

Rosh Internal Medicine Boost End of Rotation (EOR) Practice Exam (Sample)

Study Guide



BY EXAMZIFY

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 is a common complication of untreated hypertension that can lead to a persistent cough?**
 - A. Heart failure**
 - B. Acute bronchitis**
 - C. Aortic dissection**
 - D. Chronic renal failure**

- 2. What is the most likely diagnosis for a patient with joint pain, urinary pain, and conjunctivitis?**
 - A. Reactive arthritis**
 - B. Rheumatoid arthritis**
 - C. Septic arthritis**
 - D. Systemic lupus erythematosus**

- 3. In the context of scleroderma, which symptom is most consistent with the diagnosis?**
 - A. Dry mouth and dry eye complaints**
 - B. Skin tightening around the fingers with pitting at the fingertips**
 - C. Tenderness at the temporal areas**
 - D. Weakness of proximal muscles without pain**

- 4. What is the primary initial treatment for a patient presenting with an asthma attack?**
 - A. Inhaled corticosteroids**
 - B. Bronchodilators**
 - C. Systemic corticosteroids**
 - D. Antibiotics**

- 5. What is the primary treatment for symptomatic hypertrophic cardiomyopathy not responding to medical therapy?**
 - A. Cardiac transplant**
 - B. Septal myectomy**
 - C. Pacemaker insertion**
 - D. Ablation therapy**

6. An electrocardiogram of a patient with atrial flutter typically shows which characteristic?

- A. Wide QRS complexes**
- B. Inverted T waves**
- C. Normal sinus rhythm**
- D. Sawtooth pattern of P waves (F-waves)**

7. What is indicated for the treatment of a severe Crohn disease flare-up with dehydration?

- A. Azathioprine**
- B. Budesonide**
- C. Mesalamine**
- D. Prednisone**

8. What is the most appropriate therapy for a 55-year-old woman with HIV and diffuse interstitial infiltrates on chest X-ray?

- A. Azithromycin**
- B. Levofloxacin**
- C. Prednisone**
- D. Trimethoprim-sulfamethoxazole**

9. Which medication has been proven beneficial for preventing cardiovascular disease events when added to statin therapy?

- A. Cholestyramine**
- B. Ezetimibe**
- C. Fenofibrate**
- D. Niacin**

10. What is the classic triad of symptoms for classic migraine headaches?

- A. Bilateral headache, nausea, and photophobia**
- B. Unilateral headache, nausea, and photophobia**
- C. Unilateral headache, vomiting, and light sensitivity**
- D. Severe headache, aura, and dizziness**

Answers

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

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Explanations

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1. What is a common complication of untreated hypertension that can lead to a persistent cough?

- A. Heart failure**
- B. Acute bronchitis**
- C. Aortic dissection**
- D. Chronic renal failure**

The correct choice highlights heart failure as a common complication of untreated hypertension that can cause a persistent cough. Chronic hypertension places excessive strain on the heart, leading to changes in heart structure and function. Over time, the heart may struggle to pump effectively, resulting in heart failure. In heart failure, fluid can accumulate in the lungs (pulmonary congestion or edema), which often manifests as a persistent cough. This cough is typically caused by the irritation of lung tissue due to the buildup of fluid and may worsen when lying supine. Patients may also experience other symptoms such as shortness of breath, particularly during physical activities or at night. While acute bronchitis, aortic dissection, and chronic renal failure can have serious implications, they are not commonly associated with a persistent cough as a direct result of untreated hypertension. Acute bronchitis is usually due to an infection or irritation of the airways rather than hypertension itself. Aortic dissection can present with severe chest pain and might lead to other complications, but it doesn't typically cause a chronic cough. Chronic renal failure can occur due to long-standing hypertension, but it wouldn't usually produce a persistent cough. Thus, understanding the pathophysiology of heart failure provides insight into why it is associated with coughing in patients

2. What is the most likely diagnosis for a patient with joint pain, urinary pain, and conjunctivitis?

- A. Reactive arthritis**
- B. Rheumatoid arthritis**
- C. Septic arthritis**
- D. Systemic lupus erythematosus**

The clinical presentation of joint pain, urinary pain, and conjunctivitis is highly suggestive of reactive arthritis. Reactive arthritis is a type of inflammatory arthritis that occurs in response to an infection in another part of the body, typically involving the urogenital or gastrointestinal tract. The classic triad of symptoms associated with this condition includes arthritis, urethritis (which would explain the urinary pain), and conjunctivitis. Reactive arthritis often develops after a patient has experienced a genitourinary infection; common pathogens associated with this condition include *Chlamydia trachomatis*, which can lead to urethritis, and other infections such as *Salmonella* or *Shigella*, which can cause gastrointestinal symptoms. The conjunctivitis seen in reactive arthritis is often acute and self-limiting. Rheumatoid arthritis, while a well-known inflammatory condition, does not typically present with urinary symptoms or conjunctivitis. Septic arthritis would more likely present with acute joint inflammation due to a bacterial infection directly within the joint without the additional systemic features of conjunctivitis and urinary symptoms. Systemic lupus erythematosus is a systemic autoimmune disease and would have a different set of signs and symptoms, typically involving multi-system involvement and different patterns of joint involvement. Thus, the combination of

