

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. 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. If 1 serving of fat contains 3 g, how many calories of fat does it provide?**
 - A. 12 cal.
 - B. 18 cal.
 - C. 27 cal.
 - D. 30 cal.

- 2. What is the likely diagnosis for a patient with an erythematous ear canal and pain on manipulation of the auricle after swimming?**
 - A. Acute otitis media
 - B. Chronic otitis media
 - C. External otitis
 - D. Temporomandibular joint syndrome

- 3. What is an uncommon risk factor for gallbladder disease?**
 - A. Family history.
 - B. High cholesterol diet.
 - C. Age over 40.
 - D. Low physical activity.

- 4. What abnormal finding in a urinalysis may indicate severe renal disease?**
 - A. Cysts
 - B. Casts
 - C. Cocci
 - D. Filtration rates

- 5. For a patient suffering from stress urinary incontinence seeking relief without increasing medication, what might you recommend?**
 - A. Propantheline bromide (Pro-Banthine)
 - B. Dicyclomine hydrochloride (Bentyl)
 - C. Estrogen vaginal cream
 - D. Imipramine hydrochloride (Tofranil)

- 6. Postmenopausal women are more prone to urinary tract infections due to?**
- A. Frequent urination
 - B. Estrogen depletion-related changes
 - C. An increase in lactobacilli
 - D. A decrease in Escherichia coli
- 7. Which of the following is considered a nephrotoxic agent that should be avoided in clients with chronic renal failure (CRF)?**
- A. Nonsteroidal anti-inflammatory drugs (NSAIDs)
 - B. Kayexalate
 - C. Calcium carbonate
 - D. Erythropoietin
- 8. What is a common sign of moderate persistent asthma in children?**
- A. Symptoms occurring fewer than 2 days a week
 - B. Activities not limited by asthma
 - C. Nighttime awakenings more than 1 time per month
 - D. Daily use of a rescue inhaler
- 9. What should patients with diabetes do monthly to maintain foot health?**
- A. Inspect their feet regularly and report any changes.
 - B. Avoid applying lotion to their feet.
 - C. Use cold water only when washing their feet.
 - D. Visit a specialist only when they have foot problems.
- 10. Which of the following is not considered a risk factor for cholecystitis?**
- A. Female gender.
 - B. Obesity.
 - C. Sickle cell anemia.
 - D. Younger age.

Answers

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

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Explanations

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1. If 1 serving of fat contains 3 g, how many calories of fat does it provide?

- A. 12 cal.
- B. 18 cal.
- C. 27 cal.**
- D. 30 cal.

To determine the caloric content of fat from a serving containing 3 grams, it is essential to know that each gram of fat provides approximately 9 calories. Therefore, if you have 3 grams of fat, you can calculate the total caloric contribution by multiplying the grams of fat by the calories per gram. Calculating this yields: 3 grams of fat $\times$ 9 calories/gram = 27 calories. This means that a serving containing 3 grams of fat provides a total of 27 calories. Thus, the correct answer reflects this calculation.

2. What is the likely diagnosis for a patient with an erythematous ear canal and pain on manipulation of the auricle after swimming?

- A. Acute otitis media
- B. Chronic otitis media
- C. External otitis**
- D. Temporomandibular joint syndrome

The situation described points towards external otitis, often referred to as swimmer's ear. This condition typically manifests as inflammation of the external auditory canal, which can be triggered by water exposure, such as swimming. The erythematous appearance of the ear canal indicates an inflammatory response, while pain upon manipulation of the auricle is a classic sign of external otitis. In this scenario, the patient's pain and the redness of the ear canal are key indicators that suggest an external cause rather than an internal infection. Acute otitis media typically involves the middle ear and does not usually present with pain on auricle manipulation. Chronic otitis media represents a long-standing middle ear infection that wouldn't be characterized by an erythematous ear canal or increased pain from the ear's outer structure. Temporomandibular joint syndrome involves pain related to the jaw movement rather than the ear canal itself. Thus, the combination of symptoms, including the specific pain response and the erythematous condition of the ear canal following swimming, supports the diagnosis of external otitis as the most likely explanation for the patient's presentation.

