

PCOM MEDNet Family Medicine Residency Programs
Intensive Family Medicine Board Review - PCOM Philadelphia Campus, Evans Hall
Saturday, February 7, 2015 - TEST

#1 What DAILY dose of Vitamin D is recommended to reduce fall risk in the elderly?

- A – 400 – 500 units
- B – 800 – units
- C – 1200 – 1400 units
- D – 50 000 units
- E – Vitamin D has not been shown to reduce falls in the elderly

#2 What class of antihypertensive medications has been shown to help decrease the incidence of dementia and slow the progression of dementia once it has started?

- A – ACE Inhibitors
- B – Beta Blockers
- C – Angiotensin Receptor Blockers
- D – Calcium Channel Blockers
- E – Thiazide Diuretics

#3 What is the most common form of Dementia?

- A – Lewy Body Dementia
- B – Alzheimers Dementia
- C – Vascular Dementia
- D – Mixed Dementia
- E – Fronto Temporal Lobe Dementia

#4 What dementia is best characterized by memory loss with loss of executive decision making, focal cortical signs, early onset of gait dysfunction and extrapyramidal features?

- A – Alzheimers Dementia
- B – Lewy Body Dementia
- C – Mixed Dementia
- D – Vascular Dementia
- E – Fronto Temporal Lobe Dementia

#5 A patient with symptoms of gait disturbance, memory loss and incontinence who is found to have enlarged ventricles on CT scan would be most consistent with what diagnosis?

- A – Lewy Body Dementia
- B – Alzheimers Dementia
- C – Vascular Dementia
- D – Fronto Temporal Lobe Dementia
- E – Normal Pressure Hydrocephalus

#6 A 25y.o. female with a PMHx of inflammatory bowel disease presents to your office with c/o fatigue. During your history taking you also elicit the fact that she has a predilection for eating ice over the past few months. Upon physical exam, you notice that she has aphthous ulcers on her oral mucosa.

Which of the following blood tests are the most appropriate to order?

- A – CBC, BMP, TSH
- B – CBC, Ferritin, Iron/TIBC, peripheral blood smear
- C – BMP, LFT's, UA
- D – CBC, Vitamin D level, TSH
- E – HIV, CBC, BMP

#7 A 75yo male with a PMHx significant for alcohol abuse presents to your office with his daughter. She states that her father has difficulty remembering things, has been losing weight, and that his skin looks pale yellow. After ordering some labs, you diagnose him with B12 deficiency.

How should you treat this pt's. B12 deficiency?

- A – 1 mg of crystalline B12, IM, weekly for eight weeks then 1mg monthly thereafter
- B – Oral Folate 400 mcg daily
- C – Oral vitamin B12, 1-2 mg daily
- D – Oral multivitamin once daily
- E – 10 mg of crystalline B12, IM, monthly

#8 A 40 y.o. Norwegian male presents to your office with c/o chronic fatigue, arthralgias, myalgias, and abdominal discomfort. He has also noted that his skin seems to be a shade darker than it used to be. You order liver function studies and find a mild elevation in his aminotransferase levels. When you call him with his results, he mentions that his father had cirrhosis but doesn't know the cause.

Which blood test should you order next?

- A – Hepatitis panel
- B – Amylase
- C – Transferrin saturation
- D – CBC
- E – Ferritin

#9 A 44 y.o. man c/o lifelong history of excessive bleeding after dental extraction, easy bruisability and occasional nose bleeds. He has no medical problems and takes no medications. Physical exam is unremarkable, with no evidence of ecchymosis or petechiae.

Laboratory studies:

Hemoglobin = 15.0 g/dL (normal, 13.0 – 18.0 g/dL)

Platelets = 190,000/ μ l (normal, 150,000-450,000/ μ L)

INR = 1.1

aPTT = 43 seconds (normal, 25-39 seconds)

aPTT Mixing Study = Corrects to normal

Bleeding Time = 10 mins (normal, 2-9 mins)

Factor VIII Activity = 60% (normal, 65%-120%)

Which of the following is the most likely diagnosis?

