**Physician Assistant Practice Test**

Sample Physician Assistant National Certifying Exam (PANCE)

1. Which one of the following can develop into squamous cell carcinoma over time?

(A) Onychomycosis

(B) Actinic keratosis\*

(C) Seborrheic keratosis

(D) Psoriasis

(E) Impetigo

2. You’re evaluating a 25-year-old woman who presents with a rash on her face. She states she may be having a reaction to some food that she ate, but she isn’t sure. The rash is reddened and macular on both cheeks, and there is no sparing of the nasolabial fold. Which one of the following would you order at this point?

(A) ANA and complement levels

(B) Oral prednisone

(C) Oral doxycycline (Vibramycin)\*

(D) Oral amoxicillin (Trimox)

(E) Rheumatoid factor

3. You’re evaluating a 44-year-old man who presents with a new rash. He takes off his shirt and raises his arms to show you. In the left axillary area, you see a new hyperpigmented, macular rash. Which one of the following medical conditions could be associated with this skin lesion?

(A) Diabetes mellitus\*

(B) Hypertension

(C) Benign prostatic hyperplasia

(D) Kidney stones

(E) Hepatitis B

4. Which one of the following represents a manifestation of measles?

(A) Coronary artery disease

(B) Koplik spots\*

(C) Pneumonitis

(D) Slapped-cheek appearance

(E) Impetigo

5. Which one of the following is true concerning the evaluation and management of lipomas?

(A) They are usually painful and tender on examination.

(B) They are usually associated with a malignant condition.

(C) They can usually be watched without surgical intervention.\*

(D) They usually require surgical removal to prevent further complications.

(E) They are associated with diabetes mellitus.

6. Which of the following is the likely etiology of a paronychia?

(A) A fungal infection

(B) A viral infection

(C) An autoimmune reaction

(D) A prescribed medication

(E) A bacterial infection\*

7. You’re evaluating a 43-year-old man who presents to the ER with an abnormal complete blood count (CBC). The white blood cell count is 6.3 mg/dL, the hemoglobin is 7.4 mg/dL, and the platelet count is 40 mg/dL. You order a peripheral smear, and there are schistocytes. The LDH level is 2,500. Plasmapheresis isn’t available at your hospital facility. What would be your next immediate step?

(A) Platelet transfusion

(B) Intravenous steroids

(C) Intravenous immunoglobulin (IVIG)

(D) Fresh frozen plasma (FFP) transfusion\*

(E) Splenectomy

8. Which of the following is an example of a macrocytic anemia?

(A) Anemia of kidney disease

(B) Chronic liver disease\*

(C) Myelophthisic anemia

(D) Multiple myeloma

(E) Pure red cell aplasia

9. You’re evaluating a patient with anemia. During the course of your examination, you note that the patient has a positive monoclonal spike on a serum protein electrophoresis. You’re not sure of the significance of this. Which one of the following tests would you order next?

(A) CT scan of thorax, abdomen, and pelvis

(B) Nuclear medicine bone scan

(C) A radiographic skeletal survey\*

(D) MRI spine survey with gadolinium

(E) CT scan of the spine with intravenous contrast

10. What is the most common cause of a hypercoagulable state?

(A) Prothrombin gene mutation

(B) Factor V Leiden mutation\*

(C) Nephrotic syndrome

(D) Antiphospholipid antibody syndrome

(E) Antithrombin III deficiency

11. You are evaluating a 23-year-old woman who presents with recurrent epistaxis. She also experiences some bleeding from her gums when she brushes her teeth. Other past medical history is unremarkable, and the patient denies taking any medications, including NSAIDs. On examination, there is no splenomegaly. The CBC shows a WBC of 7.4 mg/dL, hemoglobin of 11.3 mg/dL, and a platelet count of 220,000. What would be your next step?

(A) Obtain an abdominal ultrasound to be sure splenomegaly is not present.

(B) Order a bone marrow biopsy.

(C) Test for von Willebrand disease.\*

(D) Obtain stat creatinine to evaluate kidney function.

(E) Send peripheral blood for flow stat creatinine.

12. Which one of the following tumor markers and its association is correct?

(A) CA125 — breast cancer

(B) CA19-9 — ovarian cancer

(C) Alpha-fetoprotein — hepatocellular carcinoma (HCC)\*

(D) Prostate-specific antigen (PSA) — testicular cancer

(E) Carcinoembryonic antigen (CEA) level — prostate cancer

13. You’re evaluating a 35-year-old man who presents with arthritis, fever, urethritis, and conjunctivitis. This has been occurring a few days. He states that about a week ago, he came down with what felt like a viral bug that went away. What is the likely cause of this person’s symptoms?

