Rosh Family Medicine End of Rotation (EOR) Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

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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. 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. What follow-up procedure may be necessary if symptoms of lactational mastitis do not improve with treatment?

A. Breast ultrasound to rule out abscess

B. CT scan of the abdomen

C. MRI of the breast

D. Biopsy of the lump

2. Which criterion is essential to diagnose asthma via pulmonary function testing?

A. Normal FEV1/FVC ratio

B. Low FEV1 without bronchodilator response

C. FEV1 improvement after bronchodilator

D. Decreased lung capacity

3. After radiation therapy for squamous cell carcinoma, what is the recommended follow-up to prevent osteoradionecrosis?

A. Regular dental check-ups

B. Bone density testing

C. Physical therapy

D. High-dose vitamin D supplementation

4. Which medication is most commonly used for immediate relief of bronchospasm in asthmatic patients?

A. Corticosteroids

B. Long-acting beta-agonists

C. Short-acting beta-agonists

D. Anticholinergics

5. What are some long-term complications associated with infectious tenosynovitis?

A. Muscle Atrophy

B. Stiffness and Necrosis of Tendons

C. Neuritis

D. Increased Range of Motion

6. What visual field loss pattern is typically associated with glaucoma?

A. Centrally focused loss

B. Peripheral visual field loss

C. Complete blindness

D. Diplopia

7. Which of the following individuals should not receive the annual influenza vaccine?

A. 5-month-old infant

B. 65-year-old male

C. 20-year-old female

D. 45-year-old pregnant woman

8. What is the diagnostic staging system used for hidradenitis suppurativa?

A. International Classification of Diseases

B. The Hurley clinical staging

C. Modified Clavien-Dindo classification

D. The Gleason score

9. What is a common complication of untreated hereditary hemochromatosis?

A. Osteoporosis

B. Cardiomyopathy

C. Thyroid dysfunction

D. Liver cirrhosis

10. Which molecule is responsible for the adherence and gliding motion of Mycoplasma pneumoniae?

A. P1 adhesion protein

B. P2 adhesion protein

C. Mycoplasma protein A

D. Adhesin factor

Answers

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

Explanations

1. What follow-up procedure may be necessary if symptoms of lactational mastitis do not improve with treatment?

A. Breast ultrasound to rule out abscess

B. CT scan of the abdomen

C. MRI of the breast

D. Biopsy of the lump

In cases of lactational mastitis where symptoms persist despite appropriate treatment, it becomes crucial to evaluate for possible complications, one of which is the formation of an abscess. An abscess can develop when the mastitis is severe or inadequately treated, leading to localized infection and accumulation of pus. Breast ultrasound is the preferred follow-up procedure in this scenario, as it provides a safe and effective way to visualize the breast tissue and identify fluid collections indicative of an abscess. The sonographic examination helps in determining whether further intervention, such as incision and drainage, is necessary. The other imaging modalities listed, like a CT scan of the abdomen or an MRI of the breast, are not standard procedures for evaluating mastitis or potential abscesses in this context. A biopsy of the lump is also not typically warranted at this stage; it can be considered for persistent masses or suspicious lesions that do not respond to treatment, but the immediate concern in the case of unresolved lactational mastitis is to rule out an abscess rather than diagnosing malignancy.

2. Which criterion is essential to diagnose asthma via pulmonary function testing?

A. Normal FEV1/FVC ratio

B. Low FEV1 without bronchodilator response

C. FEV1 improvement after bronchodilator

D. Decreased lung capacity

To diagnose asthma using pulmonary function testing, the presence of significant improvement in FEV1 after the administration of a bronchodilator is critical. This criterion reflects the reversible nature of airway obstruction commonly associated with asthma. A person with asthma typically experiences bronchoconstriction, leading to reduced airflow, which can be measured by a decrease in FEV1. When a bronchodilator is used, it relaxes the airway smooth muscles, resulting in an increase in airflow and, consequently, an increase in FEV1. A marked improvement (generally defined as an increase of 12% and at least 200 mL in FEV1) following the bronchodilator indicates that the airway obstruction is reversible, which aligns with the pathophysiology of asthma. This improvement following bronchodilator therapy is not typically seen in other chronic respiratory conditions, like COPD, where airflow limitation tends to be more fixed. Normal FEV1/FVC ratio does not indicate the presence of asthma since, in asthma, the ratio may be low during obstructive episodes but can normalize with bronchodilator use. Low FEV1 without bronchodilator response does not provide sufficient information to distinguish asthma from other conditions, as it only indicates a reduction in airflow without

