ABPMR

MOC 100

MOC exam practice questions

September 2015 release

These questions are provided by the ABPMR for study purposes only.
They are intended as a study tool for the Maintenance of Certification (MOC) Examination as a requirement for maintaining primary certification in physical medicine and rehabilitation (PM&R).

These are actual ABPMR MOC Examination questions, but they have been permanently removed from examination item banks and will no longer be used on any ABPMR examinations.

With the exception of these questions, the ABPMR does not share board exam questions with anyone.

1. Sustained weakness (beyond two months) after a single episode of nerve compression is usually a result of

   A. isolated paranodal demyelination without conduction block
   B. multifocal demyelination with conduction block
   C. demyelination with underlying Wallerian degeneration
   D. axonal stenosis

2. In a patient with an acute spinal cord injury (SCI), intermittent catheterization should be instituted

   A. within 24 hours of injury
   B. when regular, controlled fluid intake is occurring
   C. when spinal shock is resolved
   D. when the patient can perform self-catheterization

3. What is the expected outcome of effective exercise training in a pulmonary rehabilitation program for patients with chronic obstructive pulmonary disease (COPD)?

   A. Reduced need for supplemental oxygen
   B. Reduced dyspnea
   C. Improved radiologic status of the lung fields
   D. Slowed loss of forced expiratory volume

4. In a 35-year-old patient with Charcot-Marie-Tooth (CMT) disease, orthotic management will most likely consist of

   A. custom-molded, longitudinal arch supports
   B. an ankle-foot orthosis
   C. a knee cage brace
   D. a resting wrist splint set at 10 degrees of extension

5. What is the advantage of using closed kinetic chain exercises during the early stages of an anterior cruciate ligament (ACL) rehabilitation program?

   A. Improved targeting of the vastus medialis
   B. Decreased shear forces across the joint
   C. Improved terminal stretch
   D. Limited knee extensor synergist activity

6. One week after onset of Bell palsy, what is the most reliable electrodiagnostic parameter for predicting ultimate recovery?

   A. Quantity of fibrillation potentials present in the denervated muscles
   B. Recruitment abnormalities in the affected muscles
   C. Blink reflex latencies
   D. Side-to-side comparison of motor evoked amplitudes

7. In complex regional pain syndrome (CRPS) type I of the upper extremity, sympathetic versus nonsympathetic mediated pain is best differentiated by

   A. causalgia
   B. trophic changes
   C. vasomotor instability
   D. stellate blockade–induced pain relief

8. A 45-year-old woman presents with a three-month history of nonradicular low back pain but no history of trauma. X-rays show degenerative changes and grade 2 spondylolisthesis at L4-5. What is the best recommendation?

   A. Bed rest for two weeks
   B. Abdominal muscle strengthening
   C. Isokinetic back extension strengthening
   D. A polypropylene body jacket

9. Selection criteria for shunting for hydrocephalus after traumatic brain injury (TBI) include

A. enlargement of the sulci on computed tomography scan
B. deterioration in level of consciousness
C. lumbar cerebrospinal fluid pressure of 10 mm Hg
D. posttraumatic amnesia for more than 24 hours

10. When a patient with recent onset of hemiplegia shows progressive motor recovery from Brunnstrom Stage 1 to Brunnstrom Stage 3, what do you expect?

A. Decreasing tone and increasing isolated voluntary movements
B. Unchanged tone and increasing isolated voluntary movements
C. Decreasing tone and increasing synergistic movements
D. Increasing tone and increasing synergistic movements

11. A patient with restrictive lung disease and mild scoliosis from Duchenne muscular dystrophy (DMD) develops nocturnal hypoventilation. What is the initial treatment?

A. Incentive spirometry every four hours
B. Tracheostomy and nocturnal mechanical ventilation with positive pressure
C. Nocturnal supplemental low-flow oxygen
D. Nocturnal noninvasive positive airway pressure and short periods of daytime hyperinsufflation

12. A patient experiences pain and decreased motion in the right shoulder following a radical neck dissection for laryngeal carcinoma. On examination, you note atrophy and weakness of the ipsilateral trapezius. Passive range of motion (ROM) is normal; however, active ROM shows decreased shoulder abduction and decreased scapular rotation. Your therapy orders should emphasize strengthening exercises for the

A. rhomboids
B. pectoralis major
C. infraspinatus
D. latissimus dorsi

13. The most common abnormal urodynamic finding in stroke survivors is

A. detrusor-sphincter dyssynergia
B. the absence of urethral sphincter activity
C. low bladder compliance
D. detrusor hyperreflexia

14. What is the most common pathology underlying rotator cuff disorders in the nonathlete?

A. Deltoid atrophy
B. Subacromial impingement
C. Acromioclavicular arthritis
D. Bicipital tendon disorder

15. A 25-year-old restrained driver is involved in a head-on motor vehicle crash. Two weeks later, the individual complains of pain and paresthesias in the thigh. No loss of muscle strength is noted on examination, but there is a decrease in sensation in the symptomatic thigh. Which neuropathy is the most likely etiology for this patient's complaint?

A. Ilioinguinal
B. Obturator
C. Lateral femoral cutaneous
D. Saphenous

16. In an older adult who previously had polio, new weakness is most consistent with postpolio syndrome when it occurs

A. after recent disuse
B. in proximal muscle groups of both the upper and lower extremities
C. after recent weight gain
D. in the muscles most severely involved in the initial illness

17. A patient with low back pain of six weeks' duration has mild left calf atrophy, diminished plantar flexion strength, and absent Achilles reflex. Electrodiagnostic testing shows an absent H reflex; normal insertional activity in all muscles tested; moderately large amplitude, mildly polyphasic motor units in the left medial gastrocnemius, the lateral hamstring, and the gluteus maximus; and normal motor units elsewhere. What is the diagnosis?

