

ACS CARDIAC MEDICINE CERTIFICATION (CMC) PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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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. 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.

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. 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!

Questions

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- 1. In cases of unstable angina, how does the nature of chest pain typically present compared to stable angina?**
 - A. Pain is always at rest.
 - B. Pain resolves quickly with nitrates.
 - C. Pain occurs predictably with exertion.
 - D. Pain is provoked only by severe emotional stress.

- 2. What is a primary goal of heart failure management?**
 - A. To increase physical activity
 - B. To prevent fluid overload and manage symptoms
 - C. To boost cholesterol levels
 - D. To eliminate all medications

- 3. Which cardiac biomarker is most commonly associated with myocardial infarction?**
 - A. Creatine kinase
 - B. Troponin I and Troponin T
 - C. B-type natriuretic peptide
 - D. Lactate dehydrogenase

- 4. Which leads of the ECG correspond to the inferior wall of the heart?**
 - A. I, aVL, V5, V6.
 - B. II, III, aVF.
 - C. V3, V4.
 - D. Precordial leads.

- 5. What role do diuretics play in cardiac care?**
 - A. To increase heart rate
 - B. To reduce fluid overload and decrease blood pressure
 - C. To enhance oxygen delivery
 - D. To stabilize heart rhythm

- 6. What is the primary function of the sinoatrial (SA) node in the heart?**
- A. To initiate the heart muscle contraction
 - B. To control the heart rate
 - C. To regulate blood pressure
 - D. To coordinate the heart's electrical signals
- 7. How does atrial fibrillation increase the risk of stroke?**
- A. It causes high blood pressure
 - B. It leads to the formation of blood clots in the heart
 - C. It reduces blood flow to the brain
 - D. It weakens the heart muscle
- 8. Which type of chest discomfort is most commonly characterized by pain that resolves with rest?**
- A. Stable angina.
 - B. Unstable angina.
 - C. Gastric ulcer pain.
 - D. Pericarditis.
- 9. Which of the following is a risk factor for developing atrial fibrillation?**
- A. Increased physical activity
 - B. Advanced age
 - C. Lack of sleep
 - D. Healthy diet
- 10. What does chest pain with ST segment depression and positive biomarkers typically indicate?**
- A. NSTEMI
 - B. Stable angina
 - C. STEMI
 - D. Unstable angina

Answers

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

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Explanations

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1. In cases of unstable angina, how does the nature of chest pain typically present compared to stable angina?

- A. Pain is always at rest.**
- B. Pain resolves quickly with nitrates.
- C. Pain occurs predictably with exertion.
- D. Pain is provoked only by severe emotional stress.

In unstable angina, the nature of chest pain is distinctive from that of stable angina. The correct choice indicates that pain often occurs at rest, which is a hallmark feature of unstable angina. This contrasts with stable angina, where pain is typically triggered by physical exertion or stress and resolves with rest or the administration of nitrates. In unstable angina, the episodes of pain can occur with varying frequency and intensity, and they may not respond promptly to nitrates, which further differentiates this condition from stable angina. While pain associated with unstable angina can indeed arise during periods of rest or low activity, it can also be precipitated by less predictable triggers compared to stable angina, which follows a more consistent pattern. Understanding these nuances is essential for effectively diagnosing and managing patients with symptoms suggestive of unstable angina.

2. What is a primary goal of heart failure management?

- A. To increase physical activity
- B. To prevent fluid overload and manage symptoms**
- C. To boost cholesterol levels
- D. To eliminate all medications

The primary goal of heart failure management is to prevent fluid overload and manage symptoms. In heart failure, the heart's ability to pump blood effectively is compromised, which can lead to fluid accumulation in the lungs and other body parts, causing symptoms such as shortness of breath, fatigue, and swelling. By focusing on preventing fluid overload, healthcare providers can help stabilize the patient's condition and improve their quality of life. This involves implementing strategies such as medication management (including diuretics to reduce fluid retention), dietary changes (like sodium restriction), and monitoring for weight changes that indicate fluid accumulation. Effectively managing symptoms is critical because it allows patients to engage in daily activities and maintain functional status, thus enhancing their overall well-being. While increasing physical activity and addressing cholesterol levels can be important in overall cardiovascular health, they are secondary to controlling fluid status and symptoms specifically in the context of heart failure management. Eliminating all medications would be counterproductive, as appropriate pharmacotherapy is essential in managing heart failure effectively.