3. What is an uncommon risk factor for gallbladder disease?

- A. Family history.
- B. High cholesterol diet.
- C. Age over 40.
- D. Low physical activity.**

In the context of gallbladder disease, low physical activity is an uncommon risk factor compared to the others listed. While a sedentary lifestyle can contribute to several health issues, including obesity and metabolic syndrome, which in turn may increase the risk of gallbladder disease, its role is less direct. On the other hand, family history, a high cholesterol diet, and age over 40 are well-established risk factors. A family history of gallbladder disease suggests a genetic predisposition that may increase an individual's risk. A diet high in cholesterol can lead to the formation of gallstones, which are a primary cause of gallbladder disease. Additionally, advancing age is strongly associated with an increased incidence of gallbladder problems, as older adults have a higher likelihood of developing gallstones due to various factors, including changes in bile composition and decreased gallbladder motility. Overall, while low physical activity can influence overall health and potentially impact gallbladder disease indirectly, it is less commonly recognized as a specific risk factor compared to the more direct influences of the other options.

4. What abnormal finding in a urinalysis may indicate severe renal disease?

- A. Cysts
- B. Casts**
- C. Cocci
- D. Filtration rates

The presence of casts in a urinalysis is a significant abnormal finding that may indicate severe renal disease. Casts are formed when urinary proteins precipitate and solidify in the renal tubules, reflecting the health of the kidneys' filtering system. They can take various forms, such as hyaline, granular, or waxy casts, each providing different clues about underlying renal pathology. For instance, the presence of red blood cell casts typically indicates glomerular injury, while white blood cell casts are often associated with inflammation or infection within the kidneys. The identification of casts in urine can suggest conditions such as acute tubular necrosis, glomerulonephritis, or other significant renal pathology, signaling the need for further evaluation and management. Other findings in a urinalysis, such as cysts or cocci, relate to different conditions. Cysts may indicate renal cystic diseases but do not specifically reflect acute renal dysfunction. Similarly, the presence of cocci could suggest a urinary tract infection but is not indicative of direct renal damage. Filtration rates are a measure of kidney function rather than a direct finding within a urinalysis itself, and while they can reflect renal disease severity, they do not represent an abnormality found in the urine screening.

5. For a patient suffering from stress urinary incontinence seeking relief without increasing medication, what might you recommend?

- A. Propantheline bromide (Pro-Banthine)
- B. Dicyclomine hydrochloride (Bentyl)
- C. Estrogen vaginal cream**
- D. Imipramine hydrochloride (Tofranil)

In cases of stress urinary incontinence, especially for patients looking to manage their condition without resorting to medication, estrogen vaginal cream can be a beneficial recommendation. Estrogen plays a crucial role in maintaining the integrity of the tissues in the urinary tract and pelvic region. In postmenopausal women, the decline in estrogen levels can lead to atrophy of the vaginal and urethral tissues, contributing to incontinence. Topical estrogen therapy, such as estrogen vaginal cream, can help to restore the health of these tissues, enhancing their elasticity, and potentially improving bladder control. This method targets the affected area directly and often results in fewer systemic side effects compared to oral medications. It's a non-invasive approach that aligns with the goal of providing relief without the need for increased medication, making it an appropriate recommendation for patients. Other options may involve medications that are primarily anticholinergic or antidepressants, which could potentially introduce new side effects or not target the underlying issue effectively. Therefore, estrogen vaginal cream stands out as a more suitable choice in managing stress urinary incontinence while addressing the patient's wish to avoid further medication.

6. Postmenopausal women are more prone to urinary tract infections due to?

- A. Frequent urination
- B. Estrogen depletion-related changes**
- C. An increase in lactobacilli
- D. A decrease in *Escherichia coli*

