

RHEUMATOLOGIC DISORDERS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Which of the following best represents the typical triad for SLE?**
 - A. Joint pain, fever, butterfly rash
 - B. Joint stiffness, weight gain, cough
 - C. Photosensitivity, mucosal ulcers, Raynaud phenomenon
 - D. Fever, arthritis, hypertension
- 2. Which joint is least likely to be involved in rheumatoid arthritis?**
 - A. Distal interphalangeal joints
 - B. Metacarpophalangeal joints
 - C. Proximal interphalangeal joints
 - D. Wrist joints
- 3. Which tool do physical therapists use to help diagnose rheumatoid arthritis?**
 - A. American College of Rheumatology criteria (ACR)
 - B. Brigham criteria
 - C. DSM criteria
 - D. WHO criteria
- 4. Which therapy is used to manage Raynaud phenomenon in scleroderma?**
 - A. Stretching, mobility, and incentive spirometry
 - B. Proton pump inhibitors for GERD
 - C. ACE inhibitors for renal protection
 - D. Vasodilators for Raynaud phenomenon
- 5. Which is a sign of diffuse scleroderma?**
 - A. Malabsorption
 - B. Esophageal hypomotility
 - C. Respiratory failure
 - D. Restricted mouth movement

- 6. In systemic lupus erythematosus, which body systems are commonly monitored for involvement?**
- A. Renal and hepatic function
 - B. Neurological status only
 - C. Cardiovascular system and pulmonary systems
 - D. Digestive enzyme levels
- 7. Which of the following is NOT one of the RA assessment categories in the ACR criteria?**
- A. Joint involvement
 - B. Serology results
 - C. Pain intensity
 - D. Acute phase reactants
- 8. Which cutaneous feature is commonly seen in limited scleroderma?**
- A. Telangiectasias
 - B. Erythema multiforme
 - C. Calcifications
 - D. Vesicular rash
- 9. Gout commonly presents first at which joint?**
- A. Elbow
 - B. Knee
 - C. Wrist
 - D. First MTP joint
- 10. What is a first-line treatment for an acute gout attack in adults?**
- A. NSAIDs or colchicine
 - B. Allopurinol immediately
 - C. Broad-spectrum antibiotics
 - D. Corticosteroid injection only

Answers

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

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Explanations

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1. Which of the following best represents the typical triad for SLE?

- A. Joint pain, fever, butterfly rash
- B. Joint stiffness, weight gain, cough
- C. Photosensitivity, mucosal ulcers, Raynaud phenomenon
- D. Fever, arthritis, hypertension

The set of features that best captures the typical picture of SLE includes joint involvement, a classic facial rash, and systemic inflammation. Arthritis or arthralgia is one of the most common early manifestations, reflecting the autoimmune-driven inflammation in the joints. The butterfly-shaped malar rash over the cheeks and nose is highly characteristic of SLE and helps distinguish it from other rheumatic diseases. Fever signals systemic activity of the disease, common during flares, and ties the musculoskeletal and cutaneous findings to a broader inflammatory process. Together, these elements—joint symptoms, the malar rash, and fever—form a recognizable pattern that exam writers use to identify SLE, making this combination the best representation of the typical triad. Other features like photosensitivity, mucosal ulcers, or Raynaud phenomena are important clues in lupus as well, but they don't constitute the classic triad as consistently as arthritis, malar rash, and fever do. Hypertension or weight changes can occur in lupus, but they are not the defining trio used to illustrate the disease's common presentation.

2. Which joint is least likely to be involved in rheumatoid arthritis?

- A. Distal interphalangeal joints
- B. Metacarpophalangeal joints
- C. Proximal interphalangeal joints
- D. Wrist joints

Rheumatoid arthritis targets joints with prominent synovial tissue in a symmetric pattern, classically involving the small joints of the hand and the wrist. In this hand, the metacarpophalangeal and proximal interphalangeal joints are common sites of inflammation and damage, while the distal interphalangeal joints are typically spared. The reason is that RA drives synovitis in joints with substantial synovial lining, and the DIP joints have less synovial involvement in this inflammatory process (OA is more commonly associated with DIP). Therefore, the distal interphalangeal joints are the least likely to be involved in rheumatoid arthritis.

3. Which tool do physical therapists use to help diagnose rheumatoid arthritis?

- A. American College of Rheumatology criteria (ACR)
- B. Brigham criteria
- C. DSM criteria
- D. WHO criteria

Rheumatoid arthritis is diagnosed using standardized criteria rather than a single test, and these criteria provide a validated way to classify RA for clinical and research purposes. The American College of Rheumatology criteria are specifically designed for RA, combining factors like pattern of joint involvement, serology (RF or anti-CCP), acute-phase reactants, and symptom duration into a scoring system. This allows healthcare providers, including physical therapists during initial screening and referral, to differentiate inflammatory arthritis from other joint conditions and identify patients who warrant rheumatology evaluation. Other options aren't RA-specific: DSM criteria apply to psychiatric disorders; Brigham criteria are not standard RA criteria; WHO criteria are general and not specific enough to RA. Therefore, using American College of Rheumatology criteria is the best aid for diagnosing RA.

4. Which therapy is used to manage Raynaud phenomenon in scleroderma?

- A. Stretching, mobility, and incentive spirometry
- B. Proton pump inhibitors for GERD
- C. ACE inhibitors for renal protection
- D. Vasodilators for Raynaud phenomenon**

Raynaud phenomenon in scleroderma comes from exaggerated vasospasm of the digital arteries in response to cold or stress. The key to management is improving blood flow to the fingers, which is achieved by vasodilators that relax smooth muscle in the vessels and reduce the frequency and severity of attacks. Calcium channel blockers are a common and effective first-line option for this purpose, helping prevent ischemic episodes and potential digital ulcers. The other approaches don't address the vasospasm itself: stretching and mobility work don't modify digital blood flow; proton pump inhibitors target reflux symptoms; ACE inhibitors are used to protect renal function in scleroderma but don't treat Raynaud phenomenon.

