

# Rosh Emergency Medicine Practice Test (Sample)

## Study Guide



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

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# Table of Contents

<b>Copyright</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>How to Use This Guide</b> .....	<b>4</b>
<b>Questions</b> .....	<b>5</b>
<b>Answers</b> .....	<b>8</b>
<b>Explanations</b> .....	<b>10</b>
<b>Next Steps</b> .....	<b>16</b>

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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 type of burn affects only the epidermis?**
  - A. Second-degree burn**
  - B. First-degree burn**
  - C. Third-degree burn**
  - D. Fourth-degree burn**
  
- 2. In a case of a suspected acute Achilles tendon tear, what is the most appropriate management option for the injury?**
  - A. Controlled ankle movement boot, weight-bearing as tolerated, outpatient orthopedic referral**
  - B. Elastic bandage, ice, NSAIDs, activity modification**
  - C. Short leg splint in slight dorsiflexion, non-weight-bearing, outpatient orthopedic referral**
  - D. Short leg splint in slight plantar flexion, non-weight-bearing, outpatient orthopedic referral**
  
- 3. In a patient with a suspected myocardial infarction, what is the most critical initial intervention?**
  - A. Administration of nitroglycerin**
  - B. Administration of aspirin**
  - C. Performing CPR**
  - D. Administering oxygen**
  
- 4. In the case of a patient with a transient ischemic attack, what is the most appropriate intervention?**
  - A. Administer alteplase and admit to the neurology unit**
  - B. Begin aspirin, initiate a loading dose of clopidogrel, and admit to the neurology unit**
  - C. Begin aspirin, initiate a loading dose of clopidogrel, and discharge home with neurology follow-up**
  - D. Start heparin infusion and admit to the neurology unit**
  
- 5. What complication is associated with a wrist injury involving tenderness over the anatomic snuffbox?**
  - A. Compartment syndrome**
  - B. Osteonecrosis**
  - C. Ulnar deviation deformity**
  - D. Ulnar nerve injury**

**6. What management step should be taken for a patient presenting with dysphagia, anterior cervical lymphadenopathy, and fever?**

- A. A. Immediate hospitalization**
- B. B. Empirical antibiotic therapy**
- C. C. Urgent ENT referral**
- D. D. Vasopressors and fluid resuscitation**

**7. How long must symptoms persist to meet the criteria for a manic episode according to DSM-V?**

- A. One day**
- B. One week**
- C. Three days**
- D. Two weeks**

**8. Which physical exam finding should raise suspicion for the most likely associated nerve injury in a patient who fell on an outstretched arm?**

- A. Inability to abduct fingers**
- B. Inability to extend the wrist**
- C. Inability to flex the wrist**
- D. Inability to make an OK sign**

**9. In the case of a patient with persistent nausea and vomiting post-surgery, what is the earliest intervention to alleviate symptoms?**

- A. Administer antihistamines for nausea control**
- B. Provide intravenous fluids for hydration**
- C. Introduce a clear liquid diet gradually**
- D. Order antiemetic medications such as ondansetron**

**10. Which electrolyte imbalance is associated with a prolonged QT interval?**

- A. Hyperkalemia**
- B. Hyponatremia**
- C. Hypocalcemia**
- D. Hypercalcemia**

## **Answers**

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

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## **Explanations**

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**1. Which type of burn affects only the epidermis?**

- A. Second-degree burn**
- B. First-degree burn**
- C. Third-degree burn**
- D. Fourth-degree burn**

A burn that affects only the epidermis is classified as a first-degree burn. This type of burn is characterized by damage limited to the outermost layer of skin, which leads to symptoms such as redness, minor swelling, and pain. The skin remains intact and typically heals within a few days without leaving scars. First-degree burns result from mild sunburns or brief contact with hot surfaces, illustrating that the injury is superficial and does not extend deeper than the epidermis. Due to their limited severity, these burns generally have a good prognosis and are the least serious among burn classifications. In contrast, second-degree burns involve not just the epidermis but also the underlying dermis, leading to blisters, more intense pain, and longer healing times. Third-degree burns penetrate through both the epidermis and dermis, destroying these layers and sometimes affecting deeper tissues, which results in a significantly altered appearance and requiring more extensive treatment. Fourth-degree burns are even more severe, reaching into muscle and bone, often necessitating surgical interventions or reconstructive procedures. Thus, the defining feature of a first-degree burn is its exclusive involvement of the epidermis, making it the correct answer.

