

CMS II RHEUMATOLOGY E1 PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. What diagnostic test is used as confirmatory after an initial Lyme disease screen?**
 - A. ELISA
 - B. PCR
 - C. Culture
 - D. Western blot
- 2. Duration of an acute gout attack is typically?**
 - A. 1-2 days
 - B. 3-5 days
 - C. 7-10 days
 - D. 2-3 weeks
- 3. First-line treatment for TMJ?**
 - A. Physical therapy
 - B. Antibiotics
 - C. Opioids
 - D. NSAIDs and Benzos
- 4. Gout crystals on aspiration appear as which of the following?**
 - A. Blue positively birefringent rhomboid crystals
 - B. Yellow positively birefringent plate-like crystals
 - C. Yellow negatively birefringent, long, needle-like crystals parallel to the polarizer
 - D. Colorless needle-shaped crystals with no birefringence
- 5. Which anabolic agent is a parathyroid hormone analog used in osteoporosis to upregulate osteoblast activity?**
 - A. Denosumab
 - B. Teriparatide
 - C. Romosozumab
 - D. Alendronate

- 6. What is commonly observed on physical examination in Myalgic Encephalomyelitis?**
- A. Hepatosplenomegaly
 - B. Shotty adenopathy
 - C. Generalized rash
 - D. Splenomegaly
- 7. In knee osteoarthritis, which deformity is most common due to medial compartment destruction?**
- A. Varus
 - B. Valgus
 - C. Neutral
 - D. Hyperextension
- 8. Rheumatoid arthritis must be longer than how many weeks to be considered chronic in this context?**
- A. 4 weeks
 - B. 8 weeks
 - C. 12 weeks
 - D. 6 weeks
- 9. True or False: Systemic corticosteroids are a standard treatment for osteoarthritis.**
- A. True
 - B. False
 - C. Not recommended
 - D. Not applicable
- 10. Which diagnosis is associated with positive ANA and uveitis in children under 16?**
- A. Rheumatoid arthritis
 - B. Systemic lupus erythematosus
 - C. Juvenile Idiopathic Arthritis
 - D. Juvenile dermatomyositis

Answers

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1. D
2. C
3. D
4. C
5. B
6. B
7. A
8. D
9. B
10. C

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Explanations

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1. What diagnostic test is used as confirmatory after an initial Lyme disease screen?

- A. ELISA
- B. PCR
- C. Culture
- D. Western blot**

After an initial Lyme disease screen, confirmatory testing uses Western blot because it detects antibodies to specific *Borrelia burgdorferi* proteins, which adds specificity beyond the screening test and helps confirm a true infection. The screen is designed to be sensitive, but it can yield false positives; the Western blot requires a characteristic pattern of antibody bands, making the result more reliable for confirming Lyme disease. PCR and culture are not used routinely as confirmatory tests after a screening test: PCR has limited sensitivity in blood and culture is slow and often unrewarding. Therefore, the Western blot is the standard confirmatory test.

2. Duration of an acute gout attack is typically?

- A. 1-2 days
- B. 3-5 days
- C. 7-10 days**
- D. 2-3 weeks

The duration reflects the typical course of acute gouty inflammation driven by monosodium urate crystals in a joint. A gout flare usually peaks within the first day and then gradually resolves as the inflammatory response subsides. Most classic attacks last about a week to ten days. Prompt treatment with NSAIDs, colchicine, or steroids can shorten the flare, but the common duration without extended prolongation is in the 7–10 day range.

3. First-line treatment for TMJ?

- A. Physical therapy
- B. Antibiotics
- C. Opioids
- D. NSAIDs and Benzos**

Managing TMJ disorders typically starts with conservative measures to reduce pain and muscle tension. Nonsteroidal anti-inflammatory drugs are the mainstay for pain and inflammation in the jaw joint, because they block inflammatory pathways and help patients move and function with less discomfort. Short-term benzodiazepines can be added to help relax overactive jaw muscles and relieve spasm, which often accompanies TMJ pain and bruxism; this helps break the cycle of pain and muscle guarding while non-drug therapies are started. This combination tackles both inflammatory pain and muscle hyperactivity, which are common drivers of TMJ symptoms. Antibiotics aren't used because TMJ problems are not typically infections, and opioids are avoided due to risks of dependence and limited long-term benefit for TMJ pain. Alongside these meds, non-pharmacologic approaches like a soft diet, applying heat or cold, jaw exercises, and physical therapy are important parts of first-line care and help support recovery.

4. Gout crystals on aspiration appear as which of the following?

- A. Blue positively birefringent rhomboid crystals
- B. Yellow positively birefringent plate-like crystals
- C. Yellow negatively birefringent, long, needle-like crystals parallel to the polarizer**
- D. Colorless needle-shaped crystals with no birefringence

Gout crystals are monosodium urate crystals seen under polarized light as needle-shaped and negatively birefringent. Because of negative birefringence, they appear yellow when their long axis is parallel to the polarizer and blue when perpendicular. So the description of long, needle-like crystals that are yellow and negatively birefringent when aligned with the polarizer best fits gout. The other patterns point to different crystals (for example, calcium pyrophosphate crystals are rhomboid and positively birefringent and often blue), or to crystals without birefringence.

