MEDICAL FIDSAP V2 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 hormone is elevated in Cushings syndrome?

A. Insulin

B. Cortisol

C. Thyroid hormone

D. Growth hormone

2. When is D-dimer most helpful in evaluating suspected DVT?

A. D-dimer is most helpful when pretest probability is low.

B. D-dimer is most helpful when pretest probability is high.

C. D-dimer alone confirms DVT.

D. D-dimer is never used.

3. Which laboratory finding is most indicative of rhabdomyolysis?

A. Low CK

B. Elevated CK

C. Normal CK

D. Elevated liver enzymes

4. A 44-year-old male is agitated and states that his friend is going to hurt you. What is the most appropriate initial action for the responder?

A. Determine if he wants to hurt himself or you

B. Ask him why does he want to hurt you

C. Tell him to walk to the ambulance with you

D. Forcefully tell him to sit down on his hands

5. A 34-year-old female has an open sore on her leg that worsens despite antibiotics. Which infection is most likely?

A. MRSA

B. Ring worm

C. Folliculitis

D. Boils

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6. The Direct Coombs (direct antiglobulin) test is used to diagnose which of the following?

A. Autoimmune-mediated RBC destruction (Correct)

B. Hematocrit

C. Platelet count

D. Hemoglobin S

7. Most common cause of community-acquired pneumonia in adults?

A. Mycoplasma pneumoniae

B. Streptococcus pneumoniae (Correct)

C. Haemophilus influenzae

D. Legionella pneumophila

8. Which buffer maintains acid-base chemistry in the blood?

A. Chloride/sodium

B. Sodium/potassium

C. Bicarbonate

D. Calcium

9. In the treatment of hypertension, beta-blockers primarily achieve their effect by blocking which receptors, leading to reduced heart rate, contractility, and renin release?

A. Alpha-adrenergic receptors

B. Dopamine receptors

C. Beta-adrenergic receptors

D. Muscarinic receptors

10. A 26-year-old male is vomiting bright red blood. What is the most appropriate action?

A. Administer an antiemetic and transport

B. Position him supine and suction his airway

C. Apply a non-rebreather mask

D. Transport in a position of comfort

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Answers

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

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Explanations

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1. Which hormone is elevated in Cushings syndrome?

A. Insulin

B. Cortisol

C. Thyroid hormone

D. Growth hormone

Cushings syndrome is defined by excess cortisol in the body. The hormone that's elevated is cortisol, coming from the adrenal cortex in response to too much ACTH (whether from a pituitary source, ectopic ACTH, an adrenal tumor, or from external steroid use). This excess cortisol causes the characteristic features and metabolic effects of the syndrome, and it's what clinicians look for on testing (for example, elevated 24-hour urinary free cortisol or lack of suppression with a dexamethasone test). The other hormones listed aren't the primary drivers of Cushings; thyroid hormone and growth hormone aren't consistently elevated, and insulin may be affected downstream but isn't the defining elevated hormone.

2. When is D-dimer most helpful in evaluating suspected DVT?

A. D-dimer is most helpful when pretest probability is low.

B. D-dimer is most helpful when pretest probability is high.

C. D-dimer alone confirms DVT.

D. D-dimer is never used.

The main idea is that D-dimer is a highly sensitive, rule-out test. Its greatest value is in patients who have a low pretest probability for DVT. In these low-risk individuals, a negative D-dimer effectively rules out DVT because the chance of a thrombus is already small and the test's high sensitivity makes a negative result reassuring. This can spare the patient from unnecessary ultrasound imaging. If the D-dimer is positive in a low-risk patient, imaging is still needed to confirm DVT, since the test isn't specific and a positive result doesn't establish the diagnosis on its own. In contrast, when pretest probability is high, a negative D-dimer doesn't reliably exclude DVT, and you'd typically proceed to imaging anyway. D-dimer can be elevated for many reasons other than DVT (age, inflammation, recent surgery, pregnancy, cancer, etc.), so it's not diagnostic by itself.

3. Which laboratory finding is most indicative of rhabdomyolysis?

A. Low CK

B. Elevated CK

C. Normal CK

D. Elevated liver enzymes

Rhabdomyolysis is a condition where skeletal muscle fibers break down and release their contents into the bloodstream. The most telling laboratory sign is a marked rise in creatine kinase, the enzyme abundant in muscle. Because CK leaks out of damaged muscle cells, its level directly reflects the extent of muscle injury, making it the most sensitive and timely indicator. CK begins to rise within hours after injury and can peak in the first couple of days, remaining elevated for several days as the muscles recover. While other enzymes like AST or ALT can also be elevated, they're not as specific to muscle injury and can be seen with liver problems. Elevated CK thus stands out as the best diagnostic clue for rhabdomyolysis, whereas a normal CK would argue against it.

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4. A 44-year-old male is agitated and states that his friend is going to hurt you. What is the most appropriate initial action for the responder?

A. Determine if he wants to hurt himself or you

B. Ask him why does he want to hurt you

C. Tell him to walk to the ambulance with you

D. Forcefully tell him to sit down on his hands

Safety is the top priority when confronting an agitated person who threatens harm. The most effective first action is to issue a clear, firm directive that reduces risk: have him sit down and keep his hands visible. This boundary-setting lowers the chance of sudden movements, signals that aggression won't be tolerated, and buys you time to assess the situation and use de-escalation techniques. A calm, steady command delivered with appropriate distance helps establish control without escalating tension. Asking why he wants to hurt you or whether he intends to harm himself doesn't de-escalate and can provoke further agitation, and guiding him to the ambulance removes control of the scene and can increase risk. Restraining or forcing actions is not the initial step; such measures are reserved for when the situation remains dangerous after de-escalation attempts and with proper training and support.

