



美国医师执照考试 (USMLE)

Family Medicine

家庭医学 (第2版)

- 500 USMLE-style questions and answers
- Detailed explanations for right and wrong answers
- Targets what you really need to know for exam success
- Student tested and reviewed

Doug Knutson

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北京大学医学出版社



家庭医学

(第2版)

Family Medicine

PreTest™ Self-Assessment and Review



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出版说明

美国医师执照考试 (United States Medical Licensing Examination, USMLE) 是针对全世界各国医学院的学生或毕业生, 欲到美国从医的执照考试, 考试全部为选择题, 采用计算机考试。考试分为:

Step 1 (第一阶段): 考察医学基础学科知识, 包括解剖学 Anatomy, 生理学 Physiology, 生物化学 Biochemistry, 微生物学 Microbiology, 病理学 Pathology, 药理学 Pharmacology, 遗传学 Genetics, 营养学 Nutrition, 神经科学 Neuroscience 等。

Step 2 (第二阶段):

(1) 临床医学知识 (Clinical Knowledge, CK): 包括内科学 Medicine, 外科学 Surgery, 妇产科学 Obstetrics and Gynecology, 儿科学 Pediatrics, 神经病学 Neurology, 家庭医学 Family Medicine, 急诊医学 Emergency Medicine, 预防医学 Preventive Medicine 等。

(2) 临床技能 (Clinical Skill, CS): 要通过 Step 1、Step 2 及 TOEFL 之后才能报考, 主要是考察考生的临床实践操作知识。

Step 3 (第三阶段): 测试考生的实际工作能力。内容包括采集病史、体格检查、诊断、治疗措施, 以及医疗法规等。

USMLE 在北京、上海和广州设有考点, 在中国大陆可参加 USMLE Step 1 和 USMLE Step 2 CK 的考试。考试介绍及报名情况可参见 <http://www.ecfmg.com>

为了帮助有志于参加 USMLE 的考生更好地复习, 北京大学医学出版社全面引进了 McGraw Hill 公司的两个著名 USMLE 复习品牌丛书: PreTest 系列、FIRST AID 系列。这两套丛书经过多次再版, 受到世界各地考生的欢迎。本次引进的均为其最新版本。

当前, 我国很多医学院校在进行英文授课、考试的改革, 本书对国内从事英语授课、考试的教师和学生也有重要的参考价值。为广大的医学生和医务工作者比较中美医学教育和自己掌握的知识提供参考。同时, 该书也是学习专业英语的好教材。

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Introduction

Family Medicine: PreTest™ Self Assessment and Review, Second Edition, is intended to provide medical students, as well as house officers and physicians, with a convenient tool for assessing and improving their knowledge of medicine. The 500 questions in this book are similar in format and complexity to those included in Step 2 of the United States Medical Licensing Examination (USMLE). They may also be a useful study tool for Step 3.

For multiple-choice questions, the *one best* response to each question should be selected. For matching sets, a group of questions will be preceded by a list of lettered options. For each question in the matching set, select *one* lettered option that is *most* closely associated with the question. Each question in this book has a corresponding answer, a reference to a text that provides background to the answer, and a short discussion of various issues raised by the question and its answer. A listing of references for the entire book follows the last chapter.

To simulate the time constraints imposed by the qualifying examinations for which this book is intended as a practice guide, the student or physician should allot about 1 minute for each question. After answering all questions in a chapter, as much time as necessary should be spent in reviewing the explanations for each question at the end of the chapter. Attention should be given to all explanations, even if the examinee answered the question correctly. Those seeking more information on a subject should refer to the reference materials listed or to other standard texts in medicine.

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Preventive Medicine

Questions

Immunizations

1. You are examining a normal-term newborn whose mother is hepatitis B virus surface antigen positive. Which of the following protocols is recommended for the child?

- a. Hepatitis B vaccination at 0 to 2 months, a second dose at 1 to 4 months, and a third dose at 6 to 18 months of age
- b. Hepatitis B vaccination within 12 hours of birth, with the timing of the second and third doses based on the mother's hepatitis B viral load at the time of delivery
- c. Hepatitis B vaccination and hepatitis B immune globulin within 12 hours of birth, a second dose of hepatitis B vaccine at 1 to 2 months, and a third dose of vaccine at 6 months
- d. Hepatitis B vaccination and hepatitis B immune globulin within 12 hours of birth, a second dose of the vaccine and immune globulin at 1 to 2 months, and a third dose of the vaccine and immune globulin at 6 months
- e. Hepatitis B vaccination at birth, with serologic testing of the baby before additional vaccinations are given

2. You are counseling a mother about her child's immunization schedule. She asks specifically if her child would benefit from the *Haemophilus influenzae* type b (Hib) vaccine. Which of the following statements is true about this vaccine?

