

# *Certification-Board*

*ABFM*

*Family Medicine Board Certification Exam (Certification-Board)*



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# Latest Version: 6.0

## Question: 1

states that he has been with the same sexual partner for 6 months and is having no other symptoms. He denies any prior history of STDs. Which of the following tests is least helpful?

- A. HIV
- B. Chlamydia and GC PCR probes
- C. Urinalysis
- D. KOH and wet mounts
- E. Urine culture

**Answer: E**

Explanation:

The above presentation is classic for urethritis and all of the above tests may be indicated depending on your location and the test reliability. However, the urine culture has a very low probability of helping you make a diagnosis and does not need to be obtained.

## Question: 2

All of the following are treatment options for hyperkalemia except:

- A. Calcium gluconate
- B. Insulin
- C. Sodium bicarbonate
- D. Beta-blockers
- E. Kayexalate

**Answer: D**

Explanation:

The above treatments could all be helpful, with the exception of beta-blockers, which might cause additional harm. Beta-2 adrenergic agonists can be helpful as well as thiazide and loop diuretics in patients with stable renal function. Patients with renal failure might be best treated with dialysis.

## Question: 3

A 29-year-old farmer presents with a 2-day history of low back pain after using a small tractor to till a field and recalls no injury or fall. He is in good health, takes no medication, and denies illicit and self-medicated with acetaminophen. His wife urged him to come to the physician because she heard that tingling in the toes signifies a slipped disk that requires surgery. On physical examination, the patient is alert, cooperative, and test on the right is positive at 30

degrees and negative on the left. There is minimal sensory loss in right great toe and the motor examination and reflexes are normal. Management of this patient should include:

- A. Immediate neurosurgical referral for evaluation
- B. Magnetic resonance imaging of the lumbo-sacral spine
- C. Plain lumbo-sacral spine films
- D. Strict bed rest for the next week
- E. Watchful waiting over the next month unless symptoms are

**Answer: E**

Explanation:

The patient has a history and physical examination consistent with a herniated disc, but most patients will recover uneventfully without surgery. Although a neurosurgical referral would be in order if the patient demonstrated signs of cauda equina syndrome (suggested by bowel or bladder complaints associated with other neurologic symptoms and signs), the patient does not manifest these symptoms. Likewise, MRI, CT, plain films, and imaging studies are not indicated. Such studies would be beneficial if the patient was a candidate for surgery, but a 4- to 6-week trial of conservative therapy is indicated in the absence of more serious problems. Even relatively short bed rest has been associated with prolonging, not shortening, recovery.

### Question: 4

In a patient with severe persistent asthma, which of the following is true?

- A. They have intermittent symptoms.
- B. Controller agents should be used sparingly.
- C. Oral steroids may be required frequently or on a long-term
- D. The peak flow is typically 60% to 80% of predicted.
- E. Their physical activity is typically normal.

**Answer: C**

Explanation:

Severe persistent asthma is characterized by continuous symptoms, functional limitation, and a peak flow usually less than 60% of predicted. Peak flows of 60% to 80% of predicted are typical of moderate persistent asthma. Treatment of severe persistent asthma includes a long-acting beta agonist, a controller medication such as inhaled steroids, and oral steroids when needed.

### Question: 5

complains that she limits her activity because of pain. After doing a thorough physical and confirming your diagnosis, you suggest:

- A. Try to remain active despite the pain.
- B. Begin a period of strict bed rest to reduce her discomfort.
- C. Begin oxycodone 10 mg daily and increase until pain is

- D. Try chiropractic manipulation of the cervical spine for the next
- E. Initiate a trial of St. John's Wort.

**Answer: A**

Explanation:

Fibromyalgia can be very challenging for patients, families, and their physicians. Despite discomfort, patients should be counseled to engage in regular exercise. Bed rest should be avoided. Opioid analgesics are inappropriate for this chronic condition. There are no good data demonstrating the effectiveness of manipulation for fibromyalgia. Although many patients with fibromyalgia will have disordered sleep and depression, more conventional antidepressants would be a better choice if such disorders were suspected.

### Question: 6

A 59-year-old patient returns from the urologist with the diagnosis of prostate cancer. The note from the urologist indicates that he has stage B and a Gleason score of 6. He has no other medical problems. The patient wants your opinion of what he should do.

