

STEPP GI DISORDERS PRACTICE TEST (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. What event should be reported to a medical provider after signs of intestinal obstruction are observed?**
 - A. Persistent cough
 - B. Increased appetite
 - C. Nausea and vomiting
 - D. Lack of thirst

- 2. Which inflammatory marker is commonly elevated in patients with Crohn's disease?**
 - A. C-reactive protein (CRP)
 - B. Erythrocyte sedimentation rate (ESR)
 - C. Interleukin-6 (IL-6)
 - D. Procalcitonin

- 3. What type of visual examination does a sigmoidoscopy provide?**
 - A. Visualization of the entire gastrointestinal tract
 - B. Direct visualization of the anus, rectum, and sigmoid colon
 - C. Visualization limited to the descending colon only
 - D. Direct visualization only of the stomach

- 4. What does the presence of sharp, constant abdominal pain after a paracentesis indicate?**
 - A. Successful fluid removal
 - B. Peritonitis
 - C. Normal recovery
 - D. Electrolyte imbalance

- 5. What should patients do after midnight before undergoing barium tests?**
 - A. Eat a light snack
 - B. Drink plenty of fluids
 - C. Remain NPO (nothing by mouth)
 - D. Smoke only if necessary

- 6. Which condition presents with a classic "string sign" on imaging?**
- A. Ulcerative colitis
 - B. Celiac disease
 - C. Crohn's disease
 - D. Gastroesophageal reflux disease
- 7. What is the recommended action for applying skin barriers for ostomy clients?**
- A. Apply a thick layer immediately
 - B. Allow creams to dry before applying a new appliance
 - C. Use only water to clean the skin
 - D. Apply after every meal
- 8. What type of stools are characteristic of steatorrhea?**
- A. Hard and dry
 - B. Soft and liquid
 - C. Foul-smelling, oily, and greasy
 - D. Pale and clay-colored
- 9. Which enzyme is typically assessed to evaluate pancreatic function?**
- A. Amylase
 - B. Lipase
 - C. Troponin
 - D. Creatinine
- 10. Which vitamin deficiency is commonly associated with malabsorption syndromes?**
- A. Vitamin C
 - B. Vitamin A
 - C. Vitamin B12
 - D. Vitamin D

Answers

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

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Explanations

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1. What event should be reported to a medical provider after signs of intestinal obstruction are observed?

- A. Persistent cough
- B. Increased appetite
- C. Nausea and vomiting**
- D. Lack of thirst

Nausea and vomiting are critical signs to report to a medical provider after symptoms of intestinal obstruction are observed. These symptoms suggest that the obstruction is preventing normal movement through the gastrointestinal tract, which can lead to more severe complications if not addressed promptly. Nausea often arises as the body reacts to the buildup of contents and pressure in the intestines, leading to discomfort and a feeling of sickness. Vomiting may occur as a reflexive response to this obstruction, as the body attempts to eliminate the contents that cannot pass through. This situation can compromise hydration and electrolyte balance, making it essential for a healthcare professional to assess the patient for potential interventions, such as surgical evaluation or imaging studies. While other symptoms like persistent cough, increased appetite, or lack of thirst can be relevant in a broader clinical context, they do not directly indicate the acute nature of an intestinal obstruction. Focusing on the nausea and vomiting emphasizes the urgency and potential complications related to the obstruction, thereby guiding appropriate medical attention.

2. Which inflammatory marker is commonly elevated in patients with Crohn's disease?

- A. C-reactive protein (CRP)**
- B. Erythrocyte sedimentation rate (ESR)
- C. Interleukin-6 (IL-6)
- D. Procalcitonin

C-reactive protein (CRP) is a key inflammatory marker that is typically elevated in patients with Crohn's disease. This protein is produced by the liver in response to inflammation, and its levels in the bloodstream increase during episodes of inflammation, which are common in Crohn's disease due to the nature of the condition. Elevated CRP levels can be used to assess disease activity and monitor responses to treatment. In Crohn's disease, the immune system is chronically activated, leading to inflammation in the gastrointestinal tract. This chronic inflammation results in increased production of CRP, making it a valuable biomarker for clinicians in evaluating the severity of the disease, monitoring flare-ups, and making treatment decisions. Other markers such as the erythrocyte sedimentation rate (ESR) are also used in clinical practice to assess inflammation, but CRP is often preferred due to its more rapid response to changes in inflammatory activity and a closer correlation with clinical symptoms and disease activity in inflammatory bowel diseases like Crohn's. Interleukin-6 (IL-6) is involved in the inflammatory response but is not routinely measured in clinical practice. Procalcitonin is primarily used as a marker for bacterial infection rather than for assessing inflammatory bowel diseases like Crohn.