- A – Vitamin K deficiency
- B – Presence of lupus inhibitor
- C – Factor XI deficiency
- D – von Willebrand disease
- E – Immune thrombocytopenic purpura

#10 A 70 y.o. man presents to your office with a four week history of back pain and fatigue. He tried ibuprofen 600mg TID for about 10 days without relief and so he stopped it. He also states that he has had a decreased appetite and some associated nausea. His past medical history is positive for hypertension and hyperlipidemia.

Laboratory studies:

Hemoglobin = 9.2 g/dL (normal, 13.0-18.0)

Creatinine = 2.4 mg/dL (normal, 0.7-1.2)

Calcium = 12.5 mg/dL (normal, 8.5-10.2)

Peripheral smear shows rouleaux formation

Xray of spine shows lytic lesions

Which of the following is the most likely diagnosis?

- A – Osteoporosis
- B – Multiple myeloma
- C – Osteosarcoma
- D – Metastatic prostate cancer
- E – Chondrosarcoma

#11 The following is an osteopathic diagnosis:

- A- Lumbar strain
- B- Acute torticollis
- C- Cervical lymphadenopathy
- D- Pelvic somatic dysfunction
- E- Costochondritis

#12 Which represents a chronic tissue texture change:

- A- Erythema
- B - Dry skin
- C- Warmth
- D- Edema
- E- Contracted muscle

#13 Somatic dysfunction refers to

- A- Spine only
- B - Spine and extremities
- C- Viscerosomatic concerns
- D- Craniosacral disruption
- E- Any area of pathology in the body

#14 Regarding a Chapman's point:

- A- They are usually midline
- B - They are synonymous with tender points
- C- They are only found on the posterior aspect of the body
- D- They are best treated anteriorly
- E- They represent a viscerosomatic reflex

#15 A contraindication to OMT is:

- A- Pregnancy
- B- Fracture
- C- Age at either end of the scale – the very young and very old
- D- History of chiropractic treatment
- E- Lymphedema

#16 Which hepatitis is Hepatitis D associated with?

- A- Hepatitis A
- B- Hepatitis B
- C- Hepatitis C
- D- Hepatitis E

#17 Erythema nodosum and pyoderma gangrenosum are associated with which gi diseases?

- A- Irritable bowel disease and diverticulosis
- B- GERD and peptic ulcer disease
- C- Crohn's disease and ulcerative colitis
- D- None of the above

#18 Intermittent and unpredictable gripping lower abdominal pain is the most common symptom presentation in which gi disorder?

- A- GERD
- B- Crohn's disease
- C- Diverticular disease
- D- Aphthous ulcers

#19 Which of the following gi disorders is felt to be functional – no specific organic pathology?

- A- Crohn's disease
- B- Ulcerative colitis
- C- Irritable bowel syndrome
- D- GERD

#20 Dysphagia is considered a more advanced symptom of which of the following gi disorders?

- A- GERD
- B- Ulcerative colitis
- C- Hepatitis
- D- Diverticular disease

#21 You are seeing a 15 year old female at a basketball game. She is complaining of left knee pain after trying a lay-up. She fell to the ground as her knee buckled and a "pop" was heard by the athlete. It is 10 minutes after the injury and her knee is already very swollen.

The most likely initial test to confirm your suspicion of the injury is:

- A- McMurray's
- B- Lachman's
- C- Posterior Drawer
- D- X-ray
- E- Varus Stress Test

#22A 42 year-old factory worker is seeing you for numbness in her right hand. She lifts weights in the gym and is an active swimmer as well. On exam you do not note thenar wasting of the hand or any skin changes. Strength is also normal.

Initial therapy for this issue all except:

- A- Night splints
- B- Physical therapy
- C- Ergonomic changes at work and gym
- D- Orthopedic Referral for surgical repair
- E- EMG/ NCS

#23 An 87 year-old woman comes to the office with inability to reach into overhead cabinets with her dominant arm. She suffered with “bursitis” in the past but now is unable to lift her arm to the horizontal level without helping it with her left arm. Also, she is having difficulty putting on her bra. Other significant past medical history includes well-controlled Type 2 DM, mild hypertension, and osteopenia. On physical exam she has weakness on external rotation and very limited internal rotation. She is afebrile. She has 0/5 strength on shoulder abduction.

