

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 singlebest- 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

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	7%
Rheumatoid Arthritis	14%
Spondyloarthritis	7%
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:

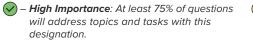
- At least 75% of questions will address high-importance content (indicated in green)
- No more than 25% of questions will address mediumimportance content (indicated in yellow)
- No exam questions will address low-importance content (indicated in red)

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).

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



 — Medium Importance: No more than 25% of questions will address topics and tasks with this designation.
 Eow 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
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ANATOMY, BIOLOGY, AND STRUCTURE OF MUSCULOSKELETAL TISSUES (<2% of exam)

Joints and ligaments, intervertebral discs, synovium, and cartilage		Not Applicable	\checkmark
Connective tissue cells, matrix components and macromolecules	LF	Not Applicable	$\overline{\mathbf{x}}$
Bone		Not Applicable	
Muscles, tendons, and bursae		Not Applicable	
Blood vessels	LF	Not Applicable	
Nerves		Not Applicable	

IMMUNOLOGY (<2% of exam)

Anatomy and cellular elements of the	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	×			



- 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	
IMMUNOLOGY continued (<2% of example	am)		1	1		1	
Immune and inflammatory mechanis	ms						
Antigens: types, structure, processing, presentation and elimination	LF		Not Applicable				
Components and regulation of innate immune system	LF		Not Ap	plicable		\bigotimes	
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						
Receptor-ligand interactions, adhesion molecules, complement receptors, Fc receptors, and signal transduction	LF		\bigotimes				
Complement and kinin systems: structure, function and regulation	LF		Not Ap	plicable		\bigotimes	
Acute-phase reactants and enzymatic defenses			Not Ap	plicable			
Cellular interactions, immune regulat	ion, a	and immunomod	ulation				
Activating and inhibitory immune receptors	LF		Not Applicable				
Cellular activiation, suppression, and regulation of each cell type	LF		\bigotimes				
Origin, structure, effect, site of action, metabolism, and regulation of cytokines, chemokines, and other inflammatory mediators	LF	Not Applicable			\bigcirc		
Mechanisms of immune tolerance	LF		Not Ap	plicable		×	



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BASIC AND CLINICAL SCIENCES continued (3.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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IMMUNOLOGY continued... (<2% of exam)

Immune responses			
IgE-mediated: acute and late-phase reactions	LF	Not Applicable	×
Immunoglobulin-mediated: opsonization, complement fixation, and antibody-dependent cellular cytotoxicity	LF	Not Applicable	\bigotimes
Immune complex-mediated: physiochemical properties and clearance of immune complexes	LF	Not Applicable	\bigotimes
Cell-mediated: cells and effector mechanisms in cellular cytotoxicity and granuloma formation	LF	Not Applicable	\bigotimes
Mucosal immunity: interactions between gut and bronchus- associated lymphoid tissue and secretory IgA	LF	Not Applicable	\bigotimes
Natural killer cells, lymphokine- activated killer cells, and graft- versus-host reaction	LF	Not Applicable	\bigotimes
Autoantibodies		Not Applicable	
Tissue destruction and repair			
Cellular and molecular mediators	LF	Not Applicable	×
Proteases and collagenases	LF	Not Applicable	\bigotimes



- 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 CL	INICAL INVESTIG	ATION (<2% of e	(am)			
Design of experimental protocols, clinical	trials, and outco	mes research				
Controls, validity, reliability, and 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				\checkmark	
Principles of epidemiology and health ser	vices research					
Prevalence and incidence		Not Ap	plicable		\checkmark	
Measurement of disease frequency LF		Not Ap	plicable		\bigcirc	
Application of epidemiologic data		Not Ap	plicable			
Data analysis, biostatistics, meta- analysis, and medical informatics		Not Applicable				
Principles of quality assessment and improvement	Not Applicable					
Ethical and legal issues						
Bioethics of basic research and LF		Not Ap	plicable		\bigotimes	
Patient rights and confidentiality		Not Ap	plicable			