5. Which anabolic agent is a parathyroid hormone analog used in osteoporosis to upregulate osteoblast activity?

- A. Denosumab
- B. Teriparatide**
- C. Romosozumab
- D. Alendronate

Intermittent stimulation of osteoblasts drives bone formation, which is the goal of anabolic therapies for osteoporosis. Teriparatide is a parathyroid hormone analog (PTH 1-34) given as a daily injection, and it directly promotes osteoblast activity and survival. This boosts bone formation, increases bone mineral density, and reduces fracture risk, especially in the spine. The effect relies on intermittent, not continuous, PTH exposure; continuous PTH would favor bone resorption, but the intermittent regimen shifts the balance toward formation. Teriparatide is used for a limited time (about two years) due to safety considerations. Other agents like denosumab and alendronate slow bone loss by inhibiting osteoclasts, while romosozumab stimulates bone formation via a different pathway, but none are parathyroid hormone analogs.

6. What is commonly observed on physical examination in Myalgic Encephalomyelitis?

- A. Hepatosplenomegaly
- B. Shotty adenopathy**
- C. Generalized rash
- D. Splenomegaly

Shotty adenopathy refers to small, firm, non-tender, mobile lymph nodes felt as tiny "BB-like" nodules, usually in the cervical or axillary regions. In ME/CFS, mild immune activation can produce this subtle, diffuse lymphoid activity, so you may palpate several small nodes rather than one enlarged gland. This presentation fits ME/CFS better than organomegaly or a generalized rash, which are not typical features of the condition. Hepatosplenomegaly or splenomegaly would suggest liver or spleen involvement from another process, and a generalized rash points toward other infectious or inflammatory diseases. Thus, the presence of shotty adenopathy aligns with the common physical finding in ME/CFS.

7. In knee osteoarthritis, which deformity is most common due to medial compartment destruction?

- A. Varus**
- B. Valgus
- C. Neutral
- D. Hyperextension

Medial compartment destruction in knee osteoarthritis leads to loss of the inner joint space, causing the leg to tilt inward under the knee. This creates genu varum, or a bow-legged appearance, because the weight-bearing axis shifts toward the medial side and the tibia becomes deviated medially relative to the femur. This medial collapse is the most common deformity in knee OA. If the lateral compartment were mainly affected, you'd see valgus deformity (knock-knee). Hyperextension and neutral alignment represent different patterns not driven by medial compartment loss.

8. Rheumatoid arthritis must be longer than how many weeks to be considered chronic in this context?

- A. 4 weeks
- B. 8 weeks
- C. 12 weeks
- D. 6 weeks**

Chronicity in inflammatory arthritis is defined by duration of symptoms. If arthritis persists longer than six weeks, it is considered chronic. This threshold helps distinguish a persistent inflammatory disease like rheumatoid arthritis from acute, self-limited conditions that may resolve in a few weeks, such as viral or transient reactive arthritis. When symptoms extend beyond six weeks, it prompts more thorough evaluation and consideration of early treatment to control inflammation and improve long-term outcomes. Shorter durations, like a few weeks, are typically still viewed as acute, while longer cutoffs (eight or twelve weeks) are not the standard definitions used in this context.

9. True or False: Systemic corticosteroids are a standard treatment for osteoarthritis.

- A. True
- B. False**
- C. Not recommended
- D. Not applicable

Systemic corticosteroids are not a standard treatment for osteoarthritis. Osteoarthritis is mainly a degenerative joint condition where the goal is to relieve pain and improve function with NSAIDs or acetaminophen (and non-pharmacologic measures), rather than dampening a systemic inflammatory process. Systemic steroids carry risks with long-term use—osteoporosis, hyperglycemia, hypertension, weight gain, increased infection risk—and they don't modify the underlying degenerative changes of OA. In contrast, if steroids are used for osteoarthritis, they are typically given as injections directly into the affected joint to provide local anti-inflammatory relief with fewer systemic effects. So the statement is false because systemic corticosteroids are not considered a standard, routine treatment for OA.

10. Which diagnosis is associated with positive ANA and uveitis in children under 16?

- A. Rheumatoid arthritis
- B. Systemic lupus erythematosus
- C. Juvenile Idiopathic Arthritis**
- D. Juvenile dermatomyositis

A child with joint inflammation who is ANA-positive and has uveitis points most strongly to juvenile idiopathic arthritis, particularly the oligoarticular form. ANA positivity is common in JIA, and this subtype carries a higher risk of chronic anterior uveitis, which can be asymptomatic early on, making regular eye exams essential. The other diseases listed are less likely to present with this same combination in children: rheumatoid arthritis is rare in kids and uveitis isn't a defining feature; systemic lupus erythematosus can have ANA but uveitis is not the hallmark; juvenile dermatomyositis centers on skin and muscle involvement rather than uveitis. So the pattern best fits juvenile idiopathic arthritis.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://cms2rheumatologue1.examzify.com>

We wish you the very best on your exam journey. You've got this!

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