

HOLISTIC EXAM 4 PRACTICE EXAM (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. What is the first step in the process of oxygenation?**
 - A. Obtain oxygen from the air.
 - B. Transport air through the respiratory tract to alveoli.
 - C. Diffuse oxygen into blood to be carried to all cells of the body.
 - D. Remove carbon dioxide from the body.
- 2. Which description applies to venous ulcers?**
 - A. Beefy, yellow, red.
 - B. Circular and deep.
 - C. Irregular shape and shallow.
 - D. Dark, gangrenous.
- 3. What does the lymphatic system absorb from the intestinal tract?**
 - A. Lipids
 - B. Water
 - C. Proteins
 - D. Vitamins
- 4. Which of the following is an abnormal heart sound?**
 - A. Ejection click
 - B. Friction rub is a normal heart sound
 - C. A normal heart sound
 - D. Systolic murmur
- 5. Arteries are part of which type of pressure system?**
 - A. Low pressure system
 - B. Medium pressure system
 - C. High pressure system
 - D. Fluctuating pressure system
- 6. Friction rub is described as which of the following heart sounds?**
 - A. Normal heart sound
 - B. Benign rhythm
 - C. A soft systolic murmur
 - D. An abnormal heart sound

7. Which condition is most associated with hyperresonance on percussion?

- A. Pneumonia
- B. Atelectasis
- C. Pleural effusion
- D. Emphysema

8. Which term describes normal breathing?

- A. Biot's breathing
- B. Eupnea
- C. Kussmaul breathing
- D. Apnea

9. Which statement accurately describes aging-related changes in peripheral pulses?

- A. Peripheral pulses always become easier to locate with age
- B. The dorsalis pedis and posterior tibial arteries may be difficult to locate due to arteriosclerosis or rigid arteries
- C. All peripheral pulses strengthen with age
- D. Arterial pulses disappear completely in older adults

10. Which percussion finding is most consistent with emphysema?

- A. Hyperresonance
- B. Dullness
- C. Flatness
- D. Tympany

Answers

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

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Explanations

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1. What is the first step in the process of oxygenation?

- A. Obtain oxygen from the air.
- B. Transport air through the respiratory tract to alveoli.
- C. Diffuse oxygen into blood to be carried to all cells of the body.
- D. Remove carbon dioxide from the body.

Bringing in air that contains oxygen is the starting point. Ventilation provides the oxygen source and creates the partial pressure gradient in the lungs that allows oxygen to diffuse into the blood. Without oxygen entering the alveoli, there's no oxygen available for diffusion, transport, or tissue use. Once oxygen is present in the alveoli, it diffuses across the alveolar-capillary membrane into the blood, where it's carried to all cells and used for metabolism. Carbon dioxide removal is part of the later exchange cycle, not the initial step.

2. Which description applies to venous ulcers?

- A. Beefy, yellow, red.
- B. Circular and deep.
- C. Irregular shape and shallow.
- D. Dark, gangrenous.

Venous ulcers are typically caused by chronic venous insufficiency, so they tend to be shallow with an irregular, poorly defined edge. The wound bed often has granulation tissue and there is usually significant drainage due to edema and venous stasis in the surrounding skin. This shallow, irregular pattern reflects the way venous hypertension causes tissue breakdown around the ankle, rather than the deep, punched-out appearance and pale base seen with arterial ulcers or the necrotic, gangrenous look that can accompany severe infection or ischemia.

3. What does the lymphatic system absorb from the intestinal tract?

- A. Lipids
- B. Water
- C. Proteins
- D. Vitamins

The key idea is how fats are absorbed after a meal. Fats in the intestinal lining are reassembled into triglycerides and packaged into chylomicrons, which enter the lacteals—special lymphatic vessels in the intestinal villi. From there, these lipid-containing particles travel through the lymphatic system before entering the bloodstream. This is why lipids are the correct answer: the lymphatic system is the route for absorbing dietary fats. In contrast, water and most proteins move into blood capillaries for transport via the portal circulation, and vitamins follow their own routes, often with fats, but the primary absorber among the options is lipids.

4. Which of the following is an abnormal heart sound?

- A. Ejection click
- B. Friction rub is a normal heart sound
- C. A normal heart sound
- D. Systolic murmur

An abnormal extra heart sound can come from valve mechanics, and the ejection click is a classic example. It's a brief, high-pitched sound heard early in systole, right after S1, produced when a semilunar valve (usually the aortic or pulmonary valve) opens abruptly against a stiff or edematous opening. This sound points to valvular abnormality, such as a bicuspid aortic valve or residual stenosis, and it has a characteristic timing that helps distinguish it from normal S1/S2 sounds. Other options describe sounds that are not normal: a normal heart sound would not be an extra sound, and a systolic murmur is also abnormal, though of a different type. A friction rub is indeed abnormal, signaling pericarditis, but the ejection click is the prototypical discrete abnormal systolic sound associated with valve opening, which is why it's identified as the abnormal heart sound in this context.

