PANCE PRECISION PRACTICE EXAM (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. Aplastic anemia is characterized by pancytopenia.

A. Anemia with thrombocytosis

B. Leukocytosis

C. Pancytopenia

D. Erythrocytosis

2. Acute schistosomiasis (Katayama syndrome) presents with which constellation?

A. Fever, headache, malaise, myalgia, rash, and abdominal pain

B. Chronic diarrhea and portal hypertension

C. Pruritic rash at entry site only

D. Cough and wheeze only

3. Which statement about urinary tract infection risk is true?

A. Escherichia coli is the most common pathogen

B. UTIs are more common in males

C. Spermicidal use reduces risk

D. Postmenopausal status eliminates risk

4. Which of the following is a recognized risk associated with PCOS?

A. Ovarian cancer.

B. Endometrial hyperplasia.

C. Hyperthyroidism.

D. Osteoporosis.

5. In suspected SIRS with septic features, which step should be performed before antibiotics are started?

A. Pan culture prior to initiating antibiotics

B. Start broad-spectrum antibiotics immediately

C. Initiate IV isotonic fluids

D. Use vasopressor if no response to fluids

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6. Chadwick's sign is characterized by which finding in early pregnancy?

A. Bluish discoloration of the cervix and vulva

B. Softening of the uterus

C. Softening of the isthmus

D. Cervical softening with increased vascularization

7. The most likely diagnosis for lateral hip pain with tenderness over the greater trochanter is which condition?

A. Trochanteric bursitis

B. Iliotibial band syndrome

C. Gluteus medius tendon tear

D. Hip osteoarthritis

8. Which description best fits seborrheic keratosis?

A. Waxy, raised, or wart-like lesion on the surface of the skin.

B. Flat pigmented macule with irregular borders.

C. Ulcerated lesion with rapid growth.

D. Skin lesion with hair loss around it.

9. Which statement is true regarding HSV-1 and HSV-2 in genital herpes?

A. HSV-1 only causes oral infections

B. HSV-2 only causes genital infections

C. HSV-1 and HSV-2 can interchange, and both can cause genital infection and spread even without active lesions

D. They cannot spread if there are no active lesions

10. Which management is recommended for torus palatinus if it is symptomatic or problematic?

A. Observation

B. Refer to maxillofacial surgeon for surgery if problematic

C. Antibiotics

D. Radiation therapy

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Answers

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

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Explanations

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1. Aplastic anemia is characterized by pancytopenia.

A. Anemia with thrombocytosis

B. Leukocytosis

C. Pancytopenia

D. Erythrocytosis

Aplastic anemia involves bone marrow failure that decreases production of all blood cell lines, so the peripheral blood shows reductions in red cells, white cells, and platelets. This combination is called pancytopenia, making it the best descriptor for the condition. The other options describe increases or changes in a single cell line (anemia with high platelets, high white cells, or high red cells), which do not fit the overall marrow failure pattern.

2. Acute schistosomiasis (Katayama syndrome) presents with which constellation?

A. Fever, headache, malaise, myalgia, rash, and abdominal pain

B. Chronic diarrhea and portal hypertension

C. Pruritic rash at entry site only

D. Cough and wheeze only

Acute schistosomiasis, or Katayama fever, is a systemic hypersensitivity reaction to migrating schistosome larvae that occurs weeks after exposure. The immune response drives a constellation of symptoms across multiple organs: fever, malaise, headaches, and myalgias, often with a pruritic rash. Abdominal pain comes from involvement of the liver and intestines, and eosinophilia is common. This combination—fever, headache, malaise, myalgia, rash, and abdominal pain—best reflects the acute Katayama presentation. Chronic schistosomiasis, by contrast, shows diarrhea with portal hypertension later on; cercarial dermatitis would be a localized rash at the entry site; and cough with wheeze alone doesn't capture the full acute syndrome.

3. Which statement about urinary tract infection risk is true?

A. Escherichia coli is the most common pathogen

B. UTIs are more common in males

C. Spermicidal use reduces risk

D. Postmenopausal status eliminates risk

The main idea here is that most urinary tract infections are caused by bacteria originating from the gut, with Escherichia coli responsible for the vast majority of cases. E. coli strains that cause UTIs have virulence factors, such as adhesins (P fimbriae), that help them stick to and invade the urinary tract lining, enabling ascent from the periurethral area into the bladder and potentially the kidneys. This explains why E. coli is the most common pathogen across different populations and why factors that bring bacteria closer to the bladder increase risk. UTIs are more common in females because the female urethra is shorter and closer to the anus, making bacterial transfer to the bladder easier. Spermicidal use disrupts vaginal flora and often increases colonization by pathogenic E. coli, raising risk rather than reducing it. Postmenopausal status does not eliminate risk; estrogen deficiency can alter the vaginal microbiome and mucosal defenses, increasing susceptibility, though topical estrogen can help reduce risk in some women. So, the statement that Escherichia coli is the most common pathogen is true.

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4. Which of the following is a recognized risk associated with PCOS?

A. Ovarian cancer.

B. Endometrial hyperplasia.

C. Hyperthyroidism.

D. Osteoporosis.

In PCOS, irregular or absent ovulation means the endometrium is exposed to estrogen without the balancing effect of progesterone. Without regular progesterone-driven luteal phases, the endometrium undergoes continued estrogen-driven proliferation, leading to endometrial hyperplasia. This proliferative state increases the risk of malignant transformation over time if not managed, making endometrial hyperplasia a recognized risk in PCOS. The other options aren't directly tied to PCOS as specific risks: ovarian cancer isn't a well-established risk of PCOS, and hyperthyroidism or osteoporosis aren't characteristic dangers associated with this condition. In practice, management to reduce risk focuses on achieving regular shedding of the endometrium (for example, with cyclic progestins or combined oral contraceptives) and addressing metabolic factors like obesity and insulin resistance.

