Chapter 2
Interviewing and the Health History
Multiple Choice

1. A 55-year-old postal worker presents to the emergency room with chest pain. On a scale of 1
to 10, he rates the pain a 9. It started 30 minutes ago and hasn't gone away. He has never had
it before. He denies any injury or trauma; he has no medical conditions that are being treated.
Nothing makes the pain better or worse. When questioned further, he has noticed nausea and
increased sweating with the pain. Based on this description, which of the seven attributes of this
symptom have not been addressed?
(A) Remitting or exacerbating factors
(B) Quality
(C) Severity
(D) Timing

2. A 25-year-old graduate student presents to your clinic; she is concerned about her exposure to
a communicable disease that occurred at a party she recently attended. You, the interviewer,
enter the room and greet the patient and then ask what brought her into your office today. She
states that she wants to establish care, so you start by asking her if she has any specific
concerns that she would like you to address. She states that she is concerned that she may have
gotten an STD. You continue to maintain eye contact and state, "Go on." Which type of
interviewing technique have you demonstrated?
(A) Echoing
(B) Directed questioning

(C) Facilitation
(D) Reassurance

3. A 42-year-old retail manager is sitting in your clinic exam room, waiting for a routine checkup
for hypertension. You enter the room and sit down, making eye contact, and move your body
slightly toward the patient. You nod your head as the patient begins to bring you up to date on
his life since his last appointment. This interviewing technique is an example of:
(A) Echoing
(B) Adaptive questioning
(C) Nonverbal communication
(D) Empathic responses

4. A 55-year-old legal secretary comes into your office to establish care. She starts the interview
by telling you her whole life story, tells you about her husband, children, and grandchildren, and
then pulls out a written list of 20 different items that relate to her health that she wants to address
with you in today’s interview. She is very friendly and relaxed. What specific type of patient is
this?
(A) Anxious patient
(B) Talkative patient
(C) Angry or disruptive patient
(D) Silent patient

5. A 69-year-old woman presents to your office with the complaint of pain. She was diagnosed
with breast cancer that has metastasized to the bone 6 months ago. At the time, she did not want
radiation therapy even for relief of the pain. You then discussed with her that her prognosis is
poor and that her time to live is limited. She was not interested in hearing about it. You observe

that she has lost more weight and that she is even more anorexic than at her previous visit 1
month ago. Today, she is frustrated because she hurts when she gets up and tries to walk
around. She has planned a trip to the Bahamas to take place in 4 more months. What stage of
grief is this patient currently in?
(A) Denial
(B) Anger
(C) Bargaining
(D) Depression or sadness
(E) Acceptance

Chapter 3

Beginning the Physical Examination: General Survey and Vital Signs

Multiple Choice

1. A 15-year-old high-school student presents to your office for a sports physical He is 65 inches
in height and weighs 250 pounds. His BMI falls in which category?
(A) Underweight
(B) Normal weight
(C) Overweight
(D) Obese

2. A 16-year-old sophomore presents to the clinic for a sports physical; she is accompanied by
her mother. She is involved in gymnastics and has been since age 5. In addition to training for
the gymnastics team, she runs 10 miles per day. She is proud of her athleticism and states that
she is still too fat and wants to lose more weight. You note that her BMI is 15. She denies
eating excessively or making herself vomit. The patient’s mother states she barely eats. This
patient is at risk for which medical problem?

(A) Obesity
(B) Bulimia
(C) Anorexia nervosa
(D) Not at risk; normal adolescence

3. A 38-year-old landscape designer presents to the clinic to be evaluated for a cough. His vital signs show a temperature of 103ºF, a pulse of 120, and a blood pressure of 88/55. His respiratory rate is 28. He appears to have labored breathing. All of these indicators are signs of
(A) Pain from the cough
(B) Anxiety about the visit
(C) Respiratory distress

4. A 20-year-old college junior presents to the clinic for a physical; he is going to be a camp counselor for the summer. He is healthy and exercises regularly. His BMI is 22. You take his blood pressure and obtain a value of 160/100. Which of the following is the most likely reason for the unexpected blood pressure measurement?
(A) The width of the inflatable bladder of the cuff was 40% of the upper arm circumference
(B) The length of the inflatable bladder was 50% of the upper arm circumference
(C) The aneroid sphygmomanometer was calibrated just prior to measuring this patient’s blood pressure
(D) The patient had sat for 15 minutes prior to the measurement of his blood pressure

5. A 22-year-old social worker comes into the clinic for a routine checkup. His blood pressure is 155/102. In each of his previous visits, including one 2 weeks ago for treatment of an upper respiratory infection, his blood pressure has been 130s/80s. He has no family history of high blood pressure. He has no symptoms of headache, blurred vision, or chest pain. What

is the
most likely reason for his blood pressure being elevated today?
(A) He sat down for 10 minutes prior to this measurement being obtained
(B) He drank a cup of coffee 10 minutes prior to his blood pressure measurement
(C) His arm was bare when the blood pressure was measured
(D) He was seated and his arm was supported a little above his waist when the measurement was obtained

6. A 58-year-old college professor presents to your clinic to establish care. In taking vital signs,
you feel the patient's radial pulse. The pulse pressure is diminished, and the pulse feels weak
and small. The upstroke feels a little slow, and the peak is prolonged. You immediately suspect
that this patient may have which of the following diagnoses?
(A) Hypertrophic cardiomyopathy
(B) Premature atrial contractions
(C) Severe aortic stenosis
(D) Constrictive pericarditis

Chapter 4
The Skin
Multiple Choice

1. A 7-year-old elementary school child presents with her mother to the clinic for evaluation of
itching. They deny any exposure to new soaps or detergents, pollens or grasses, or new foods.
On physical examination, there are small papules, pustules, lichenified areas, and excoriations.
Using a magnifying lens, you identify a burrow on the finger webs. What is the most likely
diagnosis?
(A) Scabies
(B) Atopic dermatitis
(C) Acne

(D) Telangiectasias

2. A 68-year-old retired mechanic comes to the office for an annual checkup. He is concerned
that the small red areas on his skin may be cancer. On physical examination, you see round,
bright, ruby-red lesions that are 1–3 mm in diameter and scattered on the anterior chest; they
partially blanch with pressure. What is the most likely diagnosis?
(A) Squamous cell carcinoma
(B) Actinic keratosis
(C) Cherry angioma
(D) Spider angioma

3. A 55-year-old realtor presents to your office for evaluation of a skin lesion that has been
present for a long time. She came in because her daughter had been reading about skin cancer
in her favorite women’s magazine and was worried about her mother. The lesion is located on
her right cheek. There is a central depression and a firm elevated border. Initially, when it first
appeared 5 years ago, it was translucent. What is the most likely diagnosis?
(A) Actinic keratosis
(B) Seborrheic keratosis
(C) Squamous cell carcinoma
(D) Basal cell carcinoma

4. A 35-year-old swimming teacher presents to the office for an annual skin examination. She
has several tan, flat, round and oval lesions with sharply defined borders. The lesions

are less
than 6 mm in diameter. She has one lesion that is dark, 6.5 mm, and has an irregular border,
which fades into the surrounding skin. It is not elevated. What is your most likely diagnosis of
this lesion?
(A) Benign nevus
(B) Dysplastic nevus
(C) Seborrheic keratosis
(D) Actinic keratosis

5. You are on rounds at the nursing home when you are asked to see an 83-year-old retired
farmer who is bed-ridden. The aide is concerned because she has noticed an area on his coccyx
that is broken down. You examine the skin and determine that there is a partial thickness skin
loss, which involves the epidermis. What stage is this pressure ulcer?
(A) Stage I
(B) Stage II
(C) Stage III
(D) Stage IV

6. A 68-year-old tax attorney is in the hospital with a stroke. He has residual left-sided paralysis
and is bed-ridden. On examination of the skin, you notice an area on his sacrum that is red with
a boggy consistency, and you diagnose a pressure ulcer. What stage is this pressure ulcer?
(A) Stage I

(B) Stage II
(C) Stage III
(D) Stage IV

7. A 15-year-old boy comes to your clinic complaining about pain for the past 2 weeks on the
bottom of his left foot. He states that he stepped on a sticker outside and ever since he has had
a spot there that hurts. He has no significant past medical history. On exam, you note an 8-mm
area of thickened skin just proximal to the great toe on his left foot. There is no redness, warmth,
or drainage from the area. There are, however, small dark dots present underneath the thickened
skin. Pressing against the area causes the patient significant pain. What disorder of the foot is
most likely the diagnosis for his case?
(A) Corn
(B) Callus
(C) Neuropathic ulcer
(D) Plantar wart

