ROSH FAMILY MEDICINE END OF ROTATION (EOR) 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. What does amaurosis fugax refer to?

A. Permanent visual loss

B. Transient monocular visual loss

C. Binocular visual loss

D. Eye strain

2. After radiation therapy for squamous cell carcinoma, what is the recommended follow-up to prevent osteoradionecrosis?

A. Regular dental check-ups

B. Bone density testing

C. Physical therapy

D. High-dose vitamin D supplementation

3. What viral infection is characterized by Koplik spots appearing on the buccal mucosa?

A. Rubella

B. Measles

C. Mumps

D. Scarlet fever

4. Which diagnosis is suggested by mild fusiform swelling and tenderness in the volar aspect of a finger?

A. Orthopedic Injury

B. Tendinitis

C. Suppurative Flexor Tenosynovitis

D. Arthritis

5. What is the most common type of anemia?

A. Iron-deficiency anemia

B. Vitamin B12 deficiency anemia

C. Folate deficiency anemia

D. Aplastic anemia

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6. What is the typical first-line outpatient antibiotic treatment for community-acquired pneumonia?

A. Clarithromycin

B. Levofloxacin

C. Ciprofloxacin

D. Doxycycline

7. What class of medications is contraindicated in patients with native valve endocarditis?

A. Antibiotics

B. Anticoagulants

C. Analgesics

D. Beta-blockers

8. What is the most appropriate intervention for a woman at risk of osteoporosis with a T-score of -2.0?

A. Calcium 600 mg and vitamin D 400 units daily

B. Calcium 1,200 mg and vitamin D 800 units daily

C. Calcium 1,000 mg and vitamin D 600 units daily

D. No intervention needed

9. Which extra-articular manifestation is most commonly associated with ankylosing spondylitis?

A. Psoriasis

B. Inflammatory bowel disease

C. Uveitis

D. Cardiac involvement

10. Which laboratory tests are recommended in cases of suspected reactive arthritis?

A. Only a pregnancy test

B. Basic metabolic panel only

C. Inflammatory markers and serologic tests

D. Complete blood count only

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Answers

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

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Explanations

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1. What does amaurosis fugax refer to?

A. Permanent visual loss

B. Transient monocular visual loss

C. Binocular visual loss

D. Eye strain

Amaurosis fugax refers specifically to a transient loss of vision in one eye, which can last from a few seconds up to several minutes. This condition is often described as a "curtain coming down" over the vision, typically due to a temporary interruption of blood flow to the retina. The causes could include vascular issues such as retinal artery embolism or ophthalmic artery occlusion. Understanding the nature of amaurosis fugax is critical because it can be a warning sign for more serious conditions, such as stroke, and may require prompt evaluation. While it can cause distress and concern for the patient, the key characteristic is that the visual loss is transient, allowing for the possibility of full recovery of vision within a short timeframe.

2. After radiation therapy for squamous cell carcinoma, what is the recommended follow-up to prevent osteoradionecrosis?

A. Regular dental check-ups

B. Bone density testing

C. Physical therapy

D. High-dose vitamin D supplementation

Regular dental check-ups are crucial for patients who have undergone radiation therapy for squamous cell carcinoma, particularly when the treatment involves areas of the head and neck. This is a preventive measure against osteoradionecrosis, a serious condition that can occur when radiation damages the bone tissue, leading to its death. Radiation therapy can impair the blood supply to the jaw and surrounding areas, making the bones more susceptible to injury and infection. Routine dental check-ups enable the identification and management of any dental issues early on, including decay or gum disease, which could exacerbate the risk of osteoradionecrosis. Additionally, dentists can provide guidance on proper oral hygiene and possibly recommend preventive treatments, such as fluoride applications, which can help in maintaining oral health post-radiation. Monitoring other aspects, such as bone density testing or physical therapy, while important for overall bone health and rehabilitation, does not specifically address the risk of osteoradionecrosis in the context of dental and oral health. High-dose vitamin D supplementation could play a role in bone health; however, it is not a primary preventive strategy for osteoradionecrosis following radiation therapy. Thus, the importance of regular dental check-ups is emphasized in the care plan for

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3. What viral infection is characterized by Koplik spots appearing on the buccal mucosa?

