MEHLMAN HIGH YIELD PRACTICE EXAM (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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

1. For PCOS patients who wish to conceive, which medication is commonly used to induce ovulation?

A. Metformin

B. Clomiphene

C. OCPs

D. Spironolactone

2. In evaluating tPA eligibility for stroke, which timing concept is used?

A. Time Since Symptom Onset

B. Time Since Hospital Arrival

C. Time Until Emergency Department Visit

D. Time Since Last Known Normal

3. A patient has marked leukocytosis with a low leukocyte alkaline phosphatase score. The most probable diagnosis is:

A. Leukemoid reaction

B. Chronic myeloid leukemia

C. Acute lymphoblastic leukemia

D. Acute myeloid leukemia

4. Splenectomy is a treatment option for which hereditary red blood cell membrane disorder?

A. Sickle Cell Anemia

B. Hereditary Spherocytosis

C. G6PD Deficiency

D. Thalassemia

5. In anemia of chronic disease, which statement about iron is most accurate?

A. Serum iron is high

B. Serum iron is low

C. Serum iron is normal

D. Serum iron is variable

6. Bosentan MOA?

A. Endothelin-1 receptor antagonist

B. PDE-5 inhibitor

C. Prostacyclin receptor agonist

D. Angiotensin receptor blocker

7. Gallstones in pregnancy are promoted by which hormonal changes?

A. Progesterone Increases Gallbladder Contractions

B. Estrogen Decreases Cholesterol Saturation in Bile

C. Estrogen Upregulates HMG-CoA Reductase + Progesterone Slows Biliary Peristalsis

D. Progesterone Increases Bile Acid Synthesis

8. Fracture at the midshaft of the humerus commonly injures which nerve?

A. Median nerve injury

B. Radial nerve injury

C. Axillary nerve injury

D. Ulnar nerve injury

9. What is the most common clinical finding in systemic lupus erythematosus (SLE)?

A. Arthritis

B. Malar rash

C. Renal failure

D. Neurologic symptoms

10. A patient with diabetic gastroparesis is started on metoclopramide. What is its primary pharmacologic mechanism of action?

A. 5-HT3 receptor antagonism

B. Dopamine D2 receptor antagonism

C. Acetylcholinesterase inhibition

D. Beta-adrenergic receptor antagonism

Answers

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

Explanations

1. For PCOS patients who wish to conceive, which medication is commonly used to induce ovulation?

A. Metformin

B. Clomiphene

C. OCPs

D. Spironolactone

In PCOS, the main barrier to conception is ovulation not occurring regularly, so the goal is to stimulate the ovaries to ovulate. The medication most commonly used for this purpose is clomiphene citrate, a selective estrogen receptor modulator. It works by blocking estrogen receptors in the hypothalamus, tricking the brain into thinking estrogen levels are low. That reduces negative feedback and increases GnRH pulses, which then raise FSH and LH from the pituitary. With higher FSH, a dominant follicle can mature and ovulation can occur, improving chances of pregnancy in PCOS. Clinically, clomiphene is typically started early in the cycle (for example, on days 3–5) at a standard dose such as 50 mg daily, with potential gradual increases in subsequent cycles if ovulation doesn't occur. Expectation is that many patients will ovulate, though pregnancy rates per cycle are modest and multiple gestation risk is a consideration. Metformin, if insulin resistance is present, can help some patients regain ovulation and is sometimes used in combination, but it is not the primary ovulation-inducing agent. OCPs regulate cycles or prevent pregnancy, not induce ovulation, and spironolactone targets androgen excess rather than triggering ovulation.

