

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, including the Knowledge Check-In introduced in 2019. 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. The ABIM Rheumatology Exam Committee and Board have used this feedback to update the blueprint for MOC assessments (beginning with the Fall 2016 administration of the 10-year MOC exam).

To inform how exam 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 exam 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 exam

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, MOC 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.

Exam format

The ten-year MOC exam contains up to 220 single-best-answer multiple-choice questions, of which up to 50 are new questions that do not count in the examinee's score. The Knowledge Check-In is composed of up to 90 single-best-answer multiple-choice questions, of which a small portion are new questions that do not count in the examinee's score (more information on how exams are developed can be found at abim.org/about/exam-information/exam-development.aspx). Examinees taking the traditional ten-year MOC exam will have access to an external resource (e.g., UpToDate®) for the entire exam. Examinees taking the Knowledge Check-In will have access to an external resource for the entire exam. 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

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.

Tutorials for the traditional ten-year MOC exam and for the Knowledge Check-In, including examples of ABIM exam question format, can be found at abim.org/maintenance-of-certification/exam-information/rheumatology/exam-tutorial.aspx.

Content distribution

Listed below are the major medical content categories that define the domain for the Rheumatology ten-year MOC exam and the Knowledge Check-In. The relative distribution of content is expressed as a percentage of the total exam. 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. Informed by these data, the Rheumatology Exam Committee and Board have determined the content category targets shown below.

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%
Seronegative Spondyloarthropathies	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%

The Rheumatology MOC exam 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 exam

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 *Exam 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 Exam Committee and Board, in partnership with the physician community, have set the following parameters for selecting MOC exam questions according to the blueprint review ratings:

- At least 75% of exam questions will address high-importance content (indicated in green)
- No more than 25% of exam questions will address medium-importance 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 exam questions will address low-frequency content (indicated by “LF” following the topic description).

The content selection priorities below are applicable beginning with the Spring 2017 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 MOC exam and Knowledge Check-In

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

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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)

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

IMMUNOLOGY (<2% of exam)

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

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BASIC AND CLINICAL SCIENCES <i>continued...</i> (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 and inflammatory mechanisms					
Antigens: types, structure, processing, presentation and elimination	LF		Not Applicable		✘
Components and regulation of innate immune system	LF		Not Applicable		✘
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 Applicable		✘
Acute-phase reactants and enzymatic defenses			Not Applicable		⚠
Cellular interactions, immune regulation, and immunomodulation					
Activating and inhibitory immune receptors	LF		Not Applicable		✘
Cellular activation, 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 Applicable		⚠
Mechanisms of immune tolerance	LF		Not Applicable		✘

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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		✘
Immune complex-mediated: physiochemical properties and clearance of immune complexes	LF		Not Applicable		✘
Cell-mediated: cells and effector mechanisms in cellular cytotoxicity and granuloma formation	LF		Not Applicable		✘
Mucosal immunity: interactions between gut and bronchus-associated lymphoid tissue and secretory IgA	LF		Not Applicable		✘
Natural killer cells, lymphokine-activated killer cells, and graft-versus-host reaction	LF		Not Applicable		✘
Autoantibodies			Not Applicable		⚠
Tissue destruction and repair					
Cellular and molecular mediators	LF		Not Applicable		✘
Proteases and collagenases	LF		Not Applicable		✘

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RESEARCH PRINCIPLES IN BASIC AND CLINICAL INVESTIGATION (<2% of exam)

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		⚠
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		⚠
Principles of quality assessment and improvement			Not Applicable		⚠
Ethical and legal issues					
Bioethics of basic research and clinical trials	LF		Not Applicable		✘
Patient rights and confidentiality			Not Applicable		⚠

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BASIC AND CLINICAL SCIENCES <i>continued...</i> (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			<i>Not Applicable</i>		⚡
Cellular: lymphocyte proliferation, flow cytometry	LF		<i>Not Applicable</i>		✘
Histochemistry and immunofluorescence of biopsied tissues	LF		<i>Not Applicable</i>		⚡
Molecular: Northern, Southern, and Western blotting, polymerase chain reaction, genetic mapping techniques, gene sequencing, and gene expression analysis	LF		<i>Not Applicable</i>		✘
Monoclonal antibody production	LF		<i>Not Applicable</i>		⚡
Transgenic and gene knockout animals	LF		<i>Not Applicable</i>		✘
Principles of genetic and proteomic analysis: genetic epidemiology, gene transcription, and protein expression analysis	LF		<i>Not Applicable</i>		✘

