RHEUMATOLOGY Blueprint

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

ABIM invites diplomates to help develop the Rheumatology MOC exam blueprint

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

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

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

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

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

Purpose of the Rheumatology MOC Assessments

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

Assessment format

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

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

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

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

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/exam-information/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 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 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

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BASIC AND CLINICAL SCIENCES *(3.5% of exam)*	**Diagnosis**	**Testing**	**Treatment/ Care Decisions**	**Risk Assessment/ Prognosis/ Epidemiology**	**Pathophysiology/ Basic Science**
ANATOMY, BIOLOGY, AND STRUCTURE OF MUSCULOSKELETAL TISSUES *(<2% of exam)*					
Joints and ligaments, intervertebral discs, synovium, and cartilage					⁄
Connective tissue cells, matrix components and macromolecules **LF**					✗
Bone					⁄
Muscles, tendons, and bursae					⁄
Blood vessels **LF**					⁄
Nerves					⁄
IMMUNOLOGY *(<2% of exam)*					
Anatomy and cellular elements of the immune system					
Lymphoid organs: gross and microscopic anatomy and function **LF**					✗
Organization of immune system: innate and adaptive responses **LF**					⁄
Specific cell types: ontogeny, structure, phenotype, function, and activation markers and cell membrane receptors **LF**					✗

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**

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 activiation, suppression, and regulation of each cell type	LF	*Not Applicable*			⊗
Origin, structure, effect, site of action, metabolism, and regulation of cytokines, chemokines, and other inflammatory mediators	LF	*Not Applicable*			⊘
Mechanisms of immune tolerance	LF	*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**

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

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

Design of experimental protocols, clinical trials, and outcomes research		
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 *continued…* *(3.5% of exam)*	**Diagnosis**	**Testing**	**Treatment/ Care Decisions**	**Risk Assessment/ Prognosis/ Epidemiology**	**Pathophysiology/ Basic Science**

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*	✕
Histochemistry and immunofluorescence of biopsied tissues **LF**	*Not Applicable*	⊘
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*	⊘
Transgenic and gene knockout animals **LF**	*Not Applicable*	✕
Principles of genetic and proteomic analysis: genetic epidemiology, gene transcription, and protein expression analysis **LF**	*Not Applicable*	✕

CLINICAL ANALYSIS *(<2% of exam)*

Synovial fluid analysis	*Not Applicable*	✓
Appropriate use and interpretation of serologic, chemical, biochemical, and microbiologic laboratory tests	*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**

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					
Conventional synthetic disease-modifying antirheumatic drugs (DMARDs)		*Not Applicable*			✓
Targeted synthetic DMARDs*		*Not Applicable*			✓
Biologics		*Not Applicable*			✓
Urate-lowering therapy		*Not Applicable*			✓
Agents for bone health		*Not Applicable*			✓
Opioid and nonopioid analgesics		*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**
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*				⊘
Agents to prevent opportunistic infections* LF	*Not Applicable*		✓	✓	✗
CRYSTAL-INDUCED ARTHROPATHIES *(8% of exam)*	**Diagnosis**	**Testing**	**Treatment/ Care Decisions**	**Risk Assessment/ Prognosis/ Epidemiology**	**Pathophysiology/ Basic Science**
GOUT *(5% of exam)*					
Primary gout					
Asymptomatic hyperuricemia	✓	✓	✓	⊘	⊘
Acute gout	✓	✓	✓	✓	⊘
Intercritical periods	✓	✓	✓	⊘	⊘
Tophaceous gout	✓	✓	✓	✓	⊘
Conditions associated with gout	✓	✓	✓	⊘	⊘
Lead intoxication LF	⊘	⊘	✗	✗	✗
Secondary 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 *continued…* *(8% of exam)*	**Diagnosis**	**Testing**	**Treatment/ Care Decisions**	**Risk Assessment/ Prognosis/ Epidemiology**	**Pathophysiology/ Basic Science**
BASIC CALCIUM PHOSPHATE CRYSTAL DEPOSITION *(2% of exam)*					
Basic calcium phosphate crystal deposition	⊘	⊘	⊘	⊘	✗

