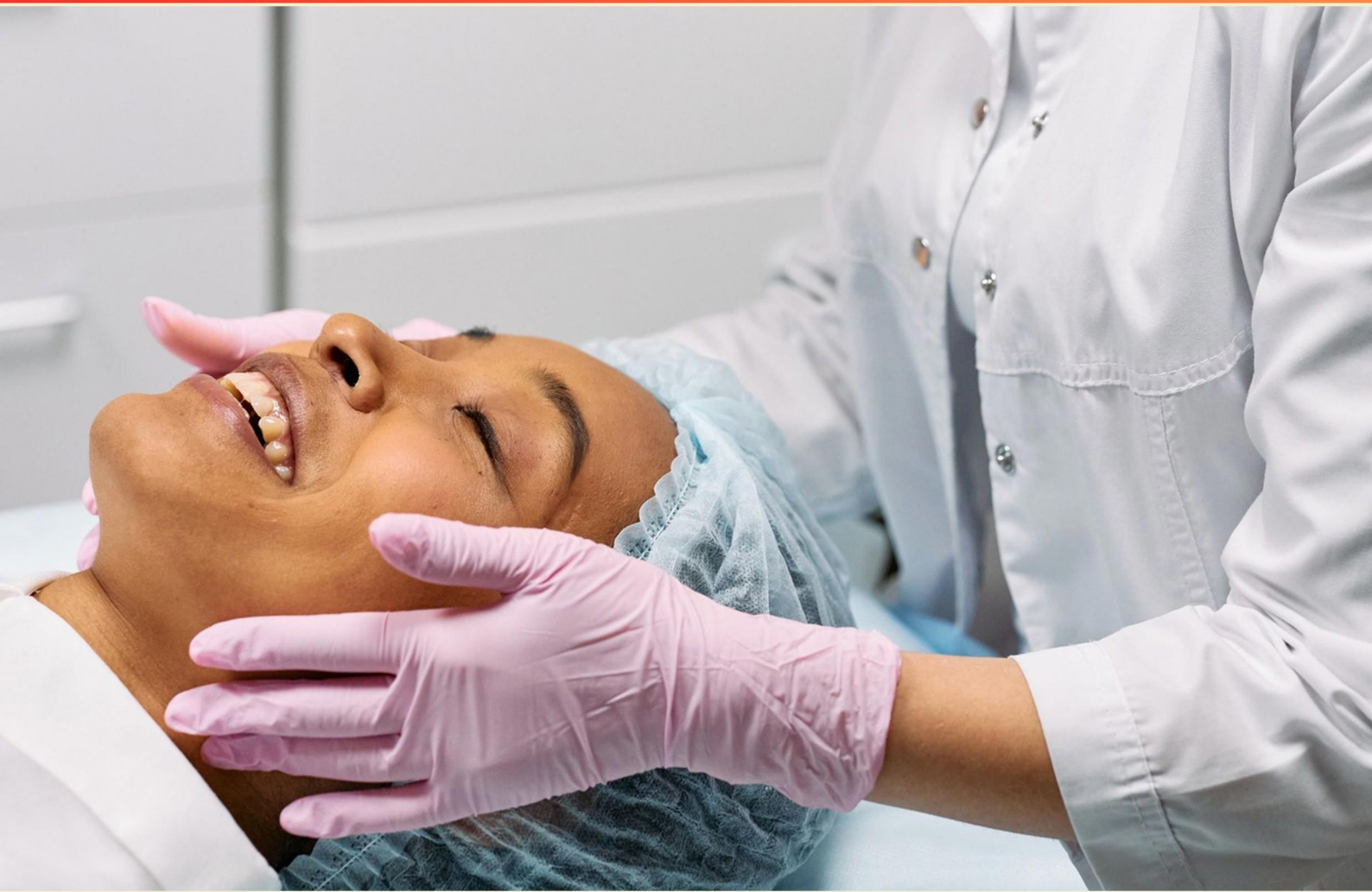


DERMATOLOGY WEEK 1 PRACTICE EXAM (SAMPLE)

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. Chondroitin is conditionally recommended for which OA site?**
 - A. Hand OA only
 - B. Knee OA only
 - C. Hand OA only
 - D. Hip OA only

- 2. Which medication should be held in male patients with fertility concerns?**
 - A. Methotrexate
 - B. Hydroxychloroquine
 - C. Leflunomide
 - D. Sulfasalazine

- 3. Rituximab BBW is which risk?**
 - A. HBV reactivation
 - B. PML
 - C. Infusion related reactions
 - D. Hypoglycemia

- 4. Which change is associated with late-stage OA subchondral bone?**
 - A. Subchondral bone sclerosis and osteophyte formation
 - B. Decreased bone turnover
 - C. Poor bone mineralization
 - D. Increased susceptibility to bone deformation