CLINICAL ANALYSIS (*<2% of exam*)

Synovial fluid analysis			<i>Not Applicable</i>		✔
Appropriate use and interpretation of serologic, chemical, biochemical, and microbiologic laboratory tests			<i>Not Applicable</i>		✔

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

Nonsteroidal anti-inflammatory drugs			Not Applicable		✔
Glucocorticoids: topical, intra-articular, and systemic			Not Applicable		✔
Systemic antirheumatic drugs					
Disease-modifying antirheumatic drugs (DMARDs) and immunosuppressive, cytotoxic, and immunomodulatory drugs			Not Applicable		✔
Biologics			Not Applicable		✔
Urate-lowering therapy			Not Applicable		✔
Antiresorptive bone agents			Not Applicable		✔
Anabolic bone agents			Not Applicable		⚡
Opioid and nonopioid analgesics			Not Applicable		✔

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BASIC AND CLINICAL SCIENCES <i>continued...</i> (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)

Colchicine		Not Applicable			✔
Plasma exchange	LF	Not Applicable			⚡
Vaccines		Not Applicable			✔
Intravenous immunoglobulin (IVIg)	LF	Not Applicable			⚡
Vasodilator medications*	LF	Not Applicable			⚡
Anti-fibrotic agents*	LF	Not Applicable			⚡
Opportunistic infections*	LF	✔	✔	⚡	✔

CRYSTAL-INDUCED ARTHROPATHIES (8% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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GOUT (5% of exam)

Primary gout					
Asymptomatic hyperuricemia		✔	✔	✔	⚡
Acute gout		✔	✔	✔	⚡
Intercritical periods		✔	✔	✔	⚡
Tophaceous gout		✔	✔	✔	⚡
Conditions associated with gout		✔	✔	✔	⚡
Lead intoxication	LF	⚡	⚡	✘	✘
Secondary gout					
Lesch-Nyhan syndrome	LF	✘	✘	✘	✘
Other secondary types of gout		⚡	⚡	⚡	✘

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

Familial	LF	⚡	⚡	⚡	⚡
Secondary to primary metabolic disorders		⚡	⚡	⚡	⚡
Idiopathic CPPD		✔	✔	✔	⚡

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CRYSTAL-INDUCED ARTHROPATHIES <i>continued...</i> (8% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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BASIC CALCIUM PHOSPHATE CRYSTAL DEPOSITION (2% of exam)

Basic calcium phosphate crystal deposition	⚠	⚠	⚠	⚠	✘
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INFECTIONS AND RELATED ARTHRITIDES (5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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INFECTIONS (4% of exam)

Bacterial (nongonococcal and gonococcal)					
Native Joint	LF	✔	✔	✔	⚠
Prosthetic joint	LF	✔	✔	⚠	✘
Spine	LF	✔	✔	⚠	✘
Bone	LF	✔	⚠	⚠	✘
Soft tissue		✔	⚠	⚠	✘
Mycobacterial	LF	✔	✔	⚠	✘
Spirochetal (syphilis, Lyme disease)	LF	✔	✔	✔	✘
Viral (human immunodeficiency virus [HIV], hepatitis B virus, hepatitis C virus, parvovirus, chikungunya virus, and others)		✔	✔	✔	⚠
Fungal	LF	⚠	⚠	⚠	✘
Parasitic	LF	✘	✘	✘	✘
Whipple's disease	LF	⚠	⚠	✘	✘

RELATED ARTHRITIDES (<2% of exam)

Acute rheumatic fever and poststreptococcal arthritis	LF	⚠	⚠	⚠	✘
Arthritis associated with bacterial endocarditis	LF	✔	✔	⚠	✘
Postimmunization arthritis	LF	⚠	✘	⚠	✘

