

# Rosh Internal Medicine Boost Practice Exam (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. Which symptom is common in a patient suffering from myasthenia gravis, particularly late in the day?**
  - A. Double vision**
  - B. Chest pain**
  - C. Increased appetite**
  - D. Severe headache**
- 2. For a patient with tearing pain during bowel movements and bright red blood on toilet paper, what is the most likely diagnosis?**
  - A. Anal fissure**
  - B. Anorectal fistula**
  - C. Anorectal ulcer**
  - D. Hemorrhoid**
- 3. Which patient meets the criteria for a diabetes mellitus diagnosis?**
  - A. A patient with a fasting plasma glucose of 125 mg/dL and a hemoglobin A1C of 6.0 percent**
  - B. A patient with polyuria, blurry vision, and a random glucose of 200 mg/dL**
  - C. An asymptomatic patient with a fasting glucose of 130 mg/dL (day 1) and 80 mg/dL (day 2)**
  - D. An asymptomatic patient with a random glucose of 250 mg/dL**
- 4. In this clinical scenario, what key symptom did the patient report starting at rest?**
  - A. Chest pain**
  - B. Shortness of breath**
  - C. Low blood pressure**
  - D. Dizziness**

5. What is the most likely diagnosis for a man with burning abdominal pain extending from his navel to his chest, along with a gastric ulceration seen on endoscopy?
- A. Barrett esophagus
  - B. Gastric cancer
  - C. Peptic ulcer disease
  - D. Ulcerative colitis
6. In patients with heart failure, what is often the first sign of fluid overload?
- A. Shortness of breath
  - B. Peripheral edema
  - C. Weight gain due to fluid retention
  - D. Elevated blood pressure
7. Which type of heart failure is characterized by preserved ejection fraction?
- A. Heart failure with reduced ejection fraction (HFrEF)
  - B. Heart failure with preserved ejection fraction (HFpEF)
  - C. Diastolic heart failure
  - D. Congestive heart failure
8. What lab test has the highest sensitivity for systemic lupus erythematosus (SLE)?
- A. Anti-nuclear antibody
  - B. Anti-double stranded DNA
  - C. Complete blood count
  - D. Serum complement levels
9. What is the typical finding in a patient suspected of aortic stenosis on examination?
- A. Crescendo-decrescendo murmur
  - B. Harsh midsystolic ejection murmur
  - C. Pansystolic murmur
  - D. Early diastolic murmur



**10. Which class of medication is primarily used for managing elevated blood pressure and heart failure by decreasing both heart rate and myocardial contractility?**

- A. Beta-blockers**
- B. Diuretics**
- C. ACE inhibitors**
- D. Calcium channel blockers**

## **Answers**

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

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## **Explanations**

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**1. Which symptom is common in a patient suffering from myasthenia gravis, particularly late in the day?**

**A. Double vision**

**B. Chest pain**

**C. Increased appetite**

**D. Severe headache**

In myasthenia gravis, a hallmark symptom is fluctuating muscle weakness that worsens with activity and improves with rest. This condition is caused by an autoimmune response that leads to a reduction in acetylcholine receptors at the neuromuscular junction, resulting in insufficient communication between nerves and muscles. Double vision, also known as diplopia, is a common manifestation in myasthenia gravis. It occurs due to weakness of the extraocular muscles that control eye movement. Throughout the day, as a person uses these muscles for activities such as reading or focusing, the symptoms tend to worsen, leading to increased diplopia or difficulty maintaining eye position. By resting, the weakness may temporarily improve, but the tiredness of the muscles typically leads to more pronounced symptoms as the day progresses. The other options—chest pain, increased appetite, and severe headache—do not have the same direct association with the muscle fatigue characteristic of myasthenia gravis. While a patient might experience chest discomfort due to respiratory muscle involvement in severe cases, it is not a common or defining symptom of the condition. Increased appetite is unrelated to the muscular symptoms of myasthenia gravis, and severe headache is not typically a feature associated with myas

**2. For a patient with tearing pain during bowel movements and bright red blood on toilet paper, what is the most likely diagnosis?**

**A. Anal fissure**

**B. Anorectal fistula**

**C. Anorectal ulcer**

**D. Hemorrhoid**

The presentation of tearing pain during bowel movements, along with bright red blood on the toilet paper, is most consistent with an anal fissure. An anal fissure is a small tear in the lining of the anus, typically caused by the passage of hard or large stools. The pain is often described as sharp and severe during and following bowel movements, which aligns perfectly with the tearing pain this patient experiences. The bright red blood observed on the toilet paper is due to the injury of the anal mucosa during defecation, which is a common symptom associated with fissures. In contrast, anorectal fistulas are usually associated with chronic drainage and infection, rather than acute pain specifically during bowel movements. Anorectal ulcers would typically present with different symptoms and might not be as acutely painful during the act of defecation as fissures. Hemorrhoids can also cause bright red blood, but the pain associated with them is usually less intense than that of an anal fissure, and bleeding typically occurs from the rectum rather than an acute tear during bowel transit. Thus, the specific combination of tearing pain and bright red blood strongly points to an anal fissure as the most likely diagnosis.