(A) Enterobius vermicularis

(B) Plasmodium falciparum

(C) Schistosomiasis

(D) Shigella flexneri\*

(E) Rotavirus

14. Which one of the following would be used to treat tetanus?

(A) Fluconazole (Diflucan)

(B) Prednisone (Deltasone)

(C) Metronidazole (Flagyl)\*

(D) Doxycycline (Vibramycin)

(E) Azithromycin (Zithromax)

15. You’re evaluating a 55-year-old man with advanced HIV who presents with significant diarrhea. He has a CD4 count of 100. What is the likely cause of his diarrhea?

(A) Cryptosporidium\*

(B) Cryptococcus

(C) Norwalk virus (norovirus)

(D) Giardia

(E) Salmonella

16. Which one of the following is a criterion for rheumatic fever?

(A) Erythema migrans

(B) Erythema nodosum

(C) Leukopenia

(D) Erythema marginatum\*

(E) Meningitis

17. Which of the following is recommended for treating a Chlamydia trachomatis infection?

(A) Metronidazole (Flagyl)

(B) Diflucan (Fluconazole)

(C) Azithromycin (Zithromax)\*

(D) Gentamicin

(E) Amoxicillin (Trimox)

18. Which one of the following is recommended for treating Rocky Mountain spotted fever?

(A) Metronidazole (Flagyl)

(B) Doxycycline (Vibramycin)\*

(C) Azithromycin (Zithromax)

(D) Diflucan (Fluconazole)

(E) Amoxicillin (Trimox)

19. You’re treating a 74-year-old male nursing home resident who was admitted with shortness of breath and fever. His temperature on admission was 38.3°C (101°F). On physical exam, the gentleman is toxic looking and has decreased lung sounds at the right base. The chest radiograph shows an infiltrate at the right lower lobe. What’s the most likely causative organism?

(A) Streptococcus pneumoniae

(B) Legionella pneumophila

(C) Viral pneumonia

(D) Klebsiella pneumoniae\*

(E) Anaerobes

20. A 35-year-old man develops worsening dyspnea on exertion, occurring over the last few weeks. He has no cardiac risk factors. A chest radiograph reveals bilateral hilar adenopathy. Labs show an elevated erythrocyte sedimentation rate and an elevated angiotensin converting enzyme (ACE) level. What is this person’s likely diagnosis?

(A) Lymphoma

(B) Silicosis

(C) Sarcoidosis\*

(D) Tuberculosis

(E) Caplan’s syndrome

21. Which one of the following is a cause of a respiratory alkalosis?

(A) Neuromuscular disease

(B) Pulmonary embolism\*

(C) Kyphosis

(D) Diarrhea

(E) Nasogastric section

22. What is the treatment of choice for mild persistent asthma?

(A) Inhaled steroids\*

(B) Daily albuterol

(C) Methacholine (Provocholine)

(D) Daily ipratropium bromide (Atrovent)

(E) Nebulized albuterol and Atrovent

23. Steroids are used in treating severe asthma and COPD exacerbations. Side effects of long-term steroid use include which of the following?

(A) Osteoporosis\*

(B) Lethargy

(C) Hypotension

(D) Adrenal insufficiency

(E) Weight loss

24. Which one of the following statements about acute respiratory distress syndrome (ARDS) is false?

(A) A chest radiograph can show bilateral opacification of both lung fields.

(B) Causes of this acute lung injury can include severe sepsis, trauma, and blood transfusions.

(C) The role of steroids in the treatment of ARDS is controversial.

(D) Many patients with ARDS will experience multi-organ dysfunction syndrome (MODS).

(E) Treatment includes using high tidal volumes to maintain oxygenation.\*

25. Which one of the following statements concerning colon cancer screening is correct??

(A) After the age of 50, a person should obtain a sigmoidoscopy every 10 years.

(B) Fecal occult blood testing (FOBT) should be done every year after the age of 35.

(C) A colonoscopy should be done every 5 years, first starting at age 60.

(D) If a person’s brother has a history of colon cancer, the sibling should obtain a colonoscopy 5 years prior to the age at which her sibling was diagnosed.

(E) After the age of 50, a colonoscopy should be done every 10 years.\*

26. Which of the following is an example of a physiologic function of the pancreas?

(A) Secretion of cholecystokinin

(B) Secretion of pepsinogen

(C) Secretion of glucagon\*

(D) Absorption of calcium

(E) Absorption of bicarbonate

27. You’re evaluating a 65-year-old man with advanced colon cancer for a possibility of recurrence. Which of the following laboratory studies would you order at this time?