The most likely and appropriate diagnosis and treatment is:

- A- Radicular pain from herniated cervical disc- MRI c-spine
- B- Rotator cuff tear of supraspinatus- physical therapy and pain control
- C- Septic arthritis- immediate referral to orthopedics
- D- Biceps tendonitis- injection of tendon with steroids
- E- Polymyalgia rheumatica- immediate steroid taper and rheumatology evaluation.

#24 A 77 year-old male comes to the office for ongoing pain in both his legs. He is a retired machinist with mild hypertension and renal insufficiency. He states the pain is rather symmetric and nothing seems to help it much. When shopping with his wife of 55 years, he finds it necessary to lean on the cart “for support”. He has no reported trauma to the back or legs. On physical exam, he is 74” tall and weighs 295 lbs with a muscular build. The pain follows the L3-L5 dermatomes bilaterally. X-rays of the lumbar spine show gross arthritis changes.

The most likely cause of this gentleman’s pain is:

- A- Demyelization disease of lumbar spine
- B- Herniated lumbar disk of L5-S1
- C- Lumbar spinal stenosis
- D- Spondylolisthesis of lumbar spine
- E- Foraminal stenosis of L3 bilaterally

#25 A 27 year-old presents to the office with bilateral wrist pain. She states the pain gets so bad she has a hard time getting the milk jug out of the refrigerator. With her you see that she brought her 2 month-old son, her first child. Her pregnancy was uncomplicated and she has no other significant medical history. She works as a real-estate agent but has not worked for the last 4 months due to her pregnancy. On exam you note a positive Finklestein’s Test with pain on the radial side of the wrist.

The most likely diagnosis is:

- A- Carpal tunnel syndrome
- B- Lateral epicondylitis
- C- Medial epicondylitis
- D- De Quervain’s tenosynovitis
- E- SLAC wrist

#26 A 67 year old with the past medical history of well-controlled hypertension comes to you for pre-operative clearance for a total hip replacement. He is told he will need to be on warfarin by the surgeon. He is worried because his brother was on warfarin for years and does not want to go for testing all the time. He has seen television commercials about alternatives.

Your recommendation is:

- A- He needs an extensive cardiac workup because the surgeon is requiring anticoagulation. This indicated he has cardiac disease on other pre-operative testing.
- B- He does not qualify for the other oral equivalent anticoagulants. There is no evidence they will be effective and he will need to be on them too long.
- C- With current indication, he will likely only be on the warfarin for 35 days. If something were to change, other options are available.
- D- There are no other alternatives
- E- There is no need for anticoagulation in his case.

#27 4-day-old 39 wks. 7lbs 2oz newborn. NSVD without complications. Breastfeeding every 2 hours. Discharged from nursery day 2. (TcB=8.6 at that time) Follow up in office at 4 days of life, appears jaundiced

What would be the best next step?

- A- Stop breastfeeding and give formula
- B- Admit to hospital for photo therapy
- C- Observe bilirubin was normal at 48 hours. No further evaluation needed
- D- Venous bilirubin measurement ASAP.

#28 5 day old brought by mother because concerned about rash. States that she noticed on 3rd day of life. Looks like chicken pox on face and chest. Baby had normal pregnancy and nursery stay. Breastfeeding well and had regained birth weight. No sick contacts.

What is the rash on this newborn?

- A- Erythma toxicum neonatorum
- B- Transient neonatal pustular Melanosis
- C- Acne neonatorum
- D- Seborrheic Dermatitis
- E- Milia

#29 5 day old brought by mother because concerned about rash. After diagnosing the rash you do a physical exam and notice a clunk when pressing upwards and abducting the left hip. What is the next step?

- A- ultrasound of hip
- B- x ray of hips
- C- Referral for Pavlik harness
- D- Observe repeat exam in 2 weeks.

#30 12 month old male for routine visit. Mother concerned about development. What expected at this visit? (choose all that apply)

- A- Lead screening and hematocrit
- B- blood pressure measurement
- C- developmental screening for speech skills, asking if putting 2 words together
- D- Anticipatory guidance, recommendation for child remain in backwards facing car seat

#31 4 year old female for routine visit. Patient was up to date at last visit. Mother concerned about safety of multiple vaccines at one visit.