A. Acute S1 radiculopathy
B. Old tibial neuropathy in the thigh
C. Old S1 radiculopathy
D. Lumbosacral polyradiculopathy

18. For patients with brain injuries who manifest agitation, carbamazepine is used because of its

A. mood-stabilizing effect
B. anticonvulsant effect
C. sedative effect
D. anti-anxiety effect

19. The prehensile function of a myoelectric hand simulates which grip pattern?

A. Three-jaw chuck
B. Lateral
C. Spherical
D. Power

20. Compared with conventional residual limb care for a patient with a transtibial amputation, the immediate postoperative rigid dressing technique

A. provides less effective pain control
B. promotes wound healing
C. exposes the residual limb to excessive trauma
D. provides less effective desensitization

21. Which musculoskeletal disorder is most appropriately treated with ultrasound?

A. Greater trochanteric bursitis following hip replacement
B. Postlaminectomy syndrome
C. Lateral hamstring tendinitis at the muscle origin
D. Plantar fasciitis associated with peripheral neuropathy

22. A 55-year-old multiparous woman with a history of mild stress urinary incontinence has significant urinary incontinence after a stroke. A cystometrogram performed with electromyographic monitoring of the external urinary sphincter is normal. Potentially useful pharmacologic interventions include

A. cholinergic agonists
B. alpha-adrenergic antagonists
C. beta-adrenergic antagonists
D. cholinergic antagonists

23. In a boutonniére deformity, the proximal interphalangeal (PIP) joint is in

A. extension and the distal interphalangeal joint is in hyperflexion
B. extension and the distal interphalangeal joint is in hyperextension
C. flexion and the distal interphalangeal joint is in hyperflexion
D. flexion and the distal interphalangeal joint is in hyperextension

24. A 71-year-old man on the rehabilitation unit recovering from hip replacement surgery has sudden onset of aphasia and right hemiparesis. What is the first diagnostic test to obtain?

A. Arterial blood gases
B. Electroencephalogram
C. Computed tomography scan
D. Magnetic resonance arteriogram

25. Which electrodiagnostic technique is most useful in diagnosing a radiculopathy?

A. Nerve conduction study
B. Late responses
C. Needle electromyography
D. Repetitive nerve stimulation

26. Recording of the F wave is particularly helpful early in the course of

A. cervical radiculopathy
B. acute inflammatory demyelinating polyradiculoneuropathy
C. diabetic peripheral polyneuropathy
D. critical illness polyneuropathy

27. Chronic radicular pain in patients with a spinal cord injury (SCI) is most effectively treated with

A. muscle relaxants
B. narcotic analgesics
C. anticonvulsants
D. nonsteroidal anti-inflammatory drugs

28. Which clinical disorder is most likely to produce detrusor hyperreflexia?

A. Poliomyelitis
B. Multiple sclerosis
C. Tabes dorsalis
D. Muscular dystrophy

29. After completing an independent medical evaluation on a patient with a work-related injury, you believe there is a 75% chance the described occurrence caused the patient's current symptoms. What is the appropriate legal term for the chance of causality?

A. Possible
B. Probable
C. Likely
D. Reasonable

30. A 50-year-old man with type 2 diabetes mellitus presents for evaluation of a swollen ankle. An examination demonstrates diminished pinprick sensation in a stocking pattern, absent ankle jerks, and a warm, erythematous right ankle with a mild effusion. What is the most likely diagnosis relating to the right ankle?

A. Charcot joint
B. Rheumatoid arthritis
C. Septic arthritis
D. Avascular necrosis

31. Postmenopausal women should ingest how many milligrams of calcium daily?

A. 500
B. 1000
C. 1200
D. 2000

32. Which wheelchair modification is best for a 90-year-old woman with a short right transfemoral amputation and a left transtibial amputation who has good upper extremity function?

A. Attendant-propelled geriatric chair
B. Tilt-in-space chair
C. Chair with the rear axle moved 3-5 cm posteriorly
D. Chair with 10-15 pounds of weight added to the foot rest

33. A concrete worker tells you he injured his knee at work one week ago. In records furnished from the day of injury, he reported that playing basketball caused the injury. Although you record this discrepancy, the workers' compensation insurance company accepts responsibility. The patient has no personal health insurance. You should

A. continue treating the patient
B. refuse treatment of the patient due to an inconsistent history
C. confront the patient with the medical records and insist the patient refuse workers' compensation benefits
D. insist on fee for service prior to treating the patient

34. What is the most important aspect of wound care for a diabetic foot ulcer?

A. Debridement of necrotic tissue
B. Oral antibiotics
C. Topical antiseptic application
D. Chemical corn/callus removal

35. Beneficence in the healthcare setting refers to

A. the basic medical services required by all people
B. respecting the values and beliefs of patients
C. how to distribute the burdens and benefits of living in society
D. promoting the health and well-being of patients

36. A patient complains of knee pain after falling on her flexed knee. Physical examination shows a positive "sag sign." Which ligament is injured?

A. Medial collateral
B. Lateral collateral
C. Anterior cruciate
D. Posterior cruciate

37. To reduce flexion hypertonicity at the elbow following a stroke, the muscles to be considered for botulinum toxin injection include the biceps brachii, brachialis, and

A. pectoralis major
B. teres major
C. coracobrachialis
D. brachioradialis

38. During an exercise tolerance test, what percent of the maximum heart rate is the usual target?

A. 65
B. 75
C. 85
D. 95

39. The best example of an open kinetic chain exercise of the quadriceps is

A. a stairclimbing machine
B. a wind-resistance exercise bicycle
C. an isokinetic knee extension machine
D. a treadmill inclined to 7 degrees

40. For geriatric patients in inpatient rehabilitation, what is the treatment of choice for short-term insomnia?

A. Amitriptyline
B. Diphenhydramine hydrochloride
C. Diazepam
D. Zolpidem tartrate

41. The most sensitive method available for early diagnosis of avascular necrosis of the hip is

A. magnetic resonance imaging
B. radionuclide bone scan
C. computed tomography scan
D. x-ray

42. Which provocative test evaluates both the hip and sacroiliac joints?

A. Straight leg raise (or Lasègue)
B. Patrick (or FABER)
C. Trendelenburg
D. Thomas, with resistance applied

43. What is the most common cause of lumbar stenosis?

A. Disk herniation
B. Vertebral compression fractures
C. Degenerative disk disease
D. Spondylolysis/spondylolisthesis

44. What is the best initial knee imaging study on a patient with suspected Osgood-Schlatter disease?

A. Magnetic resonance imaging
B. Computed tomography scan
C. Lateral radiograph
D. Skyline view radiograph

45. Which nerve is most commonly injured with traumatic anterior shoulder dislocations?

A. Axillary
B. Radial
C. Long thoracic
D. Thoracodorsal

46. When prescribing cervical traction for a patient with a radiculopathy, in which position should the neck be placed?

A. Full extension
B. Partial extension
C. Full flexion
D. Partial flexion

47. De Quervain disease is a tenosynovitis of the

A. extensor pollicis longus and extensor pollicis brevis
B. extensor pollicis longus and flexor pollicis longus
C. abductor pollicis longus and extensor pollicis brevis
D. adductor pollicis brevis and extensor pollicis brevis

48. A 28-year-old man develops insidious onset of chronic low back pain with morning stiffness. A diagnosis of ankylosing spondylitis requires

A. radiographic demonstration of sacroiliac joint abnormality
B. a positive HLA-B27 test
C. ophthalmologic confirmation of acute anterior uveitis
D. an elevated erythrocyte sedimentation rate

49. What is a contraindication for superficial heat?

A. Joint replacement
B. Hematoma
C. Superficial thrombophlebitis
D. Sensory deficit

50. The proper length for a cane should be measured with the elbow in which position?

A. Full extension
B. 20 degrees of flexion
C. 45 degrees of flexion
D. 90 degrees of flexion

51. A 28-year-old patient with T2 paraplegia complains of symptoms of autonomic dysreflexia during her bowel routine. Which treatment is the best next step?