**3. Which patient meets the criteria for a diabetes mellitus diagnosis?**

- A. A patient with a fasting plasma glucose of 125 mg/dL and a hemoglobin A1C of 6.0 percent
- B. A patient with polyuria, blurry vision, and a random glucose of 200 mg/dL**
- C. An asymptomatic patient with a fasting glucose of 130 mg/dL (day 1) and 80 mg/dL (day 2)
- D. An asymptomatic patient with a random glucose of 250 mg/dL

A diabetes mellitus diagnosis can be established through specific criteria set forth by the American Diabetes Association, which includes different methods of testing for hyperglycemia. In the scenario presented, a patient who exhibits polyuria, blurry vision, and a random glucose level of 200 mg/dL meets the diagnostic criteria for diabetes. The presence of symptoms such as polyuria and blurry vision, combined with a random plasma glucose measurement at or above 200 mg/dL, is definitive for the diagnosis of diabetes. This method does not require additional confirmatory testing because the symptoms alongside the glucose level clearly indicate a diagnosis. The other scenarios do not meet the necessary criteria for a diagnosis. For instance, the patient with a fasting plasma glucose of 125 mg/dL and a hemoglobin A1C of 6.0 percent illustrates a condition known as prediabetes, where neither measure by itself confirms diabetes. Additionally, the asymptomatic patient with a fasting glucose reading of 130 mg/dL on one day and 80 mg/dL the next does not provide a consistent basis for diagnosis, as normal fasting glucose levels are typically below 100 mg/dL, and this significant fluctuation creates uncertainty in diagnosing diabetes. Finally, while a random glucose level of 250

**4. In this clinical scenario, what key symptom did the patient report starting at rest?**

- A. Chest pain
- B. Shortness of breath**
- C. Low blood pressure
- D. Dizziness

The key symptom reported by the patient is shortness of breath, which can be particularly significant when it occurs at rest. This symptom is often indicative of underlying cardiovascular or respiratory conditions, such as heart failure, pulmonary embolism, or chronic obstructive pulmonary disease (COPD). When a patient experiences shortness of breath at rest, it usually suggests a more severe level of impairment, as opposed to dyspnea occurring only during exertion, which may indicate a milder degree of underlying disease. In clinical practice, the onset of resting shortness of breath raises concerns for acute conditions requiring prompt evaluation and management, worsening chronic illnesses, or significant functional limitations. Understanding this symptom helps clinicians prioritize preventative measures, diagnostics, and treatment options effectively.

**5. What is the most likely diagnosis for a man with burning abdominal pain extending from his navel to his chest, along with a gastric ulceration seen on endoscopy?**

- A. Barrett esophagus**
- B. Gastric cancer**
- C. Peptic ulcer disease**
- D. Ulcerative colitis**

The presence of burning abdominal pain that radiates from the navel to the chest, coupled with the finding of gastric ulceration on endoscopy, strongly suggests a diagnosis of peptic ulcer disease. Peptic ulcer disease encompasses both gastric and duodenal ulcers, which can frequently present with similar symptoms, including epigastric pain that may improve or worsen with eating. In this scenario, the description of burning pain aligns with the typical presentation of individuals experiencing ulcers as this type of pain often arises due to inflammation of the gastric mucosa. The fact that endoscopy reveals gastric ulceration further supports the diagnosis, as this is a primary tool used to diagnose and visualize ulcers within the gastrointestinal tract. Other choices are less likely. Barrett esophagus typically relates to the alteration of the esophageal mucosa due to chronic gastroesophageal reflux disease and is not characterized by gastric ulceration. Gastric cancer could potentially present with ulcerative lesions but would generally include additional concerning symptoms such as weight loss, atypical pain patterns, or anemia, rather than just the burning pain specified. Ulcerative colitis is primarily an inflammatory bowel disease affecting the colon and would usually present with different symptoms, such as diarrhea or rectal bleeding, rather than isolated gastric issues.

**6. In patients with heart failure, what is often the first sign of fluid overload?**

- A. Shortness of breath**
- B. Peripheral edema**
- C. Weight gain due to fluid retention**
- D. Elevated blood pressure**

In patients with heart failure, the first sign of fluid overload frequently manifests as weight gain due to fluid retention. This is because heart failure leads to decreased cardiac output, which can activate compensatory mechanisms in the body, including fluid retention. As fluid accumulates, patients may notice an increase in their body weight due to this excess fluid. Weight gain is often one of the earliest and most detectable reflections of fluid overload, typically observed through regular monitoring of patients' weight at home or during office visits. The increase in weight reflects the additional fluid volume that the body is retaining. While other signs of fluid overload, such as shortness of breath, peripheral edema, and elevated blood pressure, can also develop, they usually appear later as the condition progresses or becomes more severe. Regular weight monitoring is, therefore, a critical practice in the management of patients with heart failure to identify fluid overload early and guide appropriate intervention.

