

ELECTROPHYSIOLOGY UNIT (EPU) 26.19 PRACTICE TEST (SAMPLE)

STUDY GUIDE



UBS	5	4.664,00	4.666,00	5	Genial
Genial	5	4.664,00	4.666,00	5	Bradesco
Bradesco	5	4.664,00	4.666,00	5	UBS
BTG	5	4.663,50	4.666,00	5	Genial
Genial	5	4.663,50	4.666,00	5	Ideal
Genial	5	4.663,50	4.666,00	5	BTG
Bradesco	5	4.663,50	4.666,00	5	Genial
Genial	5	4.663,50	4.666,50	5	Genial
UBS	20	4.663,50	4.666,50	5	Bradesco
Bradesco	5	4.663,50	4.666,50	5	Genial
Genial	5	4.663,50	4.666,50	5	UBS
Bradesco	5	4.663,50	4.666,50	5	Genial
BTG	5	4.663,50	4.666,50	5	UBS
Ideal	5	4.663,00	4.666,50	5	BTG
Ideal	5	4.663,00	4.667,00	5	Ideal
BTG	5	4.663,00	4.667,00	5	Genial
BTG	5	4.663,00	4.667,00	5	Bradesco
Genial	5	4.663,00	4.667,00	5	Genial
Genial	5	4.663,00	4.667,00	5	Genial
UBS	5	4.663,00	4.667,00	5	BTG
Genial	5	4.663,00	4.667,00	5	UBS
Bradesco	5	4.663,00	4.667,00	5	Inter
Genial	5	4.662,50	4.667,00	5	UBS
Genial	5	4.662,50	4.667,00	10	BCC Liquidez
Genial	5	4.662,50	4.667,50	5	BTG
Tullett	50	4.662,50	4.667,50	5	Bradesco
	5	4.662,50	4.667,50	5	Genial
	5	4.662,50	4.667,50	5	UBS

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. During AVRT, a HIS-refractory PVC will do what to the arrhythmia?**
 - A. Break the arrhythmia
 - B. Prolong AVN conduction
 - C. Accelerate AVRT
 - D. Have no effect
- 2. AVNRT affects most commonly which population?**
 - A. Males 40-50
 - B. Females 20-30
 - C. Children under 10
 - D. Elderly over 70
- 3. What method is used during pace mapping to identify the exit site of VT?**
 - A. Comparison of paced QRS morphology with VT QRS morphology on the 12-lead ECG.
 - B. Measuring stimulus duration only.
 - C. Only map unipolar signals.
 - D. Wait for spontaneous QRS morph.
- 4. How does AV block typically affect atrial tachycardia?**
 - A. AV block does not affect tachycardia.
 - B. AV block terminates tachycardia.
 - C. AV block accelerates tachycardia.
 - D. AV block converts tachycardia to flutter.
- 5. The resting potential of nodal cells is primarily maintained by which type of channels?**
 - A. Fast Sodium Channels
 - B. Potassium Leak Channels
 - C. Slow Calcium Channels
 - D. Chloride Channels

6. Which valve is the most anterior?

- A. Tricuspid
- B. Mitral
- C. Aortic
- D. Pulmonic

7. In AVRT, which pathway shows HIS earliest activation?

- A. Left lateral pathways
- B. Septal pathways
- C. Right lateral pathways
- D. Posterior wall

8. Which is a common site for EPS catheter placement?

- A. Right Ventricle
- B. HIS
- C. High Right Atrium (HRA)
- D. Coronary Sinus

9. What is the upper limit of QT interval for men?

- A. 430 ms
- B. 460 ms
- C. 450 ms
- D. 440 ms

10. In EP procedures, which safety practice is recommended for allied staff?

- A. Wear lead apron and thyroid collar
- B. Stand directly over sterile field
- C. Do not use protective gear
- D. Stand close to radiation source

Answers

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

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Explanations

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1. During AVRT, a His-refractory PVC will do what to the arrhythmia?

- A. Break the arrhythmia**
- B. Prolong AVN conduction
- C. Accelerate AVRT
- D. Have no effect

AVRT is a reentrant circuit that depends on conduction through the ventricles, the AV node, and an accessory pathway to keep looping. If a ventricular premature beat occurs while the His-Purkinje system is refractory, that impulse cannot travel up through the AV node or participate in the reentrant loop. This disruption breaks the circuit and terminates the tachycardia. So a His-refractory PVC can stop AVRT rather than prolong conduction, accelerate the tachycardia, or have no effect.

2. AVNRT affects most commonly which population?

- A. Males 40-50
- B. Females 20-30**
- C. Children under 10
- D. Elderly over 70

AVNRT is the most common form of paroxysmal SVT and shows a clear female predominance, with most cases starting in young adulthood. The typical patient is a woman in her 20s to 30s. This age-and-sex pattern reflects how AV nodal dual-pathway physiology tends to manifest clinically in this group. While AVNRT can occur outside this range, the combination of being female and in the 20s–30s is the most frequently observed presentation, making that population the best answer.

3. What method is used during pace mapping to identify the exit site of VT?

- A. Comparison of paced QRS morphology with VT QRS morphology on the 12-lead ECG.**
- B. Measuring stimulus duration only.
- C. Only map unipolar signals.
- D. Wait for spontaneous QRS morph.

