ROSH FAMILY MEDICINE END OF ROTATION (EOR) PRACTICE TEST (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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

1. What condition could result from untreated bacterial sinusitis?

A. Osteomyelitis

B. Meningitis

C. Retinal detachment

D. Thyroiditis

2. What is the most appropriate intervention for a woman at risk of osteoporosis with a T-score of -2.0?

A. Calcium 600 mg and vitamin D 400 units daily

B. Calcium 1,200 mg and vitamin D 800 units daily

C. Calcium 1,000 mg and vitamin D 600 units daily

D. No intervention needed

3. A woman with milky nipple discharge and elevated serum prolactin levels is likely to also experience which symptom?

A. Hot flashes

B. Menorrhagia

C. Amenorrhea

D. Oligomenorrhea

4. Which medication is known to cause a reduction in prostate size?

A. Finasteride

B. Dutasteride

C. Tamsulosin

D. Alfuzosin

5. 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

6. What is the best therapy for a patient with chest pain following influenza A infection without acute findings on chest radiograph?

A. Ibuprofen

B. Indomethacin

C. Acetaminophen

D. High-dose steroids

7. What skeletal abnormalities are patients with Cushing syndrome prone to?

A. Paget's disease

B. Osteoporosis

C. Osteonecrosis of the femoral head

D. Both osteoporosis and osteonecrosis of the femoral head

8. What is a common risk factor for open-angle glaucoma?

A. Young age

B. Diabetes

C. High cholesterol levels

D. Asthma

9. What is the common name for a fracture that occurs with minimal trauma, indicative of low bone density?

A. Traumatic fracture

B. Fragility fracture

C. Stress fracture

D. Pathologic fracture

10. What is the primary surgical intervention for achalasia that offers the longest symptom relief?

A. Balloon dilation

B. Botulinum toxin injection

C. Surgical myotomy

D. Medications with nitrates

Answers

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

Explanations

1. What condition could result from untreated bacterial sinusitis?

A. Osteomyelitis

B. Meningitis

C. Retinal detachment

D. Thyroiditis

Untreated bacterial sinusitis can lead to meningitis due to the proximity of the sinuses to the brain. The infection can spread from the sinus cavities through the skull base into the central nervous system. Meningitis is characterized by inflammation of the protective membranes (meninges) surrounding the brain and spinal cord, and it can result from direct extension of infection from the sinuses. The anatomical relationship between the sinuses, particularly the ethmoid and sphenoid sinuses, and the brain makes them vulnerable to such complications if the sinus infection is severe and left untreated. Symptoms of meningitis may include fever, headache, neck stiffness, and altered mental status, and it is a serious condition that requires prompt medical intervention. While osteomyelitis, retinal detachment, and thyroiditis represent different medical conditions, they are not direct complications of bacterial sinusitis. Osteomyelitis is an infection of bone and can occur in various locations but is not a typical consequence of sinus infections. Retinal detachment is related to eye health and does not have a direct connection to sinus infections. Thyroiditis is inflammation of the thyroid gland and is also independent of sinus conditions.

2. What is the most appropriate intervention for a woman at risk of osteoporosis with a T-score of -2.0?

A. Calcium 600 mg and vitamin D 400 units daily

B. Calcium 1,200 mg and vitamin D 800 units daily

C. Calcium 1,000 mg and vitamin D 600 units daily

D. No intervention needed

The most appropriate intervention for a woman at risk of osteoporosis with a T-score of -2.0 is to provide calcium and vitamin D supplementation, specifically in the amounts of 1,200 mg of calcium and 800 units of vitamin D daily. A T-score of -2.0 indicates that the individual is in the osteopenic range, which is the stage before osteoporosis; therefore, preventive measures are essential to help maintain bone density and reduce the risk of fractures. Adequate calcium intake is crucial for bone health, as it helps in the formation and maintenance of bone tissue. The recommended dietary allowance (RDA) for calcium for adult women is generally around 1,000 to 1,200 mg daily, with higher requirements as they age. Additionally, vitamin D plays a vital role in calcium absorption from the intestines. The RDA for vitamin D is often considered to be around 600 to 800 units daily, especially for older individuals who may have decreased sun exposure and reduced ability to synthesize vitamin D. Choosing an intervention that aligns with these guidelines—specifically the supplementation of calcium at the higher end (1,200 mg) and vitamin D (800 units)—is essential for optimizing bone health and minimizing the

