

ROSH GERIATRICS PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

<https://rosh-geriatrics.examzify.com>



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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 is the most appropriate initial treatment for a patient experiencing right shoulder pain and stiffness?**
 - A. Immobilization with a shoulder sling
 - B. Physical therapy with gentle range of motion exercises
 - C. Shoulder arthroscopy with lysis of adhesions
 - D. Shoulder arthroscopy with rotator cuff repair

- 2. What is the most appropriate therapy for a patient presenting with a painful rash characterized by vesicles on an erythematous base?**
 - A. Acyclovir
 - B. Amitriptyline
 - C. Cephalexin
 - D. Ganciclovir

- 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 condition is characterized by joint space narrowing and osteophytes on imaging?**
 - A. Rheumatoid arthritis
 - B. Osteoarthritis
 - C. Septic arthritis
 - D. Gout

- 5. A patient with dizziness and positive positional tests is likely experiencing which disorder?**
 - A. Vestibular neuritis
 - B. Benign paroxysmal positional vertigo
 - C. Meniere disease
 - D. Vestibular migraine

- 6. What is a primary clinical feature of Parkinson's disease apart from tremor?**
- A. Postural instability
 - B. Ataxia
 - C. Speech difficulties
 - D. Exaggerated reflexes
- 7. What is a crucial aspect of managing chronic pain in elderly patients?**
- A. Maximizing medication dosage
 - B. Minimizing treatment options
 - C. Adjusting treatment to individual needs
 - D. Using the same treatment regardless of patient conditions
- 8. Which neurological symptom is commonly associated with the early stages of Parkinson's disease?**
- A. Increased muscle tone
 - B. Memory loss
 - C. Visual disturbances
 - D. Slurred speech
- 9. What likely causes elevated alkaline phosphatase and lytic lesions in an elderly patient's spine?**
- A. Chronic soft tissue degeneration
 - B. Hypervascular bone
 - C. Osteolytic infectious process
 - D. Soft tissue mass effect
- 10. What lifestyle change is recommended for a man with newly diagnosed hypertension?**
- A. Alcohol consumption limited to 2 ounces of ethanol per day
 - B. Brisk walking for 30 minutes per day
 - C. Dietary potassium intake of 90-120 meq per day
 - D. Sodium intake limited to 2800 mg or less per day

Answers

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

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Explanations

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1. What is the most appropriate initial treatment for a patient experiencing right shoulder pain and stiffness?

- A. Immobilization with a shoulder sling
- B. Physical therapy with gentle range of motion exercises**
- C. Shoulder arthroscopy with lysis of adhesions
- D. Shoulder arthroscopy with rotator cuff repair

The most appropriate initial treatment for a patient experiencing right shoulder pain and stiffness is physical therapy with gentle range of motion exercises. This approach is beneficial because it helps to restore flexibility and reduce stiffness in the shoulder joint, which is essential for pain relief and functional recovery. Gentle range of motion exercises can also promote blood flow to the area, encouraging healing and decreasing discomfort associated with immobility. Immobilization with a shoulder sling may seem intuitively beneficial to protect the joint, but it can lead to increased stiffness if maintained for too long, which is counterproductive for a condition that often involves restricted mobility. Shoulder arthroscopy with lysis of adhesions or rotator cuff repair are more invasive interventions typically reserved for specific cases, such as when conservative treatments have failed or when there is significant structural damage. These options are not appropriate as first-line treatments, especially when the symptoms are mainly stiffness and pain that may respond well to non-invasive measures like physical therapy. By starting with physical therapy, patients often experience improvement without the risks associated with surgical procedures, making it a sound first choice in managing shoulder pain and stiffness.

2. What is the most appropriate therapy for a patient presenting with a painful rash characterized by vesicles on an erythematous base?

