




Family medicine

 30/7/2025

Q1...Family medicine introduction :

Mention four principles of family medicine:

- Holistic
- Comprehensive
- Collaborative
- Patient centered care

Q2...COMPREHENSIVE GERIATRIC ASSESSMENT:

1)What's the name of this test?

-Mini-cog
test

2)mention 2 other screening test for geriatric?

- 1)fall risk...time up and go test
- 2)Functional assessment...kartz index

Step 1: Three Word Registration

Look directly at person and say: "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are listed a list of words from the versions below. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.¹¹ For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	Floor	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

Word List Version: _____ Person's Answers: _____

Scoring

Word Recall: _____ (0-3 points)	1 point for each word spontaneously recalled without seeing.
Clock Draw: _____ (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g. 12, 3, 6 and 9 are in another position) and no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.
Total Score: _____ (0-5 points)	Total score = Word Recall score + Clock Draw score.
	A cut point of ≥ 3 on the Mini-Cog [®] has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of ≥ 4 is recommended as it may indicate a need for further evaluation of cognitive status.

Q3...Adult Health

1. What is the name of this test?

1)fecal occult guaic based test

2. If the test shows bluish discoloration, what is the next step?

-Do colonoscopy

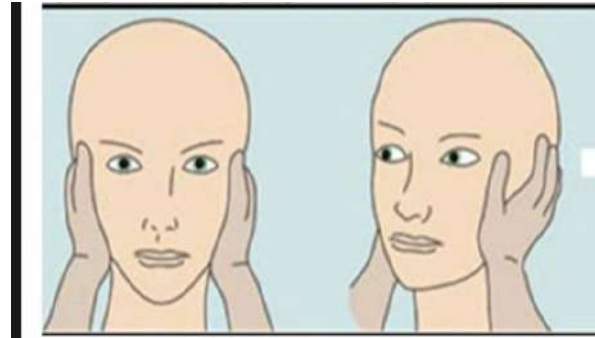


Q4...Dizziness

*A patient presents to your clinic with continuous vertigo. The test shown in the image was performed.

1. In addition to the test shown in the image, name two other clinical tests used to assess this condition.

- 1) asses nystagmus
- 2)The test of scew



2. If the test results are negative, what does that indicate?

-Central cause

Q4...Diabetes Mellitus

A 45-year-old patient presents with persistently high blood glucose readings. His BMI is 32, and his ASCVD risk score is 20%.

1. What is the most appropriate antidiabetic medication for this patient?

-Sglt2 inhibitor
or glp1 agonist



2. Name two screening tests that should be performed annually for this patient.

- 1)Urine albumin creatinine ratio
- 2)Eye exam

Q5...Fatigue

A patient complains of inability to initiate physical activity for more than 6 months. He also reports unrefreshing sleep and generalized myalgia.

List three basic investigations you would order for this patient.

- TSH
- cbc
- ck-mb



Q6...upper respiratory tract infection

Based on the image:

1. What is the name of the sign shown?

-Thumbprint sign

2. What condition does it indicate?

-Epiglottitis



Q7...dyslipidemia

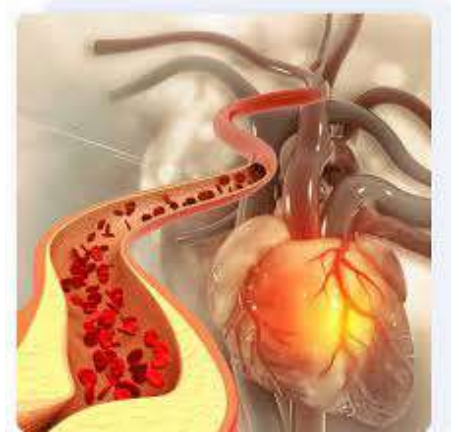
A 45-year-old patient has an LDL level of less than 165 mg/dL and an ASCVD risk score of 10%.

1. How should this patient be managed?

- lifestyle modification
- moderate intensity statin

2. When should this patient be referred to secondary care?

- suspected familial hypercholesterolemia
- Intolerance to statin
- Tg > 885
- Cholesterol > 290



Q8...Hypertension

A patient presents with blood pressure readings of 160/90 mmHg.

1. What is the best drug combination for this patient that is also cardioprotective?

- 1) Ccb and ACE inh or ACE inh and thiazide

2. During physical examination, what findings would suggest secondary hypertension?

- palpitation
- Snoring
- Sign of thyroid disease
- Delay pulse



Q9...Osteoporosis

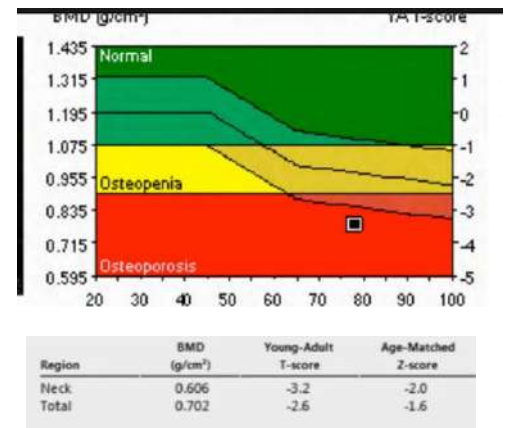
Based on the image:

1. What is the diagnosis?

-Osteoporosis

2. What is the first-line treatment for this condition?

-bisphosphonate



Q10...Headache

A patient presents with a bilateral headache, described as a feeling of pressure, lasting for more than 15 days.

1. What is the diagnosis?

-Chronic tension headache

2. What is the treatment for this condition?

Chronic treatment:

-TCA

-Occipital nerve block



Q11...Chest pain

A 40-year-old man was watching television when he suddenly experienced chest pain for more than 30 minutes that did not improve with nitroglycerin

1. Describe the expected ECG findings.

-Normal ecg

2. What is the most likely diagnosis?

-Unstable angina



Q12...Dyspepsia

A patient presents with epigastric pain, postprandial fullness, neck pain, left shoulder tingling, and anemia. He is currently taking iron supplements and medication for his neck pain.



What is the most likely diagnosis and one contributing factor?

- *Drug induced dyspepsia
- *Due to 1)iron in anemic pt
And 2)NSAID for his neck pain

Q13...Abdominal pain

A patient presents with epigastric abdominal pain and nausea.

List the top 4 differential diagnoses for this presentation.

- Pancreatitis
- Gerd
- Stomach ulcer
- Biliary disease



Family medicine mini osce rawh 2nd group



01 Dyspepsia

A PATIENT PRESENTS WITH EPIGASTRIC PAIN, POSTPRANDIAL FULLNESS, NECK PAIN, LEFT SHOULDER TINGLING, AND ANEMIA. HE IS CURRENTLY TAKING IRON SUPPLEMENTS AND MEDICATION FOR HIS NECK PAIN.

WHAT IS THE MOST LIKELY DIAGNOSIS AND TWO CONTRIBUTING FACTOR?

- Drug induced dyspepsia
- Due to 1) iron in anemic pt
2) NSAID for his neck pain

02 upper respiratory tract infection

BASED ON THE IMAGE:

1. WHAT IS THE NAME OF THE SIGN SHOWN?

Thumbprint sign

2. WHAT CONDITION DOES IT INDICATE?

Epiglottitis



03 Fatigue

A YOUNG FEMALE COMPLAINS OF INABILITY TO INITIATE NSICAL ACTIVITY TOR MORE THAN 6 MONTHS. SHE ALSO REPORTS UNREFRESHING SLEEP AND GENERALIZED MYALGIA.

LIST THREE BASIC INVESTIGATIONS YOU WOULD ORDER FOR THIS PATIENT.

