

PANCE PRECISION PRACTICE EXAM (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. For bladder outlet obstruction due to benign prostatic hyperplasia, which medication class is first-line for symptom relief?**
 - A. Beta-blockers
 - B. Alpha-1 blockers (e.g., Tamsulosin)
 - C. 5-alpha-reductase inhibitors
 - D. Anticholinergics

- 2. Which statement is among classic features of Hodgkin lymphoma?**
 - A. Alcohol-induced lymph node pain
 - B. Pel-Ebstein fever (cyclical fever)
 - C. Reed-Sternberg cells are absent
 - D. EBV association with mono

- 3. Which nonpharmacologic strategies are recommended for urinary incontinence prevention and management?**
 - A. Bladder training and pelvic floor exercises
 - B. Antibiotics
 - C. High-fluid intake
 - D. Prolonged bed rest

- 4. Sinus arrhythmia is characterized by which description?**
 - A. Normal variation of sinus rhythm
 - B. Beat-to-beat variation with breathing
 - C. Constant heart rate
 - D. Wide QRS complexes

- 5. In hereditary hemochromatosis, which liver biopsy finding is associated?**
 - A. Normal iron deposition
 - B. No iron deposition
 - C. Fatty infiltration without iron deposition
 - D. Increased liver parenchymal hemosiderin

- 6. Which test is used as a confirmatory test for HIV infection?**
- A. ELISA
 - B. Western Blot
 - C. Rapid test
 - D. HIV RNA
- 7. How is an aspergilloma (fungal ball) in the lung best managed when symptomatic?**
- A. Observation
 - B. Antifungal therapy
 - C. Surgical resection
 - D. Antibiotics
- 8. Which breast condition is characterized by a smooth, well-circumscribed, non-tender, freely mobile rubbery lump that does not wax and wane with menstruation?**
- A. A single tender mass that waxes with menses
 - B. Most common in African Americans; smooth, well-circumscribed, non-tender, freely mobile, rubbery lump; grows gradually; does not wax/wane with menstruation.
 - C. A single solid fixed mass with skin dimpling
 - D. Multiple cystic lesions that always regress after pregnancy
- 9. In hepatitis D infection, which statement is correct?**
- A. HDV requires concomitant HBV infection
 - B. HDV occurs independently of HBV
 - C. HBV vaccination does not affect HDV risk
 - D. HDV reduces risk of liver cancer
- 10. Which of the following is part of the initial management for acute traumatic soft tissue injury?**
- A. Rest, Ice, Compression, Elevation with NSAIDs or acetaminophen and physical therapy
 - B. Bed rest for several weeks
 - C. Immediate surgical repair
 - D. Corticosteroid injections

Answers

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

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Explanations

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1. For bladder outlet obstruction due to benign prostatic hyperplasia, which medication class is first-line for symptom relief?

- A. Beta-blockers
- B. Alpha-1 blockers (e.g., Tamsulosin)**
- C. 5-alpha-reductase inhibitors
- D. Anticholinergics

Alpha-1 blockers relieve bladder outlet obstruction by relaxing the smooth muscle at the bladder neck and prostatic urethra, which lowers resistance to urine flow and quickly improves storage and voiding symptoms such as hesitancy, weak stream, and nocturia. They act rapidly, often within days, making them the go-to first-line option for symptomatic relief in BPH. Drugs like tamsulosin are uroselective, targeting prostate smooth muscle with fewer systemic blood pressure effects, though lightheadedness can occur. These agents don't shrink the prostate; they simply improve flow and relieve symptoms. For longer-term reduction in prostate size, 5-alpha-reductase inhibitors (finasteride, dutasteride) are used, but they take months to have an effect. Beta-blockers don't address bladder outlet obstruction, and anticholinergics are not first-line for BPH and can worsen retention unless there are specific overlapping bladder symptoms.

