

GENERAL DIAGNOSES 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. During Phase 1 immobilization, which intervention is used?**
 - A. Dorsal blocking orthosis
 - B. Volar splint with wrist extension
 - C. No immobilization
 - D. Immediate active finger flexion

- 2. A patient with polyuria, polydipsia, weight loss, and fatigue with hyperglycemia is most consistent with which diagnosis?**
 - A. Type 1 diabetes mellitus presenting with diabetic ketoacidosis
 - B. Type 2 diabetes mellitus
 - C. Gestational diabetes
 - D. Maturity-Onset Diabetes of the Young

- 3. In kitchen accessibility and IADL performance, which factor directly relates to evaluating IADL performance in the kitchen?**
 - A. Counter height and ability to access work surfaces
 - B. Appliance placement
 - C. Cabinet accessibility and storage organization
 - D. Ability to safely perform meal preparation tasks

- 4. What clinical feature is most characteristic of mesenteric ischemia?**
 - A. Chronic crampy pain with meals
 - B. Sudden severe abdominal pain out of proportion to examination findings
 - C. Acute pancreatitis pain radiating to back
 - D. N/V with fever

- 5. What is a classic presentation of diabetic ketoacidosis in adults?**
 - A. Hypertension and edema
 - B. Hypoglycemia
 - C. Jaundice
 - D. Polyuria, polydipsia, weight loss, dehydration, tachycardia, Kussmaul respiration, and metabolic acidosis with hyperglycemia

- 6. Which condition presents with fever and a petechial or purpuric rash plus shock?**
- A. Meningococemia
 - B. Atypical pneumonia
 - C. UTI
 - D. Hepatitis
- 7. For suspected appendicitis in a pregnant patient, what imaging modality is preferred?**
- A. MRI
 - B. X-ray
 - C. CT
 - D. Ultrasound
- 8. What radiographic finding is most suggestive of aspiration pneumonia?**
- A. Cavitary lesions
 - B. Infiltrates in dependent lung zones
 - C. Bilateral diffuse interstitial markings
 - D. Lobar consolidation in the right upper lobe
- 9. When evaluating suspected pulmonary embolism in pregnancy, which imaging option is preferred if clinically feasible?**
- A. CT Pulmonary Angiography
 - B. V/Q Scintigraphy
 - C. Chest X-Ray
 - D. Pulmonary Angiography
- 10. Which statement describes proximal-to-distal control in NDT?**
- A. Proximal control is unnecessary in guiding distal movement.
 - B. Distal control alone is sufficient for functional movement.
 - C. Proximal points of control (trunk, pelvis, shoulders) guide movement to distal points (hands, feet).
 - D. Proximal control has no influence on distal movement.

Answers

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

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Explanations

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1. During Phase 1 immobilization, which intervention is used?

- A. Dorsal blocking orthosis**
- B. Volar splint with wrist extension
- C. No immobilization
- D. Immediate active finger flexion

The main idea is protecting the injured extensor tendon at the fingertip during the initial healing period. In Phase I, the goal is to immobilize the distal interphalangeal joint in a slight flexion to prevent extension and stress on the healing tendon, while still allowing gentle motion at the rest of the finger to maintain glide and prevent stiffness. A dorsal blocking orthosis does exactly this: it sits on the back of the finger and blocks extension at the DIP, keeping it in flexion so the tendon can heal, while permitting controlled flexion and movement at the other joints. Using a volar splint with wrist extension doesn't specifically protect the DIP extensor mechanism, immobilizing the wrist instead; no immobilization or forcing immediate active finger flexion would risk re-injury or poor healing. Hence, the dorsal blocking orthosis is the appropriate choice for Phase I immobilization.

2. A patient with polyuria, polydipsia, weight loss, and fatigue with hyperglycemia is most consistent with which diagnosis?

