FEMALE GYNECOLOGIC HISTORY AND PHYSICAL (H&P) PRACTICE TEST (SAMPLE)

STUDY GUIDE

Prepare with structure. Pass with confidence

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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. Chlamydia and gonorrhea screening is recommended for which group?

A. All men who have sex with men

B. All sexually active women annually, especially those at increased risk

C. Women over 65 only

D. Never recommended

2. Which test measures bone density for osteoporosis screening?

A. X-ray

B. Ultrasound

C. DEXA scan

D. MRI

3. Which factor is associated with hereditary breast and ovarian cancer syndrome?

A. Ancestry associated with BRCA1 or BRCA2 mutations

B. High BMI

C. Non-smoker

D. Vitamin C intake

4. What is a supernumerary nipple?

A. A third nipple that is a remnant of the milk line

B. An enlarged normal nipple

C. A malignant breast lesion

D. A skin lesion unrelated to milk lines

5. How should you address patient discomfort during a pelvic exam and what strategies can improve tolerance?

A. Use gentle technique with lubrication, smaller specula, allow breaks, maintain communication, and offer to reschedule if needed.

B. Proceed with the exam using a forceful technique to minimize duration.

C. Ignore patient discomfort and proceed to complete the exam.

D. Only use analgesia and avoid communication.

6. Which historical symptoms are concerning for ovarian cancer and warrant further evaluation?

A. Headache and dizziness.

B. New onset persistent abdominal bloating, early satiety, pelvic or abdominal pain, urinary symptoms, unintended weight loss.

C. Cough with fever.

D. Only rash.

7. What elements should be explained and explicit consent obtained before performing a pelvic exam?

A. Proceed with the exam after a general consent form without discussing specifics.

B. Explain purpose, steps, risks, benefits, alternatives; obtain explicit consent; ensure privacy; discuss discomfort management and allow right to refuse.

C. Consent is not required if the patient signs a consent form.

D. Consent is only for minors.

8. Which finding best indicates cervicitis?

A. Painful urination only

B. Cervical discharge

C. Itching only

D. No discharge

9. Which three nodes should you assess if your initial nodal exam suggests malignancy?

A. Axillary nodes only

B. Inguinal, femoral, popliteal nodes

C. Cervical, occipital, supraclavicular nodes

D. Pectoral nodes, brachial nodes, subscapular nodes

10. If a patient has G5P1215, how many total pregnancies has she had?

A. 4

B. 3

C. 6

D. 5

Answers

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

Explanations

1. Chlamydia and gonorrhea screening is recommended for which group?

A. All men who have sex with men

B. All sexually active women annually, especially those at increased risk

C. Women over 65 only

D. Never recommended

Annual screening for chlamydia and gonorrhea in sexually active women, especially those at increased risk, is recommended because many infections are asymptomatic yet can lead to serious reproductive health problems if untreated. Routine screening catches infections early, allowing prompt treatment and reducing the risk of pelvic inflammatory disease, infertility, and ectopic pregnancy, while also helping prevent transmission to partners. Testing is typically done with a nucleic acid amplification test on a urine sample or vaginal swab, and can be easily incorporated into a standard preventive visit. Increased risk factors include having new or multiple sexual partners, inconsistent condom use, a history of prior STIs, or a partner known to be infected. While other groups have separate screening considerations, the most comprehensive and routinely recommended approach is to screen all sexually active women annually, with heightened emphasis on those at higher risk.

2. Which test measures bone density for osteoporosis screening?

A. X-ray

B. Ultrasound

C. DEXA scan

D. MRI

Bone density measurement is the key test for osteoporosis screening, and the test that does this most directly is the DEXA scan. DEXA, or dual-energy X-ray absorptiometry, uses two low-dose X-ray beams to quantify bone mineral density at critical sites like the spine and hip, which are most predictive of fracture risk. This measurement yields a T-score that helps define osteoporosis (typically a T-score of -2.5 or lower) and guides treatment decisions. X-rays mainly show existing fractures and structural changes rather than early density loss. Ultrasound can assess some peripheral sites but is not the standard for diagnosing osteoporosis in the central skeleton, and MRI does not measure bone density for screening.

3. Which factor is associated with hereditary breast and ovarian cancer syndrome?

A. Ancestry associated with BRCA1 or BRCA2 mutations

B. High BMI

C. Non-smoker

D. Vitamin C intake

Hereditary breast and ovarian cancer syndrome is defined by inherited mutations in BRCA1 or BRCA2. Some ancestries have higher carrier frequencies because of founder mutations in these genes, so a person's ancestral background can be a clue to HBOC risk. These BRCA mutations are typically passed in an autosomal dominant pattern, meaning a first-degree relative has a sizable chance of carrying the same mutation, which elevates lifetime risk for breast and ovarian cancers. That connection to specific ancestry is why this factor stands out as associated with HBOC. While factors like BMI, smoking status, or vitamin intake influence overall cancer risk, they do not specifically define HBOC.

