

COMAT Family Medicine Practice Test (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 signifies a complete abortion?**
 - A. Cervical os is open**
 - B. Vaginal bleeding with products of conception seen**
 - C. Products of conception have evacuated and cervical os is closed**
 - D. Uterine contractions present**

- 2. Which imaging study is recommended for a patient with chronic GERD who develops difficulty swallowing?**
 - A. X-ray of the chest**
 - B. CT scan of the abdomen**
 - C. EGD**
 - D. Ultrasound of the neck**

- 3. What are the first-line drugs for managing diabetic retinopathy?**
 - A. SSRIs and SNRIs**
 - B. Amantadine and Memantine**
 - C. TCA (Amitriptyline) and anticonvulsants**
 - D. Antihistamines and Corticosteroids**

- 4. What is the vitamin D supplementation recommendation for premenopausal women with osteoporosis?**
 - A. 800 IU**
 - B. 600 IU**
 - C. 1000 IU**
 - D. 400 IU**

- 5. What is the primary treatment for gout during an acute attack?**
 - A. Colchicine**
 - B. Corticosteroids**
 - C. Nonsteroidal anti-inflammatory drugs (NSAIDs)**
 - D. Antibiotics**

- 6. What is an effective intervention for preventing type 2 diabetes?**
- A. Increased carbohydrate intake**
 - B. Regular physical activity**
 - C. Consistent bed rest**
 - D. Excessive caloric consumption**
- 7. Which of the following best describes a symptom of entrapment syndrome?**
- A. Constant pain at rest**
 - B. Numbness and tingling in the foot**
 - C. Severe ankle swelling**
 - D. Progressive weakness in the leg**
- 8. What is the primary dietary recommendation for a patient with liver cirrhosis and ascites?**
- A. High protein diet**
 - B. Increase fiber intake**
 - C. Dietary sodium restriction**
 - D. Low carbohydrate diet**
- 9. How many stages are there in the classification of hypertension?**
- A. 2**
 - B. 3**
 - C. 4**
 - D. 5**
- 10. What condition is characterized by swelling and inflammation anterior to the patella?**
- A. Patellar tendinitis**
 - B. Osteoarthritis of the knee**
 - C. Prepatellar bursitis**
 - D. Patellofemoral pain syndrome**

Answers

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

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Explanations

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1. What signifies a complete abortion?

- A. Cervical os is open
- B. Vaginal bleeding with products of conception seen
- C. Products of conception have evacuated and cervical os is closed**
- D. Uterine contractions present

A complete abortion is characterized by the evacuation of all products of conception from the uterus, resulting in the closure of the cervical os. When the products of conception have been fully expelled and the cervical os is closed, it indicates that the pregnancy has ended completely and that there is no remaining tissue in the uterus. This is significant because it means the risk of complications, such as severe bleeding or infection, is greatly diminished. In contrast, when the cervical os is open, it may indicate a potential incomplete abortion where some tissue remains in the uterus. Vaginal bleeding with products of conception seen suggests that there are still remnants of the pregnancy present, thus indicating an incomplete abortion rather than a complete one. The presence of uterine contractions alone does not provide a definitive indication of whether an abortion is complete; contractions can be present during both complete and incomplete abortions. Therefore, only the closure of the cervical os following the expulsion of all products of conception marks the completion of the abortion process.

2. Which imaging study is recommended for a patient with chronic GERD who develops difficulty swallowing?

- A. X-ray of the chest
- B. CT scan of the abdomen
- C. EGD**
- D. Ultrasound of the neck

For a patient with chronic gastroesophageal reflux disease (GERD) who develops difficulty swallowing, the recommended imaging study is an esophagogastroduodenoscopy (EGD), commonly referred to as an upper endoscopy. This procedure allows direct visualization of the esophagus, stomach, and the beginning of the small intestine. It is particularly useful for assessing structural abnormalities or complications related to GERD, such as esophagitis, strictures, or Barrett's esophagus. EGD not only provides diagnostic information but also allows for intervention if necessary, such as dilation of strictures or biopsy of abnormal areas for histological examination. This is critical in a patient with new onset dysphagia, as it can help differentiate between benign and malignant causes of swallowing difficulties associated with chronic GERD. Other imaging modalities listed have specific utilities but do not directly investigate the esophagus as thoroughly as EGD does. X-rays of the chest may reveal some structural abnormalities but lack the detail needed to assess mucosal surface changes or intraluminal issues. A CT scan of the abdomen could provide information about the surrounding structures but is not sufficient for observing the esophageal lining or diagnosing conditions related directly to GERD. An ultrasound of the neck could potentially evaluate

