

COMAT FAMILY MEDICINE PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. When should aspirin be initiated for primary prevention of cardiovascular events?**
 - A. In individuals over 70 years old
 - B. In adults aged 30-50
 - C. In adults aged 40-70 at high risk
 - D. In patients with heart failure
- 2. Which antibiotics can be used for treating mastitis?**
 - A. Amoxicillin/clavulanate and dicloxacillin
 - B. Ciprofloxacin and amoxicillin
 - C. Cephalexin and gentamicin
 - D. All of the above
- 3. What is a significant finding in patients with chronic GERD when they begin to experience dysphagia?**
 - A. Increased salivation
 - B. Presence of esophageal stricture
 - C. Development of Barrett's esophagus
 - D. Esophageal ulceration
- 4. What screening test is advised annually for individuals with diabetes?**
 - A. A1C test
 - B. Fasting glucose test
 - C. Lipid profile
 - D. Urinalysis
- 5. What type of medication is donepezil?**
 - A. Antidepressant
 - B. Cholinesterase inhibitor
 - C. Antipsychotic
 - D. Stimulant

- 6. What is the main reason the live attenuated influenza vaccine (LAIV4) is contraindicated?**
- A. It is administered intramuscularly
 - B. It cannot be given to young children
 - C. It is contraindicated in individuals with egg allergy
 - D. It is only effective for a season
- 7. What are common symptoms of bronchitis in young children?**
- A. Fever and sore throat
 - B. Cough and wheezing
 - C. Chest pain and itching
 - D. Nausea and vomiting
- 8. What lifestyle intervention can assist in managing osteoarthritis pain?**
- A. High-intensity interval training
 - B. Avoiding all physical activity
 - C. Regular low-impact exercise
 - D. Increasing weight-bearing exercises
- 9. Which class of medication is associated with causing lactic acidosis when undergoing a CT with contrast?**
- A. Diuretics
 - B. Beta blockers
 - C. Metformin
 - D. ACE inhibitors
- 10. Which condition leads to the development of osteitis fibrosa cystica?**
- A. Vitamin D deficiency
 - B. Severe hyperparathyroidism leading to hypercalcemia
 - C. Chronic kidney disease
 - D. Cancer metastasis

Answers

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

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Explanations

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1. When should aspirin be initiated for primary prevention of cardiovascular events?

- A. In individuals over 70 years old
- B. In adults aged 30-50
- C. In adults aged 40-70 at high risk**
- D. In patients with heart failure

The initiation of aspirin for primary prevention of cardiovascular events is particularly recommended for adults aged 40-70 who are considered at high risk for cardiovascular disease. This age group includes individuals for whom the balance of potential benefits and risks of aspirin therapy has been established. The risk factors that may categorize someone as "high risk" can include hypertension, diabetes, elevated cholesterol levels, or a family history of cardiovascular disease. For individuals in this age range, evidence suggests that low-dose aspirin can provide cardiovascular benefits by decreasing the chances of heart attack and stroke. However, it's crucial to ensure that the benefits outweigh the risks, such as gastrointestinal bleeding, which can increase with age and with aspirin use. People outside of this demographic, such as those over 70 without additional risk factors or those younger than 40, may not benefit significantly from aspirin therapy, and in some cases, may face unnecessary risks. Therefore, the recommendation targets that specific group of high-risk adults aged 40-70, facilitating a focused approach to preventing cardiovascular events.

2. Which antibiotics can be used for treating mastitis?

- A. Amoxicillin/clavulanate and dicloxacillin**
- B. Ciprofloxacin and amoxicillin
- C. Cephalexin and gentamicin
- D. All of the above

For the treatment of mastitis, the use of amoxicillin/clavulanate and dicloxacillin is appropriate because these antibiotics provide effective coverage against the common bacteria responsible for mastitis, most notably Staphylococcus aureus, including methicillin-sensitive strains. Amoxicillin/clavulanate combines a penicillin with a beta-lactamase inhibitor, enhancing its activity against resistant bacteria. Dicloxacillin, a penicillinase-resistant penicillin, is particularly effective against penicillin-resistant Staphylococcus species, making it a strong choice for this condition. While other combinations listed might have some merit under specific circumstances, they do not align as closely with the typical microbial pathogens involved in mastitis. For example, ciprofloxacin is not typically a first-line option for this condition, and cephalexin, although it can be effective, is less commonly preferred than the first option. Gentamicin, while useful in certain severe infections, is not a primary treatment for mastitis in most cases. Thus, amoxicillin/clavulanate and dicloxacillin are the standard choices for effectively addressing this condition.

