

Rosh Pediatrics 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

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- 1. What additional test might be beneficial if there are concerns about complications such as peritonsillar abscess?**
 - A. Chest X-ray**
 - B. Ultrasound of the neck**
 - C. CT scan of the abdomen**
 - D. Blood tests for liver function**
- 2. A parent completes a developmental checklist for their 18-month-old son and scores a 2. What should be the next step?**
 - A. No further evaluation is needed**
 - B. Referral for diagnostic evaluation and early intervention**
 - C. Repeat administration at 24 months of age**
 - D. Repeat administration at 36 months of age**
- 3. What epidemiological characteristic is associated with a suspected respiratory diagnosis in a 2-year-old boy with a wet cough?**
 - A. *Abordetella pertussis* is the most common cause**
 - B. Children who are breastfed have more severe disease**
 - C. It affects infants and children younger than 2 years of age**
 - D. The peak incidence is in the spring and summer**
- 4. For a child with symptoms of perianal itching and a positive cellophane tape test, which medication is most appropriate?**
 - A. Avermectin**
 - B. Bebendazole**
 - C. Metronidazole**
 - D. Permethrin cream**
- 5. In regards to developmental milestones, what signifies that an infant is achieving gross motor skills properly?**
 - A. Rolls from tummy to back**
 - B. Walks independently**
 - C. Stands with assistance**
 - D. Climbs stairs**

6. What test result indicates esotropia of the right eye in a child with a "lazy eye"?

- A. Inward movement of the left eye with the right eye covered
- B. Inward movement of the right eye with the left eye covered
- C. Outward movement of the left eye with the right eye covered
- D. Outward movement of the right eye with the left eye covered

7. A child with primary congenital hypothyroidism might present with which of the following signs?

- A. Jaundice
- B. Short stature
- C. Dry skin and hair
- D. Congenital heart defects

8. In a case of bacterial tracheitis presenting with high fever and stridor, which pathogen is most likely responsible?

- A. *Haemophilus influenzae* type b
- B. *Parainfluenza* virus
- C. *Pseudomonas aeruginosa*
- D. *Staphylococcus aureus*

9. What is the most likely diagnosis for a child with salmon-colored papules and a history of recent sore throat?

- A. Atopic dermatitis
- B. Pityriasis rosea
- C. Psoriasis
- D. Tinea corporis

10. Which type of cells is primarily responsible for the pathophysiology of respiratory distress syndrome?

- A. Alveolar eosinophils
- B. Alveolar macrophages
- C. Alveolar type I cells
- D. Alveolar type II cells

Answers

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

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Explanations

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1. What additional test might be beneficial if there are concerns about complications such as peritonsillar abscess?

- A. Chest X-ray**
- B. Ultrasound of the neck**
- C. CT scan of the abdomen**
- D. Blood tests for liver function**

The recommended additional test in the context of concerns about complications like a peritonsillar abscess is an ultrasound of the neck. This imaging technique is particularly useful because it allows for real-time visualization of the tonsils and surrounding tissues. An ultrasound can effectively identify fluid collections, which may indicate the presence of an abscess, as well as other anatomical issues in the neck region. Ultrasound is advantageous in this scenario due to its non-invasive nature, absence of ionizing radiation, and ability to provide immediate results. Early identification of an abscess is crucial, as it may require drainage and prompt treatment to prevent further complications, such as airway obstruction or spread of infection. In contrast, while a chest X-ray can help rule out pulmonary complications, it doesn't provide relevant information regarding the tonsils or potential abscess formations. A CT scan of the abdomen would be unrelated to throat issues and focuses on a different body area, which is not useful for evaluating peritonsillar abscesses. Blood tests for liver function also do not provide any relevant information regarding complications in the neck region.

2. A parent completes a developmental checklist for their 18-month-old son and scores a 2. What should be the next step?

- A. No further evaluation is needed**
- B. Referral for diagnostic evaluation and early intervention**
- C. Repeat administration at 24 months of age**
- D. Repeat administration at 36 months of age**

The appropriate next step after a parent scores a 2 on a developmental checklist for an 18-month-old is to consider the implications of that score in the context of typical developmental milestones. A score of 2 suggests that the child may not be meeting expected developmental achievements for their age, indicating potential concerns that should be addressed rather than delaying intervention. Repeating the administration of the checklist at a later age, such as 24 months, does not adequately address the immediate need for further evaluation or intervention. Timely identification and support for developmental delays are crucial in pediatrics, as early intervention can significantly impact a child's developmental trajectory. Thus, proper action would entail evaluating the child's development further, ideally leading to a referral for diagnostic assessment and early intervention. This ensures that the child receives the necessary support to help them meet developmental milestones effectively.

