

**WESTERN UNIVERSITY OF HEALTH SCIENCES  
COLLEGE OF OSTEOPATHIC MEDICINE OF THE PACIFIC**

**CARDIOVASCULAR THIRD EXAM**

**NOVEMBER 2, 1998**

**#2**

Choose the **ONE BEST** answer and darken the appropriate box on the Scantron form. There are **95 questions** on this exam.

Dr. Cundari

1. Which of the following parts of the history and physical examination is paired **INCORRECTLY** with its reported finding?

- a. Chief complaint: \_\_\_\_\_ Shortness of breath
- b. Review of System-General: She denies fever
- c. Physical Exam-General: Felt well until this morning
- d. Physical Exam-CV: Regular rate and rhythm, no murmur
- e. Physical Exam-Pulm: There is equal expansion bilaterally

2. The most common cause of dyspnea is which of the following?

- a. heart failure
- b. right side heart failure only
- c. left side heart failure only
- d. only occurs when cardiac function is normal
- e. occurs during slow intravenous infusions of fluids

3. A previously diagnosed, 62-year-old male with hypertension would be classified into what stage according to the Sixth Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure if his blood pressure is 168/108?

- |  |                       |        |
|--|-----------------------|--------|
| a. Stage 1                                     | optimal < 120 < 80    |        |
| <input checked="" type="checkbox"/> b. Stage 2 | high nl 130-139 85-89 | 112/94 |
| c. Stage 3                                     | 1 140-159 90-99       | 176/88 |
| d. Stage 4                                     | 2 160-179 100-109     |        |
| e. Stage 5                                     | 3 > 180 > 110         |        |

4. Which of the following from the Sixth Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure does **NOT** positively demonstrate significant reduction in cardiovascular events if interventions are utilized?

- a. control of blood pressure
- b. control of diabetes mellitus
- c. change of sedentary lifestyle
- d. stopping smoking
- e. reduction in serum hyperlipidemia

5. A previously diagnosed, 72-year-old female with hypertension would be classified into what stage according to the Sixth Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure if her blood pressure is 142/94?
- a. Stage 1
  - b. Stage 2
  - c. Stage 3
  - d. Stage 4
  - e. Stage 5
6. A previously diagnosed, 42-year-old black male with hypertension would be classified into what stage according to the Sixth Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure if his blood pressure is 176/88?
- a. Stage 1
  - b. Stage 2
  - c. Stage 3
  - d. Stage 4
  - e. Stage 5

Dr. Linde

7. A child with a large uncomplicated patent ductus arteriosus will most likely have
- a. cyanosis.
  - b. bounding peripheral pulses.
  - c. neck vein distension.
  - d. hepatomegaly.
  - e. ankle edema.
8. Squatting with exertion is pathognomic of
- a. ventricular septal defect.
  - b. atrial septal defect.
  - c. tetralogy of Fallot.
  - d. transposition of the great vessels.
  - e. patent ductus arteriosus.
9. An ejection systolic murmur is heard in
- ~~a. early diastole.~~
  - ~~b. late systole.~~
  - c. early systole.
  - ~~d. late diastole.~~
  - e. mid to late systole.

A

10. Administration of iron to a patient with <sup>atrophy pallor</sup> ~~hypochromic~~ microcytic anemia associated with cyanotic congenital heart disease would

- a. increase cyanosis, increase exercise tolerance.
- b. decrease cyanosis, increase exercise tolerance.
- c. increase squatting, decrease clubbing.
- d. decrease squatting, decrease exercise tolerance.

11. Sudden death is seen with

- a. atrial septal defect.
- b. patent ductus arteriosus.
- c. ventricular septal defect.
- d. aortic valve stenosis.
- e. coarctation of aorta.



