

Step 3 UWSA Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

| | |
|------------------------------------|-----------|
| Copyright | 1 |
| Table of Contents | 2 |
| Introduction | 3 |
| How to Use This Guide | 4 |
| Questions | 5 |
| Answers | 8 |
| Explanations | 10 |
| Next Steps | 16 |

SAMPLE

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

SAMPLE

- 1. Which synovial fluid leukocyte count is most suggestive of infectious (septic) arthritis?**
 - A. <2000**
 - B. 2-75,000**
 - C. 50-100,000**
 - D. 100,000 and above**

- 2. Focal seizures should raise suspicion for which condition?**
 - A. Stroke**
 - B. Hypoglycemia**
 - C. Syncope**
 - D. Brain tumor**

- 3. Atrial flutter: before cardiac ablation or pharmacologic or electrical conversion, what is recommended due to clot risk?**
 - A. Antibiotics**
 - B. Immediate cardioversion without anticoagulation**
 - C. Antiplatelet therapy only**
 - D. Anticoagulation**

- 4. DiGeorge syndrome involves abnormal development of which pharyngeal arches?**
 - A. 3rd and 4th arches**
 - B. 1st and 2nd arches**
 - C. 2nd and 3rd arches**
 - D. 4th and 6th arches**

- 5. In management of STEMI diagnosed on ECG, what is the recommended approach regarding lab confirmation?**
 - A. Do not wait for labs before PCI**
 - B. Wait for troponin positivity before PCI**
 - C. Use antibiotics first**
 - D. Schedule outpatient follow-up**

- 6. In a femoral hernia, which is the correct relation to the femoral vein, artery, and nerve (VAN) and the inguinal ligament?**
- A. Lateral to VAN and above inguinal ligament**
 - B. Medial to VAN but above inguinal ligament**
 - C. Medial to VAN and below inguinal ligament**
 - D. Lateral to VAN and below inguinal ligament**
- 7. Hepatocellular carcinoma arises from which liver cell type?**
- A. Cholangiocytes**
 - B. Endothelial cells**
 - C. Hepatocytes**
 - D. Hepatic stellate cells**
- 8. Fetal macrosomia is an indication for cesarean delivery at which gestational age?**
- A. 39 weeks**
 - B. 41 weeks**
 - C. 38 weeks**
 - D. 37 weeks**
- 9. Which test is typically used first when hereditary hemochromatosis is suspected?**
- A. Serum ferritin**
 - B. Transferrin saturation**
 - C. Genetic testing**
 - D. Liver biopsy**
- 10. Which option represents a chemotherapy regimen used for hairy cell leukemia?**
- A. Methotrexate**
 - B. Rituximab**
 - C. Cisplatin**
 - D. 2CDA, cladribine**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which synovial fluid leukocyte count is most suggestive of infectious (septic) arthritis?

- A. <2000**
- B. 2-75,000**
- C. 50-100,000**
- D. 100,000 and above**

High synovial fluid leukocyte counts indicate intense joint inflammation, and in septic arthritis this response is neutrophil-dominated. When the count reaches 100,000 cells per microliter or more, infection becomes much more likely than noninfectious inflammatory processes. Lower counts can occur with inflammatory or crystal-related arthritis, so they're less specific for infection. Therefore, a synovial fluid leukocyte count of 100,000 and above is the best indicator of septic arthritis, though confirmation with Gram stain, culture, and urgent joint drainage with antibiotics is essential.

2. Focal seizures should raise suspicion for which condition?

- A. Stroke**
- B. Hypoglycemia**
- C. Syncope**
- D. Brain tumor**

Focal seizures arise from a localized disturbance in the cerebral cortex, so they often point to a structural problem in a specific brain region. The most classic culprit in adults presenting with new focal seizures is a mass lesion that irritates or disrupts the cortex, such as a brain tumor. Tumors grow and alter the surrounding brain tissue, producing focal signs and seizures that reflect the affected area (for example, motor or sensory changes on one side, language issues, or autonomic symptoms). That localized, evolving irritation is why a brain tumor is the most likely cause in this scenario. While stroke or metabolic issues can cause seizures, they don't fit the pattern as cleanly for new, focal seizures that raise suspicion for a mass lesion, and syncope is typically a transient loss of consciousness without true epileptic activity, whereas hypoglycemia often presents with generalized effects or altered mental status rather than a pure focal seizure.

3. Atrial flutter: before cardiac ablation or pharmacologic or electrical conversion, what is recommended due to clot risk?

- A. Antibiotics**
- B. Immediate cardioversion without anticoagulation**
- C. Antiplatelet therapy only**
- D. Anticoagulation**

In atrial flutter, blood can pool in the atria and form thrombi because the atrial contractions are ineffective. If you move to rhythm control with ablation or electrical or pharmacologic conversion, a formed clot can be dislodged and travel to the brain, causing a stroke or systemic embolism. Because of this embolic risk, anticoagulation is recommended before attempting rhythm control. Therapeutic anticoagulation—using a DOAC or warfarin with appropriate INR targets—is typically given for at least about three weeks before cardioversion or ablation if the flutter has been present for more than 48 hours or its duration is unknown. If the duration is uncertain or the clot risk is high, a transesophageal echocardiogram can be done to exclude a thrombus; if none is found, the procedure can proceed with ongoing anticoagulation. After successful rhythm restoration, continuing anticoagulation for several weeks helps prevent thromboembolism while the atria recover and regain function. Antibiotics are not indicated for this issue, and antiplatelet therapy alone does not provide sufficient protection against stroke risk from atrial thrombi.

