

DIFFERENTIAL DIAGNOSIS AND MANAGEMENT OF COMMON ACUTE EYE AND MUSCULOSKELETAL CONDITIONS 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. What is the treatment for corneal abrasion?

- A. Removal of foreign body, supportive care, topical antibiotics as needed
- B. Immediate corneal transplant
- C. Oral antibiotics only
- D. No treatment needed

2. Which statement about risk factors for hip fracture is true?

- A. Only decreased bone density is a risk factor
- B. Decreased bone density, impaired balance, cognitive impairment, and history of falls are risk factors
- C. Regular exercise is a risk factor
- D. Young age is a risk factor

3. What is a chalazion?

- A. An acute purulent eyelid infection.
- B. A malignant eyelid tumor.
- C. Inflammation of the iris.
- D. An inflamed nodule that develops on the eyelid, often caused by blocked glands.

4. A chalazion most commonly appears on which eyelid?

- A. Lower eyelid.
- B. Upper eyelid.
- C. Center of the eyelid margin.
- D. Lateral canthus.

5. Which gait abnormality is commonly associated with hip displacement?

- A. Antalgic gait
- B. Trendelenburg gait
- C. Hemiplegic gait
- D. Spastic diplegic gait

- 6. In the context of eye conditions, what is the typical description of a retinal detachment symptom?**
- A. Painful red eye.
 - B. Sudden painless vision loss described as curtain.
 - C. Gradual improvement in vision.
 - D. Chronic eye discharge.
- 7. Hyphema is defined as?**
- A. Blood in the anterior chamber, often due to trauma
 - B. Blood in the posterior chamber
 - C. Blood in the vitreous
 - D. Blood in the cornea
- 8. Which of the following are risk factors for SCFE?**
- A. Adolescents (10-15 years), obesity, and more common in males.
 - B. Newborns
 - C. Elderly with osteoarthritis
 - D. Female athletes with knee pain
- 9. What is the most common type of uveitis?**
- A. Iritis (Anterior Uveitis)
 - B. Posterior uveitis
 - C. Intermediate uveitis
 - D. Panuveitis
- 10. The Windlass Test is used to diagnose which condition?**
- A. To evaluate shoulder stability.
 - B. To diagnose plantar fasciitis.
 - C. To test knee ligament laxity.
 - D. To assess ACL integrity.

Answers

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

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Explanations

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1. What is the treatment for corneal abrasion?

- A. Removal of foreign body, supportive care, topical antibiotics as needed
- B. Immediate corneal transplant
- C. Oral antibiotics only
- D. No treatment needed

Corneal abrasions are shallow injuries of the corneal epithelium, so management aims to promote healing and prevent infection. The best approach is to remove any foreign body if present and thoroughly irrigate the eye, then provide supportive care to comfort and heal the surface. Topical antibiotics are added to prevent bacterial keratitis because the protective barrier is breached. This combination directly addresses the mechanical injury and the infection risk without resorting to invasive procedures. Immediate corneal transplant would be far too aggressive for a simple abrasion and is reserved for much more extensive disease such as full-thickness loss or perforation. Oral antibiotics alone don't provide adequate local coverage, and doing nothing would miss the chance to prevent infection and promote healing.

2. Which statement about risk factors for hip fracture is true?

- A. Only decreased bone density is a risk factor
- B. Decreased bone density, impaired balance, cognitive impairment, and history of falls are risk factors
- C. Regular exercise is a risk factor
- D. Young age is a risk factor

Hip fracture risk is multifactorial. Low bone density weakens the bones, making fractures more likely with minor trauma. However, many hip fractures result from falls, so factors that increase fall risk are crucial: impaired balance and cognitive impairment raise the chances of a fall, and a history of falls strongly predicts future fractures. Regular exercise actually lowers fracture risk by improving strength and balance, so it is not a risk factor. Young age is not linked to higher hip fracture risk. Together, decreased bone density, impaired balance, cognitive impairment, and history of falls capture the main risk factors.

3. What is a chalazion?

- A. An acute purulent eyelid infection.
- B. A malignant eyelid tumor.
- C. Inflammation of the iris.
- D. An inflamed nodule that develops on the eyelid, often caused by blocked glands.

Chalazion is a chronic, noninfectious blockage of a meibomian gland in the eyelid that leads to a granulomatous inflammation. It presents as a painless, firm, rubbery nodule on the eyelid, often the upper lid, which may slowly enlarge. This contrasts with a stye, which is an acute, painful, purulent infection of eyelid glands. It also isn't an intraocular problem like iris inflammation (iritis), which causes eye pain and photophobia, or a malignant eyelid tumor, which tends to have irregular borders and progressive changes over time. The description "an inflamed nodule that develops on the eyelid, often caused by blocked glands" best fits chalazion because it captures the typical location, painless nodular swelling, and the underlying mechanism of duct obstruction.

4. A chalazion most commonly appears on which eyelid?

- A. Lower eyelid.
- B. Upper eyelid.**
- C. Center of the eyelid margin.
- D. Lateral canthus.

Chalazion is a blockage of a meibomian gland within the tarsal plate of the eyelid, leading to a sterile granulomatous inflammation and a painless, nodular lump. The upper eyelid has a higher density of meibomian glands, so obstructions—and thus chalazia—occur most often there. The lesion develops in the eyelid tissue itself, not at the lid margin or corners, which is why it's not typically described at the center of the eyelid margin or near the lateral canthus. So, the most common site is the upper eyelid.