(A) CEA\*

(B) CA 19-9

(C) CA 125

(D) Erythrocyte sedimentation rate (ESR)

(E) Alpha-fetoprotein (AFP)

28. Which of the following medications has been used in the treatment of hepatitis B?

(A) Ribavirin (Rebetol)

(B) Interferon alpha (Intron-A)

(C) Steroids

(D) Plasmapheresis

(E) Lamivudine (Epivir)\*

29. Which of the following tests would you order for someone in whom you suspect celiac disease?

(A) Carcinoembryonic antigen (CEA)

(B) Anticentromere antibody

(C) HLA-B27

(D) Tissue transglutaminase antibody\*

(E) Anti-Smith antibody

30. Which one of the following medications would you give to treat someone with cytomegalovirus esophagitis?

(A) Acyclovir (Zovirax)

(B) Ganciclovir (Cytovene)\*

(C) Fluconazole (Diflucan)

(D) Interferon alpha (Intron-A)

(E) Steroids

31. Which of the following muscles is not part of the rotator cuff?

(A) Supraspinatus

(B) Infraspinatus

(C) Subscapularis

(D) Teres minor

(E) Teres major\*

32. You’re evaluating a 40-year-old woman who has a history of worsening morning stiffness and swelling of the fingers and hands. No facial rash is present. Which of the following labs is most specific for diagnosing this rheumatologic condition?

(A) Erthryocyte sedimentation rate (ESR)

(B) Rheumatoid factor

(C) Anticitrullinate cyclic peptide\*

(D) Antinuclear antibody (ANA)

(E) Antiribonucleoprotein P (anti-RNP)

33. A radiograph showing chondrocalcinosis would be suggestive of which of the following conditions?

(A) Gout

(B) Pseudogout\*

(C) Rheumatoid arthritis

(D) Septic arthritis

(E) Osteoarthritis

34. Which of the following medications is approved for the treatment of pain associated with fibromyalgia syndrome (FMS)?

(A) Lyrica (Pregabalin)\*

(B) Prednisone (Sterapred)

(C) Carisoprodol (Soma)

(D) Cyclobenzaprine (Flexeril)

(E) Oxycodone (OxyContin)

35. Boxer’s fracture is caused by an injury to which area of the hand or wrist?

(A) First metacarpal

(B) Scaphoid bone

(C) Third metatarsal

(D) Third metacarpal\*

(E) Navicular bone

36. Which of the following is a potential side effect of colchicine?

(A) Constipation

(B) Edema

(C) Leukopenia\*

(D) Leukocytosis

(E) Hyponatremia

37. You’re preparing a patient to go into surgery for emergent cholecystectomy. The patient presented with a fever of 38.9°C (102°F) and acute right upper-quadrant pain. Ultrasound demonstrates ductal dilatation, thickening of the gallbladder wall, and pericholecystic fluid. The patient is made NPO and started on intravenous fluids. Which antibiotic would be appropriate to administer?

(A) Vancomycin (Vancocin)

(B) Gentamicin (Garamycin)

(C) Metronidazole (Flagyl)

(D) Ampicillin-sulbactam (Unasyn)\*

(E) Azithromycin (Zithromax)

38. Which one of the following statements concerning deep venous thrombosis prophylaxis is true?

(A) Intravenous heparin administered every 8 hours is acceptable for deep venous thrombosis prophylaxis.

(B) Hip surgery for repair of a fracture would be considered a moderate risk for the development of deep venous thrombosis.

(C) The dose of fondaparinux (Arixtra) must be reduced if kidney disease is present.\*

(D) A full-strength aspirin can be used solely for deep venous thrombosis prophylaxis.

(E) The efficacy of fondaparinux (Arixtra) can be followed by measuring partial thromboplastin time (PTT) levels.

39. You’re evaluating a 65-year-old woman who presents with fever and acute lower left-quadrant pain. She states that it began last night and won’t let up. She says that it began in the back and radiates to the lower left-quadrant area. She denies nausea, vomiting, or diarrhea. She has no history of diverticulosis. Her temperature is 38.9°C (102°F). There is lower left-quadrant tenderness and left costovertebral tenderness. She admits to dysuria and urinary frequency. The urinalysis is pending. What is the most likely diagnosis?

