

COMPREHENSIVE OSTEOPATHIC MEDICAL LICENSING EXAMINATION (COMPLEX) LEVEL 3 PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 the recommended screening frequency for abdominal aortic aneurysm (AAA) in patients with a size less than 4.0 cm?**
 - A. Every 6 months
 - B. Yearly
 - C. Every 2 years
 - D. Every 3 years
- 2. What behavior is common at 15 months of age?**
 - A. Speaks in 3-word sentences
 - B. Uses a cup
 - C. Counts to ten
 - D. Hops on one foot
- 3. What is a common side effect of aminoglycosides that can affect hearing?**
 - A. Renal toxicity
 - B. Ototoxicity
 - C. Cardiotoxicity
 - D. Neurotoxicity
- 4. What is the format for the multiple-choice questions on COMLEX Level 3?**
 - A. True or False format
 - B. Single best answer multiple-choice
 - C. Essay format
 - D. Open-ended questions
- 5. In stable patients with atrial fibrillation and rapid ventricular response, which medications can be given?**
 - A. Diuretics or ACE inhibitors
 - B. Beta blockers or calcium channel blockers
 - C. Anticoagulants or antiplatelet agents
 - D. Amiodarone or digoxin

- 6. What is the main purpose of primary prevention in healthcare?**
- A. To treat disease after diagnosis
 - B. To protect healthy individuals from developing disease
 - C. To manage worsening disease
 - D. To provide rehabilitation for individuals with chronic conditions
- 7. Which one is NOT considered a complication of pancreatitis?**
- A. Acute kidney failure
 - B. Heart failure
 - C. Diabetic ketoacidosis
 - D. Hypotension
- 8. What does a DEXA result of -1 or higher indicate?**
- A. Osteoporosis
 - B. Normal bone density
 - C. Osteopenia
 - D. Severe osteopenia
- 9. Which study method is least effective for preparing for COMLEX Level 3?**
- A. Reviewing core subjects and clinical case scenarios
 - B. Working through practice questions
 - C. Participating in hands-on clinical workshops
 - D. Only watching online lecture videos
- 10. Which procedure should not be performed in the case of acute diverticulitis?**
- A. Colonoscopy
 - B. CT scan
 - C. Ultrasound
 - D. X-ray

Answers

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

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Explanations

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1. What is the recommended screening frequency for abdominal aortic aneurysm (AAA) in patients with a size less than 4.0 cm?

- A. Every 6 months
- B. Yearly**
- C. Every 2 years
- D. Every 3 years

The recommended screening frequency for abdominal aortic aneurysm (AAA) in patients with an aneurysm size of less than 4.0 cm is typically once a year. This guideline is based on clinical studies that indicate lower risks of rupture and complications in smaller aneurysms. Regular monitoring through yearly ultrasound examinations allows healthcare providers to assess any changes in the size of the aneurysm and intervene if it begins to grow or poses a higher risk. In patients with an AAA measuring 4.0 cm or larger, the annual screening becomes crucial because these aneurysms carry a significantly increased risk of rupture. However, since those under 4.0 cm have a much lower risk of clinical complications, annual surveillance is considered adequate to track any potential progression in size. This approach balances the need for monitoring with the understanding that a smaller aneurysm is less likely to lead to immediate health issues.

2. What behavior is common at 15 months of age?

- A. Speaks in 3-word sentences
- B. Uses a cup**
- C. Counts to ten
- D. Hops on one foot

At 15 months of age, it is common for children to begin using a cup as part of their developing fine motor skills and self-feeding abilities. At this age, children are typically transitioning from bottle-feeding to cup usage, which is an important milestone in their development of independence and coordination. Using a cup demonstrates a grasp of basic motor skills, including the ability to hold an object and bring it to their mouth without significant spilling. This behavior showcases not only physical development but also cognitive growth, as the child begins to understand the purpose of utensils in feeding. In contrast, speaking in three-word sentences typically does not occur until later stages of language development, around age 2. Counting to ten and hopping on one foot are also milestones that are usually achieved at older ages; counting is generally seen in children closer to preschool age and hopping typically develops around age 4.

