

## **RHEUMATOLOGY** Blueprint

For traditional, 10-year Maintenance of Certification (MOC) exam and Longitudinal Knowledge Assessment (LKA)

# ABIM invites diplomates to help develop the Rheumatology MOC exam blueprint

Based on feedback from physicians that MOC assessments should better reflect what they see in practice, in 2016 the American Board of Internal Medicine (ABIM) invited all certified rheumatologists to provide ratings of the relative frequency and importance of blueprint topics in practice.

This review process, which resulted in a new MOC exam blueprint, will be used on a periodic basis to inform and update all MOC assessments created by ABIM. No matter what form ABIM's assessments ultimately take, they will need to be informed by front-line clinicians sharing their perspective on what is important to know.

A sample of over 200 rheumatologists, similar to the total invited population of rheumatologists in age, gender, geographic region, and time spent in direct patient care, provided the blueprint topic ratings. ABIM used this feedback to update the blueprint for MOC assessments (beginning with the Fall 2016 administration of the traditional, 10-year MOC exam).

To inform how assessment content should be distributed across the major blueprint content categories, ABIM considered the average respondent ratings of topic frequency and importance in each of the content categories. A second source of information was the relative frequency of patient conditions in the content categories, as seen by certified rheumatologists and documented by national health care data (described further under *Content distribution* below).

To determine prioritization of specific assessment content within each major medical content category, ABIM used the respondent ratings of topic frequency and importance to set thresholds for these parameters in the exam assembly process (described further under *Detailed content outline* below).

### **Purpose of the Rheumatology MOC Assessments**

MOC assessments are designed to evaluate whether a certified rheumatologist has maintained competence and currency in the knowledge and judgment required for practice. The MOC assessments emphasize diagnosis and management of prevalent conditions, particularly in areas where practice has changed in recent years. As a result of the blueprint review by ABIM diplomates, assessments place less emphasis on rare conditions and focus more on situations in which physician intervention can have important consequences for patients. For conditions that are usually managed by other specialists, the focus will be on recognition rather than on management.

#### **Assessment format**

The traditional, 10-year MOC exam is composed of 220 single-best- answer multiple-choice questions, of which approximately 50 are new questions that do not count in the examinee's score. Examinees taking the traditional, 10-year MOC exam will have access to an external resource (i.e., UpToDate\*) for the entire exam.

ABIM's LKA for MOC, is a five-year cycle in which physicians answer questions on an ongoing basis and receive feedback on how they're performing along the way. More information on how assessments are developed can be found at abim.org/about/exam-information/exam-development.aspx.

Most questions describe patient scenarios and ask about the work done (that is, tasks performed) by physicians in the course of practice:

- Diagnosis: making a diagnosis or identifying an underlying condition
- Testing: ordering tests for diagnosis, staging, or follow-up
- Treatment/Care Decisions: recommending treatment or other patient care
- Risk Assessment/Prognosis/Epidemiology: assessing risk, determining prognosis, and applying principles from epidemiologic studies
- Pathophysiology/Basic Science: understanding the pathophysiology of disease and basic science knowledge applicable to patient care

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ABIM is committed to working toward health equity and believes that board-certified physicians should have an understanding of health care disparities. Therefore, health equity content that is clinically important to each discipline will be included in assessments, and the use of gender, race, and ethnicity identifiers will be re-evaluated.

Clinical scenarios presented take place in outpatient or inpatient settings as appropriate to a typical rheumatology practice. Clinical information presented may include patient photographs, radiographs, micrographs, DXA scans, electrocardiograms, angiograms, and other media to illustrate relevant patient findings.

Assessment tutorials, including examples of question format, can be found at abim.org/maintenance-of-certification/examinformation/rheumatology/exam-tutorial.aspx.

#### **Content distribution**

Listed below are the major medical content categories that define the domain for the Rheumatology traditional, 10-year MOC exam and LKA. The relative distribution of content is expressed as a percentage of the total assessment. To determine the content distribution, ABIM considered the average respondent ratings of topic frequency and importance. To cross-validate these self-reported ratings, ABIM also considered the relative frequency of conditions seen in Medicare patients by a cohort of certified rheumatologists.

CONTENT CATEGORY	TARGET %
Basic and Clinical Sciences	3.5%
Crystal-induced Arthropathies	8%
Infections and Related Arthritides	5%
Metabolic Bone Disease	7.5%
Osteoarthritis and Related Disorders	<b>7</b> %
Rheumatoid Arthritis	14%
Spondyloarthritis	<b>7</b> %
Other Rheumatic and Connective Tissue Disorders (ORCT)	15.5%
Lupus Erythematosus	9.5%
Nonarticular and Regional Musculoskeletal Disorders	7.5%
Nonrheumatic Systemic Disorders	5%
Vasculitides	8.5%
Miscellaneous Topics	2%
Total	100%

Informed by these data, the Rheumatology Approval Committee and Board have determined the content category targets shown below.

The Rheumatology MOC assessments may cover other dimensions of medicine as applicable to the medical content categories, such as geriatrics, pediatrics, pharmacology, and topics in general internal medicine that are important to the practice of rheumatology.

# How the blueprint ratings are used to assemble the MOC assessment

Blueprint reviewers provided ratings of relative frequency in practice for each of the detailed content topics in the blueprint and provided ratings of the relative importance of the topics for each of the tasks described in *Assessment format* above. In rating importance, reviewers were asked to consider factors such as the following:

- High risk of a significant adverse outcome
- Cost of care and stewardship of resources
- Common errors in diagnosis or management
- · Effect on population health
- · Effect on quality of life
- When failure to intervene by the physician deprives a patient of significant benefit

Frequency and importance were rated on a three-point scale corresponding to low, medium, or high. The median importance ratings are reflected in the *Detailed content outline* below. The Rheumatology Approval Committee and Board, in partnership with the physician community, have set the following parameters for selecting MOC assessment questions according to the blueprint review ratings:

- At least 75% of questions will address high-importance content (indicated in green)
- No more than 25% of questions will address mediumimportance content (indicated in yellow)
- No exam questions will address low-importance content (indicated in red)

Independent of the importance and task ratings, no more than 25% of questions will address low-frequency content (indicated by "LF" following the topic description).

