

**A Review for
Physician Assistants**

THE
FINAL STEP
CROSSING THE FINISH
LINE WITH 1000 KEY TERMS

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PHYSICIAN ASSISTANT



Exam Review



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These are the questions I developed while I was studying for my PANRE. They cover many of the most important things you need to know for your exam. I used them to review at the end of each topic and then again to review everything in the last few days before my exam.

You will find that the questions are very short. The idea is to be able to review as many key ideas as possible in as short a time as possible. These questions are designed to be used in conjunction with many other resources for complete preparation for either the PANRE or the PANCE.

Each topic system topic has an A and a B section. These sections contain the same exact questions. The only difference is the order that they are in. The B section is in a more random order.

Thank you so much for buying the book. I hope it helps and good luck on your exam.

Brian Wallace PA-C



- What is the most common fracture in a patient with osteoporosis?
- When should DEXA scans begin for male patients? Female patients?
- Give the DEXA score for osteopenia? Osteoporosis?
- You recommend bisphosphonates for a patient with osteoporosis. What instruction do you give her for immediately after taking the medication?
- What fracture is the #1 cause of compartment syndrome?
- Which type of arthritis RA or OA do patients complain about stiffness that improves as the day goes on?
- Where are Heberden's nodes found?
- Where are Bouchard's nodes found?
- What will an x-ray show in acute osteomyelitis?
- What is the best imaging to diagnose osteomyelitis?

Vertebral bodies, compression fracture followed by hip fracture

70 for males, 65 for females

Osteopenia = 1-2.4 standard deviations, Osteoporosis = 2.5 standard deviations

Remain upright for 30 minutes

Tibial shaft fracture

Osteoarthritis

DIP joints

PIP joints

Nothing - it will show bone destruction in chronic osteomyelitis

Bone scan or MRI

- Patient presents with what is clearly a septic knee. You also notice lesions on his hands and feet. What is the most likely pathogen?
- What would you expect the WBC count to be in the joint fluid of an infected knee?
- Patient presents with painless mass in her right wrist. What diagnosis should you be thinking of?
- Describe the characteristics of a lytic lesion on x-ray
- There is a sunburst appearance on x-ray. What diagnosis should you be thinking of?
- What is the age range for osteosarcoma? Where are they most typically found in the body?
- You think a patient may have an osteoidosteoma due to his complaints of severe night pain. You set him up for an x-ray, but in the meantime what medication do you start him on?

Neisseria gonorrhoea

>50,000 at a minimum probably much higher

Ganglion cyst

*Spiculated, elevated periosteum, bone destruction
(think bad, very bad things)*

Osteosarcoma

15-25 year old males, most commonly found around the knee

If it is an osteoidosteoma ibuprofen will resolve his pain.



- 15 year old boy presents complaining of night pain in the pelvis. Since you have no idea what to do you order an x-ray. The report comes back with a description of a mass with "onion skin." What diagnosis should you be thinking of?
- Podagra is also known as...?
- Negatively birefringent crystals. What diagnosis should you be thinking of?
- 65 year old presents complaining of sudden severe pain in his great toe. What diagnosis should you be thinking of?
- Typically for a patient with gout the serum uric acid is above what level?
- What is the treatment for gout?
- Positive birefringent crystals. What diagnosis should you be thinking of?
- Patient with a history of hep B presents c/o of bilateral knee pain, fever and weight loss. What diagnosis should you be thinking of?

Ewing Sarcoma

Gout

Gout

Gout

7.5

Allopurinol, Colchicine

Pseudogout

Polyarteritis Nodosa

- You suspect a patient has polyarteritis nodosa. What is test for definitive diagnosis and what is the treatment?

- Patient presents with progressive neck and proximal muscle weakness. They also have a reddish puple maculopapular rash. It is also noted that she has anti Jo 1 antibodies. What diagnosis should you be thinking of?

- Patient presents with conjunctivitis, urethritis, arthritis and oral lesions. What diagnosis should you be thinking of? What other lab might you expect to be positive?

- What is the first line treatment for rheumatoid arthritis?

- On physical exam you notice a ulnar deviations and swan neck deformities. What diagnosis should you be thinking of?

- Positive smith antibody and positive double stranded DNA antibodies. What diagnosis should you be thinking of?

