

DR. HIGH YIELD FAMILY MEDICINE PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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 treatment for non-symptomatic hypovolemic hyponatremia?**
 - A. Fluid restriction
 - B. Normal saline
 - C. Hypertonic saline
 - D. Oral electrolyte solutions
- 2. What is the best treatment for a patient with acute gout who has chronic kidney disease?**
 - A. Oral NSAIDs
 - B. Colchicine therapy
 - C. Intraarticular steroid injection
 - D. Joint aspiration
- 3. Which symptom might indicate severe hyponatremia?**
 - A. Nausea
 - B. Headache
 - C. Lethargy, possible coma
 - D. Dizziness
- 4. What is a classic symptom of hyperthyroidism?**
 - A. Weight loss
 - B. Weight gain
 - C. Hypotension
 - D. Fatigue
- 5. When do audiometry and vision testing typically start for a child?**
 - A. 6 months
 - B. 2 years
 - C. 4 years
 - D. 5 years

- 6. In which condition is bradycardia typically a desired effect?**
- A. Hypertension
 - B. Atrial fibrillation
 - C. Heart failure
 - D. Hyperthyroidism
- 7. Who should be screened for lung cancer according to recommended guidelines?**
- A. Individuals age 60 with a smoking history
 - B. Individuals age 55 with a 30 pack-year smoking history
 - C. Individuals age 50 with no risk factors
 - D. Individuals age 65 who have never smoked
- 8. What is the first line treatment for osteoporosis?**
- A. Calcium supplements
 - B. Hormone replacement therapy
 - C. Bisphosphonates
 - D. Vitamin D supplementation
- 9. At what age should women begin receiving Pap smears?**
- A. Age 18
 - B. Age 21
 - C. Age 25
 - D. Age 30
- 10. What is often present in otitis media with effusion?**
- A. Pain and fever
 - B. Fluid accumulation
 - C. Ear drainage
 - D. Hearing loss

Answers

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

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Explanations

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1. What is the recommended treatment for non-symptomatic hypovolemic hyponatremia?

- A. Fluid restriction
- B. Normal saline**
- C. Hypertonic saline
- D. Oral electrolyte solutions

In the case of non-symptomatic hypovolemic hyponatremia, the recommended treatment is the administration of normal saline. This approach aims to address the underlying volume depletion that contributed to the hyponatremia in the first place. Normal saline restores extracellular fluid volume and helps to increase serum sodium levels gradually. The use of normal saline is particularly effective because it provides both volume resuscitation and an isotonic solution, which can help stabilize sodium levels without causing rapid shifts that could lead to complications such as osmotic demyelination syndrome. Moreover, treating the condition while paying attention to symptoms is essential, as non-symptomatic patients do not require aggressive sodium correction. Other treatments, such as hypertonic saline, are reserved for symptomatic cases where there is a need for rapid correction of sodium levels due to severe symptoms or crisis situations. Fluid restriction is generally not suitable in this context since the patient is already hypovolemic and needs fluids for restoration. While oral electrolyte solutions might be helpful in mild cases of hyponatremia, they typically are not the first-line treatment for hypovolemic hyponatremia, especially when symptomatic restoration is needed.

2. What is the best treatment for a patient with acute gout who has chronic kidney disease?

- A. Oral NSAIDs
- B. Colchicine therapy
- C. Intraarticular steroid injection**
- D. Joint aspiration

For a patient with acute gout who also has chronic kidney disease, intraarticular steroid injection emerges as the best treatment option. This is primarily because intraarticular corticosteroids effectively control inflammation and pain associated with an acute gout attack without the systemic side effects commonly associated with oral medications. Oral NSAIDs, while often effective for treating acute gout, pose a risk for patients with chronic kidney disease due to their potential to worsen renal function and increase the risk of gastrointestinal bleeding. Thus, they are generally avoided in this population. Colchicine therapy is another option for gout treatment, but in patients with compromised kidney function, its use can be limited due to the risk of toxicity, as the drug is primarily eliminated by the kidneys. This makes it less ideal compared to the intraarticular approach. Joint aspiration, although useful for both diagnostic and therapeutic purposes, may not provide the same rapid relief of symptoms as corticosteroid injection. In cases of significant swelling, aspiration may also be complicated and would not address the underlying inflammation as effectively as steroid administration can. Thus, the use of intraarticular steroids is favored in managing gout flares in patients with chronic kidney disease due to its efficacy, lower risk of systemic side effects, and quicker relief of acute symptoms.

3. Which symptom might indicate severe hyponatremia?

- A. Nausea
- B. Headache
- C. Lethargy, possible coma**
- D. Dizziness

Severe hyponatremia can lead to significant neurological symptoms due to the rapid changes in serum sodium levels, which affect the brain's osmotic balance. Lethargy and progression to coma are particularly concerning manifestations of severe hyponatremia. This occurs because low sodium levels can cause brain cells to swell, leading to increased intracranial pressure. Symptoms may escalate quickly, and severe mental status changes such as lethargy, confusion, or even coma signal that the hyponatremia is affecting central nervous system function, requiring urgent medical attention. While nausea, headache, and dizziness can also occur with hyponatremia, they are generally not exclusive to severe cases and can be seen in less severe sodium imbalances. The presence of lethargy and possible coma highlights the critical nature of the condition, making it a key indicator of severe hyponatremia needing immediate evaluation and treatment.

