

# UVA Family Medicine Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

**This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## 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.**

## 7. Use Other Tools

**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!**

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## **Questions**

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- 1. Which diagnostic test is commonly used for screening of syphilis?**
  - A. Darkfield microscopy**
  - B. VDRL**
  - C. FT-ABS**
  - D. PCR testing**
- 2. How would you define the stool characteristics in malabsorption diarrhea?**
  - A. Watery and yellow**
  - B. Malodorous and greasy**
  - C. Soft and brown**
  - D. Hard and formed**
- 3. What type of lesions typically characterize contact dermatitis?**
  - A. Papular and vesicular**
  - B. Scaly and crusty**
  - C. Blistering and dry**
  - D. Red and flat**
- 4. What kind of rash is seen in Kawasaki disease?**
  - A. Pustular rash**
  - B. Polymorphous, nonvesicular rash**
  - C. Vesicular rash**
  - D. Maculopapular rash**
- 5. For a patient exhibiting nuchal rigidity and fever, what would be the most appropriate immediate investigation?**
  - A. CT scan**
  - B. Lumbar puncture**
  - C. Blood culture**
  - D. X-ray of cervical spine**

**6. What is a classic description of vaginal discharge associated with a yeast infection?**

- A. Thin, grey-white**
- B. Purulent, green-grey**
- C. White with a curd-like consistency**
- D. Malodorous and frothy**

**7. Which drug is NOT typically used to cardiovert atrial fibrillation back to normal sinus rhythm?**

- A. Amiodarone**
- B. Flecainide**
- C. Ibutilide**
- D. Aspirin**

**8. Which lab findings are often seen in patients with elevated LDH and low haptoglobin?**

- A. Increased bilirubin levels**
- B. High platelet count**
- C. Normal white blood cell count**
- D. Low creatinine levels**

**9. What is a common anticonvulsant used for migraine prophylaxis?**

- A. Gabapentin**
- B. Topiramate**
- C. Lamotrigine**
- D. Carbamazepine**

**10. A patient presents with visual blurring and daily headaches. What is the most likely diagnosis?**

- A. Migraine**
- B. Pseudotumor cerebri**
- C. Tumor**
- D. Glaucoma**

## **Answers**

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

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## **Explanations**

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**1. Which diagnostic test is commonly used for screening of syphilis?**

- A. Darkfield microscopy**
- B. VDRL**
- C. FT-ABS**
- D. PCR testing**

The VDRL (Veneral Disease Research Laboratory) test is a non-treponemal screening test that is commonly used for the diagnosis of syphilis. It detects nonspecific antibodies that are produced in response to the infection. The test is especially useful due to its ease of use and ability to be performed in a variety of healthcare settings, making it a practical choice for initial screening. Positive results from the VDRL test often require confirmation with a more specific test, such as the FT-ABS (Fluorescent Treponemal Antibody Absorption) test or other treponemal tests, which confirm the presence of antibodies specific to the *Treponema pallidum* bacterium that causes syphilis. This two-step approach helps to prevent false-positive results, which can occur with the VDRL test due to cross-reactivity with other conditions. Other testing methods, such as darkfield microscopy, PCR testing, or treponemal tests like FT-ABS, play roles in the diagnostic process but are not primarily used for routine screening in the same way the VDRL test is. Darkfield microscopy requires a direct examination of lesions and is not suitable for all patients. PCR testing, while highly sensitive

**2. How would you define the stool characteristics in malabsorption diarrhea?**

- A. Watery and yellow**
- B. Malodorous and greasy**
- C. Soft and brown**
- D. Hard and formed**

In malabsorption diarrhea, stool characteristics are primarily influenced by the body's inability to properly absorb nutrients, which can lead to the presence of undigested fat in the stool. This results in stools that are often malodorous and greasy. The greasy nature is due to the high fat content, as fats are not adequately absorbed and thus are excreted in the stool. The malodorous aspect arises from the fermentation of undigested nutrients in the intestine, which can produce foul-smelling byproducts. This distinct presentation of greasy, foul-smelling stools is a classic clinical sign of malabsorption, helping clinicians in identifying and diagnosing the underlying condition causing the diarrhea. In contrast, watery and yellow stools may be more indicative of infectious diarrhea, while soft and brown stools typically suggest a normal digestive process. Hard and formed stools are typically associated with constipation or normal bowel function, which does not align with the characteristics of malabsorption diarrhea. Thus, recognizing the unique qualities of stool in malabsorption is crucial for effective management and treatment of the condition.

