COMPREHENSIVE MOCK EXAM 2

Supplemental to: Family Medicine Board Review 2026-2027

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Mirrors the ABFM Family Medicine Certification Examination (FMCE) at full scale: 300 questions, single best answer, four options per question, weighted to the official 2025 blueprint's five domains (Preventive Care 35%, Urgent and Emergent Care 25%, Acute Care and Diagnosis 20%, Chronic Care Management 15%, Foundations of Care 5%).

Board-Review Questions

1. A 28-year-old man reports his father had a myocardial infarction at age 42, and his LDL cholesterol is found to be 220 mg/dL. Which of the following is the most appropriate next step?

A. Consider familial hypercholesterolemia given this pattern of premature disease and markedly elevated LDL

B. Reassure him, since LDL elevation alone at this age is not clinically significant

C. Defer any evaluation until he reaches age 40

D. Recommend dietary modification alone, with no further evaluation needed

2. A 58-year-old postmenopausal woman with early menopause and long-term glucocorticoid use asks about osteoporosis screening. Which of the following is most appropriate?

A. Screening is never indicated before age 65 ever

B. Screening should be deferred until a fracture occurs

C. Screening may be reasonable now given her added risk factors

D. Screening is only appropriate in men at this age

3. Which of the following best reflects current USPSTF guidance on hepatitis C screening?

A. Screening applies only to persons who inject drugs

B. Screening is recommended only in patients with abnormal liver enzymes

C. Screening is not recommended under any circumstance

D. One-time screening is recommended for all adults aged 18 to 79, regardless of risk factors

4. A patient with ongoing risk factors for HIV acquisition was last screened 2 years ago with a negative result. Which of the following is most appropriate?

A. No further screening is ever needed after a single negative result

B. At least annual repeat screening is appropriate given his ongoing risk factors

C. Repeat screening is only appropriate after a new diagnosed STI

D. Screening should not be repeated more than once in a lifetime

5. Which of the following best describes the purpose of the routine newborn heel-stick screening panel?

A. To screen exclusively for hearing impairment alone

B. To assess for congenital heart disease alone

C. To detect a panel of metabolic and genetic disorders early

D. To confirm blood type only, nothing else

6. A 26-year-old woman taking an ACE inhibitor for hypertension is planning pregnancy. Which of the following is most appropriate?

A. Continue the ACE inhibitor unchanged throughout pregnancy

B. No medication review is needed until confirmed pregnant

C. ACE inhibitors are safe throughout pregnancy, no adjustment

D. Discuss switching to a pregnancy-compatible agent beforehand

7. A 30-year-old asymptomatic woman with no gynecologic complaints presents for an annual wellness visit. Which of the following best reflects current guidance on routine pelvic examination?

A. An annual pelvic exam is mandatory regardless of symptoms

B. Pelvic examination has no role in gynecologic care ever

C. Pelvic examination should only be performed during pregnancy

D. Routine pelvic exams in average-risk women lack strong support

8. Which of the following is an appropriate injury-prevention counseling topic for a school-age child's well visit?

A. Discussion of retirement planning options

B. Discussion of long-term care insurance options

C. Bicycle helmet use and proper fit

D. Discussion of estate planning documents

9. A patient with numerous atypical nevi and a family history of melanoma asks about skin self-examination. Which of the following is most appropriate?

A. Counseling on self-exams is reasonable given his elevated risk

B. Skin self-examination has no value in any population

C. Self-examination should be discouraged given false positives

D. Only a dermatologist may discuss this topic with the patient

10. Which of the following best reflects an appropriate approach to preventive cancer screening in a transgender patient?

A. Screening should be based solely on gender identity, regardless of anatomy

B. No screening is indicated for transgender patients under any circumstance

C. Screening should be based on the specific organs present, regardless of gender identity

D. Screening recommendations do not apply to transgender patients

11. Which of the following best reflects current USPSTF guidance on depression screening in the general adult population?

A. Screening only applies with a known family history present

B. Screening carries a Grade D recommendation against use

C. Screening only applies to postpartum women specifically

D. Screening is recommended broadly, with adequate follow-up

12. A 35-year-old woman reports her mother had colon cancer at age 45 and her maternal aunt had endometrial cancer at age 48. Which of the following is the most appropriate next step?

A. Refer for genetic risk assessment given this pattern suggestive of a hereditary cancer syndrome

B. Reassure her that this pattern is not clinically significant

C. No further action is needed since these are different cancer types

D. Recommend prophylactic hysterectomy without further evaluation

13. Which of the following is an appropriate preventive counseling topic for an adult motorcycle rider?

A. Helmet use counseling, given its demonstrated reduction in injury severity

B. This topic is outside the scope of primary care

C. No counseling is warranted since riders already know the risks

D. This topic applies only to commercial drivers

14. Which of the following best describes a population health approach to closing preventive care gaps across an entire patient panel?

A. Waiting for each patient to request screening themselves

B. Relying solely on patient memory for overdue services

C. Addressing gaps only during a dedicated annual visit

D. Using a registry to proactively reach overdue patients

15. Which of the following is an appropriate preventive screening component of routine prenatal care?

A. Skip anemia screening unless the patient reports fatigue

B. Routine screening for anemia during pregnancy

C. Anemia screening is only performed postpartum

D. Anemia screening is not part of standard prenatal care

16. Which of the following best reflects an appropriate general counseling point for sun protection, applicable broadly even outside the specific USPSTF-graded population?

A. Sun counseling is never appropriate outside the graded group

B. Sunscreen use has no evidence of benefit for anyone

C. Sun protection is relevant only with a personal cancer history

D. General sun-safety counseling is reasonable for most patients

17. A patient works in an occupational setting with significant noise exposure. Which of the following is an appropriate preventive consideration?

A. No preventive measures are available for occupational noise exposure

B. Hearing protection is only relevant for musicians

C. Periodic hearing screening and use of hearing protection are appropriate preventive measures

D. Occupational noise exposure has no established link to hearing loss

18. A patient planning international travel to a region with specific endemic disease risk asks about pre-travel preparation. Which of the following is an appropriate component of pre-travel counseling?

A. No specific preparation is needed for international travel

B. Reviewing destination-specific vaccine and prophylaxis recommendations

C. Travel counseling is outside the scope of primary care entirely

D. Only travel agents can appropriately advise on this topic

19. Which of the following is an appropriate preventive oral health intervention that can be delivered in the primary care setting for young children?

A. Application of fluoride varnish during well-child visits

B. Primary care has no role in oral health prevention

C. Fluoride varnish is only appropriately applied by a dentist

D. Oral health has no established link to overall child health

20. Which of the following is an appropriate preconception or early pregnancy genetic screening consideration?

A. Genetic carrier screening has no role in preconception care

B. Offering screening based on patient preference and risk

C. Genetic screening is only appropriate after a pregnancy loss

D. Genetic screening cannot ever be offered before conception

21. Which of the following is an appropriate safe-sleep counseling point for parents of a newborn?

A. Placing the infant supine on a firm surface without loose bedding

B. Placing the infant prone to reduce reflux symptoms

C. Co-sleeping is universally recommended for bonding

D. Soft bedding and pillows improve infant sleep safety

22. Which of the following is a required component of the lung cancer screening process, distinct from many other screening services?

A. No counseling is required before ordering the imaging

B. The test can be ordered without any patient discussion

C. Shared decision-making is optional for this specific service

D. A shared decision-making conversation is a required part of the screening process

23. A patient screens positive for intimate partner violence. Which of the following is an appropriate next step beyond the screening itself?

A. Provide or refer to appropriate intervention services and support resources

B. No further action is needed once screening is documented

C. Immediately involve law enforcement regardless of patient preference

D. Refer the patient back to her partner for resolution

24. Which of the following best reflects current guidance on screen time for children younger than 18 months?

A. Unlimited screen time is appropriate at this young age

B. Screen media use is generally discouraged, apart from video chat

C. Screen time is encouraged as an early learning tool

D. No guidance exists on this topic at all

25. Which of the following is a standard preventive screening component of routine prenatal care regarding hepatitis B?

A. Universal maternal hepatitis B surface antigen screening during pregnancy

B. Hepatitis B screening is only performed if risk factors are present

C. Hepatitis B screening in pregnancy is not recommended

D. Screening is deferred until after delivery

26. Which of the following best describes an appropriate approach to counseling a patient with a new diagnosis of prediabetes?

A. Intensive lifestyle intervention, including structured diet and physical activity counseling

B. No intervention is needed until progression to overt diabetes

C. Pharmacotherapy is always required immediately at diagnosis

D. Reassurance alone, since prediabetes rarely progresses

27. Which of the following is an appropriate component of preventive care for a patient with a new diagnosis of atrial fibrillation regarding stroke risk?

A. No stroke risk assessment tool is used in this context

B. Stroke risk is assumed identical for all patients with atrial fibrillation

C. Anticoagulation is never appropriate in atrial fibrillation

D. Use of a validated risk stratification tool to guide anticoagulation decisions

28. Which of the following best reflects an appropriate approach to counseling adolescents about vaping and e-cigarette use?

A. Direct screening and counseling on vaping, given rising use in this age group

B. This topic is not relevant to primary care

C. Only combustible cigarette use warrants counseling

D. Vaping requires no counseling since it is considered risk-free

29. Which of the following best describes an appropriate preventive approach to a patient with a strong family history of type 2 diabetes but normal current glucose values?

A. No preventive counseling is warranted given normal values

B. Screening should wait until hyperglycemia symptoms develop

C. Earlier or more frequent screening may be reasonable given this history

D. Family history has no bearing on screening frequency

30. Which of the following is an appropriate consideration when counseling a patient about dietary sodium intake for blood pressure management?

A. Sodium intake has no established relationship with blood pressure

B. Dietary counseling has no role once medication is started

C. Reducing dietary sodium intake is a reasonable component of blood pressure management

D. Sodium restriction is only relevant in patients already diagnosed with heart failure

31. Which of the following best reflects an appropriate approach to counseling a patient about alcohol use during pregnancy?

A. Moderate alcohol use is considered safe during pregnancy

B. Only heavy alcohol use during pregnancy carries any risk

C. Alcohol counseling is not part of routine prenatal care

D. No amount of alcohol use during pregnancy has been established as safe

32. Which of the following is an appropriate component of preventive care for a patient newly diagnosed with hypertension regarding sleep evaluation?

A. Sleep assessment has no relevance to hypertension management

B. All hypertensive patients require formal polysomnography always

C. Screening for apnea symptoms is reasonable in resistant hypertension

D. Sleep apnea and hypertension have no established association

33. Which of the following is an appropriate preventive counseling point regarding helmet use for pediatric patients riding bicycles?

A. A properly fitted helmet should be worn on every ride, regardless of distance

B. Helmets are only necessary for long-distance rides

C. Helmet use is optional once a child reaches adolescence

D. Helmet fit is not clinically relevant, only helmet ownership

34. Which of the following best reflects an appropriate approach to counseling a new mother about breastfeeding and maternal preventive care?

A. Continue routine maternal preventive care recommendations, adjusted as appropriate for breastfeeding-compatible choices

B. All preventive care is suspended during breastfeeding

C. Breastfeeding eliminates the need for any further preventive counseling

D. Preventive care recommendations are identical regardless of breastfeeding status with no adjustments ever needed

35. Which of the following is an appropriate preventive consideration for an adult patient with a sedentary occupation?

A. No specific counseling is warranted based on occupation type

B. Counseling on incorporating regular physical activity outside of work hours is appropriate

C. Sedentary work has no established health implications

D. This topic falls outside the scope of a primary care visit

36. Which of the following is an appropriate approach to preventive counseling for a patient who has recently quit smoking, regarding relapse prevention?

A. Continued follow-up and relapse-prevention counseling at subsequent visits

B. No further discussion is needed once a quit attempt begins

C. Relapse prevention is not an evidence-based component of tobacco cessation care

D. Follow-up should only occur if the patient specifically requests it

37. Which of the following best reflects an appropriate approach to counseling about firearm storage in a household with a patient experiencing new cognitive impairment?

A. This topic is not relevant to cognitive impairment

B. Firearm access should be discussed only if specifically raised by the family

C. Discussing safe storage or removal is a reasonable safety consideration given new cognitive impairment

D. No safety modifications are ever needed for firearm access in this context

38. Which of the following is an appropriate preventive consideration for a patient with a new diagnosis of gestational diabetes regarding future risk?

A. No future screening is needed once pregnancy concludes

B. Postpartum screening and counseling on future diabetes risk

C. Gestational diabetes has no bearing on future diabetes risk

D. Screening should be deferred indefinitely after delivery

39. Which of the following is an appropriate preventive counseling point for a patient beginning a new hormonal contraceptive method regarding smoking?

A. Smoking status matters given cardiovascular risk over age 35

B. Smoking status is irrelevant to contraceptive method choice

C. All methods carry identical risk regardless of smoking status

D. This consideration applies only to smokers under age 20

40. Which of the following best reflects an appropriate approach to preventive counseling regarding household carbon monoxide safety?

A. Carbon monoxide safety is only relevant in homes with gas appliances

B. This topic is outside the scope of primary care entirely

C. Counseling on carbon monoxide detector installation is a reasonable home-safety topic

D. No preventive guidance exists for this topic

41. Which of the following is an appropriate preventive consideration for an older adult being started on a new medication with known anticholinergic effects?

A. No additional consideration is needed beyond standard prescribing

B. This consideration applies only to patients already diagnosed with dementia

C. Anticholinergic burden is not a relevant prescribing consideration in older adults

D. Weighing the cumulative anticholinergic burden and fall/cognitive risk before prescribing

42. Which of the following best reflects an appropriate approach to counseling a patient about safe medication storage in a household with young children?

A. Safe storage counseling is not a primary care topic

B. Only prescription medications require safe storage

C. Storing medications, including over-the-counter products, out of reach and sight of children

D. Child-resistant packaging alone eliminates the need for safe storage practices

43. Which of the following is an appropriate preventive consideration for a patient with a family history of sudden cardiac death at a young age?

A. No evaluation is warranted unless symptoms are present

B. Further evaluation is reasonable given this family history

C. This family history pattern has no clinical significance

D. Reassurance alone is sufficient regardless of the details

44. Which of the following is an appropriate preventive counseling point for an adolescent athlete regarding preparticipation evaluation?

A. A targeted preparticipation history and physical is reasonable

B. Only athletes with known cardiac symptoms need evaluation

C. Preparticipation evaluation has no established value

D. This evaluation is only relevant for professional athletes

45. Which of the following best reflects an appropriate approach to preventive counseling about heat-related illness for outdoor workers?

A. No preventive guidance exists for occupational heat exposure

B. Heat-related illness is not preventable through counseling

C. This topic applies only to workers in tropical climates

D. Counseling on hydration, rest breaks, and recognizing early heat-illness symptoms

46. Which of the following is an appropriate preventive consideration for a patient with a new diagnosis of celiac disease regarding family screening?

A. Family screening is never indicated for this condition

B. Relatives may reasonably be offered screening given heredity

C. Family history has no bearing on screening decisions

D. Only symptomatic family members should ever be screened

47. Which of the following best reflects an appropriate approach to preventive counseling regarding pool and water safety for young children?

A. Counseling on supervision and water barriers is appropriate

B. Water safety counseling is not relevant to primary care

C. Swimming lessons alone eliminate the need for supervision

D. This topic applies only to families who own a pool

48. Which of the following is an appropriate preventive consideration for a patient who reports a strong family history of glaucoma?

A. No eye examination is warranted before symptoms of vision loss develop

B. Family history of glaucoma has no bearing on screening decisions

C. Earlier or more frequent eye examinations may be reasonable given this family history

D. This family history is only relevant after age 80

49. Which of the following best reflects an appropriate approach to counseling a patient about safe firearm storage as a general injury-prevention topic in a household with children, independent of any specific risk factor?

A. This topic should only be raised if the family specifically discloses firearm ownership

B. Firearm storage counseling is not an appropriate primary care topic

C. Discussing secure storage practices is a reasonable general injury-prevention topic in households with children

D. This topic is relevant only in households with a documented history of violence

50. Which of the following is an appropriate preventive consideration when a patient reports a new tick bite in an endemic area for tick-borne illness?

A. Discussing monitoring for symptoms and, when appropriate, prophylaxis based on established regional criteria

B. No action is ever needed after a tick bite regardless of location

C. Antibiotics should be given to every patient after any tick bite regardless of criteria

D. Tick bites carry no risk of disease transmission in any region

51. Which of the following best reflects current guidance on screening for vitamin D deficiency in asymptomatic, average-risk adults?

A. Routine screening is recommended annually for all adults

B. Screening is recommended only in adults under age 30

C. Screening carries a Grade A recommendation in this population

D. Current evidence is insufficient to recommend routine screening in this population

52. A pregnant patient asks when she should be screened for group B streptococcus colonization. Which of the following is correct?

A. Screening is performed at 35 to 37 weeks of gestation

B. Screening is performed only in the first trimester

C. Screening is performed exclusively during labor itself

D. Screening is not part of routine prenatal care

53. An Rh-negative pregnant patient with an Rh-positive partner asks about Rh immune globulin. Which of the following best reflects its purpose?

A. To treat active hemolytic disease already present in the fetus

B. To replace the need for any further prenatal blood typing

C. To prevent maternal sensitization to fetal Rh-positive blood

D. To screen for gestational diabetes

54. A pregnant patient with a history of preeclampsia in a prior pregnancy asks about prevention strategies. Which of the following is most appropriate?

A. No preventive intervention exists for this factor

B. Low-dose aspirin from the first trimester is recommended in high-risk patients

C. High-dose aspirin for a shorter duration is preferred

D. Prevention is only available after 20 weeks gestation

55. A 66-year-old woman with a consistent history of normal cervical cancer screening asks whether she still needs to be screened. Which is most accurate?

A. Screening continues annually regardless of age or history

B. Screening should have stopped at age 50 regardless of history

C. Screening frequency increases after age 65

D. Screening may reasonably stop given her adequate prior negative history

56. Which of the following best reflects an appropriate approach to hearing loss screening in older adults?

A. Formal audiometric testing is required annually for every older adult

B. Hearing loss has no meaningful impact on older adult function

C. Periodically asking about hearing difficulty and referring when indicated is a reasonable approach

D. Hearing screening is only relevant in patients under age 65

57. Which of the following is an appropriate preventive vision consideration for an asymptomatic older adult?

A. Vision screening is only relevant in the pediatric population

B. No vision assessment is needed unless the patient reports symptoms

C. Vision loss in older adults has no established link to fall risk

D. Periodic vision assessment is reasonable given its relevance to function and fall risk

58. Which of the following best reflects an appropriate primary care approach to a patient reporting no regular access to dental care?