4. What is a classic symptom of hyperthyroidism?

- A. Weight loss**
- B. Weight gain
- C. Hypotension
- D. Fatigue

Weight loss is a classic symptom of hyperthyroidism due to the increased metabolic rate that occurs with elevated thyroid hormone levels. In hyperthyroidism, the body experiences an accelerated metabolism, which leads to the breakdown of proteins and fats for energy, resulting in unintentional weight loss despite normal or increased appetite. Other symptoms commonly associated with hyperthyroidism include increased heart rate, anxiety, tremors, and heat intolerance. These manifestations all stem from the effects of excessive thyroid hormone on the body's metabolism. Weight gain, hypotension, and fatigue are generally associated with conditions of hypothyroidism, where there is a deficiency of thyroid hormones. In that case, metabolic processes slow down, leading to weight gain, lower blood pressure, and fatigue as the body's energy expenditure decreases.

5. When do audiometry and vision testing typically start for a child?

- A. 6 months
- B. 2 years
- C. 4 years**
- D. 5 years

Audiometry and vision testing are crucial aspects of developmental screening for children. Typically, vision testing begins around the age of 4 years when children are better able to communicate about what they see and can follow instructions more effectively. By this age, many children can participate in standardized assessments like visual acuity tests, which become increasingly meaningful as they approach school age. Similarly, hearing assessments (audiometry) may also take place around this time, as children in preschool settings frequently engage in more structured environments where auditory processing and the ability to follow verbal instructions are essential. In contrast, earlier ages like 6 months or 2 years are too young for the standardized testing methods typically used. While some basic screenings might occur at younger ages, more detailed and accurate assessments are generally reserved for 4 years and older. This timeframe helps ensure that testing results are valid and can effectively inform any necessary interventions or support in developmental milestones, particularly as children transition into formal education settings.

6. 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

7. Who should be screened for lung cancer according to recommended guidelines?

- A. Individuals age 60 with a smoking history
- B. Individuals age 55 with a 30 pack-year smoking history**
- C. Individuals age 50 with no risk factors
- D. Individuals age 65 who have never smoked

The recommended guidelines for lung cancer screening, particularly those established by the U.S. Preventive Services Task Force (USPSTF), emphasize the importance of screening high-risk individuals. The criteria focus on the age and intensity of smoking history. Individuals who are aged 55 to 80 years old and have a significant smoking history—defined as a 30 pack-year history—are advised to undergo annual low-dose computed tomography (LDCT) screening for lung cancer. This screening is aimed at detecting lung cancer at an earlier stage when treatment can be more effective. A "pack-year" is calculated by multiplying the number of packs smoked per day by the number of years smoked. Therefore, someone who has smoked one pack a day for 30 years would have a 30 pack-year smoking history. The other choices do not align with the recommended screening guidelines. While individuals aged 60 with a smoking history may be at risk, the absence of specific pack-year criteria disqualifies them. Likewise, individuals aged 50 with no risk factors or those aged 65 who have never smoked do not meet the established high-risk criteria, as their age or lack of significant smoking history does not support the need for screening per the guidelines.

8. What is the first line treatment for osteoporosis?

- A. Calcium supplements
- B. Hormone replacement therapy
- C. Bisphosphonates**
- D. Vitamin D supplementation

The first line treatment for osteoporosis is bisphosphonates. These medications work by inhibiting osteoclast-mediated bone resorption, which helps to increase bone mineral density and reduce the risk of fractures. Bisphosphonates, such as alendronate and risedronate, are effective in both preventing and treating osteoporosis, particularly in postmenopausal women and other high-risk populations. While calcium supplements and vitamin D supplementation are important for maintaining bone health and can be part of the overall management of osteoporosis, they are generally considered supportive measures rather than primary treatments. Hormone replacement therapy can be beneficial for some patients but is not the first-line treatment due to potential risks and the availability of safer alternatives like bisphosphonates. Thus, bisphosphonates are the preferred first-line therapy because of their proven efficacy in reducing fracture risk and improving bone density in patients with osteoporosis.

9. At what age should women begin receiving Pap smears?

- A. Age 18
- B. Age 21**
- C. Age 25
- D. Age 30

Women should begin receiving Pap smears at age 21, according to guidelines from organizations such as the American College of Obstetricians and Gynecologists (ACOG) and the U.S. Preventive Services Task Force (USPSTF). This recommendation is based on evidence showing that cervical cancer is quite rare in individuals under 21, likely due to the fact that most young women clear human papillomavirus (HPV) infections naturally without needing screening. Starting screening at age 21 ensures that women are evaluated for cervical abnormalities when they are closer to the age when these issues are more likely to be detected and when intervention might be necessary. Before age 21, the cellular changes that might indicate the need for treatment are often transient and do not usually lead to cancer. Screening at a younger age could lead to unnecessary interventions and psychological stress for the individual, as well as increased healthcare costs. The guidelines recommend continuing Pap smears every three years through age 29. For those aged 30 and older, co-testing with HPV testing is also recommended, extending the interval between screenings if both tests are normal.

10. What is often present in otitis media with effusion?

- A. Pain and fever
- B. Fluid accumulation**
- C. Ear drainage
- D. Hearing loss

Otitis media with effusion is characterized primarily by the presence of fluid accumulation in the middle ear. This condition can occur without the acute symptoms commonly associated with other forms of otitis media, such as pain and fever, which are more indicative of an active infection. While the other options might present in different types of ear infections or conditions, fluid accumulation is the hallmark of otitis media with effusion. Specifically, in this condition, the fluid can hinder the transmission of sound and lead to hearing difficulties, but the key defining feature is the effusion itself. This fluid may not always lead to significant symptoms like drainage or acute pain, which differentiates it from other types of otitis media where these symptoms are more pronounced. Therefore, the presence of fluid accumulation is what firmly establishes the diagnosis of otitis media with effusion.

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://drhighyieldfammedicine.examzify.com>

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

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