

2025 First Aid for the USMLE Step 1
Corrections and Clarifications
January 31, 2026

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 2026 edition.

Red signifies specific text to be deleted.

Green signifies specific text to be added.

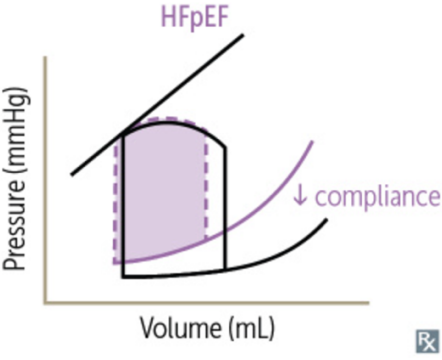
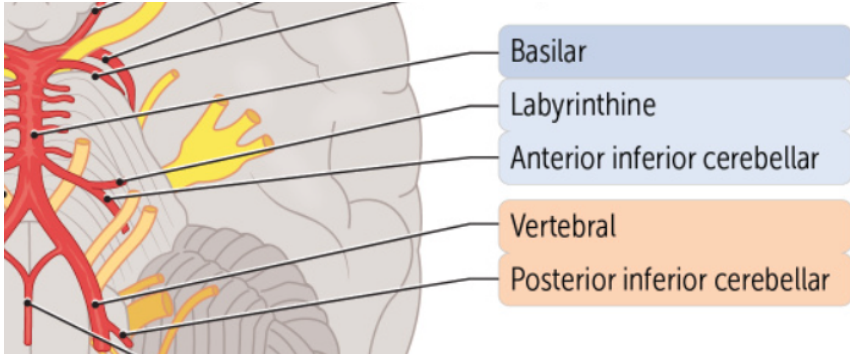
We check every potential errata submission against your reference(s), authoritative references, and expert faculty to maximize clarity and accuracy. Please note that our goal is to provide a high-yield framework for optimal exam preparation and not a comprehensive textbook. If you were the first individual 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!

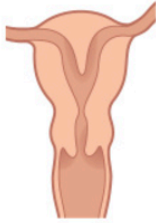
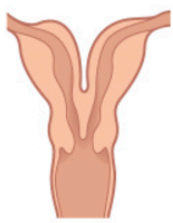
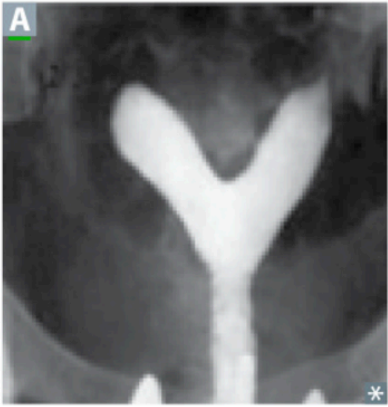
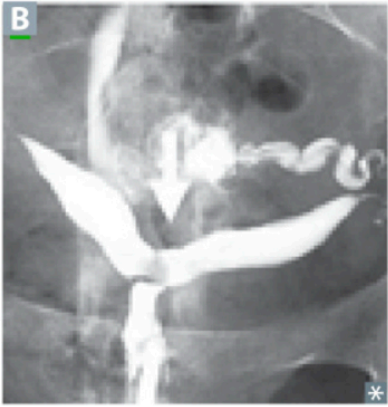
– The First Aid Team

CATEGORIES OF UPDATES

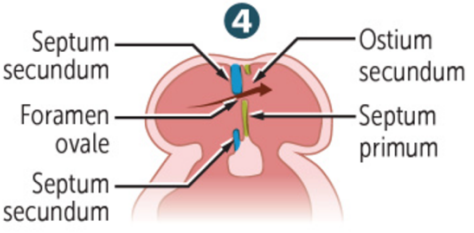
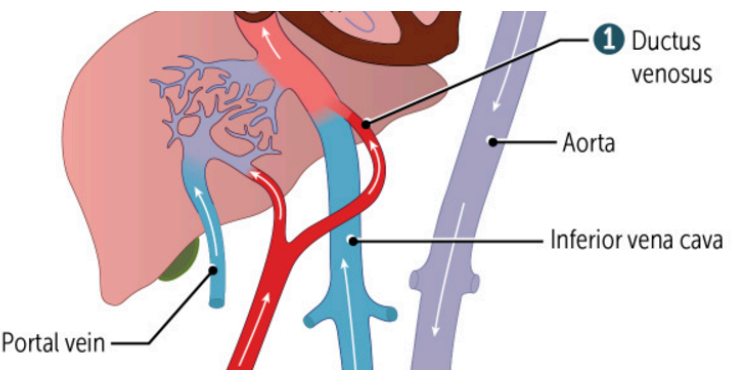
Major Corrections	Factual errors that could interfere with comprehension
Minor Corrections	Less significant errors that may cause confusion
Clarifications	The text is accurate but could be written more clearly, or minor formatting issues (eg, misalignments, indents) that may confuse

