

PANCE BOARD 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

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- 1. In dietary management of high triglycerides, which statement best describes OM3 and OM6?**
 - A. OM3 and OM6 are both beneficial, but excessive OM6 relative to OM3 can be harmful
 - B. OM6 far more than OM3
 - C. OM3 should be avoided
 - D. Only OM6 matters
- 2. Which measurement BEST predicts disease severity in RSV infection?**
 - A. CXR
 - B. WBC count
 - C. Blood pH
 - D. Pulse Ox
- 3. Inferior wall MI is most commonly caused by occlusion of which artery?**
 - A. Left anterior descending
 - B. Right coronary artery
 - C. Left circumflex
 - D. Posterior descending
- 4. Which test is the gold standard to confirm a diagnosis of syphilis?**
 - A. FTA-ABS
 - B. RPR
 - C. VDRL
 - D. NAAT
- 5. In an acute presentation suggestive of Crohn disease, which imaging test is most appropriate to start?**
 - A. KUB
 - B. Abdominal CT
 - C. Barium enema
 - D. Sigmoidoscopy

- 6. In patients with anorexia or bulimia, which test is used to assess bone mineral density?**
- A. DEXA Scan
 - B. Comprehensive Metabolic Panel
 - C. Electrocardiogram
 - D. Echocardiogram
- 7. Which statement best summarizes boards' preferred reperfusion approach for ACS when feasible?**
- A. PCI is the preferred reperfusion strategy when feasible
 - B. Thrombolysis is always preferred
 - C. CABG is first-line for all ACS
 - D. Medical therapy alone is sufficient
- 8. Which of the following are risk factors for acute cholecystitis in a female patient presenting to the ER?**
- A. Both A & C
 - B. OCP use
 - C. Fenofibrate use
 - D. Family history of gallstones
- 9. In suspected trichomoniasis, what is the initial diagnostic test?**
- A. Vaginal culture
 - B. KOH prep
 - C. Biopsy
 - D. Clinical diagnosis
- 10. Which test is considered the gold standard for diagnosing pulmonary embolism?**
- A. Spiral CT
 - B. Pulmonary Angiography
 - C. V/Q Scan
 - D. D-Dimer

Answers

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

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Explanations

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1. In dietary management of high triglycerides, which statement best describes OM3 and OM6?

- A. OM3 and OM6 are both beneficial, but excessive OM6 relative to OM3 can be harmful**
- B. OM6 far more than OM3
- C. OM3 should be avoided
- D. Only OM6 matters

In managing high triglycerides, the balance between omega-3 and omega-6 fatty acids is important. Omega-3s (EPA and DHA) directly lower triglycerides by reducing hepatic production and secretion of VLDL, which translates to lower fasting triglyceride levels. Omega-6s are essential, but when their intake is excessive relative to omega-3, it can promote a more pro-inflammatory state and may blunt the triglyceride-lowering benefits of omega-3s. So the best statement is that omega-3s and omega-6s both matter, but having too much omega-6 relative to omega-3 can be harmful—focus on increasing omega-3 intake and maintaining a balanced, not excess, omega-6 intake.

2. Which measurement BEST predicts disease severity in RSV infection?

- A. CXR
- B. WBC count
- C. Blood pH
- D. Pulse Ox**

Oxygenation status measured by pulse oximetry best predicts severity of RSV infection. In infants and young children with bronchiolitis, the main danger is hypoxemia from airway inflammation and obstruction. Pulse oximetry provides a real-time, noninvasive readout of how well the lungs are exchanging oxygen, which directly reflects how severely the disease is affecting gas exchange and helps guide need for supplemental oxygen or hospital care. Chest X-ray findings can vary and do not consistently track illness severity—some with significant symptoms may have minimal radiographic abnormalities, while others with obvious X-ray changes may be clinically mild. White blood cell count is a nonspecific marker of infection and does not indicate the degree of respiratory compromise. Blood pH indicates acid-base status but shifts late in the course and does not reliably predict current severity or need for intervention in RSV bronchiolitis.

3. Inferior wall MI is most commonly caused by occlusion of which artery?

- A. Left anterior descending
- B. Right coronary artery**
- C. Left circumflex
- D. Posterior descending

The main idea is that the inferior wall of the left ventricle is supplied mainly by the posterior descending artery, which in the vast majority of people arises from the right coronary artery. When the right coronary artery becomes occluded, the posterior descending artery is affected, leading to an inferior wall myocardial infarction. In most people with right-dominant circulation, this is the typical pattern. There is a minority with left-dominant circulation where the posterior descending artery comes from the left circumflex, so occlusion of that branch could cause an inferior MI there, but the most common cause remains occlusion of the right coronary artery. Clinically, inferior MIs often present with ST elevations in leads II, III, and aVF and can be associated with bradycardia or AV nodal involvement due to RCA supply to the AV node.

4. Which test is the gold standard to confirm a diagnosis of syphilis?

A. FTA-ABS

B. RPR

C. VDRL

D. NAAT

*The key idea is that confirming a syphilis infection relies on a test that detects antibodies specific to *Treponema pallidum*, not just any inflammatory or non-specific antibodies. Non-treponemal tests like RPR and VDRL are useful for screening and for tracking response to therapy because their titers rise with active infection and fall after treatment. However, they can yield false positives and don't prove infection with *Treponema pallidum* on their own. A treponemal test, such as FTA-ABS, directly detects antibodies against the organism itself. It has very high specificity for *Treponema pallidum*, so a positive treponemal test confirms infection rather than merely indicating a reaction that could occur with other conditions. Because these antibodies can remain positive for life, treponemal tests are ideal for confirming whether someone has been infected, even if screening tests were equivocal or if the patient has had prior therapy. NAATs (nucleic acid amplification tests) aren't the standard confirmatory test for systemic syphilis; they're more often used in specific situations, such as testing lesion material, and don't replace a treponemal confirmatory test for typical diagnostic workups. So, the test that serves as the gold standard for confirming syphilis is the treponemal-specific assay, like FTA-ABS.*

