

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 2.

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

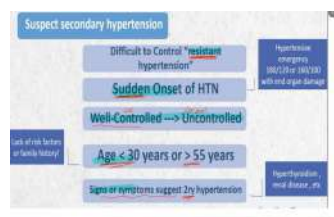
3. Write 4 when you suspect secondary cause of headache ?

Red flags / when to image a headache / when suspect a secondary cause of headache

- Headache starts after 50 of age (temporal arteritis, mass lesion)
- Sudden onset of severe headache (SAH, vascular malformation)
- Headache increasing in frequency and severity although treated
- New onset headache in patients with risk factors for HIV or cancer (brain abscess, meningitis, metastasis)
- Headache with signs of systemic illness (fever, stiff neck, rash)
- Focal neurological signs or seizure (stroke, mass lesion)
- Papilloedema (mass lesion, meningitis)
- Headache subsequent head trauma (ICH, subdural hematoma)*

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

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; DO CTA	
Low risk (PE unlikely)	0-4 points, 12.1% incidence of PE; DO D-dimer testing: 1- If the dimer is negative, consider stopping workup. 2- If the dimer is positive, consider CTA	

Q13
 Red line indication?



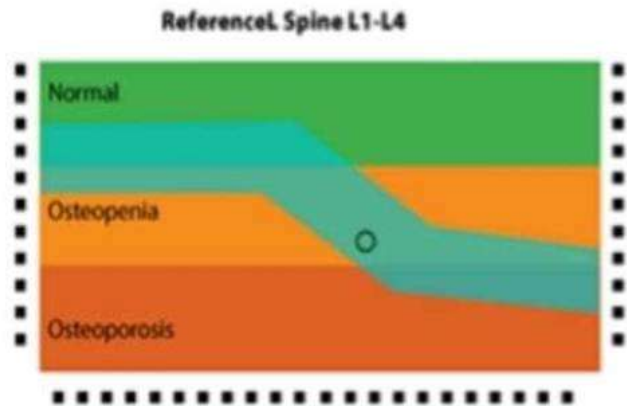
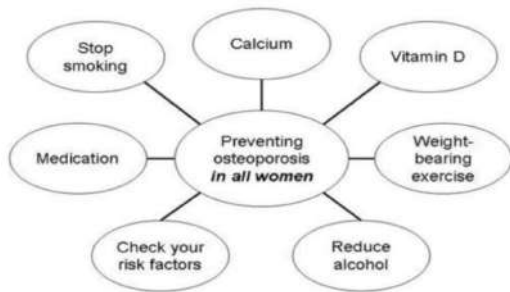
Mention 3 of activity of daily life?

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

Q14 T score -2.4

Diagnosis?
Osteopenia

Management ?



بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

Family medicine archive

Done by : Eiman Alrfou

Introduction

Mention four skills of family medicine

Communication skills

Preventive skills

Therapeutic skills

Resource management skills

Diabetes mellitus

45 diabetic patient take sulfonylurea and SGLT2I complain from hypoglycemic attack

What is the cause of hypoglycemic attack

Take Sulfonylurea

Give two benefits of SGLT1

Cardioprotective

Used in CKD patient and not cause hypoglycemic attack

Dyspepsia

55 patient male complain from retrosternal pain relieved by antacid and there is no finding in history or clinical exam

What is the DDX

GERD

What is the next step to do

H. Pylori test

Fatigue

adult female complaining of fatigue for 3 months and complains from snoring and difficulty in sleeping

What is the most likely diagnosis

Obstructive sleep apnea

Headache

21 female patient complains from headache with episode of nausea and vomiting with photophobia

