

# ACS Cardiac Medicine Certification (CMC) Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

**This is a sample study guide. To access the full version with hundreds of questions,**

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**SAMPLE**

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

**Remember:** successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

## **1. Start with a Diagnostic Review**

**Skim through the questions to get a sense of what you know and what you need to focus on. Don't worry about getting everything right, your goal is to identify knowledge gaps early.**

## **2. Study in Short, Focused Sessions**

**Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations, and take breaks to retain information better.**

## **3. Learn from the Explanations**

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

## **4. Track Your Progress**

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

## **5. Simulate the Real Exam**

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

## **6. Repeat and Review**

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning.**

## **7. Use Other Tools**

**Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly — adapt the tips above to fit your pace and learning style. You've got this!**

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## Questions

- 1. What is the best initial treatment for a patient presenting with acute coronary syndrome?**
  - A. Aspirin therapy**
  - B. Nitroglycerin**
  - C. Beta-blockers**
  - D. Statin therapy**
- 2. What is the primary purpose of the ACS Cardiac Medicine Certification (CMC) exam?**
  - A. To evaluate the financial management skills of healthcare professionals**
  - B. To assess the knowledge and skills of healthcare professionals in cardiac care**
  - C. To certify the ability to prescribe medications**
  - D. To test the skills in basic life support and resuscitation**
- 3. What should patients taking diuretics regularly monitor in addition to blood pressure?**
  - A. Caloric intake**
  - B. Fluid intake**
  - C. Potassium levels**
  - D. Cholesterol levels**
- 4. What is one potential complication of untreated hypertension?**
  - A. Diabetes mellitus**
  - B. Chronic obstructive pulmonary disease**
  - C. Left ventricular hypertrophy**
  - D. Anemia**
- 5. What should be done if a patient with an ICD experiences VF that is not terminated by the first shock?**
  - A. Put a magnet over the ICD**
  - B. Call the device representative**
  - C. Wait for the ICD to complete all therapies**
  - D. Start CPR and defibrillate externally**



- 6. What is a common presentation of right-sided heart failure?**
- A. Peripheral edema**
  - B. Shortness of breath**
  - C. Chest pain**
  - D. Fatigue**
- 7. Which imaging technique is often used to evaluate left ventricular function?**
- A. Echocardiogram**
  - B. Chest X-ray**
  - C. CT Scan**
  - D. MRI**
- 8. What is the expected O<sub>2</sub> saturation change in the right ventricle during a ventricular septal rupture?**
- A. Decreased saturation**
  - B. No change in saturation**
  - C. Increased saturation**
  - D. Varied saturation based on heart rate**
- 9. Which condition does the coexistence of elevated troponin levels NOT confirm?**
- A. Myocardial infarction**
  - B. Chronic renal failure**
  - C. Pericarditis**
  - D. Stable angina**
- 10. When differentiating between a hematoma and a pseudoaneurysm, what should be auscultated for?**
- A. Pulsatile mass**
  - B. Presence of a bruit**
  - C. Firm edge**
  - D. Drop in hemoglobin**

## **Answers**

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1. A
2. B
3. C
4. C
5. D
6. A
7. A
8. C
9. D
10. B

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## **Explanations**

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**1. What is the best initial treatment for a patient presenting with acute coronary syndrome?**

- A. Aspirin therapy**
- B. Nitroglycerin**
- C. Beta-blockers**
- D. Statin therapy**

Aspirin therapy is considered the best initial treatment for a patient presenting with acute coronary syndrome (ACS) because it plays a crucial role in the management of this condition. Aspirin works by inhibiting platelet aggregation, which is vital in preventing thrombus formation in the coronary arteries. In ACS, the coronary arteries may be partially occluded by a thrombus due to the rupture of atherosclerotic plaques, so administering aspirin can significantly improve outcomes by reducing the risk of a myocardial infarction (heart attack) and subsequent cardiovascular events. Prompt administration of aspirin is recommended upon the recognition of ACS symptoms. It can also help reduce the severity of the condition and improve blood flow, ultimately protecting the heart muscle from further damage. The effectiveness of aspirin in this scenario has been supported by multiple clinical trials, establishing its position as a cornerstone in the acute treatment of patients with ACS. Other treatments such as nitroglycerin may be used for symptom relief by reducing myocardial oxygen demand and relieving angina. Beta-blockers are useful in managing tachycardia and hypertension, while statins are typically used for long-term management to modify lipid levels and reduce the risk of future cardiovascular events. However, these have specific roles in the overall management strategy rather than being

**2. What is the primary purpose of the ACS Cardiac Medicine Certification (CMC) exam?**

- A. To evaluate the financial management skills of healthcare professionals**
- B. To assess the knowledge and skills of healthcare professionals in cardiac care**
- C. To certify the ability to prescribe medications**
- D. To test the skills in basic life support and resuscitation**