A. Dental care access is entirely outside the scope of primary care discussion

B. Oral health has no established connection to overall health

C. No action is appropriate since primary care cannot address this

D. Discussing the importance of dental care and facilitating referral or resource connection is appropriate

59. Which of the following best reflects an appropriate harm-reduction approach for a patient who continues to inject drugs despite counseling on cessation?

A. Refuse to discuss the topic further until the patient stops entirely

B. No harm-reduction strategies are appropriate in this context

C. Discussing safer injection practices and connecting to harm-reduction resources is appropriate

D. Harm reduction is only appropriate once a patient has already contracted an infection

60. A patient in a relationship with an HIV-positive partner asks about reducing her risk of acquisition. Which of the following is most appropriate?

A. Discuss pre-exposure prophylaxis as an evidence-based risk-reduction option

B. No effective risk-reduction strategy exists in this situation

C. Recommend avoiding all physical contact with her partner

D. PrEP is not appropriate for use within a committed relationship

61. A 45-year-old woman has a personal history of both breast cancer and ovarian cancer diagnosed at different times. Which of the following is most appropriate?

A. This pattern has no additional significance beyond each diagnosis individually

B. No further evaluation is needed since both cancers have already been treated

C. This pattern is common and does not warrant further genetic evaluation

D. Multiple primary cancers in one individual is a red flag warranting genetic risk assessment

62. A woman with a history of preeclampsia during pregnancy asks whether this has any bearing on her future health. Which of the following is most accurate?

A. Preeclampsia history has no established link to future cardiovascular risk

B. This history is only relevant during future pregnancies, not general health

C. A history of preeclampsia is associated with increased future cardiovascular risk and warrants ongoing monitoring

D. This history is relevant only if she develops hypertension outside of pregnancy

63. Which of the following is an appropriate general sleep-health counseling point for an adult with difficulty falling asleep, absent symptoms of a specific sleep disorder?

A. Sleep hygiene counseling has no evidence-based role in this context

B. Counseling on consistent sleep schedules and reducing pre-sleep stimulant use is a reasonable first step

C. Pharmacologic therapy should always be the first-line approach

D. This complaint always requires formal polysomnography before any counseling

64. Which of the following patients would most appropriately be screened for chronic hepatitis B infection based on recognized risk factors?

A. A patient with no identified risk factors and no country-of-origin risk

B. A patient with well-controlled seasonal allergies alone

C. A patient with a normal liver panel and no other findings

D. A patient born in a region with high hepatitis B endemicity

65. A 32-year-old woman who never received the HPV vaccine asks whether she is still eligible. Which of the following best reflects current guidance?

A. Vaccination is never recommended for anyone over age 26

B. Shared decision-making up to 45 is reasonable; catch-up runs through 26

C. She is not eligible for vaccination beyond adolescence

D. Vaccination has no benefit once sexually active already

66. Which of the following best reflects an appropriate systems-based preventive practice in primary care?

A. Problem lists and medication lists are administrative tasks with no clinical preventive value

B. Medication lists only need updating once per year regardless of changes

C. This is solely the patient's responsibility to maintain

D. Maintaining an accurate, current problem list and medication list supports safe, coordinated preventive care

67. Which of the following best reflects chlamydia screening recommendations specifically in pregnant women?

A. Screening in pregnancy has no additional consideration

B. Screening applies to pregnant women beyond the usual threshold

C. Pregnant women are exempt from this screening

D. Screening is only done if symptoms are present

68. A pregnant patient is considering travel to a region with active Zika virus transmission. Which of the following is the most appropriate counseling point?

A. Zika poses no risk in pregnancy

B. Travel proceeds without precautions

C. This risk applies only to non-pregnant travelers

D. Travel to active zones should be avoided during pregnancy

69. Which of the following is an appropriate consideration when a family member reports concern about an older patient's unusual financial decisions?

A. This concern is entirely outside primary care's scope

B. Financial matters should never be discussed with the patient

C. Considering possible exploitation as elder abuse and evaluating further is appropriate

D. No action is needed unless the patient reports it herself

70. Which of the following best reflects an appropriate approach to timing a preparticipation sports physical?

A. The exam should be performed the same day as the first competition

B. Preparticipation physicals have no recommended timing considerations

C. The exam is only valid if performed by a cardiologist

D. The exam should be performed with enough lead time to allow follow-up on any identified concerns

71. Which of the following is an appropriate preventive care consideration for a patient recently released from incarceration?

A. Facilitating continuity of care given known gaps at this transition

B. No special consideration is needed for this population

C. Preventive care should wait until full reintegration occurs

D. This population has no elevated risk of disruption

72. Which of the following best describes the purpose of a formal breast cancer risk assessment tool in preventive care?

A. To replace the need for mammographic screening entirely

B. To identify patients who may benefit from counseling or enhanced screening

C. To diagnose breast cancer directly without testing

D. To determine eligibility for average-risk screening only

73. Which of the following best reflects an appropriate approach to discussing PrEP eligibility in primary care?

A. PrEP is only discussed if requested by name specifically

B. Discussions should be limited to specialty HIV clinics

C. PrEP is not appropriate for a routine primary care visit

D. Routine risk assessment helps identify candidates for PrEP discussion

74. Which of the following best reflects appropriate timing for postpartum depression screening?

A. Screening is only appropriate at the 6-week visit alone

B. Screening happens at multiple points, not limited to one visit

C. Screening is not recommended during this period

D. Screening waits until symptoms are reported spontaneously

75. Which of the following best reflects an appropriate practice-level approach to specialist referrals made during preventive care visits?

A. Once placed, a referral needs no further tracking

B. Completion is solely the patient's responsibility

C. Referrals need not be documented in the record

D. Tracking completion and following up closes a real coordination gap

76. Which of the following is an appropriate approach to screening for developmental dysplasia of the hip in infants?

A. Screening only happens if the infant is symptomatic

B. Screening is not part of routine well-child care

C. Clinical hip exam is a routine part of well-child visits

D. Screening waits until the child begins walking

77. Which of the following best reflects the importance of early amblyopia screening in young children?

A. Detection allows treatment before permanent vision loss

B. Amblyopia has no treatable window at all

C. Screening is only useful after age ten

D. Amblyopia resolves without intervention needed

78. Which of the following best reflects current USPSTF guidance on routine scoliosis screening in asymptomatic adolescents?

A. Screening carries a Grade A recommendation for all adolescents

B. Screening is recommended against in all circumstances

C. Current evidence is insufficient to recommend routine screening in this population

D. Screening is recommended only in adolescent boys

79. A 68-year-old woman who has never smoked asks about screening for abdominal aortic aneurysm. Which of the following is most accurate?

A. Screening is recommended for all women starting at age 65

B. Screening is recommended for all women regardless of smoking history

C. Screening should be performed annually in this patient

D. Routine screening in women without a smoking history is not generally recommended

80. Which of the following best reflects current guidance on screening for carotid artery stenosis in asymptomatic adults?

A. Screening carries a Grade A recommendation over 65

B. Screening with ultrasound annually is recommended in all adults

C. Screening is recommended only in adults with diabetes

D. USPSTF recommends against routine screening in this population

81. A 45-year-old asymptomatic man with low cardiovascular risk asks about getting a routine screening ECG. Which of the following is most accurate?

A. Routine ECG screening is recommended annually starting at age 40

B. Routine ECG screening in this low-risk, asymptomatic population is not generally recommended

C. ECG screening carries a Grade A recommendation in this population

D. ECG screening is required before any preventive visit

82. A patient meets criteria for BRCA genetic risk assessment. Which of the following best reflects the appropriate sequence of care?

A. Order BRCA testing directly and discuss results afterward without prior counseling

B. Genetic counseling is only necessary if the test result is positive

C. Testing should proceed without any counseling component at any point

D. Pre-test genetic counseling should occur before testing to ensure informed decision-making

83. Which of the following best distinguishes folic acid supplementation from folate food fortification for neural tube defect prevention?

A. Supplementation gives a reliable dose fortified food alone may not provide

B. Fortification alone is always sufficient on its own

C. These approaches are functionally identical

D. Fortification only matters once pregnancy is confirmed

84. Which of the following best describes the Ages and Stages Questionnaire (ASQ) as used in pediatric preventive care?

A. It is a diagnostic tool for autism specifically

B. It is administered only once, at birth

C. It is a parent-completed tool given at multiple defined ages

D. It replaces the need for further surveillance

85. A 12-month-old child not enrolled in Medicaid presents for a well visit. Which of the following best reflects the approach to lead screening for this child?

A. Universal screening is required regardless of risk

B. A risk-based approach screens those with risk factors present

C. Lead screening does not apply outside Medicaid

D. Screening waits until symptoms of toxicity appear

86. Which of the following is an appropriate preventive screening component of a routine 12-month well-child visit?

A. Screening for anemia is not part of routine well-child care

B. Anemia screening is deferred until school entry

C. Anemia screening is only performed if the child appears pale

D. Routine screening for anemia is a standard component of the visit at this age

87. Which of the following best reflects current USPSTF guidance on obesity screening in children and adolescents?

A. Screening is recommended, with referral to comprehensive behavioral intervention for those with obesity

B. Screening is not recommended in children under any circumstance

C. Screening is only appropriate in adolescents, not younger children

D. Pharmacotherapy is the recommended first response to a positive screen

88. Which of the following best reflects current guidance on blood pressure screening in children?

A. Blood pressure measurement is not recommended before adolescence

B. Blood pressure is measured only if a child has symptoms

C. Blood pressure screening applies only to children with obesity

D. Routine blood pressure measurement is recommended starting around age 3 at well-child visits

89. Which of the following best reflects current guidance on universal lipid screening in children?

A. Lipid screening is never performed before adulthood

B. Universal lipid screening is recommended once between ages 9 and 11

C. Lipid screening applies only to children with a family history of hyperlipidemia

D. Lipid screening is performed annually starting at birth

90. Which of the following best reflects an appropriate approach to return-to-play decisions following a suspected concussion in a young athlete?

A. Return to play is appropriate as soon as symptoms are no longer reported at rest

B. No graduated protocol is necessary; return to full activity may occur immediately once cleared

C. A graduated, stepwise return-to-play protocol supervised by a qualified provider is the appropriate approach

D. Return-to-play decisions are made solely by the coach

91. Which of the following is an appropriate approach for a healthcare worker without a documented history of varicella vaccination or disease?

A. No verification of immunity is needed for this occupation

B. Verify immunity through vaccination history or serologic testing, given occupational exposure risk

C. Assume immunity based on age alone without testing or vaccination history

D. Varicella immunity is not relevant to healthcare occupational health

92. Which of the following patients would most appropriately be considered for tuberculosis screening based on recognized risk factors?

A. A patient with no occupational or geographic risk factors

B. A healthcare worker with ongoing occupational exposure risk

C. A patient with a normal chest x-ray and no symptoms, with no other risk factors

D. Screening is not indicated in any primary care population

93. A woman with a history of postpartum thyroiditis in a previous pregnancy asks about screening in a subsequent pregnancy. Which of the following is most appropriate?

A. No further screening given the prior episode resolved

B. Screening is only appropriate if symptomatic now

C. She may reasonably be screened again given her recurrence risk

D. This condition cannot recur in later pregnancies

94. A patient with a new high-risk exposure for hepatitis C after a previously negative screen asks about retesting. Which of the following is most appropriate?

A. No retesting is ever needed after a negative screen

B. Retesting waits indefinitely regardless of new exposure

C. Retesting is appropriate given this new specific exposure

D. A new exposure has no bearing on retesting

95. A patient of Ashkenazi Jewish descent asks whether her heritage affects her personal risk assessment for hereditary breast and ovarian cancer syndromes. Which of the following is most accurate?

A. This heritage has no bearing on risk assessment

B. Relevant only if no family history of cancer exists

C. This heritage eliminates the need for family history

D. This heritage raises mutation prevalence and may lower the counseling threshold

96. A 15-year-old requests outpatient counseling for anxiety and asks that this not be disclosed to her parents. Which of the following best reflects the general legal approach to minor consent for outpatient mental health treatment in most states?

A. Parental consent is universally required regardless of state

B. Many states allow minors some independent consent for outpatient mental health services

C. Mental health treatment always requires a court order

D. This decision is made solely by the clinician, regardless of state law

97. Which of the following is an appropriate anticipatory guidance topic for an early adolescent well visit regarding social media use?

A. This topic is not appropriate for a primary care visit

B. Discussing safe use, online safety, and bullying is appropriate

C. Social media has no established impact on wellbeing

D. This topic belongs exclusively to school counselors

98. Which of the following is an appropriate preventive consideration for an older adult identified as having fall risk, regarding the home environment?

A. A home safety assessment for hazards is a reasonable step

B. Home environment has no bearing on fall risk

C. Assessments are only appropriate after a fall occurs

D. This consideration applies only to those living alone

99. Which of the following best reflects an appropriate preventive practice for a patient with polypharmacy?

A. Review is only appropriate after an adverse event

B. Once established, no further review is ever needed

C. Review is solely a pharmacist's job, no physician role

D. Periodic review finds unnecessary or harmful medications early

100. Which of the following best reflects the preventive value of continuity of care in a long-term physician-patient relationship?

A. Continuity of care has no established relationship to preventive care delivery

B. Sustained continuity supports more complete preventive care delivery and earlier identification of emerging concerns

C. Continuity of care is only relevant for chronic disease management, not prevention

D. Switching physicians frequently has no impact on preventive care completeness

101. Which of the following best reflects an appropriate approach before ordering genetic testing for hereditary cancer risk?

A. Testing should be ordered directly based on patient request alone, without risk assessment

B. A structured risk assessment, ideally alongside genetic counseling, should precede the decision to test

C. Risk assessment is unnecessary if insurance will cover the test

D. Any patient who asks should be tested regardless of family history

102. Which of the following best reflects the appropriate default approach to a preventive service carrying a Grade A or B USPSTF recommendation?

A. The service should be offered or provided to eligible patients absent a specific contraindication

B. The service should only be offered if the patient specifically requests it

C. Grade A and B services carry no different priority than Grade C services

D. These services should be deferred until the patient raises the topic

103. A patient declines a recommended Grade A preventive service after appropriate counseling. Which of the following is the most appropriate next step?

A. The service proceeds regardless of the patient's decision

B. The physician refuses to continue care if declined

C. No documentation of the discussion is needed

D. Document the discussion and decision, revisiting it later

104. Which of the following best reflects an efficient approach to delivering multiple indicated preventive services during a single visit?

A. Only one preventive service is ever addressed per visit

B. Bundling services into a single visit is never appropriate

C. A separate visit is scheduled for each individual service

D. Addressing multiple services together, when feasible, improves completion

105. Which of the following best reflects the overall approach preventive care guidelines are intended to support in individual patient care?

A. Guidelines are a starting framework individualized to the patient

B. Guidelines apply identically to every patient regardless of circumstance

C. Guidelines are only theoretical with no bedside application

D. Individual factors should never influence guideline application

106. A patient presents with hypotension, jugular venous distension, and muffled heart sounds following a penetrating chest injury. Which of the following is the most likely diagnosis?

A. Tension pneumothorax

B. Massive pulmonary embolism

C. Simple pneumothorax

D. Cardiac tamponade

107. A patient develops sudden severe dyspnea, absent breath sounds on one side, tracheal deviation, and hypotension after chest trauma. Which of the following is the most appropriate immediate concern?

A. Simple rib fracture, no complication

B. Pericarditis, an isolated finding

C. Tension pneumothorax, a life-threatening emergency

D. Mild pleural effusion, an isolated finding

108. A patient presents with sudden severe tearing chest pain radiating to the back, with a blood pressure differential of 40 mmHg between the two arms. Which of the following is the most likely diagnosis?

A. Stable angina

B. Simple musculoskeletal chest pain

C. Costochondritis

D. Aortic dissection

109. A patient presents with massive hemoptysis, coughing up large volumes of blood. Which of the following is the most appropriate immediate priority?

A. Outpatient chest imaging scheduled within the week

B. Airway protection and emergent evaluation, given asphyxiation risk

C. Reassurance, since hemoptysis is rarely dangerous

D. Oral antitussive medication, given alone

110. A patient with a large anterior myocardial infarction develops hypotension, cool extremities, and altered mental status. Which of the following is the most likely diagnosis?

A. Cardiogenic shock

B. Distributive shock from sepsis

C. Hypovolemic shock from bleeding

D. Neurogenic shock

111. A patient with known Wolff-Parkinson-White syndrome develops atrial fibrillation with a rapid ventricular response. Which medication class should generally be avoided here?

A. Procainamide, used in this specific setting

B. Synchronized cardioversion, used when indicated

C. AV nodal blockers such as adenosine or calcium channel blockers

D. None of the standard classes need special consideration

112. Which of the following distinguishes a hypertensive emergency from hypertensive urgency?

A. The specific blood pressure number alone, regardless of any other finding

B. Hypertensive emergency and urgency are interchangeable terms

C. Urgency always requires immediate intravenous therapy

D. The presence of acute end-organ damage defines a hypertensive emergency, distinct from urgency

113. A patient with a known abdominal aortic aneurysm develops sudden severe abdominal and back pain with hypotension. Which of the following is the most appropriate concern?

A. Simple renal colic

B. Uncomplicated diverticulitis

C. Mild musculoskeletal strain, present without findings

D. Possible aneurysm rupture, a surgical emergency

114. Which ECG finding is more characteristic of acute pericarditis than acute myocardial infarction?

A. ST elevation localized to a single coronary territory

B. Reciprocal ST depression in the opposite leads

C. Diffuse ST elevation with PR depression across multiple leads

D. New Q waves confined to a single territory

115. A patient on digoxin presents with nausea, visual disturbances described as yellow-green halos, and a new cardiac arrhythmia. Which of the following is the most likely explanation?

A. This presentation is unrelated to his digoxin therapy

B. This represents a simple viral illness

C. Digoxin toxicity should be considered given this classic symptom cluster

D. This presentation requires no further evaluation

116. A patient presents with sudden-onset, severe headache described as the worst of their life, reaching maximum intensity within seconds. Which of the following is the most appropriate concern?

A. Typical migraine, requiring only symptomatic treatment

B. Subarachnoid hemorrhage, requiring urgent evaluation

C. Tension-type headache, requiring reassurance

D. Sinus headache, requiring antibiotics

117. A patient with a history of IV drug use presents with fever, severe back pain, and progressive lower extremity weakness. Which of the following is the most appropriate concern?

A. Simple mechanical back strain, present

B. Uncomplicated urinary tract infection, present alone

C. Benign muscle spasm

D. Spinal epidural abscess, requiring urgent evaluation

118. Which combination of vital sign findings is classically associated with significantly elevated intracranial pressure?

A. Hypotension, tachycardia, and tachypnea

B. Hypotension, bradycardia, and hyperventilation

C. Hypertension, bradycardia, and irregular respirations

D. Normal blood pressure, normal heart rate, and normal respirations

119. A patient presents with unilateral facial weakness. Which finding would suggest a peripheral (Bell's palsy) rather than a central (stroke) cause?

