

MENSTRUATION, MENOPAUSE, ABORTION, ABUSE EXAM 2 PRACTICE (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. In athletes with secondary amenorrhea, which factor is commonly implicated?**
 - A. Pregnancy.
 - B. Stress.
 - C. Excessive exercise.
 - D. Infections.

- 2. Mittelschmerz is?**
 - A. Pain during menstruation
 - B. Pain during menopause
 - C. A term used to describe the pain some women experience during ovulation
 - D. Pain during pregnancy

- 3. What is a common cause of primary amenorrhea?**
 - A. Congenital abnormalities of the reproductive system.
 - B. Endometriosis.
 - C. Weight loss.
 - D. Pregnancy.

- 4. What risks are associated with SERMs?**
 - A. Hair loss and dry skin
 - B. Blood clots, stroke, and uterine cancer
 - C. No side effects
 - D. Improved muscle strength

- 5. What is the purpose of Parathyroid hormone (Forteo)?**
 - A. It is a daily supplement to increase calcium absorption
 - B. It is a nonsteroidal anti-inflammatory drug for pain
 - C. It is an antibiotic for osteoporosis-related infections
 - D. It is an injection to stimulate bone production, limited to two years of treatment

- 6. What should be included in an abuse safety plan?**
- A. Emergency medical treatment only
 - B. Strategies for staying safe, including emergency contacts and escape routes
 - C. Legal counsel
 - D. Nothing
- 7. A significant side effect of GnRH agonists?**
- A. Weight gain
 - B. Nausea
 - C. Headache
 - D. Bone loss and increased risk of osteoporosis
- 8. Which statement correctly lists the uterine cycle phases?**
- A. Proliferative, secretory, ischemic, and menstrual phases.
 - B. Ovarian phases only.
 - C. Only menstrual phase.
 - D. Ischemic and luteal phases.
- 9. Which of the following is NOT an indicator of violence?**
- A. Timely seeking medical care
 - B. Injuries not matching the mechanism
 - C. Frequent injuries
 - D. Delay in seeking medical care
- 10. Documentation is crucial for legal reporting and providing evidence of abuse.**
- A. True
 - B. False
 - C. Not applicable
 - D. Sometimes

Answers

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

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Explanations

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1. In athletes with secondary amenorrhea, which factor is commonly implicated?

- A. Pregnancy.
- B. Stress.
- C. Excessive exercise.**
- D. Infections.

Excessive exercise drives secondary amenorrhea through energy deficit that suppresses the hypothalamic-pituitary-ovarian axis. When the body's energy availability is chronically low, the brain reduces GnRH pulses, leading to lower LH and FSH, and consequently reduced estrogen production. This hormonal shift halts ovulation and menstruation, a pattern often seen in endurance athletes who have insufficient caloric intake or very high training loads. The body is signaling that it's not in a state to support reproduction, so the reproductive axis stays quiet. Pregnancy is a common consideration for amenorrhea in general, but in athletes the typical driver of menstrual cessation is this energy-deficiency-driven hypothalamic suppression, not pregnancy. Infections aren't a usual cause of secondary amenorrhea, and while stress can contribute, the dominant factor in athletes is the persistent energy deficit from intense training.

2. Mittelschmerz is?

- A. Pain during menstruation
- B. Pain during menopause
- C. A term used to describe the pain some women experience during ovulation**
- D. Pain during pregnancy

Mittelschmerz is the mid-cycle lower abdominal pain some people experience at the time of ovulation. It happens when the ovarian follicle releases the egg and a small amount of fluid or blood irritates the peritoneal surfaces, producing a brief cramp-like sensation. The pain is usually on one side, aligning with which ovary is releasing the egg, and it tends to occur about halfway through the cycle, lasting from minutes to a day or two. This pain is different from menstrual cramps, which occur during menstruation, and it isn't specifically tied to menopause or pregnancy. Many people don't notice any symptoms, while others may have mild to moderate discomfort and sometimes light spotting or bloating. If the pain is severe, persistent, or comes with fever, vomiting, or heavy bleeding, seek medical evaluation to rule out other conditions.

3. What is a common cause of primary amenorrhea?

- A. Congenital abnormalities of the reproductive system.**
- B. Endometriosis.
- C. Weight loss.
- D. Pregnancy.

A clear pattern for primary amenorrhea is that the body's outflow pathway or its reproductive structures fail to develop or are obstructed, so menstrual blood cannot be produced or expelled. When congenital abnormalities of the reproductive system are present, especially where the uterus or upper vagina are missing (as in Müllerian agenesis) or where there is an outflow obstruction (like an imperforate hymen or a transverse vaginal septum), menses never occur despite normal early puberty. This explains why primary amenorrhea is often due to structural issues detected from birth or early adolescence. Endometriosis, by contrast, usually causes painful periods or infertility after menarche and is not a typical cause of primary amenorrhea. Weight loss can interfere with puberty by suppressing the hormonal axis, but it's a less common cause of primary amenorrhea compared with congenital tract abnormalities. Pregnancy would result in no menses during pregnancy, but it is not a cause of primary amenorrhea in someone who has not yet had menarche.

