

ROSH WOMEN'S HEALTH END OF ROTATION (EOR) PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. How is polycystic ovary syndrome (PCOS) linked to metabolic syndrome?**
 - A. High estrogen levels
 - B. Insulin resistance often accompanies PCOS, increasing the risk of metabolic syndrome
 - C. Excessive weight loss
 - D. Abnormal thyroid function
- 2. Which treatment modality is considered first-line for ovulation induction in women with PCOS who desire pregnancy?**
 - A. Letrozole
 - B. Metformin
 - C. Spironolactone
 - D. Clomiphene
- 3. What does an irregular menstrual cycle in a suspected PCOS patient indicate?**
 - A. Ovarian dysfunction
 - B. Endometrial hyperplasia
 - C. Normal physiological variations
 - D. Thyroid dysfunction
- 4. In a case of incomplete abortion, which of the following is a key characteristic?**
 - A. Closed cervical os with no bleeding
 - B. Dilated cervix with products of conception in the cervical canal
 - C. Presence of thickened endometrium
 - D. Pain-free with no passage of tissue
- 5. Name a significant risk factor for developing endometrial cancer.**
 - A. Smoking
 - B. Obesity
 - C. History of STIs
 - D. Early menarche

- 6. What is the primary treatment for bacterial vaginosis?**
- A. Antifungal medication
 - B. Antibiotics
 - C. Hormonal therapy
 - D. Topical creams
- 7. Which condition can lead to chronic pelvic pain if untreated?**
- A. Cervical dysplasia
 - B. Endometriosis
 - C. PMS (premenstrual syndrome)
 - D. Polycystic ovary syndrome
- 8. What is the main treatment for symptomatic uterine fibroids?**
- A. Antibiotics
 - B. Hysterectomy
 - C. Hormonal therapy
 - D. Observation
- 9. What would likely be observed in a physical exam of a patient with postpartum endometritis?**
- A. Normal uterine size
 - B. Uterine tenderness
 - C. Free fluid in the abdomen
 - D. High fetal heart rate
- 10. What is the most appropriate management for a woman experiencing a malodorous greenish discharge?**
- A. Bacterial culture
 - B. Microscopic examination of discharge
 - C. Treat empirically without further evaluation
 - D. Pelvic ultrasonography

Answers

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

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Explanations

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1. How is polycystic ovary syndrome (PCOS) linked to metabolic syndrome?

- A. High estrogen levels
- B. Insulin resistance often accompanies PCOS, increasing the risk of metabolic syndrome**
- C. Excessive weight loss
- D. Abnormal thyroid function

Polycystic ovary syndrome (PCOS) is closely linked to metabolic syndrome primarily due to the presence of insulin resistance, which is common among individuals with PCOS. Insulin resistance occurs when the body's cells become less responsive to insulin, leading to increased insulin levels in the blood. Insulin is critical for glucose uptake and metabolism, and when the body struggles to use it effectively, it can result in elevated blood sugar levels and a higher risk of developing type 2 diabetes. In the context of metabolic syndrome, this insulin resistance is one of the key factors that contribute to the condition, along with others such as hypertension, dyslipidemia, and increased waist circumference. The interplay between hormonal imbalances seen in PCOS, such as elevated levels of androgens and alterations in estrogen levels, amplifies the risk factors associated with metabolic syndrome. Therefore, individuals with PCOS frequently find themselves at a heightened risk of experiencing components of metabolic syndrome, including obesity, abnormal lipid profiles, and cardiovascular complications. The other options do not accurately reflect the core relationship between PCOS and metabolic syndrome. High estrogen levels may be associated with other health conditions but are not directly implicated in the connection between PCOS and metabolic syndrome. Excessive weight loss is often

2. Which treatment modality is considered first-line for ovulation induction in women with PCOS who desire pregnancy?

- A. Letrozole**
- B. Metformin
- C. Spironolactone
- D. Clomiphene

Letrozole is recognized as the first-line treatment for ovulation induction in women with polycystic ovary syndrome (PCOS) who wish to conceive. Research has demonstrated that letrozole is more effective than clomiphene citrate in achieving ovulation and pregnancy rates in this particular population. It functions by inhibiting aromatase, leading to decreased estrogen levels, which subsequently stimulates the hypothalamus and pituitary to increase follicle-stimulating hormone (FSH) secretion, thereby promoting ovarian follicle development. In contrast, while clomiphene is also a well-known agent for stimulating ovulation in women with PCOS, letrozole has shown better outcomes in recent studies regarding efficacy and side effects, making it the preferred option in many practice guidelines. Metformin, although helpful in managing insulin resistance in women with PCOS, is not primarily a treatment for ovulation induction. It may assist with regulating menstrual cycles and improving ovulatory function when used in conjunction with other therapies but is not considered first-line for this specific purpose. Likewise, spironolactone is primarily an anti-androgen and is used to treat hirsutism and acne in PCOS patients, rather than directly inducing ovulation

