

JOURNAL CME QUESTIONS**Sagittal Band Injuries: A Review and Modification of the Classification System**

1. The sagittal band has been proven to perform which of the following functions?
 - a. Extends the proximal phalanx at the metacarpophalangeal joint
 - b. Stabilizes the extensor tendon at the metacarpophalangeal joint
 - c. Limits extensor tendon bowstringing at the metacarpophalangeal joint
 - d. Limits extensor tendon excursion at the metacarpophalangeal joint
2. Extensor tendon instability is most likely to develop post sagittal band injury in which of the following?
 - a. The little finger
 - b. The ring finger
 - c. The middle finger
 - d. The index finger
3. Which of the following is not a clinical feature seen in sagittal band injury?
 - a. Extensor quadregia
 - b. Inability to actively extend digit from a flexed position, but ability to maintain full extension when passively placed
 - c. Inability to maintain active extension when passively placed, but can initiate extension from a flexed position
 - d. Swelling and tenderness to palpation over the dorsal metacarpophalangeal joint
4. Which of the following statements regarding the relative motion splint, as described by Merritt, is correct?
 - a. It is based on the rationale that when an injured tendon is placed in 15° to 20° less relative motion than adjacent tendons with a common muscle belly, it experiences markedly less force than those adjacent tendons.
 - b. The splint increases tension across an injured, repaired, or reconstructed sagittal band.
 - c. Rates of success for resolution of symptoms using a relative motion following a chronic sagittal band injury range from 71% to 84%.
 - d. Patients with frank tendon dislocation have equivalent outcomes with nonoperative treatment using a relative motion splint, when compared to those with subluxation only.

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