

## CME Section

---

The *Journal of Pediatric Rehabilitation Medicine: An Interdisciplinary Approach* is sponsored by Children's Hospital & Research Center Oakland to provide physicians with the opportunity of earning category 1 CME credit by reading the designated articles, following the instructions for the self-assessment exam, and sending the completed documentation to Lila Lee-Tramiel, Managing Editor, *Journal of Pediatric Rehabilitation Medicine: An Interdisciplinary Approach*, Children's Hospital & Research Center Oakland, 747 52<sup>nd</sup> Street, Oakland, CA 94609.

There is no additional cost to current *Journal* subscribers for participating in the CME activity. Non-*Journal* subscribers may participate in the activity at a cost of \$15 per exam per issue. The \$15 exam fee must be submitted to Children's Hospital with each answer sheet and with the completed evaluation and certification page. Participants should retain a copy of any materials submitted.

Every question or request for information on the exam answer sheet, the evaluation, and the certification pages must be completed to be eligible for CME credit. Leaving any item unanswered will make void the participant's response, and no credit will be awarded.

Participants may read the articles, take the exam by issue (1 credit/issue), or wait to study several issues together. Documentation can be received at the *Journal* office at any time throughout the year, and accurate records will be maintained for each participant. CME certificates are issued only once per year, in January, for the total number of credits earned during the prior year.



Children's Hospital & Research Center Oakland is accredited by the Institute of Medical Quality and the California Medical Association to provide continuing medical education for physicians. Children's Hospital & Research Center Oakland takes responsibility for the content, quality and scientific integrity of this CME activity.

Children's Hospital & Research Center Oakland designates this educational activity for a maximum of 1 hour of Category 1 credit toward the California Medical Association's Certification in Continuing Medical Education and the AMA's Physician Recognition Award. Each physician should claim only those hours of credit that he/she actually spent on the educational activity.

If you have any questions, please email the Editor ([jneufeld@mail.cho.org](mailto:jneufeld@mail.cho.org)).

This is an adult learning experience and there is no requirement for obtaining a certain score. The objective is to have each participant learn from the total experience of studying the article, taking the exam, and being able to immediately receive feedback with the correct answers.

**CME on Comprehensive Care for the Child with Upper Extremity Limb Deficiency****CME article number 2:** *Brian M. Kelly and Virginia S. Nelson*

## Questions

1. The most common cause of amputation for a child aged 12 is?
  - a. Self-inflicted
  - b. Tumor
  - c. Lawnmower accident
  - d. Motor vehicle accident
2. The terminal device for a body-powered prosthesis should be activated at which month?
  - a. Three
  - b. Six
  - c. Twelve
  - d. Twenty-four
3. A prosthesis for an average seven year-old child is expected to last how many months?
  - a. Six
  - b. Twelve
  - c. Eighteen
  - d. Twenty-four
4. Which has been shown to be a critical factor to help a child accept a prosthesis?
  - a. Cosmesis
  - b. Parental influence
  - c. Use of a prosthesis before age five
  - d. Light weight and durable components
5. Which outcome measure identifies the extent to which a child actually uses their prosthesis?
  - a. PUF1
  - b. Wee FIM
  - c. PODCI
  - d. CAPP-FSI
6. Which of the following factors is most important to the success of high-level bilateral prosthetic use in a multi-limb amputee with a TBI after a MVA?
  - a. Proprioceptive feedback
  - b. Strength
  - c. Comfort
  - d. Component weight
7. The primary function of the wrist unit is to
  - a. Allow flexion and extension
  - b. Allow supination and pronation
  - c. Attach the terminal device to the socket
  - d. Control the terminal device

8. For a preschool child the primary reason to prescribe a prosthesis with an exoskeletal design is which of the following?
  - a. Cosmesis
  - b. Durability
  - c. Interchangeability of parts
  - d. Internal strength
  
9. Which type of socket for a body-powered prosthesis is best for a 3 year old child with a mid-length unilateral transradial limb deletion?
  - a. Self-suspending socket
  - b. Socket with a growth liner
  - c. Socket with a silicone pin suspension system
  - d. Socket with suction suspension
  
10. Terminal bony overgrowth of the residual limb occurs in what percentage of children?
  - a. 80%
  - b. 60%
  - c. 40%
  - d. 20%