

JBL Cardiology Practice Test (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. From which artery do the coronary arteries branch?**
 - A. The aorta
 - B. The pulmonary artery
 - C. The carotid artery
 - D. The subclavian artery

- 2. When should fibrinolytic therapy be considered for a stroke patient?**
 - A. Within 1 hour of the onset of symptoms.
 - B. Within 3 hours of the onset of symptoms.
 - C. Within 6 hours of the onset of symptoms.
 - D. Only if the patient is under 60 years old.

- 3. Which symptom is MOST indicative of a primary cardiac problem?**
 - A. Tachypnea
 - B. Tachycardia
 - C. Irregular pulse
 - D. Sudden fainting

- 4. Which medical history factor is most relevant when assessing a patient for cardiac issues?**
 - A. Family history of diabetes
 - B. History of hypertension
 - C. Allergies to medications
 - D. Recent travel history

- 5. What condition does peripheral artery disease describe?**
 - A. Narrowed arteries reducing blood flow to the limbs
 - B. Enlarged heart muscle
 - C. Blocked veins in the brain
 - D. Irregular heartbeat

- 6. How is tachycardia defined?**
 - A. As having a heart rate of less than 60 bpm
 - B. As an abnormally slow heart rate
 - C. As a normal heart rate
 - D. As an abnormally fast heart rate over 100 bpm

- 7. Which of the following conditions may also affect chest pain experienced during AMI?**
- A. Pleurisy
 - B. Pneumothorax
 - C. Gastroesophageal reflux disease
 - D. All of the above
- 8. What is the recommended action for a patient showing signs of hypoperfusion?**
- A. Start high flow oxygen therapy
 - B. Monitor the patient every 15 minutes
 - C. Begin immediate CPR
 - D. Request backup and begin IV fluids
- 9. Which of the following describes pulseless electrical activity (PEA)?**
- A. Disorganized, chaotic quivering of the heart muscle that does not generate a pulse
 - B. The presence of a palpable pulse in the absence of any electrical activity in the heart
 - C. A rapid cardiac rhythm that does not produce a pulse, but responds to defibrillation
 - D. Any organized cardiac rhythm, slow or fast, that does not produce a palpable pulse
- 10. What distinguishes systolic blood pressure from diastolic blood pressure?**
- A. Systolic is higher during rest, diastolic during activity
 - B. Systolic occurs during heartbeats, diastolic at rest
 - C. Systolic measures blood flow, diastolic measures heart rate
 - D. Diastolic is heartbeat-related, systolic is relaxation-related

Answers

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

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Explanations

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1. From which artery do the coronary arteries branch?

- A. The aorta**
- B. The pulmonary artery
- C. The carotid artery
- D. The subclavian artery

The coronary arteries branch off from the aorta, which is the largest artery in the body. This is significant because the aorta conducts oxygen-rich blood from the heart to the rest of the body, and the coronary arteries specifically supply blood to the heart muscle itself. The left and right coronary arteries emerge just above the aortic valve, which allows for direct access to the vital blood supply that supports cardiac function. In contrast, the pulmonary artery carries deoxygenated blood from the right ventricle of the heart to the lungs for oxygenation, and the carotid arteries supply blood to the head and neck. The subclavian artery is primarily responsible for supplying blood to the arms. None of these arteries have a direct role in supplying blood to the heart muscle like the coronary arteries do.

2. When should fibrinolytic therapy be considered for a stroke patient?

- A. Within 1 hour of the onset of symptoms.
- B. Within 3 hours of the onset of symptoms.**
- C. Within 6 hours of the onset of symptoms.
- D. Only if the patient is under 60 years old.

Fibrinolytic therapy is a critical intervention for acute ischemic stroke, primarily used to dissolve blood clots that obstruct blood flow to the brain. The key factor determining its use is timing, as the effectiveness of the therapy diminishes significantly the longer one waits after the onset of stroke symptoms. Administering this therapy within a 3-hour window after the onset of symptoms has been well-supported by clinical guidelines and research. This time frame maximizes the likelihood of recovery and reduces the risks associated with prolonged ischemia, which can lead to irreversible brain tissue damage. Although options suggesting shorter or longer time frames exist, the substantial evidence favoring the 3-hour window signifies its importance in clinical practice. For instance, intervention within 1 hour is optimal but not always feasible, while 6 hours exceeds the recommended guideline, as the risks—particularly of hemorrhage—begin to outweigh the benefits. The detail regarding age being a sole factor for fibrinolytic therapy is incorrect; age alone does not dictate the appropriateness of this treatment, as it can be administered to a wide age range depending on clinical circumstances and other risk factors. Understanding the temporal aspects of fibrinolytic therapy is crucial for healthcare providers in emergency settings to improve patient outcomes effectively.

