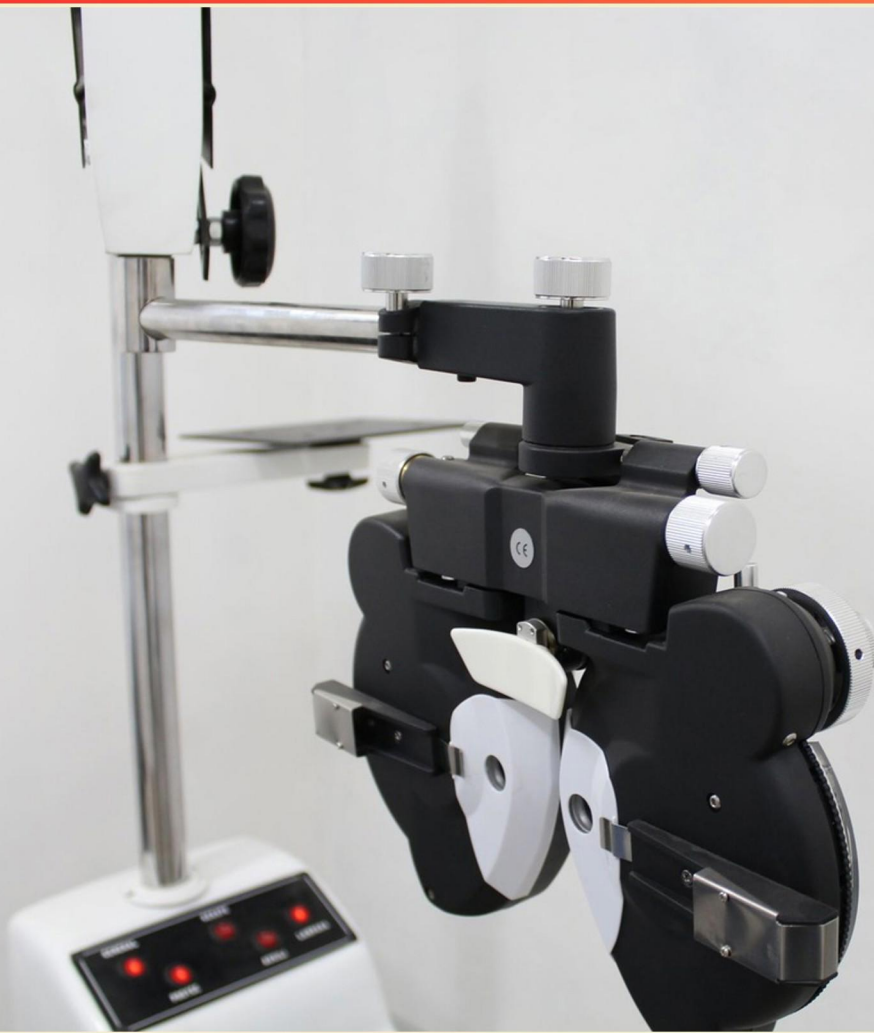


ITE BOARD GENERAL INTERNAL MEDICINE PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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 symptom is commonly associated with cervical radiculopathy?**
 - A. Sharp abdominal pain
 - B. Burning neurogenic pain
 - C. Constant headaches
 - D. Joint stiffness
- 2. What laboratory finding is typically associated with diabetes mellitus type 2?**
 - A. Decreased insulin levels
 - B. Elevated fasting plasma glucose levels
 - C. Low urine ketones
 - D. Increased hemoglobin A1c
- 3. What are the hallmark signs of Cushing's syndrome?**
 - A. Weight loss, insomnia, and skin rashes
 - B. Fatigue, joint pain, and hair loss
 - C. Central obesity, facial plethora, and easy bruising
 - D. Anemia, hyperkalemia, and hypertension
- 4. Which dietary change can help lower LDL cholesterol levels?**
 - A. Increased saturated fat intake
 - B. Consuming more dietary cholesterol
 - C. Eating viscous fiber in oats and legumes
 - D. Decreasing unsaturated fat intake
- 5. What lifestyle change can most reduce the risk of coronary artery disease?**
 - A. Regular exercise
 - B. Smoking cessation
 - C. Increased fiber intake
 - D. Weight gain
- 6. Why is the body mass index (BMI) calculated?**
 - A. To assess body fat percentage
 - B. To evaluate metabolic rate
 - C. To categorize underweight, normal, overweight, or obesity
 - D. To measure muscle mass

