Professional and Linguistic Assessments Board (PLAB) Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

Table of Contents

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!

Questions

1. Which medication is recommended for treating Graves' disease during pregnancy?

A. Levothyroxine

B. Cabergoline

C. PTU

D. Carbimazole

2. Which drug has been commonly asked to interfere with oral contraceptive pills (OCPs)?

A. Rifampicin

B. Penicillin

C. Metronidazole

D. Amoxicillin

3. Which artery is primarily associated with contralateral face and upper limb deficits?

A. Anterior cerebral artery

B. Middle cerebral artery

C. Posterior cerebral artery

D. Basilar artery

4. What is the second-line treatment for Stable Ventricular Tachycardia (SVT) if vagal maneuvers are ineffective?

A. Adenosine

B. Calcium Channel Blockers

C. Beta Blockers

D. Amiodarone

5. Which medication is commonly used to treat osteoporosis?

A. Alendronate

B. Risedronate

C. Calcitonin

D. Estrogen

6. What is the first test typically performed for hyperaldosteronism?

A. Serum aldosterone level

B. Renin:aldosterone ratio

C. 24-hour urine collection

D. Adrenal CT scan

7. Which drug is a prokinetic that helps improve gastric emptying?

A. Omeprazole

B. Metoclopramide

C. Cisapride

D. Domperidone

8. Which area is affected in a pure motor stroke?

A. Anterior limb of internal capsule

B. Posterior limb of internal capsule

C. Basal ganglia

D. Cerebellum

9. Where does secondary adrenal insufficiency primarily originate?

A. Adrenal glands

B. Pituitary gland

C. Hypothalamus

D. Thyroid gland

10. Which investigation is typically conducted for endometritis?

A. Pap smear

B. High vaginal swab

C. Transvaginal ultrasound

D. Endometrial biopsy

Answers

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

Explanations

1. Which medication is recommended for treating Graves' disease during pregnancy?

A. Levothyroxine

B. Cabergoline

C. PTU

D. Carbimazole

In the context of treating Graves' disease during pregnancy, propylthiouracil (PTU) is the preferred medication. This is due to its lower risk of crossing the placenta and affecting the fetal thyroid function compared to other antithyroid agents, such as carbimazole. PTU also inhibits the synthesis of thyroid hormones, effectively controlling the hyperthyroid state. The choice of PTU is particularly significant during the first trimester of pregnancy since the risk of complications from the mother's hyperthyroidism can impact both maternal and fetal health. While carbimazole is effective for managing hyperthyroidism, its use is generally avoided during early pregnancy due to potential teratogenic effects associated with it. Therefore, PTU is recommended as the first-line treatment for managing Graves' disease in pregnant patients to ensure the safety of both the mother and the developing fetus.

2. Which drug has been commonly asked to interfere with oral contraceptive pills (OCPs)?

A. Rifampicin

B. Penicillin

C. Metronidazole

D. Amoxicillin

Rifampicin is known to induce cytochrome P450 enzymes in the liver, specifically CYP3A4, which plays a crucial role in the metabolism of various drugs, including oral contraceptive pills (OCPs). When rifampicin is administered alongside OCPs, it can increase the metabolic breakdown of the hormones contained in the contraceptives, leading to reduced effectiveness and a higher risk of unplanned pregnancies. This interaction is significant enough that healthcare providers often recommend alternative or additional forms of contraception when a patient is prescribed rifampicin. In contrast, the other drugs listed, such as penicillin, metronidazole, and amoxicillin, do not demonstrate a similar effect on the metabolism of hormonal contraceptives and are not commonly associated with diminishing their efficacy. Therefore, rifampicin is the drug most frequently noted for its interference with OCPs.