2. In evaluating tPA eligibility for stroke, which timing concept is used?

A. Time Since Symptom Onset

B. Time Since Hospital Arrival

C. Time Until Emergency Department Visit

D. Time Since Last Known Normal

The timing anchor used for deciding tPA eligibility is the moment the patient was last known to be normal. This matters because many stroke patients cannot report exactly when symptoms began, so using the last time they were normal provides a concrete start point to calculate the treatment window. For IV tPA, that window is based on elapsed time since that last normal moment, guiding whether the patient still qualifies within the permitted hours. Time since hospital arrival isn't the deciding factor because a patient can arrive early or late relative to onset, and the key issue is how long ago symptoms started. Time since last known normal is preferred because it directly ties the treatment decision to the actual onset of symptoms, even when onset time is uncertain.

3. A patient has marked leukocytosis with a low leukocyte alkaline phosphatase score. The most probable diagnosis is:

A. Leukemoid reaction

B. Chronic myeloid leukemia

C. Acute lymphoblastic leukemia

D. Acute myeloid leukemia

Understanding leukocyte alkaline phosphatase (LAP) helps separate reactive leukocytosis from a malignant myeloproliferative process. In a leukemoid reaction, neutrophils are elevated due to infection or stress, and LAP activity is high because the neutrophils are functionally active in a reactive state. By contrast, chronic myeloid leukemia involves clonal proliferation of myeloid cells with low LAP activity, reflecting a malignant process rather than a reactive one. So when you see marked leukocytosis with a low LAP score, the pattern points toward chronic myeloid leukemia rather than a leukemoid reaction. Additional clues for CML include basophilia, splenomegaly, and commonly the Philadelphia chromosome (BCR-ABL) or related molecular findings. Acute leukemias would typically present with blasts and different laboratory features rather than a low LAP pattern.

4. Splenectomy is a treatment option for which hereditary red blood cell membrane disorder?

A. Sickle Cell Anemia

B. Hereditary Spherocytosis

C. G6PD Deficiency

D. Thalassemia

Hereditary spherocytosis involves defects in the red blood cell membrane skeleton that make cells spherical and less deformable. Those abnormally shaped cells are marked for destruction by the spleen, leading to ongoing hemolysis and usually an enlarged spleen. Removing the spleen reduces the primary site of red cell destruction, easing hemolysis and often improving anemia in severe cases. It's especially considered when there is significant splenomegaly or hypersplenism. After splenectomy, there's a higher risk of infection with encapsulated bacteria, so vaccines and sometimes antibiotic prophylaxis are important. The other conditions listed are not membrane disorders, so splenectomy isn't used for them as a primary treatment.

5. In anemia of chronic disease, which statement about iron is most accurate?

A. Serum iron is high

B. Serum iron is low

C. Serum iron is normal

D. Serum iron is variable

In anemia of chronic disease, inflammation drives iron into storage and out of circulation. Inflammatory signals stimulate the liver to produce hepcidin, a hormone that blocks ferroportin, the iron-exporting protein on gut cells and macrophages. When ferroportin is inhibited, iron can't leave stores or be released into the bloodstream, so the circulating serum iron falls even though body iron stores (ferritin) may be normal or elevated. This sequestration also leads to lower transferrin saturation and a reduced ability to mobilize iron for red blood cell production. So the most accurate statement is that serum iron is low, reflecting iron being held in storage rather than shortage of total body iron.

6. Bosentan MOA?

A. Endothelin-1 receptor antagonist

B. PDE-5 inhibitor

C. Prostacyclin receptor agonist

D. Angiotensin receptor blocker

Blocking endothelin-1 signaling with an endothelin-1 receptor antagonist reduces pulmonary vasoconstriction and vascular remodeling. Endothelin-1 is a very potent vasoconstrictor and growth factor in the pulmonary circulation, so blocking its receptors decreases pulmonary vascular resistance and helps improve symptoms in pulmonary arterial hypertension. Bosentan specifically blocks both ET_A and ET_B receptors, which is why it acts as a receptor antagonist for endothelin-1. This is distinct from phosphodiesterase-5 inhibitors (which boost cGMP), prostacyclin receptor agonists (which mimic prostacyclin signaling), or angiotensin receptor blockers (which target the renin-angiotensin system). Liver function monitoring is important with this drug, and it is teratogenic, which are practical considerations in its use.

