

Advanced Physical Assessment Exam 1 Practice (Sample)

Study Guide



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

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- 1. What describes the abnormal growth seen during an otoscopic exam in a child with chronic otitis media?**
 - A. Polyp**
 - B. Cholesteatoma**
 - C. Otitis externa**
 - D. Otosclerosis**

- 2. A 39-year-old woman with irregular menses and pelvic pain requests a sleeping pill. What is the best next step?**
 - A. Prescribe medication**
 - B. Refer to a psychiatrist**
 - C. Obtain more complex description of problems**
 - D. Suggest lifestyle changes**

- 3. Which of the following symptoms is a common presentation of systemic lupus in relation to pericarditis?**
 - A. Chest pain when lying down**
 - B. Severe fatigue and malaise**
 - C. Intermittent cough with chest tightness**
 - D. Fever and night sweats**

- 4. What term describes when a patient repetitively uses a specific word excessively?**
 - A. Clanging**
 - B. Perseveration**
 - C. Echolalia**
 - D. Confabulation**

- 5. Which condition is characterized by slow movements, shuffling steps, and a blunt expression in a patient?**
 - A. Multiple sclerosis**
 - B. Parkinson's disease**
 - C. Alzheimer's disease**
 - D. Huntington's disease**

- 6. Which cranial nerve is assessed during the Rinne test?**
- A. CN VII**
 - B. CN VIII**
 - C. CN IX**
 - D. CN X**
- 7. Which condition would likely present with hyperresonance upon percussion?**
- A. Atelectasis**
 - B. Pneumothorax**
 - C. Pneumonia**
 - D. Viral bronchitis**
- 8. Which of the following findings is expected in a patient with pneumonia?**
- A. Hyperresonance on percussion**
 - B. Increased fremitus**
 - C. Decreased respiratory rate**
 - D. Total absence of breath sounds**
- 9. What is a potential complication of untreated GERD?**
- A. Hypertension**
 - B. Esophageal stricture**
 - C. Lung cancer**
 - D. Obesity**
- 10. In a patient with COPD indicating liver enlargement, what would be a reasonable next step?**
- A. Percuss the lower border of the liver**
 - B. Measure the span of the liver**
 - C. Order a hepatitis panel**
 - D. Obtain an ultrasound of the liver**

Answers

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

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Explanations

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1. What describes the abnormal growth seen during an otoscopic exam in a child with chronic otitis media?

- A. Polyp
- B. Cholesteatoma**
- C. Otitis externa
- D. Otosclerosis

The abnormal growth observed during an otoscopic exam in a child with chronic otitis media is best described as a cholesteatoma. A cholesteatoma is an abnormal skin growth that can develop in the middle ear and is often a complication seen in chronic otitis media, where continuous inflammation leads to the proliferation of skin cells. These growths can trap debris and create infection, causing further damage to the surrounding structures. Cholesteatomas typically emerge from repeated infections and can result in bone erosion, hearing loss, and other complications if not managed properly. Their presence is linked to the chronic nature of the otitis media, highlighting the inflammation and potential for abnormal tissue growth in the ear. In contrast, polyps are abnormal tissue growths that may occur in various areas of the body, including the nose or ears, but they are generally not associated specifically with chronic otitis media. Otitis externa refers to an outer ear canal infection, and while it may occur in children, it does not describe the growth seen in the middle ear. Otosclerosis is a condition related to abnormal bone growth in the middle ear, leading to conductive hearing loss but does not manifest as a growth during an otoscopic exam. Thus, the identification of a

2. A 39-year-old woman with irregular menses and pelvic pain requests a sleeping pill. What is the best next step?

- A. Prescribe medication
- B. Refer to a psychiatrist
- C. Obtain more complex description of problems**
- D. Suggest lifestyle changes

The appropriate next step in this scenario is to obtain a more complex description of the problems. This step involves a thorough assessment of the patient's symptoms, including the nature of her irregular menses and pelvic pain, as well as any additional factors that may be contributing to her request for a sleeping pill. Understanding her irregular menses and pelvic pain is crucial because these symptoms may indicate underlying medical conditions that need to be addressed. For example, conditions such as polycystic ovary syndrome (PCOS) or uterine fibroids could potentially relate to her menstrual irregularities and may also contribute to emotional or physical distress, which could in turn impact her sleep. By gathering a detailed history and understanding the full spectrum of her issues, the clinician can ascertain whether her sleeping difficulties stem from her gynecological problems, stress, anxiety, or other factors. This comprehensive approach ensures that the treatment plan is tailored to her specific needs, rather than solely prescribing a sleeping pill that might not address the root causes of her symptoms. This approach is more beneficial compared to simply prescribing medication, as it promotes an accurate diagnosis and comprehensive care. While referring to a psychiatrist might be warranted if there are significant mental health concerns, it is premature without first gathering more information. Similarly,

