

MTM PEDIATRIC OBESITY PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

<https://mtmpediatricobesity.examzify.com>



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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. Which statement correctly describes MTM's relationship to prescription dispensing and disease management?**
 - A. MTM is not prescription dispensing or disease management
 - B. MTM is the same as prescription dispensing
 - C. MTM is focused on disease management only
 - D. MTM requires dispensing medications
- 2. In obesity, what happens to intestinal motility?**
 - A. Transit time increases
 - B. No change in motility
 - C. Intestine motility increases
 - D. Intestine motility decreases
- 3. Besides BMI percentile, which measurement helps assess central adiposity and metabolic risk in youth?**
 - A. Waist circumference percentiles (and waist-to-height ratio).
 - B. Arm circumference
 - C. Skinfold thickness at the triceps
 - D. Hip circumference
- 4. In the context of orlistat therapy for obesity, what nutrient consideration should clinicians monitor?**
 - A. Fat-soluble vitamins (A, D, E, and K) due to potential malabsorption
 - B. Water-soluble vitamins exclusively
 - C. No nutritional monitoring is needed
 - D. Excess intake of calcium as the primary concern
- 5. Which drug is NOT approved for weight management because it has low efficacy?**
 - A. Orlistat
 - B. Phentermine
 - C. Liraglutide
 - D. Lisdexamfetamine

- 6. How should obesity management be adapted for youth with orthopedic limitations or mobility issues?**
- A. Low-impact activities, physical therapy, gradual progression, and non-weight-bearing exercises.
 - B. High-impact workouts.
 - C. Surgery as first line.
 - D. Avoid exercise.
- 7. What best describes a Personal Medication Record (PMR)?**
- A. Portable plain language medication list that includes Rx and non-Rx therapy, dose, route, indication, directions, start/stop date, PCP, pharmacist, and pharmacy details
 - B. A clinician-only document for internal use by the medical team
 - C. A summary that includes only prescribed medications
 - D. A patient education handout with general health tips
- 8. What growth-related measurements should be tracked to ensure healthy growth during obesity management?**
- A. Height growth velocity and height-for-age percentiles.
 - B. Weight only.
 - C. Body fat percentage.
 - D. Bone density.
- 9. Between 2002 and 2005, what was the reported increase in antidiabetic medication use?**
- A. 11.6%
 - B. 103%
 - C. 27%
 - D. 47%
- 10. What is the maximum daily dose of setmelanotide?**
- A. 2 mg
 - B. 3 mg
 - C. 4 mg
 - D. 5 mg

Answers

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

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Explanations

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1. Which statement correctly describes MTM's relationship to prescription dispensing and disease management?

- A. MTM is not prescription dispensing or disease management**
- B. MTM is the same as prescription dispensing
- C. MTM is focused on disease management only
- D. MTM requires dispensing medications

MTM centers on optimizing how medications work for a patient. It's a pharmacist led service that reviews all medicines, checks for safety and effectiveness, resolves problems like drug interactions or adherence issues, and creates a plan with the patient and their prescriber. Dispensing is the act of giving out the medications themselves, which MTM does not involve. Disease management refers to broader programs aimed at coordinating care for chronic conditions; MTM supports those goals by ensuring medications are appropriate and used safely, but MTM itself is a separate service focused on medication therapy, not a disease-management program. So the statement that MTM is not prescription dispensing or disease management best captures its distinct role.

2. In obesity, what happens to intestinal motility?

- A. Transit time increases
- B. No change in motility
- C. Intestine motility increases**
- D. Intestine motility decreases

In obesity, intestinal motility tends to be higher, meaning peristaltic activity and the speed of movement through the intestines are increased. This reflects changes in gut neural and hormonal signaling that amplify propulsion of contents along the tract. Faster transit through the small intestine can result from this heightened motility. If transit time were longer, or if there were no change, that would imply slower or unchanged movement, which doesn't fit the pattern typically observed with obesity. While not universal for every individual, the best-supported pattern is increased intestinal motility.

3. Besides BMI percentile, which measurement helps assess central adiposity and metabolic risk in youth?

- A. Waist circumference percentiles (and waist-to-height ratio).
- B. Arm circumference**
- C. Skinfold thickness at the triceps
- D. Hip circumference

Central adiposity is a key driver of metabolic risk in youth, sometimes more telling than overall weight, because fat stored around the abdomen is more closely linked to insulin resistance and cardiovascular risk. To capture this distribution, waist measurements are used. Waist circumference percentiles, which account for age and sex, provide a direct read on abdominal fat burden. Waist-to-height ratio (WHtR) offers a simple, height-adjusted index that correlates with health risk across many ages, making it a practical tool in pediatric screening. Arm circumference doesn't specifically reflect visceral or central fat, and skinfold thickness at the triceps estimates subcutaneous fat rather than where fat is most metabolically active. Hip circumference measures gluteofemoral fat and isn't as informative about central adiposity or metabolic risk. So, measuring waist circumference percentiles (and using waist-to-height ratio) best assesses central adiposity and associated metabolic risk in youth.