Chapter 5
Head and Neck
Multiple Choice

1. A patient demonstrates left facial droop but can wrinkle both sides of the forehead. The
examiner should suspect a problem with:
(A) Central innervation of cranial nerve VII (facial)
(B) Cranial nerve V (trigeminal)
(C) Peripheral innervation of cranial nerve VII
(D) Frontalis muscle

2. Mr. T. is complaining of a headache. He has just awakened from a nap and states that the
headache always begins behind one eye, “feels like an icepick,” and is accompanied by tearing
and a runny nose. You suspect Mr. T has:
(A) Migraine headache
(B) Tension headache
(C) Cluster headache
(D) A stroke

3. The muscles in the neck that are innervated by cranial nerve XI are:
(A) Spinal accessory and omohyoid
(B) Sternomastoid and trapezius
(C) Trapezius and sternomandibular
(D) Sternomandibular and spinal accessory

4. During your examination you note that your client’s eyes are puffy. You further assess coarse
and dry hair. You suspect:
(A) Scleroderma
(B) Cachexia
(C) Myxedema
(D) Cretinism

5. You have just completed your examination and you document that the patient is unable to
differentiate between sharp and dull touch bilaterally. You interpret this as:
(A) Bell’s palsy
(B) Scleroderma of the face and cheeks
(C) Damage to cranial nerve V (trigeminal nerve)
(D) Paralysis

6. You notice that your patient’s submental lymph nodes are enlarged. You would then assess
the:
(A) Supraclavicular area
(B) Infraclavicular area
(C) Area proximal to the enlarged node
(D) Area distal to the enlarged node

CHAPTER 6: THORAX AND LUNGS

A patient complains of shortness of breath and productive cough. Consolidation is present in the lungs if you find:
(A) Dullness to percussion over left base
(B) Bronchial breath sounds throughout
(C) Increased tactile fremitus throughout
(D) Inspiratory and expiratory wheezes

2. Which of the following is the best technique for assessing the supraclavicular lymph nodes?
(A) Place the patient in a supine position and ask him to hold his breath while you palpate
(B) Place the patient in Trendelenburg position and illuminate the nodes with a bright light
(C) Standing behind the patient, palpate deeply behind the clavicles as he takes a deep breath
(D) Palpate lightly below the clavicles with the patient in a sitting position

3. The examiner notes an abnormally high diaphragm on the right side and descent of 4 cm on the left side. These findings suggest:
(A) The patient may have a pleural effusion
(B) The patient may have right middle lobe pneumonia
(C) Asymmetrical findings, which are common in well-conditioned adults
(D) A normal finding because the right lung is larger than the left lung

4. The following findings indicate a possible pulmonary abscess:

(A) Malodorous breath
(B) Protrusion of the clavicle
(C) Clubbing of the nail beds
(D) Kussmaul respirations

5. The patient has an undiagnosed tumor in the middle lobe of the right lung, causing atelectasis, as suggested by
(A) Low-pitched grating sound heard during inspiration and expiration
(B) Hyperresonance in the right middle lobe
(C) Diminished or absent breath sounds in the right middle lobe
(D) An ammonia-like odor on the patient's breath

6. While auscultating the lungs of an obese patient, you would expect the heart sounds to be:
(A) Louder and closer
(B) Softer and more distant
(C) Louder and more distant
(D) Softer and closer

7. To rule out a middle lobe pneumonia, you must make sure to auscultate:
(A) Beneath the right breast
(B) Beneath the left breast
(C) Under the right axilla
(D) Under the left axilla

8. When percussing normal lungs, the expected percussion note would be:
(A) Resonance
(B) Tympany
(C) Dullness
(D) Stridor

9. Expected findings in the healthy adult lung include the presence of:
(A) Increased tactile fremitus and dull percussion tones
(B) Adventitious sounds and limited chest expansion
(C) Muffled voice sounds and symmetrical tactile fremitus
(D) Absent voice sounds and hyperresonant percussion tones

10. Dullness on percussion over the left lower lobe of the lung is most likely to reflect:
(A) Consolidation
(B) Asthma
(C) Chronic obstructive pulmonary disease
(D) Excess adipose tissue

11. The most important technique when progressing from one auscultory site on the thorax to another is:
(A) Top-to-bottom comparison
(B) Side-to-side comparison
(C) Posterior-to-anterior comparison
(D) Interspace-by-interspace comparison

12. When auscultating the chest in an adult, you would:
(A) Use the bell of the stethoscope held lightly against the chest to avoid friction
(B) Use the diaphragm of the stethoscope held firmly against the chest
(C) Instruct the client to breathe in and out through her nose
(D) Instruct the patient to take deep, rapid breaths

13. Decreased breath sounds would be most likely to occur:
(A) When the bronchial tree is obstructed
(B) When adventitious sounds are present
(C) In conditions of hyperresonance like COPD
(D) In conjunction with whispered pectoriloquy

14. A patient presents with an area of dullness to percussion and breath sounds that are decreased to absent, suggesting the following diagnosis:
(A) Pneumothorax
(B) COPD (emphysema)
(C) Pleural effusion
(D) Asthma

15. A teenage boy presents to the emergency room with complaints of sharp pain and trouble breathing. You find that the patient has cyanosis, tachypnea, tracheal deviation to the right, decreased tactile fremitus on the left, hyperresonance on the left, and decreased breath sounds on the left. This is consistent with:

(A) Acute pneumonia
(B) An asthmatic attack
(C) Bronchitis
(D) A spontaneous pneumothorax

16. Tachypnea, use of accessory muscles, prolonged expiration, intercostal retraction, decreased breath sounds, and expiratory wheezes are all symptomatic of:
(A) Pleural effusion
(B) Atelectasis
(C) Asthma
(D) Bronchitis

17. Air passing through narrowed bronchioles would produce which of the following adventitious sounds:
(A) Whispered pectoriloquy
(B) Wheezes
(C) Bronchophony
(D) Muffled breath sounds

18. The primary muscles of respiration include the:
(A) Diaphragm and intercostals
(B) Trapezius and rectus abdominus
(C) Sternomastoids and scalenes
(D) External obliques and pectoralis major

The Cardiovascular System

Multiple Choice

1. A 42-year-old receptionist presents to the office for evaluation of fatigue. The fatigue has been
present for several months. Upon auscultation of the heart, the S1 sound is accentuated. Which

is the most likely cause of her accentuated S1 given her symptoms?
(A) Anemia
(B) Mitral regurgitation
(C) Right bundle branch block
(D) Atrial fibrillation

2. A 38-year-old file clerk presents to your office for evaluation of fatigue. She has a 20-pack-ayear
history of smoking and had rheumatic heart fever in childhood. On auscultation of her heart,
the S2 sound is widely split; that is, it persists throughout the respiratory cycle. What is the most
likely cause of the widely split S2?
(A) Physiologic cause
(B) Pulmonic stenosis
(C) Atrial septal defect
(D) Left bundle branch block

3. A 19-year-old college student presents to your office for evaluation of episodes of chest pain
and shortness of breath. She has no medical problems. She does not smoke, drink alcohol, or
use illicit drugs. She is on the dean’s list and is studying electrical engineering. On auscultation
of her heart, you hear a mid-systolic click at the apex. What is her most likely diagnosis?
(A) Bicuspid aortic valve
(B) Pulmonary hypertension
(C) Mitral valve prolapse
(D) Mitral stenosis

4. A 5-year-old child presents with his parents for a regular checkup. He has normal growth and

development and is appropriately physically active. On auscultation of his heart, you hear a
grade 2 murmur at the 2nd through 4th left interspaces between the left sternal border and the
apex. It has a medium pitch, and the quality of the sound is variable. It does not radiate. It
disappears when the patient is sitting. What is the most likely cause of this murmur?
(A) Innocent
(B) Pulmonic stenosis
(C) Physiologic
(D) Bicuspid aortic valve

5. A 62-year-old construction worker presents to your office for evaluation of fatigue. He has an
elevated blood pressure with a widened pulse pressure. Upon auscultation of his heart, you hear
a mid-systolic murmur at the right second interspace that radiates to the neck. It has a medium
pitch and a harsh quality. It is best heard when you sit the patient up and lean him forward. What
is your most likely diagnosis?
(A) Physiologic
(B) Pulmonic stenosis
(C) Aortic stenosis
(D) Hypertrophic cardiomyopathy

