



## Kennis Quiz

Versie met antwoorden.

### Vraag 1. Inkoppertje



Wat is het juiste Nederlandse gezegde?

- A. Iemand met de schouder aankijken
- B. De schouder recht houden
- C. Zwakke schouders hebben
- D. De schouders er onder zetten

### Vraag 2.



Risicofactoren voor het krijgen van een frozen shoulder zijn:

Welke hoort er niet bij

- A. Diabetes Mellitus
- B. Hypothyreoïdie
- C. Hypertensie
- D. M. Dupuytren

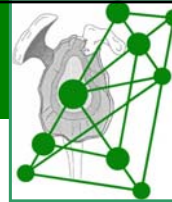
### Vraag 3.

Een "Hornblower Sign" wordt gezien bij extreme zwakte van:



- A. Supraspinatus en infraspinatus
- B. Subscapularis en supraspinatus
- C. Infraspinatus en teres minor
- D. Geen van bovenstaande

Vraag 4.



Een intra-articulaire corticosteroiden injectie voor een frozen shoulder is het meest zinvol in:

- A. de freezing phase
- B. de frozen phase
- C. de thawing phase
- D. alle fasen

Vraag 5.



Het percentage rotator cuff rupturen bij 70 jarigen is ongeveer:

- A. 0-20%
- B. 20-40%
- C. 40-60%
- D. 60-80%

### Vraag 6.



Een compressiesyndroom van de n. suprascapularis kan krachtverlies geven van de:

- A. M. deltoideus
- B. M. subscapularis
- C. M. supraspinatus
- D. M. teres minor

### Vraag 7.

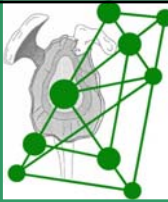


Een SLAP lesie kan ontstaan door:

Welke hoort er niet bij

- A. Trauma, zoals een val van de trap
- B. Zonder trauma, maar zware belasting (bijv. zwaar fitnessen)
- C. Repeterende bovenhandse sporten
- D. Schouderluxatie

**Vraag 8.**



Risicofactoren voor het ontstaan van een rotator cuff lesie zijn:  
**Welke hoort er niet bij**

A. Hypothyreoïdie  
 B. Hypertensie  
 C. Reumatoïde artritis  
 D. Schouderluxatie

**Vraag 9.**



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REVIEWS

**Conservative or surgical treatment for subacromial impingement syndrome? A systematic review**

Oscar Dorrestijn, MD<sup>a,\*</sup>, Martin Stevens, PhD<sup>b</sup>, Jan C. Winters, MD, PhD<sup>b</sup>,  
 Klaas van der Meer, MD, PhD<sup>b</sup>, Ron L. Diercks, MD, PhD<sup>a</sup>

<sup>a</sup>Department of Orthopedic Surgery, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands  
<sup>b</sup>Department of General Practice, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands

**Background:** Patients with subacromial impingement syndrome are often operated on when conservative treatments fail. But does surgery really lead to better results than nonoperative measures? This systematic review compared effects of conservative and surgical treatment for subacromial impingement syndrome in terms of improvement of shoulder function and reduction of pain.

**Methods:** A literature search for randomized controlled trials (RCTs) in PubMed, EMBASE, PEDro, and the Cochrane Central Register of Controlled Trials was conducted. Two reviewers assessed the methodological quality of the included RCTs.

**Results:** Four RCTs were included in this review. Two RCTs had a medium methodological quality, and 2 RCTs had a low methodological quality. No differences in outcome between the treatment groups were reported for any of the studies, irrespective of quality.

**Conclusion:** No high-quality RCTs are available so far to provide possible evidence for differences in outcome; therefore, no confident conclusion can be made. According to the best-evidence synthesis, however, there is no evidence from the available RCTs for differences in outcome in pain and shoulder function between conservatively and surgically treated patients with SIS.

**Level of evidence:** Review.

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**Antwoord:**  
**MINDER dan 6**

# Vraag 10.



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DIAGNOSTIC

**Diagnosis of Rotator Cuff Tears<sup>1</sup>**

Predictor Variables	Score
1. Weakness on external rotation	2
2. Age ≥ 65	2
3. Presence of night pain	1

**Clinical Bottom Line**

Individuals who score 4 or 5 points based on the identified three predictor variables have a moderate/large shift in probability that they possess a partial or large rotator cuff tear. This study has undergone internal validation confirming findings, indicating that more confidence can be used in application to clinical practice; however, caution in interpreting the results should be taken until broad validation is completed.

**Examination**

- Weakness on external rotation (ER) (Figure 6.5)
  - The patient was positioned in sitting or standing position. The elbow was flexed to 90° and the shoulder was internally rotated 20°. The patient then resisted in the direction of ER. The test was considered positive if the therapist judged that weakness was present.

Figure 6.5 Testing weakness in external rotation.

**Litaker D. et al, 2000:**

- n = 448
- Gem. leeftijd: 57,4 j.
- % mannen: 63%
- Prev. RCT 67,2%
- GS: Arthrografie
- Sp: 91%

**Antwoord: Sensitiviteit is 88%.**