

# Weakest Link 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 behavioral obesity treatment, what is the typical duration of a session?**
  - A. 30-60 minutes**
  - B. 15-30 minutes**
  - C. 120-180 minutes**
  - D. 60-90 minutes**
  
- 2. Phentermine and Diethylpropion are contraindicated in patients with which history?**
  - A. Hyperlipidemia**
  - B. History of cardiovascular disease**
  - C. Asthma**
  - D. Controlled hypertension**
  
- 3. For patients treated for zinc deficiency or using supplemental zinc, what copper supplementation is advised?**
  - A. 1 mg copper for each 8-15 mg zinc**
  - B. 1 mg copper for each 2 mg zinc**
  - C. 2 mg copper for every 100 mg zinc**
  - D. 0.5 mg copper for each 20 mg zinc**
  
- 4. What is the hallmark deformity of Blount disease?**
  - A. Bowing of tibia**
  - B. Bowing of femur**
  - C. Scoliosis**
  - D. Angular deformity of the radius**
  
- 5. How often should medication assessment occur in weight management programs?**
  - A. Every Month for 6 Months, Then Every 6 Months**
  - B. Every Week**
  - C. Every Month x3 Months, Then Every 3 Months**
  - D. Only When Initiated**

- 6. Topiramate in the Phentermine/Topiramate combination is described as which?**
- A. Neurostabilizer and antiseizure**
  - B. Dopamine reuptake inhibitor**
  - C. Serotonin receptor antagonist**
  - D. Norepinephrine reuptake inhibitor**
- 7. Orlistat's primary mechanism is to block absorption of fat calories. What percent range is reported?**
- A. Blocks absorption of 25-30% of fat calories**
  - B. Blocks absorption of 50% of fat calories**
  - C. Blocks carbohydrate absorption**
  - D. Stimulates fat oxidation only**
- 8. Which option is NOT listed as a cognitive behavioral counseling technique?**
- A. Self-monitoring**
  - B. Stimulus control**
  - C. Cognitive restructuring**
  - D. Mindfulness training**
- 9. Which cognitive behavioral counseling technique focuses on changing internal thoughts to influence behavior?**
- A. Self-monitoring**
  - B. Stimulus control**
  - C. Cognitive restructuring**
  - D. Goal setting**
- 10. Bupropion's mechanism includes inhibition of reuptake of which neurotransmitters?**
- A. Dopamine + norepinephrine reuptake inhibitor**
  - B. Serotonin reuptake inhibitors**
  - C. GABA reuptake inhibitors**
  - D. Acetylcholine reuptake inhibitors**

## Answers

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

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## **Explanations**

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**1. In behavioral obesity treatment, what is the typical duration of a session?**

- A. 30-60 minutes**
- B. 15-30 minutes**
- C. 120-180 minutes**
- D. 60-90 minutes**

In behavioral obesity treatment, sessions are designed to cover self-monitoring review, education, and skills practice in a single, manageable visit. A typical session lasts about 60 minutes, and many programs extend to around 90 minutes to ensure all key elements are effectively addressed. This length is long enough to review daily food and activity logs, provide feedback, teach behavioral strategies (like portion control, stimulus control, and problem-solving), set realistic goals, and plan next steps, without becoming impractical for patients to attend. Shorter sessions, such as 15-30 minutes, often don't give enough time to cover these components in depth, while much longer sessions (120-180 minutes) are usually unnecessary and harder to fit into patients' schedules.

**2. Phentermine and Diethylpropion are contraindicated in patients with which history?**

- A. Hyperlipidemia**
- B. History of cardiovascular disease**
- C. Asthma**
- D. Controlled hypertension**

The key idea is that these medications are stimulants that boost the sympathetic nervous system, raising heart rate and blood pressure and increasing the heart's oxygen demand. In someone with a history of cardiovascular disease, this additional stimulation can trigger chest pain, arrhythmias, ischemia, or heart failure exacerbation. That's why a history of cardiovascular disease is a clear contraindication. Hyperlipidemia alone doesn't create the same immediate cardiovascular risk with these drugs, asthma is unrelated to heart risk, and while controlling blood pressure is important, the presence of established cardiovascular disease poses the more direct and serious risk, making the history of cardiovascular disease the correct contraindication.