What is the DDX

Migraine with aura

Mention two abortive treatment

NASIDS

Ergotamine

Osteoporosis

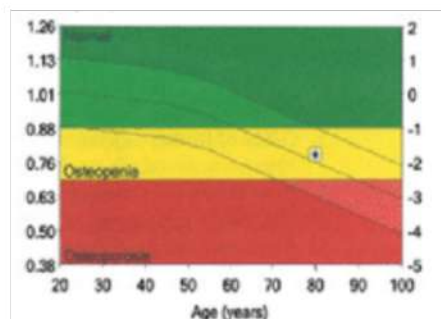
According to this figure

What is the diagnosis

Osteopenia

What is the T score value

-2.3



Densitometria					
Regione	BMD (g/cm ³)	GA T-score	PE Z-score	BMC (g)	Area (cm ²)
L1	1,103	-0,2	0,2	16,25	14,74
L2	1,337	1,1	1,6	18,96	14,18
L3	1,338	1,2	1,6	19,18	14,33
L4	1,180	-0,1	0,3	22,11	18,74
L1-L2	1,218	-0,4	0,9	35,22	28,92
L1-L3	1,258	0,7	1,2	54,40	43,26
L1-L4	1,234	0,5	0,9	76,51	62,00
L2-L3	1,338	1,1	1,6	38,15	28,52
L2-L4	1,275	0,6	1,1	60,26	47,26
L3-L4	1,249	0,4	0,8	41,30	33,07

مش نفس الجدول

Chest pain

43 years old patient complain from retrosternal pain last 10 min with walking and relieved by rest

What is the name of this score

Murberg heart score

What is the most likely DDX

Stable angina

Female ≥ 65 years or male ≥ 55 years	No 0	Yes +1
Known CAD, CVD, PAD	No 0	Yes +1
Pain worse with exercise	No 0	Yes +1
Pain reproducible with palpation	No +1	Yes 0
The patient assumes pain is cardiac.	No 0	Yes +1
Interpretation:		
0-1	Low risk	
2-3	Moderate risk	
4-5	High risk	

Geriatric

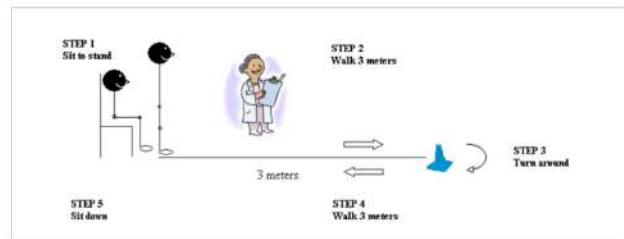
What is the name of this test

Time up and go / get up and go test

How to prevent geriatric patient from the risk of fall (two points)

exercise and physical therapy

Vit D supplementation



Adult

55 patient do the test in this image

If this test positive what is the next step

Do colonoscopy

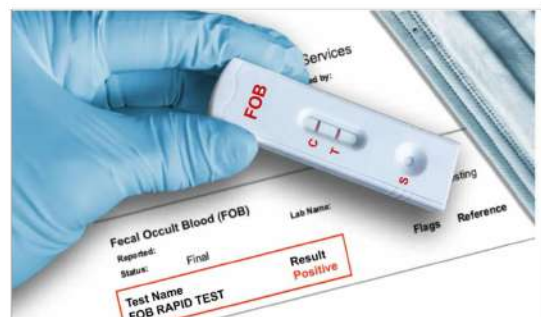
Mention four vaccine give to this patient

Influenza

Tdap.

Covied 19.

Pneumococcal poly and conjugate



Hypertention

45 years age, DM, risk for CVD 5% and blood pressure reading 130/80

Mention two point suspected secondary cause of hypertention

- Age less than 30 years in nonobese patients with a negative family history of hypertension.

