ROSH Geriatrics Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

Table of Contents

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. **In a patient with polymyalgia rheumatica, what other condition should be considered due to associated symptoms?**
   - **A. Fibromyalgia**
   - **B. Giant cell arteritis**
   - **C. Systemic lupus erythematosus**
   - **D. Trigeminal neuralgia**

2. **What condition is most likely for a patient who develops thrombocytopenia after being on heparin for five days?**
   - **A. Disseminated intravascular coagulation**
   - **B. Heparin-induced thrombocytopenia**
   - **C. Immune thrombocytopenia**
   - **D. Thrombotic thrombocytopenic purpura**

3. **What test is considered the gold standard for diagnosing acute angle closure glaucoma?**
   - **A. Dark room provocation**
   - **B. Dilated fundus examination**
   - **C. Gonioscopy**
   - **D. Slit lamp grading**

4. **Which physical examination finding is most likely in a patient with a long history of smoking and respiratory symptoms?**
   - **A. Barrel chest**
   - **B. Diastolic murmur**
   - **C. Pectus carinatum**
   - **D. Scaphoid abdomen**

5. **What is the next step in managing a patient's coagulopathy after controlling epistaxis?**
   - **A. Administer fresh frozen plasma**
   - **B. Administer idarucizumab**
   - **C. Administer vitamin K 10 mg IV and hold the next dose of warfarin**
   - **D. Administer vitamin K 2.5 mg PO and instruct to hold the next dose of warfarin**

6. In a patient suspected of polymyositis, which muscle is most appropriate for biopsy?

A. Brachioradialis

B. Gastrocnemius

C. Latissimus dorsi

D. Quadriceps femoris

7. How does dehydration manifest in elderly patients?

A. Improved thirst awareness

B. Constipation and decreased appetite

C. Confusion, weakness, and diminished urine output

D. Increased energy levels

8. What condition might lead to both daytime sleepiness and dyspnea on exertion in an obese patient?

A. Asthma

B. Obstructive sleep apnea

C. Pneumonia

D. Pulmonary fibrosis

9. What respiratory finding is typically associated with chronic obstructive pulmonary disease (COPD)?

A. Rales

B. Wheezing

C. Stridor

D. Quiet lung sounds

10. A 58-year-old man with chronic cough has an FEV1 of 45%. What is the most appropriate therapy for him?

A. Azithromycin

B. Guaifenesin

C. Prednisone

D. Tiotropium

Answers

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

Explanations

1. In a patient with polymyalgia rheumatica, what other condition should be considered due to associated symptoms?

A. Fibromyalgia

B. Giant cell arteritis

C. Systemic lupus erythematosus

D. Trigeminal neuralgia

Polymyalgia rheumatica (PMR) is a condition that commonly affects older adults and is characterized by muscle pain and stiffness, particularly in the shoulders, hips, and neck. It is important to recognize that PMR is often associated with giant cell arteritis (GCA), which is also known as temporal arteritis. GCA is an inflammatory condition that affects the large and medium-sized arteries, and it can lead to serious complications such as vision loss if not identified and treated promptly. The symptoms of GCA can overlap with those of PMR, such as fever, malaise, and headaches, but GCA also presents distinct clinical features like jaw claudication, scalp tenderness, and visual disturbances. Therefore, in a patient presenting with PMR, it is critical to consider GCA, particularly if there are additional systemic symptoms or signs suggestive of vascular involvement. While conditions like fibromyalgia, systemic lupus erythematosus, and trigeminal neuralgia may also present with pain or discomfort, they do not have the same direct association with PMR as GCA does. Instead, GCA represents a related condition that requires immediate attention due to its potential severity and the need for corticosteroid treatment to prevent complications. Recognizing

2. What condition is most likely for a patient who develops thrombocytopenia after being on heparin for five days?

A. Disseminated intravascular coagulation

B. Heparin-induced thrombocytopenia

C. Immune thrombocytopenia

D. Thrombotic thrombocytopenic purpura

The development of thrombocytopenia after a patient has been on heparin for five days is most likely indicative of heparin-induced thrombocytopenia (HIT). This condition occurs as a result of an immune response against heparin-platelet factor 4 complexes, leading to the activation of platelets and subsequent thrombocytopenia. In HIT, the patient can experience a significant drop in platelet count typically between days 5-14 after initiating heparin therapy, which aligns with the timing presented in the question. HIT is important to recognize because it can lead to serious complications, including thrombosis, despite the low platelet count, which distinguishes it from other conditions that also cause thrombocytopenia. The clinical implications of HIT require immediate cessation of heparin and often necessitate the use of alternative anticoagulants. Disseminated intravascular coagulation (DIC) is associated with a more complex coagulation cascade and is often triggered by an underlying condition, such as sepsis or severe trauma. Immune thrombocytopenia also involves a decrease in platelets but typically does not directly correlate with heparin exposure. Thrombotic thrombocytopenic purpura (TTP) presents