12. A regurgitant systolic murmur would be most likely with

- a. atrial septal defect. <sup>tricuspid & pulm murmur</sup>
- b. pulmonary valve stenosis. <sup>click</sup>
- c. infundibular pulmonary stenosis.
- d. aortic valve stenosis. <sup>click</sup>
- e. ventricular septal defect. <sup>diastolic murmur</sup>

Dr. Mohr

13. Select the FALSE statement regarding fibromuscular dysplasia.

- a. most commonly occurs in the renal arteries. T
- b. causes symptoms similar to arteriosclerosis.
- c. 90% of cases are in males. F
- d. may be found in carotid arteries. T
- e. treatment with angioplasty and stents may be successful. T

14. Raynaud's syndrome

- a. usually involves only the feet.
- b. causes can rarely be found.
- c. can be aggravated by cold environment.
- d. always produces a color change.
- e. usually seen only in males.

B

15. All the following are true regarding a 70-year-old male with Leriche syndrome (chronic aorto-iliac occlusive disease) EXCEPT

- a. often will be a smoker. <sup>collaterals</sup>
- b. usually has ~~sudden onset~~ of rest pain. <sup>Not w/ chronic</sup>
- c. usually impotent.
- d. will have diminished pulses. <sup>may not always!</sup>
- e. will usually have diffuse atrophy of lower extremities.

16. All of the following are true regarding abdominal aortic aneurysms EXCEPT

- a. often associated with coronary artery disease.
- b. can be repaired when ruptured with 5% mortality. 40-50%.
- c. should usually be repaired when greater than 5 centimeters.
- d. can be associated with aneurysms elsewhere.
- e. may be diagnosed by ultrasound.

17. Select the statement not true of patients with chronic mesenteric ischemia (mesenteric angina).

- a. often found to have epigastric bruit. T
- b. usually have arteriosclerosis elsewhere.
- c. best diagnostic study is lateral view aortogram. T
- d. generally gain weight. F
- e. may have higher fat in the stool.

18. Select the statement that is true of carotid disease:

- a. Visual symptoms occur <sup>ipsilateral</sup> contralateral to the side of carotid stenosis.
- b. Most characteristic symptom is TIA. T
- c. Repair of stenosis has prohibitive stroke rate. F
- d. Always produces some type of symptom. F
- e. Most common symptom is syncope. F

19. The most important element of treatment of varicose veins is

- a. plenty of aerobic exercise.
- b. surgical ligation and stripping of vein.
- c. sclerotherapy.
- d. elastic support stockings. ✓
- e. vitamin E supplementation.

20. Common signs and symptoms of deep venous thrombosis include all EXCEPT

- a. pain, tenderness. T
- b. edema of extremity. T
- c. superficial vein distention. T
- d. tender subcutaneous cord. ✓
- e. mild cyanosis. T

Dr. Redding

21. Visceral somatic reflex levels for the heart are generally accepted as

- a. C6-T4.
- b. T1-T4. ✓
- c. T1-T6. ✓
- d. T2-T5.
- e. T3-T7.

22. Which of the following statements concerning sympathetic innervation to the heart is CORRECT?

- E**
- a. Visceral somatic reflex levels are from T1-T6.
  - b. Fibers originating on the right side of the sympathetic chain innervate the ~~AV~~<sup>SA</sup> node.
  - c. Fibers originating on the left side of the sympathetic chain innervate the ~~SA~~<sup>AV</sup> node.
  - d. Increased sympathetic influence tends to ~~decrease~~<sup>increase</sup> cardiac output.
  - e. Increased sympathetic influence tends to decrease the time of ~~systemic~~<sup>diastole</sup> ~~diastole~~<sup>HR</sup>.

23. A 60-year-old male comes into the emergency room with a complaint of chest pain. EKG's and blood work are normal. While the patient is kept for observation, you, as an intern, decide to use some of your OMT skills. Which of the following techniques should be **AVOIDED** at this time?

- a. counterstrain
- b. myofascial release
- c. muscle energy
- d. HVLA
- e. facilitated positional release

Dr. Voletti

24. The common cyanotic congenital anomalies include(s)

- E**
- a. tetralogy of Fallot.
  - b. transposition of great arteries.
  - c. truncus arteriosus.
  - d. a and b only.
  - e. all of the above.