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METABOLIC BONE DISEASE (7.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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LOW BONE MASS (<2% of exam)

Low bone mass	✔	✔	✔	✔	⚠
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OSTEOPOROSIS (4% of exam)

Primary					
Postmenopausal	✔	✔	✔	✔	⚠
Male	✔	✔	✔	⚠	⚠
Secondary					
Medication-induced	✔	✔	✔	✔	⚠

OTHER CAUSES OF BONE LOSS (<2% of exam)

Other causes of bone loss	LF	⚠	⚠	⚠	⚠	✘
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PAGET'S DISEASE OF BONE (<2% of exam)

Paget's disease of bone	LF	⚠	⚠	⚠	⚠	✘
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BONE DISEASE RELATED TO RENAL DISEASE (<2% of exam)

Bone disease related to renal disease		⚠	⚠	⚠	⚠	⚠
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OSTEOMALACIA (<2% of exam)

Osteomalacia	LF	⚠	⚠	⚠	✘	✘
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OSTEOARTHRITIS AND RELATED DISORDERS (7% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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OSTEOARTHRITIS (5% of exam)

Osteoarthritis	✔	✔	✔	✔	⚠
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DIFFUSE IDIOPATHIC SKELETAL HYPEROSTOSIS (DISH) (<2% of exam)

Diffuse idiopathic skeletal hyperostosis (DISH)	⚠	⚠	⚠	⚠	✘
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HYPERTROPHIC OSTEOARTHROPATHY (<2% of exam)

Hypertrophic osteoarthropathy	⚠	⚠	⚠	⚠	✘
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OSTEOARTHRITIS AND RELATED DISORDERS <i>continued...</i> (7% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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MALIGNANT AND NONMALIGNANT TUMORS OF BONES, TENDONS, AND JOINTS (<2% of exam)

Benign tumors	LF	⚠	⚠	⚠	✘	✘
Malignant tumors	LF	✔	⚠	⚠	⚠	✘

OSTEONECROSIS (<2% of exam)

Osteonecrosis		✔	✔	✔	⚠	✘
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RHEUMATOID ARTHRITIS (14% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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SEROPOSITIVE RHEUMATOID ARTHRITIS (8% of exam)

Early disease		✔	✔	✔	✔	⚠
Established disease		✔	✔	✔	✔	⚠
Late disease		✔	✔	✔	✔	⚠

SERONEGATIVE INFLAMMATORY POLYARTHRITIS (<2% of exam)

Seronegative inflammatory polyarthritis		✔	✔	✔	✔	⚠
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COMPLICATIONS OF ESTABLISHED DISEASE (4.5% of exam)

Extra-articular manifestations		✔	✔	✔	✔	⚠
Cardiovascular disease: atherosclerotic cardiovascular disease and congestive heart failure		⚠	⚠	⚠	⚠	⚠
Malignancy	LF	✔	⚠	⚠	⚠	✘
Vasculitis	LF	✔	✔	✔	⚠	⚠
Immunologic considerations		⚠	⚠	⚠	⚠	⚠

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SERONEGATIVE SPONDYLOARTHROPATHIES (7% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
ANKYLOSING SPONDYLITIS (<2% of exam)						
Skeletal manifestations		✔	✔	✔	⚡	⚡
Extra-articular manifestations		✔	✔	✔	⚡	✘
REACTIVE ARTHRITIS (<2% of exam)						
Skeletal manifestations		✔	✔	✔	⚡	✘
Extra-articular manifestations	LF	✔	✔	✔	⚡	✘
ARTHROPATHY ASSOCIATED WITH INFLAMMATORY BOWEL DISEASE (IBD) (<2% of exam)						
Skeletal manifestations		✔	✔	✔	⚡	⚡
Extra-articular manifestations		✔	✔	✔	⚡	✘
PSORIATIC ARTHROPATHY (2% of exam)						
Skeletal manifestations		✔	✔	✔	⚡	⚡
Extra-articular manifestations		✔	✔	✔	⚡	✘
ARTHRITIS ASSOCIATED WITH OTHER SKIN DISEASES (<2% of exam)						
SAPHO syndrome (synovitis, acne, pustulosis, hyperostosis, and osteitis)	LF	⚡	⚡	⚡	✘	✘
UNDIFFERENTIATED SPONDYLOARTHROPATHIES (<2% of exam)						
Skeletal manifestations		✔	✔	✔	⚡	✘
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'S PHENOMENON (<2% of exam)

