

LECOM THORAX CLINICAL SUPPLEMENT PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

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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. Pleurisy is inflammation of which structure?**
 - A. Lungs
 - B. Pleura
 - C. Pericardium
 - D. Pleural cavity
- 2. Lymphadenopathy results from cancer spreading through lymphatic channels to which tissue?**
 - A. Lymph nodes
 - B. Lungs
 - C. Liver
 - D. Brain
- 3. Injury to which nerve during axillary procedures commonly causes sensory loss in the medial aspect of the arm?**
 - A. Lesser occipital nerve
 - B. Median nerve
 - C. Intercostobrachial nerve
 - D. Radial nerve
- 4. Hemoptysis is most closely associated with bleeding from which vessels?**
 - A. Pulmonary arteries
 - B. Bronchial arteries
 - C. Pulmonary veins
 - D. Aorta
- 5. What are the three points to which the aorta is fixed?**
 - A. aortic valve, ligamentum arteriosum, and aortic hiatus
 - B. aortic valve, left coronary ostium, and arch
 - C. ligamentum arteriosum, innominate artery, and aortic arch
 - D. aortic valve, myocardial tissue, and pulmonary trunk

- 6. What thoracic dermatomes correspond to the nipple and the xiphoid process, respectively?**
- A. T4 and T6
 - B. T3 and T5
 - C. T5 and T7
 - D. T6 and T8
- 7. In tension pneumothorax, which statement is correct?**
- A. Mediastinal shift toward the affected lung
 - B. Mediastinal shift away from the affected lung
 - C. No shift and stable vitals
 - D. Hyperinflation without shift
- 8. Pericarditis is characterized by which finding?**
- A. Accumulation of fluid in the pericardial space
 - B. Calcification of the pericardium
 - C. Infection of the myocardium
 - D. Inflammation of the pericardium, characterized by pericardial friction rub
- 9. Which of the following is NOT a drainage site for the thoracic esophagus?**
- A. Posterior mediastinal nodes
 - B. Deep cervical nodes
 - C. Left gastric nodes
 - D. Axillary nodes
- 10. Which statement about coronary dominance is true?**
- A. Dominance determines which vessel gives rise to the posterior interventricular artery
 - B. Dominance has no clinical relevance
 - C. Only the right coronary artery exists
 - D. The left coronary artery never contributes to posterior circulation

Answers

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

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Explanations

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1. Pleurisy is inflammation of which structure?

- A. Lungs
- B. Pleura**
- C. Pericardium
- D. Pleural cavity

Pleurisy is inflammation of the pleura, the thin serous membranes that surround the lungs and line the inside of the chest wall. The pleura has two layers: the visceral layer covers the lungs, and the parietal layer lines the chest wall and diaphragm, with a tiny pleural cavity in between that normally contains a small amount of lubricating fluid. When the pleura becomes inflamed, the two membranes rub against each other during breathing, causing sharp chest pain that worsens with inhalation and a possible pleural friction rub. This is different from inflammation of the lungs themselves (pneumonia), or inflammation of the heart's surrounding sac (pericarditis).

2. Lymphadenopathy results from cancer spreading through lymphatic channels to which tissue?

- A. Lymph nodes**
- B. Lungs
- C. Liver
- D. Brain

Lymphatic spread carries cancer cells directly to the lymph nodes, which are the filtering and immune-control centers of the lymphatic system. When malignant cells travel through lymphatic channels, they tend to lodge and proliferate in the lymph nodes, causing lymphadenopathy—their enlargement and hardening as they become infiltrated by tumor cells or react to the cancer. This is why lymph nodes are the tissue reached via lymphatic spread. The other sites listed—lungs, liver, and brain—are more commonly involved when cancer cells reach the bloodstream and disseminate (hematogenous spread). They can become metastatic targets, but that's through blood-borne routes rather than initial lymphatic drainage.

3. Injury to which nerve during axillary procedures commonly causes sensory loss in the medial aspect of the arm?

- A. Lesser occipital nerve
- B. Median nerve
- C. Intercostobrachial nerve**
- D. Radial nerve

The sensation of the medial upper arm is carried by the intercostobrachial nerve, a cutaneous branch of the second intercostal nerve (T2) that traverses the axilla. During axillary procedures, such as lymph node dissection, this nerve is at risk because it runs through the axillary region near the surgical field. If injured, it causes sensory loss on the medial aspect of the arm without affecting motor function, since this nerve is purely sensory. In contrast, the lesser occipital nerve supplies the neck and scalp region, the median nerve handles most of the anterior forearm and hand sensation and motor function, and the radial nerve supplies the posterior arm/forearm and dorsum of the hand. None of those pathways account for isolated sensory loss on the medial aspect of the arm, making the intercostobrachial nerve the correct contributor to this deficit.

4. Hemoptysis is most closely associated with bleeding from which vessels?

- A. Pulmonary arteries
- B. Bronchial arteries**
- C. Pulmonary veins
- D. Aorta

Hemoptysis comes from vessels that feed the airways themselves. The bronchial arteries are part of the systemic circulation that supply the walls of the trachea and bronchi and their surrounding structures. They run close to sites of inflammatory damage in lung diseases such as chronic bronchitis, bronchiectasis, or tuberculosis. Because they carry high-pressure systemic blood, erosion or rupture of these arteries into the airway leads to coughing up blood. Bleeding from the pulmonary arteries or veins can occur but is less common as a cause of hemoptysis and usually relates to parenchymal or vascular pathology rather than the airway walls themselves. The bronchial circulation is therefore the most closely associated source of hemoptysis.