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 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 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**
LOW BONE MASS *(<2% of exam)*					
Low bone mass	✓	✓	✓	✓	✓
OSTEOPOROSIS *(4% of exam)*					
Primary					
Postmenopausal	✓	✓	✓	✓	✓
Male	✓	✓	✓	✓	✓
Secondary	✓	✓	✓	✓	✓
OTHER CAUSES OF BONE LOSS *(<2% of exam)*					
Other causes of bone loss **LF**	✓	✓	✓	✓	✗
PAGET DISEASE OF BONE *(<2% of exam)*					
Paget disease of bone **LF**	✓	✓	✓	✓	✗
BONE DISEASE RELATED TO RENAL DISEASE *(<2% of exam)*					
Bone disease related to renal disease	✓	✓	✓	✓	✓
OSTEOMALACIA *(<2% of exam)*					
Osteomalacia **LF**	✓	✓	✓	✗	✗
OSTEOARTHRITIS AND RELATED DISORDERS *(7% of exam)*	**Diagnosis**	**Testing**	**Treatment/ Care Decisions**	**Risk Assessment/ Prognosis/ Epidemiology**	**Pathophysiology/ Basic Science**
OSTEOARTHRITIS *(5% of exam)*					
Osteoarthritis	✓	✓	✓	✓	✓
DIFFUSE IDIOPATHIC SKELETAL HYPEROSTOSIS (DISH) *(<2% of exam)*					
Diffuse idiopathic skeletal hyperostosis (DISH)	✓	✓	✓	✓	✗
HYPERTROPHIC OSTEOARTHROPATHY *(<2% of exam)*					
Hypertrophic osteoarthropathy	✓	✓	✓	✓	✗

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OSTEOARTHRITIS AND RELATED DISORDERS *continued…* *(7% of exam)*	**Diagnosis**	**Testing**	**Treatment/ Care Decisions**	**Risk Assessment/ Prognosis/ Epidemiology**	**Pathophysiology/ Basic Science**
MALIGNANT AND NONMALIGNANT TUMORS OF BONES, TENDONS, AND JOINTS *(<2% of exam)*					
Benign tumors LF	✓	✓	✓	✗	✗
Malignant tumors LF	✓	✓	✓	✓	✗
OSTEONECROSIS *(<2% of exam)*					
Osteonecrosis	✓	✓	✓	✓	✗