Primary*	✔	✔	✔	✔	⚠
Secondary*	✔	✔	✔	✔	⚠

PRIMARILY FIBROSING RHEUMATIC DISEASES (4% of exam)

Systemic sclerosis					
Skin	✔	✔	✔	⚠	⚠
Gastrointestinal	✔	⚠	⚠	⚠	⚠
Cardiac	⚠	⚠	⚠	⚠	✘
Pulmonary	✔	✔	✔	✔	⚠
Renal	✔	✔	✔	✔	⚠

Scleroderma mimics

Scleromyxedema	⚠	⚠	⚠	✘	✘
Nephrogenic fibrosis	⚠	⚠	⚠	⚠	✘
Scleredema	⚠	⚠	✘	✘	✘
Eosinophilic fasciitis	⚠	⚠	⚠	⚠	✘
Retroperitoneal fibrosis (Ormond disease)	⚠	⚠	⚠	⚠	✘

PRIMARILY MYOPATHIC RHEUMATIC DISEASES (3% of exam)

Polymyositis	✔	✔	✔	✔	⚠
Dermatomyositis	✔	✔	✔	✔	⚠
Inclusion body myositis	✔	✔	⚠	⚠	⚠
Metabolic myopathies	⚠	⚠	⚠	✘	✘
Medication-associated	✔	✔	✔	⚠	⚠
Critical illness-associated	⚠	⚠	⚠	⚠	✘

SJOGREN'S SYNDROME (2% of exam)

Sjogren's syndrome	✔	✔	✔	✔	⚠
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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
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PRIMARY ANTIPHOSPHOLIPID ANTIBODY SYNDROME (<2% of exam)

Primary antiphospholipid antibody syndrome	✔	✔	✔	✔	⚠
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PRIMARILY SKIN-ASSOCIATED RHEUMATIC DISEASES (<2% of exam)

Erythema nodosum	✔	✔	⚠	⚠	✘
Other forms of panniculitis	LF	⚠	⚠	✘	✘
Multicentric reticulohistiocytosis	LF	⚠	✘	✘	✘

FEVER-ASSOCIATED RHEUMATIC DISORDERS (<2% of exam)

Autoinflammatory disorders	LF	⚠	⚠	⚠	✘
Adult-onset Still's disease (AOSD)	LF	✔	✔	✔	⚠
Hemophagocytic lymphohistiocytosis and macrophage activation syndrome (HLH/MAS)	LF	⚠	✔	⚠	✘

PRIMARILY JOINT-ASSOCIATED RHEUMATIC DISEASES (<2% of exam)

Polymyalgia rheumatica (PMR)		✔	✔	✔	✔	⚠
Remitting seronegative symmetric synovitis with pitting edema (RS3PE)	LF	⚠	⚠	⚠	⚠	✘
Palindromic rheumatism	LF	⚠	⚠	⚠	⚠	✘

MISCELLANEOUS RHEUMATIC DISORDERS (<2% of exam)

Autoimmune hearing loss	LF	⚠	⚠	⚠	✘	✘
Autoimmune eye disease		✔	⚠	⚠	⚠	✘
IgG4-related disease	LF	⚠	⚠	⚠	⚠	✘
Relapsing polychondritis	LF	✔	⚠	⚠	⚠	✘
Overlap syndromes		✔	✔	✔	⚠	✘
Undifferentiated connective tissue disease		✔	✔	✔	⚠	✘
Mixed connective tissue disease		✔	✔	✔	⚠	⚠

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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
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PEDIATRIC DISORDERS (<2% of exam)

