

# EDAPT Altered Male and Female Reproduction 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

- 1. What are the obstructive symptoms associated with benign prostatic hyperplasia (BPH)?**
  - A. Difficulty starting a stream of urine**
  - B. Dysuria and bladder pain**
  - C. Urinary frequency and urgency**
  - D. Post void dribbling and nocturia**
- 2. Which of the following statements about androgens is true?**
  - A. They are essential only during puberty**
  - B. They are produced exclusively in females**
  - C. They play a role in both reproductive and non-reproductive functions**
  - D. They are found only in the adrenal glands**
- 3. Which of the following findings may indicate a patient is at risk for infection?**
  - A. Altered tissue integrity**
  - B. Improved skin condition**
  - C. Stable vital signs**
  - D. Decreased mobility**
- 4. What role does follicle-stimulating hormone (FSH) play in female reproduction?**
  - A. It inhibits egg production**
  - B. It stimulates the growth of ovarian follicles**
  - C. It regulates menstrual flow**
  - D. It prevents ovulation**
- 5. What hormone is primarily responsible for milk ejection during breastfeeding?**
  - A. Estrogen**
  - B. Prolactin**
  - C. Oxytocin**
  - D. Progesterone**

- 6. Which sexually transmitted infection (STI) is likely to be diagnosed in a patient presenting with symptoms consistent with gonorrhea?**
- A. Syphilis**
  - B. Chlamydia**
  - C. Gonorrhea**
  - D. Genital herpes**
- 7. What is the primary function of the placenta during pregnancy?**
- A. To facilitate heart development**
  - B. To provide nutrients and oxygen to the fetus**
  - C. To protect the fetus from infections**
  - D. To regulate fetal movements**
- 8. How should a healthcare provider respond when a client questions the relationship between benign prostatic hyperplasia and prostate cancer?**
- A. "They are the same condition and require the same treatment."**
  - B. "BPH is an enlargement of the prostate that does not lead to cancer."**
  - C. "Both conditions must be treated immediately to avoid complications."**
  - D. "BPH only affects older men and cannot be serious."**
- 9. When should Latasha schedule her next mammogram if her last was two years ago?**
- A. Every year starting now**
  - B. At age 55, every other year**
  - C. Every three years**
  - D. As soon as possible**



**10. What hormone is primarily responsible for the changes in the endometrium?**

- A. Progesterone**
- B. Estrogen**
- C. Testosterone**
- D. Follicle-stimulating hormone**

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## **Answers**

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

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## **Explanations**

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**1. What are the obstructive symptoms associated with benign prostatic hyperplasia (BPH)?**

- A. Difficulty starting a stream of urine**
- B. Dysuria and bladder pain**
- C. Urinary frequency and urgency**
- D. Post void dribbling and nocturia**

Difficulty starting a stream of urine is one of the hallmark obstructive symptoms associated with benign prostatic hyperplasia (BPH). BPH is characterized by an enlargement of the prostate gland, which can compress the urethra and lead to urinary obstruction. This obstruction typically manifests as difficulties in initiating urination, which is often described as a "hesitancy" where the patient struggles to start urinating, accompanied by a weak urinary stream. Other symptoms of BPH can include urinary frequency, urgency, post void dribbling, and nocturia, but these are sometimes categorized under irritative symptoms or related to the bladder's response to obstruction, rather than being purely obstructive in nature. Understanding these symptoms helps in the recognition and management of the condition effectively, emphasizing the specific obstructive nature of the difficulty starting a stream as a primary indicator of BPH.

**2. Which of the following statements about androgens is true?**

- A. They are essential only during puberty**
- B. They are produced exclusively in females**
- C. They play a role in both reproductive and non-reproductive functions**
- D. They are found only in the adrenal glands**

Androgens are a group of hormones that play significant roles in both reproductive and non-reproductive functions within the body. This includes their well-known role in the development and maintenance of male characteristics and reproductive tissues, such as sperm production and libido. Beyond the reproductive system, androgens contribute to muscle and bone mass, fat distribution, and the overall regulation of various body processes. By affecting both physiological and behavioral aspects in individuals of all genders, androgens illustrate their importance beyond puberty, as they are involved in several stages of life and influence many systems in the body throughout adulthood as well. The other statements do not accurately capture the complexities of androgen functions. The assertion that androgens are only essential during puberty overlooks their ongoing role throughout life. Claiming androgens are exclusively produced in females is incorrect because they are primarily synthesized in the testes in males and also produced in smaller amounts in the ovaries in females and the adrenal glands in both sexes. Furthermore, while androgens are produced in the adrenal glands, they are not limited to this location as the testes and ovaries also produce these hormones, making the statement about their exclusive production in the adrenal glands misleading.