Age of onset before puberty

According to AHA/ACC 2017 when to initiate the pharmacological treatment

The CVD risk less than 10% so the goal of blood pressure less than 130/80 and start pharmacological on more than 140/90

Abdominal pain

Patient complain from epigastric pain with nausea and vomiting

Give me four DDX for this pain

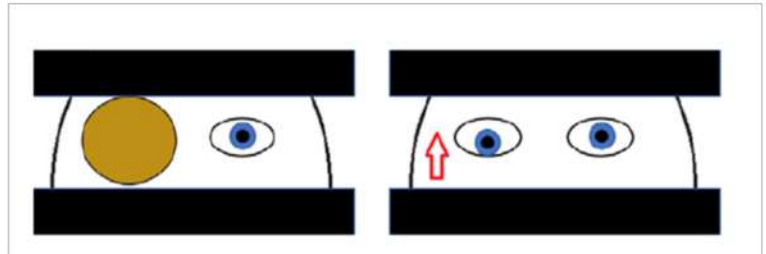
Epigastric hernia Pancreatitis Stomach ulcer Heart burn / indigestion

Dizziness

What is the name of this test

Test of skew

What is the result mean



There is the central cause of vertigo

Dislipidemia

45 Dm patient the ASCVD was 10% LDL 160

What is the management of this case

Moderate intensity statin with life style modification

Mention four life style management the patient can do

- Physical Activity
 - Smoking cessation
 - Weight Loss
 - Dietary modification
-

URTI

4 years old child complain from fever, rhinorrhea and barking like cough

What is the DDX

Croup

What is the most effective pharmacological treatment

Dexamethazone and inhaled corticosteroid

Family medicine

Introduction;

4 Skills of family physician

Dm:

Treatment of microalbuminuria: ACE, ARBs

Fasting blood glucose in diabetic :80-130

Post prandial: <180

Dyslipidemia

Patint with risk 12% and with persistent elevation ldl and triglyceride

Treatment?

Write another ASCVD risk enhancing factor

Dyspepsia

Case of burning sensation ...?GERD

TREATMENT: lifestyle modification and PPI

OSTEOPOROSIS

Picture of dowagerS hump

Headache

Case : most severe headache in my life?

Red flags/ when to suspect secondary cause of headache/ when to image a headache

Dizziness

Picture of positive head impulse test ..?

DDx: Peripheral cause mostly (vestibular neuritis)

Fatigue

Case of fatigue with snoring at sleep: obstructive sleep apnea

URTI

Case of bacterial pharyngitis and what is the centor score?



Chest pain

ECG of pericarditis

And write what do you see in ecg

..... Diffuse st elevation and t inversion and

Geriatric

Picture of frailty diagram

HTN

Patient with stage 2 hypertension

Management

Basic labs

Abdominal pain

45 years old female present with sudden abdominal pain at RIF and anorexia.

Differential diagnosis

Adult

NATIONAL GUIDELINES
RECOMMENDATIONS IN JORDAN FOR WOMEN AT NORMAL RISK

YEARS	SELF-BREAST EXAM	CLINICAL BREAST EXAM	MAMMOGRAM
25 - 39	MONTHLY	+1y ANNUALLY	NOT RECOMMENDED
40 +	MONTHLY	+1y ANNUALLY	+1y ANNUALLY



تقريباً مثل نظام هذا السؤال

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

طب الأسرة مجموعة 5

4/12/2024

Besan Othman / Shereen Ahmad

1- Introduction

Mention 4 principles of family medicine

2- chest pain

Sudden heaviness chest pain while watching tv

Cardiac enzymes negative

A- pic of ECG (normal)

B- diagnosis (unstable angina)

3- HTN

Patient with hypertension had 3 drugs for hypertension and his reading not improved

A- what do we call this situation

B- mention 2 cause of this diagnose

4- DM

Patient have DM take metformin & sulfonlurea , obese , with ASCVD risk and Nephropathy

A- best other choice of treatment

B- 2 side effects of this drug

5- Geriatric

1- pic of NMA score, what is the name of this score

2- 2 screening test for this patient

6- adult

67 year olde male with DM & dyslipidem controlled , about screening for prostate cancer , smoker 1 pack per year for 30 years