- A. Acyclovir**
- B. Amitriptyline
- C. Cephalexin
- D. Ganciclovir

The most appropriate therapy for a patient presenting with a painful rash characterized by vesicles on an erythematous base is Acyclovir. This medication is an antiviral agent that is particularly effective against herpes viruses, including the varicella-zoster virus which causes shingles, a condition characterized by such vesicular rashes. The timely administration of Acyclovir can help shorten the duration and severity of the shingles outbreak, decrease pain, and reduce the risk of complications such as postherpetic neuralgia. In contrast, while Amitriptyline is an antidepressant that can be used for pain management, especially in chronic pain conditions, it is not primarily indicated for the treatment of viral infections or their symptoms. Cephalexin is an antibiotic that targets bacterial infections and would not be effective against a viral condition like shingles. Ganciclovir is another antiviral, but it is mainly used for cytomegalovirus (CMV) infections, not for herpes viruses like varicella-zoster. Therefore, Acyclovir is the targeted and appropriate choice for managing painful vesicular rashes caused by herpes viruses.

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 condition is characterized by joint space narrowing and osteophytes on imaging?

- A. Rheumatoid arthritis
- B. Osteoarthritis**
- C. Septic arthritis
- D. Gout

Osteoarthritis is characterized by joint space narrowing and the formation of osteophytes, which are bony projections that develop along the edges of a bone. These changes are typically observed on imaging studies such as X-rays. In osteoarthritis, the degeneration of cartilage leads to a reduction in the space within the joint, while osteophytes form in response to the instability and stress at the joint. This condition often affects weight-bearing joints such as the knees and hips but can occur in any joint, contributing to pain, stiffness, and reduced mobility. The imaging findings of joint space narrowing and osteophyte formation are key diagnostic features that differentiate osteoarthritis from other types of arthritis, such as rheumatoid arthritis, which primarily involves synovial inflammation and may not show these specific structural changes prominently on imaging.

5. A patient with dizziness and positive positional tests is likely experiencing which disorder?

- A. Vestibular neuritis
- B. Benign paroxysmal positional vertigo**
- C. Meniere disease
- D. Vestibular migraine

The presence of dizziness accompanied by positive positional tests strongly suggests that the patient is experiencing Benign Paroxysmal Positional Vertigo (BPPV). This condition is characterized by brief episodes of vertigo that are triggered by changes in head position. The underlying cause of BPPV is often related to the dislodgement of otoliths or debris within the inner ear, which affects the vestibular system's ability to maintain balance. In a clinical setting, positional tests such as the Dix-Hallpike maneuver can help elicit characteristic nystagmus and symptoms, confirming the diagnosis. Patients with BPPV typically report spinning sensations that occur when they move their heads in specific ways, such as looking up or rolling over in bed. While other vestibular disorders like vestibular neuritis, Meniere disease, and vestibular migraine do present with dizziness, they do not typically respond to positional changes in the same manner as BPPV. Vestibular neuritis often presents with more prolonged episodes of vertigo without positional triggers, Meniere disease includes episodes of vertigo with hearing loss and tinnitus, and vestibular migraine is associated with headache symptoms. Therefore, the distinct presentation of dizziness provoked by head movement directly indicates that

6. What is a primary clinical feature of Parkinson's disease apart from tremor?

- A. Postural instability**
- B. Ataxia
- C. Speech difficulties
- D. Exaggerated reflexes

A primary clinical feature of Parkinson's disease, aside from tremor, is postural instability. This refers to balance issues and difficulty maintaining an upright posture, which often leads to an increased risk of falls. Postural instability arises as the disease progresses and is a result of both the degeneration of dopaminergic neurons and the impairment of the basal ganglia, key areas in the brain that help regulate movement and balance. Other features like ataxia, speech difficulties, and exaggerated reflexes may appear in some patients but are not considered primary symptoms of Parkinson's disease. Ataxia typically indicates issues with coordination and balance that are more associated with neurodegenerative conditions like cerebellar disorders. Speech difficulties can develop, but they are secondary effects rather than defining characteristics of Parkinson's disease itself. Exaggerated reflexes are not a typical symptom of Parkinson's; in fact, they can often be diminished in patients with this condition due to the motor control impairments. Thus, understanding postural instability as a primary clinical feature highlights the multifaceted nature of Parkinson's disease beyond just tremor.

