

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

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. True or false: most fractures occur in people who do NOT have osteoporosis.
 - A. False
 - B. True
 - C. Not sure
 - D. Only in men
2. Which of the following is NOT a listed risk factor prompting DEXA screening in 50-64?
 - A. Parental hx of hip fracture
 - B. Smoking
 - C. High body weight
 - D. Chronic steroid use
3. Which of the following is NOT an etiology of milky nipple discharge?
 - A. Pregnancy
 - B. Hypothyroidism
 - C. Hypertension
 - D. Prolactinoma
4. What is a typical next step after removing a cervical polyp in the office?
 - A. Observation only without pathology.
 - B. Send the tissue for pathology after in-office removal.
 - C. Immediate chemotherapy.
 - D. Cervical cancer is assumed if a polyp is removed.
5. In the notation P1215, what does the last digit represent?
 - A. Living children
 - B. Term deliveries
 - C. Abortions
 - D. Preterm deliveries

- 6. Which practice regarding hormone therapy is recommended to reduce breast cancer risk?**
- A. Use estrogen therapy indefinitely
 - B. Avoidance or limited duration of hormone replacement therapy
 - C. Use high-dose estrogen and progestin
 - D. Stop all medications after adolescence
- 7. How does uterine size and position on examination help narrow the differential diagnosis?**
- A. Normal-sized uterus suggests nonpregnant state; enlarged uterus suggests fibroids or adenomyosis; enlarged or irregular uterus may indicate pregnancy or a mass; fixed retroverted uterus can be endometriosis or adhesions
 - B. Uterus size does not matter
 - C. Only pregnancy affects the uterus position
 - D. Uterus is always the same size
- 8. A normal menstrual cycle is defined by which frequency and duration?**
- A. 26–40 days frequency and 3–10 days duration.
 - B. 21–35 days in frequency and menses lasting 2–7 days.
 - C. 14–21 days in frequency and 1–3 days duration.
 - D. 28–32 days in frequency and 6–8 days duration.
- 9. Spontaneous unilateral bloody discharge is most concerning for which condition until proven otherwise?**
- A. Fibroadenoma
 - B. Intraductal papilloma
 - C. Ovarian tumor
 - D. Breast cancer
- 10. Which obstetric risk factors should be captured in the H&P?**
- A. Maternal age and smoking status only.
 - B. GDM, preeclampsia, preterm birth, fetal growth restriction, delivery mode, placenta previa, placenta accreta, postpartum hemorrhage.
 - C. Only infection history.
 - D. No obstetric history is necessary.

Answers

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

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Explanations

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1. True or false: most fractures occur in people who do NOT have osteoporosis.

- A. False
- B. True**
- C. Not sure
- D. Only in men

Fracture risk is shaped by bone strength and the likelihood of a fall or trauma. Osteoporosis clearly raises the chance of a fracture from even minor stress, but when you look at the whole population, far more people do not have osteoporosis than do. That means more fractures occur in individuals with normal or non-osteoporotic bone density simply because they are far more numerous. So, while osteoporosis increases individual risk, the absolute number of fractures is higher among those without osteoporosis, making the statement true.

2. Which of the following is NOT a listed risk factor prompting DEXA screening in 50-64?

- A. Parental hx of hip fracture
- B. Smoking
- C. High body weight**
- D. Chronic steroid use

Bone density testing is used in this age range when there are factors that raise the risk of osteoporosis or fragility fractures, rather than screening everyone automatically. A family history of hip fracture signals a genetic predisposition to weaker bones and higher fracture risk, so DEXA is indicated. Smoking also contributes to lower bone density and greater fracture risk, making screening appropriate. Chronic steroid use is a well-known cause of osteoporosis because it suppresses bone formation and can increase fracture risk, which is another reason to screen. In contrast, high body weight is not a risk factor that prompts DEXA screening in this group; excess weight tends to be associated with higher bone density and is not used as a trigger for screening in 50-64-year-old women.

3. Which of the following is NOT an etiology of milky nipple discharge?

- A. Pregnancy
- B. Hypothyroidism
- C. Hypertension**
- D. Prolactinoma

Milky nipple discharge occurs when prolactin levels are elevated, since prolactin stimulates milk production in the breast. Pregnancy can raise prolactin and breast tissue responsiveness, making galactorrhea possible. Hypothyroidism increases TRH, which stimulates prolactin release, so it can cause milky discharge as well. A prolactinoma directly secretes prolactin, leading to galactorrhea. Hypertension does not affect the prolactin pathway and is not a recognized cause of milky discharge. Therefore, hypertension is not an etiology of galactorrhea.

4. What is a typical next step after removing a cervical polyp in the office?

- A. Observation only without pathology.
- B. Send the tissue for pathology after in-office removal.**
- C. Immediate chemotherapy.
- D. Cervical cancer is assumed if a polyp is removed.

After removing a cervical polyp in the office, the typical next step is to send the tissue for pathology. This ensures accurate diagnosis because even though most polyps are benign, there is a real chance of underlying dysplasia or cancer that isn't apparent from appearance alone. The pathology report confirms what tissue was removed and whether there are any precancerous changes or malignancy, guiding any needed follow-up. If the polyp is benign and shows no dysplasia, routine follow-up suffices. If the report shows CIN or cancer, further evaluation and management are required. Immediate chemotherapy would not be appropriate, and simply observing without pathology could miss significant pathology.

5. In the notation P1215, what does the last digit represent?

- A. Living children**
- B. Term deliveries
- C. Abortions
- D. Preterm deliveries

In this parity notation, the digits after P encode outcome counts of pregnancies in a fixed order: term deliveries, preterm deliveries, abortions, and living children. The last digit specifically shows how many children are living. So in P1215, the final digit 5 means there are 5 living children.

