PREP 1:
A 3-month-old infant is brought to the office for fussiness, increased sleeping, and poor feeding. According to his mother, he was doing well until 4 days ago, when his formula intake decreased from 6 oz every 3 to 4 hours to 1 to 2 oz every 4 hours and she had to awaken him to feed. He has had no vomiting, diarrhea, or fever. He was born at term, and the mother had no antenatal infections. On physical examination, the infant is difficult to console and has a high-pitched cry. His temperature is 98.2°F (36.8°C), heart rate is 160 beats/min, and respiratory rate is 30 breaths/min. His anterior fontanelle is flat, pupils are 4 mm and equally reactive, and there is no evidence of corneal abrasions. His lungs are clear, heart sounds are normal, and abdominal evaluation findings are benign. His extremities are warm, well-perfused, and have normal tone. Results of the initial laboratory evaluation, including a complete blood count with differential count, electrolytes, and urinalysis, are normal. The fecal occult blood test result is negative.

Of the following, the MOST appropriate next study is
A. abdominal ultrasonography
B. chest radiography
C. computed tomography scan of the brain
D. serum ammonia determination
E. urine organic acid screen

PREP 2:
You are evaluating a 10-month-old boy brought to the emergency department because of fussiness for 1 day. His mother reports that she was carrying him while answering the phone yesterday and that he fell from her arms onto the linoleum floor. Physical examination reveals a thin boy who is crying. He resists weight-bearing on the left leg, but you cannot elicit specific tenderness. He has bruises on the left temporal region, upper arm, and thighs. You suspect nonaccidental trauma and order a skeletal survey.

Of the following, the skeletal survey finding that is MOST specific for nonaccidental trauma is
A. linear nondisplaced skull fracture
B. long bone nondisplaced shaft fracture
C. metaphyseal chip fracture
D. spiral tibial fracture
E. subperiosteal new bone formation

PREP 3:
A 15-month-old girl presents to the emergency department with a temperature of 103°F (39.5°C) during respiratory virus season. Physical examination reveals rhinorrhea and mild cough but no other focus of infection. However, she has diffuse bruises in various stages of healing on her abdomen, subscapular area, and both extensor and flexor surfaces of her extremities. Laboratory studies reveal a white blood cell count of 9.2x10³/mcL (9.2x10⁹/L) with a normal differential count, platelet count of 376.0x10³/mcL (376.0x10⁹/L), hemoglobin of 13.0 g/dL (130.0
g/L), and hematocrit of 39% (0.39).

Of the following, the BEST next step in the evaluation of this child is
A. computed tomography scan of the brain
B. measurement of factor VIII
C. measurement of von Willebrand factor
D. prothrombin time and partial thromboplastin time
E. radiographic skeletal survey

1) Which of the following statements concerning physical abuse is INCORRECT?
   a. Prematurity is a strong risk factor for child physical abuse
   b. The larger the household, the less likely a child in that household will be abused
   c. The abuser is a related caretaker to the child in 90% of cases
   d. If physical discipline is practiced in the home, a child is 7 times more likely to be physically abused
   e. Cutaneous injuries are the most common presentation of physical abuse

2) Common locations of accidental bruising injury include all of the following EXCEPT:
   a. Inner thighs
   b. Knees
   c. Shins
   d. Hips
   e. Elbows

3) Match the following photos with the correct diagnosis:
   a. 
   b. 
   c. 
   d. 
Human bite mark
Immersion burns
Phytophotodermatitis
Animal bite
Urethral prolapse
Hymenal bruising
Perianal strep cellulitis
Perianal bruising

4) All of the following regarding abdominal injuries in child abuse are true EXCEPT:
   a. The majority are due to penetrating trauma
   b. Hepatic laceration, duodenal perforation and mesenteric contusions are common inflicted abdominal injuries
   c. Abdominal wall bruising is seen less than 20% of the time
   d. The high mortality is related to delay in treatment and severity of the initial injury
   e. Children may present with bilious vomiting and signs of peritonitis

5) All of the following statements regarding radiographic screening for skeletal injuries in child abuse are true EXCEPT:
   a. A Skeletal Survey is indicated in a child less than 2 years when a provider is concerned for child abuse
b. A Skeletal Survey is indicated in a child less than 1 year of age when highly concerned for child neglect or deprivation

c. A skeletal survey is rarely beneficial in developmentally normal children greater than 5 years of age

d. Because rib fractures and other fractures associated with child abuse are difficult to identify acutely, a second skeletal survey is required 2 weeks after the first one is performed to increase sensitivity and specificity.

e. A single-view “baby-gram” should be used only in patients less than 6 months of age when evaluating for fractures.