5. Arteries are part of which type of pressure system?

- A. Low pressure system
- B. Medium pressure system
- C. High pressure system
- D. Fluctuating pressure system

Arteries are the high pressure conduit of the circulatory system. When the heart contracts, it ejects blood into the arteries with strong force, creating high pressures that push blood forward. The arterial walls are thick and elastic, so they recoil between heartbeats and help sustain that pressure, keeping the arterial system much higher in pressure than the venous side. In contrast, veins operate under low pressure and rely on valves and surrounding muscles to help return blood to the heart. While arterial pressure does fluctuate with each heartbeat (peaking during systole and dipping during diastole), the overall system is best described as high pressure.

6. Friction rub is described as which of the following heart sounds?

- A. Normal heart sound
- B. Benign rhythm
- C. A soft systolic murmur
- D. An abnormal heart sound

Friction rub is an abnormal heart sound. It shows up as a high pitched, scratchy, "sandpaper" noise caused by inflamed pericardial surfaces rubbing together. It's not part of the normal S1/S2 sounds, not a benign rhythm, and it's not a soft systolic murmur. Clinically, you hear it best with the patient leaning forward, especially at the left lower sternal border during expiration, and it can have multiple components aligned with different parts of the cardiac cycle, reflecting pericardial irritation such as pericarditis.

7. Which condition is most associated with hyperresonance on percussion?

- A. Pneumonia
- B. Atelectasis
- C. Pleural effusion
- D. Emphysema**

Hyperresonance on percussion signals more air in the lungs than normal—air trapping and hyperinflation. This pattern fits emphysema, where destruction of alveolar walls leads to enlarged air spaces and increased lung volumes, making the chest sound more resonant when tapped. In contrast, pneumonia and atelectasis increase lung density with fluid or collapsed tissue, producing dull or flat percussion notes. Pleural effusion adds fluid, also yielding dullness. So the condition most associated with a hyperresonant percussion note is emphysema.

8. Which term describes normal breathing?

- A. Biot's breathing
- B. Eupnea**
- C. Kussmaul breathing
- D. Apnea

Normal breathing at rest is called eupnea. It means a smooth, regular rhythm with normal depth and no effort or use of accessory muscles. In adults, this typically corresponds to about 12–20 breaths per minute, with equal inspiration and expiration. This pattern contrasts with other breathing types: Biot's breathing shows irregular depth with periodic pauses; Kussmaul breathing is deep, rapid, and labored, often seen in metabolic acidosis; apnea is the absence of breathing. Recognizing eupnea helps gauge normal respiratory function and cues when something may be disrupting breathing.

9. Which statement accurately describes aging-related changes in peripheral pulses?

- A. Peripheral pulses always become easier to locate with age
- B. The dorsalis pedis and posterior tibial arteries may be difficult to locate due to arteriosclerosis or rigid arteries**
- C. All peripheral pulses strengthen with age
- D. Arterial pulses disappear completely in older adults

Aging often brings stiffness and calcification of the arteries, especially in the legs. When vessels lose elasticity and become rigid or atherosclerotic, the pulses in the lower extremities—like the dorsalis pedis and posterior tibial—can become faint or hard to locate. This makes the statement that these arteries may be difficult to locate due to arteriosclerosis or rigid arteries the best description of how peripheral pulses change with age. Pulses do not universally strengthen with age, and they don't disappear completely in everyone. In many older adults they're weaker or harder to find because of vascular changes, which is why this particular description fits aging best. If needed, a Doppler can help identify pulses when palpation is challenging.

10. Which percussion finding is most consistent with emphysema?

A. Hyperresonance

B. Dullness

C. Flatness

D. Tympany

Hyperresonance signals hyperinflation from air trapping in the lungs. In emphysema, destruction of the elastic tissue allows the lungs to hold more air, so the chest is more air-filled and percussion produces a louder, longer sound than normal. This hyperresonant note is a classic clue for obstructive airways diseases like emphysema. By contrast, dullness points to fluid or solid tissue in the chest (such as effusion or consolidation), flatness suggests very dense tissue or a solid mass, and tympany is more typical of gas in the gastrointestinal tract rather than the lungs. So the hyperresonant finding best fits emphysema.

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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://holistic4.examzify.com>

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

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