- a. The vaccine is between 95% to 100% effective in preventing invasive Hib disease.
- b. The vaccine will help to prevent otitis media caused by *H influenzae*.
- c. Adverse reactions to the vaccine include an unusual high-pitched cry, high fevers, and seizures.
- d. The first vaccine should be administered at birth.
- e. The vaccine cannot be given concurrently with other vaccines.

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3. You are discussing varicella-zoster vaccination with a 34-year-old man who does not ever remember having chicken pox. Which of the following statements is true?

- a. Varicella-zoster infection is less severe in adults.
- b. Two doses of the vaccine are required, 4 to 8 weeks apart.
- c. Serologic testing for varicella antibodies is necessary before vaccination.
- d. If the patient lives with an immunocompromised person, vaccination should be avoided.
- e. The subsequent risk of zoster is higher among those who have been vaccinated as compared with those who had natural infection.

4. An elderly patient that you follow has recently started volunteering at a hospital and requires hepatitis B vaccination. You find that he is hepatitis B surface antibody positive. Which of the following would be the best guideline to follow in this case?

- a. No vaccination is necessary based on his laboratory evaluation.
- b. Administer one dose of hepatitis B vaccine.
- c. Administer two doses of hepatitis B vaccine, at least 1 month apart.
- d. Administer two doses of hepatitis B vaccine, at least 6 months apart.
- e. Administer three doses of hepatitis B vaccine at the appropriate time interval.

5. You are caring for a 23-year-old healthy homosexual male who works as an accountant and lives alone. He had the "typical childhood vaccinations" and provides documentation of his immunization record. He is up to date on tetanus, and was primarily immunized against diphtheria, pertussis, polio, hepatitis B, measles, mumps, rubella, and *H influenzae* type b. Which of the following vaccinations is indicated for this patient?

- a. Varicella
- b. Meningococcus
- c. Hepatitis A
- d. Pneumococcus
- e. A booster of the measles-mumps-rubella (MMR) vaccine

6. In the prenatal workup for a 24-year-old patient, you discover she is not immune to rubella. When is the best time to vaccinate her against rubella?

- a. Immediately
- b. In the second trimester of pregnancy
- c. In the third trimester of pregnancy
- d. In the early postpartum period
- e. At least 4 weeks postpartum

7. A 32-year-old woman comes to your office for a complete physical examination. When discussing her vaccinations, you discover that she received her primary tetanus series as a child, and her last tetanus booster was 11 years ago. Which of the following is true?

- a. No vaccination is required.
- b. The patient should receive a tetanus-diphtheria (Td) booster.
- c. The patient should receive tetanus immune globulin.
- d. The patient should receive a diphtheria-tetanus-pertussis (DTP) immunization.
- e. The patient should receive tetanus, diphtheria, and acellular pertussis (Tdap) immunization.

8. You are caring for a woman who would like her children vaccinated against influenza. Her children are ages 4 months, 24 months, and 5 years. Which of the following represents current immunization recommendations for influenza?

- a. None of her children should be vaccinated.
- b. The 4-month-old and the 24-month-old should be vaccinated.
- c. The 24-month-old and the 5-year-old should be vaccinated.
- d. Only the 24-month-old should be vaccinated.
- e. All the children should be vaccinated.

9. You are caring for a 2½-year-old boy who is coming to your office for the first time. Reviewing his immunization record, you find that he has never received vaccination for invasive pneumococcal disease using the 7-valent pneumococcal conjugate vaccine. Which of the following is true regarding recommendations in his case?

- a. He is no longer at risk for invasive pneumococcal disease, and does not need to be vaccinated.
- b. He should only be vaccinated if he has an immunocompromising condition.
- c. He should only be vaccinated if he has a congenital or genetic pulmonary condition.
- d. He should be vaccinated, and should start the usual series for primary vaccination.
- e. He should be vaccinated, but with a modified schedule for immunization.

10. You are caring for a 30-year-old woman who asks you about the human papillomavirus (HPV) vaccination. She is recently divorced and not in a monogamous relationship. She has a history of genital warts, and had an abnormal Papanicolaou (Pap) test 2 years ago, for which she underwent colposcopy, biopsy, and cryotherapy. Subsequent Pap tests have been normal. Which of the following is true?