- A. Type 1 diabetes mellitus presenting with diabetic ketoacidosis**
- B. Type 2 diabetes mellitus
- C. Gestational diabetes
- D. Maturity-Onset Diabetes of the Young

New-onset autoimmune Type 1 diabetes presenting with diabetic ketoacidosis is suggested by this combination of symptoms: frequent urination and thirst from hyperglycemia, plus weight loss and fatigue reflecting a catabolic state when insulin is deficient. In Type 1, the lack of insulin allows glucose to remain in the blood and drives the body to break down fats for energy, producing ketones and potentially leading to ketoacidosis. This pattern fits best with Type 1 diabetes with DKA. Type 2 diabetes often presents later with obesity and insulin resistance, and ketoacidosis at diagnosis is less common. Gestational diabetes occurs during pregnancy. MODY is a genetic form that usually presents earlier but does not typically present with ketoacidosis.

3. In kitchen accessibility and IADL performance, which factor directly relates to evaluating IADL performance in the kitchen?

- A. Counter height and ability to access work surfaces**
- B. Appliance placement
- C. Cabinet accessibility and storage organization
- D. Ability to safely perform meal preparation tasks

Access to the work surface is what primarily determines whether someone can perform kitchen-related IADLs. Most meal-prep tasks—chopping, mixing, transferring ingredients, using utensils and appliances—happen at the counter. If the counter height is not appropriate or the person can't reach or maneuver at the surface, initiating and sustaining these tasks becomes impossible, regardless of other kitchen features. Environment features like appliance placement or cabinet organization affect how smoothly tasks run, but they don't by themselves establish the ability to perform the activity. Being able to safely perform meal preparation is important, but that outcome depends largely on having accessible work surfaces to work on in the first place.

4. What clinical feature is most characteristic of mesenteric ischemia?

- A. Chronic crampy pain with meals
- B. Sudden severe abdominal pain out of proportion to examination findings**
- C. Acute pancreatitis pain radiating to back
- D. N/V with fever

The main idea is that acute mesenteric ischemia classically presents with severe abdominal pain that is out of proportion to the exam. In the early stages, the bowel is ischemic but the abdominal wall may feel relatively soft or only mildly tender, so the patient's pain is much more intense than what the exam suggests. This mismatch—very strong pain with a surprisingly calm abdomen—is a classic red flag for mesenteric ischemia and reflects sudden loss of blood flow to the intestines before widespread peritoneal irritation develops. Understanding this helps distinguish it from other GI pains. Chronic mesenteric ischemia causes postprandial crampy pain with weight loss due to fear of eating, not an abrupt, overwhelming pain with a quiet exam. Pain radiating to the back is more typical of pancreatitis, and vomiting with fever is nonspecific and seen in many conditions.

5. What is a classic presentation of diabetic ketoacidosis in adults?

- A. Hypertension and edema
- B. Hypoglycemia
- C. Jaundice
- D. Polyuria, polydipsia, weight loss, dehydration, tachycardia, Kussmaul respiration, and metabolic acidosis with hyperglycemia**

Classic presentation of diabetic ketoacidosis in adults includes polyuria, polydipsia, weight loss, dehydration, tachycardia, Kussmaul respiration, and a metabolic acidosis with hyperglycemia. This pattern arises because severe insulin deficiency causes both high blood glucose (hyperglycemia) and increased ketone production from fat breakdown. The hyperglycemia drives osmotic diuresis, leading to dehydration and thirst, while ketosis and acidosis trigger rapid, deep breathing (Kussmaul) as the body tries to compensate. In contrast, hypertension with edema isn't typical of DKA and suggests fluid overload or other conditions; hypoglycemia would present with low glucose rather than the high glucose seen here; jaundice points to liver-related issues. The combination of high glucose, dehydration signs, tachycardia, tachypnea with metabolic acidosis and ketones is the classic, defining picture.

6. Which condition presents with fever and a petechial or purpuric rash plus shock?

- A. Meningococcemia**
- B. Atypical pneumonia
- C. UTI
- D. Hepatitis

This is meningococcemia. Neisseria meningitidis in the blood triggers a strong inflammatory response and endotoxin release, leading to widespread small-vessel inflammation and disseminated intravascular coagulation. The result is petechial or purpuric skin lesions that can progress rapidly, with shock from septic circulatory collapse. Other conditions listed may cause fever, but they do not typically present with a purpuric rash plus sudden shock. Recognizing this pattern is critical because it requires urgent antibiotics and aggressive supportive care.