- TSH
- CK-mb
- CBC





Family medicine mini osce rawh 2nd group



04 Dyslipidemia

A 35-YEAR-OLD PATIENT HAS AN LDL LEVEL OF 195 MG/DL AND AN ASCVD RISK SCORE OF 18%.

1. HOW SHOULD THIS PATIENT BE MANAGED?

lifestyle modification
high intensity statin

2. WHEN SHOULD THIS PATIENT BE REFERRED TO SECONDARY CARE?

Tg>885
Cholesterol >290
intolerance to statins

05 Osteoporosis

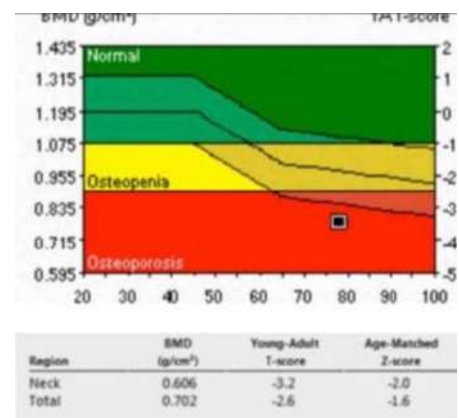
BASED ON THE IMAGE:

1. WHAT IS THE DIAGNOSIS?

Osteoporosis

2. WHAT IS THE FIRST-LINE TREATMENT FOR THIS CONDITION?

Biphosphanate



06 Intro

LIST FOUR ESSENTIAL SKILLS THAT A FAMILY MEDICINE PHYSICIAN SHOULD HAVE

Communication skills
Preventive skills
Therapeutic skills
Resource management skills



Family medicine mini osce rawh 2nd group



07 Headache

A PATIENT PRESENTS WITH A BILATERAL HEADACHE, DESCRIBED AS A FEELING OF PRESSURE, LASTING FOR MORE THAN 15 DAYS.

1. WHAT IS THE DIAGNOSIS?

Chronic tension headache

2. WHAT IS THE TREATMENT FOR THIS CONDITION?

TCA
Occipital nerve block
Physical therapy

08 Dizziness

WHAT IS THE NAME OF THIS TEST:

Test of Skew

WHAT IS YOUR DIAGNOSIS BASED ON THIS RESULT?

There is the central cause of vertigo(Stroke)

09 Abdominal pain

A FEMALE PATIENT WITH A HISTORY OF OVARIAN CYST PRESENTS TO THE EMERGENCY ROOM WITH SEVERE SUPRAPUBIC ABDOMINAL PAIN. LIST FOUR POSSIBLE DIFFERENTIAL DIAGNOSES

UTI.... PID
Ruptured ovarian cyst
ovarian torsion



Family medicine mini osce rawh 2nd group



10 Adult health maintenance

A 60-YEAR-OLD MAN WITH A 30-YEAR HISTORY OF SMOKING 1 PACK PER DAY PRESENTS FOR EVALUATION. WOULD YOU SCREEN HIM FOR LUNG CANCER?

He is 60 years old,
with a 30 pack-year smoking history
,so YES

LIST FOUR VACCINES YOU WOULD RECOMMEND FOR HIM

1. Influenza vaccine – annually.
2. Tdap
3. herps zoster
4. covid 19

11 DM

A 65-YEAR-OLD GENTLEMAN PRESENTS WITH POLYURIA AND WEIGHT LOSS. HIS RANDOM BLOOD SUGAR IS 310 MG/DL. YOU ORDER AN HBA1C, WHICH IS 11%. WHAT IS YOUR FIRST-LINE CHOICE OF DRUG FOR THIS PATIENT

Insulin

MENTION TWO POSSIBLE SIDE EFFECTS FOR THIS DRUG?

hypoglycemia & weight gain

12 HTN

A 50-YEAR-OLD MAN HAS NORMAL BLOOD PRESSURE READINGS IN THE CLINIC BUT HOME MEASUREMENTS SHOW ELEVATED BLOOD PRESSURE. WHAT IS THE MOST LIKELY DIAGNOSIS?

Masked HTN

HOW TO CONFIRM YOUR DIAGNOSIS?

Ambulatory blood pressure
monitoring



Family medicine mini osce rawh 2nd group



13 Chest Pain

A 45-YEAR-OLD MALE PRESENTS WITH CHEST PAIN THAT IS NOT RELATED TO EXERTION AND IS REPRODUCIBLE ON PALPATION.

WHAT THE NAME OF THIS SCORE?

Marburg score

BASED ON THE SCORE
WHAT IS YOUR DIAGNOSIS

Non cardiac cause
musculoskeletal pain

Score component

Age/gender (female ≥ 65 , male ≥ 55)

Known clinical vascular disease

Patient assumes cardiac origin of pain

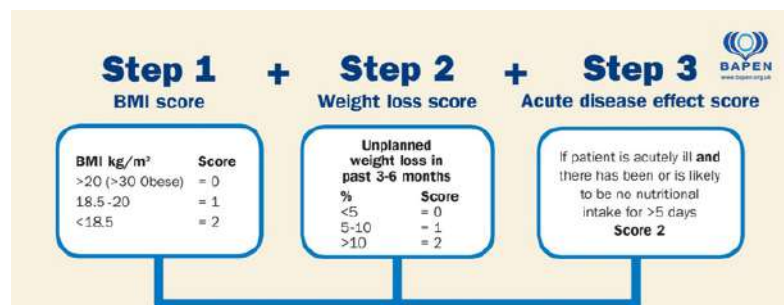
Pain worse with exercise

Pain not reproducible by palpation

14 Geriatric health

NAME THIS SCORE ?

MUST score
for nutritional status



OLD FEMALE PATIENT WITH SCORE 4
WHAT'S YOUR ENTERPRETATION?

She is at high risk ..
so treatment is:

2 or more High Risk

Treat*

- Refer to dietitian, Nutritional Support Team or implement local policy
- Set goals, improve and increase overall nutritional intake
- Monitor and review care plan
Hospital - weekly
Care Home - monthly
Community - monthly

* Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.

Abdominal pain

1) 21 female with suprapubic pain and nausea for one day ,
3 DDx regarding site?

Ectopic pregnancy, PID, UTI

Right		Left
Gallstones Stomach Ulcer Pancreatitis	Stomach Ulcer Heartburn/ Indigestion Pancreatitis, Gallstones Epigastric hernia	Stomach Ulcer Duodenal Ulcer Biliary Colic Pancreatitis
Kidney stones Urine Infection Constipation Lumbar hernia	Pancreatitis Early Appendicitis Stomach Ulcer Inflammatory Bowel Small bowel Umbilical hernia	Kidney Stones Diverticular Disease Constipation Inflammatory bowel disease
Appendicitis Constipation Pelvic Pain (Gynae) Groin Pain (Inguinal Hernia)	Urine infection Appendicitis Diverticular disease Inflammatory bowel	Diverticular Disease Pelvic pain (Gynae) Groin Pain (Inguinal Hernia)



Introduction for family medicine

2) 4 causes for establish family medicine?

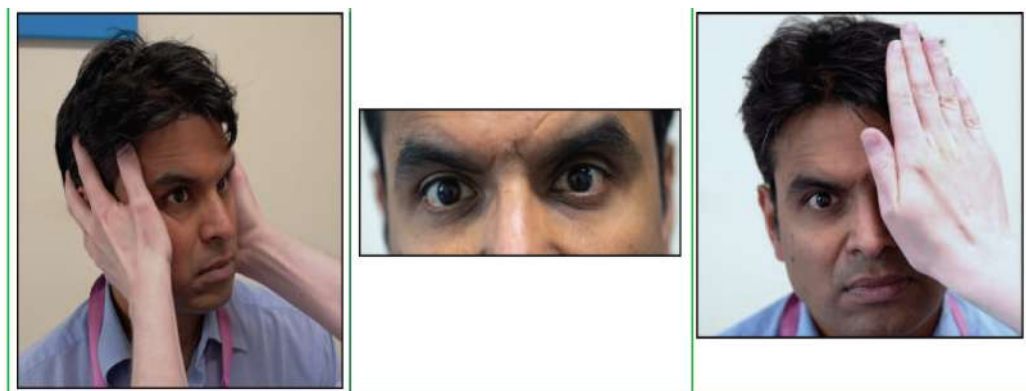
Why family medicine?