4. What is a supernumerary nipple?

A. A third nipple that is a remnant of the milk line

B. An enlarged normal nipple

C. A malignant breast lesion

D. A skin lesion unrelated to milk lines

A supernumerary nipple is an extra nipple that appears along the embryonic milk line, a ridge that runs from the armpit to the groin during development. In most people only the standard nipples form, but sometimes a small additional nipple remains along that line. This is essentially a vestigial remnant of the mammary ridge, so the description of a third nipple that is a remnant of the milk line is exactly what this term means. Enlarged normal nipples describe hypertrophy rather than an extra nipple. A malignant breast lesion implies a cancerous mass with abnormal features, not a normal anatomical variant. A skin lesion unrelated to milk lines would not be specifically tied to the developmental milk line and would typically be described by other skin findings.

5. How should you address patient discomfort during a pelvic exam and what strategies can improve tolerance?

A. Use gentle technique with lubrication, smaller specula, allow breaks, maintain communication, and offer to reschedule if needed.

B. Proceed with the exam using a forceful technique to minimize duration.

C. Ignore patient discomfort and proceed to complete the exam.

D. Only use analgesia and avoid communication.

Discomfort during a pelvic exam is common, but comfort and trust directly impact how well a patient tolerates the procedure. The best approach combines a gentle technique with proper lubrication and using the smallest appropriate speculum, all while maintaining clear, reassuring communication. Explain what you'll do, obtain consent, and check in about pain as you go. Allow the patient to control the pace, offer breaks, and be willing to reschedule if needed. If needed, proceed gradually rather than forcing the exam, and pause to reassess before continuing. Analgesia alone won't fix discomfort if technique and communication are neglected. Prioritizing comfort, clear explanation, and patient-led pacing helps reduce anxiety and improves tolerance.

6. Which historical symptoms are concerning for ovarian cancer and warrant further evaluation?

A. Headache and dizziness.

B. New onset persistent abdominal bloating, early satiety, pelvic or abdominal pain, urinary symptoms, unintended weight loss.

C. Cough with fever.

D. Only rash.

Recognizing warning signs of ovarian cancer based on history is key. The pattern described—new onset persistent abdominal bloating along with early satiety, pelvic or abdominal pain, urinary symptoms, and unintended weight loss—fits the symptom cluster often seen with an ovarian tumor. These signs reflect possible mass effect or ascites from a pelvic malignancy and systemic illness, and when they are new and ongoing, they warrant further evaluation rather than casual reassurance. The other options don't align with the typical ovarian cancer warning signs. Headache and dizziness are nonspecific and not characteristic prompts for ovarian cancer workup. Cough with fever points more to infection or respiratory issues. A rash is unrelated to ovarian cancer symptoms.

7. What elements should be explained and explicit consent obtained before performing a pelvic exam?

A. Proceed with the exam after a general consent form without discussing specifics.

B. Explain purpose, steps, risks, benefits, alternatives; obtain explicit consent; ensure privacy; discuss discomfort management and allow right to refuse.

C. Consent is not required if the patient signs a consent form.

D. Consent is only for minors.

Before performing a pelvic exam, you must obtain informed, explicit consent. This means you clearly explain the purpose of the exam, the steps you will take, the potential risks and benefits, and any reasonable alternatives. The patient needs to understand what will happen and why, so they can decide whether to proceed. Discuss how discomfort will be managed and that they have the right to refuse or withdraw consent at any time. Ensure privacy and address who will be present during the exam (eg, chaperone if appropriate). Consent should be given voluntarily by someone who has the capacity to decide; it isn't satisfied by a general form or by signing alone, and it applies to adults as well as special considerations for minors. This approach respects autonomy and provides a clear, patient-centered framework for the procedure.

8. Which finding best indicates cervicitis?

A. Painful urination only

B. Cervical discharge

C. Itching only

D. No discharge

Cervicitis is inflammation of the cervix, and a cervical discharge directly reflects inflammation in that area. A purulent or mucopurulent discharge seen at the cervix is a classic sign of cervicitis, often due to infections like chlamydia or gonorrhea. Painful urination or itching can occur with other conditions (urethritis, vulvovaginitis, dermatitis) and are less specific for cervicitis. No discharge would argue against cervicitis. So cervical discharge is the best indicator.

9. Which three nodes should you assess if your initial nodal exam suggests malignancy?

A. Axillary nodes only

B. Inguinal, femoral, popliteal nodes

C. Cervical, occipital, supraclavicular nodes

D. Pectoral nodes, brachial nodes, subscapular nodes

The key idea is that when there is suspicion of breast cancer, you systematically check the axillary lymph node basins because they are the first drainage pathway for breast tissue and the common site of early metastasis. Specifically, assess the three axillary node groups: pectoral (anterior), subscapular (posterior), and brachial (lateral). These three areas together cover the main lymphatic drainage routes from the breast, so identifying enlargement in any of them provides important information about nodal involvement and helps guide staging and prognosis. Other regions listed aren't the primary initial targets for breast cancer nodal assessment. Inguinal, femoral, and popliteal nodes relate more to lower body cancers. Cervical, occipital, and supraclavicular nodes are not the first-line basins for breast drainage, though supraclavicular nodes can be involved in later, more advanced disease.

10. If a patient has G5P1215, how many total pregnancies has she had?

A. 4

B. 3

C. 6

D. 5

Gravida shows the total number of pregnancies a person has had, regardless of outcome. In this notation, G5 means five pregnancies in total. The numbers after the P (parity) summarize what happened with those pregnancies—how many went to term, how many were preterm, how many ended in abortions, and how many children are living—but they do not change the total count of pregnancies. So the total number of pregnancies is five.

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://femalegynhistoryphysical.examzify.com

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