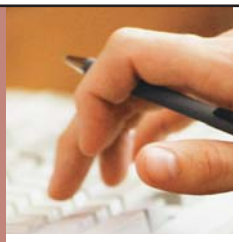


Instructions for clinical challenge online

Clinical challenge is now ONLY available as an online activity. Please follow the steps below to log on to and launch the activity.

Clinical challenge online means:

- you will receive your 4 QA&CPD points immediately on successful completion of the quiz
- you can view question feedback after you have achieved a score of 12 or more correct answers, and
- you can re-enrol in the activity a number of times in order to achieve a sufficient score.

To complete clinical challenge online go to:

- www.racgp.org.au/clinicalchallenge
- if you are completing the quiz online for the first time, click on **'click here to register'**
- fill out the registration details – remember to choose your own username and password - and click on **'sign up'**
- if you have completed clinical challenge online previously, click on **'login here'**. Use the username and password you selected last time you completed clinical challenge online
- click on **'AFP clinical challenge'**
- click on **'enrol'**
- click on **'launch activity'**
- answer each case question by clicking on the correct answer box.

AFP clinical challenge online

USERNAME _____

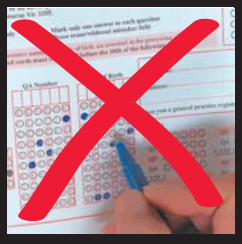
PASSWORD _____

Please record your details here, cut out and keep in a safe place

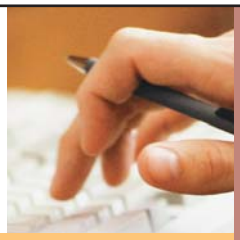
Clinical challenge online is simple and quick. You can view the articles to which each question relates, and you get immediate feedback on your answers. You can complete the quiz in one 'hit' or over a few days or weeks.

Clinical challenge online must be submitted by the last day of each month of publication.

PLEASE NOTE:
CLINICAL CHALLENGE CARDS WILL NO LONGER BE ACCEPTED



Clinical challenge



Questions for this month's clinical challenge are based on theme articles in this issue. The style and scope of questions is in keeping with the MCQ of the College Fellowship exam. The quiz is endorsed by the RACGP Quality Assurance and Continuing Professional Development Program and has been allocated 4 CPD points per issue. Answers to this clinical challenge will be published next month, and are available immediately following successful completion online at: www.racgp.org.au/clinicalchallenge. *Jenni Parsons*

SINGLE COMPLETION ITEMS

DIRECTIONS Each of the questions or incomplete statements below is followed by five suggested answers or completions. Select the most appropriate statement as your answer.

Case 1 – Joe Stricher

Joe Stricher, 39 years of age, is a previously well storeman who presents with a 2 day history of low back pain. He had been loading a box into a customer's car at work and felt a sharp twinge in his lower back on the left. Since then, he has had a constant aching pain in his low back, with sharp twinges on some movements.

Question 1

Although less severe than his back pain, Joe also has leg pain. It is a deep, aching sensation in his buttock and thigh. Joe's leg pain is likely to be:

A. sciatica
B. lumbar radicular pain
C. somatic referred pain
D. radiculopathy
E. a 'red flag' condition.

Question 2

Physical examination of Joe's back is important to:

A. allow accurate anatomical and pathological diagnosis
B. attempt to reproduce the pain during musculoskeletal examination
C. form a baseline from which progress can be assessed
D. all of the above
E. B and C.

Question 3

Physical examination reveals tenderness in the lower lumbar region particularly on the left. He has pain on extension and lateral flexion. Otherwise examination is normal. You advise Joe:

A. that further tests are required to make a definitive diagnosis
B. that remaining active is important
C. to rest in bed until the pain settles
D. remain off work until pain free
E. to use diazepam 6 hourly to relieve muscle spasm.

Question 4

Joe asks if he should have a back X-ray to 'make sure there is no serious damage'. You advise him that:

A. X-rays are important to exclude 'red flag' conditions
B. X-ray will positively diagnose the cause of the pain
C. injury at work is an indication for early X-ray for medicolegal reasons
D. X-ray may show up degenerative changes that are not the cause of his pain
E. patients who have X-rays have better clinical outcomes.

Case 2 – Tony Agoni

Tony Agoni, 52 years of age, has been experiencing low back pain for 6 months after a motor car accident. He attends your clinic for the first time hoping you can suggest a treatment or procedure that will get rid of his pain. He has had weekly back manipulations from a local therapist. He can't work because he has pain and feels his life is ruined.

Question 1

Tony brings an X-ray report describing osteophyte formation, spondylolysis and disc calcification in the lumbar spine. His CT scan identifies herniated discs at L3/4 and L4/5. Choose the most correct statement.