A. Rubella

B. Measles

C. Mumps

D. Scarlet fever

Koplik spots are a hallmark clinical feature associated with measles infection. They are small, white lesions that appear on the buccal mucosa, usually appearing two to three days before the generalized rash associated with measles. These spots are considered pathognomonic for measles and serve as a key diagnostic indicator for healthcare providers. Measles, caused by the measles virus, typically presents with a prodromal phase characterized by fever, cough, conjunctivitis, and the distinctive Koplik spots prior to the appearance of the characteristic maculopapular rash. This progression of symptoms, alongside the presence of Koplik spots, significantly aids in identifying the infection. In contrast, rubella, mumps, and scarlet fever have different clinical manifestations and do not present with Koplik spots. Rubella may cause a mild rash and lymphadenopathy but lacks this specific oral finding. Mumps primarily presents with parotitis and does not include Koplik spots in its symptomatology. Scarlet fever is characterized by a red rash and a "strawberry tongue," but again, does not involve the buccal mucosa in this specific manner. Hence, the association of Koplik spots with measles underscores the importance of

4. Which diagnosis is suggested by mild fusiform swelling and tenderness in the volar aspect of a finger?

A. Orthopedic Injury

B. Tendinitis

C. Suppurative Flexor Tenosynovitis

D. Arthritis

The diagnosis of suppurative flexor tenosynovitis is suggested by the presence of mild fusiform swelling and tenderness in the volar aspect of a finger. This condition is an infection of the flexor tendon sheath in the fingers, commonly characterized by a combination of swelling, pain, and tenderness, often resulting in a fusiform shape due to the accumulation of pus and inflammation within the sheath. The volar aspect, or palm side, of the finger is particularly affected, and the swelling is typically uniform rather than localized, creating a fusiform appearance. Additionally, patients with this condition may exhibit signs like difficulty in extending the finger, as the infection can restrict movement and lead to significant pain and tenderness upon palpation. This combination of symptoms is critical for the diagnosis, as it points towards an infectious process rather than other conditions that may cause similar symptoms but are differentiated by their specific clinical presentations and underlying pathophysiology.

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5. What is the most common type of anemia?

A. Iron-deficiency anemia

B. Vitamin B12 deficiency anemia

C. Folate deficiency anemia

D. Aplastic anemia

Iron-deficiency anemia is recognized as the most prevalent form of anemia globally, affecting a significant number of individuals across various demographics. This type of anemia occurs when there is insufficient iron in the body to produce hemoglobin, the protein in red blood cells responsible for transporting oxygen. The causes of iron-deficiency anemia can be multifaceted, including inadequate dietary intake of iron, increased physiological demands (such as during pregnancy or growth spurts), and losses due to menstruation or gastrointestinal bleeding. Due to its high incidence, particularly in populations such as young children and women of reproductive age, iron-deficiency anemia is often the first consideration when diagnosing anemia. Other types of anemia, such as vitamin B12 deficiency anemia and folate deficiency anemia, are less common and typically associated with specific dietary limitations or absorption issues. Aplastic anemia, on the other hand, is a rare and serious condition resulting from the failure of the bone marrow to produce sufficient blood cells. While all types of anemia impact oxygen delivery and overall health, iron-deficiency anemia stands out as the most common, making it a key area of focus in both clinical practice and public health initiatives.

6. What is the typical first-line outpatient antibiotic treatment for community-acquired pneumonia?

A. Clarithromycin

B. Levofloxacin

C. Ciprofloxacin

D. Doxycycline

Clarithromycin is a suitable first-line outpatient antibiotic treatment for individuals diagnosed with community-acquired pneumonia (CAP), especially in patients who are previously healthy and have not received antibiotic therapy within the past three months. Clarithromycin is a macrolide antibiotic that effectively covers the most common pathogens responsible for CAP, including Streptococcus pneumoniae and atypical bacteria like Mycoplasma pneumoniae and Chlamydophila pneumoniae. While other antibiotics listed also have roles in treating pneumonia, clarithromycin stands out for its effectiveness and specific targeting of the organisms typically encountered in outpatient settings. For example, doxycycline is another alternative that could be used, particularly for patients who might be allergic to macrolides or when atypical pneumonia is suspected. However, clarithromycin is favored in many guidelines due to its broad-spectrum coverage and favorable dosing regimen. Levofloxacin, a fluoroquinolone, is typically reserved for outpatient treatment in patients with more complicated pneumonia cases, those with comorbidities, or for patients who have recently been treated with other broad-spectrum antibiotics. Ciprofloxacin is not ideal for treating pneumonia due to its lack of effectiveness against Streptococcus pneumoniae, the most common pathogen associated with CAP.