- A- What vaccines are due at this visit?
- B- MMR and Varicella
- C- DTap and IPV
- D- DTap, IPV, Influenza, MMR and Varicella
- E- Influenza only

#32 11 year old male for routine visit. Parents concerned with decreasing grades and lack of energy. What should be covered in this visit?

- A- School and friends
- B- Smoking and drugs
- C- ADHD questionare
- D- Vaccines
- E- All of the above

#33 11 you healthy male for routine check up. Which of the following are true regarding scoliosis screening?

- A- USPTF does not recommend routine screening for scoliosis
- B- screening is indicated if tanner stage is 3 or higher
- C- screening is indicated if history of trauma
- D- screening is best done after child has had a rapid increase in height

#34 Second to marijuana, which of the following is the most commonly abused illicit drug?

- A – lorazepam
- B – cannabinoids (marijuana)
- C – opiates (heroin and pain medication)
- D – alcohol
- E – cocaine

#35 The use of which of the following substances is directly associated with the highest number of deaths in the United States.

- A- alcohol
- B- cocaine
- C- heroin
- D - nicotine
- E – caffeine

#36 Because of its unique pharmacologic properties varenicline (Chantix)

- A- is safe to use in patients with active major depression
- B- can be combined with nicotine replacement modalities (patch, gum) to maximize treatment
- C- should be avoided if the patient is already on an SSRI to avoid the potential adverse reaction of serotonin syndrome
- D – blocks nicotine from binding to nicotinic receptors and prevents the reward of smoking
- E- has the ability to treat the patient’s underlying depression along with nicotine addiction

#37 A 67 year old male with was brought to the emergency department after his friend found him confused at home. The patient typically drinks up to 12 cans of beer daily and has done so for many years. He has had some falls while intoxicated over the past year and has tried to cut down but hasn’t been able to do so. He decided to stop drinking and his last drink was about 20 hours ago. When found, the patient referred to his friend as his wife who has been deceased for 2 years. Which of the following is most accurate?

- A – The patient meets diagnostic criteria for alcohol abuse and is beginning to have delirium tremens
- B – The patient meets diagnostic criteria for alcohol dependence and is beginning to have delirium tremens
- C – The patient meets diagnostic criteria for alcohol dependence and is beginning to have alcohol hallucinations
- D – Naltrexone, thiamine and folate should be given to the patient prior to treatment with lorazepam
- E – None of the above

#38 When screening a 45 year old healthy male for alcohol use, you discover that he consumes four twelve-ounce cans of beer on a daily basis. Assuming that he has not had any other complications (medical or psychosocial) with this amount of alcohol consumption, you would consider him to be:

- A – a hazardous use alcohol consumer requiring a brief intervention and follow up plan
- B – a low-risk alcohol consumer requiring a reminder of the normal low-risk drinking patterns
- C – a hazardous use alcohol consumer requiring referral to a drug and alcohol treatment facility
- D – at potential risk for developing medical and psychosocial complications (harmful use) with this amount or more alcohol consumption
- E – both A and D are correct

#39 Which one of the following medications should be discontinued in a patient with diabetic gastroparesis? (check one)

- A – Exenatide
- B – Benazepril
- C – Metformin
- D – Hydrochlorothiazide
- E - Prochlorperazine

#40 A frail 83-year-old male with a 10-year history of diabetes mellitus is admitted to a nursing home. His blood glucose level, which he rarely checks, is typically over 200 mg/dL. His serum creatinine level is 1.9 mg/dL. He also has had several episodes of heart failure. His current medications include glipizide (Glucotrol), lisinopril (Prinivil, Zestril), and furosemide (Lasix). Which one of the following would be most appropriate to add to this patient's regimen to treat his diabetes mellitus? (check one)

- A. The American Diabetes Association 1800-calorie/day diet
- B. Metformin (Glucophage)
- C. Pioglitazone (Actos)
- D. Exenatide (byetta)
- E. Insulin Glargine (Lantus)