3. Which cardiac biomarker is most commonly associated with myocardial infarction?

- A. Creatine kinase
- B. Troponin I and Troponin T**
- C. B-type natriuretic peptide
- D. Lactate dehydrogenase

Troponin I and Troponin T are the most commonly associated cardiac biomarkers for diagnosing myocardial infarction. These proteins are released into the bloodstream when the heart muscle is damaged, such as during an MI. The specificity and sensitivity of troponins make them the preferred biomarkers in clinical practice for detecting myocardial injury. Troponin I and T levels begin to rise within a few hours of myocardial damage and can remain elevated for several days, allowing for effective detection of an infarction. In contrast, while creatine kinase (particularly the CK-MB isoform) has been used historically in the diagnosis of myocardial infarction, it is less specific than troponins and can be elevated in other conditions affecting muscle. B-type natriuretic peptide is primarily used to assess heart failure rather than myocardial infarction. Lactate dehydrogenase does have a role in myocardial infarction diagnosis, but its levels can be affected by a variety of other conditions, making it less reliable than troponins. Thus, the use of troponin I and T is the gold standard in contemporary medical practice for diagnosing myocardial infarction.

4. Which leads of the ECG correspond to the inferior wall of the heart?

- A. I, aVL, V5, V6.
- B. II, III, aVF.**
- C. V3, V4.
- D. Precordial leads.

The inferior wall of the heart is primarily supplied by the right coronary artery in most individuals, and this area is represented on the electrocardiogram (ECG) by leads II, III, and aVF. These leads are positioned such that they capture electrical activity from the inferior aspect of the heart, making them critical for identifying any issues or changes in this region. Lead II records the electrical activity from the right arm to the left leg, while lead III records from the left arm to the left leg, and aVF measures the activity from both arms towards the foot. Therefore, any ischemia or infarction involving the inferior wall will typically show significant changes in these leads, such as ST-segment elevation or depression. In contrast, the other choices either represent different areas of the heart or do not capture the specific inferior wall area effectively. Understanding the specific leads that correspond to different anatomical regions allows for more accurate diagnosis of cardiac conditions, making this knowledge essential for interpreting ECGs in clinical practice.

5. What role do diuretics play in cardiac care?

- A. To increase heart rate
- B. To reduce fluid overload and decrease blood pressure**
- C. To enhance oxygen delivery
- D. To stabilize heart rhythm

Diuretics are commonly used in cardiac care primarily to reduce fluid overload and decrease blood pressure. In conditions such as heart failure, where the heart's ability to pump blood effectively is compromised, fluid can accumulate in various parts of the body, leading to symptoms like swelling and shortness of breath. By promoting the excretion of sodium and water through the kidneys, diuretics help to decrease the volume of fluid in the circulation. This reduction in blood volume alleviates pressure on the heart and vascular system, subsequently leading to lower blood pressure. This action can significantly improve symptoms associated with fluid overload, making patients feel more comfortable and enhancing their overall quality of life. Additionally, the reduction in blood volume decreases the workload on the heart, allowing it to function more efficiently, especially in patients with heart failure or hypertension. The ability of diuretics to effectively manage fluid balance is therefore a vital component of cardiac care.

6. What is the primary function of the sinoatrial (SA) node in the heart?

- A. To initiate the heart muscle contraction
- B. To control the heart rate**
- C. To regulate blood pressure
- D. To coordinate the heart's electrical signals

The sinoatrial (SA) node's primary function is to control the heart rate. It serves as the natural pacemaker of the heart, generating electrical impulses that initiate each heartbeat. This electrical activity first causes the atria to contract, pushing blood into the ventricles. The rate at which the SA node fires impulses determines how fast or slow the heart beats, hence directly influencing heart rate. While initiating heart muscle contractions is a secondary aspect of its function, as the contractions result from the signals generated, the main role revolves around the regulation of the heart's rhythm and frequency. Additionally, the SA node does not regulate blood pressure directly; blood pressure is influenced by a combination of factors including cardiac output and vascular resistance. Similarly, while the SA node plays a role in coordinating electrical signals, its primary and most crucial function is the control of heart rate, thereby ensuring effective blood circulation throughout the body.