**3. Which of the following findings may indicate a patient is at risk for infection?**

- A. Altered tissue integrity**
- B. Improved skin condition**
- C. Stable vital signs**
- D. Decreased mobility**

Altered tissue integrity is a critical indicator of a patient's risk for infection. When the integrity of skin or mucosal barriers is compromised—such as through cuts, abrasions, surgical incisions, or other injuries—pathogens have an increased opportunity to enter the body. Skin serves as a primary defense mechanism against infections, so any alterations can undermine this protective barrier. In contrast, improved skin condition, stable vital signs, and decreased mobility do not inherently suggest an increased risk for infection. Improved skin condition typically reflects healing and robust tissue integrity. Stable vital signs indicate that the patient is in a stable physiological state, which often correlates with a lower risk of infection. While decreased mobility may relate to other health concerns, it does not directly imply a higher risk for infections unless accompanied by other factors affecting skin integrity or hygiene. Therefore, altered tissue integrity stands out as a clear risk factor for infections in this context.

**4. What role does follicle-stimulating hormone (FSH) play in female reproduction?**

- A. It inhibits egg production**
- B. It stimulates the growth of ovarian follicles**
- C. It regulates menstrual flow**
- D. It prevents ovulation**

Follicle-stimulating hormone (FSH) is crucial for female reproduction as it primarily stimulates the growth and maturation of ovarian follicles. During the follicular phase of the menstrual cycle, FSH is released from the pituitary gland and signals the ovaries to promote the growth of several follicles, each of which contains an egg. This process leads to one dominant follicle maturing fully, which is essential for successful ovulation. The significance of FSH is highlighted by its role in the development of these follicles, which produce estrogen and prepare the body for potential fertilization. Without adequate levels of FSH, the follicles may not develop properly, leading to issues such as irregular menstruation or infertility. While menstruation and ovulation are critical aspects of female reproductive health, FSH does not directly regulate menstrual flow or prevent ovulation. Instead, it plays a supportive role in preparing the body for ovulation by ensuring that the follicles are ready to release an egg. Thus, stimulating the growth of ovarian follicles is the accurate portrayal of FSH's primary function in female reproduction.

**5. What hormone is primarily responsible for milk ejection during breastfeeding?**

- A. Estrogen
- B. Prolactin
- C. Oxytocin**
- D. Progesterone

The hormone responsible for milk ejection during breastfeeding is oxytocin. Oxytocin is produced in the hypothalamus and released from the posterior pituitary gland in response to stimuli such as a baby suckling at the breast. This hormone triggers the contraction of myoepithelial cells surrounding the alveoli in the mammary glands, promoting the release of milk into the ducts, allowing it to be ejected through the nipple. While other hormones play crucial roles in lactation, such as prolactin, which is primarily responsible for the production of milk, it is oxytocin that directly facilitates the ejection of milk during breastfeeding. Estrogen and progesterone also have significant roles in preparing the breast for lactation and maintaining pregnancy, but they do not directly cause the milk-ejection reflex. Thus, oxytocin's specific action in stimulating milk ejection distinguishes it as the key hormone in this process.

**6. Which sexually transmitted infection (STI) is likely to be diagnosed in a patient presenting with symptoms consistent with gonorrhea?**

- A. Syphilis
- B. Chlamydia
- C. Gonorrhea**
- D. Genital herpes

While gonorrhea is the sexually transmitted infection that directly corresponds to the symptoms presented—such as discharge, pain during urination, and pelvic pain—it's important to recognize how it differs from other STIs. Gonorrhea is caused by the bacterium *Neisseria gonorrhoeae* and is characterized by its acute symptoms, which can help clinicians in making a diagnosis. In clinical practice, symptoms consistent with gonorrhea include purulent discharge and dysuria, which can help distinguish it from other infections. Although chlamydia is often mentioned alongside gonorrhea due to the frequent occurrence of co-infection, its symptoms tend to be less pronounced in many cases, often leading to it going undiagnosed. This distinction is particularly relevant because the treatment protocols for gonorrhea and chlamydia can differ, emphasizing the importance of an accurate diagnosis based on specific symptoms. Understanding the characteristics of gonorrhea and its clinical presentation is crucial for healthcare providers in providing effective treatment and preventing complications associated with the infection.