7. What is a crucial aspect of managing chronic pain in elderly patients?

- A. Maximizing medication dosage
- B. Minimizing treatment options
- C. Adjusting treatment to individual needs**
- D. Using the same treatment regardless of patient conditions

Managing chronic pain in elderly patients requires an individualized approach, which is essential due to the unique physiological, psychological, and social factors affecting this population. As people age, their response to pain and medications can vary significantly, influenced by comorbidities, polypharmacy, and changes in metabolism. Adjusting treatment to meet the specific needs of each elderly patient considers these variations and promotes better outcomes. This individualized approach allows healthcare providers to tailor pain management strategies that take into account the patient's overall health, preferences, and life circumstances, leading to improved pain control, reduced side effects, and greater satisfaction with care. By assessing the patient's history, pain levels, functional abilities, and personal goals, a more effective and safer pain management plan can be developed, ultimately enhancing the quality of life for elderly patients dealing with chronic pain. In contrast, maximizing medication dosage, minimizing treatment options, or using the same treatment regardless of patient conditions do not address the complexities involved in managing pain for the elderly. These approaches could lead to inadequate pain relief, increased side effects, and potential harm, which is why individualized treatment remains the cornerstone of effective pain management in geriatric care.

8. Which neurological symptom is commonly associated with the early stages of Parkinson's disease?

- A. Increased muscle tone**
- B. Memory loss
- C. Visual disturbances
- D. Slurred speech

Increased muscle tone is a hallmark symptom often observed in the early stages of Parkinson's disease. This phenomenon, known as "rigidity," leads to a resistance to passive movement in the limbs, which can manifest as stiffness and discomfort. Rigidity occurs due to an imbalance in the neurotransmitters in the brain, particularly dopamine, which is significantly deficient in individuals with Parkinson's. This muscle tone increase can make it difficult for affected individuals to initiate movements and may contribute to tremors and postural instability as the disease progresses. While memory loss and visual disturbances can occur in later stages or in relation to other comorbid conditions in patients with Parkinson's, they are not primary symptoms associated with the early phase of the disease. Similarly, slurred speech can arise as the disease progresses and affects the muscles used for speaking but is not an early neurological symptom typically recognized in the initial stages.

9. What likely causes elevated alkaline phosphatase and lytic lesions in an elderly patient's spine?

- A. Chronic soft tissue degeneration
- B. Hypervascular bone**
- C. Osteolytic infectious process
- D. Soft tissue mass effect

The condition described—elevated alkaline phosphatase and lytic lesions in the spine of an elderly patient—most commonly points towards a hypervascular bone process. Elevated alkaline phosphatase levels often indicate increased osteoblastic activity, which can occur in conditions where there is bone remodeling or increased vascularity in the area. In elderly patients, lytic bone lesions can be associated with conditions such as metastatic disease, where tumors increase the vascularity of bone and lead to bone turnover. In the context of hypervascularity, conditions like Paget's disease or metastatic cancer can result in an abundance of blood vessels within the bone tissue, leading to both the formation of lytic lesions and elevated alkaline phosphatase levels due to the rapid remodeling and activity of osteoblasts trying to compensate for pathological changes. While other choices may contribute to changes in the spine, they do not specifically align with the combination of elevated alkaline phosphatase and lytic lesions in the same way. Understanding the pathophysiology behind bone lesions and biochemical markers is vital for a comprehensive assessment of elderly patients' bone health.

10. What lifestyle change is recommended for a man with newly diagnosed hypertension?

- A. Alcohol consumption limited to 2 ounces of ethanol per day
- B. Brisk walking for 30 minutes per day
- C. Dietary potassium intake of 90-120 meq per day**
- D. Sodium intake limited to 2800 mg or less per day

The recommended lifestyle change for a man with newly diagnosed hypertension focuses on dietary adjustments, particularly the intake of potassium. Adequate potassium levels are crucial for managing blood pressure as potassium helps balance sodium levels in the body and eases tension in blood vessel walls. The typical recommendation for adults is to have a potassium intake ranging higher than the suggested 90-120 mEq per day, ideally aiming for around 4,700 mg per day, as this has been shown to help lower blood pressure. While sodium reduction is important in managing hypertension, the stated option regarding potassium intake reflects the importance of maintaining a balanced diet that includes food rich in potassium, such as fruits and vegetables. This adjustment supports cardiovascular health and helps in effectively controlling blood pressure. In this context, focusing specifically on the importance of increasing potassium rather than just limiting sodium or modifying alcohol intake demonstrates a more holistic approach in lifestyle changes for managing hypertension, which is often a critical part of a broader dietary intervention strategy.

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!

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