1. A 46-year-old Italian-American man comes to your office for the evaluation of low back pain. He has had this pain for the last 6 months, and it is progressively getting worse. The pain is worse in the morning and gets better as the day progresses. He denies any history of trauma in the past. He works as a chef at a local restaurant. His father and uncles also have "back problems." His physical examination reveals a limited range of motion of his lumbosacral spine and markedly reduced chest expansion. The rest of his physical and musculoskeletal examination is unremarkable. What of the following is the most appropriate next step in the management of this patient?

A. HLA-B 27

B. ANA and rheumatoid factor

C. Bone scan

D. MRI of the spine

E. X-ray of the sacroiliac joint

###### 2. The 43-years old male with Ankylosing spondylitis complains of high temperature up to 37,8ºC, pain in a back, especially in second half of a night. He has been ill for two years. Objectively: restriction of range of movements in a lumbar spine, pain in sacroiliac joints, ESR - 45 mm/h. On x-ray - narrowing of sacroiliac joints space. What pathology of eyes can be diagnosed in this patient?

A. Cataract

B. Retinopathy

C. Uveitis

D. An atrophy of optic nerve

E. Blepharitis

###### 3. The 27-years old male complains of the moderate pain, constraint in chest and sacroiliac region of a spine, knee joints, rise in temperature up to 37,4ºC. These signs appeared 5 years ago after overcooling. Objectively: pain in paravertebral points in sacroiliac region, synovitis of left knee. On x-ray: articulate surfaces of sacroiliac joints are rough, indistinct, with sites of an osteosclerosis, joint spaces are asymmetrically narrowed. Which of the listed below drugs you appoint to the patient:

A. Aspirin

B. Chondroitine

C. Sulfasalazine

D. Prednisolone

E. Methotrexate

4. 30-years male complains of pain and stifness in thoracic and lumbar spine after long rest, and at night. Objectively: iridocyclitis, positive Schober's test. X-ray of the sacroiliac joints: joint surfaces are rough, indistinct with sites of an osteosclerosis, narrowing of joint space. Your preliminary diagnosis?

A. Reiter’s syndrome

B. Osteochondrosis

C. Ankylosing spondylitis

D. Psoriatic arthritis

E. Spine tuberculosis

5. A 42-year-old Hispanic surgeon comes to your office and complains of burning urination and joint pains. He has pain in his knees, ankles, wrist joints and lower back. His lower back pain is associated with morning stiffness, which improves on ambulation. He also complains of bilateral eye pain, irritation, and blurry vision. He has difficulty performing surgeries and requests medications. He has ulcerative colitis and cannot tolerate NSAIDs. He has lunch and dinner in restaurants close to his hospital and loves canned food. His current medications include sulfasalazine and multivitamin tablets. His vital signs are within normal limits. The physical examination shows tenderness in the lumbosacral area. There is swelling and tenderness bilaterally in his knees, ankle, and wrist joints. There is evidence of conjunctivitis in both eyes. His throat examination is clear. He has no palpable lymph nodes. What is the most appropriate diagnostic test at this time?

* + - 1. HLA-B27
      2. ANA
      3. X-ray of lumbosacral spine
      4. ESR
      5. Peripheral smear