A- what is the guidelines in this case

B - mention 2 secreening test for this patient

7-**Fatigue**

Female complain of fatigue for 4 months

A- mention 4 initial labs

B- mention 4 red flags to do immediate further investigation

8- **abdominal pain**

Female with right lower quadrant pain,had her period 2weeks ago

A- mention 4differential diagnosis

B-

9- **dyspepsia**

50 years old male with epigastric pain and early satiety

A- mention initial investigation

B - name 4 alarming signs

10- **Osteoporosis**

Female obese , smoker with back pain loss 3cm from her height in the last 5year

A- what you will order to her

B - mention 4 life style modifications

11-**Dyslipidemia**

45 y Patients LDL & TG high value ,HDL lower than normal ASCVD risk 8%

A- what is your management

B-

12- **dizziness**

Pic of Dix hallpike test

A- name this test

B- if it negative what is your next step

13- URTI

HISTORY OF typical viral pharyngitis

A- mention 4 differences between viral and bacterial pharyngitis

B-

14- headache

Typical history of migraine

A- diagnosis

B- mention 2 drug to prevent headache

Family medicine

1. 45 male Patient has discomfort and epigastric pain after 3 to 4 hours of meals

A) what's your diagnosis ? Duodenal ulcer

B) what's the first investigation for this patient? H. Pylori test

2. Female patient has abdominal pain radiate to the back, emesis and discomfort

A) three differential diagnosis ? Any two possible diagnosis

3. Male patient complains of fatigue from 7 months, with irritability he has sleep disturbances, impairment in concentration and exhaustion

1) dx : idiopathic fatigue syndrome

2) four investigations : CBC, CK, TSH , Chemistries

4. Dm type 2 patient with numbness and burning sensation, the level of B12 was normal and he is non alcoholic

A) what is this test ? Monofilament

B) Dx ? Peripheral neuropathy



5. Patient with migraine.....

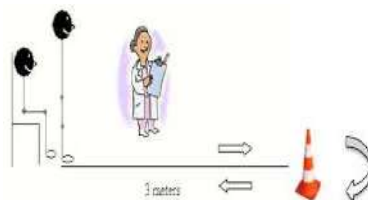
A) do you use prophylactic treatment ? Yes

B) two drug? Anticonvulsants, BB

6. according to this test

A) what is interpretation for this patient? High Dependence

B) two interventions ? Walking aid
remove hazard in the home



30 seconds

7) Why family medicine ?

- A) recent changes in medicine
- B) social changes
- C) limitations of resources
- D) better doctor patient relationship

8) HTN patient his medications (thiazide + ACEi) he has BPH

- A) what is the drug I can give to this patient? Alpha blocker
- B) give me one side effect of this drug ? Postural hypotension

9) I miss the scenario but patient with tearing pain ...

- A) dx : aortic dissection
- B) give me two findings

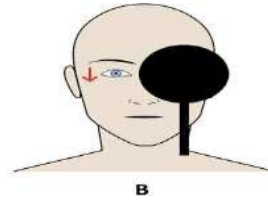


10) 45 male with DM ASCVD = 15%

- A) tx : moderate statin + life style modification
- B) one side effect : nausea

11) according to the picture

- A) what is this test? Test of skew
- B) vertical gaze means? CNS problem (stroke)



12) according to the picture

- A) sign? Thumbprint sign
- B) Dx ? Epiglottitis

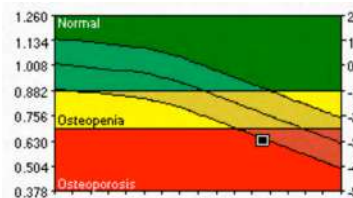


13) male 52 years old , smoker pack year 20

- A) interval screening for lung cancer ? Every year
- B) two screening? Colon + depression

14)

- A) dx: osteoporosis
- B) first line treatment? Bisphosphonate



Wateen 2nd group family medicine exam :

ملاحظة : الصور تقريبية ، و الاجوبة من الطلاب Done by Tala Iyad , Hala

1. patient with DM and Mi , GFR >60 :

A) which medications will you prescribe :

Metformin ,SGLT2I , life style modification

B) target for the following :

