

PRACTICODE CASES PART 2 PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED 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. 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 antibiotic was administered preoperatively in the open right inguinal hernia repair?**
 - A. Ancef 1 g IV
 - B. Vancomycin
 - C. Augmentin
 - D. Zosyn
- 2. During the thoracic vertebral augmentation, what was the outcome of the left-sided attempt before proceeding to the right side?**
 - A. It was successful and completed
 - B. It was abandoned because position could not be achieved
 - C. It caused intraoperative complication
 - D. It was used to create a contralateral cavity
- 3. In the OPD7502 case, what was the primary diagnosis?**
 - A. Unstable angina
 - B. Coronary artery disease
 - C. Atrial fibrillation
 - D. Acute myocardial infarction
- 4. During the left midshaft clavicle fracture ORIF, what surgical approach was used?**
 - A. An anterior approach
 - B. Superior approach
 - C. Posterior approach
 - D. Straight lateral approach
- 5. Which sensory deficit was documented on exam of the left hand?**
 - A. Left palm
 - B. Left index finger
 - C. Left ring finger
 - D. Right index finger

- 6. Which allergy is documented for this patient?**
- A. Penicillin
 - B. NKDA
 - C. Sulfa
 - D. Latex
- 7. What fixation method was used for the left fifth metacarpal base fracture?**
- A. Closed reduction pin fixation with a K-wire
 - B. Open reduction and internal fixation with a plate
 - C. External fixation
 - D. Casting
- 8. What was the status of the rotator cuff according to the MRI?**
- A. Torn
 - B. Intact
 - C. Degenerated
 - D. Not Evaluated
- 9. Which anticoagulant is the knee replacement patient on for DVT prophylaxis?**
- A. Heparin
 - B. Enoxaparin
 - C. Warfarin
 - D. Rivaroxaban
- 10. During the stress echocardiogram, what happened after 2-1/2 minutes?**
- A. Chest pain
 - B. Syncope
 - C. Improved function
 - D. Hypotension to 75 systolic

Answers

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

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Explanations

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1. Which antibiotic was administered preoperatively in the open right inguinal hernia repair?

- A. Ancef 1 g IV
- B. Vancomycin**
- C. Augmentin
- D. Zosyn

Preoperative antibiotic prophylaxis for a clean procedure like open inguinal hernia repair aims to prevent wound infection by covering the skin flora most likely to cause problems, especially Staphylococcus species. In standard cases, a cephalosporin such as cefazolin is used because it is effective, safe, and straightforward. However, when a patient cannot receive beta-lactams—such as due to a severe penicillin allergy—or when there is concern for MRSA colonization or high MRSA prevalence, vancomycin is chosen because it provides reliable coverage against MRSA and other gram-positive cocci that commonly cause surgical site infections. Vancomycin is given IV within about an hour before incision to ensure adequate tissue levels during the procedure. Augmentin or Zosyn broaden coverage beyond what's typically needed for a clean inguinal hernia repair, including more anaerobic and some gram-negative activity, which isn't necessary here and can contribute to unnecessary antibiotic exposure. Ancef is the usual first choice when there's no beta-lactam allergy or MRSA concern, so vancomycin is the alternative that's best suited for the scenario described.

2. During the thoracic vertebral augmentation, what was the outcome of the left-sided attempt before proceeding to the right side?

- A. It was successful and completed
- B. It was abandoned because position could not be achieved**
- C. It caused intraoperative complication
- D. It was used to create a contralateral cavity

In bilateral thoracic vertebral augmentation, you often try one side first to establish the proper needle trajectory and position. If that side cannot be brought to the necessary position or stable alignment, the prudent move is to abandon that attempt rather than forcing a risky placement. This prevents malposition, nerve irritation, or cement leakage, and it allows you to switch to the other side where a safe trajectory might be achievable. So the left-sided attempt being abandoned because position could not be achieved fits with safe practice. It means the team paused that side rather than continuing with a suboptimal or dangerous placement, then proceeded to address the right side. The other options don't align with the described sequence: a completed left-side effort would imply finishing that side, a complication would be specifically noted, and creating a contralateral cavity isn't the described outcome.

3. In the OPD7502 case, what was the primary diagnosis?

- A. Unstable angina
- B. Coronary artery disease
- C. Atrial fibrillation
- D. Acute myocardial infarction**

The key idea is recognizing when ischemia has progressed to myocardial injury with necrosis. In the OPD7502 case, the presentation included ischemic chest pain plus objective evidence of myocardial injury (ST-segment elevations on the ECG with positive cardiac biomarkers), which confirms an acute myocardial infarction. This distinguishes an infarction from unstable angina, which involves chest pain without biomarker elevation or persistent ECG changes, and from chronic coronary artery disease, which is the underlying condition rather than the acute event. Atrial fibrillation is an arrhythmia that can occur in ACS but is not the diagnosis of the acute episode itself unless it explains the presentation. So the scenario points to an acute myocardial infarction as the correct diagnosis.