6. A 52-year-old computer analyst presents to the office for a checkup. He is doing well except
that he has noticed increasing shortness of breath with physical exertion, so he has cut down on
his recreational activities. On auscultation of the heart, you hear a blowing, medium-pitched
pansystolic murmur at the apex. It radiates to the left axilla and does not change with inspiration.
This murmur is most likely:
(A) Mitral regurgitation
(B) Tricuspid regurgitation

(C) Ventricular septal defect
(D) Aortic stenosis

Chapter 8
The Breast
Multiple Choice

1. A 21-year-old female presents to your clinic for her annual exam. She informs you that for the last 3 months, she has felt a lump in her left breast above the nipple. She has had no discharge from the nipple. Her past medical history is nonsignificant. She has not been sexually active and is on no medication. She denies any tobacco, alcohol, or drug use. Her paternal grandmother had breast cancer in her seventies and did well with surgery and radiation. On physical exam, you feel a firm disc like lump at 12 o'clock on the left breast. It is easily delineated, mobile, and is nontender. The patient only has shoddy nodes in the left axilla. There are no unusual skin changes. The right breast and the remainder of her heart, lung, abdominal, and pelvic exam are unremarkable. What form of breast mass is she most likely to have?
(A) Fibroadenoma
(B) Cysts
(C) Cancer

2. A 48-year-old homemaker comes to your office complaining of a breast lump she found under
her right arm while showering. She says it hasn't been there during past checks and it doesn't
hurt when she examined it. She admits she hadn't done a self-breast exam in almost 1 year. She
states she has had three normal mammograms during the last 8 years. The last mammogram
was 18 months ago. Her past medical history is significant for one spontaneous vaginal delivery
at age 38. She went through menopause 3 years ago and is on estrogen and progesterone
replacement. She has smoked one pack of cigarettes daily for the past 25 years but denies any
alcohol or drug abuse. Past medical history reveals that her maternal aunt had breast cancer in
her thirties and her maternal grandmother had ovarian cancer in her seventies. Review of
systems is noncontributory. On exam, you feel a hard, approximately 2-cm lump in the tail of
Spence under the patient's right arm. The lump is nontender, and you have difficulty finding the
borders. It is not adherent to anything, and you feel no lymphadenopathy in the axilla or
supraclavicular areas. The skin over the breast appears normal. Examination of the left breast is
unremarkable. What type of breast mass is the patient most likely to have?
(A) Fibroadenoma
(B) Cysts
(C) Cancer

3. A 31-year-old nurse presents to your office complaining about a painful lump in her right breast
next to the nipple. She states it has been there for several months and won't go away. She
recently started taking birth control pills after remarrying. Her past medical history is

significant
for asthma and two spontaneous vaginal deliveries. Family history reveals no breast or ovarian
disorders. She denies any tobacco or drug use and drinks alcohol socially. On exam, you feel a
1-cm lump medial to her areola. It is round soft and very tender. There are no skin retractions
and no palpable lymph nodes in the axilla. Her left breast also has a 1/2-cm soft lump medial to
the areola that is not quite as tender. The patient states she hadn’t noticed that area before.
What type of breast mass is the most likely cause of her pain?
(A) Fibroadenoma
(B) Cysts
(C) Cancer

4. A 22-year-old woman comes to your office complaining of a white discharge from her breasts,
which has been occurring for 2 months. She also states that she hasn’t had her period in 6
months. She denies any chance of pregnancy since she hasn’t been sexually active in over 1
year. She is on no medications except a multivitamin. Her past medical history is significant for
allergies only. Past medical history reveals a mother with cystic breasts and a great aunt with
breast cancer. Review of systems is noncontributory. On exam, her breasts are symmetrical,
with no skin changes. You are able to express milky discharge from each nipple. You feel no
discrete masses, and her axillae are normal. The remainder or her heart, lung, abdominal, and
pelvic exam are unremarkable. What cause of nipple discharge is the most likely in her
circumstance?
(A) Benign breast abnormality

(B) Breast cancer
(C) Nonpuerperal galactorrhea

5. A 76-year-old widow comes to your clinic to establish care. She admits that she hasn’t seen a clinician in over 5 years, but her daughter has been nagging her to be seen. She states she has noticed that an area to the outside of her left breast feels enlarged, and there are some different changes to the skin in the area. Her past medical history is significant for two spontaneous vaginal deliveries and diet-controlled diabetes. She denies any tobacco or drug use and no alcohol abuse. Her review of systems is remarkable for a 10-pound weight loss in the last 6 months and some recent fatigue. On exam, you find an elderly woman appearing her stated age.
Inspection of her left breast reveals some thickening of the skin lateral to her areola, with enlarged pores. You feel a nontender 5-cm mass. The axilla has at least two enlarged lymph nodes, which are adherent to the underlying ribs. The right breast and axilla are unremarkable.
What visible skin change of the breast does she have?
(A) Nipple retraction
(B) Paget’s disease
(C) Peau d’orange sign

Multiple Choice

1. An 83-year-old woman presents to the ER the afternoon of Thanksgiving complaining of severe abdominal pain. She states it was at first cramping around her navel but has now radiated to the rest of her abdomen. She also complains of some vomiting and bloody diarrhea. About 1 hour before the pain started, she had a large traditional holiday meal. She states she generally only eats about half a sandwich and some soup at meals. She denies any earlier history of similar pain. Her past medical history is significant for coronary artery disease, for which she has had a stent placed in the past. She is only taking medicines related to her heart condition. She denies any alcohol, drug, or tobacco use. Her review of systems is positive for soreness in her legs while walking and occasional chest pain on exertion. On exam, you find an elderly woman in great distress. She is pale and tachycardic. Examining her abdomen, you hear decreased bowel sounds. On palpitation, her abdomen is rigid with voluntary guarding and rebound. Her rectal exam shows grossly bloody stool. What diagnosis for abdominal pain best describes her symptoms and signs?

(A) Acute pancreatitis
(B) Acute cholecystitis
(C) Acute appendicitis
(D) Mesenteric ischemia

2. A 35-year-old male athlete comes into the ER complaining of severe lower abdominal pain and vomiting. He relates the pain began several hours ago after he cycled at the gym and

lifted
weights. He states he has had occasional lower abdominal pain with lifting weights in the past
but nothing like this. He has no significant past medical history and denies any tobacco, drug, or
alcohol use. On exam, you find a young man who appears very ill. He is pale and vomiting clear
green liquid. As you examine him, his emesis becomes darker and malodorous. On exam, he
has high-pitched increased bowel sounds and has voluntary guarding and rebound. His testicles
are descended bilaterally, and his right testicle seems tender and enlarged. Auscultating it, you
also hear bowel sounds. What diagnosis is most likely the cause of his pain?
(A) Acute pancreatitis
(B) Acute mechanical intestinal obstruction
(C) Acute cholecystitis
(D) Mesenteric ischemia

3. A 39-year-old seamstress presents to the ER complaining of severe upper abdominal
pain that started about 2 hours ago. She had eaten a cheeseburger and fries 45
minutes before the pain began. She tried taking some calcium stomach tablets, but they
didn’t help. She states the pain is a 10 on a 10-point scale and is starting to hurt in her
back. She says she is nauseated and needs to vomit. She does admit to having had
milder pains similar in the past but never to this extent. Her past medical history is
significant for high blood pressure and two caesarean sections. Her older sister and
mother have had to have gallbladder surgery. She denies any tobacco, drug, or alcohol

use. Her review of systems is noncontributory. On examination, you find a mildly obese
woman in severe distress. She is lying on the stretcher, but she cannot find a comfortable position. Her blood pressure is mildly elevated at 140/85, and her heart
rate is 110. Her temperature is normal. Her abdominal exam reveals normal bowel
sounds, but she is tender in the right upper quadrant. She has a positive Murphy’s sign.
The remainder of her abdominal exam is normal. Her rectal is heme negative, and her
pelvic exam is normal. What etiology of abdominal pain is most likely causing her
symptoms?
(A) Peptic ulcer disease
(B) Biliary colic
(C) Acute cholecystitis
(D) Acute pancreatitis

4. A 68-year-old homemaker presents to your clinic complaining of difficulty swallowing.
It began several months ago when she would attempt to eat steak. Over time, it has
progressed to the point that she can only sip on soups and broths. She has sometimes
had to regurgitate her food back up to get relief from the pain in her chest when she
attempts to eat. Her past medical history is significant for diet controlled, type-2
diabetes. She had a 60-pack-year smoking history but quit smoking 15 years ago. She
denies any drug or alcohol abuse. On review of systems, she has lost approximately 15

lbs in the past 3 months. She denies any heartburn, constipation, or diarrhea. On
exam, you find a pleasant elderly woman in no acute distress. Her cardiac, pulmonary,
and abdominal exams are all normal. What disorder of dysphagia is the most likely
cause for her symptoms?
(A) Esophageal stricture
(B) Esophageal cancer
(C) Esophageal spasm
(D) Scleroderma

5. A 26-year-old woman follows up at your office for her 6-week postpartum visit. She
complains of severe constipation problems since the birth of her last child. Although she
says she is eating healthy and drinking plenty of fluids, the problem persists. She does
complain of pain with defecation. She denies any abdominal pain, nausea, vomiting, or
diarrhea. She has never had problems with constipation except for during her
pregnancies. Her past medical history is significant for two vaginal deliveries. She
denies any tobacco, drug, or alcohol use. She is currently taking only prenatal vitamins.
She has no family history of any bowel problems. On exam, she has normal bowel
sounds, and her abdomen is soft with no rebound or guarding. Her pelvic exam reveals
that her uterus has returned to nongravid size and that her episiotomy site has healed.
Her rectal exam is painful and is positive for occult blood. What is the best choice for the
cause of her constipation?