25. The indication(s) for reoperation for coronary artery bypass is/are

- a. advanced age.
- b. technical problems.
- c. hypercholesterolemia.
- d. all of the above.
- e. none of the above.

26. The best myocardial protection during surgery is antigrade and retrograde cardioplegia administration.

- a. True
- b. False

27. All atrial septal and ventricular septal defects should be closed surgically.

- a. True
- b. False

28. The aim(s) of surgical correction for tetralogy of Fallot is/are

- a) closure of VSD.
- b) relief of R.V. outflow obstruction.
- c. correction of overriding aorta.
- d. all of the above.
- e) a and b only.

29) Surgical correction is the treatment of choice for pulmonary valve stenosis.

- a. True
- b) False

*Balloon*

Dr. Oglesby

30) The most common source of organisms found in the blood in bacteremia is

- a. biliary tract.
- b) gastrointestinal tract.
- c. surgical wounds.
- d. genitourinary tract.
- e. abscesses.

*D*

31. All the following substances produced by macrophages are important in the production of septic shock EXCEPT

- a. interleukin-1 (IL-1).
- b) interleukin-2 (IL-2).
- c. nitric oxide (NO).
- d. tumor necrosis factor (TNF).

Dr. Foley

32. Causes of hypovolemic shock include all of the following EXCEPT

- a. excessive sweating in the absence of accessible drinking water.
- b) left ventricular failure.
- c. severe, prolonged vomiting.
- d. hemorrhage.
- e. severe, prolonged diarrhea.

33. Which of the following changes would be expected to occur immediately following a significant loss of whole blood due to hemorrhage, and before compensatory responses are effective?

- a) The vascular function curve is shifted upward and to the right, compared to normal.
- b. The pressure gradient for venous return is increased above normal.
- c) Mean circulatory pressure is decreased below normal.
- d. Central venous pressure is increased above normal.
- e. The cardiac function curve is shifted upward and to the left, compared to normal.

*total  
SBP  
↓ CO*



vasoconst  
AVR  
HR  
CO

34. Following hemorrhage, normal compensatory responses include

- a. a reflex decrease in heart rate.
- b. a reflex dilation of systemic arterioles.  $\downarrow$  TPR
- c. a reflex decrease in cardiac contractility.
- d. a reflex decrease in parasympathetic nerve activity.
- e. a reflex dilation of systemic veins.  $\uparrow$

35. All of the following are thought to be among the adverse factors contributing to the development of uncompensated, irreversible shock EXCEPT

- a. an increase in the pH of blood above normal (alkalemia).
- b. depletion of cellular ATP stores in the liver and kidneys.  $\uparrow$
- c. development of positive feedback loops and vicious cycles which decrease cardiac output.  $\uparrow$
- d. formation of bradykinin and other vasoactive polypeptides.  $\uparrow$
- e. depressed function of the reticuloendothelial system.  $\uparrow$

CO  
TPR  
HR  
contractility  
AVR  
CO  
TPR  
HR  
contractility  
AVR

Dr. Wang  
36. A 60-year-old male presented in your office with complaints of shortness of breath, easy fatigue, leg swelling and weight gain. He was diagnosed with CHF and digoxin (Lanoxin) was prescribed. Which of the following effects may be produced by digoxin in this patient?

CHF  
PLV backup

SOP

- a. decreased heart size  $\uparrow$
- b. lengthened Q-T interval of the EKG  $\uparrow$
- c. decreased peripheral vascular resistance  $\uparrow$   $\downarrow$  TPR
- d. increased venous return
- e. a and c of the above

37. Digoxin (Lanoxin) may decrease the heart rate in patients with congestive heart failure by all of the following effects EXCEPT