A. Forehead muscle function preserved, with only lower facial weakness

B. Facial weakness accompanied by arm weakness on the same side

C. Symptoms occurring only during sleep

D. Weakness involving the forehead on the affected side, in addition to the lower face

120. A patient develops progressive, ascending, symmetric weakness beginning in the legs over several days, following a recent gastrointestinal illness. Which of the following is the most likely diagnosis?

A. Simple viral myalgia

B. Unilateral peripheral nerve entrapment

C. Guillain-Barre syndrome

D. Benign fatigue

121. A patient with known myasthenia gravis develops worsening weakness and respiratory difficulty. Which of the following is the most appropriate concern?

A. Myasthenic crisis, a potentially life-threatening emergency requiring urgent evaluation

B. This represents a typical, expected daily fluctuation requiring no action

C. This is unrelated to her underlying diagnosis

D. No urgent evaluation is needed regardless of respiratory symptoms

122. A patient with a history of chronic alcohol use presents with confusion, ataxia, and ophthalmoplegia. Which of the following is the most appropriate immediate concern and action?

A. This is a benign intoxication effect requiring only observation

B. This presentation requires no specific intervention

C. This is unrelated to his alcohol use history

D. Wernicke encephalopathy, requiring urgent thiamine administration

123. Which of the following findings is more characteristic of serotonin syndrome than neuroleptic malignant syndrome?

A. Slow onset over days to weeks with lead-pipe rigidity

B. Rapid onset with hyperreflexia and clonus

C. Onset exclusively associated with antipsychotic medications

D. Absence of any autonomic instability

124. A patient presents with severe unilateral eye pain, blurred vision, halos around lights, and a fixed, mid-dilated pupil. Which of the following is the most likely diagnosis?

A. Acute angle-closure glaucoma, an emergency

B. Simple viral conjunctivitis

C. Benign dry eye syndrome

D. Uncomplicated allergic conjunctivitis

125. A 72-year-old woman presents with a new severe headache, jaw claudication, and scalp tenderness. Which of the following is the most appropriate concern and action?

A. Simple tension headache, treated with analgesics alone

B. This presentation requires no urgent evaluation at all

C. Reassurance alone, since vision is not currently affected

D. Giant cell arteritis, warranting urgent steroids given vision risk

126. Which of the following best describes the appropriate initial priority in a patient with suspected massive pulmonary embolism and hemodynamic instability?

A. Rapid hemodynamic stabilization and urgent evaluation for reperfusion therapy

B. Outpatient anticoagulation started after several days of observation

C. Reassurance, since instability is expected and self-resolving

D. No specific urgency is warranted regardless of hemodynamic status

127. Which of the following best describes an appropriate approach to a patient with new-onset atrial fibrillation and hemodynamic instability?

A. Emergent synchronized cardioversion is an appropriate consideration

B. Oral rate control alone is always sufficient regardless of stability

C. No intervention is needed if the patient is asymptomatic

D. Anticoagulation alone addresses the instability

128. Which of the following best describes an appropriate approach to a patient presenting with syncope and a family history of sudden cardiac death at a young age?

A. Reassurance alone, since syncope is usually benign

B. Further cardiac evaluation is warranted given this concerning family history

C. No evaluation is needed unless syncope recurs

D. This family history has no bearing on the evaluation

129. Which of the following best describes an appropriate approach to a patient with chest pain and ECG findings of new left bundle branch block in the setting of a compatible clinical presentation?

A. This finding is treated with STEMI-level urgency in context

B. This finding is never clinically significant at all

C. This finding requires no further cardiac workup

D. This finding rules out an acute coronary event entirely

130. Which of the following best describes an appropriate approach to a patient with suspected acute limb ischemia (sudden pain, pallor, pulselessness in an extremity)?

A. Emergent vascular evaluation given the time-sensitive risk of limb loss

B. Outpatient follow-up scheduled within the week

C. Reassurance, since these findings typically resolve on their own

D. Warm compresses alone, without further evaluation

131. A child presents with periorbital swelling, fever, proptosis, and pain with eye movement. Which of the following is the most appropriate concern?

A. Simple viral conjunctivitis

B. Preseptal cellulitis alone, no deeper spread

C. Allergic eyelid swelling

D. Orbital cellulitis, a more serious infection

132. A patient with diabetes presents with severe ear pain, purulent drainage, and granulation tissue in the ear canal. Which of the following is the most appropriate concern?

A. Simple otitis externa, managed with drops alone

B. Otitis media, managed with oral antibiotics alone

C. Malignant otitis externa, requiring urgent evaluation

D. Benign cerumen impaction

133. A patient presents with fever and a rash involving the palms and soles after recent tick exposure in an endemic area. Which of the following is the most appropriate approach?

A. Consider Rocky Mountain spotted fever and treat empirically now

B. Reassurance, since this rash is not significant

C. Defer treatment until confirmatory testing is available

D. This presentation requires no specific concern

134. A patient with known inflammatory bowel disease develops abdominal distension, fever, and systemic toxicity. Which of the following is the most appropriate concern?

A. Simple constipation, managed with over-the-counter laxatives

B. Uncomplicated flare, managed as an outpatient

C. Benign ileus requiring no specific intervention

D. Toxic megacolon, a life-threatening complication requiring urgent evaluation

135. A patient presents with severe perineal pain, swelling, and rapidly spreading skin changes in the genital region, with systemic toxicity. Which of the following is the most appropriate concern?

A. Simple cellulitis, managed with oral antibiotics alone

B. Benign skin irritation requiring no specific intervention

C. Fournier's gangrene, a surgical emergency requiring urgent evaluation

D. Uncomplicated folliculitis

136. A young child presents with fever, neck stiffness, drooling, and reluctance to move the neck, with a normal-appearing airway on exam. Which of the following is the most appropriate concern, distinct from epiglottitis?

A. Simple viral pharyngitis

B. Retropharyngeal abscess, an urgent concern

C. Benign teething discomfort

D. Uncomplicated dental infection

137. Which of the following cerebrospinal fluid findings is most characteristic of bacterial rather than viral meningitis?

A. Low glucose, elevated protein, and neutrophil-predominant pleocytosis

B. Normal glucose, mildly elevated protein, and lymphocyte-predominant pleocytosis

C. Entirely normal cerebrospinal fluid findings

D. Cerebrospinal fluid findings that never differ between the two etiologies

138. A patient with a history of IV drug use presents with fever and a new heart murmur. Which of the following is the most appropriate concern?

A. Simple viral illness with an incidental murmur

B. Benign functional murmur requiring no further evaluation

C. This presentation requires no specific urgency

D. Infective endocarditis, requiring urgent evaluation

139. Which of the following organisms is most classically associated with malignant otitis externa in patients with diabetes?

A. Staphylococcus aureus

B. Pseudomonas aeruginosa

C. Streptococcus pyogenes

D. Escherichia coli

140. An infant presents with episodic colicky abdominal pain, drawing the knees to the chest, and passage of currant jelly stool. Which of the following is the most likely diagnosis?

A. Simple viral gastroenteritis

B. Uncomplicated constipation

C. Benign colic alone

D. Intussusception, an urgent concern

141. A pediatric patient presents with sudden severe testicular pain and an absent cremasteric reflex. Which of the following is the most appropriate next step?

A. Reassurance and outpatient follow-up in several days

B. Immediate emergent urology consultation for possible torsion

C. Oral antibiotics for presumed epididymitis

D. Outpatient ultrasound scheduled within 48 hours

142. An infant presents with bruising in a pattern inconsistent with the child's developmental stage. Which of the following is the most appropriate concern?

A. This finding is not clinically significant in infants

B. Bruising in infants is always accidental and requires no further evaluation

C. No further evaluation is needed unless the caregiver requests it

D. This finding raises concern for possible non-accidental trauma, warranting further evaluation

143. A 4-week-old infant presents with projectile, non-bilious vomiting after feeds, with a palpable olive-shaped abdominal mass. Which of the following is the most likely diagnosis?

A. Pyloric stenosis

B. Simple gastroesophageal reflux

C. Viral gastroenteritis

D. Formula intolerance alone

144. A child presents with fever for 5 days, bilateral conjunctival injection, a polymorphous rash, and swelling of the hands and feet. Which of the following is the most appropriate concern?

A. Kawasaki disease, given risk of coronary artery aneurysm if untreated

B. Simple viral exanthem requiring only supportive care

C. Contact dermatitis, requiring topical treatment alone

D. This presentation requires no specific evaluation

145. A child with diabetic ketoacidosis is being treated with intravenous fluids. Which is a specific pediatric concern requiring cautious fluid management, distinct from typical adult DKA management?

A. No specific pediatric consideration differs from adult management

B. Risk of cerebral edema with overly rapid fluid correction

C. Pediatric patients require faster fluid correction than adults

D. Fluid management has no bearing on outcomes in pediatric DKA

146. A toddler is suspected of having ingested a button battery. Which of the following is the most appropriate approach?

A. Outpatient follow-up scheduled within the week

B. Reassurance, since button batteries typically pass without issue

C. Immediate evaluation and removal, given risk of rapid tissue injury

D. Watchful waiting for symptoms before any evaluation

147. Which of the following fracture patterns in an infant is most concerning for possible non-accidental trauma?

A. Posterior rib fractures or classic metaphyseal corner fractures

B. A single, clearly witnessed accidental fall injury

C. A fracture pattern typical of an ambulatory toddler's fall

D. Any fracture in a child is equally concerning regardless of pattern or age

148. A toddler is brought in after a suspected toxic ingestion of an unknown substance. Which of the following is an appropriate immediate step?

A. Wait for symptoms to develop before taking any action

B. Contact poison control and pursue urgent evaluation given the unknown substance

C. Administer activated charcoal at home without further guidance

D. No action is needed unless the child appears symptomatic already

149. A patient presents with mutism, immobility, and waxy flexibility on examination. Which of the following is the most likely diagnosis?

A. Catatonia, a treatable condition requiring prompt recognition

B. Simple fatigue requiring only rest

C. This presentation has no established treatment options

D. This presentation is always due to a primary psychotic disorder alone

150. A patient with a history of heavy alcohol use presents with tremor, agitation, and hallucinations 2 days after their last drink. Which is the most appropriate first-line treatment?

A. Antipsychotic medication alone as first-line therapy

B. Benzodiazepines as first-line treatment for alcohol withdrawal

C. No treatment is needed since symptoms will resolve spontaneously

D. Immediate discharge home without further evaluation

151. A patient presents with extreme agitation, hyperthermia, and tachycardia following stimulant use, with a high risk of sudden death. Which is the most appropriate approach?

A. Reassurance and observation alone without intervention

B. Physical restraint alone, without medical evaluation

C. Rapid evaluation and treatment given high mortality risk

D. This presentation requires no urgent attention at all

152. A patient discloses a specific plan to harm an identifiable third party. Which of the following best reflects an appropriate clinical and ethical consideration?

A. Confidentiality is absolute and overrides any other consideration in every circumstance

B. A duty to warn or protect the identified potential victim may apply in this circumstance

C. No action is ever appropriate beyond documentation

D. This disclosure has no bearing on clinical decision-making

153. A patient recently started on an antipsychotic medication develops sudden, sustained muscle contraction of the neck and jaw. Which is the most likely diagnosis and appropriate treatment?

A. Acute dystonic reaction, treated with an anticholinergic agent such as diphenhydramine or benztropine

B. This is an unrelated, incidental finding requiring no treatment

C. This represents a seizure requiring anticonvulsant therapy

D. This finding requires no specific intervention regardless of severity

154. A patient on antipsychotic medication develops rigidity, hyperthermia, autonomic instability, and altered mental status. Which of the following is the most likely diagnosis?

A. Simple medication side effect requiring no specific action

B. Neuroleptic malignant syndrome, a medical emergency requiring urgent treatment

C. This presentation is unrelated to his medication

D. This presentation requires only outpatient follow-up

155. A patient treated for anaphylaxis with epinephrine improves. Which of the following best reflects an appropriate approach to post-treatment monitoring?

A. The patient may be discharged immediately without any monitoring period

B. No risk of symptom recurrence exists once initial treatment is given

C. Monitoring is only needed if additional epinephrine doses were required

D. A period of observation is appropriate given the risk of a biphasic reaction

156. A patient presents after an acute acetaminophen overdose. Which of the following best reflects appropriate management?

A. No treatment is needed unless liver failure has already developed

B. Activated charcoal alone is sufficient regardless of timing or level

C. N-acetylcysteine should be considered based on serum levels plotted against time since ingestion

D. Treatment is only appropriate more than 24 hours after ingestion

157. A patient presents with respiratory depression, pinpoint pupils, and altered mental status after suspected opioid use. Which is the most appropriate immediate treatment?

A. Activated charcoal

B. IV fluids alone, without any reversal agent given

C. Naloxone, with awareness repeat dosing may be needed

D. Observation alone, without any intervention given

158. A patient presents after a tricyclic antidepressant overdose with a wide QRS complex on ECG. Which is an appropriate treatment consideration?

A. Standard AV nodal blockers as first-line therapy

B. No specific treatment differs from other arrhythmias

C. Immediate discharge once mental status improves

D. Sodium bicarbonate is a recognized treatment consideration

159. A patient presents with tinnitus, tachypnea, and a mixed respiratory alkalosis with metabolic acidosis on blood gas. Which is the most likely explanation?

A. This pattern is unrelated to any toxic ingestion

B. Salicylate toxicity should be considered given this classic acid-base pattern

C. This pattern always indicates a primary respiratory illness alone

D. No further evaluation is needed given a normal-appearing patient

160. A patient presents with severe bradycardia and hypotension following a beta-blocker overdose. Which is a specific treatment consideration for this toxicity?

A. Standard beta-agonist bronchodilator therapy alone

B. Glucagon is a recognized specific treatment consideration for beta-blocker toxicity

C. No specific antidote exists for this class of overdose

D. Immediate discharge once heart rate normalizes without further monitoring

161. A patient presents with a core body temperature of 28°C after prolonged cold exposure. Which is the most appropriate approach?

A. Rapid immersion rewarming in hot water is preferred first

B. No specific monitoring is needed during rewarming

C. This temperature does not represent an emergency

D. Careful, monitored rewarming given arrhythmia risk

162. A patient presents with a core temperature of 41°C and altered mental status after exertion in hot weather. Which is the most appropriate concern?

A. Simple heat exhaustion, requiring only oral fluids

B. This presentation requires no urgent intervention

C. Heat stroke, a life-threatening emergency requiring rapid cooling

D. Benign dehydration alone

163. A patient is rescued from a near-drowning event and remains in respiratory distress. Which is the most appropriate immediate priority?

A. Airway and ventilatory support, given the primary pathophysiology of drowning injury

B. Reassurance alone, since most drowning victims recover without intervention

C. Delayed evaluation, since symptoms often resolve without support

D. No monitoring is needed once the patient is out of the water

164. A patient presents after a suspected venomous snakebite. Which is the most appropriate approach?

A. Apply a tight tourniquet proximal to the bite immediately

B. Incise and attempt to suck out the venom at the bite site

C. Immobilize the affected limb and seek urgent evaluation for possible antivenom therapy

D. No evaluation is needed unless swelling develops

165. Which of the following best describes the purpose of the Glasgow Coma Scale in a patient with traumatic brain injury?

A. It is used exclusively to diagnose skull fractures

B. It has no established clinical utility in trauma

C. It standardizes consciousness measurement to classify severity

D. It replaces the need for any neuroimaging

166. A trauma patient presents with hypotension, marked tachycardia, and confusion, estimated to reflect significant blood loss. Which best reflects the significance of these findings?

A. These findings are consistent with a more advanced class of hemorrhagic shock requiring urgent intervention

B. These findings are consistent with minimal blood loss requiring no specific intervention

C. Vital sign changes have no established relationship to blood loss volume

D. This presentation requires no fluid resuscitation consideration

167. Which of the following best describes the purpose of the "rule of nines" in burn assessment?

A. It is used to determine burn depth exclusively

B. It has no role in guiding fluid resuscitation

C. It is used only for burns involving the face

D. It estimates total body surface area to guide resuscitation

168. A pregnant patient presents with sudden abdominal pain and vaginal bleeding in the third trimester. Which is the most appropriate concern?

A. This presentation is always benign and requires no urgent evaluation

B. Simple round ligament pain, requiring reassurance alone

C. Placental abruption, requiring urgent evaluation given risk to both mother and fetus

D. This presentation requires no specific concern in the third trimester

169. A pregnant patient with a known ectopic pregnancy develops sudden severe abdominal pain and hypotension. Which is the most appropriate concern?

A. This presentation is expected and requires no specific action

B. Simple round ligament pain requiring reassurance

C. This presentation can be safely managed as an outpatient

D. Possible ectopic rupture, a surgical emergency requiring immediate evaluation

170. A patient develops significant vaginal bleeding immediately after delivery. Which is the most appropriate immediate priority?

A. Rapid assessment and management given the risk of hemorrhagic shock

B. Reassurance, since some bleeding after delivery is entirely expected regardless of volume

C. Delayed evaluation until the patient reports symptoms of instability

D. No specific monitoring is needed in the immediate postpartum period

171. A patient presents with chest tightness, palpitations, and a sense of impending doom. Which is the most appropriate initial approach?

A. Assume this is purely psychological without any further evaluation

B. No cardiac evaluation is ever needed in a young, otherwise healthy patient

C. Appropriately evaluate for cardiac and other medical causes before attributing symptoms solely to panic

D. Reassurance alone is sufficient regardless of the specific presentation

172. A patient with known PTSD experiences an acute flashback in the office. Which is an appropriate immediate approach?

A. Ignore the episode and continue with the planned visit agenda

B. A calm environment and grounding techniques are an appropriate immediate supportive approach

C. Immediate psychiatric hospitalization is required for every flashback episode

D. No supportive intervention is appropriate during this type of episode

173. Which of the following is an important teaching point regarding the clinical findings of acute compartment syndrome?

A. Pain out of proportion often precedes late pulselessness

B. Pulselessness is always the earliest finding

C. Pain is never a reliable early indicator

D. This condition has no established clinical findings

174. A patient presents with visible blood layering in the anterior chamber of the eye after blunt trauma. Which is the most appropriate approach?

A. Urgent ophthalmologic evaluation given pressure and vision risk

B. Reassurance, since this resolves without evaluation

C. This finding requires no specific follow-up

D. Topical antibiotic drops alone are sufficient

175. A patient presents with a prolonged, painful erection lasting several hours unrelated to sexual stimulation. Which is the most appropriate approach?

A. Reassurance, since this finding typically resolves on its own without concern

B. This finding requires no evaluation unless it persists beyond a week

C. Urgent urologic evaluation is warranted given risk of permanent tissue damage

D. Topical treatment alone at home is sufficient

176. A patient presents with acute urinary retention accompanied by fever and systemic symptoms. Which is the most appropriate concern beyond the retention itself?

