

Preparing for Medical Physics Components of the ABR Qualifying (Core) Exam ABR Physics Study Guide

The ABR Qualifying (Core) Exam for radiologists contains material on medical physics. This content is based on medical physics that is used in practice by working radiologists. Thus, the best preparation for the exam is to learn to use medical physics in your routine practice. If you do that well, you should have no problems with medical physics on the Qualifying (Core) Exam. It is the position of the ABR and all professional radiological organizations that an understanding of this material is crucial to the safe and effective practice of radiology.

We recognize, however, that candidates would like additional guidance to assist them with preparation for the exam. While it is impossible to provide the details on the content that many candidates would desire, this document explains how the material is structured and how candidates should prepare for the exam during their years of residency.

General Content

The purpose of examining the candidate about fundamentals is to determine that the candidate has knowledge of:

- Basic concepts of x-ray production and x-ray interactions
- Basic physics concepts, quality assurance, and common artifacts (for all modalities)
- Image quality
- Informatics, image display, reading room monitors
- Radiation dose metrics and units
- Regulatory, accreditation, and advisory agencies
- Radiation, ultrasound, and MRI safety
- Radiation biology

Category-based Questions

On average, the distribution of questions by imaging modality on the exam is as shown in Figure 1. Please note that this is a general guide and there may be variation from exam to exam.

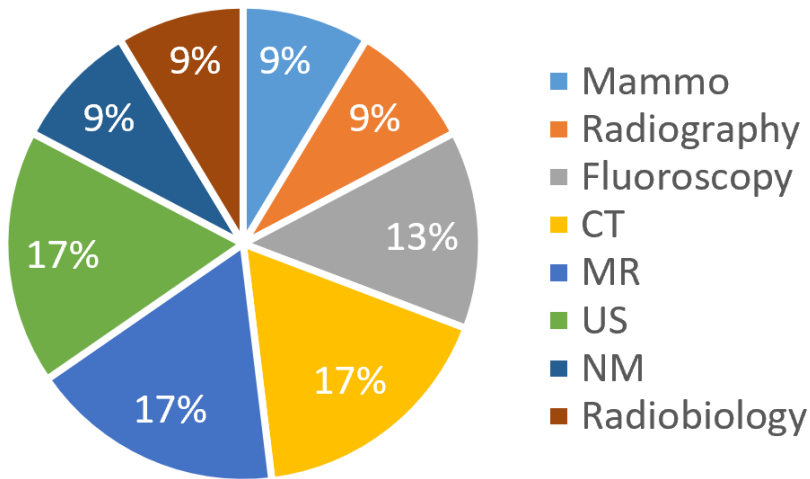


Figure 1: The approximate distribution of medical physics questions by imaging modality.

These modality-based questions are divided into three main categories:

- Application of medical physics in the effective use of the modality
- Safety related to the imaging modality
- Understanding the causes and methods to reduce artifacts associated with a particular modality

These questions are distributed approximately as shown in Figure 2.

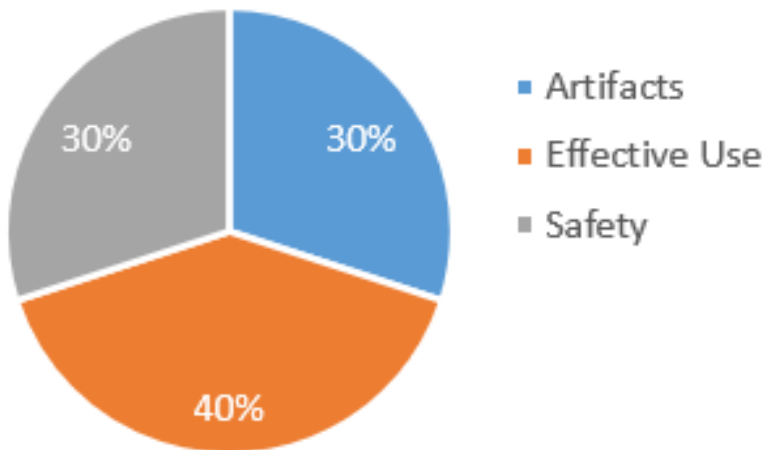


Figure 2: Distribution of the modality-based question categories

Application of Medical Physics to the Effective Use of the Modality

Each imaging modality has certain characteristics that the radiologist must understand to create effective protocols, help technologists adjust imaging technique, and compensate for the size of a patient (e.g., pediatric or obese patients). For example, increasing the amount of a PET radiopharmaceutical to a patient does not necessarily improve image quality but often degrades the image. The questions of this type focus on how the physics

characteristics of the modality relate to provide optimal images.