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BASIC AND CLINICAL SCIENCES continued (3.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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RESEARCH PRINCIPLES IN BASIC AND CLINICAL INVESTIGATION *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	LF	Not Applicable	\bigotimes
Histochemistry and immunofluorescence of biopsied tissues	LF	Not Applicable	\checkmark
Molecular: Northern, Southern, and Western blotting, polymerase chain reaction, genetic mapping techniques, gene sequencing, and gene expression analysis	LF	Not Applicable	×
Monoclonal antibody production	LF	Not Applicable	\checkmark
Transgenic and gene knockout animals	LF	Not Applicable	\bigotimes
Principles of genetic and proteomic analysis: genetic epidemiology, gene transcription, and protein expression analysis	LF	Not Applicable	\bigotimes

CLINICAL ANALYSIS (<2% of exam)

Synovial fluid analysis	Not Applicable	\bigcirc
Appropriate use and interpretation of serologic, chemical, biochemical, and microbiologic laboratory tests	Not Applicable	\bigotimes



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BASIC AND CLINICAL SCIENCES continued (3.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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CLINICAL ANALYSIS continued... (<2% of exam)

Diagnostic imaging techniques		
Plain radiographs: in the assessment of normal and diseased joints, bones, and periarticular structures and prosthetic joints	Not Applicable	\diamond
Computed tomography, magnetic resonance imaging, radionuclide scanning, bone densitometry, and arteriography: principles of imaging of joints, bones, and periarticular structures and tissues	Not Applicable	\diamond
Ultrasonography: principles of imaging of joints and periarticular structures and tissues	Not Applicable	\bigcirc
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	\checkmark

PHARMACOLOGY: DOSING, PHARMACOKINETICS, METABOLISM, MECHANISMS OF ACTION, ADVERSE EFFECTS, AND DRUG INTERACTIONS (2% of exam)

Not Applicable	\checkmark
Not Applicable	\bigcirc
Not Applicable	\bigcirc
Not Applicable	\checkmark
Not Applicable	\bigcirc
	Not Applicable Not Applicable



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BASIC AND CLINICAL SCIENCES continued (3.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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PHARMACOLOGY: DOSING, PHARMACOKINETICS, METABOLISM, MECHANISMS OF ACTION, ADVERSE EFFECTS, AND DRUG INTERACTIONS *continued...* (2% of exam)

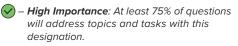
CRYSTAL-INDUCED ARTHROPATH	HIES	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science	
Agents to prevent opportunistic infections*	LF	Not App	plicable	\bigcirc	\bigcirc	\bigotimes	
Anti-fibrotic agents*	LF		Not Ap	plicable			
Vasodilator medications*	LF		Not Applicable				
Intravenous immunoglobulin (IVIG)	LF		Not Applicable				
Vaccines			Not Applicable				
Plasma exchange	LF		Not Applicable				
Colchicine		Not Applicable				\checkmark	

GOUT (5% of exam)

Primary gout					
Asymptomatic hyperuricemia	\checkmark	\checkmark	\checkmark		
Acute gout	\checkmark	\checkmark	\bigcirc	\checkmark	
Intercritical periods	\checkmark	\bigcirc	\bigcirc		
Tophaceous gout	\checkmark	\bigcirc	\bigcirc	\checkmark	
Conditions associated with gout	\checkmark	\bigcirc	\bigcirc		
Lead intoxication LF			\mathbf{x}	\mathbf{x}	$\overline{\mathbf{x}}$
Secondary gout					\mathbf{x}

CALCIUM PYROPHOSPHATE DIHYDRATE DEPOSITION (CPPD) (<2% of exam)

Familial LF				×
Secondary to primary metabolic disorders	\bigcirc		\bigcirc	\bigotimes
Idiopathic CPPD	\checkmark	\checkmark	\checkmark	