MAJOR CORRECTIONS

Page	Fact Name	Revision
284	Heart morphogenesis	Change First functional organ in vertebrate embryos; beats spontaneously by week 4 of development. to First functional organ in vertebrate embryos; beats spontaneously by 4-5 weeks of development.
312	Hereditary channelopathies	In the Brugada syndrome row, change ...ST-segment elevations in leads V ₁ -V ₂ . to ...ST-segment elevations in leads V ₁ -V ₃ .
316	Heart failure	In the HFpEF illustration, change the purple shading indicating that EDV is higher than normal so that it is normal or decreased . 
450	Upper extremity nerves	In the Musculocutaneous (C5-C7) row, Presentation column, change Loss of sensation over radial and dorsal forearm to Loss of sensation over radial and lateral forearm
518	Cranial nerves and arteries	In the illustration, change the current label Labyrinthine to Anterior inferior cerebellar artery . Properly place the label for Labyrinthine. 

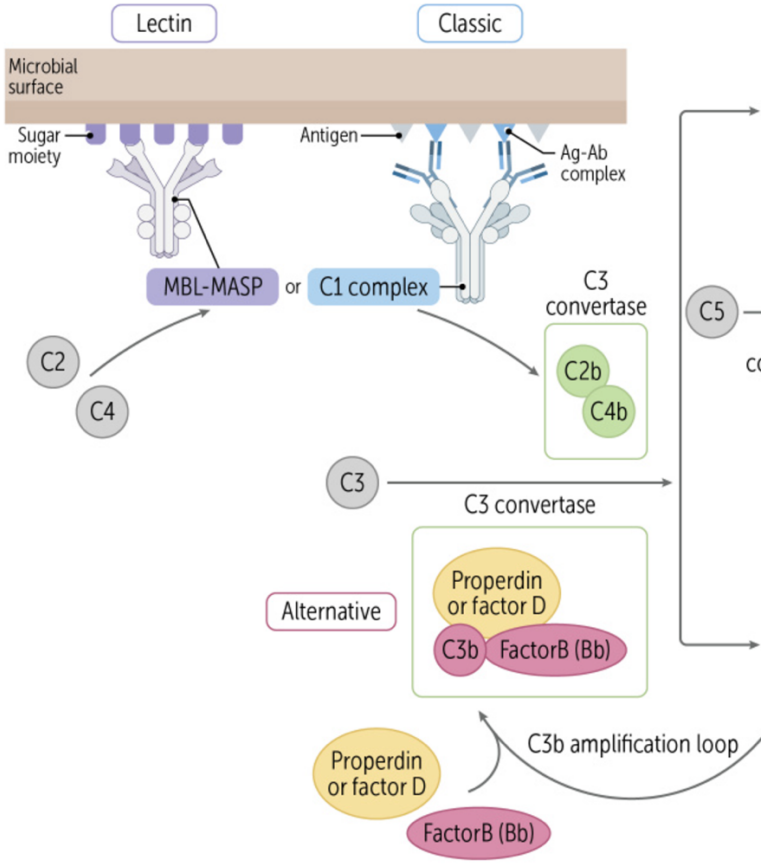
601	Filtration	Add NSAIDs and ACE inhibitors should not be given together → constriction of afferent and dilation of efferent arterioles.
625	Diuretics: effects on electrolyte excretion	In the Thiazide diuretics row, HCO_3^- column, change ↑ to ↓ .
640	Uterine (Müllerian duct) anomalies	<p>Switch lettering and placement of images A and B.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Septate</p> </div> <div style="text-align: center;">  <p>Bicornuate</p> </div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">  <p>A</p> </div> <div style="text-align: center;">  <p>B</p> </div> </div>
712	Rapid Review	<p>In the Wilson disease entry, change Mutated hepatocyte copper-transporting ATPase ... → copper incorporation into apoceruloplasmin, excretion into bile → ↑ serum ceruloplasmin, copper in tissues and urine to Mutated hepatocyte copper-transporting ATPase ... → ↓ copper incorporation into apoceruloplasmin, ↓ biliary excretion → ↓ serum ceruloplasmin, ↑ copper in tissues and urine</p>

