PANCE BOARD PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://panceboard.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 is true regarding anticoagulation in atrial fibrillation?

A. Warfarin is preferred for valvular atrial fibrillation

B. Dabigatran is preferred for valvular atrial fibrillation

C. Rivaroxaban is contraindicated in valvular atrial fibrillation

D. Aspirin alone is preferred in valvular atrial fibrillation

2. Which pneumonia typically peaks in late summer and presents with high fever, toxic appearance, bradycardia, and diarrhea?

A. Chlamydia pneumonia

B. Legionnaires

C. Pneumococcal pneumonia

D. Mycoplasma

3. Elevation of cardiac biomarkers comes from injury to:

A. Myocardium

B. Pericardium

C. Blood Vessels

D. Nerve tissue

4. In Juvenile Idiopathic Arthritis, what health maintenance is suggested?

A. Annual XRAYS

B. Annual joint MRI

C. Annual CXR

D. Annual eye exam

5. Which cardiac abnormality is most likely in a patient who used Phentermine/Fenfluramine (Phen-Fen)?

A. Aortic Regurgitation

B. Mitral Regurgitation

C. Tricuspid Regurgitation

D. Pulmonic Regurgitation

SAMPLE

6. In recurrent aphthous ulcers, which medication can be prescribed?

A. Cimetidine

B. Prednisone

C. Omeprazole

D. Sucralfate

7. In a postmenopausal patient with an ovarian cyst, which test helps assess risk of malignancy?

A. CA-125

B. Serial pelvic ultrasound

C. Biopsy

D. Observation

8. What is the most common MI symptom besides chest pain?

A. Syncope

B. Epigastric pain

C. Dyspnea

D. Back pain

9. In a neonate with bacterial conjunctivitis, the most appropriate treatment is?

A. Ciprofloxacin drops

B. PO ciprofloxacin

C. Erythromycin drops

D. PO erythromycin

10. Adeno-in-situ is another term for bronchoalveolar adenocarcinoma, a variant of which main lung cancer category?

A. Small Cell

B. Adenocarcinoma

C. Squamous Cell

D. Large Cell

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which statement is true regarding anticoagulation in atrial fibrillation?

A. Warfarin is preferred for valvular atrial fibrillation

B. Dabigatran is preferred for valvular atrial fibrillation

C. Rivaroxaban is contraindicated in valvular atrial fibrillation

D. Aspirin alone is preferred in valvular atrial fibrillation

In atrial fibrillation, stroke prevention hinges on whether the valve situation is considered valvular disease (such as a mechanical heart valve or moderate-to-severe rheumatic mitral stenosis) or nonvalvular. For true valvular AF, warfarin is the preferred anticoagulant because it has proven efficacy in this specific group and its effect can be closely monitored and adjusted via the INR. Direct oral anticoagulants (dabigatran, rivaroxaban, apixaban, edoxaban) have not demonstrated the same safety and effectiveness in patients with mechanical valves or significant rheumatic valve disease, so they are not used in that setting. Aspirin alone is generally insufficient for preventing stroke in AF, especially when valvular disease is present. Therefore, warfarin remains the best answer for valvular atrial fibrillation.

2. Which pneumonia typically peaks in late summer and presents with high fever, toxic appearance, bradycardia, and diarrhea?

A. Chlamydia pneumonia

B. Legionnaires

C. Pneumococcal pneumonia

D. Mycoplasma

Legionella pneumonia (Legionnaires disease) is tested by recognizing a distinctive cluster of features: it often peaks in late summer when aerosolized water sources, such as air conditioning systems and decorative fountains, become culprits. Patients tend to look seriously ill with a high fever and a toxic appearance, and they frequently have gastrointestinal symptoms like diarrhea. A classic clue is relative bradycardia—the heart rate is not as fast as you'd expect for a high fever. Together, these signs point toward Legionella more than other common pneumonias. Other pneumonias don't usually present with this exact combination. Chlamydia pneumonia tends to be milder and more gradual, without the pronounced GI symptoms or bradycardia. Mycoplasma is typical in younger adults with a milder course and often a dry cough, sometimes bullous myringitis, rather than the severe systemic toxicity. Pneumococcal pneumonia classically presents with abrupt onset of high fever, a productive rusty sputum, and focal lobar consolidation, not the GI symptoms and relative bradycardia that point to Legionella. Knowing these features helps distinguish Legionella from other causes and guides appropriate diagnostic testing, such as the urinary antigen test for Legionella pneumophila serogroup 1, and targeted therapy with a macrolide or fluoroquinolone.

3. Elevation of cardiac biomarkers comes from injury to:

A. Myocardium

B. Pericardium

C. Blood Vessels

D. Nerve tissue

Cardiac biomarkers rise when cardiac myocytes are damaged. When the myocardium is injured, proteins like troponin I/T are released into the bloodstream, and troponin is highly specific for cardiac muscle, making it the most informative marker for myocardial injury such as in a myocardial infarction. Other markers, like CK-MB, can indicate cardiac injury but are less specific, and myoglobin rises early but is not specific to the heart. Injury to the pericardium, blood vessels, or nerve tissue does not produce the same cardiac-specific biomarker elevation, so the pattern points to myocardium involvement.

SAMPLE

4. In Juvenile Idiopathic Arthritis, what health maintenance is suggested?

A. Annual XRAYS

B. Annual joint MRI

C. Annual CXR

D. Annual eye exam

Regular ophthalmologic screening is essential because Juvenile Idiopathic Arthritis carries a risk of anterior uveitis that often has no symptoms but can cause serious eye damage if not detected early. An annual dilated eye exam (usually with slit-lamp evaluation) helps catch inflammation before it affects vision, guiding timely treatment to prevent complications like cataracts, glaucoma, or visual impairment. This risk is higher in certain JIA subtypes and in ANA-positive patients, so exams may be more frequent depending on risk factors, but at minimum, annual eye checks are recommended. Routine annual imaging of joints or chest is not a standard health maintenance in the absence of symptoms, since imaging is reserved for evaluating specific problems rather than routine screening.

