

Holistic Learning Objectives Exam 3 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. Age-related macular degeneration results in which type of vision loss?**
 - A. Loss of peripheral vision due to oxidative stress and inflammation**
 - B. Loss of color vision decline with age**
 - C. Loss of central vision due to oxidative stress and inflammation**
 - D. Night blindness when lighting is dim**

- 2. Which statement is true about the relationship between the superior vena cava and the right atrium?**
 - A. There is no intervening valve**
 - B. There is a valve**
 - C. They are connected by the foramen ovale**
 - D. They are connected by the ductus arteriosus**

- 3. Which statement about aging and cardiovascular disease is true?**
 - A. The incidence increases with age**
 - B. The incidence decreases with age**
 - C. The incidence is unrelated to age**
 - D. The incidence is zero after age 80**

- 4. Which statement correctly contrasts the foramen ovale and the ductus arteriosus in fetal circulation?**
 - A. Foramen ovale connects right and left atria, while ductus arteriosus connects pulmonary artery to aorta**
 - B. Foramen ovale is a valve; ductus arteriosus is a vessel**
 - C. Foramen ovale connects ventricles, while ductus arteriosus connects atria**
 - D. Foramen ovale connects pulmonary artery to aorta, while ductus arteriosus connects right atrium to left atrium**

- 5. The tympanic membrane separates which two regions?**
 - A. External ear from inner ear**
 - B. External ear from middle ear**
 - C. Middle ear from inner ear**
 - D. Outer ear from auditory canal**

- 6. Which structure is the middle vascular coat of the eye?**
- A. Choroid**
 - B. Sclera**
 - C. Retina**
 - D. Iris**
- 7. Which statement describes pulse pressure with aging?**
- A. Pulse pressure increases with aging due to arterial stiffening**
 - B. Pulse pressure decreases with aging**
 - C. Pulse pressure remains the same**
 - D. Pulse pressure becomes negative**
- 8. Ductus arteriosus functions in fetal circulation by connecting which structures?**
- A. Opening between right and left atria**
 - B. Connection between right atrium and superior vena cava**
 - C. Vascular connection between the pulmonary artery and the aorta allowing bypass of lungs**
 - D. Valve between ventricles**
- 9. Which structure is viewed through an ophthalmoscope?**
- A. Retina**
 - B. Iris**
 - C. Cornea**
 - D. Lens**
- 10. Which conditions can cause a cardiac murmur?**
- A. Increased velocity of blood flow during exercise**
 - B. Decreased viscosity of blood in anemia**
 - C. Structural defects or unusual openings**
 - D. All of the above**

Answers

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

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Explanations

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1. Age-related macular degeneration results in which type of vision loss?

- A. Loss of peripheral vision due to oxidative stress and inflammation**
- B. Loss of color vision decline with age**
- C. Loss of central vision due to oxidative stress and inflammation**
- D. Night blindness when lighting is dim**

Age-related macular degeneration damages the macula, the central part of the retina responsible for sharp, detailed vision. This degeneration—driven by oxidative stress and inflammation—causes a loss of central vision, so tasks like reading or recognizing faces become difficult while your side (peripheral) vision remains largely intact. That's why central vision loss is the hallmark of AMD. The other scenarios don't fit: peripheral vision loss is more typical of glaucoma or certain retinopathies, color vision decline with age isn't specific to AMD, and night blindness points to rod problems or vitamin A issues.

2. Which statement is true about the relationship between the superior vena cava and the right atrium?

- A. There is no intervening valve**
- B. There is a valve**
- C. They are connected by the foramen ovale**
- D. They are connected by the ductus arteriosus**

The main idea is that the superior vena cava drains into the right atrium directly, with no valve at that junction in normal anatomy. The right atrium accepts blood from the SVC, the inferior vena cava, and the coronary sinus. While there are small venous valves at the entrances of the IVC (Eustachian valve) and the coronary sinus (Thebesian valve) to help prevent backflow into those veins, there is no intervening valve between the superior vena cava and the right atrium itself. That's why the statement about a valve between the SVC and the RA is not correct. The other two structures mentioned are fetal connections: the foramen ovale bridges the right and left atria before birth and typically closes after birth, while the ductus arteriosus connects the pulmonary artery to the aorta in utero and also closes after birth. Neither serves as a connection between the SVC and the RA in the adult heart.

3. Which statement about aging and cardiovascular disease is true?

- A. The incidence increases with age**
- B. The incidence decreases with age**
- C. The incidence is unrelated to age**
- D. The incidence is zero after age 80**

Aging increases the risk of cardiovascular disease because the processes that damage blood vessels and the heart accumulate over a lifetime. Over time, arteries stiffen, lipid plaques grow, endothelial function declines, and blood pressure often rises. All of these changes raise the chance that a new cardiovascular event will occur, so the incidence of cardiovascular disease tends to climb as people get older. That's why the statement claiming the incidence increases with age is true. The other ideas don't fit: risk doesn't decrease with age overall, it's not unrelated to age, and new cases still occur after age 80, so the incidence isn't zero. In population data, older groups consistently show higher rates of new cardiovascular events.