7. For suspected appendicitis in a pregnant patient, what imaging modality is preferred?

- A. MRI
- B. X-ray
- C. CT

D. Ultrasound

Imaging in pregnancy focuses on protecting the fetus while accurately diagnosing the cause of abdominal pain. Ultrasound is favored because it uses no ionizing radiation and can often identify appendicitis directly by showing a noncompressible, enlarged appendix, or indirectly through signs like surrounding inflammatory changes or free fluid. It's the safest first step in a pregnant patient, and it works reasonably well in many cases, especially earlier in pregnancy. As pregnancy progresses, the ultrasound view can become limited due to the enlarging uterus, which lowers sensitivity. When ultrasound doesn't provide a clear answer, magnetic resonance imaging becomes the next best option because it offers detailed visualization without radiation risk to the fetus. Computed tomography, while highly accurate for appendicitis, involves ionizing radiation and is generally avoided in pregnancy unless MRI is unavailable or results are still inconclusive and the clinical risk of missing appendicitis is high.

8. What radiographic finding is most suggestive of aspiration pneumonia?

- A. Cavitory lesions
- B. Infiltrates in dependent lung zones**
- C. Bilateral diffuse interstitial markings
- D. Lobar consolidation in the right upper lobe

The key idea is that aspiration pneumonia tends to produce infiltrates in the lung areas that are gravity-dependent. When material is aspirated, it settles into the parts of the lungs that are lowest, so a chest radiograph often shows focal opacities in those dependent zones. In an upright person, this most commonly affects the right lower lobe due to the anatomy of the right main bronchus. If the person is lying supine, the posterior segments of the upper lobes or the superior segments of the lower lobes may be involved. This pattern—dependent-lung zone infiltrates—is the best clue for aspiration. Cavitory lesions aren't a typical early sign of aspiration pneumonia and could point to abscess from other organisms or different diseases. Bilateral diffuse interstitial markings suggest edema or a viral/atypical process rather than a focal aspiration pattern. A consolidation in the right upper lobe can occur but is less characteristic than dependent-zone involvement, which directly reflects the mechanism of aspiration.

9. When evaluating suspected pulmonary embolism in pregnancy, which imaging option is preferred if clinically feasible?

A. CT Pulmonary Angiography

B. V/Q Scintigraphy

C. Chest X-Ray

D. Pulmonary Angiography

In evaluating suspected pulmonary embolism during pregnancy, the imaging choice that best balances rapid, accurate diagnosis with safety for both mother and fetus is CT pulmonary angiography. It directly visualizes the pulmonary arteries, providing high sensitivity and specificity for emboli and allowing a quick, definitive diagnosis. It also enables detection of other potential causes of symptoms, such as infection or pneumonia, in the same study. While ventilation-perfusion scintigraphy can be useful and may reduce breast radiation exposure in some settings, its results can be nondiagnostic or inconclusive, which may delay treatment. Chest X-ray alone cannot diagnose PE, and invasive pulmonary angiography carries more risk and is reserved for cases where noninvasive tests are inconclusive or unavailable. Therefore, when feasible, CT pulmonary angiography is the preferred initial imaging choice because of its accuracy, speed, and broad diagnostic utility.

10. Which statement describes proximal-to-distal control in NDT?

A. Proximal control is unnecessary in guiding distal movement.

B. Distal control alone is sufficient for functional movement.

C. Proximal points of control (trunk, pelvis, shoulders) guide movement to distal points (hands, feet).

D. Proximal control has no influence on distal movement.

Proximal-to-distal control means the body's stable base—trunk, pelvis, and shoulders—guides and organizes movement of the farther points, like the hands and feet. In neurodevelopmental treatment, functional movement starts with establishing proximal stability and proper alignment, which then allows the limbs to move in a coordinated, efficient way. Think of reaching to grab something: a steady core and stable shoulder girdle set up the arm to extend and the fingers to grasp smoothly. Without that base, distal movements tend to be jerky, misdirected, or compensated. So, the correct statement reflects that proximal control provides the foundation for distal action. Proximal control isn't unnecessary, and distal control alone can't produce functional movement without a stable proximal base. Proximal control does influence distal movement, rather than having no effect.

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:

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

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