

COLLEGE OF FAMILY PHYSICIANS OF CANADA (CFPC) PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR
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. What is one possible etiology for a patient presenting with loss of consciousness?**
 - A. Stroke/TIA
 - B. Allergies
 - C. Asthma attack
 - D. Heartburn

- 2. What role does technology play in modern family practice?**
 - A. Decreases face-to-face interactions with patients
 - B. Helps in patient management and access to medical records
 - C. Limits the type of services offered to patients
 - D. Provides automated responses for patient inquiries

- 3. Which of the following is a non-invasive testing option for ischemic heart disease?**
 - A. Cardiac catheterization
 - B. Exercise stress test
 - C. Coronary angiography
 - D. Echocardiography at rest

- 4. What is one primary purpose of the CFPC's Clinical Practice Guidelines?**
 - A. To outline personal beliefs of physicians
 - B. To provide evidence-based care recommendations
 - C. To offer alternative treatments without evidence
 - D. To simplify patient care procedures

- 5. What finding would suggest a need for further screening in a patient with lower back pain and no red flags?**
 - A. History of muscle strains
 - B. Difficulty sleeping
 - C. Recent trauma
 - D. Chronic low-level discomfort

- 6. For suspected ankylosing spondylitis, which imaging investigation is essential?**
- A. CT scan of the abdomen
 - B. Spinal X-rays
 - C. MRI of the brain
 - D. Ultrasound of the spine
- 7. Which medication is commonly recommended for managing acute lower back pain?**
- A. Acetaminophen
 - B. Antidepressants
 - C. Antibiotics
 - D. Opioids only
- 8. Which physical exam finding is considered a red flag for lower back pain?**
- A. Worsening pain with rest
 - B. Intermittent leg pain
 - C. Urinary retention
 - D. Flexibility impairment
- 9. What is a psychosocial intervention for ADHD treatment in children?**
- A. Parent management training
 - B. SSRIs
 - C. Antipsychotics
 - D. Cognitive enhancers
- 10. Which blood test is NOT required before starting DMARD therapy for rheumatoid arthritis?**
- A. AST
 - B. URINARY ANALYSIS
 - C. Platelets
 - D. Hepatitis B serology

Answers

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

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Explanations

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1. What is one possible etiology for a patient presenting with loss of consciousness?

A. Stroke/TIA

B. Allergies

C. Asthma attack

D. Heartburn

Loss of consciousness can occur due to a variety of medical conditions, but one significant and immediate concern is a stroke or transient ischemic attack (TIA). A stroke can disrupt cerebral blood flow, leading to symptoms that include sudden loss of consciousness. This is a critical situation as prompt identification and treatment of a stroke can significantly affect the outcome for the patient. A transient ischemic attack, often described as a "mini-stroke," can also lead to temporary neurological deficits, including loss of consciousness, even if it is brief. Both conditions involve vascular issues in the brain, which can result in hypoxia, neuronal damage, or loss of critical brain function, including consciousness. In contrast, the other options listed, while they can cause various symptoms, are less likely to lead to an immediate and significant loss of consciousness. Allergies can lead to symptoms such as sneezing or itchy eyes, but they are not typically associated with loss of consciousness unless anaphylaxis occurs, which involves much more evidence of systemic involvement. An asthma attack primarily results in respiratory distress rather than a direct loss of consciousness. Heartburn or gastroesophageal reflux disease may cause discomfort that can distract a patient but does not typically result in loss of consciousness. Therefore, stroke or TIA is

2. What role does technology play in modern family practice?

A. Decreases face-to-face interactions with patients

B. Helps in patient management and access to medical records

C. Limits the type of services offered to patients

D. Provides automated responses for patient inquiries

The role of technology in modern family practice is pivotal, particularly in enhancing patient management and improving access to medical records. With the integration of electronic health records (EHRs) and practice management software, healthcare providers can efficiently track patient information, treatment plans, and histories. This electronic access supports continuity of care, enabling providers to make informed clinical decisions based on a comprehensive view of a patient's health data. Moreover, technology facilitates easier communication between healthcare professionals and patients. It allows for remote consultations and telemedicine, thus expanding access to care for individuals who may face barriers to in-person visits. This can be particularly beneficial in rural or underserved areas where healthcare providers are limited. By improving the organization and accessibility of patient records, technology plays a crucial role in streamlining workflows and enhancing the overall efficiency of family practice. It supports accurate documentation, fosters collaboration among multidisciplinary teams, and aids in meeting regulatory and quality standards, ultimately leading to improved patient outcomes and satisfaction.