#41 A 55-year-old white male sees you for a routine annual visit. His fasting blood glucose level is 187 mg/dL. Repeat testing 1 week later reveals a fasting glucose level of 155 mg/dL and an HbA1c of 9.4%. His BMI is 30 kg/m². He does not seem to have any symptoms of diabetes mellitus. In addition to lifestyle changes, which one of the following would you prescribe initially? (check one)

- A – Metformin (Glucophage)
- B – Glyburide
- C – Pioglitazone (Actos)
- D – Long acting insulin (Lantus, Levemir)
- E – Long acting insulin and rapid acting insulin (novolog, Humalog) with each meal

#42 Which one of the following most increases insulin sensitivity in an overweight patient with diabetes mellitus? (check one)

- A – Metformin
- B – Acarbose (Precose)
- C – Glyburide (DiaBeta, Micronase)
- D – NPH insulin

#43 At every visit, all women should be screened for:

- A- Illegal Drug Use
- B- Ovarian Cancer
- C- Tobacco Use
- D- Dyslipidemia

#44 Current Recommendations regarding Cervical Cancer Screening include which of the following

- A- Begin Pap Smears at age 21 or 3 years after onset of sexual activity
- B- Pap smears should be discontinued at age 65.
- C- If HPV testing is used, the interval between pap smears may be increased to 2 years.
- D- Pap smears should be discontinued 3 years after a hysterectomy for a benign cause

#45 The USPSTF recommendations regarding breast cancer screening include which of the following

- A- An initial mammogram should be done at age 35
- B- Mammograms should be yearly after the age of 40 in all women
- C- Mammograms should definitely be continued until age 85.
- D- Breast Self-examination is not encouraged

#46 Ovarian Cancer screening should take place

- A- Every other year in asymptomatic patients
- B- Using a CEA-125
- C- Should only be done if symptoms are present
- D- Should be done using a bimanual exam and Transvaginal Ultrasound

#47 A 66 year old male comes to your office after evaluation in the emergency department last night. At that time he was having severe pain in the right flank described as stabbing, intense, sharp, and deep. He also has some diffuse abdominal pain on the right lower quadrant. His examination revealed a tender right flank area with some moderate pain in the anterior abdomen on the right as well. A urinalysis revealed a large amount of red blood cells and a stat CT of the abdomen and pelvis revealed a 4 mm stone in the right ureter causing mild hydronephrosis. His appendix was absent. The patient was placed on pain medicine and has a follow up appointment with urology in two days. This patient's pain syndrome has characteristic signs and symptoms of which of the following types of pain

- A – Nociceptive (somatic)
- B – Nociceptive (visceral)
- C – Neuropathic
- D – Both A and B
- E – Both A and C

#48 When comparing aspects of acute and chronic pain all of the following are true except

- A – Chronic pain is defined as pain lasting longer than three to six months
- B – In chronic pain, the pain is the symptom of a disease process
- C – Acute pain usually involves some type of tissue injury
- D – The etiology of chronic pain is often obscure or multifactorial
- E – In acute pain, pain is the symptom of a disease process

#49 A 72 year old female comes in to the office to establish care. You are new to the area and her previous physician has recently retired. You review her past medical history and she has been on chronic short-acting opioid medication for over ten years with the occasional use of NSAIDs and/or acetaminophen as needed. The reason for the use of opioid pain medicine is a very carefully documented in the medical record including series of tests, interventions, and surgeries for multiple disc herniations in the cervical and lumbar spine. The patient has always been on time for refill of her pain medication and has never exhibited aberrant behavior. In an effort to standardize the care for patients receiving chronic pain treatment, your office has begun implementation of a new protocol that includes the signing of a controlled substance agreement contract, the use of random urine drug screens and pill counts, and a refill protocol where the patient does not have to call the office to obtain the next prescription. What is the appropriate next step in managing this patient's chronic pain.