5. Which is a sign of diffuse scleroderma?

- A. Malabsorption
- B. Esophageal hypomotility**
- C. Respiratory failure
- D. Restricted mouth movement

Esophageal involvement due to fibrotic changes in the smooth muscle of the distal esophagus is a hallmark of diffuse systemic sclerosis. This causes esophageal hypomotility, leading to reduced peristalsis and often reflux and dysphagia. Because the disease spreads beyond the skin to visceral organs, such a motility defect is a classic sign of diffuse scleroderma. While restricted mouth movement can occur from skin tightening around the lips and respiratory issues can develop from lung involvement, these are less specific indicators of the diffuse form.

6. In systemic lupus erythematosus, which body systems are commonly monitored for involvement?

- A. Renal and hepatic function
- B. Neurological status only
- C. Cardiovascular system and pulmonary systems**
- D. Digestive enzyme levels

Systemic lupus erythematosus can involve many organ systems, and clinicians routinely monitor the ones most frequently affected and most capable of causing serious, life-threatening problems. The heart and lungs are commonly surveilled because cardiac involvement (such as pericarditis, myocarditis, and valvular disease) and pulmonary involvement (including pleuritis, pneumonitis, and rare diffuse lung disease) are frequent in SLE and can progress rapidly. Regular assessment—history, physical exam focusing on chest symptoms, and targeted tests like echocardiography, ECG, chest imaging, and pulmonary function testing—helps detect these issues early and guide treatment. While kidney disease is also common in SLE and renal function is important to monitor, the combination of cardiovascular and pulmonary systems specifically reflects the frequent and potentially acute monitoring needs in many patients. Digestive enzyme levels aren't a standard focus, and neurological involvement, though important, isn't the sole or primary target of routine monitoring.

7. Which of the following is NOT one of the RA assessment categories in the ACR criteria?

- A. Joint involvement
- B. Serology results
- C. Pain intensity**
- D. Acute phase reactants

Focusing on how RA is classified, the ACR/EULAR criteria assess four domains: joint involvement, serology results, acute-phase reactants, and duration of symptoms. Pain intensity is not one of these scoring domains. Joint involvement looks at how many and which joints are affected; serology covers RF and anti-CCP status; acute-phase reactants use CRP or ESR; duration of symptoms distinguishes whether the problem has persisted for more than a certain period. While pain is an important clinical feature and informs assessment, it does not contribute to the formal classification scoring. Therefore, pain intensity is not part of the RA assessment categories in the ACR criteria.

8. Which cutaneous feature is commonly seen in limited scleroderma?

- A. Telangiectasias**
- B. Erythema multiforme
- C. Calcifications
- D. Vesicular rash

In limited scleroderma (limited cutaneous systemic sclerosis, often part of CREST), the skin shows prominent vascular changes. Telangiectasias are small dilated blood vessels that become visible on the skin, especially on the face and hands, and they're a common and characteristic finding in this form of the disease. They reflect the underlying vasculopathy and fibrosis that typify limited disease. Calcifications can occur as calcinosis, but telangiectasias are more consistently seen across patients with limited disease. Erythema multiforme is not a feature of scleroderma, and a vesicular rash isn't characteristic of this condition either. So the best answer is the presence of telangiectasias.

9. Gout commonly presents first at which joint?

- A. Elbow
- B. Knee
- C. Wrist
- D. First MTP joint**

Gout begins most often in the first metatarsophalangeal joint—the big toe. This classic podagra pattern arises because peripheral, cooler joints favor monosodium urate crystal deposition when uric acid levels are elevated, triggering a rapid neutrophil-driven inflammatory response that causes sudden, severe pain, swelling, and redness. While gout can involve other joints such as the knee, ankle, wrist, or elbow, these are more typical as the disease progresses or in polyarticular attacks, making the big toe the most common initial site. Recognizing this pattern also helps distinguish gout from other acute monoarthritis causes, like septic arthritis.

10. What is a first-line treatment for an acute gout attack in adults?

- A. NSAIDs or colchicine**
- B. Allopurinol immediately
- C. Broad-spectrum antibiotics
- D. Corticosteroid injection only

When an acute gout attack occurs, the priority is rapid control of inflammation and pain with anti-inflammatory therapy. The best first-line options are nonsteroidal anti-inflammatory drugs (NSAIDs) or colchicine. NSAIDs work by inhibiting cyclooxygenase enzymes, which reduces prostaglandin production and dampens the inflammatory response in the joint. Colchicine, on the other hand, limits the inflammatory cascade by inhibiting neutrophil chemotaxis and activity around urate crystals. Together, they address the immediate inflammatory process driving the attack. Starting urate-lowering therapy like allopurinol during an acute flare is not recommended because lowering uric acid at that moment can destabilize crystals and potentially prolong or worsen symptoms; such therapy is intended for long-term prevention and is typically started once the acute attack subsides or is being managed with anti-inflammatory treatment. Broad-spectrum antibiotics are not indicated unless there's a suspicion of infection, since gout flares are inflammatory, not infectious. Corticosteroids can be used as an alternative if NSAIDs or colchicine are contraindicated or not tolerated, but they are not the universal first-line choice when NSAIDs or colchicine are suitable.

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://rheumatologicdisorders.examzify.com>

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

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