3. Which of the following symptoms is a common presentation of systemic lupus in relation to pericarditis?

- A. Chest pain when lying down**
- B. Severe fatigue and malaise**
- C. Intermittent cough with chest tightness**
- D. Fever and night sweats**

Chest pain when lying down is a symptom commonly associated with pericarditis, especially in the context of systemic lupus erythematosus (SLE). In patients with pericarditis, inflammation of the pericardium can lead to pleuritic chest pain, which is often aggravated by certain positions, particularly when lying flat or taking deep breaths. This positional nature of the pain is a classic characteristic of pericarditis, helping to differentiate it from other causes of chest pain. While other symptoms such as severe fatigue and malaise, intermittent cough with chest tightness, and fever with night sweats may accompany systemic lupus or indicate other potential complications, they are not specifically indicative of pericarditis. Severe fatigue is a general manifestation of lupus, and fever and night sweats more commonly point to infections or flare-ups of the disease. Intermittent cough with chest tightness could suggest pulmonary involvement rather than directly indicating pericarditis. Therefore, chest pain when lying down is the most relevant symptom in this scenario, highlighting its direct relationship to the inflammation of the pericardium in systemic lupus.

4. What term describes when a patient repetitively uses a specific word excessively?

- A. Clanging**
- B. Perseveration**
- C. Echolalia**
- D. Confabulation**

Perseveration refers to the involuntary repetition of a particular response, such as a word, phrase, or idea, even when it is no longer appropriate or relevant. This behavior is often observed in patients with certain neurological or psychological conditions, where an individual may fixate on certain phrases or engage in repetitive speech patterns. Perseveration can be indicative of underlying cognitive issues and is a key concept to recognize during a physical assessment, particularly in the context of evaluating language and thought processes. In contrast, clanging involves the use of words based on their sound rather than their meaning, leading to a more playful or nonsensical speech pattern. Echolalia is characterized by the immediate or delayed repetition of another person's words or phrases, often without the context of any additional understanding. Confabulation consists of fabricating stories or information to fill in memory gaps, typically without the intention to deceive. Understanding these distinctions helps clinical professionals better interpret and respond to patients' verbal expressions.

5. Which condition is characterized by slow movements, shuffling steps, and a blunt expression in a patient?

- A. Multiple sclerosis
- B. Parkinson's disease**
- C. Alzheimer's disease
- D. Huntington's disease

Parkinson's disease is characterized by a distinctive set of motor symptoms, including bradykinesia (slow movements), a shuffling gait, and a masked facial expression, often referred to as a blunt or flat affect. These features arise due to the degeneration of dopaminergic neurons in the substantia nigra, which affects the control of movement. Patients may exhibit difficulty initiating movement, leading to shuffling steps, and their facial expressions may seem less animated, giving the appearance of reduced emotional responsiveness. Multiple sclerosis, while it can involve motor symptoms, more commonly presents with muscle weakness, coordination issues, and fatigue rather than the specific features of slowness and facial expression changes. Alzheimer's disease primarily affects cognition and memory rather than motor functions, although it can indirectly influence movement in later stages. Huntington's disease involves involuntary movements and cognitive decline but is characterized by chorea, or irregular, unintentional movements, rather than the slow movement seen in Parkinson's. Therefore, the symptoms align most closely with Parkinson's disease, making it the correct choice.

6. Which cranial nerve is assessed during the Rinne test?

- A. CN VII
- B. CN VIII**
- C. CN IX
- D. CN X

The Rinne test assesses hearing by comparing air conduction to bone conduction and evaluates the function of the cochlea and the auditory nerve. The cranial nerve primarily involved in this process is the vestibulocochlear nerve, known as cranial nerve VIII. This nerve is essential for hearing and balance, and its proper functioning is crucial for the accuracy of this auditory test. During the Rinne test, the clinician places a tuning fork on the mastoid bone (to assess bone conduction) and then moves it next to the ear canal (to assess air conduction). The patient's ability to hear sound through air conduction better than bone conduction indicates intact functioning of the cochlea and the auditory nerve, which are part of cranial nerve VIII. This directly relates to the assessment emphasis of the Rinne test, confirming that option B is indeed the correct answer.