5. Which cardiac abnormality is most likely in a patient who used Phentermine/Fenfluramine (Phen-Fen)?

A. Aortic Regurgitation

B. Mitral Regurgitation

C. Tricuspid Regurgitation

D. Pulmonic Regurgitation

The key concept is drug-induced valvular heart disease from serotonin receptor stimulation. Fenfluramine in Phen-Fen activates 5-HT2B receptors on heart valves, causing proliferation and fibrosis of the valve leaflets. This leads to thickened, tethered valves that don't close properly, producing valvular regurgitation. Tricuspid regurgitation is the most likely abnormality because right-sided valves are commonly affected in this serotonergic valvulopathy, presenting with a holosystolic murmur best heard along the left lower sternal border that intensifies with inspiration. Patients may also show signs of right-sided heart failure. Aortic regurgitation, pulmonic regurgitation, and mitral regurgitation can occur in valve disease generally, but the pattern most characteristic of Phen-Fen–related valvulopathy is tricuspid (and often concomitant mitral) regurgitation, making tricuspid involvement the best answer.

6. In recurrent aphthous ulcers, which medication can be prescribed?

A. Cimetidine

B. Prednisone

C. Omeprazole

D. Sucralfate

Managing recurrent aphthous ulcers often requires more than topical measures when lesions are frequent or disabling. Cimetidine, an H2 receptor blocker, has historically been used for this condition because it can modulate immune responses in the oral mucosa. This immunomodulatory effect may help reduce ulcer frequency and promote healing in some patients, and it is generally well tolerated and easy to take as an oral medication. Prednisone can rapidly suppress inflammation, but its systemic side effects limit use to short courses for severe disease. Omeprazole targets acid production and doesn't address the mucosal immune processes involved in RAU. Sucralfate provides a protective coating over ulcers but is typically used topically; it doesn't offer the same systemic potential for reducing recurrence. Therefore, among these options, cimetidine stands out as a reasonable systemic option to prescribe for recurrent aphthous ulcers.

SAMPLE

7. In a postmenopausal patient with an ovarian cyst, which test helps assess risk of malignancy?

A. CA-125

B. Serial pelvic ultrasound

C. Biopsy

D. Observation

CA-125 helps assess risk of ovarian malignancy in a postmenopausal patient with an ovarian cyst. This tumor marker tends to be elevated in epithelial ovarian cancers, and in postmenopause elevations are more concerning because benign causes are less common. A CA-125 level above the normal threshold raises suspicion and helps stratify patients for further evaluation or referral for surgical assessment, especially when imaging shows a complex or solid cyst. Interpret the result alongside ultrasound findings, since a simple cyst with a normal CA-125 is less worrisome, while a complex cyst with an elevated CA-125 increases the likelihood of malignancy. Serial ultrasound monitors size and features but does not provide a direct risk assessment, and biopsy is not routinely used for ovarian masses due to risks and the need for surgical pathology for diagnosis. Observation alone is not appropriate when malignancy risk exists.

8. What is the most common MI symptom besides chest pain?

A. Syncope

B. Epigastric pain

C. Dyspnea

D. Back pain

Dyspnea, or shortness of breath, is the most common symptom of myocardial infarction besides chest pain. When the heart muscle becomes ischemic, the left ventricle can't pump effectively, leading to elevated pressures in the left atrium and lungs. This causes pulmonary congestion and fluid in the airspaces, triggering a sensation of breathlessness that patients often notice at rest or with minimal exertion. While epigastric discomfort, back pain, or syncope can occur, they're less frequent presentations; epigastric pain can be seen, especially in women or diabetics, but dyspnea remains the standout non-chest-pain symptom.

9. In a neonate with bacterial conjunctivitis, the most appropriate treatment is?

A. Ciprofloxacin drops

B. PO ciprofloxacin

C. Erythromycin drops

D. PO erythromycin

Neonatal conjunctivitis due to Chlamydia trachomatis requires systemic therapy rather than just eye drops. The infection can be intracellular and may involve other sites, so treating with an oral antibiotic is necessary to eradicate the organism and prevent dissemination. Oral erythromycin for about 14 days is the standard approach in newborns. Topical antibiotics alone are often inadequate for chlamydial infection, and systemic treatment is essential. In contrast, suspected gonococcal conjunctivitis would require a systemic third-generation cephalosporin (e.g., ceftriaxone), not erythromycin, and ciprofloxacin is avoided in neonates due to safety concerns. Prophylactic erythromycin eye drops at birth prevent gonococcal infection but aren't sufficient for established disease.

SAMPLE

10. Adeno-in-situ is another term for bronchoalveolar adenocarcinoma, a variant of which main lung cancer category?

A. Small Cell

B. Adenocarcinoma

C. Squamous Cell

D. Large Cell

Adeno-in-situ refers to bronchioloalveolar carcinoma, which is a form of adenocarcinoma. In the lung, cancers are broadly divided into small cell and non-small cell lung cancer. The non-small cell category includes adenocarcinoma, squamous cell, and large cell carcinomas. Bronchioloalveolar carcinoma (BAC), historically called adeno-in-situ when noninvasive, grows along alveolar walls in a glandular, mucin-producing pattern—characteristic of adenocarcinoma. Therefore, this entity is a variant of adenocarcinoma within the non-small cell lung cancer group. It's not small cell (neuroendocrine and typically more central and aggressive), nor is it a squamous or large cell carcinoma, which have different histologic features.

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://panceboard.examzify.com

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

SAMPLE