A. Possible associated infection requiring prompt evaluation alongside bladder decompression

B. This combination requires no additional concern beyond routine catheterization

C. Fever in this context is never clinically significant

D. No further workup is needed once the bladder is decompressed

177. A patient presents with rapidly progressive swelling of the floor of the mouth, tongue elevation, and difficulty swallowing following a dental infection. Which is the most appropriate concern?

A. Simple dental abscess requiring only oral antibiotics

B. Benign lymphadenopathy requiring no urgent evaluation

C. This presentation requires no airway-specific concern

D. Ludwig's angina, a potential airway emergency requiring urgent evaluation

178. A patient presents with severe sore throat, trismus, uvular deviation, and a muffled voice. Which of the following is the most likely diagnosis?

A. Simple viral pharyngitis

B. Uncomplicated tonsillitis without abscess formation present

C. Benign postnasal drip

D. Peritonsillar abscess, warranting urgent drainage

179. A patient presents with anuria and bilateral hydronephrosis on imaging. Which is the most appropriate concern?

A. This presentation requires no specific urgency

B. Simple dehydration, managed with oral fluids alone

C. Possible bilateral obstruction, a urologic emergency

D. This finding is a normal, expected variant

180. A patient presents with a chemical splash to the eye. Which is the most appropriate immediate action?

A. Wait for ophthalmology evaluation before any intervention

B. Apply a topical ointment immediately without irrigation

C. Immediate, copious irrigation is the appropriate first step

D. No specific first aid is needed for this exposure

181. A patient presents with acute, severe first metatarsophalangeal joint pain and swelling. Joint aspiration shows needle-shaped, negatively birefringent crystals. Which is the most likely diagnosis?

A. Pseudogout crystals

B. Septic arthritis

C. Rheumatoid arthritis

D. Classic gout

182. A patient presents with acute knee joint pain and swelling. Joint aspiration shows rhomboid-shaped, positively birefringent crystals. Which is the most likely diagnosis?

A. Gout, an alternative diagnosis

B. Pseudogout, crystal disease

C. Septic arthritis, alternative

D. Osteoarthritis flare, alternative

183. A patient presents with symmetric pain and swelling of the small joints of the hands, with morning stiffness lasting more than an hour. Which is the most likely diagnosis?

A. Osteoarthritis flare

B. Rheumatoid arthritis

C. Gouty attack

D. Fibromyalgia alone

184. A patient develops joint pain, conjunctivitis, and urethritis several weeks after a gastrointestinal infection. Which is the most likely diagnosis?

A. Reactive arthritis

B. Rheumatoid arthritis

C. Osteoarthritis

D. Gout

185. A young adult presents with chronic low back pain that improves with activity and worsens with rest, along with morning stiffness lasting over 30 minutes. Which is most consistent with this presentation?

A. Typical mechanical back pain

B. Inflammatory back pain concern

C. Simple muscle strain

D. Degenerative disc disease

186. A patient presents with numbness and tingling in the thumb, index, and middle fingers, worse at night. Which provocative test would support this diagnosis?

A. A positive Tinel's or Phalen's test

B. A positive straight leg raise test

C. A positive McMurray test

D. A positive Lachman test

187. A patient presents with pain at the radial aspect of the wrist, worsened by thumb movement. Which test would support a diagnosis of de Quervain's tenosynovitis?

A. Tinel's test

B. Phalen's test

C. Lachman test

D. Finkelstein test

188. A patient reports a finger that catches or locks in a flexed position before suddenly releasing. Which is the most likely diagnosis?

A. Carpal tunnel syndrome

B. De Quervain's tenosynovitis

C. Dupuytren's contracture

D. Trigger finger condition

189. A patient presents with progressive shoulder stiffness and loss of both active and passive range of motion over several months. Which is the most likely diagnosis?

A. Rotator cuff tear alone

B. Impingement alone, no tear

C. Adhesive capsulitis

D. Simple muscle strain

190. A patient with shoulder pain demonstrates significant weakness on resisted abduction, distinct from pain alone. Which is most consistent with this finding?

A. Simple impingement

B. Adhesive capsulitis

C. Possible rotator cuff tear

D. Radiculopathy

191. A patient presents with a rough, scaly, erythematous patch on chronically sun-exposed skin. Which is the most likely diagnosis?

A. Seborrheic keratosis

B. Basal cell carcinoma

C. Cherry angioma

D. Actinic keratosis lesion

192. A child presents with multiple small, flesh-colored, dome-shaped papules with central umbilication. Which is the most likely diagnosis?

A. Molluscum

B. Herpes simplex

C. Varicella

D. Impetigo

193. A patient presents with intense itching, worse at night, with linear burrows visible in the finger webs. Which is the most likely diagnosis?

A. Atopic eczema flare

B. Scabies infestation

C. Contact dermatitis flare

D. Psoriasis plaque

194. Which of the following best distinguishes herpes zoster from herpes simplex virus infection?

A. Herpes zoster never involves vesicular lesions

B. Herpes simplex always follows a strict dermatomal pattern

C. There is no meaningful clinical distinction between these two conditions

D. Herpes zoster classically follows a unilateral dermatomal distribution, unlike herpes simplex

195. A patient presents with target-shaped skin lesions with concentric rings of color change. Which is the most likely diagnosis?

A. Simple urticaria

B. Contact dermatitis

C. Erythema multiforme

D. Psoriasis

196. A patient recently started on a new medication develops widespread skin blistering with mucosal involvement of the mouth and eyes. Which is the most appropriate concern?

A. Simple allergic contact dermatitis

B. Benign drug rash needing no action

C. Typical urticaria needing antihistamines

D. Stevens-Johnson syndrome, an emergency

197. A patient presents with a single larger "herald patch" followed several days later by smaller oval lesions distributed along skin lines on the trunk. Which is the most likely diagnosis?

A. Tinea corporis

B. Pityriasis rosea

C. Psoriasis

D. Contact dermatitis

198. Which of the following best distinguishes chronic from acute urticaria?

A. Chronic urticaria is defined as lasting more than 1 week

B. Chronic urticaria is defined as lasting more than 6 weeks

C. There is no time-based distinction between these categories

D. Acute urticaria always requires systemic corticosteroids

199. Which of the following findings would favor cellulitis over venous stasis dermatitis?

A. Unilateral warmth, tenderness, and systemic symptoms such as fever

B. Bilateral, chronic, hyperpigmented changes without systemic symptoms

C. A longstanding pattern unchanged over several years

D. Absence of any warmth or tenderness

200. A patient requests treatment for suspected fungal nail infection. Which is an appropriate step before initiating oral antifungal therapy?

A. Treatment begins without testing

B. Testing is never necessary

C. Oral therapy always avoided

D. Confirming diagnosis first is appropriate

201. A patient presents with typical heartburn and regurgitation symptoms. Which is an appropriate first-line management approach?

A. Immediate endoscopy for every patient regardless

B. Surgical referral as first-line intervention

C. No treatment is available

D. Lifestyle change plus acid-suppressing therapy

202. A patient with confirmed peptic ulcer disease should be evaluated for which of the following underlying causes?

A. Viral hepatitis, unrelated

B. Lactose intolerance, unrelated

C. Helicobacter pylori infection

D. Celiac disease, unrelated

203. Which of the following best describes the diagnostic approach to irritable bowel syndrome?

A. It needs a biomarker present always

B. It is symptom-based after excluding alarms

C. It needs colonoscopy only always

D. It needs no alarm consideration ever

204. Which of the following best distinguishes diverticulosis from diverticulitis?

A. These describe one same condition

B. Diverticulosis is silent; diverticulitis inflamed

C. Diverticulosis needs antibiotics always

D. Diverticulitis is always silent

205. A patient with uncomplicated internal hemorrhoids and mild symptoms asks about initial management. Which is an appropriate first-line approach?

A. Immediate surgical excision for all cases

B. No treatment options exist

C. Oral antibiotics as first-line therapy

D. Increased fiber and fluids, plus topical measures

206. A patient presents with severe pain during and after bowel movements, with a visible linear tear at the anal margin. Which is the most likely diagnosis?

A. Internal hemorrhoid alone

B. Rectal prolapse

C. Perianal abscess

D. Anal fissure

207. A patient with symptoms of benign prostatic hyperplasia, including urinary hesitancy and weak stream, asks about initial medical therapy. Which is an appropriate first-line option?

A. Immediate surgical intervention for all patients

B. No medical therapy options exist for this condition

C. An alpha-blocker is a reasonable first-line medical therapy option

D. Antibiotics as first-line therapy

208. A patient presents with urinary urgency and frequency without evidence of infection. Which is an appropriate first-line management approach?

A. Immediate surgical intervention

B. Antibiotics regardless of infection status

C. No management options exist

D. Behavioral interventions like bladder training

209. A patient with recurrent urinary tract infections asks about prevention strategies. Which is a reasonable consideration?

A. No prevention strategies exist

B. Antibiotics are never appropriate

C. Behavioral and select prophylactic strategies may help

D. Prevention only matters after 10 infections

210. A patient with a history of calcium oxalate kidney stones asks about prevention. Which is an appropriate dietary consideration?

A. Fluid intake and composition-based counseling help

B. No dietary modification has any role

C. Complete calcium elimination is recommended

D. Strategies are identical regardless of composition

211. Which of the following findings is most consistent with acute otitis media rather than otitis externa?

A. A bulging, erythematous tympanic membrane with decreased mobility

B. Pain with movement of the pinna or tragus

C. Visible debris and swelling of the ear canal itself

D. Normal appearance of the tympanic membrane

212. Which of the following findings would most support a diagnosis of acute bacterial, rather than viral, sinusitis?

A. Improving steadily after 3 days

B. Past 10 days, or worsening after improving

C. Lasting only 2 days total

D. Mild, present under a week

213. Which of the following is a component of the Centor criteria used to estimate likelihood of group A streptococcal pharyngitis?

A. Presence of cough

B. Tonsillar exudates

C. Runny nose

D. Hoarseness of voice

214. A patient with seasonal allergic rhinitis asks about first-line pharmacologic management. Which is most appropriate?

A. Oral decongestants used continuously for maintenance therapy

B. Oral antibiotics as first-line therapy

C. Intranasal corticosteroids as a first-line treatment option

D. No pharmacologic options exist for this condition

215. Which of the following findings would favor a bacterial over a viral etiology of conjunctivitis?

A. Watery discharge accompanied by concurrent upper respiratory symptoms

B. Thick, purulent discharge with eyelids matted shut in the morning

C. Bilateral onset accompanying a cold

D. Preauricular lymphadenopathy

216. Which of the following best distinguishes a chalazion from a hordeolum (stye)?

A. Chalazion is painless; hordeolum is painful

B. These terms describe one condition

C. A hordeolum is chronic and painless

D. A chalazion always needs surgery

217. Which of the following features is more characteristic of migraine than tension-type headache?

A. Bilateral, band-like pressure without other associated symptoms

B. Unilateral, pulsatile pain often accompanied by nausea and light sensitivity

C. Mild severity that does not interfere with activity

D. Absence of any associated symptoms

218. Which of the following presentations is most characteristic of cluster headache?

A. Severe unilateral pain with tearing, occurring in clusters

B. Bilateral, gradual pain lasting days continuously

C. Pain never associated with autonomic symptoms

D. Pain occurring only once in a lifetime

219. A patient with chronic daily headache reports using over-the-counter analgesics more than 15 days per month. Which is the most appropriate concern?

A. This pattern has no bearing on headache frequency

B. Medication overuse headache should be considered as a contributing factor

C. Increasing the analgesic dose is the appropriate next step

D. No modification of current treatment is needed

220. A patient presents with brief episodes of vertigo triggered by specific head position changes. Which is the most appropriate diagnostic maneuver?

A. Straight leg raise test

B. Finkelstein test

C. Dix-Hallpike maneuver

D. Phalen's test

221. A patient presents with recurrent episodes of vertigo, tinnitus, and fluctuating hearing loss. Which is the most likely diagnosis?

A. Benign paroxysmal positional vertigo

B. Simple otitis media

C. Meniere's disease

D. Acute labyrinthitis alone

222. A patient presents with anterior epistaxis. Which is an appropriate initial management step?

A. Direct pressure applied to the nasal ala for a sustained period

B. Immediate surgical intervention for every episode

C. No first aid measures are effective for this presentation

D. Tilting the head back to prevent blood from draining anteriorly

223. A patient presents with cough and clear sputum production for 5 days, without signs of pneumonia. Which is the most appropriate management approach?

A. Immediate antibiotic therapy for all cases regardless of findings

B. Supportive care is generally appropriate, since acute bronchitis is most often viral

C. Chest x-ray is required for every case regardless of exam findings

D. Antibiotics should be given prophylactically to prevent pneumonia

224. Which of the following best describes the purpose of a tool such as CURB-65 in community-acquired pneumonia?

A. To confirm diagnosis instead of imaging

B. To determine the causative organism

C. To help assess severity and guide care setting decisions

D. To replace the need for clinical judgment

225. A patient presents with chest pain that is reproducible with direct palpation of the chest wall. Which is most consistent with this finding?

A. Never relevant to this evaluation

B. Confirms an event

C. Favors a musculoskeletal cause

D. Needs no thought whatsoever

226. A patient presents with radiating leg pain following a dermatomal pattern. Which provocative test would support a diagnosis of lumbar radiculopathy?

A. A positive straight leg raise test

B. A positive Tinel's test at the wrist

C. A positive Finkelstein test

D. A positive Phalen's test

227. A patient presents with medial elbow pain worsened by resisted wrist flexion. Which is the most likely diagnosis?

A. Lateral epicondylitis instead

B. Olecranon bursitis instead

C. Medial epicondylitis, golfer's elbow

D. Cubital tunnel syndrome

228. A patient presents with forefoot pain and numbness between the third and fourth toes, worsened by tight footwear. Which is the most likely diagnosis?

A. Morton's neuroma

B. Plantar fasciitis

C. Achilles tendinopathy

D. Simple metatarsal fracture

229. A patient presents with posterior heel pain and tenderness along the Achilles tendon, worsened with activity. Which is the most likely diagnosis?

A. Achilles tendinopathy

B. Plantar fasciitis

C. Morton's neuroma

D. Tarsal tunnel syndrome

230. A patient presents with a soft, mobile, fluid-filled mass on the dorsal aspect of the wrist that transilluminates. Which is the most likely diagnosis?

A. Lipoma

B. Sebaceous cyst

C. Solid tumor requiring urgent biopsy

D. Ganglion cyst

231. Which of the following findings would favor a diagnosis of sebaceous (epidermal inclusion) cyst over lipoma?

A. A deep, soft, mobile mass without any visible central punctum

B. A mass that is never associated with infection

C. A visible central punctum on the overlying skin

D. A mass located exclusively within muscle tissue

232. A patient presents with recurrent pain and drainage from a lesion in the sacrococcygeal region, often related to sitting. Which is the most likely diagnosis?

A. Folliculitis, unrelated region

B. Perianal abscess, unrelated site

C. Anal fissure

D. Pilonidal disease

233. A child with confirmed streptococcal pharyngitis develops a diffuse, sandpaper-textured rash. Which is the most likely diagnosis?

A. Simple viral exanthem, unrelated

B. Contact dermatitis

C. Allergic drug reaction

D. Scarlet fever, strep-associated

234. A child presents with vesicular lesions on the hands, feet, and inside the mouth, along with low-grade fever. Which is the most likely diagnosis?

A. Hand-foot-mouth disease

B. Varicella instead

C. Herpes zoster instead

D. Impetigo instead

235. A child presents with honey-colored crusted lesions around the nose and mouth. Which is the most likely diagnosis?

A. Eczema herpeticum lesions

B. Contact dermatitis rash

C. Tinea faciei patch

D. Classic impetigo

236. Which of the following findings would favor erysipelas over typical cellulitis?

A. Poorly demarcated borders that fade gradually into normal skin

B. Involvement limited to deep subcutaneous tissue only

C. Sharply demarcated, raised borders with the affected skin

D. Absence of any associated erythema

237. Which of the following best distinguishes a furuncle from simple folliculitis?

A. These terms describe the identical condition

B. Folliculitis always needs drainage

C. A furuncle never involves the follicle

D. A furuncle extends deeper than superficial folliculitis

238. A patient presents with redness, swelling, and tenderness around the nail fold, with associated pus. Which is the most likely diagnosis?

A. Onychomycosis fungus

B. Subungual hematoma

C. Paronychia infection

D. Simple nail trauma, no infection

239. Which of the following laboratory tests is an appropriate component of the initial workup for unexplained chronic fatigue?

A. Genetic testing as the first and only diagnostic step

B. No laboratory testing is ever useful in this evaluation

C. Testing is only appropriate after one year of symptoms

D. Thyroid function testing is a reasonable, standard component of this initial workup

240. A patient with new back pain also reports unexplained weight loss and a history of malignancy. Which is the most appropriate approach?

A. Consider further evaluation for possible metastatic disease, given these red-flag findings

B. Reassurance alone, since back pain is usually benign

C. No further evaluation is needed regardless of these findings

D. This combination of findings is not clinically significant

241. Which of the following best defines resistant hypertension?

A. Controlled on a single medication

B. Above goal on no medications at all

C. Controlled with lifestyle change alone

D. Above goal despite three-plus classes at optimized doses

242. A patient with diabetes and a mildly elevated urine albumin-to-creatinine ratio asks about ongoing monitoring. Which is most appropriate?

A. No monitoring needed after a single value

B. Monitoring stops once ACE inhibitor starts

C. Periodic trending of the ratio over time is appropriate

D. A single value confirms end-stage disease

243. An 82-year-old patient with diabetes and limited life expectancy has an A1c target more relaxed than a younger, healthier patient. Which best explains this approach?

A. Tighter control always helps most

B. Targets are identical for every patient

C. No evidence basis exists

D. A relaxed target lowers hypoglycemia risk instead

244. Which of the following is an appropriate consideration for initiating insulin therapy in type 2 diabetes?

A. Insulin is never appropriate at all

B. Insulin should be avoided regardless of level

C. Oral agents always suffice regardless

D. Insulin may suit insufficient response or very high A1c

245. A patient reports muscle aches attributed to statin therapy. Which is an appropriate next step?

A. Discontinue therapy permanently now

B. Consider dose change or alternate agent first

C. No alternatives exist at all

D. Continue the same regimen unchanged

246. A patient with heart failure reports a gradual weight gain of several pounds over a few days along with increasing dyspnea. Which is an appropriate consideration?