2. Which statement is among classic features of Hodgkin lymphoma?

- A. Alcohol-induced lymph node pain
- B. Pel-Ebstein fever (cyclical fever)**
- C. Reed-Sternberg cells are absent
- D. EBV association with mono

Pel-Ebstein fever is a cyclical fever pattern that is classically described with Hodgkin lymphoma. Patients experience a febrile period lasting several days, followed by a span of normal temperature, then a return of fever, creating an alternating pattern. This kind of cyclical fever is a well-recognized but not universal feature that has historically helped distinguish Hodgkin lymphoma as it reflects the disease's systemic activity and cytokine milieu along with other B symptoms such as night sweats and weight loss. Alcohol-induced lymph node pain isn't reliably observed and isn't considered a defining feature. Reed-Sternberg cells are the hallmark malignant cells in Hodgkin lymphoma, so saying they're absent would contradict the diagnosis. EBV association occurs in some subtypes but isn't present in all cases, so it's not a universal classic feature.

3. Which nonpharmacologic strategies are recommended for urinary incontinence prevention and management?

- A. Bladder training and pelvic floor exercises**
- B. Antibiotics
- C. High-fluid intake
- D. Prolonged bed rest

Nonpharmacologic approaches that focus on bladder habits and pelvic floor support are effective for preventing and managing urinary incontinence. Bladder training teaches the bladder to hold urine longer by using scheduled voiding with gradually increasing intervals, which increases functional bladder capacity and reduces urgency and leakage. Pelvic floor exercises strengthen the muscles that support the bladder and urethra, improving continence and decreasing leakage with activity or coughing. These strategies are safe, can be used broadly, and are typically considered first-line approaches before medications or more invasive options. Antibiotics don't address incontinence, as they target infections rather than bladder control. High-fluid intake often worsens or exacerbates symptoms by increasing urinary frequency and urgency. Prolonged bed rest isn't helpful for incontinence and can lead to deconditioning and other complications, failing to address the underlying functional issues.

4. Sinus arrhythmia is characterized by which description?

- A. Normal variation of sinus rhythm
- B. Beat-to-beat variation with breathing
- C. Constant heart rate
- D. Wide QRS complexes

Respiratory modulation of the heart rate is at play here. In a healthy person, the autonomic nervous system causes the SA node's firing rate to vary with the breathing cycle: heart rate increases a bit during inspiration and slows during expiration due to changes in vagal tone. This makes the intervals between beats change in a regular, cyclical way, yet the rhythm remains sinus — with normal P waves and narrow QRS complexes. Because this variation is a normal physiological phenomenon tied to respiration, it is described as a normal variation of sinus rhythm, not a true pathological arrhythmia. It's most noticeable in younger people and tends to lessen with age or heart disease. The other descriptions would imply a non-normal rhythm or conduction issue, which isn't the case here.

5. In hereditary hemochromatosis, which liver biopsy finding is associated?

- A. Normal iron deposition
- B. No iron deposition
- C. Fatty infiltration without iron deposition
- D. Increased liver parenchymal hemosiderin

The main idea is iron overload in the liver. In hereditary hemochromatosis, too much iron is absorbed and delivered to the liver, where it accumulates first in hepatocytes as hemosiderin. On a biopsy this shows up as increased parenchymal iron stores (often seen as brown pigment that stains blue with Prussian blue), reflecting siderosis from the excess iron. This parenchymal iron deposition is the hallmark finding. Normal or absent iron deposition wouldn't fit a condition with systemic iron overload, and fatty infiltration without iron deposition points to a fatty liver process unrelated to hemochromatosis.

6. Which test is used as a confirmatory test for HIV infection?

- A. ELISA
- B. Western Blot
- C. Rapid test
- D. HIV RNA

In HIV testing, a test used to confirm infection must be highly specific after a positive initial screen. Western blot fits this role because it detects antibodies to several distinct HIV proteins, so a true infection produces a characteristic pattern of reactivity across multiple viral antigens. This multi-antigen band pattern provides high specificity, helping to distinguish true positives from false positives that can occur with screening tests. Screening assays like ELISA are designed to be highly sensitive, catching as many true infections as possible, but they can yield false positives, which is why a confirmatory test is required. Rapid tests also function mainly as screening tools and need confirmation if reactive. HIV RNA testing, on the other hand, detects the virus itself and is used to diagnose acute infection or monitor viral load, not to confirm infection after an antibody screen.

