

Women's Health End of Rotation (EOR) Practice Exam (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. What is the most common cause of infertility in women?**
 - A. Ovulatory disorders**
 - B. Uterine abnormalities**
 - C. Fallopian tube blockage**
 - D. Endometriosis**

- 2. What is the most reliable diagnostic evaluation for postmenopausal bleeding suspected to be due to endometrial cancer?**
 - A. Pap smear**
 - B. Endometrial biopsy**
 - C. Serum prolactin level**
 - D. Serum FSH and LH levels**

- 3. A 48-year-old woman presents with severe secondary dysmenorrhea and an enlarged, irregular uterus. What is the most likely diagnosis?**
 - A. Endometritis**
 - B. Endometriosis**
 - C. Uterine leiomyomata**
 - D. Endometrial hyperplasia**

- 4. At what gestational week do women typically start feeling fetal movement?**
 - A. 16 weeks**
 - B. 20 weeks**
 - C. 24 weeks**
 - D. 28 weeks**

- 5. A 40 year-old female discovers a mass on mammography. What procedure is the next most appropriate step?**
 - A. Fine needle aspiration**
 - B. BRCA 1 and BRCA 2 genetic testing**
 - C. Serum CA-125**
 - D. Radiation therapy**

- 6. What is the next appropriate step for a patient with high grade squamous intraepithelial lesions (HSIL) on a Pap smear?**
- A. HPV DNA testing**
 - B. Pelvic ultrasound**
 - C. Repeat Pap smear in 4-6 months**
 - D. Colposcopy with endocervical curettage**
- 7. What symptom is most consistent with less severe forms of PMS rather than PMDD?**
- A. Severe mood swings**
 - B. Physical pain**
 - C. Marked irritability**
 - D. Anger outbursts**
- 8. Using Nägele's rule, what is the expected due date (EDC) for a woman whose last menstrual period was April 4?**
- A. January 1**
 - B. January 7**
 - C. January 11**
 - D. January 18**
- 9. Following a diagnosis of atypical adenomatous hyperplasia, what is the next step in managing this patient?**
- A. Total abdominal hysterectomy**
 - B. Observation and endometrial biopsy in 3 months**
 - C. Endometrial curettage followed by progesterone daily**
 - D. Oral progesterone days 16-25 of the month for 6 months and repeat biopsy**
- 10. Which type of birth control is not recommended for women with a history of thromboembolism?**
- A. Combined oral contraceptive pill**
 - B. Levonorgestrel releasing IUD**
 - C. Transdermal patch**
 - D. Barrier methods**

Answers

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

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Explanations

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1. What is the most common cause of infertility in women?

- A. Ovulatory disorders**
- B. Uterine abnormalities**
- C. Fallopian tube blockage**
- D. Endometriosis**

The most common cause of infertility in women is ovulatory disorders. These disorders interfere with the normal ovulation process, meaning that an egg may not be released or may not mature properly, which significantly affects fertility. Conditions such as polycystic ovarian syndrome (PCOS), hypothalamic disorders, and hyperprolactinemia are examples of ovulatory disorders that can lead to irregular or absent ovulation. The prevalence of ovulatory disorders as a cause of infertility is supported by studies showing that approximately 25-30% of women experiencing fertility issues are affected by these conditions. Successful ovulation is crucial for conception, as fertilization cannot occur without the release of a viable egg. In contrast, while uterine abnormalities, fallopian tube blockage, and endometriosis can also result in infertility, they occur less frequently as the primary cause. Uterine abnormalities may impact implantation but are not as common as ovulatory issues. Fallopian tube blockages can prevent sperm from meeting the egg, and endometriosis can affect fertility through various mechanisms but is not as prevalent as ovulatory dysfunction. Thus, ovulatory disorders represent the most significant proportion of diagnosed infertility cases in women.

2. What is the most reliable diagnostic evaluation for postmenopausal bleeding suspected to be due to endometrial cancer?

- A. Pap smear**
- B. Endometrial biopsy**
- C. Serum prolactin level**
- D. Serum FSH and LH levels**

The most reliable diagnostic evaluation for postmenopausal bleeding suspected to be associated with endometrial cancer is an endometrial biopsy. This procedure involves taking a sample of the endometrial tissue, which can then be assessed histologically for the presence of cancerous cells. Because postmenopausal bleeding often raises concerns about malignancy, particularly endometrial cancer, an endometrial biopsy allows for direct examination of the endometrium, making it the gold standard in diagnosing the condition. Other diagnostic measures, such as a Pap smear, are not specifically designed to evaluate the endometrial lining and are primarily used for cervical cancer screening. Serum prolactin levels and serum FSH and LH levels do not provide relevant information regarding the presence of endometrial cancer and are not considered reliable tests for this specific concern. Therefore, the endometrial biopsy stands out as the most definitive method to confirm or rule out endometrial cancer in patients experiencing postmenopausal bleeding.

