

Structured Board Review 1410 Questions –MSK 1-10; Proced. 1-5; Pract.Syst. 16-20; Spec. Sensory 1-10;

Musculoskeletal

1. Which one of the following is correct regarding use of C-reactive protein (CRP) testing in the evaluation of patients with suspected connective tissue diseases?
 - A. CRP is only useful when temporal arteritis is the suspected diagnosis.
 - B. CRP obtained for this purpose cannot be interpreted if the patient has heart disease.
 - C. CRP should not be obtained because it is too nonspecific.
 - D. High-sensitivity CRP should not be obtained because it is too sensitive.

2. Which statement is correct regarding anticyclic citrullinated peptide antibody testing in the evaluation of patients with suspected rheumatoid arthritis (RA)?
 - A. If results are positive, it typically means the patient will have less severe RA.
 - B. If results are negative, it increases the likelihood that the patient does not have RA.
 - C. The test has no value in the evaluation of patients with suspected RA.
 - D. The test results are typically positive later in the course of RA.

3. A patient being evaluated for symptoms of a connective tissue disease has a positive anti-Smith antibody test result. Which one of the following is the most likely diagnosis?
 - A. Systemic lupus erythematosus.
 - B. Polymyositis.
 - C. Scleroderma.
 - D. Sjögren syndrome.

4. A patient being evaluated for symptoms of connective tissue disease has a positive anti-double-stranded DNA test result. Which one of the following is the most likely diagnosis?
 - A. Systemic lupus erythematosus.
 - B. Polymyositis.
 - C. Scleroderma.
 - D. Sjögren syndrome.

5. You obtain antineutrophilic cytoplasmic antibody (ANCA) testing on a patient with symptoms suggestive of Wegener granulomatosis. Test results are positive in the cytoplasmic pattern. Which one of the following best explains the results?
- A. The patient definitely has Wegener granulomatosis.
 - B. The patient does not have Wegener granulomatosis.
 - C. The patient has a mixed connective tissue disease.
 - D. The results require confirmation with a test for antibodies to proteinase 3.
6. Your 76-year-old patient presented to the emergency department, reporting axial pain, stiffness, and weakness that has been present for weeks. The emergency department physician prescribed steroids. By the time the patient visits your office 3 days later, the symptoms have completely resolved. Which one of the following is the likely diagnosis?
- A. Ankylosing spondylitis.
 - B. Polymyalgia rheumatica.
 - C. Polymyositis.
 - D. Vertebral rheumatoid arthritis.
7. Your patient visits you and a rheumatology subspecialist for treatment of rheumatoid arthritis. Today she presents to your office reporting mouth sores that developed a few days ago. Which one of the following drugs is most likely to be causing the sores?
- A. Abatacept.
 - B. Hydroxychloroquine.
 - C. Leflunomide.
 - D. Methotrexate.
8. In general, when are tumor necrosis factor inhibitors preferred for treatment of a patient with rheumatoid arthritis who has no life-threatening complications?
- A. After ineffectiveness of 1 or more nonbiologic drugs.
 - B. As first-line therapy.
 - C. When a patient is unable to tolerate oral drugs.
 - D. When the patient is enrolled in a clinical trial.

9. Your patient was recently diagnosed with a connective tissue disease. The symptoms are mild at this point, and she asks you about several integrative medicine therapies. Which one of the following should be avoided by patients with connective tissue diseases?
- A. Creatine.
 - B. *Echinacea*.
 - C. Thunder god vine (*Tripterygium wilfordii*).
 - D. Vitamin E.
10. Which one of the following describes immunologic surgery?
- A. Ablation of the thymus.
 - B. Removal of the thymus and spleen.
 - C. Selective down-regulation of immune response to antigens involved in connective tissue disease.
 - D. Tailoring therapy with new biologic drugs to match the genetic B-cell response profile of each patient.