4. DiGeorge syndrome involves abnormal development of which pharyngeal arches?

- A. 3rd and 4th arches**
- B. 1st and 2nd arches**
- C. 2nd and 3rd arches**
- D. 4th and 6th arches**

DiGeorge syndrome arises from failure of neural crest cells to populate the third and fourth pharyngeal arches, leading to defective development of their derivatives. The thymus and parathyroid glands originate from these arches (via the third and fourth pouches), so their absence or hypoplasia causes T-cell immunodeficiency and hypocalcemia. The same developmental disturbance also affects the cardiac outflow tract, leading to conotruncal heart defects. A 22q11.2 deletion underlies this pattern. So abnormal development of the third and fourth pharyngeal arches is the hallmark.

5. In management of STEMI diagnosed on ECG, what is the recommended approach regarding lab confirmation?

- A. Do not wait for labs before PCI**
- B. Wait for troponin positivity before PCI**
- C. Use antibiotics first**
- D. Schedule outpatient follow-up**

When STEMI is diagnosed by ECG, the priority is immediate reperfusion rather than waiting for lab confirmation. Troponin and other markers take time to rise and confirm infarction, but delaying treatment to obtain those results worsens outcomes by delaying restoration of blood flow. Activate the cath lab and proceed with PCI as soon as possible (aim for within about 90 minutes if PCI is available; if not, consider timely fibrinolysis). Labs should be drawn, yet they should not block urgent reperfusion. The other approaches don't fit because waiting for troponin positivity would cause harmful delays, antibiotics are not indicated for STEMI, and outpatient follow-up is inappropriate in the acute setting.

6. In a femoral hernia, which is the correct relation to the femoral vein, artery, and nerve (VAN) and the inguinal ligament?

- A. Lateral to VAN and above inguinal ligament**
- B. Medial to VAN but above inguinal ligament**
- C. Medial to VAN and below inguinal ligament**
- D. Lateral to VAN and below inguinal ligament**

A femoral hernia goes through the femoral canal, which is the medial compartment of the femoral sheath and lies just below the inguinal ligament. In the femoral triangle, the major vessels are arranged from lateral to medial as nerve, artery, vein (VAN). The femoral canal is medial to the vein, and therefore medial to the entire VAN arrangement. So a femoral hernia is located medially to VAN and inferior to the inguinal ligament.

7. Hepatocellular carcinoma arises from which liver cell type?

- A. Cholangiocytes**
- B. Endothelial cells**
- C. Hepatocytes**
- D. Hepatic stellate cells**

Hepatocellular carcinoma arises from hepatocytes, the liver's main parenchymal cells responsible for metabolism and detoxification. Chronic liver injury from hepatitis viruses, alcohol, or fatty liver leads to genetic mutations in hepatocytes and their clonal expansion into cancer. Other liver cell types have different tumor origins: cholangiocytes line the bile ducts and give rise to cholangiocarcinoma; endothelial cells line the blood vessels and can form other vascular tumors; hepatic stellate cells are involved in fibrosis and are not the source of hepatocellular carcinoma. Thus, the cancer originates from hepatocytes.

8. Fetal macrosomia is an indication for cesarean delivery at which gestational age?

- A. 39 weeks**
- B. 41 weeks**
- C. 38 weeks**
- D. 37 weeks**

Macrosomia raises the risk of complications like shoulder dystocia during vaginal birth, so if delivery is planned because of a suspected large baby, the timing is chosen to balance fetal maturity with delivery risk. Delivering by cesarean around 39 weeks gives the fetus enough lung maturity for extrauterine life while avoiding the higher risks associated with continuing the pregnancy into post-term. Delivering earlier (37-38 weeks) can increase neonatal respiratory issues, and waiting beyond 39 weeks increases the chance of complications from a larger fetus and prolonged gestation. Therefore, 39 weeks is the preferred timing.

9. Which test is typically used first when hereditary hemochromatosis is suspected?

- A. Serum ferritin**
- B. Transferrin saturation**
- C. Genetic testing**
- D. Liver biopsy**

Transferrin saturation is the first-line screening test for suspected hereditary hemochromatosis because it directly reflects how much iron is being carried by transferrin in the blood. In this condition, a genetic defect causes increased intestinal iron absorption, so iron loading happens early and transferrin gets highly saturated. A high transferrin saturation is an early, sensitive indicator that prompts confirmatory genetic testing for HFE mutations. Serum ferritin, while useful for assessing iron stores and monitoring treatment, can be elevated for many reasons besides iron overload—inflammation, infection, liver disease—so it isn't as reliable for initial screening. Liver biopsy is invasive and used to assess liver damage or iron deposition when noninvasive tests are inconclusive, not as the first test.

10. Which option represents a chemotherapy regimen used for hairy cell leukemia?

- A. Methotrexate**
- B. Rituximab**
- C. Cisplatin**
- D. 2CDA, cladribine**

The key idea is that hairy cell leukemia responds best to purine analog chemotherapy. Cladribine, also known as 2CDA, is a classic purine analog used as a frontline single-agent treatment for this disease. It interferes with DNA synthesis, leading to rapid kill of hairy cell leukemia cells, and it has high remission rates with durable responses. Because of this, a regimen based on 2CDA, cladribine is the standard chemotherapy approach for hairy cell leukemia. Other drugs listed don't fit as the typical frontline cytotoxic regimen for this leukemia. Methotrexate is more common in other leukemias and lymphomas and isn't a standard go-to for HCL. Cisplatin is a platinum agent used in solid tumors and some other cancers, not a standard HCL therapy. Rituximab is an anti-CD20 antibody used in various B-cell malignancies and can be helpful in HCL in certain contexts, but it's not the traditional primary cytotoxic regimen for initial treatment.

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://step3uwsa.examzify.com>

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

SAMPLE