A. No action unless gain exceeds twenty pounds

B. Diuretic dosing has no outpatient role

C. Adjusting diuretic dosing is appropriate

D. Weight monitoring has no established role

247. Which of the following is an appropriate dietary counseling point for a patient with heart failure?

A. No dietary modification is relevant to heart failure management

B. Increasing sodium intake is recommended to maintain blood pressure

C. Sodium restriction is a reasonable component of heart failure management

D. Fluid intake should be unrestricted regardless of symptoms

248. Which of the following is an appropriate component of chronic COPD management?

A. Vaccination has no role in this

B. Vaccination only matters during exacerbation

C. Vaccination should be avoided given lung disease

D. Appropriate vaccination is a reasonable management component

249. A patient with asthma continues to have frequent symptoms despite adherence to low-dose inhaled corticosteroid therapy. Which is the most appropriate next step?

A. Discontinue all controller therapy given lack of response

B. Step up therapy according to a stepwise treatment approach

C. No adjustment is needed regardless of symptom control

D. Add an oral antibiotic to the regimen

250. Which of the following best describes the basis for chronic kidney disease staging?

A. Based solely on blood pressure readings

B. Based solely on presence of diabetes

C. Has no established clinical basis

D. Based on eGFR category, alongside albuminuria category

251. Which of the following is an appropriate consideration for referring a patient with chronic kidney disease to nephrology?

A. Advancing stage is a reasonable consideration

B. Referral is never appropriate

C. Referral only once dialysis is immediate

D. Criteria have no basis

252. Which of the following is an appropriate first-line approach to chronic osteoarthritis pain management?

A. Long-term opioids first-line

B. Surgery first-line for all patients

C. No management options exist

D. Non-opioid measures are appropriate

253. A patient is diagnosed with osteoporosis based on bone density testing. Which is an appropriate first-line pharmacologic treatment consideration?

A. No pharmacologic treatment options exist for osteoporosis

B. A bisphosphonate is a reasonable first-line pharmacologic treatment consideration

C. Treatment is only appropriate after a fragility fracture has already occurred

D. Calcium supplementation alone is always sufficient regardless of severity

254. A patient recently had their levothyroxine dose adjusted. Which is an appropriate approach to follow-up testing?

A. No further testing needed after adjustment

B. TSH rechecked the same day as adjustment

C. TSH rechecked at roughly six to eight weeks

D. TSH testing has no monitoring role

255. Which of the following best reflects the range of chronic management options for hyperthyroidism?

A. No treatment options exist for this

B. Surgery is the sole available option

C. Medication is the sole available option

D. Options include medication, iodine, or surgery

256. A patient with advanced chronic kidney disease develops anemia. Which is an appropriate consideration?

A. Anemia in CKD needs no evaluation

B. Iron status has no relevance

C. Evaluating iron and ESA therapy are appropriate

D. Anemia always resolves without intervention

257. A patient with recurrent gout flares asks about long-term prevention. Which is an appropriate chronic management consideration?

A. Urate-lowering therapy has no role

B. Allopurinol suits long-term flare prevention

C. Colchicine alone suffices long-term

D. No preventive options beyond diet alone

258. Which of the following is an appropriate consideration before initiating long-term opioid therapy for chronic pain?

A. Risk assessment is unnecessary since all patients carry identical risk

B. Risk stratification tools have no established clinical utility

C. Risk assessment should only occur if misuse is already suspected

D. Using a validated risk stratification tool can help inform the overall risk-benefit discussion

259. A patient with depression shows inadequate response after an adequate trial of a first-line antidepressant. Which is an appropriate next step?

A. Consider switching to a different agent or augmentation strategy

B. No further treatment adjustment is appropriate

C. Discontinue all treatment given lack of response

D. Continue the identical regimen indefinitely regardless of response

260. A patient with generalized anxiety disorder asks about first-line pharmacologic treatment. Which is most appropriate?

A. Benzodiazepines as first-line long-term therapy

B. An SSRI or SNRI is a reasonable first-line pharmacologic option

C. No pharmacologic options exist for this condition

D. Antipsychotic medication as first-line therapy

261. Which of the following best reflects an appropriate approach to chronic low back pain management?

A. Bed rest as the primary strategy

B. A multidisciplinary approach is reasonable

C. Long-term opioids as first-line

D. Surgery as first-line for all back pain

262. Which of the following would most support consideration of preventive migraine therapy, rather than acute treatment alone?

A. A single episode occurring once yearly

B. Migraines resolving with as-needed treatment, infrequent

C. No frequency threshold is relevant

D. Frequent, functionally impactful migraines support prevention

263. A patient with obesity who has not achieved sufficient results with lifestyle intervention alone asks about additional options. Which is a reasonable consideration?

A. Pharmacotherapy, such as a GLP-1 receptor agonist, may be a reasonable additional consideration

B. No pharmacologic options exist for chronic weight management

C. Surgery is the only additional option available

D. Lifestyle intervention alone is always sufficient regardless of response

264. A patient with confirmed peripheral arterial disease asks about long-term management. Which is an appropriate component?

A. No management exists for this condition

B. Exercise should be avoided given disease

C. Antiplatelet and statin have no role

D. Antiplatelet, statin, and exercise together help

265. Which of the following best describes the two general chronic management strategies for atrial fibrillation?

A. Only rhythm control is ever appropriate

B. Only rate control is ever appropriate

C. Both strategies are reasonable, chosen by patient factors

D. Neither strategy shows any benefit

266. A patient with advanced chronic kidney disease is being monitored for CKD-related mineral and bone disorder. Which is an appropriate consideration?

A. This complication does not occur

B. No monitoring needed regardless of stage

C. Monitoring calcium, phosphorus, and PTH is appropriate

D. This only affects patients on dialysis

267. A patient with confirmed chronic hepatitis C asks about treatment options. Which best reflects current treatment considerations?

A. No effective treatment options exist

B. Treatment only once cirrhosis has developed

C. Interferon is the only option

D. Antivirals offer high cure rates as treatment

268. Which of the following best reflects an appropriate multimodal approach to chronic non-cancer pain management?

A. A single modality is always preferred

B. Multimodal approaches lack supporting evidence

C. Opioid therapy alone is the preferred approach

D. Combining therapy, meds, and behavior strategies is reasonable

269. A patient identified as frail on assessment asks how this affects their chronic disease management plan. Which is most appropriate?

A. Frailty has no bearing on chronic disease management decisions

B. Frailty may appropriately inform adjustments to treatment intensity and goals of care

C. Frailty status is irrelevant once a diagnosis is established

D. All patients, regardless of frailty status, should receive identical treatment intensity

270. Which of the following best distinguishes a POLST (Physician Orders for Life-Sustaining Treatment) form from a living will?

A. These documents are functionally identical

B. A living will is a medical order, POLST is not

C. POLST is a portable order; a living will is a broader directive

D. Neither document has any significance

271. Which of the following is an appropriate consideration when caring for a patient with a family caregiver managing significant caregiving demands?

A. Assessing caregiver burden and offering support resources is an appropriate component of care

B. Caregiver wellbeing has no bearing on patient care

C. Caregiver burden is never a relevant clinical consideration

D. Support resources are only appropriate once the caregiver reports symptoms

272. Which of the following best describes the purpose of a chronic disease self-management education program?

A. To replace the need for medical follow-up

B. To provide identical content regardless of condition

C. To eliminate the patient's role in care

D. To equip patients with skills for active self-management

273. A patient is transitioning from a skilled nursing facility back to home. Which is an appropriate consideration?

A. No specific coordination is needed

B. Reconciliation is unnecessary if already done

C. This transition carries no elevated risk

D. Careful coordination is appropriate given elevated risk

274. A patient on chronic methotrexate therapy requires which of the following as part of routine monitoring?

A. Periodic laboratory monitoring, including complete blood count and liver function tests

B. No laboratory monitoring is required for this medication

C. Monitoring is only needed if the patient reports symptoms

D. Monitoring is only relevant during the first week of therapy

275. Which of the following best distinguishes routine monitoring requirements between warfarin and direct oral anticoagulants (DOACs)?

A. Both require identical monitoring

B. Warfarin needs INR checks; DOACs generally do not

C. DOACs need more monitoring than warfarin

D. Neither class needs any monitoring

276. A patient with chronic pain asks about using cannabis as part of their management. Which best reflects an appropriate clinical approach?

A. Cannabis should never be discussed

B. Cannabis is proven superior to all other treatments

C. This falls entirely outside primary care scope

D. An open, evidence-informed discussion is appropriate

277. Which of the following is an objective method that can help assess medication adherence?

A. Adherence cannot be assessed through any objective method

B. Patient self-report is the only available assessment method

C. Reviewing pharmacy refill data can provide an objective adherence measure

D. Adherence assessment is not a relevant clinical consideration

278. Which of the following best describes the value of a chronic disease registry in managing a panel of patients with diabetes?

A. Registries have no established value

B. Registries only track demographics, no utility

C. Registries replace individual visits entirely

D. Registries track panel outcomes and flag needed outreach

279. Which of the following best describes palliative care, distinct from hospice care?

A. Identical to hospice care in every respect

B. Only provided once curative treatment stops

C. Can be provided alongside curative treatment

D. Has no established role outside hospice

280. Which of the following best reflects a general eligibility consideration for hospice care?

A. Only available to patients over age 65

B. Has no established general framework

C. Requires a specific single diagnosis type

D. Often involves a six-month prognosis, among other factors

281. Which of the following is a basic principle of chronic wound care management?

A. Maintaining an appropriate moist wound environment supports healing

B. Wounds should always be kept completely dry regardless of type

C. No specific wound care principles apply to chronic wounds

D. Debridement is never appropriate in chronic wound management

282. Which of the following is an appropriate component of a chronic pain treatment plan beyond addressing pain intensity alone?

A. Functional goals play no genuine role

B. Pain intensity alone always suffices

C. Setting functional goals alongside care is reasonable

D. Functional goals are never discussed

283. A patient with reduced kidney function is prescribed a new medication. Which is an appropriate consideration?

A. Renal function has no bearing

B. All meds need identical dosing

C. Adjustment only matters for dialysis patients

D. Reviewing renal-based dose adjustment is appropriate

284. A patient with several chronic conditions and a complex medication regimen expresses feeling overwhelmed by their treatment burden. Which is an appropriate response?

A. Continue the regimen unchanged

B. Dismiss the concern as not clinically relevant

C. Shared decision-making to simplify reasonably is appropriate

D. Discontinue all treatments immediately

285. Which of the following best reflects the general importance of scheduled follow-up intervals in chronic disease management?

A. Intervals have no bearing on outcomes

B. A single visit suffices for lifetime management

C. Regular follow-up supports monitoring and early detection

D. Follow-up only if new symptoms are reported

286. Which of the following best describes publication bias in the context of evidence synthesis?

A. The tendency for positive studies to be more likely published

B. A bias only affecting industry-funded research

C. A bias with no bearing on meta-analysis

D. A bias only occurring in observational studies

287. Which of the following best describes a Type I error in statistical hypothesis testing?

A. Failing to reject a false null hypothesis

B. Correctly rejecting a false null hypothesis

C. Incorrectly rejecting a true null hypothesis

D. Correctly failing to reject a true null hypothesis

288. Which of the following is the most accurate interpretation of a p-value of 0.03 in a clinical trial?

A. A 3% probability the null hypothesis is true

B. A 97% probability the treatment works

C. No clinical significance regardless of the value

D. A 3% probability of this result by chance alone

289. Which of the following best describes an intention-to-treat analysis?

A. Analyzing only patients who completed treatment

B. Excluding patients with any protocol deviation

C. Analyzing patients by original randomized assignment

D. Analyzing patients by treatment actually received

290. Which of the following best describes recall bias in a case-control study?

A. Differences in how cases and controls recall exposure

B. A bias only affecting prospective cohort studies

C. A bias with no relevance to this design

D. A bias exclusively tied to lab measurement error

291. Which of the following best distinguishes a systematic review from a traditional narrative review?

A. A systematic review follows a structured, reproducible methodology

B. These two review types are methodologically identical

C. A narrative review always includes formal meta-analysis

D. A systematic review never appraises included studies

292. Which of the following best describes external validity in the context of a clinical trial?

A. The degree to which a study's results are accurate within the study population itself

B. A concept unrelated to how well trial results generalize

C. A concept that applies only to observational, not randomized, studies

D. The degree to which a study's results can reasonably be generalized to broader or different populations

293. Which of the following best describes the placebo effect?

A. Improvement from expectation, independent of pharmacologic action

B. An effect only occurring with sugar pills specifically

C. An effect with no influence on trial design

D. An effect only occurring in psychiatric conditions

294. Which of the following best describes a key limitation of cross-sectional study design?

A. This design cannot assess condition prevalence

B. Simultaneous timing generally precludes causal inference

C. This design is only used for randomized trials

D. This design has no established research use

295. Which of the following best describes the ecological fallacy?

A. An error that only occurs in individual-level, not population-level, research

B. Incorrectly inferring conclusions about individuals based solely on group-level or population-level data

C. An error that has no relevance to epidemiologic research

D. An error exclusively related to laboratory measurement technique

296. Which of the following best describes regression to the mean?

A. A phenomenon only occurring in randomized trials

B. A phenomenon with no clinical measurement relevance

C. A phenomenon guaranteeing a genuine treatment effect

D. Extreme values trend toward average on repeat testing

297. Which of the following best describes an appropriate foundation for clinical practice guideline development?

A. Guidelines should rely solely on expert opinion

B. Guidelines need no systematic evidence evaluation

C. Guidelines are developed identically regardless of strength

D. Systematic evaluation with a grading framework is appropriate

298. Which of the following best describes the concept of shared decision-making in clinical practice?

A. The clinician deciding alone without discussion

B. The patient deciding alone without clinician input

C. A collaborative process integrating expertise and patient values

D. A process applying only to end-of-life decisions

299. Which of the following best reflects an appropriate approach to health literacy in clinical communication?

A. Assuming identical literacy levels for all patients

B. Plain language and confirming understanding help broadly

C. Health literacy has no bearing on communication

D. Only patients who disclose low literacy need adjustment

300. Which of the following best describes the three core components of evidence-based medicine, as classically described?

A. Best available research evidence, clinical expertise, and patient values and preferences

B. Research evidence alone, without any role for clinical judgment

C. Clinical expertise alone, without any role for research evidence

D. Patient preference alone, without any role for research evidence or clinical expertise

Answers

1. A. A first-degree relative with premature cardiovascular disease combined with markedly elevated LDL is a classic pattern suggesting familial hypercholesterolemia, warranting evaluation. (B) is incorrect: this degree of LDL elevation combined with the family history is clinically significant and warrants evaluation, not reassurance. (C) is incorrect: waiting until age 40 delays identification of a genetic condition with actionable early intervention. (D) is incorrect: dietary modification alone is insufficient given the likely genetic etiology suggested by this pattern.

2. C. Additional risk factors such as early menopause and long-term glucocorticoid use can appropriately prompt screening before the standard starting age. (A) is incorrect: screening before 65 is

appropriate when additional risk factors are present. (B) is incorrect: waiting for a fragility fracture defeats the preventive purpose of screening. (D) is incorrect: osteoporosis screening guidance applies to at-risk women, not exclusively men.

3. D. USPSTF recommends one-time hepatitis C screening for all adults 18-79, regardless of identified risk factors, given how often risk-factor-based screening alone misses cases. (A) is incorrect: the current recommendation is not limited to injection drug users. (B) is incorrect: screening is not contingent on abnormal liver enzymes; many infected patients have normal enzymes. (C) is incorrect: an active recommendation for universal one-time screening does exist.

4. B. Ongoing risk factors warrant at least annual repeat HIV screening, since risk exposure continues over time. (A) is incorrect: a single negative result does not address ongoing risk exposure. (C) is incorrect: repeat screening should not wait for a new STI diagnosis as the sole trigger. (D) is incorrect: screening should be repeated periodically for ongoing risk, not limited to once in a lifetime.

5. C. The newborn screening panel detects a range of metabolic, genetic, and endocrine disorders before they become clinically apparent, allowing early intervention. (A) is incorrect: hearing screening is a separate, distinct newborn screening component. (B) is incorrect: congenital heart disease screening uses pulse oximetry, a separate test from the heel-stick panel. (D) is incorrect: blood type confirmation is not the primary purpose of this panel.

6. D. ACE inhibitors carry known teratogenic risk, making preconception discussion of a pregnancy-compatible alternative appropriate. (A) and (C) are incorrect: ACE inhibitors are not considered safe throughout pregnancy given their teratogenic potential. (B) is incorrect: proactive preconception medication review is preferred over waiting until pregnancy is already confirmed.

7. D. Current evidence does not strongly support routine pelvic examination in asymptomatic, average-risk women, and the decision should be individualized. (A) is incorrect: this overstates the current evidence supporting mandatory routine pelvic exams. (B) is incorrect: pelvic examination retains a role in specific clinical circumstances, just not as a mandatory routine component here. (C) is incorrect: pelvic examination has applications well beyond pregnancy alone.

8. C. Bicycle helmet counseling is a developmentally appropriate injury-prevention topic for a school-age well visit. (A), (B), and (D) describe topics unrelated to injury prevention at this age and not appropriate anticipatory guidance content.

9. A. Patients with numerous atypical nevi and a family history of melanoma represent an elevated-risk subgroup for whom self-exam and periodic professional exams are reasonable, even though general-population total-body screening remains an I statement. (B), (C), and (D) all inappropriately dismiss or restrict counseling that is reasonable in this specific higher-risk context.

10. C. Appropriate cancer screening in transgender patients is based on the specific organs present, not gender identity alone. (A) is incorrect: gender identity alone does not determine which organs require

screening. (B) and (D) are incorrect: screening remains indicated based on anatomy present, regardless of gender identity.

11. D. USPSTF recommends depression screening for the general adult population, with systems in place to ensure accurate diagnosis and adequate treatment and follow-up. (A) is incorrect: screening is not restricted to those with a family history. (B) is incorrect: this is an active positive recommendation, not one against screening. (C) is incorrect: the recommendation applies to the general adult population, not exclusively postpartum women.

12. A. A family history combining early-onset colon cancer and endometrial cancer is a classic Lynch syndrome pattern warranting genetic risk assessment. (B) and (C) are incorrect: this specific combined pattern is clinically significant and warrants evaluation, not dismissal. (D) is incorrect: prophylactic surgery is never an appropriate first step without prior genetic risk assessment and counseling.

13. A. Helmet use counseling for motorcycle riders is an appropriate, evidence-supported injury-prevention topic in primary care. (B), (C), and (D) all inappropriately dismiss or restrict this recognized counseling opportunity.

14. D. Registry-based proactive outreach is the defining feature of a population health approach to closing preventive care gaps across an entire panel. (A), (B), and (C) all describe more passive, reactive approaches that fail to systematically close gaps.

15. B. Routine anemia screening is a standard, recommended component of prenatal care, not contingent on symptoms. (A) is incorrect: screening should be routine, not symptom-triggered alone. (C) and (D) are incorrect: anemia screening is performed during pregnancy itself as standard prenatal care, not deferred to postpartum or omitted.

