

UVA Family Medicine 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

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- 1. In the case of rhabdomyolysis, what is a serious complication that can occur due to myoglobinuria?**
 - A. Heart failure**
 - B. Renal failure**
 - C. Respiratory failure**
 - D. Pancreatitis**
- 2. What laboratory test is most appropriate to further investigate antibody-negative hemolytic anemia?**
 - A. Reticulocyte count**
 - B. Osmotic fragility test**
 - C. Bilirubin level**
 - D. Coomb's test**
- 3. What is the mnemonic 'CHIMPANZES' used to remember?**
 - A. Symptoms of congenital infections**
 - B. Causes of secondary hypercalcemia**
 - C. Medications that cause hyperuricemia**
 - D. Types of congenital anomalies**
- 4. Which symptom is NOT typically associated with chlamydial cervicitis?**
 - A. Purulent cervical discharge**
 - B. Friable cervix**
 - C. Severe abdominal pain**
 - D. Occasional dysuria**
- 5. For low-risk solitary pulmonary nodules, what characteristic is NOT true?**
 - A. Patient can be a smoker**
 - B. Nodule size is less than 2 cm**
 - C. Patients are usually under 35**
 - D. Patients are followed with imaging every 3-6 months**

6. What condition is most likely diagnosed in a postpartum female with symptoms of dry skin and inability to lactate?

- A. Postpartum depression**
- B. Sheehan syndrome**
- C. Thyroiditis**
- D. Hyperprolactinemia**

7. What is a critical condition requiring immediate management in hypercalcemia?

- A. Calcium levels above 10.5 mg/dL**
- B. Calcium levels above 11 mg/dL**
- C. Calcium levels above 12 mg/dL**
- D. Calcium levels above 14 mg/dL**

8. Which patients should be hospitalized for community-acquired pneumonia (CAP)?

- A. Younger adults with mild symptoms**
- B. Elderly patients with stable vitals**
- C. Patients with acute mental status changes**
- D. Patients with no medical comorbidities**

9. What is typically indicated in patients exhibiting symptoms of coronary artery disease?

- A. Aspirin**
- B. Beta-blockers**
- C. Corticosteroids**
- D. Antihistamines**

10. What characterizes the pain experienced by the woman with spinal issues?

- A. Pain improved by resting**
- B. Pain worsened by sitting**
- C. Pain sharp in nature**
- D. Pain aggravated by walking.**

Answers

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

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Explanations

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1. In the case of rhabdomyolysis, what is a serious complication that can occur due to myoglobinuria?

- A. Heart failure**
- B. Renal failure**
- C. Respiratory failure**
- D. Pancreatitis**

Myoglobinuria, which occurs in rhabdomyolysis, is characterized by the release of myoglobin into the bloodstream following muscle injury. This myoglobin is subsequently filtered by the kidneys, where it can cause significant damage, leading to acute renal failure. The presence of myoglobin in the urine can result in tubular obstruction and toxicity to renal cells, compromising kidney function. As the kidneys become overwhelmed, the filtration capacity is diminished, leading to a build-up of waste products in the blood and potentially resulting in renal failure. Early identification and treatment of rhabdomyolysis are essential to prevent this serious complication. While heart failure, respiratory failure, and pancreatitis can be serious conditions associated with other medical situations, they are not a direct consequence of myoglobinuria and the pathophysiological processes initiated by rhabdomyolysis. Thus, acute renal failure stands out as the most significant complication linked to myoglobinuria in this context.

2. What laboratory test is most appropriate to further investigate antibody-negative hemolytic anemia?

- A. Reticulocyte count**
- B. Osmotic fragility test**
- C. Bilirubin level**
- D. Coomb's test**

In the context of antibody-negative hemolytic anemia, the osmotic fragility test is particularly appropriate as it assesses the presence of hereditary conditions such as hereditary spherocytosis, which can lead to hemolytic anemia. This test evaluates red blood cell membranes' stability in varying concentrations of saline, helping to determine if there is increased fragility that could explain the hemolytic anemia observed. While a reticulocyte count would provide information on the bone marrow's response to anemia, it does not specifically clarify the etiology of hemolysis. A bilirubin level could indicate hemolysis if elevated, but it is not diagnostic for the specific type of hemolytic anemia. Coomb's test is used primarily in cases where autoimmune hemolytic anemia is suspected, particularly when antibodies are present, which is not the scenario here given the condition mentioned is antibody-negative. Thus, the osmotic fragility test stands out as the most logical next step in this diagnostic pathway.