A. CO_2 suppositories
B. Topical anesthetic application
C. Digital stimulation with glycerin
D. Bisacodyl enemas

52. Mallet finger deformity results from rupture of the

A. extensor tendon insertion
B. profundus tendon
C. distal collateral ligaments
D. extensor indicis muscle

53. In addition to magnetic resonance imaging (MRI), which test may help establish the diagnosis of multiple sclerosis (MS)?

A. Electromyography
B. Myelogram
C. Sedimentation rate
D. Cerebrospinal fluid analysis

54. What is the most common site of cerebral contusion following a traumatic brain injury (TBI)?

A. Temporal lobe
B. Occipital lobe
C. Corpus callosum
D. Midbrain

55. Which clinical feature puts a patient with a traumatic brain injury (TBI) at greatest risk for developing posttraumatic epilepsy?

A. Penetrating injury
B. Intracranial hematoma
C. Subdural hematoma
D. Prolonged coma

56. Which condition would qualify as an impairment according to the International Classification of Function (ICF)?

A. Short stature
B. Loss of hearing due to occupational exposure
C. Inability to work due to chronic illness
D. Inability to walk one block

57. A patient recently fell onto her outstretched hand with the wrist dorsiflexed and radially deviated. Physical examination is suggestive of a scaphoid fracture. Radiographs of the wrist and hand, including special scaphoid views, are negative. The appropriate initial treatment is

A. observation
B. an elastic bandage (eg, Ace wrap)
C. a cast or splint
D. operative intervention

58. Which wheelchair feature is useful for a person with hemiplegia?

A. Asymmetric arm rests to prevent anterior glenohumeral subluxation
B. Donut cushion to prevent pressure ulcers
C. Low seat height to facilitate steering
D. Heavy frame to prevent tipping

59. What is the most common diagnosis in young female gymnasts with chronic back pain?

A. Spondylosis
B. Spondylolysis
C. Spondylitis
D. Spondylolisthesis

60. A 33-year-old cab driver was involved in a rear-end motor vehicle crash and hit his knee against the dashboard. He presents with a six-week history of knee pain, a positive posterior drawer sign, and difficulty walking down inclines. What is the most important muscle group to strengthen?

A. Knee flexors
B. Knee extensors
C. Hip flexors
D. Hip extensors

61. Clinical findings resulting from the lesion demonstrated in the accompanying cranial computed tomography (CT) scan are

A. right hemiparesis and aphasia
B. left hemiparesis and left hemineglect
C. right hemiataxia and dysphagia
D. left hemiataxia and dysphagia

62. Which exercise has the greatest effect on bone formation?

A. Weight lifting
B. Cycling
C. Swimming
D. Tai Chi stretching

63. On needle electromyography, a normal, fully relaxed muscle typically shows

A. small amplitude polyphasic motor units
B. positive sharp waves
C. electrical silence
D. fibrillation potentials

64. Information obtained from the tibial H reflex to the triceps surae is most helpful in the diagnosis of

A. tibial nerve injury at the tarsal tunnel
B. tibial nerve injury in the distal thigh
C. L5 radiculopathy
D. S1 radiculopathy

65. What is the mechanism of heating with hot packs?

A. Conduction
B. Convection
C. Conversion
D. Radiation

66. During ambulation using a transfemoral prosthesis, a patient raises his entire body (vaults) with plantar flexion of the sound foot during the swing phase of the prosthetic extremity. To decrease the vaulting, you should

A. lengthen the prosthesis
B. tighten the socket suspension
C. set the prosthetic foot in a few more degrees of plantar flexion
D. add a knee extension aid

67. Electrodiagnostic testing on a patient with carpal tunnel syndrome reveals prolonged median sensory latencies, prolonged median motor distal latencies, and thenar muscle partial denervation. Which additional finding is likely?

A. Hypothenar denervation
B. C7 myotome denervation
C. Reduced median motor evoked amplitude
D. Uniform median motor forearm slowing

69. Which medication should be recommended for the patient in this video?

A. Benztropine
B. Carbidopa/levodopa
C. Pyridostigmine
D. Baclofen

A video file accompanies this item. On the computer-based exam, a video would be automatically displayed here.

Please visit https://vimeo.com/140451104 to view the video.

70. A patient with a moderately severe traumatic brain injury (TBI) made gradual improvements over two months but then developed a shuffling gait and has stopped initiating conversations. What is the most likely diagnosis?

A. Communicating hydrocephalus
B. Meningitis
C. Depression
D. Temporal lobe seizure

71. A high titer of antibody to double-stranded DNA is specific for

A. scleroderma (systemic sclerosis)
B. Sjögren syndrome
C. systemic lupus erythematosus
D. mixed connective tissue disorder

72. What is the most common cause of knee pain in runners?

A. Diskoid meniscus
B. Hamstring tendinitis
C. Baker cyst
D. Patellofemoral pain syndrome

73. The neurologic examination of a patient with T6 spinal cord injury (SCI) reveals no motor function below T6, but sensory sparing in the sacral segments. This patient would be classified as American Spinal Injury Association (ASIA) Impairment Scale grade

A. A
B. B
C. C
D. D

74. A patient with osteoarthritis presents with pain in the carpometacarpal joint of the thumb. What is the most appropriate splint?

A. Ring
B. Resting hand
C. Spring coil extension assist
D. Thumb spica

75. The test demonstrated in this video is designed to elicit symptoms from which nerve?

A. Deep peroneal (fibular)
B. Superficial peroneal (fibular)
C. Tibial
D. Sural

A video file accompanies this item. On the computer-based exam, a video would be automatically displayed here.

Please visit https://vimeo.com/140451103 to view the video.

76. During a trial of a new antispasticity medication, a preliminary analysis of results indicates that subjects treated with the medication have significantly more gastric ulcers than the control population. The study is suspended immediately. This action indicates respect for which ethical principle?