3. What is a common side effect of aminoglycosides that can affect hearing?

- A. Renal toxicity
- B. Ototoxicity**
- C. Cardiotoxicity
- D. Neurotoxicity

Aminoglycosides are a class of antibiotics known for their effectiveness against various bacterial infections, particularly those caused by gram-negative bacteria. One significant and notable side effect associated with aminoglycosides is ototoxicity, which refers to damage to the auditory system, leading to hearing loss. This ototoxicity occurs primarily as a result of their accumulation in the inner ear, affecting the hair cells in the cochlea, which are critical for hearing. Patients receiving aminoglycosides often need to be monitored for signs of hearing impairment, especially when they are on high doses or prolonged therapy, or if they have existing renal issues that could exacerbate the potential for such side effects. While renal toxicity is also a concern with aminoglycosides, as they can lead to nephrotoxic effects due to their excretion through the kidneys, it is not directly related to hearing. Cardiotoxicity and neurotoxicity are other important considerations in medicine; however, they are not prominent issues specifically associated with aminoglycosides, making ototoxicity the standout side effect in the context of this medication class. Understanding the side effects of medications like aminoglycosides is crucial for ensuring patient safety and optimizing treatment outcomes.

4. What is the format for the multiple-choice questions on COMLEX Level 3?

- A. True or False format
- B. Single best answer multiple-choice**
- C. Essay format
- D. Open-ended questions

The format for the multiple-choice questions on COMLEX Level 3 is single best answer multiple-choice. This means that for each question presented, only one option is deemed to be the most appropriate or correct answer among several choices provided. This format assesses the test taker's ability to synthesize information and apply clinical reasoning to arrive at the best option in a given scenario. In contrast, other formats such as True or False, essay questions, or open-ended questions are not used in this examination setting, as they do not align with the goals of assessing clinical decision-making and knowledge application that single best answer questions can effectively measure. The single best answer format allows for a clear framework that aids in evaluating the comprehensive understanding of medical concepts, critical thinking, and the ability to make decisions based on clinical information.

5. In stable patients with atrial fibrillation and rapid ventricular response, which medications can be given?

- A. Diuretics or ACE inhibitors
- B. Beta blockers or calcium channel blockers**
- C. Anticoagulants or antiplatelet agents
- D. Amiodarone or digoxin

In patients presenting with stable atrial fibrillation and a rapid ventricular response, the primary goal is to control the heart rate to improve symptoms and prevent potential complications. The most effective classes of medications for this purpose are beta blockers and calcium channel blockers. Beta blockers, such as metoprolol or esmolol, work by reducing the heart rate through their action on the beta-adrenergic receptors, leading to decreased conduction through the AV node. Calcium channel blockers, particularly non-dihydropyridines like diltiazem and verapamil, also decrease heart rate by reducing calcium influx in myocardial and pacemaker cells, which similarly slows conduction and can alleviate symptoms associated with rapid ventricular rates. While other medications like anticoagulants or antiplatelet agents might be necessary in the overall management of atrial fibrillation to prevent thromboembolic events, their primary function does not involve immediate rate control during rapid ventricular response episodes. Likewise, diuretics and ACE inhibitors are not indicated for acute rate control in this situation. Finally, amiodarone and digoxin can be used in certain cases of atrial fibrillation, particularly if there's a need for rhythm control, but they are generally not the first-line options for the immediate

6. What is the main purpose of primary prevention in healthcare?

- A. To treat disease after diagnosis
- B. To protect healthy individuals from developing disease**
- C. To manage worsening disease
- D. To provide rehabilitation for individuals with chronic conditions

The main purpose of primary prevention in healthcare is to protect healthy individuals from developing disease. Primary prevention focuses on the reduction of risk factors and the promotion of healthy behaviors to prevent the onset of disease before it occurs. This can include interventions such as vaccination programs, health education to encourage physical activity and healthy eating, and policies aimed at reducing exposure to environmental hazards. By addressing the determinants of health and preventing disease from occurring in the first place, primary prevention plays a crucial role in improving population health outcomes and reducing the burden of disease on individuals and the healthcare system. This proactive approach is fundamental in creating a healthier society and minimizing the need for more intensive medical interventions later on.

