AUSTRALASIAN COLLEGE OF
SPORT AND EXERCISE PHYSICIANS

PRACTICE EXAMINATION

Written Short Answer Questions (SAQ) used within the 2016 Fellowship Examination

For more information about the examination, refer here.

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QUESTION 1

A 16yo male AFL Academy player is playing Australian Rules Football. He picks the ball up and tries to sprint away from his opponent. As he pushes off the ground he feels a pop in his right anterior hip, with acute pain. He handballs the ball away and falls to the ground. The player is unable to continue playing and requires assistance from the ground.

		Marks
1.1	What differential diagnoses would you consider as you review him on the sideline?	**0.5**
1.2	X-Ray confirms the presence of a minimally displaced AIIS apophyseal avulsion fracture and reveals a significant femoral head CAM lesion in both hips. The team is 8 weeks out from finals. What is the expected timeframe for return to play? How will you manage his injury up to the point of return to full training?	**3.0**
1.3	What are your indications for surgical referral for the AIIS avulsion fracture?	**1.0**
1.4	The coach really wants him in the team for the finals. How will you clear him for return to play?	**2.0**
1.5	The team physio suggests arthroscopic treatment post season to address the CAM lesions in both hips. Is there any indication for hip arthroscopy in this elite level 16yo AFL player? What are the potential benefits and risks of such a procedure?	**3.5**

QUESTION 2

A 15yo rugby player presents to you for assessment and advice following a heavy tackle in a rugby match the previous day. The match day physiotherapist reported that he did not use any protective measures to break his fall and he failed a sideline head injury assessment (HIA). He has a history of 2 concussions during the previous season.

Marks

2.1 What factors in his history, relating to his past concussions and current injury, are you most interested in? **2.5**

2.2 What clinical assessments would you perform? **1.0**

2.3 What specific advice would you give him regarding return to: **2.5**

a) School?

b) Training and competition?

2.4 His parents are keen for him to continue playing rugby but have a number of questions and are seeking your opinion. **4.0**

a) Should he start wearing headgear to play?

b) Is there a reason why he seems to be more prone to concussion than his team-mates?

c) Are there any long term risks?

d) Is there any way to reduce his risk of concussion?

QUESTION 3

A 48yo sedentary worker and Masters competitor in CrossFit comes to see you about a 3-month history of right shoulder pain, specifically with overhead loaded activities such as press handstands and overhead squats. He has been having physiotherapy to get him through competitions, and has had an x-ray report stating some early signs of glenohumeral joint OA. He does not recall a specific injury.

		Marks
3.1	What further features in the history would you like to elicit?	**2.0**
3.2	Examination reveals a near full range of motion but pain at end forward elevation and abduction, as well as positive impingement signs. He is non tender and has no weakness or wasting, but does have mild scapula dyskinesia and some pain on cuff loading. What are the possible diagnoses?	**2.0**
3.3	You inspect his x-ray films. What abnormalities are you looking for?	**1.5**
3.4	He has a CrossFit competition in 7 days and does not want any investigation before then. What short-term treatment options would you offer this patient?	**2.0**
3.5	What long-term management strategies would you recommend, specifically related to his desire to continue training and competing in CrossFit?	**2.5**

QUESTION 4

A 45yo former base-baller presents with a 3-day history of severe medial right elbow pain, which started the day after a light weights session including push ups. His pain is aggravated by elbow movements and there is localised, severe tenderness over the posteromedial aspect of the elbow.

		Marks
4.1	What possible diagnosis might account for his pain?	**1.0**
4.2	He has difficulty shaking hands with you. He has altered sensation in the ulnar aspect of his hand over the 4th and 5th fingers. He denies any previous elbow injury but has regular physiotherapy treatment for his cervical spine and left shoulder. He is systemically well. Ulnar neuritis becomes your provisional diagnosis. What are the possible causes in this patient?	**3.0**
4.3	What investigations would help you diagnose and treat this condition? Explain the rationale for each choice.	**2.0**
4.4	What advice would you offer regarding the expected prognosis?	**1.5**
4.5	What treatment would you suggest?	**2.5**

QUESTION 5

A 65yo retired grandmother presents with a 2-month history of left sided buttock pain, which radiates, on occasion into her left hamstring. She has a long-standing history of lumbar back pain, particularly exacerbated by sitting and driving.

		Marks
5.1	If this presentation relates to nerve root impingement from combined facet joint arthropathy and degenerative disc disease, what other features in the history would you enquire about and what would you expect to identify on examination?	**3.0**
5.2	She enquires about clarifying the diagnosis with radiological imaging. What would you advise?	**1.0**
5.3	What treatment interventions would you consider in this patient? Explain the rationale for and expected duration of action for each.	**3.0**
5.4	She is determined to walk to reduce her weight with her daughter's wedding coming up overseas in three months' time and seeks your guidance. What important further information do you need from her and what specific advice would you provide regarding her plan to start a walking program?	**3.0**

QUESTION 6

A 38yo right handed carpenter presents with a 4-week history of left elbow pain, including night pain and morning stiffness. Ultrasound scan of the elbow reports normal tendon morphology. He has no recollection of trauma. Examination reveals a warm elbow and mild fixed flexion deformity.

