

PHYSICIAN ASSISTANT CLINICAL KNOWLEDGE RATING AND ASSESSMENT TOOL (PACKRAT) 1 PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Panretinal laser photocoagulation is used in diabetes to prevent which retinal condition?**
 - A. proliferative retinopathy
 - B. acute keratitis
 - C. chronic glaucoma
 - D. senile cataract
- 2. Which medication is not typically used for long-term Crohn's disease therapy?**
 - A. 5-Fluorouracil (5-FU)
 - B. Allopurinol (Zyloprim)
 - C. Omeprazole (Prilosec)
 - D. Azathioprine (Imuran)
- 3. In suspected subarachnoid hemorrhage with a negative head CT, which study helps establish the diagnosis?**
 - A. Complete blood count
 - B. Lipid profile
 - C. Lumbar puncture
 - D. Electrocardiogram
- 4. Which sign is most typical of candidal vulvovaginitis?**
 - A. Purulent discharge
 - B. Tender lymphadenopathy
 - C. Extreme vulvar irritation
 - D. Firm, painless ulcer
- 5. A 25-year-old, non-pregnant female presents with gray-white vaginal secretions and a fishy odor; a KOH prep reveals clue cells. The treatment of choice is which medication?**
 - A. Azithromycin (Zithromax).
 - B. Metronidazole (Flagyl).
 - C. Ceftriaxone (Rocephin).
 - D. Miconazole (Monistat, Lotrimin).

- 6. Cavitation on chest imaging is most commonly associated with which conditions?**
- A. Pneumonia
 - B. Pleural effusion
 - C. Progressive primary tuberculosis or lung abscess
 - D. Pulmonary edema
- 7. Which radiographic finding is most characteristic of tuberculosis?**
- A. Pleural effusion
 - B. Diffuse interstitial infiltrates
 - C. Apical pulmonary infiltrates
 - D. Lobar consolidation
- 8. In a patient with hypertension on thiazide diuretics, EKG shows U waves. Which electrolyte abnormality is most likely?**
- A. Beta blocker effect
 - B. Hypocalcemia
 - C. Hypokalemia
 - D. Noncompliance with medications
- 9. Paradoxical motion of the chest wall occurs in which of the following injuries?**
- A. Barrel chest
 - B. Flail chest
 - C. Funnel chest
 - D. Pigeon chest
- 10. For streptococcal pharyngitis, what is the treatment of choice in a patient without penicillin allergy?**
- A. Penicillin VK
 - B. Sulfasoxazole
 - C. Tetracycline
 - D. Floxacin

Answers

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

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Explanations

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1. Panretinal laser photocoagulation is used in diabetes to prevent which retinal condition?

- A. proliferative retinopathy**
- B. acute keratitis
- C. chronic glaucoma
- D. senile cataract

Panretinal laser photocoagulation targets retinal ischemia that drives new vessel growth in diabetes. By creating laser burns in the peripheral retina, it reduces retinal oxygen demand and lowers the production of VEGF, which fuels neovascularization. With less stimulus for new vessels, proliferative changes are suppressed, decreasing the risk of vitreous hemorrhage and tractional retinal detachment that can lead to vision loss. This is why the procedure is used to prevent proliferative diabetic retinopathy, not conditions like keratitis, glaucoma, or cataract, which involve different tissues and pathologies.

2. Which medication is not typically used for long-term Crohn's disease therapy?

- A. 5-Fluorouracil (5-FU)**
- B. Allopurinol (Zyloprim)
- C. Omeprazole (Prilosec)
- D. Azathioprine (Imuran)

Long-term Crohn's disease management centers on reducing the immune-driven inflammation with immunomodulators or biologic therapies to maintain remission. 5-fluorouracil is a chemotherapy agent used to treat cancer by targeting rapidly dividing cells; it does not reliably alter the inflammatory pathways in Crohn's and has significant mucosal toxicity, making it unsuitable for chronic Crohn's therapy. Azathioprine, in contrast, suppresses the immune system to prevent relapses, and is a standard maintenance option for Crohn's disease. Omeprazole, a proton-pump inhibitor, lowers stomach acid and can help with unrelated GI symptoms or ulcers but doesn't address Crohn's inflammation itself. Allopurinol treats hyperuricemia/gout and isn't a Crohn's therapy; though it has notable drug interaction considerations with immunosuppressants like azathioprine, it still isn't used to manage Crohn's disease. So, the medication not typically used for long-term Crohn's disease therapy is 5-fluorouracil.