(A) Obstructing lesion
(B) Irritable bowel syndrome
(C) Rectal cancer
(D) Painful anal lesions

6. A 19-year-old male college student presents to your clinic the week following spring break complaining of 1-day abdominal pain and watery diarrhea. He thinks he has seen blood mixed with his stool. He has had some nausea but no vomiting. He had recently traveled to Central America over the break to go scuba diving. His past medical history is not significant. He drinks six to eight beers during the weekend but denies any tobacco or drug use. On review of symptoms, he does have night sweats and rigors.
On exam, you find he is febrile at 102.3°F and he is tachycardic at 115 bpm. Otherwise, his heart and lung exam are normal. Upon auscultation, he has increased bowel sounds, and on palpation, he is diffusely tender. He has no rebound or guarding, but his rectal is guaiac positive. What cause of diarrhea is most likely?
(A) Secretory infections
(B) Inflammatory infections
(C) Irritable bowel syndrome
(D) Malabsorption syndrome
7. A 38-year-old unemployed man presents to the ER complaining of black tarry stools that now have blood in them. He states he has also had some severe pain in his stomach for the last few days. He vomited once and thinks he saw some

blood. His
past medical history is significant for pancreatitis and asthma. He has smoked two
packs of cigarettes for 25 years and drinks approximately 12 beers a day. He denies
any IV drug use. He has had no recent out-of-state travel. On review of symptoms, he
notes that he has fainted in the last day. On exam, you find a cachetic man appearing
older than his stated age. He is afebrile but tachycardic, at 120 bpm. Otherwise, his
heart and lung exam are normal. On inspection, he has no dilated veins around his
umbilicus or skin of an unusual color. Increased bowel sounds are heard during
auscultation. Palpation reveals diffuse tenderness, which is more severe in the
epigastric area. His liver percusses 12 cm in the right midclavicular line, and he has no
fluid wave. He is grossly positive for blood on his rectal exam. What cause of black
stools most likely describes his symptoms and signs?
(A) Gastritis
(B) Inflammatory infectious diarrhea
(C) Mallory-Weiss tear
(D) Esophageal varices

8. A 37-year-old female bank teller presents to your office complaining about accidentally urinating on herself. She relates this has happened several times in the last
month. She states she realizes that she has to go to the bathroom, but before she can
make it to the toilet, she soils herself. Upon further questioning, it is revealed that for

years she has had to urinate frequently during the day and at night. She had thought
these were bladder infections, but the urine lab tests were always normal. Her past
medical history is significant for migraines and depression. She denies any tobacco or
drug use. She drinks alcohol socially several times a year. On review of systems, she
relates pelvic pain with sexual intercourse. On exam, she has a normal abdominal,
rectal, and pelvic exam. Her bladder is appropriate in size, and her urinary analysis is
negative for blood or signs of infection. Which type of urinary incontinence does she
have?
(A) Stress incontinence
(B) Urge incontinence
(C) Overflow incontinence

Chapter 10
Male Genitalia and Hernias

1. When performing a genitourinary assessment, you note that the urethral meatus is positioned
ventrally. This is most likely to be:
(A) A stricture
(B) Hypospadius
(C) The result of a circumcision
(D) Related to the aging process

2. When performing a genitourinary assessment on an adolescent male you notice a swelling in
the scrotum, which increases with increased intraabdominal pressure and decreases when lying

down. The young man complains of pain when straining. This history best describes:
(A) An incisional hernia
(B) A direct inguinal hernia
(C) An indirect inguinal hernia
(D) A femoral hernia

3. The following finding is considered normal when assessing an aging male:
(A) A decrease in scrotal color
(B) Enlargement of the testes and scrotum
(C) A decrease in the size of the penis
(D) The presence of a hydrocele, or fluid in the scrotum

4. When instructing patients about how to perform a testicular self-exam, which of the following
statements is most correct:
(A) “A good time to examine your testicles is just before you take a shower.”
(B) “Perform the testicular exam at least once a week to detect the early stages of cancer.”
(C) “The testicle should feel firm and has a lumpy consistency, be movable, and shaped like an
egg.”
(D) “If you notice any change from what you normally see or feel, call your health care provider.”

5. Which of the findings is a normal finding when examining the glands?
(A) The skin is wrinkled and without lesions
(B) The dorsal vein may be visible
(C) Smegma may be present under the foreskin of an uncircumcised male
(D) There is no hair

6. Which of the following statements is true when performing a male genital examination?
(A) Auscultate for the presence of bowel sounds over the scrotum in all males
(B) Palpate for the vertical chain of lymph nodes along the groin inferior to the inguinal ligament
(C) Palpate the inguinal canal only if there is a bulge present in the inguinal region during

inspection
(D) When palpating for a hernia on the right side, have the client shift his standing weight onto the left leg

Female Genitalia

1. When observing the vestibule, you should be able to see which of the following anatomic
structures?
(A) Urethral meatus and paraurethral (Skene's) glands
(B) Vaginal orifice and vestibular (Bartholin's) glands
(C) Urethral meatus and vaginal orifice
(D) Paraurethral (Skene's) and vestibular (Bartholin's) glands

2. To correctly insert the speculum:
(A) Instruct the woman to bear down, open the speculum blades and apply in a swift upward
movement
(B) Press the inferior margin of the introitus down to enlarge the vaginal opening, open, insert the speculum with the blades at an oblique downward angle, and apply gentle downward pressure
(C) Insert the blades of the speculum on a horizontal plane, turning them to a 45° angle as
you continue to insert them; ask the woman to bear down to ease insertion
(D) Lock the blades open by turning the thumbscrew. Once you have them open, apply
pressure to the introitus and insert the blades at a 45° angle downward to bring the cervix
into view

3. In performing the bimanual examination, you note that the cervix feels smooth and firm,
is round, and is fixed. Your cervical palpation produces some pain. The best interpretation of these results is:
(A) These findings are well within normal limits
(B) It is unusual to have pain when palpating the cervix, but the rest of the findings are within

normal limits
(C) The cervix should move when palpated; an immobile cervix may indicate malignancy
(D) The cervical consistency should be soft and velvety and not firm.

Pregnant WOman

1. Correct instructions about the self-breast examination (BSE) are:
(A) Tell the woman that the best time to perform BSE is in the middle of the menstrual cycle
(B) Recommend that the best time to perform BSE is 4–7 days after the first day of the menstrual period
(C) Tell the woman that if she is pregnant, she should not perform BSE until the baby is born
(D) Urge the woman that she needs to do BSE bimonthly unless she has fibrocystic breast tissue

2. You have just completed a vaginal examination of a woman who is 6 weeks pregnant. You read on her chart that her cervix is softened and looks cyanotic. You know that she is exhibiting which of the following signs?
(A) Chadwick's sign and Hegar's sign
(B) Goodell's sign and Chadwick's sign
(C) Hegar's sign and Goodell's sign
(D) Tanner's sign and Hegar's sign

3. During your examination of a woman in her second trimester of pregnancy, you note the presence of a small amount of yellow drainage from the nipples. You know that this is:
(A) Most likely to be colostrum and considered a normal finding this late in her pregnancy
(B) A sign of breast cancer
(C) Too early in the pregnancy for lactation to begin; the woman needs a referral to a specialist
(D) An indication that the woman's milk is forming

4. When palpating the fundus, you know that:
(A) Fundal height is usually less than the number of weeks gestation, unless there is an abnormal condition such as too much amniotic fluid present
(B) The fundus should be hard and slightly tender to palpation during the first trimester
(C) After 20 weeks gestation, the number of centimeters should approximate the number of weeks gestation
(D) Fetal movement should be felt by the examiner at the beginning of the second trimester