3. What epidemiological characteristic is associated with a suspected respiratory diagnosis in a 2-year-old boy with a wet cough?

- A. ABordetella pertussis is the most common cause**
- B. BChildren who are breastfed have more severe disease**
- C. It affects infants and children younger than 2 years of age**
- D. DThe peak incidence is in the spring and summer**

The characteristic that is associated with a suspected respiratory diagnosis in a 2-year-old boy with a wet cough is that it affects infants and children younger than 2 years of age. This is particularly relevant in cases of respiratory illnesses like bronchiolitis or viral respiratory infections, which are more common and typically more severe in younger children. Infants and toddlers have smaller airways and immune systems that are not yet fully developed, making them more susceptible to respiratory infections and complications. In the context of respiratory illnesses, certain pathogens such as respiratory syncytial virus (RSV) and others can lead to more pronounced symptoms in this age group. Recognizing that many respiratory conditions have a higher incidence in this vulnerable population helps guide appropriate diagnosis and treatment strategies. The other options, while they may pertain to specific respiratory infections, do not directly characterize the epidemiological trends relevant to general respiratory diagnoses in young children the same way. For instance, while *Bordetella pertussis* can cause significant illness, it is not the most common cause of wet cough in this age group. Additionally, breastfeeding may have various effects on health, but it doesn't inherently suggest the severity of respiratory disease. Finally, while some respiratory infections may exhibit seasonal peaks, the timing can

4. For a child with symptoms of perianal itching and a positive cellophane tape test, which medication is most appropriate?

- A. Avermectin**
- B. Bebendazole**
- C. CMetronidazole**
- D. DPermethrin cream**

The most appropriate medication for a child with symptoms of perianal itching and a positive cellophane tape test is benbendazole. The presence of perianal itching, along with a positive tape test, suggests an infection with pinworms (*Enterobius vermicularis*). Benbendazole is effective in treating pinworm infections as it works by interfering with the worm's ability to absorb glucose, leading to its death. This medication is typically the first-line treatment for enterobiasis, particularly in pediatric patients, due to its safety profile and efficacy. Additionally, it is often given to the household members as a prophylactic measure since pinworm infections are highly contagious. Other options, while used for different parasitic infections or conditions, are not the first-line choice for treating pinworm infections. Avermectin is generally utilized for stronger parasitic infections but is not indicated specifically for pinworms. Metronidazole is effective against protozoan infections and anaerobic bacteria, thus not suitable for this particular case. Permethrin cream is used primarily for scabies and lice but does not target pinworms directly.

5. In regards to developmental milestones, what signifies that an infant is achieving gross motor skills properly?

- A. Rolls from tummy to back**
- B. Walks independently**
- C. Stands with assistance**
- D. Climbs stairs**

Rolling from tummy to back is a significant gross motor milestone typically observed around 4 to 6 months of age. This skill indicates that the infant is developing the necessary strength and coordination in the upper body and trunk to perform rotational movements. Achieving this milestone reflects an important progression in an infant's motor development, laying the groundwork for subsequent skills such as sitting up, crawling, and eventually walking. In contrast, walking independently is generally expected around 12 months or older and represents a later stage of gross motor skill development. Similarly, standing with assistance typically occurs around 9 months and climbing stairs is usually achieved later, around 14 to 18 months. Therefore, while all these skills are important, rolling from tummy to back specifically highlights an earlier and foundational gross motor achievement that indicates an infant's progression in their overall motor skills development.

6. What test result indicates esotropia of the right eye in a child with a "lazy eye"?

- A. Inward movement of the left eye with the right eye covered**
- B. Inward movement of the right eye with the left eye covered**
- C. Outward movement of the left eye with the right eye covered**
- D. Outward movement of the right eye with the left eye covered**

Esotropia refers to a condition where one or both eyes are turned inward, resulting in misalignment. To evaluate this in a child with a "lazy eye," clinicians often conduct a cover test to observe how the eyes move when one is covered. When the cover is placed over the eye, the uncovered eye should remain fixed on a target. If the covered eye moves outward upon covering the opposite eye, it indicates that the covered eye was not aligned properly and could suggest esotropia in the eye that was initially covered. In this scenario, an outward movement of the right eye upon covering the left eye indicates that the right eye was turned inward, consistent with esotropia of the right eye. This outward movement shows that the visual system is attempting to correct the misalignment, signaling the presence of esotropia. The other options either describe movements that do not indicate right eye esotropia or involve the left eye, which is not relevant to this particular condition.