During pace mapping, the exit site of VT is identified by pacing from different endocardial sites and comparing the resulting QRS morphology to the VT QRS on the 12-lead ECG. When the paced QRS closely matches the VT QRS, the pacing site is likely at or near the VT exit, because the activation pattern sent from that site drives the same ventricular activation sequence seen in the VT. A good match across multiple leads indicates proximity to the exit path and helps target the ablation. This approach relies on morphological correlation, not on measuring stimulus duration, focusing solely on unipolar signals, or waiting for spontaneous QRS morphs, which do not localize the exit site in the same way.

4. How does AV block typically affect atrial tachycardia?

- A. AV block does not affect tachycardia.
- B. AV block terminates tachycardia.
- C. AV block accelerates tachycardia.
- D. AV block converts tachycardia to flutter.

In atrial tachycardia, the rapid rhythm comes from an ectopic focus in the atria, outside the AV node. AV block changes how many of those atrial impulses reach the ventricles, not the source of the tachycardia itself. So the atrial rate—the tachycardia rate—continues regardless of the block. What you'll see is a modified ventricular response: fewer impulses get through, so the ventricular rate may be slower or irregular, but the atrial tachycardia keeps going. The block doesn't terminate, accelerate, or convert the atrial tachycardia into another rhythm; it mainly affects how the ventricles respond to the atrial rate.

5. The resting potential of nodal cells is primarily maintained by which type of channels?

- A. Fast Sodium Channels
- B. Potassium Leak Channels
- C. Slow Calcium Channels
- D. Chloride Channels

Nodal (pacemaker) cells rely on slow calcium influx to set and progress toward threshold. In these cells there aren't many fast sodium channels, so there isn't a quick, Na⁺-driven upstroke like in ventricular tissue. Instead, the inward current through slow calcium channels slowly depolarizes the membrane during diastole, driving the pacemaker activity that maintains their characteristic resting/pacemaker potential. Chloride channels aren't the main driver here, and potassium leak channels provide only a background set point rather than the depolarizing force.

6. Which valve is the most anterior?

- A. Tricuspid
- B. Mitral
- C. Aortic
- D. Pulmonic

Think about how the heart sits in the chest and where each valve lies relative to the sternum. The valve at the origin of the pulmonary trunk travels toward the anterior chest wall to reach the lungs, so it sits closest to the front of the chest. That makes the pulmonic valve the most anterior of the four. The mitral valve sits more toward the left and back between the left atrium and ventricle; the aortic valve is also more posterior as the aorta arches behind the sternum; the tricuspid valve is on the right but does not project as far anterior as the pulmonary valve.

7. In AVRT, which pathway shows HIS earliest activation?

- A. Left lateral pathways
- B. Septal pathways**
- C. Right lateral pathways
- D. Posterior wall

During AVRT, the timing of His bundle activation tracks how close the accessory pathway is to the AV node/His system. Septal pathways lie on the interventricular septum right near the AV node and His bundle, so the retrograde impulse traveling through the accessory pathway reaches the atrium in proximity to the His region and makes the His bundle activate earliest. Lateral and posterior pathways are farther from the His bundle, leading to later activation timings. So the pathway that shows the earliest His activation is the septal one.

8. Which is a common site for EPS catheter placement?

- A. Right Ventricle
- B. HIS
- C. High Right Atrium (HRA)**
- D. Coronary Sinus

During EPS, catheters are placed in several intracardiac sites to record and pace key parts of the conduction system. The high right atrium is typically the most commonly used atrial recording site because its location near the sinoatrial node and crista terminalis yields clear, high-amplitude atrial signals and is easily accessible via the venous route. This position provides a reliable reference for atrial activation during arrhythmias and for pacing to test conduction properties. Other sites have specific roles—the coronary sinus for left atrial and left ventricular access, the His bundle region for precise conduction (HV interval) measurements, and the right ventricle for ventricular pacing/recording and tachycardia maneuvers—but for routine catheter placement focused on atrial activity, the high right atrium is the most common choice.

9. What is the upper limit of QT interval for men?

- A. 430 ms
- B. 460 ms
- C. 450 ms
- D. 440 ms**

The key idea is understanding how long the ventricles stay depolarized and repolarized, which the QT interval captures. Because heart rate affects this interval, clinicians use the corrected QT (QTc) to compare across rhythms. The commonly cited upper limit for QTc in men is about 440 ms, while in women it's around 460 ms. So, for a question asking the upper limit for men, 440 ms is the best choice. The other values either exceed typical male QTc cutoffs (like 460 ms, which is more relevant for women) or fall outside the standard reference range.

10. In EP procedures, which safety practice is recommended for allied staff?

A. Wear lead apron and thyroid collar

B. Stand directly over sterile field

C. Do not use protective gear

D. Stand close to radiation source

During EP procedures, fluoroscopy exposes everyone in the lab to ionizing radiation through scattered beams. The best protective measure for allied staff is to wear shielding that covers the body and neck. A lead apron protects the torso, reducing dose to the chest and abdomen where many radiosensitive organs reside, while a thyroid collar guards the neck, a particularly sensitive area. Together, they provide meaningful protection without relying on proximity or luck, aligning with the principle of minimizing exposure through shielding. Other options would increase risk or offer no protection: standing directly over the sterile field can place you in a higher scatter field; not using protective gear exposes you to unnecessary radiation; standing close to the radiation source likewise increases exposure.

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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:

<https://epu2619.examzify.com>

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

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