■ HbA1C : **< 7 %**

■ periprandial plasma glucose : **80 - 130**

■ LDL : **Early 100 later 70**

■ blood pressure : **130 / 80**

2. 45 year old female with blood pressure 150/90 :

A) four signs and symptoms to find out secondary causes :

-
-
-
-

B) when we diagnose patient with HTN from first time :

- **A patient who presents with hypertensive urgency or emergency (i.e., patients with blood pressure 180/120).**
- **A patient who presents with an initial screening blood pressure 160/100 mmHg and who also has known target end organ damage (LVH, hypertensive retinopathy, IHD, CKD).**



3. female with unilateral headache photophobia and phono-phobia :

A) what is the diagnosis : **Migraine**

B) mention abortive medication : **NSAD ,Acetaminophen ,Caffein ,Triptan ,Ergotamine**

C) mention prophylactic medication : **Seizure medications (gabapentin, valproate) ,Blood pressure medications (BB {propranolol, nadolol}/ CCB {verapamil})**
• **Antidepressants (tricyclic)**

4. 80 year old man with knee pain , diagnosed with osteoarthritis :

A) what is the test used to assess fall risk : **Get up and go test**

B) other 4 comprehensive test for screening :

■ **Functional assessment**

■ **Hearing assessment**

■ **Vision assessment**

■ **Cognitive assessment**



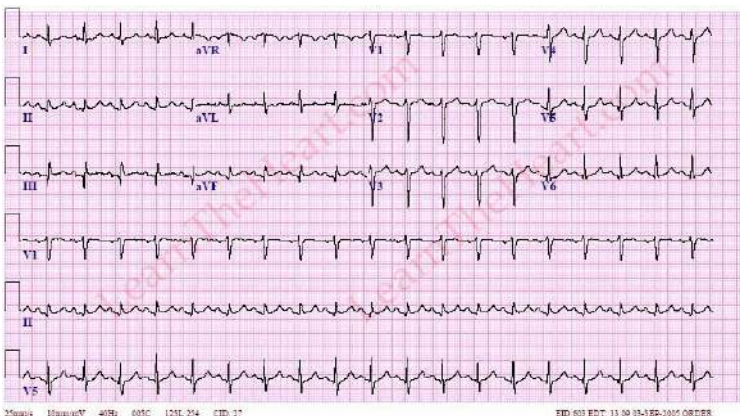
5. according to the drug in the picture :

A) mention the instructions for taking this medication :

- Take first thing in the morning on an empty stomach • Swallow the tablet whole with a large glass of tap water • Do not take any other medication, eat or drink anything except tap water for at least 30 minutes
- • Stay upright for 30 minutes • Wait 4 hours before taking your calcium

B) mention 2 side effects :

- Gastric upset
- Muscle and joint pain



6. Patient comes to ER with sudden dyspnea and pleuritic chest pain
And previous has breast CA :

A) what you see in ECG :

- Sinus tachycardia

B) what is the diagnosis:

- Pulmonary embolism

C) name of criteria :

- Wells criteria

D) if the criteria 5.5 what is the next step ?

- CT angiogram

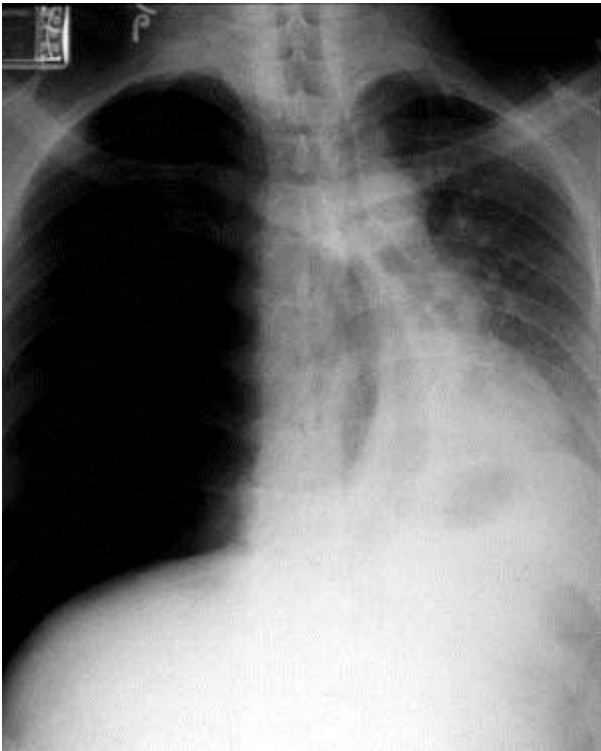
7. Case of female with fatigue and obesity with Thyroid test table , high TSH , normal T3,T4 , high anti body :