3. What is the mnemonic 'CHIMPANZES' used to remember?

- A. Symptoms of congenital infections
- B. Causes of secondary hypercalcemia**
- C. Medications that cause hyperuricemia
- D. Types of congenital anomalies

The mnemonic 'CHIMPANZES' is used to remember the causes of secondary hypercalcemia. This mnemonic outlines various conditions that can lead to elevated calcium levels in the blood due to processes other than primary hyperparathyroidism. Each letter in 'CHIMPANZES' corresponds to a specific cause, helping to recall a variety of related disorders, such as malignancies, medications, and endocrine disorders, that can contribute to secondary hypercalcemia. Understanding secondary hypercalcemia is essential as it often requires different management strategies compared to primary disorders of calcium metabolism, like primary hyperparathyroidism. Recognizing these causes can aid in diagnosis and treatment decisions in clinical practice, reinforcing the importance of this mnemonic in the context of family medicine and general medical education.

4. Which symptom is NOT typically associated with chlamydial cervicitis?

- A. Purulent cervical discharge
- B. Friable cervix
- C. Severe abdominal pain**
- D. Occasional dysuria

Chlamydial cervicitis often presents with a range of symptoms, some of which can be quite mild. Purulent cervical discharge and a friable cervix are commonly observed clinical signs. Patients may experience a mucopurulent discharge due to inflammation of the cervix, and the fragility of the tissue can lead to bleeding, especially during examination. Dysuria, or painful urination, may occur occasionally as a result of urinary tract involvement but is not always present. Severe abdominal pain, however, is not typical for chlamydial cervicitis. This symptom is more indicative of pelvic inflammatory disease (PID), which can develop if chlamydia infections ascend to involve the uterus and fallopian tubes. The pain associated with PID is usually more severe and is tied to inflammation of these structures, rather than cervicitis alone. Therefore, the presence of severe abdominal pain distinguishes it from the other symptoms more commonly associated with chlamydial cervicitis.

5. For low-risk solitary pulmonary nodules, what characteristic is NOT true?

- A. Patient can be a smoker**
- B. Nodule size is less than 2 cm**
- C. Patients are usually under 35**
- D. Patients are followed with imaging every 3-6 months**

When considering low-risk solitary pulmonary nodules, the characteristic that is not true is that the patient can be a smoker. Generally, smoking is a significant risk factor for lung cancer and associated pulmonary nodules. In the context of low-risk nodules, patients are often non-smokers or have minimal smoking histories, as the presence of smoking increases the likelihood of malignancy. On the other hand, the other characteristics align with the definition of low-risk solitary pulmonary nodules. Nodule size being less than 2 cm is a key factor, as nodules of this size are generally considered to have a lower probability of being malignant. Additionally, patients under the age of 35 tend to have a lower incidence of lung cancer, contributing to the low-risk classification of their pulmonary nodules. Lastly, following up with imaging every 3-6 months is a standard practice to monitor the growth of the nodule and ensure it remains benign. Such follow-ups help in timely identification of any changes that could raise concern, consistent with the management of low-risk nodules.

6. What condition is most likely diagnosed in a postpartum female with symptoms of dry skin and inability to lactate?

- A. Postpartum depression**
- B. Sheehan syndrome**
- C. Thyroiditis**
- D. Hyperprolactinemia**

The symptoms presented—a combination of dry skin and inability to lactate in a postpartum female—suggest a diagnosis related to a condition affecting hormonal production. Sheehan syndrome, which is pituitary gland failure due to severe blood loss and hypotension during or after childbirth, is a key consideration here. In Sheehan syndrome, the pituitary gland is damaged due to the stress of childbirth, leading to insufficient production of important hormones like prolactin, which is necessary for lactation. The impaired hormonal signaling can also impact the thyroid hormone levels, potentially resulting in symptoms such as dry skin, which is commonly associated with hypothyroidism. The inability to lactate, coupled with symptoms that may resemble other endocrine dysfunctions (like dry skin), aligns well with Sheehan syndrome, where the failure to produce lactation-inducing hormones is a hallmark of the condition. Therefore, in this context, the diagnosis of Sheehan syndrome is particularly fitting because it encompasses both the lactation issue and the symptoms that could emerge from hormonal imbalances that are characteristic of postpartum complications.