5. You are palpating the abdomen of a 35-week pregnant woman and note that the fetal head is facing downward toward the pelvis. You would document this as:
(A) Fetal lie
(B) Fetal presentation
(C) Fetal attitude
(D) Fetal variety

Chapter 13
The Anus, Rectum, and Prostate
Multiple Choice

1. A 28-year-old bus driver presents to the emergency room for pain and drainage from an area at the bottom of her spine. This has never occurred before. On examination of the rectum, a small opening is identified in the midline superficial to the lower sacrum. There is a surrounding halo of erythema. It is tender to palpation and purulent material is expressed. Your most likely diagnosis of this condition is?
(A) Anorectal fistula
(B) Pilonidal cyst
(C) Anal fissure
(D) Thrombosed external hemorrhoid

2. A 24-year-old housewife and mother presents to the clinic for evaluation of rectal bleeding.

She has intermittent constipation and frequently has to use a laxative to have a bowel movement. On examination of the anus, you see a reddish, moist, protruding mass located at the 5 o'clock position. What is your most likely diagnosis?
(A) Hemorrhoid
(B) Internal hemorrhoid
(C) External rectal prolapse
(D) Rectal polyp

3. A 35-year-old accountant presents to the clinic for evaluation of sudden onset of pain in his rectum. On examination of the anus, you see a swollen, bluish, ovoid mass at the anal margin, located at the 8 o'clock position. What is your most likely diagnosis?
(A) External hemorrhoid
(B) Internal hemorrhoid
(C) Rectal prolapse
(D) Rectal polyp

4. A 32-year-old farmer presents to the clinic for evaluation of pain with defecation as well as rectal bleeding. His family history is negative for inflammatory diseases of the bowel and for colon cancer. On physical examination, there is a swollen skin tag, and, with gentle separation of the anal margin, a thin line of ulceration is visible. What is your most likely diagnosis?
(A) Pilonidal cyst
(B) Anorectal fistula
(C) External thrombosed hemorrhoid
(D) Anal fissure

5. A 65-year-old gardener presents to the office for difficulty with urination. Increasingly, he has noticed feeling like his bladder has not emptied completely and his urinary stream has a decreased force. He experiences dribbling after he completes urination. These symptoms have been going on for several years, but his level of discomfort has increased over the past few months. On physical examination, you feel a symmetrically enlarged, smooth, and firm prostate gland, which seems to protrude more into the rectal lumen without any discrete lesions. What is your most likely diagnosis?
(A) Normal prostate

(B) Prostatitis
(C) Benign prostatic hyperplasia
(D) Prostate cancer

6. A 36-year-old computer programmer presents to the office with pain with urination, and fever. On palpation of the prostate, his gland is swollen, tender, and warm to the touch. Your most likely diagnosis is?
(A) Normal prostate
(B) Benign prostatic hyperplasia
(C) Prostate cancer
(D) Prostatitis

Chapter 14
The Peripheral Vascular System
Multiple Choice

1. A 55-year-old disabled Vietnam veteran comes into the ER complaining of severe pain in his left arm, which occurred suddenly approximately 2 hours ago. He also states that the arm is numb and feels cold to him from the elbow down. He has had similar episodes in the past with his legs, which required amputation at the mid-thigh bilaterally. He has a 20-year history of hypertension and a 60-pack-year history of smoking. He is a recovering alcoholic but denies any drug use. His father passed away from a stroke at the age of 65. On exam, he is anxious and appears to be in a great deal of pain. The left arm appears pale and cool to the touch. No peripheral pulses in either the radial or ulna arteries are palpated. The pulses also cannot be elicited by Doppler. Reflexes in the brachioradialis tendon are decreased. He has decreased strength in his wrist and hand and cannot discern two-point discrimination. What peripheral vascular disorder best describes his situation?
(A) Artherosclerosis obliterans
(B) Acute arterial occlusion
(C) Deep venous thrombosis
(D) Cellulitis

2. A 42-year-old homemaker presents to your office complaining of swelling and pain in her right lower leg. She states it developed yesterday upon returning from a driving vacation to the Grand

Canyon. She also informs you that she hiked and climbed all through the canyon with no pain in her legs or shortness of breath. Her past medical history is significant for one spontaneous vaginal delivery and one caesarean section for fetal distress. She is on a daily multi-vitamin and a low-estrogen birth control pill. She drinks socially one to two times a month and denies any tobacco or drug use. Her father has type-2 diabetes since his early 50s. On exam, you see that her right lower leg does look larger than the left. You measure 15 cm above the heel on each leg and find that the right leg is 3 cm larger than the left. There is no redness or heat over the calf. Placing your thumb over the tibia shows pitting edema. Palpating the back of her calf is negative for cords. What is the peripheral vascular disorder that best describes her problem?

(A) Acute cellulitis

(B) Raynaud's disease

(C) Atherosclerosis obliterans

(D) Deep venous thrombosis

3. A 22-year-old female college student presents to your clinic for a post-hospitalization follow-up. She was admitted last week for appendicitis and had an appendectomy. She states that she is having no abdominal pain but is having pain on the back of her left wrist. She states that 2 days after she was discharged the area became painful, red, and swollen. She does think there was an IV line there, but she isn't sure. Her past medical history is non-significant and she denies any tobacco, drug, or alcohol use. On exam, the dorsum of her left hand is tender, warm, and red, with some minimal swelling. On palpation, you feel a hard knot 2 cm by 3 cm long. What is the peripheral vascular disorder most likely causing her problem?

(A) Raynaud's disease

(B) Superficial thrombophlebitis

(C) Acute arterial occlusion

(D) Deep venous thrombosis

4. A 68-year-old house painter comes to your office complaining of an ulcer on his right foot. He just noticed it yesterday, although he thinks it is quite large. He finds this strange because it doesn't hurt at all. He wears heavy work boots and does a good deal of climbing on ladders. He doesn't recall stepping on any nails. His past medical history is significant for 15 years of type-2

diabetes. He states the first 5 years following his diagnosis, he didn't take the medicine as he should have and that he is now on insulin shots. He also has 10 years of high blood pressure. He has smoked two packs of cigarettes for the last 50 years, but he denies recent alcohol or drug use. His family history is significant for a mother and aunt with high blood pressure and diabetes. On exam, you see a 2-cm ulcer over the plantar surface of the foot proximal to the great toe. There is callus formation around the edge of the ulcer. The patient is unable to distinguish vibration from pressure on his great toe. There are no color changes to his foot between elevation and dependency. What type of common ulcer best describes his problem?
(A) Arterial insufficiency ulcer
(B) Venous insufficiency ulcer
(C) Naturopathic ulcer

5. A 75-year-old widow presents to your office complaining of a painful black spot to her left third toe. She states that it started smaller but has grown over the last few days. Her past medical history is significant for an acute myocardial infarction 6 years ago, with three-vessel bypass surgery afterwards. She has also had high blood pressure for 15 years and was diagnosed with type-2 diabetes last fall. She denies any tobacco, alcohol, or drug use. On review of systems, she does note that she is unable to walk a half-mile anymore without needing to stop due to pain in her legs. On exam, you find an elderly patient in no acute distress. She has no swelling or edema in her legs, although the skin color is fairly red. You can palpate a weak posterior tibia pulse but no dorsal pedis pulses. The toe in question is black the last distal centimeter. What peripheral vascular disorder is most likely the cause of her ulcer?
(A) Insufficiency ulcer
(B) Venous insufficiency ulcer
(C) Arterial neuropathic ulcer

6. A 60-year-old homemaker presents to your office complaining of swelling to her left lower leg. She states that it has been developing over the last few weeks since her surgery for ovarian cancer. She has a past medical history significant for four spontaneous vaginal deliveries and

the recent diagnosis of ovarian cancer. She denies any drug, tobacco, or alcohol use. On review of systems, she denies any chest pain, palpitations, or shortness of breath. On exam, you note that not only are her leg and ankle swollen but so are her toes. The skin appears to be thicker than usual, but there are no signs of ulceration. What cause of peripheral edema is the most likely in her case?

