Questions for this month's clinical challenge are based on 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.

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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 – Vincent Nguyen

Vincent Nguyen, 42 years of age, is a storeman at the Acme Anvil Factory, manufacturers of heavy iron implements for blacksmiths. While lifting a box of samples yesterday, he felt a sudden, sharp pain in his lower back. Today Vincent's wife has requested a home visit due to his lumbar stiffness and pain with no radiation. Examination shows him to be lying uncomfortably on his waterbed with limited flexion and extension, no signs of nerve root impingement but obvious spasm of his lumbar paravertebral musculature.

Question 1

To understand the aetiology of Vincent's back pain requires:

A. plain X-ray
B. CT scan
C. MRI scan
D. discography
E. none of the above.

Question 2

The most appropriate treatment for Vincent at this stage is:

A. bed rest
B. ultrasound therapy
C. simple analgesia
D. manipulative physiotherapy
E. chiropractic manipulation.

Question 3

Vincent asks about when he can return to work. Advising him to 'continue resting and to let pain be your guide' is most likely to:

A. give him the freedom to judge when he is able to return
B. potentiate the role of the physiotherapist
C. get him back on the job as soon as possible
D. allow spontaneous reduction of any disc prolapse
E. delay his recovery.

Question 4

Vincent asks what the future holds for him. Three months after the onset of low back pain:

A. he'll be as good as new
B. some mild symptoms might persist
C. recurrence will be unlikely
D. he can consider returning to work at that point
E. any radiological investigations will need to be repeated.

Case 2 – Gretel Karath

Gretel Karath is the manager of the small practice that you own. She's a model employee, turning her hand to everything from reception duties to staff management. Unfortunately, she has developed pain and tenderness around her right common extensor origin after spending all last night typing up new clinic policies.

Question 5

Which of the following is least likely to be playing a role in Gretel's problem:

A. HLA B27 antigen positivity
B. low social support
C. low levels of psychological wellbeing
D. high job demands
E. repetitive activity.

Question 6

You encourage Gretel to consult with her own GP. Which of the following is the most appropriate management for her:

A. no specific medical intervention
B. splinting/orthotic device
C. extracorporeal shock wave therapy
D. deep transverse friction massage
E. local infiltration with corticosteroid.

Question 7

Gretel sends you a workers' compensation certificate for 2 days off work. In planning for her return to work, which of the following is most appropriate:

A. arrange to examine Gretel's arm yourself in order to redesign her workflow
B. request a review by an occupational physician
C. offer to speak with Gretel's GP about her return to work
D. probe Gretel gently about why she is so unhappy
E. ensure that Gretel's job is outsourced to prevent recurrences.

Question 8

When she does return to work, Gretel says that her GP has encouraged her to undertake yoga as a stress management intervention. It has helped her with tension headaches in the past. An appropriate response is to:

A. notify the Medical Board
B. express shocked disbelief
C. request a second opinion
D. provide nonjudgmental encouragement
E. discount any association between stress and elbow pain.

Case 3 – Greg Wright

Greg Wright has only ever attended for minor ailments. He is a large and somewhat intimidating 35 year old man with a chronic neck injury that he relates to his work as a boilermaker. He describes his workplace, a small engineering firm that has recently gone into receivership, as 'miserable'.

Question 9

Which of the following workplace characteristics is most likely to contribute to stress related workers' compensation claims:

A. improved staff resilience
B. lowered morale

C. increased stress
D. supportive leadership practices
E. experience of positive emotions.

Question 10

Greg details his history of chronic neck pain and headaches at some length. He appears very angry with both his employer and the agency responsible for managing his claim. In discussing this with him it is best to:

A. agree that the compensation system is biased in favour of the employer
B. defer any discussion of return to work goals until his pain is gone
C. refuse any further discussion until he has been psychologically assessed
D. consider participating in a case conference with the relevant stakeholders
E. focus on righting the injustices Greg has suffered.

Question 11

As you get to know Greg better, you find that he has several underlying psychological issues stemming from abuse in his childhood. Which of the following statements is true with regard to his occupational health:

A. these childhood issues need to be resolved before he can return to work
B. Greg is not entitled to compensation due to the presence of comorbidity
C. these issues can be dealt with more effectively from a stronger morale base
D. an urgent psychological referral is indicated
E. it is not the GP's role to help Greg to address these issues.

Question 12

Greg says it is unfair that he is about to be retrenched, despite having a young family and a big mortgage. He says that being 'off on compo' is his best protection from being dismissed. Which of the following is true:

A. issues of perceived unfair treatment are usually best pursued through workplace fair treatment review mechanisms
B. Greg's perception of unfair treatment justifies time off work until the matter is resolved
C. reframing human resource management issues as a health issue improves outcomes
D. a medical certificate for time off work renders the worker immune from retrenchment
E. zealous advocacy on behalf of Greg and his family is appropriate.

Case 4 – Dolores Insegnante

Dolores Insegnante, 53 years of age, is a primary school teacher who slipped on a spilled drink in the playground and landed heavily on her buttocks. Her initial pain has largely settled but, 1 week after the accident, she remains anxious and fearful about returning to work.

Question 13

Factors likely to prevent a durable return to work for Dolores include all of the following except:

A. poor quality workplace relationships
B. lack of a return to work culture
C. patient distress regarding their condition
D. minimal bed rest
E. reliance on passive treatment modalities.