(A) Diverticulitis

(B) Volvulus

(C) Ovarian torsion

(D) Pyelonephritis\*

(E) Ulcerative proctitis

40. Which medical condition is associated with Grey-Turner’s sign?

(A) Acute appendicitis

(B) Ulcerative colitis

(C) Emphysematous pyelonephritis

(D) Hemorrhagic pancreatitis\*

(E) Acute cholecystitis

41. An older gentleman with a history of alcoholism and chronic pancreatitis presents with pain radiating to the back. He states the pain is much worse than before. He has a mild fever. His white blood cell count is normal, but you note that his hemoglobin level is 8.5 mg/dL. You look at the lab values in his medical record and note that it was 10.5 on a prior hospitalization. Lab values, including liver function tests, amylase, and lipase, are normal. What is your next step?

(A) Send the gentleman home because the lipase is normal.

(B) Obtain a CT scan with intravenous contrast if able.\*

(C) Obtain an outpatient gastrointestinal consultation.

(D) Obtain an abdominal ultrasound.

(E) Repeat the labs because there may be a mistake.

42. Which of the following conditions causes left lower-quadrant pain?

(A) Acute appendicitis

(B) Meckel’s diverticulum

(C) Volvulus

(D) Diverticulitis\*

(E) Regional enteritis

43. You’re evaluating a 34-year-old woman who presents with dizziness, vertigo, and tinnitus in the right ear. She is also complaining of drainage in the right ear. She denies any prior cold, upper respiratory infection, or focal weakness. Which one of the following is her likely diagnosis?

(A) Salicylate toxicity

(B) Labrynthitis

(C) Benign paroxysmal positional vertigo

(D) Ménière’s disease\*

(E) Acute sinusitis

44. Which of the following medications is ototoxic?

(A) Gentamicin\*

(B) Doxycycline (Vibramycin)

(C) Cefazolin (Ancef)

(D) Metronidazole (Flagyl)

(E) Clarithromycin (Biaxin)

45. You’re evaluating a 67-year-old man who was involved in a motor vehicle accident. On physical examination, you notice a significant restriction of right eye movement. Which of the following would you order next?

(A) Radiograph of the orbit

(B) CT scan of the orbit\*

(C) MRI of the head without gadolinium

(D) Skull radiograph

(E) PET scan

46. Which of the following muscles is innervated by cranial nerve IV?

(A) Superior oblique\*

(B) Lateral rectus

(C) Eyelid

(D) Forehead

(E) Trapezius

47. Which one of the following conditions is a complication of acute otitis media?

(A) Sinusitis

(B) Pharyrngitis

(C) Meningitis\*

(D) Peritonsillar abscess

(E) Dacryoadenitis

48. Which one of the following would be a cause of sensorineural hearing loss?

(A) Cerumen impaction

(B) Flying in a plane at high altitude

(C) Otitis externa

(D) Ménière’s disease\*

(E) Otitis media

49. Which one of the following is true concerning the evaluation of ovarian cysts?

(A) They are seen in polycystic kidney disease.

(B) They are always painful.

(C) They are a precursor to ovarian carcinoma.

(D) They almost always need to be removed surgically.

(E) They can be part of a syndrome that includes hypertension and diabetes.\*

50. Which one of the following conditions can present with fever, tachycardia, heat intolerance, and hyperdefecation?

(A) Hypothyroidism

(B) Hydatidiform mole\*

(C) Placenta previa

(D) Endometriosis

(E) Vaginitis

51. You’re evaluating a 65-year-old woman who presents with abdominal distention and bloating. An abdominal ultrasound confirms the presence of ascites. Which one of the following is she most likely to have?

(A) Adrenal cancer

(B) Renal cell carcinoma

(C) Ovarian carcinoma\*

(D) Cervical cancer

(E) Liver cancer

52. The use of tamoxifen increases the risk of which type of cancer?

(A) Breast

(B) Ovarian

(C) Cervical

(D) Endometrial\*

(E) Liver

53. Untreated hyperglycemia during pregnancy increases the risk of which one of the following?

(A) Macrosomia\*

(B) Spina bifida

(C) Renal agenesis

(D) Low birth-weight babies

(E) Down syndrome

54. Which of the following is a risk factor for vulvar cancer?

(A) Anorexia

(B) Vitamin B12 deficiency

(C) Human papillomavirus\*

(D) Epstein-Barr virus

(E) Adenovirus

55. You’re evaluating a 32-year-old man who was found on the ground after a drug overdose. It’s not known how long he was there, but from the history, you suspect it may have been several hours. On admission, his creatinine level is 4.5 mg/dL. Urinalysis is strongly positive for blood, but the microscopic evaluation reveals only 0–2 RBC/HPF. Which of the following is the likely cause of hematuria and acute renal failure in this patient?