3. What does an irregular menstrual cycle in a suspected PCOS patient indicate?

- A. Ovarian dysfunction**
- B. Endometrial hyperplasia
- C. Normal physiological variations
- D. Thyroid dysfunction

An irregular menstrual cycle in a patient suspected of having polycystic ovary syndrome (PCOS) is indicative of ovarian dysfunction. PCOS is characterized by a hormonal imbalance that affects the way the ovaries function, leading to irregular ovulation or anovulation, which directly contributes to the irregularity of menstrual cycles. When the ovaries are not releasing eggs regularly, the hormonal signals necessary for regulating the menstrual cycle become disrupted. This results in variations in menstrual cycle length, often leading to cycles that are either significantly longer or shorter than what would be expected in a typical menstrual pattern. Additionally, the hormonal profile in PCOS often includes elevated levels of androgens, which can further impact the regularity of menstruation. While endometrial hyperplasia, normal physiological variations, and thyroid dysfunction can also affect menstrual cycles, in the context of PCOS, the primary issue is the dysfunction of the ovaries themselves. This makes ovarian dysfunction the most accurate explanation for irregular menstrual cycles in suspected PCOS patients.

4. In a case of incomplete abortion, which of the following is a key characteristic?

- A. Closed cervical os with no bleeding
- B. Dilated cervix with products of conception in the cervical canal**
- C. Presence of thickened endometrium
- D. Pain-free with no passage of tissue

In the context of incomplete abortion, the key characteristic is the presence of a dilated cervix with products of conception being held within the cervical canal. Incomplete abortion occurs when there are retained products of conception after a miscarriage, which may result in ongoing bleeding and cramping. Typically, the cervix is open (dilated), which allows for some of the tissue to potentially be in the process of being expelled but has not been fully passed. This clinical scenario is critical for diagnosis and management, as it indicates that the abortion process is not complete and may necessitate further medical intervention, such as medication or surgical removal, to prevent complications such as infection or excessive bleeding. Other scenarios described in the choices do not accurately represent the clinical situation of an incomplete abortion. For instance, a closed cervical os with no bleeding suggests that the abortion has not occurred or has been completed without ongoing complications; the presence of thickened endometrium may not be specific to incomplete abortion and can occur in various conditions; and a pain-free status with no passage of tissue typically indicates a retained gestation or a normal early pregnancy situation rather than an abortion. Thus, being knowledgeable about these signs and symptoms aids in the appropriate management of patients experiencing complications after a miscarriage.

5. Name a significant risk factor for developing endometrial cancer.

- A. Smoking
- B. Obesity**
- C. History of STIs
- D. Early menarche

Obesity is indeed a significant risk factor for developing endometrial cancer. The excess adipose tissue associated with obesity leads to increased estrogen production, primarily through the conversion of androgens to estrogens in adipose tissue. Estrogen, without the balancing effect of progesterone, promotes hyperplasia and can lead to endometrial cancer. This relationship is particularly noted in postmenopausal women, where the absence of ovarian estrogen production means that fat tissue becomes the main source of estrogen. The increased exposure of the endometrial lining to estrogen can result in abnormal tissue changes and the potential development of cancer. While smoking, a history of STIs, and early menarche can be associated with different gynecological conditions or other types of cancer, they are not considered the primary risk factors for endometrial cancer compared to obesity. Recognizing obesity as a major risk factor helps in the prevention and management of endometrial cancer through lifestyle modifications and weight management strategies.

6. What is the primary treatment for bacterial vaginosis?

- A. Antifungal medication
- B. Antibiotics**
- C. Hormonal therapy
- D. Topical creams

Bacterial vaginosis (BV) is primarily treated with antibiotics because it is caused by an imbalance in the normal bacterial flora of the vagina, specifically an overgrowth of certain types of bacteria, rather than a fungal infection or hormonal issues. The antibiotics work to restore the normal bacterial balance by eliminating the pathogenic bacteria associated with BV. Metronidazole and clindamycin are commonly prescribed antibiotics for this condition, either taken orally or applied topically. The use of antibiotics specifically targets the bacteria that contribute to the overgrowth and the symptoms associated with BV, such as discharge, odor, and discomfort. Antifungal medications are not suitable for treating bacterial vaginosis since they are designed to address fungal infections, such as yeast infections, which have different underlying causes and symptoms. Hormonal therapy typically addresses issues related to hormonal imbalances and is not indicated in the treatment of BV. Similarly, topical creams are not the primary treatment modality for BV, as they do not effectively target the bacterial imbalance that characterizes the condition. Therefore, antibiotics are recognized as the first-line treatment for bacterial vaginosis.