3. Which symptom is MOST indicative of a primary cardiac problem?

- A. Tachypnea
- B. Tachycardia
- C. Irregular pulse**
- D. Sudden fainting

An irregular pulse is most indicative of a primary cardiac problem because it directly relates to the function and rhythm of the heart. An irregular pulse may suggest arrhythmias, which are disturbances in the heart's electrical conduction system. These arrhythmias can lead to inadequate blood flow and potentially serious complications, highlighting the critical nature of the heart's activity. While tachycardia, or an abnormally fast heart rate, and tachypnea, or rapid breathing, can also signal issues with the heart or respiratory system, they are often secondary responses to various conditions rather than specific indicators of a primary cardiac issue. Sudden fainting, or syncope, can have numerous underlying causes, including neurological conditions or vasovagal responses, not strictly related to a primary cardiac pathology. Thus, an irregular pulse stands out as a strong and specific indicator of potential cardiac problems.

4. Which medical history factor is most relevant when assessing a patient for cardiac issues?

- A. Family history of diabetes
- B. History of hypertension**
- C. Allergies to medications
- D. Recent travel history

When assessing a patient for cardiac issues, a history of hypertension is particularly relevant because hypertension is a well-established major risk factor for cardiovascular disease. It can lead to several conditions, including coronary artery disease, heart failure, and stroke. Understanding whether a patient has a history of elevated blood pressure helps clinicians identify those at higher risk for developing cardiac problems and allows for targeted management strategies to mitigate these risks. While family history of diabetes may suggest a predisposition to cardiovascular issues, it is less direct than hypertension, which has a clear and immediate effect on cardiovascular health. Allergies to medications, while important to note for treatment planning, do not typically correlate with cardiac risk factors. Recent travel may be relevant in specific contexts, such as assessing for conditions that could affect the heart, but it does not hold the same weight as a history of hypertension when it comes to assessing overall heart disease risk. Thus, a history of hypertension is crucial for evaluating potential cardiac issues in a patient.

5. What condition does peripheral artery disease describe?

- A. Narrowed arteries reducing blood flow to the limbs**
- B. Enlarged heart muscle
- C. Blocked veins in the brain
- D. Irregular heartbeat

Peripheral artery disease (PAD) specifically refers to a condition where the arteries outside of the heart and brain become narrowed, leading to reduced blood flow primarily to the limbs, particularly the legs. This narrowing occurs due to atherosclerosis, which involves the buildup of fatty deposits in the arteries, resulting in insufficient circulation. Patients with PAD may experience symptoms like pain or cramping in the legs during activities such as walking, due to the muscular demand for oxygen that is not met because of the restricted blood flow. Other conditions mentioned in the options relate to different cardiovascular issues. Enlarged heart muscle refers to hypertrophic cardiomyopathy, often associated with heart failure but not specific to blood flow in the limbs. Blocked veins in the brain relates to conditions like stroke, where blood flow is obstructed in cranial vessels, which is distinct from arterial issues in the limbs. An irregular heartbeat pertains to arrhythmias, focusing on the electrical system of the heart rather than blood flow obstruction in the peripheral arteries. Hence, the focus of PAD makes option A the accurate representation of this condition.

6. How is tachycardia defined?

- A. As having a heart rate of less than 60 bpm
- B. As an abnormally slow heart rate
- C. As a normal heart rate
- D. As an abnormally fast heart rate over 100 bpm**

Tachycardia is defined as an abnormally fast heart rate, typically exceeding 100 beats per minute (bpm) in adults. This condition can indicate various underlying issues, including stress, anxiety, fever, or heart conditions. The significance of identifying tachycardia lies in its potential to impact cardiac output and overall heart function, particularly in situations where the heart is unable to maintain effective circulation at higher rates. The specific threshold of 100 bpm serves as a clinical marker; anything above this rate suggests that the body may be responding to physiological demands or pathological conditions. Understanding this definition is crucial for diagnosing and managing patients with potential cardiovascular concerns.

