

UVA FAMILY MEDICINE PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://uvafamilymedicine.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

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

SAMPLE

- 1. What is the mechanism of action of uricosuric medications?**
 - A. Increase renal reabsorption of uric acid
 - B. Block the reabsorption of uric acid in the renal tubule
 - C. Stimulate the production of uric acid
 - D. Enhance the excretion of creatinine
- 2. Which stage of Hodgkin's lymphoma indicates involvement of bilateral lymph node regions?**
 - A. I
 - B. II
 - C. III
 - D. IV
- 3. What is a common side effect of using IUDs in sexually active patients?**
 - A. Increased menstrual flow
 - B. Menstrual irregularities
 - C. Risk of upper genital tract infection
 - D. Increased pregnancy risk
- 4. Which condition is characterized by a markedly elevated ESR, typically above 70-80?**
 - A. Rheumatoid arthritis
 - B. Systemic lupus erythematosus
 - C. Polymyalgia rheumatica
 - D. Giant cell arteritis
- 5. When is RSV immunization (palivizumab) recommended?**
 - A. Healthy term infants
 - B. Premature infants
 - C. Infants with no medical history
 - D. All infants under 1 year old

- 6. Which of the following conditions is NOT treated by big gun antibiotics?**
- A. Atypical causes of PNA (mycoplasma, chlamydia, legionella)
 - B. Treatment for tension pneumothorax
 - C. Bacterial sepsis
 - D. Severe pneumonia due to *Streptococcus pneumoniae*
- 7. What clinical sign is indicative of respiratory distress in the examined infant?**
- A. Nasal congestion
 - B. Intercostal retractions
 - C. Cyanosis of lips
 - D. Bradycardia
- 8. What is the first step in managing a patient with atrial fibrillation?**
- A. Anticoagulate them
 - B. Cardiovert using electricity
 - C. Administer beta-blockers
 - D. Start antiarrhythmic medication
- 9. In a patient with lumbar spinal stenosis, which symptom is typically exacerbated during ambulation?**
- A. Severe numbness
 - B. Back stiffness
 - C. Radicular pain
 - D. Claudication-like symptoms
- 10. If a patient reports acute onset asthma symptoms with high respiratory rate and wheezing, what is a potential complication to monitor for?**
- A. Hypertension
 - B. Respiratory acidosis
 - C. Cardiac arrest
 - D. Hypoglycemia

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is the mechanism of action of uricosuric medications?

- A. Increase renal reabsorption of uric acid
- B. Block the reabsorption of uric acid in the renal tubule**
- C. Stimulate the production of uric acid
- D. Enhance the excretion of creatinine

Uricosuric medications are designed to lower uric acid levels in the body, and they achieve this primarily by blocking the reabsorption of uric acid in the renal tubule. In the kidneys, uric acid is filtered from the blood and then partially reabsorbed back into the bloodstream. Uricosuric agents inhibit transport mechanisms responsible for this reabsorption, resulting in increased uric acid excretion in the urine. This mechanism effectively reduces serum uric acid levels, which is crucial for managing conditions such as gout, where high uric acid levels can contribute to painful joint inflammation. This focus on renal handling of uric acid highlights the distinction of uricosuric medications from other types of drugs that might increase the production of uric acid or enhance the excretion of other substances like creatinine, but not uric acid specifically. Understanding this mechanism is essential for utilizing uricosuric medications effectively in clinical practice.

2. Which stage of Hodgkin's lymphoma indicates involvement of bilateral lymph node regions?

- A. I
- B. II
- C. III**
- D. IV

The correct answer is C, as Stage III of Hodgkin's lymphoma is characterized by the involvement of lymph nodes on both sides of the diaphragm. This stage identifies two or more lymph node groups that are affected, with at least one group located above and at least one group below the diaphragm. Understanding the stages of Hodgkin's lymphoma is fundamental in determining the extent of the disease. Stage I involves a single lymph node region, while Stage II indicates disease localized to two or more lymph node regions on the same side of the diaphragm. In contrast, Stage IV signifies more widespread disease, which includes extralymphatic involvement, distinct from the bilateral lymph node region aspect focused on in Stage III. Thus, identifying Stage III is crucial as it highlights the more diffuse nature of the lymphoma, impacting treatment decisions and prognosis.

