Advanced Health Assessment Cardiovascular Practice Test (Sample)

Study Guide

BY EXAMZIFY

Everything you need from our exam experts!

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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

1. Which phase of the cardiac cycle is associated with ventricular contraction?

A. Systole

B. Diastole

C. Isovolumetric relaxation

D. Atrial systole

2. Mid-diastolic rumble with presystolic accentuation is most characteristic of which valvular lesion?

A. Mitral stenosis

B. Aortic stenosis

C. Tricuspid regurgitation

D. Aortic regurgitation

3. What is a concern of chronic venous insufficiency?

A. Bark-like skin appearance with a higher risk for ulceration

B. Pitting edema with cool limbs

C. Shiny, hairless skin with diminished pulses

D. Intermittent claudication

4. A grade 4 murmur is best described as what?

A. Loud with palpable thrill

B. Faint murmur

C. Moderately loud with no thrill

D. Loud with stethoscope completely off the chest

5. Compare and contrast hyperkinetic ventricular impulses. Which statement is correct?

A. Left: Etiology includes Anxiety, Hyperthyroidism, and Anemia; More Forceful Tap With Higher Amplitude. Right: Slightly More Forceful With Normal Duration

B. Left: Etiology includes Pulmonary Hypertension; Very Soft With Short Duration

C. Left: Etiology includes Hypertension; No Palpable Force

D. Left: Etiology Unknown; No Difference From Normal

6. Which palpation finding is most associated with chamber enlargement?

A. Heaves and Lifts using flat palm

B. Thrills with the ball of the hand

C. RV impulses in the subxiphoid region

D. S1 and S2 firm pressure on the chest wall

7. Tricuspid regurgitation involves regurgitation from which chamber to which chamber?

A. From the right ventricle to the right atrium

B. From the left ventricle to the left atrium

C. From the right atrium to the right ventricle

D. From the aorta to the left ventricle

8. Afterload is most closely related to which factor?

A. Vascular resistance

B. Preload

C. Heart rate

D. Contractility

9. Which arteries are considered leg pulses?

A. Femoral, Popliteal, Dorsalis Pedis, Posterior Tibial, and Pedis

B. Brachial, Radial, Ulnar, Axillary

C. Carotid, Subclavian, Vertebral

D. Hepatic, Splenic

10. In sustained PMI, through which heart sound does tapping continue?

A. S2

B. S1

C. Atrial Systole

D. S3

Answers

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

Explanations

1. Which phase of the cardiac cycle is associated with ventricular contraction?

A. Systole

B. Diastole

C. Isovolumetric relaxation

D. Atrial systole

Ventricular contraction occurs during systole. This is the phase when the ventricles contract to generate enough pressure to eject blood into the aorta and pulmonary artery. Systole includes isovolumetric contraction, where pressure rises with all valves closed, followed by ventricular ejection once the semilunar valves open. Diastole is when the ventricles relax and fill, atrial systole is the atria contracting to finish filling the ventricles, and is not the phase of ventricular contraction.

2. Mid-diastolic rumble with presystolic accentuation is most characteristic of which valvular lesion?

A. Mitral stenosis

B. Aortic stenosis

C. Tricuspid regurgitation

D. Aortic regurgitation

Mid-diastolic rumble with presystolic accentuation is a hallmark of mitral stenosis. The narrowed mitral orifice causes turbulent flow primarily during diastole as blood moves from the left atrium into the left ventricle. This produces a low-pitched, rumbling murmur best heard at the apex in the left lateral decubitus position. The murmur often shows presystolic accentuation because atrial contraction near the end of diastole pushes more blood across the stenotic valve, intensifying the flow just before S1. This pattern distinguishes it from other valvular lesions: aortic stenosis has a systolic ejection murmur, aortic regurgitation has an early diastolic decrescendo murmur, and tricuspid regurgitation is a holosystolic murmur at the left lower sternal border.

3. What is a concern of chronic venous insufficiency?

A. Bark-like skin appearance with a higher risk for ulceration

B. Pitting edema with cool limbs

C. Shiny, hairless skin with diminished pulses

D. Intermittent claudication

In chronic venous insufficiency, venous hypertension in the legs leads to skin and tissue changes that heighten the risk of ulcers. The skin becomes thickened and pigmented from chronic inflammation and hemosiderin deposition, often described as bark-like or leathery. This combination—thickened, pigmented skin with a high ulceration risk—is a hallmark concern in CVI because it reflects ongoing venous damage and poor skin integrity. Edema in CVI is common, but the presence of cool limbs with diminished pulses points toward arterial disease rather than venous disease, and intermittent claudication is characteristic of peripheral arterial disease. Those signs indicate restricted arterial flow rather than venous pooling.

4. A grade 4 murmur is best described as what?

A. Loud with palpable thrill

B. Faint murmur

C. Moderately loud with no thrill

D. Loud with stethoscope completely off the chest

A grade 4 murmur is characterized by a loud sound heard with the stethoscope on the chest, accompanied by a palpable thrill felt on the chest wall. The murmur's loudness places it higher on the grading scale, and the thrill—an actual vibration you can feel—distinguishes it from a grade 3 murmur, which is loud but without a palpable thrill. The presence of a thrill indicates more vigorous turbulent flow, usually from notable valvular pathology. In contrast, a faint murmur would be a lower grade, a moderate loudness with no thrill describes grade 3, and a murmur so loud that you'd hear it with the stethoscope off the chest points to grade 5 or 6.

