

Certified Specialist in Obesity and Weight Management (CSOWM) Practice Exam (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 is the typical percent weight loss after Roux-en-Y gastric bypass at 2 years?**
 - A. 25-40%**
 - B. 50-65%**
 - C. 70-85%**
 - D. 90-100%**

- 2. According to ADA guidelines, which race/ethnicity demographic has lower BMI cutoffs?**
 - A. African American/Black**
 - B. White**
 - C. Asian**
 - D. Latino/a**

- 3. Which patient has an indication for antiobesity medication?**
 - A. BMI 28 with no weight-related comorbidities**
 - B. BMI 26 with sleep apnea**
 - C. BMI 25 with hyperlipidemia**
 - D. BMI 27 with hypertension**

- 4. Based on the Weight Watchers example, how many additional daily calories are from uncounted fruit if 6 servings per day are consumed?**
 - A. 120 kcal**
 - B. 240 kcal**
 - C. 360 kcal**
 - D. 480 kcal**

- 5. Which comorbidity tends to abate after bariatric surgery?**
 - A. Osteoarthritis**
 - B. Asthma**
 - C. Eczema**
 - D. Migraine**

- 6. In managing metabolic syndrome, which measures are emphasized?**
- A. Healthy diet and exercise**
 - B. Antihypertensive therapy alone**
 - C. Smoking cessation only**
 - D. Immediate insulin therapy**
- 7. Phentermine/topiramate ER is contraindicated in which patient scenario?**
- A. A 25-year-old woman with BMI 32 kg/m² and impaired fasting glucose who is taking a MAOI**
 - B. A 33-year-old woman BMI 37 who gained weight after infertility treatment**
 - C. A 62-year-old man BMI 46 with controlled hypertension and sleep apnea**
 - D. A 64-year-old man BMI 40 with type 2 diabetes on insulin**
- 8. Which statement about HbA1c testing for diagnosing diabetes is true?**
- A. HbA1c should be done in a certified laboratory; point-of-care tests should not be used for diagnosis.**
 - B. HbA1c alone is sufficient for diagnosis.**
 - C. HbA1c is always the best initial test.**
 - D. HbA1c is never used for monitoring DM control.**
- 9. Which syndrome may occur in association with thiamine deficiency after Roux-en-Y gastric bypass?**
- A. Pickwickian**
 - B. Dumping**
 - C. Wernicke-Korsakoff**
 - D. Metabolic**
- 10. Which obesity medication carries an increased risk of nephrolithiasis and should be used with caution in patients with kidney stones?**
- A. Liraglutide**
 - B. Bupropion/naltrexone**
 - C. Lorcaserin**
 - D. Phentermine/topiramate ER**

Answers

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

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Explanations

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1. What is the typical percent weight loss after Roux-en-Y gastric bypass at 2 years?

- A. 25-40%
- B. 50-65%**
- C. 70-85%
- D. 90-100%

After Roux-en-Y gastric bypass, the typical way to describe weight loss is as percent excess weight loss (EWL). Excess weight is the amount above an ideal weight (often based on a BMI around 25). By about two years, many patients have lost roughly half to two-thirds of their excess weight. A common expectation is around 60% EWL at one to two years, with a usual range near 50-65% at the two-year mark. This reflects the substantial and sustained impact of the procedure on appetite, calories, and metabolism. Individual results vary based on adherence to diet, physical activity, baseline weight, and other factors, which is why some patients may be a bit lower or higher. If you were measuring percent of total body weight lost, the figure would generally be lower, but the standard metric at two years aligns with roughly 50-65% EWL, making that range the best match.

2. According to ADA guidelines, which race/ethnicity demographic has lower BMI cutoffs?

- A. African American/Black
- B. White
- C. Asian**
- D. Latino/a

Ethnicity can change how BMI relates to health risk. Asian individuals have higher metabolic risk at a lower body mass, so guidelines use lower BMI thresholds to flag overweight and obesity. Specifically, for Asians, overweight is defined at a BMI of 23 or higher and obesity at 25 or higher, whereas most other groups use 25 for overweight and 30 for obesity. This is why the demographic with the lower cutoffs is Asian. The other groups generally follow the standard thresholds, so they don't have these reduced cutoffs in ADA guidance.

