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).

Detailed content outline for the Rheumatology traditional, 10-year MOC exam and LKA

✓ – **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.

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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)*

Topic		Diagnosis / Testing / Treatment / Risk				Pathophysiology/ Basic Science
Joints and ligaments, intervertebral discs, synovium, and cartilage		*Not Applicable*				✎
Connective tissue cells, matrix components and macromolecules	LF	*Not Applicable*				✗
Bone		*Not Applicable*				✎
Muscles, tendons, and bursae		*Not Applicable*				✎
Blood vessels	LF	*Not Applicable*				✎
Nerves		*Not Applicable*				✎

IMMUNOLOGY *(<2% of exam)*

Anatomy and cellular elements of the immune system						
Lymphoid organs: gross and microscopic anatomy and function	LF	*Not Applicable*				✗
Organization of immune system: innate and adaptive responses	LF	*Not Applicable*				✎
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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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)

	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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)

	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
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)

	Diagnosis	Testing	Treatment/ Care Decisions	Risk Assessment/ Prognosis/ Epidemiology	Pathophysiology/ Basic Science
Familial **LF**	🟡	🟡	🟡	🟡	❌
Secondary to primary metabolic disorders	🟡	🟡	🟡	🟡	❌
Idiopathic CPPD	✅	✅	✅	🟡	🟡

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)*

		Diagnosis	Testing	Treatment/Care Decisions	Risk Assessment/Prognosis/Epidemiology	Pathophysiology/Basic Science
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)		Diagnosis	Testing	Treatment/Care Decisions	Risk Assessment/Prognosis/Epidemiology	Pathophysiology/Basic Science
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)*

		Diagnosis	Testing	Treatment/Care Decisions	Risk Assessment/Prognosis/Epidemiology	Pathophysiology/Basic Science
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	/	/	/	✗	✗

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	✓	✓	✓	✎	✎
Autoimmune clotting factor deficiencies (overlap with antiphospholipid antibody syndrome)	LF	✎	✎	✎	✎	✗

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- / – **Medium Importance**: No more than 25% of questions will address topics and tasks with this designation.
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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	Medium	Medium	Medium	Medium	Low
Osteogenesis imperfecta	LF	Medium	Medium	Low	Low	Low
Ehlers-Danlos syndromes including hypermobility	LF	Medium	Medium	Medium	Medium	Low
Mucopolysaccharidoses	LF	Low	Low	Low	Low	Low
Osteochondrodysplasias						
Multiple epiphyseal dysplasia	LF	Low	Low	Low	Low	Low
Spondyloepiphyseal dysplasia	LF	Low	Low	Low	Low	Low
Inborn errors of metabolism affecting connective tissue						
Homocystinuria	LF	Low	Low	Low	Low	Low
Ochronosis	LF	Low	Low	Low	Low	Low
Storage disorders	LF	Low	Low	Low	Low	Low
IMMUNODEFICIENCIES (<2% of exam)						
Immunoglobulin A (IgA) deficiency	LF	Medium	Medium	Medium	Low	Low
Complement component deficiencies	LF	Medium	Medium	Medium	Low	Low
Common variable immunodeficiency	LF	Medium	Medium	Medium	Low	Low

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Legend for table cells: ✅ = High Importance, ✏️ = Medium Importance, ❌ = Low Importance

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)

Topic	Diagnosis	Testing	Treatment/Care	Risk Assessment	Pathophysiology
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)

Topic	Diagnosis	Testing	Treatment/Care	Risk Assessment	Pathophysiology
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)

Topic	Diagnosis	Testing	Treatment/Care	Risk Assessment	Pathophysiology
Takayasu arteritis LF	✓	✓	✓	✏	✏
Giant cell arteritis	✓	✓	✓	✓	✏

MEDIUM-VESSEL VASCULITIS (<2% of exam)

Topic	Diagnosis	Testing	Treatment/Care	Risk Assessment	Pathophysiology
Polyarteritis nodosa LF	✓	✓	✓	✓	✏

SMALL-VESSEL VASCULITIS (3% of exam)

Antineutrophil cytoplasmic antibody (ANCA)-associated vasculitis

Topic	Diagnosis	Testing	Treatment/Care	Risk Assessment	Pathophysiology
Granulomatosis with polyangiitis	✓	✓	✓	✓	✏
Microscopic polyangiitis LF	✓	✓	✓	✓	✏
Eosinophilic granulomatosis with polyangiitis (Churg-Strauss) LF	✓	✓	✓	✏	✏

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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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*