Juvenile idiopathic arthritis (JIA)						
Childhood disease	LF	⚠	⚠	⚠	⚠	✘
Complications in adulthood	LF	⚠	⚠	⚠	⚠	✘
Kawasaki disease (KD)						
Juvenile dermatomyositis (JDM)	LF	⚠	⚠	⚠	✘	✘
Juvenile localized scleroderma (JLS)	LF	✘	✘	✘	✘	✘
Pediatric joint disorders seen in adulthood						
Developmental dysplasia of the hip (DDH)	LF	✘	✘	✘	✘	✘
Slipped capital femoral epiphysis (SCFE)	LF	⚠	✘	✘	✘	✘
Legg-Calve-Perthes disease	LF	✘	✘	✘	✘	✘

LUPUS ERYTHEMATOSUS (9.5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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DRUG-INDUCED (<2% of exam)

Drug-induced		✔	✔	✔	⚠	⚠
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CUTANEOUS (<2% of exam)

Isolated		✔	✔	✔	⚠	✘
In systemic disease		✔	✔	✔	⚠	⚠

SYSTEMIC (7.5% of exam)

Renal						
Immune-mediated glomerular and tubular disease		✔	✔	✔	⚠	⚠
Antiphospholipid antibody syndrome and microangiopathies	LF	✔	✔	✔	⚠	⚠
Renal insufficiency and hypertension		✔	✔	✔	⚠	⚠
Urologic complications	LF	⚠	⚠	⚠	✘	✘

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LUPUS ERYTHEMATOSUS <i>continued...</i> (9.5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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SYSTEMIC *continued...* (7.5% of exam)

Neurologic						
Central nervous system: inflammatory, vaso-occlusive, microangiopathies, and others	LF	✔	✔	✔	⚠	⚠
Spinal cord	LF	✔	✔	✔	⚠	✘
Peripheral nerves	LF	✔	⚠	⚠	⚠	✘
Neuromyelitis optica	LF	✔	⚠	⚠	⚠	✘
Affective disorders		⚠	⚠	⚠	⚠	✘
Pulmonary						
Pneumonitis	LF	✔	✔	✔	⚠	✘
Thromboembolism		✔	✔	✔	⚠	⚠
Pulmonary hypertension	LF	✔	✔	✔	⚠	⚠
Cardiovascular						
Myocardial disease	LF	✔	✔	✔	⚠	✘
Valvular disease	LF	⚠	⚠	⚠	⚠	✘
Accelerated atherosclerosis		✔	⚠	⚠	⚠	✘
Serositis						
Pleuritis*		✔	✔	✔	⚠	✘
Pericarditis*		✔	✔	✔	⚠	✘
Peritonitis*		⚠	⚠	⚠	✘	✘
Hematologic						
Autoimmune cytopenias		✔	✔	✔	⚠	⚠
Hemolytic uremic syndrome (HUS) and thrombotic thrombocytopenic purpura (TTP)	LF	✔	✔	✔	⚠	⚠
Automimmune clotting factor deficiencies (overlap with antiphospholipid antibody syndrome)	LF	⚠	⚠	⚠	⚠	✘

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LUPUS ERYTHEMATOSUS <i>continued...</i> (9.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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SYSTEMIC *continued...* (7.5% of exam)

Musculoskeletal					
Joints, tendons, and ligaments	✔	✔	✔	⚠	✘
Muscle disease	✔	✔	✔	⚠	✘
Lupus in pregnancy	✔	✔	✔	✔	⚠
Neonatal lupus	LF	✔	✔	⚠	⚠
Vasculitis	LF	✔	✔	✔	⚠

Antiphospholipid antibody syndrome (APS)					
Clinical features excluding pregnancy	✔	✔	✔	⚠	⚠
Pregnancy	LF	✔	✔	✔	✘
Catastrophic APS	LF	✔	✔	✔	⚠

NONARTICULAR AND REGIONAL MUSCULOSKELETAL DISORDERS (7.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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DIFFUSE PAIN SYNDROMES (<2% of exam)

Fibromyalgia	✔	✔	✔	⚠	⚠
Complex regional pain syndrome (reflex sympathetic dystrophy)	LF	⚠	⚠	⚠	✘
Medication-induced diffuse pain	✔	⚠	⚠	⚠	✘

REGIONAL MUSCULOSKELETAL DISORDERS (6.5% of exam)