5. In an acute presentation suggestive of Crohn disease, which imaging test is most appropriate to start?

A. KUB

B. Abdominal CT

C. Barium enema

D. Sigmoidoscopy

In an acute presentation where Crohn disease is suspected, the priority is to rapidly assess for potentially life-threatening complications and stabilize the patient. A plain abdominal radiograph (KUB) is the best starting imaging because it quickly evaluates for obstruction, dilated bowel loops, and free air from perforation. These findings directly guide urgent management and the need for further testing. A CT scan of the abdomen provides detailed information about the extent and complications of Crohn disease (such as fistulas, abscesses, and bowel wall thickening), but it's typically used after initial stabilization or when obstruction or perforation isn't evident on plain X-rays. It also involves more radiation and contrast exposure, making it a step after the initial plain film. Barium enema is less favorable in this acute context because it can worsen obstruction and is less informative for small bowel Crohn's disease, which is often the focus in Crohn's. Sigmoidoscopy examines mucosa of the distal colon but does not assess the small bowel well and is not a first-line imaging in an acute suspected Crohn's presentation.

6. In patients with anorexia or bulimia, which test is used to assess bone mineral density?

- A. DEXA Scan**
- B. Comprehensive Metabolic Panel
- C. Electrocardiogram
- D. Echocardiogram

Bone density testing in eating disorders is best done with a DEXA scan, which directly measures bone mineral density. Dual-energy X-ray absorptiometry assesses density at key sites such as the lumbar spine and hip, providing a numerical T-score and Z-score to diagnose osteopenia or osteoporosis and to track change over time. In conditions like anorexia or bulimia, malnutrition and low estrogen levels accelerate bone loss, so quantifying density helps guide treatment and monitoring. The other tests don't evaluate bone density. A comprehensive metabolic panel checks electrolytes and organ function, an electrocardiogram looks at heart rhythm, and an echocardiogram assesses heart structure and motion. While important for overall health and specific complications, they do not measure bone mineral density.

7. Which statement best summarizes boards' preferred reperfusion approach for ACS when feasible?

- A. PCI is the preferred reperfusion strategy when feasible**
- B. Thrombolysis is always preferred
- C. CABG is first-line for all ACS
- D. Medical therapy alone is sufficient

In ACS, the aim is to rapidly restore blood flow to the affected area of the heart. When feasible, primary PCI is the preferred reperfusion approach because it mechanically opens the blocked artery and restores perfusion more reliably than clot-busting drugs. This leads to better survival, fewer reinfarctions, and a lower risk of bleeding complications compared with thrombolysis, and it avoids the limitations of medication-only approaches. If timely PCI isn't available, thrombolytic therapy serves as an alternative, but it carries higher bleeding risk and issues less consistent reperfusion. CABG isn't the first-line option in the acute setting for most ACS patients; it's typically reserved for specific anatomical situations or after failed PCI. Medical therapy alone does not resolve the artery occlusion in a STEMI and is insufficient as sole treatment.

8. Which of the following are risk factors for acute cholecystitis in a female patient presenting to the ER?

- A. Both A & C**
- B. OCP use
- C. Fenofibrate use
- D. Family history of gallstones

Acute cholecystitis most often comes from obstruction of the cystic duct by a gallstone, and a key driver of cholesterol gallstones is changes in bile composition or biliary stasis that promote stone formation in reproductive-age women. Estrogen-containing oral contraceptives increase hepatic cholesterol secretion into bile and can slow gallbladder emptying, leading to cholesterol stone formation. Fenofibrate, a fibrate, also tends to increase cholesterol saturation of bile, promoting cholesterol gallstones. When stones form and obstruct the cystic duct, the gallbladder becomes inflamed, causing acute cholecystitis. Family history of gallstones indicates genetic susceptibility to stones in general, but the question highlights direct medication-related risk factors that actively promote stone formation; that's why the combination involving OCP use and fenofibrate use best fits the scenario.

9. In suspected trichomoniasis, what is the initial diagnostic test?

- A. Vaginal culture
- B. KOH prep**
- C. Biopsy
- D. Clinical diagnosis

In suspected trichomoniasis, you diagnose by looking for the organism directly in vaginal discharge. The initial test is a saline (wet) mount of the vaginal swab or discharge to see motile Trichomonas trophozoites. This quick, bedside approach can confirm infection when organisms are visualized, though its sensitivity can be limited. If the wet mount is negative but suspicion remains, use a more sensitive test such as a nucleic acid amplification test (NAAT) on a vaginal swab, which has high sensitivity and specificity. Culture can also detect Trichomonas but takes longer, and biopsy isn't used for this diagnosis. Note that a KOH prep is used to diagnose fungal vaginitis and not Trichomonas.

10. Which test is considered the gold standard for diagnosing pulmonary embolism?

- A. Spiral CT
- B. Pulmonary Angiography**
- C. V/Q Scan
- D. D-Dimer

Direct visualization of the clot in the pulmonary arteries is what makes pulmonary angiography the gold standard. By injecting contrast into the pulmonary artery and taking angiographic images, this test reveals a filling defect where a thrombus blocks blood flow, giving definitive confirmation of pulmonary embolism and precise information about the clot's location and extent. While less invasive options like CT pulmonary angiography are now widely used first, and D-dimer and V/Q scans have important roles in screening or when CT isn't possible, the definitive diagnostic standard is catheter-based pulmonary angiography.

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://panceboard.examzify.com>

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

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