

# Physician Assistant Clinical Knowledge Rating and Assessment Tool (PACKRAT) 5 Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

**This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## 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.**

## 7. Use Other Tools

**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!**

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## **Questions**

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- 1. Which of the following is considered a risk factor for the development of malignant melanoma?**
  - A. Male gender**
  - B. Inability to tan**
  - C. Japanese ethnicity**
  - D. Brown-haired individuals**
- 2. Which strategy is recommended for all Type 2 diabetic patients to improve carbohydrate metabolism?**
  - A. Low-carbohydrate, high protein diet**
  - B. Routine aerobic exercise**
  - C. Metformin (Glucophage)**
  - D. Acupuncture**
- 3. For patients with pernicious anemia, which symptom is notably present?**
  - A. Neuropathic symptoms**
  - B. Joint pain**
  - C. Weight loss**
  - D. Skin rash**
- 4. In a case of acute limb ischemia with no signs of gangrene, what is the most appropriate treatment?**
  - A. Vena cava filter**
  - B. Embolectomy**
  - C. Aspirin**
  - D. Amputation**
- 5. What is the most likely diagnosis for a 30-year-old female presenting with pelvic pain, vaginal bleeding, and an adnexal mass?**
  - A. Placenta abruptio**
  - B. Ectopic pregnancy**
  - C. Pelvic inflammatory disease**
  - D. Ruptured ovarian cyst**

- 6. What symptom is least likely to occur in a patient diagnosed with pyloric stenosis?**
- A. Projectile vomiting**
  - B. Hemoccult positive stools**
  - C. Constant hunger**
  - D. Dehydration**
- 7. Which therapy is recommended for a 13-month-old child with sickle cell disease?**
- A. Folic acid and penicillin V**
  - B. Ferrous sulfate and penicillin V**
  - C. Folic acid and ferrous sulfate**
  - D. Folic acid, ferrous sulfate, and penicillin V**
- 8. A patient has eye pain, blurred vision, and a dendritic ulcer. What is the most likely diagnosis?**
- A. Viral keratitis**
  - B. Fungal corneal ulcer**
  - C. Acanthamoeba keratitis**
  - D. Bacterial corneal ulcer**
- 9. What is the treatment of choice for actinic keratosis?**
- A. Mohs surgery**
  - B. Cryotherapy**
  - C. Acid peels**
  - D. Radiation therapy**
- 10. In a COPD patient presenting with increasing respiratory failure, what is the most appropriate next step in therapy after initial treatment?**
- A. Decrease the oxygen flow rate**
  - B. Administer oral corticosteroids**
  - C. Intubate the patient**
  - D. Administer salmeterol (Serevent)**

## **Answers**

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

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## **Explanations**

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**1. Which of the following is considered a risk factor for the development of malignant melanoma?**

- A. Male gender**
- B. Inability to tan**
- C. Japanese ethnicity**
- D. Brown-haired individuals**

The correct choice identifies the inability to tan as a risk factor for the development of malignant melanoma. This characteristic is significant because individuals who cannot tan typically have lighter skin, which contains less melanin. Melanin provides some protection against the harmful effects of ultraviolet (UV) radiation from sun exposure. When skin that cannot tan is exposed to UV radiation, it is more susceptible to DNA damage and, ultimately, the development of skin cancers, including malignant melanoma. In contrast, the other characteristics listed do not significantly increase the risk for malignant melanoma. For example, while male gender has been associated with higher rates of melanoma compared to females, it is not as direct a risk factor as skin type and tanning ability. Additionally, Japanese ethnicity typically has a lower incidence of melanoma due to genetic factors and skin pigmentation. Similarly, having brown hair does not inherently confer a notable risk factor for melanoma. The primary concern in the context of melanoma development often revolves around skin type and tanning ability, emphasizing the importance of the ability (or inability) to tan in relation to skin cancer risk.

**2. Which strategy is recommended for all Type 2 diabetic patients to improve carbohydrate metabolism?**

- A. Low-carbohydrate, high protein diet**
- B. Routine aerobic exercise**
- C. Metformin (Glucophage)**
- D. Acupuncture**

Routine aerobic exercise is recommended for all Type 2 diabetic patients to improve carbohydrate metabolism because it plays a significant role in enhancing insulin sensitivity and facilitating glucose uptake by the muscles. Exercise helps the body to use insulin more efficiently, which is crucial for managing blood sugar levels in individuals with diabetes. Additionally, aerobic exercise can contribute to weight management, which is particularly beneficial since excess weight is a common factor that worsens insulin resistance. Engaging in regular physical activity also has cardiovascular benefits, which is important considering the increased risk of heart disease in patients with diabetes. While other strategies like dietary changes, medications, or alternative therapies can be part of a comprehensive management plan for Type 2 diabetes, routine aerobic exercise stands out as a universally applicable recommendation that can have immediate and long-term benefits for carbohydrate metabolism. This makes it an essential part of diabetes care for improving overall health outcomes.

