

PROFESSIONAL AND LINGUISTIC ASSESSMENTS BOARD (PLAB) PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://plab-1.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	16

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. Cluster headache treatment may include which of the following besides oxygen?**
 - A. Sumatriptan 6mg SQ
 - B. Verapamil
 - C. If pain persists, then increase dosage
 - D. ALL of the above
- 2. The renal veins are located at which spinal level?**
 - A. L1
 - B. L3
 - C. L2
 - D. L4
- 3. What is the first-line treatment for status epilepticus?**
 - A. Phenytoin
 - B. Carbamazepine
 - C. Valproate
 - D. Lorazepam
- 4. What is the calculation method for determining breakthrough analgesia dose?**
 - A. Multiply opioid use by 6
 - B. Divide 24-hour opioid use by 6
 - C. Add 24-hour opioid use to 6
 - D. Divide opioid use by 24
- 5. Which condition can lead to squamous cell carcinoma as a consequence?**
 - A. Lichen sclerosis
 - B. Lichen planus
 - C. Necrobiosis lipoidica
 - D. Ebstein's anomaly

- 6. What is indicated by reddish blue swelling on the anus?**
- A. Pilonidal cyst
 - B. Hemorrhoids
 - C. Hematoma
 - D. Anal fissure
- 7. What symptom is commonly associated with pelvic congestion syndrome?**
- A. Pain during menstruation
 - B. Pelvic pain that worsens when standing
 - C. Lower abdominal bloating
 - D. Severe back pain
- 8. What condition presents as Parkinson's-like symptoms but includes ataxia?**
- A. Cerebellar degeneration
 - B. Multi-system atrophy
 - C. Huntington's disease
 - D. Multiple sclerosis
- 9. What medication is commonly prescribed to treat muscle spasms?**
- A. Dantrolene
 - B. Baclofen
 - C. Cyclobenzaprine
 - D. Carisoprodol
- 10. Which drug is a prokinetic that helps improve gastric emptying?**
- A. Omeprazole
 - B. Metoclopramide
 - C. Cisapride
 - D. Domperidone

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Cluster headache treatment may include which of the following besides oxygen?

- A. Sumatriptan 6mg SQ**
- B. Verapamil
- C. If pain persists, then increase dosage
- D. ALL of the above

Cluster headaches are characterized by severe unilateral pain that occurs in cyclical patterns or clusters. Effective treatment options aim to alleviate the pain during an attack and prevent future episodes. Sumatriptan, a selective serotonin receptor agonist, is frequently used for acute treatment. When administered subcutaneously, it provides rapid relief, making it a suitable option in managing acute cluster headaches. This medication effectively constricts blood vessels and alleviates the pain. In addition to acute treatments, calcium channel blockers like verapamil are commonly employed as preventative measures for cluster headaches. Verapamil helps to reduce the frequency and severity of attacks when taken regularly. For those who continue to experience pain despite initial treatment efforts, increasing the dosage can be a valid strategy. Adjusting the dosage allows for better management of symptoms and can be tailored to the patient's individual response to treatment. Considering all these aspects, the inclusion of sumatriptan reflects the recognition of effective acute management of cluster headaches, highlighting the option as a valid treatment choice alongside oxygen therapy.

2. The renal veins are located at which spinal level?

- A. L1
- B. L3
- C. L2**
- D. L4

The renal veins generally originate at the level of the vertebrae corresponding to L2. This is significant because the kidneys are situated in the retroperitoneal space, and their anatomical position correlates with specific spinal levels. The left renal vein is typically longer than the right and crosses anterior to the aorta, while the right renal vein is shorter due to the proximity to the inferior vena cava. Understanding the relationship of the renal veins to the spine is essential for interpreting imaging studies, surgical approaches, and diagnosing potential vascular or anatomical abnormalities. Therefore, identifying L2 as the spinal level for the renal veins is crucial for medical practice related to renal and vascular anatomy.

