

ROSH PEDIATRICS PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

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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. A 12-year-old girl presents with itchy lesions on her trunk and scalp. What is her most likely diagnosis?**
 - A. Atopic dermatitis
 - B. Pityriasis rosea
 - C. Psoriasis
 - D. Tinea corporis

- 2. What imaging finding is typically seen in a diagnosis of SCFE?**
 - A. Radiographs showing inferior slip of proximal femoral metaphysis
 - B. CT scan revealing joint effusion
 - C. MRI indicating joint capsule disruption
 - D. X-ray showing aseptic necrosis

- 3. What is the likely etiology for hip pain in a boy with a history of leukemia and current difficulty bearing weight?**
 - A. Chronic glucocorticoid use
 - B. Infection
 - C. Obesity
 - D. Untreated developmental dysplasia of the hip

- 4. What management intervention is appropriate for a toddler experiencing otitis media with effusion?**
 - A. AAmoxicillin
 - B. BTympanostomy tubes
 - C. CSymptomatic care and observation
 - D. DAntibiotics immediately

- 5. Which condition in a 6-month-old with a fixed and split second heart sound is explained by abnormal blood flow postnatally?**
 - A. Flow of deoxygenated blood from the right atrium to the left atrium
 - B. Flow of oxygenated blood from the aorta to the pulmonary arteries
 - C. Flow of oxygenated blood from the left atrium to the right atrium
 - D. Flow of oxygenated blood from the left ventricle to the right ventricle

- 6. What is the most likely diagnosis for a 12-year-old boy with tonsillar exudate, tender lymphadenopathy, and palatal petechiae?**
- A. Diphtheria
 - B. Limierre syndrome
 - C. Streptococcal pharyngitis
 - D. Viral pharyngitis
- 7. Which symptom is commonly associated with asthma exacerbations in children?**
- A. Difficulty swallowing
 - B. Earache
 - C. Frequent urination
 - D. Wheezing
- 8. Which intervention is appropriate for a child presenting with a palpable right upper quadrant mass indicating pyloric stenosis?**
- A. AReassurance and observation
 - B. BEndoscopic evaluation
 - C. CUltrasound examination
 - D. DReferral for surgical consultation
- 9. Which of the following is a common finding in children with molluscum contagiosum?**
- A. Pustules on the face
 - B. Flesh-colored papules with umbilicated centers
 - C. Red scaling plaques
 - D. Verrucous lesions
- 10. What is the most appropriate next step for a 15-year-old boy with worsening asthma symptoms?**
- A. Add doxycycline 100 mg twice daily for 7 days
 - B. Increase beclomethasone 80 mcg inhaler to four puffs twice daily
 - C. Replace the beclomethasone with inhaled budesonide-formoterol 160/9 mcg twice daily
 - D. Replace the beclomethasone with inhaled budesonide-formoterol 320/18 mcg twice daily and add 10 mg prednisone daily

Answers

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

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Explanations

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1. A 12-year-old girl presents with itchy lesions on her trunk and scalp. What is her most likely diagnosis?

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

In this scenario, the presentation of itchy lesions on the trunk and scalp in a 12-year-old girl most strongly aligns with psoriasis. Psoriasis is a chronic skin condition characterized by red, scaly plaques that can appear on various parts of the body, including the trunk and scalp. This condition can also be associated with intense itching, which fits with the presentation described in the question. Typically, psoriasis involves well-defined lesions, often exhibiting silvery-white scales, and can be exacerbated by stress, infections, or other environmental factors. Atopic dermatitis is generally more associated with flexural surfaces, such as the insides of the elbows and knees, rather than lesions predominantly on the trunk and scalp. Pityriasis rosea usually presents with a herald patch followed by a more generalized rash and is less itchy, while tinea corporis, a fungal infection, tends to have a ring-like appearance and often is more commonly seen in a generalized pattern with defined borders, particularly in warm, humid environments. Therefore, taking into account the location of the lesions, the age of the patient, and the nature of the itching, psoriasis is the most likely diagnosis in this case.

2. What imaging finding is typically seen in a diagnosis of SCFE?

- A. Radiographs showing inferior slip of proximal femoral metaphysis**
- B. CT scan revealing joint effusion
- C. MRI indicating joint capsule disruption
- D. X-ray showing aseptic necrosis

In the case of slipped capital femoral epiphysis (SCFE), the defining imaging finding is represented by radiographs that show an inferior slip of the proximal femoral metaphysis. This condition occurs when the head of the femur slips off the neck of the femur at the growth plate, leading to characteristic displacement that can be visualized on X-rays. In the imaging, the affected hip joint will display a displacement of the femoral head in a downward and posterior direction relative to the neck, which can often be quantified in degrees. This finding is crucial for making a diagnosis and differentiating SCFE from other conditions that may present with hip pain in children. Other imaging modalities like CT scans or MRIs, although useful in certain contexts, do not specifically highlight the hallmark displacement pattern that radiographs do. CT scans focusing on joint effusion or MRIs depicting joint capsule disruption are relevant in assessing other conditions but are not indicative of SCFE itself. Similarly, X-rays showing aseptic necrosis would point to a different pathology rather than the particular condition of SCFE. Thus, understanding the specific radiographic changes associated with SCFE is essential for accurate diagnosis and subsequent management of this pediatric orthopedic condition.

