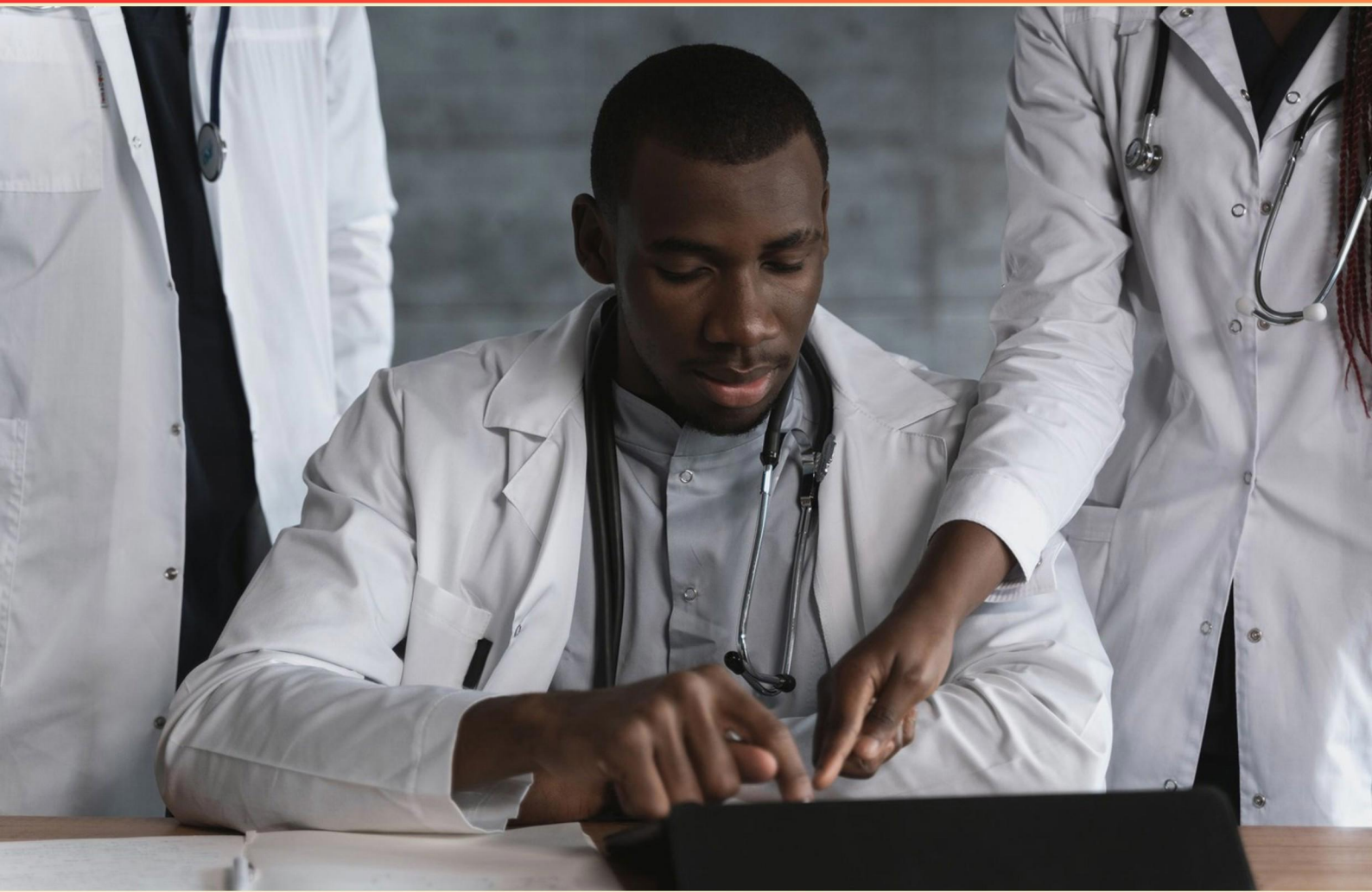


PHYSICIAN ASSISTANT CLINICAL KNOWLEDGE RATING AND ASSESSMENT TOOL (PACKRAT) 3 PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
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. Which electrocardiogram pattern indicates left atrial enlargement (P-mitrale)?**
 - A. Wide P Waves in II and a Deep Negative Deflection of P Wave in V1
 - B. Wide P Waves in II and a Deep Positive Deflection of P Wave in V1
 - C. Tall R Waves in V5 and V6
 - D. Tall R Waves in AvL and AvF
- 2. Which fracture is associated with a**
 - A. Galeazzi's
 - B. Scaphoid
 - C. Colles'
 - D. Smith's
- 3. In HIV infection, what induration size on a purified protein derivative (PPD) test is considered positive?**
 - A. >5 mm
 - B. ">10 mm"
 - C. ">15 mm"
 - D. ">20 mm"
- 4. Cerebrospinal fluid analysis showing elevated neutrophils, glucose decreased to 35 mg/dL, and high protein is most consistent with which diagnosis?**
 - A. Bacterial meningitis
 - B. Viral meningitis
 - C. Fungal meningitis
 - D. Tuberculous meningitis
- 5. A 60-year-old patient with risk factors presents with a white, white-to-yellow patch that cannot be wiped off and is premalignant. Which finding is most suspicious for oral carcinoma?**
 - A. Painful creamy-white patches over erythema
 - B. Red smooth surface tongue
 - C. Small vesicles on an erythematous base
 - D. White lesion that cannot be removed by rubbing

- 6. Which diagnostic test assesses intraocular pressure in suspected glaucoma?**
- A. Fundoscopic examination
 - B. Applanation tonometry
 - C. Fluorescein staining
 - D. Schirmer Test
- 7. In an elderly patient with epistaxis from posterior nasal sources, what is the treatment of choice?**
- A. Electrical cautery
 - B. Direct pressure on the nose
 - C. Petroleum jelly application
 - D. Posterior nasal packing
- 8. For plantar fasciitis, which combination is commonly used as part of initial management?**
- A. Arch supports, NSAIDs and stretching
 - B. Steroid injections
 - C. Short leg walking cast
 - D. Surgical release
- 9. What laboratory test must be monitored frequently in patients who are taking clozapine (Clozaril)?**
- A. Thyroid stimulating hormone
 - B. White blood cell count
 - C. Platelet count
 - D. Aspartate aminotransferase
- 10. Gout is most definitively diagnosed by which test?**
- A. Complete Blood Count