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The content selection priorities below are applicable beginning with the Fall 2016 traditional, 10-year MOC exam and are subject to change in response to future blueprint review.

**Note:** The same topic may appear in more than one medical content category.

### Detailed content outline for the Rheumatology traditional, 10-year MOC exam and LKA



— **High Importance**: At least 75% of questions will address topics and tasks with this designation.



/ – **Medium Importance**: No more than 25% of questions will address topics and tasks with this designation.



— Low Importance: No questions will address topics and tasks with this designation.

LF - Low Frequency: No more than 25% of questions will address topics with this designation, regardless of task or importance.

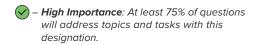
BASIC AND CLINICAL SCIENCES (3.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
(* * * * * * * * * * * * * * * * * * *					

#### ANATOMY, BIOLOGY, AND STRUCTURE OF MUSCULOSKELETAL TISSUES (<2% of exam)

Joints and ligaments, intervertebral discs, synovium, and cartilage		Not Applicable	
Connective tissue cells, matrix components and macromolecules	LF	Not Applicable	×
Bone		Not Applicable	<b>⊘</b>
Muscles, tendons, and bursae		Not Applicable	<b>⊘</b>
Blood vessels	LF	Not Applicable	<b>⊘</b>
Nerves		Not Applicable	<b>⊘</b>

#### IMMUNOLOGY (<2% of exam)

Anatomy and cellular elements of the immune system						
Lymphoid organs: gross and microscopic anatomy and function	LF	Not Applicable	×			
Organization of immune system: innate and adaptive responses	LF	Not Applicable				
Specific cell types: ontogeny, structure, phenotype, function, and activation markers and cell membrane receptors	LF	Not Applicable	×			



X – Low Importance: No questions will address topics and tasks with this designation.

BASIC AND CLINICAL SCIENCES continued			Tractment/	Risk Assessment/	Dath anhysisla m/	
(3.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Prognosis/ Epidemiology	Pathophysiology/ Basic Science	
IMMUNOLOGY continued (<2% of example)	7)					
Immune and inflammatory mechanism	S					
Antigens: types, structure, processing, presentation and elimination	LF	Not Applicable				
Components and regulation of innate immune system	LF	Not Ap	plicable		×	
Major histocompatibility complex: structure, function, and nomenclature	LF	Not Applicable				
B-cell receptors and immunoglobulins: structure, function, antigen binding, signaling, genetic basis, and effector function	LF	Not Applicable				
T-cell receptors: structure, function, antigen binding, signaling, and genetic basis	LF	Not Applicable				
Receptor-ligand interactions, adhesion molecules, complement receptors, Fc receptors, and signal transduction	LF	Not Applicable				
Complement and kinin systems: structure, function and regulation	LF	Not Ap	plicable		×	
Acute-phase reactants and enzymatic defenses		Not Ap	plicable		<b>⊘</b>	
Cellular interactions, immune regulation	n, and immunomod	dulation				
Activating and inhibitory immune receptors	LF	Not Applicable				
Cellular activiation, suppression, and regulation of each cell type	LF	Not Applicable				
Origin, structure, effect, site of action, metabolism, and regulation of cytokines, chemokines, and other inflammatory mediators	LF	Not Ap	plicable		Ø	
Mechanisms of immune tolerance	LF	Not Ap	plicable		×	



— Low Importance: No questions will address topics and tasks with this designation.

LF - Low Frequency: No more than 25% of questions will address topics with this designation, regardless of task or importance.

BASIC AND CLINICAL SCIENCES continued (3.5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
IMMUNOLOGY continued (<2% of ex	am)					
Immune responses						
IgE-mediated: acute and late-phase reactions	LF		Not Ap <sub>l</sub>	plicable		×
Immunoglobulin-mediated: opsonization, complement fixation, and antibody-dependent cellular cytotoxicity	LF		Not Applicable			
Immune complex-mediated: physiochemical properties and clearance of immune complexes	LF	Not Applicable				8
Cell-mediated: cells and effector mechanisms in cellular cytotoxicity and granuloma formation	LF	Not Applicable				<b>(X)</b>
Mucosal immunity: interactions between gut and bronchus- associated lymphoid tissue and secretory IgA	LF	Not Applicable				<b>×</b>
Natural killer cells, lymphokine- activated killer cells, and graft- versus-host reaction	LF	Not Applicable				$\otimes$
Autoantibodies			Not App	olicable		
Tissue destruction and repair						
Cellular and molecular mediators	LF		Not Ap	olicable		×

LF

Not Applicable

Proteases and collagenases



X – Low Importance: No questions will address topics and tasks with this designation.

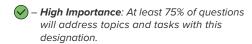
BASIC AND CLINICAL SCIENCES continued (3.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science		
RESEARCH PRINCIPLES IN BASIC AND CLINICAL INVESTIGATION (<2% of exam)							
Design of experimental protocols, clinical trials, and outcomes research							

Design of experimental protocols, clinical trials, and outcomes research							
Controls, validity, reliability, and responsiveness	LF	Not Applicable					
Outcome assessment techniques: scales, questionnaires, performance-based and capacity-based measurements, health status, disease activity, and functional assessment		Not Applicable					
Other design of experimental protocols, clinical trials, and outcomes research		Not Applicable	<b>(</b>				
Principles of epidemiology and healt	Principles of epidemiology and health services research						
Prevalence and incidence		Not Applicable					
Measurement of disease frequency	LF	Not Applicable					
Application of epidemiologic data		Not Applicable					
Data analysis, biostatistics, meta- analysis, and medical informatics	LF	Not Applicable	<b>⊘</b>				
Principles of quality assessment and improvement		Not Applicable	<b>⊘</b>				
Ethical and legal issues							
Bioethics of basic research and clinical trials	LF	Not Applicable	×				
Patient rights and confidentiality		Not Applicable					



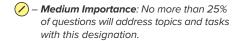
Low Importance: No questions will address topics and tasks with this designation.