3. Which patient has an indication for antiobesity medication?

- A. BMI 28 with no weight-related comorbidities
- B. BMI 26 with sleep apnea
- C. BMI 25 with hyperlipidemia
- D. BMI 27 with hypertension**

In obesity treatment, medications are indicated for adults with a BMI of 30 or higher, or a BMI of 27 or higher with at least one weight-related comorbidity. The patient with a BMI of 27 and hypertension fits both parts: there is a weight-related condition (hypertension) and the BMI meets the 27 threshold, so pharmacotherapy is indicated as an adjunct to lifestyle changes. The other scenarios don't meet both criteria: a BMI of 28 with no comorbidities lacks the weight-related condition, a BMI of 26 with sleep apnea has the comorbidity but a BMI below 27, and a BMI of 25 with hyperlipidemia has a comorbidity but a BMI below 27.

4. Based on the Weight Watchers example, how many additional daily calories are from uncounted fruit if 6 servings per day are consumed?

- A. 120 kcal
- B. 240 kcal
- C. 360 kcal**
- D. 480 kcal

Uncounted foods still contribute calories to your daily intake, so you must translate that into energy now. In the Weight Watchers example, each serving of fruit is about 60 kcal. If you're consuming six servings, the extra daily calories come from multiplying: $6 \times 60 = 360$ kcal. So the additional daily calories from uncounted fruit are 360 kcal. This shows why, even when a plan doesn't count fruit toward points, its calories still impact overall energy balance.

5. Which comorbidity tends to abate after bariatric surgery?

- A. Osteoarthritis**
- B. Asthma
- C. Eczema
- D. Migraine

Weight loss from bariatric surgery reduces the mechanical load on weight-bearing joints, especially the knees and hips. With less stress on these joints, pain decreases, mobility improves, and function rises, so osteoarthritis symptoms tend to lessen after substantial weight loss. Additionally, adipose tissue contributes inflammatory mediators; losing fat lowers these inflammatory signals, which can further reduce joint pain and may slow OA progression. While obesity can influence conditions like asthma or migraine and these may improve for some people, the most consistent and direct improvement after bariatric surgery is seen in osteoarthritis due to reduced joint loading and lower systemic inflammation.

6. In managing metabolic syndrome, which measures are emphasized?

- A. Healthy diet and exercise**
- B. Antihypertensive therapy alone**
- C. Smoking cessation only**
- D. Immediate insulin therapy**

Managing metabolic syndrome centers on lifestyle changes that address several risk factors at once. A healthy diet paired with regular physical activity is the most effective approach because it improves weight and waist circumference, enhances insulin sensitivity, lowers blood pressure, and improves lipid levels all together. Weight loss as little as 5-10% can significantly improve glucose tolerance and reduce cardiovascular risk, while consistent exercise and a nutritious diet help sustain these gains and lower overall risk. Relying only on blood pressure meds treats one component but leaves other factors like glucose regulation and lipid abnormalities unaddressed. Smoking cessation is important for reducing cardiovascular risk, but by itself it doesn't tackle obesity, insulin resistance, or dyslipidemia. Insulin therapy is not indicated for metabolic syndrome unless diabetes with hyperglycemia is present; it targets glucose control in established diabetes rather than the broader syndrome. So, emphasis on healthy eating and physical activity reflects the combined, foundational management that impacts multiple interrelated risk factors at once.