3. What is the likely etiology for hip pain in a boy with a history of leukemia and current difficulty bearing weight?

- A. Chronic glucocorticoid use**
- B. Infection
- C. Obesity
- D. Untreated developmental dysplasia of the hip

The presence of hip pain in a boy with a history of leukemia, especially when accompanied by difficulty bearing weight, suggests the influence of chronic glucocorticoid use as a probable etiology. Children with leukemia often receive glucocorticoids as part of their treatment regimen to manage their disease. Long-term use of these medications can lead to various side effects, one of which is avascular necrosis of the bone, particularly in weight-bearing joints, including the hip. Avascular necrosis occurs when the blood supply to the bone is compromised, leading to bone death and subsequent joint pain. The symptoms of hip pain and difficulty bearing weight align with this condition, making it a likely consequence of the chronic glucocorticoid therapy that the child may have been receiving. Other options, while they may be relevant in different contexts, are less likely to be the primary cause in this scenario. An infection could also result in similar symptoms; however, the history of leukemia and glucocorticoid use makes avascular necrosis a more fitting diagnosis. Obesity can contribute to hip and joint pain but is not specifically linked to the patient's cancer history. Lastly, untreated developmental dysplasia of the hip would typically present earlier in life and not

4. What management intervention is appropriate for a toddler experiencing otitis media with effusion?

- A. Amoxicillin
- B. Tympanostomy tubes
- C. Symptomatic care and observation**
- D. Antibiotics immediately

In the case of a toddler experiencing otitis media with effusion (OME), the most appropriate management intervention typically involves symptomatic care and observation. OME is characterized by the presence of fluid in the middle ear without symptoms of acute infection. In many instances, children can resolve this condition naturally without intervention, as it is often self-limiting. Observation is especially critical because many children under the age of 2 may experience episodes of OME, and much of the time, the fluid resolves without the need for surgical intervention or antibiotics. During the observation period, supportive care may be provided to alleviate any discomfort the child might feel, such as pain management or using warm compresses. Amoxicillin and other antibiotics are not indicated in this scenario, as antibiotics are not effective against the fluid in the absence of an active bacterial infection. Immediate antibiotics would also not be appropriate; they are typically reserved for treating acute otitis media rather than OME. Tympanostomy tubes can be considered if the effusion is persistent (typically lasting more than three months) and if the child is experiencing recurrent episodes of acute otitis media. However, immediate intervention in the absence of recurrent infections or significant hearing loss may not be warranted. By focusing on symptomatic care and

5. Which condition in a 6-month-old with a fixed and split second heart sound is explained by abnormal blood flow postnatally?

- A. Flow of deoxygenated blood from the right atrium to the left atrium
- B. Flow of oxygenated blood from the aorta to the pulmonary arteries
- C. Flow of oxygenated blood from the left atrium to the right atrium**
- D. Flow of oxygenated blood from the left ventricle to the right ventricle

A fixed and split second heart sound in an infant suggests the presence of certain congenital heart defects that lead to abnormal blood flow after birth. In typical development, the heart structure is meant to separate oxygenated and deoxygenated blood. However, in specific conditions such as an atrial septal defect (ASD), there is an abnormal flow of oxygenated blood. In the case of a 6-month-old, the correct answer involves the flow of oxygenated blood from the left atrium to the right atrium. This situation occurs in an ASD where there is a defect in the septum that separates the two atria, allowing for blood that should be circulating in a closed loop (from the left atrium to the left ventricle and then to the aorta) to instead flow back into the right atrium. This mixing of oxygenated blood can lead to increased blood flow to the lungs and various symptoms associated with left-to-right shunting. Understanding this flow is critical because it can contribute to heart failure or pulmonary issues over time due to the increased workload on the right side of the heart. Recognizing the characteristic heart sounds and their implications helps in diagnosing and managing congenital heart diseases effectively in pediatric practice.

6. What is the most likely diagnosis for a 12-year-old boy with tonsillar exudate, tender lymphadenopathy, and palatal petechiae?

- A. Diphtheria
- B. Limierre syndrome
- C. Streptococcal pharyngitis**
- D. Viral pharyngitis

The most likely diagnosis for a 12-year-old boy with tonsillar exudate, tender lymphadenopathy, and palatal petechiae is Streptococcal pharyngitis. This condition, commonly caused by group A Streptococcus bacteria, is characterized by the presence of tonsillar exudate (white patches or pus on the tonsils), which is a classic symptom. The tender lymphadenopathy, or swollen and painful lymph nodes, often accompanies this infection as the body mounts an immune response against the bacteria. Palatal petechiae, which are small red or purple spots on the palate, are a notable clinical feature associated with streptococcal infections. The combination of these symptoms strongly suggests that the underlying cause is a bacterial infection rather than a viral one, which typically would not cause such prominent exudate or petechiae. While diphtheria can present with tonsillar exudate and lymphadenopathy, it is less common today due to widespread vaccination, and the presentation would generally include a gray membrane rather than exudate. Limierre syndrome is a more severe condition that follows a throat infection and is characterized by septic thrombophlebitis but is not commonly diagnosed based on the initial presentation.