A – Begin the conversion of her short-acting opioid to a long-acting opioid

B – Given the patients excellent compliance, continue the pain management process that she is accustomed to over the past many years

C – Explain to the patient the new protocol process in the office and have her sign a controlled substances agreement and obtain a urine drug screen

D – Consider adding adjuvant non-opioid pain medications as well as non-pharmacologic interventions to maximize her pain management and hopefully reduce the amount of opioid pain medicine that is needed to give her relief

E – Both C and D are correct

#50 One of the family members of a patient that you have been prescribing hydrocodone to over the past 120 days calls and informs you that the patient is selling her medication to support her cocaine habit. You have performed urine drug screens on the patient in the past and they have been negative. The patient has signed a controlled substance agreement with you and has agreed to all of the parameters. The family member does not give you permission to disclose the source of the information provided for fear that the patient will be very angry and place them in harm's way. All of the following are appropriate in managing this information EXCEPT

A – You thank the family member for this information being careful not to violate your patient's privacy.

B – Have your nurse call the patient to have her come into the office for an observed urine drug screen and pill count

C – Considering that receiving this information has potential to alter the physician-patient relationship, you decide to change the patient's pain management plan by tightening control to prevent future aberrant behaviors.

D – If the urine drug screen is consistent for the prescribed treatment (i.e. positive for hydrocodone and negative for other controlled substances), make no alterations to the current treatment plan.

E – If the urine drug screen is consistent for the prescribed treatment (i.e. positive for hydrocodone and negative for other controlled substances), but the pill count less than expected by ten tablets, have the patient come into the office to discuss the inconsistency in the pill count.

#51 Jake is a 26 year old athlete who is in the office today for a follow up of his leg pain. He sustained an injury to his Achilles' tendon during a football scrimmage and has been under your treatment for pain management over the past two months. He underwent surgical repair not long after the injury occurred. He remains in an immobilizer during the day. He has been very compliant with his pain regimen which includes ibuprofen 600 mg three times daily, acetaminophen as needed and oxycodone 7.5 mg up to 6 times daily as needed. He continues to use the oxycodone about 4 times daily and it appears that he will need it until he is out of the immobilizer and functioning at a much higher level which the surgeon predicts will take an additional 2 to 3 months. What is the most appropriate next step in this patient's pain management plan

A – Discuss the need to place the patient on the chronic pain management protocol in the office at around 90 days of continued opioid therapy

B – Explore the patient's individual treatment goals over the next several months and formulate an action plan that helps meet those goals

C – Adjust the patient's oxycodone dose from 7.5 mg to 5 mg every 6 hours as needed

D – Both A and B are correct

E – A, B, and C are correct

#52 When performing OMT in a patient with cardiac concerns, which sympathetic innervations area should be targeted?

A- C1-C7

B- T1-T6

C - T4-T12

D- T12-L2

E- L1-L4

#53 Which drug has not been shown to prolong survival in patients with heart failure?

A- Diuretics

B- Beta blockers

C- ACE inhibitors

D- Aldosterone antagonists

E- Digoxin

#54 Which drug has not been shown to improve symptoms in patients with heart failure?

A- Digoxin

B- Diuretics

C- Aldosterone antagonists

D- ACE inhibitors

E- Beta blockers

#55 What is the most common risk factor for heart attack?

- A- Hyperlipidemia
- B- HTN
- C- Smoking
- D- DM
- E- Type A personality

#56 What category best describes an individual with repetitive blood pressures of 165/92?

- A- Pre-HTN
- B- Stage 1 HTN
- C- Stage 2 HTN
- D- Stage 3 HTN
- E- Urgent HTN

#57 Mr. Smith has lost interest in his favorite hobby, woodworking, for 6 months. In addition, he has been awakening early in the morning and not eating well. He has been bothered by fatigue and intense feelings of guilt. The most appropriate diagnosis would be:

- A- Dysthymia
- B- Major Depression
- C- Minor Depression
- D- Adjustment Disorder

#58 Which of the following is a risk factor for completed suicide?

- A- Female sex
- B- Use of fluoxetine
- C- Living alone
- D- No prior suicide attempt

#59 At a routine 6-week postpartum visit, a tearful, despondent-appearing patient reports depressed mood, poor appetite, decreased sexual drive, fatigue and loss of interest in her usual activities. She denies suicidal ideation. Which one of the following should you do now?