7. Phentermine/topiramate ER is contraindicated in which patient scenario?

- A. A 25-year-old woman with BMI 32 kg/m² and impaired fasting glucose who is taking a MAOI**
- B. A 33-year-old woman BMI 37 who gained weight after infertility treatment**
- C. A 62-year-old man BMI 46 with controlled hypertension and sleep apnea**
- D. A 64-year-old man BMI 40 with type 2 diabetes on insulin**

This item tests knowledge of contraindications for phentermine/topiramate ER, specifically drug interactions with MAO inhibitors. The combination includes a stimulant (phentermine) and a weight-loss-promoting agent (topiramate). MAO inhibitors block the breakdown of monoamines, so using a stimulant with an MAOI can cause a dangerous excess of catecholamines, leading to hypertensive crisis, tachycardia, arrhythmias, and potential stroke. Therefore, a patient who is taking an MAOI should not use phentermine/topiramate ER. The other scenarios don't present this absolute interaction. They involve obesity with comorbidities but not MAOI use, so they do not meet this contraindication.

8. Which statement about HbA1c testing for diagnosing diabetes is true?

- A. HbA1c should be done in a certified laboratory; point-of-care tests should not be used for diagnosis.**
- B. HbA1c alone is sufficient for diagnosis.**
- C. HbA1c is always the best initial test.**
- D. HbA1c is never used for monitoring DM control.**

HbA1c reflects average blood glucose over roughly the past 2-3 months, so using it to diagnose diabetes relies on getting a precise, comparable value. Because the diagnostic threshold (6.5%) is sensitive to small measurement differences, the test should be performed in a certified laboratory where methods are validated, calibrated to standard references, and subject to external quality assurance. Point-of-care HbA1c devices can be convenient but often show more variability and may not meet the same accuracy standards for diagnosis; if a POC result is used, it should be confirmed with a laboratory-based test before making a diagnosis. Relying on HbA1c alone isn't always sufficient, since testing can be influenced by conditions that alter red blood cell turnover or by assay limitations, and diagnostic guidelines typically require either a repeat HbA1c or corroborating tests (like fasting plasma glucose or an OGTT) when results are equivocal. HbA1c isn't always the best initial test in every situation, and HbA1c is also used to monitor long-term glycemic control, not just to diagnose.

9. Which syndrome may occur in association with thiamine deficiency after Roux-en-Y gastric bypass?

- A. Pickwickian**
- B. Dumping**
- C. Wernicke-Korsakoff**
- D. Metabolic**

Thiamine deficiency after Roux-en-Y gastric bypass can cause a neurologic syndrome known as Wernicke-Korsakoff. Thiamine is a critical cofactor for brain energy metabolism; when stores are depleted, brain regions such as the mammillary bodies and thalamus are hit hard, leading to Wernicke's encephalopathy with symptoms like eye movement abnormalities, gait ataxia, and confusion. If not promptly treated, this can progress to Korsakoff syndrome, which features severe anterograde and retrograde amnesia with confabulation. Bariatric patients are particularly at risk due to reduced oral intake and potential malabsorption. This association makes Wernicke-Korsakoff the best answer. Pickwickian syndrome is obesity hypoventilation, dumping syndrome is rapid gastric emptying with GI symptoms, and metabolic syndrome is a cluster of metabolic risk factors; none specifically describe thiamine-related brain injury after bariatric surgery.

10. Which obesity medication carries an increased risk of nephrolithiasis and should be used with caution in patients with kidney stones?

- A. Liraglutide**
- B. Bupropion/naltrexone**
- C. Lorcaserin**
- D. Phentermine/topiramate ER**

Topiramate, when used in an obesity medication combination, raises the risk of nephrolithiasis because it inhibits carbonic anhydrase in the kidney. This enzyme inhibition causes bicarbonate loss in the proximal tubule, leading to metabolic acidosis and urine that is more alkaline. Alkaline urine favors calcium phosphate stone formation, so patients with a history of kidney stones should use this regimen with caution or avoid it. Other obesity medications listed do not carry this specific stone risk profile; their adverse effects differ (gallbladder or pancreatitis concerns with GLP-1 therapies, seizure/hypertension risks with the bupropion/naltrexone combo, and other safety issues with lorcaserin), but nephrolithiasis is not a prominent consideration for them.

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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://csowm.examzify.com>

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

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