**3. For patients with pernicious anemia, which symptom is notably present?**

**A. Neuropathic symptoms**

**B. Joint pain**

**C. Weight loss**

**D. Skin rash**

Pernicious anemia is a type of megaloblastic anemia that occurs due to the body's inability to absorb vitamin B12 effectively, often because of an absence of intrinsic factor, a protein necessary for intestinal absorption of B12. One of the hallmark features of vitamin B12 deficiency is the presentation of neuropathic symptoms. This can include a variety of neurological issues such as paresthesias, weakness, and even cognitive disturbances due to its critical role in maintaining myelin sheath integrity in neurons. The reason neuropathic symptoms stand out is that they arise from the impact of low vitamin B12 levels on nerve function. B12 is vital for the synthesis of myelin, the protective sheath around nerves; therefore, its deficiency can lead to demyelination and subsequent neurological symptoms. In contrast, while weight loss and joint pain may occur in various conditions, they are not specifically linked to pernicious anemia. Similarly, skin rashes can be associated with diverse disorders, but they do not have a clear relationship with pernicious anemia itself. The understanding of how pernicious anemia affects the nervous system aids in distinguishing it from other potential symptoms that may not be as characteristic of this specific condition.

**4. In a case of acute limb ischemia with no signs of gangrene, what is the most appropriate treatment?**

**A. Vena cava filter**

**B. Embolectomy**

**C. Aspirin**

**D. Amputation**

In cases of acute limb ischemia where there are no signs of gangrene, the most appropriate treatment is embolectomy. This procedure involves the surgical removal of the embolus obstructing blood flow, thereby restoring adequate perfusion to the affected limb. The timing is critical in acute limb ischemia; once the diagnosis is made, immediate intervention can save the limb from irreversible damage. When performed promptly, embolectomy can limit tissue loss and maintain limb viability. The presence of viable tissue is an essential factor in determining the urgency and approach to treatment; in this specific scenario, the absence of gangrene indicates that the tissue is still salvageable, making embolectomy the ideal choice. Other treatment options like the vena cava filter or medications such as aspirin may be useful in other contexts (e.g., for DVT prevention or thromboembolic disease), but are not the most effective immediate interventions for acute limb ischemia. Additionally, amputation would be considered only if there were irreversible tissue damage or gangrene present, which is not the case here. Therefore, embolectomy stands out as the most appropriate therapy for restoring blood flow in this critical situation.

**5. What is the most likely diagnosis for a 30-year-old female presenting with pelvic pain, vaginal bleeding, and an adnexal mass?**

- A. Placenta abruptio**
- B. Ectopic pregnancy**
- C. Pelvic inflammatory disease**
- D. Ruptured ovarian cyst**

The presentation of pelvic pain, vaginal bleeding, and an adnexal mass in a 30-year-old female is most suggestive of an ectopic pregnancy. This condition occurs when a fertilized egg implants outside the uterine cavity, most commonly in the fallopian tube. The combination of pelvic pain and vaginal bleeding is a key clinical manifestation of ectopic pregnancy, and the presence of an adnexal mass further supports this diagnosis, as it may represent the location of the ectopic tissue. In this scenario, the woman's age and the symptoms align well with the risk factors and clinical picture typically associated with an ectopic pregnancy. Early recognition is critical, as an ectopic pregnancy can lead to significant complications, such as rupture and internal bleeding if not diagnosed and managed promptly. In contrast, the other potential diagnoses would have different presentations or characteristics. A placental abruption typically occurs during the third trimester of pregnancy and is associated with abdominal pain and bleeding, but not with an adnexal mass in a non-pregnant state. Pelvic inflammatory disease generally presents with a range of symptoms including fever and possibly purulent discharge, and while it can cause pelvic pain, it is less likely to present with a discrete adnexal mass. A

**6. What symptom is least likely to occur in a patient diagnosed with pyloric stenosis?**

- A. Projectile vomiting**
- B. Hemoccult positive stools**
- C. Constant hunger**
- D. Dehydration**

In the case of pyloric stenosis, the condition primarily affects infants and is characterized by the narrowing of the pylorus, leading to obstruction of the gastric outlet. One of the hallmark symptoms of this condition is projectile vomiting, which occurs due to increased pressure in the stomach and the inability to pass food into the duodenum. Alongside vomiting, infants often present with constant hunger since they are unable to retain food in their stomachs, leading them to feed frequently without any lasting satisfaction. Dehydration is also a common occurrence in these patients because of frequent vomiting, which can lead to significant fluid losses and electrolyte imbalances. In contrast, hemoccult positive stools are not typically associated with pyloric stenosis. This symptom suggests the presence of blood in the stool, which could indicate gastrointestinal bleeding or other issues unrelated to pyloric stenosis. Therefore, hemoccult positive stools are the least likely symptom to occur in a patient diagnosed with this condition, as they are not a direct consequence of the pyloric obstruction.