**7. Which type of heart failure is characterized by preserved ejection fraction?**

- A. Heart failure with reduced ejection fraction (HFrEF)**
- B. Heart failure with preserved ejection fraction (HFpEF)**
- C. Diastolic heart failure**
- D. Congestive heart failure**

Heart failure with preserved ejection fraction (HFpEF) is characterized by a left ventricular ejection fraction that is typically 50% or greater. In this condition, the heart is able to contract effectively but has difficulty relaxing, leading to impaired filling of the ventricles. This results in symptoms of heart failure despite the ejection fraction remaining within a normal range. HFpEF is often associated with conditions such as hypertension, obesity, and diabetes, which contribute to changes in the heart muscle and its ability to relax. Patients with HFpEF generally present with symptoms such as shortness of breath, fatigue, and fluid retention, similar to those seen in other types of heart failure, but the underlying pathophysiology is distinctly different. While heart failure with reduced ejection fraction (HFrEF) is indicated by an ejection fraction less than 40%, and congestive heart failure is a term used to describe the clinical syndrome without specifying the ejection fraction, HFpEF specifically highlights the preservation of ejection fraction while addressing the diastolic dysfunction present in these patients.

**8. What lab test has the highest sensitivity for systemic lupus erythematosus (SLE)?**

- A. Anti-nuclear antibody**
- B. Anti-double stranded DNA**
- C. Complete blood count**
- D. Serum complement levels**

The anti-nuclear antibody (ANA) test is recognized for its high sensitivity in detecting systemic lupus erythematosus (SLE). It is a screening test that can identify a wide range of autoimmune disorders, with SLE being one of the most commonly associated conditions. Approximately 95% of patients with SLE will test positive for ANA, which makes it a valuable initial test in the evaluation of suspected lupus. Though other tests like anti-double stranded DNA antibodies have higher specificity for SLE, they do not have the same sensitivity as ANA. A complete blood count is useful for assessing related hematological abnormalities but does not serve as a primary diagnostic tool for SLE. Serum complement levels can indicate disease activity but are not utilized primarily for diagnosis. Thus, the high sensitivity of the ANA test makes it the most appropriate choice for initial screening in suspected cases of systemic lupus erythematosus.



**9. What is the typical finding in a patient suspected of aortic stenosis on examination?**

- A. Crescendo-decrescendo murmur**
- B. Harsh midsystolic ejection murmur**
- C. Pansystolic murmur**
- D. Early diastolic murmur**

In the case of aortic stenosis, the typical finding on examination is a harsh midsystolic ejection murmur. This murmur arises due to the turbulent blood flow across the narrowed aortic valve during systole. The harsh quality is indicative of the high-velocity jet of blood as it is forced through the stenosed valve, and it often radiates to the carotid arteries. The classic description of this murmur is a systolic ejection type, which means it begins after the first heart sound (S1) and resolves before the second heart sound (S2). The sound generally has a "crescendo-decrescendo" pattern, which also signifies that the intensity increases and then decreases during the duration of systole. This is a characteristic feature of aortic stenosis. In contrast, other types of murmurs mentioned, such as a pansystolic murmur, typically indicate conditions such as mitral regurgitation or tricuspid regurgitation, where there is a continuous backflow of blood throughout systole. An early diastolic murmur is seen in conditions like aortic regurgitation, where the abnormal flow occurs during the relaxation phase of the heart. Therefore, the distinguishing feature of aortic

**10. Which class of medication is primarily used for managing elevated blood pressure and heart failure by decreasing both heart rate and myocardial contractility?**

- A. Beta-blockers**
- B. Diuretics**
- C. ACE inhibitors**
- D. Calcium channel blockers**

Beta-blockers are primarily used for managing elevated blood pressure and heart failure because they exert their effects by blocking the action of adrenaline on beta-adrenergic receptors in the heart. This action leads to a decrease in heart rate and myocardial contractility, which collectively results in lowered blood pressure and reduced cardiac workload. By slowing down the heart rate, beta-blockers improve the efficiency of the heart, ultimately benefitting patients with heart failure. In this context, while diuretics are useful in heart failure to help reduce fluid overload, they do not directly reduce heart rate or contractility. ACE inhibitors are effective in lowering blood pressure and providing renal protection but do not primarily affect heart rate. Calcium channel blockers can lower blood pressure and are used in various cardiac conditions, but their mechanism involves altered calcium influx rather than directly decreasing heart rate in the same way beta-blockers do. Thus, beta-blockers are the optimal choice for the specific management mentioned in the question.

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://rosh-internalmedicineboost.examzify.com>**

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