Questions in the “Effective Use” section are designed to determine if the candidate understands how the fundamental physics principles affect the everyday practice of radiology. Emphasis is on principles rather than the memorization of facts that are not directly relevant or that could be easily looked up online. For example, there would be no questions about the relationship $c = \lambda \cdot \nu$ as it applies to electromagnetic radiation since there is no practical application in radiology. However, that same relationship, as it applies to ultrasound, is of interest since it affects resolution and penetration of the ultrasound beam.

EXAMPLE of Effective Use of the Modality Items

1. In a fast-spin-echo (FSE) pulse sequence (TR = 4000 ms, TE = 100 ms, ETL = 12, field of view [FOV] = 30 cm, 256x256), which of the following modifications would reduce imaging time? (*Answer is highlighted yellow.*)

- A. Reduce TE to 50 ms
- B. Reduce FOV to 25 cm
- C. Reduce ETL to 10
- D. Reduce TR to 3000 ms

2. What CT acquisition factor will provide the greatest patient radiation dose reduction? (*Answer is highlighted yellow.*)

- A. Change helical pitch from 1.2 to 0.9
- B. Reduce kV from 120 to 80
- C. Reduce mA from 400 to 200
- D. Increase rotation speed from 0.5 sec/rot to 0.3 sec/rot

Safety as It Relates to Specific Modalities and Categories

While there is a general quality and safety category on the Qualifying (Core) Exam, there are also safety questions as they relate specifically to medical physics in each category and modality. These questions may involve tissue effects possibly encountered when using ionizing radiation, specific concerns about appropriate thermal index (TI) or mechanical index (MI) in ultrasound, and keeping patients and staff safe in an MRI environment. These safety questions are tied specifically to the modality used. Additional safety questions may be asked regarding radiologist personal safety, such as annual exposure limits for radiation workers, or regarding radiation safety personal protective equipment (PPE).

EXAMPLES of Safety as It Relates to Specific Modalities Items

1. Patient burns in MRI are usually associated with which of the following? (*Answer is highlighted yellow.*)

- A. Long TR pulse sequences
- B. Loops in EKG leads
- C. Patient touching wall of scanner
- D. Patients weighing less than 20 kg

2. What is the minimum radiation dose threshold that typically results in epilation? (*Answer is highlighted yellow.*)

- A. 1 Gy
- B. 3 Gy
- C. 10 Gy
- D. 15 Gy

Artifacts

All modalities produce imaging artifacts. Radiologists need to be able to recognize these artifacts, separate them from normal/abnormal pathology, and recommend to technologists how to modify the imaging procedure to minimize them. The artifact-related questions may ask the candidate to identify the artifact, to distinguish the artifact from normal or abnormal findings on the image, or to recommend strategies to reduce or eliminate the artifact.

EXAMPLES of Artifact-Related Items

1. What is the cause of the ultrasound artifact shown by the arrow? (Answer is highlighted yellow.)

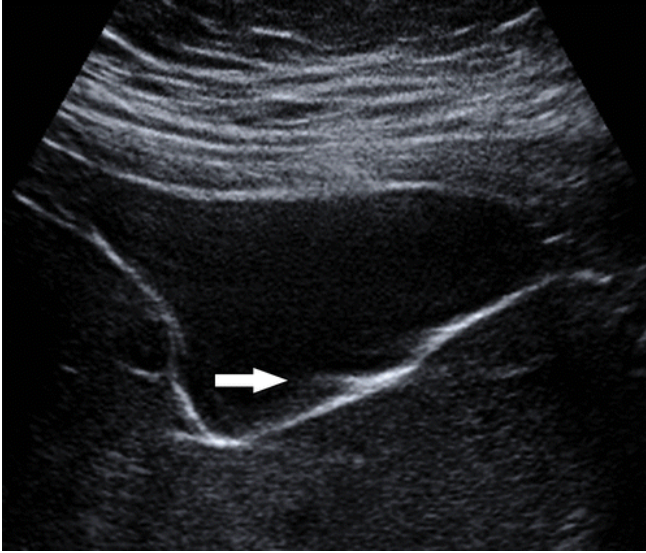


Image taken from Baad M. et al. *RadioGraphics* 2017 37(5):1408-23
(<https://doi.org/10.1148/rg.2017160175>)

- A. Ring down
 - B. Reverberation
 - C. Mirror image
 - D. Side lobe
2. In the CT image of the head, what is the most likely cause of the “streak” artifact (arrow)? (Answer is highlighted yellow.)