3. What are the first-line drugs for managing diabetic retinopathy?

- A. SSRIs and SNRIs
- B. Amantadine and Memantine
- C. TCA (Amitriptyline) and anticonvulsants**
- D. Antihistamines and Corticosteroids

The management of diabetic retinopathy primarily involves controlling the underlying condition—diabetes itself—rather than directly using specific classes of medications as first-line treatments. However, among the incorrect choices, none of the listed options effectively address the typical pharmacologic strategies employed for this ocular complication. While option C suggests that tricyclic antidepressants (such as amitriptyline) and anticonvulsants are involved, they are not standard treatments specifically for diabetic retinopathy. Instead, the first-line approach to managing diabetic retinopathy usually includes strict glycemic control and the use of medications such as anti-VEGF (vascular endothelial growth factor) agents for more advanced cases or retinal laser photocoagulation for proliferative disease, neither of which are captured in the presented choices. If considering pharmacologic treatment in a broader context, it's essential to focus on managing blood glucose levels, hypertension, and hyperlipidemia, which are key in slowing the progression of diabetic retinopathy. Therefore, it is important to recognize that while option C appears to suggest a treatment, it does not align with the evidence-based first-line management strategies commonly applied in clinical practice for diabetic retinopathy.

4. What is the vitamin D supplementation recommendation for premenopausal women with osteoporosis?

- A. 800 IU
- B. 600 IU**
- C. 1000 IU
- D. 400 IU

For premenopausal women with osteoporosis, the recommendation for vitamin D supplementation is 600 IU per day. This dosage is based on guidelines which suggest that adequate vitamin D levels are crucial for bone health, particularly in individuals at risk for osteoporosis. Vitamin D plays an essential role in calcium absorption and bone metabolism, which is vital for maintaining bone density. Supplementing with 600 IU is often sufficient to maintain adequate blood levels of vitamin D, particularly in premenopausal women who may not have increased needs compared to postmenopausal women or individuals with other conditions that significantly affect bone health. The recommended daily intake is designed to support overall health and prevent deficiencies, which are associated with an increased risk of fractures and further bone loss.

5. What is the primary treatment for gout during an acute attack?

A. Colchicine

B. Corticosteroids

C. Nonsteroidal anti-inflammatory drugs (NSAIDs)

D. Antibiotics

The primary treatment for gout during an acute attack involves the use of nonsteroidal anti-inflammatory drugs (NSAIDs). These medications work by reducing inflammation and alleviating pain, which are key symptoms during a gout flare-up. NSAIDs like indomethacin, naproxen, and ibuprofen are commonly used due to their effectiveness in quickly addressing the acute inflammation associated with gout attacks. Colchicine is also used for gout treatment and can be effective, but it is particularly noted for its use within the first 24 hours of an attack. Its primary role is more specific to managing recurrent attacks and reducing the frequency of flare-ups rather than as the first-line treatment for an acute episode. Corticosteroids can be utilized when NSAIDs are contraindicated or not well tolerated, providing anti-inflammatory effects. However, they are typically not the first choice unless the situation necessitates their use. Antibiotics are inappropriate for treating gout as it is a metabolic condition caused by the crystallization of uric acid in the joints and not due to a microbial infection. Therefore, while several options can be considered in treatment strategies, NSAIDs remain the primary choice for quickly managing pain and inflammation during an acute gout attack.

6. What is an effective intervention for preventing type 2 diabetes?

A. Increased carbohydrate intake

B. Regular physical activity

C. Consistent bed rest

D. Excessive caloric consumption

Regular physical activity is a highly effective intervention for preventing type 2 diabetes. Engaging in consistent exercise helps to improve insulin sensitivity and aids in the management of body weight. It can lower blood glucose levels and reduce the risk of developing diabetes in individuals who are at risk. Physical activity enhances metabolic processes, promotes cardiovascular health, and contributes not only to weight management but also to overall wellness. In contrast, increasing carbohydrate intake, consistent bed rest, and excessive caloric consumption are not beneficial strategies and can contribute to the development of type 2 diabetes. Excessive caloric intake can lead to weight gain and obesity, both of which are significant risk factors for developing diabetes. Increased carbohydrate intake, especially from refined sources, can also elevate blood sugar levels. Consistent bed rest can lead to physical inactivity, which is associated with a higher risk of developing insulin resistance and type 2 diabetes.