- 5. What does CMC stand for in hand braces?**
 - A. Carpometacarpal
 - B. Carpo-metacarpal
 - C. Carpometacarpal joint capsule
 - D. Carpo-metacondylar

- 6. What is the brand name of hydroxychloroquine?**
 - A. Aralen
 - B. Plaquenil
 - C. Chloroquine
 - D. Quinine

- 7. What is the correct subcutaneous dosing for Etanercept as listed?**
- A. 50 mg every other week
 - B. 25 mg weekly
 - C. 100 mg weekly
 - D. 50 mg weekly
- 8. Which joints are commonly affected by OA?**
- A. Shoulder, Elbow, Wrist
 - B. Knee, Hand, Hip
 - C. Ankle, Foot, Toes
 - D. Cervical spine only
- 9. Which NSAID counseling point is recommended for topical NSAIDs?**
- A. Seek medical attention for severe skin rash
 - B. Ignore mild changes in vision
 - C. Continue NSAIDs during severe skin rash
 - D. Yellowing of eyes is not a concern
- 10. In patients with a documented penicillin allergy, cephalosporins with dissimilar side chains are generally considered safer because of lower cross-reactivity.**
- A. True
 - B. False
 - C. Only in skin testing
 - D. Not studied

Answers

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

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Explanations

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1. Chondroitin is conditionally recommended for which OA site?

- A. Hand OA only
- B. Knee OA only**
- C. Hand OA only
- D. Hip OA only

Chondroitin is considered for symptom relief in osteoarthritis, but the strength of its recommendation depends on the joint being treated. The evidence most consistently supports a cautious, conditional benefit for knee OA, where some trials show modest improvements in pain and function with acceptable safety. In contrast, evidence for hand OA and hip OA is not convincing or is lacking, so a conditional recommendation is not supported for those sites. Thus, the site where chondroitin is conditionally recommended is knee OA.

2. Which medication should be held in male patients with fertility concerns?

- A. Methotrexate
- B. Hydroxychloroquine
- C. Leflunomide
- D. Sulfasalazine**

In this situation, the main idea is that some drugs used for inflammatory conditions can directly affect male fertility by altering sperm production. Sulfasalazine is well known to cause reversible decreases in sperm count and motility. This effect is usually noticeable enough to impact fertility, and it typically improves after stopping the medication. Because of that, it's the one you would hold if a patient is actively trying to conceive. The sulfapyridine component in sulfasalazine is largely responsible for the impact on spermatogenesis, and the change is generally reversible with discontinuation. Other options don't have the same proven association with reduced sperm production. Hydroxychloroquine is considered safe for male fertility; methotrexate is primarily a concern for pregnancy in women, though it's teratogenic, and leflunomide has a long elimination time and requires a separate washout process if fertility is desired, but sulfasalazine is the classic, direct issue for male fertility.

3. Rituximab BBW is which risk?

- A. HBV reactivation**
- B. PML
- C. Infusion related reactions
- D. Hypoglycemia

Hepatitis B reactivation is the boxed warning clinicians emphasize with rituximab. By depleting B cells, rituximab can disrupt immune control of latent HBV in people who have been exposed, leading to reactivation that can progress to fulminant hepatitis, hepatic failure, and even death. Because of this, every patient should be screened for HBV before starting therapy (check HBsAg and anti-HBc). If there's current or prior infection, antiviral prophylaxis (for example, entecavir or tenofovir) is recommended and continued for a period after completing rituximab. In those with resolved infection, prophylaxis or careful monitoring may be considered based on risk. PML is another serious risk associated with rituximab, but the strongest, most emphasized boxed warning relates to HBV reactivation. Infusion-related reactions are common and managed with standard precautions, while hypoglycemia is not a typical Rituximab concern.

4. Which change is associated with late-stage OA subchondral bone?

- A. Subchondral bone sclerosis and osteophyte formation
- B. Decreased bone turnover
- C. Poor bone mineralization
- D. Increased susceptibility to bone deformation

In late-stage osteoarthritis, the bone just under the damaged cartilage adapts to the abnormal joint mechanics by increasing remodeling that leads to thickening and densification—subchondral sclerosis. Along the joint margins, osteophytes or bone spurs form as the skeleton attempts to stabilize the joint and distribute loads more effectively. These two changes—subchondral sclerosis and osteophyte formation—are hallmark features of late OA subchondral bone, visible on imaging as a denser subchondral plate and bony outgrowths at the joint margins. Other patterns don't fit OA as well. Decreased bone turnover is more typical of osteoporosis, not the sclerosis seen in OA. Poor bone mineralization points to metabolic bone diseases like osteomalacia. And while OA can involve altered load and potential microdamage, the characteristic late-stage pattern emphasizes increased density and osteophyte development rather than greater bone fragility or deformability.