3. What is the first-line treatment for status epilepticus?

- A. Phenytoin
- B. Carbamazepine
- C. Valproate
- D. Lorazepam**

The first-line treatment for status epilepticus is Lorazepam. This medication is a benzodiazepine that has a rapid onset of action, making it effective in terminating prolonged seizures. Lorazepam works by enhancing the effect of the neurotransmitter GABA, which inhibits excessive neuronal firing, thus providing rapid relief in an acute seizure situation. In the context of status epilepticus, where there is a continuous seizure lasting longer than five minutes, it is critical to act quickly. Lorazepam is favored due to its efficacy and relatively longer duration of action compared to other benzodiazepines. Following the administration of Lorazepam, if seizures persist, additional treatments such as phenytoin or valproate can be considered, but the immediate goal is to stop the seizures as fast as possible to prevent complications such as neuronal injury or even death. When looking at the other options, phenytoin and valproate may be used as second-line treatments, but they do not provide the rapid control that Lorazepam does in emergency situations. Carbamazepine is not typically used in the initial management of acute seizures or status epilepticus due to its slower onset and the nature of its mechanism, making it unsuitable for immediate intervention

4. What is the calculation method for determining breakthrough analgesia dose?

- A. Multiply opioid use by 6
- B. Divide 24-hour opioid use by 6**
- C. Add 24-hour opioid use to 6
- D. Divide opioid use by 24

The calculation method for determining the dose of breakthrough analgesia is based on a common guideline which suggests using a fraction of the patient's total daily opioid consumption. Specifically, the approach involves dividing the total amount of opioids consumed over a 24-hour period by a factor of 6. This method is grounded in clinical practice to ensure that patients receive an adequate but not excessive dose for breakthrough pain. By dividing the 24-hour opioid use by 6, healthcare providers can calculate an appropriate dose of rescue medication that is roughly 10-20% of the total daily opioid regimen. This fraction aims to manage breakthrough pain effectively while considering the patient's existing opioid tolerance and preventing overdose. This calculation method helps clinicians tailor pain management to individual patient needs, ensuring both efficacy and safety. It's essential for managing cases where a patient is already on a regimen of around-the-clock opioids and experiences additional, acute episodes of pain that are not controlled by their baseline dose.

5. Which condition can lead to squamous cell carcinoma as a consequence?

- A. Lichen sclerosis
- B. Lichen planus**
- C. Necrobiosis lipoidica
- D. Ebstein's anomaly

Lichen planus is a chronic inflammatory condition affecting the skin and mucous membranes. It is characterized by the presence of flat-topped, purple, itchy lesions and can impact various areas such as the oral cavity. In some cases, chronic lichen planus can lead to changes in the keratinocytes of the skin or mucosal surfaces, resulting in dysplasia—a precancerous condition. The persistent inflammation and cellular changes associated with lichen planus can increase the risk of squamous cell carcinoma, particularly in areas where the lesions have been present for a long time. In contrast, lichen sclerosis is primarily known for its associations with skin atrophy and scarring, and while it can lead to squamous cell carcinoma, it is not the primary mechanism at play here. Necrobiosis lipoidica typically occurs in patients with diabetes and presents as a skin condition that does not have a well-established link to squamous cell carcinoma. Ebstein's anomaly is a congenital heart defect with no direct correlation to skin cancers. Understanding the implications of chronic inflammatory conditions like lichen planus is essential for recognizing their potential to progress to malignancy.