BASIC AND CLINICAL SCIENCES continued (3.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
RESEARCH PRINCIPLES IN BASIC AND (	CLINICAL INVESTIG	ATION continued.	(<2% of exam)		
Laboratory and research techniques					
Serologic: enzyme-linked immunosorbent assay (ELISA), radioimmunoassay (RIA), radial immunodiffusion (RID), nephelometry, immunoblots, protein electrophoresis, and circulating immune complex assays		Not Applicable			
Cellular: lymphocyte proliferation, flow cytometry	F	Not Applicable			
Histochemistry and immunofluorescence of biopsied Litissues	F	Not Applicable			
Molecular: Northern, Southern, and Western blotting, polymerase chain reaction, genetic mapping techniques, gene sequencing, and gene expression analysis	F	Not Applicable			
Monoclonal antibody production LI	F	Not App	olicable		<b>⊘</b>
Transgenic and gene knockout animals	F	Not App	olicable		×
Principles of genetic and proteomic analysis: genetic epidemiology, gene transcription, and protein expression analysis	F	Not Applicable			
CLINICAL ANALYSIS (<2% of exam)					
Synovial fluid analysis		Not App	olicable		<b>⊘</b>
Appropriate use and interpretation of serologic, chemical, biochemical, and microbiologic laboratory tests		Not App	olicable		<b>⊘</b>



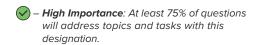
Low Importance: No questions will address topics and tasks with this designation.

BASIC AND CLINICAL SCIENCES continued (3.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science	
CLINICAL ANALYSIS continued (<2% of ex	ram)					
Diagnostic imaging techniques						
Plain radiographs: in the assessment of normal and diseased joints, bones, and periarticular structures and prosthetic joints		Not Applicable				
Computed tomography, magnetic resonance imaging, radionuclide scanning, bone densitometry, and arteriography: principles of imaging of joints, bones, and periarticular structures and tissues		Not Applicable				
Ultrasonography: principles of imaging of joints and periarticular structures and tissues		Not Applicable				
Electromyograms and nerve conduction studies: indications for and interpretation of results		Not Applicable				
Biopsy and pathology: diagnostic interpretation of pathologic specimens of specific tissues		Not Applicable				
PHARMACOLOGY: DOSING, PHARMACOK AND DRUG INTERACTIONS (2% of exam)	INETICS, METABO	OLISM, MECHANI	SMS OF ACTION	, ADVERSE EFFE	CTS,	
Nonsteroidal anti-inflammatory drugs		Not App	olicable		<b>⊘</b>	
Glucocorticoids: topical, intra-articular, and systemic		Not Ap	olicable		<b>⊘</b>	
Systemic antirheumatic drugs						
Conventional synthetic disease-modifying antirheumatic drugs (DMARDs)		Not Ap <sub>l</sub>	olicable		<b>⊘</b>	
Targeted synthetic DMARDs*		<b>⊘</b>				
Biologics		Not Ap	olicable		$\bigcirc$	
Urate-lowering therapy		Not Ap	plicable		<b>⊘</b>	
Agents for bone health		Not App	plicable		<b>⊘</b>	
Opioid and nonopioid analgesics		Not Ap	olicable		$\bigcirc$	



 Low Importance: No questions will address topics and tasks with this designation.

BASIC AND CLINICAL SCIENCES continued (3.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
PHARMACOLOGY: DOSING, PHARMACOK AND DRUG INTERACTIONS continued (2%		OLISM, MECHAN	ISMS OF ACTION	, ADVERSE EFFE	CTS,
Colchicine		Not Ap	plicable		<b>⊘</b>
Plasma exchange LF		Not Ap	plicable		<b>⊘</b>
Vaccines		Not Ap	plicable		<b>⊘</b>
Intravenous immunoglobulin (IVIG) LF		Not Ap	plicable		<b>⊘</b>
Vasodilator medications* LF		Not Ap	plicable		<b>⊘</b>
Anti-fibrotic agents* LF		Not Ap	plicable		<b>⊘</b>
Agents to prevent opportunistic infections*	Not App	olicable	<b>⊘</b>	<b>⊘</b>	×
CRYSTAL-INDUCED ARTHROPATHIES (8% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
GOUT (5% of exam)					
Primary gout					
Asymptomatic hyperuricemia	$\bigcirc$	$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>
Acute gout	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	<b>⊘</b>
Intercritical periods	$\bigcirc$	$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>
Tophaceous gout	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	<b>⊘</b>
Conditions associated with gout	$\bigcirc$	$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>
Lead intoxication LF	<b>⊘</b>	<b>⊘</b>	×	×	×
Secondary gout	<b>⊘</b>	<b>Ø</b>	<b>⊘</b>	<b>⊘</b>	×
	DEPOSITION (CPI	PD) (<2% of exam)			
CALCIUM PYROPHOSPHATE DIHYDRATE I	321 00111011 (01 1				
CALCIUM PYROPHOSPHATE DIHYDRATE I Familial LF	✓	<b>(</b>	<b>⊘</b>	<b>⊘</b>	$\otimes$
		<ul><li>✓</li></ul>	<ul><li>✓</li></ul>	<ul><li>✓</li><li>✓</li></ul>	<b>⊗</b>



Low Importance: No questions will address topics and tasks with this designation.

