

ROSH Geriatrics 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

- 1. How does aging typically affect the immune response?**
 - A. The immune response becomes more effective**
 - B. The immune response remains the same**
 - C. The immune response becomes less effective, increasing susceptibility to infections**
 - D. The immune response is strengthened through vaccinations**
- 2. How is normal aging different from pathological aging?**
 - A. Normal aging leads to severe illnesses**
 - B. Normal aging includes gradual decline without significant life interference; pathological aging disrupts daily function**
 - C. Normal aging occurs in all individuals**
 - D. Normal aging lasts longer than pathological aging**
- 3. A patient suspected of having polymyositis presents with muscle weakness. Which examination finding supports this diagnosis?**
 - A. Painful proximal muscles without weakness**
 - B. Weakness of the proximal muscles without pain**
 - C. Positive Homan's sign**
 - D. Several positive tender points**
- 4. Which finding would suggest the diagnosis of aortic stenosis rather than mitral valve regurgitation in an elderly patient?**
 - A. Hyperdynamic left ventricle**
 - B. Murmur best heard at apex**
 - C. Prominent fourth heart sound**
 - D. Wide splitting of S2**
- 5. What does the Glasgow Coma Scale assess in geriatric patients?**
 - A. Memory function and recall**
 - B. Physical strength and mobility**
 - C. Level of consciousness and neurological function**
 - D. Pain sensitivity levels**

- 6. Which condition is considered a late complication of an acute myocardial infarction?**
- A. Cardiogenic shock**
 - B. Complete heart block**
 - C. Dressler syndrome**
 - D. Pulmonary edema**
- 7. Which aspect of psychological health is most affected by social isolation in older adults?**
- A. Cognitive function**
 - B. Emotional well-being**
 - C. Physical health**
 - D. Spiritual health**
- 8. Which physical exam finding is most consistent with benign prostatic hypertrophy in a patient with urinary symptoms?**
- A. Asymmetry of the prostate**
 - B. Boggy consistency of the prostate**
 - C. Decreased anal sphincter tone**
 - D. Rubbery consistency of the prostate**
- 9. Which screening tool is commonly used to identify malnutrition in the elderly?**
- A. Beck Depression Inventory**
 - B. Mini Nutritional Assessment (MNA)**
 - C. Geriatric Depression Scale**
 - D. Timed Up and Go Test**
- 10. In elderly patients, tachycardia and hypotension after a myocardial infarction could indicate which complication?**
- A. Right-sided heart failure**
 - B. Left ventricular free wall rupture**
 - C. Cardiac tamponade**
 - D. Pulmonary embolism**

Answers

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

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Explanations

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1. How does aging typically affect the immune response?

- A. The immune response becomes more effective
- B. The immune response remains the same
- C. The immune response becomes less effective, increasing susceptibility to infections**
- D. The immune response is strengthened through vaccinations

As individuals age, their immune systems undergo a variety of changes that contribute to a diminished immune response. The correct choice highlights that aging typically leads to a less effective immune response, which in turn increases susceptibility to infections and diseases. Specifically, with age, there is often a decline in the production and function of immune cells, such as T cells and B cells. This reduction can lead to a slower or less robust reaction to pathogens, reducing the body's ability to fend off infections. Seniors are also more likely to have chronic health conditions that can further compromise their immune systems. In addition, the process known as immunosenescence affects the system's ability to adapt to new infections or respond optimally to vaccines, underscoring the importance of tailored healthcare interventions, including regular vaccinations. While vaccines can help bolster the immune response in older adults, the inherent aging process still poses significant challenges, making the third statement the most accurate in reflecting the general impact of aging on immunity.

2. How is normal aging different from pathological aging?

- A. Normal aging leads to severe illnesses
- B. Normal aging includes gradual decline without significant life interference; pathological aging disrupts daily function**
- C. Normal aging occurs in all individuals
- D. Normal aging lasts longer than pathological aging

Normal aging refers to the natural and expected physical, cognitive, and emotional changes that occur as a person grows older. It encompasses a gradual decline in certain functions but does not significantly interfere with day-to-day life or quality of life. People may experience changes like reduced mobility, minor memory lapses, or slower reaction times, but these do not prevent them from performing daily activities or maintaining social connections. Pathological aging, on the other hand, is associated with medical conditions or diseases that lead to a more rapid or severe decline in health and functioning. This type of aging can involve chronic illnesses, cognitive impairments such as dementia, or other health issues that distinctly disrupt a person's ability to perform everyday tasks and diminish their quality of life. The distinction emphasizes that while everyone experiences some level of decline in aging, pathological aging results in significant impairment, requiring attention and management, which is not the case with normal aging. The remaining options do not accurately capture the essence of these differences, as they refer to general characteristics or durations without specifically highlighting the functional impact of each aging type.