A) what is the diagnosis:

- **Subclinical hypothyroidism (hashimotos)**

B) what is the treatment:

- **Levothyroxine**



8. according to the X-ray :

A)what is the diagnosis :

- **Tension pneumothorax**

B)mention 3 deadly causes for chest pain:

- **PET MAC : PET, esophageal rupture , tension pneumothorax ,MI , aortic**



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:

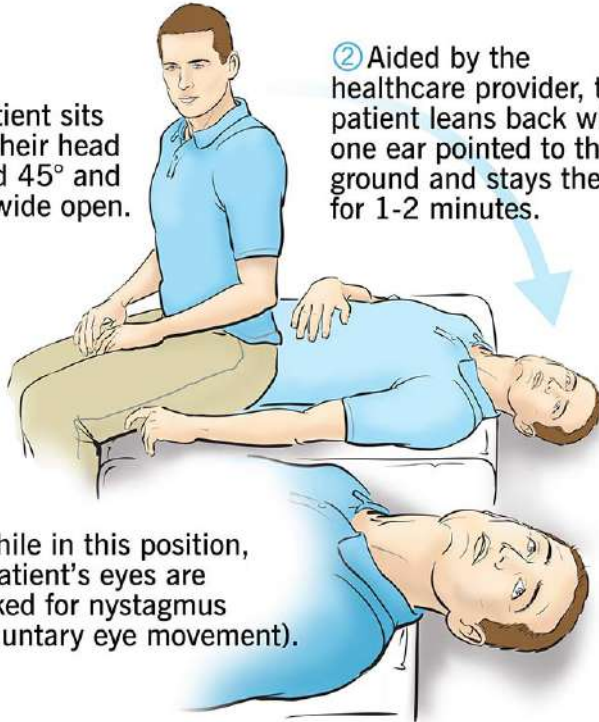
- **Monthly breast self examination, annual clinical breast examination , US ,biopsy**

Dix-Hallpike Maneuver

① Patient sits with their head turned 45° and eyes wide open.

② Aided by the healthcare provider, the patient leans back with one ear pointed to the ground and stays there for 1-2 minutes.

③ While in this position, the patient's eyes are checked for nystagmus (involuntary eye movement).



Cleveland Clinic ©2023

10. according to the picture:

A) when to do this test :

- **Benign paroxysmal positional vertigo**

B) if negative what the next step :

- **Assess for postural hypotension**

11. case of dyspepsia, smoker male with fullness and epigastric abdominal pain : The pain relieved by eating

A) what is the diagnosis:

- **Duodenal ulcer**

B) mention other 2 DDx :

- **Stomach ulcer , indigestion ,heartburn, pancreatitis,epigastric hernia , gallstone**



12. according to the picture:

A) what is the sign :

- **Xanthelasma**

B) what is the most likely diagnosis:

- **Dyslipdemia**

Family Medicine Archive (Group C+D)

1. Mention 4 skills a family medicine physician should have:

1.



1.

-What is this test called

-Mention 2 other screening tests for newborns

1. [a case of a man complaining of chest pain that is relieved with rest]



-what is your interpretation of the ECG: Normal ECG

-diagnosis: angina pectoris (stable angina)

1. [a case of a 52 year old man, diabetic, LDL 160, with CVSD risk 18%]

-Management: Moderate intensity statin + Lifestyle modifications

1.