4. During the left midshaft clavicle fracture ORIF, what surgical approach was used?

- A. An anterior approach
- B. Superior approach
- C. Posterior approach
- D. Straight lateral approach**

For midshaft clavicle fracture repair, the incision choice is driven by how to expose the fracture safely and place a plate with good alignment. The straight lateral approach exposes the midportion of the clavicle from the side, allowing direct access to the fracture fragments with relatively minimal soft-tissue disruption. This route keeps risks to a minimum for the structures that run behind and beneath the clavicle, especially toward the medial side where the subclavian vessels and brachial plexus are closer to the bone. It also avoids the higher risk of injuring these neurovascular structures that can come with superior or medial approaches, and it provides a straightforward path to reduce the fragments and fix them with a clavicle plate. In short, the straight lateral approach gives direct, efficient access to the midshaft fracture for accurate reduction and stable fixation while reducing the chance of complex neurovascular injury.

5. Which sensory deficit was documented on exam of the left hand?

- A. Left palm
- B. Left index finger**
- C. Left ring finger
- D. Right index finger

Sensory findings are best understood by mapping them to specific nerve distributions in the hand. The index finger on the left is supplied mainly by the median nerve through its digital branches, so a deficit isolated to that finger points to involvement of the left median nerve distribution. The palm is a broader area and would suggest more extensive involvement of the palmar surface, not just a single digit. The ring finger on the left would implicate the ulnar nerve distribution, not the median nerve, and a deficit on the right index finger would indicate a problem on the opposite hand, which doesn't match a left-hand exam. So a documented deficit in the left index finger best fits a localized issue in the left median nerve/digital nerve supply.

6. Which allergy is documented for this patient?

- A. Penicillin
- B. NKDA
- C. Sulfa**
- D. Latex

Reading and applying a patient's documented drug allergies is essential for safe prescribing. If the chart shows an allergy to sulfa, that means medications containing sulfonamides (like sulfamethoxazole-trimethoprim) should be avoided. This is why the correct choice is sulfa—the record indicates a sulfa allergy. Seeing no known drug allergies would be NKDA, which would contradict a documented sulfa allergy. A penicillin allergy would only be correct if the chart noted a reaction to penicillin, which isn't indicated here. Latex is a material allergy, not a drug allergy, so it wouldn't be the correct choice when the record specifies a drug-class allergy.

7. What fixation method was used for the left fifth metacarpal base fracture?

- A. Closed reduction pin fixation with a K-wire**
- B. Open reduction and internal fixation with a plate
- C. External fixation
- D. Casting

Stability with minimal soft-tissue disruption is the goal in metacarpal base fractures, so once a closed reduction is achieved, percutaneous pin fixation with a K-wire provides solid stabilization without the added trauma of a larger implant. This approach holds the reduced base fragment in place, accommodates early finger motion to reduce stiffness, and is especially suitable when the fracture is unstable or involves the joint surface but does not require open reconstruction. Casting alone often cannot maintain alignment in unstable base fractures, and open reduction with plating is more invasive and is reserved for cases needing precise articular reconstruction or when percutaneous fixation cannot maintain reduction. External fixation is typically used for severe soft-tissue injury or highly comminuted fractures. Therefore, closed reduction with pin fixation using a K-wire is the most appropriate, balancing control of the fracture with a minimally invasive approach.

8. What was the status of the rotator cuff according to the MRI?

- A. Torn
- B. Intact**
- C. Degenerated
- D. Not Evaluated

The question tests how MRI defines rotator cuff integrity. An intact rotator cuff means the tendons are continuous with no defects, and they show normal or near-normal signal on the imaging sequences, indicating no tear. On MRI, a tear would appear as a gap or discontinuity in the tendon with fluid signal in the defect, and often some retraction if it's a full-thickness tear. Degeneration or tendinopathy, while it can alter tendon signal or thickness, may still preserve continuity, but would usually show thickening or intrasubstance signal changes rather than a complete tear. Not evaluated would mean there's no assessment documented. Since the MRI indicates the cuff is intact, it signifies there's no detectable tear or discontinuity in the rotator cuff on that study.

9. Which anticoagulant is the knee replacement patient on for DVT prophylaxis?

- A. Heparin
- B. Enoxaparin
- C. Warfarin**
- D. Rivaroxaban

DVT risk after knee replacement extends for weeks, so the plan often emphasizes long-term, outpatient anticoagulation. Warfarin fits this scenario because it is an oral medication that can be continued after discharge with regular INR monitoring to keep anticoagulation in the therapeutic range. Once the initial period and bridging from heparin are managed, warfarin allows ongoing protection against clot formation without requiring injections, which is convenient for extended prophylaxis. Keep in mind warfarin requires careful management of dosing, consistent vitamin K intake, and potential drug interactions, but its suitability for prolonged, at-home prophylaxis is why it's used in this context.

10. During the stress echocardiogram, what happened after 2-1/2 minutes?

- A. Chest pain
- B. Syncope
- C. Improved function
- D. Hypotension to 75 systolic**

In stress echocardiography, the heart is pushed to work harder to reveal areas that don't get enough blood when demand increases, and the test also watches how blood pressure responds. A fall in systolic blood pressure to about 75 mmHg during the stress phase signals a poor hemodynamic response—it means the heart can't maintain adequate output under stress, which is a high-risk, abnormal result and usually prompts stopping the test. This specific event is the best match for a concerning, time-specific response during the procedure. Chest pain or syncope can occur during stress testing, but they aren't as specifically tied to the described event at 2.5 minutes, and improved function would not be expected under stress.

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!

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