ROSH INTERNAL MEDICINE BOOST 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. **In an elderly woman with right temporal tenderness and recent onset headaches, what is the most likely diagnosis?**

   A. Cluster headache

   B. Fibromyalgia

   C. Giant cell arteritis

   D. Trigeminal neuralgia

2. **In a patient with high cholesterol on atorvastatin, which drug is beneficial for cardiovascular disease prevention when added to statin therapy?**

   A. Cholestyramine

   B. Ezetimibe

   C. Fenofibrate

   D. Niacin

3. **What is the first-line treatment for chronic management of atrial fibrillation in a patient with heart failure?**

   A. Beta-blockers

   B. Digoxin

   C. Anticoagulants

   D. Amiodarone

4. **What symptom would you expect to find in a patient with an embolic event in the left anterior cerebral artery?**

   A. Broca aphasia

   B. Incontinence

   C. Contralateral hemiparesis

   D. Visual field defects

5. **What is the classic sign associated with cholecystitis?**

   A. McBurney's point tenderness

   B. Murphy's sign

   C. Rebound tenderness

   D. Gray Turner's sign

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6. What is the most likely diagnosis for a patient with bloody diarrhea and crypt abscesses found on biopsy?

A. Crohn's disease

B. Diverticular colitis

C. Medication-associated colitis

D. Ulcerative colitis

7. What heart rate was observed in the patient during the examination?

A. 134 beats per minute

B. 180 beats per minute

C. 160 beats per minute

D. 120 beats per minute

8. In which New York Heart Association (NYHA) classification category does a patient with difficulty breathing when walking around, but not at rest, fall?

A. NYHA class I

B. NYHA class II

C. NYHA class III

D. NYHA class IV

9. What is the first-line treatment for hypertension in a patient with diabetes?

A. Calcium channel blockers

B. Angiotensin-converting enzyme (ACE) inhibitors

C. Beta-blockers

D. Thiazide diuretics

10. Which condition involves weakness of proximal muscles without pain?

A. Polymyalgia rheumatica

B. Myasthenia gravis

C. Polymyositis

D. Guillain-Barré syndrome

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Answers

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

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Explanations

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1. In an elderly woman with right temporal tenderness and recent onset headaches, what is the most likely diagnosis?

A. Cluster headache

B. Fibromyalgia

C. Giant cell arteritis

D. Trigeminal neuralgia

The most likely diagnosis in this scenario is giant cell arteritis, specifically due to the combination of symptoms presented. In elderly individuals, particularly those over 50, new-onset headaches accompanied by tenderness in the temporal region raise a strong suspicion for this condition. Giant cell arteritis, also known as temporal arteritis, is an inflammatory vasculitis affecting the large and medium-sized arteries, often presenting with headaches, scalp tenderness, and sometimes jaw claudication. The temporal tenderness is particularly indicative because it reflects the inflammation of the temporal arteries, which is a hallmark of giant cell arteritis. Furthermore, this condition can lead to serious complications, including vision loss, if not diagnosed and treated promptly. In contrast, other conditions listed do not typically present with the same urgency or combination of symptoms. Cluster headaches, for instance, tend to occur in cycles and involve severe unilateral pain rather than temporal tenderness. Fibromyalgia involves widespread musculoskeletal pain and does not usually present with isolated headache or temporal tenderness. Trigeminal neuralgia primarily presents with sudden, severe facial pain triggered by stimuli and not typically with temporal tenderness or associated headache patterns seen in giant cell arteritis. It is the specific age group, the unilateral temporal tenderness, and the type of headache

2. In a patient with high cholesterol on atorvastatin, which drug is beneficial for cardiovascular disease prevention when added to statin therapy?

A. Cholestyramine

B. Ezetimibe

C. Fenofibrate

D. Niacin

The addition of ezetimibe to atorvastatin therapy has shown significant benefits in reducing cardiovascular events in patients with high cholesterol. Ezetimibe works by inhibiting the absorption of cholesterol from the intestine, which complements the action of statins that primarily work by reducing cholesterol synthesis in the liver. This dual approach effectively lowers LDL cholesterol levels more than statin therapy alone. Clinical trials, such as the IMPROVE-IT trial, have specifically demonstrated that adding ezetimibe to statin therapy results in a further decrease in the risk of cardiovascular events, highlighting its role in cardiovascular disease prevention. Therefore, combining ezetimibe with atorvastatin is an evidence-based strategy to enhance lipid management and reduce cardiovascular risk in patients with elevated cholesterol levels. Other options, while they may have cholesterol-lowering effects, do not have the same level of evidence supporting their combination with statins for cardiovascular disease prevention. For example, cholestyramine is a bile acid sequestrant that can help lower cholesterol but often isn't used alongside statins due to GI side effects and less evidence for reducing cardiovascular events when added. Fenofibrate is mainly used to target triglycerides and has not consistently shown cardiovascular benefit when combined with statins, particularly in patients

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3. What is the first-line treatment for chronic management of atrial fibrillation in a patient with heart failure?