5. What does CMC stand for in hand braces?

- A. Carpometacarpal
- B. Carpo-metacarpal
- C. Carpometacarpal joint capsule
- D. Carpo-metacondylar

CMC stands for carpometacarpal—the joints where the carpal bones of the wrist meet the bases of the metacarpal bones in the hand. This is the standard way the abbreviation is used in anatomy and in braces or clinical notes. A hyphenated form like carpo-metacarpal is a variant spelling, but carpometacarpal is the common, widely accepted term. Adding "joint capsule" turns the phrase into a description of a structure around the joint rather than the name of the joint itself, and carpo-metacondylar points to a nonstandard articulation in the hand. So the best choice is carpometacarpal.

6. What is the brand name of hydroxychloroquine?

- A. Aralen
- B. Plaquenil
- C. Chloroquine
- D. Quinine

Brand names and generic names can differ even when the ingredient is the same. Hydroxychloroquine is the generic name of a medicine used for malaria and autoimmune conditions like lupus and rheumatoid arthritis. Its well-known brand name is Plaquenil. Aralen is the brand name for chloroquine, which is a related but different drug. Chloroquine itself is the generic name for that medication, not hydroxychloroquine. Quinine is another compound altogether, derived from cinchona, and is not hydroxychloroquine. So Plaquenil is the correct brand name for hydroxychloroquine.

7. What is the correct subcutaneous dosing for Etanercept as listed?

- A. 50 mg every other week
- B. 25 mg weekly
- C. 100 mg weekly
- D. 50 mg weekly**

Etanercept is used as a TNF inhibitor given by subcutaneous injection, and the standard maintenance dose for most adults is 50 mg once weekly. This schedule maintains steady drug levels to effectively dampen inflammatory signaling while balancing safety. An alternative of 25 mg twice weekly is sometimes used and would total 50 mg per week, but the option listed as 50 mg weekly aligns with the common labeling and practice. Dosing 50 mg every other week lowers the average weekly exposure and may reduce disease control; 25 mg weekly provides only half the typical weekly exposure and is usually insufficient; 100 mg weekly doubles the standard exposure and increases risk without proven additional benefit.

8. Which joints are commonly affected by OA?

- A. Shoulder, Elbow, Wrist
- B. Knee, Hand, Hip**
- C. Ankle, Foot, Toes
- D. Cervical spine only

Osteoarthritis tends to hit joints that bear weight or are used repeatedly. The knee and hip are classic weight-bearing joints prone to cartilage wear, and the hand is commonly affected, especially the thumb base (first carpometacarpal joint) and the finger joints (DIP/PIP). This pattern—knee, hand, and hip—captures the most typical distribution of OA. The other joints mentioned can develop OA, but they're not the usual primary sites: OA of the shoulder, elbow, or wrist is less common; the ankle/foot/toes are less frequently involved; and OA isolated to the cervical spine isn't the common presentation. Recognizing this distribution helps distinguish OA from inflammatory arthritis, which often involves multiple joints with more pronounced morning stiffness.

9. Which NSAID counseling point is recommended for topical NSAIDs?

- A. Seek medical attention for severe skin rash**
- B. Ignore mild changes in vision
- C. Continue NSAIDs during severe skin rash
- D. Yellowing of eyes is not a concern

Topical NSAIDs can still cause local skin reactions, so the most important counseling point is to seek medical attention if a severe skin rash develops. A severe rash may signal an allergic reaction or a significant irritant response, and stopping the medication plus evaluation helps prevent progression or complications. Other options don't fit: mild vision changes aren't a typical warning signal for topical NSAIDs and don't guide management of a skin reaction; continuing use during a severe rash is not advised because it can worsen the reaction; yellowing of the eyes suggests possible liver injury or systemic toxicity and requires prompt medical assessment rather than being dismissed.

10. In patients with a documented penicillin allergy, cephalosporins with dissimilar side chains are generally considered safer because of lower cross-reactivity.

A. True

B. False

C. Only in skin testing

D. Not studied

The important idea is that cross-reactivity between penicillins and cephalosporins depends on how similar the cephalosporin's R1 side chain is to the penicillin's side chain. When the cephalosporin has a side chain that is different from penicillin's, the immune system is much less likely to recognize it as the same allergen, so the risk of an IgE-mediated reaction is very low. Because of this, cephalosporins with dissimilar side chains are generally considered safer for patients with a documented penicillin allergy. Modern data place this cross-reactivity at roughly 1% or lower for dissimilar side chains, much less than the historical estimates that led to blanket avoidance. Skin testing can be helpful in uncertain cases or with severe prior reactions, but it isn't required to justify using a cephalosporin with a dissimilar side chain. If the cephalosporin's side chain is similar to penicillin's, the risk is higher and clinicians may avoid it or proceed with extra caution. So, the statement is true.

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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://dermatologyweek1.examzify.com>

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

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