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.

Dizziness

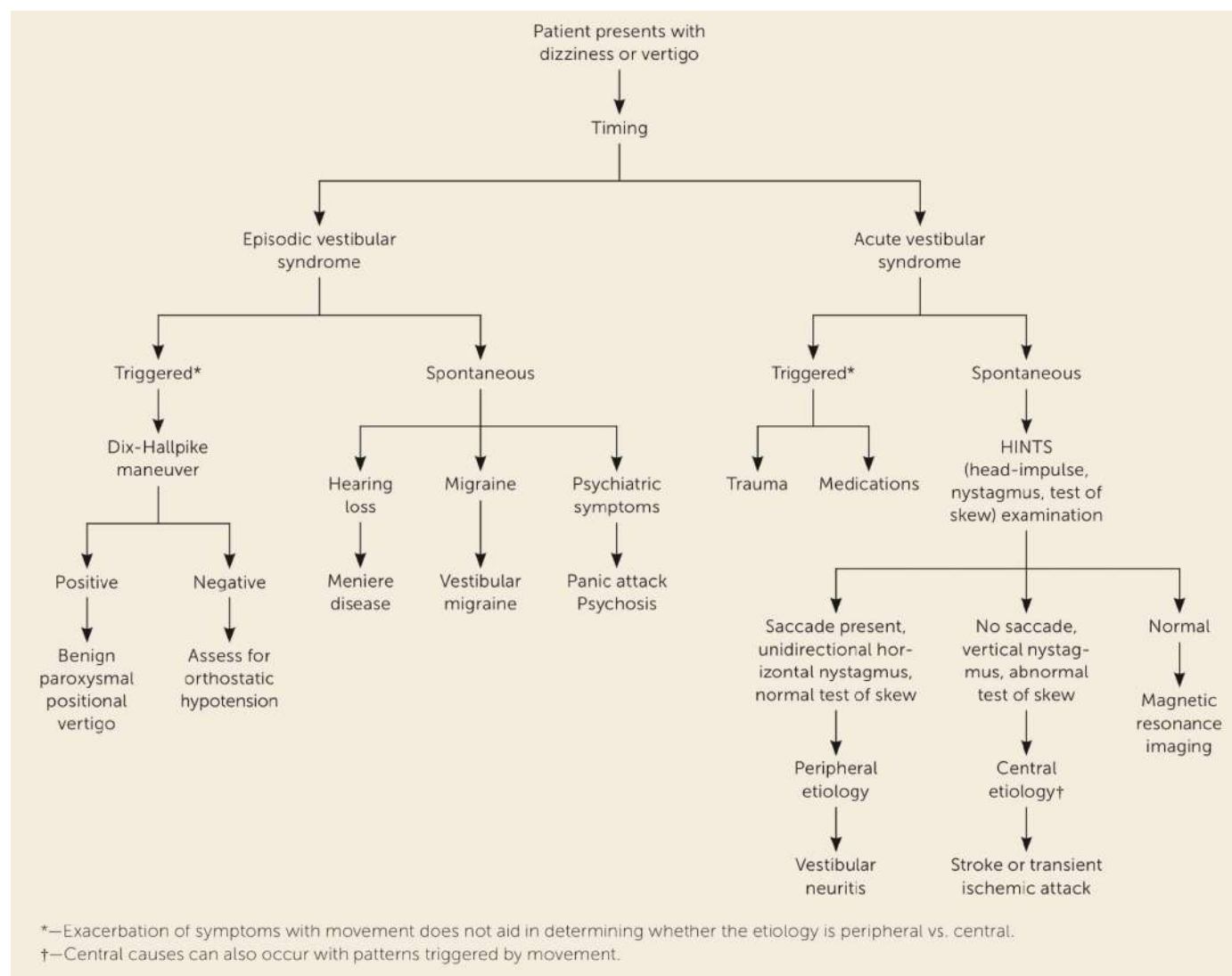
3) patient tested for spontaneous continuous vertigo, name of this test?

HINTS test



-If test were normal, next step?

MRI



Neuropathic diabetic ulcers



DM

4) what is your diagnosis ?
Neuropathic diabetic ulcer

-Periodically test to prevent it?

- Temperature discrimination or pinprick sensation (for small-fiber function)
- Vibration sensation using a 128 hertz (Hz) tuning fork (for large-fiber function).
- Light touch perception with 10-g monofilament testing to identify risk of ulceration and amputation

Adult health maintenance

5) at when strat screening ?
40 years old

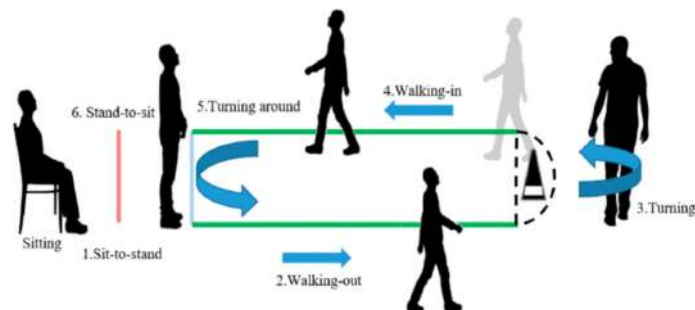
-Two another test ? CBE, SBE



Comprehensive geriatric assessment

6) Interruption for result if result 30sec?

20-30 seconds = walking and balance problems; cannot walk outside alone; requires walking aid, high risk of falls.



-2 interventions?

Fall prevention :

- Offer multifactorial interventions to all patients at high risk of falls focused on addressing individual, modifiable risk factors.
- Offer exercises that target strength, gait, balance, and functional exercises to prevent falls in all community-dwelling adults.
- Perform a medication review.
- Assessment of orthostatic vital signs.
- Vitamin D supplementation if patient has osteoporosis or vitamin D deficiency.
- Other interventions that may reduce the risk of falls in community-dwelling older adults include:
 - Prompt involvement of multidisciplinary team (such as physical or occupational therapy)
 - Home safety interventions
 - Footwear modification
 - Appropriate vision care

Fatigue

7) female with tiredness and unexplained fatigue, she has myalgia and headache and another physical exam is normal , what is your diagnosis ?

Chronic fatigue syndrome/idiopathic chronic fatigue

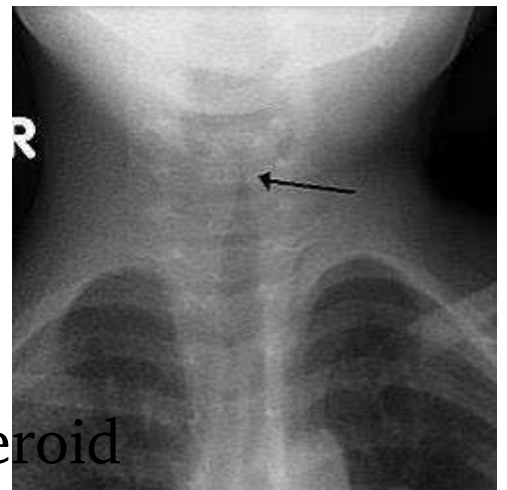
-4 initial investigations?

CBC,CK,TSH,chemistry

URTI

8)What is the name of this sign?