A. Beta-blockers

B. Digoxin

C. Anticoagulants

D. Amiodarone

The first-line treatment for chronic management of atrial fibrillation in a patient with heart failure involves the use of beta-blockers. Beta-blockers are preferred because they not only help control the ventricular rate during atrial fibrillation but also improve heart function and reduce heart failure symptoms. They work by blocking the effects of adrenaline on the heart, leading to a reduction in heart rate and overall workload. While digoxin can also be utilized in certain circumstances, particularly in patients who have heart failure with reduced ejection fraction, it is generally not the first-line agent for rate control particularly in cases of atrial fibrillation. Digoxin offers a modest effect on heart rate but does not provide the robust rate control seen with beta-blockers. Anticoagulants are essential for preventing thromboembolic events by reducing the risk of stroke in patients with atrial fibrillation; however, they do not directly address the rhythm or rate of the arrhythmia itself, which is why they are not classified as a treatment for chronic management in the context of heart failure. Amiodarone, while effective for rhythm control, is typically considered when other rhythm control strategies fail, or in cases where patients have structural heart disease or heart failure. Its side-effect profile and

4. What symptom would you expect to find in a patient with an embolic event in the left anterior cerebral artery?

A. Broca aphasia

B. Incontinence

C. Contralateral hemiparesis

D. Visual field defects

In the case of an embolic event specifically in the left anterior cerebral artery, one would typically expect to find incontinence among other neurological symptoms due to the region affected by this artery. The left anterior cerebral artery predominantly supplies the medial aspects of the frontal and parietal lobes, which are involved in the regulation of bladder control and motor functions. Incontinence can occur as a result of disruption in the neural pathways that help control bladder function, which can be affected during a stroke in this region. This is particularly true if the stroke impacts areas associated with the frontal lobe where higher-order control and decision-making regarding voiding are managed. In contrast, while contralateral hemiparesis is a well-known consequence of strokes, it is typically more pronounced in the proximal upper and lower extremities when related to the anterior cerebral artery, often not being the most immediate symptom noted. The other options, such as Broca aphasia and visual field defects, are more associated with strokes affecting the left middle cerebral artery or posterior cerebral artery, while the primary symptoms from the left anterior cerebral artery focus on incontinence and motor deficits.

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5. What is the classic sign associated with cholecystitis?

A. McBurney's point tenderness

B. Murphy's sign

C. Rebound tenderness

D. Gray Turner's sign

Murphy's sign is particularly associated with cholecystitis, which is the inflammation of the gallbladder often due to gallstones. The classic presentation includes right upper quadrant pain that exacerbates with the deep inhalation during palpation of the gallbladder area. When a clinician performs the examination and palpates the right upper quadrant while asking the patient to take a deep breath, the patient may abruptly stop inhaling due to the pain caused by the inflamed gallbladder making contact with the examining hand. This specific sign indicates the presence of gallbladder irritation and is a hallmark finding in patients suspected of having cholecystitis. The other signs mentioned are associated with different conditions. For example, McBurney's point tenderness is typically related to appendicitis, rebound tenderness indicates peritonitis, and Gray Turner's sign is associated with retroperitoneal hemorrhage. Therefore, the presence of Murphy's sign specifically suggests cholecystitis, making it the classic sign for this condition.

6. What is the most likely diagnosis for a patient with bloody diarrhea and crypt abscesses found on biopsy?

A. Crohn's disease

B. Diverticular colitis

C. Medication-associated colitis

D. Ulcerative colitis

The most likely diagnosis is ulcerative colitis, particularly when considering the presence of bloody diarrhea and crypt abscesses found on biopsy. Ulcerative colitis is characterized by inflammation of the colonic mucosa and can cause symptoms like bloody diarrhea due to ulceration and erosion of the intestinal lining. The crypt abscesses, which are collections of neutrophils in the crypts of the colonic mucosa, are a classic histological feature of ulcerative colitis. In ulcerative colitis, the inflammation is usually continuous and can affect the rectum and extend proximally in a contiguous manner, often leading to significant clinical manifestations such as bloody stools. The presence of crypt abscesses is a strong indicator of this condition, distinguishing it from other forms of colitis where such findings might not be present. Other potential diagnoses like Crohn's disease, while it can also cause diarrhea and inflammation of the colon, typically has a non-continuous pattern of lesions and may not prominently feature crypt abscesses in the same way ulcerative colitis does. Diverticular colitis could present with some similar symptoms, but it is associated more with diverticular disease rather than the specific histopathological findings of crypt abscesses.

