

Divine Intervention IM Shelf 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

- 1. What is a likely diagnosis for an 18-year-old female with scaly, erythematous upper extremity lesions and a history of allergic rhinitis?**
 - A. Psoriasis**
 - B. Eczema (atopic dermatitis)**
 - C. Contact dermatitis**
 - D. Fungal infection**
- 2. How many genes are implicated in Alpha thalassemia?**
 - A. 2 genes**
 - B. 3 genes**
 - C. 4 genes**
 - D. 5 genes**
- 3. What is the most common cause of death in patients with acromegaly?**
 - A. Cancer**
 - B. Heart failure**
 - C. Infection**
 - D. Accidents**
- 4. After a strep pharyngitis, what will antibiotics NOT decrease the incidence of?**
 - A. Strep throat**
 - B. Chronic kidney disease**
 - C. Post streptococcal glomerulonephritis**
 - D. Recurrent throat infections**
- 5. Are thalassemias classified as microcytic, normocytic, or macrocytic anemias?**
 - A. Microcytic**
 - B. Normocytic**
 - C. Macrocytic**
 - D. None of the above**

- 6. What is a notable symptom during an insulinoma episode?**
- A. Weight gain**
 - B. Nausea and vomiting**
 - C. Severe headache**
 - D. Hypoglycemic symptoms**
- 7. What is the most common diagnosis for a patient presenting with enlarged fingers and coarse facial features?**
- A. Acromegaly**
 - B. Cushing's syndrome**
 - C. Hypothyroidism**
 - D. Marfan syndrome**
- 8. What are the major features of FSGS?**
- A. Rapidly progressive renal failure**
 - B. Proteinuria and hypertension**
 - C. Hematuria and fever**
 - D. Thrombocytopenia and anemia**
- 9. What is a common treatment for lumbar spinal stenosis?**
- A. Physical Therapy and Pain Control**
 - B. Surgical Intervention**
 - C. Osteopathic Manipulation**
 - D. Medication Adjustment**
- 10. What test is used to confirm the diagnosis of Acromegaly apart from IGF-1 levels?**
- A. Glucose suppression test**
 - B. Chest X-ray**
 - C. Thyroid function tests**
 - D. Electrocardiogram**

Answers

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

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Explanations

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1. What is a likely diagnosis for an 18-year-old female with scaly, erythematous upper extremity lesions and a history of allergic rhinitis?

A. Psoriasis

B. Eczema (atopic dermatitis)

C. Contact dermatitis

D. Fungal infection

The diagnosis of eczema, specifically atopic dermatitis, is highly plausible in this case based on the symptoms and history presented. Eczema is a chronic inflammatory skin condition that often manifests as scaly, erythematous lesions, particularly in individuals with a history of atopy, such as allergic rhinitis, asthma, or food allergies. In this scenario, the 18-year-old female exhibits scaly, erythematous lesions on her upper extremities. Eczema commonly affects the flexural areas but can also appear on the hands, which might explain the location of the lesions. The presence of allergic rhinitis suggests a predisposition to various allergic conditions, which aligns with the typical profile of individuals prone to atopic dermatitis. Eczema often presents with pruritic (itchy) patches, and while other skin conditions can mimic the appearance of eczema, the linkage between her allergic rhinitis and the skin findings makes atopic dermatitis a strong candidate for the diagnosis. In contrast, psoriasis typically presents with thicker, silvery plaques and has a different distribution. Contact dermatitis would be more localized and usually related to an identified irritant or allergen, without necessarily relating to a systemic allergic condition. A fungal infection usually presents with distinct characteristics

2. How many genes are implicated in Alpha thalassemia?

A. 2 genes

B. 3 genes

C. 4 genes

D. 5 genes

Alpha thalassemia is primarily caused by mutations in the HBA1 and HBA2 genes, which are responsible for encoding the alpha globin chains of hemoglobin. There are four alpha globin genes located on chromosome 16, and the number of affected genes determines the severity of the condition: - When one gene is mutated, the individual may have silent carrier status with minimal clinical impact. - When two genes are mutated, it can lead to alpha thalassemia trait, usually causing mild anemia. - When three genes are affected, the individual may have Hemoglobin H disease, which presents with moderate to severe anemia. - When all four genes are mutated, it results in hydrops fetalis, typically lethal in utero. Thus, the correct answer is that there are four genes involved in alpha thalassemia, which are implicated in the different forms and severities of the disease. Understanding this structure is crucial for diagnosing and managing alpha thalassemia properly in affected patients.