**3. For patients treated for zinc deficiency or using supplemental zinc, what copper supplementation is advised?**

- A. 1 mg copper for each 8-15 mg zinc**
- B. 1 mg copper for each 2 mg zinc**
- C. 2 mg copper for every 100 mg zinc**
- D. 0.5 mg copper for each 20 mg zinc**

When zinc is given in high amounts or over a long period, it can interfere with copper absorption in the gut. This happens because zinc increases the production of a protein called metallothionein, which binds copper and reduces its uptake, potentially leading to copper deficiency. To prevent this, copper is added at a practical ratio to zinc. The commonly recommended approach is about 1 mg of copper for every 8 to 15 mg of zinc. This ratio helps maintain adequate copper status while you're correcting zinc deficiency or taking zinc supplements. Why the other ratios aren't as suitable: ratios that give much more copper per zinc could risk copper excess, while ratios with far less copper wouldn't adequately counteract the zinc-induced absorption issue during high zinc use. The 1 mg per 8-15 mg zinc guideline is a balanced, widely used rule of thumb for this situation.

**4. What is the hallmark deformity of Blount disease?**

- A. Bowing of tibia**
- B. Bowing of femur**
- C. Scoliosis**
- D. Angular deformity of the radius**

Blount disease is defined by abnormal growth at the proximal tibial physis, which produces angular deformity of the leg. The hallmark deformity is bowing of the tibia—specifically a varus, inward bowing of the proximal tibia (tibia vara). This localized tibial bowing beneath the knee is classic for this condition and helps distinguish it from deformities of other bones or the spine. In contrast, deformities of the femur, scoliosis, or angular deformities of the radius are not characteristic hallmarks of Blount disease.

**5. How often should medication assessment occur in weight management programs?**

- A. Every Month for 6 Months, Then Every 6 Months**
- B. Every Week**
- C. Every Month x3 Months, Then Every 3 Months**
- D. Only When Initiated**

Regular medication assessment during weight-management programs focuses on close monitoring in the early phase and ongoing safety as you progress. In the initial period, checking frequently allows you to see how the patient responds to the medication, whether they tolerate it well, and if any adverse effects or dose adjustments are needed. This is when titration happens and decisions about continuing, stopping, or changing the regimen are most important. Once the patient has established tolerance and a stable response over a few months, the monitoring can become less frequent, typically every three months, to keep track of ongoing effectiveness, safety, and adherence without overburdening the patient. So the pattern of monthly assessments for the first three months, followed by quarterly assessments, best fits this approach: it provides intensive monitoring during initiation and titration, then a sustainable cadence once stability is achieved. Weekly checks would be excessive for most medications, and waiting only until initiation or extending to six-month gaps after a short period would miss potential ongoing issues or slow responses.

**6. Topiramate in the Phentermine/Topiramate combination is described as which?**

- A. Neurostabilizer and antiseizure**
- B. Dopamine reuptake inhibitor**
- C. Serotonin receptor antagonist**
- D. Norepinephrine reuptake inhibitor**

Topiramate is described as a neurostabilizer and antiseizure because it directly reduces neuronal excitability. It helps stabilize nerve firing by multiple actions: enhancing GABA-mediated inhibition, dampening excitatory signals through blocking AMPA/kainate receptors, and reducing excitability via effects on voltage-gated sodium channels. This combination lowers the likelihood of hyperactive neural activity that leads to seizures, which is why it's labeled an antiseizure (anticonvulsant) medication. In the phentermine/topiramate combination, this anticonvulsant profile underpins the neurostabilizing description. The other potential mechanisms listed—dopamine reuptake inhibition, serotonin receptor antagonism, or norepinephrine reuptake inhibition—aren't the primary actions of topiramate and aren't how this drug is categorized.