6. What is indicated by reddish blue swelling on the anus?

- A. Pilonidal cyst
- B. Hemorrhoids
- C. Hematoma**
- D. Anal fissure

Reddish blue swelling on the anus is indicative of a hematoma, which is a localized collection of blood outside of blood vessels that typically occurs due to trauma or injury. The swelling can appear bluish due to the presence of pooled blood that has not been reabsorbed by the body, leading to this characteristic discoloration. Hematomas in the anal area may result from a variety of factors, including straining during bowel movements, trauma from sitting for prolonged periods, or childbirth. The swelling usually presents as a firm, tender mass and is often painful, especially when sitting or during bowel movements. Other conditions associated with anal issues can present with swelling or discomfort, but they typically have different characteristics. For example, hemorrhoids are swollen veins in the anal area that can also cause pain but often manifest as bulging, itching, or bleeding, rather than a distinct reddish blue swelling prior to any bleeding. Pilonidal cysts typically occur at the sacrococcygeal area and are not characterized by such distinct swelling at the anal canal itself. Anal fissures usually lead to sharp pain during defecation and may cause small tears or cuts in the anal mucosa rather than create the nodular swelling seen with a hematoma

7. What symptom is commonly associated with pelvic congestion syndrome?

- A. Pain during menstruation
- B. Pelvic pain that worsens when standing**
- C. Lower abdominal bloating
- D. Severe back pain

Pelvic congestion syndrome is characterized by chronic pelvic pain that often intensifies when the patient is in an upright position, such as standing or walking. This is due to the increased venous pressure in the pelvic region and the pooling of blood, which can cause discomfort and pain. Patients typically describe the pain as a dull ache that may worsen throughout the day and is often relieved by lying down. While pain during menstruation, lower abdominal bloating, and severe back pain can all be associated with various gynecological or pelvic conditions, they are not hallmark symptoms of pelvic congestion syndrome specifically. Instead, the feature of pelvic pain that increases with standing is distinctly linked to the underlying venous congestion characteristic of this syndrome. Understanding this key aspect helps in distinguishing pelvic congestion syndrome from other potential causes of pelvic pain.

8. What condition presents as Parkinson's-like symptoms but includes ataxia?

- A. Cerebellar degeneration
- B. Multi-system atrophy**
- C. Huntington's disease
- D. Multiple sclerosis

Multi-system atrophy is a neurodegenerative disorder characterized by a combination of symptoms from different movement disorders, including Parkinson's disease, and it often presents with additional features such as ataxia. This condition results from the degeneration of nerve cells in multiple systems of the brain, particularly those responsible for motor control and coordination. Patients with multi-system atrophy may experience bradykinesia, rigidity, and tremors, similar to Parkinson's disease, along with ataxia due to damage in the cerebellar pathways. Ataxia refers to a lack of voluntary coordination of muscle movements, which can contribute to balance problems and gait disturbances, setting it apart from pure Parkinson's disease. Cerebellar degeneration primarily affects coordination and balance, but does not typically present with the classic Parkinsonian symptoms. Huntington's disease is characterized by chorea and psychiatric symptoms, with a distinct genetic basis, while multiple sclerosis is an autoimmune disorder that can cause a wide range of neurological symptoms, including some that overlap with ataxia, but it does not primarily manifest as a Parkinson's-like condition.

9. What medication is commonly prescribed to treat muscle spasms?

- A. Dantrolene
- B. Baclofen**
- C. Cyclobenzaprine
- D. Carisoprodol

Baclofen is commonly prescribed to treat muscle spasms due to its effectiveness as a muscle relaxant. It works by acting on the central nervous system to decrease the frequency and severity of muscle spasms. It is particularly beneficial for conditions involving spasticity, such as multiple sclerosis or spinal cord injuries. Its mechanism of action involves stimulating GABA receptors, leading to an inhibitory effect on neuronal signaling, which helps to reduce muscle tension. While the other medications listed can also be used for muscle spasms, they might be more specific to certain conditions or have different mechanisms. Dantrolene is mainly used for conditions like malignant hyperthermia and severe muscle spasticity. Cyclobenzaprine is often used for muscle spasms related to acute musculoskeletal pain. Carisoprodol, although used for muscle spasms as well, is typically employed for short-term relief. Baclofen stands out for its broader application in managing muscle spasticity effectively.

10. 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.

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!

SAMPLE