

STEPP GI Disorders Practice Test (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. Before a sigmoidoscopy, which dietary restriction is advised?**
 - A. High-fiber diet for 48 hours**
 - B. Clear liquid diet for at least 24 hours**
 - C. No restrictions are necessary**
 - D. Low-protein diet**
- 2. What is the function of a cholecystogram?**
 - A. To measure blood pressure**
 - B. To show the outline of the gallbladder**
 - C. To evaluate muscle strength**
 - D. To assess lung capacity**
- 3. What effect do non-steroidal anti-inflammatory drugs (NSAIDs) have on the gastrointestinal tract?**
 - A. They reduce inflammation**
 - B. They can decrease gastric acidity**
 - C. They can increase the risk of developing peptic ulcers**
 - D. They improve digestion**
- 4. Which of the following is NOT a component of the Liver Function Test (LFTs)?**
 - A. Albumin**
 - B. Lipase**
 - C. Alkaline phosphatase**
 - D. Bilirubin**
- 5. What is the normal ammonia level range in the blood, and what does an elevated level indicate?**
 - A. 5-50 mcg/dL; indicates kidney disease**
 - B. 0-10 mcg/dL; indicates liver dysfunction**
 - C. 10-80 mcg/dL; indicates liver disease**
 - D. 80-100 mcg/dL; indicates metabolic disorder**

- 6. Which of the following conditions can lead to elevated alkaline phosphatase levels?**
- A. Bile duct obstruction**
 - B. Acute gastritis**
 - C. Chronic constipation**
 - D. Hypertension**
- 7. What is involved in the lower GI examination?**
- A. Blood work analysis**
 - B. Barium swallow**
 - C. Barium enema**
 - D. Endoscopic biopsy**
- 8. When should an ostomy bag be emptied?**
- A. When full of stool**
 - B. When 1/3-1/2 full of stool or gas**
 - C. Once a day, regardless of amount**
 - D. When it begins leaking**
- 9. What is a potential complication of an abdominal paracentesis that can lead to hypovolemic shock?**
- A. Infection**
 - B. Bladder perforation**
 - C. Blood loss**
 - D. Fluid overload**
- 10. What is the normal range for alkaline phosphatase?**
- A. 0-35 units/L**
 - B. 4-36 units/L**
 - C. 30-120 units/L**
 - D. 3.5-5 g/dL**

Answers

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

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Explanations

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1. Before a sigmoidoscopy, which dietary restriction is advised?

- A. High-fiber diet for 48 hours**
- B. Clear liquid diet for at least 24 hours**
- C. No restrictions are necessary**
- D. Low-protein diet**

A clear liquid diet for at least 24 hours before a sigmoidoscopy is advised because it helps ensure that the colon is adequately prepared for examination. The primary goal of this dietary restriction is to minimize the presence of solid food residue and to clear the bowel. A clear liquid diet allows for easy visualization of the colon during the procedure, which is crucial for accurately diagnosing any potential issues such as polyps or inflammation. Other diets, such as a high-fiber diet, could leave residue in the colon, which could obscure the view and complicate the procedure. Likewise, no restrictions would not provide the necessary preparation for an effective sigmoidoscopy. A low-protein diet does not specifically contribute to the preparation needs of the colon for this procedure, making it less relevant than the prescribed clear liquid diet. The emphasis on clear liquids ensures that the digestive tract is as clean as possible, facilitating a successful and safe examination.

2. What is the function of a cholecystogram?

- A. To measure blood pressure**
- B. To show the outline of the gallbladder**
- C. To evaluate muscle strength**
- D. To assess lung capacity**

A cholecystogram is a diagnostic imaging procedure specifically designed to visualize the gallbladder. Its primary function is to show the outline of the gallbladder, allowing healthcare providers to assess its size, shape, and any potential abnormalities or conditions, such as gallstones or inflammation. This imaging can be performed using X-ray techniques after a patient ingests a contrast material, which helps to highlight the gallbladder during the procedure. The other options pertain to entirely different physiological functions. For instance, measuring blood pressure and evaluating muscle strength relate to cardiovascular and muscular function, respectively, while assessing lung capacity focuses on respiratory health. None of these processes involve the gallbladder or its specific functions, which is why they are not applicable in the context of a cholecystogram.