16. D. General sun-safety counseling remains a reasonable public health message for most patients even outside the specific USPSTF Grade B population. (A), (B), and (C) all inappropriately restrict or dismiss this generally reasonable counseling point.

17. C. Periodic hearing screening and hearing protection use are appropriate preventive measures for patients with significant occupational noise exposure. (A) and (D) are incorrect: preventive measures do exist and occupational noise exposure has a well-established link to hearing loss. (B) is incorrect: this consideration is not limited to musicians.

18. B. Reviewing destination-specific vaccine and prophylaxis recommendations is a core, appropriate component of pre-travel counseling in primary care. (A), (C), and (D) all inappropriately dismiss or misplace this recognized primary care counseling role.

19. A. Fluoride varnish application during well-child visits is a recognized, appropriate preventive oral health intervention deliverable in primary care. (B) and (C) are incorrect: primary care does have an established role in this preventive intervention, without requiring a dentist to deliver it. (D) is incorrect: oral health does have an established link to overall child health.

20. B. Offering carrier screening based on patient preference and risk factors is an appropriate preconception or early pregnancy consideration. (A), (C), and (D) all inappropriately dismiss or restrict this recognized preventive genetic screening option.

21. A. Supine sleep positioning on a firm surface without loose bedding is the core evidence-based safe-sleep recommendation to reduce SIDS risk. (B), (C), and (D) all describe practices that increase, rather than reduce, infant sleep risk.

22. D. A shared decision-making conversation is specifically a required component of the lung cancer screening process, distinguishing it from many other screening services. (A), (B), and (C) all inappropriately dismiss this specific, required counseling step.

23. A. Providing or referring to appropriate intervention services and support resources is the appropriate next step following a positive IPV screen. (B) is incorrect: documentation alone without connecting the patient to resources is insufficient. (C) is incorrect: involving law enforcement without regard to patient preference can compromise safety and autonomy. (D) is incorrect: referring the patient back to her partner is inappropriate and unsafe.

24. B. Current guidance generally discourages screen media use for children younger than 18 months, other than video chatting. (A) is incorrect: unlimited screen time at this age is not supported by current guidance. (C) is incorrect: screen time is not encouraged as an early learning tool at this specific young age. (D) is incorrect: specific guidance on this topic does exist.

25. A. Universal maternal hepatitis B surface antigen screening is a standard component of routine prenatal care, allowing appropriate perinatal interventions if positive. (B) is incorrect: screening is universal, not risk-factor-triggered alone. (C) and (D) are incorrect: screening is recommended during pregnancy itself, not omitted or deferred to after delivery.

26. A. Intensive lifestyle intervention is the recommended first-line approach for prediabetes, given its demonstrated effectiveness in reducing progression to diabetes. (B), (C), and (D) all misstate appropriate management of a new prediabetes diagnosis.

27. D. A validated risk stratification tool appropriately guides individualized anticoagulation decisions in atrial fibrillation. (A), (B), and (C) all misstate the individualized, tool-guided nature of this decision.

28. A. Direct screening and counseling on vaping is appropriate given its rising prevalence among adolescents. (B), (C), and (D) all inappropriately dismiss or minimize this recognized counseling topic.

29. C. A strong family history of type 2 diabetes reasonably supports earlier or more frequent screening and lifestyle counseling, even with currently normal values. (A), (B), and (D) all inappropriately dismiss the relevance of this risk factor.

30. C. Dietary sodium reduction is a reasonable, evidence-supported component of blood pressure management. (A), (B), and (D) all misstate this well-established relationship and its ongoing relevance.

31. D. No amount of alcohol use during pregnancy has been established as safe, making counseling against any use appropriate. (A), (B), and (C) all misstate this guidance.

32. C. Screening for sleep apnea symptoms is a reasonable consideration specifically in resistant or difficult-to-control hypertension, given the established association. (A) and (D) are incorrect: a meaningful association does exist. (B) is incorrect: universal polysomnography for all hypertensive patients regardless of symptoms is not the appropriate standard.

33. A. Consistent, properly fitted helmet use on every ride is the appropriate safety recommendation. (B), (C), and (D) all inappropriately restrict or minimize this consistent safety practice.

34. A. Routine maternal preventive care continues during breastfeeding, adjusted as needed for breastfeeding-compatible choices. (B), (C), and (D) all misstate the continued relevance and appropriate adjustment of preventive care during this period.

35. B. Counseling on incorporating physical activity outside sedentary work hours is an appropriate, evidence-supported preventive topic. (A) is incorrect: occupation type is relevant to this counseling opportunity. (C) is incorrect: sedentary work does carry established health implications. (D) is incorrect: this falls well within appropriate primary care counseling scope.

36. A. Continued follow-up and relapse-prevention counseling improves long-term tobacco cessation success. (B), (C), and (D) all inappropriately dismiss the evidence-based value of ongoing follow-up.

37. C. New cognitive impairment reasonably prompts a safety conversation about firearm storage or removal, given altered judgment and risk. (A), (B), and (D) all inappropriately dismiss this reasonable safety consideration.

38. B. Postpartum screening for persistent glucose abnormalities, along with counseling on future type 2 diabetes risk, is appropriate given the established link between gestational diabetes and future risk. (A), (C), and (D) all misstate this established relationship and the appropriate follow-up.

39. A. Smoking status assessment is appropriate given the increased cardiovascular risk of combined hormonal contraceptives in smokers over 35. (B) and (C) are incorrect: smoking status is directly relevant to this specific method-selection decision. (D) is incorrect: the specific increased-risk concern applies to smokers over 35, not exclusively those under 20.

40. C. Counseling on carbon monoxide detector installation is a reasonable, appropriate home-safety topic in primary care. (A) is incorrect: this safety consideration is relevant broadly, not only in homes with gas appliances. (B) is incorrect: this falls within appropriate primary care counseling scope. (D) is incorrect: preventive guidance on this topic does exist.

41. D. Weighing cumulative anticholinergic burden against fall and cognitive risk is an appropriate prescribing consideration in older adults. (A) is incorrect: this is, in fact, a relevant and important prescribing consideration. (B) is incorrect: this consideration is relevant broadly in older adults, not

exclusively those already diagnosed with dementia. (C) is incorrect: anticholinergic burden is a well-recognized, relevant prescribing consideration.

42. C. Storing all medications, including over-the-counter products, safely out of reach is appropriate poison-prevention counseling. (A) is incorrect: this is a recognized primary care safety topic. (B) is incorrect: over-the-counter products also warrant safe storage, not prescription medications alone. (D) is incorrect: child-resistant packaging alone does not eliminate the need for proper storage practices.

43. B. A family history of sudden cardiac death at a young age reasonably warrants further evaluation, potentially including cardiology referral, given the possibility of an inherited cardiac condition. (A) is incorrect: evaluation is reasonably considered based on this family history even without current symptoms. (C) and (D) are incorrect: this family history pattern does carry real clinical significance warranting more than reassurance alone.

44. A. A preparticipation history and physical, including a targeted cardiac history, is a reasonable, standard preventive step before sports participation. (B) is incorrect: evaluation is recommended broadly, not restricted only to athletes with known symptoms. (C) is incorrect: this evaluation does have established preventive value. (D) is incorrect: this practice is relevant to adolescent athletes generally, not exclusively professionals.

45. D. Counseling on hydration, rest breaks, and recognizing early heat-illness symptoms is appropriate for outdoor workers at risk of heat-related illness. (A) is incorrect: preventive guidance for this occupational exposure does exist. (B) is incorrect: counseling-based prevention is, in fact, effective for reducing heat-illness risk. (C) is incorrect: this consideration applies broadly to outdoor workers, not exclusively in tropical climates.

46. B. Celiac disease has a recognized hereditary component, making screening a reasonable offer for first-degree relatives. (A) is incorrect: family screening is, in fact, a reasonable consideration for this condition. (C) is incorrect: family history is directly relevant to this screening decision. (D) is incorrect: screening may reasonably be offered even to asymptomatic first-degree relatives given the hereditary risk.

47. A. Counseling on constant supervision and barrier precautions is appropriate water-safety guidance for families with young children. (B) is incorrect: this is a recognized, appropriate primary care safety topic. (C) is incorrect: swimming lessons alone do not eliminate the ongoing need for supervision. (D) is incorrect: this guidance is relevant broadly, including exposure to water outside the family's own home.

48. C. A family history of glaucoma reasonably supports earlier or more frequent eye examinations, given the hereditary risk component. (A) is incorrect: waiting for symptoms of vision loss delays detection of a condition that can progress silently. (B) is incorrect: family history is directly relevant to this screening decision. (D) is incorrect: this family history is relevant well before age 80.

49. C. Discussing secure firearm storage is a reasonable general injury-prevention topic in households with children, independent of any specific disclosed risk factor. (A), (B), and (D) all inappropriately restrict this general, universally relevant counseling topic.

50. A. Discussing symptom monitoring and, where appropriate, prophylaxis based on established regional criteria is the appropriate response to a tick bite in an endemic area. (B) and (D) are incorrect: tick bites in endemic areas do carry meaningful disease transmission risk. (C) is incorrect: prophylactic antibiotics are given based on specific established criteria, not universally to every patient regardless of criteria.

51. D. Current evidence is insufficient to recommend routine vitamin D screening in asymptomatic, average-risk adults, reflecting an I statement. (A) and (C) both misstate this as a positive recommendation. (B) is incorrect: no specific age-based screening threshold is established for this purpose.

52. A. Group B streptococcus screening is performed at 35 to 37 weeks of gestation, timed to reflect colonization status close to delivery. (B) and (D) are incorrect: screening occurs late in pregnancy, not the first trimester, and is part of routine prenatal care. (C) is incorrect: screening occurs before labor, allowing time for results to guide intrapartum management.

53. C. Rh immune globulin prevents maternal sensitization to fetal Rh-positive blood, protecting future pregnancies from hemolytic disease. (A) is incorrect: it is a preventive measure, not a treatment for already-established hemolytic disease. (B) is incorrect: it does not replace prenatal blood typing. (D) is incorrect: it is unrelated to gestational diabetes screening.

54. B. Low-dose aspirin initiated in the first trimester is a recommended preventive measure for patients at high risk of preeclampsia. (A) is incorrect: an effective preventive intervention does exist. (C) is incorrect: low-dose, not high-dose, aspirin is the recommended approach. (D) is incorrect: the intervention is initiated in the first trimester, not deferred until later in pregnancy.

55. D. Cervical cancer screening may reasonably be discontinued at this age given adequate prior negative screening history, per current guidance. (A) is incorrect: continued annual screening indefinitely is not the current recommendation. (B) is incorrect: age 50 is not the recommended stopping point. (C) is incorrect: screening frequency does not increase after 65; it may appropriately be discontinued instead.

56. C. Periodically asking about hearing difficulty and referring for further evaluation when indicated is a reasonable, practical approach in older adults. (A) is incorrect: formal audiometric testing is not required annually for every older adult. (B) is incorrect: hearing loss does have meaningful functional impact. (D) is incorrect: hearing screening remains relevant well beyond age 65.

57. D. Periodic vision assessment is reasonable in older adults given its relevance to both function and fall risk. (A) is incorrect: vision screening remains relevant beyond the pediatric population. (B) is

incorrect: proactive assessment, not only symptom-triggered evaluation, is appropriate. (C) is incorrect: vision loss does have an established link to fall risk.

58. D. Discussing the importance of dental care and facilitating referral or resource connection is an appropriate primary care response. (A), (B), and (C) all inappropriately dismiss this recognized primary care role and the established connection between oral and overall health.

59. C. Discussing safer injection practices and connecting patients to harm-reduction resources is an appropriate, evidence-based approach even when cessation has not yet occurred. (A), (B), and (D) all inappropriately withhold harm-reduction support that can reduce risk in the interim.

60. A. Discussing PrEP as an evidence-based risk-reduction option is appropriate for a patient in an HIV-serodiscordant relationship. (B) is incorrect: an effective risk-reduction strategy does exist. (C) is incorrect: this recommendation is neither necessary nor appropriate advice. (D) is incorrect: PrEP is specifically appropriate for use in ongoing serodiscordant relationships.

61. D. Multiple primary cancers occurring in one individual is a recognized red flag for an underlying hereditary cancer syndrome, warranting genetic risk assessment. (A), (B), and (C) all inappropriately dismiss the additional significance of this specific pattern.

62. C. A history of preeclampsia is associated with increased future cardiovascular risk and warrants ongoing risk-factor monitoring beyond the pregnancy itself. (A) is incorrect: this established link does exist. (B) is incorrect: the relevance extends beyond future pregnancies to general cardiovascular health. (D) is incorrect: the increased risk is relevant regardless of whether hypertension develops outside pregnancy.

63. B. Counseling on consistent sleep schedules and reducing pre-sleep stimulant use is a reasonable, evidence-supported first step for this presentation. (A) is incorrect: sleep hygiene counseling does have an evidence-based role. (C) is incorrect: behavioral counseling, not medication, is generally the appropriate first-line approach. (D) is incorrect: polysomnography is not required before basic counseling in the absence of symptoms suggesting a specific sleep disorder.

64. D. Birth in a region with high hepatitis B endemicity is a recognized risk factor warranting screening for chronic infection. (A), (B), and (C) describe patients without this or another recognized risk factor prompting targeted screening.

65. B. Shared decision-making about HPV vaccination may be appropriate up to age 45, while routine catch-up vaccination is recommended through age 26. (A) and (C) are incorrect: vaccination remains an option to discuss beyond age 26 through shared decision-making. (D) is incorrect: vaccination can still provide benefit even after the onset of sexual activity.

66. D. Maintaining an accurate, current problem list and medication list supports safe, coordinated preventive care across visits and providers. (A), (B), and (C) all inappropriately dismiss or minimize this genuinely important systems-based practice.

67. B. Chlamydia screening in pregnancy is recommended for pregnant women, including those at increased risk, applied specifically within pregnancy regardless of the general age-based threshold used outside pregnancy. (A), (C), and (D) all misstate this pregnancy-specific screening approach.

68. D. Travel to areas with active Zika transmission should generally be avoided during pregnancy given the risk of congenital effects from maternal infection. (A), (B), and (C) all inappropriately dismiss this recognized pregnancy-specific travel risk.

69. C. Considering possible financial exploitation as a form of elder abuse and evaluating further is an appropriate response to this family concern. (A), (B), and (D) all inappropriately dismiss or delay addressing this recognized form of elder mistreatment.

70. D. Performing the exam with enough lead time before the season allows appropriate follow-up on any identified concerns before participation begins. (A) is incorrect: same-day timing eliminates any opportunity for follow-up. (B) is incorrect: timing considerations are, in fact, relevant to this practice. (C) is incorrect: preparticipation exams are not restricted to being performed exclusively by cardiologists.

71. A. Facilitating continuity of care at this specific transition addresses a well-recognized period of elevated care disruption risk. (B) and (D) are incorrect: this population does face elevated risk of care disruption warranting specific attention. (C) is incorrect: preventive care should not be deferred at this vulnerable transition point.

72. B. A formal breast cancer risk assessment tool helps identify patients who may benefit from genetic counseling or enhanced screening based on their calculated risk level. (A), (C), and (D) all misstate its actual clinical purpose and function.

73. D. Routinely incorporating HIV risk assessment into preventive visits helps identify patients who may benefit from a PrEP discussion, rather than relying on the patient to raise the topic first. (A), (B), and (C) all inappropriately restrict this discussion to circumstances that would miss many appropriate candidates.

74. B. Postpartum depression screening is appropriately incorporated at multiple points during the perinatal period, not limited to a single visit. (A) is incorrect: restricting screening to only the 6-week visit misses other appropriate opportunities. (C) is incorrect: screening during this period is, in fact, recommended. (D) is incorrect: proactive screening, not waiting for spontaneous symptom report, is the recommended approach.

75. D. Tracking referral completion and following up when a referral is not completed closes a meaningful, often-overlooked gap in preventive care coordination. (A), (B), and (C) all describe an incomplete approach that risks a referral never actually being completed.

76. C. Clinical hip examination is a routine screening component of well-child visits during infancy, given the treatable window for this condition. (A), (B), and (D) all inappropriately delay or restrict this proactive screening practice.

77. A. Early detection allows treatment within a critical developmental window before permanent vision loss develops. (B), (C), and (D) all misstate the treatable nature and timing importance of this condition.

78. C. Current evidence is insufficient to recommend routine scoliosis screening in asymptomatic adolescents, reflecting an I statement. (A), (B), and (D) all misstate this as a definitive positive or negative recommendation.

79. D. Routine AAA screening in women without a smoking history is not generally recommended, reflecting the population-specific nature of this recommendation. (A), (B), and (C) all overstate the recommendation's application to this patient.

80. D. USPSTF recommends against routine carotid artery stenosis screening in the general asymptomatic adult population. (A), (B), and (C) all misstate this as a positive recommendation.

81. B. Routine ECG screening is not generally recommended in low-risk, asymptomatic adults given limited demonstrated benefit in this population. (A), (C), and (D) all misstate this as routine or required practice.

82. D. Pre-test genetic counseling ensures informed decision-making before testing proceeds. (A), (B), and (C) all skip this important counseling step that should occur before, not only after, testing.

83. A. Supplementation provides a reliable, individually-controlled dose beyond variable dietary fortification intake, particularly important during the periconceptional period. (B), (C), and (D) all misstate this important distinction.

84. C. The ASQ is a parent-completed general developmental screening tool administered at multiple defined ages across early childhood. (A) is incorrect: it is a general developmental tool, not an autism-specific diagnostic instrument. (B) and (D) both misstate its administration schedule and role relative to ongoing surveillance.

85. B. Outside the Medicaid-mandated universal screening requirement, a risk-based approach using identified risk factors guides lead screening decisions. (A), (C), and (D) all misstate this risk-based approach.

86. D. Routine anemia screening is a standard component of the 12-month well-child visit. (A), (B), and (C) all inappropriately delay or restrict this routine screening practice.

87. A. USPSTF recommends obesity screening in children and adolescents, with referral to comprehensive behavioral intervention for those identified with obesity. (B), (C), and (D) all misstate this recommendation and its appropriate first-line response.

88. D. Routine blood pressure measurement is recommended starting around age 3 at well-child visits. (A), (B), and (C) all misstate this recommendation and its universal applicability.

89. B. Universal lipid screening is recommended once between ages 9 and 11, regardless of family history. (A), (C), and (D) all misstate this universal, age-specific screening recommendation.

90. C. A graduated, stepwise, provider-supervised return-to-play protocol is the appropriate approach following a suspected concussion. (A), (B), and (D) all describe approaches that risk premature return to activity and further injury.

91. B. Verifying immunity through vaccination history or serologic testing is appropriate given occupational exposure risk in healthcare settings. (A), (C), and (D) all inappropriately dismiss the need for actual verification in this specific occupational context.

