Dunphy Primary Care 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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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 condition is suggested by costovertebral angle tenderness in Gordon, age 29?

A. Cirrhosis

B. Inflammation of the kidney

C. Inflammation of the spleen

D. Peritonitis

2. An infant with periodic breathing may have an increased risk of which condition?

A. Pneumonia

B. Left-sided congestive heart failure

C. Sudden infant death syndrome (SIDS)

D. Anemia

3. What is the most common cause of megaloblastic anemia?

A. Vitamin B12 deficiency

B. Pernicious anemia

C. Folate deficiency

D. Iatrogenesis

4. Which symptom is a common indicator of pneumonia in older adults?

A. Temperature elevation

B. Confusion

C. Chest discomfort

D. All of the above

5. What is a common symptom of internal hemorrhoids?

A. Severe abdominal pain.

B. Bright red blood in stool.

C. Nausea and vomiting.

D. Diffuse abdominal pain.

6. For an asthmatic patient, why might a peak expiratory flow meter be recommended?

A. It is not necessary as she manages fine without it

B. It helps recognize early signs of a potential respiratory problem

C. The decision should be left to the patient

D. It is not recommended at her age

7. Which parapharyngeal upper respiratory tract infection is most common in children aged 2 to 5 years?

A. Peritonsillar abscess

B. Epiglottitis

C. Laryngotracheobronchitis (croup)

D. Bacterial tracheitis

8. Which of the following is not considered a risk factor for cholecystitis?

A. Female gender.

B. Obesity.

C. Sickle cell anemia.

D. Younger age.

9. What is an important guideline for a patient with chronic hepatitis C regarding transmission prevention?

A. Do not donate blood until one year after diagnosis.

B. Abstain from sex altogether.

C. There is no possibility of transmission through razors or toothbrushes.

D. Abstain from sex during your period.

10. What do you suspect in a patient with a headache, cough, fever, and eosinophilia but negative blood cultures?

A. Pulmonary tuberculosis

B. Lymphoma

C. Asthma

D. Coccidioidomycosis

Answers

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

Explanations

1. What condition is suggested by costovertebral angle tenderness in Gordon, age 29?

A. Cirrhosis

B. Inflammation of the kidney

C. Inflammation of the spleen

D. Peritonitis

Costovertebral angle tenderness is a clinical sign often associated with kidney-related issues. When tenderness is elicited in this area, which is located on the lower back, it typically indicates inflammation or irritation of the kidneys, commonly seen in conditions such as pyelonephritis or kidney stones. This is due to the anatomical proximity of the kidneys to the costovertebral angle, and inflammation can cause discomfort in this region. In contrast, while cirrhosis may present with abdominal pain or discomfort, it is not specifically associated with costovertebral angle tenderness. Similarly, inflammation of the spleen might lead to abdominal symptoms but does not typically manifest as tenderness in the costovertebral angle area. Peritonitis, although it causes abdominal pain and tenderness, generally involves a different pattern of tenderness that is more diffuse rather than localized to the costovertebral angle. Understanding the relationship between costovertebral angle tenderness and kidney conditions is key in clinical evaluations, helping healthcare providers to make informed decisions regarding diagnosis and further management.

2. An infant with periodic breathing may have an increased risk of which condition?

A. Pneumonia

B. Left-sided congestive heart failure

C. Sudden infant death syndrome (SIDS)

D. Anemia

Periodic breathing in infants, characterized by intervals of apnea followed by bursts of rapid breathing, can be a concerning phenomenon. This type of breathing pattern is considered a normal variant in newborns, but it may indicate an underlying vulnerability that relates to the risk of Sudden Infant Death Syndrome (SIDS). Research has shown that infants who exhibit periodic breathing may have a compromised ability to maintain stable respiratory patterns, making them susceptible to episodes of apnea. This difficulty in regulating their breathing can lead to situations where the baby may not respond adequately to a decline in oxygen saturation or other critical factors, thus increasing the potential risk for SIDS. Due to the nature of SIDS being associated with unexplained death during sleep, it is particularly pertinent that any infants displaying abnormal breathing patterns are monitored closely. The connection between periodic breathing and SIDS emphasizes the importance of maintaining safe sleep practices and vigilant observation of infants with these breathing abnormalities. The other conditions listed, such as pneumonia, left-sided congestive heart failure, and anemia, do not have as strong a direct association with periodic breathing patterns in infants. Therefore, the risk of SIDS is the most relevant concern in this context.

