

History and Physical (H&P) Exam 1 Practice (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

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- 1. Melanoma is responsible for what percentage of skin cancers and is known for being most lethal?**
 - A. 4% of skin cancers; most lethal; rapidly grows**
 - B. 80% of skin cancers; slow growing**
 - C. 16% of skin cancers; crusted**
 - D. 50% of skin cancers; moderate growth**

- 2. Which attribute of the HPI corresponds to the quantity or amount of the symptom?**
 - A. Quality**
 - B. Quantity/Severity**
 - C. Setting**
 - D. Timing**

- 3. HPI is best described as which of the following?**
 - A. The patient's past surgeries**
 - B. A chronological narrative of symptoms from onset to present**
 - C. A lab report interpretation**
 - D. A physical exam findings list**

- 4. Which two diagnoses have a high association with abuse?**
 - A. Bipolar disorder and obsessive-compulsive disorder**
 - B. Generalized anxiety disorder and major depressive disorder**
 - C. Schizophrenia and PTSD**
 - D. Pregnancy and somatic symptom disorder**

- 5. What best defines objective information in a patient assessment?**
 - A. What you detect during the exam, through labs, or test data**
 - B. What the patient tells you**
 - C. Chief complaint**
 - D. Subjective feelings**

- 6. Which term refers to briefly restating patient concerns to confirm understanding?**
- A. Transition**
 - B. Summarization**
 - C. Empathy**
 - D. Paternalism**
- 7. When evaluating a patient, do you start on the normal side or the complaint side?**
- A. Start on the affected side**
 - B. Start with the complaint side**
 - C. Start on the normal side**
 - D. Start with an equal approach**
- 8. Which pattern qualifies as alcoholism in women?**
- A. 14 drinks per week or 4 on a single day**
 - B. 3 drinks per week or 1 on a single day**
 - C. 7 drinks per week or 3 or more on a single day**
 - D. 21 drinks per week or 5 on a single day**
- 9. Cuticle serves what primary function?**
- A. prevents infection, moisture from getting under the skin**
 - B. The edge that covers the bottom of the nail**
 - C. The fold of skin on the sides of the nail**
 - D. The white area of the nail, part of the matrix**
- 10. What does the principle of beneficence require in patient care?**
- A. Respect patient autonomy above all.**
 - B. Ensure informed consent is obtained.**
 - C. Act in the best interest of the patient, benefiting the patient.**
 - D. Do no harm first.**

Answers

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

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Explanations

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1. Melanoma is responsible for what percentage of skin cancers and is known for being most lethal?

- A. 4% of skin cancers; most lethal; rapidly grows**
- B. 80% of skin cancers; slow growing
- C. 16% of skin cancers; crusted
- D. 50% of skin cancers; moderate growth

Melanoma is relatively uncommon compared with other skin cancers, but it is the most lethal because it has a high potential to metastasize early. It accounts for only a small fraction of skin cancers—around 4% in many summaries—yet it causes the majority of skin cancer deaths. This combination comes from its tendency to grow and spread quickly, which makes early detection and treatment crucial. In contrast, basal cell carcinoma is the most common skin cancer and rarely spreads, while squamous cell carcinoma is more common than melanoma but still less deadly than melanoma. The other statements misstate how common melanoma is and how aggressively it behaves.

2. Which attribute of the HPI corresponds to the quantity or amount of the symptom?

- A. Quality
- B. Quantity/Severity**
- C. Setting
- D. Timing

In the HPI, the element that tells you how much or how bad the symptom is called Quantity or Severity. This captures the magnitude or intensity of what the patient is experiencing, often using a numeric scale (for example, pain 7/10) or descriptive terms like mild, moderate, or severe. This measure helps gauge how seriously a symptom affects function and how it should be managed. Quality, on the other hand, describes the character of the symptom (sharp, burning, dull) rather than how much there is. Setting refers to the context in which the symptom occurs (where, with whom, or under what circumstances). Timing covers when it started, how long it lasts, and how often it recurs.

3. HPI is best described as which of the following?

- A. The patient's past surgeries
- B. A chronological narrative of symptoms from onset to present**
- C. A lab report interpretation
- D. A physical exam findings list

HPI describes the patient's current problem as a narrative of symptoms from onset to present, detailing how the symptoms began, how they have progressed, and how they're behaving now. It includes onset, progression, quality, location, severity, timing, triggers, relief, associated symptoms, and any prior evaluations or treatments and their effects. This focused story helps clinicians understand the illness trajectory and informs next steps in evaluation and management. Past surgeries belong in the surgical history, not the presenting illness narrative; a lab report interpretation summarizes test results rather than the patient's symptom story; and a physical exam findings list records what is found on examination, not how the symptoms developed.