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

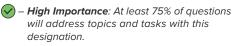
CRYSTAL-INDUCED ARTHROPATH continued (8% of exam)	IIES	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
BASIC CALCIUM PHOSPHATE CRYST	AL DE	POSITION (2% of	f exam)			
Basic calcium phosphate crystal deposition						\mathbf{x}
INFECTIONS 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 gonod	coccal)				
Native Joint	LF	\checkmark	\checkmark	\checkmark		
Prosthetic joint	LF	\bigcirc	\bigcirc			×
Spine	LF	\bigcirc	\checkmark			×
Bone	LF	\bigcirc				×
Soft tissue		\bigcirc				$\overline{\mathbf{X}}$
Mycobacterial	LF	\bigcirc	\checkmark			$\overline{\mathbf{X}}$
Spirochetal (syphilis, Lyme disease)	LF	\bigcirc	\checkmark			×
Viral (human immunodeficiency virus [HIV], hepatitis B virus, hepatitis C virus, parvovirus, chikungunya virus, and others)		\bigotimes	\bigcirc		\bigcirc	
Fungal	LF					×
Parasitic	LF	×	×	×	×	×
Whipple disease	LF			×	×	×
RELATED ARTHRITIDES (<2% of exam)					
Acute rheumatic fever and poststreptococcal arthritis	LF					$\overline{\mathbf{x}}$
Arthritis associated with bacterial endocarditis	LF	\bigcirc	\checkmark			$\overline{\mathbf{x}}$
Postimmunization arthritis	LF		$\overline{\mathbf{X}}$		×	\mathbf{X}



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METABOLIC BONE DISEASE (7.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
LOW BONE MASS (<2% of exam)					
Low bone mass	\checkmark	\bigcirc	\bigcirc	\checkmark	
OSTEOPOROSIS (4% of exam)					
Primary					
Postmenopausal	\checkmark	\bigcirc		\bigcirc	
Male	\checkmark	\bigcirc	\checkmark		
Secondary	\checkmark	\bigcirc	\checkmark	\checkmark	
OTHER CAUSES OF BONE LOSS (<2% of ex	am)				
Other causes of bone loss LF					×
PAGET DISEASE OF BONE (<2% of exam)					
Paget disease of bone LF					\mathbf{x}
BONE DISEASE RELATED TO RENAL DISEA	SE (<2% of exam))			
Bone disease related to renal disease					
OSTEOMALACIA (<2% of exam)					
Osteomalacia LF				\mathbf{x}	\mathbf{x}
OSTEOARTHRITIS AND RELATED DISORDERS (7% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
OSTEOARTHRITIS (5% of exam)					
Osteoarthritis	\bigcirc	\bigcirc	\checkmark	\bigcirc	
DIFFUSE IDIOPATHIC SKELETAL HYPEROS	TOSIS (DISH) (<2	?% of exam)			
Diffuse idiopathic skeletal hyperostosis (DISH)					\mathbf{x}
HYPERTROPHIC OSTEOARTHROPATHY (<2	?% of exam)				
Hypertrophic osteoarthropathy	\checkmark				×



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

OSTEOARTHRITIS AND RELATI DISORDERS continued	ED			Treatment/	Risk Assessment/ Prognosis/	Pathophysiology/
(7% of exam)		Diagnosis	Testing	Care Decisions	Epidemiology	Basic Science
MALIGNANT AND NONMALIGNAN	T TUMOR	S OF BONES, TE	NDONS, AND	JOINTS (<2% of exa	m)	
Benign tumors	LF				×	×
Malignant tumors	LF	\bigcirc				×
OSTEONECROSIS (<2% of exam)						
Osteonecrosis		\bigcirc	\bigcirc	\bigcirc		\bigotimes
RHEUMATOID ARTHRITIS (14% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
SEROPOSITIVE RHEUMATOID ART	HRITIS (8	% of exam)			,	
Early disease		\bigcirc	\bigcirc		\bigcirc	
Established disease		\checkmark	\checkmark		\checkmark	
Feltys syndrome		\checkmark	\bigcirc		\bigcirc	
SERONEGATIVE INFLAMMATORY	POLYART	HRITIS (<2% of e	xam)			
Seronegative inflammatory polyarthritis		\bigcirc	\bigcirc	\bigcirc	\bigcirc	
COMPLICATIONS OF ESTABLISHE	D DISEAS	E (4.5% of exam)				
Extra-articular manifestations		\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Cardiovascular disease: atherosclerotic cardiovascular disease and congestive heart failure		\bigcirc				\checkmark
Malignancy	LF	\bigcirc				×
Vasculitis	LF	\bigcirc	\bigcirc	\bigcirc		
Immunologic considerations						