7. Gallstones in pregnancy are promoted by which hormonal changes?

A. Progesterone Increases Gallbladder Contractions

B. Estrogen Decreases Cholesterol Saturation in Bile

C. Estrogen Upregulates HMG-CoA Reductase + Progesterone Slows Biliary Peristalsis

D. Progesterone Increases Bile Acid Synthesis

During pregnancy, the hormonal changes create bile that is more prone to stone formation. Estrogen ramps up hepatic cholesterol synthesis by upregulating HMG-CoA reductase, increasing cholesterol content in bile and making it more likely to crystallize. At the same time, progesterone slows gallbladder contractions, reducing biliary flow and promoting bile stasis. This combination—more cholesterol in bile and slower gallbladder emptying—fosters cholesterol gallstone formation. Thus, the best explanation is that estrogen increases cholesterol synthesis via HMG-CoA reductase and progesterone delays biliary peristalsis. The other ideas don't fit: progesterone doesn't increase contractions, estrogen doesn't decrease cholesterol saturation, and progesterone isn't primarily increasing bile acid synthesis.

8. Fracture at the midshaft of the humerus commonly injures which nerve?

A. Median nerve injury

B. Radial nerve injury

C. Axillary nerve injury

D. Ulnar nerve injury

Nerve injury patterns follow the path of the nerve around bones, so the nerve that travels closest to the humerus at the midshaft is at the greatest risk in a midshaft fracture. The radial nerve runs along the radial groove of the humerus, right over the midshaft, and supplies the extensor muscles of the forearm and hand while also providing sensation to the dorsum of the hand. If a fracture disrupts the nerve there, you typically see inability to extend the wrist and fingers (wrist drop) and numbness over the dorsum of the hand. Nerves in other locations around the humerus are less likely to be affected by a midshaft fracture: the axillary nerve is near the surgical neck, the median nerve more often involved with fractures near the elbow or distal humerus, and the ulnar nerve around the medial epicondyle.

9. What is the most common clinical finding in systemic lupus erythematosus (SLE)?

A. Arthritis

B. Malar rash

C. Renal failure

D. Neurologic symptoms

The main idea here is that musculoskeletal involvement is the most frequent finding in systemic lupus erythematosus. In SLE, arthritis is common and often appears early. It typically presents as nonerosive, symmetric pain and swelling in the small joints of the hands and wrists, and can be migratory with episodes of morning stiffness. This joint involvement is characteristic of SLE and tends to be more universal across patients than other features. The malar rash is distinctive and common, but not as universally present as arthritis. Renal involvement and neurologic symptoms occur in many patients, but they are less likely to be the first or most consistent finding across the population. Because arthritis occurs so commonly in SLE and can be an early manifestation, it is the best answer for the most frequent clinical finding.

10. A patient with diabetic gastroparesis is started on metoclopramide. What is its primary pharmacologic mechanism of action?

A. 5-HT3 receptor antagonism

B. Dopamine D2 receptor antagonism

C. Acetylcholinesterase inhibition

D. Beta-adrenergic receptor antagonism

Metoclopramide's primary action is blocking dopamine D2 receptors. In the gut, this D2 blockade removes dopamine's inhibitory effect on smooth muscle, which, together with enhanced acetylcholine release, stimulates upper GI motility and speeds gastric emptying—exactly what helps in diabetic gastroparesis. It also blocks D2 receptors in the chemoreceptor trigger zone to reduce nausea. While metoclopramide can have prokinetic effects related to serotonin pathways, the main tested mechanism is D2 receptor antagonism. Other options don't fit because 5-HT3 antagonism is a different antiemetic mechanism, acetylcholinesterase inhibition would raise acetylcholine through a different pathway, and beta-adrenergic antagonism targets sympathetic receptors not involved in metoclopramide's primary action.

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://mehlmanhighyield.examzify.com

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