2022 First Aid for the USMLE Step 1 Corrections and Clarifications July 15, 2022

Despite our best efforts, errors do occur during the revision process. This list primarily addresses direct content errors that may create confusion. We also have listed selected clarifications. Please be aware, however, that this list does not represent the entire scope of additions, improvements, and clarifications expected in the 2022 edition.

Red signifies specific text to be deleted.

Green signifies specific text to be added.

We check every potential errata submission against your reference(s), authoritative references, and expert faculty to maximize clarity and accuracy. Please note that our goal is to provide a high-yield framework for optimal exam preparation and not a comprehensive textbook. If you were the first individual to submit a referenced correction or clarification to us at www.firstaidteam.com that appears in the errata or in the next edition of the book, you will receive a gift certificate in appreciation. Good luck with your studies!

– The First Aid Team

CATEGORIES OF UPDATES

Major Corrections	Factual errors that could interfere with comprehension
Minor Corrections	Less significant errors that may cause confusion
Clarifications	The text is accurate but could be written more clearly, or minor formatting issues (misalignments, indents, etc) that may confuse

MAJOR CORRECTIONS

Page	Fact Name	Revision
324	Cardiovascular agents and molecular targets	In the illustration, replace the stimulatory positive arrow between PLB and SERCA with an inhibitory negative arrow.
346	Hypothyroidism vs hyperthyroidism	In the Hyperthyroidism column, Ocular row, remove (个 sympathetic stimulation of levator palpebrae superioris and superior tarsal muscle)
610	Renal tubular defects	In the illustration, highlight the thick ascending loop to indicate that Bartter syndrome occurs in the thick ascending loop.

MINOR CORRECTIONS

Page	Fact Name	Revision
140	Haemophilus influenzae	Change Aerosol transmission. to Transmitted through respiratory droplets.
164	RNA viruses	In the Togavirus entry, last column, add ^a after Eastern and Western equine encephalitis to indicate these are arboviruses.
295	Pressure-volume loops and valvular disease	In the Aortic regurgitation illustration, remove the dicrotic notch. Aortic regurgitation is characterized by the loss of the dicrotic notch.
298	Heart murmurs	In the Mitral stenosis entry, change (↓ interval between S1 and OS correlates with ↑ severity) to (↓ interval between S2 and OS correlates with ↑ severity)
330	Ivabradine	In the Clinical use row, remove Chronic stable angina in patients who cannot take β -blockers.
346	Hypothyroidism vs hyperthyroidism	Move the callout for the current image A from the Hypothyroidism column to the Hyperthyroidism column. The image illustrates pretibial myxedema, a sign of Graves disease.
549	Brown-Séquard syndrome	In findings entry #4, changelight (2-point discrimination) touch below level of lesion to

		fine (2-point discrimination) touch below level of lesion
559	Horner syndrome	 Under Sympathetic denervation of face, change Anhidrosis (absence of sweating) and flushing of affected side of face Anhidrosis (absence of sweating) and absence of flushing, both on affected side of face
586	Obsessive- compulsive disorder	Change Obsessions (recurrent intrusive thoughts, feelings, or sensations) that cause severe distress, relieved in part by compulsions (performance of repetitive, often time-consuming actions). Ego-dystonic: behavior inconsistent with one's beliefs and attitudes (vs obsessive-compulsive personality disorder, ego-syntonic). Associated with Tourette syndrome. to Obsessions (recurrent intrusive thoughts or sensations that cause severe distress) and/or compulsions (repetitive, often time- consuming actions that may relieve distress). Associated with tic disorders. Poor insight into beliefs/actions linked to worse outcomes.
623	Kidney stones	In the Calcium oxalate: hypocitraturia row, Notes column, change (associated with \downarrow pH) to (usually associated with \downarrow pH)

CLARIFICATIONS

Page	Fact Name	Revision
697	Mediastinal pathology	In the Mediastinal masses entry, remove Middle—esophageal carcinoma, metastases Add
		 Posterior—esophageal carcinoma (may present as mass in, or spread to, middle mediastinum), neurogenic tumor