3. A 48-year-old woman presents with severe secondary dysmenorrhea and an enlarged, irregular uterus. What is the most likely diagnosis?

- A. Endometritis**
- B. Endometriosis**
- C. Uterine leiomyomata**
- D. Endometrial hyperplasia**

In this scenario, the most likely diagnosis is uterine leiomyomata, commonly known as uterine fibroids. The presence of severe secondary dysmenorrhea combined with an enlarged and irregular uterus is highly indicative of this condition. Uterine leiomyomata are benign smooth muscle tumors of the uterus that can lead to various symptoms, especially when they become larger and more numerous. Dysmenorrhea, or painful menstruation, can arise due to the fibroids causing increased uterine contractions and pressure on surrounding tissues. In this case, the enlargement and irregularity of the uterus support the diagnosis of uterine leiomyomata, as these growths often distort the normal shape of the uterus. Additionally, they are prevalent in women of reproductive age, particularly in those in their 40s, making this patient's age relevant to the likelihood of this diagnosis. The other conditions listed, while they may cause similar symptoms, do not present with the same clinical findings as strongly as uterine leiomyomata. For example, endometritis typically involves infection-related symptoms and is less likely to cause significant uterine enlargement. Endometriosis is characterized by endometrial tissue growing outside the uterus, leading to painful symptoms, but it doesn't usually

4. At what gestational week do women typically start feeling fetal movement?

- A. 16 weeks**
- B. 20 weeks**
- C. 24 weeks**
- D. 28 weeks**

Around 20 weeks of gestation is typically when women begin to feel fetal movement, often referred to as "quickening." This phenomenon is more common in first-time pregnancies at this stage, as women may not recognize the feeling of fetal movement until the fetus is larger and movements are more pronounced. The initial subtle movements may start earlier, around 16 weeks, but they are not usually perceived by the mother until closer to the 20-week mark. Knowing this can help expectant mothers gauge the development of their baby and understand their pregnancy progression. As the pregnancy continues, these movements typically become stronger and more frequent, indicating healthy fetal development.

5. A 40 year-old female discovers a mass on mammography. What procedure is the next most appropriate step?

- A. Fine needle aspiration**
- B. BRCA 1 and BRCA 2 genetic testing**
- C. Serum CA-125**
- D. Radiation therapy**

The most appropriate next step after discovering a mass on mammography is fine needle aspiration. This procedure is minimally invasive and is designed to obtain a sample of cells from the suspicious area for cytological analysis. It serves to determine whether the mass is benign or malignant, which is crucial for guiding further management. Early diagnosis through this method helps establish an effective treatment plan if needed. In the context of managing breast masses, the decision to perform fine needle aspiration is often made after identifying a specific lesion via imaging, as it allows for quick results and can provide reassurance if the mass is benign. If the results indicate malignancy, additional diagnostic options, such as a biopsy or surgical intervention, may then be planned. The other options are not suitable as the immediate next step in this context. Genetic testing for BRCA 1 and BRCA 2 would be appropriate in women with a strong family history of breast or ovarian cancer but is not a first step for evaluating a newly discovered mass. Serum CA-125 is primarily a tumor marker used in the context of ovarian cancer and is not applicable for breast masses. Radiation therapy is a treatment modality and is not a diagnostic step that follows the discovery of a breast mass.

6. What is the next appropriate step for a patient with high grade squamous intraepithelial lesions (HSIL) on a Pap smear?

- A. HPV DNA testing**
- B. Pelvic ultrasound**
- C. Repeat Pap smear in 4-6 months**
- D. Colposcopy with endocervical curettage**

When a patient presents with high grade squamous intraepithelial lesions (HSIL) detected through a Pap smear, the most appropriate next step in management is to perform a colposcopy with endocervical curettage. HSIL indicates a significant risk for cervical cancer and necessitates further investigation to assess the extent of the lesions and to obtain tissue for histological evaluation. Colposcopy allows for a closer examination of the cervix using a magnifying instrument and enables targeted biopsies of any abnormal areas. The addition of endocervical curettage helps to sample the endocervical canal, which is crucial since HSIL can sometimes extend into areas that a standard Pap smear may not adequately sample. This step is important to confirm the diagnosis and to rule out any invasive cancer. Other options, such as HPV DNA testing, would be less appropriate in this scenario since HSIL is already a clear indicator of significant risk, and immediate action is required rather than additional testing. Pelvic ultrasound is not relevant for assessing cervical lesions and would not provide the necessary information regarding the cervical tissue. Repeating the Pap smear in 4-6 months is inadequate in this context, as it delays critical management for a finding that is already considered

