

ITE BOARD GENERAL INTERNAL MEDICINE PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

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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 typical course of a pityriasis rosea rash?**
 - A. It lasts for 2-4 weeks
 - B. It resolves within 1 week
 - C. It resolves in 6-12 weeks
 - D. It can last for several months
- 2. What is the primary indication for administering Hepatitis B immune globulin in newborns?**
 - A. Vertical transmission of Hepatitis B virus
 - B. Exposure to contaminated blood
 - C. Travel to endemic regions
 - D. Presence of chronic kidney disease
- 3. What does the acronym "FAST" stand for in stroke recognition?**
 - A. Face drooping, Arm strength, Speech clarity, Time to call emergency services
 - B. Face drooping, Arm weakness, Speech difficulties, Time to call emergency services
 - C. Facial asymmetry, Arm strength, Sudden confusion, Timeliness of treatment
 - D. Facial drooping, Arm weakness, Sudden headache, Time to call immediate help
- 4. What is an appropriate action for nonresponders to antidepressant treatment within 6-8 weeks?**
 - A. Assess for bipolar disorder
 - B. Change medications or add another treatment
 - C. Wait for 12 weeks before making any changes
 - D. Initiate cognitive therapy without medication
- 5. In managing trochanteric bursitis, where is the point tenderness typically located?**
 - A. Approximately 5 cm inferior to the greater trochanter
 - B. Approximately 2.5 cm posterior and superior to the greater trochanter
 - C. At the greater trochanter itself
 - D. Along the iliotibial band

- 6. What should be done if a single SSRI is not successful in treating depression?**
- A. Switch to a different SSRI only
 - B. Increase the dose and wait for further improvement
 - C. Try a combination of antidepressants or add lithium
 - D. Immediately refer for psychotherapy
- 7. In patients with asthma, what is the function of inhaled corticosteroids?**
- A. To increase airway reactivity
 - B. To cause bronchodilation
 - C. To reduce inflammation in the airways
 - D. To prevent allergic reactions
- 8. What is the most common cause of acute kidney injury in hospitalized patients?**
- A. Glomerulonephritis
 - B. Acute tubular necrosis (ATN)
 - C. Urinary obstruction
 - D. Atheroembolic disease
- 9. 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
- 10. What is NOT a recommended method for assisting patients with smokeless tobacco dependence?**
- A. Discussing rewards of smoking cessation
 - B. Identifying the risks of smoking
 - C. Encouraging multiple attempts to quit
 - D. Providing regular access to tobacco products

Answers

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

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Explanations

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1. What is the typical course of a pityriasis rosea rash?

- A. It lasts for 2-4 weeks
- B. It resolves within 1 week
- C. It resolves in 6-12 weeks**
- D. It can last for several months

Pityriasis rosea is characterized by a distinctive rash that usually follows a typical course. The condition often begins with a herald patch, which is a larger, single lesion, followed by smaller lesions in a Christmas tree distribution on the body. The rash can persist for several weeks to months, with most cases resolving within 6 to 12 weeks. While some individuals may experience a shorter duration of the rash, the average duration is commonly cited as being around this timeframe. This extended duration is important for both diagnosis and management, as it helps differentiate pityriasis rosea from other skin conditions that may have a more acute presentation. Understanding the typical course of the rash aids in reassuring patients about the self-limiting nature of the condition, providing them with appropriate expectations regarding the healing time.

2. What is the primary indication for administering Hepatitis B immune globulin in newborns?

- A. Vertical transmission of Hepatitis B virus**
- B. Exposure to contaminated blood
- C. Travel to endemic regions
- D. Presence of chronic kidney disease

The primary indication for administering Hepatitis B immune globulin (HBIG) in newborns is to prevent vertical transmission of the Hepatitis B virus from an infected mother to her child during the perinatal period. This is particularly critical when a mother is HBsAg positive (indicating active Hepatitis B infection) or has a high viral load. HBIG works by providing immediate passive immunity to the newborn, neutralizing the virus and reducing the risk of the child becoming chronically infected. In conjunction with the Hepatitis B vaccination given at birth, this strategy is highly effective in preventing the establishment of chronic Hepatitis B infection in infants who are exposed to the virus at birth. Other scenarios, such as exposure to contaminated blood, travel to endemic regions, or presence of chronic kidney disease, do not specifically warrant the use of HBIG in newborns. They may require different interventions or vaccines, but they do not address the immediate risks associated with maternal transmission during childbirth.