### 3. What type of lesions typically characterize contact dermatitis?

- A. Papular and vesicular**
- B. Scaly and crusty**
- C. Blistering and dry**
- D. Red and flat**

Contact dermatitis is characterized primarily by papular and vesicular lesions. These types of lesions are indicative of the skin's inflammatory response to allergens or irritants that come into contact with it. Papular lesions are small, raised bumps on the skin, often accompanied by itching, while vesicular lesions are fluid-filled blisters that can develop when the skin reacts severely to an irritant or allergen. The appearance of these lesions can progress from localized redness and swelling to more pronounced blistering, depending on the severity of the exposure and the individual's sensitivity. In contrast, while scaly and crusty lesions, blistering and dry skin, or red and flat skin may occur in a range of skin conditions or other types of dermatitis, they do not specifically define contact dermatitis. The hallmark of contact dermatitis lies in the combination of inflammation leading to papules and vesicles in response to direct contact with the offending agent. Understanding these characteristics aids in diagnosing the condition and determining appropriate treatments.

### 4. What kind of rash is seen in Kawasaki disease?

- A. Pustular rash**
- B. Polymorphous, nonvesicular rash**
- C. Vesicular rash**
- D. Maculopapular rash**

In Kawasaki disease, a polymorphous, nonvesicular rash is a hallmark feature. This type of rash can present in various forms, including maculopapular lesions, which can be widespread on the body. It is often described as having different patterns and can change over time, which corresponds with the nature of the illness that can involve multi-system inflammation. The rash typically appears alongside other clinical signs of Kawasaki disease, such as fever, conjunctival injection, oral mucosal changes, and cervical lymphadenopathy. Recognizing the polymorphous nature of the rash is essential for diagnosis, as it helps differentiate Kawasaki disease from other conditions with dermal symptoms. Thus, understanding the nature of this rash can aid healthcare professionals in identifying and managing Kawasaki disease effectively.

**5. For a patient exhibiting nuchal rigidity and fever, what would be the most appropriate immediate investigation?**

- A. CT scan**
- B. Lumbar puncture**
- C. Blood culture**
- D. X-ray of cervical spine**

In the scenario presented, where a patient is exhibiting nuchal rigidity and fever, the most appropriate immediate investigation is a lumbar puncture. This procedure allows for the direct analysis of cerebrospinal fluid (CSF), which is crucial in diagnosing conditions such as meningitis, a serious infection that can cause these symptoms.

Nuchal rigidity, which is stiffness of the neck, often indicates irritation of the meninges, and when combined with fever, raises concern for meningitis or encephalitis. A lumbar puncture can help differentiate between viral, bacterial, or other types of meningitis based on the appearance, cell count, and biochemical composition of the CSF. Timely diagnosis is critical because bacterial meningitis, in particular, can be life-threatening. While investigating such symptoms, other options may provide valuable information but are not as immediately indicative of a central nervous system infection. For instance, a CT scan could be considered to rule out mass lesions or other structural abnormalities before a lumbar puncture in certain circumstances, especially if there are signs of increased intracranial pressure. Blood cultures can be helpful in detecting systemic infections but would not specifically address the suspicion of meningitis without information about the state of the CSF. An X-ray of the

**6. What is a classic description of vaginal discharge associated with a yeast infection?**

- A. Thin, grey-white**
- B. Purulent, green-grey**
- C. White with a curd-like consistency**
- D. Malodorous and frothy**

A yeast infection, also known as vulvovaginal candidiasis, is typically characterized by a vaginal discharge that has a specific appearance and consistency. The classic description of the discharge associated with a yeast infection is white with a curd-like consistency, often likened to cottage cheese. This type of discharge is usually accompanied by other symptoms such as itching, burning, and irritation in the vaginal area. The reason behind this characteristic discharge is the overgrowth of the fungus *Candida*, which disrupts the normal balance of microorganisms in the vagina. When *Candida* proliferates, it produces a thick, clumpy discharge due to the presence of dead cells and the byproducts of the infection. Understanding these characteristics can help in differentiating yeast infections from other types of vaginal infections, which may present with different types of discharge, such as the thin, grey-white fluid seen in bacterial vaginosis or the purulent and green-grey discharge associated with sexually transmitted infections. Recognizing these symptoms is vital for accurate diagnosis and appropriate treatment.