7. What symptom is most consistent with less severe forms of PMS rather than PMDD?

- A. Severe mood swings
- B. Physical pain**
- C. Marked irritability
- D. Anger outbursts

The symptom most consistent with less severe forms of PMS rather than PMDD is physical pain. Women experiencing PMS may report physical symptoms such as bloating, breast tenderness, and mild cramping, which can occur with fluctuating hormone levels during the menstrual cycle. These symptoms, while uncomfortable, do not typically reach the severity associated with PMDD, which involves intense emotional and psychological symptoms. In PMDD, the emotional and behavioral symptoms, such as severe mood swings, marked irritability, and anger outbursts, are prominent. These psychological symptoms can significantly hinder daily functioning and are much more intense compared to those experienced with less severe PMS. Therefore, among the options provided, physical pain aligns more with the discomfort typically observed in PMS rather than the debilitating emotional disturbances characteristic of PMDD.

8. Using Nägele's rule, what is the expected due date (EDC) for a woman whose last menstrual period was April 4?

- A. January 1
- B. January 7
- C. January 11**
- D. January 18

To determine the estimated due date using Nägele's rule, you start with the first day of the woman's last menstrual period (LMP) and then add one year, subtract three months, and add seven days. In this case, the last menstrual period is April 4. 1. Start with the date: April 4. 2. Add one year: This brings us to April 4 of the following year. 3. Subtract three months: Changing April to January gives us January 4. 4. Finally, add seven days: January 4 plus seven days results in January 11. Thus, using Nägele's rule, the expected due date for a woman whose last menstrual period was April 4 is January 11.

9. Following a diagnosis of atypical adenomatous hyperplasia, what is the next step in managing this patient?

- A. Total abdominal hysterectomy**
- B. Observation and endometrial biopsy in 3 months**
- C. Endometrial curettage followed by progesterone daily**
- D. Oral progesterone days 16-25 of the month for 6 months and repeat biopsy**

The appropriate management following a diagnosis of atypical adenomatous hyperplasia (AAH) involves addressing the potential risk for progression to endometrial cancer. AAH is considered a precancerous condition, which indicates that close surveillance or intervention is necessary to manage the risk. Total abdominal hysterectomy is often recommended as it not only confirms the diagnosis by allowing for a thorough evaluation of the endometrial tissue but also eliminates the risk of progression to cancer by removing the uterus and endometrial tissue entirely. This approach is particularly beneficial for patients who are finished with childbearing or when the risk of cancer is deemed significant. Other management options, while they may be considered in specific patient scenarios, generally do not provide the same level of definitive treatment as a hysterectomy. For instance, hormonal treatment with progesterone can be utilized in younger patients who wish to preserve fertility, but it may not be as effective in preventing the progression of atypical hyperplasia to cancer as surgical intervention would be. Likewise, observation and repeat biopsy may still leave the patient at risk for cancer progression. In summary, the management of AAH with total abdominal hysterectomy is appropriate due to the need for definitive treatment to mitigate cancer risk while also providing thorough tissue sampling for

10. Which type of birth control is not recommended for women with a history of thromboembolism?

- A. Combined oral contraceptive pill**
- B. Levonorgestrel releasing IUD**
- C. Transdermal patch**
- D. Barrier methods**

The combined oral contraceptive pill is not recommended for women with a history of thromboembolism due to the estrogen component present in these pills. Estrogen is known to increase the risk of blood clot formation, which can lead to serious health complications such as deep vein thrombosis or pulmonary embolism. Women who have a history of thromboembolic events are generally advised to avoid estrogen-containing contraceptives to mitigate these risks. In contrast, methods like the levonorgestrel-releasing IUD, transdermal patch, and barrier methods do not carry the same level of risk associated with thromboembolism. The levonorgestrel IUD is a progestin-only method, which significantly reduces the risk of blood clots. The transdermal patch also contains hormones but carries a different risk profile, and barrier methods, such as condoms, do not involve hormones at all, making them safe alternatives for women with such a medical history.

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://womenshealthor.examzify.com>

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

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