CRYSTAL-INDUCED ARTHROPATH continued (8% of exam)	IIES	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science		
BASIC CALCIUM PHOSPHATE CRYSTAL DEPOSITION (2% of exam)								
Basic calcium phosphate crystal deposition			<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×		
INFECTIONS AND RELATED ARTHRITIDES (5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science		
INFECTIONS (4% of exam)								
Bacterial (nongonococcal and gonoc	coccal	l)						
Native Joint	LF	$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>		
Prosthetic joint	LF	$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	×		
Spine	LF	$\bigcirc$	$\bigcirc$		<b>⊘</b>	×		
Bone	LF	$\bigcirc$		<b>⊘</b>	<b>⊘</b>	×		
Soft tissue		$\bigcirc$				×		
Mycobacterial	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×		
Spirochetal (syphilis, Lyme disease)	LF	$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	×		
Viral (human immunodeficiency virus [HIV], hepatitis B virus, hepatitis C virus, parvovirus, chikungunya virus, and others)		<b>⊗</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>		
Fungal	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×		
Parasitic	LF	×	×	<b>×</b>	×	×		
Whipple disease	LF	<b>(</b>		×	×	×		
RELATED ARTHRITIDES (<2% of exam,	)							
Acute rheumatic fever and poststreptococcal arthritis	LF	<b>⊘</b>	<b>(</b>	<b>⊘</b>	<b>Ø</b>	×		
Arthritis associated with bacterial endocarditis	LF	<b>⊘</b>	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>×</b>		
Postimmunization arthritis	LF		×		×	×		



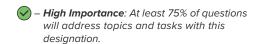
Low Importance: No questions will address topics and tasks with this designation.

				Risk Assessment/	
METABOLIC BONE DISEASE (7.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Prognosis/ Epidemiology	Pathophysiology/ Basic Science
LOW BONE MASS (<2% of exam)		•			
Low bone mass	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	$\bigcirc$	<b>⊘</b>
OSTEOPOROSIS (4% of exam)					
Primary					
Postmenopausal	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Male	<b>⊘</b>	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Secondary	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
OTHER CAUSES OF BONE LOSS (<2% of 6	exam)				
Other causes of bone loss LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
PAGET DISEASE OF BONE (<2% of exam)					
Paget disease of bone LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
BONE DISEASE RELATED TO RENAL DISE	EASE (<2% of exam	n)			
Bone disease related to renal disease	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
OSTEOMALACIA (<2% of exam)					
Osteomalacia LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×	×
OSTEOARTHRITIS AND RELATED DISORDERS (7% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
OSTEOARTHRITIS (5% of exam)					
Osteoarthritis	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	$\bigcirc$	<b>⊘</b>
DIFFUSE IDIOPATHIC SKELETAL HYPERO	STOSIS (DISH) (<2	2% of exam)			
Diffuse idiopathic skeletal hyperostosis (DISH)	<b>⊘</b>	<b>Ø</b>	<b>⊘</b>	<b>⊘</b>	×
HYPERTROPHIC OSTEOARTHROPATHY (	<2% of exam)				
Hypertrophic osteoarthropathy		<b>⊘</b>	<b>⊘</b>		×



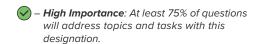
Low Importance: No questions will address topics and tasks with this designation.

OSTEOARTHRITIS AND RELATED					
DISORDERS continued				Risk Assessment/	
(7% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Prognosis/ Epidemiology	Pathophysiology/ Basic Science
MALIGNANT AND NONMALIGNANT TUMOR	RS OF BONES, TE	NDONS, AND J	JOINTS (<2% of exa	m)	
Benign tumors LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×	×
Malignant tumors LF	$\bigcirc$			<b>⊘</b>	×
OSTEONECROSIS (<2% of exam)					
Osteonecrosis	$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	$\otimes$
RHEUMATOID ARTHRITIS (14% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
SEROPOSITIVE RHEUMATOID ARTHRITIS (	8% of exam)				
Early disease	$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Established disease	$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Feltys syndrome	$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
SERONEGATIVE INFLAMMATORY POLYART	THRITIS (<2% of e	xam)			
Seronegative inflammatory polyarthritis	<b>⊘</b>	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
COMPLICATIONS OF ESTABLISHED DISEAS	<b>SE</b> (4.5% of exam)				
Extra-articular manifestations	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	$\bigcirc$	<b>⊘</b>
Cardiovascular disease: atherosclerotic cardiovascular disease and congestive heart failure	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Malignancy LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Vasculitis LF	<b>⊘</b>	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Immunologic considerations	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>



Low Importance: No questions will address topics and tasks with this designation.

SPONDYLOARTHRITIS (7% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
AXIAL SPONDYLOARTHRITIS (<2% of exam,	)				
Ankylosing spondylitis					
Skeletal manifestations	$\bigcirc$	$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>
Extra-articular manifestations	$\bigcirc$	$\bigcirc$	$\bigcirc$	<b>⊘</b>	$\otimes$
NONRADIOGRAPHIC AXIAL SPONDYLOAR	THRITIS (<2% of e	exam)			
Skeletal manifestations*	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Extra-articular manifestations*	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
REACTIVE ARTHRITIS (<2% of exam)					
Skeletal manifestations	$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	×
Extra-articular manifestations LF	$\bigcirc$	$\bigcirc$	$\bigcirc$	<b>⊘</b>	×
ARTHRITIS ASSOCIATED WITH INFLAMMA	TORY BOWEL DIS	SEASE (IBD) (<29	% of exam)		
Skeletal manifestations	$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Extra-articular manifestations	$\bigcirc$	$\bigcirc$	$\bigcirc$	<b>⊘</b>	×
PSORIATIC ARTHRITIS (2% of exam)					
Skeletal manifestations	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Extra-articular manifestations	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
ARTHRITIS ASSOCIATED WITH OTHER SKI	N DISEASES (<2%	% of exam)			
SAPHO syndrome (synovitis, acne, pustulosis, hyperostosis, LF and osteitis)	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>×</b>	×
PERIPHERAL SPONDYLOARTHRITIS (<2%	of exam)				
Skeletal manifestations	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Extra-articular manifestations	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×



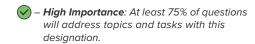
Low Importance: No questions will address topics and tasks with this designation.