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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	\checkmark	\checkmark		
Extra-articular manifestations	\bigcirc	\checkmark	\checkmark		$\overline{\mathbf{x}}$
NONRADIOGRAPHIC AXIAL SPONDYLOART	THRITIS (<2% of e	exam)			
Skeletal manifestations*	\bigcirc	\checkmark			×
Extra-articular manifestations*	\bigcirc	\checkmark	\bigcirc		×
REACTIVE ARTHRITIS (<2% of exam)					
Skeletal manifestations	\bigcirc	\checkmark	\checkmark		×
Extra-articular manifestations LF	\bigcirc	\checkmark	\bigcirc		×
ARTHRITIS ASSOCIATED WITH INFLAMMAT	ORY BOWEL DIS	SEASE (IBD) (<2	% of exam)		
Skeletal manifestations	\checkmark	\checkmark			
Extra-articular manifestations	\bigcirc	\checkmark	\bigcirc		×
PSORIATIC ARTHRITIS (2% of exam)					
Skeletal manifestations	\bigcirc	\checkmark			
Extra-articular manifestations	\bigcirc	\checkmark	\bigcirc		×
ARTHRITIS ASSOCIATED WITH OTHER SKIN	NDISEASES (<2%	of exam)			
SAPHO syndrome (synovitis, acne, pustulosis, hyperostosis, LF and osteitis)				\bigotimes	\bigotimes
PERIPHERAL SPONDYLOARTHRITIS (<2% o	f exam)				
Skeletal manifestations	\bigcirc	\checkmark	\bigcirc		×
Extra-articular manifestations					×



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OTHER RHEUMATIC AND CONNECTIVE TISSUE DISORDERS (ORCT) (15.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
RAYNAUD PHENOMENON (<2% of exam)					
Primary*	\bigcirc	\checkmark	\bigcirc	\bigcirc	
Secondary*	\bigcirc	\checkmark	\bigcirc		
PRIMARILY FIBROSING RHEUMATIC DISEA	SES (4% of exam))			
Systemic sclerosis					
Skin	\bigcirc	\checkmark			
Gastrointestinal	\checkmark				
Cardiac LF					\mathbf{X}
Pulmonary	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Renal LF	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Scleroderma mimics				\mathbf{x}	\mathbf{x}
Eosinophilic fasciitis LF	\checkmark				×
Retroperitoneal fibrosis (Ormond disease)					$\overline{\mathbf{x}}$
MYOPATHIES (3% of exam)					
Idiopathic inflammatory myopathies	\bigcirc	\checkmark	\bigcirc	\bigcirc	
Metabolic myopathies LF				×	×
Medication-associated	\bigcirc	\checkmark	\checkmark		
Critical illness-associated LF					×
SJÖGREN SYNDROME (2% of exam)					
Sjögren syndrome	\bigcirc	\checkmark	\bigcirc	\bigcirc	
PRIMARY ANTIPHOSPHOLIPID ANTIBODY	SYNDROME (<2%	6 of exam)			
Primary antiphospholipid antibody syndrome	\bigcirc	\checkmark	\bigcirc	\bigcirc	\checkmark



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× – Low Importance: <u>No</u> questions will address topics and tasks with this designation.

OTHER RHEUMATIC AND CONNECTIVE TISSUE DISORDERS (ORCT) continued (15.5% of exam)		agnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
SKIN-ASSOCIATED RHEUMATIC DISEA	ASES (<2%	of exam)				
Erythema nodosum		\checkmark	\bigcirc			×
Other forms of panniculitis	LF				×	×
Multicentric reticulohistiocytosis	LF		×	×	×	×
FEVER-ASSOCIATED RHEUMATIC DIS	ORDERS (<	2% of exan	ר)			
Autoinflammatory disorders	LF					\mathbf{x}
Adult-onset Still disease (AOSD)	LF	\bigcirc	\bigcirc	\checkmark		
Hemophagocytic lymphohistiocytosis and macrophage activation syndrome (HLH/MAS)	LF		\bigotimes			\bigotimes
JOINT-ASSOCIATED RHEUMATIC DISE	ASES (<2%	of exam)				
Polymyalgia rheumatica (PMR)		\bigcirc	\bigcirc	\checkmark	\checkmark	
Remitting seronegative symmetric synovitis with pitting edema (RS3PE)	LF			\checkmark		\bigotimes
Palindromic rheumatism	LF					×
MISCELLANEOUS RHEUMATIC DISOR	DERS (<2%	of exam)				
Autoimmune hearing loss	LF				×	$\overline{\mathbf{X}}$
Autoimmune eye disease		\checkmark				×
IgG4-related disease	LF	\checkmark	\bigcirc	\bigcirc		×
Relapsing polychondritis	LF	\checkmark				×
Overlap syndromes		\checkmark	\bigcirc	\bigcirc		×
Undifferentiated connective tissue disease		\checkmark	\bigcirc	\bigcirc		\bigotimes
Mixed connective tissue disease		\checkmark	\bigcirc	\bigcirc		
Autoimmune encephalitis		\checkmark	\checkmark	\bigcirc		
VEXAS	LF	\bigcirc	\checkmark			