B

- a. increase in vagal tone.
- b. decreased LV end-diastolic pressure.  $\uparrow$   $\downarrow$  LVEDP  $\rightarrow$   $\downarrow$  LVEDV  $\rightarrow$   $\uparrow$  stroke vol
- c. direct blockade of atrial conduction.  $\uparrow$
- d. reflex decrease in sympathetic stimulation to the heart.  $\uparrow$
- e. prolonged A-V nodal refractory period.  $\uparrow$

38. Which of the following is NOT a symptom of toxicity to digoxin (Lanoxin) in a patient with CHF?

- a. anorexia, nausea, vomiting  $\uparrow$
- b. disturbed color vision  $\uparrow$
- c. supraventricular tachycardia with A-V block  $\uparrow$
- d. thrombocytopenia
- e. ventricular fibrillation  $\uparrow$

β blocker - blocks sym therefore  
 ↓ HF contractility & ↓ work on heart so ↓ demand

39. Carvedilol (Coreg)
- a. is effective for IV treatment of severe congestive heart failure. ?
  - b. may improve left ventricular functions in patients with CHF by blocking excessive adrenergic stimulation. T
  - c. increases cardiac output and contractility by decreasing afterload and preload.
  - d. has been shown in clinical studies to significantly reduce mortality and increase survival in patients with congestive heart failure.
  - e. may cause cough and angioneurotic edema during chronic therapy.

40. A 55-year-old male was admitted into the ICU suffering from an acute MI and went into cardiogenic shock. Dopamine (Intropin) was immediately infused IV into this patient at a rate of 5-10  $\mu\text{g}/\text{kg}/\text{min}$ . Beneficial effects of therapeutic doses of dopamine (Intropin) in the treatment of shock patients result from

- a. increased cardiac output. T  $\rightarrow$  Dopamine rec 1-5
- b. increased peripheral resistance.  $\beta$  5-10
- c. increased renal blood flow. T  $\alpha$  10-20
- d. decreased heart rate.
- e. a and c of the above.

41. Dobutamine (Dobutrex)  $\beta$  contractility & affecting HR.

- a. is a dopamine analog that increases renal blood flow in shock patients by stimulating peripheral dopamine receptors.
- b. may decrease vascular resistance by stimulating beta-2 receptors in peripheral arterioles in therapeutic doses.
- c. is preferred over dopamine (Intropin) in cardiogenic shock because it can produce a greater increase in heart rate.
- d. may selectively increase myocardial contractility with little effect on heart rate.
- e. dilates both arterioles and veins in shock patients.

Dr. Duber

42. The most common pathophysiological factor in an acute transmural myocardial infarction is

- a. coronary vasospasm.
- b. coronary embolism.
- c. ruptured atherosclerotic plaque with thrombus formation.
- d. excessive heart rate.
- e. none of the above.

43. A 60-year-old hypertensive, diabetic, heavy smoking male presents to emergency room with a 30-minute history of chest pain radiating down both arms. The initial work-up should include all EXCEPT

- a. EKG. T
- b. history and physical. T
- c. cardiac enzymes. T
- d. nuclear heart scan.
- e. chest x-ray. T

44. Based upon your initial work-up of the patient in question 43, you have made the diagnosis of acute inferior wall myocardial infarction based upon ST segment elevation in leads

- D
- a. I, aVL, V<sub>6</sub>
  - b. V<sub>1,2,3</sub>
  - c. II, III, III, V<sub>1,2,3</sub>
  - d. II, III, aVL, aVF
  - e. aVR, aVL, V<sub>5,6</sub>

45. The treatment for the patient in questions 43 and 44 that may help salvage myocardium, may include all EXCEPT

- C
- a. thrombolytic therapy. *Yes*
  - b. beta blockers. *Yes*
  - c. calcium antagonists. *No!*
  - d. coronary angioplasty.
  - e. coronary bypass graft surgery.

46. The most common cause(s) of congestive heart failure is/are

- a. hypertension. ✓
- b. dilated cardiomyopathy.
- c. valvular heart disease.
- d. arterosclerotic heart disease. ✓
- \*  e. a and d.

