

## CME questions on the Soft Tissue of the Knee issue

**1 Concerning articular cartilage defects in the knee, which of the following is the diameter of the smallest lesion that would be expected to be incapable of healing without intervention?**

- A,  3 mm
- B,  6 mm
- C,  9 mm
- D,  12 mm
- E,  15 mm

**2 Which of the following techniques is least appropriate for the management of a 2.5 cm-diameter cartilage defect on the medial femoral condyle?**

- A,  Arthroscopic chondrocyte implantation
- B,  Combined stem cell and chondrocyte implantation
- C,  Microfracture
- D,  Open chondrocyte implantation
- E,  Stem cell implantation

**3 Which of the following is considered to be the prime medial stabilizer of the knee?**

- A,  Capsular arm of the posterior oblique ligament
- B,  Menisofemoral component of deep medial collateral ligament
- C,  Meniscotibial component of deep medial collateral ligament
- D,  Proximal part of superficial medial collateral ligament
- E,  Tibial arm of the posterior oblique ligament

**4 Which of the following statements concerning ACL reconstruction is incorrect?**

- A,  An error in placement of the tunnels of only 2 mm can cause restriction of knee movement.
- B,  Isometric placement is especially important as almost all grafts have different mechanical properties (are stiffer) than native ACL.
- C,  Placement of the tibial tunnel is more critical than the femoral tunnel for a favourable outcome.
- D,  Placement of the tibial tunnel too anterior causes notch impingement, graft attrition and breakage.
- E,  The patellar tendon is as long as, or longer than, the ACL from the same knee.

**5 According to research including registry studies, which of the following techniques of ACL reconstruction gives the best long-term outcomes?**

- A,  Bone–patellar tendon–bone
- B,  Double bundle hamstring
- C,  Double bundle hamstring with anterolateral ligament reconstruction
- D,  Single bundle hamstring
- E,  Synthetic graft

**6 What is the commonest reason for failure of an ACL reconstruction?**

- A,  Fracture
- B,  Further trauma
- C,  Infection
- D,  Interference screw failure
- E,  Technical error

**7 At which angle of knee flexion does the PCL provide the greatest proportional contribution to the restraint to posterior tibial translation?**

- A,  0 degrees
- B,  30 degrees
- C,  60 degrees
- D,  90 degrees
- E,  120 degrees

**8 Which of the following is not a function of popliteus?**

- A,  Dynamic restraint to varus and external rotation when the knee is fully extended
- B,  External rotation of the femur when the foot is fixed
- C,  Internal rotation of the tibia when the foot is free
- D,  Knee extension
- E,  Static restraint to varus and external rotation

**9 Which of the following is an incorrect pairing of a component of the posterolateral corner of the knee and its position in the layers of that structure?**

- A,  Arcuate ligament – Deep layer
- B,  Biceps femoris – Superficial layer
- C,  Fabellofibular ligament – Deep layer

- D,  Lateral collateral ligament – Middle layer  
E,  Patellar retinaculum – Middle layer

**10 What is the approximate recurrence rate after a first-time dislocation of the patella?**

- A,  5–10%  
B,  15–20%  
C,  25–30%  
D,  35–40%  
E,  45–50%

**11 Which of the following risk factors is least correlated with recurrence of patellofemoral dislocation?**

- A,  Caton–Deschamps score  $>1.45$   
B,  Contralateral dislocation  
C,  MPFL insufficiency

- D,  Skeletal immaturity  
E,  Trochlear dysplasia

**12 Which of the following is incorrect concerning focal resurfacing of the knee?**

- A,  Resurfacing performs more poorly in knees that have had several previous operations.  
B,  The implant should be about 1 mm proud of surrounding articular cartilage to offload the cartilage adjacent to the implant.  
C,  The implant should bond to bone and therefore titanium is often used in the fixation post.  
D,  There are no comparative studies where focal resurfacing has been compared to a study arm undergoing an alternative surgical procedure.  
E,  The tribology of the implant should match the surrounding tissues as closely as possible.