(A) Pitting edema

(B) Chronic venous insufficiency

(C) Lymphedema

7. A 48-year-old unemployed man comes into the urgent care clinic complaining of increased swelling in his lower extremities. He states that he has had swelling for a number of months but that the swelling worsened last night. He complains of no ulcers or pain in the legs. His medical history reveals a past diagnosis of “liver problems.” He isn’t sure what the exact diagnosis was. He states he used to drink a case of beer a night but he has recently cut back to a six-pack. He has smoked one pack of cigarettes a day for over 30 years and denies any IV drug use. On exam, you note that both legs are swollen, with no skin thickening or ulcerations. Pressing your thumb against his tibia reveals soft edema. Auscultation of his lungs reveals no crackles. His heart sounds are regular, with no murmurs, rubs, or gallops. His abdomen reveals a small liver but no discernable fluid wave. What diagnosis of peripheral causes of edema is most likely the cause of his problem?

(A) Pitting edema

(B) Chronic venous insufficiency

(C) Lymphedema

Chapter 15

The Musculoskeletal System

Multiple Choice

1. A 42-year-old female office worker presents to your clinic complaining of awakening with an exquisitely tender, red, swollen right knee. She has never had this occur before and has had no history of trauma or recent illness. She has no significant past medical history. A family history reveals that her father had similar problems in middle age. On exam, she has a red, warm, tender right knee with decreased range of motion. Tapping the fluid in the knee showed no signs of infection indicating a probable arthritic cause. The most likely form of arthritis would be:
(A) Rheumatoid arthritis
(B) Degenerative joint disease
(C) Gouty arthritis
(D) Polymyalgia rheumatica

2. A 54-year-old woman who works at a dry cleaners presents to your office complaining that she cannot do overhead work with her right arm. She states that she can no longer lift her arm over her head without using her other arm to prop it up. She remembers no specific injury but has been doing overhead work at the dry cleaners for over 15 years. Her past medical history is significant for three spontaneous vaginal deliveries and 15 years of hypertension. On exam, she has demonstrative weakness with internal and external rotation on the right. When she attempts to abduct her arm, there is obvious shrugging of the shoulder. On inspection of her back, you note atrophy of the muscles surrounding the shoulder and scapula. She is nontender over any boney prominence in the shoulder. Her passive range of motion is normal, while on active range of motion she is unable to elevate her arm more than 12 inches and cannot raise it to shoulder level. What shoulder problem is the most likely diagnosis?
(A) Rotator cuff tendonitis
(B) Bicipital tendonitis
(C) Acrominoclavicular arthritis
(D) Rotator cuff tear

3. A 13-year-old boy is brought into the urgent care clinic by his father with a complaint of swelling around his right elbow. He is in 8th grade football and has been lifting weights, despite having just started puberty. He has no significant past medical history and recalls no specific incident of trauma to the elbow. On exam, the patient has a soft swelling around the posterior of the elbow. He has no redness or warmth and minimal pain. He is nontender over the bony prominences of the ulna, radial head, and humorous. What disorder of the elbow is the most likely diagnosis?
(A) Arthritis
(B) Olecranon bursitis
(C) Epicondylitis
(D) Rheumatoid nodules

4. A 28-year-old male waiter presents to your office complaining of a growth on the back of his left hand. He states it started slowly months ago but has now enlarged enough to be embarrassing. He states it only hurts when he is holding a tray of food up in the air with his left hand. He has no significant past medical history and no one else in the family has this problem. On exam, you note a 2-cm round cystic-like lesion on the dorsum of his left wrist over the carpals. It is more prominent when he flexes his wrist. What is the most likely cause of his hand swelling?
(A) Ganglion
(B) Chronic tophaceous gout
(C) Acute rheumatoid arthritis
(D) Heberden's nodes

5. A 32-year-old attorney comes to your clinic complaining of severe neck pain when he tries to turn his head to the right. He reports to you that he was the restrained driver in a MVA the day before, when he was hit from behind at approximately 40 mph. He states he did not hit his head and he did not lose consciousness. He refused to be evaluated by EMS at the scene. He states he felt okay after the accident but today woke up in extreme pain. He is having no numbness or tingling in his right hand and states he has no problems holding a pen. He has no symptoms below the neck. He has no significant past medical history. On exam, he has difficulty turning his head to the right or tilting it to the right. He also has difficulty with extending his head. He is able to flex his neck and turn and tilt to the left. On palpation, he is tender over the right trapezius and rhomboid muscles. He has no tenderness along the cervical vertebrae or the clavicle or scapula. He has normal reflexes in his biceps, triceps, and brachioradialis. He has normal

strength in his elbow and wrist and has normal two-point discrimination. Having the patient cough does not increase his symptoms. What type of neck pain best describes his problem?

(A) Cervical sprain

(B) Muscle ache

(C) Neck pain with dermatomal radiation

(D) Neck pain from cervical spinal stenosis

6. An 85-year-old retired secretary presents to your office complaining of severe lower back pain. She states that it started 4–5 months ago and has gradually been getting worse. She takes Daypro for arthritis but that hasn't helped her very much. She says that lying down or sleeping does not seem to help. She doesn't recall any trauma to her back. She has had no unusual problems with strength in her legs or bowel or bladder control. Her past medical history is significant for 30 years of hypertension and right-sided breast cancer 10 years ago. She had a mastectomy and radiation therapy. She did not take any chemotherapy. She denies tobacco or alcohol use. On exam, you find a thin, cachectic-appearing woman in no acute distress. Her heart and lung exam are normal. She is tender over the L4 and L5 vertebrae. She has normal sensation, strength, and reflexes in her lower extremities. She is nontender over the para spinal muscles around the lumbar region and has a negative straight leg rise bilaterally.

(A) Mechanical low back pain

(B) Radicular back pain

(C) Back pain from metastatic disease

(D) Spinal stenosis

Chapter 16

The Nervous System

Multiple Choice

1. A 24-year-old male graduate student is brought into the ER following a two-vehicle MVA. He is on a backboard and has obvious bruises and lacerations to his head and extremities. On exam, he does not respond to either conversation or even shaking. He does arouse to a deep sternal chest rub and mumbles incoherently. When the stimulus ceases, he lapses back into an unresponsive state. What level of consciousness best describes his response?
(A) Lethargic
(B) Obtunded
(C) Stuporous
(D) Comatose

2. A 43-year-old female kindergarten teacher presents to your office with the complaint of fainting this morning. She reports this occurred after standing up from her bed after having been sick all night with diarrhea and vomiting. She has had no fever and is unable to keep fluids down. She has had no chest pain, shortness of breath, or palpitations. Her past medical history is significant for two spontaneous vaginal deliveries and a 10-year-history of hypothyroidism. On exam, she has a fast heart rate of 110 bpm. Her abdomen is tender, with no signs of a surgery. What is the most likely underlying cause of her fainting?
(A) Vasodepressor syncope
(B) Postural (orthostatic) hypotension
(C) Cardiac arrhythmia
(D) Hysterical faint

3. A 7-year-old boy is brought to the ER by EMS and is accompanied by his parents. They report that he had a spell an hour before, during which his body stiffened, he lost consciousness, and then started jerking. They also report that he bit his tongue. He was sitting quietly in the living room playing video games when this occurred. The parents state that the child has never had any problems like this in the past. Upon exam, he is pale and confused. He says he is sleepy and would like every one to go away. You notice blood in his mouth and that his shorts and

underwear are soiled with urine. What is the mostly likely reason for this “spell?”
(A) Simple partial seizure
(B) Complex partial seizure
(C) Generalized tonic clonic (grand mal) seizure
(D) Absence seizure

4. A 55-year-old retired woman comes to your office complaining of worsening problems with walking accompanied by falling down. She states that she has to watch the ground while she is walking or she will often misstep and fall. She has a 20-year history of type-2 diabetes and has had a history of diabetic foot ulcers in the past. She denies any smoking, drug, or alcohol use. On exam, you note that she has decreased feeling on the planter surfaces of her feet. She cannot remain steady with her feet together and her eyes closed; she remains steady with her eyes open. While watching her walk, you also note that she has a wide gait with slapping motion with her feet on the floor. What abnormalities of gait best describe her symptoms and signs?
(A) Sensory ataxia
(B) Cerebellar ataxia
(C) Parkinsonian gait
(D) Steppage gait

5. A 19-year-old male college student presents to your clinic with a complaint of tremors in his hands. He states that it embarrasses him in front of his friends. He notices it only when he isn’t doing anything with his hands; it gets better when he drinks alcohol. He has no significant past medical history but does relate that his older sister and mother have had similar problems. Upon exam, he holds his hands out in front of him revealing a fine tremor. There are no additional movements with his fingers. When he does purposeful movement, the tremors disappear. What involuntary movement disorder best describes his symptoms and signs?
(A) Resting tremors
(B) Postural tremors
(C) Intention tremors
(D) Athetosis

6. A 63-year-old high school coach presents to your office complaining of weakness in both of his hands. He states that he has trouble writing out test questions and gripping the baseball bat in practice. He also complains that the muscles in his forearms are twitching. He has a 10-year

history of hypertension, which is well controlled, and has no history of trauma. He has a 50-year history of chewing tobacco and drinks three to four beers two to three times per month. He denies any cigarette or drug use. On exam, his grip strength is greatly decreased bilaterally but his sensation is normal. His brachioradialis reflexes are also decreased. You note some wasting of the muscles between the thumbs and fingers on the dorsal surface of both hands. In what part of the peripheral nervous system is he most likely to have a disorder?

