- laser-based treatments.