7. What is a critical condition requiring immediate management in hypercalcemia?

- A. Calcium levels above 10.5 mg/dL**
- B. Calcium levels above 11 mg/dL**
- C. Calcium levels above 12 mg/dL**
- D. Calcium levels above 14 mg/dL**

In hypercalcemia, a critical condition that requires immediate management is typically identified when calcium levels rise significantly, specifically above 14 mg/dL. At this level, patients may present with severe symptoms and complications that can include life-threatening situations like cardiac arrhythmias, neurological disturbances, and acute kidney injury. High levels of calcium can destabilize cellular functions and lead to symptoms such as confusion, weakness, vomiting, and dehydration, warranting urgent intervention. Management may involve hydration with intravenous fluids, diuretics, bisphosphonates, or other medications to rapidly reduce calcium levels and prevent the severe consequences of hypercalcemia. The risks associated with levels above this threshold underscore the necessity for prompt and effective treatment to mitigate potential life-threatening effects. Levels below this threshold, while still abnormal, do not usually present the same level of urgency and can often be managed more conservatively depending on the clinical context.

8. Which patients should be hospitalized for community-acquired pneumonia (CAP)?

- A. Younger adults with mild symptoms**
- B. Elderly patients with stable vitals**
- C. Patients with acute mental status changes**
- D. Patients with no medical comorbidities**

Hospitalization for community-acquired pneumonia (CAP) is often necessary for patients who present with certain clinical features that suggest a higher risk for severe disease or complications. Acute mental status changes in a patient can signify several serious underlying issues, such as hypoxia, sepsis, or severe infection. This altered mental status indicates that the patient may not be able to maintain adequate self-care, may have an inability to follow up with treatment, and may need a higher level of medical intervention. Patients with acute mental status changes are typically more vulnerable and may require closer monitoring, intravenous fluids, or antibiotics, as well as supportive care that can be best provided in a hospital setting. Moreover, these changes often denote a systemic response to the infection, which can escalate rapidly if not managed appropriately. Thus, these patients are prioritized for hospitalization to ensure their safety and to provide the intensive care they may require. In contrast, younger adults with mild symptoms, elderly patients with stable vital signs, and those with no medical comorbidities generally have a lower risk of severe outcomes and may be appropriate candidates for outpatient management, depending on other clinical factors.

9. What is typically indicated in patients exhibiting symptoms of coronary artery disease?

- A. Aspirin**
- B. Beta-blockers**
- C. Corticosteroids**
- D. Antihistamines**

Aspirin is commonly indicated for patients exhibiting symptoms of coronary artery disease because it plays a crucial role in the prevention of cardiovascular events. Aspirin functions as an antiplatelet agent, which means it helps to inhibit the aggregation of platelets in the bloodstream. This property is particularly important in coronary artery disease, where plaque formation can lead to the risk of clot formation that could occlude blood flow to the heart muscle, causing angina or even a heart attack. By reducing platelet aggregation, aspirin lowers the likelihood of thrombus formation on the atherosclerotic plaques, which can significantly reduce the risk of acute coronary syndrome and other cardiovascular complications. This antithrombotic effect is a cornerstone in the management of patients with coronary artery disease, especially those who have already experienced myocardial infarction or have unstable angina. The other options have roles in different contexts: beta blockers are useful for managing heart rate and blood pressure in various cardiac conditions, corticosteroids primarily address inflammatory processes, and antihistamines are used mainly for allergic reactions, making them less relevant in the context of coronary artery disease symptoms.

10. What characterizes the pain experienced by the woman with spinal issues?

- A. Pain improved by resting**
- B. Pain worsened by sitting**
- C. Pain sharp in nature**
- D. Pain aggravated by walking.**

The pain experienced by the woman with spinal issues is characterized as being aggravated by walking. This is often associated with conditions such as spinal stenosis or herniated discs, where the act of walking places additional stress on the spine and surrounding structures. As the person walks, the pressure and strain can exacerbate the pain due to the compressive forces on nerves or inflamed areas, leading to increased discomfort. Understanding this type of pain can help in diagnosing the underlying spinal condition. Other characteristics of spinal-related pain include the potential for it to be relieved by sitting or resting, which is opposite to the increased pain associated with activities like walking. In conditions where nerve entrapment occurs, standing or walking often increases the symptoms due to more extensive use of certain muscle groups and skeletal support structures. This specific pattern of pain can guide healthcare providers in tailoring appropriate treatments and interventions.

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://uvafamilymedicine.examzify.com>

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

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