A. Autonomy
B. Nonmaleficence
C. Beneficence
D. Justice

77. Which level is the most common site of spinal cord injury (SCI) in an elderly patient?

A. Cervical
B. Upper thoracic
C. Lower thoracic
D. Lumbosacral

78. A 14-year-old boy presents with a three-month history of knee pain. The pain is most marked in the area of the tibial tubercles bilaterally and it increases with activity. Physical examination is unremarkable. What is the likely diagnosis?

A. Patellar tendinitis
B. Osgood-Schlatter disease
C. Patellofemoral arthritis
D. Rheumatoid arthritis

79. One week after a patient began a resistance/strengthening program, you note a 15% increase in the force of their maximum voluntary contraction. This is most likely secondary to a change in the

A. motor unit recruitment pattern
B. number of myofibrils
C. number of muscle fibers present
D. fiber density

80. A 57-year-old man sustained a stroke one year ago. He now has good voluntary control of the affected arm, with elbow and shoulder strength at 4/5, wrist extension at 2+/5, finger extension at 2-/5, and fair grip. Tone is minimally increased throughout the arm and sensation is intact. What is the most effective means of improving his hand function?

A. Restraining the unaffected hand during activities of daily living
B. Electromyographic biofeedback for the wrist extensors
C. Alternating hot and cold stimulation to the affected hand
D. Intensive training of the unaffected hand in one-handed techniques

81. According to the Boston Classification System of Aphasia, the fluent aphasia associated with phonemic and semantic paraphasia and poor comprehension is

A. transcortical
B. anomia
C. conduction
D. Wernicke

82. A 17-year-old football player sustained a noncontact knee injury while planting his leg to make a cut. He heard a pop and felt his knee buckle. What is the most sensitive clinical test to establish the diagnosis?

A. Posterior drawer
B. McMurray
C. Lachman
D. Anterior drawer

83. What is the most common site for osseous metastasis?

A. Ribs
B. Pelvis
C. Long bones
D. Spine

84. A 42-year-old receptionist has a two-year history of severe radial wrist pain which is worse with pinching activities. Job modification, extensive physical therapy, and multiple cortisone shots have failed to provide much relief. What is the best recommendation?

A. Wrist arthrodesis
B. Referral to a pain program
C. Wrist tendon lengthening surgery
D. Surgical decompression of the first extensor compartment

85. According to The Joint Commission patient safety guidelines for abbreviations, which order is written appropriately?

A. 50 µ
B. 5.0 µg
C. 0.5 mg
D. .05 mg

86. According to World Health Organization (WHO) classification, an example of an impairment is

A. ischemic brain damage
B. weakness of one arm
C. loss of ability to get dressed
D. need for an ankle-foot orthosis to walk

87. According to the American Spinal Injury Association (ASIA) International Standards for Neurological Classification of Spinal Cord Injury, what is the key muscle defining motor level L4?

A. Peroneus (fibularis) longus
B. Extensor hallucis longus
C. Vastus medialis
D. Tibialis anterior

88. The long-term consequences of high bladder outlet resistance in children with myelomeningocele include

A. flaccid detrusor
B. retrograde ejaculation
C. ureteral dilatation
D. increased bladder compliance

89. A 30-year-old man presents with low back, knee, and ankle pain of two months' duration. He also has had burning on urination. Physical examination reveals a rash over the palms and soles. Sacroiliitis is present on radiographs. The clinical diagnosis is

A. ankylosing spondylitis
B. psoriatic arthropathy
C. gonococcal arthritis
D. reactive arthritis (Reiter disease)

90. An expected motor conduction abnormality in severe radiculopathy is

A. prolonged distal latency
B. decreased amplitude
C. slowed velocity
D. abnormal temporal dispersion

91. The primary means of heat transfer with the use of hydrotherapy is

A. conduction
B. convection
C. conversion
D. radiation

92. Which type of aphasia is characterized by nonfluency, an intact ability to repeat, and intact comprehension?

A. Broca
B. Transcortical motor
C. Wernicke
D. Transcortical sensory

93. Which class of medication is the first choice for the treatment of Raynaud phenomenon?

A. Angiotensin-converting enzyme inhibitors
B. Beta blockers
C. Calcium channel blockers
D. Angiotensin II receptor antagonists

94. After Alzheimer disease, the most frequent dementia in the elderly is secondary to

A. subdural hematoma
B. drug toxicity
C. multiple infarcts
D. occult hydrocephalus

95. An example of closed kinetic chain exercise for the quadriceps is

A. a partial squat
B. an isometric quadriceps set
C. knee extension on a stacked-weight machine
D. knee extension on an isokinetic machine (eg, Cybex)

96. The Functional Independence Measure (FIM) assesses

A. participation restrictions
B. prognosis
C. impairment
D. activity limitations

97. The neurodevelopmental training technique in stroke management

A. facilitates tone on the spastic hemiplegic side
B. uses a cuff shoulder sling
C. requires restricting voluntary movement of the unaffected extremity
D. attempts to inhibit tone in the spastic hemiplegic extremity

98. Based on genetic susceptibility, a higher than expected association exists between traumatic brain injury (TBI) and

A. normal pressure hydrocephalus
B. multiple sclerosis
C. glioblastoma multiforme
D. Alzheimer disease

99. Which treatment is most appropriate for acute traumatic trochanteric bursitis?

A. Ultrasound
B. Corticosteroid injection
C. Ice packs
D. Hot packs

100. The increase in peristalsis in the large and small intestines in response to a meal is called the

A. colocolic response
B. gastrocolic response
C. anocolic response
D. duodenocolic response

1. CORRECT ANSWER: **C**

   Content specification: Nerve & Muscle Disorders

   Reference: Sumner, The Philosophy of Peripheral Nerve Disease. 1980, page 288.

2. CORRECT ANSWER: **B**

   Content specification: Spinal Cord Injury Medicine

   Reference: Kirshblum S et al. Spinal Cord Medicine. 2nd ed. 2011, page 221.

3. CORRECT ANSWER: **B**

   Content specification: CV, Pulmonary, & Cancer Rehab

   Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 4th ed. 2005, page 547.

4. CORRECT ANSWER: **B**

   Content specification: Prosthetics, Orthotics & Assistive Devic

   Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 4th ed. 2005, page 898.

5. CORRECT ANSWER: **B**

   Content specification: Sports Medicine

   Reference: DeLee JC et al. DeLee & Drez's Orthopaedic Sports Medicine: Principles and Practice. 3rd ed. 2010, page 2043.

6. CORRECT ANSWER: **D**

   Content specification: Electrodiagnosis

   Reference: Dumitru D, et al. Electrodiagnostic Medicine. 2nd ed. 2002, page 232.