Steeple sign



-treatment ?oral steroid + inhaled steroid

Hypertension

9) 45 years old man with fluctuating hypertension, sometimes 121/80 and sometimes 150/90 he has neck pain also Give me 3 drugs can cause hypertension?

Drugs and other substances, including but not limited to:

- 1) Alcohol
- 2) Caffeine
- 3) Nonsteroidal anti-inflammatory drugs (NSAIDs)
- 4) Decongestants (for example, phenylephrine and pseudoephedrine)
- 5) Systemic corticosteroids
- 6) Immunosuppressants
- 7) Oral contraceptives
- 8) Antidepressants
- 9) Second-generation antipsychotics
- 10) Amphetamines
- 11) Herbal supplements (for example, Ma Huang and St. John's wort)
- 12) Recreational drugs (for example, "bath salts," cocaine, and methamphetamine)
- 13) Angiogenesis inhibitor (for example, bevacizumab) or tyrosine kinase inhibitors (for example, sunitinib and sorafenib)



-If his K:2.9 (3.5-5), what is your diagnosis ?
Hyperaldosteronism

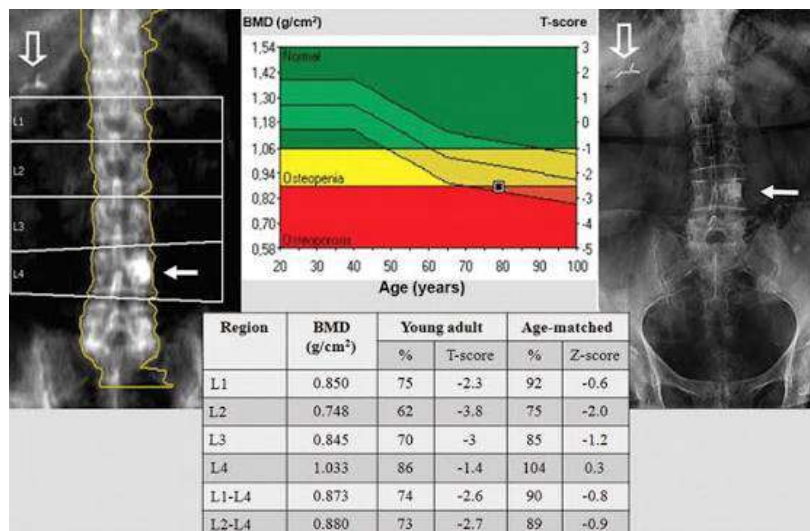
Osteoporosis

10) What is Tscore?

-2.6

-What is your diagnosis ?

Osteoporosis



Dyslipidemia

**11) 50 years old male with TG=600, HDL=30 and HTN, DM Co-morbidity, what is your first line drug?
Fibrate**

-Give me 2 life style modifications?

1) Diet

B) physical exercise

Dyspepsia

12) patient with postprandial fullness and early satiety for 6 months and has little improvement on PPI what is your diagnosis ?

Functional dyspepsia

Next step for treatment ?

TCA

Headache

13) bilateral band like headache for more than 15 days in month, what is your diagnosis?

Chronic tension headache

Two red flag for imaging?

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)
- Papilledema (mass lesion, meningitis)
- Headache subsequent head trauma (ICH, subdural hematoma)

Chest pain

14) what the name of this score?

Wells score

Table 5: Wells criteria for Pulmonary Embolism Risk Assessment. IMPORTANT!! to know the compor

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

-If result is 1.5 what is your next step?

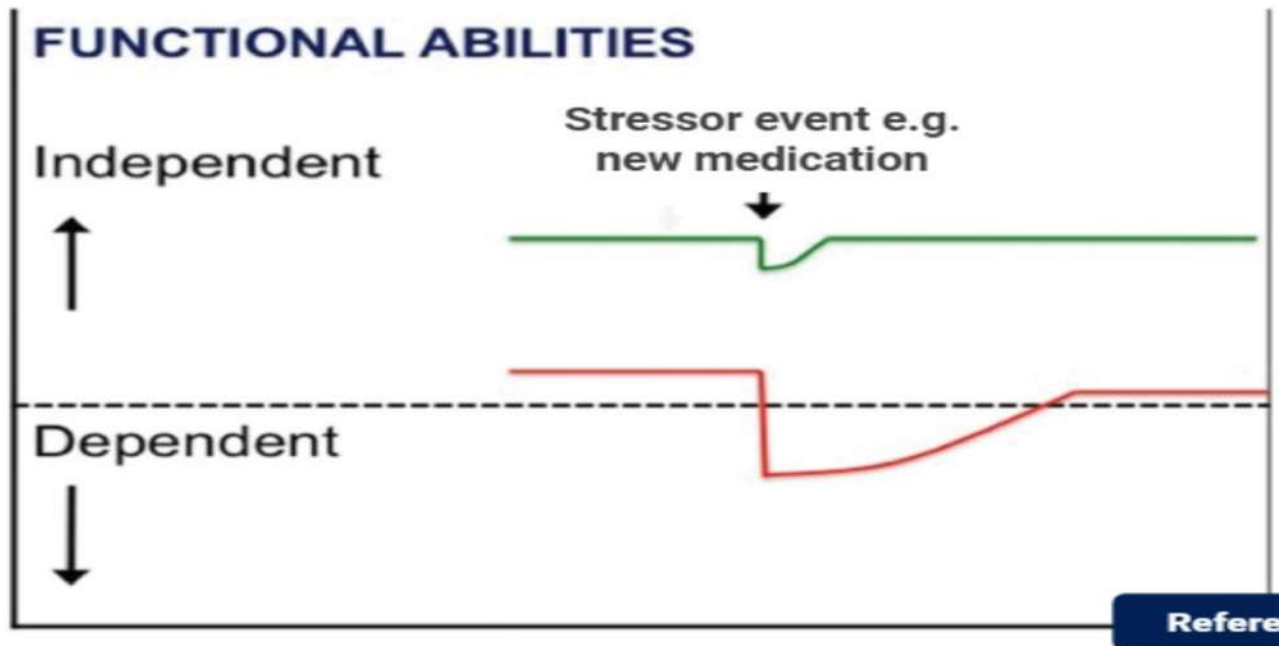
D-Dimer

Family Medicine mini OSCE

5th Nov 25

4th group Rauh

Done by Sarah Manasrah



Q1) The figure shows functional ability changes with stressor events and activities of daily living.

1_ Red line indicates? The red line indicates a person living with frailty who becomes dependent after a stressor event (e.g., new medication, illness).

2_ mention 3 interventions:



Q2) T score -3.6

1_ What's the name of this device? DEXA scan

2_ What is your diagnosis? severe osteoporosis

3_First line of treatment? Bisphosphonate

Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

Q3)1_what's the name of this screening test? PHQ-2 Screening Instrument for Depression

2_What is the cutoff score for a positive result? A score of 3 or more is considered a positive result.

Q4) Mention four principles of family medicine:

Holistic care ,Comprehensive care ,Continuity of care , collaboration of care

Q5) mention 3 differential diagnosis of severe epigastric pain:

Stomach Ulcer

Heartburn/ Indigestion

Pancreatitis, Gallstones

Epigastric hernia

Q6) A patient presents with early satiety and postprandial fullness occurring 3 days per week, along with epigastric pain. These symptoms have been ongoing for 6 months. H. pylori testing is negative, and she uses a PPI only as needed.

1_ What treatment would you start for this patient? Empirical proton pump inhibitor(PPI) once daily for 4-8 weeks.

2_ If the initial treatment fails to relieve her symptoms, what would be the next management step? Switch to tricyclic antidepressants (TCA)

Q7) An 85-year-old gentleman has been measuring his blood pressure at home and in the office over the past month. His readings range 160/70, 165/80,167/75 mmHg. He has no other medical conditions, and no laboratory or imaging tests have been done.

