

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. 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. What laboratory result indicates hyperthyroidism in a patient presenting with symptoms consistent with Graves' disease?**
 - A. High TSH levels**
 - B. Low free T3 levels**
 - C. Elevated antithyroxine peroxidase antibodies**
 - D. Low TSH levels**
- 2. What class of medications is contraindicated in patients with native valve endocarditis?**
 - A. Antibiotics**
 - B. Anticoagulants**
 - C. Analgesics**
 - D. Beta-blockers**
- 3. Which intervention is NOT recommended for the management of osteoporosis?**
 - A. Adequate intake of calcium and vitamin D**
 - B. Weight-bearing exercise**
 - C. Smoking cessation**
 - D. High-dose estrogen therapy**
- 4. What should be the next step if a patient could not stop taking omeprazole before an esophagogastroduodenoscopy?**
 - A. Start an H2 Blocker**
 - B. Order a Urea Breath Test**
 - C. Continue Omeprazole**
 - D. Perform an Immediate Biopsy**
- 5. Which of the following conditions is suggested by unilateral leg swelling and tenderness?**
 - A. Deep vein thrombosis**
 - B. Peripheral artery disease**
 - C. Varicose veins**
 - D. Chronic venous insufficiency**

6. In a patient with pneumonia, which physical exam finding correlates with the presence of lung consolidation?

- A. Decreased tactile fremitus**
- B. Increased tactile fremitus**
- C. Normal tactile fremitus**
- D. Rhonchi**

7. What physical exam finding is consistent with a diagnosis of peripheral artery disease in a patient with leg pain upon walking?

- A. Increased ankle-brachial index**
- B. Decreased ankle-brachial index**
- C. Normal pedal pulses**
- D. Elevated blood pressure in the legs**

8. What is a common risk factor for developing a direct inguinal hernia?

- A. Aging**
- B. Obesity**
- C. Previous abdominal surgery**
- D. Chronic cough**

9. Which of the following are classified as irregular narrow complex tachydysrhythmias?

- A. Atrial fibrillation, atrial flutter, and multifocal atrial tachycardia**
- B. Ventricular tachycardia and atrial fibrillation**
- C. Sinus tachycardia and atrial flutter**
- D. Ventricular fibrillation and atrial flutter**

10. What is the likely diagnosis for a patient with epigastric pain radiating to the back after gallstone removal?

- A. Cholecystitis**
- B. Pancreatitis**
- C. Peptic ulcer disease**
- D. Acute gastritis**

Answers

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

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Explanations

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1. What laboratory result indicates hyperthyroidism in a patient presenting with symptoms consistent with Graves' disease?

- A. High TSH levels**
- B. Low free T3 levels**
- C. Elevated antithyroxine peroxidase antibodies**
- D. Low TSH levels**

In the context of diagnosing hyperthyroidism, particularly in a patient exhibiting symptoms compatible with Graves' disease (such as weight loss, increased anxiety, heat intolerance, and palpitations), certain laboratory findings are critical. When assessing thyroid function, the key markers are Thyroid Stimulating Hormone (TSH) and the free thyroid hormones, specifically Free T3 and Free T4. A low TSH level is a hallmark indicator of hyperthyroidism. In patients with Graves' disease, the overproduction of thyroid hormones (T3 and T4) stimulates the negative feedback loop which suppresses TSH production from the pituitary gland. Thus, when the thyroid hormone levels are elevated, TSH levels will be low as a compensatory mechanism. This finding is crucial because it signals that the thyroid is functioning autonomously, often due to the stimulating effects of thyroid-stimulating immunoglobulin (TSI), which is characteristic of Graves' disease. In contrast, high TSH levels would indicate hypothyroidism or a compensatory response to low thyroid hormone levels, which does not align with hyperthyroid presentations. Low free T3 levels would suggest reduced thyroid function, which is also contrary to hyperthyroidism. Elevated antithyroxine peroxidase antibodies are also a key marker of Graves' disease.

2. What class of medications is contraindicated in patients with native valve endocarditis?

- A. Antibiotics**
- B. Anticoagulants**
- C. Analgesics**
- D. Beta-blockers**

In the context of native valve endocarditis, the use of anticoagulants is particularly contraindicated due to the risk of potential complications such as embolic events. Patients with endocarditis may already have vegetations—clusters of bacteria that form on the heart valves—which can vary in stability. The use of anticoagulants in these patients can increase the risk of dislodging these vegetations, leading to systemic embolization, which can result in severe complications such as stroke or other organ damage. While antibiotics are crucial for treating the underlying infection, and analgesics and beta-blockers can be used for symptom management and heart rate control, anticoagulants pose a unique risk in this clinical situation. Therefore, avoiding anticoagulation in patients with native valve endocarditis is essential to prevent exacerbating the condition and ensuring patient safety.