3. Which of the following is a non-invasive testing option for ischemic heart disease?

- A. Cardiac catheterization
- B. Exercise stress test**
- C. Coronary angiography
- D. Echocardiography at rest

The exercise stress test is a non-invasive diagnostic procedure utilized to evaluate the presence of ischemic heart disease. In this test, the patient exercises on a treadmill or stationary bike while heart rate, blood pressure, and ECG (electrocardiogram) readings are monitored. This allows for the assessment of how well the heart functions during physical stress, highlighting any potential ischemic changes that occur under exertion. The significant advantage of the exercise stress test lies in its ability to provide valuable insights into the heart's functional capacity and to identify exercise-induced ischemia. If abnormalities are detected during the test, further investigation may be warranted. In contrast, cardiac catheterization and coronary angiography are invasive procedures involving the insertion of catheters into the cardiovascular system to directly visualize the coronary arteries and assess blood flow. Echocardiography at rest, while non-invasive, typically assesses cardiac function rather than being specifically designed to evaluate ischemic heart disease through stress-related responses. Thus, the exercise stress test clearly stands out as a primary non-invasive option for the assessment of ischemic heart disease.

4. What is one primary purpose of the CFPC's Clinical Practice Guidelines?

- A. To outline personal beliefs of physicians
- B. To provide evidence-based care recommendations**
- C. To offer alternative treatments without evidence
- D. To simplify patient care procedures

The primary purpose of the CFPC's Clinical Practice Guidelines is to provide evidence-based care recommendations. These guidelines are developed through a thorough review of current research and clinical evidence to help physicians make informed decisions regarding patient care. By emphasizing evidence-based practices, the guidelines aim to improve the quality of healthcare delivery, enhance patient outcomes, and promote consistency in the treatment of various medical conditions. This approach ensures that the recommendations rely on the best available data, allowing physicians to apply strategies that have been shown to be effective in real clinical settings. This reliance on empirical evidence is critical in moving towards enhanced care standards in family medicine.

5. What finding would suggest a need for further screening in a patient with lower back pain and no red flags?

- A. History of muscle strains
- B. Difficulty sleeping
- C. Recent trauma**
- D. Chronic low-level discomfort

In the context of lower back pain without red flags, the presence of recent trauma would suggest a need for further screening. Recent trauma indicates a potential for underlying injury or structural damage that may not be immediately evident. This could include fractures, herniated discs, or other significant injuries that could require more in-depth evaluation, such as imaging studies or a more comprehensive physical examination. While a history of muscle strains, difficulty sleeping, and chronic low-level discomfort may provide insights into the patient's overall condition and pain experience, they do not inherently signal a need for further assessment in the same manner that recent trauma does. A history of muscle strains might suggest a pattern of recurrent issues but wouldn't necessarily indicate an acute need for screening. Difficulty sleeping could relate to pain or other factors, yet it doesn't directly imply a risk of serious underlying causes. Chronic low-level discomfort, likewise, indicates a persistent issue but does not raise immediate concerns that warrant additional investigation as definitively as recent trauma does.

6. For suspected ankylosing spondylitis, which imaging investigation is essential?

- A. CT scan of the abdomen
- B. Spinal X-rays**
- C. MRI of the brain
- D. Ultrasound of the spine

In the context of suspected ankylosing spondylitis, spinal X-rays are essential as they are a key tool in the initial assessment and diagnosis of this condition. Spinal X-rays can reveal characteristic changes in the sacroiliac joints and spine that are associated with ankylosing spondylitis, such as syndesmophytes and calcification, which are essential for confirming the diagnosis. Early X-ray findings may include the blurring of the sacroiliac joints, and in some cases, these changes can be quite subtle, necessitating a skilled interpretation. While MRI can provide more detailed images and may be used in later stages or when X-ray findings are inconclusive, spinal X-rays remain the cornerstone for initial evaluation due to their availability, cost-effectiveness, and ability to visualize bony changes. Other imaging modalities, like CT scans or MRIs of non-spinal regions, do not contribute significantly to the diagnosis of ankylosing spondylitis, while ultrasound of the spine is not standard practice for this diagnosis. Spinal X-rays serve as the foundation for evaluating structural changes in the spine, reinforcing their essential role in the diagnostic process.