 - B. Joint Fluid Analysis
 - C. Foot Radiograph
 - D. Rheumatoid Factor

Answers

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

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Explanations

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1. Which electrocardiogram pattern indicates left atrial enlargement (P-mitrale)?

- A. Wide P Waves in II and a Deep Negative Deflection of P Wave in V1**
- B. Wide P Waves in II and a Deep Positive Deflection of P Wave in V1
- C. Tall R Waves in V5 and V6
- D. Tall R Waves in AvL and AvF

Left atrial enlargement (P-mitrale) shows a P wave that is broader and often notched in the limb leads, especially lead II, reflecting slower, prolonged atrial activation due to a larger left atrium. In V1, the left atrial contribution produces a prominent terminal negative deflection of the P wave, because the left atrium is activating later and away from that lead. So the combination of a wide P wave in lead II and a deep negative tail in V1 is classic for left atrial enlargement. Patterns with tall, peaked P waves or with dominant positive deflections in V1 point more toward right atrial enlargement, and tall R waves in the lateral leads indicate left ventricular hypertrophy rather than atrial enlargement.

2. Which fracture is associated with a

- A. Galeazzi's**
- B. Scaphoid
- C. Colles'
- D. Smith's

A pattern that combines a distal radius fracture with dislocation of the distal radioulnar joint defines this injury. A Galeazzi fracture is a fracture of the distal third of the radius with disruption (dislocation) of the distal radioulnar joint, typically arising from a fall on an outstretched hand. The hallmark is not just a radius break, but instability at the DRUJ that accompanies it. Clinically you'll have forearm and wrist pain with swelling and tenderness at the distal radius, and exam may reveal DRUJ instability. X-rays will show the radius fracture plus misalignment of the DRUJ. Treatment aims to restore DRUJ alignment and stabilize the radius, often requiring surgical fixation of the radius to ensure the joint remains reduced. This differs from scaphoid fractures, which involve a carpal bone and not the DRUJ; and from Colles' or Smith's fractures, which are distal radius fractures with dorsal or volar displacement but without DRUJ dislocation.