7. How does atrial fibrillation increase the risk of stroke?

- A. It causes high blood pressure
- B. It leads to the formation of blood clots in the heart**
- C. It reduces blood flow to the brain
- D. It weakens the heart muscle

Atrial fibrillation (AF) significantly increases the risk of stroke primarily due to its role in promoting the formation of blood clots within the heart. In AF, the atria (the upper chambers of the heart) experience chaotic electrical signals, which leads to ineffective contractions and can cause the blood to pool. Particularly, the left atrial appendage is a common site for thrombus (blood clot) formation. When blood pools and clots form, these clots can dislodge and travel through the bloodstream, eventually reaching the brain, where they can block blood flow and result in a stroke. This mechanism is critical to understanding the importance of anticoagulation therapy in patients with atrial fibrillation, as reducing the risk of clot formation directly impacts the prevention of strokes. In contrast to this, while other factors like high blood pressure and weakened heart muscle can contribute to cardiovascular diseases, they are not the primary reasons for the increased stroke risk specifically associated with atrial fibrillation. Additionally, while AF may alter blood flow dynamics, it does not intrinsically reduce blood flow to the brain as a direct consequence of the arrhythmia itself, making the formation of clots the key factor in the stroke risk associated with this condition.

8. Which type of chest discomfort is most commonly characterized by pain that resolves with rest?

- A. Stable angina.**
- B. Unstable angina.
- C. Gastric ulcer pain.
- D. Pericarditis.

Stable angina is characterized by chest discomfort that occurs predictably with exertion or emotional stress and is relieved by rest or the administration of nitrates. This pattern of pain occurs because of transient myocardial ischemia caused by atherosclerotic lesions, where increased oxygen demand from physical or emotional exertion exceeds the oxygen supply due to narrowed coronary arteries. The hallmark of stable angina is its reproducibility; patients often report a similar pattern of relief when they rest or stop the activity that triggered the pain. In contrast, unstable angina typically presents with pain that may occur at rest, is more prolonged and severe, and does not respond predictably to rest or medication. Gastric ulcer pain generally mimics cardiac pain but is not associated with exertion and may not resolve with rest. Pericarditis often presents with sharp, pleuritic pain that may worsen with certain positions or breathing but is not consistently relieved by resting. Therefore, stable angina's distinct characteristic of resolving with rest makes it the correct answer.

9. Which of the following is a risk factor for developing atrial fibrillation?

- A. Increased physical activity
- B. Advanced age**
- C. Lack of sleep
- D. Healthy diet

Advanced age is a well-established risk factor for developing atrial fibrillation (AF). As individuals get older, the structural and electrical properties of the heart change. This includes alterations in the atrial tissue that can lead to the development of AF. The incidence of atrial fibrillation increases significantly after the age of 65, highlighting the association between aging and an increased likelihood of this arrhythmia. Additionally, several mechanisms may contribute to this increased risk with age. These include the accumulation of comorbid conditions such as hypertension, heart failure, and coronary artery disease, all of which are prevalent among older adults and can further predispose individuals to AF. Moreover, the changes that occur in the conduction system of the heart and atrial enlargement also play significant roles in developing AF as one ages. Therefore, being of advanced age is directly correlated with a higher risk for atrial fibrillation.

10. What does chest pain with ST segment depression and positive biomarkers typically indicate?

- A. NSTEMI**
- B. Stable angina
- C. STEMI
- D. Unstable angina

Chest pain that presents with ST segment depression and positive biomarkers typically indicates a Non-ST-Elevation Myocardial Infarction (NSTEMI). In the context of acute coronary syndromes, NSTEMI is characterized by the following features: the presence of chest pain or discomfort, changes in ST segments observed in an electrocardiogram (ECG) that are indicative of ischemia, and elevated cardiac biomarkers such as troponins which signal myocardial injury. ST segment depression on an ECG suggests subendocardial ischemia – this is commonly seen in NSTEMI. The positive biomarkers indicate that there has been myocardial cell damage, confirming the diagnosis. In contrast, while stable angina may also present with chest pain, it generally does not lead to elevated biomarkers as there is no significant myocardial necrosis involved. STEMI, on the other hand, would typically show ST segment elevation and is characterized by a more extensive injury to the heart muscle. Unstable angina can present with chest pain and may show ST segment changes, but it usually does not result in elevated biomarkers since there is no and permanent myocardial damage at that stage. Thus, the presence of both ST segment depression and positive biomarkers clearly points towards NSTEMI, affirming why

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.

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

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

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