3. What is a significant finding in patients with chronic GERD when they begin to experience dysphagia?

- A. Increased salivation
- B. Presence of esophageal stricture**
- C. Development of Barrett's esophagus
- D. Esophageal ulceration

In patients with chronic gastroesophageal reflux disease (GERD), the development of dysphagia (difficulty swallowing) can indicate the presence of an esophageal stricture. Chronic GERD leads to ongoing inflammation of the esophagus, which can result in scar tissue formation and the narrowing of the esophagus over time. This scarring can cause strictures that impede the passage of food, leading to symptoms such as difficulty swallowing. Other findings related to chronic GERD may include the development of Barrett's esophagus and esophageal ulcerations, but dysphagia specifically suggests an anatomical change like a stricture. Increased salivation is often a compensatory mechanism for esophageal irritation or reflux but does not directly correlate with the significant structural changes that cause dysphagia. Understanding these complications is crucial for managing patients with chronic GERD and preventing further esophageal damage.

4. What screening test is advised annually for individuals with diabetes?

- A. A1C test**
- B. Fasting glucose test
- C. Lipid profile
- D. Urinalysis

Individuals with diabetes are advised to have an annual A1C test as it plays a critical role in monitoring long-term glucose control. The A1C test measures the average blood glucose levels over the past two to three months, providing important information about how well diabetes is being managed. It can also help in adjusting treatment plans to prevent complications related to long-term elevated blood sugar levels. While other tests such as fasting glucose or a lipid profile are important in the overall management and assessment of individuals with diabetes, they do not specifically track the chronic management of blood sugar levels over time like the A1C test does. For instance, the fasting glucose test provides a snapshot of blood glucose levels at a single point in time rather than an average, and while it is used in the diagnosis and monitoring of diabetes, it is not typically performed annually unless there are specific concerns. The lipid profile is useful for assessing cardiovascular risk, and urinary tests can screen for complications, but neither replaces the importance of monitoring the A1C for diabetes management. Thus, annual screening with the A1C test is essential for effectively managing diabetes and reducing the risk of associated complications.

5. What type of medication is donepezil?

- A. Antidepressant
- B. Cholinesterase inhibitor**
- C. Antipsychotic
- D. Stimulant

Donepezil is classified as a cholinesterase inhibitor, which is a type of medication primarily used to treat symptoms of Alzheimer's disease and other types of dementia. The mechanism of action involves the inhibition of the enzyme acetylcholinesterase, which breaks down acetylcholine in the brain. By preventing this breakdown, donepezil increases the level of acetylcholine available for communication between nerve cells. This enhancement of cholinergic transmission can lead to temporary improvements in cognitive function, memory, and overall daily functioning in patients suffering from Alzheimer's. Such drugs are essential in managing the cognitive symptoms of the disease, although they do not stop or slow down the disease's progression. Overall, donepezil is specifically designed to address the cholinergic deficits associated with Alzheimer's disease, making it distinctly different from antidepressants, antipsychotics, and stimulants, which serve other treatment purposes within psychiatric and neurological contexts.

6. What is the main reason the live attenuated influenza vaccine (LAIV4) is contraindicated?

- A. It is administered intramuscularly
- B. It cannot be given to young children
- C. It is contraindicated in individuals with egg allergy**
- D. It is only effective for a season

The live attenuated influenza vaccine (LAIV4) is contraindicated primarily due to concerns regarding its administration in specific populations, particularly those who are immunocompromised or have certain underlying health conditions. For individuals with egg allergies, the concern arises from the fact that LAIV4 is produced using eggs, and while most people with egg allergies can receive the vaccine, those with a history of severe allergic reactions to eggs are recommended to avoid LAIV4 in favor of the inactivated influenza vaccine (IIV). This recommendation is made because live viruses in the vaccine may provoke an adverse reaction that could be harmful in those with such allergies. It is important for healthcare providers to assess a patient's health history and any potential for allergic reactions to ensure safe and effective vaccination. While the vaccine's route of administration and seasonal effectiveness are relevant to the overall understanding of vaccines, they do not represent the primary contraindication. Young children can receive LAIV4, though specific age guidelines must be observed regarding placement of the vaccine. Thus, the issue concerning egg allergies stands out as the main reason for the contraindication of LAIV4.