7. Which of the following conditions may also affect chest pain experienced during AMI?

- A. Pleurisy
- B. Pneumothorax
- C. Gastroesophageal reflux disease
- D. All of the above**

The correct answer encompasses the fact that all listed conditions can potentially influence the presentation of chest pain during an acute myocardial infarction (AMI). Pleurisy, for instance, involves inflammation of the pleura, which can cause sharp chest pain that worsens with breathing or coughing. This type of pain may be confused with the visceral pain associated with AMI. Pneumothorax involves the collapse of the lung and can produce sudden chest pain along with difficulty breathing. The pain from a pneumothorax may also mimic the discomfort felt during a heart attack, making it crucial to differentiate between these conditions in a clinical setting. Gastroesophageal reflux disease (GERD) can lead to heartburn and chest discomfort, which can be mistaken for cardiac-related chest pain. In fact, GERD often presents similar symptoms to those of AMI, including a burning sensation in the chest. Understanding these conditions and their ability to overlap with symptoms of AMI is vital for accurate diagnosis and treatment. Therefore, the presence of any of these conditions should be considered when evaluating a patient with chest pain, as they can influence the overall clinical picture during an AMI scenario.

8. What is the recommended action for a patient showing signs of hypoperfusion?

- A. Start high flow oxygen therapy**
- B. Monitor the patient every 15 minutes
- C. Begin immediate CPR
- D. Request backup and begin IV fluids

In a clinical setting, when a patient exhibits signs of hypoperfusion, the primary goal is to improve tissue perfusion and ensure adequate oxygen delivery. High flow oxygen therapy is essential in this context as it increases the oxygen availability in the bloodstream, which is crucial for patients experiencing reduced blood flow and oxygen supply to their tissues. Hypoperfusion can indicate that the body is struggling to deliver enough oxygenated blood to vital organs, which can lead to serious complications if not addressed quickly. Administering high flow oxygen helps counteract the hypoxic state and provides immediate support to the patient's respiratory needs. While monitoring the patient regularly and initiating CPR can be important in other contexts (such as when cardiac arrest is suspected) and IV fluids play a role in treating hypovolemic shock, starting high flow oxygen directly addresses the compromised oxygenation resulting from hypoperfusion. This makes it an immediate and effective action to stabilize the patient's condition.

9. Which of the following describes pulseless electrical activity (PEA)?

- A. Disorganized, chaotic quivering of the heart muscle that does not generate a pulse
- B. The presence of a palpable pulse in the absence of any electrical activity in the heart
- C. A rapid cardiac rhythm that does not produce a pulse, but responds to defibrillation
- D. Any organized cardiac rhythm, slow or fast, that does not produce a palpable pulse**

Pulseless electrical activity (PEA) is characterized by the presence of organized electrical activity in the heart, as evidenced on an electrocardiogram (ECG), but the absence of an effective mechanical contraction, meaning that no palpable pulse is generated. This aligns perfectly with the description in the correct choice, as it encompasses both slow and fast heart rhythms that remain organized yet fail to produce a pulse. PEA can happen under various clinical situations, and the underlying heart rhythm can vary widely; it may include rhythms like bradycardia or even some forms of tachycardia that are not strong enough to produce a pulse. Recognition of PEA is critical because it indicates a state where the heart's electrical system appears to function, but the physical response is inadequate, typically requiring immediate intervention, often involving CPR and addressing the underlying causes. Understanding this concept assists healthcare providers in managing cardiac arrest situations effectively, as PEA can often be misinterpreted without careful assessment, potentially leading to inappropriate treatment decisions.

10. What distinguishes systolic blood pressure from diastolic blood pressure?

- A. Systolic is higher during rest, diastolic during activity
- B. Systolic occurs during heartbeats, diastolic at rest**
- C. Systolic measures blood flow, diastolic measures heart rate
- D. Diastolic is heartbeat-related, systolic is relaxation-related

The distinction between systolic blood pressure and diastolic blood pressure primarily hinges on their association with the cardiac cycle. Systolic blood pressure is defined as the pressure in the arteries when the heart contracts and pumps blood out into the circulation. This peak pressure occurs during the heartbeat (systole), reflecting the force exerted by blood against the artery walls when the ventricles are actively contracting. On the other hand, diastolic blood pressure represents the pressure in the arteries when the heart is at rest between beats. This phase, known as diastole, occurs when the heart chambers are filling with blood and the myocardium is relaxed. During this period, the arterial pressure decreases, which is measured as diastolic blood pressure. This clear distinction is why the correct choice accurately reflects the physiological processes associated with heart activity; systolic relates to the contraction phase, while diastolic is linked to the resting phase. The other choices do not align with this core understanding of heart physiology. For instance, the mischaracterization that systolic pressure is higher during rest contradicts the fundamental nature of systolic pressure, which occurs precisely during contraction, not rest.

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://jblcardiology.examzify.com>

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

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