3. What does the acronym "FAST" stand for in stroke recognition?

- A. Face drooping, Arm strength, Speech clarity, Time to call emergency services
- B. Face drooping, Arm weakness, Speech difficulties, Time to call emergency services**
- C. Facial asymmetry, Arm strength, Sudden confusion, Timeliness of treatment
- D. Facial drooping, Arm weakness, Sudden headache, Time to call immediate help

*The acronym "FAST" is a critical tool in recognizing the signs of a stroke and facilitating prompt treatment. It stands for: - **Face drooping**: This refers to an observable drooping or weakness on one side of the face when the person is asked to smile. This can indicate a problem with the brain's ability to control facial muscles. - **Arm weakness**: This involves checking if one arm drifts downward when the person is asked to raise both arms. If weakness is present, one arm may not be lifted as high as the other or may fall unexpectedly. - **Speech difficulties**: This component assesses if the person can speak clearly or if their speech is slurred or strange. Communication issues can be a sign of a stroke. - **Time to call emergency services**: This emphasizes the urgency of the situation. If any of the above symptoms are noticed, it's crucial to call emergency services immediately, as timely treatment can significantly improve outcomes. In contrast, the other options include variations of these symptoms but either misrepresent the specifics (like mentioning "strength" instead of "weakness" or including symptoms unrelated to the FAST acronym, such as sudden headache) or change the phrasing in ways that don't align with the established*

4. What is an appropriate action for nonresponders to antidepressant treatment within 6-8 weeks?

- A. Assess for bipolar disorder
- B. Change medications or add another treatment**
- C. Wait for 12 weeks before making any changes
- D. Initiate cognitive therapy without medication

For patients who do not respond to antidepressant treatment within 6-8 weeks, it is essential to reassess their treatment plan. The appropriate action in this scenario is to change the medication or add another treatment. This timeframe is crucial because many patients with depression may require adjustments to their treatment regimen to achieve a therapeutic response. Typically, a full response to an antidepressant may take several weeks, but if there has been no improvement after 6-8 weeks, continuing the same treatment may not be beneficial. A change in medication can involve switching to a different antidepressant, considering a combination of medications, or adding adjunctive treatments such as atypical antipsychotics or mood stabilizers to enhance therapeutic efficacy. This proactive approach can help in finding a regimen that works for the patient. The other options, while relevant in certain contexts, may not be as appropriate as immediate changes to medication for nonresponders in this short timeframe. For example, assessing for bipolar disorder is essential but typically involves a more detailed evaluation rather than an immediate intervention for treatment nonresponse. Waiting for a longer period before making any changes can potentially prolong patient distress and negatively impact their quality of life. Initiating cognitive therapy without medication can be beneficial, but for those who

5. In managing trochanteric bursitis, where is the point tenderness typically located?

- A. Approximately 5 cm inferior to the greater trochanter
- B. Approximately 2.5 cm posterior and superior to the greater trochanter**
- C. At the greater trochanter itself
- D. Along the iliotibial band

Trochanteric bursitis, which is inflammation of the bursa located over the greater trochanter of the femur, typically presents with point tenderness that is situated approximately 2.5 cm posterior and superior to the greater trochanter. This area corresponds with the location of the bursa, which is commonly involved in this condition. Patients usually report pain that can radiate down the lateral aspect of the thigh and may experience increased discomfort with activities such as walking or climbing stairs. This distinct location of tenderness is integral for clinical diagnosis and helps differentiate it from other hip pathologies, such as greater trochanteric pain syndrome or hip osteoarthritis. The other answer choices, while they may describe areas of discomfort that patients might experience, do not accurately represent the characteristic point of tenderness associated with trochanteric bursitis. Understanding this anatomical landmark is crucial for clinicians in both diagnosing and managing this condition effectively.