5. In suspected SIRS with septic features, which step should be performed before antibiotics are started?

A. Pan culture prior to initiating antibiotics

B. Start broad-spectrum antibiotics immediately

C. Initiate IV isotonic fluids

D. Use vasopressor if no response to fluids

Drawing cultures before starting antibiotics is best because it provides a chance to identify the causative organism and tailor therapy later, without sacrificing the ability to treat promptly. In suspected sepsis, obtaining blood cultures (typically two sets from separate sites) and other relevant cultures before antibiotics maximizes diagnostic yield and guides targeted therapy while you proceed with resuscitation and empiric treatment. After cultures are drawn, you should initiate broad-spectrum antibiotics promptly and begin fluid resuscitation; vasopressors are added if blood pressure remains low despite fluids. The other steps are important parts of sepsis management, but they should follow the decision to obtain cultures, not precede the culture collection.

6. Chadwick's sign is characterized by which finding in early pregnancy?

A. Bluish discoloration of the cervix and vulva

B. Softening of the uterus

C. Softening of the isthmus

D. Cervical softening with increased vascularization

Chadwick's sign is the bluish-purple discoloration of the cervix and surrounding vaginal tissues due to increased pelvic blood flow in early pregnancy. This visible color change is the hallmark, making the description of bluish discoloration of the cervix and vulva the best answer. Other early signs involve tissue softening (cervix or lower uterine segment) rather than color change, so they don't describe Chadwick's sign.

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7. The most likely diagnosis for lateral hip pain with tenderness over the greater trochanter is which condition?

A. Trochanteric bursitis

B. Iliotibial band syndrome

C. Gluteus medius tendon tear

D. Hip osteoarthritis

Lateral hip pain with tenderness directly over the greater trochanter points to inflammation of the trochanteric bursa that sits over that bony prominence. The trochanteric bursa smooths the gliding of the gluteus medius and minimus tendons as they move over the greater trochanter, so when it becomes inflamed from overuse, repetitive hip motion, or trauma, you get localized tenderness at the greater trochanter and pain with hip movement or when lying on the affected side. Iliotibial band syndrome usually causes friction-related pain along the outer thigh or knee, not a focused tender point at the greater trochanter. Gluteus medius tendon tear can cause lateral hip pain and may show weakness with hip abduction and a trendelenburg gait, but the hallmark is weakness and gait change rather than isolated tenderness over the bursa. Hip osteoarthritis tends to produce groin or anterior thigh pain with stiffness and reduced internal rotation, not focal greater trochanter tenderness. So the presentation most consistent with trochanteric bursitis is localized tenderness over the greater trochanter with lateral hip pain.

8. Which description best fits seborrheic keratosis?

A. Waxy, raised, or wart-like lesion on the surface of the skin.

B. Flat pigmented macule with irregular borders.

C. Ulcerated lesion with rapid growth.

D. Skin lesion with hair loss around it.

Seborrheic keratosis is a common benign skin growth that presents as a waxy, stuck-on, raised or wart-like surface. This description captures its characteristic texture and appearance—well circumscribed, often pigmented, and hanging onto the skin like a waxy plaque. It's different from flat pigmented macules with irregular borders, which suggest melanoma or lentigo, from ulcerated lesions with rapid growth, which raise concern for malignant cancers, and from lesions with surrounding hair loss, which points to other dermatologic conditions. So the description that fits best is a waxy, raised, or wart-like lesion on the surface of the skin.

9. Which statement is true regarding HSV-1 and HSV-2 in genital herpes?

A. HSV-1 only causes oral infections

B. HSV-2 only causes genital infections

C. HSV-1 and HSV-2 can interchange, and both can cause genital infection and spread even without active lesions

D. They cannot spread if there are no active lesions

Both HSV-1 and HSV-2 can cause genital herpes, and either virus can infect the genital area. They can interchange in terms of site of infection because HSV-1, traditionally linked to oral cold sores, can be transmitted to the genital region through oral-genital contact, while HSV-2 is classically genital but not limited to it. A key point is that transmission can occur even when there are no visible lesions, due to asymptomatic viral shedding from the skin or mucosa. This means someone can spread the infection without noticing any symptoms. So the statement that both types can cause genital infection and spread even without active lesions is true. The ideas that HSV-1 is only oral, that HSV-2 is only genital, or that spread requires active lesions are not accurate.

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10. Which management is recommended for torus palatinus if it is symptomatic or problematic?

A. Observation

B. Refer to maxillofacial surgeon for surgery if problematic

C. Antibiotics

D. Radiation therapy

When a torus palatinus causes symptoms or interferes with function or prosthetics, the appropriate management is surgical removal performed by a maxillofacial surgeon. This benign midline palatal bony growth is usually left alone if it's asymptomatic, but issues like interference with denture fitting, chronic irritation or ulceration of the mucosa, pain, trauma, or esthetic concerns warrant excision. The procedure involves removing the bony prominence and smoothing the area, with generally straightforward recovery and a low chance of recurrence. Antibiotics aren't a solution for a bony growth unless there's an unrelated infection, and radiation therapy has no role here. Observation remains acceptable only when there are no symptoms.

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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://panceprecision.examzify.com

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

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