- 7. What should be included in a medication reconciliation for diagnosing inappropriate drug use?**
- A. A review of only prescribed medications
 - B. Limit to illegal drug use only
 - C. Complete list of all medications and dosages
 - D. Focus on dietary supplements only
- 8. Grief reaction typically presents with which of the following symptoms?**
- A. Pervasive guilt and loss of self-esteem
 - B. Transient major depression without changes in self-esteem
 - C. Full episode of major depressive disorder
 - D. Cyclical mood fluctuations
- 9. What is the mainstay treatment for congestive heart failure with preserved ejection fraction?**
- A. Surgical intervention
 - B. Diuresis to relieve congestion
 - C. Beta-blockers
 - D. Vasodilators
- 10. Which dietary recommendation is important for patients with heart failure?**
- A. High potassium intake
 - B. Sodium restriction
 - C. Low carbohydrate diet
 - D. Increased calorie intake

Answers

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

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Explanations

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1. What symptom is commonly associated with cervical radiculopathy?

- A. Sharp abdominal pain
- B. Burning neurogenic pain**
- C. Constant headaches
- D. Joint stiffness

Cervical radiculopathy is a condition that arises from the compression or irritation of a cervical nerve root, often due to herniated discs, degenerative changes, or other causes. The symptoms typically include pain that radiates into the upper extremities, often described as burning or electric in nature. This burning neurogenic pain originates from the affected nerve root and may also be accompanied by tingling or numbness in the areas supplied by that nerve root. The presence of burning pain is a classic indicator of nerve involvement and is distinct from other types of pain. It reflects the neurologic component of radiculopathy rather than mechanical pain or referred pain from structures like joints or muscles. In contrast, symptoms like sharp abdominal pain do not typically relate to cervical radiculopathy, as they refer to gastrointestinal or other intrabdominal issues. Constant headaches could suggest other neurological conditions, but aren't characteristic of cervical radiculopathy. Joint stiffness is more closely associated with musculoskeletal issues rather than nerve root involvement. Thus, the characteristic burning neurogenic pain is the most indicative symptom one would expect in cervical radiculopathy.

2. What laboratory finding is typically associated with diabetes mellitus type 2?

- A. Decreased insulin levels
- B. Elevated fasting plasma glucose levels**
- C. Low urine ketones
- D. Increased hemoglobin A1c

Elevated fasting plasma glucose levels are a hallmark laboratory finding associated with type 2 diabetes mellitus. In this condition, the body's cells become resistant to insulin, the hormone responsible for facilitating glucose uptake from the bloodstream. As a result, glucose remains in the blood, leading to hyperglycemia. When fasting plasma glucose levels rise above the normal range, it indicates that the body is not adequately regulating blood sugar levels, a key characteristic of type 2 diabetes. In addition to fasting plasma glucose, another important laboratory test often performed is the hemoglobin A1c, which provides an average blood glucose reading over the past two to three months. While levels might be increased in individuals with type 2 diabetes, the most immediate laboratory finding in a diagnostic context is the elevated fasting plasma glucose. This measure is crucial for diagnosing diabetes based on the established clinical guidelines. Other factors, such as decreased insulin levels or low urine ketones, are not typically indicative of type 2 diabetes. Generally, insulin levels can be increased initially as the pancreas attempts to compensate for insulin resistance, and low urine ketones suggest that fat oxidation is not significantly occurring, which is more common in type 1 diabetes or in cases where insulin is present and functioning, thus preventing ketogenesis.