(A) Spinal roots

(B) Neuromuscular junction

(C) Anterior horn cells

(D) Muscle fibers

7. A 20-year-old college junior is brought to your office by classmates who state that she is acting strangely. She has been seen talking to herself around campus and has told people that she has been awarded the Nobel Prize for her study in physics. Her friends tell you that until 2 months ago she seemed a normal, happy young woman with no medical problems. They had heard mention of an older brother with mental problems. They tell you she drinks alcohol on the weekends but has never gotten drunk and has never done any drugs. On exam, you find you cannot understand her because she speaks in a nonsensible manner by repeating phrases and shifting her ideas. She is oriented to person, place, and time; her math calculations are correct, but she cannot explain any proverbs. You also notice that her blouse is on backwards.

What is the most likely cause of her mental health problem?

(A) Major depression

(B) Bipolar disorder

(C) Generalized anxiety disorder

(D) Schizophrenia

8. A 71-year-old woman is brought to the ER by her family, who state that she is not acting like herself. They say that several hours ago she began to slur her words as she started wandering around the house. They heard her calling to her husband, who has been deceased for over 10 years. After several minutes of this, she said she wasn't feeling well and laid down on the sofa; she became sleepy. When they tried to ask her what was wrong, she snapped at them.

Although the woman is retired, she is very active in her church and senior citizens club. Her past medical history is significant for 3 vaginal deliveries, 10 years of hypertension, and 5 years of type-2 diabetes. She does not smoke, drink alcohol, or take drugs. Review of systems reveals that she had mentioned to her daughter the day before that urinating is painful and that her back

is sore. On exam, you find an elderly woman who is lethargic. You have to speak loudly for her to answer questions. She is alert to person but not place or time. Her vital signs and exam of the head, heart, lungs, and abdomen are all normal. She is tender at the costal angle on the right. What is the most likely cause of her mental status change?
(A) Psychotic reaction to major depression
(B) Delirium
(C) Dementia

A 6-month-old is brought to your clinic by his mother for a routine checkup. She is concerned,
because he has large bluish marks on his buttocks and back. She is worried that people will think
that she is harming him somehow. Based on your physical examination, he is completely
healthy and his development is on track for his age. What is your most likely diagnosis of this
skin rash?
(A) Café au lait spots
(B) Salmon patch/stork bite
(C) Mongolian spots
(D) Neurofibromatosis

2. A 14-day-old infant presents to the clinic for a follow-up visit from the newborn nursery. On
examination, she has yellow–white pustules surrounded by a red base, which are scattered
diffusely over the face and trunk. What is the most likely diagnosis for this rash?
(A) Neonatal acne
(B) Erythema toxicum
(C) Seborrhea
(D) Jaundice

3. A newborn infant has a 1-minute Apgar score of 6. Which of the following statements is
correct?

(A) This infant is normal
(B) This infant has some nervous system depression
(C) This infant has severe depression and requires immediate resuscitation
(D) This infant is at high risk for subsequent central nervous system and other organ system dysfunction

4. A 6-month-old infant presents with her parents for a routine checkup. You obtain a history and
ask questions to obtain information on developmental stage. The answers given by the parents
indicate that the infant is significantly behind in her development. The infant is in the 50^{th}
percentile for weight, height, and head circumference. Which of the following conditions is a
potential cause of developmental delay?
(A) Otitis media
(B) Overfeeding
(C) Gastroesophageal reflux
(D) Neonatal meningitis

5. A 2-year-old child presents for his annual checkup. You obtain a history and perform a
physical examination. All of the findings are normal. When you do a visual acuity test, what is
your most likely finding?
(A) Eyes converge
(B) –20/200
(C) 20/40
(D) 20/30

No answer:
THE ABDOMEN

1. What is the preferred order for examination of the abdomen?
(A) Inspection, auscultation, percussion, palpation
(B) Percussion, auscultation, palpation, inspection
(C) Auscultation, inspection, palpation, percussion
(D) Inspection, palpation, auscultation, percussion

2. You are in the emergency room assessing a patient with abdominal pain and fever. You are performing an abdominal examination to assess for peritoneal signs. Which one of the following is NOT a peritoneal sign?
(A) Rebound tenderness
(B) Involuntary guarding
(C) Rigidity of the abdomen
(D) Voluntary guarding

3. A 15-year-old high school student presents to the clinic with a 1-day history of nausea and anorexia. He describes the pain as generalized yesterday, but today it has localized to the right lower quadrant. You palpate the left lower quadrant and the patient experiences pain in the right lower quadrant. What is the name of this sign?
(A) Psoas sign
(B) Obturator sign
(C) Rovsing’s sign
(D) Cutaneous hyperesthesia

4. A 25-year-old veterinarian presents to the clinic for evaluation of flank pain, dysuria, nausea, and fever. A urine pregnancy test is negative. A urine dipstick is positive for leukocyte esterase. On physical examination, what would be the most likely sign expected?
(A) Psoas sign
(B) CVA tenderness
(C) Rovsing’s sign
(D) Murphy’s sign

5. A 40-year-old flight attendant presents to your office for evaluation of abdominal pain. It is worse after eating, especially if she has a meal that is spicy or high in fat. She has tried over-the-counter antacids, but they have not helped the pain. After examining her abdomen, you strongly suspect

cholecystitis. Which sign on examination increases your suspicion for this diagnosis?
(A) Psoas sign
(B) Rovsing’s sign
(C) Murphy’s sign
(D) Grey Turner’s sign

6. A 25-year-old celebrity with a known history of intravenous drug use presents to the emergency room for evaluation of a 5-day history of nausea, emesis, and right-upper-quadrant abdominal pain. On general survey, he appears ill and his skin is distinctly yellow. He has a temperature of 102.5°F and a heart rate of 112 bpm. You provisionally diagnose him with acute hepatitis. What would you expect to find on abdominal examination?
(A) Liver edge is tender and 4 to 5 finger-breadths below the RCM
(B) Liver edge is nonpalpable
(C) Liver edge is tender and 1 finger-breadth below the RCM
(D) Liver edge is nontender and 4 to 5 finger-breadths below the RCM

1. A 26-year-old woman presents for evaluation of hair loss. She also has noticed increased weight loss and diarrhea. You diagnose Graves’ disease (hyperthyroidism). On physical examination of the hair, what would you expect to find?

(A) Fine texture
(B) Coarse texture
(C) Oily hair
(D) Dry hair

2. A 25-year-old swim instructor presents to your clinic complaining of an itchy scalp. You diagnose seborrheic dermatitis. What physical findings are most consistent with this diagnosis?
(A) Erythema of the scalp
(B) Pustules on the scalp
(C) Dry, flaking areas on the scalp
(D) Ecchymoses on the scalp

3. A 55-year-old construction worker presents to the clinic for evaluation of

fatigue and weakness. During the course of the interview, the patient reveals that he has noticed both an increase in his ring size and his shoe size; you ask to look at his driver's license and also at any pictures that he has in his wallet of himself from an earlier time period. Upon looking at these pictures, you are able to strongly theorize that he has acromegaly. Which physical finding is most consistent with this diagnosis?