**7. Which drug is NOT typically used to cardiovert atrial fibrillation back to normal sinus rhythm?**

- A. Amiodarone**
- B. Flecainide**
- C. Ibutilide**
- D. Aspirin**

Aspirin is not used to cardiovert atrial fibrillation back to normal sinus rhythm because it is an antiplatelet medication that functions primarily to prevent blood clot formation, rather than directly affecting the heart's rhythm. In the context of atrial fibrillation, the goal is to restore the normal electrical activity of the heart. The other options listed are all antiarrhythmic drugs used in the management of atrial fibrillation. Amiodarone, Flecainide, and Ibutilide are all capable of converting atrial fibrillation to sinus rhythm through different mechanisms. Amiodarone is particularly effective due to its multi-channel blockade properties, while Flecainide and Ibutilide also work on specific ion channels to restore normal rhythm. Therefore, the use of these medications is relevant to the treatment of atrial fibrillation, making aspirin the clear choice that does not fit this purpose.

**8. Which lab findings are often seen in patients with elevated LDH and low haptoglobin?**

- A. Increased bilirubin levels**
- B. High platelet count**
- C. Normal white blood cell count**
- D. Low creatinine levels**

In the context of elevated lactate dehydrogenase (LDH) and low haptoglobin levels, increased bilirubin levels are commonly observed. When there is hemolysis, or breakdown of red blood cells, the LDH levels rise because LDH is released during cell lysis. Concurrently, low haptoglobin occurs as it binds free hemoglobin released into the bloodstream from lysed erythrocytes, leading to its depletion. As hemoglobin is broken down, it is converted into bilirubin. This process results in an increase in unconjugated bilirubin levels, which is indicative of hemolytic anemia. Thus, the combination of elevated LDH and low haptoglobin effectively points to hemolysis, which characteristically leads to increased bilirubin levels, making this the most appropriate choice among the options. Other lab findings like high platelet count or normal white blood cell count do not directly relate to hemolysis in the same context, and low creatinine levels are not typically influenced by these processes.

**9. What is a common anticonvulsant used for migraine prophylaxis?**

- A. Gabapentin**
- B. Topiramate**
- C. Lamotrigine**
- D. Carbamazepine**

Topiramate is a common anticonvulsant that is widely used for migraine prophylaxis. It has gained approval for this purpose due to its efficacy in reducing the frequency and severity of migraine attacks. Clinical studies have demonstrated that topiramate can significantly lower the occurrence of migraines in individuals who experience chronic or frequent episodes. The mechanism through which topiramate provides migraine relief involves modulation of neurotransmitter activity, specifically influencing GABA receptors, and inhibiting excitatory neurotransmission. In addition to its migraine prophylactic qualities, topiramate has a favorable side effect profile for many patients, making it a preferred choice among healthcare providers for this indication. It is also noted that topiramate is not only effective but can offer additional benefits, such as weight loss, which is attractive for patients who may be managing weight-related issues alongside their migraines. While other anticonvulsants, such as gabapentin and lamotrigine, have some evidence supporting their use in migraine treatment, they are not as commonly utilized for migraine prophylaxis as topiramate is. Gabapentin is more often used for neuropathic pain, and lamotrigine is primarily indicated for bipolar disorder and epilepsy. Carbamazepine is also not typically used for

**10. A patient presents with visual blurring and daily headaches. What is the most likely diagnosis?**

- A. Migraine**
- B. Pseudotumor cerebri**
- C. Tumor**
- D. Glaucoma**

The presentation of visual blurring and daily headaches strongly suggests pseudotumor cerebri, also known as idiopathic intracranial hypertension. This condition is characterized by increased intracranial pressure without a detectable cause on imaging. It typically occurs in overweight women of childbearing age, but can potentially affect others as well. Patients often experience headaches, which may be described as throbbing or relentless, and visual disturbances such as blurred vision or transient visual obscurations. Pseudotumor cerebri results from an imbalance between cerebrospinal fluid production and absorption, leading to increased pressure. The associated symptoms, especially the combination of headaches and visual changes, are classic for this condition, making it a strong contender as the most likely diagnosis in this scenario. In contrast, while migraines can present with headaches and occasionally visual changes (like aura), they generally don't cause persistent visual blurring as a hallmark feature, nor do they typically lead to increased intracranial pressure. Tumors may also cause headaches and visual changes, but they usually present with other neurological deficits and would likely be identified through imaging studies. Glaucoma primarily involves increased intraocular pressure with a characteristic threat to peripheral vision, but it doesn't typically present with daily headaches unless there

# 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://uvafamilymedicine.examzify.com>**

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

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