

FISDAP Cardiology 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 is a common medication prescribed for patients with a history of myocardial infarction?**
 - A. Metoprolol**
 - B. Ibuprofen**
 - C. Diphenhydramine**
 - D. Lisinopril**
- 2. What does systole refer to in the cardiac cycle?**
 - A. The relaxation phase of the heart**
 - B. The phase when the heart fills with blood**
 - C. The contraction phase of the heart**
 - D. The phase of electrical activity**
- 3. What is a characteristic symptom of a pulmonary embolism?**
 - A. Sudden onset chest pain**
 - B. Chronic cough**
 - C. Wheezing**
 - D. High fever**
- 4. What are potential complications of untreated hypertension?**
 - A. Weight loss and increased energy levels**
 - B. Heart disease and stroke**
 - C. Enhanced cognitive function**
 - D. Improved cardiovascular fitness**
- 5. What defines diastolic heart failure?**
 - A. Heart muscles that contract too quickly**
 - B. A stiff heart muscle that does not relax properly**
 - C. Heart failure due to valvular defects**
 - D. A heart that pumps too much blood**

- 6. What constitutes a 'normal' ECG reading?**
- A. Rapid heart rate with frequent arrhythmias**
 - B. Irregular waves and intervals**
 - C. Appropriate heart rate and rhythm with no abnormalities**
 - D. Persistent elevated heart rate without variation**
- 7. A patient reports chest pain radiating to both shoulders, is pale, diaphoretic, and has slight shortness of breath. What condition is likely indicated?**
- A. Pneumothorax**
 - B. Heart attack**
 - C. Costochondritis**
 - D. Pulmonary embolism**
- 8. What does the term 'ventricular fibrillation' mean?**
- A. A situation where the heart beats too fast**
 - B. A life-threatening arrhythmia where the ventricles quiver instead of contracting**
 - C. A recovery phase of heart rhythm**
 - D. The heart's normal electrical function**
- 9. Which cardiac biomarker is most commonly associated with myocardial infarction?**
- A. B-type natriuretic peptide**
 - B. Creatine kinase**
 - C. Troponin**
 - D. Lactate dehydrogenase**
- 10. What is the primary purpose of cardiac rehabilitation?**
- A. To conduct surgeries on patients with heart issues**
 - B. To help patients recover from heart surgeries or events**
 - C. To monitor patients during their hospital stay**
 - D. To prescribe medications for heart disease**

Answers

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

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Explanations

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1. What is a common medication prescribed for patients with a history of myocardial infarction?

- A. Metoprolol**
- B. Ibuprofen**
- C. Diphenhydramine**
- D. Lisinopril**

Metoprolol is a beta-blocker that is often prescribed for patients with a history of myocardial infarction (MI) because it helps reduce the workload on the heart. After an MI, it is vital to manage heart rate, reduce myocardial oxygen demand, and prevent arrhythmias. Beta-blockers like metoprolol achieve these effects by blocking the effects of adrenaline on the heart, thereby slowing down the heart rate and lowering blood pressure. This not only improves outcomes after an MI but also aids in preventing future cardiovascular events. In contrast, medications like ibuprofen and diphenhydramine serve different purposes in treatment; ibuprofen is primarily an anti-inflammatory and pain reliever and does not address the underlying cardiac issues, while diphenhydramine is an antihistamine used for allergies and does not have cardiovascular benefits. Lisinopril, an ACE inhibitor, is also commonly prescribed post-MI for its role in reducing afterload and improving heart function, but metoprolol is particularly significant for its direct effects on heart rate and rhythm control. Each medication has a role in cardiac management, but beta-blockers are specifically indicated for patients recovering from MI.

2. What does systole refer to in the cardiac cycle?

- A. The relaxation phase of the heart**
- B. The phase when the heart fills with blood**
- C. The contraction phase of the heart**
- D. The phase of electrical activity**

Systole refers specifically to the contraction phase of the heart in the cardiac cycle. During this phase, the heart muscle contracts, which allows it to pump blood out of the chambers. In a typical cardiac cycle, systole occurs after diastole, the phase where the heart muscle relaxes and fills with blood. During ventricular systole, for example, the ventricles contract to push blood either into the aorta or the pulmonary artery, depending on which ventricle is contracting. This is a critical part of the heart's function, as the effective contraction ensures adequate circulation of blood throughout the body. Understanding systole is essential for grasping various aspects of cardiac function, including cardiac output and blood pressure dynamics, which are important in clinical settings and assessments.