Axial syndromes					
Back pain	✔	✔	✔	⚠	⚠
Neck pain	✔	✔	✔	⚠	⚠
Thoracic outlet syndrome	LF	⚠	⚠	✘	✘

Shoulder disorders					
Joint	✔	✔	✔	⚠	✘
Soft tissue	✔	✔	✔	⚠	✘

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NONARTICULAR AND REGIONAL MUSCULOSKELETAL DISORDERS <i>continued...</i> (7.5% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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REGIONAL MUSCULOSKELETAL DISORDERS *continued...* (6.5% of exam)

Elbow disorders					
Joint	✔	⚠	⚠	⚠	✘
Soft tissue	✔	⚠	⚠	⚠	✘
Wrist and hand disorders					
Joint	✔	✔	✔	⚠	⚠
Soft tissue	✔	⚠	✔	⚠	✘
Hip disorders					
Joint	✔	✔	✔	⚠	✘
Soft tissue	✔	✔	✔	⚠	✘
Knee disorders					
Joint	✔	✔	✔	⚠	⚠
Soft tissue	✔	✔	✔	⚠	✘
Ankle and foot disorders					
Joint	✔	⚠	✔	⚠	✘
Soft tissue	⚠	⚠	⚠	⚠	✘
Leg disorders	⚠	⚠	⚠	⚠	✘

NEUROPATHIES (<2% of exam)

Axial disorders	✔	✔	✔	⚠	✘
Peripheral disorders					
Entrapment neuropathies	✔	✔	✔	⚠	✘
Mononeuritis multiplex	✔	✔	✔	⚠	⚠
Polyneuropathy	✔	⚠	⚠	⚠	✘
Small fiber neuropathy	⚠	⚠	⚠	✘	✘

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NONRHEUMATIC SYSTEMIC DISORDERS (5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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HEREDITARY, CONGENITAL, AND INBORN ERRORS OF METABOLISM ASSOCIATED WITH RHEUMATIC SYNDROMES (<2% of exam)

Disorders of connective tissue						
Marfan syndrome	LF	⚠	⚠	⚠	⚠	✘
Osteogenesis imperfecta	LF	⚠	⚠	✘	✘	✘
Ehlers-Danlos syndromes	LF	⚠	⚠	⚠	⚠	✘
Hypermobility syndrome		⚠	⚠	⚠	⚠	✘
Mucopolysaccharidoses	LF	✘	✘	✘	✘	✘

Osteochondrodysplasias						
Multiple epiphyseal dysplasia	LF	✘	✘	✘	✘	✘
Spondyloepiphyseal dysplasia	LF	✘	✘	✘	✘	✘

Inborn errors of metabolism affecting connective tissue						
Homocystinuria	LF	✘	✘	✘	✘	✘
Ochronosis	LF	⚠	✘	✘	✘	✘

Storage disorders	LF	✘	✘	✘	✘	✘
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IMMUNODEFICIENCIES (<2% of exam)

Immunoglobulin A (IgA) deficiency	LF	⚠	⚠	⚠	✘	✘
Complement component deficiencies	LF	⚠	⚠	⚠	✘	✘
Common variable immunodeficiency	LF	⚠	⚠	⚠	✘	✘

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NONRHEUMATIC SYSTEMIC DISORDERS <i>continued...</i> (5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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METABOLIC-ASSOCIATED RHEUMATIC DISORDERS (2.5% of exam)

Diabetes mellitus		✔	⚠	⚠	⚠	⚠
Acromegaly	LF	⚠	⚠	✘	✘	✘
Thyroid disease		✔	✔	⚠	⚠	⚠
Cushing's disease	LF	⚠	⚠	⚠	⚠	⚠
Parathyroid disease		⚠	⚠	⚠	⚠	⚠
Renal failure and dialysis		⚠	⚠	⚠	⚠	✘