RHEUMATOID ARTHRITIS *(14% of exam)*	**Diagnosis**	**Testing**	**Treatment/ Care Decisions**	**Risk Assessment/ Prognosis/ Epidemiology**	**Pathophysiology/ Basic Science**
SEROPOSITIVE RHEUMATOID ARTHRITIS *(8% of exam)*					
Early disease	✓	✓	✓	✓	✓
Established disease	✓	✓	✓	✓	✓
Feltys syndrome	✓	✓	✓	✓	✓
SERONEGATIVE INFLAMMATORY POLYARTHRITIS *(<2% of exam)*					
Seronegative inflammatory polyarthritis	✓	✓	✓	✓	✓
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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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	✓	✓	✓	✓	✓
Extra-articular manifestations	✓	✓	✓	✓	✗
NONRADIOGRAPHIC AXIAL SPONDYLOARTHRITIS *(<2% of exam)*					
Skeletal manifestations*	✓	✓	✓	✓	✗
Extra-articular manifestations*	✓	✓	✓	✓	✗
REACTIVE ARTHRITIS *(<2% of exam)*					
Skeletal manifestations	✓	✓	✓	✓	✗
Extra-articular manifestations LF	✓	✓	✓	✓	✗
ARTHRITIS ASSOCIATED WITH INFLAMMATORY BOWEL DISEASE (IBD) *(<2% of exam)*					
Skeletal manifestations	✓	✓	✓	✓	✓
Extra-articular manifestations	✓	✓	✓	✓	✗
PSORIATIC ARTHRITIS *(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	✓	✓	✓	✗	✗
PERIPHERAL SPONDYLOARTHRITIS *(<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 PHENOMENON *(<2% of exam)*					
Primary*	✓	✓	✓	✓	⊘
Secondary*	✓	✓	✓	✓	⊘
PRIMARILY FIBROSING RHEUMATIC DISEASES *(4% of exam)*					
Systemic sclerosis					
Skin	✓	✓	✓	⊘	⊘
Gastrointestinal	✓	⊘	⊘	⊘	⊘
Cardiac LF	⊘	⊘	⊘	⊘	✗
Pulmonary	✓	✓	✓	✓	⊘
Renal LF	✓	✓	✓	✓	⊘
Scleroderma mimics	⊘	⊘	⊘	✗	✗
Eosinophilic fasciitis LF	⊘	⊘	⊘	⊘	✗
Retroperitoneal fibrosis (Ormond disease) LF	⊘	⊘	⊘	⊘	✗
MYOPATHIES *(3% of exam)*					
Idiopathic inflammatory myopathies	✓	✓	✓	✓	⊘
Metabolic myopathies LF	⊘	⊘	⊘	✗	✗
Medication-associated	✓	✓	✓	⊘	⊘
Critical illness-associated LF	⊘	⊘	⊘	⊘	✗
SJÖGREN SYNDROME *(2% of exam)*					
Sjögren syndrome	✓	✓	✓	✓	⊘
PRIMARY ANTIPHOSPHOLIPID ANTIBODY SYNDROME *(<2% of exam)*					
Primary antiphospholipid antibody 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**
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 disease (AOSD) **LF**	✓	✓	✓	⊘	⊘
Hemophagocytic lymphohistiocytosis and macrophage activation syndrome (HLH/MAS) **LF**	⊘	✓	⊘	⊘	✗
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	✓	✓	✓	⊘	⊘
Autoimmune encephalitis	✓	✓	✓	⊘	⊘
VEXAS **LF**	✓	✓	⊘	⊘	⊘

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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	⁄	⁄	⁄	⁄	✗
Kawasaki disease (KD) LF	⁄	⁄	⁄	⁄	✗
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**
DRUG-INDUCED *(<2% of exam)*					
Drug-induced	✓	✓	✓	⁄	⁄
CUTANEOUS *(<2% of exam)*					
Isolated	✓	✓	✓	⁄	✗
In systemic disease	✓	✓	✓	⁄	⁄
SYSTEMIC *(7.5% of exam)*					
Renal					
Immune-mediated glomerular and tubular disease	✓	✓	✓	⁄	⁄
Antiphospholipid antibody syndrome and microangiopathies LF	✓	✓	✓	⁄	⁄
Renal insufficiency and hypertension	✓	✓	✓	⁄	⁄
Urologic complications LF	⁄	⁄	⁄	✗	✗