*Postmenopausal women are more prone to urinary tract infections primarily due to estrogen depletion-related changes. After menopause, the decline in estrogen levels leads to several anatomical and physiological changes in the urogenital tract. Estrogen plays a crucial role in maintaining the health of the urogenital tissues, including the urinary system. Its absence can lead to thinning of the vaginal and urethral epithelium, decreased vaginal flora, and alterations in the urinary tract's mucosal defenses. These changes can facilitate the growth of pathogenic bacteria and make it easier for infections to occur. In contrast, options relating to frequent urination, an increase in lactobacilli, and a decrease in *Escherichia coli* do not accurately explain the increased susceptibility to urinary tract infections in postmenopausal women. Frequent urination is not a direct cause of increased infections, and while lactobacilli are beneficial as they help maintain a healthy vaginal flora, their presence does not negate the impact of estrogen depletion. It's also important to note that *Escherichia coli* remains a common pathogen in urinary tract infections; thus, a decrease in its presence is not linked to the increased prevalence of infections among this demographic.*

7. Which of the following is considered a nephrotoxic agent that should be avoided in clients with chronic renal failure (CRF)?

- A. Nonsteroidal anti-inflammatory drugs (NSAIDs)**
- B. Kayexalate
- C. Calcium carbonate
- D. Erythropoietin

Nonsteroidal anti-inflammatory drugs (NSAIDs) are recognized as nephrotoxic agents, particularly in clients with chronic renal failure (CRF). These medications can lead to renal impairment by inhibiting the production of prostaglandins, which are crucial for maintaining renal blood flow, especially in states of compromised kidney function. In patients with CRF, the kidneys may already have diminished capacity to filter and excrete substances, and the use of NSAIDs can exacerbate this situation, leading to further renal damage, fluid retention, and potential acute kidney injury. In contrast, the other options provided—Kayexalate, calcium carbonate, and erythropoietin—serve different purposes and are generally utilized in the management of patients with renal issues. Kayexalate is used to manage hyperkalemia, calcium carbonate is a phosphate binder often used in patients with chronic kidney disease to manage phosphate levels, and erythropoietin helps in treating anemia associated with chronic renal failure by stimulating red blood cell production. Therefore, while NSAIDs pose a direct risk to kidney health in patients with CRF, the other options play supportive roles in the management of conditions stemming from renal impairment.

8. What is a common sign of moderate persistent asthma in children?

- A. Symptoms occurring fewer than 2 days a week
- B. Activities not limited by asthma
- C. Nighttime awakenings more than 1 time per month**
- D. Daily use of a rescue inhaler

A common sign of moderate persistent asthma in children is characterized by nighttime awakenings more than once a month. This symptom indicates that asthma is not well-controlled, as children with this level of asthma severity often experience nighttime symptoms, which can disrupt sleep and impact overall well-being. The frequency of these nighttime awakenings is a critical measure in assessing the severity of asthma and helps guide treatment options. In contrast, if a child experiences symptoms only a few times a week or has activities that are not limited by their asthma, these would suggest a less severe classification, potentially more aligned with mild intermittent asthma. Regular use of a rescue inhaler typically indicates that a child is experiencing ongoing symptoms, which adds to the assessment of asthma severity but does not alone define moderate persistent asthma without considering the frequency and length of symptoms. Overall, the presence of multiple nighttime awakenings is a clearer indication of moderate persistent asthma in a child.

9. What should patients with diabetes do monthly to maintain foot health?

- A. Inspect their feet regularly and report any changes.**
- B. Avoid applying lotion to their feet.
- C. Use cold water only when washing their feet.
- D. Visit a specialist only when they have foot problems.

Patients with diabetes should inspect their feet regularly and report any changes as part of their monthly routine to maintain foot health. This practice is essential because individuals with diabetes are at an increased risk for foot complications, including neuropathy, which can reduce sensitivity to pain or discomfort. Regular inspection helps in identifying any cuts, blisters, redness, or swelling that may go unnoticed. Early detection of such issues is crucial since minor problems can develop into serious conditions if left untreated, potentially leading to infections or more severe complications. The other choices do not address the proactive measures necessary for foot care in diabetic patients. Avoiding lotion may lead to dry skin, which can increase the risk of cracks and sores. Using only cold water for washing feet could prevent proper hygiene and warmth, which can be important for circulation. Finally, visiting a specialist only when problems arise fails to follow a preventive approach that can help maintain overall foot health and prevent complications before they develop. Regular inspection and prompt reporting of changes is key to preventing more severe issues down the line.

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

- A. Female gender.
- B. Obesity.
- C. Sick 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. Sick 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.

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!

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