7. Which one is NOT considered a complication of pancreatitis?

- A. Acute kidney failure
- B. Heart failure
- C. Diabetic ketoacidosis**
- D. Hypotension

Diabetic ketoacidosis is not considered a direct complication of pancreatitis. While pancreatitis can cause a number of systemic complications due to inflammation and metabolic disturbances, diabetic ketoacidosis primarily results from inadequate insulin levels, typically associated with type 1 diabetes or significant insulin resistance, rather than being a direct complication of pancreatitis. In cases of pancreatitis, the inflammation and fluid shifts can lead to acute kidney failure due to dehydration or reduced perfusion. Hypotension can also arise from fluid loss or sepsis. Furthermore, in patients with pre-existing diabetes, the stress of illness, including pancreatitis, may exacerbate blood glucose levels, potentially leading to conditions like hyperglycemia or diabetic ketoacidosis, but this is more an indirect association rather than a direct complication of the pancreatitis itself. Therefore, diabetic ketoacidosis is positioned differently in relation to pancreatitis compared to the other listed complications, which are more commonly observed in conjunction with this condition.

8. What does a DEXA result of -1 or higher indicate?

- A. Osteoporosis
- B. Normal bone density**
- C. Osteopenia
- D. Severe osteopenia

A DEXA (Dual-Energy X-ray Absorptiometry) scan is commonly used to measure bone mineral density. The results of this scan are given in a T-score, which compares an individual's bone density to that of a healthy 30-year-old adult of the same sex. A T-score of -1.0 or higher is indicative of normal bone density, meaning that the bone density in the individual is within one standard deviation of the young adult mean. When interpreting DEXA results, scores between -1.0 and -2.5 indicate osteopenia, which is a condition of lower-than-normal bone density but not low enough to be classified as osteoporosis. A score lower than -2.5 is used to diagnose osteoporosis, while scores even lower (like -2.5 or lower with a history of fractures) would indicate severe osteoporosis. Thus, a DEXA result of -1.0 or higher characterizes an individual as having normal bone density, confirming that their bone density is within a healthy range, well above the thresholds for both osteopenia and osteoporosis.

9. Which study method is least effective for preparing for COMLEX Level 3?

- A. Reviewing core subjects and clinical case scenarios
- B. Working through practice questions
- C. Participating in hands-on clinical workshops
- D. Only watching online lecture videos**

The least effective study method for preparing for COMLEX Level 3 is watching only online lecture videos. While online lectures can provide valuable information and cover essential topics, they tend to be one-dimensional and offer limited interactivity. This approach does not engage students in active learning, which is crucial for retaining complex material found in COMLEX Level 3. In contrast, reviewing core subjects and clinical case scenarios allows students to apply their knowledge to real-world situations, enhancing critical thinking and clinical reasoning skills. Working through practice questions is particularly beneficial because it mimics the format of the exam and helps to identify areas needing further study. Participating in hands-on clinical workshops offers practical experience and the opportunity to apply theoretical knowledge in a clinical context, making it a highly effective method for preparing for the examination. Overall, a diverse study strategy that incorporates varied methods including active engagement and application of knowledge is far more effective than relying solely on passive learning through video lectures.

10. Which procedure should not be performed in the case of acute diverticulitis?

- A. Colonoscopy**
- B. CT scan
- C. Ultrasound
- D. X-ray

In the context of acute diverticulitis, colonoscopy should not be performed due to the risk of perforation. During an acute episode, the diverticula (small pouches formed in the colon wall) can be inflammatory or even infected, and inserting a colonoscope can cause damage to an already weakened area, potentially leading to complications such as perforation, which can result in peritonitis and require surgical intervention. Diagnostic imaging techniques such as CT scans and ultrasounds are preferred as they help confirm the diagnosis of diverticulitis without the associated risks of invasive procedures. A CT scan, in particular, is commonly used because it provides detailed images that can illustrate the extent of inflammation or complications related to diverticulitis. Ultrasound can also be useful, especially in certain populations (such as young adults or pregnant women) where radiation exposure from a CT scan could be a concern. X-rays are less helpful in diagnosing diverticulitis specifically but can be used to evaluate for complications such as perforation or obstruction. Therefore, the avoidance of colonoscopy in acute diverticulitis is crucial to prevent further complications in a patient already experiencing an inflammatory process in the colon.

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://complexlevel3.examzify.com>

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

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