(A) Wegener’s granulomatosis

(B) Acute glomerulonephritis

(C) Rhabdomyolysis\*

(D) Acute interstitial nephritis

(E) Minimal change disease

56. You’re seeing a 65-year-old man in the primary care office who presents with worsening lower extremity edema. He has a history of Type 2 diabetes. On physical exam, he has a blood pressure of 150/86 mm Hg. His albumin/creatinine ratio is 160. His creatinine is 1.2 mg/dL. Which of the following medications would you prescribe for treating this patient?

(A) Lisinopril (Zestril)\*

(B) Diltiazem (Cardizem)

(C) Amlodipine (Norvasc)

(D) Hydrochlorothiazide (Microzide)

(E) Terazosin (Hytrin)

57. You’re seeing a patient who will be undergoing a cardiac catheterization in the next 24 hours. He has Stage III chronic kidney disease (CKD) with a creatinine level of 1.5 mg/dL. Which of the following interventions should be instituted at this time?

(A) Encourage the patient to drink plenty of fluids the night before the procedure.

(B) Administer a dose of furosemide prior to the procedure.

(C) Order intravenous normal saline and oral N-acetylcysteine (Mucomyst).\*

(D) Rehydrate with an oral bicarbonate-based solution.

(E) Administer a dose of hydrochlorothiazide before the procedure.

58. Which one of the following statements concerning post-streptococcal glomerulonephritis is true?

(A) The mainstay of treatment requires the use of steroids like prednisone.

(B) It is characterized by normal complement levels.

(C) The glomerulonephritis occurs two to four days after the development of pharyngitis.

(D) It is characterized by low complement levels that persist for months after diagnosis.

(E) It is a self-limiting condition.\*

59. You’re treating a 62-year-old man for benign prostatic hyperplasia (BPH). He has an American Urological Association (AUA) symptom score of 7, denoting mild BPH symptoms. He also has hypertension, so you elect to start terazosin (Hytrin). What would you advise this patient concerning potential side effects of this medication?

(A) There are no side effects he needs to be aware of.

(B) He should get up slowly and notify you if he has lightheadedness or dizziness.\*

(C) He should call you if his blood pressure increases.

(D) He needs blood work to monitor potassium levels.

(E) He needs to watch for edema and constipation.

60. You are in the ICU and are asked to interpret the following arterial blood gas (ABG) findings:

* pH7.52
* pCO248
* pO265
* HCO333 (assuming a normal level of 24–26)

What is the acid-base disorder demonstrated in this patient?

(A) Respiratory acidosis

(B) Respiratory alkalosis

(C) Metabolic acidosis

(D) Metabolic alkalosis\*

(E) Normal acid-base equation

61. Which one of the following is a risk factor for sudden infant death syndrome (SIDS)?

(A) Advanced maternal age

(B) Newborn lying on his or her side

(C) Exposure to cigarette smoke\*

(D) Newborn lying on his or her back

(E) Macrosomia

62. Which one of the following is a risk factor for developing testicular cancer?

(A) Cryptorchidism\*

(B) Varicocele

(C) Hydrocele

(D) Paraphimosis

(E) Hypospadias

63. Which one of the following is true concerning the characteristics of childhood autism?

(A) Kids with autism do well with changing routines.

(B) Childhood autism is usually diagnosed before the age of 3 years.\*

(C) Females are more affected than males.

(D) Environmental factors likely do not play a role in this condition.

(E) Benzodiazepines are a mainstay of treatment.

64. You’re evaluating a 4-month-old infant who presents with a fever of 39.4°C (103°F) and tonic-clonic seizure. There’s no prior history of seizures or epilepsy. A lumbar puncture is unrevealing. Which one of the following is the likely cause of this infant’s seizures?

(A) Meningitis

(B) Encephalitis

(C) Malignancy

(D) Fever\*

(E) Epilepsy

65. Which of the following is a risk factor for the development of Down syndrome?

(A) Gestational diabetes

(B) Maternal alcohol use

(C) Advanced maternal age\*

(D) Folate deficiency during pregnancy

(E) Lead poisoning

66. In addition to physical examination, which one of the following is most useful in diagnosing congenital hip dysplasia in the newborn?

(A) Radiograph

(B) Ultrasound\*

(C) CT scan

(D) MRI

(E) Bone scan

67. You’re seeing a 19-year-old woman who has been sexually active for the past two years. You spend much of the office visit convincing her to practice safe sex. What kind of prevention is this an example of?

