# FEMALE GYNECOLOGIC HISTORY AND PHYSICAL (H&P) PRACTICE TEST (SAMPLE)

## STUDY GUIDE



## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE**

https://femalegynhistoryphysical.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 ..... 15


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.

SAMPLE

# 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!

SAMPLE

# Questions

SAMPLE

**1. Which statement best defines primigravida?**

A. A woman who is in or who has experienced her first pregnancy

B. A woman who has never been pregnant

C. A woman who has given birth to five children

D. A woman who is currently pregnant with twins

**2. Which statement about pelvic examinations is true?**

A. A pelvic examination is never performed during the initial visit.

B. A pelvic examination, including speculum or bimanual assessment, is performed when indicated by history or symptoms.

C. A pelvic exam is required in all patients regardless of symptoms.

D. Pelvic exam only if pregnant.

**3. In obstetric history, what does the notation G5P1215 indicate about term, preterm, abortions, and living children?**

A. Gravida 4; Term 1; Preterm 2; Abortions 1; Living 5

B. Gravida 5; Term 1; Preterm 2; Abortions 1; Living 5

C. Gravida 5; Term 0; Preterm 5; Abortions 0; Living 5

D. Gravida 6; Term 1; Preterm 1; Abortions 2; Living 4

**4. Why is asking about hereditary cancer syndromes relevant in gynecology visits?**

A. To identify risks for ovarian, endometrial, and breast cancers and to guide genetic testing, surveillance, and preventive options.

B. To determine blood type.

C. To decide contraceptive method.

D. To diagnose infections.

**5. In gynecology, how should care for minors be handled regarding consent and confidentiality?**

A. Minors can consent to confidential reproductive health services; privacy is maintained; involve guardians as appropriate.

B. Guardians must always provide consent and be present, with no privacy.

C. Minors cannot consent; parental consent is always required.

D. Privacy is never allowed; minors cannot be involved.

SAMPLE

**6. Which component is essential during a gynecologic pelvic examination?**

A. Pelvic inspection, speculum, and bimanual (and rectovaginal if indicated)

B. Only external inspection

C. Only imaging

D. Only anoscopy

**7. Rectovaginal examination is particularly useful for evaluating pelvic pathology and which ligaments?**

A. Uterosacral ligaments

B. Broad ligaments

C. Round ligaments

D. Cardinal ligaments

**8. Which symptom is most associated with endometriosis?**

A. Amenorrhea

B. Night sweats

C. Deep dyspareunia

D. Hypertension

**9. Why is pregnancy status checked when evaluating abnormal vaginal bleeding?**

A. It is unnecessary if menses are regular.

B. It helps identify pregnancy-related etiologies such as abortion or ectopic.

C. It is only important after age 40.

D. It should be done only if amenorrhea is present.

**10. What approach helps differentiate gynecologic from non-gynecologic pelvic pain?**

A. Immediately proceed to surgery.

B. Assume non-gynecologic pain.

C. Ignore menstrual patterns and imaging.

D. Review pain pattern with menses, onset and progression, associated symptoms; targeted pelvic exam; rule out red flags; use imaging and labs as needed.

SAMPLE

# Answers

SAMPLE

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

SAMPLE

# Explanations

SAMPLE

## 1. Which statement best defines primigravida?

A. A woman who is in or who has experienced her first pregnancy

B. A woman who has never been pregnant

C. A woman who has given birth to five children

D. A woman who is currently pregnant with twins

*Primigravida refers to a woman who is pregnant for the first time. It counts the number of pregnancies a woman has had, not the number of babies or current fetal count. So a woman in her first-ever pregnancy is primigravida, regardless of whether the pregnancy is carrying twins or a single baby. If a woman has never been pregnant, that is nulligravida, not primigravida. If she has been pregnant before, she would be multigravida.*