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LUPUS ERYTHEMATOSUS *continued…* *(9.5% of exam)*	**Diagnosis**	**Testing**	**Treatment/ Care Decisions**	**Risk Assessment/ Prognosis/ Epidemiology**	**Pathophysiology/ Basic Science**
SYSTEMIC *continued… (7.5% of exam)*					
Neurologic					
Central nervous system: inflammatory, vaso-occlusive, microangiopathies, and others LF	✓	✓	✓	⊘	⊘
Spinal cord LF	✓	✓	✓	⊘	✗
Peripheral nerves LF	✓	⊘	⊘	⊘	✗
Neuromyelitis optica LF	✓	⊘	⊘	⊘	✗
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 *continued…* *(9.5% of exam)*	**Diagnosis**	**Testing**	**Treatment/ Care Decisions**	**Risk Assessment/ Prognosis/ Epidemiology**	**Pathophysiology/ Basic Science**
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**
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 *continued…* *(7.5% of exam)*	**Diagnosis**	**Testing**	**Treatment/ Care Decisions**	**Risk Assessment/ Prognosis/ Epidemiology**	**Pathophysiology/ Basic Science**
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 **LF**	✓	✓	✓	⊘	⊘
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**
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 including hypermobility **LF**	⊘	⊘	⊘	⊘	✗
Mucopolysaccharidoses **LF**	✗	✗	✗	✗	✗
Osteochondrodysplasias					
Multiple epiphyseal dysplasia **LF**	✗	✗	✗	✗	✗
Spondyloepiphyseal dysplasia **LF**	✗	✗	✗	✗	✗
Inborn errors of metabolism affecting connective tissue					
Homocystinuria **LF**	✗	✗	✗	✗	✗
Ochronosis **LF**	✗	✗	✗	✗	✗
Storage disorders **LF**	✗	✗	✗	✗	✗
IMMUNODEFICIENCIES *(<2% of exam)*					
Immunoglobulin A (IgA) deficiency **LF**	⊘	⊘	⊘	✗	✗
Complement component deficiencies **LF**	⊘	⊘	⊘	✗	✗
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 DISORDERS *(2.5% of exam)*					
Diabetes mellitus	✓	⊘	⊘	⊘	⊘
Acromegaly LF	⊘	⊘	✗	✗	✗
Thyroid disease	✓	✓	⊘	⊘	⊘
Cushing 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 *continued…* *(5% of exam)*	**Diagnosis**	**Testing**	**Treatment/ Care Decisions**	**Risk Assessment/ Prognosis/ Epidemiology**	**Pathophysiology/ Basic Science**
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**
LARGE-VESSEL VASCULITIS *(<2% of exam)*					
Takayasu arteritis LF	✓	✓	✓	⊘	⊘
Giant cell arteritis	✓	✓	✓	✓	⊘
MEDIUM-VESSEL VASCULITIS *(<2% of exam)*					
Polyarteritis nodosa LF	✓	✓	✓	✓	⊘
SMALL-VESSEL VASCULITIS *(3% of exam)*					
Antineutrophil cytoplasmic antibody (ANCA)-associated vasculitis					
Granulomatosis with polyangiitis	✓	✓	✓	✓	⊘
Microscopic polyangiitis LF	✓	✓	✓	✓	⊘
Eosinophilic granulomatosis with polyangiitis (Churg-Strauss) LF	✓	✓	✓	⊘	⊘

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VASCULITIDES *continued…* *(8.5% of exam)*	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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)*					
Behçet disease LF	✓	✓	✓	⊘	✗
Cogan 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 *continued…* *(8.5% of exam)*	**Diagnosis**	**Testing**	**Treatment/ Care Decisions**	**Risk Assessment/ Prognosis/ Epidemiology**	**Pathophysiology/ Basic Science**
VASCULITIS MIMICKERS *(<2% of exam)*					
Buerger 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**	✓	✓	⊘	⊘	✗
Calciphylaxis **LF**	⊘	⊘	⊘	✗	✗
Amyloid angiopathy **LF**	⊘	✗	✗	✗	✗

MISCELLANEOUS TOPICS *(2% of exam)*	**Diagnosis**	**Testing**	**Treatment/ Care Decisions**	**Risk Assessment/ Prognosis/ Epidemiology**	**Pathophysiology/ Basic Science**
ARTHROCENTESIS AND INJECTIONS *(<2% of exam)*					
Anatomy	✓	*Not Applicable*	✓	*Not Applicable*	⊘
Precautions	*Not Applicable*	✓	✓	✓	*Not Applicable*
Potential sequelae	✓	*Not Applicable*	✓	✓	*Not Applicable*

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

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

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

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

MISCELLANEOUS TOPICS *continued…* *(2% of exam)*	**Diagnosis**	**Testing**	**Treatment/ Care Decisions**	**Risk Assessment/ Prognosis/ Epidemiology**	**Pathophysiology/ Basic Science**
GENERAL CLINICAL CARE *(<2% of exam)*					
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 diseases					
Psychological and emotional factors including sexuality	✓ – Task not otherwise specified				
Economic and vocational issues	✓ – Task not otherwise specified				
Perioperative management of rheumatic diseases	✓	✓	✓	✓	✗
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	✓	*Not Applicable*	⊘	⊘	*Not Applicable*
Use of medical interpreters **LF**	⊘	*Not Applicable*	⊘	⊘	*Not Applicable*

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