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7. What class of medications is contraindicated in patients with native valve endocarditis?

A. Antibiotics

B. Anticoagulants

C. Analgesics

D. Beta-blockers

In the context of native valve endocarditis, the use of anticoagulants is particularly contraindicated due to the risk of potential complications such as embolic events. Patients with endocarditis may already have vegetations—clusters of bacteria that form on the heart valves—which can vary in stability. The use of anticoagulants in these patients can increase the risk of dislodging these vegetations, leading to systemic embolization, which can result in severe complications such as stroke or other organ damage. While antibiotics are crucial for treating the underlying infection, and analgesics and beta-blockers can be used for symptom management and heart rate control, anticoagulants pose a unique risk in this clinical situation. Therefore, avoiding anticoagulation in patients with native valve endocarditis is essential to prevent exacerbating the condition and ensuring patient safety.

8. What is the most appropriate intervention for a woman at risk of osteoporosis with a T-score of -2.0?

A. Calcium 600 mg and vitamin D 400 units daily

B. Calcium 1,200 mg and vitamin D 800 units daily

C. Calcium 1,000 mg and vitamin D 600 units daily

D. No intervention needed

The most appropriate intervention for a woman at risk of osteoporosis with a T-score of -2.0 is to provide calcium and vitamin D supplementation, specifically in the amounts of 1,200 mg of calcium and 800 units of vitamin D daily. A T-score of -2.0 indicates that the individual is in the osteopenic range, which is the stage before osteoporosis; therefore, preventive measures are essential to help maintain bone density and reduce the risk of fractures. Adequate calcium intake is crucial for bone health, as it helps in the formation and maintenance of bone tissue. The recommended dietary allowance (RDA) for calcium for adult women is generally around 1,000 to 1,200 mg daily, with higher requirements as they age. Additionally, vitamin D plays a vital role in calcium absorption from the intestines. The RDA for vitamin D is often considered to be around 600 to 800 units daily, especially for older individuals who may have decreased sun exposure and reduced ability to synthesize vitamin D. Choosing an intervention that aligns with these guidelines—specifically the supplementation of calcium at the higher end (1,200 mg) and vitamin D (800 units)—is essential for optimizing bone health and minimizing the

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9. Which extra-articular manifestation is most commonly associated with ankylosing spondylitis?

A. Psoriasis

B. Inflammatory bowel disease

C. Uveitis

D. Cardiac involvement

The extra-articular manifestation most commonly associated with ankylosing spondylitis is uveitis. Uveitis is an inflammation of the uveal tract of the eye and is known to occur in a significant number of patients with ankylosing spondylitis, especially given its association with the HLA-B27 antigen. Patients suffering from ankylosing spondylitis may experience episodes of uveitis, which can lead to symptoms such as eye pain, redness, sensitivity to light, and visual disturbances. While inflammatory bowel disease and other manifestations like psoriasis and cardiac involvement can occur in patients with ankylosing spondylitis or share a common pathophysiological link, uveitis remains the most clinically significant and prevalent association with this condition. Hence, recognizing uveitis as a common extra-articular complication of ankylosing spondylitis is crucial for prompt diagnosis and management to prevent potential visual impairment.

10. Which laboratory tests are recommended in cases of suspected reactive arthritis?

A. Only a pregnancy test

B. Basic metabolic panel only

C. Inflammatory markers and serologic tests

D. Complete blood count only

In cases of suspected reactive arthritis, it is essential to evaluate the inflammatory status and potential underlying infectious causes. This involves the use of inflammatory markers and serologic tests, which can provide valuable insights into the patient's condition. Inflammatory markers such as erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) help determine the level of inflammation present in the body. Elevated levels of these markers can support the diagnosis of arthritis. Additionally, serologic tests can help identify previous infections, particularly those associated with reactive arthritis, such as certain sexually transmitted infections or gastrointestinal infections. These tests may include screening for Chlamydia trachomatis, as infections with this organism are commonly associated with reactive arthritis. The other options, while offering some form of testing, do not address the specific diagnostic needs for reactive arthritis. A pregnancy test, for instance, can be important for other clinical scenarios but would not provide relevant information regarding reactive arthritis. A basic metabolic panel focuses on electrolytes and organ function rather than inflammatory processes. Similarly, a complete blood count alone would provide limited insight without the context of inflammation or specific serology tests to assess for infections. Thus, the comprehensive approach of including inflammatory markers and serologic tests is necessary

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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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