## 2. Which statement about pelvic examinations is true?

A. A pelvic examination is never performed during the initial visit.

B. A pelvic examination, including speculum or bimanual assessment, is performed when indicated by history or symptoms.

C. A pelvic exam is required in all patients regardless of symptoms.

D. Pelvic exam only if pregnant.

*Pelvic examinations are performed when history or symptoms indicate a gynecologic issue, not automatically on every visit. The exam, which may include a speculum to visualize the vagina and cervix and a bimanual examination to feel the uterus, fallopian tubes, and ovaries, provides essential information about infections, masses, cervical changes, pregnancy status, and pelvic organ size and position. If a patient has abnormal vaginal bleeding, unusual discharge, pelvic pain, infertility concerns, or needs assessment related to pregnancy or contraception, a pelvic exam is appropriate. In asymptomatic adults, routine pelvic exams are not always necessary solely for screening, and the procedure should be done with informed consent, privacy, and sensitivity to comfort. The other statements misrepresent practice because the exam is not universally required at every visit, nor is it reserved only for pregnant patients, and it is not never performed at the initial visit when indicated by history or symptoms.*

## 3. In obstetric history, what does the notation G5P1215 indicate about term, preterm, abortions, and living children?

A. Gravida 4; Term 1; Preterm 2; Abortions 1; Living 5

B. Gravida 5; Term 1; Preterm 2; Abortions 1; Living 5

C. Gravida 5; Term 0; Preterm 5; Abortions 0; Living 5

D. Gravida 6; Term 1; Preterm 1; Abortions 2; Living 4

*Understanding GTPAL helps you read obstetric history quickly. Gravida is the total number of pregnancies, and the digits after the Pregnancy column tell you how many pregnancies reached term, how many were preterm, how many ended in abortion, and how many children are currently living. So, five pregnancies have occurred. Among these, one reached term, two were preterm, and one ended in abortion. The living count is five, which can happen even though there were four pregnancy outcomes listed because a single pregnancy can produce more than one living child if there are multiples (for example, twins). This is why the living number can exceed the simple tally of pregnancies. Therefore, G5P1215 means: Gravida 5; Term 1; Preterm 2; Abortions 1; Living 5.*

SAMPLE

**4. Why is asking about hereditary cancer syndromes relevant in gynecology visits?**

A. To identify risks for ovarian, endometrial, and breast cancers and to guide genetic testing, surveillance, and preventive options.

B. To determine blood type.

C. To decide contraceptive method.

D. To diagnose infections.

*Focusing on hereditary cancer risk in gynecology recognizes that some germline mutations dramatically raise the chances of ovarian, endometrial, and breast cancers. In a gynecologic visit, a careful family history can reveal patterns suggestive of inherited syndromes such as BRCA1/2 or Lynch syndrome. Identifying these people allows appropriate genetic testing, so you know who truly carries the risk and what their actual probabilities are. From there, you can tailor surveillance and prevention: more proactive screening (earlier or more frequent imaging or tests), and discussion of options to reduce risk, including risk-reducing surgeries like prophylactic removal of ovaries and fallopian tubes, and, depending on the syndrome, possible hysterectomy or other preventive measures, as well as guiding breast cancer screening strategies. This proactive approach can meaningfully lower cancer incidence and mortality in high-risk individuals. The other options don't connect to inherited cancer risk in the gynecologic context—blood type testing, contraception decisions, and diagnosing infections aren't driven by hereditary cancer syndromes, so they aren't the primary reason to ask about family cancer history.*

**5. In gynecology, how should care for minors be handled regarding consent and confidentiality?**

A. Minors can consent to confidential reproductive health services; privacy is maintained; involve guardians as appropriate.

B. Guardians must always provide consent and be present, with no privacy.

C. Minors cannot consent; parental consent is always required.

D. Privacy is never allowed; minors cannot be involved.

*Minors have the right to confidential reproductive health care and can consent to many of these services themselves. Preserving privacy in this area helps young people seek contraception, STI testing and treatment, pregnancy testing and counseling, and related care without fear of disclosure to parents. The clinician should clearly explain what will remain confidential, obtain the minor's informed consent, and involve guardians when it benefits the patient or is required by local law or safety considerations. Laws vary by jurisdiction, so awareness of the specific rules is important. In practice, enabling minors to consent to confidential reproductive health services while involving guardians as appropriate best supports access, autonomy, and safety.*

SAMPLE

## 6. Which component is essential during a gynecologic pelvic examination?

A. Pelvic inspection, speculum, and bimanual (and rectovaginal if indicated)

B. Only external inspection

C. Only imaging

D. Only anoscopy

*A complete gynecologic pelvic exam relies on combining external assessment with internal visualization and palpation. Start with inspecting the external genitalia, then use a speculum to view the vaginal walls and cervix, followed by a bimanual examination to assess the uterus, ovaries, and adnexa. If indicated, a rectovaginal examination allows evaluation of the posterior pelvic structures. Each step checks different tissues and helps detect abnormalities that would be missed by doing only one part. Imaging can provide additional information but does not replace the hands-on examination, and anoscopy is focused on the anal canal, not the pelvic organs.*

