

The purpose of this quiz is to provide a convenient means of self-assessment of your reading of the scientific content of this issue of JAOA. Enter your answers to the questions in the spaces provided so that you can easily check them with the answers that will be published next month.

To apply for CME credit, transfer your answers to the application form and answer sheet on page 337 and mail it to the CME office. So that you may complete this self-assessment in privacy, use only your member number to apply for CME credit. The CME office will record only the fact that you have completed the self-assessment test. Any grading will be done by the Editorial Department only for the purpose of planning areas of study which may be helpful to cover in future issues of JAOA.

1. Potential benefits of endoscopic carpal tunnel release include which of the following?

- (a) Less postoperative pain.
- (b) Preservation of grip strength.
- (c) Earlier return to the workplace.
- (d) Relief of hand numbness.
- (e) All of the above.

2. Symptoms of carpal tunnel syndrome include which of the following?

- (a) Numbness and tingling of thumb, index, and long and ring fingers.
- (b) Hand pain.
- (c) Pinch and grip weakness.
- (d) *a* and *c*.
- (e) All of the foregoing symptoms.

3. Changing a patient's medication to another class of a non-steroidal anti-inflammatory drug (NSAID) is appropriate if the patient has had an adverse reaction to the first drug.

- (a) True.
- (b) False.

4. All of the following should be closely monitored in patients receiving long-term NSAID therapy *except*:

- (a) Serum creatinine.
- (b) Hemoglobin/hematocrit.
- (c) Serum transaminases (ALT, AST).
- (d) Serum electrolytes.

5. Because of its remarkable sensitivity and specificity for the tumor, imaging with radiolabeled monoclonal antibodies plays a valuable role in patients with suspected ovarian cancer.

- (a) True.
- (b) False.

6. Human antimurine antibody

(HAMA) formation has little or no clinical significance in patients who have undergone a radioimmuno-scintigraphy study.

- (a) True.
- (b) False.

7. All of the following are common clinical manifestations of lecithin-cholesterol acyltransferase deficiency *except*:

- (a) Premature arteriosclerosis.
- (b) Cirrhosis.
- (c) Normocytic normochromic anemia.
- (d) Corneal opacities.
- (e) Proteinuria.

8. The renal failure associated with lecithin-cholesterol acyltransferase is effectively treated by renal transplant.

- (a) True.
- (b) False.