- a. She is unable to be vaccinated because she has a history of genital warts.
- b. She is unable to be vaccinated because she has a history of an abnormal Pap test.
- c. She is unable to be vaccinated because she is not in a monogamous relationship.
- d. Vaccination is not recommended for 30-year-old women.
- e. She should be vaccinated.

11. You are determining which of the patients in your practice should receive the quadrivalent HPV vaccination. This vaccine is inappropriate for which of the following patients?

- a. An 18-year-old woman with an abnormal Pap test that has yet to be followed up appropriately.
- b. A 16-year-old girl who recently delivered her first child and is currently breastfeeding.
- c. A pregnant 14-year-old.
- d. A 12-year-old with asthma currently taking steroids for an exacerbation.
- e. An 11-year-old victim of sexual abuse.

12. A recently retired 67-year-old woman presents to you to establish care. She was a long time smoker, but quit 5 years ago. She is generally healthy, but her prior physician told her that she has “emphysema.” She was prescribed an “inhaler” to use as-needed and only uses it rarely. She asks about necessary immunizations. Assuming she has not had the vaccine before, which of the following vaccines should she receive?

- a. MMR
- b. Tdap
- c. Varicella
- d. Pneumococcal polysaccharide
- e. Intranasal influenza

13. Of the following, which patient would be considered the most appropriate candidate for vaccination against herpes zoster?

- a. A 53-year-old man with a history of chicken pox as a child and a personal history of diabetes mellitus
- b. A 58-year-old woman who recently underwent successful surgery for colon cancer
- c. A 33-year-old man who was recently diagnosed with human immunodeficiency virus (HIV)
- d. A 22-year-old with a personal history of sickle-cell disease
- e. A 66-year-old man with a personal history of shingles at age 56

Screening Tests

14. You are discussing preventive health screening with a college student. He has no family history of hypertension, coronary artery disease, diabetes, or cancer. At what age should you consider screening for lipid disorders?

- a. 18 years
- b. 21 years
- c. 25 years
- d. 35 years
- e. 50 years

15. You are seeing a 58-year-old smoker for a routine health examination. You have counseled him on discontinuing tobacco use, and he is considering that alternative. He denies coughing, shortness of breath, or hemoptysis. Which of the following is a recommended screen for lung cancer in this patient?

- a. He should not be screened for lung cancer.
- b. Chest x-ray.
- c. Chest computed tomography (CT).
- d. Sputum cytology.
- e. Bronchoscopy.

16. You are seeing a healthy 26-year-old woman for a routine health visit. She mentions that she and her husband are thinking about starting a family soon. She has never been pregnant before. Which of the following interventions, if done prior to pregnancy, has been shown to have a clear beneficial outcome for this woman and her potential child?

- a. Blood typing and antibody testing
- b. Screening for HIV
- c. Screening for *Chlamydia*
- d. Screening for asymptomatic bacteriuria
- e. Prescribing 0.4 to 0.8 mg of folic acid daily

17. You are discussing cancer screening with a patient. Her father was diagnosed with colorectal cancer at age 58. When should you recommend she begins colorectal cancer screening?

- a. 40 years
- b. 48 years
- c. 50 years
- d. 58 years
- e. 60 years

18. You are discussing cancer screening with a female patient. She has no family history of breast cancer. At what age should she start getting routine mammograms?

- a. 30 years
- b. 35 years
- c. 40 years
- d. 45 years
- e. 50 years

19. In a routine examination, a 33-year-old woman asks you about self breast examination as breast cancer screening method. Which of the following best represents current recommendations for breast self-examination (BSE)?

- a. There is strong evidence that BSE is an appropriate screening modality.
- b. There is no evidence that BSE is an appropriate screening modality.
- c. There is insufficient evidence to recommend for or against BSE.
- d. There is no evidence that BSE is an inappropriate screening modality.
- e. There is strong evidence that BSE is an inappropriate screening modality.

20. A 52-year-old man comes to your office for a complete physical examination. He is interested in prostate cancer screening. Which of the following best represents current guidelines for prostate cancer screening?

- a. There is insufficient evidence to recommend for or against prostate cancer screening.
- b. Screening should consist of a digital rectal examination.
- c. Screening should consist of a serum prostate specific antigen (PSA) test.
- d. Screening should consist of both, a DRE and a serum PSA test.
- e. Screening should include a CT scan of the prostate in high-risk individuals.