4. Which two diagnoses have a high association with abuse?

- A. Bipolar disorder and obsessive-compulsive disorder**
- B. Generalized anxiety disorder and major depressive disorder**
- C. Schizophrenia and PTSD**
- D. Pregnancy and somatic symptom disorder**

Abuse history often manifests in ways that directly affect both physical state and symptom presentation. During pregnancy, intimate partner violence is a well-documented risk and is linked to adverse obstetric outcomes and significant maternal distress. This makes pregnancy a context where abuse is commonly found and impactful. For somatic symptom disorder, survivors of abuse are at higher risk of developing persistent physical symptoms that cannot be fully explained by medical illness. Trauma can shape how people experience and report pain, stress, and bodily symptoms, leading to the somatic presentation that characterizes this disorder. So, pairing pregnancy with somatic symptom disorder captures two strong avenues where abuse is frequently and notably tied to clinical presentation: a biological/physiologic context (pregnancy) and a symptom-focused psychosomatic pattern (somatic symptom disorder). While mood, anxiety, or psychotic disorders can co-occur with abuse, the combination here most clearly reflects the direct ways abuse commonly influences health and symptoms.

5. What best defines objective information in a patient assessment?

- A. What you detect during the exam, through labs, or test data**
- B. What the patient tells you**
- C. Chief complaint**
- D. Subjective feelings**

Objective information is data you can observe or measure directly, independent of what the patient says or feels. It comes from the physical exam, laboratory tests, imaging, and other diagnostic data, and it can be verified by repeat measurements. Examples include vital signs, physical findings like a heart murmur or rash, and lab values such as glucose or white blood cell count. This is different from subjective information, which includes what the patient reports or experiences—like pain, dizziness, or fatigue—and from the chief complaint, which is the reason the patient seeks care. So the best definition is what you detect during the exam or through labs or test data.

6. Which term refers to briefly restating patient concerns to confirm understanding?

- A. Transition**
- B. Summarization**
- C. Empathy**
- D. Paternalism**

Summarization is the brief restatement of the patient's concerns to verify you've understood them and to ensure nothing important was missed. This technique helps close the loop on the interview and shows you're actively listening. It's distinct from empathy (acknowledging feelings), transition (moving to a new topic or clinician), and paternalism (clinician makes decisions for the patient). So the described action best fits summarization.

7. When evaluating a patient, do you start on the normal side or the complaint side?

- A. Start on the affected side**
- B. Start with the complaint side**
- C. Start on the normal side**
- D. Start with an equal approach**

Begin with the normal side. Starting with the unaffected side establishes a baseline free from pain or weakness-related limitations, giving you a clear reference for what normal function looks like in that patient. If you start with the complaint side, pain, guarding, or limited movement can bias your assessment and mask the true deficit. Once you have the baseline on the normal side, you can test the affected side and compare directly, making it easier to spot and quantify any asymmetry in strength, sensation, reflexes, or range of motion. This approach is the standard way to minimize bias and improve accuracy across the exam.

8. Which pattern qualifies as alcoholism in women?

- A. 14 drinks per week or 4 on a single day**
- B. 3 drinks per week or 1 on a single day**
- C. 7 drinks per week or 3 or more on a single day**
- D. 21 drinks per week or 5 on a single day**

For women, patterns of alcohol use that raise concern are defined by specific thresholds: more than seven drinks in a typical week, or three or more drinks on a single day. This lower limit compared with men reflects physiological differences that make women more sensitive to alcohol's effects. The correct pattern matches these exact cutoffs: seven or more drinks per week, or three or more on a single day. The other options use thresholds that don't align with these standard benchmarks (for example, using 14, 21, or 4 or 5 on a day, or downplaying weekly or daily amounts), so they don't represent the same risk level.

9. Cuticle serves what primary function?

- A. prevents infection, moisture from getting under the skin**
- B. The edge that covers the bottom of the nail**
- C. The fold of skin on the sides of the nail**
- D. The white area of the nail, part of the matrix**

The cuticle's main function is to act as a protective barrier at the nail root, sealing the area where the nail grows to keep infection out and moisture from getting under the nail plate. This protective seal helps shield the developing nail matrix from bacteria and fungi. If the cuticle is damaged or removed, the risk of infection increases. For context, the edge under the nail is the hyponychium, the skin on the sides is the lateral nail folds, and the white crescent at the base is the lunula, part of the matrix.

10. What does the principle of beneficence require in patient care?

- A. Respect patient autonomy above all.**
- B. Ensure informed consent is obtained.**
- C. Act in the best interest of the patient, benefiting the patient.**
- D. Do no harm first.**

Beneficence centers on acting to promote the patient's welfare. In practice, this means choosing actions and interventions that are likely to benefit the patient, maximizing positive outcomes while minimizing harms. It involves weighing the potential benefits against risks, considering the patient's values and goals, and aiming to improve health, relieve suffering, and enhance quality of life. This guidance is distinct from autonomy (honoring the patient's own choices), informed consent (the process of ensuring understanding before decisions), and nonmaleficence (the obligation to do no harm). So, the emphasis is on acting in the patient's best interests and promoting their well-being.

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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://historyandphysical1.examzify.com>

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

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