3. In suspected subarachnoid hemorrhage with a negative head CT, which study helps establish the diagnosis?

- A. Complete blood count
- B. Lipid profile
- C. Lumbar puncture**
- D. Electrocardiogram

When subarachnoid hemorrhage is suspected but the initial head CT is negative, you need a test that directly shows blood or its breakdown products in the cerebrospinal fluid. A lumbar puncture provides that answer. CT scans are most sensitive for SAH in the first hours after onset, but their sensitivity wanes with time. If suspicion remains after a negative CT, examining CSF can confirm bleeding. The key findings from a lumbar puncture are red blood cells in the CSF or xanthochromia, which is a yellowish discoloration from bilirubin as blood products break down in the CSF. Xanthochromia usually appears several hours after the hemorrhage, helping to confirm SAH even if the initial bleed wasn't seen on CT. Interpreting the sample also involves distinguishing a true SAH from a traumatic tap: persistent red blood cells across multiple collected CSF tubes or visible xanthochromia supports SAH, whereas a decreasing number of RBCs in successive tubes with no xanthochromia suggests the blood came from the tap rather than the subarachnoid space. Other options like complete blood count, lipid profile, or electrocardiogram don't diagnose SAH; they're not direct tests for bleeding in the subarachnoid space.

4. Which sign is most typical of candidal vulvovaginitis?

- A. Purulent discharge
- B. Tender lymphadenopathy
- C. Extreme vulvar irritation**
- D. Firm, painless ulcer

Candida vulvovaginitis mainly presents with intense itching and vulvar irritation, often with redness and swelling of the vulvar area. The itching is usually the most prominent symptom, sometimes accompanied by burning or discomfort during urination or intercourse. Discharge, when present, tends to be thick, white, and cottage-cheese-like rather than purulent. Tender lymphadenopathy isn't typical, and a firm, painless ulcer is not characteristic of candidal infection. So, extreme vulvar irritation from itching best fits the presentation of candidal vulvovaginitis.

5. A 25-year-old, non-pregnant female presents with gray-white vaginal secretions and a fishy odor; a KOH prep reveals clue cells. The treatment of choice is which medication?

- A. Azithromycin (Zithromax).
- B. Metronidazole (Flagyl).**
- C. Ceftriaxone (Rocephin).
- D. Miconazole (Monistat, Lotrimin).

This presentation points to bacterial vaginosis, an overgrowth of anaerobic bacteria such as Gardnerella vaginalis. The clue cells on microscopy and the fishy odor with gray-white discharge are characteristic. The treatment of choice is metronidazole because it is highly effective against anaerobes that drive BV. A common regimen is oral metronidazole 500 mg twice daily for 7 days (alternatively, metronidazole vaginal gel 0.75% applied intravaginally for several days). It's important to avoid alcohol during treatment and for 24 hours after the last dose to prevent a disulfiram-like reaction. The other medications listed target different infections (yeast, gonorrhea, or chlamydia) and are not appropriate for BV.