4. In the context of orlistat therapy for obesity, what nutrient consideration should clinicians monitor?

- A. Fat-soluble vitamins (A, D, E, and K) due to potential malabsorption**
- B. Water-soluble vitamins exclusively
- C. No nutritional monitoring is needed
- D. Excess intake of calcium as the primary concern

Orlistat blocks the digestion and absorption of fat by inhibiting pancreatic lipase. This not only reduces fat intake but also diminishes absorption of fat-soluble vitamins A, D, E, and K, which depend on dietary fat. Because of this, clinicians should monitor levels of these fat-soluble vitamins and consider supplementation if deficiencies arise. Water-soluble vitamins aren't the primary concern here, and monitoring calcium or no monitoring at all would miss the key risk of fat-soluble vitamin malabsorption.

5. Which drug is NOT approved for weight management because it has low efficacy?

- A. Orlistat
- B. Phentermine
- C. Liraglutide
- D. Lisdexamfetamine**

Medications for weight management are approved only when trials show meaningful, sustained weight loss with acceptable safety. Lisdexamfetamine hasn't been approved for obesity because the weight loss it produces in studies isn't substantial enough to meet regulatory standards, and it carries risks like potential misuse and cardiovascular effects. In contrast, orlistat, phentermine, and liraglutide have demonstrated clinically meaningful weight loss in obesity trials and have regulatory approval, though each has its own safety considerations.

6. How should obesity management be adapted for youth with orthopedic limitations or mobility issues?

- A. Low-impact activities, physical therapy, gradual progression, and non-weight-bearing exercises.**
- B. High-impact workouts.
- C. Surgery as first line.
- D. Avoid exercise.

When adapting obesity management for youth with orthopedic limitations, the goal is to stay active while protecting joints and accommodating mobility. The best approach combines low-impact activities, physical therapy, gradual progression, and non-weight-bearing exercises. Low-impact activities reduce stress on the joints while still boosting energy expenditure and cardiovascular health. Physical therapy helps improve movement quality, strength, and flexibility, making activity safer and more effective. Gradual progression builds endurance without triggering pain or injury, so the young person can increase activity over time. Non-weight-bearing options are especially helpful when weight-bearing exercise is painful or not feasible, allowing continued activity and calorie burn without overloading the joints. In contrast, high-impact workouts can worsen joint pain or injury, surgery is not a first-line obesity treatment, and avoiding exercise undermines weight management and overall health.

7. What best describes a Personal Medication Record (PMR)?

- A. Portable plain language medication list that includes Rx and non-Rx therapy, dose, route, indication, directions, start/stop date, PCP, pharmacist, and pharmacy details
- B. A clinician-only document for internal use by the medical team
- C. A summary that includes only prescribed medications
- D. A patient education handout with general health tips

A Personal Medication Record is a portable, patient-held medication list that includes both prescription and non-prescription therapies, with details such as dose, route, indication, directions, start and stop dates, and contact information for the patient's primary care clinician, pharmacist, and pharmacy. It's designed to be carried by the patient and shared with all members of the care team across settings, so everyone has an up-to-date view of what the patient is taking and why. This makes it easier to reconcile meds during visits, catch potential interactions, and ensure safe transitions in care, which is especially important in pediatric obesity care where multiple therapies or supplements might be involved. It's not limited to prescribed medications or used only by clinicians, and it's more than a general education handout because it functions as an active, up-to-date record used to manage therapy.

8. What growth-related measurements should be tracked to ensure healthy growth during obesity management?

- A. Height growth velocity and height-for-age percentiles.
- B. Weight only.
- C. Body fat percentage.
- D. Bone density.

In obesity management for kids, it's crucial to ensure that reducing excess weight doesn't slow down normal height growth. The best way to do this is to track both height growth velocity and height-for-age percentiles. Height growth velocity shows how much a child's height increases over a year, revealing whether linear growth is proceeding at a healthy pace. Height-for-age percentile indicates how the child's current height compares to peers of the same age, giving a relative standing over time. Together, these measures tell you if growth is on track while weight is being managed; if velocity remains normal and the percentile stays stable, growth is likely healthy. If velocity slows or the percentile shifts downward, it signals a need to evaluate nutrition, endocrine factors, or the intensity of weight-management interventions. Weight alone doesn't capture changes in height, and body fat percentage or bone density aren't routine growth-trajectory indicators in this context.

9. Between 2002 and 2005, what was the reported increase in antidiabetic medication use?

- A. 11.6%
- B. 103%
- C. 27%
- D. 47%

Understanding percent change over time is what this item is testing. An increase of 103% means the 2005 value is about 2.03 times the 2002 value—that is, antidiabetic medication use more than doubled in that period. So the reported rise reflects a substantial growth, not a small uptick. For context, if 2002 use were 1%, a 103% increase would bring it to roughly 2.03% in 2005, illustrating the meaning of the percentage change. The other options (11.6%, 27%, 47%) represent far smaller increases, which wouldn't match the idea of a doubling seen in the data.

10. What is the maximum daily dose of setmelanotide?

- A. 2 mg
- B. 3 mg**
- C. 4 mg
- D. 5 mg

Setmelanotide is a melanocortin-4 receptor agonist used to correct defective hunger signaling in certain genetic forms of obesity. In dose-ranging studies, the beneficial effect on weight tends to plateau around 3 mg per day, while higher doses did not add weight loss and instead increased the likelihood of adverse effects. That's why the recommended maximum daily dose is 3 mg. Clinically, you typically start at 2 mg daily and may increase to 3 mg if tolerated and if additional weight loss is needed, keeping you within the dose that balances efficacy and safety.

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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://mtmpediatricobesity.examzify.com>

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

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