7. CORRECT ANSWER: **D**

   Content specification: Pain Management

   Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 4th ed. 2005, page 520.

*Content specification refers to question classification. Content specifications will be updated soon to match the new MOC Examination Outline, which is included at the end of this document.

8. CORRECT ANSWER: **B**

Content specification: Pain Management

Reference: Braddom RL, ed. Physical Medicine and Rehabilitation. 2nd ed. 2000, page 873.

9. CORRECT ANSWER: **B**

Content specification: Brain Disorders

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 5th ed. 2010, page 1689.

10. CORRECT ANSWER: **D**

Content specification: Stroke Rehabilitation

Reference: Braddom RL, ed. Physical Medicine and Rehabilitation. 4th ed. 2011, page 419.

11. CORRECT ANSWER: **D**

Content specification: CV, Pulmonary, & Cancer Rehab

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 4th ed. 2005, page 1849.

12. CORRECT ANSWER: **A**

Content specification: Pain Management

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 5th ed. 2010, page 1170.

13. CORRECT ANSWER: **D**

Content specification: Stroke Rehabilitation

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 5th ed. 2010, page 1351.

14. CORRECT ANSWER: **B**

Content specification: Musculoskeletal & Soft Tissue Disorders

Reference: Braddom RL, ed. Physical Medicine and Rehabilitation. 2nd ed. 2000, page 792.

*Content specification refers to question classification. Content specifications will be updated soon to match the new MOC Examination Outline, which is included at the end of this document.

15. CORRECT ANSWER: **C**

Content specification: Pain Management

Reference: Gonzalez EG et al. Downey and Darling's Physiological Basis of Rehabilitation Medicine. 3rd ed. 2001, page 1451.

16. CORRECT ANSWER: **D**

Content specification: Nerve & Muscle Disorders

Reference: Lin VW et al. Spinal Cord Medicine: Principles and Practice. 2nd ed. 2010, page 420.

17. CORRECT ANSWER: **C**

Content specification: Electrodiagnosis

Reference: Wilbourn, AJ and Aminoff, MJ (1988), AAEE Minimonograph #32: The electrophysiologic examination in patients with radiculopathies. Muscle Nerve, Vol 11, Issue 11, 1988, page 7.

18. CORRECT ANSWER: **A**

Content specification: Brain Disorders

Reference: Mysiw, WJ, Sandel ME, The agitated brain inured patient. Part 2: pathophysiology and treatment. Archives of Physical Medicine and Rehabilitation 1997; 78, page 2135.

19. CORRECT ANSWER: **A**

Content specification: Prosthetics, Orthotics & Assistive Devic

Reference: Braddom RL, ed. Physical Medicine and Rehabilitation. 3rd ed. 2007, page 72.

20. CORRECT ANSWER: **B**

Content specification: Musculoskeletal & Soft Tissue Disorders

Reference: Braddom RL, ed. Physical Medicine and Rehabilitation. 3rd ed. 2007, page 270.

21. CORRECT ANSWER: **C**

Content specification: Physiatric Therapeutics

Reference: Braddom RL, ed. Physical Medicine and Rehabilitation. 2nd ed. 2000, page 447.

*Content specification refers to question classification. Content specifications will be updated soon to match the new MOC Examination Outline, which is included at the end of this document.

22. CORRECT ANSWER: **D**

Content specification: Stroke Rehabilitation

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 5th ed. 2010, page 1358.

23. CORRECT ANSWER: **D**

Content specification: Geriatric Rehabilitation

Reference: Braddom RL, ed. Physical Medicine and Rehabilitation. 4th ed. 2011, page 835.

24. CORRECT ANSWER: **C**

Content specification: Geriatric Rehabilitation

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 4th ed. 2005, page 1661.

25. CORRECT ANSWER: **C**

Content specification: Electrodiagnosis

Reference: Wilbourn, AJ and Aminoff, MJ (1998), AAEE Minimonograph #32: The electrodiagnositec examination in patients with radiculopathies. Muscle Nerve, Vol 21, Issue 12, 1998, page 1618.

26. CORRECT ANSWER: **B**

Content specification: Electrodiagnosis

Reference: Dumitru D, et al. Electrodiagnostic Medicine. 2nd ed. 2002, page 761.

27. CORRECT ANSWER: **C**

Content specification: Spinal Cord Injury Medicine

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 4th ed. 2005, page 523.

28. CORRECT ANSWER: **B**

Content specification: Electrodiagnosis

Reference: Braddom RL, ed. Physical Medicine and Rehabilitation. 3rd ed. 2007, page 1237.

*Content specification refers to question classification. Content specifications will be updated soon to match the new MOC Examination Outline, which is included at the end of this document.

29. CORRECT ANSWER: **B**

Content specification: Industrial Rehabilitation

Reference: Weinstein, SM, et al. Industrial Rehabilitation Medicine. 3. Case Studies in Upper Extremity Cumulative Trauma Disorders. Archives of Physical Medicine and Rehabilitation 1997; 78(3), page S-24.

30. CORRECT ANSWER: **A**

Content specification: Joint & Connective Tissue Disorders

Reference: Musculoskeletal Radiology Quiz: What the Films Show: Neuroarthropathy. J Musculoskeletal Medicine, Vol 13(4), April, 1996, page 60.

31. CORRECT ANSWER: **C**

Content specification: Musculoskeletal & Soft Tissue Disorders

Reference: Lim, PA. Brander, VA, et al. Rehabilitation of Orthopedic and Rheumatologic Disorders. Archives of PM&R. Vol 81, March 2000, page S-55.

32. CORRECT ANSWER: **C**

Content specification: Geriatric Rehabilitation

Reference: Tan, Jackson, C., Practical manual of Physical Medicine and Rehabilitation. 1st ed.,1998, pages 313-315.

33. CORRECT ANSWER: **A**

Content specification: Industrial Rehabilitation

Reference: Sliwa, JA., et al. Clinical Ethics in Rehabilitation Medicine. American Journal of Physical Medicine and Rehabilitation. 2002 Vol 81:9, page 713.

34. CORRECT ANSWER: **A**

Content specification: Nerve & Muscle Disorders

Reference: Bowering CK. Diabetic foot ulcers. Pathophysiology, assessment and therapy. Canadian Family Physician. Issue 47, 2001, pages 1007, 1014.

35. CORRECT ANSWER: **D**

Content specification: Health Maintenance & Prevention

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 5th ed. 2010, page 502.

*Content specification refers to question classification. Content specifications will be updated soon to match the new MOC Examination Outline, which is included at the end of this document.