5. Compare and contrast hyperkinetic ventricular impulses. Which statement is correct?

A. Left: Etiology includes Anxiety, Hyperthyroidism, and Anemia; More Forceful Tap With Higher Amplitude. Right: Slightly More Forceful With Normal Duration

B. Left: Etiology includes Pulmonary Hypertension; Very Soft With Short Duration

C. Left: Etiology includes Hypertension; No Palpable Force

D. Left: Etiology Unknown; No Difference From Normal

Hyperkinetic ventricular impulses reflect a hyperdynamic left ventricle driven by increased stroke volume and contractility in high-output states. The left-sided impulse is typically brisk, forceful, and higher in amplitude because the left ventricle must push a larger volume with more vigor. Common causes of this pattern include anxiety, hyperthyroidism, and anemia, all of which raise metabolic demand or circulating flow and make the cardiac impulse more prominent. On the right side, the impulse is usually less affected; if it is altered, it tends to be only slightly more forceful and with a normal duration, since right-sided changes are less pronounced in these high-output states. Pulmonary hypertension or other conditions that primarily load the right heart often produce different findings (such as a prominent right ventricular component) rather than a strongly hyperdynamic left-sided impulse. So the best description is a left-sided etiology list that includes anxiety, hyperthyroidism, and anemia, with a more forceful tap and higher amplitude, while the right-sided finding remains modest and of normal duration.

6. Which palpation finding is most associated with chamber enlargement?

A. Heaves and Lifts using flat palm

B. Thrills with the ball of the hand

C. RV impulses in the subxiphoid region

D. S1 and S2 firm pressure on the chest wall

When a chamber enlarges, the heart's outward thrust against the chest wall becomes more pronounced and sustained. The best way to feel that is with the flat of the hand resting over the precordium to detect a heave or lift—a prolonged, vigorous impulse that may push the chest wall outward with each beat and can shift the point of maximal impulse laterally. This reflects ventricular enlargement and/or hypertrophy. In contrast, a thrill is a palpable vibration felt with the ball of the hand and signals turbulent flow from a murmur, often due to valve disease rather than pure chamber enlargement. A palpable RV impulse in the subxiphoid area can indicate right ventricular enlargement but is not the most general sign of chamber enlargement. Heart sounds like S1 and S2 are auscultated rather than palpated as a chest-wall impulse.

7. Tricuspid regurgitation involves regurgitation from which chamber to which chamber?

A. From the right ventricle to the right atrium

B. From the left ventricle to the left atrium

C. From the right atrium to the right ventricle

D. From the aorta to the left ventricle

Tricuspid regurgitation describes backward flow across the tricuspid valve, which sits between the right atrium and the right ventricle. The valve normally closes during systole to prevent blood from moving from the ventricle back into the atrium. When it's incompetent, blood is ejected from the right ventricle into the right atrium, so the regurgitant direction is RV to RA. This contrasts with left-sided regurgitations, such as mitral regurgitation (LV to LA) or aortic regurgitation (aorta to LV).

8. Afterload is most closely related to which factor?

A. Vascular resistance

B. Preload

C. Heart rate

D. Contractility

The main concept being tested is that afterload is the pressure the ventricle must overcome to eject blood. In the systemic circulation this load comes from arterial pressure and the resistance the arteries offer—the vascular resistance. So afterload tracks closely with how much resistance the heart has to push against; higher vascular resistance (as in vasoconstriction or hypertension) raises afterload, while lower resistance lowers it. Preload is about venous return and end-diastolic filling, heart rate affects cardiac output but not the load the ventricle must overcome during ejection, and contractility is the intrinsic strength of contraction rather than the pressure the ventricle must overcome.

9. Which arteries are considered leg pulses?

A. Femoral, Popliteal, Dorsalis Pedis, Posterior Tibial, and Pedis

B. Brachial, Radial, Ulnar, Axillary

C. Carotid, Subclavian, Vertebral

D. Hepatic, Splenic

Pulses in the legs are the arteries whose beating you can feel along the lower limb to assess arterial blood flow. The major leg pulses you would check are the femoral pulse in the groin, indicating inflow from the aorta; the popliteal pulse behind the knee, reflecting flow through the distal femoral artery; the dorsalis pedis pulse on the top surface of the foot; and the posterior tibial pulse behind the medial malleolus of the ankle. Together these pulses give a view of arterial circulation from the thigh down to the foot and are key for detecting peripheral arterial disease or compromised leg perfusion. The other choices point to arteries that are not leg pulses—those are in the upper limb, neck/thorax, or abdomen, and they aren't palpated as leg pulses. So the listed leg pulses—femoral, popliteal, dorsalis pedis, and posterior tibial—are the ones used to assess lower-extremity arterial flow.

10. In sustained PMI, through which heart sound does tapping continue?

A. S2

B. S1

C. Atrial Systole

D. S3

The key idea is that sustained PMI reflects a prolonged left ventricular systolic impulse. The impulse is felt from the start of systole (S1) all the way through to the end of systole, which ends with the second heart sound (S2). So tapping continues through the second heart sound. It would not extend into atrial contraction (diastole) or into the early diastolic S3 phase.

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:

https://advhealthassmtcardio.examzify.com

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