

PRACTICODE CASES PART 2 PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://practicodecasespt2.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

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

SAMPLE

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

SAMPLE

1. How long ago did the patient quit smoking?

- A. One Year Ago
- B. Six Months Ago
- C. Two Weeks Ago
- D. Ten Years Ago

2. What imaging study was performed given her history of fibroids?

- A. Abdominal ultrasound
- B. MRI pelvis
- C. Transvaginal ultrasound
- D. CT pelvis

3. In the OPD7269 visit, what condition was diagnosed as the primary diagnosis?

- A. Mixed urinary incontinence
- B. Overactive bladder
- C. Urinary tract infection
- D. Stress incontinence

4. What was the quality of bowel preparation reported during the colonoscopy?

- A. Excellent
- B. Good
- C. Adequate
- D. Poor

5. Which neurological finding was reported?

- A. Dizziness
- B. Weakness in legs
- C. Loss of reflexes
- D. Numbness in big toe

- 6. Which medication on the patient's allergy list is an ACE inhibitor commonly associated with a cough?**
- A. Metoprolol
 - B. Lisinopril
 - C. Crestor
 - D. Diovan
- 7. What intraoperative monitoring was used in the laminoplasty/laminectomy in OPD7390?**
- A. EEG monitoring
 - B. EMG monitoring
 - C. SSEP monitoring
 - D. None
- 8. In the three-month checkup case for a patient with sleep apnea, what is the primary diagnosis code?**
- A. G47.30
 - B. I10
 - C. G47.10
 - D. I25.10
- 9. What was the stress echocardiogram result?**
- A. No evidence of ischemia
 - B. Evidence of ischemia
 - C. Exercise-induced hypoxemia
 - D. Abnormal LV function
- 10. In the ED visit for the right foot injury (OPD7409), what initial treatment was provided?**
- A. Ice and elevation only
 - B. Casting
 - C. Splint with orthopedic boot
 - D. Surgical repair

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. How long ago did the patient quit smoking?

- A. One Year Ago
- B. Six Months Ago**
- C. Two Weeks Ago
- D. Ten Years Ago

Time since quitting smoking affects how much the airways and overall risk have begun to recover. After cessation, the lungs start to heal and become more efficient at clearing mucus; ciliary function improves and inflammation decreases. By about six months, these changes are substantial enough to reduce coughing, phlegm, and respiratory infections and to improve measured lung function and exercise tolerance. That makes six months a natural point to expect meaningful improvement, better than a very short interval like two weeks, and still earlier than the longer-term risk reductions seen after a year or more. So, quitting six months ago best aligns with the level of recovery typically observed at this stage.

2. What imaging study was performed given her history of fibroids?

- A. Abdominal ultrasound
- B. MRI pelvis
- C. Transvaginal ultrasound**
- D. CT pelvis

When fibroids are in play, the first and most informative imaging study is a transvaginal ultrasound. Its position right next to the uterus gives high-resolution images of the endometrium and myometrium, letting you see the number, size, and location of fibroids, including submucosal ones that can cause heavier bleeding. It's quick, cost-effective, and avoids radiation. Abdominal ultrasound can image the uterus but is less sensitive for smaller fibroids and can be limited by body habitus or bowel gas. MRI pelvic imaging provides excellent detail and is best for complex cases or surgical planning when ultrasound isn't definitive. CT pelvis isn't ideal for fibroid evaluation due to lower soft-tissue contrast for uterine structures and unnecessary radiation. So, the study performed given her history is transvaginal ultrasound.

3. In the OPD7269 visit, what condition was diagnosed as the primary diagnosis?

- A. Mixed urinary incontinence**
- B. Overactive bladder
- C. Urinary tract infection
- D. Stress incontinence

Mixed urinary incontinence is diagnosed when a patient has leakage due to a combination of urgency (overactive bladder symptoms) and leakage with physical activity or exertion (stress incontinence). In the OPD7269 visit, the chart described both components, so the primary diagnosis was coded as mixed urinary incontinence to reflect the overall problem rather than a single pattern. If the visit showed only urgent leakage, overactive bladder would be more appropriate; if leakage occurred only with coughing or lifting, stress incontinence would fit; a urinary tract infection would be used only if infection symptoms were the main issue.

4. What was the quality of bowel preparation reported during the colonoscopy?

- A. Excellent
- B. Good
- C. Adequate
- D. Poor**

Quality of bowel prep is about how clean the colon is for viewing the mucosa during colonoscopy. A clear field lets the endoscopist see folds, polyps, and subtle lesions. When the prep is reported as poor, there's substantial residual stool or opaque fluid that obscures the mucosal surface, making it hard to visualize details. That reduces the exam's reliability and may prompt flushing, suction, or even a repeat procedure with a stronger prep to ensure a complete evaluation. In contrast, better ratings imply clearer visualization. So, the reported quality being poor best reflects an inadequately clean colon during the procedure.

