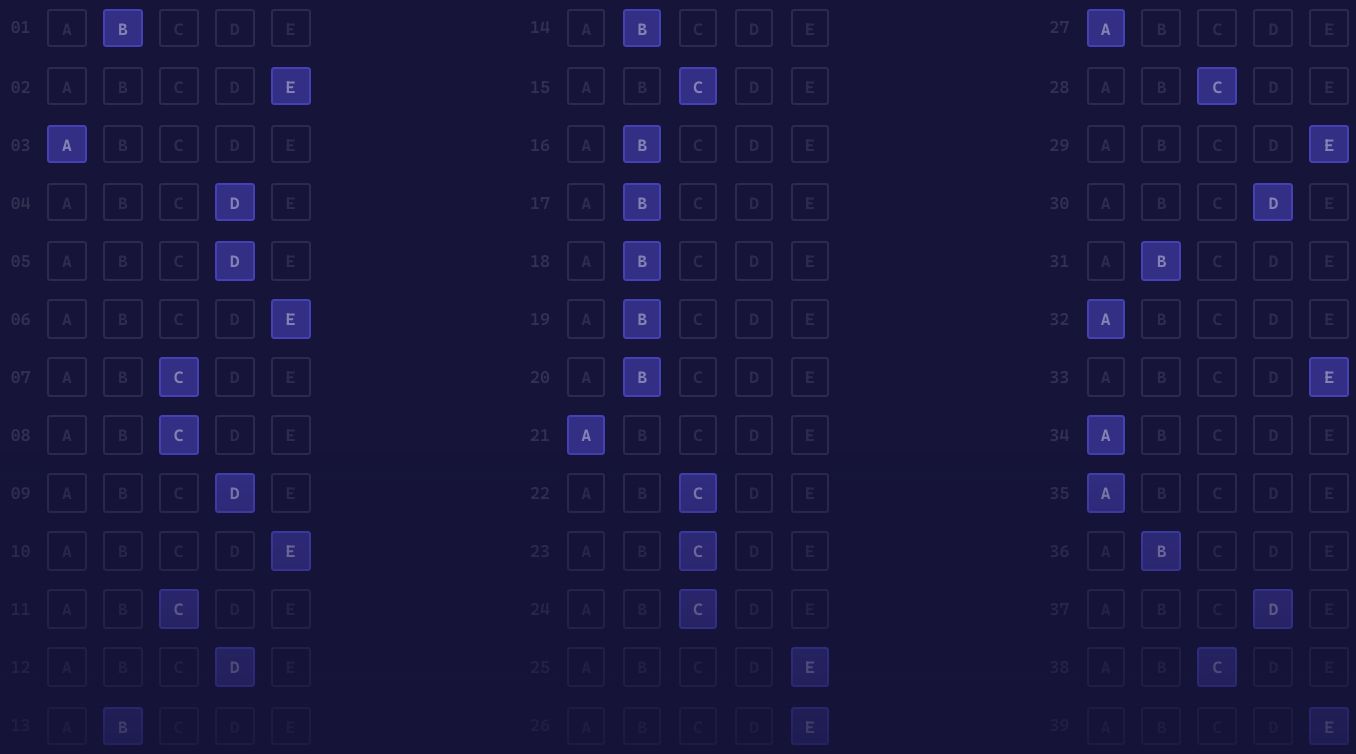
MOMETRIX
SMARTER PREP. BETTER RESULTS.



PRACTICE QUESTIONS

American Board of Family Medicine (ABFM)

PRCR

Primary Certification/Recertification Exam

EDITION	QUESTIONS	ISSUED
Demo	9	September 3, 2026

WEB www.mometrix.net

SUPPORT support@mometrix.net

Before you begin

What this is

9 practice questions for American Board of Family Medicine (ABFM) `PRCR`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `PRCR`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

Licence

This file is licensed to one person. Sharing or republishing it, in whole or in part, ends that licence.

