

# Family medicine archive

Q1

Causative organism ?  
Group A beta hemolytic

2 immune mediated complication :  
Post streptococcal neuropathy  
Rheumatic fever



Q2

Why family medicine?

1. The recent changes in medicine.
2. The growth of specialization.
3. The fragmentation of the health care delivery system.
4. The social changes.
5. The appearance of a new pattern of illness.
6. The need for better doctor-patient relationship.
7. The high cost of inpatient care.
8. The limitation of resources.

Q3 4 differences between Referred and Radicular pain

Difference between referred pain and radiating pain?	
Referred pain	Radicular pain
Non-dermatomal, widespread, vague, diffuse	Dermatomal, along nerve, narrow band
proximal > distal	distal > proximal
Dull, aching, gnawing	sharp, burning, lancinating, electric
No neurologic signs or symptoms	Commonly with neurological signs or symptoms
S = Superficial	D = Deep
on / off	constant - constant variable

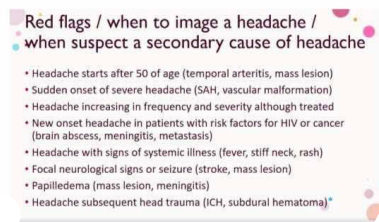
Q4

Write 4 criteria to diagnosis CFS according to CDC classification ?

Table 2. Centers for Disease Control and Prevention Diagnostic Criteria for Chronic Fatigue Syndrome	
Severe fatigue for longer than six months, and at least four of the following symptoms:	
Headache of new type, pattern, or severity	Significant impairment in short-term memory or concentration
Multijoint pain without swelling or erythema	Sore throat
Muscle pain	Tender lymph nodes
Postexertional malaise for longer than 24 hours	Unrefreshing sleep
Information from reference 7.	

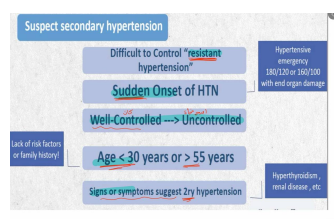
Q5 Hx : bilateral tightness band like headache , almost all time ,  
1. Diagnosis ? Tension headache

3. Write 4 when you suspect secondary cause of headache ?



Q6 50y old on Maximum dose of CCB+ACE+Thiazide and have persist HTN ??  
What is called??  
Resistance HTN

2causes of his condition??



Q7 case of DM patient was taken sulfonylurease /metformin/DPP-4 inhibitors ...

Medication Cause weight gain in this diabetic patient : Sulfonylureas

B) target for the following :

- HbA1C : **< 7 %**
- periprandial plasma glucose : **80 - 130**
- Post prandial <180

Q8 Case Patient complaining of retrosternal burning pain ?

Diagnosis GERD

Next investigations ?

H.pylori test ( fecal antigen test , urea breath test )

Q9



9. according to the mammogram machine in the picture :

A) age for this test regarding Jordanian guidelines :

■ **40** .....

B) mention other 2 screening test for normal conditions:

■ **Monthly breast self examination, annual clinical breast examination , US , biopsy** .....

Q10

1. Name of test ?

**Head impulse test**

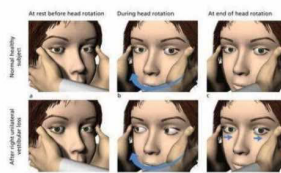
2. Diagnosis ?

**Vestibular neuritis**

3. Type of nystagmus ?

**Unidirectional horizontal**

Hx : vertigo and  
abnormal in this  
test



Q11. 60Y old with LDL=155  
ASCVD=12%?  
How to manage the patient??

life style modifications  
moderate intensity statin

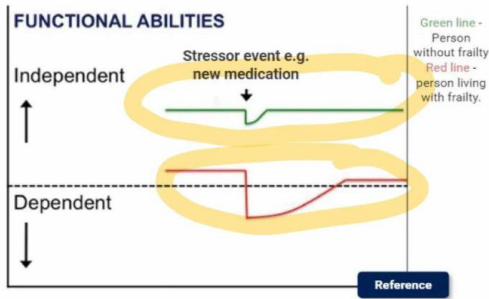
Q12  
Name of criteria?

Wells

If the score =3  
What is the next  
step?  
D dimer

Table 5: Wells criteria for Pulmonary Embolism		
Clinical signs and symptoms of DVT	No 0	Yes +3
PE is the #1 diagnosis OR equally likely.	No 0	Yes +3
Heart rate > 100	No 0	Yes +1.5
Immobilization at least three days OR surgery in the previous four weeks	No 0	Yes +1.5
Previous, objectively diagnosed PE or DVT.	No 0	Yes +1.5
Hemoptysis.	No 0	Yes +1
Malignancy w/ treatment within six months or palliative.	No 0	Yes +1
High risk (PE likely)	>4 points, 37.1% incidence of PE; <b>DO CTA</b>	
Low risk (PE unlikely)	0-4 points, 12.1% incidence of PE; <b>DO D-dimer testing:</b> 1- If the dimer is negative, consider stopping workup. 2- If the dimer is positive, consider CTA	

Q13  
Red line indication?



Mention 3 of activity of daily life?

Activities of Daily Living (ADL)
Bathing
Dressing
Eating
Transferring from bed to chair
Continence
Toileting
Grooming

Q14 T score -2.4

Diagnosis?  
Osteopenia

Management ?

