

# EMERGENCY MEDICINE END OF ROTATION (EOR) PRACTICE EXAM (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 is the name of the fracture involving the distal radius with volar displacement, commonly occurring from a fall on the back of the hand?**
  - A. Hangman's fracture
  - B. Colles fracture
  - C. Smith fracture
  - D. Boxer's fracture
  
- 2. What is Ludwig's angina often associated with?**
  - A. A dental infection in the maxilla
  - B. A cellulitis of the neck
  - C. A viral upper respiratory infection
  - D. A skin abscess
  
- 3. In cervical radiculopathy, what sensation is associated with the C7 nerve root?**
  - A. Dorsum of hand
  - B. Lateral foot
  - C. Shin
  - D. Index and long fingers
  
- 4. What is the ideal door to balloon time for PCI in ACS management?**
  - A. 60 minutes
  - B. 90 minutes
  - C. 120 minutes
  - D. 180 minutes
  
- 5. What condition can lead to cardiac tamponade if it is large?**
  - A. Hemothorax
  - B. Pneumothorax
  - C. Pleural effusion
  - D. Myocardial infarction

- 6. What characteristic finding would you see on CXR for a large pleural effusion?**
- A. Hyperinflation of the lung
  - B. Free air under the diaphragm
  - C. Blunting of costophrenic angles
  - D. Consolidation Patterns
- 7. Which condition is characterized by a deficiency of or resistance to vasopressin/anti-diuretic hormone?**
- A. Diabetes Mellitus
  - B. Diabetes Insipidus
  - C. Hypernatremia
  - D. Hypotonic Hyponatremia
- 8. For the S1 nerve root, which muscle is involved in plantar flexion?**
- A. Deltoids
  - B. Flexor hallucis longus
  - C. Gastrocnemius
  - D. Anterior tibialis
- 9. What is retinal detachment?**
- A. Separation of the optic nerve from the retina
  - B. Separation of the sensory retina from the underlying pigmented epithelium
  - C. Swelling of the optic disc
  - D. Inflammation of the retina
- 10. Which age group is most commonly affected by epiglottitis?**
- A. Infants under 1 year
  - B. Children aged 1-2 years
  - C. Children aged 2-6 years
  - D. Adolescents



## **Answers**

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

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## **Explanations**

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**1. What is the name of the fracture involving the distal radius with volar displacement, commonly occurring from a fall on the back of the hand?**

- A. Hangman's fracture
- B. Colles fracture
- C. Smith fracture**
- D. Boxer's fracture

*The fracture that involves the distal radius with volar displacement and commonly occurs from a fall on the back of the hand is known as a Smith fracture. This type of fracture is characterized by when the wrist is flexed and weight is applied, which shifts the distal fragment of the radius ventrally (downward). Smith fractures typically result from a direct impact or a fall on an outstretched hand (FOOSH injury), particularly when the wrist is in a flexed position. This makes them less common than other types of wrist fractures, such as Colles fractures, which have dorsal (posterior) displacement. Understanding how these fractures occur helps differentiate them based on the mechanism of injury and the position of the wrist at the time of impact. Recognizing the specific characteristics of a Smith fracture is crucial for proper diagnosis and treatment, ensuring that appropriate management strategies are employed to facilitate optimal recovery and function post-injury.*

**2. What is Ludwig's angina often associated with?**

- A. A dental infection in the maxilla**
- B. A cellulitis of the neck
- C. A viral upper respiratory infection
- D. A skin abscess

*Ludwig's angina is commonly associated with a dental infection, particularly those stemming from the second or third molars in the mandible. This type of infection can lead to submandibular space involvement, resulting in the characteristic bilateral swelling of the submandibular and sublingual areas. The infection typically arises from the extraction of teeth or untreated periodontal disease, which can allow bacteria to proliferate and spread to the connective tissues of the submandibular area. The presence of this infection is crucial to understanding how Ludwig's angina develops, as it emphasizes the connection between dental health and significant soft tissue infections in the neck. Other conditions like cellulitis of the neck might be related to various causes but do not specifically highlight the direct link with dental infections that lead to Ludwig's angina. Similarly, while upper respiratory infections or skin abscesses may involve inflammation or infection of soft tissues, they are not the primary source of the type of swelling and risk associated with Ludwig's angina. Thus, the prominent association with dental infections in the context of this severe condition is pivotal.*