## 7. Rectovaginal examination is particularly useful for evaluating pelvic pathology and which ligaments?

A. Uterosacral ligaments

B. Broad ligaments

C. Round ligaments

D. Cardinal ligaments

*Rectovaginal examination gives direct access to the posterior pelvic space where the uterosacral ligaments run from the uterus to the sacrum. These ligaments are key supports of the uterus and are commonly involved in diseases like endometriosis, which can cause nodularity, thickening, or tenderness along their course. Because you can palpate this posterior space and feel along the uterosacral ligaments, the exam is especially useful for evaluating pathology in these structures. The broad ligaments lie higher in the peritoneal cavity and aren't typically felt as discrete structures in this exam; the round ligaments are anterior and run toward the inguinal region; the cardinal ligaments are lateral supports and less accessible in the rectovaginal approach. So, the uterosacral ligaments are the best to assess with this examination.*

## 8. Which symptom is most associated with endometriosis?

A. Amenorrhea

B. Night sweats

C. Deep dyspareunia

D. Hypertension

*Endometriosis classically causes pelvic pain that worsens with menses and often leads to pain with sex. Deep dyspareunia happens when disease involves the posterior pelvic structures—like the uterosacral ligaments, rectovaginal septum, or cul-de-sac—causing painful penetration. This symptom is more specific to endometriosis than simply having heavy or irregular menses. Amenorrhea is not typical, night sweats are not a hallmark, and hypertension is not related to endometriosis.*

SAMPLE

**9. Why is pregnancy status checked when evaluating abnormal vaginal bleeding?**

A. It is unnecessary if menses are regular.

B. It helps identify pregnancy-related etiologies such as abortion or ectopic.

C. It is only important after age 40.

D. It should be done only if amenorrhea is present.

*Assessing pregnancy status in any reproductive-age person with abnormal vaginal bleeding is essential because pregnancy-related causes often drive urgent management. A positive result can indicate abortion (spontaneous or threatened) or, most critically, ectopic pregnancy, which can rupture and cause life-threatening hemorrhage if not identified quickly. Knowing whether pregnancy is present guides the diagnostic plan (such as hCG testing and targeted imaging) and informs treatment decisions, including what medications or interventions are appropriate. Regular menses don't rule out pregnancy, and pregnancy testing is important regardless of age or whether amenorrhea is reported.*

**10. What approach helps differentiate gynecologic from non-gynecologic pelvic pain?**

A. Immediately proceed to surgery.

B. Assume non-gynecologic pain.

C. Ignore menstrual patterns and imaging.

D. Review pain pattern with menses, onset and progression, associated symptoms; targeted pelvic exam; rule out red flags; use imaging and labs as needed.

*The key is a systematic, patient-centered evaluation that ties the pain to gynecologic patterns while staying vigilant for urgent signs. Start with a detailed history of how the pain relates to menses, when it began, how it has progressed, and what other symptoms occur (fever, discharge, vaginal bleeding, urinary symptoms, GI symptoms). This pattern often points toward gynecologic etiologies such as ovulatory pain, endometriosis, fibroids, pelvic inflammatory disease, or gynecologic emergencies like ectopic pregnancy or ovarian torsion. A targeted pelvic examination focuses on identifying cervical motion tenderness, adnexal tenderness, or masses, which helps localize a gynecologic source. At the same time, screen for red flags that require urgent care (sudden severe pain, signs of shock, pregnancy-related concerns, peritoneal signs). If the history and exam don't clearly localize the cause, use imaging (like a transvaginal ultrasound) and labs (pregnancy test, CBC, STI testing, markers as indicated) to confirm or rule out conditions. This combination—pattern in relation to menses, onset and progression, associated symptoms, a focused pelvic exam, red-flag screening, and selective imaging and labs—is what best differentiates gynecologic from non-gynecologic pelvic pain.*

SAMPLE

# 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://femalegynhistoryphysical.examzify.com

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

SAMPLE