3. Which artery is primarily associated with contralateral face and upper limb deficits?

A. Anterior cerebral artery

B. Middle cerebral artery

C. Posterior cerebral artery

D. Basilar artery

The correct choice relates to the middle cerebral artery, which supplies a significant portion of the lateral aspect of the cerebral hemispheres, including the regions that control motor and sensory functions of the face and upper limbs. When there is an occlusion or significant compromise to this artery, it can lead to contralateral deficits, meaning the symptoms manifest on the opposite side of the body from where the brain injury occurred. The motor cortex, which is responsible for movement, is located in the precentral gyrus. The upper limb and facial areas are represented laterally on this part of the cortex. Consequently, if the middle cerebral artery is affected, the area of the brain managing these functions is compromised, resulting in weakness or sensory loss predominantly in the contralateral face and upper limb. Other arteries listed have different primary functions and anatomical territories. The anterior cerebral artery primarily affects the lower limbs and has less impact on the face and upper extremities. The posterior cerebral artery is more involved with the occipital lobe and is primarily associated with visual deficits. The basilar artery supplies the brainstem and cerebellum, which influences more foundational bodily functions such as balance and coordination rather than specifically the face or upper limbs.

4. What is the second-line treatment for Stable Ventricular Tachycardia (SVT) if vagal maneuvers are ineffective?

A. Adenosine

B. Calcium Channel Blockers

C. Beta Blockers

D. Amiodarone

In the management of Stable Ventricular Tachycardia (SVT), if vagal maneuvers fail to restore normal heart rhythm, the next step typically involves pharmacological intervention. Adenosine is commonly utilized as it acts rapidly to interrupt the reentrant pathways in the atrioventricular (AV) node, effectively terminating an SVT episode. When adenosine is administered, it temporarily blocks conduction through the AV node, which can restore sinus rhythm. This is particularly effective for certain types of SVT, especially those involving reentry circuits in the atria or AV node. While other medications such as calcium channel blockers and beta blockers can also be used in managing SVT, they are generally considered when adenosine is ineffective or in cases of more chronic management rather than acute termination of an SVT episode. Likewise, amiodarone is typically reserved for more complicated cases, particularly when there is a need for rhythm control in patients who have structural heart disease or when more advanced pacing strategies are indicated. Therefore, the administration of adenosine is an appropriate second-line response following ineffective vagal maneuvers, effectively addressing the immediate need for rhythm stabilization in SVT.

5. Which medication is commonly used to treat osteoporosis?

A. Alendronate

B. Risedronate

C. Calcitonin

D. Estrogen

Alendronate is a bisphosphonate medication widely used as a first-line treatment for osteoporosis. It works by inhibiting osteoclast-mediated bone resorption, leading to an increase in bone mineral density and a reduction in the risk of fractures. This mechanism is particularly beneficial for individuals at risk of developing osteoporosis or those who already have it, as it directly targets the underlying process of bone loss. Other options like Risedronate also treat osteoporosis but aren't as commonly used as Alendronate. Calcitonin, while helpful for osteoporosis treatment, is generally considered a secondary option. Estrogen can have a protective effect on bone density, but its use for osteoporosis has declined due to potential risks associated with hormone replacement therapy. Alendronate's efficacy and established role in osteoporosis management make it a standard choice in practice.

6. What is the first test typically performed for hyperaldosteronism?

A. Serum aldosterone level

B. Renin:aldosterone ratio

C. 24-hour urine collection

D. Adrenal CT scan

The first test typically performed for hyperaldosteronism is the renin:aldosterone ratio. This test helps to assess the relative levels of renin and aldosterone in the blood. In hyperaldosteronism, particularly primary hyperaldosteronism (Conn's syndrome), aldosterone production is typically elevated while renin levels are low due to feedback inhibition. This ratio is critical for making a preliminary diagnosis of hyperaldosteronism. An abnormal ratio can lead to further testing, such as measuring serum aldosterone levels directly or conducting imaging studies to identify adrenal abnormalities. The renin:aldosterone ratio serves as a screening tool and is more informative when interpreting the results in the context of the patient's clinical presentation. Alternative options such as measuring serum aldosterone levels directly, conducting a 24-hour urine collection for aldosterone, or performing an adrenal CT scan are generally considered follow-up tests or confirmatory investigations after the initial screening with the renin:aldosterone ratio indicates potential hyperaldosteronism. These methods are more specific but are not the first step in the diagnostic process.