6) Compared with controls, children who die of child maltreatment

   a. Are more likely to be male, and the third or later born child
   b. Have mothers who are more likely to have less than a high school education
   c. Are more likely to have been neglected
   d. Are more likely to have had abuse or neglect previously substantiated by child protective services and/or family advocacy program
   e. All of the above

7) All of the following are physician barriers to reporting child abuse EXCEPT:

   a. Past negative experiences with CPS
   b. Concerns about hurting relationships with families
   c. Physicians feel that they can work with the families better than CPS
   d. History of child abuse training in residency
   e. A significant portion of providers are unable to recognize normal genital structures and therefore unable to identify abnormalities

8) True or False

   Over 80% of children with abusive head trauma have additional injuries, including bruising, identified on initial examination.

9) Characteristics more frequently seen in victims of AHT include all EXCEPT:

   a. Child is in a military family
   b. Child is a twin
   c. Child is a minority race or ethnicity
   d. Child of an adolescent mother
   e. Males are more likely to be victims than females

10) The two primary injury mechanisms seen in AHT are contact (impact) injuries and inertial (non-contact) injuries. The following injury examples can be due to both types of injury mechanism EXCEPT:

   a. Brain laceration
b. Parenchymal contusions
c. Concussion
d. Subdural hematoma
e. Subarachnoid hemorrhage

11) A 2 ½-month-old male was referred to the ED for further evaluation by his pediatrician for persistent vomiting for 2 days and weight loss. Vitals reveal a temp of 38°C, respirations of 35, heart rate of 175. The mother and older sibling are reportedly well and the infant has not had diarrhea. Two weeks prior he was seen in the ED for similar complaints. On exam, the infant is irritable but consolable. His head circumference is 46 cm but everyone in the family has “big heads”. His physical exam is otherwise unremarkable. Of the following, the best diagnostic test you should order is:
   a. Ophthalmologic exam
   b. KUB
   c. An upper GI study
   d. Non contrast head CT
   e. Head MRI

12) Which of the following statements about missed cases of AHT is FALSE?
   a. Physicians are less likely to recognize AHT if the victim comes from a Caucasian family with 2 adult caretakers.
   b. A high index of suspicion is needed to minimize missed cases of AHT.
   c. Over 27% of victims of AHT are reinjured after the initial missed diagnosis.
   d. The older the infant, the more likely an AHT diagnosis will not be missed.
   e. Physicians recognize less than 1 in 5 cases of AHT if the child presents with a normal RR, no seizures and no facial or scalp injuries.

13) Which of the following is NOT a potential mimicker of AHT?
   a. Wilsons Disease
   b. Benign Extra-axial Fluid of Infancy
   c. Vitamin K deficiency
   d. Glutaric Aciduria, type 1
   e. Menkes disease

14) You are asked to evaluate a 3 year old who presented to the ER with the chief complaint of falling down the stairs at home earlier on the evening. Which of the following statements regarding injury from stair falls is true?
   a. Intra abdominal injury, such as small intestine perforation, is a possible finding with stair falls in this age group.
   b. The severity of injury is directly proportional to the number of stairs the child fell down.
   c. 75% of stair falls cause injuries to multiple body parts.
   d. Intracranial bleeds with mental status changes occur in 18% of stair falls in children.
   e. 73-90% of the injuries seen in children after falling down the stairs are injuries to the head or neck.
15) The above marks were noted in an 8 month old male who presented to an Emergency Department with a history of seizures and decreased mental status. The mother reports that she had left the baby in the care of her paramour and when she returned home from work, she found the baby in the crib with jerking movements; he was unresponsive. Past medical history is unremarkable and there is no history of trauma. According to the mother, the baby was fine when she left for work this morning.