3. Which intervention is NOT recommended for the management of osteoporosis?

- A. Adequate intake of calcium and vitamin D**
- B. Weight-bearing exercise**
- C. Smoking cessation**
- D. High-dose estrogen therapy**

The intervention high-dose estrogen therapy is not recommended for the management of osteoporosis due to safety concerns and potential adverse effects. While estrogen can help maintain bone density, the risks associated with long-term high-dose therapy, such as increased chances of thromboembolic events and certain cancers, outweigh the benefits. Instead, the recommended management strategies focus on the use of adequate calcium and vitamin D intake to promote bone health, engaging in weight-bearing exercises to strengthen bones and improve balance, and smoking cessation to mitigate the risk of bone density loss. These interventions build a foundation for maintaining bone strength and reducing the risk of fractures, aligning with current guidelines for osteoporosis management.

4. What should be the next step if a patient could not stop taking omeprazole before an esophagogastroduodenoscopy?

- A. Start an H2 Blocker**
- B. Order a Urea Breath Test**
- C. Continue Omeprazole**
- D. Perform an Immediate Biopsy**

The next step in the scenario where a patient could not stop taking omeprazole before an esophagogastroduodenoscopy (EGD) is to order a Urea Breath Test. This approach is particularly relevant if the rationale for the EGD includes investigating for Helicobacter pylori (H. pylori) infection, as proton pump inhibitors like omeprazole can interfere with the accuracy of certain tests designed to detect H. pylori, including histological examination during biopsy analysis. When a patient is on a proton pump inhibitor, it can suppress gastric acid secretion, making the gastric environment less conducive to the H. pylori bacteria and affecting the interpretation of biopsy results during the EGD. Therefore, if H. pylori infection is suspected, performing a Urea Breath Test is advisable because it is not affected by recent PPI use, and can provide reliable results to confirm or exclude an H. pylori infection. In summary, the Urea Breath Test can effectively guide the management of potential H. pylori infections and inform treatment decisions in a patient undergoing an EGD without them first having to stop omeprazole, which could lead to inaccurate test results if a biopsy were performed instead.

5. Which of the following conditions is suggested by unilateral leg swelling and tenderness?

- A. Deep vein thrombosis**
- B. Peripheral artery disease**
- C. Varicose veins**
- D. Chronic venous insufficiency**

Unilateral leg swelling and tenderness are classic signs that point toward deep vein thrombosis (DVT). DVT occurs when a blood clot forms in a deep vein, most commonly in the legs. The obstruction of blood flow can lead to swelling due to the accumulation of fluid in the tissues, and the tenderness arises from inflammation and pressure in the affected area. In the context of DVT, the swelling is typically localized to one leg rather than affecting both, which distinguishes it from other conditions. The presence of additional risk factors like immobility, recent surgery, or a history of clotting disorders can further support the diagnosis of DVT. In contrast, conditions such as peripheral artery disease, varicose veins, and chronic venous insufficiency can also cause leg swelling, but these conditions usually involve different patterns of swelling or additional symptoms. For example, peripheral artery disease typically leads to changes in skin color and temperature and may present with claudication rather than tenderness. Varicose veins usually involve a more extensive pattern of superficial vein involvement and do not typically cause acute tenderness. Chronic venous insufficiency tends to present with a more chronic swelling characteristic and does not usually manifest with sudden, unilateral tenderness like DVT does. Thus, the clinical

6. In a patient with pneumonia, which physical exam finding correlates with the presence of lung consolidation?

- A. Decreased tactile fremitus**
- B. Increased tactile fremitus**
- C. Normal tactile fremitus**
- D. Rhonchi**

In the context of pneumonia, the presence of lung consolidation is associated with increased tactile fremitus. Tactile fremitus is the vibration of the chest wall that can be felt by placing the hands on the patient's back or chest while the patient speaks. When lung consolidation occurs, such as in cases of pneumonia, the lung tissue becomes more solid due to the presence of fluid, pus, or inflammatory cells. This increased density allows sound vibrations to transmit more effectively through the lung tissue, resulting in greater tactile fremitus. Therefore, when a healthcare provider feels for tactile fremitus in a patient with pneumonia, they would generally note an increase in vibrations over areas of consolidation compared to normal lung tissue. This clinical finding assists in the diagnosis of pneumonia, indicating that the underlying lung tissue has indeed become consolidated due to disease processes. The other options do not correlate with the presence of lung consolidation: decreased tactile fremitus would suggest conditions such as pleural effusion, where fluid collection reduces the transmission of vibrations; normal tactile fremitus does not provide any diagnostic indication of consolidation; and rhonchi are abnormal lung sounds that can indicate airway obstruction or other conditions rather than consolidation specifically.

7. What physical exam finding is consistent with a diagnosis of peripheral artery disease in a patient with leg pain upon walking?