3. A patient suspected of having polymyositis presents with muscle weakness. Which examination finding supports this diagnosis?

- A. Painful proximal muscles without weakness
- B. Weakness of the proximal muscles without pain**
- C. Positive Homan's sign
- D. Several positive tender points

The presence of weakness of the proximal muscles without pain is a key indicator that supports a diagnosis of polymyositis. This condition primarily affects the skeletal muscles, leading to symmetrical and proximal muscle weakness that can significantly impact daily activities, such as lifting objects, climbing stairs, and reaching overhead. In polymyositis, the weakness typically occurs without the presence of pain, distinguishing it from other conditions that may involve both muscle pain and weakness. This absence of pain helps to identify polymyositis as the underlying cause of the muscle weakness, as painful muscle conditions, such as myofascial pain syndrome or certain inflammatory myopathies, often present with discomfort alongside weakness. Recognizing this unique presentation is crucial in differentiating polymyositis from other muscular disorders. Other options do not align with the classic presentation of polymyositis; for example, the mention of painful proximal muscles without weakness does not support the diagnosis, as polymyositis typically features weakness without significant pain. Positive Homan's sign is related to deep vein thrombosis rather than muscle pathology, and several positive tender points are more aligned with fibromyalgia than with polymyositis. Therefore, the patient's symptom of proximal muscle weakness without pain is a hallmark feature indicating the likelihood of polymyositis.

4. Which finding would suggest the diagnosis of aortic stenosis rather than mitral valve regurgitation in an elderly patient?

- A. Hyperdynamic left ventricle
- B. Murmur best heard at apex
- C. Prominent fourth heart sound**
- D. Wide splitting of S2

The presence of a prominent fourth heart sound (S4) suggests a stiff left ventricle and is commonly associated with conditions such as aortic stenosis. In elderly patients, aortic stenosis often leads to left ventricular hypertrophy due to increased afterload. The left ventricle's stiffness results in a notable S4 sound during late diastole, occurring just before S1 when the atrium contracts and forces blood into a non-compliant ventricle. While mitral valve regurgitation can also produce an S4 sound, it is more typically characterized by a holosystolic murmur best heard at the apex, which corresponds to the valve's incompetence. Therefore, the prominence of S4 specifically supports the diagnosis of aortic stenosis in this context. Other findings, such as hyperdynamic left ventricle or wide splitting of S2, are less definitive for differentiating between these two conditions. A hyperdynamic left ventricle might be seen in various cardiovascular scenarios, including mitral regurgitation and other forms of volume overload, while wide splitting of S2 is more characteristic of right-sided heart issues or conditions like atrial septal defect, not particularly distinguishing between aortic stenosis and mitral valve

5. What does the Glasgow Coma Scale assess in geriatric patients?

- A. Memory function and recall**
- B. Physical strength and mobility**
- C. Level of consciousness and neurological function**
- D. Pain sensitivity levels**

The Glasgow Coma Scale (GCS) is specifically designed to assess a patient's level of consciousness and neurological function, making it particularly useful in evaluating geriatric patients who may have experienced a brain injury or altered mental state. The GCS measures three aspects of responsiveness: eye opening, verbal response, and motor response. Each of these components is scored, allowing healthcare providers to determine the severity of a patient's neurological impairment. By quantifying a patient's level of consciousness, the GCS can help identify the degree of impairment and monitor changes over time, which is crucial in making clinical decisions regarding the management and treatment of geriatric patients. This scale is especially important in emergency and critical care settings where prompt assessment of neurological status is essential. Memory function and recall, physical strength and mobility, and pain sensitivity levels are not directly assessed by the GCS. Instead, these aspects may require different assessment tools tailored to evaluating cognitive function, physical capabilities, or sensory perception.

6. Which condition is considered a late complication of an acute myocardial infarction?

- A. Cardiogenic shock**
- B. Complete heart block**
- C. Dressler syndrome**
- D. Pulmonary edema**

Dressler syndrome is recognized as a late complication of an acute myocardial infarction. It manifests as a type of pericarditis that typically occurs several weeks to months after the initial heart attack. This autoimmune reaction results from the body's response to myocardial necrosis and the release of myocardial antigens. Patients may present with chest pain, fever, and pleuritic pain, typically accompanied by pericardial effusion, and it is usually self-limiting with treatment focusing on anti-inflammatory medications. In contrast, conditions like cardiogenic shock and pulmonary edema tend to occur immediately following a myocardial infarction, being acute complications associated with shock or fluid overload due to heart failure. Complete heart block can also happen right after the event, particularly if there's damage to the conduction pathways. These conditions do not fit the criteria for late complications, as they occur in the acute phase of myocardial infarction management. Thus, Dressler syndrome aptly represents a late complication in the context of post-myocardial infarction complications.