- A- Reassure her that her "baby blues" should resolve in a few weeks
- B- Prescribe a 10-day per month regimen of medroxyprogesterone (Provera)
- C- Prescribe daily sertraline
- D- Prescribe no medications and see the patient back in the office in 2 weeks

#60 An 81-year-old male nursing home resident has developed symptoms of depression including withdrawal and sadness. The staff also report that he doesn't want to leave his room and often expresses a desire to stay in bed all day. After performing an appropriate evaluation and recommending nonpharmacologic interventions, you also decide that pharmacologic treatment is indicated. Which one of the following would be the most appropriate antidepressant for this patient?

- A- Amitriptyline
- B- Doxepin
- C- Trazodone
- D- Sertraline

#61 The USPSTF recommends routine screening for depression in which of the following populations:

- A- Adults aged 18-65 years old when support systems are in place
- B- Nursing home residents >75 years old
- C- Children younger than 12 years old at high risk for depression
- D- All postpartum women at their routine 6-week check-up

#62 A 52-year-old man is evaluated in the Emergency Department for a 2-day history of acute pain and swelling in the left knee. He lives in Memphis, works in an office, and does not participate in outdoor recreational activities. There is no history of skin rash or trauma. He has type 2 diabetes mellitus. Medications are insulin glargine and insulin lispro.

On physical examination, temperature is 38.0 °C (100.4°F), blood pressure is 144/88 mm Hg, pulse rate is 88/min, and respiration rate is 18/min. The left knee is swollen and warm, has overlying erythema, and is tender to palpation. Range of motion of the left knee elicits pain and is limited. The remainder of the musculoskeletal examination is normal.

Laboratory studies:

Hemoglobin	10 g/dL (100 g/L) (normal indices)
Leukocyte count	11,300/uL (11.3 x 10 ⁹ /L) (76% neutrophils)
Erythrocyte sedimentation rate	78 mm/h
Uric Acid	8.2 mg/dL (0.48 mmol/L)
Serum creatinine	2.0 mg/dL (152.6 μmol/L)

Which of the following is the most appropriate next step in this patient's management?

- A- Arthrocentesis
- B- Prednisone and allopurinol
- C- Radiography of the left knee
- D- Serologic testing for Lyme disease

#63 A 82-year-old woman with a 2-year history of Osteoarthritis of the knees is evaluated for persistent swelling and pain in the right knee for 3 months' duration. She now uses a cane for ambulation and is unable to go grocery shopping. Medications are naproxen and hydrocodone-acetaminophen as needed. On physical examination, vital signs are normal. The right knee has a large effusion and a valgus deformity. There is decreased flexion of the right knee secondary to pain and stiffness, and she is unable to fully extend this joint. Range of motion of both knees elicits coarse crepitus. Laboratory studies reveal a serum creatinine level of 1.1 mg/dL (83.9 $\mu\text{mol/L}$) and a serum uric acid level of 8.2 mg/dL (0.48 mmol/L).

Radiograph of the right knee reveals a large effusion and changes consistent with end-stage Osteoarthritis. Aspiration of the right knee is performed. Synovial fluid leukocyte count is 3200/uL. Polarized light microscopy of the fluid demonstrates rhomboid-shaped weakly positively birefringent crystals. Results of Gram stain and cultures are pending.

Which of the following is the most likely diagnosis?

- A- Calcium pyrophosphate dihydrate deposition disease
- B- Chronic apatite deposition disease
- C- Gout
- D- Septic arthritis

#64 A 70-year-old male dairy farmer is evaluated for a 1-year history of pain in the left knee that worsens with activity and is relieved with rest. On Physical examination, vital signs are normal. A small effusion is present on the left knee, but there is no erythema or warmth. Range of motion of the left knee elicits pain is slightly limited. Extension of this joint is limited to approximately 10 degrees, but flexion is nearly full. The remainder of the musculoskeletal examination is normal.

The erythrocyte sedimentation rate is 15 mm/h. A standing radiograph of the left knee reveals Asymmetric Joint space narrowing with Osteophytes and eburnation.

Which of the following is the most likely diagnosis?

- A- Avascular necrosis
- B- Osteoarthritis
- C- Rheumatoid Arthritis
- D- Torn medial meniscus

#65 A 25-year-old woman is evaluated during a follow-up visit for a 6-month history of diffuse muscle and joint pain above and below the waist, fatigue, and difficulty sleeping. She has a 2-year history of hypothyroidism treated with Levothyroxine. Hydrocodone-acetaminophen has not relieved her pain.

