

PANCE Precision Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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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 description BEST matches the murmur of aortic regurgitation?**
 - A. Systolic ejection murmur at the right upper sternal border**
 - B. Holodiastolic murmur at the left upper sternal border**
 - C. Diastolic blowing murmur at the left upper sternal border**
 - D. Continuous murmur at the left infraclavicular area**

- 2. Which examination signs are used to assess knee joint effusion?**
 - A. Lachman test**
 - B. Bulge sign**
 - C. McMurray test**
 - D. Apley grind**

- 3. Which form of scleroderma tends to involve the trunk and proximal extremities and is associated with anti-SCL-70 antibodies?**
 - A. Diffuse systemic sclerosis**
 - B. CREST syndrome**
 - C. Localized scleroderma**
 - D. Sjogren syndrome**

- 4. Which Hb electrophoresis pattern is typical for alpha-thalassemia trait?**
 - A. Absent HbA**
 - B. Normal HbA2**
 - C. Elevated HbA2**
 - D. Normal HbA, HbA2, HbF**

- 5. Exposure history most consistent with schistosomiasis?**
 - A. Ingestion of undercooked pork**
 - B. Recent freshwater exposure while swimming in tropical regions**
 - C. Air travel exposure**
 - D. Skin contact with an infected person**

- 6. Aromatase inhibitors, such as Letrozole or Anastrozole, are most useful in which patient group?**
- A. Premenopausal women with ER-positive tumors**
 - B. Postmenopausal women with ER-positive tumors**
 - C. Men with breast cancer**
 - D. Women with ER-negative tumors**
- 7. Pancoast tumor is a mass at the apex of the lung typically associated with which description?**
- A. Malignant tumor at the apex of the lung invading adjacent structures**
 - B. Benign apical lung mass**
 - C. Esophageal diverticulum**
 - D. Pleural effusion due to infection**
- 8. What electrocardiographic change is commonly seen with hypocalcemia?**
- A. Prolonged QT interval**
 - B. Shortened QT interval**
 - C. Prolonged QRS duration**
 - D. Peaked T waves**
- 9. Antiviral therapy for herpes zoster should be started within how many hours to reduce risk of postherpetic neuralgia?**
- A. Within 24 hours**
 - B. Within 7 days**
 - C. Within 72 hours**
 - D. No time limit**
- 10. Regular colonoscopies can help prevent progression of colon cancer by enabling screening and removal of polyps. This statement is:**
- A. No need for colonoscopies**
 - B. Maintain healthy diet and lifestyle to decrease risk**
 - C. Colonoscopy increases risk**
 - D. Colonoscopy cannot prevent progression**

Answers

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

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Explanations

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1. Which description BEST matches the murmur of aortic regurgitation?
- A. Systolic ejection murmur at the right upper sternal border
 - B. Holodiastolic murmur at the left upper sternal border
 - C. Diastolic blowing murmur at the left upper sternal border**
 - D. Continuous murmur at the left infraclavicular area

Aortic regurgitation causes blood to flow back from the aorta into the left ventricle during diastole, producing a diastolic murmur. The classic description is a high-pitched, blowing murmur heard best along the left upper sternal border, starting just after the aortic valve closes (A2) and continuing through diastole. This murmur is best heard with the patient sitting up and leaning forward, especially during expiration. That's why the option describing a diastolic blowing murmur at the left upper sternal border fits aortic regurgitation best. The other descriptions point to different patterns: a systolic ejection murmur at the right upper sternal border suggests aortic stenosis; a continuous murmur at the left infraclavicular area suggests a PDA; a holodiastolic murmur at the left upper sternal border could also reflect AR in severe cases, but the classic, most characteristic description is a diastolic blowing murmur in that location.

2. Which examination signs are used to assess knee joint effusion?
- A. Lachman test
 - B. Bulge sign**
 - C. McMurray test
 - D. Apley grind

Detecting knee effusion is best assessed with the bulge sign. In this exam, with the patient lying flat and the knee straight, the clinician gently milks fluid from the suprapatellar area toward the center and then tests for a small wave or bulge on the medial side as the fluid shifts. A visible or palpable bulge indicates excess joint fluid, i.e., effusion. The other tests—Lachman for ACL stability, McMurray for meniscal tears, and Apley grind for meniscal pathology—focus on ligaments or cartilage rather than fluid in the joint, so they don't specifically indicate effusion.

3. Which form of scleroderma tends to involve the trunk and proximal extremities and is associated with anti-SCL-70 antibodies?
- A. Diffuse systemic sclerosis**
 - B. CREST syndrome
 - C. Localized scleroderma
 - D. Sjogren syndrome

Diffuse cutaneous systemic sclerosis is the form that tends to involve the trunk and proximal extremities and is associated with anti-SCL-70 antibodies. This pattern reflects widespread skin thickening that extends beyond the hands and face early on, often with internal organ involvement such as interstitial lung disease linked to anti-topoisomerase I (anti-Scl-70). In contrast, limited cutaneous sclerosis (CREST) mainly affects the face, hands, and forearms and is usually tied to anti-centromere antibodies; localized scleroderma involves only skin patches without systemic illness; Sjogren syndrome is a different autoimmune disease with sicca symptoms and distinct antibodies.

