and he has not had any bowel or bladder incontinence. The pain is constant and worsens with prolonged sitting. He rates the pain as 6 on a scale of 10. Ibuprofen has provided minimal relief.

Examination of the lumbar area over the paraspinous muscles reveals minimal tenderness. A neurovascular examination and a straight leg raise are normal in both lower extremities.

Which one of the following would be most appropriate at this point?

A) Imaging studies of the lumbar spine

B) A short course of an oral corticosteroid

C) Gabapentin (Neurontin) started at a low dose and titrated to effect

D) A skeletal muscle relaxant and an NSAID

E) A short-acting opioid and an NSAID - ✓✓ANSWER: D

This patient has acute to subacute nonspecific low back pain. Combination treatment with an NSAID and a skeletal muscle relaxant is recommended as second-line therapy when an NSAID is ineffective as monotherapy. Opioids have not been shown to have significant benefit when added to an NSAID and would not be recommended as a second-line treatment. Systemic corticosteroids do not have evidence to support their use in the treatment of acute nonspecific back pain. Gabapentin does not have evidence to support its use in treating acute back pain and has been shown to produce only minimal improvement in chronic back pain. This patient has no red-flag symptoms so imaging studies are not recommended at this time.

C) A comprehensive metabolic panel, fasting lipid profile, and TSH level

D) A stress test

E) Hospital admission for blood pressure reduction - ✓✓ANSWER: A

The first step in the management of severe hypertension is determining whether a hypertensive emergency
is present. A thorough history and physical examination are crucial (SOR C). Severe hypertension (blood
pressure >180 mm Hg systolic or >110 mm Hg diastolic) with end-organ damage constitutes a
hypertensive emergency. A physical examination should center on evaluating for papilledema, neurologic
deficits, respiratory compromise, and chest pain. If end-organ damage is present the patient should be
hospitalized for monitored blood pressure reduction and further diagnostic workup. If end-organ damage
is not present and the physical examination is otherwise normal, a 30-minute rest with reevaluation is
indicated. Approximately 30% of patients will improve to an acceptable blood pressure without treatment
(SOR C). Home medications should then be adjusted with outpatient follow-up and home blood pressure
monitoring (SOR A). Short-acting antihypertensives are indicated if mild symptoms are noted such as

C) Mohs surgery

D) Photodynamic therapy

E) Radiation therapy - ✓✓ANSWER: C

This patient most likely has a basal cell carcinoma, which can be proven by a shave biopsy. Given its size

and location, Mohs surgery would be the preferred treatment. It also has the highest cure rate of any of

the options listed, including a standard wide excision, electrodesiccation and curettage, photodynamic

therapy, and radiation therapy. It has a 99% cure rate for primary basal cell cancers, compared with just

over 91% for other methods. Photodynamic therapy and radiation therapy should be used for lesions such

as this only if surgery is not an option due to medical comorbidities and/or patient preference.

80. A 55-year-old female sees you for a preoperative evaluation prior to having cataract surgery. The patient has a previous history of type 1 diabetes mellitus. She reports that she takes a brisk daily walk and has no angina or other cardiac symptoms. The cardiovascular and

pulmonary examinations are unremarkable.

Which one of the following would be most appropriate for the preoperative cardiac evaluation of this patient?

C) Hydroxychloroquine (Plaquenil)

D) Methotrexate (Trexall)

E) Prednisone - ✓✓ANSWER: D

The American College of Rheumatology recommends methotrexate, a nonbiologic disease-modifying
antirheumatic drug (DMARD), as a first-line agent in the treatment of rheumatoid arthritis in the absence
of contraindications, such as underlying liver disease. Starting DMARDs within 3 months of the onset of
rheumatoid arthritis symptoms is more likely to result in sustained remissions. The addition of short-term
prednisone is indicated in select cases when disease activity is high. The use of biological agents such as
adalimumab, etanercept, and others is indicated only in refractory cases and in patients who cannot tolerate
nonbiologic DMARDs.

98. A 68-year-old female sees you for a routine health maintenance visit. She feels well and says she has been eating more carefully and exercising for 45 minutes 4 days a week for the past 6 months. Her past medical history includes controlled hypertension and osteoarthritis of the knee. Her family history is notable for a myocardial infarction in her mother at 48 years of age. Her only medication is lisinopril (Prinivil, Zestril). The physical examination is notable only for a BMI of 36.0 kg/m2. Laboratory findings are

B) The use of silver-based antiseptic products even if there is no infection

C) Compression therapy

D) A 3-week course of systemic antibiotics - √√

104. Which one of the following is the most reliable measure to protect children from lead toxicity in the United States?

A) Anticipatory guidance for parents and caregivers during well child visits

B) Checking the serum lead level after a known exposure

C) Eliminating the sources of lead in the community

D) Iron and calcium supplementation to reduce lead absorption

E) Providing appropriate cleaning equipment to families with known lead in the home - √√

105. A 64-year-old female with hypertension, diabetes mellitus, hyperlipidemia, and chronic kidney disease has had headaches that have been escalating over the past 6 months and are associated with double vision and ataxia. Her medications include lisinopril (Prinivil, Zestril) and atorvastatin (Lipitor). She weighs 61 kg (135 lb) and her blood pressure is 144/64 mmHg. A basic metabolic panel is normal except for a creatinine level of 2.1 mg/dL (N 0.6-1.1) and an estimated glomerular filtration rate of 26 mL/min/1.73 m2. You decide to order MRI of the brain. Which one of the following would be most appropriate with regard to the use of gadolinium contrast in this patient?

A) Use of gadolinium if the patient's blood pressure is controlled to a goal systolic pressure of <130 mm Hg

B) Adenosine (Adenocard), rapid intravenous push, repeated in 1-2 minutes if needed

C) Epinephrine, intravenous push, followed by synchronized cardioversion

D) Lidocaine (Xylocaine), intravenous push, repeated in 5 minutes if needed

E) Defibrillation - √√

108. In patients with COPD, which one of the following inhaled medications has been shown to reduce exacerbations and exacerbation-related hospitalizations?

A) Albuterol (Proventil, Ventolin)

B) Fluticasone (Flovent)

C) Ipratropium (Atrovent)

D) Salmeterol (Serevent)

E) Tiotropium (Spiriva) - √√