- A. Partial volume effect
- B. Wrong reconstruction filter
- C. Low tube current (mA) selection
- D. Partial data loss

Summary

The medical physics content on the Qualifying (Core) Exam is intended to reflect the medical physics that is commonly encountered by radiologists in image interpretation, executing procedures, and consulting with colleagues, staff, and patients. It addresses basic material only to the extent that fundamental knowledge is necessary to practice effectively.

Study Guide

The ABR Physics Study Guide aims to give the diagnostic radiology resident an idea of the underlying physics topics and principles that a radiologist should know when graduating from an accredited radiology residency program.

The guide is not a comprehensive list of all topics possible under the realm of medical imaging physics but some core topics to give the resident guidance for preparation for the ABR Qualifying (Core) Exam. For further guidance, the resident can refer to the [AAPM curriculum](#) designed for the radiology residents. The AAPM [curriculum](#) also contains additional test questions which a resident may find helpful.

1. Basic Science

- a. Structure of the atom
 - i. Nuclear structure & interactions
 - ii. Electron cloud structure & interactions
- b. Electromagnetic radiation
 - i. Properties and origins of photons
 - ii. Electromagnetic spectrum used in imaging
- c. Particle radiation

2. Interactions of ionizing radiation with matter

- a. Charged particle interactions
 - i. Ionization
 - ii. Excitation
 - iii. Bremsstrahlung
 - iv. Positron annihilation
- b. Photon interactions
 - i. Coherent scattering
 - ii. Photoelectric effect
 - iii. Compton effect
- c. Photon attenuation
 - i. Linear & Mass attenuation
 - ii. Half-value layer (HVL) and Beam Hardening
- d. Methods of interaction

- i. Exposure
- ii. Kinetic energy released in matter (KERMA)
- iii. Absorbed Dose
- iv. Equivalent Dose
- v. Effective Dose

3. X-ray Production

- a. X-ray tube cathode and anode
 - i. Filament and focusing cup
 - ii. Anode angle and Line focus principle
 - iii. Anode heel effect
- b. Electron interactions with the anode
 - i. Probability of interactions
 - ii. Contributions to the x-ray beam spectrum
- c. X-ray beam characteristics
 - i. Quality
 - ii. Quantity
- d. Technique factors and their effect on image quality (kV, mA, exposure time, focal spot size)
- e. X-ray beam filtration
- f. Beam collimation

4. Image Quality Metrics

- a. Generation of image contrast
- b. Factors that affect visibility of contrast (low-contrast resolution)
 - i. Image Noise (quantum and electronic)
 - ii. Signal-to-noise ratio and Contrast-to-noise ratio
 - iii. Scatter
 - iv. Contrast agents
- c. Spatial resolution and sources of blur
- d. Temporal resolution

5. Image Processing, Informatics & Display

- a. Signal sampling
 - i. Nyquist limit
 - ii. Aliasing
- b. Image matrix
- c. Pixel size and bit depth
- d. Image processing
 - i. Reconstruction methods
 - ii. Smoothing
 - iii. Edge enhancement
 - iv. Window and level adjustments
- e. DICOM
- f. PACS
- g. Image compression (lossy, lossless)

- h. Computer-aided detection (CAD)
- i. Basic concepts of artificial intelligence (i.e., machine learning and deep learning)
- j. Display monitor characteristics
- k. Optimal image viewing conditions

6. Radiation Biology

- a. Molecular and cellular effects of radiation
 - i. Direct vs. Indirect Effects
 - ii. Cell type and cell cycle radiosensitivity
 - iii. Cell damage, survival, repair, and death (apoptosis)
- b. Tissue reactions (Deterministic) effects
 - i. Skin
 - ii. Eye lens
 - iii. Gonads
- c. Stochastic effects
 - i. Epidemiological Studies
 - ii. Radiation induced cancer
- d. Teratogenesis
 - i. Developmental effects
 - ii. Childhood Leukemia
 - iii. In-utero Sensitivity
- e. Acute Radiation Syndromes
 - i. Hematopoietic
 - ii. Gastrointestinal
 - iii. Neurovascular
 - iv. LD50/60
- f. Radiation risk and dose response models
 - i. Benefit vs. Risk in Radiology (BIER VII)
 - ii. Relative and Absolute Risk
 - iii. Dose-Response Models