3. What are the hallmark signs of Cushing's syndrome?

- A. Weight loss, insomnia, and skin rashes
- B. Fatigue, joint pain, and hair loss
- C. Central obesity, facial plethora, and easy bruising**
- D. Anemia, hyperkalemia, and hypertension

Cushing's syndrome is characterized by an excess of cortisol in the body, which leads to a distinct set of clinical features. Central obesity refers to an accumulation of fat in the abdominal area, which is a common and notable symptom of Cushing's syndrome. Facial plethora, or a rounder, fuller appearance of the face (often referred to as a "moon face"), is another striking sign due to fat redistribution. Easy bruising occurs as a result of skin thinning and vascular fragility, which are both consequences of prolonged cortisol exposure. These hallmark signs are critical for the diagnosis of Cushing's syndrome and are directly correlated with the pathophysiology associated with elevated cortisol levels. They help clinicians differentiate Cushing's syndrome from other conditions that might cause similar symptoms. The other options listed do not represent the typical manifestations of this syndrome and may be associated with other medical conditions, but they lack the specificity and critical presentation seen in Cushing's syndrome.

4. Which dietary change can help lower LDL cholesterol levels?

- A. Increased saturated fat intake
- B. Consuming more dietary cholesterol
- C. Eating viscous fiber in oats and legumes**
- D. Decreasing unsaturated fat intake

Eating viscous fiber found in oats and legumes is an effective dietary change to help lower LDL cholesterol levels. Viscous fibers, also known as soluble fibers, form a gel-like substance in the digestive tract, which can bind to cholesterol and bile acids. This binding process helps to reduce the absorption of cholesterol into the bloodstream, ultimately leading to lower levels of LDL cholesterol. Numerous studies support the role of viscous fiber in cholesterol management, demonstrating that regular consumption of foods high in this type of fiber can lead to significant reductions in LDL cholesterol levels. Foods like oats, barley, beans, lentils, and certain fruits are excellent sources of viscous fiber and can be easily incorporated into the diet. This dietary approach is recognized as a key lifestyle intervention for individuals aiming to manage cholesterol levels effectively, highlighting the importance of dietary choices in cardiovascular health.

5. What lifestyle change can most reduce the risk of coronary artery disease?

- A. Regular exercise
- B. Smoking cessation**
- C. Increased fiber intake
- D. Weight gain

Smoking cessation is widely recognized as one of the most significant lifestyle changes that can reduce the risk of coronary artery disease (CAD). Tobacco smoke contains numerous harmful substances that contribute to the development of atherosclerosis, which is the buildup of plaques in the arteries. Smokers have a higher likelihood of developing CAD due to the adverse effects of smoking on endothelial function, increased inflammation, and promotion of thrombosis. When an individual quits smoking, the risk factors associated with heart disease, including blood pressure and carbon monoxide levels, begin to improve almost immediately. Over time, the risk of CAD can decrease significantly, nearing that of a non-smoker. This makes smoking cessation a critical target for interventions aimed at reducing cardiovascular risk. In contrast, while regular exercise and increased fiber intake are beneficial lifestyle changes that can lower the risk of CAD, their effects may not be as pronounced as smoking cessation. Regular exercise helps improve heart health by enhancing cardiovascular fitness, controlling weight, and improving lipid profiles, whereas increased fiber intake is associated with better cholesterol levels and overall heart health. However, these benefits are often overshadowed by the immediate and long-term consequences of continued smoking. Weight gain, on the other hand, would likely increase the risk of CAD, further emphasizing the importance of avoiding

6. Why is the body mass index (BMI) calculated?

- A. To assess body fat percentage
- B. To evaluate metabolic rate
- C. To categorize underweight, normal, overweight, or obesity**
- D. To measure muscle mass

The body mass index (BMI) is primarily calculated to categorize individuals into different weight classifications such as underweight, normal weight, overweight, or obesity. This classification helps in assessing an individual's health risks associated with different weight categories. BMI uses a person's height and weight to create a numerical value, and higher or lower values can indicate whether a person is at risk for various health conditions linked to their weight. While BMI is a useful screening tool for identifying potential weight-related health issues, it does not directly measure body fat percentage or muscle mass, nor does it evaluate metabolic rate. These other aspects of body composition and health require more precise methods beyond the simple height-to-weight ratio that BMI provides. Hence, the primary purpose of calculating BMI is its ability to categorize weight status for public health and clinical assessments.