(A) Primary prevention\*

(B) Secondary prevention

(C) Tertiary prevention

58. Your patient is a 19-year-old woman who has been sexually active for the past two years. At what age would you recommend that she receive a Pap smear?

(A) 19

(B) 20\*

(C) 21

(D) 22

(E) 23

69. Which of the following has the lowest evidence of study bias?

(A) Retrospective study

(B) Case-control study

(C) Cross-sectional study

(D) Randomized controlled study\*

(E) Cohort study

70. Which condition does the Haemophilus influenzae B vaccine prevent?

(A) Croup

(B) Legionella pneumonia

(C) Epiglottitis\*

(D) Influenza

(E) Rhinovirus

71. You have been studying Condition X for five years. You have identified a number of people who have Condition X. You have also identified a blood test that can identify that Condition X is present when the blood test is positive. What term describes the ability of the blood test to detect those in the population who indeed have Condition X?

(A) Sensitivity\*

(B) Specificity

(C) Incidence

(D) Prevalence

(E) Statistical significance

72. A 25-year-old woman presents wearing sunglasses. She’s sporting a huge black eye. When you question her, she states that she “ran into a door.” You suspect spousal abuse. What do you do next?

(A) Call the police.

(B) Call Child Protective Services.

(C) Keep quiet and just treat that shiner.

(D) Lecture her and tell her to move out.

(E) Assure her of confidentiality and remind her about counseling services and shelters.\*

73. You’re examining a 35-year-old man who is exhibiting acute psychotic behavior. He also has delusions and hallucinations. He has a history of a hypertrophic cardiomyopathy as well. Which of the following medications would you be very hesitant to give this man?

(A) Haloperidol (Haldol)\*

(B) Olanzapine (Zyprexa)

(C) Lithium carbonate (Lithobid)

(D) Oxazepam (Serax)

(E) Diazepam (Valium)

74. You’re seeing a 35-year-old woman for evaluation of major depressive disorder. You want to begin treatment with an antidepressant. Which of the following conditions do you need to exclude before you treat her?

(A) Panic disorder

(B) Seasonal affective disorder

(C) Borderline personality disorder

(D) Bipolar disorder\*

(E) Dementia

75. You’re seeing a 25-year-old man in the ER who was recently started on metoclopramide (Reglan). He presents with a very high fever and a change in mental status. On physical examination, his muscles are rigid. His body temperature is 40.0°C (104°F). You obtain a stat CPK level, and it is 50,000. This man is in severe trouble. What is the most likely diagnosis?

(A) Serotonin syndrome

(B) Tyramine reaction

(C) Neuroleptic malignant syndrome (NMS)\*

(D) Drug overdose

(E) Bacterial infection

76. You’re going to school with a colleague who swears that he has every medical condition you are studying. In school, you’re currently studying the GI system. He’s having some diarrhea and fears he may have colon cancer. He beseeches the physicians to allow him to have a colonoscopy. This behavior could be an example of what psychiatric condition?

(A) Malingering

(B) Factitious disorder

(C) Somatoform disorder

(D) Hypochondriasis\*

(E) Social phobia

77. You are evaluating a 55-year-old man who comes to the clinic complaining of a fever. You take his temperature, and it is 39.4°C (103°F). You find out that this person may have somehow heated the thermometer with a lighter to induce a false reading. This behavior could be an example of what psychiatric condition?

(A) Malingering

(B) Factitious disorder\*

(C) Somatoform disorder

(D) Hypochondriasis

(E) Social phobia

78. What’s the most immediate treatment needed in a patient suffering from neuroleptic malignant syndrome?

(A) Intravenous diuretics

(B) Intravenous haloperidol (Haldol)

(C) Intravenous metoclopramide (Reglan)

(D) Warming blanket

(E) Dantrolene sodium\*

79. Which one of the following is true concerning salicylate intoxication?

(A) High blood levels cannot be removed by dialysis.

(B) If a respiratory alkalosis is present, do not administer intravenous bicarbonate.

(C) Salicylate intoxication causes both a metabolic acidosis and a metabolic alkalosis.

(D) The recommended treatment is intravenous fluids without dextrose.

(E) Oil of wintergreen can cause salicylate poisoning.\*

80. You are evaluating a 35-year-old woman who presents with an acute lithium overdose. Which one of the following statements concerning lithium is true?

(A) Aggressive diuresis is needed to augment lithium excretion.

(B) Hypocalcemia can be seen as a side effect of lithium.

(C) Lithium cannot be removed by dialysis.

(D) It is recommended that you avoid the use of saline in lithium intoxication.