7. Radiation Protection

- a. Sources of radiation to the U.S. population
 - i. Natural
 - ii. Medical
- b. Patient and fetal doses from imaging procedures
- c. Monitoring and management of patient and fetal dose
 - i. Diagnostic Reference Levels (DRL)
 - ii. Joint Commission Sentinel Events
 - iii. Nuclear Regulatory Commission (NRC) Medical Event
 - iv. Patient Dose Tracking
- d. Occupational and public dose regulatory dose limits
 - i. Effective dose and organ dose
 - ii. Declared pregnant workers
 - iii. Members of the public

- iv. Personnel dosimeters
- e. Radiation protection principles and methods
 - i. Time, distance, shielding
 - ii. As Low as Reasonably Achievable (ALARA)
- f. Regulatory, accreditation, and advisory agencies

8. General Radiography

- a. X-ray tube, filtration, and collimation
- b. Scatter reduction and grids
 - i. Grid ratio
 - ii. Bucky factor
- c. Radiographic detector systems (CR, DR, etc.)
 - i. Basic design and operation
 - ii. Sensitivity and spatial resolution
- d. System geometry and magnification
- e. Applications, acquisition modes, and protocols
 - i. Typical technique factors for common examinations
 - ii. Pediatric, adult, and bariatric patients
 - iii. Automatic exposure control operation
 - iv. Mobile/portable examinations
 - v. Exposure index
 - vi. Deviation index
- f. Patient radiation dose
 - i. Factors that affect entrance skin air KERMA and absorbed dose
 - ii. Average effective dose for common exams
- g. Image quality and factors that affect
 - i. Subject contrast
 - ii. Low contrast visibility
 - iii. Geometric blur
 - iv. Detector blur
 - v. Motion blur
- h. Common artifacts and artifact mitigation

9. Mammography

- a. X-ray tube targets and filtration materials
- b. Tube alignment and collimation
- c. Breast compression
- d. Scatter reduction and grids
- e. Mammography detectors (CR and DR)
 - i. Basic design and operation
 - ii. Sensitivity and spatial resolution
 - iii. Automatic exposure control
- f. Contact vs magnification mammography
- g. Digital breast tomosynthesis
 - i. Sweep angle and acquisition time

- ii. Number of acquisitions and image reconstruction
 - iii. In plane and z-axis spatial resolution
 - iv. Synthetic 2D images
- h. Stereotactic breast biopsy systems
 - i. System configuration
 - ii. Principles of lesion localization
- i. Dose
 - i. Typical values for the standard breast (average glandular and effective dose)
 - ii. MQSA requirements for 2D and 3D mammography
- j. Common 2D and 3D artifacts and artifact mitigation
- k. Quality assurance and quality control
 - i. MQSA standards
 - ii. Accreditation requirements
 - iii. Common quality control testing requirements
 - iv. Radiologist workstation display and viewing requirements

10. Fluoroscopy and Interventional Imaging

- a. X-ray tube and filtration
- b. Collimation and grids
- c. Automatic exposure rate control system
- d. Fluoroscopic detectors
 - i. Image Intensifier and Flat panel
 - ii. Field of View (FOV), Binning and Electronic Magnification
- e. System geometry and geometric magnification
 - i. Geometric Magnification
 - ii. System Configurations (c-arm, under table tube, over table tube, etc.)
- f. Image quality and factors that affect
 - i. Low-Contrast Resolution
 - ii. Spatial Resolution
 - iii. Temporal Resolution
- g. Operating modes
 - i. Continuous Fluoroscopy
 - ii. High-Dose Rate Fluoroscopy
 - iii. Variable Frame-Rate Pulsed Fluoroscopy
 - iv. Digital Spot
 - v. Cine/Fluorography
 - vi. Digital Subtraction Angiography (DSA)
 - vii. Cone-beam CT Imaging (3D Rotational Angiography)
- h. Applications
 - i. Conventional Fluoroscopy
 - ii. Interventional Fluoroscopy
 - iii. Pediatric
- i. Protocol optimization