3. What is the most common cause of death in patients with acromegaly?

- A. Cancer
- B. Heart failure**
- C. Infection
- D. Accidents

Heart failure is the most common cause of death in patients with acromegaly due to the physiological changes that occur as a result of elevated growth hormone levels. Acromegaly, which is primarily caused by growth hormone-secreting pituitary adenomas, leads to increased growth of tissues and organs, including the heart. The hypertrophy of the cardiac muscle and the resulting increased cardiac output can contribute to various cardiac complications, such as hypertension and congestive heart failure. Patients with acromegaly often exhibit features like cardiomyopathy, which further compounds their risk of heart failure. The chronic elevation of growth hormone can also lead to metabolic changes that affect cardiovascular health, increasing the likelihood of associated risks like arrhythmias. This understanding highlights the importance of monitoring cardiovascular health in patients with acromegaly to improve management and outcomes, thus providing a focused approach to treatment that can mitigate the risks of heart failure, which ultimately plays a significant role in patient mortality.

4. After a strep pharyngitis, what will antibiotics NOT decrease the incidence of?

- A. Strep throat
- B. Chronic kidney disease
- C. Post streptococcal glomerulonephritis**
- D. Recurrent throat infections

Antibiotics are effective in treating strep pharyngitis by eradicating the infection caused by Group A Streptococcus. However, while antibiotics can prevent complications such as rheumatic fever and acute post-streptococcal glomerulonephritis (APSGN) when administered timely, they do not diminish the risk of developing post-streptococcal glomerulonephritis after the infection has already established itself. Post-streptococcal glomerulonephritis can occur as a delayed consequence of the infection due to immune complex deposition in the kidneys. Since this condition arises from a subsequent immune response to the infection rather than the presence of the bacteria itself, antibiotics administered post-infection will not reduce its incidence. In contrast, antibiotics can decrease the likelihood of recurrent throat infections by effectively treating the current bacterial infection, and they impact the incidence of strep throat as they directly target the source of the infection. Furthermore, chronic kidney disease is not a direct or immediate complication following streptococcal infection, which antibiotics do not impact either. This nuanced understanding of the effects of antibiotic therapy underscores the importance of timely intervention and the possibility of delayed complications that are not affected post-treatment.

5. Are thalassemias classified as microcytic, normocytic, or macrocytic anemias?

- A. Microcytic**
- B. Normocytic**
- C. Macrocytic**
- D. None of the above**

Thalassemias are classified as microcytic anemias due to the reduced synthesis of hemoglobin chains, which leads to smaller-than-normal red blood cells, or microcytes. In thalassemia, the imbalance between alpha and beta globin chains causes ineffective erythropoiesis and destruction of red blood cells, resulting in anemia characterized by these smaller red blood cells. In contrast, normocytic anemias are typically associated with conditions where the size of the red blood cells is normal but the total number of red blood cells is decreased due to various factors like acute blood loss or chronic disease. Macrocytic anemias, on the other hand, often arise from deficiencies in vitamin B12 or folate, leading to larger red blood cells due to altered DNA synthesis. Thus, recognizing thalassemias as microcytic is crucial for accurate diagnosis and treatment, as it guides the clinician in determining the underlying causes of anemia and appropriate management strategies.

6. What is a notable symptom during an insulinoma episode?

- A. Weight gain**
- B. Nausea and vomiting**
- C. Severe headache**
- D. Hypoglycemic symptoms**

During an insulinoma episode, the release of insulin from the tumor leads to a notable drop in blood glucose levels, resulting in hypoglycemic symptoms. Patients typically experience signs such as shakiness, sweating, palpitations, confusion, irritability, and, in severe cases, loss of consciousness or seizures. These symptoms arise because the body's glucose levels fall below normal, which is critical for brain function and overall metabolic processes. Weight gain typically does not align with the symptoms of an insulinoma, as the condition is characterized by the opposite effect: hypoglycemia may lead to repeated cycles of poor dietary intake and potentially weight loss. Nausea and vomiting can be seen in various other gastrointestinal or metabolic disorders but are not the hallmark symptoms of insulinoma. Similarly, while severe headaches can occur due to multiple reasons, they are not specifically associated with hypoglycemic episodes resulting from insulinoma. Thus, the presence of hypoglycemic symptoms is the definitive feature during an insulinoma episode, making it the correct choice.