36. CORRECT ANSWER: **D**

Content specification: Sports Medicine

Reference: DeLee JC et al. DeLee & Drez's Orthopaedic Sports Medicine: Principles and Practice. 3rd ed. 2010, page 1690.

37. CORRECT ANSWER: **D**

Content specification: Stroke Rehabilitation

Reference: Bell KR, William F. Use of BotuLin VW et al. Spinal Cord Medicine: Principles and Practice. 2nd ed. 2010um Toxin Type A and Type B for Spasticity in Upper and Lower Limbs. Physical Medicine and Rehabilitation Clinics of North America. 2003, pages 828-829.

38. CORRECT ANSWER: **C**

Content specification: CV, Pulmonary, & Cancer Rehab

Reference: Braddom RL, ed. Physical Medicine and Rehabilitation. 3rd ed. 2007, page 714.

39. CORRECT ANSWER: **C**

Content specification: Sports Medicine

Reference: DeLee JC et al. DeLee & Drez's Orthopaedic Sports Medicine: Principles and Practice. 3rd ed. 2010, page 256.

40. CORRECT ANSWER: **D**

Content specification: Geriatric Rehabilitation

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 5th ed. 2010, page 1571.

41. CORRECT ANSWER: **A**

Content specification: Joint & Connective Tissue Disorders

Reference: DeLee JC et al. DeLee & Drez's Orthopaedic Sports Medicine: Principles and Practice. 3rd ed. 2010, page 984.

42. CORRECT ANSWER: **B**

Content specification: Musculoskeletal & Soft Tissue Disorders

Reference: Boden, Weisel. Low Back Pain. 1995, page 91.

*Content specification refers to question classification. Content specifications will be updated soon to match the new MOC Examination Outline, which is included at the end of this document.

43. CORRECT ANSWER: **C**

Content specification: Musculoskeletal & Soft Tissue Disorders

Reference: Szpalski, M., Gunzburg R., Lumbar spinal stenosis in the elderly: an overview. The Aging Spine. 2005, page 88.

44. CORRECT ANSWER: **C**

Content specification: Musculoskeletal & Soft Tissue Disorders

Reference: DeLee JC et al. DeLee & Drez's Orthopaedic Sports Medicine: Principles and Practice. 3rd ed. 2010, page 1528.

45. CORRECT ANSWER: **A**

Content specification: Musculoskeletal & Soft Tissue Disorders

Reference: DeLee JC et al. DeLee & Drez's Orthopaedic Sports Medicine: Principles and Practice. 3rd ed. 2010, page 933.

46. CORRECT ANSWER: **D**

Content specification: Nerve & Muscle Disorders

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 5th ed. 2010, page 1734.

47. CORRECT ANSWER: **C**

Content specification: Pain Management

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 5th ed. 2010, page 928.

48. CORRECT ANSWER: **A**

Content specification: Pain Management

Reference: Klippel JH, ed. Primer on the Rheumatic Diseases. 13th ed. 2008, page 194.

49. CORRECT ANSWER: **D**

Content specification: Physiatric Therapeutics

Reference: Grabois, et al. Physical Medicine: The Complete Approach. 2000, page 423.

*Content specification refers to question classification. Content specifications will be updated soon to match the new MOC Examination Outline, which is included at the end of this document.

50. CORRECT ANSWER: **B**

Content specification: Prosthetics, Orthotics & Assistive Devic

Reference: Braddom RL, ed. Physical Medicine and Rehabilitation. 4th ed. 2011, page 353.

51. CORRECT ANSWER: **B**

Content specification: Spinal Cord Injury Medicine

Reference: Braddom RL, ed. Physical Medicine and Rehabilitation. 4th ed. 2011, page 636.

52. CORRECT ANSWER: **A**

Content specification: Sports Medicine

Reference: Braddom RL, ed. Physical Medicine and Rehabilitation. 4th ed. 2011, page 836.

53. CORRECT ANSWER: **D**

Content specification: Brain Disorders

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 3rd ed. 2000, page 1758.

54. CORRECT ANSWER: **A**

Content specification: Brain Disorders

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 4th ed. 2005, page 1680.

55. CORRECT ANSWER: **A**

Content specification: Brain Disorders

Reference: Braddom RL, ed. Physical Medicine and Rehabilitation. 4th ed. 2011, page 1146.

56. CORRECT ANSWER: **B**

Content specification: Rehabilitation Administration

Reference: Barbotte, et al. Prevalence of impairments, disabilities, handicaps and quality of life in the general population: a review of recent literature. Bulletin of the World Health Organization, 2001, 79 (11), page 1047.

*Content specification refers to question classification. Content specifications will be updated soon to match the new MOC Examination Outline, which is included at the end of this document.

57. CORRECT ANSWER: **C**

Content specification: Musculoskeletal & Soft Tissue Disorders

Reference: Braddom RL, ed. Physical Medicine and Rehabilitation. 3rd ed. 2007, page 833.

58. CORRECT ANSWER: **C**

Content specification: Prosthetics, Orthotics & Assistive Devic

Reference: DeLee JC et al. DeLee & Drez's Orthopaedic Sports Medicine: Principles and Practice. 3rd ed. 2010, page 529.

59. CORRECT ANSWER: **B**

Content specification: Pediatric Rehabilitation

Reference: DeLee JC et al. DeLee & Drez's Orthopaedic Sports Medicine: Principles and Practice. 3rd ed. 2010, page 756.

60. CORRECT ANSWER: **B**

Content specification: Pain Management

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 4th ed. 2005, page 572.

61. CORRECT ANSWER: **A**

Content specification: Stroke Rehabilitation

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 5th ed. 2010, page 555.

62. CORRECT ANSWER: **A**

Content specification: Musculoskeletal & Soft Tissue Disorders

Reference: Braddom RL, ed. Physical Medicine and Rehabilitation. 3rd ed. 2007, page 938.

63. CORRECT ANSWER: **C**

Content specification: Electrodiagnosis

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 4th ed. 2005, page 80.

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64. CORRECT ANSWER: **D**

Content specification: Electrodiagnosis

Reference: Kimura J. Electrodiagnosis in Diseases of Nerve and Muscle. ed. 2002, page 472.

65. CORRECT ANSWER: **A**

Content specification: Pain Management

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 5th ed. 2010, page 1691.

66. CORRECT ANSWER: **B**

Content specification: Prosthetics, Orthotics & Assistive Devic

Reference: Braddom RL, ed. Physical Medicine and Rehabilitation. 3rd ed. 2007, page 314.