7. What are common symptoms of bronchitis in young children?

- A. Fever and sore throat
- B. Cough and wheezing**
- C. Chest pain and itching
- D. Nausea and vomiting

Cough and wheezing are hallmark symptoms of bronchitis in young children. In bronchitis, the airways become inflamed due to irritation or infection, leading to increased mucus production. This inflammation primarily affects the bronchi, resulting in a persistent cough that may be dry or productive. Wheezing, which is a high-pitched whistling sound during breathing, often occurs as a result of narrowed air passages, making it difficult for air to flow through the bronchi during respiration. In contrast, symptoms such as fever and sore throat are more commonly associated with upper respiratory infections. Chest pain and itching are less typical of bronchitis in children, and nausea and vomiting are generally unrelated to bronchitis. Understanding these symptoms helps differentiate bronchitis from other respiratory or gastrointestinal issues, allowing for appropriate management and care.

8. What lifestyle intervention can assist in managing osteoarthritis pain?

- A. High-intensity interval training
- B. Avoiding all physical activity
- C. Regular low-impact exercise**
- D. Increasing weight-bearing exercises

Regular low-impact exercise is highly effective in managing osteoarthritis pain as it helps improve joint function, flexibility, and strength while minimizing the risk of further joint damage. Engaging in low-impact activities, such as swimming, cycling, or walking, reduces stress on the affected joints compared to high-impact activities. This approach facilitates the maintenance of a healthy weight, which is crucial for patients with osteoarthritis, as excess weight can exacerbate joint pain. Additionally, low-impact exercises can enhance the production of synovial fluid, improving lubrication and reducing stiffness in the joints. By encouraging movement without placing undue stress, patients can achieve better pain management and an improved quality of life. In contrast, avoiding all physical activity can lead to decreased muscle tone and joint stiffness, worsening symptoms over time. High-intensity interval training may not be suitable due to the potential for increased joint strain. Increasing weight-bearing exercises is often not recommended for osteoarthritis patients, especially those with affected weight-bearing joints, as it could escalate pain and damage.

9. Which class of medication is associated with causing lactic acidosis when undergoing a CT with contrast?

- A. Diuretics
- B. Beta blockers
- C. Metformin**
- D. ACE inhibitors

Lactic acidosis is a serious metabolic condition that can occur when there is an accumulation of lactic acid in the body. Metformin, a medication commonly used to manage type 2 diabetes, is particularly notable for its association with lactic acidosis, especially in specific situations such as renal impairment or when there is acute stress on the kidneys, which can be exacerbated by the use of iodinated contrast agents in CT scans. When a patient on metformin undergoes imaging with contrast, the risk of lactic acidosis increases because the contrast media can lead to kidney dysfunction, potentially increasing the levels of metformin in the bloodstream. This situation can precipitate lactic acidosis since the drug affects the metabolism and clearance of lactic acid. Other classes of medications mentioned, such as diuretics, beta blockers, and ACE inhibitors, are not associated with this particular side effect in the context of the use of contrast media. While they may have their own side effects, they do not carry the same risk of lactic acidosis in this clinical scenario. Therefore, metformin is recognized as the critical medication that requires caution in the context of contrast studies due to its association with lactic acidosis.

10. Which condition leads to the development of osteitis fibrosa cystica?

- A. Vitamin D deficiency
- B. Severe hyperparathyroidism leading to hypercalcemia**
- C. Chronic kidney disease
- D. Cancer metastasis

Osteitis fibrosa cystica is a condition characterized by the presence of bone lesions due to the overactivity of osteoclasts, which are the cells responsible for bone resorption. This condition is most commonly associated with severe hyperparathyroidism, where elevated levels of parathyroid hormone lead to excessive bone resorption and increased calcium release from bones, resulting in cyst-like bone changes. In hyperparathyroidism, the increased parathyroid hormone stimulates the osteoclasts to break down bone, causing subperiosteal bone resorption, particularly in the phalanges, distal end of the radius, and along the spine. The subsequent excessive bone loss results in osteitis fibrosa cystica, which presents radiographically as well-defined bone cysts and can lead to pain and fractures. While vitamin D deficiency, chronic kidney disease, and cancer metastasis can all affect the skeleton and lead to various bone problems, they do not specifically cause osteitis fibrosa cystica in the same manner as severe hyperparathyroidism does. Vitamin D deficiency primarily leads to osteomalacia, chronic kidney disease often results in secondary or tertiary hyperparathyroidism, and cancer metastasis affects bone integrity differently, often resulting in osteol

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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