What is the most likely diagnosis for this patient? Isolated systolic hypertension

What is the most appropriate initial treatment for this patient? CCB or thiazides

Q8) A 75-year-old gentleman with a history of type 2 diabetes mellitus, chronic heart failure, and chronic kidney disease presents for routine follow-up and history of MI. He is currently adherent to his medications, which include an SGLT2 inhibitor.

1_ Mention 2 adverse effects:

- Increased risk of genital mycotic infections

-Necrotizing fasciitis of the perineum (Fournier gangrene)

2_ mention a reason for accepting a less stringent HbA1c target :
reduce the risk of hypoglycemia



Q9) according to the picture

1_ sign? Thumbprint sign

2_ Dx? Epiglottitis

Q10) A 28-year-old female presents to the clinic with a severe, throbbing headache on one side of her head, accompanied by nausea and vomiting. She also reports sensitivity to light (photophobia) and sound (phonophobia). She has no history of head trauma, fever, or neurological deficits.

Which of the following is the most likely diagnosis?

When suspect a secondary cause of headache? Mention 4:

- 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)

-Papilledema (mass lesion, meningitis)

-Headache subsequent head trauma (ICH, subdural hematoma) *

Q11) Patient with TG:600, LDL:100, CE:200, HDL:30

1_ What's the probable diagnosis? Dyslipidemia/ hypertriglyceridemia

2_ What is the most appropriate initial treatment for this patient? fibrate + lifestyle modifications

Q12) A 45-year-old male presents with acute onset of severe vertigo, nausea, and unsteadiness for the past 24 hours.

What is the result of this test that supports the diagnosis of vestibular neuritis?

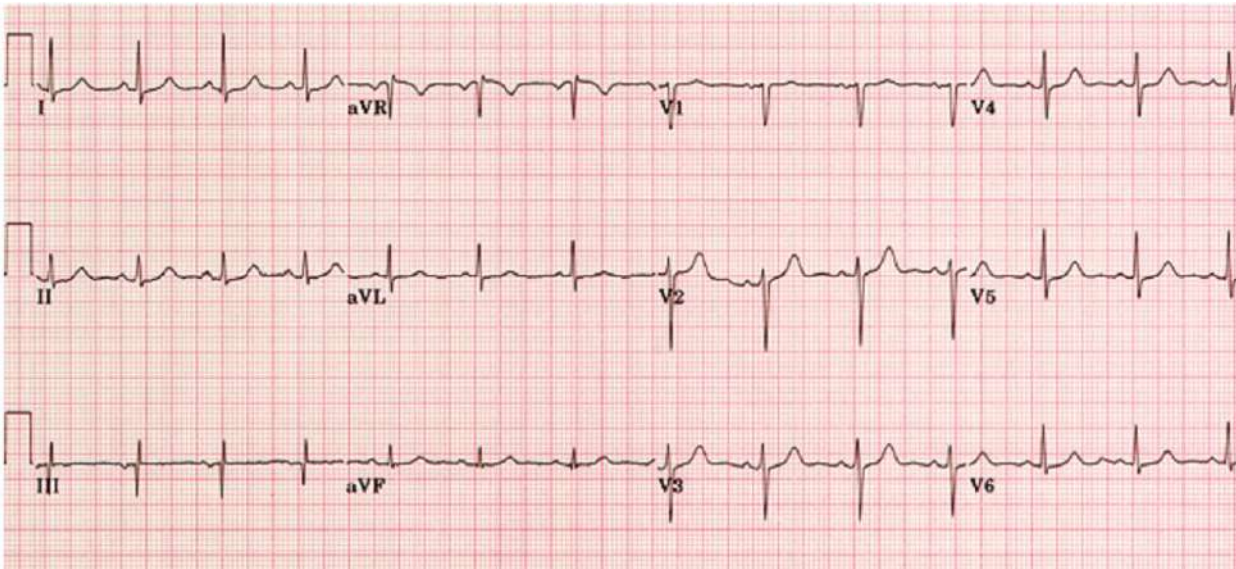
1. Head Impulse Test: Positive toward the affected side (corrective saccades)
2. Nystagmus: Unidirectional horizontal nystagmus (beats away from the affected ear)
3. Test of Skew: Negative (no vertical ocular misalignment).

Q13) A 35-year-old female presents with generalized tired and unspecific fatigue, severe headache, and diffuse body aches (myalgia) for the past 6 months. She reports that rest and sleep do not relieve her symptoms. She denies any comorbidities. There is no recent travel or sick contacts. She

also reports difficulty performing her daily activities due to profound tiredness.

What's the probable diagnosis?

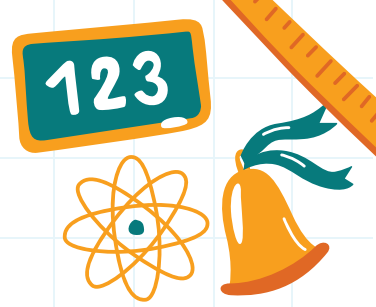
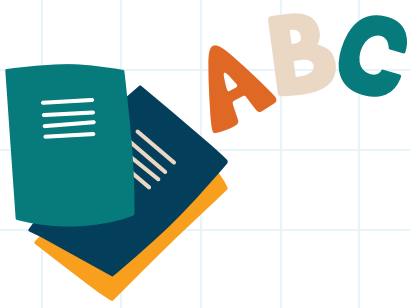
Mention 4 initial tests for undifferentiated diagnosis:



Q14) A 52-year-old male experienced a 10-minute episode of central chest heaviness with nausea and shortness of breath after strenuous exercise. The episode resolved with rest. He has had similar previous episodes, and cardiac enzymes were reassured.

1_ What's the probable diagnosis ? Stable Angina

2_ What is the NEW YORK HEART ASSOCIATION FUNCTIONAL CLASSIFICATION of this patient? class I



family medicine

abdominal pain

Q1- 3 Ddx for acute right lower abdomen pain

intro

Q2- 4 skill of family medicine doctor

DM

Q3- patient 85 years , DM , no co- morbidity and his kidney function normal

treatment for this patient? metformin

HBA1C level should be ? ≤ 8

Dizziness

Q4- picture for dix-hallpic examination

describe the vertigo that patient present with according to TiTrATE

If the test was negative, what is the next step? BP measures for orthostatic hypotension

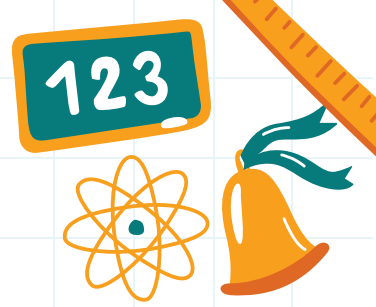
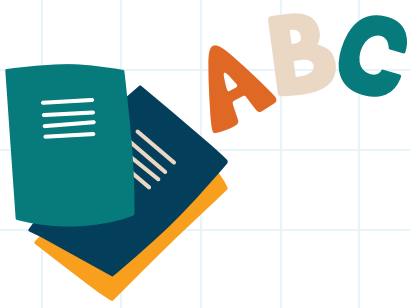
adult health maintenance

Q5- patient his father has colon cancer at 45 years

start screen at ? 35 years

colonoscopy screen every ?





osteoporosis

Q6- T- score -3

diagnosis? osteoporosis

dowger hump photo

chest pain

Q7- patient sudden chest pain heavy in nature while he watching

TV cardiac enzyme normal

ECG Picture

normal

diagnosis? unstable angina

dyspepsia

Q8- epigastric burning sensation sever at night fowel smell

at mouth

diagnosis? gastroesophageal reflux

first lab investigations?

