

# Dr. High Yield Family Medicine 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

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- 1. What is the treatment for symptomatic hypovolemic hyponatremia?**
  - A. Normal saline**
  - B. Hypertonic saline 3%**
  - C. Oral fluids**
  - D. Diuretics**
  
- 2. What defines acute otitis media?**
  - A. An infection in the outer ear**
  - B. An infection in the middle ear**
  - C. A sinus infection**
  - D. A throat infection**
  
- 3. What is the primary treatment for acute exacerbation of asthma?**
  - A. Long-acting beta agonists**
  - B. Short-acting beta agonists**
  - C. Anticholinergic agents**
  - D. Corticosteroids**
  
- 4. What physical examination finding is often associated with aortic dissection?**
  - A. Bradycardia**
  - B. Difference in blood pressure between the arms**
  - C. Heart murmurs**
  - D. Jugular venous distention**
  
- 5. How should a cold nodule larger than 1 cm be treated?**
  - A. Observation**
  - B. Biopsy via FNA**
  - C. Radioactive iodine therapy**
  - D. Thyroid hormone replacement**

- 6. What condition presents with proximal muscle weakness and a rash on the eyelids?**
- A. Dermatomyositis**
  - B. Multiple Sclerosis**
  - C. Polymyalgia Rheumatica**
  - D. Lupus Erythematosus**
- 7. What kind of crystals are typically found in gout?**
- A. Positively birefringent rhomboid crystals**
  - B. Negatively birefringent uric acid crystals**
  - C. Calcium oxalate crystals**
  - D. Amorphous crystals**
- 8. What is the key feature of polycystic ovary syndrome (PCOS)?**
- A. Irregular menstrual cycles**
  - B. Oligo-ovulation or anovulation**
  - C. Excessive hair growth**
  - D. Infertility**
- 9. In which condition is bradycardia typically a desired effect?**
- A. Hypertension**
  - B. Atrial fibrillation**
  - C. Heart failure**
  - D. Hyperthyroidism**
- 10. What is the most significant risk factor for the development of septic arthritis?**
- A. Age over 50**
  - B. Previous joint surgery**
  - C. Obesity**
  - D. Excessive physical activity**

## Answers

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

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## **Explanations**

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## 1. What is the treatment for symptomatic hypovolemic hyponatremia?

- A. Normal saline
- B. Hypertonic saline 3%**
- C. Oral fluids
- D. Diuretics

Symptomatic hypovolemic hyponatremia occurs when there is both low sodium concentration in the blood and low volume status, leading to clinical symptoms that can include confusion, seizures, or other neurological manifestations. The goal of treatment in this scenario is to quickly correct both the sodium levels and volume status of the patient. Hypertonic saline (3%) is specifically designed for situations like this. Administering hypertonic saline allows for an effective and rapid increase in serum sodium concentration, which helps to alleviate neurological symptoms associated with severe cases of hyponatremia. This concentrated solution also addresses the volume deficit present in hypovolemic patients, making it an appropriate choice for immediate treatment. Other options like normal saline may help in cases of euvolemic or hypervolemic hyponatremia but are not suitable for symptomatic hypovolemic hyponatremia since they would not provide enough sodium concentration for urgent correction. Oral fluids would not be adequate either, especially in symptomatic patients who may not be able to tolerate or absorb them properly. Diuretics would worsen the hypovolemic state and are contraindicated in this context since they promote further sodium loss. Thus, hypertonic saline is the

## 2. What defines acute otitis media?

- A. An infection in the outer ear
- B. An infection in the middle ear**
- C. A sinus infection
- D. A throat infection

Acute otitis media is characterized by an infection in the middle ear, which is located behind the eardrum. This condition is particularly common in children and often occurs following a respiratory infection, leading to the accumulation of fluid and pus in the middle ear. The symptoms typically include ear pain, fever, irritability, and trouble sleeping. This condition is different from infections in the outer ear, sinus infections, or throat infections, which involve different anatomical areas and present with distinct clinical features. Infections of the outer ear, known as otitis externa, affect the ear canal, while sinus infections involve the sinuses, and throat infections generally pertain to the pharynx or tonsils. Therefore, the defining aspect of acute otitis media is its specific location in the middle ear, distinguishing it from these other types of infections.