47. Initial treatment for acute de novo (newly developed) CHF may include all EXCEPT

- a. diuretics. ✓
- b. digoxin. ✓
- c. afterload reduction. ✓
- d. beta blockers. *No*
- e. positive inotropic therapy. ✓

Fluid backup into pulm & syst  
↓ preload  
diuretics  
↓ afterload  
↑ contractility digoxin

48. Chronic treatment for stable, compensated CHF may include all EXCEPT

- a. diuretics. *↓ pr*
- b. digoxin. *↓ pr*
- c. beta blockers. *↓ afterload*
- d. vasodilators. *↓ afterload*
- e. antibiotics. ...

49. Evaluation for congestive heart failure should include

- a. chest x-ray.
- b. history and physical.
- c. echocardiography.
- d. thyroid function studies.
- e. all of the above ...

50. Dilated cardiomyopathy may be due to

- a. arteriosclerotic heart disease.
- b. hypertension.
- c. viral infection.
- d. valvular heart disease.
- e. congenital heart disease.

51. Complications of dilated cardiomyopathy may include all EXCEPT

- a. tamponade No
- b. CHF. T
- c. embolism. T
- d. arrhythmias. T
- e. sudden death. T

52. Hypertrophic cardiomyopathy (IHSS) typically may present with any of the following EXCEPT SAO

- a. angina.
- b. syncope.
- c. dyspnea.
- d. sudden death. *ab, athletic*
- e. edema. *en*

53. The systolic heart murmur of IHSS will get louder with

- a. squatting. *AVR murmur*
- b. supine position. *AVR "*
- c. amyl nitrate. *vasodilate AVR*
- d. valsalva maneuver. *AVR*
- e. c and d.



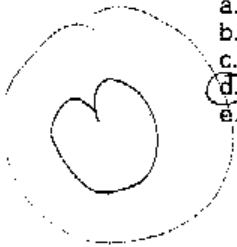
*AVR  
outflow  
obstruction  
murmur*

54. Acute pericarditis may be due to all EXCEPT

- a. infection. T
- b. autoimmune disorder. T
- c. acute myocardial infarction. T
- d. congenital.
- e. trauma. T

55. Cardiac tamponade may present with all EXCEPT

- a. pulsus paradoxicus. T
- b. increased heart rate. T
- c. low blood pressure. T
- d. high blood pressure. F
- e. neck vein distension T



*Septal bulging  
Swinging heart*

56. Constrictive pericarditis may present with all EXCEPT

E

- a. Kussmaul's sign. ✓
- b. edema.
- c. hepatic congestion.
- d. equalization of diastolic pressures.
- e. hypertension.

57. Treatment for cardiac tamponade may include all EXCEPT

B

- a. fluids - volume expansion. ✓
- ~~b. digoxin. ↑ contractility~~
- c. vasopressors. ↑ HR
- d. pericardiocentesis. ✓
- e. treat underlying disorder. ✓

58. Syncope may be due to all EXCEPT

A

- ~~a. transient ischemic attack.~~
- ~~b. vasovagal (neurocardiogenic event). ✓~~
- ~~c. cardiac arrhythmias. ✓~~
- d. aortic stenosis.
- ~~e. orthostatic hypotension. ✓~~

59. Treatment for neurocardiogenic syncope must include <sup>vasodilation</sup>

- a. avoiding similar precipitating factors if possible. ✓
- ~~b. diuretics.~~
- ~~c. lidocaine.~~
- d. digoxin.
- ~~e. vasodilators.~~

60. Indications for permanent pacemaker may include all EXCEPT

- a. 3<sup>rd</sup> degree AV block. ✓
- b. 1<sup>st</sup> degree AV block. ✓
- c. 2<sup>nd</sup> degree mobitz II AV block. ✓
- d. SA nodal block. ✓
- e. sinus arrest. ✓

61. Work-up for candidates who may need a pacemaker may include

- a. history and physical.
- b. EKG.
- c. Holter monitor.
- d. electrophysiological studies.
- e. all of the above.