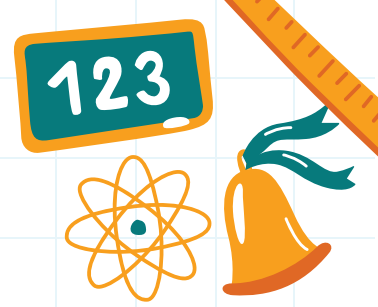
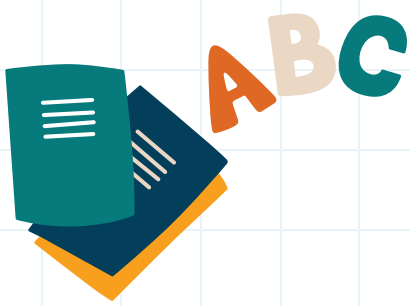
headache

Q9- worst headache ever

diagnosis? SAH

2 indication for images





geriatric assessment

Q10- 4AT TEST of dementia

what detect this test ?

2 cause for dementia

fatigue

Q11- male , 7 month duration of fatigue, all day sleepy , snoring, disturbed sleep

diagnosis? chronic fatigue syndrome

4 initial lab test

URTI

Q12- case of streptococcal pharyngitis and its manegment

dyslipidemia

Q13- diabetic patients, >40 years , risk >12% , LDL 160

manegment ? moderate intensity statin , life style modifications

hypertension

Q14- 3 medication for hypertension and maximum dose thiazide one of them

diagnosis? resistance hypertension

electrolytes disturbance in this patient?



Family Medicine Archive

***Family medicine
Mini-OSCE
Archive
Group 3***

EXAM DATE : 30/DEC/25

By : Abrar Abunawas

Rama Masarweh





Q1 Fatigue :

A patient complains of inability to initiate physical activity for more than 6 months. He also reports unrefreshing sleep and generalized myalgia.

A)What is the most likely diagnosis?

Chronic Fatigue Syndrome

B)List three basic investigations you would order for this patient ?

- TSH*
- cbc*
- ck-mb*



Q2 dyslipidemia :

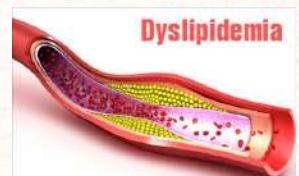
A 45-year-old patient has an LDL level of less than 165 mg/dL and an ASCVD risk score of 10%.

A)How should this patient be managed?

- lifestyle modification*
- moderate intensity statin*

B) When should this patient be referred to secondary care?

- suspected familial hypercholesterolemia*
- Intolerance to statin*





Q3 URTI :

Based on the image:

1. What is the name of the sign shown?

-Thumbprint sign

2. What condition does it indicate?

-Epiglottitis



Q4 Dyspepsia :



A patient presents with epigastric pain, postprandial fullness, neck pain, left shoulder tingling, and anemia. He is currently taking iron supplements.and medication for his neck pain .

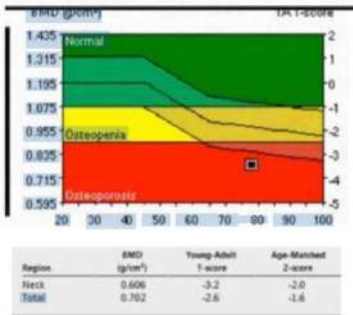
A)What is the most likely diagnosis ?

Drug induced dyspepsia

B)one contributing factor? *Due to 1)iron And*

2)NSAID for his neck pain





Q5 osteoporosis :



Based on the image:

A) What is the diagnosis?

Osteoporosis

B) What is the first-line treatment for this condition?

-bisphosphanate

Q6 Headache :



A patient presents with a bilateral headache, described as a feeling of pressure, lasting for more than 15 days.

A) What is the diagnosis?

-Chronic tension headache

B) What is the treatment for this condition?

Chronic treatment:

-TCA

-Occipital nerve block



Q7 Intro :

LIST FOUR ESSENTIAL SKILLS THAT A FAMILY MEDICINE PHYSICIAN SHOULD HAVE :

Communication skills

Preventive skills

Therapeutic skills

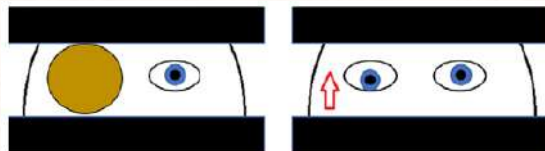
Resource management skills



Q8 Dizziness :



Positive Test of Skew
Vertical corrective movement



مش نفس الصور بالامتحان

WHAT IS THE NAME OF THIS TEST:

Test of Skew

WHAT IS YOUR DIAGNOSIS BASED ON THIS RESULT?

There is the central cause of vertigo(Stroke)





Q9 Abdominal pain :



A female patient with a history of an ovarian cyst presents to the emergency room with severe suprapubic abdominal pain. List four possible differential diagnoses?

UTI

PID

Ruptured ovarian cyst

ovarian torsion

Ectopic pregnancy

Q10 Adult health maintenance :

A 60-Year-Old Man with a 30-Year History of Smoking 1 Pack Per Day Presents for Evaluation. A)Would You Screen Him for Lung Cancer?

He is 60 years old,with a 30-pack-year smoking history so YES

B)List Four Vaccines You Would Recommend for Him

1. Influenza Vaccine - Annually

2. Tdap

3. Herpes Zoster

4. COVID-19



Q11 DM :

A 65-year-old gentleman presents with polyuria and weight loss. His random blood sugar is 310 mg/dL. You order an HbA1c, which is 11%.

A)What is your first-line choice of drug for this patient?

Insulin

B)Mention two possible side effects for this drug?

hypoglycemia & weight gain



Q12 HTN :

A 50-year-old man has normal blood pressure readings in the clinic, but home measurements show elevated blood pressure.

A)What is the most likely diagnosis?

Masked HTN

B)How to confirm your diagnosis?

Ambulatory blood pressure monitoring



Q13 Chest pain :

Score component	Assigned points
Age/gender (female \geq 65, male \geq 55)	1
Known clinical vascular disease	1
Patient assumes cardiac origin of pain	1
Pain worse with exercise	1
Pain not reproducible by palpation	1

1 point is assigned for each score variable. 3 different risk categories are derived:

low risk = 0-2 points; intermediate risk = 3 points; high risk 4-5 points.



A 45-year-old male presents with chest pain that is not related to exercise and is reproducible on palpation.

A)What is the name of this score?

Marburg score

B)Based on the score, what is your diagnosis?

Non-cardiac cause musculoskeletal pain

Q14 Geriatric health maintenance :

A)What is the name of this score?

Must score for nutritional status

B)Old Female Patient With Score 4. What's Your Interpretation?

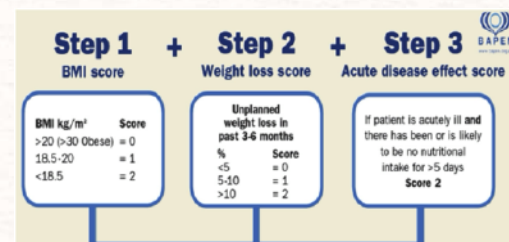
She is at high risk.

so treatment is:

1.Refer to dietitian, Nutritional Support Team or implement local policy

2,Set goals, improve and increase overall nutritional intake

*3.Monitor and review care plan. Hospital - weekly
Care Home - monthly. Community - monthly*





Family medicine

Archive Rouh

8th group

11/mar/2026

Prepared By

Sondos Dyab

Intro

mention 3 skill that a family medicine physician

should have :

communication

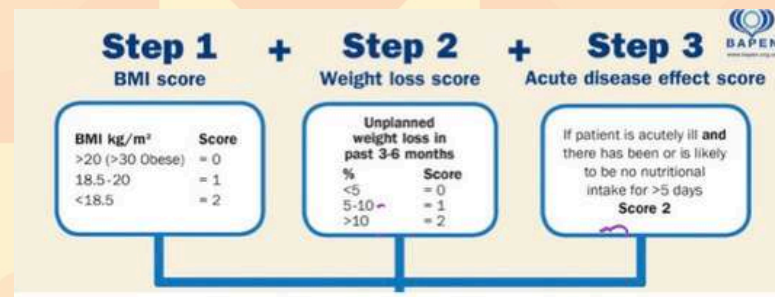
preventive

therapeutic

Geriatric health

Name the score :

Must score



if score was 3,whats your interpretation:

She is at high risk ..
so treatment is:

2 or more High Risk Treat*

- Refer to dietitian, Nutritional Support Team or implement local policy
- Set goals, improve and increase overall nutritional intake
- Monitor and review care plan
Hospital - weekly
Care Home - monthly
Community - monthly

* Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.