### 3. What is the primary treatment for acute exacerbation of asthma?

- A. Long-acting beta agonists
- B. Short-acting beta agonists**
- C. Anticholinergic agents
- D. Corticosteroids

The primary treatment for an acute exacerbation of asthma is the use of short-acting beta agonists (SABAs). These medications are specifically designed to provide rapid relief from bronchospasm by relaxing the muscles around the airways. They act quickly, typically within minutes, making them ideal for immediate management of asthma symptoms. SABAs, such as albuterol, are essential during an acute asthma attack as they help to open the airways, allowing for improved airflow and relief of symptoms such as wheezing, shortness of breath, and chest tightness. Their role in acute management is crucial as they offer fast and effective bronchodilation. In contrast, long-acting beta agonists are generally not used for acute exacerbations because they take longer to onset and are better suited for chronic management in conjunction with inhaled corticosteroids. Anticholinergic agents can have a role in asthma management but are not the primary treatment during an acute exacerbation. Corticosteroids are important for reducing inflammation in the longer term for exacerbations but are not as immediate in effect as SABAs. Overall, SABAs are the go-to agents for quick relief during an asthma attack.

### 4. What physical examination finding is often associated with aortic dissection?

- A. Bradycardia
- B. Difference in blood pressure between the arms**
- C. Heart murmurs
- D. Jugular venous distention

Aortic dissection is characterized by a tear in the aortic intima, leading to the separation of the layers of the aortic wall. One significant physical examination finding associated with this condition is a difference in blood pressure between the arms. This occurs because the dissection can affect the blood vessels that supply each arm differently. In particular, if the dissection extends into the arteries that supply the arms, one arm may receive less blood flow, resulting in a lower blood pressure compared to the other arm. Identifying differences in blood pressure between the arms can therefore serve as a critical clue in diagnosing aortic dissection. This finding is important for clinicians, as it can guide further imaging studies and management for a condition that is potentially life-threatening. The presence of this differential blood pressure highlights the need for careful cardiovascular assessment in patients suspected of having an aortic dissection.

## 5. How should a cold nodule larger than 1 cm be treated?

- A. Observation
- B. Biopsy via FNA**
- C. Radioactive iodine therapy
- D. Thyroid hormone replacement

When dealing with a cold nodule larger than 1 cm in the thyroid, a biopsy via fine-needle aspiration (FNA) is crucial for proper diagnosis and management. Cold nodules, which are nodules that do not take up iodine during a radioactive iodine scan, carry a higher risk of malignancy compared to hot nodules, which are hyperfunctioning and typically benign. The purpose of the biopsy is to evaluate the cellular characteristics of the nodule to determine whether it is benign, malignant, or indeterminate in nature. The decision to perform an FNA is based on both the size of the nodule and its cold status, as larger size increases the likelihood of possible malignancy. For nodules larger than 1 cm, the recommendation is to proceed with FNA to obtain tissue samples for cytological analysis. Other management options listed, such as observation, radioactive iodine therapy, and thyroid hormone replacement, are not appropriate first-line treatments in this scenario. Observation might be acceptable for smaller nodules or those deemed benign without further evaluation. Radioactive iodine therapy is typically indicated in cases of hyperthyroidism or specific thyroid cancers, while thyroid hormone replacement is prescribed for hypothyroidism, but none of these directly address the need for evaluation of

## 6. What condition presents with proximal muscle weakness and a rash on the eyelids?

- A. Dermatomyositis**
- B. Multiple Sclerosis
- C. Polymyalgia Rheumatica
- D. Lupus Erythematosus

The condition characterized by proximal muscle weakness accompanied by a rash on the eyelids is dermatomyositis. This autoimmune disorder primarily affects the muscles and skin, leading to the hallmark symptom of muscle weakness, particularly in the proximal muscles such as those in the hips, shoulders, and back. The associated skin manifestations can include heliotrope rash, which is a violaceous rash located on the eyelids, as well as the presence of Gottron's papules, which appear as erythematous or violaceous papules over the dorsal surfaces of the joints. This combination of muscle weakness and distinctive skin rashes is key in diagnosing dermatomyositis, setting it apart from other conditions like multiple sclerosis, which focuses more on neurological symptoms, and polymyalgia rheumatica, which generally presents with muscle pain and stiffness rather than weakness. Lupus erythematosus can cause a variety of rashes and systemic symptoms, but the specific combination of proximal muscle weakness and that particular eyelid rash aligns closely with dermatomyositis. Hence, the features and clinical presentation directly link this condition to the symptoms described in the question.