**3. In cervical radiculopathy, what sensation is associated with the C7 nerve root?**

- A. Dorsum of hand
- B. Lateral foot
- C. Shin

**D. Index and long fingers**

*In cervical radiculopathy, the C7 nerve root is primarily responsible for the sensory innervation of specific areas in the upper extremity. The C7 nerve root particularly affects the sensation of the index and long fingers. This is due to the specific dermatomes associated with the cervical nerve roots, where C7 is linked to the middle part of the hand, including the index finger and the long finger. Understanding the anatomy of the brachial plexus and its dermatomes helps clarify the regions affected by various nerve root compressions or injuries. The C7 root, when compromised, can lead to symptoms such as pain, numbness, or tingling sensation in the region of the index and long fingers. This particular presentation is important for diagnosing cervical radiculopathy, as it guides the physician in localizing the neurological issue based on the affected dermatome. The other answer choices correspond to different nerve roots not associated with C7: the dorsum of the hand is largely covered by C6 and C8, the lateral foot is innervated by the S1 nerve root, and the shin is associated with the L4 nerve root. Thus, understanding the linking of nerve roots to specific dermatomes is essential for accurate assessment*

**4. What is the ideal door to balloon time for PCI in ACS management?**

- A. 60 minutes
- B. 90 minutes**
- C. 120 minutes
- D. 180 minutes

*The ideal door-to-balloon time for percutaneous coronary intervention (PCI) in the management of acute coronary syndrome (ACS) is considered to be 90 minutes. This timeframe is crucial because it significantly impacts patient outcomes, particularly the preservation of myocardial tissue during an acute event like a heart attack. Research has shown that reducing the time from the patient's arrival at the hospital to the initiation of balloon angioplasty leads to lower rates of mortality and major adverse cardiac events. Delays beyond 90 minutes can increase the risk of complications and decrease the effectiveness of the intervention, emphasizing the importance of timely management. In clinical practice, hospitals often aim to streamline processes to ensure that they meet this target, as achieving door-to-balloon times of 90 minutes or less correlates with improved survival rates and better overall cardiac health for patients experiencing ACS. Therefore, a 90-minute window is recognized as a benchmark for optimal ACS care.*

## 5. What condition can lead to cardiac tamponade if it is large?

- A. Hemothorax
- B. Pneumothorax
- C. Pleural effusion**
- D. Myocardial infarction

Cardiac tamponade occurs when fluid accumulates in the pericardial space, leading to pressure on the heart and impaired ability to pump effectively. A large pleural effusion can indeed contribute to cardiac tamponade, particularly if it causes a significant shift in mediastinal structures or if the effusion is associated with pericardial effusion. Pleural effusion involves the accumulation of fluid in the pleural cavity surrounding the lungs, which may exert pressure on nearby structures including the heart. In some cases, particularly with an effusion that is massive or rapidly developing, this can lead to increased intrathoracic pressure and subsequently affect venous return to the heart. If the physical dynamics result in pericardial pressure changes that overlap with cardiac tamponade physiology, it can be a critical condition. Understanding the relationship between pleural effusion and cardiac structures is vital in emergency medicine. Management may involve addressing the fluid accumulation through interventions such as thoracentesis to relieve pressure and improve respiratory and hemodynamic status.

## 6. What characteristic finding would you see on CXR for a large pleural effusion?

- A. Hyperinflation of the lung
- B. Free air under the diaphragm
- C. Blunting of costophrenic angles**
- D. Consolidation Patterns

In the case of a large pleural effusion, the distinguishing characteristic finding on a chest X-ray (CXR) is the blunting of the costophrenic angles. This occurs because the pleural space collects fluid, which presents as an opaque area on the X-ray. Normally, the costophrenic angles should be sharp and well-defined; however, when there is fluid present in the pleural space, these angles become rounded or blunted due to the accumulation of the fluid. This finding is particularly important because it indicates the presence of a significant volume of fluid in the pleura, which can help guide further management and decision-making in the evaluation of a patient's condition. Identifying fluid accumulation early can prompt additional diagnostic investigations, such as ultrasound or thoracentesis, to better evaluate the nature of the effusion and to initiate appropriate treatment. Other findings, such as hyperinflation of the lung, free air under the diaphragm, or consolidation patterns, would indicate different pathological conditions not directly associated with pleural effusion. Hyperinflation typically relates to obstructive lung diseases like COPD, free air suggests perforation of a hollow organ, and consolidation patterns are indicative of lung infections or other pulmonary diseases.