7. Which medication is commonly recommended for managing acute lower back pain?

- A. Acetaminophen**
- B. Antidepressants
- C. Antibiotics
- D. Opioids only

Acetaminophen is commonly recommended for managing acute lower back pain due to its effectiveness in relieving mild to moderate pain. It acts primarily as an analgesic and antipyretic, helping to reduce discomfort without the anti-inflammatory properties associated with nonsteroidal anti-inflammatory drugs (NSAIDs). Its use is especially relevant in cases where patients may have contraindications for NSAIDs, such as gastrointestinal issues, kidney problems, or other concerns that make traditional anti-inflammatory treatments less viable. While other medications may be utilized in specific scenarios—such as opioids for severe pain or antidepressants for chronic conditions—acetaminophen remains a first-line option for acute episodes because it is generally safe, well-tolerated, and has a lower risk for dependency compared to opioids. Additionally, guidelines often emphasize starting with non-pharmacologic treatments and simple analgesics like acetaminophen before escalating to more complex medication regimens.

8. Which physical exam finding is considered a red flag for lower back pain?

- A. Worsening pain with rest
- B. Intermittent leg pain
- C. Urinary retention**
- D. Flexibility impairment

Urinary retention is considered a red flag for lower back pain because it may indicate a serious underlying condition, such as cauda equina syndrome. This syndrome occurs when there is compression of the cauda equina, a bundle of nerve roots located at the lower end of the spinal cord. Symptoms of cauda equina syndrome can include severe lower back pain, urinary retention, bowel incontinence, and lower limb weakness. It is a surgical emergency that requires immediate medical intervention to prevent permanent neurological damage. Other findings, such as worsening pain with rest or intermittent leg pain, may suggest a need for further evaluation but do not typically indicate an urgent medical condition. Similarly, flexibility impairment can be a result of musculoskeletal strain or other less severe issues. Although these findings can contribute to the overall assessment of lower back pain and guide management, urinary retention stands out as a critical symptom that necessitates immediate attention and further investigation to rule out life-threatening conditions.

9. What is a psychosocial intervention for ADHD treatment in children?

A. Parent management training

B. SSRIs

C. Antipsychotics

D. Cognitive enhancers

A psychosocial intervention for ADHD treatment in children focuses on improving behaviors, social skills, and family dynamics rather than relying solely on pharmacological approaches. Parent management training is a structured program that equips parents with the skills and techniques needed to manage their child's behavior effectively. This intervention has been shown to enhance parent-child interactions and reinforce positive behaviors while reducing negative ones. The training often includes strategies like setting clear expectations, developing consistent routines, and applying appropriate rewards and consequences. By actively involving parents in the treatment process, this approach addresses not only the child's symptoms of ADHD but also helps create a supportive environment conducive to better outcomes. The other options provided involve pharmacological interventions or treatments that do not specifically target the psychosocial aspect of ADHD management. SSRIs, antipsychotics, and cognitive enhancers are primarily used for other mental health conditions or cognitive impairments and do not address the psychosocial dimensions of ADHD, which makes parent management training the most relevant choice in this context.

10. Which blood test is NOT required before starting DMARD therapy for rheumatoid arthritis?

A. AST

B. URINARY ANALYSIS

C. Platelets

D. Hepatitis B serology

Before starting disease-modifying antirheumatic drug (DMARD) therapy for rheumatoid arthritis, specific baseline laboratory tests are important to assess the patient's liver function, kidney function, and to screen for infections that could complicate treatment. Among the tests listed, several provide critical information. For instance, measuring AST (aspartate aminotransferase) is essential to evaluate liver function because many DMARDs can affect the liver. Monitoring platelets is also vital, given that some DMARDs can cause bone marrow suppression, which may lead to thrombocytopenia. Hepatitis B serology is particularly important for screening patients, especially those who may have been exposed to the virus, as DMARD therapy can reactivate latent infections. In contrast, a urinary analysis is not required as a standard pre-treatment test for DMARDs in rheumatoid arthritis management. While a urinary analysis may provide useful information about kidney function or detection of urinary infections, it does not specifically relate to the safety or risk factors associated with starting DMARD therapy. Therefore, it is the least relevant amongst the options when considering the necessary baseline tests before initiating treatment.

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://familyphysicianscfpc.examzify.com>

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

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