Question 14

'Red flag' conditions to consider in Dolores include:

A. bony secondaries
B. zygapophyseal joint dysfunction
C. multiple sclerosis
D. osteoporosis
E. primary hyperparathyroidism.

Question 15

In the first 2 weeks after Dolores' fall, it is important to:

A. refer to a physiotherapist for a carefully designed regimen of exercises
B. prescribe your own exercise regimen that is significantly different to her usual work pattern to avoid exacerbation.
C. keep the focus off return to work to avoid stressing her
D. encourage Dolores to remain active rather than resting in bed
E. none of the above.

Question 16

Dolores is left with occasional back ache after prolonged sitting or standing. Which of the following is the best strategy for Dolores' future work:

A. permanent redeployment to a different role within the school
B. a 5 minute rest break every hour
C. frequent changes of posture throughout the day
D. a change to part time employment
E. recumbent teaching.

ANSWERS TO NOVEMBER CLINICAL CHALLENGE

Case 1 – Donna Watson

1. Answer C
No individual sign or symptom is pathognomonic of PID and the clinical diagnosis is estimated to be incorrect in a third of cases. Laparosopy is the gold standard diagnostic tool but is impractical, costly and invasive. Lower abdominal tenderness, adnexial tenderness, cervical motion tenderness and raised temperature are signs frequently associated with PID.

2. Answer E
Donna requires tests to exclude bacterial STIs. Tests for bacterial vaginosis include high vaginal swabs and wet prep or gram stain, vaginal pH and 'whiff test'. Despite being on the COCP, Donna requires a pregnancy test to exclude the possibility of ectopic pregnancy as a cause of her pelvic pain.

3. Answer B
In young sexually active women with no predisposing factors appropriate empirical treatment of presumed PID is azithromycin 1 g stat, doxycycline 100 mg twice daily for 14 days and metronidazole 400 mg twice daily for 14 days. This is unlikely to impair the diagnosis and management of other causes of abdominal pain.

4. Answer E
Sexually transmitted infections such as gonorrhoea and chlamydia account for one-third to half of PID cases. Anaerobic bacteria found in BV have been associated with endometritis and PID. It would be prudent to continue appropriate treatment for PID until the course is completed. Donna should be followed up to ensure resolution of symptoms.

Case 2 – Sarah McMillan

5. Answer C
A urine qualitative pregnancy test is indicated for all women of reproductive age with unexplained abdominal pain, with or without vaginal bleeding. It is quick, easy and sensitive. There is no advantage in quantitative serum BHCG testing in this scenario, and it may lead to delay in the diagnosis of an ectopic pregnancy.

6. Answer D
Ectopic pregnancy is diagnosed with a visualisation of an adnexial mass on transvaginal ultrasound. A transabdominal scan is inappropriate, as it may only detect an empty uterus, and this may result in an unacceptably high intervention rate.

7. Answer B
Management of ectopic pregnancy depends on the woman's clinical state, her preference, BHCG level, and the experience of the clinician. However, with early diagnosis more conservative options such systemic methotrexate are possible, and have good outcomes.

8. Answer C
The IUCD is the only contraceptive method associated with increased risk of ectopic pregnancy after discontinuation of its use. Previous ectopic pregnancy is strongly associated with the occurrence of ectopic pregnancy. Women with a past history of PID are at mildly elevated risk. After medically managed ectopic pregnancy, the subsequent ectopic pregnancy rates are 13–18%.

Case 3 – Casey O'Brien

9. Answer A
If a parent is present, letting them know at the beginning of the consultation that it is your usual practice to see teenagers without parents for at least part of the consultation helps to allow the teenager the time and space to answer questions or raise issues that they may not be willing to discuss in front of a parent.

10. Answer B
There is clear evidence teenagers are more likely to be open and disclose information if you outline the principles of confidentiality. The limits of confidentiality must be clearly outlined. Casey needs to be reassured that any examination or investigation will only proceed if she gives consent.

11. Answer D
Establishing rapport, a psychosocial history and establishing what Casey's symptoms mean to her are all important aspects of assessment and management. Using a HEADSS framework and seeing Casey on her own will facilitate this. Pelvic examination is usually inappropriate in a young teenager.

12. Answer B
Casey's symptoms are quite typical of dysmenorrhoea. She needs to be reassured that her concerns will be addressed and effective treatments are available. NSAIDs and hormonal therapies are likely to be effective. Although endometriosis can occur in teenagers, if her symptoms improve with simple empirical treatments further investigations can be deferred.

Case 4 – Simone Di Peitro

13. Answer E
Most women with endometriosis will have normal clinical examination. Nodularity in the pouch of Douglas or uterosacral ligaments is highly suggestive of endometriosis. Women may also have uterine or adnexial tenderness, a fixed retroverted uterus or an adnexial mass.

14. Answer C
A negative ultrasound does not exclude endometriosis as peritoneal implants and adhesions may not be detectable. Ultrasound is useful as a preoperative investigation to detect ovarian endometrioma, which have a ground glass appearance. The main differential is a haemorrhagic corpus luteum cyst. Repeating the ultrasound in the first half of the cycle may assist in differentiating these.

15. Answer B
Laparoscopy is the gold standard investigation for diagnosis of endometriosis and is now the main tool of treatment. Visual diagnosis varies in accuracy and histological confirmation is recommended.

16. Answer B
No hormonal agent has been shown to be markedly more effective than the others so the agent used is often chosen because of side effect profile and personal preference. The OCP and progesterones can be used indefinitely but danazole, gestrinone and GnRH analogues are used for a maximum of 6 months.

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