

THE PHYSICIAN ASSISTANT (PA) PROFESSION EXAM 1 PRACTICE (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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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. PANRE-LA is administered in how many quarters over the certification maintenance cycle?**
 - A. 10 quarters
 - B. 8 quarters
 - C. 12 quarters
 - D. 6 quarters
- 2. Thyroid storm management includes which combination of therapies?**
 - A. Antithyroid drug only
 - B. Antithyroid drug, beta-blocker for sympathetic symptoms, and iodine after antithyroid therapy; supportive care
 - C. Beta-blocker alone
 - D. Iodine alone
- 3. What term does AAPA designate for the regulatory term used in PA practice acts?**
 - A. Certification
 - B. Licensure
 - C. Registration
 - D. Authorization
- 4. Guillain-Barré syndrome typically presents with which clinical feature?**
 - A. Chronic progressive weakness
 - B. Localized sensory loss
 - C. Facial palsy only
 - D. Acute onset ascending weakness with areflexia; may require IVIG or plasmapheresis
- 5. A patient has urinary frequency, dysuria, and fever. A positive urine culture confirms which condition?**
 - A. Acute cystitis
 - B. Pyelonephritis
 - C. Urethritis
 - D. Glomerulonephritis

- 6. Pre-eclampsia is diagnosed by which combination of findings?**
- A. Hypertension after 20 weeks' gestation plus proteinuria or end-organ dysfunction
 - B. Hypotension before 20 weeks' gestation
 - C. Hypertension after 10 weeks without proteinuria
 - D. Edema alone
- 7. In 2024, which state's law changed the title from 'physician assistants' to 'physician associates'?**
- A. California
 - B. New York
 - C. Oregon
 - D. Washington
- 8. Which is the next step in evaluation for a patient with epigastric pain and alarm features?**
- A. Upper endoscopy
 - B. Abdominal ultrasound
 - C. CT scan of the abdomen
 - D. Barium swallow
- 9. What is the AAPA?**
- A. The national membership organization for all PAs
 - B. A medical school accreditation body
 - C. A hospital consortium
 - D. A state regulatory board
- 10. Suicide risk assessment includes evaluating which factors?**
- A. Ideation, intent, plan, access to means, previous attempts, and protective factors
 - B. Previous attempts
 - C. Ideation only
 - D. Plan only

Answers

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

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Explanations

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1. PANRE-LA is administered in how many quarters over the certification maintenance cycle?

- A. 10 quarters
- B. 8 quarters
- C. 12 quarters**
- D. 6 quarters

PANRE-LA is designed as a longitudinal, quarterly assessment rather than a single high-stakes test. The program spreads the evaluation across twelve quarterly windows during the certification maintenance cycle, so you complete twelve assessment opportunities in total. This cadence lets you be continually assessed over time, with regular feedback to guide learning and reduce testing fatigue. The other numbers would imply a different pacing that isn't how the longitudinal plan is structured.

2. Thyroid storm management includes which combination of therapies?

- A. Antithyroid drug only
- B. Antithyroid drug, beta-blocker for sympathetic symptoms, and iodine after antithyroid therapy; supportive care**
- C. Beta-blocker alone
- D. Iodine alone

Thyroid storm requires rapid, coordinated therapy to reduce hormone production, prevent release, and control the body's exaggerated sympathetic response while providing supportive care. The best approach combines an antithyroid drug to shut down new thyroid hormone synthesis, a beta-blocker to blunt tachycardia, tremors, and other adrenergic symptoms (and it also helps reduce peripheral conversion of T4 to T3), and iodine given after the antithyroid agent to block the release of already formed thyroid hormone. This sequence—block production first, then block release—minimizes circulating hormone quickly. Supportive care addresses fever, dehydration, electrolyte imbalances, and potential organ dysfunction, and corticosteroids are often used to reduce peripheral conversion of T4 to T3 and to treat possible adrenal insufficiency. When you see thyroid storm, this multi-pronged regimen is necessary because no single therapy fully mitigates the dangerous surge in thyroid hormones. Using only one component misses other critical steps, and giving iodine alone would not stop ongoing synthesis, while a beta-blocker or iodine alone fails to control both production and release.

3. What term does AAPA designate for the regulatory term used in PA practice acts?

- A. Certification
- B. Licensure**
- C. Registration
- D. Authorization

Licensure is the regulatory status that grants a physician assistant the legal authority to practice under state law. It is issued by the state's medical or health-regulatory board and defines the scope of practice, supervision requirements, and the title that may be used. AAPA uses licensure as the formal regulatory term in PA practice acts because it establishes who is legally allowed to practice and under what conditions. Certification, while essential, is the credential granted by the national certifying body (NCCPA) showing current competency; it is typically required for licensure but does not by itself authorize practice. Registration is an administrative registration in some places that may or may not confer full practice rights, and authorization is a non-specific term not used to denote the formal regulatory status in practice acts.