3. What is a characteristic symptom of a pulmonary embolism?

A. Sudden onset chest pain

B. Chronic cough

C. Wheezing

D. High fever

A characteristic symptom of a pulmonary embolism is sudden onset chest pain. This type of chest pain is often sharp and can be exacerbated by deep breathing or coughing, which differentiates it from other types of chest pain that may not be as acute or related to respiratory movements. The sudden onset is indicative of the abrupt nature of the embolism obstructing blood flow to the lungs, leading to pulmonary ischemia and possible pleuritic pain. In patients with a pulmonary embolism, the pain is typically associated with additional symptoms that may include shortness of breath, tachypnea, and sometimes hemoptysis. The acute nature of the symptoms is a key distinguishing feature, as they can arise abruptly following surgery, prolonged immobility, or other risk factors that predispose to venous thromboembolism. In comparison, chronic cough, wheezing, and high fever are not symptoms that align with a pulmonary embolism. Chronic cough and wheezing are more commonly associated with chronic lung diseases or asthma, while a high fever suggests an infectious process rather than an obstruction of pulmonary vessels. Thus, the sudden onset chest pain stands out as a hallmark symptom of a pulmonary embolism.

4. What are potential complications of untreated hypertension?

A. Weight loss and increased energy levels

B. Heart disease and stroke

C. Enhanced cognitive function

D. Improved cardiovascular fitness

Untreated hypertension can lead to severe health issues, particularly heart disease and stroke, making this the correct answer. High blood pressure places excessive strain on the arteries, heart, and other vital organs. Over time, this can result in atherosclerosis, where the arteries become hardened and narrowed, significantly increasing the risk of conditions such as coronary artery disease, heart failure, and stroke. Additionally, untreated hypertension can contribute to other complications, including kidney damage, vision problems, and an increased risk of aneurysms. Recognizing the importance of managing blood pressure is crucial to preventing these potentially life-threatening conditions. The other choices imply positive health outcomes or benefits, which are not associated with untreated hypertension. Weight loss, increased energy, enhanced cognitive function, and improved cardiovascular fitness are not typical effects of high blood pressure; rather, untreated hypertension generally leads to adverse health outcomes.

5. What defines diastolic heart failure?

- A. Heart muscles that contract too quickly
- B. A stiff heart muscle that does not relax properly**
- C. Heart failure due to valvular defects
- D. A heart that pumps too much blood

Diastolic heart failure, also known as heart failure with preserved ejection fraction (HFpEF), is characterized primarily by the heart muscle's inability to relax properly. In this condition, the heart chambers become stiff due to structural changes, which often occur with aging, hypertension, or conditions such as diabetes. As a result, the heart cannot fill adequately during the diastolic phase of the cardiac cycle, leading to inadequate blood flow to the body despite a preserved ejection fraction. In contrast, the other options describe different mechanisms or types of heart dysfunction. A scenario where heart muscles contract too quickly would typically relate to tachycardia or arrhythmias rather than diastolic failure. Valvular defects can contribute to heart failure types but are not a defining characteristic specific to diastolic heart failure. An overactive pumping mechanism does not accurately describe the dysfunction seen in diastolic failure, as the issue lies in filling rather than excessive contraction. Overall, the defining feature of diastolic heart failure is the stiffness and inadequate relaxation of the heart muscle.

6. What constitutes a 'normal' ECG reading?

- A. Rapid heart rate with frequent arrhythmias
- B. Irregular waves and intervals
- C. Appropriate heart rate and rhythm with no abnormalities**
- D. Persistent elevated heart rate without variation

A normal ECG reading is characterized by an appropriate heart rate and rhythm, along with the absence of any abnormalities. This means that the heart is beating within a typical range of 60 to 100 beats per minute, and the electrical impulses that trigger each heartbeat occur in a regular and organized manner. The P wave, QRS complex, and T wave should all appear in their expected forms and sequences, showing that the heart's electrical system is functioning properly. When the reading has no abnormalities, there should be no signs indicative of conditions such as arrhythmias, ischemia, or other cardiac issues. This normality helps clinicians assess that the heart is functioning optimally, providing a basis for further evaluations if necessary. Therefore, the identification of a normal ECG is crucial for diagnosing potential cardiac problems and ensuring precise medical decisions are made for patient care.

7. A patient reports chest pain radiating to both shoulders, is pale, diaphoretic, and has slight shortness of breath. What condition is likely indicated?