OTHER RHEUMATIC AND CONNECTIVE TISSUE DISORDEF (ORCT) (15.5% of exam)	as	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
RAYNAUD PHENOMENON (<2% of ex	am)					
Primary*		<b>⊘</b>	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Secondary*		$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
PRIMARILY FIBROSING RHEUMATIC	DISEAS	SES (4% of exam)				
Systemic sclerosis						
Skin		$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Gastrointestinal		<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Cardiac	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Pulmonary		$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Renal	LF	$\bigcirc$	$\bigcirc$	<b>⊘</b>	$\bigcirc$	<b>⊘</b>
Scleroderma mimics		<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×	×
Eosinophilic fasciitis	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Retroperitoneal fibrosis (Ormond disease)	LF		<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
MYOPATHIES (3% of exam)						
Idiopathic inflammatory myopathies		<b>⊘</b>	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Metabolic myopathies	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×	×
Medication-associated		$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Critical illness-associated	LF	<b>⊘</b>	<b>⊘</b>	<b>Ø</b>	<b>⊘</b>	×
SJÖGREN SYNDROME (2% of exam)						
Sjögren syndrome		<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
PRIMARY ANTIPHOSPHOLIPID ANTI	BODY S	SYNDROME (<2%	of exam)			
Primary antiphospholipid antibody syndrome		<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>



Low Importance: No questions will address topics and tasks with this designation.

OTHER RHEUMATIC AND CONNECTIVE TISSUE DISORDERS (ORCT) continued (15.5% of exam)	3	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
SKIN-ASSOCIATED RHEUMATIC DISE	ASES (	<2% of exam)				
Erythema nodosum		$\bigcirc$	<b>⊘</b>	<b>✓</b>	<b>⊘</b>	×
Other forms of panniculitis	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×	×
Multicentric reticulohistiocytosis	LF	<b>⊘</b>	×	×	×	×
FEVER-ASSOCIATED RHEUMATIC DIS	ORDE	RS (<2% of exam	)			
Autoinflammatory disorders	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>Ø</b>	×
Adult-onset Still disease (AOSD)	LF	<b>⊘</b>	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Hemophagocytic lymphohistiocytosis and macrophage activation syndrome (HLH/MAS)	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	8
JOINT-ASSOCIATED RHEUMATIC DISE	EASES	(<2% of exam)				
Polymyalgia rheumatica (PMR)		$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Remitting seronegative symmetric synovitis with pitting edema (RS3PE)	LF	<b>⊘</b>	<u> </u>	<b>Ø</b>	<b>⊘</b>	×
Palindromic rheumatism	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
MISCELLANEOUS RHEUMATIC DISOF	RDERS	(<2% of exam)				,
Autoimmune hearing loss	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×	×
Autoimmune eye disease		<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
IgG4-related disease	LF	<b>⊘</b>	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	×
Relapsing polychondritis	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Overlap syndromes		$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	×
Undifferentiated connective tissue disease		<b>⊘</b>	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	×
Mixed connective tissue disease		$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Autoimmune encephalitis		$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
VEXAS	LF	$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>



Low Importance: No questions will address topics and tasks with this designation.

OTHER RHEUMATIC AND CONNECTIVE TISSUE DISORDERS (ORCT) continued (15.5% of exam)	S	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
PEDIATRIC DISORDERS (<2% of exam)	)					
Juvenile idiopathic arthritis (JIA)						
Childhood disease	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Complications in adulthood	LF	<b>⊘</b>		<b>⊘</b>	<b>⊘</b>	×
Kawasaki disease (KD)	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Juvenile dermatomyositis (JDM)	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×	×
Juvenile localized scleroderma (JLS)	LF	×	×	×	×	×
Pediatric joint disorders seen in adul	thood	k				
Developmental dysplasia of the hip (DDH)	LF	×	×	×	8	<b>×</b>
Slipped capital femoral epiphysis (SCFE)	LF		×	<b>×</b>	×	<b>×</b>
Legg-Calve-Perthes disease	LF	×	×	×	×	×
LUPUS ERYTHEMATOSUS (9.5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
		Diagnosis	Testing		Prognosis/	
(9.5% of exam)		Diagnosis	Testing		Prognosis/	
(9.5% of exam)  DRUG-INDUCED (<2% of exam)					Prognosis/	Basic Science
(9.5% of exam)  DRUG-INDUCED (<2% of exam)  Drug-induced					Prognosis/	Basic Science
(9.5% of exam)  DRUG-INDUCED (<2% of exam)  Drug-induced  CUTANEOUS (<2% of exam)		<b>⊘</b>	<b>⊘</b>	Care Decisions	Prognosis/ Epidemiology	Basic Science
(9.5% of exam)  DRUG-INDUCED (<2% of exam)  Drug-induced  CUTANEOUS (<2% of exam)  Isolated		<ul><li>✓</li></ul>	<ul><li>✓</li><li>✓</li></ul>	Care Decisions	Prognosis/ Epidemiology	Basic Science
(9.5% of exam)  DRUG-INDUCED (<2% of exam)  Drug-induced  CUTANEOUS (<2% of exam)  Isolated  In systemic disease		<ul><li>✓</li></ul>	<ul><li>✓</li><li>✓</li></ul>	Care Decisions	Prognosis/ Epidemiology	Basic Science
(9.5% of exam)  DRUG-INDUCED (<2% of exam)  Drug-induced  CUTANEOUS (<2% of exam)  Isolated  In systemic disease  SYSTEMIC (7.5% of exam)		<ul><li>✓</li></ul>	<ul><li>✓</li><li>✓</li></ul>	Care Decisions	Prognosis/ Epidemiology	Basic Science
DRUG-INDUCED (<2% of exam)  Drug-induced  CUTANEOUS (<2% of exam)  Isolated  In systemic disease  SYSTEMIC (7.5% of exam)  Renal  Immune-mediated glomerular and	LF	<ul><li>✓</li><li>✓</li><li>✓</li></ul>		Care Decisions	Prognosis/ Epidemiology	Basic Science
DRUG-INDUCED (<2% of exam)  Drug-induced  CUTANEOUS (<2% of exam)  Isolated  In systemic disease  SYSTEMIC (7.5% of exam)  Renal  Immune-mediated glomerular and tubular disease  Antiphospholipid antibody	LF	<ul><li>✓</li><li>✓</li><li>✓</li></ul>		Care Decisions	Prognosis/ Epidemiology	Basic Science



 Low Importance: No questions will address topics and tasks with this designation.