5. Which gait abnormality is commonly associated with hip displacement?

- A. Antalgic gait
- B. Trendelenburg gait**
- C. Hemiplegic gait
- D. Spastic diplegic gait

Gait pattern caused by weakness of the hip abductors, particularly the gluteus medius and minimus, during single-leg stance. When you stand on one leg, these muscles keep the pelvis level. If they're weak—as can happen with hip displacement or instability—the pelvis drops toward the opposite side, and the person may lean the trunk over the stance leg or develop a waddling step to compensate. This is the hallmark Trendelenburg gait. Other patterns don't fit the mechanism here: an antalgic gait stems from pain altering stance time, a hemiplegic gait from a central nerve lesion causing leg drift or circumduction, and a spastic diplegic gait from tone abnormalities (as in cerebral palsy). In hip displacement, the key issue is abductor weakness leading to an unstable pelvis during single-leg support, i.e., Trendelenburg gait.

6. In the context of eye conditions, what is the typical description of a retinal detachment symptom?

- A. Painful red eye.
- B. Sudden painless vision loss described as curtain.**
- C. Gradual improvement in vision.
- D. Chronic eye discharge.

Retinal detachment typically presents with a sudden, painless loss of vision in one eye, and patients often describe it as a curtain coming down over their field of view. This symptom reflects the retina pulling away from the underlying tissue, cutting off vision in the affected area. Before the curtain appears, people may notice new floaters or brief flashes of light as the vitreous pulls on the retina. The absence of eye pain helps distinguish it from other urgent eye conditions that cause redness and pain, such as infections or inflammatory processes. A gradual improvement in vision isn't characteristic of detachment, since the loss tends to be abrupt and persistent. Chronic discharge points away from a retinal problem and toward conjunctival or infectious issues. If this symptom occurs, urgent ophthalmologic evaluation is essential to prevent permanent vision loss.

7. Hyphema is defined as?

- A. Blood in the anterior chamber, often due to trauma**
- B. Blood in the posterior chamber
- C. Blood in the vitreous
- D. Blood in the cornea

Hyphema means blood in the anterior chamber, the space between the cornea and the iris. This is usually the result of trauma that ruptures vessels in the iris or ciliary body, allowing blood to pool in the front part of the eye. The key idea is that the hemorrhage is located in the anterior chamber, which is why this definition is correct. Blood in the posterior chamber would indicate a hemorrhage behind the iris, not in the front chamber, so it's not hyphema. Blood in the vitreous is a vitreous (posterior segment) hemorrhage, presenting with floaters or a hazy red reflex. Blood in the cornea isn't a standard description because the cornea itself has no blood vessels, so that would not be hyphema.

8. Which of the following are risk factors for SCFE?

- A. Adolescents (10-15 years), obesity, and more common in males.**
- B. Newborns
- C. Elderly with osteoarthritis
- D. Female athletes with knee pain

SCFE most commonly occurs during adolescence when the growth plate at the hip is vulnerable, and two of the strongest risk factors are being in that age range and carrying excess weight. Obesity increases the shear forces across the proximal femoral physis, making a slip more likely, and boys are affected somewhat more than girls, reflecting a higher incidence in males. Newborns and elderly individuals with osteoarthritis involve hip problems with very different mechanisms and timing, so they're not typical risk groups for SCFE. Female athletes with knee pain would more likely have conditions related to the knee or overuse injuries, not a slip of the femoral head. Thus, the combination of adolescence (roughly 10–15 years), obesity, and male predominance best matches the known risk profile for SCFE.

9. What is the most common type of uveitis?

- A. Iritis (Anterior Uveitis)**
- B. Posterior uveitis
- C. Intermediate uveitis
- D. Panuveitis

The most common type of uveitis is anterior uveitis, also called iritis. Inflammation in the front part of the eye—iris and ciliary body—accounts for the majority of uveitis cases seen in clinical practice. Clinically, this form often presents with sudden eye pain, photophobia, redness, and a small, constricted pupil. Slit-lamp examination typically shows cells and flare in the anterior chamber and may reveal keratic precipitates on the corneal endothelium. It usually responds well to topical corticosteroids and cycloplegics, and the prognosis is generally favorable with prompt treatment. The other forms involve deeper structures: intermediate uveitis affects the vitreous, posterior uveitis involves the retina or choroid, and panuveitis involves all segments. These are less common than anterior uveitis and often have different symptoms and etiologies, which is why they're less likely to be the most frequent presentation.

10. The Windlass Test is used to diagnose which condition?

- A. To evaluate shoulder stability.
- B. To diagnose plantar fasciitis.**
- C. To test knee ligament laxity.
- D. To assess ACL integrity.

The Windlass test checks plantar fascia tension to identify plantar fasciitis. When the big toe is dorsiflexed, the plantar fascia under the arch is tightened; if the fascia is inflamed, this stretch provokes heel or medial-arch pain, giving a positive result. This test specifically targets plantar fascia pathology, not issues of the knee or shoulder, so it isn't used to assess knee ligament laxity or ACL integrity, nor shoulder stability.

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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:

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

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