- A. Pneumothorax**
- B. Heart attack**
- C. Costochondritis**
- D. Pulmonary embolism**

The symptoms presented in this case—chest pain radiating to both shoulders, pallor, diaphoresis, and slight shortness of breath—are classic indicators of a heart attack, also known as myocardial infarction. During a heart attack, the heart muscle is not receiving enough blood, which can result in chest discomfort that may radiate to the shoulders, arms, neck, or jaw. Additional symptoms such as sweating and difficulty breathing further align with this condition, as they indicate significant stress on the body's cardiovascular system. Pneumothorax primarily causes sudden sharp chest pain and may lead to difficulty breathing, but it typically does not involve the systemic symptoms seen here, such as diaphoresis or pallor to this extent. Costochondritis typically causes localized pain that can mimic certain heart conditions but lacks the systemic features of a heart attack. Pulmonary embolism can present with chest pain and shortness of breath, but the combination of symptoms and radiation pattern strongly points to cardiac issues. In summary, the combination of chest pain, radiating symptoms, and systemic signs such as pallor and diaphoresis strongly suggests that a heart attack is the most likely condition indicated in this scenario.

8. What does the term 'ventricular fibrillation' mean?

- A. A situation where the heart beats too fast**
- B. A life-threatening arrhythmia where the ventricles quiver instead of contracting**
- C. A recovery phase of heart rhythm**
- D. The heart's normal electrical function**

Ventricular fibrillation is a critical condition characterized by erratic electrical activity in the heart's ventricles. During this arrhythmia, the ventricles quiver or vibrate without producing effective contractions, which means they fail to pump blood efficiently throughout the body. This leads to a lack of blood flow to vital organs, resulting in an immediate medical emergency. If not corrected promptly, ventricular fibrillation can lead to cardiac arrest and, ultimately, death. Understanding that ventricular fibrillation represents a chaotic and ineffective rhythm is essential for recognizing its severity and the urgent need for interventions like defibrillation to restore normal heart function. Other options either describe different heart conditions or phases unrelated to the specific characteristics of ventricular fibrillation.

9. Which cardiac biomarker is most commonly associated with myocardial infarction?

- A. B-type natriuretic peptide**
- B. Creatine kinase**
- C. Troponin**
- D. Lactate dehydrogenase**

Troponin is the biomarker most commonly associated with myocardial infarction (MI) primarily because it is specific to cardiac muscle. When there is damage to heart tissue, such as that which occurs during a myocardial infarction, troponin levels in the blood rise significantly. This increase can be detected within a few hours of the onset of chest pain, making it a critical marker for diagnosing MI. Troponin consists of three proteins (troponin I, troponin T, and troponin C) that help regulate muscle contraction in the heart. Troponin I and T are the subtypes typically measured, as they indicate cardiac damage specifically, allowing healthcare professionals to differentiate between cardiac-related issues and other causes of elevated myocardial markers. In contrast, while other biomarkers like creatine kinase (particularly CK-MB), B-type natriuretic peptide, and lactate dehydrogenase can provide information related to cardiac events, they are either less specific or not exclusively associated with myocardial cell injury. For instance, creatine kinase may rise due to skeletal muscle injury as well as cardiac issues, and B-type natriuretic peptide mainly indicates heart failure. Therefore, troponin's specificity and its rapid rise in the context

10. What is the primary purpose of cardiac rehabilitation?

- A. To conduct surgeries on patients with heart issues**
- B. To help patients recover from heart surgeries or events**
- C. To monitor patients during their hospital stay**
- D. To prescribe medications for heart disease**

The primary purpose of cardiac rehabilitation is to help patients recover from heart surgeries or events. This comprehensive program typically includes a combination of medical evaluation, prescribed exercise, education on heart-healthy living, and counseling for stress management. After experiencing a heart attack, surgery, or other cardiac events, patients often require support to regain their physical fitness, adapt to lifestyle changes, and reduce their risk of future heart problems. Cardiac rehabilitation aims to improve the patient's overall cardiovascular health, facilitate a safe return to normal activities, and empower individuals with the knowledge and skills to maintain a healthy lifestyle moving forward. This program is crucial as it addresses both the physical and emotional aspects of recovery, helping patients build strength and confidence. It fosters a supportive environment where individuals can share experiences with others in similar situations, ultimately enhancing their adherence to lifestyle modifications necessary for optimal long-term outcomes.

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://fisdapcariology.examzify.com>

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