THE PHYSICIAN ASSISTANT (PA) PROFESSION EXAM 1 PRACTICE (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 item reflects a 2021-2022 LAPA activity?

A. Study Resolution on PA Practice

B. 2019 OT orders

C. 2020 COVID order

D. Schedule II Rx Authority

2. Which option best describes the initial priority in a patient with hematemesis and hypotension?

A. Emergent surgery

B. Administer IV fluids and blood products as needed

C. Hemodynamic stabilization with IV fluids and blood products as needed, followed by urgent endoscopic evaluation

D. Obtain CT scan of the abdomen

3. A patient with fever, cough, and lobar consolidation on chest radiograph is diagnosed with community-acquired pneumonia. Which organism is most likely in an outpatient elderly patient?

A. Streptococcus pneumoniae

B. Mycoplasma pneumoniae

C. Legionella pneumophila

D. Staphylococcus aureus

4. What is the definitive therapy for symptomatic severe aortic stenosis?

A. Aortic valve replacement

B. Medical therapy

C. Balloon valvuloplasty

D. Pacemaker

5. The PANCE examination is administered by which organization?

A. NCCPA

B. AAPA

C. ARC-PA

D. PAEA

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6. Which statement best describes how PA scope of practice is determined?

A. Practice level

B. Practice level, education, experience, state laws, and patient needs

C. Federal law

D. Personal preference

7. What is the common goal all PAs are working toward?

A. Removing barriers to PA practice that slow healthcare teams and expand access

B. Increasing PA independence from physicians

C. Limiting PA practice

D. Reducing PA education

8. A child with fever, irritability, and a bulging fontanelle requires urgent evaluation to rule out which condition?

A. Viral meningitis

B. Bacterial meningitis or other CNS infection

C. Migraine

D. Meningitis due to fungal infection

9. How will modernized PA laws help patients and strengthen healthcare teams?

A. Unlocking the full potential of the PA to ensure patients in all communities have access to timely, effective and quality care

B. Decreasing PA autonomy

C. Increasing administrative hurdles

D. Reducing patient access

10. A 58-year-old woman with known CAD presents with stable exertional chest pain. Which pharmacologic therapy has the strongest evidence for reducing long-term mortality in stable CAD?

A. Aspirin therapy

B. Beta-blocker therapy

C. High-intensity statin therapy (e.g., atorvastatin 40–80 mg daily)

D. ACE inhibitor therapy

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Answers

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

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Explanations

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1. Which item reflects a 2021-2022 LAPA activity?

A. Study Resolution on PA Practice

B. 2019 OT orders

C. 2020 COVID order

D. Schedule II Rx Authority

Recognizing advocacy and policy work tied to a specific timeframe. A study resolution on PA Practice represents a formal policy action developed as part of professional advocacy, which is exactly the type of activity a LAPA (leadership/advocacy for PAs) group would undertake in a 2021–2022 period. The other options reflect items from different years or topics (older orders or prescribing authority) and do not align with the 2021–2022 LAPA activity window.

2. Which option best describes the initial priority in a patient with hematemesis and hypotension?

A. Emergent surgery

B. Administer IV fluids and blood products as needed

C. Hemodynamic stabilization with IV fluids and blood products as needed, followed by urgent endoscopic evaluation

D. Obtain CT scan of the abdomen

In an unstable patient with hematemesis, the first priority is to restore circulating volume and perfusion. This means starting aggressive resuscitation with intravenous fluids and transfusion of blood products as needed, while monitoring vital signs and preparing for rapid crossmatching. Once the patient's hemodynamics are stabilized, urgent endoscopic evaluation is performed to identify the bleeding source and provide therapeutic measures (such as clipping, cautery, or injections) to control the bleed. Imaging like a CT scan of the abdomen doesn't address the immediate life-threatening need to restore perfusion in an unstable patient, and emergent surgery is reserved for situations where bleeding cannot be controlled endoscopically or the patient remains unstable despite resuscitation. So the best course is stabilization with IV fluids and blood products, followed by urgent endoscopy.

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3. A patient with fever, cough, and lobar consolidation on chest radiograph is diagnosed with community-acquired pneumonia. Which organism is most likely in an outpatient elderly patient?

A. Streptococcus pneumoniae

B. Mycoplasma pneumoniae

C. Legionella pneumophila

D. Staphylococcus aureus

The main idea here is that certain pathogens dominate in community-acquired pneumonia depending on patient age and setting. In elderly patients who are managed as outpatients, Streptococcus pneumoniae is the most common cause of pneumonia and classically produces a focal lobar consolidation on chest radiographs. This pattern—abrupt fever, productive cough, pleuritic chest pain, and a single lobe consolidation—is the textbook presentation for pneumococcal pneumonia, making it the best fit for an outpatient elderly patient. The other organisms have presentations that fit different scenarios. Mycoplasma pneumoniae more often causes an atypical pneumonia with diffuse interstitial infiltrates and is common in younger individuals. Legionella can present with high fever and GI symptoms and often requires consideration when there are risk factors or outbreaks or when the illness is more severe. Staphylococcus aureus is more linked to post-influenza infections or hospital/long-term care settings and often leads to multilobar involvement or complications like abscesses. For an outpatient elderly patient with lobar consolidation, Streptococcus pneumoniae remains the most likely culprit.