- A. Increased ankle-brachial index**
- B. Decreased ankle-brachial index**
- C. Normal pedal pulses**
- D. Elevated blood pressure in the legs**

A decreased ankle-brachial index (ABI) is consistent with a diagnosis of peripheral artery disease (PAD) in a patient who experiences leg pain while walking, commonly referred to as claudication. The ABI is a simple test comparing the blood pressure in the patient's ankle to the blood pressure in the arm. In individuals with PAD, there is typically reduced blood flow to the lower extremities due to narrowed or blocked arteries, which results in lower blood pressure readings in the ankles compared to the arms. An ABI value of less than 0.9 is typically indicative of PAD. In contrast, an increased ABI would suggest either normal arterial function or even falsely elevated readings in some specific cases, which wouldn't correlate with the expected findings in someone suffering from PAD. Normal pedal pulses may also be present in PAD patients, particularly in the early stages or in less severe cases, but they do not confirm the diagnosis. Elevated blood pressure in the legs is not a characteristic finding of PAD; rather, it would indicate possible hypertension or other vascular issues, which may not relate directly to the diagnosis of PAD.

8. What is a common risk factor for developing a direct inguinal hernia?

- A. Aging**
- B. Obesity**
- C. Previous abdominal surgery**
- D. Chronic cough**

Obesity is a significant risk factor for developing a direct inguinal hernia. This is primarily because excess body weight increases intra-abdominal pressure, which places strain on the abdominal wall. Inguinal hernias occur when a part of the intestine protrudes through a weak spot in the abdominal muscles, and the additional pressure from obesity can exacerbate this weakness. Additionally, individuals who are obese may experience more physical strain during activities that involve heavy lifting or straining, further increasing the likelihood of hernia development. In this context, managing body weight is an important aspect of prevention efforts for direct inguinal hernias. While aging, previous abdominal surgery, and chronic cough can contribute to the risk of hernias, they are typically less directly associated with direct inguinal hernias specifically compared to obesity. Aging can weaken the connective tissues, previous surgeries can create scar tissue that might predispose one to hernias, and chronic cough can increase intra-abdominal pressure; however, obesity plays a more pronounced role in terms of overall physiological pressure on the abdominal wall.

9. Which of the following are classified as irregular narrow complex tachydysrhythmias?

- A. Atrial fibrillation, atrial flutter, and multifocal atrial tachycardia**
- B. Ventricular tachycardia and atrial fibrillation**
- C. Sinus tachycardia and atrial flutter**
- D. Ventricular fibrillation and atrial flutter**

Irregular narrow complex tachydysrhythmias refer to a class of arrhythmias characterized by a rapid heart rate and narrow QRS complexes on the ECG, alongside an irregular rhythm. Atrial fibrillation, atrial flutter, and multifocal atrial tachycardia all fit this description. Atrial fibrillation is characterized by an absence of identifiable P waves and a rapid, chaotic atrial electrical activity leading to an irregularly irregular ventricular response. Atrial flutter involves a rapid re-entrant circuit typically in the right atrium, presenting with a regular or irregular atrial rate but can also lead to an irregular ventricular response depending on the conduction through the AV node. Multifocal atrial tachycardia features multiple ectopic foci in the atria, resulting in a distinct pattern of P waves that can vary in morphology, and this condition usually presents with an irregular rhythm when conducted to the ventricles. The option highlights these conditions, emphasizing their irregular rhythms along with narrow QRS complexes, which are hallmark characteristics of this category of tachydysrhythmias. Therefore, this choice correctly identifies the group classified as irregular narrow complex tachydysrhythmias.

10. What is the likely diagnosis for a patient with epigastric pain radiating to the back after gallstone removal?

- A. Cholecystitis**
- B. Pancreatitis**
- C. Peptic ulcer disease**
- D. Acute gastritis**

The likely diagnosis for a patient presenting with epigastric pain that radiates to the back following gallstone removal is pancreatitis. This condition often arises as a complication after cholecystectomy, particularly if there is a history of gallstones, since the process of stone removal can sometimes lead to the activation of pancreatic enzymes or transient obstruction of the pancreatic duct. In pancreatitis, the pain is typically described as severe and may radiate to the back due to the anatomical proximity of the pancreas to the spine. The patient may also present with nausea, vomiting, and potentially elevated levels of amylase and lipase in the blood, which support the diagnosis. While cholecystitis could also cause abdominal pain, it is usually due to inflammation of the gallbladder itself, often presenting before surgery rather than after gallstone removal. Peptic ulcer disease involves pain related to gastric or duodenal ulcers and is less likely to present specifically in conjunction with recent gallbladder surgery. Acute gastritis results from inflammation of the stomach lining, which would typically cause epigastric pain but not necessarily in the context of radiating pain to the back. Thus, the symptoms and timing strongly suggest pancreatitis as the most likely diagnosis in

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!

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