21. You are seeing a 40-year-old healthy man for a routine health examination. He is completely healthy, takes no medications, and has no abnormal physical examination findings. What are the current recommendations regarding obtaining a screening electrocardiogram (ECG) as part of his routine physical?

- a. Recommendations strongly support obtaining a screening ECG
- b. Recommendations weakly support obtaining a screening ECG
- c. Recommendations do not support or oppose obtaining a screening ECG
- d. Recommendations weakly oppose obtaining a screening ECG
- e. Recommendations strongly oppose obtaining a screening ECG

22. During a routine appointment to discuss an upper respiratory infection, you find that your 18-year-old female patient has become sexually active for the first time. According to current guidelines, when should you begin cervical cancer screening on this patient?

- a. At the current time.
- b. At the age of 19.
- c. At the age of 20.
- d. At the age of 21.
- e. Cervical cancer screening is not recommended.

23. You are seeing a 55-year-old patient for her annual physical examination. She has been married to her husband for 32 years and reports that both have been monogamous. She has never had an abnormal Pap smear. At what age is it appropriate to discontinue Pap screening on this patient?

- a. 55 years.
- b. 60 years.
- c. 65 years.
- d. 70 years.
- e. Never discontinue screening.

24. You are caring for a healthy woman whose cousin was just diagnosed with unilateral breast cancer at age 33. Your patient has no other relatives with known histories of breast or ovarian cancer. Which of the following is true regarding the current recommendations for genetic screening for breast cancer mutations?

- a. The patient should not be offered testing.
- b. The patient should be tested only if she is of Ashkenazi Jewish descent.
- c. The patient should be offered testing only if she is of Ashkenazi Jewish descent.
- d. The patient should be tested regardless of her ethnicity.
- e. The patient should be offered testing regardless of her ethnicity.

The Preoperative Evaluation

25. A 76-year-old male patient of yours is undergoing a left knee replacement for severe arthritis, and you are asked to perform his presurgical clearance. His past medical history is significant for episodic rate-controlled atrial fibrillation, a stroke at age 72 (from which he recovered fully), and uncontrolled hypertension. Last year, an echocardiogram showed he had severe aortic stenosis, but he has elected not to undergo surgical repair. He reports that he is sedentary, and is not able to walk up one flight of steps carrying his groceries without stopping to rest. His blood pressure upon evaluation is 168/92 mm Hg. Which of the described features are clinical predictors of increased perioperative cardiovascular risk for this surgery?

- a. Advanced age
- b. Rate-controlled atrial fibrillation
- c. Uncontrolled hypertension
- d. Severe aortic stenosis
- e. Poor functional capacity

26. You are concerned about the cardiac risks of several of your patients undergoing surgical procedures, and are considering further cardiac testing in the preoperative period. Which of the following surgical procedures is considered to have a low surgery-specific risk, and generally does not require additional preoperative cardiac testing, if the patient does not have clinical predictors of increased cardiac risk?

- a. Femoral-popliteal bypass
- b. Breast surgery
- c. Thyroidectomy
- d. Knee replacement
- e. Carotid endarterectomy

27. You are doing a preoperative history and physical examination on a 58-year-old woman who will be undergoing a cholecystectomy later in the month. She is obese, sedentary with type 2 diabetes, hyperlipidemia, and has a history of congestive heart failure in the past. She reports that she is unable to walk four blocks without stopping to rest. She denies chest pain with activity. Which of her historical features has been shown to have minimal negative impact on her postoperative outcome?

- a. Obesity
- b. Functional capacity
- c. Type 2 diabetes
- d. Hyperlipidemia
- e. Congestive heart failure

28. You are doing a routine preoperative clearance for an otherwise healthy 60-year-old man undergoing a knee replacement. Which of the following laboratory tests should be ordered?

- a. Hemoglobin
- b. Electrolytes
- c. Blood glucose
- d. Serum creatinine
- e. Urinalysis

29. A 50-year-old male patient is presenting for preoperative testing before undergoing arthroscopic knee surgery. Which of the following is true regarding ordering a preoperative ECG for this patient?

- a. The patient should have a preoperative ECG done regardless of history or physical examination.
- b. The patient should have a preoperative ECG done if he has a family history of hypertension.
- c. The patient should have a preoperative ECG done if he has a family history of coronary artery disease.
- d. The patient should have a preoperative ECG done if he is found to have elevated blood pressure during the preoperative evaluation.
- e. The patient should have a preoperative ECG done if he has a history of tobacco use.