**7. Which therapy is recommended for a 13-month-old child with sickle cell disease?**

- A. Folic acid and penicillin V**
- B. Ferrous sulfate and penicillin V**
- C. Folic acid and ferrous sulfate**
- D. Folic acid, ferrous sulfate, and penicillin V**

For a 13-month-old child with sickle cell disease, the recommended therapy includes folic acid and penicillin V. Folic acid is essential for red blood cell production, as children with sickle cell disease often experience increased hemolysis, which leads to a higher demand for folate. Supplementation helps to maintain adequate levels and supports erythropoiesis. Penicillin V is also recommended for children with sickle cell disease to prevent infections, particularly from encapsulated organisms like *Streptococcus pneumoniae*. Early initiation of prophylactic penicillin, generally starting at 2 months of age and continuing until at least 5 years of age, significantly reduces the risk of severe infections, which these children are particularly susceptible to due to splenic dysfunction. The other options combine various supplements, but the most effective and widely recommended combination for managing sickle cell disease in young children includes specifically folic acid and penicillin V to address both the need for renewed red cell production and infection prevention.

**8. A patient has eye pain, blurred vision, and a dendritic ulcer. What is the most likely diagnosis?**

- A. Viral keratitis**
- B. Fungal corneal ulcer**
- C. Acanthamoeba keratitis**
- D. Bacterial corneal ulcer**

The presence of eye pain, blurred vision, and a dendritic ulcer strongly suggests a diagnosis of viral keratitis, specifically herpes simplex keratitis. Dendritic ulcers are characteristic findings associated with this condition, representing the corneal epithelium damage caused by the herpes simplex virus. Viral keratitis often presents with symptoms such as redness, pain, photophobia, and blurred vision, all of which align with this patient's symptoms. Dendritic ulcers can be visualized using fluorescein staining, where they appear as branching, tree-like patterns on the cornea, confirming involvement of the herpes simplex virus. Other conditions may present with corneal ulcers, but they typically have distinct characteristics that differentiate them from viral keratitis. For instance, fungal keratitis and bacterial corneal ulcers usually produce more diffuse, opacity-containing lesions and may have accompanying signs of severe intraocular inflammation, while Acanthamoeba keratitis has different risk factors and presents with severe pain and ring-shaped infiltrates on the cornea. Thus, the combination of symptoms and the specific appearance of the dendritic ulcer point to viral keratitis as the most likely diagnosis.

## 9. What is the treatment of choice for actinic keratoses?

- A. Mohs surgery
- B. Cryotherapy**
- C. Acid peels
- D. Radiation therapy

Cryotherapy is considered the treatment of choice for actinic keratoses because it effectively destroys the abnormal keratinocytes, which are the cells that have undergone precancerous changes due to excessive sun exposure. In this procedure, liquid nitrogen is applied to the lesion, resulting in cell freeze and subsequent destruction of the affected skin. This method is favored for its reliability, minimal scarring, and ease of use in an outpatient setting. Other treatments, while they may be effective in certain contexts, do not hold the same level of standing for actinic keratoses. Mohs surgery is more invasive and is typically reserved for skin cancers rather than precancerous lesions. Acid peels can be used for superficial lesions, but they are not as commonly utilized for actinic keratoses compared to cryotherapy. Radiation therapy is generally not appropriate for actinic keratoses as it is reserved for more advanced skin cancers.

## 10. In a COPD patient presenting with increasing respiratory failure, what is the most appropriate next step in therapy after initial treatment?

- A. Decrease the oxygen flow rate
- B. Administer oral corticosteroids
- C. Intubate the patient**
- D. Administer salmeterol (Serevent)

In a patient with Chronic Obstructive Pulmonary Disease (COPD) experiencing worsening respiratory failure, the priority is to secure the airway and provide adequate ventilation. Intubation is appropriate in this context when the patient shows signs of respiratory distress that cannot be managed effectively with less invasive measures. Initial treatment typically involves administering bronchodilators or corticosteroids for symptom relief and anti-inflammatory purposes. However, if a patient continues to deteriorate, it indicates that their respiratory muscles may not be able to maintain adequate function, and they are at risk for respiratory failure. Intubation allows for direct control of the airway and can provide assisted ventilation, which is critical in situations where the patient is unable to breathe sufficiently on their own. In this clinical scenario, while oral corticosteroids can reduce inflammation and bronchodilators can help open airways, they are not sufficient alone to address severe respiratory failure in a COPD patient that is escalating. Reducing the oxygen flow rate does not help in managing respiratory failure, and administering salmeterol, a long-acting beta-agonist, also would not be effective in acute crisis situations where immediate and definitive airway management is required. Thus, intubating the patient is the most appropriate and necessary course of action.

# 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://packrat5.examzify.com>**

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

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