LUPUS ERYTHEMATOSUS						
continued (9.5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
SYSTEMIC continued (7.5% of exam)			1		1	
Neurologic						
Central nervous system: inflammatory, vaso-occlusive, microangiopathies, and others	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>Ø</b>
Spinal cord	LF	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Peripheral nerves	LF	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Neuromyelitis optica	LF	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Pulmonary						
Pneumonitis	LF	$\bigcirc$	$\bigcirc$	$\bigcirc$	<b>⊘</b>	×
Thromboembolism		$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Pulmonary hypertension	LF	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Cardiovascular						
Myocardial disease	LF	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Valvular disease	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Accelerated atherosclerosis		$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Serositis						
Pleuritis*		$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Pericarditis*		$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Peritonitis*		<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×	×
Hematologic						
Autoimmune cytopenias		$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Hemolytic uremic syndrome (HUS) and thrombotic thrombocytopenic purpura (TTP)	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Automimmune clotting factor deficiencies (overlap with antiphospholipid antibody syndrome)	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×



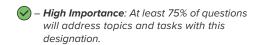
Low Importance: No questions will address topics and tasks with this designation.

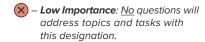
LUPUS ERYTHEMATOSUS continued (9.5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
SYSTEMIC continued (7.5% of exam	1)				•	
Musculoskeletal						
Joints, tendons, and ligaments		$\bigcirc$	$\bigcirc$	$\bigcirc$	<b>⊘</b>	×
Muscle disease		$\bigcirc$	$\bigcirc$	$\bigcirc$	<b>⊘</b>	×
Lupus in pregnancy		$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Neonatal lupus	LF	$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Vasculitis	LF	<b>⊘</b>	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>Ø</b>
Antiphospholipid antibody syndrom	ne (APS	5)				
Clinical features excluding pregnancy		<b>⊘</b>	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Pregnancy	LF	$\bigcirc$	$\bigcirc$	$\bigcirc$	<b>⊘</b>	×
Catastrophic APS	LF	$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>Ø</b>
NONARTICULAR AND REGIONAL MUSCULOSKELETAL DISORDER					Risk Assessment/	
(7.5% of exam)	rs	Diagnosis	Testing	Treatment/ Care Decisions	Prognosis/ Epidemiology	Pathophysiology/ Basic Science
		Diagnosis	Testing		Prognosis/	
(7.5% of exam)		Diagnosis	Testing		Prognosis/	
(7.5% of exam)  DIFFUSE PAIN SYNDROMES (<2% of				Care Decisions	Prognosis/ Epidemiology	Basic Science
(7.5% of exam)  DIFFUSE PAIN SYNDROMES (<2% of Fibromyalgia  Complex regional pain syndrome	f exam)	<b>⊘</b>	<b>⊘</b>	Care Decisions	Prognosis/ Epidemiology	Basic Science
(7.5% of exam)  DIFFUSE PAIN SYNDROMES (<2% of Fibromyalgia  Complex regional pain syndrome (reflex sympathetic dystrophy)	exam)	<ul><li>✓</li><li>✓</li><li>✓</li></ul>	<ul><li>✓</li><li>✓</li><li>✓</li></ul>	Care Decisions	Prognosis/ Epidemiology	Basic Science
(7.5% of exam)  DIFFUSE PAIN SYNDROMES (<2% of Fibromyalgia  Complex regional pain syndrome (reflex sympathetic dystrophy)  Medication-induced diffuse pain	exam)	<ul><li>✓</li><li>✓</li><li>✓</li></ul>	<ul><li>✓</li><li>✓</li><li>✓</li></ul>	Care Decisions	Prognosis/ Epidemiology	Basic Science
(7.5% of exam)  DIFFUSE PAIN SYNDROMES (<2% of Fibromyalgia  Complex regional pain syndrome (reflex sympathetic dystrophy)  Medication-induced diffuse pain  REGIONAL MUSCULOSKELETAL DIS	exam)	<ul><li>✓</li><li>✓</li><li>✓</li></ul>	<ul><li>✓</li><li>✓</li><li>✓</li></ul>	Care Decisions	Prognosis/ Epidemiology	Basic Science
(7.5% of exam)  DIFFUSE PAIN SYNDROMES (<2% of Fibromyalgia  Complex regional pain syndrome (reflex sympathetic dystrophy)  Medication-induced diffuse pain  REGIONAL MUSCULOSKELETAL DISTANCE (Axial syndromes)	exam)	PRS (6.5% of exam)	<ul><li>✓</li><li>✓</li><li>✓</li></ul>	Care Decisions	Prognosis/ Epidemiology	Basic Science
(7.5% of exam)  DIFFUSE PAIN SYNDROMES (<2% of Fibromyalgia  Complex regional pain syndrome (reflex sympathetic dystrophy)  Medication-induced diffuse pain  REGIONAL MUSCULOSKELETAL DISTANCE Axial syndromes  Back pain	exam)	RS (6.5% of exam)	<ul><li>✓</li><li>✓</li><li>✓</li></ul>	Care Decisions	Prognosis/ Epidemiology	Basic Science
DIFFUSE PAIN SYNDROMES (<2% of Fibromyalgia  Complex regional pain syndrome (reflex sympathetic dystrophy)  Medication-induced diffuse pain  REGIONAL MUSCULOSKELETAL DIS  Axial syndromes  Back pain  Neck pain	tF SORDE	RS (6.5% of exam)		Care Decisions	Prognosis/ Epidemiology	Basic Science
DIFFUSE PAIN SYNDROMES (<2% of Fibromyalgia  Complex regional pain syndrome (reflex sympathetic dystrophy)  Medication-induced diffuse pain  REGIONAL MUSCULOSKELETAL DIS  Axial syndromes  Back pain  Neck pain  Thoracic outlet syndrome	tF SORDE	RS (6.5% of exam)		Care Decisions	Prognosis/ Epidemiology	Basic Science



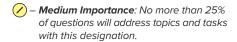
X – Low Importance: No questions will address topics and tasks with this designation.