7. Orlistat's primary mechanism is to block absorption of fat calories. What percent range is reported?

- A. Blocks absorption of 25-30% of fat calories**
- B. Blocks absorption of 50% of fat calories**
- C. Blocks carbohydrate absorption**
- D. Stimulates fat oxidation only**

Orlistat works by acting in the gut to inhibit gastric and pancreatic lipase, the enzymes that break down dietary fat. Without lipase, triglycerides aren't hydrolyzed into absorbable fatty acids and monoglycerides, so less fat is absorbed and more is excreted in the stool. The amount of fat calories blocked is typically around 25-30% for a fat-containing meal. It's not about blocking carbohydrate absorption and it doesn't stimulate fat oxidation; it reduces the amount of fat that can be absorbed. The exact percentage can vary with meal fat content and individual factors.

8. Which option is NOT listed as a cognitive behavioral counseling technique?

- A. Self-monitoring**
- B. Stimulus control**
- C. Cognitive restructuring**
- D. Mindfulness training**

Mindful, present-moment awareness is used to observe thoughts and feelings without judgment, which makes it a powerful practice, but in traditional cognitive-behavioral counseling, the core techniques are focused on changing thinking and behavior through specific, action-oriented strategies. Self-monitoring involves tracking one's own behaviors and triggers to gain insight and accountability. Stimulus control modifies the environment to make desired behaviors easier and unwanted ones harder. Cognitive restructuring targets distorted or unhelpful thoughts and helps replace them with more balanced interpretations. Mindfulness training, while valuable and often integrated into newer or expanded CBT approaches, is typically categorized separately as a mindfulness-based or acceptance-based practice rather than a core CBT technique.

**9. Which cognitive behavioral counseling technique focuses on changing internal thoughts to influence behavior?**

- A. Self-monitoring**
- B. Stimulus control**
- C. Cognitive restructuring**
- D. Goal setting**

Cognitive behavioral approaches rest on the idea that internal thoughts shape feelings and actions. The technique that directly targets changing those internal thoughts to influence behavior is cognitive restructuring. It walks a client through identifying distorted or unhelpful beliefs, examining the evidence for and against them, and replacing them with more balanced, realistic thoughts. This shift in thinking tends to reduce negative emotions and makes adaptive behaviors more likely. For example, when someone notices a fear that they'll embarrass themselves if they try, cognitive restructuring helps reframe it to something like, "I can prepare and contribute; mistakes are part of learning," which supports more confident engagement. Self-monitoring focuses on noticing and recording behaviors and cues to build awareness. Stimulus control changes the environment to reduce triggering cues for unwanted behavior. Goal setting centers on defining targets and plans to achieve them. While these can support change, they don't directly alter internal thought processes in the way cognitive restructuring does.

**10. Bupropion's mechanism includes inhibition of reuptake of which neurotransmitters?**

- A. Dopamine + norepinephrine reuptake inhibitor**
- B. Serotonin reuptake inhibitors**
- C. GABA reuptake inhibitors**
- D. Acetylcholine reuptake inhibitors**

Bupropion works mainly by blocking the reuptake of dopamine and norepinephrine, making it a norepinephrine-dopamine reuptake inhibitor. By increasing these two neurotransmitters in the synapse, it helps elevate mood and energy and can reduce nicotine withdrawal symptoms. It does not significantly affect serotonin reuptake, so serotonin reuptake inhibitors are not its mechanism. It also does not act as a GABA or acetylcholine reuptake inhibitor. An additional, related effect is antagonism at nicotinic receptors, which contributes to its smoking cessation benefits, but the primary reuptake action to focus on is dopamine and norepinephrine.

## 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://weakestlink.examzify.com>**

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

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