Chest pain

Name the score :

Wells

if result was 1.5,whats your next step :

D-dimer

Clinical signs and symptoms of DVT	<input checked="" type="checkbox"/>	No 0	Yes +3
PE is the #1 diagnosis OR equally likely	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	No 0	Yes +1.5
Hemoptysis.		No 0	Yes +1
Malignancy w/ treatment within six months or palliative.	<input checked="" type="checkbox"/>	No 0	Yes +1

HTN

A 50-YEAR-OLD MAN HAS NORMAL BLOOD PRESSURE READINGS IN THE CLINIC BUT HOME MEASUREMENTS SHOW ELEVATED BLOOD PRESSURE. WHAT IS THE MOST LIKELY DIAGNOSIS?

Masked HTN

HOW TO CONFIRM YOUR DIAGNOSIS?

Ambulatory blood pressure monitoring



Dyspepsia

patient with postprandial fullness and early satiety for 6 months and has no improvement on PPI (she uses it only when needed) what is your diagnosis?



Functional dyspepsia

Next step for treatment ?

PPI (4-8w) if fail TCA (8-12w) if fail prokinetic (4w)

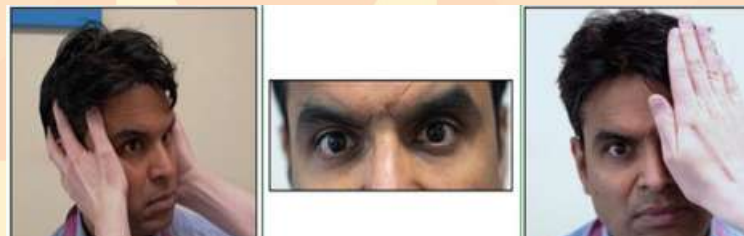
Dizziness

patient tested for spontaneous continuous vertigo, name of this test?

HINTS test

-If test were normal, next step?

MRI



DM

what is your diagnosis ?

Neuropathic diabetic ulcers



-Periodically test to prevent it?

- **Temperature discrimination or pinprick sensation (for small-fiber function)**
- **Vibration sensation using a 128 hertz (Hz) tuning fork (for large-fiber function).**
- **Light touch perception with 10-g monofilament testing to identify risk of ulceration and amputation**

Abdominal pain

Male with supra pupic pain ,

3 differential ?

Inguinal hernia

PID

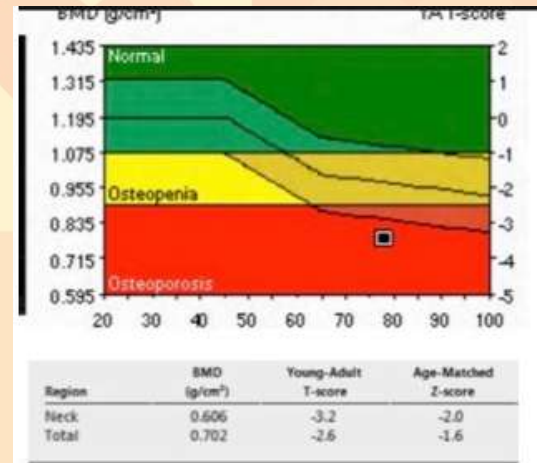
UTI



Osteoporosis

What is the diagnosis?

Osteoporosis



Advise patient that will use bisphosphonate:

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

Lung cancer

When to screening ?

tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. *دو تن دس کن اول*

Headache

Pt with severe headach ,neck rigidity,fever,
diagnosis ?

Meningitis

Mention another 2 red flag :

start after 50 of age

sudden onset severe headache



Fatigue

Mention 4symp of CFS ?

multijoint pain without swelling

muscle pain

sore throat

unrefreshing sleep



URTI

Child with tem 38.7, tonsils exudate, swollen submandibular LN , what's the score ?

4!

Diagnosis?

strep pharyngitis

Dyslipidemia

Case ٣ علامات

45 old man diabetic

LDL 195 , TGs 350, ASCVD risk score of 10%

how to manage ?



1-DM

A 65-year-old gentleman presents with polyuria and weight loss. His random blood sugar is 310 mg/dL. You order an HbA1c, which is 11%.

A) What is your first-line choice of drug for this patient? Insulin

B) Mention two possible side effects for this drug? hypoglycemia & weight gain

2-HTN

A 50-year-old man has normal blood pressure readings in the clinic, but home measurements show elevated blood pressure.

A) What is the most likely diagnosis? Masked HTN

B) How to confirm your diagnosis? Ambulatory blood pressure monitoring

3- Fatigue

4 initial investigations for Chronic Fatigue syndrome? CBC, LFT, KFT, TSH

4-List three differential diagnoses for acute suprapubic abdominal pain in a male? Acute appendicitis, UTI, inguinal hernia

5-Dyspepsia

A patient presents with early satiety and postprandial fullness

occurring 3 days per week, along with epigastric pain. These symptoms

have been ongoing for 6 months. H. pylori testing is negative, and she

uses a PPI only as needed.

A) Ddx? Functional dyspepsia

B) next management step? PPI 4-8 weeks if it didn't work switch to TCA

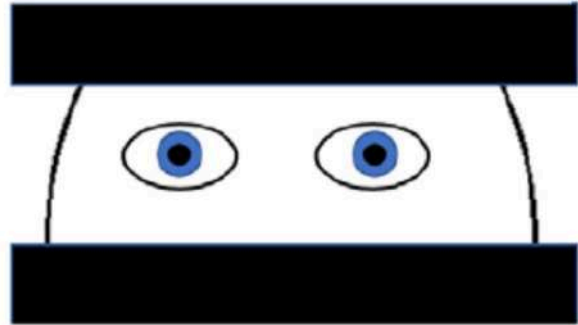
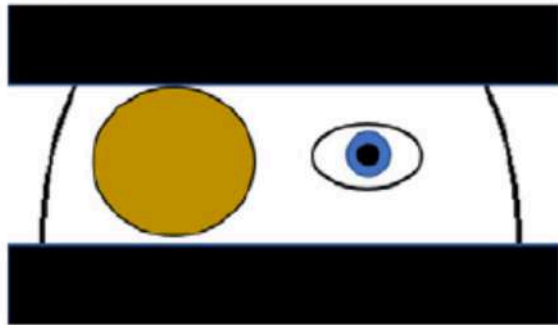
6-Adult health maintenance

Breast Cancer screening plan for a 30 yo female? Monthly: SBE, Annually: CBE, When she turns 40 she should start screening by a mammogram annually

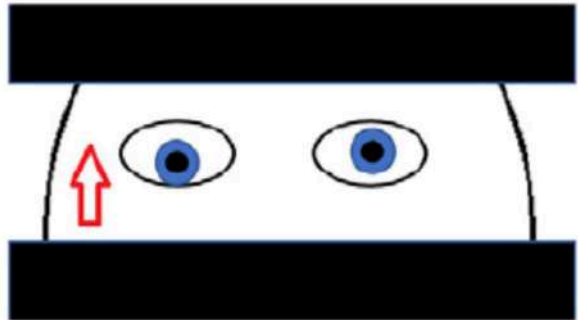
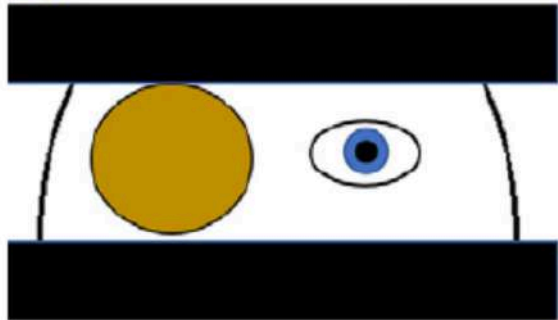
7- Dizziness

Based on the image:

3a.