92. B. A healthcare worker with ongoing occupational exposure risk is an appropriate candidate for tuberculosis screening based on recognized risk factors. (A) and (C) describe patients without this or another recognized risk factor. (D) incorrectly dismisses screening in any primary care population.

93. C. A prior episode of postpartum thyroiditis increases recurrence risk in subsequent pregnancies, making repeat screening a reasonable consideration. (A) and (D) are incorrect: prior resolution does not eliminate recurrence risk. (B) is incorrect: proactive screening, not waiting for symptoms, is the more appropriate approach given known elevated risk.

94. C. A new specific high-risk exposure appropriately prompts retesting, independent of a prior negative screening result. (A), (B), and (D) all inappropriately dismiss the relevance of this new exposure.

95. D. Ashkenazi Jewish heritage is associated with a higher prevalence of certain BRCA mutations and may appropriately lower the threshold for genetic counseling referral. (A), (B), and (C) all inappropriately dismiss this recognized, relevant risk factor.

96. B. Many states grant minors some degree of independent consent authority for outpatient mental health services, though the specific age thresholds and scope vary meaningfully by state. (A) is incorrect: this overstates a uniform parental consent requirement that does not reflect actual state-by-state variation. (C) is incorrect: a court order is not the standard mechanism governing this decision in routine outpatient care. (D) is incorrect: state law, not clinician discretion alone, governs this determination.

97. B. Discussing healthy social media use, online safety, and bullying is an appropriate, developmentally relevant anticipatory guidance topic at this age. (A), (C), and (D) all inappropriately dismiss or restrict this recognized counseling opportunity.

98. A. A home safety assessment addressing environmental hazards is a reasonable, proactive preventive step for a patient identified with fall risk. (B), (C), and (D) all inappropriately dismiss or delay this recognized preventive practice.

99. D. A structured, periodic medication review proactively identifies unnecessary or potentially harmful medications before problems occur. (A), (B), and (C) all describe a reactive or inappropriately restricted approach to this important preventive practice.

100. B. Sustained continuity of care supports more complete preventive care delivery and earlier identification of emerging health concerns. (A), (C), and (D) all misstate or dismiss this well-established relationship.

101. B. A structured risk assessment, ideally alongside genetic counseling, should precede the decision to order genetic testing, ensuring informed and appropriate use. (A), (C), and (D) all skip this important preliminary step.

102. A. A Grade A or B service should be offered or provided to eligible patients by default, absent a specific contraindication, reflecting its established net benefit. (B), (C), and (D) all inappropriately restrict or deprioritize this recommended default approach.

103. D. Documenting the informed discussion and the patient's decision, while remaining open to revisiting the topic later, respects patient autonomy while maintaining good preventive care practice. (A) and (B) both fail to respect the patient's informed decision. (C) is incorrect: documentation of this discussion is an important part of the medical record.

104. D. Bundling multiple indicated preventive services into a single visit, when feasible, improves overall completion rates by reducing the burden of multiple separate visits. (A), (B), and (C) all describe an inefficient, fragmented approach that can reduce completion rates.

105. A. Population-level guidelines are intended to provide a starting framework that clinicians individualize to each specific patient's risk profile and preferences. (B), (C), and (D) all misstate the intended, individualized application of population-level preventive guidelines.

106. D. Beck's triad of hypotension, jugular venous distension, and muffled heart sounds is classic for cardiac tamponade. (A), (B), and (C) present with different classic findings not matching this triad.

107. C. This combination is classic for tension pneumothorax, a life-threatening emergency requiring immediate intervention. (A), (B), and (D) describe far less acute, non-emergent findings.

108. D. Tearing pain radiating to the back with a significant blood pressure differential between arms is classic for aortic dissection. (A), (B), and (C) describe different, less acute presentations.

109. B. Airway protection is the immediate priority given the risk of asphyxiation from blood in the airway during massive hemoptysis. (A), (C), and (D) all inappropriately delay or dismiss this emergency.

110. A. Hypotension, cool extremities, and altered mental status following a large MI is classic for cardiogenic shock. (B), (C), and (D) describe different shock etiologies not matching this clinical context.

111. C. AV nodal blocking agents can paradoxically accelerate conduction through the accessory pathway in WPW with atrial fibrillation, risking dangerous ventricular rates. (A) and (B) are appropriate alternative considerations in this specific situation. (D) is incorrect: this situation does require special medication consideration.

112. D. Acute end-organ damage is the defining feature distinguishing hypertensive emergency from urgency, not blood pressure number alone. (A), (B), and (C) all misstate this defining distinction.

113. D. Sudden severe pain with hypotension in a patient with known AAA raises concern for rupture, a surgical emergency. (A), (B), and (C) describe far less acute, non-matching presentations.

114. C. Diffuse ST elevation with PR depression across multiple leads, rather than a single territory, is characteristic of pericarditis. (A), (B), and (D) describe findings more typical of myocardial infarction.

115. C. This symptom cluster is classic for digoxin toxicity and should prompt evaluation. (A), (B), and (D) all inappropriately dismiss this recognizable toxicity pattern.

116. B. Sudden, maximal-intensity headache is classic for subarachnoid hemorrhage, warranting urgent evaluation. (A), (C), and (D) describe far less acute headache patterns.

117. D. This combination, particularly with IV drug use history, raises concern for spinal epidural abscess requiring urgent evaluation. (A), (B), and (C) all inappropriately dismiss this concerning presentation.

118. C. Cushing's triad of hypertension, bradycardia, and irregular respirations is classically associated with significantly elevated intracranial pressure. (A), (B), and (D) describe different, non-matching vital sign patterns.

119. D. Forehead involvement, in addition to lower facial weakness, suggests a peripheral cause since central lesions typically spare forehead function due to bilateral cortical innervation. (A), (B), and (C) do not represent this specific distinguishing pattern.

120. C. Ascending, symmetric weakness following a recent infection is classic for Guillain-Barre syndrome. (A), (B), and (D) describe different, non-matching presentations.

121. A. Worsening weakness with respiratory difficulty in myasthenia gravis raises concern for myasthenic crisis, a genuine emergency. (B), (C), and (D) all inappropriately dismiss this potentially life-threatening presentation.

122. D. This triad in a patient with chronic alcohol use is classic for Wernicke encephalopathy, requiring urgent thiamine administration. (A), (B), and (C) all inappropriately dismiss this treatable emergency.

123. B. Rapid onset with hyperreflexia and clonus is more characteristic of serotonin syndrome; NMS typically has slower onset with rigidity. (A) describes NMS instead. (C) and (D) misstate the actual clinical distinctions between these syndromes.

124. A. This presentation is classic for acute angle-closure glaucoma, an ophthalmologic emergency requiring urgent treatment. (B), (C), and (D) describe far less acute, non-matching eye conditions.

125. D. This presentation is classic for giant cell arteritis, warranting urgent evaluation and prompt steroid therapy given the risk of irreversible vision loss. (A), (B), and (C) all inappropriately dismiss this vision-threatening emergency.

126. A. Rapid stabilization and urgent evaluation for reperfusion therapy is appropriate given hemodynamic instability in massive PE. (B), (C), and (D) all inappropriately delay or dismiss this emergency.

127. A. Emergent synchronized cardioversion is an appropriate consideration for hemodynamically unstable new-onset atrial fibrillation. (B), (C), and (D) all inappropriately delay definitive treatment of instability.

128. B. A family history of sudden cardiac death at a young age is a red flag warranting further cardiac evaluation after a syncopal episode. (A), (C), and (D) all inappropriately dismiss this concerning family history.

129. A. New left bundle branch block in a compatible clinical context should be treated with the same urgency as STEMI, given diagnostic ECG limitations in this setting. (B), (C), and (D) all inappropriately dismiss this important clinical equivalence.

130. A. Acute limb ischemia is a time-sensitive emergency requiring urgent vascular evaluation to prevent limb loss. (B), (C), and (D) all dangerously delay necessary emergent care.

131. D. Proptosis and pain with eye movement indicate orbital, not merely preseptal, involvement, requiring urgent evaluation given vision and intracranial complication risk. (A), (B), and (C) all understate the severity these specific findings suggest.

132. C. This presentation in a diabetic patient is classic for malignant otitis externa, requiring urgent evaluation given skull base osteomyelitis risk. (A), (B), and (D) all understate the severity of this specific presentation.

133. A. This presentation warrants empiric doxycycline without waiting for confirmatory testing, given the time-sensitive nature of RMSF. (B), (C), and (D) all inappropriately delay necessary treatment.

134. D. This presentation in a patient with IBD is concerning for toxic megacolon, a life-threatening complication requiring urgent evaluation. (A), (B), and (C) all understate the severity of this presentation.

135. C. This presentation is classic for Fournier's gangrene, a surgical emergency requiring urgent evaluation. (A), (B), and (D) all understate the severity of this rapidly progressive infection.

136. B. This presentation is concerning for retropharyngeal abscess, warranting urgent evaluation and imaging. (A), (C), and (D) all understate the severity of this presentation.

137. A. Low glucose, elevated protein, and neutrophil predominance are classic for bacterial meningitis; viral meningitis typically shows normal glucose and lymphocyte predominance. (B) describes viral meningitis instead. (C) and (D) misstate the genuine, clinically important differences between these CSF profiles.

138. D. Fever with a new murmur in a patient with IV drug use history raises concern for infective endocarditis, requiring urgent evaluation. (A), (B), and (C) all inappropriately dismiss this concerning presentation.

139. B. Pseudomonas aeruginosa is the classic causative organism in malignant otitis externa. (A), (C), and (D) are not the classically associated organism for this specific condition.

140. D. This presentation is classic for intussusception, requiring urgent evaluation and reduction. (A), (B), and (C) describe far less acute, non-matching presentations.

141. B. This presentation is concerning for testicular torsion, a surgical emergency requiring immediate urology consultation. (A), (C), and (D) all dangerously delay necessary emergent care.

142. D. Bruising inconsistent with a non-mobile infant's developmental stage is a recognized red flag for possible non-accidental trauma. (A), (B), and (C) all inappropriately dismiss this concerning finding.

143. A. This presentation, including the palpable olive-shaped mass, is classic for pyloric stenosis. (B), (C), and (D) describe different, non-matching presentations.

144. A. This presentation meets classic Kawasaki disease criteria, requiring prompt treatment given coronary aneurysm risk if untreated. (B), (C), and (D) all inappropriately dismiss this important diagnosis.

145. B. Cerebral edema from overly rapid fluid correction is a specific, serious pediatric DKA concern requiring cautious fluid management. (A), (C), and (D) all misstate this important pediatric-specific consideration.

146. C. Button battery ingestion requires immediate evaluation and removal given the risk of rapid, severe tissue injury, distinct from other foreign body ingestions. (A), (B), and (D) all dangerously delay necessary urgent care.

147. A. These specific fracture patterns are recognized as highly concerning for non-accidental trauma given their unusual mechanism requirements. (B), (C), and (D) all misstate the specific, pattern-based nature of this concern.

148. B. Contacting poison control and pursuing urgent evaluation is the appropriate immediate response to an unknown toxic ingestion. (A), (C), and (D) all inappropriately delay or mismanage this potential emergency.

149. A. This presentation is classic for catatonia, a genuinely treatable condition when promptly recognized. (B), (C), and (D) all inappropriately dismiss or misstate this treatable presentation.

150. B. Benzodiazepines are first-line treatment for alcohol withdrawal, addressing the underlying pathophysiology. (A), (C), and (D) all misstate appropriate management of this potentially serious withdrawal syndrome.

151. C. This presentation carries high mortality risk and requires rapid medical evaluation and treatment, not restraint or observation alone. (A), (B), and (D) all dangerously underreact to this life-threatening presentation.

152. B. A duty to warn or protect an identified potential victim may apply when a specific, credible threat is disclosed. (A), (C), and (D) all misstate the genuine ethical and legal considerations in this circumstance.

153. A. This presentation is classic for an acute dystonic reaction, treated effectively with an anticholinergic agent. (B), (C), and (D) all misstate this recognizable, treatable medication reaction.

154. B. This combination is classic for neuroleptic malignant syndrome, a medical emergency requiring urgent treatment. (A), (C), and (D) all dangerously underreact to this life-threatening presentation.

155. D. A period of observation is appropriate given the genuine risk of a biphasic anaphylactic reaction even after apparent improvement. (A), (B), and (C) all inappropriately dismiss this recognized risk.

156. C. N-acetylcysteine treatment decisions are based on serum acetaminophen levels plotted against time since ingestion using a standardized nomogram. (A), (B), and (D) all misstate appropriate management timing and approach.

157. C. Naloxone reverses opioid-induced respiratory depression, and repeat dosing may be needed since naloxone's duration can be shorter than some opioids' effects. (A), (B), and (D) all fail to address the immediate life-threatening respiratory depression.

158. D. Sodium bicarbonate is a recognized treatment consideration for tricyclic-induced cardiotoxicity with a wide QRS. (A) is incorrect: standard AV nodal blockers are not the appropriate first consideration here. (B) and (C) both understate the specific toxicity-related treatment considerations.

159. B. This mixed acid-base pattern is classic for salicylate toxicity. (A), (C), and (D) all inappropriately dismiss this recognizable toxicologic pattern.

160. B. Glucagon is a specific, recognized treatment consideration for beta-blocker toxicity, working through a mechanism independent of the blocked beta-receptor. (A), (C), and (D) all misstate appropriate management of this toxicity.

161. D. Careful, monitored rewarming is appropriate given the risk of complications such as arrhythmia during the rewarming process itself. (A) is incorrect: rapid immersion rewarming is not the preferred approach given this risk. (B) and (C) both understate the seriousness and monitoring needs of this presentation.

162. C. Elevated core temperature with altered mental status defines heat stroke, a life-threatening emergency requiring rapid cooling. (A), (B), and (D) all understate the severity of this presentation.

163. A. Airway and ventilatory support address the primary pathophysiology of drowning injury and are the appropriate immediate priority. (B), (C), and (D) all inappropriately dismiss the need for immediate respiratory support.

164. C. Immobilization and urgent evaluation for possible antivenom therapy is the appropriate approach; tourniquets and incision/suction are outdated, potentially harmful practices. (A) and (B) both describe harmful, outdated approaches. (D) inappropriately delays necessary evaluation.

165. C. The Glasgow Coma Scale provides a standardized measure of consciousness level to help classify traumatic brain injury severity. (A), (B), and (D) all misstate its actual clinical purpose and scope.

166. A. Hypotension, marked tachycardia, and confusion together indicate a more advanced class of hemorrhagic shock requiring urgent intervention. (B), (C), and (D) all understate the significance of these findings.

167. D. The rule of nines estimates total body surface area affected by burns, which directly informs fluid resuscitation calculations. (A), (B), and (C) all misstate its actual purpose and application.

168. C. This presentation is concerning for placental abruption, requiring urgent evaluation given risk to both mother and fetus. (A), (B), and (D) all inappropriately dismiss this potentially serious presentation.

169. D. Sudden severe pain with hypotension in a known ectopic pregnancy raises concern for rupture, a surgical emergency requiring immediate evaluation. (A), (B), and (C) all dangerously underreact to this presentation.

170. A. Rapid assessment and management is the appropriate immediate priority given the risk of hemorrhagic shock from postpartum hemorrhage. (B), (C), and (D) all inappropriately delay necessary immediate evaluation.

171. C. Appropriately evaluating for cardiac and other medical causes before attributing symptoms solely to panic reflects sound clinical practice, given symptom overlap. (A), (B), and (D) all inappropriately skip necessary medical evaluation.

172. B. A calm environment and grounding techniques are an appropriate, evidence-informed immediate supportive approach to an acute flashback. (A), (C), and (D) all misstate an appropriate supportive response to this episode.

173. A. Pain out of proportion to the injury is often an earlier finding than pulselessness, which is a late and concerning sign in compartment syndrome. (B), (C), and (D) all misstate this important clinical teaching point.

174. A. Traumatic hyphema warrants urgent ophthalmologic evaluation given the risk of elevated intraocular pressure and vision-threatening complications. (B), (C), and (D) all inappropriately dismiss this ophthalmologic emergency.

175. C. Prolonged priapism warrants urgent urologic evaluation given the risk of permanent tissue damage with continued duration. (A), (B), and (D) all dangerously delay necessary urgent care.

176. A. Fever and systemic symptoms accompanying urinary retention raise concern for an associated infection requiring prompt evaluation alongside decompression. (B), (C), and (D) all inappropriately dismiss this additional concern.

177. D. This presentation is concerning for Ludwig's angina, a potential airway emergency requiring urgent evaluation given rapid floor-of-mouth swelling. (A), (B), and (C) all dangerously underreact to this presentation.

178. D. This combination of findings is classic for peritonsillar abscess, warranting urgent evaluation and drainage. (A), (B), and (C) all describe less acute, non-matching presentations.

179. C. Anuria with bilateral hydronephrosis suggests possible bilateral obstruction, a urologic emergency requiring urgent evaluation. (A), (B), and (D) all inappropriately dismiss this concerning finding.

180. C. Immediate, copious irrigation is the appropriate first step for a chemical eye exposure, performed before further evaluation to limit ongoing tissue damage. (A), (B), and (D) all dangerously delay this time-critical first aid measure.

181. D. Needle-shaped, negatively birefringent crystals are classic for gout (monosodium urate). (A) is incorrect: pseudogout crystals are rhomboid and positively birefringent, the opposite pattern. (B) and (C) are not confirmed by crystal analysis findings of this type.

182. B. Rhomboid-shaped, positively birefringent crystals are classic for pseudogout (calcium pyrophosphate). (A) is incorrect: gout crystals are needle-shaped and negatively birefringent, the opposite pattern. (C) and (D) are not confirmed by this specific crystal finding.

183. B. Symmetric small joint involvement with prolonged morning stiffness is classic for rheumatoid arthritis. (A) is incorrect: osteoarthritis typically causes brief morning stiffness and often asymmetric involvement. (C) and (D) present with different classic patterns.

184. A. This triad following a preceding infection is classic for reactive arthritis. (B), (C), and (D) do not typically present with this specific post-infectious triad pattern.

185. B. Improvement with activity, worsening with rest, and prolonged morning stiffness are classic features of inflammatory back pain. (A), (C), and (D) describe mechanical patterns that typically worsen with activity, not improve.

186. A. Tinel's and Phalen's tests are classic provocative maneuvers for carpal tunnel syndrome. (B), (C), and (D) are provocative tests for unrelated conditions (lumbar radiculopathy, meniscal injury, and ACL injury respectively).

187. D. The Finkelstein test is the classic provocative maneuver for de Quervain's tenosynovitis. (A), (B), and (C) are tests for unrelated conditions.

188. D. This catching or locking sensation is classic for trigger finger. (A), (B), and (C) present with different characteristic findings not matching this description.