3. A woman with milky nipple discharge and elevated serum prolactin levels is likely to also experience which symptom?

A. Hot flashes

B. Menorrhagia

C. Amenorrhea

D. Oligomenorrhea

The presence of milky nipple discharge alongside elevated levels of serum prolactin is indicative of hyperprolactinemia. Prolactin plays a significant role in regulating the menstrual cycle, and elevated levels can interfere with normal ovarian function. One of the common symptoms associated with high prolactin levels is amenorrhea, which is the absence of menstruation. This results from the hormonal disruption caused by increased prolactin, leading to decreased levels of estrogen and progesterone, which are essential for a regular menstrual cycle. Women with hyperprolactinemia often experience disruptions in their menstrual cycles, which can include not only amenorrhea but also irregular bleeding patterns. However, amenorrhea is a prominent symptom, as the suppression of the menstrual cycle is a direct result of high prolactin levels affecting the hypothalamic-pituitary-gonadal axis. Other options present different symptoms that may not directly correlate with hyperprolactinemia in the same way. For instance, hot flashes are typically associated with menopause or estrogen deficiency, menorrhagia refers to heavy menstrual bleeding which is not directly linked to elevated prolactin, and oligomenorrhea describes infrequent menstruation but does not indicate the absence

4. Which medication is known to cause a reduction in prostate size?

A. Finasteride

B. Dutasteride

C. Tamsulosin

D. Alfuzosin

Finasteride is a medication that specifically reduces prostate size by inhibiting the enzyme 5-alpha-reductase. This enzyme is responsible for converting testosterone into dihydrotestosterone (DHT), a more potent androgen that promotes prostate growth. By lowering the levels of DHT, finasteride effectively reduces the size of the prostate, which can alleviate symptoms associated with benign prostatic hyperplasia (BPH), such as urinary obstruction. This mechanism of action makes finasteride particularly beneficial for patients who have an enlarged prostate and are looking for both symptom relief and a reduction in prostate volume. Dutasteride, while also a 5-alpha-reductase inhibitor and effective in reducing prostate size, is not the only drug known for this action. Tamsulosin and Alfuzosin belong to a class of medications called alpha-1 blockers, which primarily provide symptomatic relief by relaxing the smooth muscles in the prostate and bladder neck but do not have a direct effect on prostate size. Thus, while effective for managing urinary symptoms, they do not contribute to a reduction in the prostate volume in the same way that finasteride does.

5. 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

6. What is the best therapy for a patient with chest pain following influenza A infection without acute findings on chest radiograph?

A. Ibuprofen

B. Indomethacin

C. Acetaminophen

D. High-dose steroids

The best therapy for a patient experiencing chest pain following influenza A infection, especially when acute findings are not observed on chest radiograph, is indeed indomethacin. This scenario suggests the patient may be suffering from post-viral inflammation, specifically inflammatory pleuritis or pericarditis, which can sometimes occur after viral infections. Indomethacin is a non-steroidal anti-inflammatory drug (NSAID) that is effective in reducing inflammation and alleviating pain associated with these conditions. Indomethacin is particularly well-suited for this situation because it has anti-inflammatory properties that can relieve symptoms associated with pleuritic or pericarditic pain. Additionally, other NSAIDs like ibuprofen may also provide relief, but indomethacin has been historically used for its stronger anti-inflammatory effects in managing specific post-viral inflammatory pain. High-dose steroids are typically reserved for cases with severe or unmanageable inflammation and would not be the first-line treatment strategy in this context, particularly when acute findings are absent. Acetaminophen, while helpful for general pain relief, does not address the underlying inflammatory process as effectively as indomethacin does in this scenario. Thus, in managing post-viral chest pain where inflammation is presumed to be the