Mometrix

QUESTION 1 MULTIPLE CHOICE

According to the USPSTF recommendations for adult preventive care, which of the following interventions have an 'A' or 'B' recommendation for average-risk adults? (Choose two.)

A **Annual lung cancer screening with low-dose CT in adults aged 50-80 years with a 20 pack-year smoking history who currently smoke or have quit within the past 15 years**

B Annual screening for asymptomatic bacteriuria in nonpregnant adult women

C **Screening for hepatitis C virus (HCV) infection in adults aged 18-79 years**

D Self-breast examination as a primary screening modality for breast cancer in average-risk women

ANSWER **A · C**

WHY The USPSTF gives an 'A' recommendation for annual low-dose CT screening for lung cancer in adults aged 50-80 with a 20 pack-year history who currently smoke or quit within 15 years, and an 'A' recommendation for one-time HCV screening in adults aged 18-79. Screening for asymptomatic bacteriuria in nonpregnant adults is a 'D' recommendation, and self-breast examination is not recommended as primary screening.

QUESTION 2 MULTIPLE CHOICE

Which of the following statements regarding the diagnosis and initial management of type 2 diabetes mellitus in adults are accurate? (Choose two.)

A **Hemoglobin A1c, fasting plasma glucose, and 2-hour 75-g oral glucose tolerance test are all acceptable diagnostic tests**

B Metformin is contraindicated in patients with an estimated glomerular filtration rate (eGFR) of 35 mL/min/1.73 m^2

C **An A1c of 6.5% or greater on two separate occasions is diagnostic of diabetes**

D Lifestyle modification should be deferred until after pharmacologic therapy is initiated in patients with an A1c > 9%

ANSWER **A · C**

WHY All three tests (A1c, FPG, 2-hr OGTT) are accepted for diagnosis, and an A1c ≥ 6.5% confirmed on repeat testing establishes the diagnosis. Metformin is contraindicated when eGFR is < 30 mL/min/1.73 m^2 (not at 35), and lifestyle modification should be initiated concurrently with pharmacologic therapy, not deferred.

QUESTION 3 SINGLE CHOICE

A 58-year-old man presents with acute, crushing substernal chest pain radiating to the jaw, accompanied by diaphoresis and nausea. ECG shows ST-segment elevation of 2 mm in leads II, III, and aVF. Which of the following is the most appropriate immediate management?

A Order a stress echocardiogram and outpatient cardiology follow-up

B Administer aspirin, nitroglycerin, and activate the cath lab for primary percutaneous coronary intervention

C Administer aspirin and a proton pump inhibitor, then discharge with outpatient gastroenterology follow-up

D Begin a heparin drip and observe on a telemetry unit without immediate reperfusion

ANSWER **B**

WHY ST elevation in leads II, III, and aVF indicates an inferior wall ST-elevation myocardial infarction (STEMI), typically from right coronary artery occlusion. Immediate management includes aspirin, nitroglycerin (if hemodynamically stable), and rapid reperfusion with primary PCI at a capable facility. Stress testing, PPI therapy for presumed GERD, or delayed heparin without reperfusion would all be inappropriate and harmful.

Mometrix

QUESTION 4 SINGLE CHOICE

A 45-year-old man presents with a well-demarcated, erythematous plaque with a silvery scale on the extensor surface of the elbow. He reports mild pruritus. Which of the following is the most likely diagnosis?

A Tinea corporis

B **Psoriasis**

C Atopic dermatitis

D Seborrheic dermatitis

ANSWER **B**

WHY Well-demarcated erythematous plaques with characteristic silvery scale on extensor surfaces (elbows, knees) are classic for plaque psoriasis. Tinea corporis typically has a raised, advancing border with central clearing; atopic dermatitis favors flexural surfaces; seborrheic dermatitis affects the scalp, eyebrows, and nasolabial folds.

QUESTION 5 SINGLE CHOICE

Which of the following screening tools is most appropriate for routine depression screening in adult primary care patients?