7. A child with primary congenital hypothyroidism might present with which of the following signs?

- A. Jaundice**
- B. Short stature**
- C. Dry skin and hair**
- D. Congenital heart defects**

In the context of primary congenital hypothyroidism, the child often exhibits specific signs and symptoms due to the lack of thyroid hormones crucial for growth and development. Dry skin and dry, brittle hair are particularly indicative of this condition. These manifestations occur because thyroid hormones play a vital role in numerous metabolic processes, including skin and hair health. A deficiency can lead to reduced sebaceous gland activity, causing dryness of the skin and hair. While jaundice, short stature, and congenital heart defects may be observed in various conditions affecting children, they are not classic presentations specifically associated with primary congenital hypothyroidism. Jaundice can occur in newborns for several reasons but is not a primary symptom of hypothyroidism. Short stature can be a long-term effect of untreated hypothyroidism but is not an immediate sign. Congenital heart defects are unrelated to the direct effects of thyroid hormone deficiency in newborns. Thus, the signs and symptoms of dry skin and hair provide a clearer and more immediate indication of primary congenital hypothyroidism in children.

8. In a case of bacterial tracheitis presenting with high fever and stridor, which pathogen is most likely responsible?

- A. *Haemophilus influenzae* type b**
- B. *Parainfluenza* virus**
- C. *Pseudomonas aeruginosa***
- D. *Staphylococcus aureus***

In cases of bacterial tracheitis, especially when presenting with high fever and stridor, *Staphylococcus aureus* is the most commonly implicated pathogen. This condition typically arises following a viral upper respiratory infection, which can cause inflammation and disruption of the tracheal lining, leading to secondary bacterial infection. *Staphylococcus aureus*, particularly strains that produce toxins like toxic shock syndrome toxin, can result in severe respiratory distress and the characteristic symptoms of high fever and stridor due to airway obstruction from purulent secretions. The other pathogens listed, while they can cause respiratory illnesses, are less frequently associated with bacterial tracheitis. *Haemophilus influenzae* type b primarily causes epiglottitis and is not the main culprit in tracheitis. *Parainfluenza* virus is a common viral agent leading to croup, but it does not directly cause bacterial tracheitis. *Pseudomonas aeruginosa* is typically found in cases involving previous respiratory therapy or in immunocompromised patients, but it is not the most common pathogen in uncomplicated bacterial tracheitis cases. Therefore, *Staphylococcus aureus* is the key pathogen responsible in this clinical scenario.

9. What is the most likely diagnosis for a child with salmon-colored papules and a history of recent sore throat?

- A. Atopic dermatitis**
- B. Pityriasis rosea**
- C. Psoriasis**
- D. Tinea corporis**

The presence of salmon-colored papules, especially following a recent sore throat, suggests a diagnosis of pityriasis rosea. This condition often starts with a herald patch, which is a larger initial lesion that resembles the subsequent smaller lesions, all typically exhibiting a distinct salmon or pink color. After initial symptoms, such as a sore throat, the rash usually develops within a few days or weeks. Pityriasis rosea is generally considered a self-limiting condition, often associated with viral infections, which is consistent with a recent history of upper respiratory tract symptoms like a sore throat. The typical distribution of the rash follows the lines of skin tension, often showing a "Christmas tree" pattern on the back. While atopic dermatitis is characterized by itchy, inflamed skin, it does not typically present with the distinct salmon-colored papules following an upper respiratory infection. Psoriasis is associated with silvery scales and often affects extensor surfaces, which does not align with the provided description. Tinea corporis, or ringworm, presents with annular lesions that are often scaly and may have a raised border, which again differs from the characteristics of pityriasis rosea. Thus, the features of the rash and the clinical history provided make pityriasis rosea the most likely diagnosis.

10. Which type of cells is primarily responsible for the pathophysiology of respiratory distress syndrome?

- A. Alveolar eosinophils**
- B. Alveolar macrophages**
- C. Alveolar type I cells**
- D. Alveolar type II cells**

The primary responsibility for the pathophysiology of respiratory distress syndrome, particularly in infants, is attributed to alveolar type II cells. These cells are crucial because they produce surfactant, a substance that reduces surface tension in the alveoli, preventing their collapse and maintaining proper lung function. In neonatal respiratory distress syndrome (NRDS), the deficiency or dysfunction of surfactant leads to impaired gas exchange and increased work of breathing, which are hallmark features of the condition. In adults, acute respiratory distress syndrome (ARDS) can also involve type II cells. Damage to these cells, often due to inflammation or injury, significantly affects surfactant production, exacerbating lung complications. Therefore, the role of type II cells in producing surfactant and maintaining alveolar stability is central to understanding how respiratory distress syndrome develops and progresses.

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-pediatrics.examzify.com>

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

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