**2. In a case of a suspected acute Achilles tendon tear, what is the most appropriate management option for the injury?**

- A. Controlled ankle movement boot, weight-bearing as tolerated, outpatient orthopedic referral**
- B. Elastic bandage, ice, NSAIDs, activity modification**
- C. Short leg splint in slight dorsiflexion, non-weight-bearing, outpatient orthopedic referral**
- D. Short leg splint in slight plantar flexion, non-weight-bearing, outpatient orthopedic referral**

In the case of a suspected acute Achilles tendon tear, placing the leg in a short leg splint in slight plantar flexion is considered the most appropriate management. This positioning is crucial because it mimics the natural resting position of the foot and helps to relieve tension on the ruptured tendon, thereby promoting optimal healing conditions. The non-weight-bearing restrictions further prevent additional stress on the already compromised tendon, which could lead to complications or delayed recovery. Furthermore, this management option aligns with current practices in orthopedic treatment of Achilles tendon injuries, as it allows for stabilization while minimizing the risk of re-rupture while waiting for further evaluation or surgical intervention. An outpatient orthopedic referral is an essential component of this management strategy, allowing for more definitive treatment options such as surgery or rehabilitation based on the specific nature and degree of the injury. In contrast, other options either do not provide adequate immobilization or proper positioning that would support recovery. For instance, methods that involve ice, NSAIDs, or merely modifying activity without sufficient immobilization may lead to inadequate healing or unanticipated complications due to excess strain on the tendon.

**3. In a patient with a suspected myocardial infarction, what is the most critical initial intervention?**

- A. Administration of nitroglycerin**
- B. Administration of aspirin**
- C. Performing CPR**
- D. Administering oxygen**

In the context of a suspected myocardial infarction, the administration of aspirin is considered the most critical initial intervention. Aspirin acts as an antiplatelet agent, preventing the formation of new clots and the growth of existing ones in the coronary arteries. When a myocardial infarction occurs, one of the key issues is blood flow obstruction due to thrombus formation on a ruptured atherosclerotic plaque. By using aspirin quickly, you can improve blood flow to the heart muscle, helping to limit the extent of damage and improving outcomes for the patient. While oxygen, nitroglycerin, and CPR are also integral to the management of a myocardial infarction, they do not address the immediate issue of thrombus formation as effectively as aspirin does. Oxygen therapy is reserved for patients with signs of hypoxia or respiratory distress, nitroglycerin is primarily utilized for chest pain relief, and CPR is performed in cases of cardiac arrest, which would not necessarily be the threshold for this particular intervention. Therefore, the timely use of aspirin is paramount in the initial treatment of a suspected myocardial infarction.

**4. In the case of a patient with a transient ischemic attack, what is the most appropriate intervention?**

- A. Administer alteplase and admit to the neurology unit**
- B. Begin aspirin, initiate a loading dose of clopidogrel, and admit to the neurology unit**
- C. Begin aspirin, initiate a loading dose of clopidogrel, and discharge home with neurology follow-up**
- D. Start heparin infusion and admit to the neurology unit**