Dr. Etemadian

↓ CWP  
prob = R side heart

↓ TPR  
distributive  
septic

62. In treating an elderly patient, in critical condition, the Swan Ganz catheter showed a normal cardiac output, and normal CVP with low capillary wedge pressure and low total peripheral resistance. Patient is hypotensive and confused. This best indicates

- a. cardiogenic shock. ↑ TPR
- b. anaphylactic shock.
- c. hemorrhagic shock. ↑ TPR
- d. obstructive shock. ↑ TPR
- e. cardiac tamponade.

↓ CWP ↓ TPR

hyperdynamic  
- 5L fluid  
↓ esp  
ACVP ↑ PCWP  
↓ CO

63. After giving 5 liters of fluid, intravenously, to an 84-year-old male who was mildly dehydrated after having two days of diarrhea and vomiting, the patient's condition deteriorated further. His blood pressure dropped, he became very confused and started having shortness of breath and cough. He was taken to the ICU and a Swan Ganz catheter was placed. The Swan Ganz catheter measurements indicated an increased CVP and pulmonary capillary wedge pressure, and decreased cardiac output. This best indicates

- a. oligemic shock. ~~MI~~
- b. congestive heart failure. ✓
- c. anaphylactic reaction.
- d. sepsis.
- e. stroke.

↑ PCWP  
↑ PCWP  
↓ CO

64. Which of the following is TRUE?

C

- ~~a. Jugular venous pressure is a gross estimate of left atrial pressure.~~
- b. A temporary pacemaker can be easily placed through a peripheral venous catheter.
- ~~c. A balloon tip flow directed catheter can be floated through the internal jugular vein.~~
- d. A femoral vein placed catheter can be easily and reliably used to measure the systemic blood pressure.
- ~~e. An Allen's test must be done before the placement of a femoral artery line.~~

R

65. By using the balloon tip-flow directed catheter one can

- a. obtain an accurate measure of left atrial pressure. ✓
- b. estimate the wedge pressure by placing the catheter into the right ventricle.
- c. leave the balloon inflated at all times.
- d. float the catheter from subclavian artery to the right atrium.. also T
- e. estimate the intracranial pressure.

← L vent + diastolic P

Dr. Madorsky

66. Physicians who specialize in P.M.&R. (physical medicine and rehabilitation) are properly designated as

- a. physical therapists.
- b. pathologists.
- c. psychiatrists.
- d. physiatrists.

67. Family doctors have a critical role in cardiac rehabilitation.

- a. True
- b. False

68. It is necessary to remain "objective" in one's attitude toward the cardiac patient and his family in order to do "good" medicine.

- a. True
- b. False

69. Adequate control of elevated serum lipids can demonstrably reverse atherosclerotic lesions if accompanied by appropriate lifestyle changes (diet, exercise, blood pressure control, etc.).

- a. True
- b. False

70. Although the primary care physician is one member of the rehabilitation team, he or she continues to maintain primary responsibility for the cardiac patient's care.

- a. True
- b. False

71. Chest pain with exercise is always due to cardiac disease.

- a. True
- b. False

Dr. Gereb

72. A four-week-old male presents to your office with a three-day history of cough, congestion, green rhinorrhea, decreased PO intake, and fussiness. His four-year-old sibling also has a cold. Today he had a temperature of 100.6°F at home as well as in the office. The best next step would be to

- a. send him home with Tylenol and symptomatic care instructions.
- b. give him IM antibiotics and have him follow up tomorrow.
- c. get a CBC, blood culture, urine culture and follow him as an outpatient.
- d. admit him to the hospital for a sepsis work-up and IV antibiotics.
- e. send him home on a ten-day course of PO antibiotics.

73. A three-year-old female presents to the ER sitting on Mom's lap, tripodding forward, and drooling. Mom states she developed a fever and sore throat this afternoon, which has progressed to drooling and difficulty breathing. Mom denies a barking cough. Mom also states her child has never been immunized. You feel this is most likely epiglottitis. Your initial step is to

- a. take her to the OR to have an airway secured. ✓
- b. attempt to do a complete exam on her, including examining her throat.
- c. give her moist air, oxygen and racemic epinephrine.
- d. take her to radiology for a lateral AP x-ray of her neck. only is stable
- e. admit her to the hospital for observation.