1.

-Diagnosis ?

-Mention two indications for tonsillectomy?

1. [A case of diabetic patient with nephropathy and hypertension]

-Treatment?

-What is the antidiabetic medication that is safe to use with chronic kidney disease?

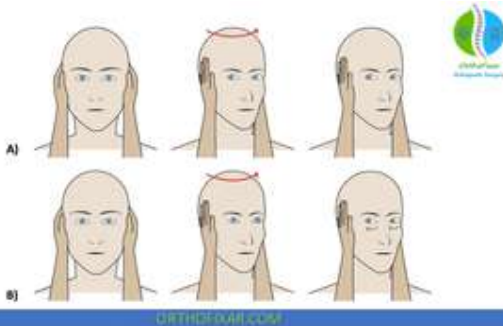
1. [a case of a woman with ovarian cysts, rebound tenderness, RLQ Pain..]

-Give four differential diagnoses.

1. [an elderly female with asthma and gout]

-Most suitable antihypertensive.

1.



1.

- Name of the test
- Diagnosis if the test is positive

1. -A Katz index score (can't remember the score), your indication for this patient:

-Mention 4 Activities of daily living

1. [A typical case of migraine with prodroma] -Diagnosis

-Do you use prophylactic treatment for this patient: yes

-Mention one prophylactic drug

1. Mention (3 or 4) initial investigations for a fatigued patient
2. Preventive measures for Osteoporosis

Family medicine

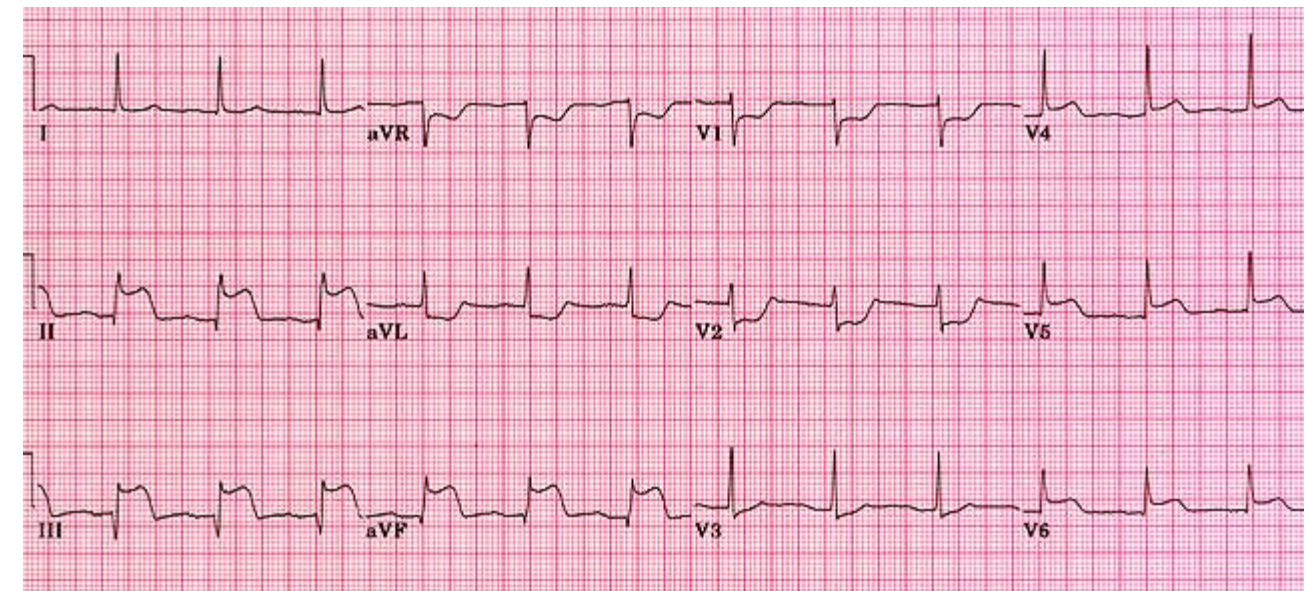
Wateen group 1

- 1)63y patient complaining of epigastric pain and discomfort since 3 weeks ,also he complain of neck pain since 6 weeks and taking drugs to relive neck pain ,patient also anemic and taking iron supement since 3 weeks