7. Which drug is a prokinetic that helps improve gastric emptying?

A. Omeprazole

B. Metoclopramide

C. Cisapride

D. Domperidone

Metoclopramide is recognized as a prokinetic agent that enhances gastric emptying by stimulating motility in the upper gastrointestinal tract. It works primarily by antagonizing dopamine receptors in the gastrointestinal tract, which helps to increase the tone and peristalsis of the stomach. This action facilitates faster movement of gastric contents into the intestine and alleviates symptoms associated with delayed gastric emptying, such as nausea and vomiting. Additionally, metoclopramide also has some antiemetic properties, making it useful in treating conditions that involve nausea, particularly when related to gastric stasis. While other options in the list might have various roles in gastrointestinal treatment, they do not primarily serve the function of enhancing gastric motility in the same way as metoclopramide. This specialization makes it the appropriate choice for improving gastric emptying.

8. Which area is affected in a pure motor stroke?

A. Anterior limb of internal capsule

B. Posterior limb of internal capsule

C. Basal ganglia

D. Cerebellum

A pure motor stroke primarily affects the posterior limb of the internal capsule. This area contains corticospinal fibers that are crucial for voluntary motor control. When a stroke occurs here, it disrupts the pathways responsible for transmitting motor signals from the brain to various parts of the body, resulting in motor deficits. The posterior limb's damage leads to contralateral weakness or paralysis, typically affecting the face, arm, and leg in a proportion that reflects the distribution of the motor cortex. In essence, the specific nature of a pure motor stroke—characterized by the inability to perform voluntary movements without significant sensory or visual deficits—is a hallmark of injury to the posterior limb of the internal capsule, as it primarily deals with motor information. While the anterior limb of the internal capsule, basal ganglia, and cerebellum are essential components of the brain that are involved in motor function, they are more associated with other conditions or mixed deficits rather than isolation leading to a pure motor stroke. For instance, the basal ganglia are involved in the regulation of movements and can lead to more complex movement disorders rather than pure motor weakness.

9. Where does secondary adrenal insufficiency primarily originate?

A. Adrenal glands

B. Pituitary gland

C. Hypothalamus

D. Thyroid gland

Secondary adrenal insufficiency primarily originates from the pituitary gland. This condition occurs when there is inadequate secretion of adrenocorticotropic hormone (ACTH) from the pituitary gland, which is responsible for stimulating the adrenal glands to produce cortisol. In cases of secondary adrenal insufficiency, the adrenal glands themselves are usually normal and capable of producing cortisol, but they do not do so adequately due to low levels of ACTH from the pituitary. Understanding that the issue lies at the level of the pituitary helps in diagnosing and managing the condition. Treatment often involves addressing the underlying cause of the pituitary dysfunction, which could include conditions such as pituitary tumors, trauma, or other diseases that affect pituitary function. In contrast, primary adrenal insufficiency is related to problems in the adrenal glands themselves, while the hypothalamus can influence the pituitary gland but is not the primary source of the insufficient hormone in this scenario. The thyroid gland does not play a role in adrenal hormone production, further clarifying the focus on the pituitary gland as the origin of secondary adrenal insufficiency.

10. Which investigation is typically conducted for endometritis?

A. Pap smear

B. High vaginal swab

C. Transvaginal ultrasound

D. Endometrial biopsy

For the investigation of endometritis, a high vaginal swab is typically conducted because it helps identify any infectious agents that may be causing the condition. This type of swab samples secretions from the vaginal canal and can be tested for organisms such as bacteria or fungi, which are often present in cases of endometritis. Since this condition is frequently associated with infections, obtaining a high vaginal swab is a practical approach to determine the microbiological cause. While a Pap smear is primarily used for cervical screening and detecting cervical cancer, it does not provide information about the endometrium. Transvaginal ultrasound can assess structural abnormalities of the uterus and can sometimes provide indirect evidence of endometritis through findings like thickening of the endometrium or fluid collections but does not confirm the diagnosis itself. An endometrial biopsy may be performed to obtain a tissue sample for histological analysis, which can help confirm endometrial pathology, but it is more invasive and not the initial step in investigating suspected endometritis.

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://plab-1.examzify.com

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