3. What effect do non-steroidal anti-inflammatory drugs (NSAIDs) have on the gastrointestinal tract?

- A. They reduce inflammation**
- B. They can decrease gastric acidity**
- C. They can increase the risk of developing peptic ulcers**
- D. They improve digestion**

Non-steroidal anti-inflammatory drugs (NSAIDs) can increase the risk of developing peptic ulcers due to their mechanism of action. NSAIDs work by inhibiting cyclooxygenase (COX) enzymes, which are crucial for the production of prostaglandins. Prostaglandins have a protective role in the gastrointestinal tract; they help maintain the gastric mucosal barrier and stimulate the production of mucus and bicarbonate, which neutralizes stomach acid. When NSAIDs inhibit the production of these protective prostaglandins, the gastric mucosa becomes more susceptible to damage from gastric acid. This deficiency in mucosal protection can lead to inflammation, erosion, and ultimately the formation of peptic ulcers, especially in individuals who take NSAIDs regularly or at higher doses. In contrast, while NSAIDs reduce inflammation, they do not decrease gastric acidity; in fact, they can exacerbate conditions related to high acidity due to the inhibited protective mechanisms. They also do not improve digestion but primarily serve to relieve pain and inflammation. Therefore, the increased risk of developing peptic ulcers is a significant consideration when prescribing or overusing NSAIDs.

4. Which of the following is NOT a component of the Liver Function Test (LFTs)?

- A. Albumin**
- B. Lipase**
- C. Alkaline phosphatase**
- D. Bilirubin**

Lipase is the correct choice for something that is not a component of the Liver Function Test (LFTs). LFTs typically assess liver health and include tests for substances produced or processed by the liver, which provide insight into its functionality and any potential damage. Albumin is a protein made by the liver, and its levels can indicate liver function since low levels may signify chronic liver disease. Alkaline phosphatase is an enzyme that can indicate liver or bile duct conditions, making it a valuable part of the LFTs. Bilirubin is a breakdown product of red blood cells that is processed by the liver, and its levels can reflect liver function and health, particularly concerning the liver's ability to excrete waste. In contrast, lipase is an enzyme primarily associated with pancreatic function, specifically in the digestion of fats. While elevated lipase levels indicate pancreatitis or pancreatic disorders, they do not provide direct information regarding liver function or health, thus making lipase outside the scope of liver function testing.

5. What is the normal ammonia level range in the blood, and what does an elevated level indicate?

- A. 5-50 mcg/dL; indicates kidney disease**
- B. 0-10 mcg/dL; indicates liver dysfunction**
- C. 10-80 mcg/dL; indicates liver disease**
- D. 80-100 mcg/dL; indicates metabolic disorder**

The normal ammonia level range in the blood is typically between 10 to 80 mcg/dL. An elevated level within this range can indicate liver disease, particularly conditions that could lead to hepatic encephalopathy, where the liver is unable to effectively remove ammonia from the bloodstream. This is critical because ammonia is a byproduct of protein metabolism, and its accumulation can have toxic effects on the brain. In liver disease, the liver's capacity to process nitrogenous waste diminishes, leading to increased ammonia levels. This highlights the necessity of monitoring ammonia levels in patients with suspected liver dysfunction, as it can provide insights into the severity of the disease and the need for potential interventions.

6. Which of the following conditions can lead to elevated alkaline phosphatase levels?

- A. Bile duct obstruction**
- B. Acute gastritis**
- C. Chronic constipation**
- D. Hypertension**

Elevated alkaline phosphatase levels are often associated with conditions affecting the liver or biliary system, particularly those that involve cholestasis or bile duct obstruction. When there is an obstruction in the bile ducts, it can lead to a backup of bile. This can cause inflammation and damage to the cells lining the bile ducts, ultimately resulting in the release of alkaline phosphatase into the bloodstream. This enzyme is primarily found in the liver, bones, kidneys, and bile duct epithelium, and its levels rise when there is an obstruction preventing bile from flowing properly. Other conditions listed, such as acute gastritis, chronic constipation, and hypertension, do not typically result in elevated alkaline phosphatase levels. Acute gastritis involves the stomach lining and would not significantly impact alkaline phosphatase. Chronic constipation pertains to bowel movements and has no direct relationship with alkaline phosphatase. Hypertension relates to blood pressure regulation and generally does not cause changes in liver enzymes or alkaline phosphatase. Therefore, the context provided emphasizes that bile duct obstruction is the specific condition responsible for elevated alkaline phosphatase levels.

