HEART FAILURE

1. According to the 2013 ACCF/AHA heart failure guidelines, which diagnostic study is the most useful test for evaluating patients with or at risk for heart failure?
   a. 12-lead ECG
   b. BNP or NT-proBNP
   c. echocardiogram
d. troponin-I or troponin-T

2. What is the maximum daily sodium intake recommended for patients with symptomatic heart failure?
   a. 1.5 g per day for most patients with stage A or B heart failure
   b. 1.5 g per day for most patients with stage C or D heart failure
c. 3 g per day for most patients with stage A or B heart failure
d. 4 to 5 g per day for most patients with stage A or B heart failure

3. Which of the following is a finding from the PARADIGM-HF trial?
   a. An ARNI can only be used in patients with NYHA Class I or II heart failure and is not safe or effective for higher classes of disease.
b. Patients with an ejection fraction of 40% to 50% should receive an ARNI instead of an ACE inhibitor
c. Treating certain patients with heart failure with an ARNI instead of an ACE inhibitor or ARB will give mortality benefit of an additional 1 to 2 years of life.
d. Using omipatrilat in patients with heart failure did not provide greater benefit than an ACE inhibitor or ARB.

4. What is the recommended approach for switching a patient from an ACE inhibitor to an ARNI?
   a. Overlap therapy with both agents for 24 to 48 hours before withdrawing the ACE inhibitor.
b. The two agents should only be used in combination; start the ARNI in patients already on an ACE inhibitor and monitor renal function.
c. Withhold the ACE inhibitor for a minimum of 36 hours and then begin the ARNI
d. Withhold the ACE inhibitor for 7 to 10 days while the patient is observed in the inpatient setting for heart failure exacerbation. Start the ARNI once BNP or NT-proBNP have returned to baseline

5. When is ivabradine an appropriate therapeutic agent for patients with heart failure?
   a. After a low-dose beta-blocker has been attempted and a second agent is required for rate control.
b. In patients who are not symptomatic (ACC/AHA stages A or B)
c. In all patients with symptoms of heart failure and a heart rate less than 60 beats/minute
d. When the patient is on the maximum beta-blocker dose but has a heart rate greater than 70 beats/minute and an ejection fraction of 35% or less.

TRIGGER FINGER

6. Which annular pulley is the most commonly affected in stenosing flexor tenosynovitis, commonly known as trigger finger?
   a. A1
   b. A2
c. A3
d. A4

7. Which statement is correct about the epidemiology of trigger finger?
   a. It affects 10% of the general population.
b. It is more common in men.
c. It affects 2% to 3% of the general population and up to 10% of patients with diabetes.
d. It does not occur in children.

8. According to recent studies, what is the most cost-effective treatment for trigger finger in patients with diabetes?
   a. one corticosteroid injection followed by surgical release
   b. two corticosteroid injections followed by surgical release
c. immediate surgical release in the OR
d. immediate surgical release in the clinic

9. Which treatment is considered first-line and offers long-term relief in the initial management of trigger finger symptoms?
   a. percutaneous release
   b. corticosteroid injection
c. ice and massage
d. splinting

10. What is a classic presentation of trigger finger?
    a. Pain and tenderness just proximal to the metacarpal-phalangeal flexion crease with catching or locking of the digit with extension
    b. Pain, tenderness, erythema, and swelling in the long axis of the affected finger
c. Painless nodular lesion in the palmar fascia
d. History of trauma and absence of triggering