

Current Concepts in Physiatric Pain Management Self-Assessment Examination for Practitioners (SAE-P) Questions Included



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This supplement is directly tied to an SAE-P that can help you assess your knowledge of Current Concepts in Physiatric Pain Management. Once you've finished reading the articles, take the time to test and reinforce your understanding with the SAE-P questions on the following pages. Then submit your answers online at **mē[®]** (**me.aapmr.org**) to receive up to 8 AMA PRA Category 1 Credits™ and help meet the Part II Self-Assessment requirement of ABPMR MOC.

Don't miss the Pain Basics—most common CPT codes used in PM&R and interventional pain management resource developed by the Academy's Reimbursement and Policy Review Committee

2015 SAE-P: Current Concepts in Psychiatric Pain Management

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1. Which of the following would be a scored item on the Opioid Risk Tool?
 - a. family history of prescription drug use
 - b. history of sexual abuse at 20 years old
 - c. attention deficit disorder
 - d. history of multilevel lumbar spine fusion
2. The 5 As to monitor the effectiveness of opioids include which of the following elements?
 - a. assessment
 - b. analgesia
 - c. avoidance
 - d. abhorrence
3. Compared with patients taking lower daily doses, patients taking greater than 100 mg morphine equivalents experience how many times more overdose events?
 - a. 2
 - b. 4
 - c. 6
 - d. 8
4. Which of the following medications may be useful in treating opioid withdrawal symptoms?
 - a. Clonidine
 - b. Clonazepam
 - c. Nabumetone
 - d. Naltrexone
5. Pill mills are most frequently characterized by
 - a. multi-disciplinary treatment options
 - b. physician owner with pain training
 - c. cash-only billing
 - d. lack of on-site dispensing of pills
6. The following contributes to the risk of overdose mortality
 - a. patient non-adherence
 - b. lack of co-administration of benzodiazepines
 - c. thorough risk assessment
 - d. slow escalation of dose
7. Which of the following is accurate regarding prescribing methadone to patients?
 - a. relatively low risk pharmacologic safety profile
 - b. no special training is recommend for providers prescribing methadone
 - c. accounts for disproportionate amount of overdose deaths
 - d. should only be used for patient treatment of heroin withdrawal
8. One of the main aims of The Model Policy developed by the Federation of State Medical Boards is to:
 - a. promote consistent standards of opioid use
 - b. ensure the 120 MED ceiling guideline is enforced
 - c. encourage pain board certification if prescribing opioids for chronic pain
 - d. promote that pain can be eliminated in most cases with proper treatment
9. Which model for providing comprehensive primary care facilitates partnerships among a primary care physician and a team of other individuals who take overall responsibility for a patient's health throughout their lifespan?
 - a. Accountable Care Organization
 - b. fee-for-service medicine
 - c. patient centered medical home
 - d. Preferred Provider Organization
10. Which of the following is NOT a strategy that pain physicians can use to help their patients accommodate their high deductible health plans?
 - a. facilitate completion of diagnostic tests before the patient's year-end deadline
 - b. openness to including alternative practitioners in their network
 - c. provide inexpensive group therapy options
 - d. set 'hard stop' points in the treatment of specific problems

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