74. The most common cause of bronchiolitis in an infant is

- a. Streptococcus pneumoniae.
- b. Haemophilus influenzae type B.
- c. coronavirus.
- d. human herpes virus 6
- e. respiratory syncytial virus (RSV). ✓

75. A two-year-old male presents with a fever of 103°F for three days without cough, rhinorrhea, sore throat, vomiting or diarrhea. Today the fever disappeared, and a diffuse erythematous rash appeared. The most likely etiology is

- a. 5<sup>th</sup>s disease.
- b. measles.
- c. roseola. ✓
- d. varicella.
- e. scarlet fever.

Dr. Weiss

76. An infant is born at 3:00 a.m. to a mother with no prenatal care. The Hepatitis B Surface Antigen status of the mother is unknown, and it is unlikely that blood will be drawn to assess this until the next day. The infant should be treated as follows:

- a. Observe for signs or symptoms of Hepatitis B.
- b. Start the infant on antibiotics immediately.
- c. Give the infant Hepatitis B immune globulin immediately.
- d. Give the infant Hepatitis B vaccine and await the result of the mother's surface antigen test to decide on whether immune globulin is necessary. ✓
- e. Give all three doses of Hepatitis B vaccine at one time.

77. A two-month old infant is brought to you for well child care. The infant has a grandfather who lives in the same house and has cancer and is currently on chemotherapy. Your advice to the family regarding polio immunization should be:

- a. Hold all polio vaccines until Grandpa is well.
- b. Give oral polio vaccine, but keep Grandpa in a tent in the backyard.
- c. Give the injected polio vaccine. ✓
- d. Give the oral polio vaccine.
- e. Give MMR instead.

78. Each of the following is a contraindication to DPT vaccination EXCEPT

- a. upper respiratory infection.
- b. new onset seizure disorder.  $\checkmark$
- c. progressive neurologic disorder.  $\checkmark$
- d. temperature  $>105^{\circ}\text{F}$  following previous DPT.  $\checkmark$
- e. inconsolable crying  $>3$  hours within 48 hours of previous DPT.  $\checkmark$

79. Which of the following is NOT part of a healthy sleep routine?

- a. having a regular bedtime  $\checkmark$
- b. putting the child to bed with a bottle of milk
- c. putting the child into bed awake  $\checkmark$
- d. being consistent each night  $\checkmark$
- e. being willing to listen to some crying at bedtime  $\checkmark$

80. A parent brings her seven-year-old daughter to you because she has awakened the last three nights screaming. Mom cannot calm her and the child seems to be "looking right through" the mom. The child awakens the next day with no memory of the event, feeling fine. Your advice is: terror

- ~~a.~~ The child has to get to a psychiatrist immediately.
- ~~b.~~ This is a classic nightmare and is nothing to worry about.
- c. This is a classic night terror and the parent should be reassured that her daughter is fine and will get over this.
- ~~d.~~ The parent should make every effort to awaken the child.
- ~~e.~~ Limiting late night eating will end these events immediately.

81. Each of the following is true of feeding children EXCEPT:

- a. Breast milk is the best source of nutrition for infants.  $\checkmark$
- b. Solid foods (cereal) can be started at 4-6 months.  $\checkmark$
- c. Cow's milk can be started at one year of age.  $\checkmark$
- d. Starting cereal as early as possible is important to help infants to sleep through the night.
- e. Honey should be avoided until children reach one year of age.  $\checkmark$

82. A mother brings her obese three-year-old into your office for well child care. Which of the following would make you screen the child for high cholesterol?