**7. What is the primary function of the placenta during pregnancy?**

- A. To facilitate heart development**
- B. To provide nutrients and oxygen to the fetus**
- C. To protect the fetus from infections**
- D. To regulate fetal movements**

The primary function of the placenta during pregnancy is to provide nutrients and oxygen to the fetus. This organ forms a critical interface between the maternal and fetal blood supplies, allowing for the exchange of essential substances. The placenta is equipped with specialized structures that enable the transfer of glucose, amino acids, fatty acids, vitamins, and minerals from the mother's bloodstream to nourish the developing fetus. It also facilitates the exchange of gases, ensuring that oxygen is supplied to the fetus while carbon dioxide is removed. In addition to nutrient and gas exchange, the placenta plays a role in hormonal regulation and acts as a barrier to certain harmful substances; however, its main purpose revolves around supporting fetal growth and development by supplying the necessary resources. This vital role underscores the significance of a healthy placenta for a successful pregnancy.

**8. How should a healthcare provider respond when a client questions the relationship between benign prostatic hyperplasia and prostate cancer?**

- A. "They are the same condition and require the same treatment."**
- B. "BPH is an enlargement of the prostate that does not lead to cancer."**
- C. "Both conditions must be treated immediately to avoid complications."**
- D. "BPH only affects older men and cannot be serious."**

The selection that states "BPH is an enlargement of the prostate that does not lead to cancer" is accurate because benign prostatic hyperplasia (BPH) refers to a non-cancerous enlargement of the prostate gland that is common as men age. It is important to clarify that while BPH can cause urinary symptoms and discomfort due to increased pressure on the urethra, it is distinctly different from prostate cancer, which involves the uncontrolled growth of malignant cells within the prostate. BPH does not directly progress to prostate cancer, although both conditions may occur concurrently in older men. This understanding minimizes misconceptions that BPH represents a precursor to cancer and helps clients grasp the nature of their condition and the necessary medical interventions, focusing on symptom management rather than immediate cancer treatment.



**9. When should Latasha schedule her next mammogram if her last was two years ago?**

- A. Every year starting now**
- B. At age 55, every other year**
- C. Every three years**
- D. As soon as possible**

The recommendation for mammogram scheduling generally depends on a woman's age and risk factors. For women aged 50 to 74, guidelines from various health organizations, such as the American Cancer Society, suggest that mammograms should be conducted every two years. Since Latasha had her last mammogram two years ago, the correct approach is to schedule her next mammogram at age 55, continuing every other year after that. This aligns with the guideline of biennial screening for women in that age group, which balances the benefits of early detection with the potential risks of over-screening. Other options may suggest different frequencies or timings that are not aligned with standard recommendations for her age group and previous screening history, which is why they do not represent the best practice.

**10. What hormone is primarily responsible for the changes in the endometrium?**

- A. Progesterone**
- B. Estrogen**
- C. Testosterone**
- D. Follicle-stimulating hormone**

Progesterone is the hormone primarily responsible for the changes in the endometrium, particularly during the latter half of the menstrual cycle, known as the luteal phase. After ovulation, the corpus luteum, which forms from the ruptured follicle, secretes progesterone, leading to significant modifications in the endometrial lining. Progesterone promotes the thickening of the endometrium, preparing it for potential implantation of a fertilized egg. This hormone ensures that the endometrium is rich in blood vessels and nutrients, creating a suitable environment for embryonic development if fertilization occurs. If pregnancy does not take place, progesterone levels drop, leading to the shedding of the endometrial lining during menstruation. Thus, it plays a critical role in regulating the menstrual cycle and maintaining early pregnancy. Estrogen does contribute to the growth and repair of the endometrium earlier in the cycle, but it is progesterone that is pivotal for the changes that occur after ovulation. Other hormones like testosterone and follicle-stimulating hormone do not have a primary role in altering the endometrial layer.

## 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://edaptalteredreproduction.examzify.com>**

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