7. What should be included in a medication reconciliation for diagnosing inappropriate drug use?

- A. A review of only prescribed medications
- B. Limit to illegal drug use only
- C. Complete list of all medications and dosages**
- D. Focus on dietary supplements only

A comprehensive medication reconciliation process is essential for identifying inappropriate drug use, and the inclusion of a complete list of all medications and dosages is critical for several reasons. Firstly, patients often utilize a combination of prescribed medications, over-the-counter drugs, and dietary supplements, which can interact with one another and lead to adverse effects. By compiling a complete list, healthcare providers gain insight into all substances a patient is taking, allowing for a more thorough assessment of potential interactions and contraindications. Secondly, understanding the exact dosages of each medication is vital in diagnosing issues related to inappropriate drug use, such as overdosing, underdosing, or using outdated medications. This information helps providers make informed decisions about necessary adjustments or alternatives in therapy. Incorporating only prescribed medications, limiting the scope to illegal drug use, or focusing solely on dietary supplements would fail to capture the full picture of a patient's medication landscape. Such limited approaches may overlook critical interactions or inappropriate medication uses that can arise from the entire range of substances the patient may be consuming. Thus, a comprehensive approach is necessary for effective diagnosis and management.

8. Grief reaction typically presents with which of the following symptoms?

- A. Pervasive guilt and loss of self-esteem
- B. Transient major depression without changes in self-esteem**
- C. Full episode of major depressive disorder
- D. Cyclical mood fluctuations

Grief reaction, particularly in response to the loss of a loved one, can often present as transient feelings of sadness and major depressive symptoms, but it typically preserves the person's self-esteem. In processing grief, individuals may experience intense sadness and behavioral changes, but these often reflect an adjustment to loss rather than a chronic psychological disorder. In this context, the distinction is that while symptoms may resemble those of major depression, they do not meet the full criteria for major depressive disorder. Instead, they are temporary responses rooted in the grief experience, indicating an adjustment response characterized by periods of low mood without the accompanying persistent decline in self-esteem. Furthermore, while elements of guilt might be present in grief, they usually do not reach the level seen in other conditions where self-esteem might be severely affected. Full episodes of major depressive disorder or prolonged symptoms would require more severe or sustained changes in mood and functioning, which are not characteristic of a typical grief reaction. Similarly, cyclical mood fluctuations are more consistent with bipolar disorders than a straightforward grief response.

9. What is the mainstay treatment for congestive heart failure with preserved ejection fraction?

- A. Surgical intervention
- B. Diuresis to relieve congestion**
- C. Beta-blockers
- D. Vasodilators

Diuresis to relieve congestion stands as the mainstay treatment for congestive heart failure with preserved ejection fraction (HFpEF). In patients with HFpEF, the primary issue is often related to fluid overload and congestion, leading to symptoms such as dyspnea and edema. The use of diuretics helps to alleviate these symptoms by promoting the excretion of excess fluid through the kidneys, thereby reducing venous return to the heart (preload). This not only improves patient comfort but can also prevent hospitalization due to acute decompensation. While other treatment options like beta-blockers and vasodilators may play roles in managing heart failure, they typically focus on improving heart function or reducing afterload, rather than directly addressing the immediate symptoms of fluid overload. Surgical interventions are rarely indicated unless there is a specific structural heart problem that requires correction. Therefore, diuretics remain the cornerstone of managing the symptomatic burdens associated with HFpEF.

10. Which dietary recommendation is important for patients with heart failure?

- A. High potassium intake
- B. Sodium restriction**
- C. Low carbohydrate diet
- D. Increased calorie intake

For patients with heart failure, sodium restriction is crucial for managing the condition. High sodium intake can lead to fluid retention, which exacerbates the symptoms of heart failure such as shortness of breath, swelling in the legs and abdomen, and overall worsening of heart function. By limiting sodium in the diet, patients can help control blood pressure, reduce fluid retention, and minimize the workload on the heart. In contrast, a high potassium intake, while generally beneficial for heart health, may not directly address the fluid retention critical in heart failure management and can be risky in patients taking certain diuretics or with kidney issues. A low carbohydrate diet is not specifically indicated for heart failure management, nor is an increased calorie intake universally beneficial, as patients may already be managing their weight and dietary intake carefully to avoid exacerbating their condition. Thus, sodium restriction stands out as the main dietary recommendation specifically targeting the underlying issues faced by patients with heart failure.

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://iteboardgeninternalmed.examzify.com>

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

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