3. In HIV infection, what induration size on a purified protein derivative (PPD) test is considered positive?

- A. >5 mm**
- B. ">10 mm"
- C. ">15 mm"
- D. ">20 mm"

In interpreting the tuberculin skin test, the threshold for a positive result varies with immune status. In HIV infection, the immune response to TB antigens can be diminished, so the test uses a lower cutoff: an induration of 5 millimeters or more is considered positive. Larger thresholds (such as 10 mm or 15 mm) apply to people with less compromised immunity or additional risk factors. Reading the test is done 48 to 72 hours after placement, and you measure the firm raised area (induration), not the redness. A positive result in HIV prompts further evaluation for latent or active TB, but a negative result does not completely exclude TB due to potential anergy.

4. Cerebrospinal fluid analysis showing elevated neutrophils, glucose decreased to 35 mg/dL, and high protein is most consistent with which diagnosis?

A. Bacterial meningitis

B. Viral meningitis

C. Fungal meningitis

D. Tuberculous meningitis

CSF findings help distinguish meningitis causes by the types of cells present and the chemical makeup of the fluid. A predominance of neutrophils in the CSF points to a bacterial infection, since neutrophils are the primary responders to bacteria in the central nervous system. The low glucose level occurs because bacteria consume glucose and the inflammatory cells use energy as they fight the infection, causing CSF glucose to drop relative to serum. High protein reflects increased permeability of the blood–brain barrier from inflammation, allowing more protein to leak into the CSF. When you combine neutrophilic pleocytosis with reduced CSF glucose and elevated protein, the pattern is classic for bacterial meningitis. In contrast, viral meningitis usually shows a lymphocytic predominance with normal or only mildly decreased glucose and less dramatic protein elevation, while fungal or tuberculous meningitis often have lymphocytic predominance with low glucose and high protein, but not neutrophil-dominant CSF.

5. A 60-year-old patient with risk factors presents with a white, white-to-yellow patch that cannot be wiped off and is premalignant. Which finding is most suspicious for oral carcinoma?

A. Painful creamy-white patches over erythema

B. Red smooth surface tongue

C. Small vesicles on an erythematous base

D. White lesion that cannot be removed by rubbing

A white patch that cannot be rubbed off is classic for leukoplakia, a mucosal lesion that is premalignant and carries a risk of progression to squamous cell carcinoma, especially in an older patient with risk factors like tobacco or alcohol use. The key point is the ability to wipe the lesion away: if it can be rubbed off, the patch is less concerning and often points to candidiasis or another nonpremalignant condition; if it cannot be rubbed off, it raises suspicion for a true leukoplakia or other potentially malignant lesion. Why this finding stands out here is that it combines both a persistent white appearance and non-removability, which signals a chronic, protective process of mucosal change rather than an acute infectious process. In contrast, a red, smooth tongue or any vesicles on an erythematous base are more indicative of other conditions (glossitis, candidiasis/viral lesions) and, while red patches can be serious, do not convey the same immediate premalignant cue as a non-removable white patch. Therefore, the non-removable white patch aligns most with a lesion that could herald malignant transformation.

6. Which diagnostic test assesses intraocular pressure in suspected glaucoma?

- A. Fundoscopic examination
- B. Applanation tonometry**
- C. Fluorescein staining
- D. Schirmer Test

Measuring intraocular pressure directly is essential in suspected glaucoma because elevated pressure is a major factor that can damage the optic nerve. The test that quantifies this pressure is applanation tonometry, which estimates how much force is needed to gently flatten a small area of the cornea. From that force, the pressure inside the eye (in mmHg) is calculated. This method, especially the Goldmann applanation technique, is the standard for obtaining an objective IOP value and guiding glaucoma diagnosis and management. Other tests serve different purposes: a fundoscopic exam looks at the optic nerve and retina for signs of damage but doesn't provide a pressure measurement; fluorescein staining is used to assess corneal surface integrity and tear film; the Schirmer test evaluates tear production for dry eye.