The primary purpose of the ACS Cardiac Medicine Certification (CMC) exam is to assess the knowledge and skills of healthcare professionals in cardiac care. This specialized certification focuses on evaluating the expertise required for effective diagnosis, management, and treatment of cardiac conditions, ensuring that professionals are equipped with the latest information and practices in cardiology. This examination covers a wide array of topics related to cardiac medicine, including but not limited to arrhythmias, coronary artery disease, heart failure, and advanced cardiac life support protocols. By successfully passing this exam, healthcare providers demonstrate their commitment to maintaining high standards of patient care in the field of cardiology, thus ensuring that they are well-versed in the current evidence-based practices necessary for optimal patient outcomes.

**3. What should patients taking diuretics regularly monitor in addition to blood pressure?**

- A. Caloric intake**
- B. Fluid intake**
- C. Potassium levels**
- D. Cholesterol levels**

Patients taking diuretics should regularly monitor their potassium levels because diuretics can cause alterations in electrolyte balance, particularly potassium depletion. Various diuretics, especially loop diuretics and thiazides, promote increased excretion of potassium through the kidneys. A low potassium level (hypokalemia) can lead to serious complications such as cardiac arrhythmias, muscle weakness, and overall cardiovascular instability. Monitoring potassium levels assists healthcare providers in adjusting medication types or dosages as needed and helps in implementing dietary modifications to prevent hypokalemia. While monitoring caloric intake, fluid intake, or cholesterol levels can be important for overall health, they are not directly impacted by the use of diuretics in the same way that potassium levels are. Therefore, regular monitoring of potassium levels becomes essential in this patient population to ensure safe and effective treatment.

**4. What is one potential complication of untreated hypertension?**

- A. Diabetes mellitus**
- B. Chronic obstructive pulmonary disease**
- C. Left ventricular hypertrophy**
- D. Anemia**

Left ventricular hypertrophy is a significant complication that can occur due to untreated hypertension. When blood pressure is persistently high, the heart has to work harder to pump blood against the increased resistance in the arteries. This increased workload can lead to hypertrophy, which is an abnormal enlargement of the heart muscle, particularly the left ventricle. Over time, the heart becomes less efficient in pumping blood, which can lead to heart failure, arrhythmias, and other cardiovascular complications. The presence of left ventricular hypertrophy is also an indicator of increased cardiovascular risk, suggesting that the individual may be at a higher likelihood of experiencing further complications such as heart attacks or strokes. In contrast, the other conditions listed, such as diabetes mellitus, chronic obstructive pulmonary disease, and anemia, are not direct complications of hypertension. While hypertension can contribute to the development of various other health issues, left ventricular hypertrophy is specifically tied to the chronic pressure overload resulting from untreated high blood pressure.

**5. What should be done if a patient with an ICD experiences VF that is not terminated by the first shock?**

- A. Put a magnet over the ICD**
- B. Call the device representative**
- C. Wait for the ICD to complete all therapies**
- D. Start CPR and defibrillate externally**

In the scenario where a patient with an implantable cardioverter-defibrillator (ICD) experiences ventricular fibrillation (VF) that is not resolved by the first defibrillation shock, the most appropriate course of action is to start cardiopulmonary resuscitation (CPR) and prepare for external defibrillation. If the ICD fails to terminate the VF after the first shock, this indicates that the device is not successfully restoring a normal rhythm, necessitating immediate intervention to maintain circulation and oxygenation to vital organs. The initiation of CPR serves to sustain blood flow to the heart and brain until further medical assistance can be provided or until an external defibrillator can be applied. External defibrillation is critical at this juncture because it may deliver a more effective shock than the internal ICDs, particularly if the device is unable to successfully convert the VF. By starting CPR and preparing for external defibrillation, healthcare providers follow established guidelines for managing cardiac arrest situations effectively. Other options, such as putting a magnet over the ICD or waiting for the device to complete all therapies, do not provide immediate support to the patient in a life-threatening situation. Calling the device representative would also delay the urgent care required in this context. Thus, the

**6. What is a common presentation of right-sided heart failure?**

- A. Peripheral edema**
- B. Shortness of breath**
- C. Chest pain**
- D. Fatigue**

Right-sided heart failure often results in fluid accumulation in the body due to the inability of the right side of the heart to effectively pump blood to the lungs for oxygenation. This impaired function leads to a backward flow of blood, which causes swelling and fluid retention. Peripheral edema, characterized by swelling in the extremities such as the legs, ankles, and feet, is a hallmark symptom of this condition. While shortness of breath can also occur, it is more commonly associated with left-sided heart failure, where fluid can back up into the lungs. Chest pain is not a typical presentation specific to right-sided heart failure but may occur in certain contexts related to coronary artery disease. Fatigue can be a symptom experienced in various types of heart failure due to decreased cardiac output, but it is not as directly associated with the specific mechanisms of right-sided heart failure as peripheral edema is. Therefore, peripheral edema stands out as the most characteristic and recognizable presentation of right-sided heart failure.