A Beck Depression Inventory-II (BDI-II)

B **Patient Health Questionnaire-9 (PHQ-9)**

C Hamilton Depression Rating Scale (HDRS)

D Edinburgh Postnatal Depression Scale (EPDS)

ANSWER **B**

WHY The PHQ-9 is a brief, validated, self-administered 9-item tool that maps directly to DSM criteria and is widely endorsed for routine depression screening in primary care, including by the USPSTF. The BDI-II is longer and more often used in research/psychiatric settings; the HDRS requires a trained interviewer; and the EPDS is specifically designed for peripartum patients.

QUESTION 6 SINGLE CHOICE

A new diagnostic test has a sensitivity of 95% and a specificity of 85%. Which of the following statements correctly describes this test?

A Sensitivity of 95% means the test will be negative in 5% of patients with the disease

B Specificity of 85% means the test will be positive in 85% of patients without the disease

C A negative result essentially rules out the disease because of the high sensitivity

D The test has a high positive predictive value regardless of disease prevalence

ANSWER C

WHY Sensitivity is the probability of a positive test in patients with disease, so a sensitivity of 95% means 5% of diseased patients will have a false-negative result. Specificity is the probability of a negative test in patients without disease; an 85% specificity means 15% of non-diseased patients will have a false-positive result. A highly sensitive test, when negative, helps rule out disease (SnNout). Positive predictive value depends heavily on disease prevalence.

Mometrix

QUESTION 7 SINGLE CHOICE

A 62-year-old woman reports gradual onset of knee pain that worsens with activity and improves with rest. Examination reveals mild joint-line tenderness and crepitus, without significant warmth or effusion. Radiographs show joint-space narrowing and osteophytes. Which of the following is the most appropriate initial management?

A Immediate referral for total knee arthroplasty

B Intra-articular corticosteroid injection as first-line therapy

C **Weight management, exercise, and oral NSAIDs as needed**

D Order MRI of the knee to evaluate for meniscal pathology

ANSWER C

WHY This presentation is classic for knee osteoarthritis: activity-related pain, crepitus, and radiographic joint-space narrowing with osteophytes. First-line management per OARSI/AAOS guidelines includes weight loss, low-impact exercise, and topical or oral NSAIDs. Intra-articular steroids are reserved for refractory pain; MRI is not indicated without red flags or mechanical symptoms; and arthroplasty is reserved for end-stage disease that has failed conservative management.

Mometrix

QUESTION 8 SINGLE CHOICE

A 4-year-old child is brought in for a well-child visit. The parents report no concerns and the child's growth and development are normal. According to the CDC immunization schedule for children 4-6 years of age, which of the following vaccines is routinely recommended at this visit?

A Hepatitis B series booster

B **The fifth dose of DTaP and the second dose of MMR/varicella**

C First dose of HPV vaccine

D Annual influenza vaccine only if high-risk

ANSWER B

WHY At age 4-6 years, children routinely receive the fifth (final) dose of DTaP, the fourth dose of IPV, the second dose of MMR, the second dose of varicella, and the annual influenza vaccine. The HPV vaccine is routinely started at age 9-12 depending on shared decision-making or at age 11-12. Hepatitis B does not have a routine booster at this age.

QUESTION 9 SINGLE CHOICE

A 35-year-old woman presents with several weeks of productive cough, fatigue, and low-grade fever. Examination reveals crackles in the right lower lobe. Chest radiograph shows a lobar infiltrate. Which of the following is the most appropriate initial outpatient antibiotic choice for an otherwise healthy adult without comorbidities?

A Levofloxacin

B **Amoxicillin**

C Vancomycin plus piperacillin-tazobactam

D Trimethoprim-sulfamethoxazole

ANSWER B

WHY For outpatient treatment of community-acquired pneumonia in an otherwise healthy adult without comorbidities, ATS/IDSA guidelines recommend amoxicillin, doxycycline, or a macrolide (in areas of low resistance). Levofloxacin and TMP-SMX are reserved for patients with comorbidities or specific risk factors. Vancomycin plus piperacillin-tazobactam is inpatient therapy for severe pneumonia.