7. In an elderly patient with epistaxis from posterior nasal sources, what is the treatment of choice?

- A. Electrical cautery
- B. Direct pressure on the nose
- C. Petroleum jelly application
- D. Posterior nasal packing**

Posterior epistaxis requires direct tamponade of the posterior nasal cavity to control bleeding from arteries such as the sphenopalatine or Woodruff plexus. Packing the posterior space achieves this compression and is the treatment of choice when the bleed comes from posterior sources, especially in elderly patients where posterior bleeds are more common and harder to control with simple measures. Direct pressure on the nose mainly affects anterior bleeds and may not stop a posterior source. Electrical cautery targets anterior mucosal vessels and is often ineffective for posterior bleeds. Petroleum jelly helps with lubrication and mucosal health but does not stop bleeding. Posterior nasal packing provides the necessary hemostasis, with consideration for ENT involvement or endovascular options if packing fails or bleeding recurs.

8. For plantar fasciitis, which combination is commonly used as part of initial management?

- A. Arch supports, NSAIDs and stretching**
- B. Steroid injections
- C. Short leg walking cast
- D. Surgical release

The main idea here is that initial management of plantar fasciitis centers on conservative, noninvasive measures that reduce strain on the fascia and control pain, allowing healing to occur. Arch supports or orthotics help by supporting the arch and offloading the plantar fascia during weight-bearing, which decreases traction at the heel. NSAIDs provide symptom relief by reducing inflammation and pain in the acute/subacute phase. Stretching—especially plantar fascia stretches and calves—improves the fascia's flexibility and the length of the attached musculature, which lowers tension with each step. Together, these strategies address both the mechanical cause and the pain without invasive procedures. Steroid injections are not first-line because of risks such as fascia rupture and fat-pad atrophy, and are typically considered after failure of conservative therapy. A short leg walking cast represents immobilization and is generally reserved for more severe or refractory cases. Surgical release is a last resort for chronic, intolerable symptoms after other options have failed.

9. What laboratory test must be monitored frequently in patients who are taking clozapine (Clozaril)?

- A. Thyroid stimulating hormone
- B. White blood cell count**
- C. Platelet count
- D. Aspartate aminotransferase

Clozapine carries a significant risk of agranulocytosis, a dangerous drop in neutrophils that can lead to severe infections. Because of this, the most important and most frequently monitored lab is the white blood cell count, with particular attention to the absolute neutrophil count. Regular CBCs with differential are required starting before treatment and continuing with a strict schedule: frequent checks early on, then increasingly spaced once safety is established. If the neutrophil count falls below safe thresholds, clozapine is usually halted and the patient evaluated for infection and other causes. Other labs like thyroid tests or liver enzymes may be checked for general health or side effects, but they are not the primary, mandated frequent monitoring for clozapine's serious hematologic risk. Platelet counts aren't the central concern with this medication.

10. Gout is most definitively diagnosed by which test?

- A. Complete Blood Count
- B. Joint Fluid Analysis**
- C. Foot Radiograph
- D. Rheumatoid Factor

The main idea is that gout is most definitively diagnosed by examining the joint fluid for crystals. When a swollen joint is tapped, the aspirated synovial fluid can be analyzed under polarized light microscopy to look for monosodium urate crystals. These crystals are needle-shaped and negatively birefringent, a finding that confirms gout and helps distinguish it from other causes of acute arthritis, such as septic arthritis or pseudogout. Serum uric acid levels can be elevated in gout, but they're not reliably diagnostic because uric acid may be normal during an acute attack and elevated uric acid can occur without symptoms. Radiographs of the foot or other joints aren't diagnostic in the early phase and often show chronic changes later. A complete blood count can be nonspecific, and rheumatoid factor relates more to rheumatoid arthritis than to gout. So, analyzing the joint fluid for monosodium urate crystals provides the most definitive proof of gout.

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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