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OTHER RHEUMATIC AND CONNECTIVE TISSUE DISORDERS (ORCT) continued (15.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
PEDIATRIC DISORDERS (<2% of exam)					
Juvenile idiopathic arthritis (JIA)					
Childhood disease LF					×
Complications in adulthood LF					$\overline{\mathbf{x}}$
Kawasaki disease (KD)					×
Juvenile dermatomyositis (JDM)				×	×
Juvenile localized scleroderma (JLS) LF	×	×	×	$\overline{\mathbf{X}}$	$\overline{\mathbf{x}}$
Pediatric joint disorders seen in adulthoo	d				
Developmental dysplasia of the hip (DDH)	\bigotimes	\bigotimes	\bigotimes	$\overline{\mathbf{x}}$	$\overline{\mathbf{x}}$
Slipped capital femoral epiphysis (SCFE)		\bigotimes	\bigotimes	\mathbf{x}	×
Legg-Calve-Perthes disease LF	×	×	\mathbf{X}	$\overline{\mathbf{X}}$	$\overline{\mathbf{x}}$
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)			Care Decisions	Prognosis/ Epidemiology	Basic Science
(9.5% of exam) DRUG-INDUCED (<2% of exam) Drug-induced			Care Decisions	Prognosis/ Epidemiology	Basic Science
(9.5% of exam) DRUG-INDUCED (<2% of exam) Drug-induced CUTANEOUS (<2% of exam)			Care Decisions	Prognosis/ Epidemiology	Basic Science
(9.5% of exam) DRUG-INDUCED (<2% of exam) Drug-induced CUTANEOUS (<2% of exam) Isolated	 ✓ ✓ 	 ⊘ 	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	 ✓ ✓ 	 ⊘ 	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)	 ✓ ✓ 	 ⊘ 	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) Renal Immune-mediated glomerular and	 ✓ ✓ 	 ⊘ 	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) Renal Immune-mediated glomerular and tubular disease	 ✓ ✓ 	 ⊘ 	Care Decisions	Prognosis/ Epidemiology	Basic Science

provisionally rated by the Rheumatology Approval Committee, pending the next blueprint review process.



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

× – Low Importance: <u>No</u> questions will address topics and tasks with this designation.