- i. Acquisition Parameters (e.g., kV, Pulse Rate)
 - ii. Patient Positioning/Geometry
 - iii. Acquisition mode
 - iv. Dose saving options (last image hold, beam-on time etc.)
- j. Artifacts and artifact mitigation
 - i. Image Intensifier (II) (e.g., Pincushion etc.)
 - ii. Flat Panel (e.g., Dead Pixels etc.)
- k. Patient dose, dose metrics and dose tracking
 - i. Dose Rate Limits
 - ii. Audible Alarms
 - iii. Minimum Source-to-Patient Distance
 - iv. Interventional Reference Point
 - v. Dose Metrics (peak skin dose, air KERMA, DAP etc.)
 - vi. Sentinel Event
 - vii. Personnel Protection (time, distance, shielding, optimization)

11. Computed Tomography

- a. X-ray tube, beam filtration, and bow-tie filters
- b. System geometries and operating modes
 - i. Gantry/Beam Geometry
 - ii. Localizer Radiograph, axial, helical etc.
 - iii. Cardiac/Respiratory Gated
 - iv. CT Fluoroscopy
 - v. Dual Source and Dual Energy
- c. Acquisition parameters
 - i. Tube Voltage (kV) and Automatic kV Selection
 - ii. Tube Current-Time Product (mAs) and Effective mAs
 - iii. Automatic Tube Current Modulation
 - iv. Organ Dose Modulation
 - v. Pitch
 - vi. Detector Configuration, Beam Width
 - vii. Scan Field of View
- d. Image formation and reconstruction
 - i. Sinogram
 - ii. Reconstruction Methods (FBP, Iterative and AI)
 - iii. Reconstruction Filters/Convolution Kernels
 - iv. CT Number/Hounsfield Unit
 - v. Reconstruction Thickness (slice) and Interval
 - vi. Reconstruction Field of View
- e. Image quality and Artifacts
 - i. Spatial, Contrast, and Temporal Resolution
 - ii. Common Artifacts and Mitigation
- f. Adult, Pediatric, and Bariatric Protocol Applications and Optimization
 - i. Single vs. Multi-Phase Exams

- ii. Perfusion CT
- iii. Pediatric CT
- iv. Cardiac CT
- v. CT Angiography
- vi. Dual Energy CT
- g. Patient dose metrics and typical values
 - i. Computed Tomography Dose Indices (CTDIvol, etc.)
 - ii. Dose-Length Product (DLP)
 - iii. Organ and Effective Dose
 - iv. Size-Specific Dose Estimate (SSDE)

12. Ultrasound

- a. Properties of ultrasound waves
- b. Beam formation and characteristics
 - i. Near and Far Fields
 - ii. Side and Grating Lobes
 - iii. Linear and Sector Scanning
 - iv. Transmit and Receive Focusing
 - v. Beam Steering and Shaping
- c. Interactions of sound waves with tissue
 - i. Acoustic Impedance
 - ii. Density, Speed, and Compressibility
 - iii. Reflection, Refraction, and Transmission
 - iv. Scattering, Absorption, and Attenuation
- d. Transducer components and Arrays
 - i. Backing material, piezoelectric, matching layer, acoustic lens
 - ii. Types of transducer arrays (Linear, Curvilinear etc.)
- e. Pulse-echo imaging principles
 - i. Pulse-Repetition Period, Frequency, and Duty Cycle
 - ii. Field of View and Maximum Depth
 - iii. Frame Rate
 - iv. Time Gain compensation
 - v. Power, gain and dynamic range
- f. Display modes (A-mode, B-mode etc.)
- g. Doppler imaging principles
 - i. Flow Dynamics (e.g., Laminar etc.)
 - ii. Continuous Wave, Pulsed
 - iii. Power, Spectral, Color Doppler
- h. Special imaging techniques
 - i. Harmonic Imaging
 - ii. Compound Imaging
 - iii. Contrast-enhanced
 - iv. Elastography
- i. Image quality and common artifacts