5. Which neurological finding was reported?

- A. Dizziness
- B. Weakness in legs
- C. Loss of reflexes
- D. Numbness in big toe**

When evaluating a neurological finding reported by a patient, sensory changes are a clear indicator of nervous system involvement. Numbness in the big toe describes a definite sensory deficit that maps to a specific nerve distribution (for example, the L5 dermatome on the foot), helping localize where a lesion may be. Dizziness points more to vestibular or central issues and isn't a focused sensory deficit; weakness in the legs describes a motor problem, not sensory; and loss of reflexes is a clinical sign in the reflex arc that isn't a patient-described sensory symptom. Therefore, numbness in the big toe is the best answer because it represents a concrete sensory neurological finding localized to a dermatome.

6. Which medication on the patient's allergy list is an ACE inhibitor commonly associated with a cough?

- A. Metoprolol
- B. Lisinopril**
- C. Crestor
- D. Diovan

ACE inhibitors often trigger a dry, persistent cough because they block the breakdown of bradykinin. When bradykinin builds up in the airways, it can irritate the respiratory tract and provoke coughing. Among the options, Lisinopril is the ACE inhibitor. The others are a beta-blocker, a statin, and an angiotensin receptor blocker (which typically does not cause this cough because it doesn't raise bradykinin levels). If the cough appears, switching to an ARB like the one listed can control blood pressure without the same cough risk.

7. What intraoperative monitoring was used in the laminoplasty/laminectomy in OPD7390?

- A. EEG monitoring
- B. EMG monitoring
- C. SSEP monitoring**
- D. None

During spinal decompression like laminoplasty or laminectomy, the goal is to keep the spinal cord functioning while removing compression. Somatosensory evoked potentials monitor the sensory pathways that travel through the dorsal columns of the spinal cord. By constantly stimulating peripheral nerves (for example, a limb nerves) and recording the brain's or sensory cortex responses, this method provides real-time feedback on whether the spinal cord's sensory tracts are intact. If the SSEP signals change—such as a drop in amplitude or a change in latency—the surgeon can quickly adjust the procedure to protect the cord, for instance by reducing pressure, reassessing blood flow, or loosening hardware. This makes SSEPs a practical choice for spinal decompression, because they directly reflect the functional status of the spinal cord itself. In contrast, EEG measures global brain activity and isn't specific to the spinal cord; EMG monitors muscle activity and nerve roots, which can alert to peripheral nerve irritation but not reliably detect central spinal cord injury. Thus, for monitoring spinal cord integrity during laminoplasty/laminectomy, somatosensory evoked potentials are the most informative option.

8. In the three-month checkup case for a patient with sleep apnea, what is the primary diagnosis code?

- A. G47.30**
- B. I10
- C. G47.10
- D. I25.10

The main idea here is that the primary diagnosis code should reflect the condition that is the main reason for the visit. For a routine three month follow up of a patient who has sleep apnea, the focus of the visit is the sleep apnea itself. If the documentation identifies sleep apnea but does not specify the exact type (obstructive, central, etc.), the appropriate primary code is the general "sleep apnea, unspecified." That's why the code for sleep apnea, unspecified, is the best choice. It directly corresponds to the patient's ongoing sleep apnea as the reason for the encounter and represents a follow up of a chronic condition. The other codes point to conditions not described as the visit's primary issue—such as hypertension or heart disease—not the sleep apnea follow up. If the chart had clearly documented a specific type of sleep apnea, a more specific code would be used, but with unspecified sleep apnea, G47.30 is appropriate.

9. What was the stress echocardiogram result?

- A. No evidence of ischemia**
- B. Evidence of ischemia
- C. Exercise-induced hypoxemia
- D. Abnormal LV function

Stress echocardiography looks for inducible ischemia by watching how the heart walls move when the heart is stressed. A normal result means there are no new or worsening wall motion abnormalities at peak stress and the overall LV function stays normal. This pattern indicates the coronary arteries can meet the increased demand without ischemia, so there is no evidence of ischemia. Exercise-induced hypoxemia relates to oxygen levels and isn't diagnosed by wall motion on echo, while abnormal LV function would show reduced contraction, either at rest or with stress, which isn't the case here.

10. In the ED visit for the right foot injury (OPD7409), what initial treatment was provided?

- A. Ice and elevation only
- B. Casting
- C. Splint with orthopedic boot**
- D. Surgical repair

Immobilization of the injured foot is key in the ED to limit movement, reduce pain, and prevent further injury while imaging and assessment are completed. A splint with an orthopedic boot provides controlled immobilization of the foot and ankle, supports swelling management, and allows at least some weight bearing as tolerated. Ice and elevation help with pain and swelling but do not stabilize the bones or joints. Casting offers immobilization but is usually avoided initially when swelling is present, since it can worsen edema and is harder to adjust quickly. Surgical repair is reserved for injuries that require operative fixation. So, the initial treatment provided was splint with an orthopedic boot.

SAMPLE

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://practicodecasespt2.examzify.com>

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

SAMPLE