Procedures

1. A 4-year-old is an unrestrained passenger in a motor vehicle collision. She has neck pain without neurologic signs or symptoms. Standard cervical x-ray findings are normal. Which of the following is indicated?
- A. Single-photon emission-computed tomography scan.
 - B. Computed tomography scan.
 - C. Myelography.
 - D. Magnetic resonance imaging study.
 - E. None of the above.
2. A 28-year-old man who uses illicit intravenous drugs and is positive for human immunodeficiency virus infection presents with progressive low back pain of several weeks' duration. There is no history of trauma. He reports the pain worsens at night and he also experiences fatigue, anorexia, and chills. On physical examination, his temperature is 38.1°C (100.6°F). Which of the following is indicated?
- A. Magnetic resonance imaging study with contrast.
 - B. Computed tomography scan.
 - C. Myelogram.

- D. Single-photon emission-computed tomography scan.
- E. None of the above.
3. A 16-year-old who is active in sports reports increasing low back pain, especially when performing jump shots in basketball. There are no constitutional symptoms present and the physical examination is otherwise unremarkable. The initial imaging study is nondiagnostic. Which of the following is indicated next?
- A. Oblique x-ray.
- B. Anteroposterior and lateral lumbar x-ray.
- C. Positron emission tomography scan.
- D. Magnetic resonance imaging study.
- E. Single-photon emission-computed tomography scan.
4. After a fall on an outstretched hand, a patient has marked point tenderness in the anatomical snuff-box. X-ray findings are negative for fracture. You should:
- A. Immobilize the wrist and thumb in a thumb spica cast for 2 weeks and obtain a follow-up x-ray.
- B. Order a magnetic resonance imaging study with contrast.
- C. Order an ultrasound.
- D. Obtain a supplemental posteroanterior view with the fist clenched.
- E. Refer to an orthopedic specialist.
5. According to the Ottawa knee rules, an x-ray should be obtained for which of the following patients with an acute knee injury?
- A. A child younger than 12 years.
- B. A 17-year-old with tenderness at the distal tibia.
- C. A 40-year-old who can flex the knee to 90 degrees.
- D. A patient unable to immediately bear weight and ambulate four steps.

Practice systems

16. You diagnose tuberculosis (TB) in a 52-year-old homeless woman with a positive tuberculin skin test (TST) result and acid-fast organisms seen on microscopy. Which one of the following statements is true?

- A. Treatment should not be initiated or a report made to the health department until the diagnosis is confirmed by culture.
 - B. Single-drug treatment with isoniazid should be initiated.
 - C. A healthcare professional should observe the patient swallow the oral drugs daily.
 - D. Drug treatment should continue for 1 year.
17. An adolescent presents with a mild respiratory tract infection that persists for several weeks. You suspect pertussis and confirm it with culture of a specimen from a nasopharyngeal swab, which is reported as culture-positive for *Bordetella pertussis*. You treat the patient and note the child's grandfather has been raising the child. The grandfather presents with pertussis symptoms and has allergies to the drug of choice. You should treat the grandfather with which one of the following?
- A. Trimethoprim (320 mg)-sulfamethoxazole (1,600 mg) daily for 14 days.
 - B. Ciprofloxacin, 500 mg 2 times/day for 3 weeks.
 - C. Trimethoprim (320 mg)-sulfamethoxazole (1,600 mg) daily for 1 day.
 - D. Ceftriaxone, 150 mg intramuscularly once.
 - E. Clindamycin, 600 mg 2 times/day for 6 weeks.
18. You diagnose three students of the local community college with mumps. Asymptomatic students and staff members who do not have proof of immunity to mumps should:
- A. Be kept home until they provide evidence of immunity.
 - B. Be kept home for 25 days.
 - C. Receive oseltamivir for 14 days.
 - D. Receive acyclovir for 10 days.
19. Which one of the following is a necessary component of office infection control?
- A. Physicians should ensure they and their staff members are fully immunized.
 - B. Hand sanitizers are unnecessary as no proven benefit has been documented from their use.
 - C. Patients with symptoms of infectious diseases spread easily by respiratory droplets should be asked to wear N95 respirator masks.
 - D. Tissues should not be made available in public areas, as their disposal is a ready source of infection transmission.
20. The blood lead level of a 1-year-old child is 22 mcg/dL. In addition to other measures, you should:

- A. Hospitalize the child and begin immediate chelation therapy.
- B. Initiate chelation therapy on an outpatient basis.
- C. Arrange follow-up testing in 6 months.
- D. Provide diagnostic testing within 2 months.
- E. Perform aggressive environmental intervention.