- i. Spatial Resolution: Axial, Lateral, Elevational
- ii. Temporal Resolution
- iii. Image Contrast, Noise, CNR
- iv. Transducer artifacts (e.g., Grating Lobes, etc.)
- v. Propagation artifacts (e.g., Shadowing, Ring Down, etc.)
- vi. Doppler artifacts (e.g., Twinkle, Flash, Flow Ambiguity, etc.)
- j. Safety and typical limiting values
 - i. Heating and Thermal Indices (TI)
 - ii. Cavitation and Mechanical Index (MI)
 - iii. Acoustic Power
 - iv. Pregnant Patient and Pediatric Protocols

13. Magnetic Resonance Imaging

- a. MRI Instrumentation
 - i. Static magnetic field (B_0 -field), i.e., Fringe field
 - ii. Coils (Gradient field subsystems, Shim coils, and RF coils)
 - iii. Transmit/receive systems
- b. Fundamentals of magnetism
 - i. Magnetic fields
 - ii. Susceptibility
 - iii. Magnetic moments and net magnetization
 - iv. Magnetic resonance (Larmor equation)
- c. Signal generation and encoding
 - i. Radiofrequency field (RF) excitation
 - ii. Tissue relaxation
 - iii. Signal localization (imaging gradient interactions)
- d. Pulse sequences and contrast mechanisms
 - i. Tissue characteristics (i.e., T1, T2, proton density)
 - ii. Pulse sequence parameters and timing diagrams
 - iii. Spin-Echo pulse sequences (basic, fast)
 - iv. Gradient-Echo pulse sequences
 - v. Echo-planar imaging (EPI) and functional MRI (fMRI)
 - 1. Diffusion and Diffusion tensor imaging (DTI)
 - 2. Blood oxygenation level dependent (BOLD)
 - 3. Perfusion
 - vi. Signal suppression
 - 1. Inversion recovery
 - 2. Spatial
 - 3. Spectral (or chemical)
 - 4. Magnetization transfer
 - 5. Dixon method
 - 6. Gradient moment nulling (GMN)
 - vii. MR angiography (MRA) & cardiac
 - viii. MR spectroscopy (MRS)

- ix. Susceptibility weighted imaging (SWI)
- x. Breast MRI
- e. Image reconstruction
 - i. k-space filling techniques
 - ii. Parallel imaging
- f. Image quality characteristics and factors that affect SNR and spatial resolution
- g. Common Artifacts and artifact mitigation
- h. MRI Safety and biological effects (see Non-interpretative skills study guide)

14. Nuclear Medicine

- a. Fundamentals of Nuclear Medicine
 - i. Counting statistics
 - ii. Nuclear transformation, radioactivity, and equilibrium
 - iii. Radioisotope production (reactors, cyclotrons, and generators)
 - iv. Instrumentation (well counter, dose calibrator, survey meters, thyroid probe)
- b. Radiopharmaceuticals and their administration
 - i. Tracer concept
 - ii. Uptake, distribution, & clearance
 - iii. Specific activity
 - iv. Quality assurance and control procedures
- c. Occupational and patient safety, quality management, and regulatory issues
 - i. External exposure and internal dosimetry
 - ii. Pregnancy, Fetal dose, and Breastfeeding patients
- d. Nuclear medicine imaging
 - i. Scintillation and solid-state camera design and operation
 - 1. Photomultiplier tube (PMT) and Anger logic
 - 2. Collimator types and characteristics
 - 3. Quality control
 - ii. Planar imaging properties and techniques
 - iii. SPECT imaging properties and techniques
 - iv. Nuclear medicine therapy
 - 1. Radiopharmaceutical usage and regulatory considerations
 - 2. Written directive, patient safety, and release considerations
- e. PET imaging
 - i. Positron Annihilation
 - ii. Scintillation and solid-state detector material
 - iii. Positron emission scanner design and operation
 - iv. Imaging properties and techniques
 - v. Quality control
- f. Use of CT in hybrid PET and SPECT imaging
 - i. Attenuation correction
 - ii. Radiation dose tradeoff
- g. Reconstruction

- i. Filtered back projection (FBP)
 - ii. Iterative reconstruction (i.e., MLEM & OSEM)
 - iii. Quantitative imaging
 - iv. Standardized uptake value (SUV)
- h. Image quality characteristics
 - i. SNR
 - ii. Spatial resolution
 - iii. Sensitivity and count rate
 - iv. Image noise
- i. Common Artifacts and artifact mitigation
- j. Radioisotope Safety Content (See [RISC](#) study guide)