NONARTICULAR AND REGIONAL MUSCULOSKELETAL DISORDERS continued			,	Risk Assessment/	
(7.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Prognosis/ Epidemiology	Pathophysiology/ Basic Science
REGIONAL MUSCULOSKELETAL DISORDE	RS continued (	6.5% of exam)		•	
Elbow disorders					
Joint	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Soft tissue	$\bigcirc$			<b>⊘</b>	×
Wrist and hand disorders					
Joint	<b>⊘</b>	<b>⊘</b>	$\bigcirc$	<b>⊘</b>	<b>⊘</b>
Soft tissue	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Hip disorders					
Joint	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Soft tissue	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>×</b>
Knee disorders					
Joint	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Soft tissue	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Ankle and foot disorders					
Joint	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Soft tissue	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Leg disorders	<b>⊘</b>	<b>Ø</b>	<b>⊘</b>	<b>⊘</b>	×
NEUROPATHIES (<2% of exam)			1		
Axial disorders	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Peripheral disorders					
Entrapment neuropathies	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Mononeuritis multiplex LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Polyneuropathy	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Small fiber neuropathy	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×	×



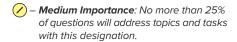


NONRHEUMATIC SYSTEMIC DISORDERS (5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
HEREDITARY, CONGENITAL, AND INBO	ORN E	RRORS OF META	BOLISM ASSOCIA	ATED WITH RHEU	MATIC SYNDROM	IES (<2% of exam)
Disorders of connective tissue						
Marfan syndrome	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Osteogenesis imperfecta	LF	<b>⊘</b>	<b>⊘</b>	×	×	×
Ehlers-Danlos syndromes including hypermobility	LF	<b>⊘</b>	<b>⊘</b>			<b>×</b>
Mucopolysaccharidoses	LF	×	×	×	×	×
Osteochondrodysplasias						
Multiple epiphyseal dysplasia	LF	×	×	×	×	×
Spondyloepiphyseal dysplasia	LF	×	×	×	×	×
Inborn errors of metabolism affecting	g con	nective tissue				
Homocystinuria	LF	×	×	×	×	×
Ochronosis	LF	×	×	×	×	×
Storage disorders	LF	$\bigotimes$	×	×	×	$\otimes$
IMMUNODEFICIENCIES (<2% of exam)	)					
Immunoglobulin A (IgA) deficiency	LF		<b>⊘</b>	<b>⊘</b>	×	×
Complement component deficiencies	LF	<b>⊘</b>	<b>(</b>	<b>⊘</b>	×	×
Common variable immunodeficiency	LF			<b>⊘</b>	×	×



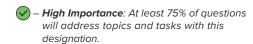
— Low Importance: No questions will address topics and tasks with this designation.

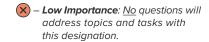
<b>LF</b> – <b>Low Frequency</b> : No more	than 25%	of questions will a	ddress topics with a	this designation, rega	rdless of task or impo	ortance.
NONRHEUMATIC SYSTEMIC DISORDERS continued				Treatment/	Risk Assessment/ Prognosis/	Pathophysiology/
(5% of exam)		Diagnosis	Testing	Care Decisions	Epidemiology	Basic Science
METABOLIC-ASSOCIATED RHEUM	ATIC DIS	ORDERS (2.5% o	f exam)			
Diabetes mellitus		$\bigcirc$		<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Acromegaly	LF	<b>⊘</b>	<b>⊘</b>	<b>×</b>	×	×
Thyroid disease		$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Cushing disease	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Parathyroid disease		<b>✓</b>	<b>⊘</b>	<b>⊘</b>	<b>✓</b>	<b>⊘</b>
Renal failure and dialysis		<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
HEMATOLOGIC AND ONCOLOGIC	MALIGNA	ANCY-ASSOCIAT	ED RHEUMATIC	DISORDERS (<2%	% of exam)	
Amyloidosis						
Primary	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Secondary	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Hereditary	LF	<b>⊘</b>	×	<b>×</b>	×	×
Lymphoma	LF	$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	×
Myelodysplastic syndromes	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Leukemia	LF				×	×
Solid tumors		<b>⊘</b>		<b>⊘</b>	<b>⊘</b>	×
Plasma cell dyscrasias	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Hemoglobinopathies						
Sickle cell	LF		<b>⊘</b>	×	×	×
Hemophilias	LF	<b>⊘</b>	×	×	×	×
ARTHRITIC AND RHEUMATIC DISO	RDERS (	2% of exam)				
Hemochromatosis	LF	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Myositis ossificans progressiva	LF	×	×	<b>×</b>	×	×
Wilson disease	LF	<b>⊘</b>	<b>⊘</b>	<b>×</b>	×	×
Sarcoidosis		$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>



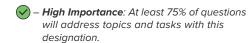
Low Importance: No questions will address topics and tasks with this designation.

NONRHEUMATIC SYSTEMIC DISORDERS continued				Treatment/	Risk Assessment/ Prognosis/	Pathophysiology/
(5% of exam)		Diagnosis	Testing	Care Decisions	Epidemiology	Basic Science
ARTHRITIC AND RHEUMATIC DISOR	DERS	continued (2% d	of exam)			
Scurvy	LF	<b>✓</b>	<b>⊘</b>	×	×	×
Pancreatic disease	LF	<b>⊘</b>	<b>⊘</b>	×	×	×
Primary biliary cholangitis	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Cystic fibrosis	LF	<b>⊘</b>	×	×	×	×
Graft-versus-host disease	LF	<b>⊘</b>	×	×	×	×
Celiac disease		<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Drug-associated		$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Environmental agent-associated	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
NEUROLOGIC (<2% of exam)						
Amyotrophic lateral sclerosis (ALS)	LF	<b>⊘</b>	×	×	×	×
Neuropathic arthropathy	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
VASCULITIDES (8.5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
LARGE-VESSEL VASCULITIS (<2% of	exam)					
Takayasu arteritis	LF	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>Ø</b>	<b>⊘</b>
Giant cell arteritis		$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
MEDIUM-VESSEL VASCULITIS (<2% of	of exan	n)				
Polyarteritis nodosa	LF	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	$\bigcirc$	<b>⊘</b>
SMALL-VESSEL VASCULITIS (3% of e	xam)					
Antineutrophil cytoplasmic antibody	(ANC	A)-associated va	asculitis			
Granulomatosis with polyangiitis		$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Microscopic polyangiitis	LF	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Eosinophilic granulomatosis with polyangiitis (Churg-Strauss)	LF	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>