3. What type of visual examination does a sigmoidoscopy provide?

- A. Visualization of the entire gastrointestinal tract
- B. Direct visualization of the anus, rectum, and sigmoid colon**
- C. Visualization limited to the descending colon only
- D. Direct visualization only of the stomach

A sigmoidoscopy is a diagnostic procedure specifically designed for the direct visualization of the anus, rectum, and sigmoid colon. This examination allows healthcare providers to assess and diagnose conditions affecting these areas of the lower gastrointestinal tract, such as inflammatory bowel disease, polyps, or other abnormalities. During the procedure, a flexible tube with a light and camera at its end is inserted into the rectum, enabling a clear and detailed view of these specific segments. The other options describe broader or different scopes of examination. For instance, visualizing the entire gastrointestinal tract would involve a full colonoscopy rather than a sigmoidoscopy, which is confined to a shorter segment. Additionally, visualization limited to the descending colon falls outside the focus of a sigmoidoscopy since it does not extend beyond the sigmoid colon. Lastly, direct visualization only of the stomach pertains to an upper endoscopy (EGD), which is unrelated to the aims of a sigmoidoscopy. Thus, the specific focus of a sigmoidoscopy on the anus, rectum, and sigmoid colon makes the correct answer a precise choice.

4. What does the presence of sharp, constant abdominal pain after a paracentesis indicate?

- A. Successful fluid removal
- B. Peritonitis**
- C. Normal recovery
- D. Electrolyte imbalance

The presence of sharp, constant abdominal pain following a paracentesis is an indication of potential peritonitis. Peritonitis is an inflammation of the peritoneum, the tissue lining the abdominal wall and covering the abdominal organs. It can occur if there is any contamination during the procedure, or if pre-existing conditions are exacerbated by the intervention. The nature of the pain—sharp and constant—suggests irritation or inflammation rather than typical discomfort that might be associated with successful fluid removal. Identifying peritonitis early is crucial since it can lead to serious complications if not addressed promptly. Symptoms of peritonitis often accompany signs such as fever, tenderness in the abdomen, and changes in bowel movements. In comparison, successful fluid removal typically leads to improvement in the patient's symptoms rather than the onset of acute pain. Normal recovery would present with mild discomfort rather than sharp pain, and although electrolyte imbalances can occur following a paracentesis, they usually do not present as sharp, persistent abdominal pain. Thus, the interpretation of the pain as indicative of peritonitis aligns with the understanding of post-procedural complications in abdominal interventions.

5. What should patients do after midnight before undergoing barium tests?

- A. Eat a light snack
- B. Drink plenty of fluids
- C. Remain NPO (nothing by mouth)**
- D. Smoke only if necessary

For patients preparing to undergo barium tests, remaining NPO, or "nothing by mouth," after midnight is crucial. This ensures that the gastrointestinal tract is empty, allowing for the most accurate imaging results during the procedure. When the stomach and intestines are devoid of food or liquid, the barium can clearly outline the structures being examined, reducing the risk of obscured images and aiding in accurate diagnosis. Eating a light snack or drinking plenty of fluids could lead to gastrointestinal content that may interfere with the imaging process. Smoking, even if necessary, can also stimulate digestive processes or lead to the presence of air in the gastrointestinal tract, potentially complicating the test results. Thus, remaining NPO is an important preparatory step to provide clear and reliable diagnostic images.

6. Which condition presents with a classic "string sign" on imaging?

- A. Ulcerative colitis
- B. Celiac disease
- C. Crohn's disease**
- D. Gastroesophageal reflux disease

The classic "string sign" is most commonly associated with Crohn's disease, particularly when imaging techniques such as an abdominal X-ray or CT scan are employed. This term describes the appearance of a narrowed segment of the intestine resembling a string, which is a result of the transmural inflammation characteristic of Crohn's disease. This inflammation can lead to strictures, or narrowed areas, in the gastrointestinal tract, causing a characteristic appearance on imaging studies. In contrast, ulcerative colitis generally affects the colon and does not produce the same string sign due to its more superficial inflammatory process limited to the mucosal layers. Celiac disease primarily involves villous atrophy in the small intestine and does not result in intestinal strictures or a string-like appearance. Gastroesophageal reflux disease (GERD) primarily affects the esophagus and does not pertain to the imaging features of the bowel. Therefore, the presentation of a "string sign" is specifically indicative of the changes seen in Crohn's disease, emphasizing the severity and nature of the inflammatory process within the intestines.