In the case of a transient ischemic attack (TIA), initiating aspirin and a loading dose of clopidogrel represents a standard guideline-recommended approach. TIAs are often precursors to full-blown strokes, and immediate management focuses on preventing recurrence and further cerebrovascular events. Aspirin is an antiplatelet medication that works by inhibiting platelet aggregation, thus helping to prevent thrombus formation. The loading dose of clopidogrel, another antiplatelet agent, can provide additional protection against ischemic events. The combination of these two medications has been shown to be effective in reducing the risk of subsequent strokes in individuals who have experienced a TIA. Furthermore, admission to the neurology unit allows for close monitoring and further evaluation of the patient's cerebrovascular risk profile. This is important as patients with TIAs may need additional diagnostic workup, such as carotid imaging or assessing other risk factors. This management offers both immediate treatment and a pathway for comprehensive care planning. The other interventions generally do not align with the standard management protocols for TIA. Administering alteplase is specifically reserved for patients with acute ischemic stroke, given its stringent time limitations and eligibility criteria. Starting a heparin infusion is typically not indicated

**5. What complication is associated with a wrist injury involving tenderness over the anatomic snuffbox?**

- A. Compartment syndrome**
- B. Osteonecrosis**
- C. Ulnar deviation deformity**
- D. Ulnar nerve injury**

Tenderness over the anatomic snuffbox is a classic sign associated with a scaphoid fracture, which is a common wrist injury. The scaphoid bone is situated in the proximal carpal chain, and when it is fractured, it can lead to complications such as osteonecrosis due to its poor blood supply. Osteonecrosis occurs because the blood flow to the scaphoid is compromised when the bone is fractured. This can lead to avascular necrosis, where the bone tissue begins to die due to a lack of adequate blood supply. The scaphoid has the potential to become necrotic, particularly the proximal portion, since the blood supply enters from distal to proximal, making avascular necrosis a significant long-term complication of untreated or improperly managed scaphoid fractures. Understanding the risks associated with wrist injuries, particularly those that present with tenderness in the anatomic snuffbox, is crucial in emergency medicine. Recognizing scaphoid fractures early and monitoring for complications like osteonecrosis helps guide appropriate management and treatment interventions.

**6. What management step should be taken for a patient presenting with dysphagia, anterior cervical lymphadenopathy, and fever?**

- A. A. Immediate hospitalization**
- B. B. Empirical antibiotic therapy**
- C. C. Urgent ENT referral**
- D. D. Vasopressors and fluid resuscitation**

The management of a patient presenting with dysphagia, anterior cervical lymphadenopathy, and fever typically involves addressing the likelihood of an infectious cause, such as a severe pharyngitis or a peritonsillar abscess. Empirical antibiotic therapy is crucial in this context because it targets potential bacterial infections that could be causing these symptoms, particularly if the clinical picture suggests a significant infection that could lead to complications, such as airway obstruction. In this scenario, starting empirical antibiotics is a practical first step to combat the infection while further diagnostics are considered. It also serves to mitigate the risk of worsening infection or complications during a period of observation, especially given the patient's symptoms reflecting systemic involvement such as fever. While hospitalization may be necessary depending on the severity of the patient's condition, empirical antibiotic therapy is a more immediate management step that can address the underlying cause. Urgent ENT referral may also be warranted after initial management and stabilization, but initiation of antibiotics takes precedence in this acute setting. Vasopressors and fluid resuscitation would be reserved for managing septic shock or significant hypotension, which does not directly correspond to the symptoms outlined in the question.

**7. How long must symptoms persist to meet the criteria for a manic episode according to DSM-V?**

- A. One day**
- B. One week**
- C. Three days**
- D. Two weeks**

To meet the criteria for a manic episode according to the DSM-V, symptoms must persist for a duration of at least one week. This period of one week is essential for clinicians to differentiate a manic episode from a hypomanic episode, which requires a minimum duration of four consecutive days. The requirement for at least one week of symptoms ensures that the episode represents a significant deviation from the individual's usual functioning. During this time, the individual may exhibit abnormally elevated mood, increased activity or energy, and other associated symptoms such as grandiosity, decreased need for sleep, and distractibility. This clear demarcation of time is crucial in clinical settings to guide appropriate diagnosis and treatment. A duration shorter than one week would not fulfill the criteria for a manic episode, supporting the need for careful assessment in psychiatric evaluations.