Diagnosis : drug induced dyspepsia

Patient came to ER complaining of chest pain more than 40 minute
With diaphoresis his blood pressure 85/60

1. Diagnosis ? Inferior STEMI **الاجلب جاوب**
hyperacute t wave in v1 and v2 and 3
كمان كان فيه
2. Mx ((o2 , aspirin , fluid and analgesia)).
nitroglycride or morphine **المهم ما تحطو**
3. What should we do to be sure
Cardiac enzyme



- Case scenario of patient complaining of dizziness when he moves or stands up his blood pressure while sitting 120/80 and while standing 100/60
- Diagnoses? Postural hypotension
- Indication for HTN measurement while standing

- Dm drug safe for HF & intermediate weight loss
SGLTi
- and 2 side effects
- - necrotizing fasciitis and DKA

- 45 years age ,DM ,risk for CVD 10% how to manage this patient ?
Life style modification,
moderate intensity statins
,DM control (مش متأكد)
- 2 status for referral in case of dyslipidemia?
- Intolerance to statins
- Familia hypercholestremia

- Case scenario of patient troubling to initiate her routine activity assuming that fatigue severely affecting her life with myalgia and unrefreshing sleep
- Diagnosis(idiopathic or CFS) الدكتور حسبتهما التنتين صحبس الجواب idiopathic
- Initial instigation
CK
TSH
Cbc

- Patient complaining of bilateral headache describe it as compressing or band like for more than 15 days not exerbating by movement
- Diagnosis? Chronic tension headache
- Mx ? TCA , occipital nerve block

- What is the name of this test
- What type of vertigo tested with is examined
 continuous spontaneous نون لازم تكتب
- What is the peripheral dizziness result in
 +ve head impulse
 Unidirectional nystagmus
 -ve skew



- What is the name of this test ?
Katz
- Patient score is 6 , what does it mean?
Strongly independent, state of full function
- What is the name of this activity?
Activity of daily living

← assess

Score	Independence (1 Point)	Dependent (0)
6	NO supervision, direction or personal assistance.	WITH supervision or personal assistance.
5	(1 POINT) Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity.	(0 POINTS) Needs help in bathing more than one part of the body, getting in or out of shower. Requires help with washing.
4	(1 POINT) Get clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes.	(0 POINTS) Needs help in dressing self or completely undressed.
3	(1 POINT) Goes to toilet, gets on and off, arranges clothes, cleans genital area without help.	(0 POINTS) Needs help in transferring to toilet or self or uses bedpan.
2	(1 POINT) Moves in and out of bed or chair unassisted. Mechanical transfer aids are acceptable	(0 POINTS) Needs help in moving from bed to chair or complete transfer.
1	(1 POINT) Exercises complete self control over urination and defecation.	(0 POINTS) Is incontinent of bladder or bowels.
0	(1 POINT) Gets food from plate into mouth without help. Preparation of food may be done by another person.	(0 POINTS) Needs help with feeding or parenteral feeding.

SCORING: 6 = High (patient independent) 0 = Low (patient dependent)

- women 35 yrs old came to your clinic with no significant medical history and don't take any medications
- Mention 3 screening to do for this patient
(يعتبرو نقطه وحده RF)
Cvs screening(obesity HTN smoking0
Alcohol
Domestic violonce
depression
- Mention 3 vaccine
Covid
Tdp
Influenze

- What the sign seen in the photo
Thump print sign
- What does it indicates
Epiglottitis



- According to dexa
- 1. Diagnosis Osteoporosis
- 2. First line of treatment in this Bisphosphonate