		Marks
6.1	What is your differential diagnosis?	**2.0**
6.2	What are the key features to elicit in this patient's history?	**2.5**
6.3	What investigations would you perform and what results might assist with diagnosis and management?	**2.5**
6.4	You suspect a primary inflammatory cause. Describe your initial and ongoing management plan.	**3.0**

QUESTION 7

A 40yo overweight male touch football player presents with a 6-month history of worsening left knee pain and intermittent effusions. X-rays and MRI confirm moderate severity medial compartment osteoarthritis and a deficient medial meniscus (he recalls a meniscectomy in his early 20's) but no other significant pathology.

Marks

7.1 Outline your non-injection, non-surgical treatment recommendations, including exercise prescription. **3.0**

7.2 He would like to know what injection therapy options are available. **3.0**

Outline 3 treatment options (excepting stem cell treatment), including mode of action, duration of action and potential risks and benefits.

7.3 He saw an interview on the 'Today Show' promoting the benefits of stem cell injections, and that he could 'grow his own cartilage'. **1.5**

What is the current evidence based understanding of stem cell injections for the treatment of moderate medial compartment osteoarthritis?

7.4 A friend has recently had an arthroscopy for similar pain and he asks if it would be useful in his situation. **2.5**

What would you advise him?

Are there any other surgical options he should consider and when?

QUESTION 8

A 55yo male Masters athlete presents to you with a 1-month history of episodic palpitations. His running history includes holding local records as a 10kmdistance runner in high school and in the last decade he had completed a number of marathons and half marathons. His personal best time for a marathon is 3'45'', seven years ago. In the last few weeks he had run 6km, three times per week (half his usual volume). His symptoms have continued.

Marks

8.1 What further information would you like to obtain from his history? **4.0**

8.2 A resting ECG shows normal sinus rhythm. What is the differential diagnosis? **1.0**

8.3 You refer him to a cardiologist. He is diagnosed with paroxysmal atrial fibrillation and prescribed flecainide and a beta-blocker for the arrhythmia. **1.0**

He seeks your opinion regarding exercise whilst taking a beta-blocker as it has been suggested that he might notice impaired exercise tolerance.

What would you advise him?

8.4 The cardiologist continues to monitor his medications and advises caution regarding running training. He wishes to continue running and seeks your opinion. **4.0**

Outline your advice regarding his running future and other exercise options.

QUESTION 9

You are in Fiji at an island resort when you meet another guest, in the bar at sunset, who knows you are a doctor. The overweight 42yo man had come to Fiji to learn SCUBA diving and his most recent dive finished 2 hours ago.

He mentions he has some itchiness of his hands but is not really concerned as he states he touched some unusual coral whilst on the dive.

He also noticed "sunburn" on his shoulders and chest which is getting worse. He thought he had fully covered himself with a rash vest and wetsuit and is worried about being uncomfortable on his flight home to Australia the following morning.

You take him aside and decide to question him further. At this stage he also complains of aching right elbow pain, but shrugs it off as an old football injury and you notice that he keeps touching his right ear, saying that he has some trouble hearing out of it.

		Marks
9.1	What conditions could be causing these symptoms?	**2.5**
9.2	Outline specific details you would seek to elicit further from the history?	**2.5**
9.3	He doesn't complain of any other symptoms but tells you that his itchiness and "sunburn" (now a patchy rash) are worsening, as is his elbow pain. His hearing loss, however, is not deteriorating. He is keen to get home as he has an important function in 2 days but understands your medical concerns. The only other health professional on the island is a staff member with a first aid certificate. What is your initial and subsequent management?	**5.0**

QUESTION 10

You are travelling with the Australian Wheelchair basketball team to Rio for a test event prior to the 2016 Paralympic Games.

One of the paraplegic athletes tells you that he has just had a third subacromial corticosteroid injection for recurrent impingement symptoms (bursitis and partial thickness supraspinatus tear on MRI) and that his surgeon has booked him for arthroscopic subacromial decompression surgery the day after returning to Australia, so that he has time to recover before the Rio Paralympics campaign.

		Marks
10.1	He suffered a T8 spinal cord injury in a motor vehicle accident 10 years ago. What background information would you like to know regarding his medical history, prior to the Rio trip?	**2.0**
10.2	The flight from Sydney to Rio is a long one, involving transfers in Auckland and Santiago. What advice would you give athletes and support staff in the team to help manage the specific challenges faced by wheelchair athletes during the flights?	**3.0**
10.3	On arrival in Rio, he complains of vague, right-sided chest discomfort but has a normal respiratory rate and no signs of distress. List 3 possible diagnoses for his chest pain and the main risk factor for each?	**1.5**
10.4	Having made it through the test event, he is thinking ahead to his surgery on return home. What are your specific advice and concerns regarding the planned shoulder surgery, given that he will only have 4 months before returning to Rio for the Games?	**3.5**