3. What is a common side effect of using IUDs in sexually active patients?

- A. Increased menstrual flow
- B. Menstrual irregularities
- C. Risk of upper genital tract infection**
- D. Increased pregnancy risk

Utilizing an intrauterine device (IUD) can sometimes lead to the concern of an increased risk of upper genital tract infections, particularly in certain populations. While IUDs are highly effective as a contraceptive method and generally safe, they do introduce a foreign body into the uterus, which can potentially alter the normal vaginal flora and create a pathway for infections to ascend into the pelvic area. The risk is particularly pertinent in patients who may have a higher prevalence of sexually transmitted infections (STIs) or those who have been screened and are at risk for upper genital tract infections. It's crucial to understand that this risk isn't universally elevated for all users but is significant enough to be a consideration when counseling patients on IUDs. In contrast, while increased menstrual flow and menstrual irregularities are common side effects of IUDs, they do not directly correspond with the concern about infection. Additionally, IUDs are designed to reduce the risk of pregnancy rather than increase it, making the pregnancy risk option incorrect. Thus, the heightened awareness around the potential for upper genital tract infections stands out as a pertinent consideration in sexually active individuals using IUDs.

4. Which condition is characterized by a markedly elevated ESR, typically above 70-80?

- A. Rheumatoid arthritis
- B. Systemic lupus erythematosus
- C. Polymyalgia rheumatica**
- D. Giant cell arteritis

Polymyalgia rheumatica is characterized by muscle pain and stiffness, particularly in the hips and shoulders, and is commonly associated with a marked elevation in the erythrocyte sedimentation rate (ESR), often exceeding 70-80 mm/hr. This significant elevation reflects the inflammatory nature of the condition. In polymyalgia rheumatica, the inflammation is linked to the synovial tissues, and the elevated ESR serves as a useful diagnostic marker. While rheumatoid arthritis, systemic lupus erythematosus, and giant cell arteritis can also present with increased ESR levels, the degree of elevation seen in polymyalgia rheumatica is particularly notable and is often used to differentiate it from other inflammatory disorders. Furthermore, polymyalgia rheumatica can occur in conjunction with giant cell arteritis, but they are distinct entities, primarily characterized by their presentations and specific patterns of inflammatory markers.

5. When is RSV immunization (palivizumab) recommended?

- A. Healthy term infants
- B. Premature infants**
- C. Infants with no medical history
- D. All infants under 1 year old

RSV immunization with palivizumab is specifically recommended for premature infants, particularly those born at less than 29 weeks gestation, as they are at a higher risk for severe respiratory syncytial virus (RSV) infections. Premature infants have underdeveloped lungs and immune systems, making them more vulnerable to the complications of viral infections like RSV, which can lead to bronchiolitis and pneumonia. In addition to premature infants, palivizumab may be recommended for infants with certain underlying health conditions, such as congenital heart disease or chronic lung disease, who are also at increased risk for severe RSV disease. Other groups, such as healthy term infants and infants without medical history, are generally not the target for this specific immunization since they typically do not experience severe RSV disease. Furthermore, the recommendation does not extend to all infants under one year of age, as the use of palivizumab is restricted to specific high-risk populations to ensure that the medication is allocated effectively where it is most needed.

6. Which of the following conditions is NOT treated by big gun antibiotics?

- A. Atypical causes of PNA (mycoplasma, chlamydia, legionella)
- B. Treatment for tension pneumothorax**
- C. Bacterial sepsis
- D. Severe pneumonia due to *Streptococcus pneumoniae*

In this context, the treatment of tension pneumothorax does not involve antibiotics, including "big gun" antibiotics, which are typically reserved for severe bacterial infections. Tension pneumothorax is a medical emergency that requires immediate therapeutic intervention through procedures such as needle decompression or chest tube insertion to relieve the pressure in the pleural space. Antibiotics are not a part of this acute management since the primary concern is to stabilize the airway and circulation, not to treat an infection. In contrast, the other conditions listed—atypical causes of pneumonia, bacterial sepsis, and severe pneumonia due to *Streptococcus pneumoniae*—are all related to infections that warrant the use of strong antibiotics for effective treatment. Atypical pneumonia caused by pathogens like mycoplasma, chlamydia, and legionella can necessitate specific antibiotics that are considered stronger due to the nature of these infections. In bacterial sepsis, which is a systemic infection, prompt antibiotic therapy is vital for improving patient outcomes. Severe pneumonia due to *Streptococcus pneumoniae* also often requires aggressive antibiotic therapy to manage the significant risk associated with this infection. Thus, the correct answer revolves around the understanding that tension pneumothorax is a structural and functional respiratory emergency rather

7. What clinical sign is indicative of respiratory distress in the examined infant?

- A. Nasal congestion
- B. Intercostal retractions**
- C. Cyanosis of lips
- D. Bradycardia