- A. Do nothing and observe it for now
- B. External beam radiation
- C. Interstitial seeds
- D. Lumpectomy
- E. Radical prostatectomy

**Answer: E**

Explanation:

Prostate cancer is defined by its stage and its Gleason score. Staging is categorized by the following: A, confined to the prostate and not palpable; B, confined to the prostate and palpable; C, extends into the seminal vesicles; and D, has already metastasized (most commonly to bone). The pathologist performs the Gleason scoring by determining how aggressive the cancer looks in two different tissue specimens (scale is from 1 to 5 in each specimen and the two scores are added together). A score of 2 to 4 represents a nonaggressive tumor (well-differentiated) and a score of 8 to 10 represents a very aggressive tumor (poorly differentiated). A score of 5 to 7 is of moderate aggressiveness. The two treatment options are radical surgery and radiation. In general, surgery is best for the younger, healthy patient, and radiation is better for the older man or one with other significant health problems. This patient is healthy and younger than 65 years old and has the greatest probability of cure with aggressive treatment—radical prostatectomy.

### Question: 7

During a physical exam you hear a blowing diastolic murmur that is best heard at the left sternal border and that gets louder when you have the patient squat down. The patient denies any cardiac symptoms, has never been told he has a murmur, and has no significant past medical history. What is the most likely cause of the murmur?

- A. Aortic stenosis
- B. Aortic regurgitation

- C. Mitral stenosis
- D. Mitral regurgitation
- E. Mitral valve prolapse

**Answer: B**

Explanation:

Aortic regurgitation (AR) is caused by any disease that affects the aortic root or leaflets. The common causes include endocarditis, rheumatic fever, collagen vascular disease, and syphilis. With AR, the main problem is an increase in stroke volume, which causes high pulse pressures and increased afterload. These problems lead to progressive left ventricular dysfunction. AR presents with symptoms of left-sided failure, including fatigue, dyspnea, and orthopnea. Studies show that the only way to prevent permanent damage to the heart is to have surgery before left ventricular dysfunction becomes bad. Deterioration may occur even before symptoms develop, so physicians must do serial echocardiograms on such patients. Medications that reduce afterload, such as nifedipine, can help postpone surgery.

### Question: 8

Which of the following signs is unlikely in a patient with allergic rhinitis?

- A. Nasal obstruction
- B. Pale, bluish turbinates
- C. Allergic shiners
- D. Mouth breathing
- E. Cervical adenopathy

**Answer: E**

Explanation:

Nasal obstruction, pale, bluish turbinates, allergic shiners, and mouth breathing are all common signs of allergic rhinitis. Other less common associated findings include tearing, scleral injection, decreased hearing, a crease across the lower part of the nose, and atopic dermatitis. Findings such as cervical adenopathy or fever suggest the presence of underlying infection.

### Question: 9

A 46-year-old experiences a sensation of fullness in his ear, tinnitus, sensorineural hearing loss, and vertigo. A true statement is:

- A. If this patient has a hearing loss early in the course of his
- B. Hearing loss could be predicted to be confined to the higher
- C. Diuretics would be contraindicated in this person.
- D. Tinnitus would be unlikely to fluctuate and is solely associated
- E. Unsteadiness would be unlikely to persist for more than 1 hour.

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**Answer: A**

Explanation:

The patient has the classic triad of Meniere's disease: episodic vertigo, sensorineural hearing loss, and tinnitus. Other symptoms such as a sense of fullness in the ear or pressure are also common. Hearing loss, early in the course of this disease, is confined to lower frequencies. As Meniere's disease progresses, all frequencies are affected. Tinnitus often fluctuates and may be present between episodes of vertigo; unsteadiness and dizziness may persist for days. Diuretics and a low-salt diet are initial treatment.

### Question: 10

A 50-year-old symptomatic man with three negative hemocult cards had a routine screening sigmoidoscopy. On exam, a 0.5-cm tubular adenoma was found and completely

- A. Repeat sigmoidoscopy in 90 days
- B. Repeat sigmoidoscopy in 1 year
- C. Repeat sigmoidoscopy in 5 years
- D. Colonoscopy as soon as possible
- E. CT with contrast of abdomen to evaluate the extent of colon

**Answer: D**

Explanation:

A tubular adenoma is a precancerous colon lesion. The larger the lesion, the increased likelihood for malignant degeneration and colonic invasion with cancerous cells. A colonoscopy should be strongly considered because almost one-third of such patients have neoplastic lesions in the proximal colon. Patients found to have tubular adenoma should have repeat colonoscopy at least every 3 years.

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