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7. What heart rate was observed in the patient during the examination?

A. 134 beats per minute

B. 180 beats per minute

C. 160 beats per minute

D. 120 beats per minute

In this case, the observed heart rate of 180 beats per minute is indicative of a tachyarrhythmia, which is a faster-than-normal heart rate typically seen in conditions such as atrial flutter, atrial fibrillation, or other supraventricular or ventricular tachycardias. A rate this high can lead to inadequate cardiac output, potentially resulting in symptoms such as palpitations, shortness of breath, or even chest pain. When evaluating patients with elevated heart rates, it's important to consider both the context of the patient's symptoms and the clinical setting. Factors such as recent exercise, fever, or stress could also contribute to an increased heart rate. In the context of this examination, a heart rate of 180 is often associated with more acute medical conditions requiring immediate assessment and intervention, contrasting with lower heart rates that might suggest less urgent or chronic issues. Understanding these heart rate ranges aids in the diagnosis and management of various medical conditions, emphasizing the critical importance of heart rate monitoring in patient evaluation.

8. In which New York Heart Association (NYHA) classification category does a patient with difficulty breathing when walking around, but not at rest, fall?

A. NYHA class I

B. NYHA class II

C. NYHA class III

D. NYHA class IV

A patient who experiences difficulty breathing when walking around but is comfortable at rest would be categorized in the NYHA class II classification. In this classification system, NYHA class II is defined by mild heart failure where patients have slight limitation of physical activity. They are comfortable at rest, but ordinary physical activity can lead to fatigue, palpitations, or dyspnea (shortness of breath). NYHA class I describes patients with no limitations; they can perform ordinary activities without any symptoms. Class III represents more significant functional impairment where patients experience symptoms with minimal exertion, such as walking a short distance. Finally, class IV is the most advanced stage, where patients are unable to carry on any physical activity without discomfort, and symptoms may be present even at rest. Thus, the description matches NYHA class II, indicating the need to assess the patient's functional status further and consider appropriate management strategies.

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9. What is the first-line treatment for hypertension in a patient with diabetes?

A. Calcium channel blockers

B. Angiotensin-converting enzyme (ACE) inhibitors

C. Beta-blockers

D. Thiazide diuretics

The first-line treatment for hypertension in a patient with diabetes is angiotensin-converting enzyme (ACE) inhibitors. This class of medication is particularly effective because it provides both blood pressure control and renal protective effects, which are crucial for diabetic patients who are at increased risk of developing diabetic nephropathy. ACE inhibitors work by inhibiting the conversion of angiotensin I to angiotensin II, leading to vasodilation and reduced blood pressure. Additionally, they help to decrease proteinuria, a common complication in diabetic patients, further protecting renal function. In diabetic patients with hypertension, managing blood pressure effectively is essential, as uncontrolled hypertension can exacerbate diabetes complications. ACE inhibitors also have favorable effects on cardiovascular outcomes, making them ideal for this population. This is why guidelines often recommend ACE inhibitors as first-line treatment in diabetic patients with hypertension. Other antihypertensive classes, while useful in certain situations, do not provide the same level of renal protection or are not specifically indicated as first-line therapies for this demographic. For example, calcium channel blockers, beta-blockers, and thiazide diuretics may be used in conjunction or as alternative agents, particularly if there are additional comorbidities or individual patient considerations, but they lack the dual benefits

10. Which condition involves weakness of proximal muscles without pain?

A. Polymyalgia rheumatica

B. Myasthenia gravis

C. Polymyositis

D. Guillain-Barré syndrome

The condition characterized by weakness of proximal muscles without pain is polymyositis. This autoimmune disease primarily affects skeletal muscles, leading to muscle weakness, particularly in the proximal muscles such as those in the shoulders and hips. While it often results in significant impairment in muscle strength, it typically does not present with pain, distinguishing it from other conditions that might involve muscle symptoms. Polymyalgia rheumatica, for example, is associated with pain and stiffness in the shoulder and pelvic girdle areas, making it distinct from polymyositis. Myasthenia gravis involves fluctuating muscle weakness that is typically worsened with activity and improves with rest, and it primarily affects facial and ocular muscles in many patients. Guillain-Barré syndrome can present with weakness as well, but it usually starts distally and progresses proximally, often accompanied by pain or sensory changes. Thus, polymyositis is the correct answer as it specifically presents with muscle weakness in proximal areas without an accompanying pain phenomenon.

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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://rosh-internalmedicineboost.examzify.com

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

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