7. How is an aspergilloma (fungal ball) in the lung best managed when symptomatic?

- A. Observation
- B. Antifungal therapy
- C. Surgical resection**
- D. Antibiotics

When a fungus ball causes symptoms, removing it surgically is the most effective approach. An aspergilloma sits inside a preexisting lung cavity and often leads to recurrent or life-threatening bleeding (hemoptysis). Surgically removing the affected portion of lung eliminates the cavity and the fungal ball, addressing the source of symptoms and the risk of massive hemorrhage. Antifungal drugs are generally not successful here because the ball lies in a nonvascularized cavity and the organism is largely colonizing the space rather than causing invasive infection, so systemic therapy has limited effect. Observation is appropriate mainly for those without symptoms or bleeding risk, but not for symptomatic cases. Antibiotics target bacteria, not fungi, so they don't resolve an aspergilloma. In some patients, procedures to control bleeding, like bronchial artery embolization, may be used as a bridge or palliation, but they don't remove the fungal mass.

8. Which breast condition is characterized by a smooth, well-circumscribed, non-tender, freely mobile rubbery lump that does not wax and wane with menstruation?

- A. A single tender mass that waxes with menses
- B. Most common in African Americans; smooth, well-circumscribed, non-tender, freely mobile, rubbery lump; grows gradually; does not wax/wane with menstruation.**
- C. A single solid fixed mass with skin dimpling
- D. Multiple cystic lesions that always regress after pregnancy

Fibroadenoma is a benign breast tumor that typically affects younger women. The hallmark on exam is a smooth, well-circumscribed, non-tender, freely mobile, rubbery lump. It usually grows gradually and does not change with the menstrual cycle, which helps distinguish it from fibrocystic changes that often worsen or fluctuate with menses. This lump is typically solitary and not fixed to skin or underlying tissues. The description provided—a smooth, well-defined, non-tender, mobile, rubbery lump that does not wax and wane with menstruation—fits fibroadenoma best. Fibrocystic changes, in contrast, tend to be tender and cyclic with menses; findings like a single fixed mass with skin dimpling suggest malignancy, and multiple cystic lesions that regress after pregnancy point away from a fibroadenoma.

9. In hepatitis D infection, which statement is correct?

- A. HDV requires concomitant HBV infection**
- B. HDV occurs independently of HBV
- C. HBV vaccination does not affect HDV risk
- D. HDV reduces risk of liver cancer

HDV is a defective virus that cannot form its own outer shell and must borrow the hepatitis B surface antigen (HBsAg) to assemble infectious particles. Because of this, HDV infection can occur only in the setting of active HBV infection—either at the same time as HBV enters (coinfection) or later in someone who already carries HBV (superinfection). Vaccination against HBV prevents HBV infection and, by eliminating HBsAg, removes the necessary component for HDV to assemble, thereby reducing HDV risk. Conversely, HDV infection tends to accelerate liver disease and increases the risk of progressing to cirrhosis and hepatocellular carcinoma, not reduce it. So the statement that best fits is that HDV requires concomitant HBV infection.

10. Which of the following is part of the initial management for acute traumatic soft tissue injury?

- A. Rest, Ice, Compression, Elevation with NSAIDs or acetaminophen and physical therapy**
- B. Bed rest for several weeks
- C. Immediate surgical repair
- D. Corticosteroid injections

In acute traumatic soft tissue injuries, the goal is to control swelling and pain while preserving function so healing can begin promptly. Rest, Ice, Compression, and Elevation—often called RICE—along with analgesics provides the foundation: rest protects the injured tissue, ice reduces inflammation and numb pain, compression helps limit edema, and elevation lowers venous pressure to decrease swelling. Adding NSAIDs or acetaminophen helps manage pain and, in the case of NSAIDs, can reduce inflammation. As soon as allowed by pain and swelling, initiating physical therapy or gentle, progressive movements supports range of motion and strength, preventing stiffness and promoting faster recovery. Immediate bed rest, urgent surgical repair, or corticosteroid injections are not appropriate for routine initial management of a simple acute soft tissue injury.

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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