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



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LUPUS ERYTHEMATOSUS continued					Risk Assessment/	
(9.5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Prognosis/ Epidemiology	Pathophysiology/ Basic Science
SYSTEMIC continued (7.5% of exam)					•	
Musculoskeletal						
Joints, tendons, and ligaments			\checkmark	\bigcirc		×
Muscle disease		\checkmark	\checkmark			$\overline{\mathbf{x}}$
Lupus in pregnancy		\bigcirc	\checkmark		\bigcirc	
Neonatal lupus	LF	\bigcirc	\bigcirc			
Vasculitis	LF	\bigcirc	\checkmark			
Antiphospholipid antibody syndrome	(APS)					
Clinical features excluding pregnancy		\bigcirc	\checkmark			
Pregnancy	LF	\bigcirc				×
Catastrophic APS	LF	\bigcirc	\checkmark	\checkmark		
NONARTICULAR AND REGIONAL MUSCULOSKELETAL DISORDERS (7.5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
DIFFUSE PAIN SYNDROMES (<2% of e	xam)					1
Fibromyalgia		\bigcirc	\checkmark			
Complex regional pain syndrome (reflex sympathetic dystrophy)	1.0					
(reliex sympathetic dystrophy)	LF					\bigotimes
Medication-induced diffuse pain		 <td> <td> Ø Ø </td><td></td><td>× ×</td></td>	 <td> Ø Ø </td><td></td><td>× ×</td>	 Ø Ø 		× ×
Medication-induced diffuse pain						
Medication-induced diffuse pain REGIONAL MUSCULOSKELETAL DISC				 <td></td><td></td>		
Medication-induced diffuse pain REGIONAL MUSCULOSKELETAL DISC Axial syndromes		5.5% of exam)				8
Medication-induced diffuse pain REGIONAL MUSCULOSKELETAL DISC Axial syndromes Back pain		6.5% of exam)				
Medication-induced diffuse pain REGIONAL MUSCULOSKELETAL DISC Axial syndromes Back pain Neck pain	DRDERS (6	5.5% of exam)				 <
Medication-induced diffuse pain REGIONAL MUSCULOSKELETAL DISC Axial syndromes Back pain Neck pain Thoracic outlet syndrome	DRDERS (6	5.5% of exam)				 <



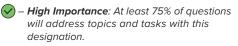
× – Low Importance: <u>No</u> questions will address topics and tasks with this designation.

NONARTICULAR AND REGIONAL MUSCULOSKELETAL DISORDERS continued (7.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
REGIONAL MUSCULOSKELETAL DISORDE	RS continued (6	.5% of exam)		•	
Elbow disorders					
Joint	\bigcirc				\mathbf{x}
Soft tissue	\checkmark				$\overline{\mathbf{x}}$
Wrist and hand disorders					
Joint	\checkmark	\bigcirc	\bigcirc		
Soft tissue	\bigcirc		\checkmark		×
Hip disorders					
Joint	\checkmark	\bigcirc	\bigcirc		×
Soft tissue	\bigcirc	\checkmark	\checkmark		×
Knee disorders					
Joint	\checkmark	\bigcirc	\bigcirc		
Soft tissue	\bigcirc	\checkmark	\checkmark		×
Ankle and foot disorders					
Joint	\bigcirc		\bigcirc		×
Soft tissue					×
Leg disorders					×
NEUROPATHIES (<2% of exam)					
Axial disorders	\bigcirc	\bigcirc	\bigcirc		$\overline{\mathbf{x}}$
Peripheral disorders					
Entrapment neuropathies	\bigcirc	\bigcirc			$\mathbf{\times}$
Mononeuritis multiplex LF	\bigcirc	\bigcirc	\bigcirc		
Polyneuropathy	\bigcirc				$\overline{\mathbf{X}}$
Small fiber neuropathy				×	×



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

NONRHEUMATIC SYSTEMIC DISORDERS (5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
HEREDITARY, CONGENITAL, AND INBO	ORN EF	RORS OF META	BOLISM ASSOC	CIATED WITH RHEU	MATIC SYNDROM	I ES (<2% of exam)
Disorders of connective tissue						
Marfan syndrome	LF					×
Osteogenesis imperfecta	LF			×	×	×
Ehlers-Danlos syndromes including hypermobility	LF					$\overline{\mathbf{x}}$
Mucopolysaccharidoses	LF	$\overline{\mathbf{x}}$	$\overline{\mathbf{x}}$	×	×	×
Osteochondrodysplasias						
Multiple epiphyseal dysplasia	LF	×	×	×	×	×
Spondyloepiphyseal dysplasia	LF	×	$\overline{\mathbf{x}}$	\mathbf{x}	×	×
Inborn errors of metabolism affecting	g conr	nective tissue				
Homocystinuria	LF	×	×	×	×	×
Ochronosis	LF	$\overline{\mathbf{x}}$	×	×	×	×
Storage disorders	LF	\bigotimes	×	×	\mathbf{x}	$\overline{\mathbf{X}}$
IMMUNODEFICIENCIES (<2% of exam))	·				
Immunoglobulin A (IgA) deficiency	LF				\mathbf{x}	\mathbf{x}
Complement component deficiencies	LF				\bigotimes	\bigotimes
Common variable immunodeficiency	LF				×	×