67. CORRECT ANSWER: **C**

Content specification: Electrodiagnosis

Reference: Dumitru D, et al. Electrodiagnostic Medicine. 2nd ed. 2002, page 150.

69. CORRECT ANSWER: **B**

Content specification: Nerve & Muscle Disorders

Reference: Braddom RL, ed. Physical Medicine and Rehabilitation. 3rd ed. 2007, page 1214.

70. CORRECT ANSWER: **A**

Content specification: Brain Disorders

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 4th ed. 2005, page 1689.

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71. CORRECT ANSWER: **C**

Content specification: Joint & Connective Tissue Disorders

Reference: Ruddy: Kelley's Textbook of Rheumatology, 6th ed., 2001, page 166.

72. CORRECT ANSWER: **D**

Content specification: Pain Management

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 5th ed. 2010, page 66.

73. CORRECT ANSWER: **B**

Content specification: Spinal Cord Injury Medicine

Reference: Kirshblum, Journal of Spinal Cord Medicine, 2011 November; v. 34(6), pages 535-546.

74. CORRECT ANSWER: **D**

Content specification: Pain Management

Reference: Braddom RL, ed. Physical Medicine and Rehabilitation. 3rd ed. 2007, page 335.

75. CORRECT ANSWER: **C**

Content specification: Nerve & Muscle Disorders

Reference: Braddom RL, ed. Physical Medicine and Rehabilitation. 4th ed. 2011, page 1090.

76. CORRECT ANSWER: **B**

Content specification: Ethics

Reference: Beauchamp, TL, Childress, JF, Principles of Biomedical Ethics. 1994, page 38.

77. CORRECT ANSWER: **A**

Content specification: Spinal Cord Injury Medicine

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 5th ed. 2010, page 1575.

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78. CORRECT ANSWER: **B**

Content specification: Pediatric Rehabilitation

Reference: DeLee JC et al. DeLee & Drez's Orthopaedic Sports Medicine: Principles and Practice. 3rd ed. 2010, page 1527.

79. CORRECT ANSWER: **A**

Content specification: Physiatric Therapeutics

Reference: Braddom RL, ed. Physical Medicine and Rehabilitation. 4th ed. 2011, page 413.

80. CORRECT ANSWER: **A**

Content specification: Stroke Rehabilitation

Reference: Liepert, J et al. Neuroscience Letters. Motor cortex plasticity during costraint-induced movement therapy in stroke patients. May 8, 1998, page 8.

81. CORRECT ANSWER: **D**

Content specification: Stroke Rehabilitation

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 5th ed. 2010, page 421.

82. CORRECT ANSWER: **C**

Content specification: Pediatric Rehabilitation

Reference: DeLee JC et al. DeLee & Drez's Orthopaedic Sports Medicine: Principles and Practice. 3rd ed. 2010, page 1650.

83. CORRECT ANSWER: **D**

Content specification: CV, Pulmonary, & Cancer Rehab

Reference: Bos G, et al. Lesions off the Spine. In Diagnosis and Management of Metastatic Bone Disease. 1987, page 221.

84. CORRECT ANSWER: **D**

Content specification: Industrial Rehabilitation

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 4th ed. 2005, page 619.

*Content specification refers to question classification. Content specifications will be updated soon to match the new MOC Examination Outline, which is included at the end of this document.

85. CORRECT ANSWER: **C**

Content specification: Patient Safety

Reference: The Joint Commission. Sentinel Event Alert. Issue 23. September 2001.

86. CORRECT ANSWER: **B**

Content specification: Rehabilitation Administration

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 5th ed. 2010, page 289.

87. CORRECT ANSWER: **D**

Content specification: Spinal Cord Injury Medicine

Reference: Lin VW et al. Spinal Cord Medicine: Principles and Practice. 2nd ed. 2010, page 935.

88. CORRECT ANSWER: **C**

Content specification: Pediatric Rehabilitation

Reference: Kliegman, ed. Nelson Textbook of Pediatrics. 19th ed. 2011, page 2002.

89. CORRECT ANSWER: **D**

Content specification: Pain Management

Reference: Braddom RL, ed. Physical Medicine and Rehabilitation. 4th ed. 2011, page 901.

90. CORRECT ANSWER: **B**

Content specification: Electrodiagnosis

Reference: Kimura J. Electrodiagnosis in Diseases of Nerve and Muscle. 4th ed. 2013, page 637.

91. CORRECT ANSWER: **B**

Content specification: Physiatric Therapeutics

Reference: Braddom RL, ed. Physical Medicine and Rehabilitation. 4th ed. 2011, page 460.

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92. CORRECT ANSWER: **B**

Content specification: Stroke Rehabilitation

Reference: Braddom RL, ed. Physical Medicine and Rehabilitation. 4th ed. 2011, page 56.

93. CORRECT ANSWER: **C**

Content specification: Joint & Connective Tissue Disorders

Reference: Herrick, A. Current Opinion in Rehumatology. V23:6. 2011, pages 555-561.

94. CORRECT ANSWER: **C**

Content specification: Geriatric Rehabilitation

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 5th ed. 2010, page 1570.

95. CORRECT ANSWER: **A**

Content specification: Sports Medicine

Reference: DeLee JC et al. DeLee & Drez's Orthopaedic Sports Medicine: Principles and Practice. 3rd ed. 2010, page 1668.

96. CORRECT ANSWER: **D**

Content specification: Industrial Rehabilitation

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 5th ed. 2010, page 258.

97. CORRECT ANSWER: **D**

Content specification: Stroke Rehabilitation

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 5th ed. 2010, page 1324.

98. CORRECT ANSWER: **D**

Content specification: Brain Disorders

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 5th ed. 2010, page 577.

*Content specification refers to question classification. Content specifications will be updated soon to match the new MOC Examination Outline, which is included at the end of this document.

99. CORRECT ANSWER: **C**

Content specification: Pain Management

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 5th ed. 2010, page 1430.

100. CORRECT ANSWER: **B**

Content specification: CV, Pulmonary, & Cancer Rehab

Reference: DeLisa JA, ed., et al. Physical Medicine and Rehabilitation Medicine: Principles and Practice. 5th ed. 2010, page 1381.