**7. Which imaging technique is often used to evaluate left ventricular function?**

**A. Echocardiogram**

**B. Chest X-ray**

**C. CT Scan**

**D. MRI**

The echocardiogram is the primary imaging technique used to evaluate left ventricular function due to its ability to provide real-time, dynamic images of the heart's structure and function. This modality utilizes sound waves to produce images, allowing healthcare professionals to assess various aspects of the left ventricle, including its size, shape, and movement during both diastole and systole. Echocardiograms provide valuable information about the heart's ejection fraction, which is a key indicator of the left ventricle's ability to pump blood effectively. This information is crucial for diagnosing conditions such as heart failure or cardiomyopathy. Additionally, echocardiography can be performed at the bedside and does not involve exposure to ionizing radiation, making it a safe and widely accessible option for patients. While other imaging techniques, such as CT scans and MRIs, can also assess cardiac function, they are generally more complex, take longer to perform, and may involve higher costs or more significant patient preparation. Chest X-rays, while helpful for evaluating heart size and certain conditions, do not provide the detailed functional information needed for a comprehensive evaluation of the left ventricular performance.

**8. What is the expected O2 saturation change in the right ventricle during a ventricular septal rupture?**

**A. Decreased saturation**

**B. No change in saturation**

**C. Increased saturation**

**D. Varied saturation based on heart rate**

In the case of a ventricular septal rupture (VSR), there is a defect in the septum that separates the left and right ventricles. This allows blood to flow from the left ventricle, where the oxygenated blood is under higher pressure, into the right ventricle, which normally contains deoxygenated blood. As a result of this left-to-right shunt, the right ventricle receives a mixture of oxygenated and deoxygenated blood, leading to an increase in oxygen saturation levels within the right ventricle. Normally, the oxygen saturation in the right ventricle is lower than that in the left ventricle because it receives blood from the systemic circulation, which is oxygen-poor. When a VSR occurs, the introduction of oxygen-rich blood increases the overall saturation in the right ventricle. Therefore, the expected change in oxygen saturation during a ventricular septal rupture is indeed an increased saturation.



**9. Which condition does the coexistence of elevated troponin levels NOT confirm?**

- A. Myocardial infarction**
- B. Chronic renal failure**
- C. Pericarditis**
- D. Stable angina**

Elevated troponin levels are commonly associated with myocardial injury, indicating that there is damage to the heart muscle. However, stable angina does not typically lead to significant elevations in troponin. In stable angina, patients experience episodes of chest discomfort due to transient ischemia, often resolving with rest or nitroglycerin. This condition does not cause lasting necrosis of myocardial tissue, which is what would lead to elevated troponin levels. Therefore, while troponin may be elevated in conditions that cause actual myocardial damage, such as myocardial infarction, chronic renal failure, and pericarditis, stable angina does not meet this criterion. Understanding that stable angina is primarily a reversible condition helps clarify why elevated troponin levels would not be associated with it. This reinforces the importance of differentiating between types of chest pain and their underlying causes within the context of troponin levels in clinical practice.

**10. When differentiating between a hematoma and a pseudoaneurysm, what should be auscultated for?**

- A. Pulsatile mass**
- B. Presence of a bruit**
- C. Firm edge**
- D. Drop in hemoglobin**

To differentiate between a hematoma and a pseudoaneurysm, auscultating for the presence of a bruit is crucial. A pseudoaneurysm is formed when blood leaks out of a blood vessel and collects in the surrounding tissue, but it remains in communication with the arterial lumen. This means that there can be a continuing flow of blood into the pseudoaneurysm, which can create a turbulent flow that generates sound. When a healthcare provider listens with a stethoscope over the area in question, a bruit - which is a whooshing or swishing sound - may be detected due to this turbulent blood flow. In contrast, a hematoma is simply a collection of blood outside of a blood vessel and does not typically have this connection or ongoing blood flow. Therefore, a bruit is typically absent in cases of hematoma. The identification of a pulsatile mass might indicate a more vascular process, but it does not confirm the presence of a pseudoaneurysm since other issues could lead to a pulsatile abdominal mass. The firmness of the edge of the mass may help to differentiate between various types of soft tissue collections, but it is not definitive for identifying a pseudoaneurysm versus a hematoma. A drop in hemoglobin would reflect

## Next Steps

**Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.**

**As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.**

**If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://acscmc.examzify.com>**

**We wish you the very best on your exam journey. You've got this!**