7. What is the recommended action for applying skin barriers for ostomy clients?

- A. Apply a thick layer immediately
- B. Allow creams to dry before applying a new appliance**
- C. Use only water to clean the skin
- D. Apply after every meal

The recommended action for applying skin barriers for ostomy clients is to allow creams to dry before applying a new appliance. This practice is crucial because it ensures that the skin barrier adheres properly, creating a secure seal that protects the skin from irritation and leakage. If the barrier is applied over wet or uncured creams, it may not stick effectively, increasing the risk of skin complications like dermatitis or infections. When creating a barrier, the goal is to form a solid and lasting connection between the skin and the ostomy appliance. Allowing the creams to dry ensures that the adhesive properties of the barrier are maximized, providing optimal protection. This attention to detail promotes better outcomes for clients with ostomies. In contrast, applying a thick layer of skin barrier products immediately may result in inadequate adhesion and uneven coverage. Cleaning the skin solely with water does not sufficiently remove oils and residues, which could compromise the skin's integrity and barrier application. Applying barriers after every meal is not a necessary routine; instead, the emphasis should be on preparing the skin properly prior to the initial application or when changing the appliance, rather than on frequent applications.

8. What type of stools are characteristic of steatorrhea?

- A. Hard and dry
- B. Soft and liquid
- C. Foul-smelling, oily, and greasy**
- D. Pale and clay-colored

Steatorrhea is a condition characterized by the abnormal excretion of fat in the stool, resulting in distinct stool characteristics. The correct description of steatorrhea is that the stools are foul-smelling, oily, and greasy. This occurs because undigested fat passes through the digestive system and is excreted in the feces, making them appear slick and giving them a strong odor due to the presence of unabsorbed lipids. The appearance of steatorrhea is not typical of hard and dry stools, which are more commonly associated with constipation and insufficient fiber intake. Additionally, while soft and liquid stools can suggest a variety of gastrointestinal issues, they do not specifically indicate the presence of excess fat. Pale and clay-colored stools can be indicative of conditions affecting bile production or flow, such as obstructive jaundice, but do not directly relate to the features of steatorrhea. The unique combination of odor and texture in steatorrhea is key to identifying it, making the correct characteristics essential for understanding this disorder.

9. Which enzyme is typically assessed to evaluate pancreatic function?

- A. Amylase
- B. Lipase**
- C. Troponin
- D. Creatinine

Lipase is the enzyme commonly assessed to evaluate pancreatic function, particularly in the context of diagnosing pancreatic disorders such as acute pancreatitis. Lipase is responsible for the breakdown of fats in the digestive system. When the pancreas is inflamed or damaged, as in acute pancreatitis, lipase levels in the blood can rise significantly, making it a crucial marker for assessing the health of the pancreas. Amylase, while also related to pancreatic function and the digestion of carbohydrates, can be increased in various other conditions and is not as specific as lipase for pancreatic evaluation. Troponin is a cardiac enzyme used to assess heart function and is unrelated to pancreatic health. Creatinine is a marker for kidney function and does not reflect pancreatic activity. Therefore, lipase is the preferred enzyme for evaluating pancreatic function because of its specificity and sensitivity in detecting pancreatic issues.

10. Which vitamin deficiency is commonly associated with malabsorption syndromes?

- A. Vitamin C
- B. Vitamin A
- C. Vitamin B12**
- D. Vitamin D

Vitamin B12 deficiency is commonly associated with malabsorption syndromes due to its specific absorption mechanisms. In the intestines, vitamin B12 is absorbed primarily in the ileum, but this process requires intrinsic factor, a glycoprotein secreted by the stomach lining. Conditions such as Crohn's disease, celiac disease, and other malabsorption disorders can damage the ileum or affect intrinsic factor production, leading to a reduced ability to absorb this crucial vitamin. Vitamin B12 is vital for various bodily functions, including red blood cell production and neurological function. When there is a deficiency, symptoms can become severe, resulting in anemia and neurological issues, making it a critical issue in patients with malabsorption syndromes. While other vitamins like A, C, and D can also be impacted by malabsorption, vitamin B12 is particularly notable due to the specific mechanisms involved in its absorption and the profound effects its deficiency can have on health.

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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