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October 2019 MOC Examination

Quantified Outline

Question Category/Topic	Number of questions
Neurologic Disorders	
Stroke	12
Spinal Cord Injury	9
Acquired Brain Injury	8
Mononeuropathies & Carpal Tunnel Syndrome	8
Polyneuropathies	2
Multiple Sclerosis	2
Motor Neuron Disease	2
Acute Inflammatory Demyelinating Polyneuropathy	3
Cerebral Palsy	1
Plexopathy	2
Radiculopathy	4
Musculoskeletal Medicine	
Rheumatoid Arthritis	2
Osteoarthritis	4
Spondyloarthropathy	1
Acute Trauma (incl. sprains/strains)	13
Chronic Trauma/Overuse (incl. tendinitis/bursitis)	13
Complex Regional Pain Syndrome	3
Fibromyalgia/Myofascial Pain	4
Fractures (acute and chronic)	4
Osteoporosis	2
Spinal Disorders (incl. low back pain)	7
Orthopedics/Rheumatology	2

Question Category/Topic	Number of questions
Amputation	
Upper Extremity Amputation	2
Lower Extremity Amputation	2
Medical Rehabilitation (6%)	
Cardiovascular Disorders	5
Lymphedema	1
Pulmonary Disorders	3
Cancer	3
Rehabilitation Problems & Outcomes (13%)	
Spasticity	3
Contracture	2
Seizures	2
Abnormal Gait	2
Bed Rest/Deconditioning	1
Heterotopic Ossification	1
Speech & Language Disorders	1
Cognitive Disorders (incl. dementia/ pseudodementia, disorders of consciousness)	3
Sleep Disorders	2
Substance Abuse	1
Pain	5
Basic Sciences (incl. instrumentation, ethics, typical development, physical exam techniques and findings	**13**

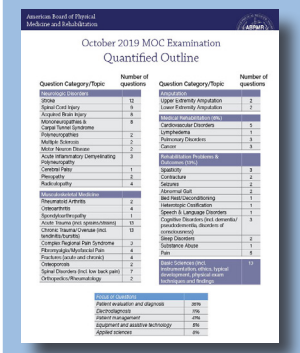
Focus of Questions	
Patient evaluation and diagnosis	*35%*
Electrodiagnosis	*11%*
Patient management	*41%*
Equipment and assistive technology	*5%*
Applied sciences	*8%*

The American Board of Physical Medicine and Rehabilitation

PREPARING FOR THE ABPMR MOC EXAMINATION

Study Tips & Resources

1. Review the MOC Exam Outline.


American Board of Physical Medicine and Rehabilitation

October 2019 MOC Examination

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Motor Neuron Disease	2
Acute Inflammatory Demyelinating Polyneuropathy	3
Cerebral Palsy	1
Plexopathy	2
Radiculopathy	4
Musculoskeletal Medicine	
Rheumatoid Arthritis	2
Osteoarthritis	4
Spondyloarthropathy	1
Acute Trauma (incl. sprains/strains)	13
Chronic Traumas/Overuse (incl. tendinitis/bursitis)	13
Complex Regional Pain Syndrome	2
Fibromyalgia/Myofascial Pain	4
Fractures (acute and chronic)	4
Osteoporosis	2
Spinal Disorders (incl. low back pain)	7
Orthopedics/Rheumatology	2

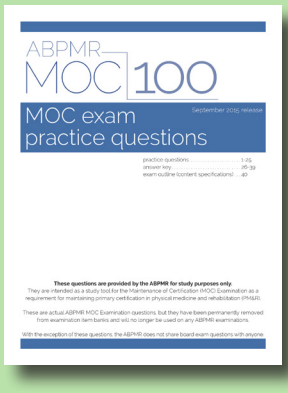
Question Category/Topic	Number of questions
Amputation	
Upper Extremity Amputation	2
Lower Extremity Amputation	2
Medical Rehabilitation (8%)	
Cardiovascular Disorders	5
Lymphedema	1
Pulmonary Disorders	3
Cancer	3
Rehabilitation Problems & Outcomes (14%)	
Spasticity	3
Contracture	2
Seizures	2
Abnormal Gait	2
Bed Rest/Deconditioning	1
Heterotopic Ossification	1
Speech & Language Disorders	1
Cognitive Disorders (incl. dementia/ praxis/dementia, disorders of consciousness)	3
Sleep Disorders	2
Substance Abuse	1
Pain	5
Basic Sciences (incl. instrumentation, ethics, typical development, physical exam techniques and findings)	13

Area of Practice	
Patient evaluation and diagnosis	36%
Electrodiagnosis	11%
Patient management	41%
Equipment and assistive technology	8%
Applied sciences	3%

- NEW: Exact number of questions per content area listed
- Helps you plan study strategy according to question content
- Identify areas of weaker knowledge; study major PM&R texts to brush up
- No. 1 MOC Exam resource requested by diplomates
- Free download on ABPMR website

2. Use the MOC100.

- 100 ABPMR-vetted practice questions
- Pulled directly from ABPMR item banks; previously used on exams
- Mimics MOC Examination in difficulty and content area weights
- Free resource available on ABPMR website



3. Employ Research-Backed Study Methods.

Test yourself.

Test-enhanced learning research has shown that rather than reading material over and over, **testing yourself improves long-term information retention and retreival.** It's especially effective if you study from test questions provided from a reputable source (see #2 above).

Break it down.

Try breaking up study sessions into small chunks and **review just a little at a time, using clinical scenarios to understand concepts.** Spread out these shorter sessions **over several months** to get all the clinical topic areas covered in small bites. (The ABPMR recommends major PM&R textbooks for studying.)

Keep quizzing.

Forgetting is a surprisingly big part of learning new information. But if you **quiz yourself 4 to 7 days after learning something new,** you retain a greater percentage of new knowlege. Continue repeating these self-tests over increasing intervals and your retention will keep improving.

Find a friend.

After using repeated testing and studying clinical scenarios to learn the content, try **explaining it to someone else.** This helps connect your new knowledge with established knowledge and has been shown to moderately improve memory retention.

References: Repeated testing produces superior transfer of learning relative to repeated studying. Butler AC. Journal of experimental psychology. Learning, memory, and cognition, 2010, Dec.;36(5):1939-1285. | Test-enhanced learning: taking memory tests improves long-term retention. Roediger HL, Karpicke JD. Psychological science, 2006, May.;17(3):0956-7976. | Retrieval Practice Produces More Learning than Elaborative Studying with Concept Mapping. Karpicke JD, Blunt JR. Science, 2011, Feb.;331(6018):772-775. | Synaptic evidence for the efficacy of spaced learning. Kramer EA, Babayan AH, Gavin CF. Proceedings of the National Academy of Sciences of the United States of America, 2012, Mar.;109(13):1091-6490. | Improving Students' Learning With Effective Learning Techniques: Promising Directions From Cognitive and Educational Psychology. Dunlosky J et al. Psychological Science in the Public Interest, 2013, Jan.;14(1)4-58.