All of the following statements are true EXCEPT….

a. The presence of reddish color in these bruises enables restriction of the time of injury to within the past 24-48 hours.

b. The presence of abrasions or swelling at the site of a bruise is not a reliable indicator of injury age.

c. Bruising on the ears in a child is seldom found in accidental injury and should prompt evaluation for AHT.

d. Bruising to the face and head are common in fatal child abuse.

e. An infant’s skin does not bruise more readily than older children or adults.

16) This 10 year old girl returned from a visit with her grandparents with these marks. Her mother brought her to the clinic for evaluation of what she thought was a rash.

In regards to this case, the following statements are true EXCEPT:

a. These marks indicated blunt force impact with a stiff object such as a hanger.
b. Important factors to consider in evaluation of skin injuries are age of the child, location of injury(ies) and injury pattern.
c. Accidental bruising is most often seen on bony prominences and the front of the body and less likely to be located on padded areas of the body.
d. In this child, a report to CPS is indicated.
e. Spanking with a belt or cord is a common form of physical discipline in the US.

17) This 5 year old boy was referred to a Child Advocacy Center for evaluation after the school noted abundant bruising including the bruises seen above. There were also clusters of petechiae on the torso, face and extremities. He was interviewed in a forensic format and he denied any physical abuse or excessive corporal punishment. There was a history of recent viral illness but he had not had any fever for several days.

Which of the following assessments is not appropriate in this case?
   a. Careful family history and past history including questions about abnormal bleeding including epistaxis or gum bleeding
   b. Complete physical examination including inspection of the genitalia and anal regions
   c. Complete blood count, platelet count, and coagulation studies (PT, PTT, INR, thrombin)
   d. Neuroimaging to assess for occult intracranial injury
   e. History of recent or chronic medications and history of dietary intake

18) All of the following fractures have a HIGH specificity for abuse in children EXCEPT:
   a. Classic Metaphyseal Lesions
   b. Linear skull fractures
   c. Rib fractures, especially posterior
   d. Scapular fractures
   e. Sternal fractures
19) The attached image can be associated with all of the following, EXCEPT:
   a. AST, ALT > than 80
   b. History of fall down stairs
   c. Nausea, vomiting, pallor, anemia
   d. Absence of abdominal bruising
   e. Possible associated hollow organ injuries as well, such as jejunal perforation

20) Dental neglect is best defined as:
   a. A willful failure of the child’s parent or caregiver to seek and follow through with treatment necessary to ensure a level of oral health essential for adequate function and freedom from pain and infection
   b. Failure to follow through on treatment needs regardless of the pediatrician's recommendation
   c. The lack of parental knowledge of the need to ensure oral health and treatment to remain free from pain and infection
   d. The caregiver's failure to seek treatment for a child's caries because of lack of resources

21) An 18 month old girl is brought into your office by her mother. The mother states that, after visiting with her father over the weekend, the mother noted that the child is “humping” her stuffed teddy bear between her legs when she is put down for her nap. Her mother is convinced that the little girl has been sexually abused by her x-husband, whom she is currently in a custody battle over this child with. On exam you note this finding above. It is not tender to touch with a Q-tip, not bleeding and there is no discharge. The child doesn’t seem to be bothered by it at all.
You are unsure exactly what this finding is. The mother looks over your shoulder as she says “SEE! I TOLD YOU! Call the police doc!” Of the choices below, what would be the most practical next step in this child’s evaluation?

a. As a mandated reporter you are required to report all concerns about abuse to CPS. You call CPS, base police, and FAP, per your hospital’s reporting policy.

b. Culture the site - if the cultures are positive for anything suspicious you will call it in.

c. Take a picture with your cell phone and send it to Dr. Gavril. Maybe she’ll know what it is.

d. Have the child return in 1 week for a follow up examination after documenting exactly what you see today.

e. Order a stat consult from ob/gyn, since there are no child abuse specialists at your community hospital.

