

Question 1

An 18-year-old patient comes to the office for evaluation of a rash. At first there was only one large patch, but then more lesions erupted suddenly on the back and torso; the lesions itch. On physical examination, you note that the pattern of eruption is like a Christmas tree and that there are a variety of erythematous papules and macules on the cleavage lines of the back. Based on this description, what is the most likely diagnosis?

Pityriasis rosea

Psoriasis

Atopic eczema

Tinea versicolor

Question 2

A 19-year-old construction worker presents for evaluation of a rash. He notes that it started on his back with a multitude of spots and is also on his arms, chest, and neck. It itches a lot. He does sweat more than before because being outdoors is part of his job. On physical examination, you note dark tan patches with a reddish cast that has sharp borders and fine scales, scattered more prominently around the upper back, chest, neck, and upper arms as well as under the arms. Based on this description, what is your most likely diagnosis?

Psoriasis

Tinea versicolor

Atopic eczema

Pityriasis rosea

Question 3

You are examining a child with severe cerebral palsy. When you suddenly move his foot dorsally, a sustained “beating” of the foot against your hand ensues. What does this represent?

Clonus

Reinforcement

A focal seizure

Extinction

Question 4

A patient presents with a daily headache which has worsened over the past several months. On funduscopic examination, you notice that the disk edge is indistinct and the veins do not pulsate. Which is most likely?

Detached retina

Glaucoma

Migraine

Increased intracranial pressure

Question 5

A patient complains of epistaxis. Which other cause should be considered?

Hematemesis

Hematoma of the nasal septum

Intestinal hemorrhage

Intracranial hemorrhage

Question 6

A patient complains of shortness of breath for the past few days. On examination, you note late inspiratory crackles in the lower third of the chest that were not present a week ago. What is the most likely explanation for these?

Heart failure

Asthma

Bronchiectasis

COPD

Question 7

You are excited about a positive test finding you have just noticed on physical examination of your patient. You go on to do more examination, laboratory work, and diagnostic tests, only to find that there is no sign of the disease you thought would correlate with the finding. This same experience happens several times. What should you conclude?

Continue using the test, perhaps doing less laboratory work and diagnostics.

Omit this test from future examinations.

Consider not doing this test routinely.

Use this test when you have a higher suspicion for a certain correlating condition.

Question 8

A 50-year-old woman presents with a new complaint of headache. The patient states, "this is worst headache of my life". Her concurrent conditions includes hypertension. Her history includes habitual ER visits for various complaints and panic attacks. Her most recent ER visit was last week. Today her BP is 200/110 with a HR of 95. Of the following diagnoses, which etiology has the highest priority?

Migraine

Subarachnoid hemorrhage

Cluster

Panic disorder

Question 9

A patient with alcoholism is brought in with confusion. You ask him to "stop traffic" with his palms and notice that every few seconds his palms suddenly move toward the floor. What does this indicate?

Metabolic problems

Stroke

Severe fatigue and weakness

Carpal tunnel syndrome

Question 10

A 29-year-old computer programmer comes to your office for evaluation of a headache. The tightening sensation is located all over the head and is of moderate intensity. It used to last minutes, but this time it has lasted for 5 days. He denies photophobia and nausea. He spends several hours each day at a computer monitor/keyboard. He has tried over-the-counter medication; it has dulled the pain but not taken it away. Based on this description, what is your most likely diagnosis?

Analgesic rebound

Migraine

Cluster

Tension

Question 11

A 62-year-old smoker complains of "coughing up small amounts of blood," so you consider hemoptysis. Which other diagnoses should also be considered as an etiology for the complaint?

Bruising of the tongue

Intestinal bleeding

Hematoma of the nasal septum

Epistaxis

Question 12

You ask a patient to hold her arms up, with her palms up, and then to close her eyes. The right arm begins to move downward after a few seconds and her thumb rotates upward. This is most likely a problem with which part of the nervous system?

Thalamus

Dorsal root ganglion

Spinothalamic tract

Corticospinal tract

Question 13

When assessing for mitral stenosis, you should place the patient in what

position? right lateral decubitus position

squatting tripod position to enhance cardiac circulation

left lateral decubitus position

supine with head of bed elevated 30 degrees

Question 14

A patient presents with ear pain. She is an avid swimmer. The history includes pain and drainage from the left ear. On examination, she has pain when the ear is manipulated, including manipulation of the tragus. The canal is narrowed and erythematous, with some white debris in the canal. The rest of the examination is normal. What diagnosis would you assign this patient?

Perforation of the tympanum

Otitis externa

Malignant otitis media

Otitis media

Question 15

When assessing for nystagmus the nurse practitioner instructs the

patient to: fix their gaze on a nearby object within 3-6 inches

fix their gaze on an object located in the distance

fix their gaze downward and quickly look up

fix their gaze in the right and left peripheral fields

Question 16

A 58-year-old teacher presents to your clinic with a complaint of breathlessness with activity. The patient has no chronic conditions and does not take any medications, herbs, or supplements. Which of the following symptoms is appropriate to ask about in the cardiovascular review of systems?

Hematochezia

Abdominal pain

Orthopnea

Wheezing

Question 17

Which is true of examination of the olfactory nerve?

Allergies are unrelated to testing of this nerve.

It is not tested for laterality.

Diminished responses may be seen in otherwise normal elderly.

The smell must be identified to declare a normal response.

Loss of smell occurs in sinus conditions, head trauma, smoking, normal aging, use of cocaine, and Parkinson disease (p. 736).

Question 18

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During the physical examination, which is the best position to place the patient when auscultating for S1, S2, and murmurs?

Lying with the head of the bed elevated

Leaning forward with the foot elevated

Lying Supine

Sitting