



## POST TEST, EVALUATION, AND CREDIT APPLICATION FORM

*Managing the Many Faces of Pain: Utilizing a Patient-Centered Approach to Care*  
Webcast on Demand

Release Date: August 13, 2012    Credit Expiration Date: August 13, 2013  
Center Serial # CV3151    ACPE UAN: 473-999-12-005-H01-P

### INSTRUCTIONS FOR CREDIT

1. Review the entire CME/CE information including target audience, learning objectives, and disclosures.
2. Review each module.
3. Print and complete the Post Test, Evaluation, and Credit Application Form.
4. Please note that in order to receive credit you must achieve a score of at least 75%.
5. Mail the completed Post Test, Evaluation, and Credit Application form to Vemco MedEd, 245 US Highway 22, Suite 304, Bridgewater, NJ 08807 or fax to (908) 235-4222 or email to [bhassid@vemcomeded.com](mailto:bhassid@vemcomeded.com).
6. *For Pharmacists:* The information that you participated will be uploaded to CPE Monitor and you will be able to access your credits from the profile you set up with NABP. For more information, please visit <http://www.nabp.net/>.

*Please note: If you have received credit for attending the live symposium by the same name, you are not eligible to apply for credit for this online version.*

*Documentation of credit will be mailed within 4 weeks of receipt of this Form. For Pharmacists: information will be uploaded to CPE Monitor monthly.*

### POST TEST (Please select the most appropriate answer)

1. According to the CDC, the leading cause of chronic pain is:

Back pain       Diabetic neuropathy       Rheumatoid arthritis       Cancer pain

2. For knee osteoarthritis pain, the ACR 2012 guidelines conditionally recommend all of the following except:

Acetaminophen       Oral NSAIDs       Chondroitin sulfate       Topical NSAIDs

3. For hip osteoarthritis pain, the ACR 2012 guidelines conditionally recommend the use of:

Chondroitin sulfate       Oral NSAIDs       Glucosamine       Topical NSAIDs

4. For a patient with symptomatic hip OA and an inadequate response to both nonpharmacologic and pharmacologic treatments, the 2012 ACR guidelines strongly recommend:

Duloxetine       Intraarticular hyaluronate injections       Topical NSAIDs       Opioids

5. For elderly patients with impaired heart function, the clinician should avoid the use of:

Acetaminophen       NSAIDs       Opioids       Fentanyl transdermal patch

6. Which of the following statements is false regarding opioid-induced sedation?

- Usually resolves within a week  
 Can be minimized by initiating opioids at the lowest possible dose  
 When necessary, opioids should be titrated slowly to minimize sedation effect  
 Use of stimulants should be avoided to treat sedation

7. Opioid toxicity syndrome can be managed through opioid rotation and the use of a NMDA antagonist.

True       False

8. All of the following are options to treat opioid-induced delirium except:

- Change of opiate  
 Use of an adjuvant analgesic to decrease the opioid dose  
 Add a short-acting opioid to the current regimen  
 Use of a neuroleptic agent (such as haloperidol or risperidone)

<b>LEARNING OBJECTIVES: Please rate if the Learning Objectives were met</b>	<b>1 Disagree</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 Agree</b>
Utilize patient-centered approaches to effectively manage chronic pain					
Discuss evidence-based strategies to manage different types of patients experiencing chronic pain					
Select an appropriate analgesic based on patient factors and pain type					
If you answered 'Disagree' to any objective, please explain.					

<b>FACULTY: Please rate faculty teaching ability and subject expertise</b>	<b>1 Poor</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 Excellent</b>
<b>Oscar de Leon-Casasola, MD</b>					
<b>Jeffrey A. Gudin, MD</b>					

<b>OVERALL EVALUATION</b>	<b>1 Disagree</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 Agree</b>
The content was relevant to my practice and educational needs.					
The activity was fair, balanced, and without commercial bias.					
I intend to make changes based on participating in this activity.					
Clinical case contributed to the educational value of this activity.					
If you answered 'Disagree' to any of the above, please explain.					
Do you have (1) any suggestions for improving the activity or (2) any additional comments?					

<b>CREDIT APPLICATION (Please Print Clearly)</b>	
Name and Degree _____	
Practice Setting _____	
Address _____	
City _____	State _____ Zip _____
E-mail _____	
Type of Credit <input type="checkbox"/> AMA <input type="checkbox"/> ACPE <input type="checkbox"/> Other _____	
<i>Only for Pharmacists:</i> NABP e-Profile ID _____	Date of Birth (MMDD format) _____
Please indicate the total amount of time you participated in the program: _____ hours	
Signature _____	Date _____