22) A 9 year old girl in your practice wrote her mother a letter and disclosed that her father had been having sex with her at night in bed and when she was in the shower for over 3 years. Her mother confronted the father who denies these allegations. Now, her mother brings her in to your clinic so you can examine her “to see if she is still a virgin.” She was overheard by your staff telling the girl that if the doctor doesn’t find anything then she will know she is lying. You talk to the girl alone. The only thing she will say is “Daddy didn’t do anything. It’s all my fault.”

Which statement about sexual abuse disclosure in children is FALSE?

a. 89% of intrafamilial child sexual abuse victims either delay disclosing or do not disclose at all.

b. False allegations of sexual abuse made by a child appear to be very rare and such reports represent <1% of sexual abuse cases.

c. Recantation of a history of sexual abuse is rare once the authorities and medical personnel become involved.

d. Many sexually abused children assume at least partial responsibility for the abuse and girls are more likely to do this than boys.

e. Child victims of sexual abuse have worse outcomes (cognitive, mental health, social) when the non-offending parent is not supportive or does not believe the disclosure of abuse.

23) You are moonlighting in the ED when 3 adolescent females present with the parent of one of the girls. Two of the girls stated they brought their incoherent friend to the ED after she passed out at a party. They found her sleeping in a back room with her clothes disheveled and her undergarments removed. There is visible trauma to her thighs; however the young lady cannot recall what happened. She noted having a few drinks, “but nothing strong.” The concerned parent states, “I think someone slipped her something, what do you think doc? You need to do a blood test or something.”

Please identify the statement that is FALSE:

a. The amount of time that the drugs remain in the urine or blood depends on the drug ingested.
b. The amount of time that the drugs remain in the urine or blood depends on the amount of drug ingested
c. The amount of time that the drugs remain in the urine or blood depends on the patient’s weight, size, metabolism
d. Blood samples are preferable to urine samples because drug metabolites remain in the blood for a longer time than they remain in the urine
e. The first post-exposure urine void is typically the one most likely to be positive

24) Prepubertal genital bleeding may be secondary to:
   1. Shigella infection
   2. McCune-Albright syndrome
   3. Lichen sclerosis et atrophicus
   4. Rhabdomyosarcoma
   5. Toilet Paper Foreign Body

   a. 1, 3
   b. 2, 4
   c. 1, 2, 3
   d. 5 only
   e. all listed, 1-5

25) You are asked to consult on a 15 month old for failure to thrive (FTT). Child's birth and PMH are unremarkable. Mother initially exclusively breast fed but now breast feeds only at night. PE is also unremarkable and child is small but developmentally on target. Child was on the 50% for wt until 6 months of age. At 9 months was at the 25% and at 12 months at the 3%. At 15 months the child continues at the 3% for weight and 25% for height. Mom says the child is very active and doesn't like to eat. Your next step would be:

   a. Hospitalize the child and see if the child gains weight without the mother and father being present.
   b. Get lab tests such as a CBC, chemistry panel, lead level, celiac profile and sweat test.
   c. This is very typical of emotional/physical neglect and a report should be made.
   d. This trend is mostly likely normal. It is safe to watch and reevaluate in 3 months.
   e. This is most likely normal, but more history is required such as the parents' heights and weights, detailed diet and social histories, the nature of the child's stools and frequency.

26) You are called to evaluate a 1 yo. who has a history of chronic vomiting, is on multiple medications, and receives speech therapy and nutrition services. The child has been evaluated by a gastroenterologist and diagnosed with GERD. She now has a gastrostomy tube and has been aggressively treated with medications and dietary changes but is still not gaining weight well. The family is well respected in the military community. There are 5 older children in the home who appear to be doing well. The child's HT and HC are at the 25% and the WT is less than the 3%. Other than being sad in appearance her physical exam is normal. She was born FT with a BW of 3.6kg.
Your next step is:
   a. There is a good chance for a neurological disorder and a CT scan/MRI should be done and neuro consulted.
   b. You examine her eyes and do not see any hemorrhages or papilledema, but before you call neuro you would like ophthalmology to examine her.
   c. This child has severe GERD and needs a fundoplication in addition to the gastrostomy tube in order to gain weight.
   d. You would like the child hospitalized and observed during feeds to get a better understanding of her symptoms which you have not observed yourself but are described by the mother.
   e. This chronic vomiting is probably psychogenic and the appropriate mental health specialists should be involved both with the child and parents.