5. A 34-year-old female has an open sore on her leg that worsens despite antibiotics. Which infection is most likely?

A. MRSA

B. Ring worm

C. Folliculitis

D. Boils

When a skin lesion, like an open sore on the leg, gets worse despite antibiotics, think of an antibiotic-resistant infection. Methicillin-resistant Staphylococcus aureus (MRSA) is a common cause of persistent skin and soft tissue infections because it isn't killed by many standard antibiotics. These MRSA infections often present as enlarging, painful, draining wounds that don't improve with ordinary beta-lactam antibiotics, making MRSA the most likely cause in this scenario. Ring worm is a fungal infection, so it wouldn't be correctly treated by antibiotics and would have a different presentation and treatment. Folliculitis and boils are typically bacterial infections caused by Staph and can improve with appropriate therapy, but when a lesion fails to respond to standard antibiotics, MRSA becomes the leading consideration.

6. The Direct Coombs (direct antiglobulin) test is used to diagnose which of the following?

A. Autoimmune-mediated RBC destruction (Correct)

B. Hematocrit

C. Platelet count

D. Hemoglobin S

The test looks for antibodies or complement attached to a patient's red blood cells. When red cells are coated with autoantibodies (or complement) during autoimmune hemolytic processes, adding anti-human globulin in the lab causes those coated cells to agglutinate. A positive direct Coombs test thus supports autoimmune-mediated destruction of red cells, as seen in autoimmune hemolytic anemia and related conditions. This test isn't about measuring hematocrit, counting platelets, or detecting HbS. Hematocrit is just the fraction of blood volume made up by red cells, platelet count is a measure of platelets, and HbS refers to the sickle cell hemoglobin diagnosed by other methods like electrophoresis or molecular testing.

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7. Most common cause of community-acquired pneumonia in adults?

A. Mycoplasma pneumoniae

B. Streptococcus pneumoniae (Correct)

C. Haemophilus influenzae

D. Legionella pneumophila

Streptococcus pneumoniae is the most common cause of community-acquired pneumonia in adults. It is a gram-positive, lancet-shaped diplococcus that often presents with sudden fever and a productive cough, sometimes with rusty sputum, and it typically causes focal, lobar consolidation on imaging. Its prominence comes from its widespread ability to colonize the nasopharynx and invade the lower respiratory tract across a broad adult population, including those with chronic illnesses or older age. Other organisms have roles in CAP, but their prominence varies by patient group: Mycoplasma pneumoniae commonly causes atypical pneumonia in younger adults or milder cases; Haemophilus influenzae is more frequent in smokers or people with COPD; Legionella pneumophila is important in certain outbreaks or exposure scenarios but is less common overall. The overall epidemiology makes Streptococcus pneumoniae the leading etiologic agent in adults with community-acquired pneumonia.

8. Which buffer maintains acid-base chemistry in the blood?

A. Chloride/sodium

B. Sodium/potassium

C. Bicarbonate

D. Calcium

Bicarbonate buffering keeps blood pH stable by using the bicarbonate/carbonic acid pair. Carbon dioxide produced by tissues dissolves in blood and, with carbonic anhydrase, forms carbonic acid that quickly dissociates into bicarbonate (HCO_3^-) and hydrogen ions. When acid is added, H^+ combines with HCO_3^- to form H_2CO_3, which becomes CO_2 and water, neutralizing the acid. When base is added, the equilibrium shifts to form more H_2CO_3 and HCO_3^-, helping prevent pH from rising. The balance is governed by the ratio of HCO_3^- to CO_2 (as dissolved CO_2), which the body maintains through the lungs (ventilation of CO_2) and the kidneys (reabsorption or generation of HCO_3^-). Other electrolytes like chloride/sodium, sodium/potassium, or calcium are important for numerous functions but do not serve as the primary acid–base buffer in blood.

9. In the treatment of hypertension, beta-blockers primarily achieve their effect by blocking which receptors, leading to reduced heart rate, contractility, and renin release?

A. Alpha-adrenergic receptors

B. Dopamine receptors

C. Beta-adrenergic receptors

D. Muscarinic receptors

Beta-adrenergic receptors are the targets. Blocking these receptors, especially the beta-1 subtype in the heart, reduces heart rate and contractility. In the kidneys, beta-1 receptors on juxtaglomerular cells drive renin release; blocking them lowers renin, which decreases the RAAS activity and helps lower blood pressure. The other receptor types don't explain the combination of slower heart rate, weaker heart contractions, and reduced renin release. Alpha-blockers influence vascular tone but not primarily heart rate or renin; dopamine receptors aren't the main players in this antihypertensive mechanism; muscarinic receptors are part of parasympathetic signaling and aren't responsible for these effects.

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10. A 26-year-old male is vomiting bright red blood. What is the most appropriate action?

A. Administer an antiemetic and transport

B. Position him supine and suction his airway

C. Apply a non-rebreather mask

D. Transport in a position of comfort

When a patient is vomiting bright red blood, the immediate goal is to prevent aspiration while arranging definitive care for a potential upper GI bleed. Giving an antiemetic helps control the vomiting, reducing the risk that blood or vomit will be aspirated into the lungs during transport. After calming the vomiting, rapid transport to an appropriate facility for evaluation and management of the bleed is the best course of action. Oxygen or airway maneuvers are important if there are signs of respiratory compromise, but if the patient is stable and the main issue is ongoing vomiting, addressing nausea and ensuring swift transfer takes precedence. Simply positioning for comfort or focusing on airway suction without addressing the vomiting may delay definitive care.

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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://medicalfidsalv2.examzify.com

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

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