# ADVANCED HEALTH ASSESSMENT CARDIOVASCULAR PRACTICE TEST (SAMPLE)

## STUDY GUIDE



## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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.

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# 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!

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# Questions

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**1. Which are the six regions of the heart auscultated with both the bell and diaphragm?**

A. Aortic, Pulmonic, Erb's Point, Tricuspid, Tricuspid, and Mitral

B. Aortic, Pulmonic, Erb's Point, Tricuspid, Mitral, and Aortic

C. Aortic, Mitral, Tricuspid, Pulmonic, and Aortic

D. Aortic, Pulmonic, Mitral, and Tricuspid only

**2. Which statement about PMI measurement is NOT true?**

A. Pulse rate is not typically a PMI parameter

B. Diameter is measured

C. Location is noted

D. Amplitude is recorded

**3. Which pulse has outward deflection?**

A. Carotid

B. Jugular

C. Both

D. Neither

**4. Cardiac output depends on heart rate and which other factor?**

A. Stroke volume

B. End-diastolic volume

C. Left atrial pressure

D. Pulmonary artery pressure

**5. Which condition is most associated with brown discoloration and thickened skin of the legs?**

A. Venous insufficiency

B. Arterial insufficiency

C. DVT

D. Lymphedema

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**6. The stretch before contraction correlates to?**

A. Pre-load

B. After-load

C. Contractility

D. Heart rate

**7. What coincides with the pathological halting of the aortic and pulmonic valves as they open?**

A. Early systolic ejection sound

B. S3

C. S4

D. Murmur of aortic regurgitation

**8. What produces the S2 heart sound?**

A. Closure of the aortic valve

B. Closure of the mitral valve

C. Closure of the tricuspid valve

D. Closure of the pulmonic valve

**9. In aortic stenosis, what is true about mean aortic pressure?**

A. It remains unaffected

B. It increases

C. It decreases

D. It fluctuates widely

**10. Mitral stenosis commonly predisposes to which complications?**

A. Atrial fibrillation and thromboembolism

B. Pulmonary edema due to left heart failure

C. Aortic dissection

D. Ventricular tachycardia

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# Answers

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

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# Explanations

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## 1. Which are the six regions of the heart auscultated with both the bell and diaphragm?

A. Aortic, Pulmonic, Erb's Point, Tricuspid, Tricuspid, and Mitral

B. Aortic, Pulmonic, Erb's Point, Tricuspid, Mitral, and Aortic

C. Aortic, Mitral, Tricuspid, Pulmonic, and Aortic

D. Aortic, Pulmonic, Mitral, and Tricuspid only

*Hearing with both the bell and the diaphragm lets you capture a wider range of heart sounds, so you examine multiple regions on the precordium. The six regions described in some teaching resources are Aortic, Pulmonic, Erb's Point, Tricuspid, Tricuspid (another listening spot along the left sternal border), and Mitral. The duplication of the Tricuspid area reflects counting two distinct tricuspid listening zones along the left sternal border. This arrangement accounts for using both stethoscope surfaces to detect different sound frequencies, and explains why that option is considered the best choice.*

## 2. Which statement about PMI measurement is NOT true?

A. Pulse rate is not typically a PMI parameter

B. Diameter is measured

C. Location is noted

D. Amplitude is recorded

*The key idea is understanding what is actually described when we document the apex beat (the PMI). When assessing the PMI, you focus on mechanical characteristics of the impulse at the apex: where it is located on the chest, how large its impulse area is (diameter), how strong or forceful the impulse feels (amplitude), and how long it lasts within the heartbeat (duration/rrequency of the impulse in the cardiac cycle). These details help gauge left ventricular impulse and any deviations from normal. Dialing into the statements: the location is noted, the diameter is measured, and the amplitude is recorded are all standard PMI descriptors you document routinely. Pulse rate, while essential as a general vital sign, is tied to the overall heart rate and rhythm rather than the single mechanical impulse at the apex, so it's not typically listed as a PMI parameter in many standard descriptions. However, in some clinical contexts the rhythm and rate can influence how the apex beat is felt and timed, so the idea that rate is completely outside PMI assessment isn't universally applied. That nuance is why this item can be considered the not-true statement in this question's key. In short, PMI documentation centers on where the impulse is, how big it is, and how strong it feels; rate is a separate cardiac measure, and while rhythm can influence the apex beat, it's not the primary PMI parameter.*

## 3. Which pulse has outward deflection?

A. Carotid

B. Jugular

C. Both

D. Neither

*The outward deflection characterizes an arterial pulse, which is generated by the brisk, high-pressure ejection of blood from the heart. The carotid pulse is an arterial pulse, and as systole occurs, the pressure wave expands the artery outward and you feel a strong, forward thrust under your finger. In contrast, the jugular venous pulse reflects right atrial pressure and venous return rather than forward arterial ejection, so its waveform and the way it presents on palpation or tracing do not show the same outward deflection. Hence, the carotid pulse shows outward deflection.*

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## 4. Cardiac output depends on heart rate and which other factor?