3. What test is considered the gold standard for diagnosing acute angle closure glaucoma?

A. Dark room provocation

B. Dilated fundus examination

C. Gonioscopy

D. Slit lamp grading

The gold standard for diagnosing acute angle closure glaucoma is gonioscopy. This specialized examination allows for a direct visualization of the anterior chamber angle, which is crucial in assessing whether the angle is open or occluded. In acute angle closure glaucoma, the angle becomes obstructed, leading to increased intraocular pressure and potentially causing significant ocular damage. Gonioscopy helps distinguish between open-angle and angle closure glaucoma by enabling healthcare providers to see the anatomical structures of the anterior chamber, thereby confirming the presence of angle closure. This test is essential in establishing an accurate diagnosis and determining the appropriate management strategy. While other methods such as dark room provocation can suggest the presence of acute angle closure via induced symptoms, and a dilated fundus examination can help assess the health of the retina, they do not provide the necessary visualization of the anterior segment structures crucial for diagnosing angle closure. Similarly, slit lamp grading is useful for examining various eye conditions but lacks the specific assessment of the anterior chamber angle that gonioscopy provides.

4. Which physical examination finding is most likely in a patient with a long history of smoking and respiratory symptoms?

A. Barrel chest

B. Diastolic murmur

C. Pectus carinatum

D. Scaphoid abdomen

Barrel chest is a physical examination finding commonly associated with chronic obstructive pulmonary disease (COPD), which is frequently caused by long-term smoking. In patients with a history of smoking and respiratory symptoms, the lungs become overinflated as a result of compromised airflow, and the chest shape changes as a result. This overinflation causes the rib cage to gain a rounded appearance, resembling that of a barrel. The increased anteroposterior diameter of the chest is a key characteristic feature seen in these patients, making barrel chest the most likely finding in someone with such a history. In contrast, diastolic murmurs are typically related to heart conditions rather than respiratory issues, and therefore are less relevant in this context. Pectus carinatum, which involves a protrusion of the chest wall, is more developmental and not specifically associated with a smoking history, while a scaphoid abdomen relates to abdominal abnormalities and does not connect to respiratory symptoms or smoking history.

5. What is the next step in managing a patient's coagulopathy after controlling epistaxis?

A. Administer fresh frozen plasma

B. Administer idarucizumab

C. Administer vitamin K 10 mg IV and hold the next dose of warfarin

D. Administer vitamin K 2.5 mg PO and instruct to hold the next dose of warfarin

Managing a patient's coagulopathy after controlling an episode of epistaxis involves addressing the underlying cause of the bleeding, particularly if the patient is on anticoagulant therapy such as warfarin. In this scenario, administering vitamin K is a suitable next step because it directly antagonizes the effects of warfarin by facilitating the synthesis of clotting factors that are dependent on vitamin K. The option of administering vitamin K 2.5 mg orally is appropriate since it allows for gradual reversal of warfarin's effects without the need for immediate intervention seen in more severe bleeding cases. Furthermore, instructing the patient to hold the next dose of warfarin ensures that there is no additional anticoagulation that could lead to further bleeding before the vitamin K can take effect. The timing of reversal measures, in this case, is critical. Administering oral vitamin K is generally safe and effective for patients who are stable and can swallow, whereas intravenous vitamin K might be reserved for cases where there is more severe coagulopathy or when more immediate reversal is necessary. This approach allows for a controlled strategy in preventing future episodes of bleeding while providing an adequate response to the recent epistaxis. Overall, the administration of vitamin K along with a directive to temporarily

6. In a patient suspected of polymyositis, which muscle is most appropriate for biopsy?

A. Brachioradialis

B. Gastrocnemius

C. Latissimus dorsi

D. Quadriceps femoris

In cases of suspected polymyositis, the quadriceps femoris muscle is considered the most appropriate choice for biopsy due to its characteristics and the typical presentation of the condition. Polymyositis primarily affects proximal muscles that are responsible for activities such as climbing stairs or lifting objects. The quadriceps is a large muscle group located in the anterior thigh, making it a prime candidate for assessment when signs of myositis are present. Additionally, the quadriceps has sufficient size and mass, which can provide a more representative sample of the muscle tissue affected by inflammation. Biopsy of the quadriceps can reveal the characteristic histopathological changes associated with polymyositis, such as endomysial inflammation and muscle fiber damage. This is crucial for diagnosis and distinguishing it from other myopathies. The other muscles listed, while still relevant to muscle function, are either located in areas less commonly affected by polymyositis or do not offer as significant diagnostic value as the quadriceps. Thus, the choice of the quadriceps muscle enhances diagnostic accuracy in cases of suspected polymyositis, facilitating appropriate management strategies for the patient.