4. What risks are associated with SERMs?

- A. Hair loss and dry skin
- B. Blood clots, stroke, and uterine cancer**
- C. No side effects
- D. Improved muscle strength

SERMs act as estrogen receptor modulators, showing estrogen-like effects in some tissues and anti-estrogen effects in others. This mixed action leads to key safety concerns: they can increase the risk of forming blood clots, which can cause deep vein thrombosis, pulmonary embolism, or even stroke. In tissues where they act like estrogen, such as the uterine lining with drugs like tamoxifen, they can stimulate the endometrium and raise the risk of endometrial hyperplasia and cancer. Because of these clinically important effects, the combination of clotting risks, potential stroke, and uterine cancer risk best captures the main safety issues associated with SERMs. Hair loss and dry skin aren't the primary risks, there isn't an overall assumption of no side effects, and improved muscle strength isn't a known major SERM risk or benefit.

5. What is the purpose of Parathyroid hormone (Forteo)?

- A. It is a daily supplement to increase calcium absorption
- B. It is a nonsteroidal anti-inflammatory drug for pain
- C. It is an antibiotic for osteoporosis-related infections
- D. It is an injection to stimulate bone production, limited to two years of treatment**

Forteo (teriparatide) is an anabolic therapy for osteoporosis. It works by stimulating osteoblast activity to form new bone, unlike drugs that merely slow bone loss. It's given as a daily subcutaneous injection, and treatment is limited to about two years due to safety concerns, including a potential risk of osteosarcoma seen in animal studies and limited human data. So the correct concept is an injection that promotes bone production, with a finite treatment duration. It is not a calcium supplement, a pain-relief NSAID, or an antibiotic, which is why those options don't fit.

6. What should be included in an abuse safety plan?

- A. Emergency medical treatment only
- B. Strategies for staying safe, including emergency contacts and escape routes**
- C. Legal counsel
- D. Nothing

Safety planning centers on practical steps to reduce risk and protect yourself in abusive situations. A solid abuse safety plan includes strategies for staying safe, such as identifying emergency contacts, knowing how to reach help quickly, and outlining escape routes or safe places to go during an incident. It also covers having ready-to-grab essentials, keeping important documents accessible, arranging transportation, and planning for dependents like children or pets. The plan is tailored to your situation and ready to use when you're in danger, helping you act quickly and stay as safe as possible. Emergency medical treatment is essential when harm has occurred, but it addresses response after danger, not how to avoid harm or escape in the moment. Legal counsel or protective orders can be part of longer-term safety, but they don't provide the immediate, actionable steps needed for daily safety. Doing nothing offers no plan at all, which increases risk. The option that emphasizes concrete safety strategies, emergency contacts, and escape routes best supports immediate and ongoing safety.

7. A significant side effect of GnRH agonists?

- A. Weight gain
- B. Nausea
- C. Headache
- D. Bone loss and increased risk of osteoporosis**

GnRH agonists produce sustained suppression of the pituitary-gonadal axis, leading to low estrogen in people with ovaries (and low testosterone in those with testes). Estrogen is crucial for maintaining bone density, so when its levels fall, bone remodeling shifts toward resorption. Over time this reduces bone mineral density and increases the risk of osteoporosis and fractures. That is why bone loss is the significant side effect associated with GnRH agonists. Weight gain, nausea, and headaches can occur with therapy, but they are not as impactful on long-term bone health.

8. Which statement correctly lists the uterine cycle phases?

- A. Proliferative, secretory, ischemic, and menstrual phases.**
- B. Ovarian phases only.
- C. Only menstrual phase.
- D. Ischemic and luteal phases.

The uterine (endometrial) cycle reflects how the lining changes in response to ovarian hormones, progressing through four phases. During the proliferative phase estrogen drives the rebuilding and thickening of the endometrium after menstruation. After ovulation, progesterone from the corpus luteum shifts the lining into the secretory phase, preparing glands and blood vessels to support a potential pregnancy. If pregnancy doesn't occur, hormone levels fall, leading to the ischemic phase where blood flow to the functional layer decreases and the lining becomes deprioritized. This culminates in the menstrual phase, with shedding of the endometrium. So the full listing of phases is proliferative, secretory, ischemic, and menstrual.

9. Which of the following is NOT an indicator of violence?

- A. Timely seeking medical care**
- B. Injuries not matching the mechanism
- C. Frequent injuries
- D. Delay in seeking medical care

In evaluating suspected violence, the pattern and context of injuries and the timing of care are key clues. Timely seeking medical care is not itself an indicator of abuse; many people receive prompt treatment for injuries, and prompt care does not rule out violence. The other signs are more suggestive: injuries that don't match the reported mechanism raise doubt about the stated cause; frequent injuries across a period of time point to ongoing harm; and a delay in seeking care can reflect fear, coercion, or attempts to conceal abuse. Together, these patterns should prompt careful, sensitive questioning and safety-focused assessment, while recognizing that none of these alone proves abuse.

10. Documentation is crucial for legal reporting and providing evidence of abuse.

A. True

B. False

C. Not applicable

D. Sometimes

Documentation provides a clear, objective record that supports legal reporting and evidence of abuse. By capturing who saw what, when and where it happened, the nature of injuries or signs, statements from the survivor or witnesses, medical findings, and any actions taken, professionals create a verifiable trail. This time-stamped account helps investigators, prosecutors, and courts understand the sequence of events, establishes patterns or escalation, and underpins safety planning and access to services for the survivor. Thorough, factual notes reduce reliance on memory and interpretation, while also guiding subsequent steps in reporting and care. It's also important to protect privacy, follow relevant laws, and maintain accuracy and chain of custody for any physical evidence. While not every detail will be used in court, solid documentation strengthens the overall case and supports timely, appropriate responses by mandated reporters and the system that serves survivors.

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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:

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

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