(A) High forehead
(B) Small, recessed jaw
(C) Coarsening of the facial features
(D) Ptosis

4. An 18-year-old college student presents to the clinic with the complaint that her heart is "racing." You obtain blood for thyroid studies and diagnose her with Graves' disease (hyperthyroidism). On physical examination of her eyes, what would you expect to see?
(A) Recession
(B) Protrusion
(C) Clouding of the cornea
(D) Ciliary injection

5. A 75-year-old retired farmer presents to your office for a hospital follow-up visit. He was diagnosed with a stroke and placed on medication. On review of the hospital chart, he was noted to have a stroke in the optic chiasm. What findings do you expect on examination of his visual fields?
(A) Right homonymous hemianopsia
(B) Horizontal defect
(C) Bilateral visual field obliteration
(D) Bitemporal hemianopsia

6. A 57-year-old auto mechanic comes to your office for evaluation of decreased vision in his right eye. You perform a fundoscopic examination and diagnose a cataract. What did you see to make this diagnosis?
(A) Absence of the red reflex

(B) Neovascularization
(C) Hemorrhage in the fundus
(D) Uveitis

7. A 38-year-old warehouse stocker presents to your office complaining of a headache. He has had these headaches intermittently for several years, but they have been increasing in frequency. In your clinic today, his blood pressure is 170/110 mm Hg. His urine dipstick is positive for proteinuria only, and his fingerstick glucose is 100 mg/dL. You diagnose him with uncontrolled hypertension. What finding on fundoscopic examination would support this diagnosis?
(A) Cotton-wool spots
(B) Arteriovenous (AV) nicking
(C) Blurred optic disc margins
(D) Macular star

8. A 50-year-old truck driver presents to your office for a routine physical examination. He denies any medical problems; he has never had surgery; he takes no medications or over-the-counter supplements. He has smoked 1 pack of cigarettes daily for 30 years. He does not use alcohol or illicit drugs. His family history is remarkable for hypertension and stroke. On physical examination, you notice that one pupil is larger than the other by 0.4 mm; everything else is normal. What is the most likely diagnosis?

(A) Horner’s syndrome
(B) Anisocoria
(C) Brain tumor
(D) Tonic pupil

9. A 78-year-old grandmother presents for evaluation of weakness in her face. She has a long-standing history of hypertension that has been under fair control. On physical examination, you note that she has ptosis and miosis of the left eye, and left facial anhidrosis. What is your most likely diagnosis?

(A) Horner’s syndrome

(B) Anisocoria
(C) Acute angle-closure glaucoma
(D) Myasthenia gravis

10. When you look at the tympanic membrane with the otoscope, what normal landmark is present?
(A) Umbo
(B) Otoliths
(C) Stapes
(D) Tragus
11. A 3-year-old boy is brought to your office by his mother for evaluation of fever, loss of appetite, and emesis. The symptoms have been present for 2 days; the fever is only temporarily relieved with antipyretics. You perform a physical examination and diagnose otitis media. What is your most likely physical finding on otoscopic examination?
(A) Erythematous, bulging tympanic membrane
(B) Erythematous, retracted tympanic membrane
(C) Erythematous, scaly external ear canal
(D) Erythematous helix

12. A 15-year-old high school student presents to your clinic complaining of pain in his left ear. He noticed that it occurred shortly after starting swimming lessons at the local YMCA. Upon physical examination, you notice that the external canal is swollen and tender during insertion of the speculum. What is your most likely diagnosis?

(A) Otitis media
(B) Serous otitis
(C) Eustachian tube dysfunction
(D) Otitis externa

13. A 15-year-old member of the high school marching band comes to your office for evaluation of hearing loss. He had multiple ear infections as an infant and toddler, and had to have myringotomy tubes inserted in his ears. Additionally, he suffers from many allergies. His hearing is diminished in the right ear. When you place a vibrating tuning fork on the top of his head, the sound lateralizes to the right ear. The name of this test is:

(A) Weber’s test
(B) Rinne’s test
(C) Whisper test
(D) Romberg test

14. Next, you place a vibrating tuning fork on the teenager’s right mastoid process, asking him to let you know when the sound is gone, then immediately place that same tuning fork near his right ear. He hears the sound equally in air as against his bone. The name of this test is:
(A) Weber’s test
(B) Rinne’s test
(C) Whisper test
(D) Romberg test

15. A 22-year-old agricultural worker presents to your office for evaluation of coughing. She has had this cough for 6 weeks; it is nonproductive and worst first thing in the morning. She denies fever, chills, weight loss, or night sweats; she does have clear rhinorrhea and itchy, watery eyes. You diagnose her with allergic rhinoconjunctivitis. On physical examination of the nasal mucosa, what would you expect to find?

(A) Erythematous, ulcerated mucosa
(B) Pale to bluish, boggy mucosa
(C) Pink mucosa
(D) Ulcerated mucosa

16. A 2-week-old infant is brought into your clinic by his parents because they have noticed that their child is having some difficulty with feeding and that there is something strange in his mouth. You diagnose thrush. What is the most likely physical finding you will see upon examination of his mouth?
(A) Koplik’s spots
(B) White plaques
(C) Erythematous plaques
(D) Epstein’s pearls

17. A 7-year-old elementary school child is brought into the clinic by her mother

for evaluation of fever and nausea. Upon further physical examination you diagnose tonsillitis. What are you typically expecting to see on physical examination of the oropharynx?

(A) Exudates on the tonsils
(B) Small tonsils
(C) Hemorrhage of the tonsils
(D) Pseudomembranes

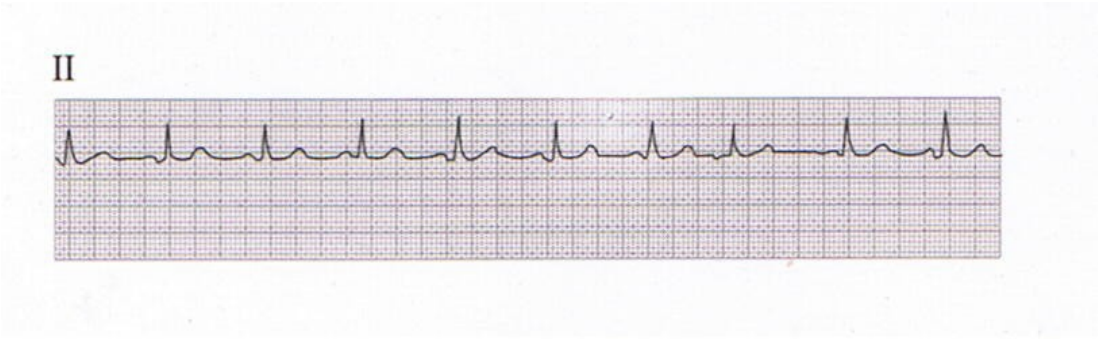
18. A 28-year-old housewife presents to your office for a 6-week-postpartum checkup. She complains of fatigue greater than expected and palpitations. Her hair is falling out as well. She denies sadness or depression symptoms. Before this, she had not had any medical problems. She is breast-feeding her child and is not on any birth control. She had her first period since giving birth last week. A pregnancy test done in the office is negative. What is your most likely diagnosis?

(A) Thyroiditis
(B) Iron-deficiency anemia
(C) Addison’s disease
(D) Sheehan’s syndrome

19. When performing posterior palpation of the thyroid gland, you should do all of the following EXCEPT:

(A) Have the patient tip his or her head forward and slightly to the side.
(B) Place your index fingers above the cricoid cartilage.
(C) Palpate between the sternocleidomastoid muscle and the trachea for the thyroid isthmus.
(D) Move your fingers laterally to palpate for the thyroid lobes.

1. What do you think about this ECG? (B)



A. Normal ECG

B. Atrial Premature Complex

C. Ventricular Premature Complex

D. Sinus Tachycardia

E. Sinus Bradycadia

2. What is the diagnosis in this ECG? (C)



A. Normal ECG

B. Atrial Premature Complex

C. Ventricular Premature Complex

D. Sinus Tachycardia

E. Sinus Bradycadia

CHAPTER 1 from slide

The feature of physical signs is _____.

□□a. subjective disturbance

□□b. patient's feeling

□□c. objective finding

□□d. as same as symptom

Hyperresonance is found over ____.

□□a. pneumonia

□□b. pneumothorax

□□c. emphysema

□□d. pleural effusion

Tympany is the sound emitted by percussing _____.

a. spleen

b. liver

c. heart

d. air-filled stomach

FROM SLIDE IN CHINESE:

Consistent with signs of mitral stenosis are

A. pear-shaped heart

B. systolic murmur rumbling like

C. Open valve sound

D. S1 weakened

E. systolic jet audio

Mitral valve regurgitation occurs when there are signs of

A. Under the shift to the left apex beat

B. S1 often weakened

C. often hear S3

D. apical systolic murmur Conduction

E. heart murmur to the left armpit

Signs of aortic stenosis are

A. Under the shift to the left apex beat

B. Aortic valve systolic tremor hit zone

C. aortic valve area diastolic murmur jet

D. The first heart sound hyper -

E. second sound hyper –

Support aortic valve regurgitation is the

A. Under the shift to the left apex beat

B. pulse pressure reduction in the difference

C. Area Jet murmur of mitral

D. second aortic valve auscultation area diastolic murmur like a sigh

E. Corrigan pulse

Pericardial effusion may identify

A. apex beat significantly decreased

B. cardiac percussion was boot-shaped

C. distant heart sounds

D. pulse pressure increases

E. Ewart positive sign