**8. Which physical exam finding should raise suspicion for the most likely associated nerve injury in a patient who fell on an outstretched arm?**

- A. Inability to abduct fingers**
- B. Inability to extend the wrist**
- C. Inability to flex the wrist**
- D. Inability to make an OK sign**

The physical exam finding of inability to extend the wrist should raise suspicion for a radial nerve injury, which is commonly associated with falls on an outstretched arm. This type of fall often leads to injury of the radial nerve as it passes around the humeral shaft. The characteristic result of a radial nerve injury is wrist drop, where the patient cannot extend the wrist or fingers, resulting in a loss of functional use of the hand. Recognizing this finding is crucial because it points towards a specific neurological deficit that can help guide further evaluation and management. A thorough understanding of the anatomy and mechanics involved in injuries or impingements will assist clinicians in identifying potential nerve damage based on physical exam findings. The other options represent different nerve injuries — the ability to abduct fingers relates to the ulnar and median nerves, the inability to flex the wrist could suggest median or ulnar nerve issues, and the inability to make an OK sign points to median nerve impairment — but in the context of an outstretched arm injury, the loss of wrist extension is distinctively indicative of a radial nerve injury.

**9. In the case of a patient with persistent nausea and vomiting post-surgery, what is the earliest intervention to alleviate symptoms?**

- A. Administer antihistamines for nausea control**
- B. Provide intravenous fluids for hydration**
- C. Introduce a clear liquid diet gradually**
- D. Order antiemetic medications such as ondansetron**

In addressing persistent nausea and vomiting following surgery, administering antiemetic medications like ondansetron serves as the earliest and most direct intervention to alleviate these symptoms. Post-operative nausea and vomiting (PONV) can significantly disrupt a patient's recovery process and is quite common due to various factors such as anesthesia, surgical manipulation, and the overall stress of the surgical procedure. Antiemetics specifically target the pathways in the brain that trigger nausea and vomiting, providing rapid relief. Ondansetron is a selective serotonin 5-HT3 receptor antagonist that has been well-studied and proven effective in preventing and treating nausea associated with chemotherapy and surgery. By addressing the nausea directly with pharmacological intervention, you improve the patient's comfort and can facilitate their recovery and ability to tolerate other interventions or oral intake. While intravenous fluids are important for hydration, especially if the patient is unable to keep down oral fluids, this approach does not target the underlying cause of nausea. Similarly, a gradual introduction of a clear liquid diet will only be effective once the nausea is managed, as it might exacerbate symptoms if attempted prematurely. Antihistamines can also be helpful for nausea but are typically used in different contexts, such as motion sickness or labyrinthine disorders. Therefore, the focus

**10. Which electrolyte imbalance is associated with a prolonged QT interval?**

- A. Hyperkalemia**
- B. Hyponatremia**
- C. Hypocalcemia**
- D. Hypercalcemia**

A prolonged QT interval is most commonly associated with hypocalcemia. Calcium plays a critical role in the cardiac action potential, particularly in the plateau phase of the ventricular repolarization. When there is a deficiency of calcium in the bloodstream, it can lead to an increased duration of the action potential, manifesting as a prolonged QT interval on an ECG. In hypocalcemia, the lowered calcium levels disrupt the normal conduction and repolarization processes in the heart, which can elevate the risk of ventricular arrhythmias and other cardiac complications. This association highlights the importance of monitoring electrolyte levels, particularly calcium, in patients who may present with altered cardiac rhythms or in critical care settings. Other electrolyte imbalances, such as hyperkalemia, hyponatremia, and hypercalcemia, typically do not have the same effect on prolonging the QT interval as hypocalcemia does and can instead be associated with other specific cardiac abnormalities. For instance, hyperkalemia is more associated with peaked T waves and can lead to shortened QT intervals, while hypercalcemia can actually lead to a shortening of the QT interval due to increased calcium availability affecting cardiac contractility and conduction.

# 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://rosh-emergencymedicine.examzify.com>**

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

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