7. What is involved in the lower GI examination?

- A. Blood work analysis
- B. Barium swallow
- C. Barium enema**
- D. Endoscopic biopsy

The lower gastrointestinal (GI) examination specifically focuses on assessing the structures and functions of the lower part of the digestive tract, which includes the colon and rectum. A barium enema is a diagnostic radiographic procedure that is particularly useful for visualizing these areas. It involves the introduction of a barium sulfate suspension into the rectum via an enema, which coats the lining of the lower intestines, enhancing the contrast on X-ray images. This helps in identifying abnormalities such as tumors, polyps, or other conditions affecting the lower GI tract. Other options, while relevant to GI evaluations, do not specifically pertain to the lower GI examination. Blood work analysis is a broader diagnostic tool that assesses various health markers but does not visualize the GI tract directly. A barium swallow is focused on the upper GI tract, assessing the esophagus and stomach, rather than the lower intestines. An endoscopic biopsy involves the examination and potential sampling of tissue from the inside of the digestive tract, which can occur in both upper and lower GI procedures but is not exclusively specific to the lower GI examination itself. Therefore, the barium enema is the appropriate choice for a procedure dedicated to evaluating the lower GI system.

8. When should an ostomy bag be emptied?

- A. When full of stool
- B. When 1/3-1/2 full of stool or gas**
- C. Once a day, regardless of amount
- D. When it begins leaking

An ostomy bag should ideally be emptied when it is 1/3 to 1/2 full of stool or gas. This recommendation is based on several important factors. First, an ostomy bag that is too full can become heavy and may put strain on the adhesive seal, increasing the risk of leakage or detachment from the skin. Emptying the bag at this level helps maintain a secure fit, promoting better overall hygiene and comfort for the individual. Moreover, frequent emptying at this level can help manage odor and make the process of cleaning and changing the bag easier. It allows patients to be proactive in their care and limits the potential for accidents or irritations that can occur if the bag is left too full for extended periods. Additionally, monitoring the contents aids in assessing the health of the individual's digestive system; any significant changes in consistency or volume can signal the need for medical consultation. By emptying the bag at this recommended level, individuals with an ostomy can maintain better quality of life and prevent complications associated with improper ostomy care.

9. What is a potential complication of an abdominal paracentesis that can lead to hypovolemic shock?

- A. Infection**
- B. Bladder perforation**
- C. Blood loss**
- D. Fluid overload**

Hypovolemic shock can occur as a potential complication of an abdominal paracentesis primarily due to blood loss. During the procedure, there is a risk of inadvertently puncturing a blood vessel, which can lead to significant hemorrhage into the abdominal cavity. This unintentional blood loss reduces the overall blood volume in the circulatory system, resulting in decreased perfusion to vital organs and triggering the physiological response of hypovolemic shock. In contrast, while infection is a possible complication, it generally does not lead to immediate hypovolemic shock. Bladder perforation is not a common risk associated with this type of procedure and wouldn't contribute directly to hypovolemic conditions. Fluid overload typically relates to the administration of excess fluid rather than loss, which also does not result in the same critical volume depletion affecting systemic circulation. Thus, the risk of blood loss during abdominal paracentesis is the primary concern when considering the potential for hypovolemic shock following the procedure.

10. What is the normal range for alkaline phosphatase?

- A. 0-35 units/L**
- B. 4-36 units/L**
- C. 30-120 units/L**
- D. 3.5-5 g/dL**

The normal range for alkaline phosphatase is generally considered to be between 30 and 120 units per liter. This enzyme is primarily found in the liver, bones, kidneys, and bile ducts, and its levels can vary based on age, sex, and the specific laboratory methods used. When assessing alkaline phosphatase levels, it is important to interpret the results in the context of the overall clinical picture. Elevated levels may indicate conditions such as liver disease, bone disorders, or biliary obstruction, whereas a deficiency can be rare but may suggest issues like malnutrition or certain genetic disorders. The other ranges presented do not accurately reflect typical laboratory findings for alkaline phosphatase, making the selection of the range of 30 to 120 units/L the correct choice for this test.

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://steppgidisorders.examzify.com>

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