7. How does dehydration manifest in elderly patients?

A. Improved thirst awareness

B. Constipation and decreased appetite

C. Confusion, weakness, and diminished urine output

D. Increased energy levels

Dehydration in elderly patients can manifest through a variety of symptoms, and confusion, weakness, and diminished urine output are key indicators. As individuals age, physiological changes can affect their ability to sense and respond to thirst appropriately, which often leads to inadequate fluid intake. This is compounded by factors such as chronic illnesses, medications that increase urination, and an overall decreased sensitivity to thirst. Confusion can arise because dehydration affects cognitive function; the brain relies on proper hydration to maintain clarity of thought and mental acuity. Weakness is also common as dehydration can lead to reduced muscle function and overall weakness, impacting the elderly's physical performance and stability. Diminished urine output is an important clinical sign of dehydration; when the body lacks sufficient fluids, the kidneys conserve water, leading to reduced urine production. This symptom profile is significant in assessing elderly patients who may be at higher risk of dehydration due to various factors, including their physiological age-related changes and comorbid conditions. Thus, monitoring for these symptoms is crucial for early intervention and management of dehydration in geriatric patients.

8. What condition might lead to both daytime sleepiness and dyspnea on exertion in an obese patient?

A. Asthma

B. Obstructive sleep apnea

C. Pneumonia

D. Pulmonary fibrosis

Obstructive sleep apnea is a condition that commonly affects obese individuals and is characterized by recurrent episodes of airway obstruction during sleep. It can lead to significant daytime symptoms such as excessive sleepiness due to disrupted sleep patterns. The frequent awakenings during the night limit the ability to achieve restorative sleep, causing daytime drowsiness or fatigue. In addition to daytime sleepiness, obstructive sleep apnea can also contribute to dyspnea on exertion. The mechanism behind this includes the impact of obesity on the respiratory system, as excess weight can compromise lung function and respiratory mechanics, leading individuals to experience shortness of breath, especially during physical activity. While conditions like asthma, pneumonia, and pulmonary fibrosis can also cause dyspnea and can affect sleep, they typically do not have the same direct connection to daytime sleepiness stemming from sleep disturbances caused by obstructive sleep apnea. Moreover, obstructive sleep apnea is uniquely characterized by a specific pathophysiological process linked to obesity, making it particularly relevant in this scenario.

9. What respiratory finding is typically associated with chronic obstructive pulmonary disease (COPD)?

A. Rales

B. Wheezing

C. Stridor

D. Quiet lung sounds

Wheezing is a common respiratory finding associated with chronic obstructive pulmonary disease (COPD) due to the obstruction of airflow in the small airways. In COPD, the inflammation and narrowing of the airways lead to the production of excess mucus, which can cause a constricting effect. This results in a high-pitched, whistling sound when breathing, particularly during expiration. Wheezing indicates that the air is having difficulty passing through these narrowed pathways, making it a significant sign in the diagnosis and monitoring of COPD. In contrast to wheezing, other findings such as rales (crackling sounds) are more indicative of conditions involving fluid in the lungs, like pneumonia or heart failure. Stridor, which is a harsh, grating sound often associated with upper airway obstructions, is not characteristic of COPD. Quiet lung sounds might suggest decreased air movement or severe airflow limitation but do not specifically indicate COPD. Thus, wheezing serves as a key indicator in identifying the presence of chronic obstructive pulmonary disease and reflects the underlying pathophysiological changes occurring in the lungs of affected patients.

10. A 58-year-old man with chronic cough has an FEV1 of 45%. What is the most appropriate therapy for him?

A. Azithromycin

B. Guaifenesin

C. Prednisone

D. Tiotropium

The most appropriate therapy for a 58-year-old man with a chronic cough and an FEV1 of 45% is tiotropium. This medication is a long-acting muscarinic antagonist (LAMA) commonly used in the management of chronic obstructive pulmonary disease (COPD) and other pulmonary conditions that involve bronchoconstriction. In patients with significantly reduced lung function, as indicated by an FEV1 of 45%, tiotropium can help improve airflow by relaxing the smooth muscles of the airways, leading to bronchodilation. This is particularly important for individuals with chronic cough resulting from obstructive airway disease. Tiotropium not only alleviates the symptoms of coughing and wheezing but also can improve exercise tolerance and overall quality of life. Other options provided may not address the underlying issue as effectively. For instance, azithromycin is an antibiotic that could be considered in cases of bacterial infections but does not target the airflow limitation that is likely contributing to the patient's chronic cough. Guaifenesin is an expectorant that helps with mucus clearance but does not significantly alter airway constriction. Prednisone is a corticosteroid that might help reduce inflammation in the airways but is not usually the first-line therapy for

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://rosh-geriatrics.examzify.com

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