7. Which condition would likely present with hyperresonance upon percussion?

- A. Atelectasis**
- B. Pneumothorax**
- C. Pneumonia**
- D. Viral bronchitis**

Hyperresonance upon percussion is typically associated with the presence of excess air in the pleural space or lung tissue, which reduces the density of the area being percussed. In the context of the options provided, pneumothorax is characterized by an accumulation of air in the pleural cavity, causing the affected side of the chest to sound more resonant when tapped. This is because the air-filled pleural space creates a sound that is lower in pitch and higher in intensity compared to normal lung tissue or fluid-filled areas. In contrast, conditions like atelectasis, pneumonia, or viral bronchitis generally lead to decreased air content or increased fluid density in the lungs, resulting in dullness or a more muted sound on percussion. Atelectasis involves the collapse of lung tissue, which would present with decreased resonance. Pneumonia typically involves consolidation, leading to a denser, dull sound. Viral bronchitis, while it may not always present with significant consolidation, usually does not cause hyperresonance either. Thus, pneumothorax stands out as the condition most likely to demonstrate hyperresonance upon percussion due to the presence of air in the pleural space.

8. Which of the following findings is expected in a patient with pneumonia?

- A. Hyperresonance on percussion**
- B. Increased fremitus**
- C. Decreased respiratory rate**
- D. Total absence of breath sounds**

In a patient with pneumonia, an expected finding is increased fremitus. This occurs because pneumonia leads to lung consolidation, where the lung tissue becomes dense due to the accumulation of fluid or inflammatory cells. When you assess a patient by palpating the chest while they say a phrase (like "ninety-nine"), vibrations from their voice transmit more effectively through consolidated lung tissue than through normal, air-filled lung tissue. This increased transmission results in enhanced tactile fremitus, which is the sensation felt on the chest wall. In contrast, hyperresonance on percussion typically suggests the presence of air in the pleural space or conditions like emphysema, which are not associated with pneumonia. Decreased respiratory rate can occur in various conditions, but pneumonia usually results in a compensatory increase in respiratory rate as the body tries to compensate for reduced oxygenation and effective ventilation. The total absence of breath sounds is an unusual finding; typically, pneumonia would still exhibit some breath sounds though they may be abnormal (such as crackles or decreased air entry over affected areas). Thus, while other options can pertain to different conditions, increased fremitus remains a hallmark feature observed in patients with pneumonia.

9. What is a potential complication of untreated GERD?

- A. Hypertension
- B. Esophageal stricture**
- C. Lung cancer
- D. Obesity

Esophageal stricture is a potential complication of untreated gastroesophageal reflux disease (GERD) because the repeated exposure of the esophagus to stomach acid can lead to inflammation and damage to the esophageal lining. Over time, this chronic inflammation can result in the development of scar tissue, which narrows the esophagus and leads to a stricture. Symptoms of an esophageal stricture can include difficulty swallowing (dysphagia), pain when swallowing, and food getting stuck in the esophagus. In contrast, while hypertension, lung cancer, and obesity can be associated with various health issues, they are not direct complications of untreated GERD. Hypertension is primarily related to cardiovascular factors, lung cancer is associated with smoking and other risk factors rather than reflux, and obesity is often a contributing factor for GERD but not a direct complication resulting from untreated reflux disease.

10. In a patient with COPD indicating liver enlargement, what would be a reasonable next step?

- A. Percuss the lower border of the liver
- B. Measure the span of the liver**
- C. Order a hepatitis panel
- D. Obtain an ultrasound of the liver

Measuring the span of the liver is a reasonable next step in assessing liver enlargement in a patient with COPD. The span of the liver refers to the total vertical distance from the upper border to the lower border of the liver, which can provide valuable information about the size and potential abnormalities of the liver. This measurement can be performed through physical assessment techniques, such as percussion, and can help corroborate clinical findings indicating hepatomegaly. In patients with COPD, liver enlargement may occur due to a variety of underlying issues, including hypoxia or complications related to long-term hypoxia, among others. By measuring the liver span, healthcare providers can determine if the enlargement is significant and may need further evaluation or intervention. This assessment can also guide the clinician in deciding whether additional imaging or laboratory tests are warranted based on the degree of enlargement and the clinical context. Other approaches, such as obtaining imaging studies or laboratory tests, may be considered later, but measuring the liver span provides immediate information to support further evaluation of the patient's condition. Immediate physical assessment can often yield usable information quickly without needing to wait for results from more complex testing.

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://advphysassmt1.examzify.com>

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

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