**7. Which condition is characterized by a deficiency of or resistance to vasopressin/anti-diuretic hormone?**

- A. Diabetes Mellitus
- B. Diabetes Insipidus**
- C. Hypernatremia
- D. Hypotonic Hyponatremia

*Diabetes Insipidus is characterized by a deficiency of or resistance to vasopressin, also known as antidiuretic hormone (ADH). This hormone plays a crucial role in regulating the body's retention of water by acting on the kidneys to promote water reabsorption. In the case of central diabetes insipidus, the body fails to produce adequate amounts of vasopressin due to damage to the pituitary gland. In nephrogenic diabetes insipidus, the kidneys are unable to respond effectively to the vasopressin that is produced. As a result of either condition, patients experience excessive thirst and urination leading to large volumes of dilute urine, and they may become dehydrated if fluid intake does not keep pace with urine output. Other conditions listed, such as Diabetes Mellitus, primarily involve abnormalities in blood glucose regulation rather than fluid balance. Hypernatremia refers to elevated sodium levels, often resulting from dehydration or excessive sodium intake, but it is not directly a deficiency of vasopressin. Hypotonic Hyponatremia, conversely, signifies diluted sodium levels usually due to excess water in the body, often influenced by the actions of vasopressin, but does not indicate a deficiency or resistance*

**8. For the S1 nerve root, which muscle is involved in plantar flexion?**

- A. Deltoids
- B. Flexor hallucis longus
- C. Gastrocnemius**
- D. Anterior tibialis

*The correct answer is that the gastrocnemius muscle is involved in plantar flexion and is primarily innervated by the S1 nerve root. The gastrocnemius is one of the major muscles of the calf, and its primary action is to facilitate plantar flexion of the foot at the ankle joint. This action occurs when the toes are pointed downward, as seen during activities like standing on tiptoes or pushing off during walking or running. Understanding this muscle's role in plantar flexion is critical in emergency medicine, as issues such as muscle tears or nerve injuries affecting the S1 nerve root can lead to deficits in foot mobility and gait disturbances. This can impact a patient's ability to ambulate and may have implications for their overall assessment and management in an emergency setting. The other muscles mentioned do not have the same primary function. While the flexor hallucis longus does contribute to plantar flexion, its main role is to flex the big toe. The deltoids are responsible for shoulder movement and are entirely unrelated to ankle joint motion. The anterior tibialis is primarily involved in dorsiflexion, which is the movement of bringing the toes upward towards the shin, rather than downward. This further clarifies the specific function of*

## 9. What is retinal detachment?

- A. Separation of the optic nerve from the retina
- B. Separation of the sensory retina from the underlying pigmented epithelium**
- C. Swelling of the optic disc
- D. Inflammation of the retina

*Retinal detachment refers to the condition where the sensory retina, which is the light-sensitive layer of tissue at the back of the eye, separates from the underlying pigmented epithelium. This separation disrupts the normal function of the retina and can lead to vision loss if not treated promptly. In this context, the sensory retina plays a critical role in capturing visual information, while the pigmented epithelium supports the retina and helps maintain its health by providing essential nutrients and removing waste products. When detachment occurs, the retina can no longer efficiently transduce light into visual signals, which can lead to symptoms such as sudden flashes of light, an increase in floaters, or a shadow or curtain effect across the field of vision. Understanding this, the other options do not accurately describe retinal detachment. The separation of the optic nerve from the retina does not represent a common issue affecting the retina directly. Swelling of the optic disc, known as papilledema, and inflammation of the retina, referred to as retinitis, signify other conditions that may affect vision but do not involve the physical detachment of the retina from its supporting layers.*

## 10. Which age group is most commonly affected by epiglottitis?

- A. Infants under 1 year
- B. Children aged 1-2 years
- C. Children aged 2-6 years**
- D. Adolescents

*The age group most commonly affected by epiglottitis is children aged 2-6 years. In this demographic, epiglottitis can present as a rapid-onset severe sore throat, difficulty swallowing, and stridor, largely due to the anatomy of the airway and the immune response. Historically, Haemophilus influenzae type b (Hib) was a major cause of epiglottitis in unvaccinated children, particularly those in this age range. Vaccination against Hib has significantly reduced the incidence of epiglottitis, but if cases do occur, they are still most prevalent in preschool-aged children, who are more susceptible due to their developing immune systems and anatomical structures. In infants under 1 year and adolescents, the incidence of epiglottitis is relatively low and differs due to factors such as immunization status and changes in the bacterial flora with age. While infants may experience other upper airway infections that can lead to similar symptoms, they are less commonly diagnosed with epiglottitis itself. Thus, children aged 2-6 years remain the primary group at risk for this condition.*



## 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:

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

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