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

Amyloidosis						
Primary	LF	⚠	⚠	⚠	⚠	✘
Secondary	LF	⚠	⚠	⚠	⚠	⚠
Hereditary	LF	⚠	✘	✘	✘	✘
Lymphoma	LF	✔	✔	⚠	⚠	✘
Myelodysplastic syndromes	LF	⚠	⚠	⚠	⚠	✘
Leukemia	LF	⚠	⚠	⚠	✘	✘
Solid tumors		⚠	⚠	⚠	⚠	✘
Plasma cell dyscrasias	LF	⚠	⚠	⚠	⚠	✘
Hemoglobinopathies						
Sickle cell	LF	⚠	⚠	✘	✘	✘
Hemophilias	LF	⚠	✘	✘	✘	✘

ARTHRITIC AND RHEUMATIC DISORDERS (2% of exam)

Hemochromatosis	LF	✔	⚠	⚠	⚠	⚠
Myositis ossificans progressiva	LF	✘	✘	✘	✘	✘
Wilson disease	LF	⚠	⚠	✘	✘	✘
Sarcoidosis		✔	✔	✔	⚠	⚠

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NONRHEUMATIC SYSTEMIC DISORDERS <i>continued...</i> (5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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ARTHRITIC AND RHEUMATIC DISORDERS *continued... (2% of exam)*

Scurvy	LF	⚠	⚠	✘	✘	✘
Pancreatic disease	LF	⚠	⚠	✘	✘	✘
Primary biliary cholangitis	LF	⚠	⚠	⚠	⚠	✘
Cystic fibrosis	LF	⚠	✘	✘	✘	✘
Graft-versus-host disease	LF	⚠	✘	✘	✘	✘
Celiac disease		⚠	⚠	⚠	⚠	⚠
Drug-associated		✔	⚠	✔	⚠	⚠
Environmental agent-associated	LF	⚠	⚠	⚠	⚠	✘

NEUROLOGIC (<2% of exam)

Amyotrophic lateral sclerosis (ALS)	LF	⚠	✘	✘	✘	✘
Neuropathic arthropathy	LF	⚠	⚠	⚠	⚠	✘

VASCULITIDES (8.5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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LARGE-VESSEL VASCULITIS (<2% of exam)

Takayasu's arteritis	LF	✔	✔	✔	⚠	⚠
Giant cell arteritis		✔	✔	✔	✔	⚠

MEDIUM-VESSEL VASCULITIS (<2% of exam)

Polyarteritis nodosa	LF	✔	✔	✔	✔	⚠
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SMALL-VESSEL VASCULITIS (3% of exam)

Antineutrophil cytoplasmic antibody (ANCA)-associated vasculitis						
Granulomatosis with polyangiitis (Wegener's)		✔	✔	✔	✔	⚠
Microscopic polyangiitis	LF	✔	✔	✔	✔	⚠
Eosinophilic granulomatosis with polyangiitis (Churg-Strauss)	LF	✔	✔	✔	⚠	⚠

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VASCULITIDES <i>continued...</i> (8.5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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SMALL-VESSEL VASCULITIS *continued...* (3% of exam)

Immune complex small-vessel vasculitis						
Anti-glomerular basement membrane disease	LF	✔	⚡	⚡	⚡	⚡
Cryoglobulinemic vasculitis	LF	✔	✔	✔	✔	⚡
IgA vasculitis (Henoch-Schonlein purpura)	LF	✔	✔	✔	⚡	⚡
Hypocomplementemic urticarial vasculitis (anti-C1q vasculitis)	LF	⚡	⚡	⚡	⚡	⚡

VARIABLE-VESSEL VASCULITIS (<2% of exam)

Behcet's disease	LF	✔	✔	✔	⚡	✘
Cogan's syndrome	LF	⚡	⚡	⚡	⚡	✘

SINGLE-ORGAN VASCULITIS (<2% of exam)

Cutaneous leukocytoclastic angiitis		✔	✔	✔	⚡	⚡
Cutaneous arteritis	LF	⚡	⚡	⚡	⚡	✘
Primary central nervous system angiitis	LF	✔	✔	✔	⚡	✘
Isolated aortitis	LF	⚡	⚡	⚡	⚡	✘

VASCULITIS ASSOCIATED WITH PROBABLE ETIOLOGY (<2% of exam)

Hepatitis C virus-associated cryoglobulinemic vasculitis	LF	✔	✔	✔	⚡	⚡
Hepatitis B virus-associated vasculitis	LF	✔	✔	⚡	⚡	⚡
Syphilis-associated aortitis	LF	⚡	⚡	✘	✘	✘

