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4th edition

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- Student-tested and reviewed
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Jo-Ann Reteguiz ■ Beverly Cornel-Avendaño



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Physical Diagnosis

PreTest® Self-Assessment and Review

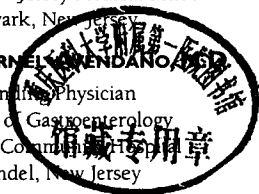
Fourth Edition

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Physical Diagnosis: PreTest Self-Assessment and Review, Fourth Edition

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Physical Diagnosis

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2020/01

前 言

“美国医生执照考试(United States Medical Licensing Examination, USMLE)”是一种获取美国行医执照的考试,由“美国国家联邦医学会(Federation of State Medical Board, FSMB)”和“美国国家医学考试委员会(National Board of Medical Examiners, NBME)”联合发起,由美国“外国医学生教育委员会(Educational Commission for Foreign Medical Graduates, ECFMG)”组成的联合会及“美国国家联邦医学会”和“美国国家医学考试委员会”共同组织管理。国际上,其他一些国家的医学组织也承认此项考试。目前,这项考试已在我国的北京、上海和广州开展。有志参加此项考试的中国医学生和医生可与这项考试在北京设立的机构 Prometric 取得联系,以获取更多的信息。联系地址和方式如下:100086 北京市海淀区泛亚大厦 1201 室(Room 1201, PANA Tower, Zhichun Road, Haidian District, Beijing 100086, China), 网址: <http://www.prometric.com>, E-mail: webmaster@sylvan.com.cn。

美国医生执照考试共分三部分,即美国医生执照考试(一)(PreTest USMLE Step 1)、美国医生执照考试(二)(PreTest USMLE 2)、美国医生执照考试(三)(PreTest USMLE 3)。第一部分考试以基础医学为主,如解剖、生理、病理、药理、生化,等等。第二部分考试以临床医学为主,如内科、外科、妇产科、儿科、物理诊断、神经病、精神病,等等。第三部分试题只为美国国内医学生使用。国际上,只使用第一和第二部分考试。

为满足中国医学生和医生的需求,人民卫生出版社将陆续引进了“美国医生执照考试”的第一和第二部分系列考试丛书英文版最新版本。这套系列考试丛书不仅为有志于参加美国医生执照考试的中国医学生和医生提供帮助,更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了参考。同时,该书也是学习专业英语的好教材。

DEDICATION

To Mom, Dad, Lizzie, Jeff, and Christopher for loving and supporting me. To my godmother, Fela, for always believing in me. To Grandma Rosie for guiding me.

To my brother, Don, for sharing those magical and memorable growing-up years. To my husband, Gary, and son, John Andrew, who are endless sources of joy in my life.

INTRODUCTION

A good doctor must be able to solve problems by performing a careful history and physical examination. This skill is learned and mastered at the bedside. If you understand the normal and abnormal characteristics of each organ system, you will recognize the pattern of the syndrome and reach the correct diagnosis. Skills in physical diagnosis are instrumental if you desire to become an astute and competent physician.

The purpose of this book is to provide medical students and physicians with a comprehensive and convenient method for review and self-assessment of their pattern recognition skills in physical diagnosis. The 500 brand-new questions cover the most relevant and pertinent topics in medicine.

The questions have been designed to parallel the format and degree of difficulty of the questions contained in medical school physical diagnosis courses as well as the United States Licensing Examination (USMLE) Step 1 and Step 2 examinations. Students and physicians preparing for the OSCE or the CSA will find this book to be an excellent resource. This will be a true test of your mastery of physical diagnosis from beginning to end. Each chapter of the book is based on a specific organ system so students can assess and target their specific weaknesses and strengths. There is a new section on important miscellaneous subjects, such as geriatrics, infectious diseases, obstetrics and gynecology, and pediatrics.

Each question in this book is accompanied by an answer that contains a thorough explanation of the question's learning objectives and a specific page reference to a current textbook or journal article. All high-yield information in the explanations is bolded for easy reference and access. A special high-yield facts section filled with meaningful mnemonics is included in the back of the book for quick review before examinations. A current and useful bibliography that lists all the sources used in this book follows the last chapter.

Perhaps the most effective way to use this book is to allow yourself one minute to answer each question in a given chapter; as you proceed, indicate your answer beside each question. By following this suggestion, you will be approximating the time limits imposed by the board examinations.

When you have finished answering the questions in a chapter, you should then spend as much time as you need verifying your answers by

Carefully reading the explanations. Although you should pay special attention to the explanations for the questions you answered incorrectly, you should read every single explanation. Even a question you answer effortlessly is followed with a unique collection of physical diagnosis pearls. Each question and explanation has several important learning objectives, and we have designed the explanations to reinforce and supplement the information tested by the questions. If, after reading the explanations for a given chapter, you feel you need more information about the material covered, you should consult and study the reference indicated.