MINOR CORRECTIONS

Page	Fact Name	Revision
284	Heart morphogenesis	<p>In illustration 4, complete the illustration for the foramen ovale that works as a flap valve, allowing unidirectional flow only (RA to LA).</p> 
286	Fetal circulation	<p>Revise the illustration to have the ductus venosus connecting the left branch of the portal vein to the left hepatic vein.</p> 
314	Myocardial infarction complications	<p>In the Ventricular free wall rupture row, Notes column, change LV hypertrophy and previous MI protect against free wall rupture. to LV hypertrophy and post-MI scar tissue can be protective against free wall rupture.</p>
317	Shock	<p>In the Hypovolemic shock row, CVP column, change ↓ to ↓. [↓ CVP is the 1^o disturbance driving hypovolemic shock.] In the PCWP column, change ↓ to ↓.</p>
335	Thyroid hormones	<p>In Source row, remove Reverse T₃...production is increased by growth hormone and glucocorticoids.</p>
367	Retroperitoneal structures	<p>Remove Esophagus (thoracic portion)</p>
433	Mixed platelet and coagulation disorders	<p>In the Disseminated intravascular coagulation row, Notes column, remove Causes: heat stroke, snake bites, sepsis (gram ⊖), trauma...</p>

434	Blood transfusion therapy	In the Platelets row, Dosage effect column, change ↑ platelet count ~30,000/microL per unit (↑ ~5000/mm ³ /unit) to ↑ platelet count; one unit of single donor platelets by ~5,000/μL; one unit of multi-donor apheresis platelets by ~30,000/μL
505	Neurotransmitter changes with disease	In the GABA row, Location of synthesis column, change Nucleus accumbens (basal ganglia) to Widespread (cortex, cerebellum, basal ganglia)
527	Extracranial injuries	In the Subgaleal hemorrhage row, change gala aponeurosis to galeal aponeurosis
588	Psychoactive drug intoxication and withdrawal	In the Amphetamines row, move Meth mites (tactile hallucinations) from the Withdrawal column to the Intoxication column.
651	Pregnancy	Change Parity (“para”)—number of pregnancies that resulted in live births. to Parity (“para”)—number of pregnancies reaching ≥20 weeks of gestation.

CLARIFICATIONS

Page	Fact Name	Revision
104	Complement	<p>In the illustration, label the two versions of the C3 convertase on the left side of the figure.</p>  <p>The diagram illustrates the complement system's activation pathways. On the left, a microbial surface is shown with 'Lectin' binding to 'Sugar moiety' and 'Classic' binding to 'Antigen' and 'Ag-Ab complex'. These lead to the formation of 'MBL-MASP or C1 complex'. This complex then acts as a 'C3 convertase', cleaving 'C3' into 'C3a' and 'C3b'. 'C3b' enters the 'C3b amplification loop', which involves 'Properdin or factor D' and 'Factor B (Bb)'. The diagram also shows the formation of 'C5 convertase' from 'C3b' and 'C3'.</p>
364	Tongue development	<p>Replace 1st pharyngeal arch forms anterior 2/3 of tongue. with Portions of 1st and 2nd pharyngeal arches form anterior 2/3 of tongue.</p>
403	Cholelithiasis and related pathologies	<p>Add Risk factors common to both types of stones: Chron disease, ↑ age, total parenteral nutrition (TPN).</p>
429	Extrinsic hemolytic anemias	<p>In the Autoimmune hemolytic anemia row, Description column, Cold AIHA bullet, change ...primarily IgM + complement cause RBC agglutination and extravascular >>> intravascular hemolysis upon exposure to cold... to ...primarily IgM + complement cause RBC agglutination and extravascular and intravascular hemolysis upon exposure to cold...</p>

490	Other blistering skin disorders	<p>In the Erythema multiforme row, change Associated with infections (eg, <i>Mycoplasma pneumoniae</i>, HSV) to Associated with infections (eg, HSV, <i>M pneumoniae</i>) [HSV is the more common association with EM.]</p>
502	Posterior fossa malformations	<p>In the Chiari I malformation row, change ...tonsils through foramen magnum (1 structure) A . to ...tonsils (top arrow in A) through foramen magnum (1 structure).</p>
519	Cranial nerve reflexes	<p>Add new row:</p> <ul style="list-style-type: none"> • Reflex: Vestibulo-ocular • Afferent: VIII <p>Efferent: III, VI</p>