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NONRHEUMATIC SYSTEMIC DISORDERS continued (5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
METABOLIC-ASSOCIATED RHEUMATIC DI	SORDERS (2.5% o	of exam)			
Diabetes mellitus	\checkmark				
Acromegaly LF			×	×	×
Thursdallage					

Thyroid disease	\bigcirc	\checkmark		
Cushing disease LF				
Parathyroid disease				
Renal failure and dialysis				×

HEMATOLOGIC AND ONCOLOGIC MALIGNANCY-ASSOCIATED RHEUMATIC DISORDERS (<2% of exam)

Amyloidosis						
Primary	LF					\mathbf{X}
Secondary	LF					
Hereditary	LF		\mathbf{x}	\mathbf{x}	$\overline{\mathbf{x}}$	$\overline{\mathbf{X}}$
Lymphoma	LF	\checkmark	\bigcirc			×
Myelodysplastic syndromes	LF					$\mathbf{\times}$
Leukemia	LF				×	$\mathbf{\times}$
Solid tumors						$\mathbf{\times}$
Plasma cell dyscrasias	LF					$\overline{\mathbf{X}}$
Hemoglobinopathies						
Sickle cell	LF			\mathbf{x}	$\overline{\mathbf{x}}$	\mathbf{X}
Hemophilias	LF		×	×	$\overline{\mathbf{x}}$	×
ARTHRITIC AND RHEUMATIC DISO	RDERS	(2% of exam)				
Hemochromatosis	LF	\checkmark				
Myositis ossificans progressiva	LF	×	×	×	×	×
Wilson disease	LF			×	×	×

Sarcoidosis

 \bigcirc

 \bigcirc

 \bigcirc

 \checkmark



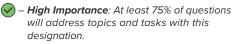
- Low Importance: No questions will address topics and tasks with this designation.

NONRHEUMATIC SYSTEMIC DISORDERS continued (5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
ARTHRITIC AND RHEUMATIC DISORI	DERS of	continued (2% c	of exam)			
Scurvy	LF			×	×	\mathbf{x}
Pancreatic disease	LF			×	×	×
Primary biliary cholangitis	LF					×
Cystic fibrosis	LF		×	×	×	×
Graft-versus-host disease	LF		×	×	×	×
Celiac disease						
Drug-associated		\bigcirc		\bigcirc		
Environmental agent-associated	LF					×
NEUROLOGIC (<2% of exam)						
Amyotrophic lateral sclerosis (ALS)	LF	\checkmark	×	×	×	×
Neuropathic arthropathy	LF					×
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	\checkmark	\checkmark			
Giant cell arteritis		\bigcirc	\bigcirc		\bigcirc	
MEDIUM-VESSEL VASCULITIS (<2% o	f exam))			1	1
Polyarteritis nodosa	LF	\bigcirc	\bigcirc	\checkmark	\checkmark	
SMALL-VESSEL VASCULITIS (3% of ex	kam)			1		1
Antineutrophil cytoplasmic antibody	(ANC	A)-associated va	asculitis			
Granulomatosis with polyangiitis		\checkmark	\checkmark			
Microscopic polyangiitis	LF	\bigcirc	\checkmark		\bigcirc	
Eosinophilic granulomatosis with polyangiitis (Churg-Strauss)	LF	\bigcirc	\bigcirc	\bigcirc		