7. Which of the following best describes a symptom of entrapment syndrome?

- A. Constant pain at rest**
- B. Numbness and tingling in the foot**
- C. Severe ankle swelling**
- D. Progressive weakness in the leg**

Entrapment syndrome typically occurs when a nerve becomes compressed or pinched by surrounding tissues, leading to specific neurological symptoms. Numbness and tingling in the foot is a hallmark sign of this condition, as these sensations result from the affected nerve's impaired function. When a nerve is entrapped, sensory fibers may be interrupted, leading to altered sensations such as paresthesia, which commonly manifests as numbness and tingling in the area innervated by the affected nerve. Understanding the symptoms is crucial for identifying and managing nerve entrapment effectively. Other symptoms, like constant pain at rest or severe ankle swelling, may indicate different conditions, such as inflammatory processes or vascular issues, rather than nerve entrapment itself. Progressive weakness in the leg could point towards more severe neurological impairment or other neuromuscular problems but is less specific to the symptoms associated with entrapment syndromes, which primarily manifest sensory disturbances.

8. What is the primary dietary recommendation for a patient with liver cirrhosis and ascites?

- A. High protein diet**
- B. Increase fiber intake**
- C. Dietary sodium restriction**
- D. Low carbohydrate diet**

The primary dietary recommendation for a patient with liver cirrhosis and ascites is dietary sodium restriction. In individuals with ascites, the fluid accumulation in the abdominal cavity is often due to portal hypertension and impaired liver function, which can lead to water retention. Sodium plays a critical role in fluid balance within the body; therefore, reducing sodium intake is essential to help manage fluid retention. Restricting sodium reduces the osmotic pressure that draws water into the vascular space, which in turn helps decrease the fluid buildup in the abdomen. This can lead to improved symptoms related to ascites and may even help reduce the need for therapeutic paracentesis (a procedure to remove fluid). While protein intake is often a concern in patients with liver disease due to the risk of hepatic encephalopathy, many patients with compensated liver disease can tolerate a normal protein intake unless specifically advised otherwise. Thus, a high-protein diet could be inappropriate for those with severe liver impairment. Increasing fiber intake might have benefits in constipation management, but it does not directly address the management of ascites. A low carbohydrate diet is generally not indicated in this scenario and does not target the specific issue at hand, which is fluid retention related to sodium intake.

9. How many stages are there in the classification of hypertension?

- A. 2
- B. 3
- C. 4**
- D. 5

The classification of hypertension is organized into four distinct stages, each defined by specific blood pressure ranges. These stages help healthcare providers assess the severity of hypertension and guide treatment decisions. The first stage, known as "Normal," is characterized by systolic blood pressure (SBP) below 120 mmHg and diastolic blood pressure (DBP) below 80 mmHg. The second stage is called "Elevated," which includes SBP ranging from 120-129 mmHg and DBP less than 80 mmHg. The third stage is termed "Hypertension Stage 1," where SBP ranges from 130-139 mmHg or DBP from 80-89 mmHg. Finally, "Hypertension Stage 2" is defined by SBP of 140 mmHg or higher or DBP of 90 mmHg or higher. In some classifications, there is also a fifth category, referred to as "Hypertensive Crisis," which encompasses conditions requiring immediate medical attention, but traditional stages for diagnosing and managing hypertension are primarily classified into four main stages. This structured approach aims to standardize the understanding of hypertension and foster appropriate interventions based on the identified stage.

10. What condition is characterized by swelling and inflammation anterior to the patella?

- A. Patellar tendinitis
- B. Osteoarthritis of the knee
- C. Prepatellar bursitis**
- D. Patellofemoral pain syndrome

The condition characterized by swelling and inflammation anterior to the patella is prepatellar bursitis. This condition involves inflammation of the bursa located in front of the kneecap (patella), leading to localized swelling, tenderness, and pain. It is often caused by repetitive trauma or prolonged pressure on the knee, such as in occupations that require frequent kneeling or activities involving the knees. In prepatellar bursitis, the swelling is distinct and anterior because the bursa is positioned directly in front of the knee joint, making it particularly vulnerable to injury. The inflammation results in noticeable swelling, which can be observed or palpated, providing a clear clinical picture of the condition. Patellar tendinitis primarily affects the tendons attached to the patella and may present with pain localized around the patellar tendon rather than significant swelling anterior to the patella. Osteoarthritis of the knee typically manifests with joint space narrowing, crepitus, and pain, but does not generally cause isolated swelling directly in front of the kneecap. Patellofemoral pain syndrome, while it can cause pain around the patella, does not usually lead to significant inflammatory swelling in the area of the bursa. Therefore, the specific presentation of swelling and inflammation anterior

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://comatfammedicine.examzify.com>

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

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