(E) You should evaluate thyroid function in anyone taking lithium.\*

81. Which one of the following is the treatment for a heparin overdose?

(A) Vitamin K

(B) Fresh frozen plasma

(C) Protamine sulfate\*

(D) Desmopressin acetate (DDAVP)

(E) Cryoprecipitate

82. Which one of the following antidotes matches the underlying toxicity?

(A) Benzodiazepines — naloxone (Narcan)

(B) Narcotics — flumazenil (Romazicon)

(C) Ethylene glycol — ethanol (booze)\*

(D) Acetaminophen — fomepizole (4-methylpyrazole)

(E) High carboxyhemoglobin — methylene blue

83. Which one of the following statements concerning digoxin is true?

(A) Digoxin is used in treating diastolic heart failure.

(B) Digoxin toxicity is treated with dialysis.

(C) Digoxin dosing must be increased when kidney disease is present.

(D) Amiodarone and quinidine can decrease digoxin levels.

(E) Hypokalemia can exacerbate digoxin toxicity.\*

84. You are asked to see a 40-year-old man in the emergency room because of fever and altered mental status. He was recently started on fluphenazine (Prolixin). He is agitated and his temperature is 39.4°C (103°F). His blood pressure is 160/100 mmHg. A CPK level is 50,000. What is the most appropriate treatment at this time?

(A) Urgent hemodialysis

(B) Intravenous saline alone for the rhabdomyolysis

(C) Lorazepam (Ativan) for agitation

(D) Dantrolene\*

(E) Cyproheptadine

85. Which of the following can be used in the evaluation of Addison’s disease?

(A) 24-hour urinary free cortisol

(B) Low-dose dexamethasone suppression test

(C) High-dose dexamethasone suppression test

(D) Morning cortisol level\*

(E) MRI of the brain

86. You are seeing a 50-year-old man who has been treated with a diuretic for hypertension and edema. You do routine lab work and discover a potassium level of 3.4 mg/dL and a calcium level of 10.8 mg/dL. Which medication is this patient likely taking?

(A) Furosemide (Lasix)

(B) Acetazolamide (Diamox)

(C) Chlorthalidone (Hygroton)\*

(D) Amiloride (Midamor)

(E) Aldactone (Spironolactone)

87. You are evaluating a 35-year-old man with no significant past medical problems. You obtained a lipid panel, and it shows an LDL level of 130 mg/dL. Based on National Cholesterol Education Program (NCEP) guidelines, which of the following would you recommend?

(A) Recommend lifestyle and dietary changes and then reevaluate.\*

(B) Begin ezetimibe (Zetia).

(C) Initiate treatment with atorvastatin (Lipitor).

(D) Begin ezetimibe (Zetia) in addition to lifestyle and dietary intervention.

(E) Initiate treatment with atorvastatin (Lipitor) in addition to lifestyle and dietary interventions.

88. Which of the following would be on indication for surgical treatment of hyperparathyroidism?

(A) Development of recurrent kidney stones\*

(B) A normal DEXA (also called DXA) scan

(C) Elevation in the serum sodium level

(D) Hypophosphatemia

(E) Persistently low calcium level

89. A 35-year-old woman with a history of manic depression presents to the clinic with excessive thirst. She doesn’t remember her medication list but recalls one was abruptly stopped. She also states she is urinating a lot more than usual. Her vitals, including blood pressure, are stable. You order some lab work, and the sodium level is 141 mEq/L, the creatinine level is 1.2 mg/dL, the blood glucose level is 100 mg/dL, and the calcium level is 9.5 mg/dL. Which test would you order next?

(A) Urinalysis to look for glucosuria

(B) Morning (a.m.) cortisol to screen for adrenal insufficiency

(C) Chemistry panel

(D) Urine osmolality\*

(E) Serum osmolality

90. You are seeing a 68-year-old man with type 2 diabetes in your office. His last Hgb A1c, done one month ago, was 9.2. In the last three weeks, you made some adjustments in his medication. Which test could you order to see whether there has been any change in his condition?

(A) Repeat glycosylated hemoglobin (Hgb A1c)

(B) Sequential postprandial glucose monitoring

(C) Oral glucose tolerance test

(D) Albumin/creatinine ratio

(E) Glycated serum fructosamine (GSP) level\*

91. You’re evaluating a 50-year-old man who presents with a headache. He says that he notices that before his headaches, like now, he sees “funny squiggly things.” He asks if you can turn off the light as you come into the room, because the bright light is “driving him nuts.” Which one of the following would you give to help with his headache?

