

- 1. Which of the following statements best defines osteoarthritis?**
 - A progressive joint disease leading to cartilage degeneration.
 - A non-healing fracture of the arms or legs.
 - Chronic inflammation of the knee requiring surgical correction.
 - A bacterial infection of weight-bearing joints.
 - 2. All of the following are routinely considered a risk factor for osteoarthritis except:**
 - Obesity
 - Female sex
 - Power walking
 - Construction work
 - 3. Which one of the following body tissues/structures is not a source of OA pain due to lack of pain receptors?**
 - Bone
 - Skin
 - Muscle
 - Cartilage
 - 4. Which one of the following conditions is a key symptom of osteoarthritis?**
 - Nausea
 - Headache
 - Joint stiffness
 - Insomnia
 - 5. Which one of the following descriptions is required for a diagnosis of hip or knee OA?**
 - History of injury
 - Joint pain
 - Age < 30 years
 - Complicating disease (ex. high blood pressure, diabetes, etc.)
 - 6. Which one of the following actions has been shown to improve pain associated with osteoarthritis?**
 - Weight loss
 - Eating leafy green vegetables
 - Watching less TV
 - Taking only prescription drug therapies
 - 7. Which one of the following exercises is routinely recommended for patients with osteoarthritis?**
 - Heavy weight lifting
 - Ultimate frisbee
 - Water-based aerobics
 - Marathon running
 - 8. Heat therapy should be avoided with which one of the following therapies?**
 - Acetaminophen
 - Topical NSAIDs
 - Tramadol
 - Duloxetine
 - 9. What medication below is the most preferred initial drug therapy for knee and hip osteoarthritis?**
 - Naproxen
 - Duloxetine
 - Hydrocodone
 - Acetaminophen
 - 10. A proton pump inhibitor is recommended for long term treatment with all of the following except:**
 - Naproxen
 - Acetaminophen
 - Ibuprofen
 - Celecoxib
 - 11. Long term oral NSAID therapy should be avoided, if possible, in which of the following patients?**
 - Patients < 55 years old
 - Patients using an albuterol inhaler for asthma
 - Patients taking baby aspirin regularly
 - Patients who fail acetaminophen therapy
 - 12. For which type of osteoarthritis is duloxetine recommended as an alternative therapy?**
 - Knee and hip OA
 - Hand OA
 - All types of OA
 - It is not recommended for use in OA
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13. Which of the following therapies has the least proven benefit in improving pain?

- a. Oral ibuprofen
- b. Topical diclofenac
- c. Intra-articular corticosteroid injection
- d. Tramadol

14. Which of the following over-the-counter therapies has consistently shown benefit in improving joint function in osteoarthritis?

- a. Glucosamine
- b. Chondroitin
- c. Capsaicin
- d. None of the above

15. What is the primary concern with using opioids to treat pain associated with osteoarthritis?

- a. Patients are not always trustworthy
 - b. Side effects and dependence
 - c. Opioids do not work for OA
 - d. Drug interaction
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How long did it take you to read the article and complete this test?

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CE Assessment Answers

Please circle your answers (one answer per question)

1.	A	B	C	D
2.	A	B	C	D
3.	A	B	C	D
4.	A	B	C	D
5.	A	B	C	D
6.	A	B	C	D
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9.	A	B	C	D
10.	A	B	C	D
11.	A	B	C	D
12.	A	B	C	D
13.	A	B	C	D
14.	A	B	C	D
15.	A	B	C	D

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Please rate the following items on a scale from 1 (poor) to 4 (excellent).

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|-----------------------------------|---|---|---|---|
| 1. Overall quality of the article | 1 | 2 | 3 | 4 |
| 2. Relevance to pharmacy practice | 1 | 2 | 3 | 4 |
| 3. Value of the content | 1 | 2 | 3 | 4 |

Please answer each question, marking whether you agree or disagree.

4. This course met the learning objectives. Agree Disagree
5. The article did not promote a particular product or company. Yes No

Impact of the Activity

The information presented (check all that apply):

6. Reinforced my current practice/treatment habits Will improve my practice/patient outcomes
 Provided new ideas or information I expect to use Adds to my knowledge
7. Will the information presented cause you to make any changes in how you do your job? Yes No
8. How committed are you to making these changes?
 (Not committed) 1 2 3 4 (Very committed).
9. Do you feel future activities on this subject matter are necessary and/or important? Yes No

Follow-Up

As part of our ongoing quality-improvement effort, we would like to be able to contact you in the event we conduct a follow-up survey to assess the impact of our educational interventions on professional practice. Are you willing to participate in such a survey?

- Yes No



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