7. Which symptom is commonly associated with asthma exacerbations in children?

- A. Difficulty swallowing
- B. Earache
- C. Frequent urination

D. Wheezing

Wheezing is a hallmark symptom of asthma exacerbations in children. It refers to a high-pitched whistling sound made while breathing, particularly during exhalation, which occurs when the airways become inflamed and narrowed due to asthma triggers. This narrowing leads to increased resistance in the airway, resulting in turbulent airflow and the characteristic wheezing sound. Recognizing wheezing is vital for diagnosing and managing asthma, as it indicates that the condition is worsening and that immediate intervention may be necessary to relieve symptoms and prevent further complications. This symptom is specifically associated with bronchial hyperreactivity and inflammation, key features in the pathophysiology of asthma. Other symptoms like difficulty swallowing, earache, and frequent urination are not typically linked to asthma exacerbations, as they pertain to different medical issues or conditions. Difficulty swallowing often relates to gastrointestinal problems, earaches can indicate infections, and frequent urination is more commonly associated with urinary or metabolic issues, not respiratory conditions like asthma.

8. Which intervention is appropriate for a child presenting with a palpable right upper quadrant mass indicating pyloric stenosis?

- A. AReassurance and observation
- B. BEndoscopic evaluation
- C. CULtrasound examination

D. DReferral for surgical consultation

In cases where a child presents with a palpable right upper quadrant mass that suggests pyloric stenosis, referral for surgical consultation is a crucial intervention. Pyloric stenosis is characterized by the narrowing of the pylorus, which often leads to vomiting and dehydration due to gastric outlet obstruction. A surgical intervention, typically in the form of a pyloromyotomy, is necessary to relieve the obstruction once the diagnosis is confirmed. The palpable mass often described is the hypertrophied pylorus, which can be felt upon examination and suggests the need for immediate surgical evaluation rather than simple reassurance or further testing. While imaging studies such as an ultrasound examination may be used to confirm the diagnosis and assess the severity of the condition, the presenting signs, particularly a palpable mass coupled with clinical symptoms, warrant prompt surgical consultation. Endoscopic evaluation is not typically indicated in this scenario, as it does not address the underlying issue of the pyloric stenosis. Thus, timely referral to a surgical specialist is the most appropriate intervention to initiate proper management and treatment for the child.

9. Which of the following is a common finding in children with molluscum contagiosum?

- A. Pustules on the face
- B. Flesh-colored papules with umbilicated centers**
- C. Red scaling plaques
- D. Verrucous lesions

Molluscum contagiosum is a viral skin infection caused by a poxvirus, commonly seen in children. It is characterized by the presence of flesh-colored papules, which typically have a distinctive umbilicated or dimpled center. This umbilication is a key feature that helps differentiate molluscum contagiosum from other skin lesions. The flesh-colored papules can range in size and usually appear on various parts of the body, such as the trunk and limbs, but may also occur on the face. The lesions are generally painless and may be mistaken for other dermatological conditions, but the unique umbilication is what specifically identifies them as molluscum contagiosum. In contrast, pustules on the face, red scaling plaques, and verrucous lesions are indicative of other conditions. Pustules are often seen in bacterial infections or inflammatory conditions, red scaling plaques might suggest eczema or psoriasis, and verrucous lesions are commonly associated with warts or other papillomatous infections. Thus, the characteristic flesh-colored papules with umbilicated centers are the definitive finding for molluscum contagiosum.

10. What is the most appropriate next step for a 15-year-old boy with worsening asthma symptoms?

- A. Add doxycycline 100 mg twice daily for 7 days
- B. Increase beclomethasone 80 mcg inhaler to four puffs twice daily
- C. Replace the beclomethasone with inhaled budesonide-formoterol 160/9 mcg twice daily**
- D. Replace the beclomethasone with inhaled budesonide-formoterol 320/18 mcg twice daily and add 10 mg prednisone daily

In this scenario involving a 15-year-old boy with worsening asthma symptoms, the most appropriate next step is to replace the current inhaled corticosteroid, beclomethasone, with inhaled budesonide-formoterol. Budesonide-formoterol is a combination inhaler that provides both anti-inflammatory and bronchodilator effects. This makes it effective for both maintenance and relief of asthma symptoms. The replacement is particularly advantageous as it offers better symptom control in patients whose asthma is not adequately managed with a single inhaled corticosteroid alone. Considering the patient's worsening symptoms, transitioning to a medication that combines the actions of a corticosteroid and a long-acting beta-agonist could provide enhanced relief and control, particularly in a scenario where the boy may be experiencing more frequent or severe exacerbations. Additionally, using budesonide-formoterol twice daily can also simplify the treatment regimen while ensuring effective management of asthma. This option demonstrates an understanding of the importance of optimizing therapy in response to worsening symptoms, allowing for better overall asthma control.

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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