

Women's Health History and Physical (H&P) 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 does skin dimpling or retraction indicate?**
 - A. Possible underlying malignancy**
 - B. Benign cosmetic change**
 - C. Normal aging**
 - D. Inflammatory dermatosis**

- 2. In parity terminology, do multiple gestations count as one or multiple births?**
 - A. Zero**
 - B. Two**
 - C. One**
 - D. Three**

- 3. Which reproductive history pattern increases breast cancer risk?**
 - A. First pregnancy after age 30**
 - B. Early first pregnancy**
 - C. Prolonged breastfeeding**
 - D. Regular lactation cessation near menarche**

- 4. Which set of structures is typically assessed in a bimanual exam?**
 - A. Cervix, Uterus, And Adnexa**
 - B. Vagina Only**
 - C. Uterus And Ovaries**
 - D. Cervix And Uterus**

- 5. Which of the following is most directly used to diagnose osteoporosis?**
 - A. T-score on DXA**
 - B. FRAX score**
 - C. Bone turnover markers**
 - D. Calcium level**

- 6. Gardasil 9 helps prevent cancers that include which sites?**
- A. Lung and brain cancers**
 - B. Cervical, vaginal, vulvar, anal, and oropharyngeal cancers**
 - C. Colorectal cancer**
 - D. Skin cancer**
- 7. Which components are commonly included in the ROS for a gyne visit?**
- A. Urinary/Bowel symptoms**
 - B. Visual acuity**
 - C. Peripheral nerve reflex testing**
 - D. Sleep quality**
- 8. In GTPAL, what does the letter 'T' represent?**
- A. Term births**
 - B. Time since last birth**
 - C. Total pregnancies**
 - D. Therapeutic interventions during labor**
- 9. Which term is used to describe intermenstrual bleeding or spotting?**
- A. Dysmenorrhea**
 - B. Mittelschmerz**
 - C. Menorrhagia**
 - D. Metrorrhagia**
- 10. Which of the following is a risk factor for endometrial cancer?**
- A. Unopposed estrogen exposure**
 - B. Regular exercise**
 - C. Progestin-containing therapy**
 - D. Oophorectomy**

Answers

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

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Explanations

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1. What does skin dimpling or retraction indicate?

- A. Possible underlying malignancy**
- B. Benign cosmetic change**
- C. Normal aging**
- D. Inflammatory dermatosis**

Dimpling or retraction of breast skin is a warning sign for possible underlying malignancy. A growing tumor can pull on the suspensory ligaments (Cooper's ligaments) and obstruct local lymphatics, causing the skin to tether and form dimples or puckering, sometimes more evident with movement or palpation. This finding prompts further workup with imaging (mammography and ultrasound) and often a biopsy to determine if cancer is present. It's not a normal aging change and isn't typical of benign cosmetic changes or inflammatory dermatoses, which tend to cause redness, warmth, swelling, or diffuse skin changes rather than focal skin tethering.

2. In parity terminology, do multiple gestations count as one or multiple births?

- A. Zero**
- B. Two**
- C. One**
- D. Three**

Parity counts the number of pregnancies that have reached viability, not the number of babies born in each pregnancy. In a multiple gestation, several babies come from the same pregnancy, so they contribute only one to the parity count. Therefore, carrying twins to viability and delivering them is recorded as one parity. If another pregnancy then reaches viability, parity becomes two, regardless of whether that pregnancy is singleton or involves multiples. This distinction helps track obstetric history accurately across pregnancies.

3. Which reproductive history pattern increases breast cancer risk?

- A. First pregnancy after age 30**
- B. Early first pregnancy**
- C. Prolonged breastfeeding**
- D. Regular lactation cessation near menarche**

Having a first full-term pregnancy after age 30 increases breast cancer risk because breast tissue remains in a less differentiated, more proliferative state for a longer period. Early pregnancy triggers terminal differentiation of breast cells, making them less susceptible to malignant transformation and reducing lifetime risk. The protective effect is strongest with earlier first birth, and parity generally lowers risk, especially with multiple pregnancies. Breastfeeding also lowers risk through hormonal changes and reduced cumulative estrogen exposure. So late first birth sits in the pattern that raises risk, whereas early first birth and longer breastfeeding are associated with lower risk. The other options describe patterns more aligned with protection or lack of known risk association rather than increased risk.

4. Which set of structures is typically assessed in a bimanual exam?

- A. Cervix, Uterus, And Adnexa**
- B. Vagina Only
- C. Uterus And Ovaries
- D. Cervix And Uterus

In a bimanual pelvic exam, you use two hands to palpate pelvic organs through a vaginal approach with one hand and pressing from the abdomen with the other. This allows you to evaluate three primary structures: the cervix, the uterus, and the adnexa (ovaries and surrounding structures). Assessing the cervix helps detect tenderness, mobility, and any cervical changes; evaluating the uterus lets you judge size, contour, and mobility; and examining the adnexa reveals masses or tenderness that could indicate ovarian or tubal pathology. Together, these three areas provide a comprehensive view of pelvic anatomy and potential gynecologic issues. Other options fall short because they omit one or more of these essential structures: focusing on the vagina alone misses the uterus and adnexa; considering the uterus and ovaries excludes the cervix; and looking at cervix and uterus omits the adnexa.