On physical examination, temperature is 37.0 oC (98.6 oF), blood pressure is 125/78mm Hg, pulse rate is 85/min, and respiration rate is 12/min. Cardiopulmonary examination is normal. Musculoskeletal examination reveals diffuse periarticular tenderness, including bilateral tenderness in the biceps brachii, thighs, and calves. Muscle strength testing cannot be completed because of pain. The joints are not swollen, and she does not have lower-extremity edema.

Laboratory studies:

Complete blood count	Normal
Complete metabolic panel	Normal
Erythrocyte sedimentation rate	10mm/h
Creatine Kinase	100 U/L
Antinuclear antibodies	Titer of 1:640
Thyroid-stimulating hormone	1.5 uU/ml (1.5 mU/L)
Urinalysis	Normal

Which of the following is the most likely diagnosis?

- A- Fibromyalgia
- B- Polymyositis
- C- Sjögren's syndrome
- D- Systemic lupus erythematosus

#66 One of the family members of a patient that you have been prescribing hydrocodone to over the past 120 days calls and informs you that the patient is selling her medication to support her cocaine habit. You have performed urine drug screens on the patient in the past and they have been negative. The patient has signed a controlled substance agreement with you and has agreed to all of the parameters. The family member does not give you permission to disclose the source of the information provided for fear that the patient will be very angry and place them in harm's way. All of the following are appropriate in managing this information EXCEPT

- A- You thank the family member for this information being careful not to violate your patient's privacy.
- B- Have your nurse call the patient to have her come into the office for an observed urine drug screen and pill count
- C- Considering that receiving this information has potential to alter the physician-patient relationship, you decide to change the patient's pain management plan by tightening control to prevent future aberrant behaviors.
- D- If the urine drug screen is consistent for the prescribed treatment (i.e. positive for hydrocodone and negative for other controlled substances), make no alterations to the current treatment plan.
- E- If the urine drug screen is consistent for the prescribed treatment (i.e. positive for hydrocodone and negative for other controlled substances), but the pill count less than expected by ten tablets, have the patient come into the office to discuss the inconsistency in the pill count.

#67 Jake is a 26 year old athlete who is in the office today for a follow up of his leg pain. He sustained an injury to his Achilles' tendon during a football scrimmage and has been under your treatment for pain management over the past two months. He underwent surgical repair not long after the injury occurred. He remains in an immobilizer during the day. He has been very compliant with his pain regimen which includes ibuprofen 600 mg three times daily, acetaminophen as needed and oxycodone 7.5 mg up to 6 times daily as needed. He continues to use the oxycodone about 4 times daily and it appears that he will need it until he is out of the immobilizer and functioning at a much higher level which the surgeon predicts will take an additional 2 to 3 months. What is the most appropriate next step in this patient's pain management plan

- A- Discuss the need to place the patient on the chronic pain management protocol in the office at around 90 days of continued opioid therapy
- B- Explore the patient's individual treatment goals over the next several months and formulate an action plan that helps meet those goals
- C- Adjust the patient's oxycodone dose from 7.5 mg to 5 mg every 6 hours as needed
- D- Both A and B are correct
- E)-A, B, and C are correct

#68 At every visit, all women should be screened for:

- A-Illegal Drug Use
- B- Ovarian Cancer
- C-Tobacco Use
- D- Dyslipidemia

#69 Current Recommendations regarding Cervical Cancer Screening include which of the following

- A-Begin Pap Smears at age 21 or 3 years after onset of sexual activity
- B-Pap smears should be discontinued at age 65.
- C- If HPV testing is used, the interval between pap smears may be increased to 2 years.
- D- Pap smears should be discontinued 3 years after a hysterectomy for a benign cause

#70 The USPSTF recommendations regarding breast cancer screening include which of the following

- A- An initial mammogram should be done at age 35
- B- Mammograms should be yearly after the age of 40 in all women
- C- Mammograms should definitely be continued until age 85.
- D- Breast Self-examination is not encouraged