3. In the context of scleroderma, which symptom is most consistent with the diagnosis?

- A. Dry mouth and dry eye complaints**
- B. Skin tightening around the fingers with pitting at the fingertips**
- C. Tenderness at the temporal areas**
- D. Weakness of proximal muscles without pain**

The symptom that is most consistent with the diagnosis of scleroderma is skin tightening around the fingers with pitting at the fingertips. Scleroderma is characterized by the excessive deposition of collagen in tissues, leading to skin thickening and tightening, particularly in the distal parts of the limbs, such as the fingers. This phenomenon is often referred to as "sclerodactyly," where the skin on the fingers becomes taut and the fingers may also display pitting or ulcers, especially at the fingertips due to vascular changes or ischemia. The presence of skin changes, specifically the distinctive tightening and potential pitting, is a hallmark feature that helps differentiate scleroderma from other conditions that may have overlapping symptoms. Thus, observing these specific manifestations supports the diagnosis of scleroderma effectively. Other symptoms listed, while they may present in various autoimmune or connective tissue disorders, are not as strongly associated with scleroderma. For example, dry mouth and dry eye complaints are more characteristic of Sjögren's syndrome, tenderness at the temporal areas may suggest temporal arteritis, and weakness of proximal muscles without pain is typically seen in conditions such as polymyositis rather than in scleroderma. Hence, the skin symptom is the most

4. What is the primary initial treatment for a patient presenting with an asthma attack?

- A. Inhaled corticosteroids**
- B. Bronchodilators**
- C. Systemic corticosteroids**
- D. Antibiotics**

The primary initial treatment for a patient experiencing an asthma attack is bronchodilators, particularly short-acting beta-2 agonists (SABAs) like albuterol. During an acute asthma attack, there is bronchoconstriction due to airway inflammation and hyperreactivity, leading to narrowing of the airways and difficulty in breathing. Bronchodilators work quickly to relax the smooth muscle surrounding the airways, thereby opening them up and facilitating better airflow. This rapid action is essential in providing immediate relief of symptoms during an acute attack. While inhaled corticosteroids are critical for long-term management and control of asthma by reducing inflammation, they do not act quickly enough to be effective in an acute situation. Systemic corticosteroids may be utilized in cases of severe exacerbation to reduce inflammation, but they take hours to days to exert their full effect. Antibiotics are not indicated unless there is a suspicion of a secondary infection, as asthma itself does not require antibiotic treatment. Thus, bronchodilators are the cornerstone of initial management in acute asthma exacerbations.

5. What is the primary treatment for symptomatic hypertrophic cardiomyopathy not responding to medical therapy?

- A. Cardiac transplant**
- B. Septal myectomy**
- C. Pacemaker insertion**
- D. Ablation therapy**

Septal myectomy is considered the primary treatment for symptomatic hypertrophic cardiomyopathy that does not respond to medical therapy. This surgical procedure involves the resection of a portion of the thickened septum, which is the wall separating the left and right ventricles of the heart. By removing this excess muscle, the outflow tract of the left ventricle is widened, which directly alleviates the obstruction that can cause significant symptoms, such as exertional dyspnea, chest pain, and syncope. In patients who have not had success with medications—such as beta-blockers or calcium channel blockers, which are commonly used to manage symptoms—septal myectomy offers a surgical solution that can dramatically improve quality of life and reduce the risk of severe complications related to the disease. This intervention is particularly beneficial in younger patients or those who are otherwise healthy enough to undergo major surgery. While other interventions such as ablative therapies (like alcohol septal ablation) can also be effective, septal myectomy is often preferred for more severe cases or in patients who have a clear obstruction, as it provides a more definitive cure by directly addressing the structural abnormality.

6. An electrocardiogram of a patient with atrial flutter typically shows which characteristic?

- A. Wide QRS complexes**
- B. Inverted T waves**
- C. Normal sinus rhythm**
- D. Sawtooth pattern of P waves (F-waves)**

The characteristic feature of atrial flutter on an electrocardiogram (ECG) is the presence of a sawtooth pattern of P waves, often referred to as F-waves. This distinctive pattern is typically seen in the inferior leads (II, III, aVF) and indicates that atrial depolarization is occurring in a circular manner, which is typical in this type of arrhythmia. These F-waves create a "sawtooth" appearance, particularly in lead II, due to the reentrant nature of atrial flutter, where the electrical impulse repeatedly circulates in the atria. The sawtooth appearance helps differentiate atrial flutter from other rhythms, such as atrial fibrillation, which features irregularly shaped waveforms with no discernible organized pattern. Recognizing this specific pattern is vital for proper diagnosis and management of atrial flutter, as it can influence treatment strategies such as the choice of antiarrhythmic medications or the consideration of catheter ablation.