3. After radiation therapy for squamous cell carcinoma, what is the recommended follow-up to prevent osteoradionecrosis?

A. Regular dental check-ups

B. Bone density testing

C. Physical therapy

D. High-dose vitamin D supplementation

Regular dental check-ups are crucial for patients who have undergone radiation therapy for squamous cell carcinoma, particularly when the treatment involves areas of the head and neck. This is a preventive measure against osteoradionecrosis, a serious condition that can occur when radiation damages the bone tissue, leading to its death. Radiation therapy can impair the blood supply to the jaw and surrounding areas, making the bones more susceptible to injury and infection. Routine dental check-ups enable the identification and management of any dental issues early on, including decay or gum disease, which could exacerbate the risk of osteoradionecrosis. Additionally, dentists can provide guidance on proper oral hygiene and possibly recommend preventive treatments, such as fluoride applications, which can help in maintaining oral health post-radiation. Monitoring other aspects, such as bone density testing or physical therapy, while important for overall bone health and rehabilitation, does not specifically address the risk of osteoradionecrosis in the context of dental and oral health. High-dose vitamin D supplementation could play a role in bone health; however, it is not a primary preventive strategy for osteoradionecrosis following radiation therapy. Thus, the importance of regular dental check-ups is emphasized in the care plan for

4. Which medication is most commonly used for immediate relief of bronchospasm in asthmatic patients?

A. Corticosteroids

B. Long-acting beta-agonists

C. Short-acting beta-agonists

D. Anticholinergics

Short-acting beta-agonists are the medications most commonly used for immediate relief of bronchospasm in patients with asthma. These medications work by rapidly relaxing the smooth muscle in the airways, leading to bronchodilation and facilitating easier airflow. Their onset of action is typically within minutes, making them ideal for acute asthma symptoms and exacerbations. In clinical practice, short-acting beta-agonists are often referred to as "rescue inhalers" because they provide quick relief during asthma attacks or when symptoms suddenly worsen. For example, medications like albuterol are commonly used in emergency situations due to their effectiveness and quick action. Other options such as corticosteroids are used for long-term control and management of inflammation in asthma but do not provide immediate relief for acute symptoms. Long-acting beta-agonists are intended for maintenance therapy and cannot be relied upon for quick relief. Anticholinergics may play a role in certain situations but are not typically the first-line treatment for acute bronchospasm. Therefore, the short-acting beta-agonists stand out as the most suitable choice for immediate asthma relief.

5. What are some long-term complications associated with infectious tenosynovitis?

A. Muscle Atrophy

B. Stiffness and Necrosis of Tendons

C. Neuritis

D. Increased Range of Motion

Infectious tenosynovitis can lead to significant long-term complications as the infection affects both the synovial sheath and the surrounding tissues, including the tendons themselves. Stiffness and necrosis of tendons occur due to the inflammatory response triggered by the infection, which may lead to damage to the tendon fibers and a reduction in their structural integrity. As the infection progresses, it can cause impaired blood flow to the tendons, resulting in necrosis. This is characterized by the death of tendon tissues, leading to stiffness due to scarring and loss of elasticity. Furthermore, with the tendon being compromised, post-infection recovery may involve complications such as reduced tensile strength of the tendons and resultant stiffness in related joints. Rehabilitation efforts can also be hindered by these effects, prolonging recovery and function. Therefore, stiffness and necrosis of tendons accurately represent the type of long-term complications that may arise from infectious tenosynovitis.

6. What visual field loss pattern is typically associated with glaucoma?

A. Centrally focused loss

B. Peripheral visual field loss

C. Complete blindness

D. Diplopia

The pattern of peripheral visual field loss is typically associated with glaucoma. This condition affects the optic nerve and often results in gradual vision loss that begins at the edges of the visual field. As glaucoma progresses, patients may find it increasingly difficult to see objects in their peripheral vision, which can lead to tunnel vision. In glaucoma, the central vision is usually preserved until the later stages, which differentiates it from conditions that produce central vision loss. This pattern of peripheral loss is crucial for early detection and management of glaucoma, as patients may remain unaware of their condition until significant vision loss has occurred. The other options do not align with the typical visual field deficits seen in glaucoma. Complete blindness can occur in late-stage glaucoma but is not characteristic of the initial presentation. Centrally focused loss is more commonly associated with conditions affecting the macula, such as age-related macular degeneration. Diplopia, or double vision, is related to disorders affecting eye alignment or muscle function, rather than the optic nerve damage seen in glaucoma.