4. Which Hb electrophoresis pattern is typical for alpha-thalassemia trait?

- A. Absent HbA**
- B. Normal HbA2**
- C. Elevated HbA2**
- D. Normal HbA, HbA2, HbF**

Alpha-globin production is reduced in alpha-thalassemia trait, but no abnormal hemoglobin variants are produced. Because of that, the electrophoresis pattern stays essentially normal: the major form HbA is present, and the other fractions HbA2 and HbF remain in their usual ranges. Only when more alpha genes are deleted do you start to see abnormal Hb forms (like HbH or Hb Barts). So the typical pattern for alpha-thalassemia trait is normal HbA, HbA2, and HbF.

5. Exposure history most consistent with schistosomiasis?

- A. Ingestion of undercooked pork**
- B. Recent freshwater exposure while swimming in tropical regions**
- C. Air travel exposure**
- D. Skin contact with an infected person**

Schistosomiasis is acquired when skin comes into contact with freshwater that contains larval forms released by aquatic snails in endemic areas. The cercariae penetrate intact skin and migrate to the bloodstream, leading to infection. Because of this life cycle, the classic exposure history is recent freshwater swimming or bathing in tropical regions. The other scenarios don't fit because schistosomiasis isn't spread by eating undercooked pork, by air travel, or through casual skin-to-skin contact with an infected person—the transmission requires contact with contaminated water and snail-derived cercariae.

6. Aromatase inhibitors, such as Letrozole or Anastrozole, are most useful in which patient group?

- A. Premenopausal women with ER-positive tumors**
- B. Postmenopausal women with ER-positive tumors**
- C. Men with breast cancer**
- D. Women with ER-negative tumors**

Aromatase inhibitors decrease the amount of estrogen available to fuel ER-positive breast cancer by blocking the conversion of androgens to estrogens in peripheral tissues. This is especially effective in postmenopausal women, because after menopause, most estrogen comes from this peripheral aromatization rather than the ovaries. Lowering estrogen levels slows or stops growth of ER-positive tumors in this group. In premenopausal women, the ovaries still produce estrogen, and blocking aromatase can trigger feedback that increases ovarian estrogen production, making these drugs less effective unless combined with ovarian suppression. In men, breast cancer is less common and the data are not as strong; in ER-negative tumors there is no estrogen receptor to target, so aromatase inhibition doesn't help. That's why postmenopausal women with ER-positive tumors are the best-fit group for these medications.

7. **Pancoast tumor is a mass at the apex of the lung typically associated with which description?**

- A. Malignant tumor at the apex of the lung invading adjacent structures
- B. Benign apical lung mass**
- C. Esophageal diverticulum
- D. Pleural effusion due to infection

A Pancoast tumor is a malignant neoplasm located at the apex of the lung that extends into nearby structures, such as the brachial plexus, subclavian vessels, first ribs, or vertebral bodies. This invading, invasive behavior into adjacent tissues is what defines the description and sets it apart from other apical masses or thoracic issues. A benign apical mass wouldn't show this aggressive invasion pattern. An esophageal diverticulum is a different esophageal abnormality, and a pleural effusion from infection presents as fluid accumulation rather than a discrete apical mass. So the key idea is a malignant apical lung tumor that invades neighboring structures.

8. **What electrocardiographic change is commonly seen with hypocalcemia?**

- A. Prolonged QT interval**
- B. Shortened QT interval
- C. Prolonged QRS duration
- D. Peaked T waves

Hypocalcemia lengthens the QT interval on the ECG because low extracellular calcium prolongs the ventricular repolarization phase, extending the ST segment. This QT prolongation is the classic sign of low calcium. Other patterns don't fit hypocalcemia: a short QT suggests high calcium; a prolonged QRS duration points to conduction problems or other electrolyte disturbances; peaked T waves are typical of hyperkalemia. So the prolonged QT interval is the best description of the ECG change seen with hypocalcemia.

9. **Antiviral therapy for herpes zoster should be started within how many hours to reduce risk of postherpetic neuralgia?**

- A. Within 24 hours
- B. Within 7 days
- C. Within 72 hours**
- D. No time limit

Prompt antiviral therapy for herpes zoster is most effective at reducing postherpetic neuralgia when started within 72 hours of rash onset. Early treatment limits viral replication and nerve inflammation, which helps protect against longer-lasting nerve pain. Common antivirals such as acyclovir, valacyclovir, and famciclovir are used, with the higher-benefit window being up to about 72 hours after the eruption appears. Starting therapy sooner yields the greatest reduction in risk, while beginning after this window offers diminishing protection. Choosing a plan outside this 72-hour window misses the optimal opportunity to lower the chance of chronic neuralgia.

10. Regular colonoscopies can help prevent progression of colon cancer by enabling screening and removal of polyps. This statement is:

A. No need for colonoscopies

B. Maintain healthy diet and lifestyle to decrease risk

C. Colonoscopy increases risk

D. Colonoscopy cannot prevent progression

Regular screening and polyp removal via colonoscopy is a proven way to prevent progression to cancer, because many colon cancers arise from polyps that can be removed before they become malignant. However, prevention of colon cancer also relies on overall risk reduction through healthy lifestyle choices. The option about maintaining a healthy diet and lifestyle to decrease risk best reflects the broader strategy of prevention beyond a single screening test. It emphasizes that reducing risk is multifactorial, incorporating both screening with colonoscopy and positive lifestyle changes. The other choices contradict established prevention principles (that colonoscopy is unnecessary, that it increases risk, or that it cannot prevent progression).

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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://panceprecision.examzify.com>

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

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