

THE FINAL STEP

Crossing the Finish Line with 1,000 Key Terms

A Review for Physician Assistants

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Acanthosis nigricans

Tularemia

Karyotype

Aortic stenosis

Amaurosis fugax

Oxacin

Wilson's disease

Pyelonephritis

Sarcoidosis

Polymyositis

Osteosarcoma

Kiesselbach's plexus



PTU

Dysthymia

Pseudogout

Cholera

Apley

Hashimoto's

Doxycycline

VOL. 1

TABLE OF CONTENTS

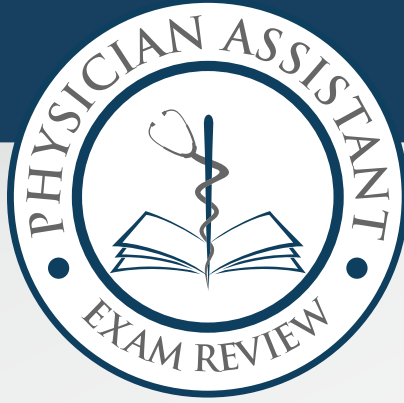


A

Musculoskeletal	pg. 4
Neurology	pg. 11
Psychology	pg. 18
Cardiology	pg. 24
Dermatology	pg. 39
Endocrinology	pg. 43
ENT	pg. 49
Genitourinary	pg. 53
Hematology	pg. 58
Infectious Disease	pg. 61
Ob-Gyn	pg. 69
Ophthalmology	pg. 80
Pulmonology	pg. 85
Gastrointestinal	pg. 92
Pediatrics	pg. 101

B

Musculoskeletal	pg. 106
Neurology	pg. 113
Psychology	pg. 120
Cardiology	pg. 126
Dermatology	pg. 141
Endocrinology	pg. 146
ENT	pg. 152
Genitourinary	pg. 156
Hematology	pg. 161
Infectious Disease	pg. 164
Ob-Gyn	pg. 172
Ophthalmology	pg. 183
Pulmonology	pg. 188
Gastrointestinal	pg. 195
Pediatrics	pg. 204



This book was initially written while I was studying for my PANRE. The questions cover the most important information you need to know as quickly as possible. I used these key questions to review at the end of each topic and then again to review everything just before my exam. That's where the title *The Final Step* comes from.

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 period as possible. These questions are designed to be used only after you feel comfortable with the content of each topic. You should use several different resources while preparing for your exam, and the *The Final Step* will take you across the finish line.

In volume one of *The Final Step* each topic is covered in two sections, A and B. These sections contain almost identical questions. The main difference is that the order of the questions in section B has been randomized. This allows you to go through the book several times while preparing for your exam.

This book has helped hundreds of students and PA's pass their exams, and I am confident it will do the same for you. Thank you and good luck!

Brian Wallace, PA-C

MUSCULOSKELETAL

A

- At what age should you begin ordering dexa scans for male patients? What about female patients?
- Give the dexa score for osteopenia? Osteoporosis?
- What fracture is the #1 cause of compartment syndrome?
- A patient's lab work shows positive smith antibody and positive double stranded DNA antibodies. What is the most likely diagnosis?
- Where are Bouchard's nodes found?
- What will an x-ray show in acute osteomyelitis?
- What is the best imaging to diagnose osteomyelitis?
- A 22 year old male 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?
- A patient presents with a painless mass in her right wrist. What is the most likely diagnosis?
- What is the age range for osteosarcoma? Where are they most typically found in the body?

70 for males, 65 for females

Osteopenia = 1 to 2.4 standard deviations, osteoporosis = 2.5 standard deviations or greater.

Tibial shaft fracture

Lupus

Proximal interphalangeal joint (PIP)

Nothing - it will show bone destruction in chronic osteomyelitis.

Either a bone scan or an MRI will provide the diagnosis.

Neisseria gonorrhoeae

>50,000 at a minimum and probably much higher.

Ganglion cyst

Osteosarcoma usually occur in 15-25 year old males and are most commonly found around the knee.



MUSCULOSKELETAL

A

- You think a patient may have an osteoid osteoma 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?
- Clicking or locking of the knee indicates what diagnosis?
- A 65 year old presents complaining of severe pain in his great toe that began when he woke up this morning. It is swollen, red and very tender. What is the most likely diagnosis?
- What uric acid level helps to confirm a diagnosis of gout?
- What is the medical treatment for gout?
- A pathology report comes back with positive birefringent crystals. What is the most likely diagnosis?
- A patient with a history of hepatitis B presents complaining of bilateral knee pain, fever and weight loss. What is the most likely diagnosis?
- You suspect a patient has polyarteritis nodosa. What is the test for a definitive diagnosis and what is the treatment?
- On physical exam you notice ulnar deviations and swan neck deformities. What is the most likely diagnosis?
- A positive Neer's test indicates what diagnosis?
- List three medication that may cause lupus.

If it is truly an osteoid osteoma ibuprofen will resolve his pain.

Meniscal tear

Gout would be number one because of the location, but you might also think about an infection.

>7.5

Allopurinol, Colchicine

Pseudogout

Polyarteritis Nodosa

Biopsy, high dose steroids

Rheumatoid arthritis

Rotator cuff impingement

Procainamide, Isoniazid and Quinidine.



MUSCULOSKELETAL

A

- What test do you do for Sjogren's syndrome?
- A patient with rheumatoid arthritis is 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 carpal bone has a high rate of nonunion and occult fracture?
- 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?
- There is a sunburst appearance on x-ray. What is the most likely diagnosis?
- Anatomically where are 80% of clavicle fractures located?
- A pathology report comes back showing negatively birefringent crystals. What is the most likely diagnosis?
- What are the four muscles of the rotator cuff?
- Describe the characteristics of a lytic lesion on x-ray.
- What ligament is most commonly injured in an ankle sprain?

Schirmer test

C-spine, anesthesia will want them due to concerns about instability of C1 & C2.

Scaphoid

Systemic steroids

Calcinosis, Raynaud's, Esophageal motility, Sclerodactyly, Telangiectasia

Osteosarcoma

Middle third

Gout

Commonly referred to as the SITS muscles they are Supraspinatus, Infraspinatus, Teres minor, Subscapularis.

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

Anterior talofibular ligament (ATF)