5. What are the three points to which the aorta is fixed?

- A. aortic valve, ligamentum arteriosum, and aortic hiatus**
- B. aortic valve, left coronary ostium, and arch
- C. ligamentum arteriosum, innominate artery, and aortic arch
- D. aortic valve, myocardial tissue, and pulmonary trunk

The aorta is anchored at three fixed points to keep it stable as the heart beats and the chest moves. First, at its origin from the heart, the aortic valve and the fibrous aortic annulus attach the aorta to the left ventricle. Second, the ligamentum arteriosum, a remnant of the fetal ductus arteriosus, tethers the aorta to the left pulmonary artery near the arch. Third, the aortic hiatus in the diaphragm marks where the thoracic aorta becomes the abdominal aorta, providing a third fixed point. These attachments prevent excessive movement and kinking of the aorta during respiration and circulation. The other structures listed aren't fixed anchoring points for the aorta.

6. What thoracic dermatomes correspond to the nipple and the xiphoid process, respectively?

- A. T4 and T6**
- B. T3 and T5
- C. T5 and T7
- D. T6 and T8

The chest skin is organized into thoracic dermatomes that run in horizontal bands. The nipple-areolar complex typically lies at the T4 dermatome, while the xiphoid process aligns with the T6 dermatome. So the nipple corresponds to T4 and the xiphoid to T6. Other pairings would place these landmarks at different skin levels and don't match the chest dermatome map.

7. In tension pneumothorax, which statement is correct?

- A. Mediastinal shift toward the affected lung
- B. Mediastinal shift away from the affected lung**
- C. No shift and stable vitals
- D. Hyperinflation without shift

In tension pneumothorax, increasing pressure in the pleural space on the injured side pushes the mediastinal structures away from that side. That mass effect causes the mediastinum to shift to the opposite hemithorax, which is why the correct statement describes a shift away from the affected lung. This shift accompanies other signs of impaired venous return, such as hypotension and tachycardia, reflecting the compressive physiology. Mediastinal shift toward the affected side would imply the opposite pressure dynamics, which doesn't fit a tension physiology. No shift with stable vitals would point away from a tension pneumothorax, since the very presence of rising intrapleural pressure causes displacement. Hyperinflation without shift doesn't align with the compressive, life-threatening mechanism of tension pneumothorax.

8. Pericarditis is characterized by which finding?

- A. Accumulation of fluid in the pericardial space
- B. Calcification of the pericardium
- C. Infection of the myocardium
- D. Inflammation of the pericardium, characterized by pericardial friction rub**

Pericarditis involves inflammation of the pericardial sac, and the hallmark physical finding is a pericardial friction rub. This scratchy, high pitched sound is produced when the inflamed visceral and parietal pericardial surfaces rub against each other during the heartbeat. It's often best heard with the patient leaning forward, at the left lower sternal border, and may have a triphasic character corresponding to different phases of the cardiac cycle. Pericardial effusion would present with signs of fluid buildup rather than a friction rub, calcification suggests chronic constrictive pericarditis, and infection of the myocardium describes myocarditis. Thus the inflammatory friction rub is the key finding defining pericarditis.

9. Which of the following is NOT a drainage site for the thoracic esophagus?

- A. Posterior mediastinal nodes
- B. Deep cervical nodes**
- C. Left gastric nodes
- D. Axillary nodes

Lymph drainage follows the region of the esophagus. The thoracic portion typically drains into nodes in the posterior mediastinum (paratracheal and other posterior mediastinal nodes) and, for the lower thoracic segment, into left gastric (celiac) nodes. The deep cervical nodes are associated with drainage from the cervical (neck) portion of the esophagus, not the thoracic part. Axillary nodes drain structures of the chest wall and upper limb, not the esophagus. Therefore, deep cervical nodes are not a drainage site for the thoracic esophagus.

10. Which statement about coronary dominance is true?

- A. Dominance determines which vessel gives rise to the posterior interventricular artery**
- B. Dominance has no clinical relevance
- C. Only the right coronary artery exists
- D. The left coronary artery never contributes to posterior circulation

Coronary dominance is defined by which artery gives rise to the posterior descending (posterior interventricular) artery that runs in the posterior interventricular sulcus and supplies the diaphragmatic surface and posterior septum. In most people, the right coronary artery provides the PDA, so that pattern is right dominance. If the left coronary artery, via the left circumflex branch, supplies the PDA, the heart is left-dominant; sometimes contributions from both arteries create a co-dominant pattern. This matters clinically because the artery that supplies the PDA (and often the AV nodal artery) influences where an infarct will have its posterior and nodal effects. So the true statement is that dominance determines which vessel gives rise to the posterior interventricular artery. The other choices are inaccurate because the dominance pattern does have clinical relevance, the left coronary system clearly exists, and it can contribute to posterior circulation in left-dominant hearts.

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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://lecomthoraxclinsupp.examzify.com>

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

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