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## Instructions for Obtaining Journal CME Credit

ANESTHESIOLOGY's journal-based CME program is open to all readers. Members of the American Society of Anesthesiologists participate at a preferred rate, but you need not be an ASA member or a journal subscriber to take part in this CME activity. Please complete the following steps:

1. Read the article by Cohen and Raja entitled "Pathogenesis, diagnosis, and treatment of lumbar zygapophysial (facet) joint pain" on page 591 of this issue.
2. Review the questions and other required information for CME program completion (published in both the print and online journal).
3. When ready, go to the CME Web site: <http://www.asahq.org/journal-cme>. Submit your answers, form of payment, and other required information by December 31 of the year following the year of publication.

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**Purpose:** The focus of the journal-based CME program, and the articles chosen for the program, is to educate readers on current developments in the science and clinical practice of the specialty of Anesthesiology.

**Target Audience:** Physicians and other medical professionals whose medical specialty is the practice of anesthesia.

**Learning Objectives:** After reading this article, participants should have a better understanding of the pathogenesis, diagnosis, and treatment of lumbar zygapophysial (facet) joint pain.

### Disclosure Information:

**Authors** – Steven P. Cohen, M.D., and Srinivasa N. Raja, M.D.

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**Consultants or honoraria:** None

**Question Writers** – Peter L. Bailey, M.D., and Leslie C. Jameson, M.D.

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## CME Article Questions

Based on the article by Cohen and Raja entitled "Pathogenesis, diagnosis, and treatment of lumbar zygapophysial (facet) joint pain" in the March issue of ANESTHESIOLOGY, choose the one correct answer for each question:

1. Which of the following descriptions of lumbar facet joints is the *most* accurate?
  - A. They are not true synovial joints.
  - B. Each joint contains approximately 1–1.5 ml of fluid.
  - C. The fibrous capsule is arranged to provide maximum resistance to extension.
  - D. The ligamentum flavum forms part of the capsule posteriorly.
2. Which of the following mechanisms *best* explains the increased degeneration of neighboring facet joints when a single level of the lumbar spine is surgically fused?
  - A. Increased facet joint motion
  - B. Nerve root injury during surgery
  - C. Surgery-induced inflammation
  - D. Loss of vascular supply

*continued...*

3. Which of the following statements concerning lumbar facet joints is *most* likely true?
  - A. They bear most of the axial load in the spine.
  - B. Each has dual innervation from medial branches of the posterior primary rami at the same level and one level below the joint.
  - C. They primarily serve a protective role by limiting movement in all planes.
  - D. They all have the same anatomic orientation.
4. Which of the following is the *most* sensitive and specific diagnostic test to identify lumbar facet inflammation as the source of low back pain?
  - A. History of a torsional injury
  - B. Paraspinal tenderness to palpation
  - C. Computed tomography
  - D. An effective response to local anesthetic block
5. Which of the following statements concerning the pain pattern(s) associated with lumbar facet pain is *most* likely true?
  - A. The synovium is the most likely pain generator.
  - B. Upper, compared to lower, lumbar facets more commonly produce pain that is referred to the groin.
  - C. Pain can be referred to below the knee.
  - D. Pain is never radicular.
6. Which of the following treatment options for lumbar facet pain is *least* likely to be successful?
  - A. Surgery
  - B. Conservative therapies
  - C. Local anesthetic blocks
  - D. Radiofrequency nerve ablation

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