It is our hope that after completion of this book you will be better able to recognize and understand the clinical characteristics of many important medical syndromes. You are on the road to becoming a master diagnostician if you take the appropriate history and skillfully perform the proper physical examination. Good luck with physical diagnosis at the bedside!

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GENERAL PRINCIPLES OF DISEASE

Questions

DIRECTIONS: Each of the numbered items or incomplete statements in this section is followed by answers or by completion of the statements. Select the **one** lettered answer or completion that is **best** in each case.

1. Which of the following is the most important first step in the diagnostic and treatment process?

- a. A thorough history and physical examination
- b. Blood work
- c. Urinalysis
- d. Electrocardiogram
- e. Radiographic imaging
- f. Invasive procedures

2. Which of the following is the most accurate method of obtaining a temperature in the pediatric population?

- a. Use a rectal thermometer placed in the rectum for 2 min to record a rectal temperature
- b. Use an oral thermometer under the tongue to record an oral temperature
- c. Record an axillary temperature
- d. Use an oral thermometer above the tongue to record an oral temperature
- e. Use a rectal thermometer placed in the rectum for 1 min to record a rectal temperature

3. Which of the following best describes a pulse amplitude of two plus (2+)?

- a. A diminished, barely palpable pulse
- b. An expected pulse
- c. A full and increased pulse
- d. A bounding pulse
- e. An absent pulse

4. Which of the following statements is true concerning the measurement of blood pressure?

- a. The bladder should encircle approximately 80% of the circumference of the limb
- b. A cuff that is too small will give an artificially low reading
- c. Readings from two arms generally vary by more than 20 mm Hg in a normal patient
- d. It is not necessary to fully deflate the cuff before repeating a measurement
- e. The pressure at which Korotkoff sounds disappear should be read as the systolic blood pressure

2 Physical Diagnosis

5. A 21-year-old man presents to your office for a preemployment physical examination. He is 6 ft 3 in. tall and weighs 70 kg. Heart examination is remarkable for a midsystolic click and a grade 2 systolic murmur that increases with Valsalva maneuver. The patient has an arm span that exceeds his height and has long, slender fingers. The thumb sign (Steinberg sign) is positive. Which of the following is the most likely diagnosis?

- a. Lesch-Nyhan syndrome
- b. Turner syndrome
- c. Ehlers-Danlos syndrome
- d. Marfan syndrome
- e. Noonan syndrome

6. A nursing home patient is transferred to the hospital for possible dehydration after several days of vomiting and diarrhea due to a recent viral syndrome. Which of the following best defines orthostatic changes from volume depletion?

- a. The systolic blood pressure in the erect position is 5 mm Hg higher than the systolic blood pressure in the recumbent position
- b. The systolic blood pressure in the erect position is 20 mm Hg higher than the systolic blood pressure in the recumbent position
- c. The heart rate in the erect position is 5 beats/min higher than the heart rate in the recumbent position
- d. The systolic blood pressure in the erect position is 20 mm Hg lower than the systolic blood pressure in the recumbent position
- e. The diastolic blood pressure is 10 mm Hg higher in the erect position than the diastolic blood pressure in the recumbent position

7. A 29-year-old woman was an unbelted passenger in a motor vehicle accident. On arrival to the hospital, the paramedics inform you that she opens her eyes in response to verbal stimuli. She is incoherent and withdraws from painful stimuli. Which of the following is the patient's calculated Glasgow Coma Scale (GCS)?

- a. 15
- b. 3
- c. 9
- d. 5
- e. 12

8. A 59-year-old patient presents with fever and agitation. On physical examination, his temperature is 103.2°F. His respirations are 26/min, pulse 126/min, and blood pressure is 100/70 mm Hg. He appears to be warm and flushed. A Swan-Ganz catheter is inserted that demonstrates an increased cardiac output, a decreased peripheral vascular resistance (vasodilation), and a normal pulmonary capillary wedge pressure (PCWP). The patient's urine gram stain reveals pyuria and gram-negative rods. Which of the following is the most likely diagnosis?

- a. Late septic shock
- b. Early septic shock
- c. Cardiogenic shock
- d. Hypovolemic shock
- e. Neurogenic shock

9. Which of the following is most likely to cause muscle atrophy?

- a. Hypotonia of the muscle
- b. Overuse of the muscle
- c. Motor nerve loss of the muscle
- d. Tetany of the muscle
- e. Dystrophin deficiency of muscle

10. Which of the following fractures is most likely to cause hypovolemic shock and life-threatening blood loss?

- a. Femur
- b. Spine
- c. Tibia
- d. Radius
- e. Pelvis

11. Which of the following best describes a partial disruption of a ligament?

- a. Fracture
- b. First-degree sprain
- c. Second-degree sprain
- d. Third-degree sprain