4. Guillain-Barré syndrome typically presents with which clinical feature?

- A. Chronic progressive weakness
- B. Localized sensory loss
- C. Facial palsy only
- D. Acute onset ascending weakness with areflexia; may require IVIG or plasmapheresis**

Guillain-Barré syndrome is an acute inflammatory neuropathy defined by rapid, progressive weakness with loss of reflexes. The key feature is an acute onset that starts in the legs and ascends upward, often with areflexia. This pattern, along with potential cranial nerve involvement and autonomic symptoms, points to a peripheral nerve attack rather than a localized problem. Treatment aims to modulate the immune response and typically includes intravenous immunoglobulin or plasmapheresis, which can improve outcomes. This description fits best because Guillain-Barré usually presents as acute ascending weakness with absent reflexes, rather than a chronic course, localized sensory loss, or weakness confined to the facial muscles.

5. A patient has urinary frequency, dysuria, and fever. A positive urine culture confirms which condition?

- A. Acute cystitis**
- B. Pyelonephritis
- C. Urethritis
- D. Glomerulonephritis

When a patient has urinary frequency and dysuria, this points to an infection of the lower urinary tract (the bladder). A positive urine culture confirms that bacteria are present and causing infection. Fever can occur with cystitis, but it doesn't by itself distinguish upper from lower tract infection. Pyelonephritis typically brings additional signs such as flank pain or costovertebral angle tenderness and more systemic symptoms. Urethritis mainly causes dysuria with discharge rather than the urinary frequency pattern, and glomerulonephritis presents with edema, hematuria, and proteinuria rather than primarily irritative voiding symptoms. Given the symptom pattern plus a positive culture, acute cystitis is the best fit.

6. Pre-eclampsia is diagnosed by which combination of findings?

- A. Hypertension after 20 weeks' gestation plus proteinuria or end-organ dysfunction**
- B. Hypotension before 20 weeks' gestation
- C. Hypertension after 10 weeks without proteinuria
- D. Edema alone

This question hinges on how pre-eclampsia is diagnosed: new-onset hypertension after 20 weeks of gestation must occur together with proteinuria or with signs of end-organ dysfunction. The presence of high blood pressure after mid-pregnancy isn't enough by itself—protein in the urine or another systemic problem confirms the condition. Edema by itself isn't diagnostic, since swelling is common in many pregnancies. End-organ dysfunction can include things like elevated liver enzymes, reduced platelet count, renal impairment, or neurologic symptoms such as severe headaches or visual changes.

7. In 2024, which state's law changed the title from 'physician assistants' to 'physician associates'?

- A. California
- B. New York
- C. Oregon**
- D. Washington

Renaming the role to emphasize collaborative care and professional identity is what this item tests. In 2024 Oregon updated its statutes to replace the official title "physician assistant" with "physician associate" for licensed practitioners working under physician supervision. The change aims to reflect the broader, team-based nature of the role and to reduce the perception of the position as merely an assistant to a single physician. It aligns with efforts to standardize terminology and improve clarity for patients, insurers, and other healthcare teams, without necessarily altering the underlying scope of practice. The other states mentioned did not enact a similar renaming in 2024, which is why Oregon is the correct choice.

8. Which is the next step in evaluation for a patient with epigastric pain and alarm features?

- A. Upper endoscopy**
- B. Abdominal ultrasound
- C. CT scan of the abdomen
- D. Barium swallow

*When there are alarm features with epigastric pain, the priority is to evaluate for serious upper GI pathology such as ulcers or cancer. Upper endoscopy provides direct visualization of the esophagus, stomach, and duodenum and, crucially, allows biopsies to confirm inflammation, infection (like *H. pylori*), dysplasia, or malignancy. It also enables potential therapeutic interventions if a lesion is found. Because of these advantages, it is the most informative first test in this scenario. Other tests don't offer the same level of mucosal assessment with tissue sampling: ultrasound is best for biliary or pancreatic issues but not for mucosal lesions; CT scans can detect some complications or extraluminal disease but don't replace endoscopy for diagnosing mucosal pathology; a barium swallow mainly assesses esophageal structure and motility and doesn't provide comprehensive evaluation or biopsies of the stomach and duodenum.*

9. What is the AAPA?

- A. The national membership organization for all PAs**
- B. A medical school accreditation body
- C. A hospital consortium
- D. A state regulatory board

AAPA is the national professional home for physician assistants. It represents PAs across the United States, providing advocacy with lawmakers and payers, continuing education, career resources, and guidance on practice standards to help PAs deliver high-quality care. It's not an accreditation body for PA programs, not a hospital consortium, and not a state regulatory board that licenses or governs PA practice.

10. Suicide risk assessment includes evaluating which factors?

- A. Ideation, intent, plan, access to means, previous attempts, and protective factors
- B. Previous attempts
- C. Ideation only
- D. Plan only

Assessing suicide risk requires looking at several interrelated factors, not just what someone is thinking. Ideation is important, but risk level hinges on whether there is intent to act, whether there is a concrete plan, and how imminent that plan might be. Access to means increases the immediacy and potential lethality of any plan. A history of previous attempts elevates overall risk, while protective factors—such as strong supports, coping skills, and reasons for living—can reduce that risk. Putting all these pieces together gives a fuller picture of danger and guides appropriate intervention. Focusing on ideation alone misses critical elements that determine how imminent or severe the risk is, and focusing on only one component (like prior attempts or plan alone) fails to capture the current context and potential for action.

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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://paprofession1.examzify.com>

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

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