7. What skeletal abnormalities are patients with Cushing syndrome prone to?

A. Paget's disease

B. Osteoporosis

C. Osteonecrosis of the femoral head

D. Both osteoporosis and osteonecrosis of the femoral head

Patients with Cushing syndrome are particularly susceptible to both osteoporosis and osteonecrosis of the femoral head due to the effects of excess cortisol. Cushing syndrome leads to hypercortisolism, which has several direct and indirect effects on bone health. Excessive cortisol negatively impacts bone metabolism by inhibiting osteoblast function—cells responsible for bone formation. This inhibition results in decreased bone density, contributing to the development of osteoporosis, characterized by fragile bones and an increased risk of fractures. In addition, cortisol affects the blood supply to the bones, particularly in the femoral head. This can lead to osteonecrosis, a condition where bone tissue dies due to a lack of blood flow. The combination of these two skeletal conditions underscores the increased risk Cushing syndrome patients face regarding skeletal complications. Both osteoporosis and osteonecrosis are significant concerns in the management of patients with Cushing syndrome, highlighting the need for monitoring and potential intervention to prevent these skeletal abnormalities.

8. What is a common risk factor for open-angle glaucoma?

A. Young age

B. Diabetes

C. High cholesterol levels

D. Asthma

Open-angle glaucoma is a chronic eye disease characterized by an increase in intraocular pressure, leading to optic nerve damage and potential vision loss. One of the well-established risk factors for developing this condition is diabetes. Individuals with diabetes are at an increased risk due to the potential for changes in blood flow and vascular complications that can affect the eye's drainage system. This can hinder the outflow of aqueous humor, contributing to elevated intraocular pressure. Additionally, diabetes can lead to various other eye complications, such as diabetic retinopathy, which can coexist with glaucoma, further complicating eye health. Other factors that commonly influence the risk of open-angle glaucoma include age, family history, and ethnic background, particularly in populations with a higher incidence of the disease. However, the option selected highlights a direct association between diabetes and increased susceptibility for this specific eye condition. Understanding these risk factors is crucial for early detection and management to prevent vision impairment.

9. What is the common name for a fracture that occurs with minimal trauma, indicative of low bone density?

A. Traumatic fracture

B. Fragility fracture

C. Stress fracture

D. Pathologic fracture

A fracture that occurs with minimal trauma is commonly referred to as a fragility fracture. This type of fracture typically indicates underlying low bone density or osteoporosis, where the bones are more susceptible to breaking from everyday activities that normally would not cause injury in individuals with healthy bone density. Fragility fractures can arise from simple falls, standing up from a sitting position, or even during normal movements, which highlights the vulnerability of weakened bones. The term emphasizes the relationship between low bone density and the risk of fractures, making it an essential consideration in the assessment of patients, particularly the elderly or those with conditions affecting bone strength. In contrast, traumatic fractures occur due to significant force or impact, while stress fractures are caused by repetitive stress or overuse. Pathologic fractures result from underlying disease processes, such as tumors or infections, compromising bone integrity. Thus, fragility fractures are specifically defined by their occurrence with minimal trauma and association with decreased bone density.

10. What is the primary surgical intervention for achalasia that offers the longest symptom relief?

A. Balloon dilation

B. Botulinum toxin injection

C. Surgical myotomy

D. Medications with nitrates

Surgical myotomy is recognized as the primary surgical intervention for achalasia that provides the longest symptom relief. In achalasia, the esophagus becomes unable to effectively transport food to the stomach due to the failure of the lower esophageal sphincter to relax properly. Surgical myotomy involves cutting the muscles of the lower esophageal sphincter, which allows for easier passage of food into the stomach and alleviates the symptoms of this condition. This intervention is typically more effective than other treatment options because it addresses the root cause of the condition, leading to a significant reduction in symptoms such as dysphagia (difficulty swallowing) and chest pain. Patients who undergo surgical myotomy often experience a substantial improvement in their quality of life and symptom relief that can last for many years. While balloon dilation can relieve symptoms temporarily by dilating the lower esophageal sphincter, its effects are generally less durable compared to surgical myotomy. Botulinum toxin injection may offer short-term relief but is more commonly used in patients who are not surgical candidates, and its efficacy diminishes over time. Medications with nitrates may provide symptomatic relief by relaxing smooth muscles but do not address the structural problem and are not a long-term solution. Thus, surgical my

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:

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