189. C. Progressive loss of both active and passive range of motion is the defining feature of adhesive capsulitis. (A) and (B) typically preserve passive range of motion better than active. (D) would not typically cause this progressive, global stiffness pattern.

190. C. Objective weakness on resisted testing, distinct from pain alone, raises concern for a structural tear rather than isolated impingement. (A) and (B) would not typically produce this specific objective weakness finding. (D) is a distinct diagnosis with different exam findings.

191. D. This presentation is classic for actinic keratosis, a precancerous lesion related to sun exposure. (A), (B), and (C) present with different classic morphologies.

192. A. Umbilicated, dome-shaped papules are classic for molluscum contagiosum. (B), (C), and (D) present with different classic morphologies.

193. B. Nocturnal pruritus with visible burrows is classic for scabies. (A), (C), and (D) present with different classic findings not matching burrows.

194. D. Herpes zoster classically follows a unilateral dermatomal distribution due to reactivation within a single sensory nerve root, unlike herpes simplex. (A), (B), and (C) all misstate this genuine clinical distinction.

195. C. Target-shaped lesions with concentric color rings are classic for erythema multiforme. (A), (B), and (D) present with different classic morphologies.

196. D. Widespread blistering with mucosal involvement following a new medication is concerning for Stevens-Johnson syndrome, a genuine dermatologic emergency. (A), (B), and (C) all inappropriately dismiss this serious presentation.

197. B. A herald patch followed by a Christmas-tree distributed rash is classic for pityriasis rosea. (A), (C), and (D) present with different classic patterns.

198. B. Chronic urticaria is defined as lasting more than 6 weeks, distinguishing it from acute urticaria. (A), (C), and (D) all misstate this time-based clinical distinction.

199. A. Unilateral findings with systemic symptoms favor cellulitis, an infectious process; venous stasis dermatitis is typically bilateral and chronic without systemic symptoms. (B), (C), and (D) all describe features more typical of venous stasis dermatitis instead.

200. D. Confirming the diagnosis before oral antifungal therapy is appropriate given the treatment duration and potential side effects of systemic therapy. (A), (B), and (C) all inappropriately skip this reasonable confirmatory step.

201. D. Lifestyle modification combined with acid-suppressing therapy is standard first-line management for typical GERD symptoms. (A), (B), and (C) all misstate appropriate initial management.

202. C. H. pylori infection is a major, treatable underlying cause of peptic ulcer disease and should be evaluated for. (A), (B), and (D) are not classically associated underlying causes of peptic ulcer disease.

203. B. IBS is a symptom-based clinical diagnosis using established criteria, applied after excluding alarm features suggesting another cause. (A), (C), and (D) all misstate this diagnostic approach.

204. B. Diverticulosis describes the presence of asymptomatic diverticula, while diverticulitis describes their inflammation or infection. (A), (C), and (D) all misstate this important clinical distinction.

205. D. Increased fiber and fluid intake with topical measures is standard first-line management for uncomplicated, mildly symptomatic hemorrhoids. (A), (B), and (C) all misstate appropriate initial management.

206. D. This presentation, including the visible linear tear, is classic for an anal fissure. (A), (B), and (C) present with different classic findings not matching this description.

207. C. An alpha-blocker is a reasonable first-line medical therapy option for BPH symptoms. (A), (B), and (D) all misstate appropriate first-line management of this condition.

208. D. Behavioral interventions such as bladder training are a reasonable first-line approach for overactive bladder symptoms. (A), (B), and (C) all misstate appropriate initial management.

209. C. Behavioral measures and, in select cases, prophylactic strategies are reasonable considerations for recurrent UTI prevention. (A), (B), and (D) all misstate or inappropriately restrict available prevention approaches.

210. A. Adequate fluid intake and stone-composition-based dietary counseling are appropriate, evidence-based preventive measures. (B), (C), and (D) all misstate appropriate preventive dietary guidance.

211. A. A bulging, erythematous tympanic membrane with decreased mobility is the defining finding of acute otitis media, reflecting middle ear involvement. (B) and (C) describe findings more typical of otitis externa. (D) is inconsistent with an active acute otitis media diagnosis.

212. B. Symptoms persisting beyond 10 days without improvement, or worsening after initial improvement, support a bacterial rather than viral etiology. (A), (C), and (D) describe patterns more consistent with typical viral sinusitis.

213. B. Tonsillar exudates is a component of the Centor criteria. (A), (C), and (D) are not components of this specific scoring system, which instead focuses on fever, tonsillar exudates, tender anterior cervical nodes, and absence of cough.

214. C. Intranasal corticosteroids are first-line pharmacologic therapy for allergic rhinitis given their effectiveness across multiple symptom domains. (A), (B), and (D) all misstate appropriate first-line management.

215. B. Thick, purulent discharge with matted eyelids favors a bacterial etiology. (A), (C), and (D) describe findings more typical of a viral etiology.

216. A. A chalazion is a chronic, typically painless granulomatous nodule, while a hordeolum is an acute, painful infectious lesion. (B), (C), and (D) all misstate this genuine clinical distinction.

217. B. Unilateral, pulsatile pain with associated nausea and photophobia is characteristic of migraine. (A) describes tension-type headache instead. (C) and (D) do not reflect migraine's characteristic features.

218. A. Severe unilateral periorbital pain with ipsilateral autonomic symptoms occurring in clusters is the classic cluster headache presentation. (B), (C), and (D) do not match this characteristic pattern.

219. B. Frequent analgesic use exceeding this threshold raises concern for medication overuse headache as a contributing factor. (A), (C), and (D) all inappropriately dismiss or worsen this recognized contributing pattern.

220. C. The Dix-Hallpike maneuver is the classic diagnostic test for positional vertigo such as BPPV. (A), (B), and (D) are tests for unrelated conditions.

221. C. This specific triad is classic for Meniere's disease. (A), (B), and (D) present with different characteristic findings not matching this full triad.

222. A. Sustained direct pressure to the nasal ala is standard appropriate initial management for anterior epistaxis. (B), (C), and (D) all misstate appropriate first aid for this presentation.

223. B. Acute bronchitis is most often viral, and supportive care is generally appropriate without antibiotics in the absence of pneumonia signs. (A), (C), and (D) all misstate appropriate evidence-based management.

224. C. CURB-65 helps assess severity and guide the outpatient-versus-inpatient management decision in community-acquired pneumonia. (A), (B), and (D) all misstate its actual clinical purpose.

225. C. Reproducible chest wall tenderness favors a musculoskeletal cause, though this finding alone does not entirely exclude a cardiac cause depending on the full clinical picture. (A), (B), and (D) all misstate the appropriate interpretation of this finding.

226. A. A positive straight leg raise test supports lumbar radiculopathy as the cause of dermatomal leg pain. (B), (C), and (D) are provocative tests for unrelated conditions.

227. C. Medial elbow pain worsened by resisted wrist flexion is classic for medial epicondylitis (golfer's elbow). (A), (B), and (D) present with different classic findings.

228. A. Forefoot pain and numbness between the toes, worsened by tight footwear, is classic for Morton's neuroma. (B), (C), and (D) present with different classic locations and findings.

229. A. Posterior heel pain along the Achilles tendon is classic for Achilles tendinopathy, distinct from plantar heel pain in plantar fasciitis. (B), (C), and (D) present with different classic locations.

230. D. A soft, transilluminating, fluid-filled dorsal wrist mass is classic for a ganglion cyst. (A), (B), and (C) present with different classic characteristics.

231. C. A visible central punctum favors a sebaceous (epidermal inclusion) cyst over a lipoma, which typically lacks this feature. (A) describes a lipoma instead. (B) and (D) misstate typical characteristics of these masses.

232. D. Recurrent pain and drainage in the sacrococcygeal region, related to sitting, is classic for pilonidal disease. (A), (B), and (C) describe different conditions with different typical locations.

233. D. A sandpaper-textured rash accompanying strep pharyngitis is classic for scarlet fever. (A), (B), and (C) do not reflect this specific, recognized association.

234. A. This combination of findings, including the specific three-site distribution, is classic for hand-foot-mouth disease. (B), (C), and (D) present with different classic distributions.

235. D. Honey-colored crusting is the classic, defining finding of impetigo. (A), (B), and (C) present with different classic findings not matching this description.

236. C. Sharply demarcated, raised borders favor erysipelas, which involves more superficial dermal and lymphatic tissue than typical cellulitis. (A), (B), and (D) describe findings more typical of standard cellulitis or an unrelated presentation.

237. D. A furuncle represents a deeper infection extending beyond the hair follicle, distinguishing it from superficial folliculitis. (A), (B), and (C) all misstate this genuine clinical distinction.

238. C. Redness, swelling, tenderness, and pus around the nail fold is classic for paronychia. (A), (B), and (D) present with different classic findings not matching an active infection.

239. D. Thyroid function testing is a reasonable, standard component of the initial workup for unexplained chronic fatigue, given hypothyroidism's recognized association with this symptom. (A), (B), and (C) all misstate appropriate initial evaluation.

240. A. Unexplained weight loss with a malignancy history are red flags warranting further evaluation for possible metastatic disease in a patient with new back pain. (B), (C), and (D) all inappropriately dismiss these concerning red-flag findings.

241. D. This is the standard definition of resistant hypertension. (A), (B), and (C) all describe scenarios not meeting this specific definition.

242. C. Periodic trending helps assess disease progression over time. (A), (B), and (D) all misstate appropriate ongoing monitoring practice.

243. D. A relaxed target reduces hypoglycemia risk, which can outweigh tight-control benefit in patients with limited life expectancy. (A), (B), and (C) all misstate this individualized, evidence-based approach.

244. D. Insulin may be appropriate when oral agents are insufficient or initial A1c is very high. (A), (B), and (C) all misstate appropriate insulin initiation considerations.

245. B. Considering dose adjustment, an alternate statin, or a non-statin option addresses tolerability before abandoning lipid-lowering therapy. (A), (C), and (D) all describe an inappropriately rigid response.

246. C. This weight and symptom pattern can appropriately prompt diuretic adjustment as part of heart failure self-management or clinical follow-up. (A), (B), and (D) all understate the relevance of this pattern.

247. C. Sodium restriction is a standard, reasonable dietary component of heart failure management. (A), (B), and (D) all misstate appropriate dietary counseling.

248. D. Vaccination is a standard, appropriate component of chronic COPD management, reducing exacerbation risk from preventable infections. (A), (B), and (C) all inappropriately dismiss this recommended practice.

249. B. A stepwise approach appropriately escalates therapy when control is inadequate. (A), (C), and (D) all misstate appropriate management of inadequately controlled asthma.

250. D. CKD staging is based on eGFR category, often combined with albuminuria category. (A), (B), and (C) all misstate the actual basis for staging.

251. A. These are recognized, reasonable considerations for nephrology referral. (B), (C), and (D) all misstate appropriate referral practice.

252. D. Non-opioid approaches are standard first-line considerations for chronic osteoarthritis pain. (A), (B), and (C) all misstate appropriate first-line management.

253. B. A bisphosphonate is a standard first-line pharmacologic option once osteoporosis is diagnosed. (A), (C), and (D) all misstate appropriate treatment timing and options.

254. C. This interval allows levels to stabilize before reassessment, standard practice after a dose adjustment. (A), (B), and (D) all misstate appropriate follow-up testing timing.

255. D. Multiple treatment modalities exist and are selected based on individual circumstances. (A), (B), and (C) all misstate the actual range of available options.

256. C. Evaluating iron status and considering erythropoiesis-stimulating therapy are appropriate, standard considerations for CKD-associated anemia. (A), (B), and (D) all inappropriately dismiss necessary evaluation and management.

257. B. Urate-lowering therapy is a standard chronic prevention strategy for recurrent gout flares. (A), (C), and (D) all misstate appropriate long-term prevention options.

258. D. A validated risk stratification tool helps inform the overall risk-benefit discussion before initiating opioid therapy. (A), (B), and (C) all inappropriately dismiss or restrict this reasonable practice.

259. A. Switching agents or augmentation is an appropriate, standard next step after an inadequate response to first-line treatment. (B), (C), and (D) all misstate appropriate management of inadequate treatment response.

260. B. SSRIs and SNRIs are standard first-line pharmacologic options for generalized anxiety disorder. (A), (C), and (D) all misstate appropriate first-line pharmacotherapy.

261. B. A multidisciplinary approach is standard, evidence-based management for chronic low back pain. (A), (C), and (D) all misstate appropriate first-line management.

262. D. Frequent, functionally impactful migraines support considering preventive therapy, distinct from as-needed acute treatment. (A), (B), and (C) all misstate this clinically relevant consideration.

263. A. Pharmacotherapy such as a GLP-1 receptor agonist is a reasonable additional consideration when lifestyle intervention alone is insufficient. (B), (C), and (D) all misstate available treatment options.

264. D. These three components are standard, evidence-based elements of chronic PAD management. (A), (B), and (C) all misstate appropriate chronic management.

265. C. Both strategies are reasonable, with selection individualized based on patient factors. (A), (B), and (D) all misstate this individualized approach.

266. C. Monitoring these specific laboratory parameters is standard practice for this recognized CKD complication. (A), (B), and (D) all misstate the nature and monitoring needs of this complication.

267. D. Direct-acting antivirals offer high cure rates and represent current standard treatment. (A), (B), and (C) all misstate current treatment options and their effectiveness.

268. D. Combining multiple appropriate modalities reflects a reasonable, evidence-supported multimodal approach. (A), (B), and (C) all misstate appropriate chronic pain management strategy.

269. B. Frailty may reasonably inform adjustments to treatment intensity and goals of care given altered risk-benefit considerations. (A), (C), and (D) all inappropriately dismiss the clinical relevance of frailty status.

270. C. POLST functions as a portable medical order across settings, while a living will is a broader advance directive document. (A), (B), and (D) all misstate this genuine distinction.

271. A. Assessing caregiver burden and offering support is an appropriate component of comprehensive patient-centered care. (B), (C), and (D) all inappropriately dismiss or delay this consideration.

272. D. These programs equip patients with practical skills and knowledge for active self-management. (A), (B), and (C) all misstate their actual purpose and value.

273. D. Careful coordination at this transition addresses the well-recognized elevated risk of care disruption. (A), (B), and (C) all inappropriately dismiss this important transition risk.

274. A. Periodic CBC and liver function monitoring is standard practice for patients on chronic methotrexate given its known toxicity profile. (B), (C), and (D) all understate necessary routine monitoring.

275. B. Warfarin requires routine INR monitoring given its narrow therapeutic index, while DOACs generally do not require this routine monitoring. (A), (C), and (D) all misstate this genuine clinical distinction.

276. D. An open, evidence-informed discussion addressing benefits, risks, and legal considerations reflects appropriate clinical engagement with this topic. (A), (B), and (C) all misstate an appropriate approach to this discussion.

277. C. Pharmacy refill data provides an objective measure distinct from self-report alone. (A), (B), and (D) all misstate available adherence assessment methods.

278. D. Registries support population-level tracking and targeted outreach for patients needing additional attention. (A), (B), and (C) all misstate their actual clinical value and function.

279. C. Palliative care can be provided alongside curative or disease-directed treatment, distinct from hospice's typical focus. (A), (B), and (D) all misstate this important distinction.

280. D. This prognosis-based framework, among other considerations, is a general hospice eligibility concept. (A), (B), and (C) all misstate actual eligibility considerations.

281. A. Maintaining an appropriate moist wound environment is a basic, evidence-based chronic wound care principle. (B), (C), and (D) all misstate appropriate wound care practice.

282. C. Establishing functional goals alongside pain management provides a more complete treatment framework than pain intensity alone. (A), (B), and (D) all understate the value of functional goal-setting.

283. D. Reviewing whether dose adjustment is needed based on renal function is a standard, appropriate prescribing consideration. (A), (B), and (C) all misstate this important consideration.

284. C. Shared decision-making to consider reasonable simplification, while maintaining important treatment goals, appropriately addresses genuine treatment burden. (A), (B), and (D) all reflect inappropriate responses to this valid patient concern.

285. C. Regular follow-up supports ongoing monitoring, timely adjustment, and early complication identification, core elements of effective chronic disease management. (A), (B), and (D) all understate the importance of scheduled follow-up.

286. A. Publication bias reflects the tendency for positive or significant results to be more publishable than null findings, distorting the overall evidence base. (B), (C), and (D) all misstate this well-recognized phenomenon.

287. C. A Type I error is incorrectly rejecting a true null hypothesis, a false positive conclusion. (A) describes a Type II error instead. (B) and (D) both describe correct, not erroneous, conclusions.

288. D. A p-value reflects the probability of observing a result this extreme or more extreme, assuming the null hypothesis is true, not the probability of the hypothesis itself. (A), (B), and (C) all reflect common misinterpretations of this statistic.

289. C. Intention-to-treat analysis preserves the randomized comparison by analyzing patients per their original group assignment regardless of subsequent adherence. (A), (B), and (D) all describe per-protocol or as-treated approaches instead.

290. A. Recall bias reflects systematic differences in exposure recall accuracy between cases and controls. (B), (C), and (D) all misstate this bias and its relevance to case-control design specifically.

291. A. A systematic review's defining feature is its structured, reproducible methodology, distinct from a narrative review's less formal approach. (B), (C), and (D) all misstate this genuine methodological distinction.

292. D. External validity reflects how well results generalize beyond the specific study population. (A) describes internal validity instead. (B) and (C) both misstate the relevance and scope of this concept.

293. A. The placebo effect is a genuine, measurable clinical improvement from expectation of benefit, independent of the treatment's specific pharmacologic action. (B), (C), and (D) all misstate this well-documented phenomenon.

294. B. Simultaneous assessment of exposure and outcome in cross-sectional studies generally precludes establishing temporal or causal relationships. (A), (C), and (D) all misstate this design's actual capabilities and limitations.

295. B. The ecological fallacy is the error of inferring individual-level conclusions from group-level data alone. (A), (C), and (D) all misstate this recognized epidemiologic pitfall.

296. D. Regression to the mean describes extreme values tending toward the average on repeat measurement, independent of any intervention, and is an important consideration when interpreting apparent treatment effects. (A), (B), and (C) all misstate this statistical phenomenon.

297. D. Systematic evidence evaluation, often using a structured grading framework, is an appropriate foundation for guideline development. (A), (B), and (C) all misstate appropriate guideline development methodology.

298. C. Shared decision-making integrates clinician expertise with patient values and preferences in a collaborative process. (A) and (B) both describe one-sided, non-collaborative approaches. (D) inappropriately restricts this broadly applicable concept to one specific context.

299. B. Plain language and confirming understanding are reasonable universal practices given how common limited health literacy is, even among patients who do not disclose it. (A), (C), and (D) all misstate an appropriate approach to this common issue.

300. A. The classic evidence-based medicine triad integrates best research evidence, clinical expertise, and patient values and preferences together. (B), (C), and (D) each isolate only one component, omitting the other two essential elements.