27) Which of the following is a short-term outcome of child psychological maltreatment?
   A. Chronic medical issues in adulthood
   B. Antisocial behaviors
   C. Insecure attachment with caretakers
   D. Substance abuse
   E. Eating disorders

28) With respect to medical child abuse (MCA; formerly known as Munchausen’s Syndrome by Proxy), which of the following statements is INCORRECT:
   a. MCA is not a diagnosis of exclusion and once considered in the child’s differential it should be pursued
   b. Motivation of the perpetrator is an important consideration
   c. A number of forces promote excessive medical care use including a provider’s fear of being sued, the availability of ever-increasing medical technology, and the trend to involve parents in choosing treatments and making medical plans; in cases of MCA it does not constitute malpractice
   d. In MCA, the victim is at risk for developmental delay, PTSD, depression, and anxiety disorders even into adulthood
   e. MCA occurs along a spectrum of severity from illness exaggeration, to illness fabrication, to illness induction

29)
Name 3 things wrong with this infant’s sleeping situation:

_________________________________
_________________________________
_________________________________

30) For each factor below, state whether it is a risk factor for sudden infant death syndrome (SIDS):
- Maternal smoking: True/False
- Maternal Post-Partum Depression: True/False
- African-American ancestry: True/False
- Southeast Asian ancestry: True/False
- Native American ancestry: True/False
- Unfamiliar sleep position: True/False
- GERD: True/False
- Fall/winter months: True/False
- Inappropriate bedding: True/False
- Sleep environment too warm: True/False
- DTaP vaccine: True/False
- Co-sleeping: True/False
- Twin or triplet: True/False
- Birth weight < 2500 grams: True/False

31) While states laws vary, all of the following professionals are generally mandated to report suspected child abuse in the US (known as mandated reporters), EXCEPT:
   A. Physicians
   B. Dentists
   C. Teachers
   D. Lawyers
   E. Law Enforcement

32) All of the following about child maltreatment investigations are true, EXCEPT:
   a. CPS investigates allegations of child abuse and neglect and can present evidence in family/civil court proceedings to determine, beyond a reasonable doubt, whether child maltreatment occurred.
   b. Police investigate allegations of child abuse and neglect and can present evidence in criminal court proceedings to determine, beyond a reasonable doubt, whether child maltreatment occurred.
   c. CPS provides services to children and families as dictated by the case and state law.
d. CACs (Child Advocacy Centers) are independent agencies that function under memoranda of understanding among agencies investigating and providing services for children and families.
e. Children are represented by guardian-ad-litems (LGALs) in family/civil courts.

33) You are backing out of your driveway on your way to the store and witness a neighbor hit her 4-year-old daughter with such force that she is knocked to the ground. What action should be taken, if any?
   a. You are required by law to call CPS
   b. You have the option of calling CPS
   c. You are not allowed to call CPS since you are not working in your professional capacity
   d. Tackle the mother and make a citizen’s arrest

34) Which of the following individuals CANNOT refuse to testify if asked to by the court?
   a. An expert witness asked to testify about the standard of care
   b. An expert witness asked to testify in order to educate the court
   c. A treating physician
   d. A SANE who never met the patient because the patient left before the SANE’s arrival

35) A local reporter approaches you to discuss the case of a child who is currently admitted to the hospital with the diagnosis of non-accidental trauma. What can you tell this reporter?
   a. Nothing at all
   b. Nothing about the specific case, but you can discuss the topic of child abuse/neglect in general
   c. You can discuss the demographics of this child, but not the diagnosis
   d. You can discuss all of the details of the case with the reporter