5. Which of the following is most directly used to diagnose osteoporosis?

- A. T-score on DXA**
- B. FRAX score
- C. Bone turnover markers
- D. Calcium level

Diagnosing osteoporosis relies on bone mineral density rather than risk estimates or laboratory values. A DXA scan measures bone mineral density and expresses it as a T-score, which compares the patient's density to that of a young healthy reference population. When the T-score is -2.5 or lower, osteoporosis is diagnosed, making this the direct and standard criterion for confirming the condition. The FRAX tool estimates fracture risk by combining BMD with clinical factors, but it does not by itself establish an osteoporosis diagnosis. Bone turnover markers reflect the rate of bone remodeling and can vary with many factors; they are not used to diagnose osteoporosis. Calcium level indicates calcium in the blood, not bone density, and is not diagnostic of osteoporosis.

6. Gardasil 9 helps prevent cancers that include which sites?

- A. Lung and brain cancers
- B. Cervical, vaginal, vulvar, anal, and oropharyngeal cancers**
- C. Colorectal cancer
- D. Skin cancer

HPV infection drives the development of several cancers, and the vaccine works by preventing infection with the high-risk HPV types that cause them. Gardasil 9 covers the types most commonly linked to cancer, so it helps prevent cancers at the cervix, vagina, vulva, anus, and oropharynx. Those sites are HPV-related cancers, whereas cancers like those of the lung, brain, colon, or skin arise from other causes and are not prevented by this vaccine. By stopping infection with these high-risk types, the vaccine also lowers the risk of precursor lesions that can lead to cervical cancer. Vaccination is most effective when given before exposure to HPV, typically in preadolescence.

7. Which components are commonly included in the ROS for a gyne visit?

- A. Urinary/Bowel symptoms**
- B. Visual acuity**
- C. Peripheral nerve reflex testing**
- D. Sleep quality**

The main idea here is what the Review of Systems (ROS) typically covers during a gynecologic visit. The ROS is a broad check for any symptoms the patient is experiencing that could affect gynecologic care. In this setting, urinary and bowel symptoms are routinely explored because pelvic organs interact closely with bladder and bowel function. Questions about urinary symptoms (frequency, urgency, dysuria, incontinence) and bowel symptoms (constipation, diarrhea, fecal incontinence, rectal bleeding) help uncover issues like pelvic floor disorders, infections, or other conditions that could influence diagnosis, treatment decisions, or perioperative planning. Visual acuity isn't usually part of a standard gynecologic ROS unless there's a specific reason tied to the visit (like planning anesthesia or a procedure). Peripheral nerve reflex testing belongs in a focused neuro examination rather than the ROS. Sleep quality topics can appear in ROS but are not a core, routinely emphasized component of a gynecologic visit compared with urinary and bowel symptoms.

8. In GTPAL, what does the letter 'T' represent?

- A. Term births**
- B. Time since last birth**
- C. Total pregnancies**
- D. Therapeutic interventions during labor**

Term births are deliveries that occur at term, typically 37 through 42 weeks of gestation. In the GTPAL notation, the T counts how many pregnancies reached term, distinguishing them from preterm (<37 weeks) and from other outcomes. This lets you summarize past pregnancies by when they ended. Other letters cover different aspects: Gravida is the total number of pregnancies, Preterm counts births before 37 weeks, Abortions cover miscarriages or induced abortions, and Living is the number of living children. For example, if a patient has two term deliveries, one preterm birth, one abortion, and two living children, her GTPAL would reflect T = 2.

9. Which term is used to describe intermenstrual bleeding or spotting?

- A. Dysmenorrhea**
- B. Mittelschmerz**
- C. Menorrhagia**
- D. Metrorrhagia**

Metrorrhagia describes intermenstrual bleeding or spotting. It refers to bleeding that occurs at irregular intervals outside the normal monthly menses, such as light bleeding between periods. By contrast, painful cramps during menses are dysmenorrhea, mid-cycle ovulatory pain is mittelschmerz, and heavy or prolonged bleeding during the period is menorrhagia. So for spotting between cycles, metrorrhagia is the most accurate term.

10. Which of the following is a risk factor for endometrial cancer?

- A. Unopposed estrogen exposure**
- B. Regular exercise**
- C. Progestin-containing therapy**
- D. Oophorectomy**

Unopposed estrogen exposure increases endometrial cancer risk because estrogen drives endometrial proliferation and, without progesterone to oppose and shed the proliferating lining, the endometrium can undergo hyperplasia with a higher chance of malignant transformation. Estrogen can be unopposed in several situations: obesity increases peripheral conversion of androgens to estrogen, anovulatory cycles (as in PCOS) mean there's no progesterone production, and estrogen replacement therapy without a progestin component adds estrogen without opposition. In contrast, factors that reduce risk include regular exercise and therapies containing progestin, which counteract estrogen's effects, and oophorectomy, which lowers estrogen production. So the key risk factor is unopposed estrogen exposure.

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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://womenshealthhandp.examzify.com>

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

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