7. Which of the following individuals should not receive the annual influenza vaccine?

A. 5-month-old infant

B. 65-year-old male

C. 20-year-old female

D. 45-year-old pregnant woman

The annual influenza vaccine is typically recommended for a wide range of individuals, including young children, older adults, and pregnant women, as they are at higher risk for complications from influenza. However, the 5-month-old infant in this case should not receive the annual influenza vaccine, particularly if it is their first influenza vaccination year. For infants younger than 6 months, the influenza vaccine is contraindicated. The immune systems of very young infants are still developing, and they are at a greater risk of experiencing adverse effects from vaccines if their immune response is not robust enough. The first influenza vaccination is usually recommended around 6 months of age to ensure that the infant has had adequate time to develop an immune response after birth. In contrast, the other individuals mentioned—such as the 65-year-old male, the 20-year-old female, and the 45-year-old pregnant woman—are all eligible for the influenza vaccine, as they would benefit from the protection it offers against influenza and its complications.

8. What is the diagnostic staging system used for hidradenitis suppurativa?

A. International Classification of Diseases

B. The Hurley clinical staging

C. Modified Clavien-Dindo classification

D. The Gleason score

The Hurley clinical staging system is the diagnostic staging system specifically designed for hidradenitis suppurativa, a chronic inflammatory skin disease characterized by painful nodules, abscesses, and sinus tracts, typically occurring in areas with skin folds. This system classifies the disease into three stages based on the severity of the condition and extent of lesions, helping guide treatment decisions and understand disease progression. In this classification, Stage I represents the formation of solitary or multiple abscesses without scarring or sinus tracts. Stage II includes the presence of recurrent abscesses and chronic sinus tract formation with some scarring. Stage III indicates widespread involvement with multiple interconnected sinus tracts and significant scarring. By providing a clear framework for the classification of hidradenitis suppurativa, the Hurley staging system plays a critical role in the management and treatment planning for patients, promoting a standardized approach to care. The other options listed are not directly applicable to hidradenitis suppurativa. The International Classification of Diseases is a broader health classification system used to code diagnoses across various conditions, while the Modified Clavien-Dindo classification system is primarily used for surgical complications. The Gleason score is a system for grading cancer, specifically prostate cancer, and does

9. What is a common complication of untreated hereditary hemochromatosis?

A. Osteoporosis

B. Cardiomyopathy

C. Thyroid dysfunction

D. Liver cirrhosis

In untreated hereditary hemochromatosis, one of the most common and serious complications is indeed liver cirrhosis. Hereditary hemochromatosis is a genetic disorder that results in excessive absorption of dietary iron, leading to iron overload in various organs. Over time, the accumulation of iron in the liver can cause significant damage, leading to inflammation, fibrosis, and ultimately cirrhosis. Cirrhosis is characterized by the scarring of liver tissue, which impairs liver function and can lead to liver failure, hepatocellular carcinoma, and other complications. While cardiomyopathy is another potential complication related to iron overload in hereditary hemochromatosis, it is less prevalent than liver cirrhosis, which often manifests as the most serious consequence of untreated disease. The liver is a primary site of iron storage, and its damage tends to occur early in the disease process, making cirrhosis a more common eventuality in individuals with untreated hereditary hemochromatosis.

10. Which molecule is responsible for the adherence and gliding motion of Mycoplasma pneumoniae?

A. P1 adhesion protein

B. P2 adhesion protein

C. Mycoplasma protein A

D. Adhesin factor

Mycoplasma pneumoniae utilizes the P1 adhesion protein, which plays a crucial role in its ability to adhere to host epithelial cells, particularly in the respiratory tract. This attachment is essential for the bacterium to colonize and establish infection. The P1 protein not only facilitates adherence through specific interactions with host cells but also contributes to the gliding motility characteristic of Mycoplasma species. This motility allows the bacterium to navigate surfaces within the host, enhancing its ability to spread and infect. The P1 protein acts by binding to specific receptors on the surface of the host cells, thereby enabling Mycoplasma pneumoniae to maintain a close association with the respiratory epithelium. This is pivotal in the pathogenesis of the organism, as it supports immune evasion and the ability to persist in a niche where it can cause disease, such as atypical pneumonia. Other adhesion proteins mentioned in the options, such as P2 adhesion protein and Mycoplasma protein A, might have different roles or functions, but the P1 protein is specifically known for its key involvement in adherence and motility for Mycoplasma pneumoniae. Additionally, while general terms like adhesin factor may refer to adhesive capabilities broadly, they do

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://roshfamilymedeor.examzify.com

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