7. What is indicated for the treatment of a severe Crohn disease flare-up with dehydration?

- A. Azathioprine**
- B. Budesonide**
- C. Mesalamine**
- D. Prednisone**

The treatment of a severe flare-up of Crohn's disease, particularly when dehydration is present, typically requires the use of corticosteroids, such as prednisone. Prednisone works quickly to reduce inflammation and immune response, providing relief from the severe symptoms associated with a flare-up, such as abdominal pain, diarrhea, and weight loss. During episodes of severe Crohn's disease, the intestinal inflammation can lead to significant fluid loss and dehydration. Corticosteroids help to control the acute inflammation effectively, whereas other medications like azathioprine, budesonide, and mesalamine are generally used for maintenance therapy or for less severe disease. Azathioprine and mesalamine do not act quickly enough to address the immediate inflammatory response, and budesonide, while being a corticosteroid, may not be as effective as prednisone in severe cases. Therefore, using prednisone in this context is crucial to manage the acute flare and prevent further complications associated with dehydration and severe inflammation.

8. What is the most appropriate therapy for a 55-year-old woman with HIV and diffuse interstitial infiltrates on chest X-ray?

- A. Azithromycin**
- B. Levofloxacin**
- C. Prednisone**
- D. Trimethoprim-sulfamethoxazole**

In this scenario, the woman is 55 years old, has HIV, and exhibits diffuse interstitial infiltrates on her chest X-ray. The presence of such infiltrates, especially in the context of immunocompromised patients, raises suspicion for certain infections, particularly *Pneumocystis jirovecii* pneumonia (PCP), which is a common opportunistic infection in individuals with HIV when their CD4 count is below 200 cells/mm³.

Trimethoprim-sulfamethoxazole (TMP-SMX) is the first-line treatment for PCP and is also used for prophylaxis in HIV-infected individuals at risk of this infection. Given the clinical context, the appropriateness of this therapy is reinforced by the need to address a potential life-threatening condition linked to her HIV status, particularly if her CD4 count is low, which could predispose her to such infections. The other options do not target the specific diagnosis suggested by her symptoms and current health status.

Azithromycin is typically used for atypical pneumonia or macrolide-sensitive infections, not for treating PCP. Levofloxacin, a fluoroquinolone, is more appropriate for atypical bacterial infections but also does not specifically target PCP. Prednisone, while it can

9. Which medication has been proven beneficial for preventing cardiovascular disease events when added to statin therapy?

- A. Cholestyramine**
- B. Ezetimibe**
- C. Fenofibrate**
- D. Niacin**

Ezetimibe has been shown to be beneficial in reducing cardiovascular disease events when used in conjunction with statin therapy. It works by inhibiting the absorption of cholesterol in the intestines, leading to a reduction in overall cholesterol levels and specifically low-density lipoprotein (LDL) cholesterol. Clinical trials, such as the IMPROVE-IT trial, have demonstrated that the addition of ezetimibe to statin therapy significantly lowers the risk of major cardiovascular events, such as heart attacks and strokes, compared to statin therapy alone. In contrast, while other medications like niacin, fenofibrate, and cholestyramine have historically been used to manage lipid levels, recent studies have not consistently shown a clear benefit in reducing cardiovascular events when added to statin therapy. For instance, niacin, despite its ability to raise high-density lipoprotein (HDL) levels, has not shown a significant impact on cardiovascular outcomes when combined with statins. Similarly, fenofibrate is beneficial in specific hypertriglyceridemia contexts but lacks robust evidence for overall cardiovascular event reduction in combination with statins. Cholestyramine is a bile acid sequestrant, primarily used for lowering cholesterol, but again, data supporting its use

10. What is the classic triad of symptoms for classic migraine headaches?

- A. Bilateral headache, nausea, and photophobia**
- B. Unilateral headache, nausea, and photophobia**
- C. Unilateral headache, vomiting, and light sensitivity**
- D. Severe headache, aura, and dizziness**

The classic triad of symptoms for migraine headaches typically includes unilateral headache, nausea, and photophobia. This triad reflects the hallmark characteristics of migraine attacks. The unilateral nature of the headache differentiates migraines from other types of headaches, such as tension-type headaches, which tend to be bilateral. Nausea often accompanies migraines, potentially due to the activation of the gastrointestinal system that can occur during these attacks. Photophobia, or sensitivity to light, is also common during migraine episodes, leading sufferers to seek out dark, quiet rooms. While other options may mention symptoms associated with migraines, they do not encapsulate the classic triad accurately. Understanding this triad assists healthcare providers in diagnosing and managing migraine headaches effectively.

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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