(A) Oxygen

(B) Cyclobenzaprine (Flexeril)

(C) Lisinopril (Zestril)

(D) Terazosin (Hytrin)

(E) Ergotamine and caffeine (Cafergot)\*

92. In which one of the following disorders would you see choreiform movements?

(A) Parkinson’s disease

(B) Rheumatic fever\*

(C) Complex regional pain syndrome

(D) Multiple sclerosis

(E) Tourette’s syndrome

93. Which one of the following signs is associated with meningitis?

(A) Applebee’s sign

(B) Kernig’s sign\*

(C) Tinel’s sign

(D) Trousseau’s sign

(E) Homans’ sign

94. You’re evaluating a 45-year-old woman with a history of a solid organ transplant. She’s on immunosuppression and presents with a fever and a change in mental status. She isn’t arousable and has become very lethargic. There’s a question as to whether she had a seizure at home. An MRI showed hemorrhagic changes and increased enhancement in the temporal lobe. Which one of the following does she need at this point?

(A) Intravenous methylprednisolone (Medrol)

(B) Plasmapheresis

(C) Intravenous azithromycin (Zithromax)

(D) Intravenous acyclovir (Zovirax)\*

(E) Oral amoxicillin (Trimox)

95. Which one of the following would be used in treating a peripheral neuropathy secondary to heavy metal toxicity?

(A) Chelation\*

(B) Dialysis

(C) Electromyography

(D) A good colonic

(E) B12 supplementation

96. Which of the following could be seen with the chronic use of phenytoin (Dilantin)?

(A) Leukocytosis

(B) Increased liver function levels

(C) Hyponatremia

(D) Hypovitaminosis D\*

(E) Hypercalcemia

97. You’re evaluating a 78-year-old man who presents to the emergency room with a heart rate of about 140–150 beats per minute. On the monitor, you see a narrow-complex tachycardia, but it’s impossible to determine the underlying rhythm. You apply carotid massage, and the patient breaks into a normal sinus rhythm. What’s the likely original rhythm?

(A) Atrial fibrillation

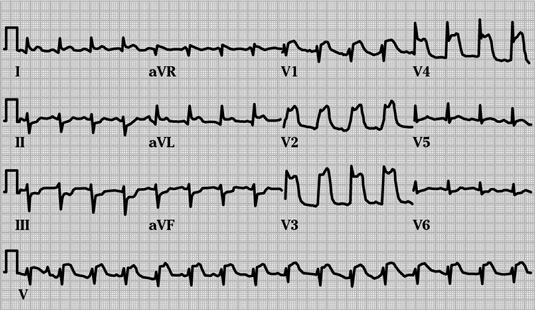
(B) Atrial flutter

(C) Sinus tachycardia

(D) Supraventricular tachycardia\*

(E) Ventricular tachycardia

98. You’re evaluating a 40-year-old man who presents with chest pressure with pain radiating down his left arm. His ECG is shown here:



After reading this ECG, which one of the following would you do next?

(A) Start indomethacin (Indocin).

(B) Start aspirin, intravenous heparin, and nitroglycerin.

(C) Take the patient emergently to the cardiac catheterization lab.\*

(D) Give aspirin and a beta blocker. Then give IV heparin and nitroglycerin.

(E) Start intravenous dobutamine (Dobutrex).

99. You’re evaluating a 35-year-old man who presents to your office with a headache. On physical examination, his blood pressure is 240/120 mmHg. On fundoscopic examination, you note the presence of papilledema. What’s this person’s underlying diagnosis?

(A) Hypertensive emergency\*

(B) Hypertensive urgency

(C) Stage I hypertension

(D) Stage III hypertension

(E) Prehypertension

100. Which class of medications would you recommend for a young man with a history of high blood pressure who also has significant anxiety and panic disorder?

(A) ACE inhibitors

(B) Beta blockers\*

(C) Alpha blockers

(D) Hydrochlorothiazide

(E) Calcium channel blockers

101. You’re evaluating a 25-year-old woman who presents with palpitations. On examination, you hear a midsystolic click. Which one of the following would you recommend concerning evaluation of her heart condition?

(A) She should be screened for major depressive disorder.

(B) She should be screened for a bleeding diathesis.

(C) She should be screened for rheumatic fever.

(D) Her murmur would decrease with a Valsalva maneuver.

(E) She may need a beta blocker if the palpitations continue.\*

102. Which one of the following would be used in the treatment of peripheral arterial disease (PAD)?

(A) Indomethacin (Indocin)

(B) Pentoxifylline (Trental)\*

(C) Ranolazine (Ranexa)

(D) Warfarin (Coumadin)

(E) Dabigatran (Pradaxa)