7. Which condition can lead to chronic pelvic pain if untreated?

- A. Cervical dysplasia
- B. Endometriosis**
- C. PMS (premenstrual syndrome)
- D. Polycystic ovary syndrome

Endometriosis is a condition where tissue similar to the lining inside the uterus begins to grow outside the uterus. This can lead to chronic pelvic pain due to several factors. First, the displaced endometrial-like tissue continues to respond to hormonal fluctuations throughout the menstrual cycle, leading to recurrent inflammation, scarring, and the formation of adhesions within the pelvic cavity. These processes can create significant discomfort and pain, particularly during menstruation, but also at other times throughout the cycle. When left untreated, the inflammation and scar tissue can lead to more severe and persistent pain, significantly impacting a person's quality of life. It may cause additional complications such as infertility or other complications during pregnancy. While conditions like cervical dysplasia, PMS, and polycystic ovary syndrome can cause discomfort or other symptoms, they are not typically associated with the same level of chronic pelvic pain as endometriosis, especially when considering the long-term consequences of untreated cases.

8. What is the main treatment for symptomatic uterine fibroids?

- A. Antibiotics
- B. Hysterectomy**
- C. Hormonal therapy
- D. Observation

The main treatment for symptomatic uterine fibroids is hysterectomy. Hysterectomy is a surgical procedure that involves the removal of the uterus and is typically recommended for women who experience significant symptoms due to fibroids, such as heavy menstrual bleeding, severe pelvic pain, or pressure symptoms affecting quality of life. While hormonal therapy can help manage symptoms by regulating menstrual cycles and reducing bleeding, it may not adequately address the size of the fibroids or their associated symptoms in the long term. Observation is generally suitable for women who are asymptomatic or whose fibroids are not causing significant issues. Antibiotics would not be indicated in this context, as they do not treat fibroids themselves but are used for infections. Given the degree of symptoms and the patient's desires, such as whether they wish to maintain fertility, hysterectomy stands out as a definitive solution when other treatments have failed or are unsuitable.

9. What would likely be observed in a physical exam of a patient with postpartum endometritis?

- A. Normal uterine size
- B. Uterine tenderness**
- C. Free fluid in the abdomen
- D. High fetal heart rate

In a patient with postpartum endometritis, the most notable finding during a physical examination is uterine tenderness. Postpartum endometritis is an infection of the endometrium, which is the lining of the uterus, and it typically occurs after childbirth. This infection can result in inflammation and pain, leading to increased sensitivity in the uterine region on palpation. The presence of uterine tenderness during the examination signifies inflammation and potential infection. The clinician may also observe other symptoms such as fever, a foul-smelling vaginal discharge, and possibly an elevated heart rate, which are common signs associated with infections. However, the key physical finding highlighting the diagnosis is the tenderness of the uterus itself upon examination. Other options reflect conditions or observations that are not typically associated with postpartum endometritis. For instance, normal uterine size would contradict the expected signs of infection, as endometritis typically leads to an enlarged or at least tender uterus. Free fluid in the abdomen may be indicative of other issues, such as ascites or hemorrhage, rather than endometritis specifically. Lastly, a high fetal heart rate is not applicable in the context of examining a postpartum patient, as it pertains to fetal circulation and is not a relevant finding for diagnosing maternal conditions.

10. What is the most appropriate management for a woman experiencing a malodorous greenish discharge?

- A. Bacterial culture
- B. Microscopic examination of discharge**
- C. Treat empirically without further evaluation
- D. Pelvic ultrasonography

The most appropriate management for a woman experiencing a malodorous greenish discharge is to perform a microscopic examination of the discharge. This approach allows for the identification of the underlying cause of the discharge, which may help in diagnosing conditions such as bacterial vaginosis, trichomoniasis, or other infections. A microscopic examination can reveal characteristic findings such as the presence of abnormal vaginal flora, motile organisms, or signs of inflammation, offering immediate insights into the nature of the discharge. This targeted investigation can inform appropriate treatment strategies tailored to the identified condition, leading to better outcomes. In contrast, while a bacterial culture could also identify specific pathogens, it may not be the quickest or most effective method in this context, especially if the discharge's appearance strongly suggests a particular infection like trichomoniasis, which is identifiable through microscopy. Treating empirically without further evaluation might overlook the specific cause of the discharge, thereby delaying appropriate management and potentially exacerbating the condition. Pelvic ultrasonography generally serves diagnostic purposes for structural abnormalities rather than mucosal or inflammatory conditions observed in vaginal discharge cases.

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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