7. Which aspect of psychological health is most affected by social isolation in older adults?

- A. Cognitive function**
- B. Emotional well-being**
- C. Physical health**
- D. Spiritual health**

Social isolation in older adults significantly impacts emotional well-being. This demographic often faces increased loneliness and feelings of sadness when they lack social interactions and emotional support. These feelings can lead to a decline in mental health, contributing to conditions like depression and anxiety. The absence of meaningful social connections can exacerbate these issues, making emotional support crucial for maintaining psychological health. While cognitive function, physical health, and spiritual health are all important aspects of well-being, they are often secondary to the immediate effects that social isolation has on emotional states. Emotional well-being encompasses how we feel and our sense of self-worth, which can be dramatically altered by the experience of loneliness. Therefore, enhancing social connections and reducing isolation can play a vital role in improving the overall emotional health of older adults.

8. Which physical exam finding is most consistent with benign prostatic hypertrophy in a patient with urinary symptoms?

- A. Asymmetry of the prostate**
- B. Boggy consistency of the prostate**
- C. Decreased anal sphincter tone**
- D. Rubbery consistency of the prostate**

The most consistent physical exam finding associated with benign prostatic hypertrophy (BPH) is a rubbery consistency of the prostate. In patients with BPH, the prostate gland becomes enlarged due to the proliferation of glandular and stromal tissue, leading to a characteristic rubber-like texture upon palpation. This consistency is generally firm but not hard, distinguishing it from other pathological conditions of the prostate, such as prostate cancer, which might present as a hard nodule or area of induration. Other physical exam findings can indicate different conditions. Asymmetry of the prostate might suggest malignancy or other pathological processes, while a boggy consistency is more indicative of prostatitis rather than BPH. Decreased anal sphincter tone can be seen in various neurological conditions but is not a typical finding in BPH. Thus, the rubbery consistency is the hallmark physical exam finding that aligns with benign prostatic hypertrophy and its common urinary symptoms.

9. Which screening tool is commonly used to identify malnutrition in the elderly?

- A. Beck Depression Inventory**
- B. Mini Nutritional Assessment (MNA)**
- C. Geriatric Depression Scale**
- D. Timed Up and Go Test**

The Mini Nutritional Assessment (MNA) is a widely recognized screening tool specifically designed to identify malnutrition in the elderly population. This tool encompasses various components, including dietary intake, weight loss, mobility, psychological stress, and existing health problems, which are all critical factors in assessing nutritional status. The MNA consists of a series of questions and a physical examination, providing a comprehensive evaluation of both dietary habits and physical health. With its ability to identify individuals at risk of malnutrition, this assessment allows healthcare providers to implement timely nutritional interventions aimed at improving health outcomes in older adults. By focusing on factors that contribute to nutritional deficiencies and overall well-being, the MNA is essential for geriatric care, enabling clinicians to address malnutrition before it leads to severe complications.

10. In elderly patients, tachycardia and hypotension after a myocardial infarction could indicate which complication?

- A. Right-sided heart failure**
- B. Left ventricular free wall rupture**
- C. Cardiac tamponade**
- D. Pulmonary embolism**

Tachycardia and hypotension following a myocardial infarction can be indicative of left ventricular free wall rupture. This serious complication occurs when the muscle wall of the left ventricle becomes weakened and tears, often leading to rapid accumulation of blood in the pericardial space and resulting in cardiac tamponade. The consequential hemodynamic instability manifests as both tachycardia, as the heart attempts to maintain adequate cardiac output due to compromised function, and hypotension due to reduced effective blood volume and impaired heart function. In this scenario, rapid intervention is crucial as left ventricular free wall rupture can rapidly lead to cardiac arrest if not promptly addressed. Recognizing these signs in elderly patients, who may have a lower physiological reserve, becomes critical for timely management and potential surgical intervention. While other complications such as right-sided heart failure, cardiac tamponade, and pulmonary embolism may also lead to similar symptoms, the clear linkage of tachycardia and hypotension directly following a myocardial infarction strongly aligns with the risk of left ventricular free wall rupture. This complication is particularly relevant in the context of elderly patients, who may be at higher risk due to underlying comorbidities and myocardial vulnerability.

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!