Intercostal retractions are a significant clinical sign indicative of respiratory distress, especially in infants. This occurs when the muscles between the ribs (intercostal muscles) contract more significantly as the infant struggles to breathe, resulting in a noticeable pulling in of the skin and muscles between the ribs during inhalation. This indicates that the infant is using more effort than normal to breathe, signifying that they may be experiencing difficulty in getting adequate air into their lungs. Nasal congestion can be a common occurrence in infants and does not necessarily indicate respiratory distress. It can occur due to various benign reasons, such as a cold or allergies, and does not reflect the infant's overall respiratory effort. Cyanosis of the lips is a concerning sign that can indicate hypoxia (low oxygen levels). While it is serious and warrants immediate attention, it is not as specific as intercostal retractions in showing that an infant is actively struggling to breathe. Bradycardia, a slowing heart rate, can occur in some respiratory conditions but is not a direct indicator of respiratory distress. Instead, it could be a sign of low oxygenation, but does not necessarily reflect the infant's immediate effort in respiration. In summary, intercostal retractions are a clear

8. What is the first step in managing a patient with atrial fibrillation?

- A. Anticoagulant them**
- B. Cardiovert using electricity
- C. Administer beta-blockers
- D. Start antiarrhythmic medication

In managing a patient with atrial fibrillation, the first step involves assessing the need for anticoagulation. This is crucial, as atrial fibrillation significantly increases the risk of thromboembolic events, particularly stroke. The initiation of anticoagulation therapy helps to reduce this risk by preventing blood clots from forming in the atria, where blood flow may be turbulent due to the irregular heart rhythms associated with atrial fibrillation. Anticoagulation is typically guided by the patient's stroke risk, often assessed using tools like the CHA2DS2-VASc score. If the score indicates a high risk of stroke, anticoagulation should be prioritized before addressing rhythm control or rate control through methods such as cardioversion or medication. Therefore, ensuring appropriate anticoagulation is foundational in managing atrial fibrillation. While rhythm control and rate control are important components of the overall treatment plan—potentially involving electricity for cardioversion or medications like beta-blockers—these steps should follow the establishment of anticoagulation, especially for patients with a significant risk of thromboembolism.

9. In a patient with lumbar spinal stenosis, which symptom is typically exacerbated during ambulation?

- A. Severe numbness
- B. Back stiffness
- C. Radicular pain**
- D. Claudication-like symptoms

In patients suffering from lumbar spinal stenosis, claudication-like symptoms are commonly exacerbated during ambulation. Lumbar spinal stenosis refers to the narrowing of the spinal canal, which often leads to compression of spinal nerves, particularly in the lumbar region. When a person with spinal stenosis walks, the extension of the spine can increase pressure on the nerves, leading to symptoms such as pain, cramping, and discomfort in the lower extremities. These symptoms are often characterized by their resemblance to claudication, which is typically seen in vascular insufficiency. However, in this context, the term refers to neurogenic claudication, which occurs due to nerve compression rather than vascular issues. The pain may improve with bending forward or sitting, as these positions reduce the encroachment on the nerves. This is a hallmark characteristic of lumbar spinal stenosis, making claudication-like symptoms the most pertinent answer when considering exacerbation during ambulation.

10. If a patient reports acute onset asthma symptoms with high respiratory rate and wheezing, what is a potential complication to monitor for?

- A. Hypertension
- B. Respiratory acidosis**
- C. Cardiac arrest
- D. Hypoglycemia

Monitoring for respiratory acidosis is crucial in a patient presenting with acute onset asthma symptoms, characterized by high respiratory rates and wheezing. This condition often leads to impaired gas exchange due to bronchoconstriction and inflammation of the airways, causing carbon dioxide to accumulate in the bloodstream. As the patient struggles to breathe adequately, they may not be able to exhale carbon dioxide effectively, resulting in an increase in arterial carbon dioxide levels (hypercapnia) and a decrease in blood pH, leading to respiratory acidosis. This is particularly important in asthma exacerbations, where the patient's ability to ventilate properly is compromised. Recognizing and addressing respiratory acidosis is vital, as it can escalate if the patient's condition worsens, potentially leading to further respiratory distress or even respiratory failure. While other complications can occur with acute asthma presentations, such as hypoxemia or cardiac complications due to stress and hard work of breathing, respiratory acidosis is a direct and common consequence linked to the ineffective ventilation seen in severe asthma episodes.

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!

SAMPLE