Special Sensory

1. A child who experienced onset of deafness before developing speech is brought to your office. He has one iris with different coloration than the other and a white forelock. Which of the following statements is true regarding the child's diagnosis?
 - A. This is an autosomal recessive disorder.
 - B. This is characterized by cochlear deafness.
 - C. This is associated with medial displacement of the lateral angles of the eyes.
 - D. This affects 30% of individuals who develop onset of deafness before developing speech.

2. You are caring for an infant in the nursery who has an abnormal hearing screening test result using otoacoustic emission testing. You should:
 - A. Repeat the test immediately in a quieter environment.
 - B. Obtain an auditory brainstem response test immediately.
 - C. Refer to a pediatric audiologist immediately.
 - D. Arrange a repeat hearing test in 1 to 3 weeks.
 - E. Tell the parents to speak louder and clap their hands when they want the infant's attention.

3. A 5-year-old child has abnormal hearing demonstrated on conventional audiometry. On physical examination, otitis media with effusion is not present. You should:
 - A. Repeat the test in 2 to 4 weeks following treatment with antibiotics and decongestants.
 - B. Refer to an otorhinolaryngologist for consideration of tympanostomy tube placement.
 - C. Repeat the test with a handheld audiometer.
 - D. Refer to a pediatric audiologist for a comprehensive hearing evaluation.

4. The Canadian Task Force on Preventive Health Care recommends screening elderly patients for hearing loss with:
- A. The Hearing Handicap Inventory for the Elderly-Screening Version.
 - B. The question, 'Do you have a hearing problem now?'
 - C. Handheld audiometer.
 - D. Whispered voice test.
 - E. Pneumatic otoscopy.
5. A patient with impaired hearing is resistant to wearing hearing aids. One of the patient's favorite leisure activities is attending movies at the local theater. You can suggest use of:
- A. Wireless headphones.
 - B. A handheld amplifier.
 - C. A personal frequency modulator.
 - D. Rear Window Captioning.
6. You are treating a child who has meningitis. To decrease the incidence of meningitis-related hearing loss, which of the following should be administered immediately before or simultaneously with the first dose of antibiotics?
- A. Corticosteroids.
 - B. Rifampin.
 - C. Racemic epinephrine.
 - D. Supplemental oxygen.
7. An adolescent in your practice is listening to music with an MP3 player when she arrives for the office visit, which provides you with an opportunity to discuss noise exposure. Which of the following should you tell the patient?
- A. If an individual less than 1 foot away from her can hear the music, the volume is acceptable.
 - B. If another individual can hear the music, the volume is excessive.
 - C. Nothing; adolescents are not receptive to counseling about the need for ear protection.
 - D. Hair cells can regenerate once they are destroyed as long as high levels of noise do not continue.

8. Which of the following statements is true regarding communicating over the telephone with a patient who is Deaf?

- A. Video relay service (VRS) is required by law.
- B. VRS is available only in English.
- C. A physician can use an Internet relay to call a patient with hearing loss.
- D. Some VRS is available free of charge.

9. You have been treating a patient with hypertension for greater than 1 year. You discover that his blood pressure level is still poorly controlled despite written instructions for diet and exercise and prescriptions for three different drugs. You can best screen for health literacy by asking which of the following questions?

- A. What grade did you complete in school?
- B. What were your usual grades in reading and language arts in school?
- C. How many adults' books do you have in your home?
- D. How confident are you in filling out medical forms by yourself?
- E. Do you think you have lower reading ability than average?

10. The best interpreter for the patient with limited English proficiency is:

- A. A trained medical interpreter.
- B. The patient's spouse.
- C. The patient's adult daughter.
- D. A friend of the patient.
- E. Your office assistant.