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VASCULITIDES continued				Treatment/	Risk Assessment/ Prognosis/	Pathophysiology/
(8.5% of exam)		Diagnosis	is Testing	Care Decisions	Epidemiology	Basic Science
SMALL-VESSEL VASCULITIS continue	ed (3°	% of exam)				
Immune complex small-vessel vasc	ulitis					
Anti-glomerular basement membrane disease	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Cryoglobulinemic vasculitis	LF	$\bigcirc$	$\bigcirc$	$\bigcirc$	<b>⊘</b>	<b>⊘</b>
IgA vasculitis (Henoch-Schonlein purpura)	LF	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Hypocomplementemic urticarial vasculitis (anti-C1q vasculitis)	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
VARIABLE-VESSEL VASCULITIS (<2%	of exa	m)				
Behçet disease	LF	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Cogan syndrome	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
SINGLE-ORGAN VASCULITIS (<2% of	exam)					
Cutaneous leukocytoclastic angiitis		$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>Ø</b>	<b>⊘</b>
Cutaneous arteritis	LF		<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Primary central nervous system angiitis	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Isolated aortitis	LF	<b>⊘</b>	<b>⊘</b>		<b>⊘</b>	×
VASCULITIS ASSOCIATED WITH PRO	BABLE	E ETIOLOGY (<29	% of exam)			
Hepatitis C virus-associated cryoglobulinemic vasculitis	LF	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>(</b>
Hepatitis B virus-associated vasculitis	LF	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>
Syphilis-associated aortitis	LF			×	×	×
Drug-induced vasculitis						
Drug-induced ANCA-associated vasculitis	LF	$\bigcirc$	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>×</b>
Drug-induced immune complex vasculitis	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Other drug-induced vasculitis	LF	<b>✓</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Cancer-associated vasculitis	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×



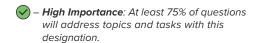
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VASCULITIDES continued (8.5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
VASCULITIS MIMICKERS (<2% of example)	m)				•	
Buerger disease (thromboangiitis obliterans)	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Cholesterol emboli	LF			<b>⊘</b>	<b>⊘</b>	×
Fibromuscular dysplasia	LF	<b>⊘</b>	<b>⊘</b>	×	×	×
Segmented arterial mediolysis	LF	<b>⊘</b>	<b>⊘</b>	×	×	×
Warfarin necrosis	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Reversible cerebral vasoconstriction syndrome	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Moyamoya disease	LF	<b>⊘</b>	<b>⊘</b>	×	×	×
Atrial myxoma	LF	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×	×
Endocarditis	LF	<b>⊘</b>	<b>⊘</b>	<b>✓</b>	<b>⊘</b>	×
Calciphylaxis	LF	<b>⊘</b>	<b>⊘</b>	<b>✓</b>	×	×
Amyloid angiopathy	LF	<b>Ø</b>	×	<b>×</b>	×	×
MISCELLANEOUS TOPICS (2% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
ARTHROCENTESIS AND INJECTIONS	- 6 (<2%	of exam)				
Anatomy		$\bigcirc$	Not Applicable	$\bigcirc$	Not Applicable	<b>✓</b>
Precautions		Not Applicable	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	Not Applicable
Potential sequelae		$\bigcirc$	Not Applicable	<b>⊘</b>	<b>⊘</b>	Not Applicable



Low Importance: No questions will address topics and tasks with this designation.

MISCELLANEOUS TOPICS continued (2% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
GENERAL CLINICAL CARE (<2% of exam)	10			1	
Rehabilitation in rheumatic diseases					
Exercise	– Task not otherwise specified		<b>⊘</b>	<ul><li>Task not otherwise specified</li></ul>	
Theraputic modalities	Task not otherwise specified		<b>⊘</b>	<ul><li>Task not otherwise specified</li></ul>	
Thermal modalities	/ – Task not otherwise specified				
Adaptive equipment and assistive devices	<ul><li>Task not otherwise specified</li></ul>		<b>⊘</b>	<ul><li>Task not otherwise specified</li></ul>	
Footwear and orthotics	<ul><li>Task not otherwise specified</li></ul>		<b>⊘</b>	<ul><li>– Task not otherwise specified</li></ul>	
Functional status and disability determination	<ul> <li>✓ – Task not otherwise specified</li> </ul>				
Pain management					
Physiology of pain	Not Applicable				<b>⊘</b>
Opioid contract	Not Applicable	<b>⊘</b>	Not		plicable
Psychosocial aspects of rheumatic disea	ases				
Psychological and emotional factors including sexuality	- Task not otherwise specified				
Economic and vocational issues	<ul> <li>Task not otherwise specified</li> </ul>				
Perioperative management of rheumatic diseases	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×
Nutrition	<b>⊘</b>	<b>⊘</b>	<b>⊘</b>	×	×
Complementary and alternative practices	<ul> <li>Task not otherwise specified</li> </ul>				
TREATMENT ADHERENCE (<2% of exam)					
Barriers	Not Applicable		<b>⊘</b>	Not Applicable	
Health literacy	Not Applicable		<b>⊘</b>	Not Applicable	



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MISCELLANEOUS TOPICS continued (2% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science	
PROFESSIONALISM AND ETHICAL BEHAVIOR (<2% of exam)						
Ethical dilemmas LF	<b>⊘</b>	Not Applicable	<b>⊘</b>	<b>⊘</b>	Not Applicable	
Professionalism	<b>⊘</b>	Not Applicable	<b>⊘</b>	<b>⊘</b>	Not Applicable	
Communication						
Interpersonal communication skills	<b>⊗</b>	Not Applicable	<b>⊘</b>	<b>⊘</b>	Not Applicable	
Use of medical interpreters LF	<b>⊘</b>	Not Applicable	<b>⊘</b>	<b>⊘</b>	Not Applicable	