

DR. HIGH YIELD FAMILY MEDICINE PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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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. What developmental milestone should a 2-year-old be capable of performing?**
 - A. Climbing stairs with assistance
 - B. Using the toilet independently
 - C. Forming sentences with three words
 - D. Using two-word phrases
- 2. What is the first step to take when suspecting gout or any hot swollen joint?**
 - A. Prescribe NSAIDs immediately
 - B. Request an X-ray
 - C. Joint aspiration
 - D. Start colchicine therapy
- 3. At 9 months, what developmental milestone should a baby achieve?**
 - A. Stand independently
 - B. Walk without assistance
 - C. Crawl or cruise with support
 - D. Speak few words
- 4. Which group of patients is primarily associated with higher incidents of otitis externa?**
 - A. Infants and toddlers
 - B. Diabetics and swimmers
 - C. Elderly and immunocompromised
 - D. Allergics and asthmatics
- 5. Which skin condition is characterized by silvery scales on extensor surfaces?**
 - A. Eczema
 - B. Psoriasis
 - C. Dermatophyte infections
 - D. Contact dermatitis

- 6. What is a potential outcome if acute otitis media is left untreated?**
- A. A fever
 - B. Chronic ear pain
 - C. Hearing loss
 - D. Sinusitis
- 7. What is often present in otitis media with effusion?**
- A. Pain and fever
 - B. Fluid accumulation
 - C. Ear drainage
 - D. Hearing loss
- 8. Which cardiovascular condition is characterized by a "machine-like" murmur?**
- A. Aortic regurgitation
 - B. Patent ductus arteriosus (PDA)
 - C. Mitral valve prolapse
 - D. Tricuspid regurgitation
- 9. Which condition is characterized by a "saddle" anesthetic distribution?**
- A. Multiple sclerosis
 - B. Herniated disc
 - C. Cauda equina syndrome
 - D. Guillain-Barré syndrome
- 10. At what age should women start receiving mammograms?**
- A. Age 35
 - B. Age 40
 - C. Age 45
 - D. Age 50

Answers

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

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Explanations

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1. What developmental milestone should a 2-year-old be capable of performing?

- A. Climbing stairs with assistance
- B. Using the toilet independently
- C. Forming sentences with three words

D. Using two-word phrases

At the age of 2 years, children typically begin to use two-word phrases, which is a significant developmental milestone in their language development. This stage indicates that they are starting to combine words and understand basic sentence structure, reflecting their growing cognitive abilities and communication skills. Examples of two-word phrases include "want cookie" or "big truck," showing not just the ability to speak but also to convey more complex ideas. The ability to use two-word phrases marks a transition from single words to more complex communication, which is crucial for further language development. At this age, children are rapidly expanding their vocabulary and beginning to express their needs and thoughts in a more structured way. While climbing stairs with assistance is a physical skill that many children may achieve around this age, the focus on language development highlights the importance of communication milestones in early childhood. Similarly, toilet training and forming sentences with three words are skills that generally develop at a later age, making two-word phrases the correct developmental milestone for a 2-year-old.

2. What is the first step to take when suspecting gout or any hot swollen joint?

- A. Prescribe NSAIDs immediately
- B. Request an X-ray

C. Joint aspiration

- D. Start colchicine therapy

When suspecting gout or any hot swollen joint, the first step in management is to perform a joint aspiration. This procedure is crucial because it allows for synovial fluid to be obtained and analyzed, which can help confirm the diagnosis. In cases of gout, looking for monosodium urate crystals in the synovial fluid is the definitive way to identify an acute attack. Further, aspiration can provide immediate relief by reducing the intra-articular pressure and may also help in diagnosing other potential causes of the joint swelling, such as infection or other types of arthritis. While starting NSAIDs, colchicine therapy, or requesting imaging studies like an X-ray may be part of the management process, they should be considered after joint aspiration to ensure an accurate diagnosis is made and to rule out other conditions that could mimic gout.

3. At 9 months, what developmental milestone should a baby achieve?

- A. Stand independently
- B. Walk without assistance
- C. Crawl or cruise with support**
- D. Speak few words

At nine months of age, a typical developmental milestone for a baby is the ability to crawl or cruise with support. Crawling refers to the movement pattern where the baby moves forward on their hands and knees, while cruising involves walking while holding onto furniture or other stable objects for support. Most infants begin crawling around 6 to 10 months, and cruising typically occurs as they gain more confidence and strength. At this age, babies are developing their gross motor skills, which include movements related to large muscle groups and coordination. Standing independently, for instance, usually occurs closer to 11-15 months. Walking without assistance generally emerges even later, typically around 12-15 months. Speaking a few words may begin to happen around 10-14 months as language development progresses, but it is not an expected milestone at the nine-month mark. Thus, crawling or cruising with support aligns most accurately with the developmental expectations for a nine-month-old.