7. What is the most common diagnosis for a patient presenting with enlarged fingers and coarse facial features?

- A. Acromegaly**
- B. Cushing's syndrome**
- C. Hypothyroidism**
- D. Marfan syndrome**

Enlarged fingers and coarse facial features are hallmark signs of acromegaly, a condition that arises from excess growth hormone usually due to a pituitary adenoma. This excess growth hormone leads to the abnormal growth of bones and soft tissues, resulting in the characteristic physical changes. In acromegaly, patients often present with not only enlarged fingers but also changes in facial appearance, such as a protruding jaw and enlarged nasal bones. In contrast, the other conditions listed do not typically present with these specific symptoms. Cushing's syndrome may lead to facial rounding and central obesity but generally doesn't cause the enlargement of fingers or coarse features characteristic of acromegaly. Hypothyroidism can result in some features like dry skin and hair loss, but not the specific bone growth changes. Marfan syndrome is primarily associated with skeletal abnormalities, but it usually presents with long, slender fingers and a tall stature rather than the enlarged features seen in acromegaly. Therefore, the presence of enlarged fingers and coarse facial features strongly indicates acromegaly as the most common diagnosis.

8. What are the major features of FSGS?

- A. Rapidly progressive renal failure**
- B. Proteinuria and hypertension**
- C. Hematuria and fever**
- D. Thrombocytopenia and anemia**

Focal Segmental Glomerulosclerosis (FSGS) is primarily characterized by significant proteinuria and, in many cases, hypertension. Proteinuria in FSGS occurs due to the damage to the kidney's filtering units, known as glomeruli, which leads to the leaking of protein into the urine. Hypertension often accompanies this condition as a result of fluid overload and changes in the kidney's regulatory functions. FSGS does not typically present with rapidly progressive renal failure, hematuria, fever, thrombocytopenia, or anemia as primary features. While rapid renal failure can occur in severe cases, it is not a defining symptom of FSGS. Hematuria is not a common finding in FSGS; when present, it may indicate other underlying conditions. Fever is also not associated with FSGS. Thrombocytopenia and anemia are more often associated with systemic conditions or other kidney disorders rather than being characteristic features of FSGS. Therefore, the main features related to FSGS focus on the significant presence of protein in the urine and elevated blood pressure.

9. What is a common treatment for lumbar spinal stenosis?

A. Physical Therapy and Pain Control

B. Surgical Intervention

C. Osteopathic Manipulation

D. Medication Adjustment

A common treatment for lumbar spinal stenosis involves physical therapy and pain control. This approach focuses on relieving symptoms and improving the functional capacity of patients. Physical therapy helps strengthen the muscles supporting the spine, improves flexibility, and promotes better posture, which can alleviate pressure on the spinal canal and nerve roots. Pain control may include non-steroidal anti-inflammatory drugs (NSAIDs) or other analgesics to manage discomfort and enhance participation in therapy. While surgical intervention may be considered in severe cases or when conservative treatments fail, the initial management usually emphasizes non-invasive techniques. Osteopathic manipulation, though beneficial for some musculoskeletal issues, is less commonly recognized as a primary treatment for spinal stenosis specifically. Medication adjustments can also play a role in managing symptoms, but they typically complement the primary treatments rather than serve as standalone solutions. Thus, physical therapy combined with pain management is often the first-line strategy for lumbar spinal stenosis.

10. What test is used to confirm the diagnosis of Acromegaly apart from IGF-1 levels?

A. Glucose suppression test

B. Chest X-ray

C. Thyroid function tests

D. Electrocardiogram

To confirm the diagnosis of acromegaly, the glucose suppression test is a critical assessment used alongside IGF-1 levels. In this test, the patient consumes a glucose solution, after which a growth hormone level is measured. In healthy individuals, glucose administration typically suppresses growth hormone secretion. However, in acromegaly, due to the presence of excess growth hormone production—often from a pituitary adenoma—growth hormone levels remain elevated even after glucose ingestion. This inability to suppress growth hormone in response to glucose is a hallmark sign of acromegaly and serves to validate the diagnosis established by elevated IGF-1 levels. Other tests mentioned, like a chest X-ray, thyroid function tests, and an electrocardiogram, do not play a direct role in confirming acromegaly. A chest X-ray may be utilized to check for potential complications related to pituitary tumors, but it does not confirm acromegaly itself. Similarly, thyroid function tests evaluate thyroid hormone levels, and an electrocardiogram assesses heart conditions—neither of which provide specific insights into growth hormone regulation or the diagnosis of acromegaly. Thus, the glucose suppression test remains the principal confirming test beyond IGF-1 evaluation.

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://divineinterventionimshelf.examzify.com>

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