Drug-induced vasculitis

Drug-induced ANCA-associated vasculitis	LF	✔	⚡	✔	⚡	✘
Drug-induced immune complex vasculitis	LF	✔	⚡	⚡	⚡	✘
Other drug-induced vasculitis	LF	⚡	⚡	⚡	⚡	✘
Cancer-associated vasculitis	LF	⚡	⚡	⚡	⚡	✘

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VASCULITIDES <i>continued...</i> (8.5% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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VASCULITIS MIMICKERS (<2% of exam)

Buerger's disease (thromboangiitis obliterans)	LF	✔	⚡	✔	⚡	✘
Cholesterol emboli	LF	⚡	⚡	⚡	⚡	✘
Fibromuscular dysplasia	LF	⚡	⚡	✘	✘	✘
Segmented arterial mediolysis	LF	⚡	⚡	✘	✘	✘
Warfarin necrosis	LF	⚡	⚡	⚡	⚡	✘
Reversible cerebral vasoconstriction syndrome	LF	⚡	⚡	⚡	⚡	✘
Moyamoya disease	LF	⚡	⚡	✘	✘	✘
Atrial myxoma	LF	⚡	⚡	⚡	✘	✘
Endocarditis	LF	✔	✔	⚡	⚡	✘
Calciophylaxis	LF	⚡	⚡	⚡	✘	✘

MISCELLANEOUS TOPICS (2% of exam)		Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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ARTHROCENTESIS AND INJECTIONS (<2% of exam)

Anatomy		✔	Not Applicable	✔	Not Applicable	⚡
Precautions		Not Applicable	✔	Not Applicable	✔	Not Applicable
Potential sequelae		✔	Not Applicable	✔	✔	Not Applicable

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

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

✘ – **Low Importance:** No exam questions will address topics and tasks with this designation.

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

MISCELLANEOUS TOPICS <i>continued...</i> (2% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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GENERAL CLINICAL CARE (<2% of exam)

Rehabilitation in rheumatic diseases					
Exercise					⚠ – Task not otherwise specified
Rest and splinting					⚠ – Task not otherwise specified
Thermal modalities					⚠ – Task not otherwise specified
Adaptive equipment and assistive devices					⚠ – Task not otherwise specified
Footwear and orthotics					⚠ – Task not otherwise specified
Functional status and disability determination					⚠ – Task not otherwise specified

Pain management					
Physiology of pain					⚠
Opioid contract	Not Applicable		⚠		Not Applicable

Psychosocial aspects of rheumatic diseases					
Psychological and emotional factors including sexuality					⚠ – Task not otherwise specified
Economic and vocational issues					⚠ – Task not otherwise specified

Perioperative management of rheumatic diseases					
Preoperative assessment	⚠	⚠	✔	⚠	✘
Perioperative assessment	⚠	⚠	⚠	⚠	✘
Perioperative medication management	Not Applicable	⚠	✔	⚠	Not Applicable
Postoperative management	Not Applicable	⚠	⚠	⚠	Not Applicable

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

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

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

✘ – **Low Importance:** No exam questions will address topics and tasks with this designation.

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MISCELLANEOUS TOPICS <i>continued...</i> (2% of exam)	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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PROFESSIONALISM AND ETHICAL BEHAVIOR (<2% of exam)

Medicolegal issues					
Compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA)		<i>Not Applicable</i>	⚠	⚠	<i>Not Applicable</i>
Ethical dilemmas	LF	⚠	<i>Not Applicable</i>	⚠	<i>Not Applicable</i>
Professionalism					
Conflict of interest	LF	✘	<i>Not Applicable</i>	✘	<i>Not Applicable</i>
Impaired physician	LF	⚠	<i>Not Applicable</i>	⚠	<i>Not Applicable</i>
Communication					
Interpersonal communication skills		✔	<i>Not Applicable</i>	⚠	<i>Not Applicable</i>
Use of medical interpreters	LF	⚠	<i>Not Applicable</i>	⚠	<i>Not Applicable</i>