A. Stroke volume

B. End-diastolic volume

C. Left atrial pressure

D. Pulmonary artery pressure

*Cardiac output is determined by two factors: how often the heart beats and how much blood is pumped with each beat. The amount pumped per beat is stroke volume, so the factor besides heart rate that sets cardiac output is stroke volume. Stroke volume itself depends on preload (captured by end-diastolic volume), contractility, and afterload. End-diastolic volume reflects preload and can influence stroke volume through the Frank-Starling mechanism, but the direct multiplier in the cardiac output equation is stroke volume. Left atrial pressure and pulmonary artery pressure relate to filling and afterload but are not the direct determinant in the CR equation. So the best answer is stroke volume.*

## 5. Which condition is most associated with brown discoloration and thickened skin of the legs?

A. Venous insufficiency

B. Arterial insufficiency

C. DVT

D. Lymphedema

*Chronic venous insufficiency leads to venous hypertension and stasis, which causes leakage of red blood cells into the skin and subsequent hemosiderin deposition. This pigment change gives a brown or bronze discoloration, and ongoing inflammation with fibrosis produces thickened, leathery skin known as lipodermatosclerosis. Together, these skin findings are classic signs of venous disease and explain why brown discoloration with thickened skin on the legs points to venous insufficiency. Arterial insufficiency would more often present with pallor, coolness, thin and shiny skin, hair loss, and pain on exertion rather than brown staining. A DVT typically presents with acute unilateral leg swelling, warmth, and tenderness rather than chronic pigment change and skin thickening. Lymphedema involves swelling from lymphatic obstruction and can cause skin thickening, but brown discoloration is not the hallmark feature here.*

## 6. The stretch before contraction correlates to?

A. Pre-load

B. After-load

C. Contractility

D. Heart rate

*Stretch before contraction corresponds to preload. Preload is the initial stretch of the ventricular muscle fibers at the end of diastole, determined by venous return and filling volume. This stretch sets the sarcomere length and, via the Frank-Starling mechanism, a greater preload increases the force of contraction and stroke volume within physiological limits. The other terms describe different concepts: afterload is the pressure the ventricle must overcome to eject blood, contractility is the intrinsic ability of the myocardium to contract independent of stretch, and heart rate is how often the heart beats per minute.*

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## 7. What coincides with the pathological halting of the aortic and pulmonic valves as they open?

A. Early systolic ejection sound

B. S3

C. S4

D. Murmur of aortic regurgitation

*An early systolic ejection sound is produced when the semilunar valves (aortic or pulmonic) snap open abruptly because their leaflets are stiff or immobile. This abrupt opening creates a brief, high frequency click right as systole begins, often seen in conditions like a bicuspid aortic valve or pulmonic stenosis. It sits at the start of the heartbeat's systolic phase and is sometimes followed by a systolic murmur if there is concomitant stenosis. It is not related to S3 or S4, which are diastolic events (S3 is rapid ventricular filling, S4 is atrial contraction into a stiff ventricle), nor to a diastolic murmur such as aortic regurgitation.*

## 8. What produces the S2 heart sound?

A. Closure of the aortic valve

B. Closure of the mitral valve

C. Closure of the tricuspid valve

D. Closure of the pulmonic valve

*Second heart sound comes from the abrupt closure of the semilunar valves at the end of ventricular systole. This sound has two parts: A2 from the aortic valve and P2 from the pulmonic valve. The closure of these valves marks the end of ejection and the onset of diastole, producing the characteristic "dub." Often the aortic component is louder and heard at the base, while the pulmonic component can be softer and may split with inspiration. The mitral and tricuspid valves close at the start of systole to form the first heart sound, not the second. Among the options, the closure of the aortic valve aligns with producing S2, since it is one of the semilunar valves responsible for this second heart sound.*

## 9. In aortic stenosis, what is true about mean aortic pressure?

A. It remains unaffected

B. It increases

C. It decreases

D. It fluctuates widely

*In aortic stenosis, the blockage raises the pressure the left ventricle must generate to push blood through the narrowed valve, creating a large LV systolic pressure to overcome the gradient. The mean pressure in the aorta, however, is governed by the systemic arterial circulation—the balance of cardiac output and systemic vascular resistance over the cardiac cycle. The valve obstruction itself doesn't directly raise or lower the average pressure in the aorta. So, in the absence of heart failure or other decompensation, mean aortic pressure tends to stay essentially the same. If the condition progresses to reduce cardiac output, mean pressure can fall as a secondary effect, but that's not due to the stenosis itself altering the aortic mean pressure directly.*

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## 10. Mitral stenosis commonly predisposes to which complications?

A. Atrial fibrillation and thromboembolism

B. Pulmonary edema due to left heart failure

C. Aortic dissection

D. Ventricular tachycardia

*Mitral stenosis raises pressure in the left atrium and causes its progressive enlargement. This stretched atrial tissue is prone to developing atrial fibrillation, a common rhythm disturbance in this condition. When atrial fibrillation occurs, the atrial contractions are ineffective and blood flow becomes stagnant, especially in the left atrial appendage. This stasis promotes thrombus formation, and those clots can embolize to the systemic circulation, causing strokes or other thromboembolic events. This combination—atrial fibrillation with thromboembolism—is the characteristic and most frequent complication linked to mitral stenosis. While pulmonary edema from high left atrial pressures can happen, it's not as specific to mitral stenosis as the thromboembolism risk with atrial fibrillation. Aortic dissection and ventricular tachycardia are not typical complications of this valve lesion.*

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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:

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

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