**7. What kind of crystals are typically found in gout?**

- A. Positively birefringent rhomboid crystals**
- B. Negatively birefringent uric acid crystals**
- C. Calcium oxalate crystals**
- D. Amorphous crystals**

Gout is characterized by the presence of monosodium urate crystals, which are derived from the precipitation of uric acid in joint fluids. The important diagnostic feature of these crystals is that they are negatively birefringent when viewed under polarized light microscopy. This means that when the crystals are oriented in a specific way, they will exhibit distinct colors against the background, which can assist clinicians in diagnosing gout effectively. In contrast, positively birefringent rhomboid crystals are associated with conditions like pseudogout, which is caused by calcium pyrophosphate dihydrate deposits. Calcium oxalate crystals are linked to conditions involving kidney stones, not gout. Amorphous crystals indicate a lack of distinct crystalline structure and are typically not associated with gout. Thus, the identification of negatively birefringent uric acid crystals is crucial in confirming a diagnosis of gout, highlighting their significance in the clinical context of joint inflammation and pain caused by the accumulation of uric acid.

**8. What is the key feature of polycystic ovary syndrome (PCOS)?**

- A. Irregular menstrual cycles**
- B. Oligo-ovulation or anovulation**
- C. Excessive hair growth**
- D. Infertility**

The key feature of polycystic ovary syndrome (PCOS) is that it is primarily characterized by oligo-ovulation or anovulation. This condition often leads to irregular menstruation due to hormonal imbalances that disrupt the normal ovulation cycle. Women with PCOS frequently experience infrequent or absent ovulatory cycles, which is a fundamental aspect of the disorder. While irregular menstrual cycles, excessive hair growth, and infertility are common associated symptoms of PCOS, they stem from the underlying issue of anovulation. The hormonal imbalance in PCOS primarily affects the ovulatory process, which can result in a variety of symptoms, including the other options listed. However, the defining characteristic that classifies PCOS as a syndrome is the presence of oligo-ovulation or anovulation. This makes it vital to assess ovulatory function when considering the diagnosis and management of PCOS.

**9. In which condition is bradycardia typically a desired effect?**

- A. Hypertension**
- B. Atrial fibrillation**
- C. Heart failure**
- D. Hyperthyroidism**

Bradycardia is typically a desired effect in the management of atrial fibrillation, especially when rapid ventricular rates occur. Atrial fibrillation is characterized by an irregular and often rapid heart rate due to disorganized electrical signals in the atria. In patients with this condition, controlling the heart rate is crucial for symptoms management and reducing the risk of complications such as stroke. In atrial fibrillation, medications that induce bradycardia, such as beta-blockers or calcium channel blockers, can help slow down the ventricular response. This allows for better filling of the heart chambers, improves cardiac output, and can alleviate symptoms like palpitations or dyspnea in the patient. The goal is to achieve a more controlled heart rate, typically in the 60-80 beats per minute range, which can significantly improve the patient's quality of life. In contrast, the other conditions listed typically do not benefit from intentional bradycardia. For example, hypertension may require treatment that either maintains or increases heart rate to ensure adequate tissue perfusion. Heart failure may sometimes involve bradycardic agents, but the primary concern often lies in maintaining adequate forward flow and perfusion, meaning bradycardia is not universally desired. Hyperthyroidism often leads

**10. What is the most significant risk factor for the development of septic arthritis?**

- A. Age over 50**
- B. Previous joint surgery**
- C. Obesity**
- D. Excessive physical activity**

Previous joint surgery is considered the most significant risk factor for the development of septic arthritis because surgical procedures can introduce pathogens into the joint space, either directly or through the bloodstream. Joint surgery can disrupt the normal barriers that prevent infections, making it easier for bacteria to invade the joint. In particular, any invasive procedure that directly manipulates the joint, such as arthroscopy or joint replacement, carries an elevated risk for subsequent infection. While factors such as age, obesity, and excessive physical activity can contribute to joint problems or the overall health of an individual, they are not as directly linked to the risk of septic arthritis as previous joint surgery is. Older age might correlate with a general decline in immune function, and obesity can contribute to a variety of health issues, but they do not have the same clear and direct connection to the introduction of pathogens as surgical interventions do. Excessive physical activity can lead to joint injuries and other problems, but it does not inherently increase the risk of developing septic arthritis in the same way that a previous surgical history does.

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://drhighyieldfammedicine.examzify.com>**

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

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