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

VASCULITIDES continued				Treatment/	Risk Assessment/ Prognosis/	Pathophysiology/
(8.5% of exam)		Diagnosis	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	\bigcirc				
Cryoglobulinemic vasculitis	LF	\checkmark	\checkmark			
IgA vasculitis (Henoch-Schonlein purpura)	LF	\bigcirc		\bigcirc		
Hypocomplementemic urticarial vasculitis (anti-C1q vasculitis)	LF					
VARIABLE-VESSEL VASCULITIS (<2%	of exa	<i>n)</i>				
Behçet disease	LF	\bigcirc	\bigcirc	\bigcirc		\mathbf{x}
Cogan syndrome	LF					×
SINGLE-ORGAN VASCULITIS (<2% of	exam)				1	1
Cutaneous leukocytoclastic angiitis		\checkmark	\bigcirc	\checkmark		
Cutaneous arteritis	LF					×
Primary central nervous system angiitis	LF	\bigcirc	\bigcirc	\bigcirc	\checkmark	\mathbf{x}
Isolated aortitis	LF					\mathbf{x}
VASCULITIS ASSOCIATED WITH PRO	BABLE	ETIOLOGY (<2%	6 of exam)			
Hepatitis C virus-associated cryoglobulinemic vasculitis	LF	\bigcirc	\checkmark	\bigcirc		
Hepatitis B virus-associated vasculitis	LF	\bigcirc	\checkmark		\checkmark	\checkmark
Syphilis-associated aortitis	LF			\mathbf{X}	×	$\overline{\mathbf{X}}$
Drug-induced vasculitis						
Drug-induced ANCA-associated vasculitis	LF	\bigcirc		\bigcirc		$\overline{\mathbf{x}}$
Drug-induced immune complex vasculitis	LF	\bigcirc				$\overline{\mathbf{x}}$
Other drug-induced vasculitis	LF					$\overline{\mathbf{x}}$
Cancer-associated vasculitis	LF					$\overline{\mathbf{X}}$



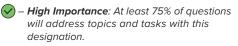
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VASCULITIDES continued				Treatment/	Risk Assessment/ Prognosis/	Pathophysiology/
(8.5% of exam)		Diagnosis	Testing	Care Decisions	Epidemiology	Basic Science
VASCULITIS MIMICKERS (<2% of exa	am)					
Buerger disease (thromboangiitis obliterans)	LF	\bigcirc		\bigcirc	\checkmark	\bigotimes
Cholesterol emboli	LF					×
Fibromuscular dysplasia	LF			×	×	×
Segmented arterial mediolysis	LF			×	×	×
Warfarin necrosis	LF					×
Reversible cerebral vasoconstriction syndrome	LF					\bigotimes
Moyamoya disease	LF			×	×	×
Atrial myxoma	LF				×	×
Endocarditis	LF	\checkmark	\bigcirc			×
Calciphylaxis	LF				×	×
Amyloid angiopathy	LF		$\overline{\mathbf{x}}$	×	\mathbf{X}	×
MISCELLANEOUS TOPICS (2% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science

ARTHROCENTESIS AND INJECTIONS (<2% of exam)

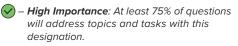
Anatomy	\checkmark	Not Applicable	\bigcirc	Not Applicable	
Precautions	Not Applicable	\bigcirc	\bigcirc	\checkmark	Not Applicable
Potential sequelae	\checkmark	Not Applicable	\checkmark	\checkmark	Not Applicable



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MISCELLANEOUS TOPICS continued (2% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science		
GENERAL CLINICAL CARE (<2% of exam)			I			
Rehabilitation in rheumatic diseases							
Exercise		 Task not otherwise specified 		 Task not otherwise specified 			
Theraputic modalities		 – Task not otherwise specified 		 – Task not otherwise specified 			
Thermal modalities		— Task not otherwise specified					
Adaptive equipment and assistive devices		 Task not otherwise specified 			 Task not otherwise specified 		
Footwear and orthotics		 – Task not otherwise specified 		 – Task not otherwise specified 			
Functional status and disability determination		 Task not otherwise specified 					
Pain management							
Physiology of pain		Not Applicable					
Opioid contract	Not Applicable		Not		Applicable		
Psychosocial aspects of rheumatic dise	eases						
Psychological and emotional factors including sexuality		– Task not otherwise specified					
Economic and vocational issues		 – Task not otherwise specified 					
Perioperative management of rheumatic diseases		\bigcirc		\bigcirc	×		
Nutrition				×	×		
Complementary and alternative practices		 – Task not otherwise specified 					
TREATMENT ADHERENCE (<2% of exam))						

Barriers	Not Applicable	Not Applicable	
Health literacy	Not Applicable	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		Not Applicable			Not Applicable		
Professionalism		Not Applicable			Not Applicable		
Communication							
Interpersonal communication skills	\bigcirc	Not Applicable			Not Applicable		
Use of medical interpreters LF		Not Applicable			Not Applicable		