3. What is the most common cause of megaloblastic anemia?

A. Vitamin B12 deficiency

B. Pernicious anemia

C. Folate deficiency

D. Iatrogenesis

The most common cause of megaloblastic anemia is vitamin B12 deficiency. This condition arises because vitamin B12 is crucial in DNA synthesis, and its lack leads to improper red blood cell formation, resulting in larger-than-normal cells (megaloblasts) in the bone marrow. This deficiency can stem from various factors, including dietary insufficiency, malabsorption syndromes, or conditions like pernicious anemia, which directly inhibits the absorption of B12. While pernicious anemia is a specific type of vitamin B12 deficiency caused by an intrinsic factor deficiency, it is not the most common cause of megaloblastic anemia overall. In practice, vitamin B12 deficiency is more routinely encountered as it can result from a broader range of dietary and health factors. Folate deficiency is also a significant cause of megaloblastic anemia but is less common than vitamin B12 deficiency in practice. Iatrogenesis refers to anemia induced by medical interventions and is not a primary cause of megaloblastic anemia.

4. Which symptom is a common indicator of pneumonia in older adults?

A. Temperature elevation

B. Confusion

C. Chest discomfort

D. All of the above

In older adults, pneumonia can present with a variety of symptoms, and all the listed options can indeed indicate its presence. However, when focusing on the individual factors, confusion stands out as a particularly important and common symptom in this population. Confusion can arise in older adults due to several reasons, such as the body's altered response to infection, dehydration, or the effects of medication. In the context of pneumonia, it may be one of the more subtle and easily overlooked signs. This is significant because pneumonia may not always manifest with classic respiratory symptoms like cough or fever, especially in the elderly, who may not have a robust fever response. Temperature elevation is also a common symptom of pneumonia but can be less pronounced or absent in older adults. Similarly, chest discomfort may be present but is often not reported or may be mistaken for other conditions, such as heart issues or musculoskeletal pain, which are also prevalent in this age group. Therefore, while all the symptoms mentioned can indicate pneumonia, confusion is particularly notable as a key symptom, making the selection of the comprehensive answer—indicating that all symptoms together form a broader indicator—appropriate. This highlights the multifaceted nature of pneumonia presentation in older adults and the importance of recognizing these varying symptoms for timely

5. What is a common symptom of internal hemorrhoids?

A. Severe abdominal pain.

B. Bright red blood in stool.

C. Nausea and vomiting.

D. Diffuse abdominal pain.

Bright red blood in stool is indeed a common symptom of internal hemorrhoids. These hemorrhoids are located inside the rectum, and they can cause bleeding as a result of straining during bowel movements or increased pressure in the rectal area. The blood typically appears bright red because it originates from the lower gastrointestinal tract, indicating that it's fresher and closer to the exit point, unlike darker blood that might indicate issues higher up in the digestive system. Additionally, while other symptoms such as abdominal pain can occur with various gastrointestinal issues, they are not specific to internal hemorrhoids. Instead, the presence of bright red blood is a more direct and typical sign of this condition, allowing healthcare providers to make a more accurate assessment and diagnosis.

6. For an asthmatic patient, why might a peak expiratory flow meter be recommended?

A. It is not necessary as she manages fine without it

B. It helps recognize early signs of a potential respiratory problem

C. The decision should be left to the patient

D. It is not recommended at her age

A peak expiratory flow meter is recommended for asthmatic patients primarily because it assists in recognizing early signs of a potential respiratory problem. This tool measures the speed of expiration, which can help patients monitor their lung function over time. By regularly monitoring peak expiratory flow rates, asthmatic individuals can identify variations that may indicate worsening asthma control or an impending exacerbation. Early detection of these changes allows patients and healthcare providers to take necessary actions, such as adjusting medications, implementing asthma action plans, or seeking medical attention, thereby preventing more severe complications. This proactive approach can lead to better overall asthma management, as it empowers patients with a greater understanding of their condition and enhances adherence to treatment plans. By using the peak expiratory flow meter, patients can establish their personal best flow rate and use it as a benchmark to monitor their condition effectively.