6. What should be done if a single SSRI is not successful in treating depression?

- A. Switch to a different SSRI only
- B. Increase the dose and wait for further improvement
- C. Try a combination of antidepressants or add lithium**
- D. Immediately refer for psychotherapy

When a single selective serotonin reuptake inhibitor (SSRI) is not successful in treating depression, considering a combination of antidepressants or adding lithium can be an effective next step. This approach is based on the understanding that some patients may not respond adequately to monotherapy with an SSRI alone. Combining different classes of antidepressants or augmenting with a medication like lithium can help address various neurotransmitter systems, potentially leading to better symptom relief. For instance, adding lithium can enhance the effectiveness of serotonin-focused medications, particularly for those with treatment-resistant depression. Moreover, combination therapy may be particularly beneficial for individuals who have not responded to one medication but may respond to the synergistic effects of multiple agents. This strategy allows for a more nuanced treatment plan that can cater to an individual's specific clinical needs and may improve overall outcomes. In contrast, just switching to a different SSRI without exploring combination therapy may not address the underlying issues for non-response. Simply increasing the dose of the initial SSRI may also not yield the desired improvement, as there is a pharmacological ceiling effect beyond which higher doses do not provide additional benefit and can lead to increased side effects. Referring immediately for psychotherapy can be a valuable part of a comprehensive treatment plan, but it

7. In patients with asthma, what is the function of inhaled corticosteroids?

- A. To increase airway reactivity
- B. To cause bronchodilation
- C. To reduce inflammation in the airways**
- D. To prevent allergic reactions

Inhaled corticosteroids play a vital role in the management of asthma by reducing inflammation in the airways. Asthma is characterized by chronic inflammation, leading to airway hyperresponsiveness, mucus production, and consequent airflow obstruction. The anti-inflammatory effects of inhaled corticosteroids help to decrease this inflammation, ultimately improving airway function and reducing the frequency and severity of asthma symptoms. By targeting the inflammatory process, inhaled corticosteroids help stabilize the airway and make it less reactive to triggers such as allergens, exercise, or cold air. This reduction in inflammation not only alleviates current symptoms but also has a preventive effect, reducing the likelihood of exacerbations and the need for rescue medications. Other options focus on mechanisms not directly addressed by inhaled corticosteroids. For instance, while bronchodilation is essential in treating asthma, it is primarily achieved through beta-agonists rather than corticosteroids. Additionally, inhaled corticosteroids do not increase airway reactivity or prevent allergic reactions directly, although preemptively managing inflammation can lead to improved tolerance of potential allergens. The focus on inflammation is what makes inhaled corticosteroids a cornerstone in asthma management.

8. What is the most common cause of acute kidney injury in hospitalized patients?

- A. Glomerulonephritis
- B. Acute tubular necrosis (ATN)**
- C. Urinary obstruction
- D. Atheroembolic disease

Acute tubular necrosis (ATN) is recognized as the most common cause of acute kidney injury (AKI) in hospitalized patients due to its prevalence related to various clinical scenarios that often arise in the hospital setting. ATN typically occurs as a result of ischemic or nephrotoxic injuries to the renal tubules, which can happen in several situations such as prolonged hypotension, sepsis, or exposure to nephrotoxic agents like certain medications or contrast dye used in imaging studies. In contrast, other conditions listed, while they can cause AKI, are less common. Glomerulonephritis usually involves immune-mediated processes and is not as prevalent as ATN in the acute setting of hospitalized patients. Urinary obstruction, while significant, tends to be less frequent compared to the direct tubule injury seen in ATN. Atheroembolic disease is also a recognized cause of AKI, particularly in patients with atherosclerosis, but it occurs less frequently compared to the high incidence of ATN associated with inpatient care. Thus, acute tubular necrosis is the leading cause of AKI among hospitalized patients due to the variety of factors leading to renal tubular injury in the acute hospital environment.

9. 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

10. What is NOT a recommended method for assisting patients with smokeless tobacco dependence?

- A. Discussing rewards of smoking cessation
- B. Identifying the risks of smoking
- C. Encouraging multiple attempts to quit
- D. Providing regular access to tobacco products**

Providing regular access to tobacco products is not a recommended method for assisting patients with smokeless tobacco dependence. In fact, supporting someone in overcoming dependence typically involves strategies that actively facilitate cessation, rather than maintain access to the substance in question. Rewards related to quitting, understanding the health risks of smokeless tobacco, and encouraging persistence in attempts to quit are all integral components of successfully addressing tobacco dependence. Strategies that reinforce the idea of quitting and emphasize the benefits of cessation create a supportive environment that promotes health and well-being. Regular access to tobacco would counteract these efforts by making it easier for the individual to continue the behavior rather than work towards quitting.

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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