6. Cavitation on chest imaging is most commonly associated with which conditions?

- A. Pneumonia
- B. Pleural effusion
- C. Progressive primary tuberculosis or lung abscess**
- D. Pulmonary edema

Cavitation on chest imaging signals a necrotizing process in the lung that creates an air-filled space. The classic scenarios are conditions that destroy lung tissue, namely tuberculosis with caseating necrosis forming cavities and bacterial lung abscesses where pus erodes parenchyma to create a thick-walled cavity, often with an air-fluid level. Because of this tissue destruction pattern, cavitating lesions are most commonly associated with progressive primary tuberculosis or a lung abscess. In contrast, pneumonia usually presents with consolidation, pleural effusion with fluid in the pleural space, and pulmonary edema with interstitial and vascular congestion—none of which characteristically form cavities.

7. Which radiographic finding is most characteristic of tuberculosis?

- A. Pleural effusion
- B. Diffuse interstitial infiltrates
- C. Apical pulmonary infiltrates**
- D. Lobar consolidation

TB reactivation tends to involve the upper parts of the lungs because oxygen tension is higher there, which favors Mycobacterium tuberculosis growth. On chest radiographs this most often appears as an infiltrate in the apical (upper) lung zones, and often progresses to cavitation in advanced disease. This apical, cavitory pattern is much more characteristic of TB than the other patterns listed. Pleural effusion can occur with TB but isn't as distinctive; diffuse interstitial or miliary patterns can occur with disseminated disease; and lobar consolidation is more typical of bacterial pneumonia. So the apical pulmonary infiltrates best reflect TB on imaging.

8. In a patient with hypertension on thiazide diuretics, EKG shows U waves. Which electrolyte abnormality is most likely?

- A. Beta blocker effect
- B. Hypocalcemia
- C. Hypokalemia**
- D. Noncompliance with medications

U waves on an EKG are most strongly associated with hypokalemia. Thiazide diuretics promote potassium loss by inhibiting NaCl reabsorption in the distal tubule, which increases delivery of sodium to the collecting duct and drives potassium secretion there. The resulting lower potassium level often manifests as U waves, along with other ECG changes like flattened T waves and ST changes, and it can predispose to arrhythmias. Other options don't fit as neatly: beta-blocker effects alter heart rate/conduction but don't cause U waves; hypocalcemia tends to prolong the QT interval rather than produce U waves; nonadherence could lead to varied issues but isn't the classic cause of U waves.

9. Paradoxical motion of the chest wall occurs in which of the following injuries?

- A. Barrel chest
- B. Flail chest**
- C. Funnel chest
- D. Pigeon chest

Paradoxical motion of the chest wall occurs when a portion of the rib cage becomes unstable and moves opposite to the rest of the chest during breathing. This happens with a flail chest, where multiple adjacent ribs are fractured in two or more places, creating a free-floating segment. During inspiration, the healthy chest expands while the flail segment is pulled inward by the negative intrathoracic pressure; during expiration, it moves outward with the positive pressure. This opposite movement impairs ventilation and can worsen oxygenation, often alongside underlying lung injury. The other terms describe chest-wall deformities that change shape but do not produce this paradoxical inward–outward motion: barrel chest is an increased anterior–posterior diameter from hyperinflation, funnel chest is a sunken sternum (pectus excavatum), and pigeon chest is a protruding sternum (pectus carinatum).

10. For streptococcal pharyngitis, what is the treatment of choice in a patient without penicillin allergy?

- A. Penicillin VK**
- B. Sulfasoxazole
- C. Tetracycline
- D. Floxacin

Treating streptococcal pharyngitis with a drug that reliably kills group A Streptococcus using a safe, inexpensive, and easy-to-take regimen is the goal. In patients without penicillin allergy, penicillin V is the drug of choice because GAS remains fully susceptible to penicillin, and the oral form provides effective, short-course therapy with a narrow spectrum that minimizes disruption to normal flora and avoids driving resistance. It's proven, well-tolerated, and cost-efficient, making it the best option for first-line treatment. The other choices either don't effectively cover GAS or carry more safety concerns or stewardship issues: sulfonamides have poor activity against GAS, tetracycline has limited activity and is often avoided in children and pregnant patients, and fluoroquinolones are broad-spectrum with higher risks and are not preferred for straightforward GAS pharyngitis.

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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