Biopsy, high dose steroids

Polymyositis

Reactive arthritis, HLA B-27

Methotrexate

Rheumatoid arthritis

Lupus



- African American female presents with malar rash and a positive double stranded DNA antibody. What diagnosis should you be thinking of?
- List three medication that may cause lupus.
- What test do you do for Sjogren's syndrome?
- Rheumatoid arthritis patient heading to the OR for open reduction and internal fixation of the ankle. In addition to ankle films what other x-rays should you get?
- What medication is used for patients with lupus?
- Scleroderma limited version has five main characteristics for which the CREST acronym is often used. What are those five things?
- What is the most common fracture in children?
- Anatomically where are 80% of clavicle fractures located?
- What are the four muscles of the rotator cuff?

Lupus

Procanamide, Isoniaside, Quinadine

Schirmer test

*C-spine. Anestheisa will want them
du to concerns about instability of
C1 & C2*

Systemic steroids

*Calcinouos, Raynouds, Esophogea
l motility, Sclerodactly,
Talangectasia*

Clavicle

Middle third

*SITS, Supraspinatous, Infraspinatous,
Teres minor, Subscapularis*

- Which of the four rotator cuff muscles is most commonly injured?
- Are most shoulder dislocations anterior or posterior?
- What is the medical term for tennis elbow?
- What is the medical term for golfer's elbow?
- Fat pad sign on a lateral x-ray has what significance?
- Silver fork deformity on x-ray. What diagnosis should you be thinking of?
- Which way does a Colles fracture angulate? What about a Smith fracture?
- Tenderness over the anatomical snuffbox is indicative of what fracture?
- What carpal bone has a high rate of nonunion and of occult fracture?
- What is the name for a 4th and 5th metacarpal fractures that typically occur secondary to punching a wall.

Supraspinatous

Anterior

Lateral epicondylosis

Medial epicondylosis

Blood in the joint indicating an occult fracture

Colles fracture

Colles = Dorsal, Smith = Volar

Scaphoid

Scaphoid

Boxer's fracture



- New mother presents with pain over the radial wrist. She has a positive Finklestein's test. What diagnosis should you be thinking of?
- Carpal tunnel affects what nerve and what parts of the hand.
- What is the first line treatment for carpal tunnel?
- What is the most common cause of C-spine fractures?
- Medical term for hunchback
- A patient presents to the ER with saddle anesthesia and loss of bowel and bladder function. What diagnosis should you be thinking of?
- Patient with HIV presents with severe groin pain. What diagnosis should you be thinking of?
- 95 year old female presents to ER after a fall in her home. Her left leg is shortened and externally rotated. What diagnosis should you be thinking of?
- What is the most common cause of a hip dislocation? Is it usually anterior or posterior?

de Quervain's tenosynovitis

Median nerve. Thumb, pointer and ring fingers. Thenar wasting is an advanced sign

Night splint

MVA

Kyphosis

Cauda equina

Avascular necrosis of the femoral head. Antiretroviral put patients at an increased risk

Hip fracture

MVA, posterior

- Patient presents to the ER after taking a baseball bat to the knee. He is unable to actively extend his knee. What diagnosis should you be thinking of?
- What is the most useful physical exam test for diagnosing and ACL tear?
- What is the most common knee injury?
- Patient presents with knee pain following a soccer game two days ago. He has joint line tenderness medially and feels a locking in the knee from time to time. What two physical exam tests should you do?
- What ligament is most commonly injured in an ankle sprain?
- 46 year old male comes in to ER limping a little. He states that it felt as though he was kicked in the back of the leg during a soccer game, but clearly know one was behind him. What diagnosis should you be thinking of?
- Anti jo antibodies
- Positive birefringent crystal
- Negative birefringent crystals

Patellar fracture

Lachman's, followed by anterior drawer

Medial meniscal tear

*Likely medial meniscal tear.
McMurry and Apley tests*

*Anterior Talofibular Ligament
(ATF)*

Achilles rupture

Polymyositis

Pseudogout

Gout



- Vasculitis related to hep B history
- OA at DIP
- OA at PIP
- Sunburst on x-ray
- Onion skin on x-ray
- HLA B 27 positive
- Positive smith antibodies
- Malar rash
- Positive crossover test
- Positive Neer's test
- Positive Hawkin's test
- Positive Finkelstein's test
- Positive Phalen and Tinel's sign
- Bamboo Spine
- Positive straight leg test
- Postive Mcmurry
- Positive Apley
- Clicking or locking of the knee

Polyarteritis Nodosa

Herberden's nodes

Bouchard's nodes

Osteosarcoma

Ewing Sarcoma

Reactive Arthritis

Lupus

Lupus

AC joint injury

Rotator cuff tear

Rotator cuff tear

de Quervain's tenosynovitis

Carpel tunnel

Ankylosing Spondylitis

Herniated disc

Meniscal tear

Meniscal tear

Meniscal tear



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