- a. The child is diabetic.  $\checkmark$
- b. There is a strong family history of hyperlipidemia.  $\checkmark$
- c. There is a strong family history of early myocardial infarction.  $\checkmark$
- d. There is a strong family history of stroke.  $\checkmark$
- e. All of the above

83. Which of the following is TRUE of sunscreen use in children? Use.....
- ~~a.~~ in all children over two weeks of age every day. ~~F~~
  - b. in children over one year of age when the total sun exposure will exceed three hours.
  - c. in all children six months and over, every day.
  - ~~d.~~ in pale children every day, but olive complected children only in the summer.
  - ~~e.~~ only SPF 4 formulations.
84. Which of the following will help to decrease childhood injury?
- a. bicycle helmets ~~T~~
  - b. safety belts ~~T~~
  - c. keeping home water temperature below 120°F ~~T~~
  - d. riding bicycles WITH traffic as opposed to AGAINST traffic ~~T~~
  - e. all of the above
85. A child is brought to your office two hours after he was found at home with an open bottle of Tylenol in his hand and pill fragments in his mouth. His exam is normal, but mom does not know how much Tylenol he may have ingested. Your best plan is:
- ~~a.~~ Send him home and tell mom to observe for liver damage.
  - ~~b.~~ Send the child to the ER immediately for Mucomyst.
  - ~~c.~~ Give the child Ipecac syrup and send him home.
  - d. Four hours after ingestion, draw a serum acetaminophen level and decide therapy at that time.
  - e. Get stat liver enzymes.
86. Which of the following has, retrospectively, been determined to be a risk factor for SIDS?
- a. low income ~~T~~
  - b. young, single parent ~~T~~
  - c. smoking in the household ~~T~~
  - d. crowded living conditions ~~T~~
  - e. all of the above
87. Which of the following has been PROVEN to be the cause of SIDS?
- a. problems with the respiratory control center
  - b. the prolonged QT syndrome
  - c. abnormal sleep-arousal patterns
  - d. group B streptococcus
  - e. none of the above --

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$\beta_2$  → thick secretions  
Sym → bronchodilation  
paral → thin secretions  
↑ secretions  
bronchocconst

88. In a patient with asthma, increased parasympathetic tone can cause

- a. bronchodilation. Sym
- b. vasoconstriction in lung tissue.
- c. bronchiole constriction.
- d. decreased secretions.

89. Bruises inflicted during child abuse are more often found on

- a. shins.
- b. forehead.
- c. iliac crests.
- d. cheeks (face).
- e. under chin.

90. Signs of shaken infant syndrome include

- D
- a. subdural hemorrhages. —
  - b. brain contusion. —
  - c. retinal hemorrhage.
  - d. all of the above.
  - \*  e. a and c only

91. A congenital heart defect develops during which stage?

- a. zygote
- b. embryo organogenesis
- c. fetus
- d. neonate

92. Which of the following is/are true of primitive reflexes?

- D
- a. They are indicative of the integrity of the brain stem. T
  - b. The Moro reflex should disappear by six months of age.
  - c. The majority of primitive reflexes are suppressed by CNS maturation by six months. T
  - d. All of the above.
  - \*  e. a and c only

93. In a six-month-old,

- a. head lag should be present. F
- b. primitive reflexes such as the Moro reflex may be present, but waning. T
- c. the ability to say two words should be present.
- d. the ability to grasp a toy is not yet present.

94. Vomiting or spitting up in the newborn is a sign of injury to cranial nerve

- a. X-vagus.
- b. XI-accessory.
- c. XII-hypoglossal.
- d. IX-glossopharyngeal

95. Difficulty establishing nursing within the first 24 hours of life due to poor suck may be a result of ~~12~~.

- ~~a.~~ compression of the vagus<sup>10</sup> nerve as it passes through the jugular foramen.
- ~~b.~~ compression of the hypoglossal nerve as it passes through the hypoglossal<sup>11</sup> canal.
- c. compression of the hypoglossal<sup>12</sup> nerve as it passes through the cartilage between the basilar part and the lateral or condylar part of the occiput.
- d. distortion of the relationship between the temporal bone and the occiput.