4. Which group of patients is primarily associated with higher incidents of otitis externa?

- A. Infants and toddlers
- B. Diabetics and swimmers**
- C. Elderly and immunocompromised
- D. Allergics and asthmatics

The group primarily associated with higher incidents of otitis externa includes diabetics and swimmers due to several risk factors intrinsic to these populations. Diabetic patients often have impaired immune responses, which makes them more susceptible to infections, including those affecting the ear canal. The high levels of glucose present can also create an environment that is conducive to the growth of bacteria and fungi, increasing the likelihood of developing ear infections. Swimmers are also at elevated risk due to the exposure of their ears to water, which can lead to excess moisture accumulation in the ear canal. This damp environment can facilitate the growth of pathogens that cause otitis externa, commonly known as swimmer's ear. In fact, any activity that involves prolonged exposure to water can increase the likelihood of developing this condition, reinforcing the strong association between swimming and otitis externa. In contrast, while infants and toddlers can experience ear infections, they are typically more associated with otitis media rather than otitis externa. Elderly individuals and the immunocompromised population may also develop various types of infections, but not specifically otitis externa at the same higher rates as diabetics and swimmers. Allergics and asthmatics may have their own set of ear-related issues, but they are not predominantly linked to an increased

5. Which skin condition is characterized by silvery scales on extensor surfaces?

- A. Eczema
- B. Psoriasis**
- C. Dermatophyte infections
- D. Contact dermatitis

Psoriasis is characterized by the presence of silvery scales, particularly on extensor surfaces such as the elbows and knees. This chronic autoimmune condition results from rapid skin cell proliferation, leading to thickened, scaly areas that are often red and inflamed underneath the scales. The specific morphology of the lesions, along with their typical location, aids in differentiating psoriasis from other skin conditions. In contrast, eczema generally presents with dry, itchy patches of skin that can appear anywhere on the body, primarily on flexor surfaces, and is often associated with a personal or family history of atopy. Dermatophyte infections or fungal infections typically manifest as ring-shaped lesions with a raised border and may or may not involve scaling. Contact dermatitis occurs due to an allergic or irritant response to a substance, presenting with redness, swelling, and vesicles rather than distinct silvery scales. Thus, the unique appearance and specific location of the lesions in psoriasis make it the correct response.

6. What is a potential outcome if acute otitis media is left untreated?

- A. A fever
- B. Chronic ear pain
- C. Hearing loss**
- D. Sinusitis

Leaving acute otitis media untreated can lead to several complications, and one significant potential outcome is hearing loss. Acute otitis media is characterized by the presence of fluid in the middle ear, often accompanied by infection. When this condition goes unaddressed, the fluid can persist and create a conductive hearing loss due to interference with the normal vibration of the eardrum and ossicles. In children, who are particularly susceptible to ear infections and their complications, persistent fluid can result in a temporary or, in some cases, permanent hearing impairment. This hearing loss occurs because the inflammation and fluid prevent efficient sound transmission, which is crucial for language development and overall auditory health. Other potential outcomes of untreated acute otitis media can include chronic ear pain and sinusitis; however, these do not carry the same risk of long-term sensory deficits as hearing loss does. Therefore, recognizing the potential for hearing loss emphasizes the importance of prompt diagnosis and treatment of acute otitis media to prevent complications and maintain auditory function.

7. 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.

8. Which cardiovascular condition is characterized by a "machine-like" murmur?

- A. Aortic regurgitation
- B. Patent ductus arteriosus (PDA)**
- C. Mitral valve prolapse
- D. Tricuspid regurgitation

The condition characterized by a "machine-like" murmur is patent ductus arteriosus (PDA). This distinctive sound arises from the continuous flow of blood through the ductus arteriosus, which is a fetal blood vessel that usually closes shortly after birth. When it remains open, or patent, it creates a characteristic murmur that can be described as a "machinelike" sound, due to the continuous left-to-right shunting of blood between the aorta and the pulmonary artery. This murmur is typically heard best in the left infraclavicular area. In contrast, aortic regurgitation presents with a diastolic murmur that can be described as a "blowing" sound, rather than continuous. Mitral valve prolapse is often associated with a clicking sound during systole, rather than a continuous murmur, and tricuspid regurgitation typically has a holosystolic murmur best heard at the left lower sternal border. Thus, while each of the other conditions has its own distinct auscultatory findings, the specific "machine-like" quality is uniquely associated with PDA, making it the correct answer.

9. Which condition is characterized by a "saddle" anesthetic distribution?

- A. Multiple sclerosis
- B. Herniated disc
- C. Cauda equina syndrome**
- D. Guillain-Barré syndrome

The condition characterized by a "saddle" anesthetic distribution is cauda equina syndrome. In this syndrome, the cauda equina—a bundle of spinal nerve roots located at the lower end of the spinal cord—is compressed, leading to neurological deficits in the lower extremities and the perineal region. This results in a distinctive sensory loss in the "saddle" area, which includes the buttocks, inner thighs, and genital region. Saddle anesthesia can also involve loss of reflexes and motor function in the pelvic region, contributing to other symptoms such as bowel or bladder dysfunction. The compression causing these symptoms can arise from various causes, such as a herniated disc, tumors, or trauma, but the key feature of saddle anesthesia specifically points to cauda equina syndrome as the condition where this symptom is most classically observed.

10. At what age should women start receiving mammograms?

- A. Age 35
- B. Age 40**
- C. Age 45
- D. Age 50

Women should start receiving mammograms at age 40, as this aligns with the recommendations from major health organizations such as the American Cancer Society and the U.S. Preventive Services Task Force. Starting at this age allows for early detection of breast cancer, which is critical since the risk of breast cancer increases with age. By initiating screenings at age 40, women can benefit from potentially life-saving early interventions, as many breast cancers can be asymptomatic in the early stages. This strategy is designed to balance the benefits of early detection with the risks of false positives and unnecessary anxiety from additional testing. Although some organizations advocate starting at age 45 or later, the consensus for many guidelines supports the age of 40 as a threshold to begin routine mammography.

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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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