4. Which statement correctly contrasts the foramen ovale and the ductus arteriosus in fetal circulation?

- A. Foramen ovale connects right and left atria, while ductus arteriosus connects pulmonary artery to aorta**
- B. Foramen ovale is a valve; ductus arteriosus is a vessel**
- C. Foramen ovale connects ventricles, while ductus arteriosus connects atria**
- D. Foramen ovale connects pulmonary artery to aorta, while ductus arteriosus connects right atrium to left atrium**

In fetal circulation, the lungs aren't used for oxygenation, so blood is redirected away from them by two shunts. The foramen ovale is an opening in the wall between the right and left atria that allows blood to pass from the right atrium into the left atrium, bypassing the right ventricle and the developing lungs. The ductus arteriosus is a vessel that connects the pulmonary artery to the aorta, routing blood away from the lungs into the systemic circulation. This statement is correct because it accurately describes those connections: the foramen ovale links the atria, and the ductus arteriosus links the pulmonary artery to the aorta. The other options misstate these connections or mischaracterize the structures (foramen ovale is not a valve, and it does not connect ventricles; the wrong vessels are described in some choices). After birth, these shunts close as pressures shift and the lungs take over oxygenation.

5. The tympanic membrane separates which two regions?

- A. External ear from inner ear
- B. External ear from middle ear**
- C. Middle ear from inner ear
- D. Outer ear from auditory canal

The tympanic membrane marks the boundary between the external ear and the middle ear. It sits at the end of the external auditory canal and vibrates in response to sound, passing those vibrations to the middle ear bones. The inner ear is separated from the middle ear by the oval window, not by the tympanic membrane. The external ear and the auditory canal are both parts of the outer ear, so they are not separated by the tympanic membrane.

6. Which structure is the middle vascular coat of the eye?

- A. Choroid**
- B. Sclera
- C. Retina
- D. Iris

The middle vascular coat is the choroid. The eye has three layers: an outer fibrous coat (sclera), a middle vascular coat (the uveal tract, which includes the iris, ciliary body, and choroid), and an inner neural coat (the retina). The choroid lies between the sclera and the retina and is highly vascular, supplying nutrients to the outer retina and absorbing excess light with its dark pigment. While the iris is part of the same vascular network, it is the anterior component of the uvea, not the main middle layer that runs behind the retina. The retina is the innermost layer, so the choroid best fits the description of the middle vascular coat.

7. Which statement describes pulse pressure with aging?

- A. Pulse pressure increases with aging due to arterial stiffening**
- B. Pulse pressure decreases with aging
- C. Pulse pressure remains the same
- D. Pulse pressure becomes negative

Arterial stiffening with age changes how pressures ride on the pulse. When arteries lose elasticity, the aorta can't expand as well during each heartbeat, so systolic pressure tends to rise. At the same time, stiff vessels don't recoil as effectively, and diastolic pressure may stay the same or drop a bit. The net result is a larger difference between systolic and diastolic pressures—pulse pressure increases with aging. This is why the statement describing pulse pressure as increasing due to arterial stiffening is the best description. The ideas that it decreases, stays the same, or becomes negative don't fit the typical vascular changes seen with aging.

8. Ductus arteriosus functions in fetal circulation by connecting which structures?

- A. Opening between right and left atria**
- B. Connection between right atrium and superior vena cava**
- C. Vascular connection between the pulmonary artery and the aorta allowing bypass of lungs**
- D. Valve between ventricles**

In fetal life, the lungs aren't used for oxygenating blood, so most blood must bypass them. The ductus arteriosus creates a direct vascular link between the pulmonary artery and the aorta. This shunt lets blood pumped into the pulmonary artery flow into the aorta and onward to the rest of the body, ensuring that oxygenated blood from the placenta reaches systemic circulation despite the nonfunctional lungs. After birth, increased oxygen and decreased prostaglandins cause it to constrict and eventually form the ligamentum arteriosum.

9. Which structure is viewed through an ophthalmoscope?

- A. Retina**
- B. Iris**
- C. Cornea**
- D. Lens**

An ophthalmoscope is used to look at the interior of the eye, specifically the fundus where the retina sits. When you perform ophthalmoscopy, light is directed through the pupil to illuminate and view the back of the eye, revealing the retina along with the optic disc and retinal vessels. The iris, cornea, and lens are all parts of the anterior segment and are not the primary structures examined with this tool. So the retina is the structure you view most directly with an ophthalmoscope.

10. Which conditions can cause a cardiac murmur?

- A. Increased velocity of blood flow during exercise**
- B. Decreased viscosity of blood in anemia**
- C. Structural defects or unusual openings**
- D. All of the above**

Cardiac murmurs come from turbulent blood flow inside the heart or vessels. Turbulence can arise when flow velocity is high, when blood is less viscous, or when abnormal pathways redirect flow. During exercise, the heart pumps more blood and the velocity of flow increases. This higher speed can disrupt smooth laminar flow and produce a audible sound, even in a healthy person, known as a benign or physiologic murmur. In anemia, blood is less viscous, which lowers resistance to flow. With the same driving pressure, the faster, less resisted flow becomes more prone to turbulence, which can create a murmur. Structural defects or unusual openings, such as holes between chambers or abnormal connections, provide new routes for blood. The resulting turbulent flow across valves or through these openings is a classic source of murmurs. Because each of these scenarios can generate turbulence that the ear detects as a heart murmur, all of the above conditions can cause a murmur.

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://holisticlos3.examzify.com>

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

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