4. What is the definitive therapy for symptomatic severe aortic stenosis?

A. Aortic valve replacement

B. Medical therapy

C. Balloon valvuloplasty

D. Pacemaker

Replacing the diseased aortic valve is the definitive treatment for symptomatic severe aortic stenosis because the core issue is a fixed obstruction to blood flow that cannot be adequately addressed with medications alone. By removing the narrowed valve and placing a new one, valve replacement restores normal outflow and improves survival, whether done surgically or via a less invasive transcatheter approach depending on patient factors. Medical therapy can help manage symptoms in the short term but does not fix the underlying narrowing or change the prognosis. Balloon valvuloplasty may temporarily reduce the gradient, but its benefits are not durable, so it's not a definitive solution in most adults. A pacemaker corrects rhythm problems but does not relieve the valve obstruction, so it does not address the root cause.

5. The PANCE examination is administered by which organization?

A. NCCPA

B. AAPA

C. ARC-PA

D. PAEA

The PANCE is the Physician Assistant National Certifying Exam, and it is administered by the organization that serves as the official certifying body for physician assistants. That organization is the National Commission on Certification of Physician Assistants. They develop and administer the exam and issue the PA-C credential after you pass. The other groups have different roles: AAPA is the professional association for PAs, ARC-PA accredits PA education programs, and PAEA supports PA educators and curriculum.

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6. Which statement best describes how PA scope of practice is determined?

A. Practice level

B. Practice level, education, experience, state laws, and patient needs

C. Federal law

D. Personal preference

Scope of practice for a PA is defined by a combination of factors, not a single rule. The best description includes practice level, education, experience, state laws, and patient needs. Practice level sets the expected autonomy and typical duties in a given setting. Education and experience determine what procedures and clinical tasks the PA is trained and qualified to perform. State laws and regulations establish the legal framework, including supervision requirements and prescribing authority, which vary by state. Patient needs ensure that care is appropriate and safe for the individual, guiding which tasks can be performed within the allowed scope. Federal law provides overarching licensing and certification contexts but does not single-handedly set the PA scope in each state, and institutional policies can also shape day-to-day practice.

7. What is the common goal all PAs are working toward?

A. Removing barriers to PA practice that slow healthcare teams and expand access

B. Increasing PA independence from physicians

C. Limiting PA practice

D. Reducing PA education

The main idea is that physician assistants aim to remove obstacles that slow healthcare teams and, by doing so, expand access to care. When practice barriers—such as restrictive scope-of-practice rules, burdensome supervision requirements, and payer or licensure hurdles—are reduced or eliminated, PAs can be utilized to their full training. This enables faster patient visits, better coverage in underserved areas, and more efficient use of healthcare resources, all while maintaining safe, quality care. The goal isn't to pursue independence at the expense of collaborative teamwork or to reduce education; rather, it's to maximize the PA role within safe, team-based care to improve access and outcomes.

8. A child with fever, irritability, and a bulging fontanelle requires urgent evaluation to rule out which condition?

A. Viral meningitis

B. Bacterial meningitis or other CNS infection

C. Migraine

D. Meningitis due to fungal infection

A fever with irritability and a bulging fontanelle in a young child points to possible meningitis, an infection of the membranes around the brain. The bulging fontanelle indicates increased pressure in the skull, which can occur with meningitis or other CNS infections. Because bacterial meningitis can progress rapidly and cause serious harm, the immediate priority is to evaluate for and rule out bacterial meningitis or other CNS infection and begin appropriate workup and treatment right away. Viral meningitis is possible but usually less severe, while fungal meningitis is much less common in healthy children. Migraines are unlikely in this age group and don't explain the fever and bulging fontanelle.

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9. How will modernized PA laws help patients and strengthen healthcare teams?

A. Unlocking the full potential of the PA to ensure patients in all communities have access to timely, effective and quality care

B. Decreasing PA autonomy

C. Increasing administrative hurdles

D. Reducing patient access

Modernized PA laws expand what PAs can do by allowing practice to the full extent of their training and experience, with collaborative oversight as needed. When PAs can perform a wide range of tasks—comprehensive physical exams, ordering and interpreting tests, prescribing medications, and managing routine and chronic care—they can provide timely, effective, and high-quality care in more communities. This reduces delays and barriers to access, which improves patient outcomes and satisfaction. This approach also strengthens healthcare teams by enabling efficient task sharing. PAs can handle primary and preventive care, urgent and follow-up visits, and longitudinal management, while physicians supervise and focus on more complex cases. The result is a more scalable, collaborative model that broadens coverage, reduces wait times, and supports better coordination of care across settings. Options describing decreased autonomy, more administrative hurdles, or reduced access don't align with the goals of modernized PA laws, which aim to empower PAs and enhance the overall functioning of the care team.

10. A 58-year-old woman with known CAD presents with stable exertional chest pain. Which pharmacologic therapy has the strongest evidence for reducing long-term mortality in stable CAD?

A. Aspirin therapy

B. Beta-blocker therapy

C. High-intensity statin therapy (e.g., atorvastatin 40–80 mg daily)

D. ACE inhibitor therapy

High-intensity statin therapy provides the strongest evidence for reducing long-term mortality in stable coronary artery disease. Lowering LDL cholesterol with a potent statin – for example, atorvastatin 40–80 mg daily – not only decreases cholesterol but also stabilizes plaques, reduces inflammation, and improves endothelial function. These effects translate into fewer fatal cardiovascular events over time, a benefit consistently shown in randomized trials and meta-analyses of patients with established CAD. Aspirin helps prevent some nonfatal events, but its impact on mortality in this setting is smaller in comparison. Beta-blockers mainly aid symptom control and have clear mortality benefits after an acute event, but in stable CAD without prior MI or heart failure, their mortality advantage isn't as robust. ACE inhibitors reduce mortality chiefly when there are additional indications such as hypertension, diabetes, LV dysfunction, or prior MI. Thus, high-intensity statin therapy stands out as the most impactful for long-term survival in stable CAD.

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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://paprofession1.examzify.com

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

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