6. Which practice regarding hormone therapy is recommended to reduce breast cancer risk?

- A. Use estrogen therapy indefinitely
- B. Avoidance or limited duration of hormone replacement therapy**
- C. Use high-dose estrogen and progestin
- D. Stop all medications after adolescence

Minimizing exposure to hormone therapy is the strategy to reduce breast cancer risk. Breast cancer risk increases with longer use of hormone replacement therapy, especially when estrogen is combined with progestin. Therefore the best practice is to avoid long-term use and to use the lowest effective dose for the shortest duration necessary, with regular re-evaluation and consideration of non-hormonal or lower-systemic options when possible. Stopping all medications after adolescence isn't appropriate for adults needing symptom relief, and continuing estrogen indefinitely or using high-dose estrogen with progestin would raise risk rather than minimize it.

7. How does uterine size and position on examination help narrow the differential diagnosis?

- A. Normal-sized uterus suggests nonpregnant state; enlarged uterus suggests fibroids or adenomyosis; enlarged or irregular uterus may indicate pregnancy or a mass; fixed retroverted uterus can be endometriosis or adhesions**
- B. Uterus size does not matter
- C. Only pregnancy affects the uterus position
- D. Uterus is always the same size

Understanding what the uterus feels like on examination helps you sort out likely problems. A normal-sized uterus on exam makes pregnancy and large pelvic masses less likely, pointing toward a nonpregnant state. When the uterus is enlarged, fibroids (leiomyomas) or adenomyosis are common culprits: fibroids often produce an irregular, sometimes nodular enlargement, while adenomyosis tends to cause a more diffuse, globular enlargement and may be tender. An enlarged or irregular uterus can also reflect pregnancy or a pelvic mass, so this finding helps distinguish between those scenarios. A uterus that is fixed and retroverted often suggests pelvic pathology such as endometriosis or adhesions, which tether the uterus in place. In short, uterine size helps separate nonpregnant from pregnant states and points toward fibroids or adenomyosis when enlarged, while a fixed retroverted uterus raises suspicion for endometriosis or prior pelvic adhesions. The other statements that size doesn't matter, or that only pregnancy affects position, aren't consistent with how pelvic anatomy changes in disease and pregnancy, so they don't fit as well.

8. A normal menstrual cycle is defined by which frequency and duration?

- A. 26–40 days frequency and 3–10 days duration.
- B. 21–35 days in frequency and menses lasting 2–7 days.**
- C. 14–21 days in frequency and 1–3 days duration.
- D. 28–32 days in frequency and 6–8 days duration.

Think of the cycle in two parts: how often menstruation occurs (the interval between periods) and how long the bleeding lasts. A normal interval is typically 21 to 35 days, and the bleeding itself usually lasts about 2 to 7 days. This combination covers the range most clinicians consider normal and is seen in most textbooks and guidelines. So the option that states a cycle every 21–35 days with menses lasting 2–7 days matches these standard ranges, making it the best choice. Other patterns push beyond these typical limits: a cycle as long as 40 days is outside the normal interval; bleeding for up to 10 days is longer than usual; cycles as short as 14–21 days are too frequent and 1–3 days of bleeding are shorter than expected. While some individuals may have mild variations, the conventional normal range is 21–35 days for frequency and 2–7 days for duration.

9. Spontaneous unilateral bloody discharge is most concerning for which condition until proven otherwise?

- A. Fibroadenoma
- B. Intraductal papilloma
- C. Ovarian tumor
- D. Breast cancer**

Spontaneous unilateral bloody nipple discharge is a red flag for a malignant ductal process. While intraductal papilloma is a common benign cause of unilateral bloody discharge, cancer remains the most concerning possibility until proven otherwise because bleeding can reflect involvement of a duct by a malignant lesion. That's why breast cancer is the best answer here. In practice, this finding prompts prompt evaluation with a focused breast exam and diagnostic imaging (typically mammography with ultrasound as appropriate for age), followed by tissue diagnosis if imaging or clinical findings raise suspicion. It's less likely to be ovarian-related, and fibroadenoma usually presents as a palpable lump rather than spontaneous bloody discharge. The take-home is that spontaneous unilateral bloody discharge should be investigated promptly to rule out breast cancer, even though benign causes can occur.

10. Which obstetric risk factors should be captured in the H&P?

- A. Maternal age and smoking status only.
- B. GDM, preeclampsia, preterm birth, fetal growth restriction, delivery mode, placenta previa, placenta accreta, postpartum hemorrhage.**
- C. Only infection history.
- D. No obstetric history is necessary.

Documenting obstetric risk factors in the H&P focuses on major maternal conditions and prior pregnancy outcomes that shape current care and surveillance. Gestational diabetes, preeclampsia, risk of preterm birth, fetal growth restriction, delivery history (especially mode of delivery), placenta previa, placenta accreta, and a history of postpartum hemorrhage collectively flag important pathways for monitoring and planning. Recognizing GDM and hypertensive disorders guides when to screen and how to monitor maternal and fetal health; a history of preterm birth or fetal growth restriction informs surveillance strategies and potential interventions; knowing prior delivery mode and the possibility of placenta-related issues helps plan the delivery approach and prepare for bleeding risks; and prior postpartum hemorrhage signals a higher risk in future pregnancies and informs readiness with uterotonics and blood products. The other options are incomplete because they omit many of these critical domains: focusing only on age and smoking misses metabolic, hypertensive, placental, and hemorrhagic risks; relying solely on infection history overlooks key obstetric outcomes and placental issues; and claiming that no obstetric history is necessary ignores how prior events influence current risk and management.

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!

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