3b.

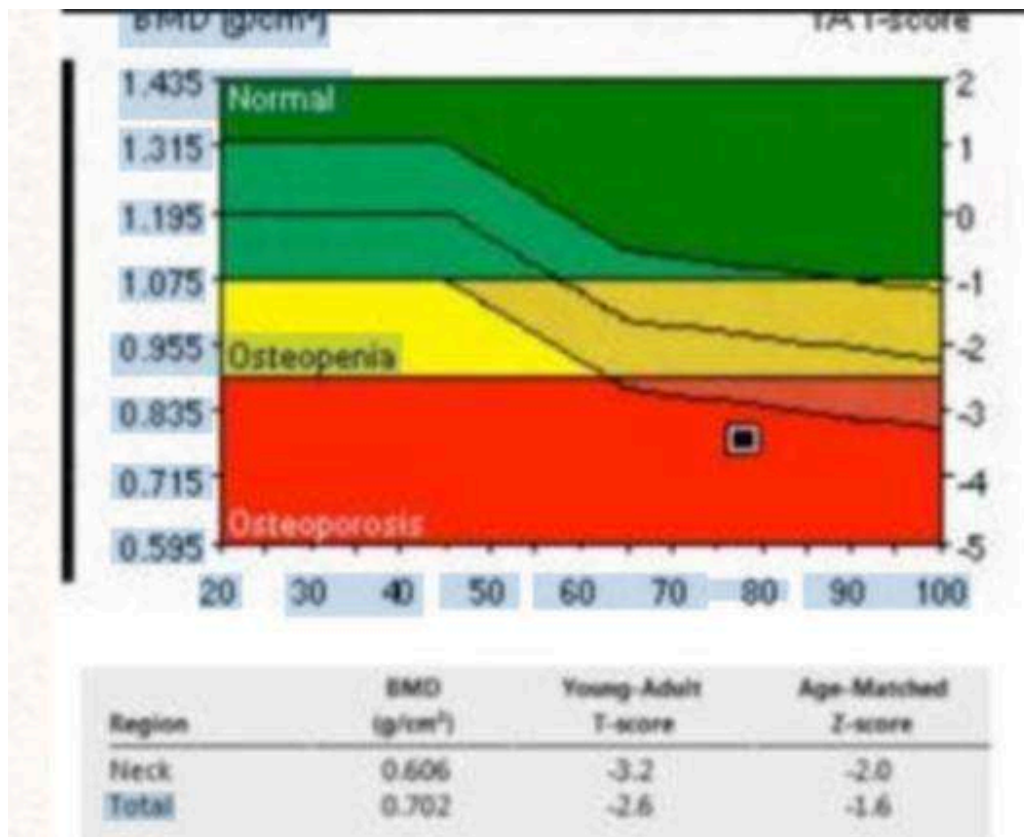


A) what is the name of this test? Test of Skew

B) What's your diagnosis based on the result? There is the central cause of vertigo (Stroke)

8- Osteoporosis

Based on the image:



A) What is the diagnosis? Osteoporosis

B) What is the first-line treatment for this condition? bisphosphonate

9-Introduction to FM

skills of a family medicine doctor?

Communication skills, Therapeutic skills, Preventive skills

10- Chest pain

Based on the image:

Wells Score Criteria Description	Points
Active Cancer (treatment within last 6 months or palliative)	+1 point
Calf swelling \geq 3 cm compared to asymptomatic calf (measured 10 cm below tibial tuberosity)	+1 point
Swollen unilateral superficial veins (non-varicose, in symptomatic leg)	+1 point
Unilateral pitting edema (in symptomatic leg)	+1 point
Previous documented DVT	+1 point
Swelling of entire leg	+1 point
Localized tenderness along the deep venous system	+1 point
Paralysis, parestia, or recent cast immobilization of lower extremities	+1 point
Recently bedridden \geq 3 days, or major surgery requiring regional or general anesthetic in the past 12 weeks	+1 point
Alternative diagnosis at least as likely	-2 points

A) Name of this criteria? Well's criteria

B) What is it for? Risk of PE in DVT patients

11- Headaches

A 17 yo male with sever headache, neck stiffness, fever.

A) What is the diagnosis? Meningitis

B) Give 2 other ddx for secondary headache? onset of headache > 50 yo , headache increase in frequency and intensity although treated

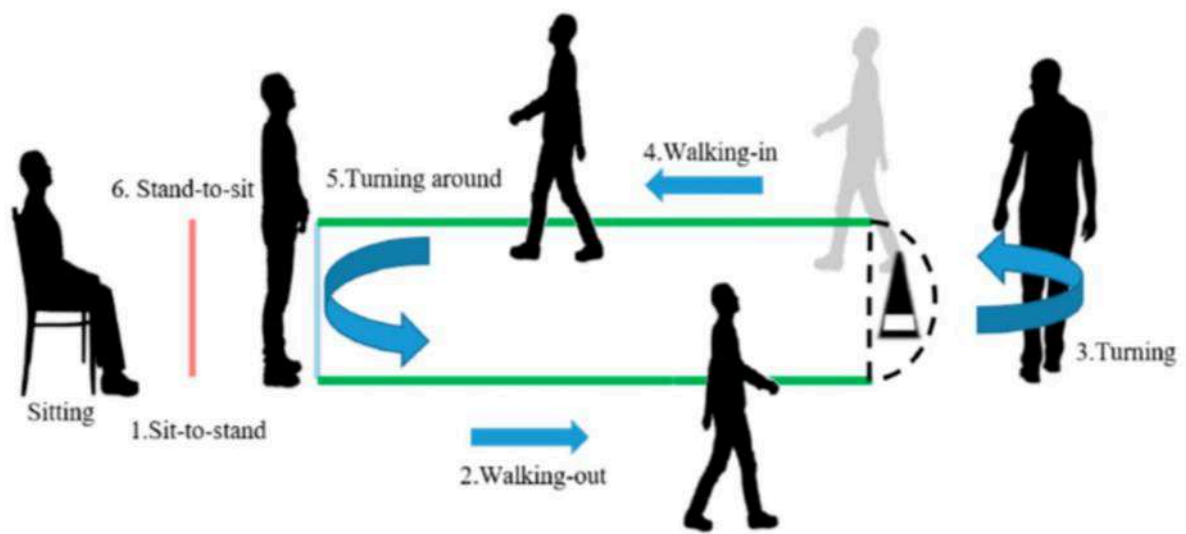
12-URTI

A) Diagnosis? Strep pharyngitis

B) Centor's? 4

13- Geriatrics

Based on the image:



A) what is the name of this test? time up and go test (TUG)

B) It's use for the assessment of what? Fall risk

14-Dyslipidemia

Non diabetic patient ASCVD 14%, LDL<190, TG=300 what's your management?
 Moderate intensity statin, lifestyle modification (weight loss, diet, exercise)