7. Which parapharyngeal upper respiratory tract infection is most common in children aged 2 to 5 years?

A. Peritonsillar abscess

B. Epiglottitis

C. Laryngotracheobronchitis (croup)

D. Bacterial tracheitis

The most common parapharyngeal upper respiratory tract infection in children aged 2 to 5 years is epiglottitis. This condition involves inflammation of the epiglottis, the flap of tissue that sits at the base of the tongue and covers the trachea during swallowing. In young children, this can quickly lead to serious airway obstruction, making it a critical condition to recognize and treat promptly. In this age group, the risk factors for epiglottitis are often associated with certain bacteria, which affect children particularly due to their developing immune systems. The presentation can be acute, with symptoms like high fever, severe sore throat, difficulty swallowing, and a characteristic "tripod" position that children may adopt to help maintain an open airway. Understanding the epidemiology of these infections helps in identifying and managing them effectively. While other conditions like peritonsillar abscess, laryngotracheobronchitis (croup), and bacterial tracheitis are also significant concerns, they do not occur with the same frequency or urgency as epiglottitis in this particular age group. Therefore, recognizing epiglottitis as a critical condition for young children rooted in its potential for rapid deterioration underscores why it is the correct choice.

8. Which of the following is not considered a risk factor for cholecystitis?

A. Female gender.

B. Obesity.

C. Sickle cell anemia.

D. Younger age.

The identification of younger age as not being a risk factor for cholecystitis is based on the understanding that cholecystitis, which is inflammation of the gallbladder, tends to affect individuals who are older, particularly those over the age of 40. The typical risk factors associated with cholecystitis include female gender and obesity, both of which are linked to higher instances of gallbladder disease due to hormonal influences and increased cholesterol levels. Sickle cell anemia is also recognized as a risk factor because individuals with this condition may be more prone to gallstones due to hemolysis, leading to increased bilirubin production. In contrast, younger individuals generally have lower incidences of gallbladder complications, which is why younger age is not considered a risk factor for cholecystitis.

9. What is an important guideline for a patient with chronic hepatitis C regarding transmission prevention?

A. Do not donate blood until one year after diagnosis.

B. Abstain from sex altogether.

C. There is no possibility of transmission through razors or toothbrushes.

D. Abstain from sex during your period.

For patients with chronic hepatitis C, one important guideline regarding transmission prevention is to abstain from sex during menstruation. Menstrual blood can contain a higher concentration of the hepatitis C virus, which increases the risk of transmission during sexual activity. Therefore, practicing abstinence during this time is a sensible precaution to reduce the risk of spreading the virus to sexual partners. It is important to note the context of the other options. For instance, while donating blood after a year may be a safe practice for some, it does not directly address the immediate prevention of virus transmission through sexual activity. Similarly, the assertion that there is no possibility of transmission through razors or toothbrushes is misleading; while the risk is lower compared to other routes, there is still potential for transmission through shared personal items if they are contaminated with blood. Lastly, complete sexual abstinence is not a practical guideline for many, making a more moderate approach like abstaining during menstruation a valuable recommendation.

10. What do you suspect in a patient with a headache, cough, fever, and eosinophilia but negative blood cultures?

A. Pulmonary tuberculosis

B. Lymphoma

C. Asthma

D. Coccidioidomycosis

The combination of headache, cough, fever, and eosinophilia raises suspicion for coccidioidomycosis, also known as valley fever. This fungal infection is endemic in certain areas, particularly in the southwestern United States. The symptoms presented align well with an uncomplicated respiratory form of this disease, which can indeed include headache and cough, in addition to fever. Eosinophilia is particularly notable in this context, as it can occur in response to certain fungal infections, including coccidioidomycosis. The negative blood cultures further support this diagnosis, as coccidioidomycosis is not typically detected through standard blood culture methods that are used for bacterial infections. While pulmonary tuberculosis and lymphoma can also present with similar symptoms, they are less likely to be associated with eosinophilia in this context, especially with negative blood cultures. Asthma, while it can also cause cough and possibly a fever in acute exacerbations, would not typically present with eosinophilia to such an extent and is less likely to explain the combination of symptoms in a new onset scenario. Thus, coccidioidomycosis becomes the most plausible diagnosis given these clinical findings.

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://dunphyprimarycare.examzify.com

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