A. Tony's back X-rays reveal degenerative changes
B. Tony's back X-rays reveal traumatic changes
C. the CT findings indicate Tony's pain is arising from the L3 and L4 discs
D. disc herniation always causes back pain
E. there is good correlation between lumbar X-ray findings and pain.

Question 2

Which of the following factors in Tony's history is not a 'yellow flag' indicator.

A. belief that he can't work if he has pain
B. age over 50 years
C. belief that 'his life is ruined'
D. an expectation a particular procedure will fix pain
E. none of the above.

Question 3

Tony experiences back pain and somatic referred pain but not radicular pain. He has nonspecific tenderness bilaterally, inferolateral to the spinous process in the L4/5 region. Neurological examination of his legs is normal. The best initial investigation would be:

A. a discogram
B. an MRI
C. a sacroiliac joint block
D. a zygapophysial joint medial branch block
E. none of the above.

Question 4

You arrange rehabilitation for Tony in a multidisciplinary team. This involves all except:

A. telling Tony to accept the pain and live with it
B. addressing unhelpful beliefs about pain
C. reversing social withdrawal and increasing activity
D. developing good biomechanical skills for work related and other tasks
E. establishing an achievable and enjoyable exercise program.

Case 3 – Roddie Cooler

Roddie Cooler, 24 years of age, was landscaping his garden. He was carrying a railway sleeper with a friend when he slipped and fell awkwardly. He experienced a severe pain in his back and right leg.

Question 1

Roddie describes his leg pain as a 'severe, sharp, electric shock' pain travelling down his leg, but worst below his knee. His back pain is less troublesome. Clinical examination:

A. is not necessary because it won't change initial management
B. can establish the cause of radicular pain
C. is important to determine if radioculopathy is present
D. should be limited to straight leg raising as this is the most sensitive clinical test
E. B and C are correct.

Question 2

Roddie has impaired sensation on the sole of his foot and a diminished ankle jerk reflex. He has no 'red flag' indicators. You discuss further investigations with Roddie. You tell him:

A. the presence of radicular pain is an indication for early imaging
B. the presence of radiculopathy is an indication for early imaging
C. a CT scan is the investigation of choice
D. electrophysiology studies can help delineate the anatomical level of the problem
E. investigations are not required at this stage.

Question 3

You recommend the following treatments to Roddie first line:

A. bed rest and simple analgesics until the pain resolves
B. simple analgesics and early resumption of activities
C. spinal manipulation to reduce pressure on the nerve root
D. traction to reduce pressure on the nerve root
E. oral dexamethasone to reduce swelling around the herniated disc.

Question 4

After 2 weeks Roddie still has significant pain and asks what else can be done. His neurological symptoms and signs have not deteriorated. The most appropriate next step is:

A. referring him for epidural steroid injection
B. arranging MRI and referral for consideration of surgery
C. referral for chemonucleolysis
D. continuing current treatment for a further 4 weeks
E. referring for epidural injection of NSAID.

Case 4 – Rosie Flagg

Rosie Flagg, 74 years of age, presents with severe low back pain. She recalls no precipitating event. The pain is constant and is not relieved by rest. It wakes her at night. She rates the pain at 7 on a 0–10 scale.

Question 1

Rosie has a past history of peptic ulceration and takes sertraline 50 mg for depression but is on no other medication. She has lost approximately 5 kg over the past 3 months. An X-ray of her lumbar spine:

A. is not indicated as it cannot demonstrate the cause of her pain
B. has a 70% sensitivity for detecting malignancy
C. has a 70% specificity for detecting malignancy
D. is not indicated as an MRI would be a better initial investigation
E. should be deferred for 4–6 weeks.

Question 2

Which of the following is not a 'red flag' in Rosie's history:

A. depression
B. night pain
C. age over 50 years
D. weight loss
E. none of the above.

Question 3

An X-ray reveals a compression fracture of L3. Compression fractures are:

A. degenerative changes not necessarily causing her pain
B. less likely to be related to the symptom of back pain than a disc space narrowing
C. more common in patients over 70 years of age
D. less common in patients using corticosteroids
E. none of the above.

Question 4

Rosie tells you she has been dieting for 3 months. Examination and investigations reveal no evidence of cancer. Her pain is not controlled on paracetamol 1 g 4 hourly. You:

A. refer her for epidural steroid injection
B. add a nonsteroidal anti-inflammatory agent
C. prescribe a short acting opioid such as oxycontin
D. refer for ultrasound treatment
E. add diazepam 5 mg four times a day to reduce muscle spasm.