# UVA FAMILY MEDICINE 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 laboratory finding is typical in acute myeloid leukemia (AML)?**

A. Leukopenia

B. Pancytopenia

C. Thrombocytosis

D. Hypercalcemia

**2. What is the mechanism of action of uricosuric medications?**

A. Increase renal reabsorption of uric acid

B. Block the reabsorption of uric acid in the renal tubule

C. Stimulate the production of uric acid

D. Enhance the excretion of creatinine

**3. What factor of maternal serum alpha-feto-protein level might indicate a possible abnormality?**

A. Low levels

B. High levels

C. Stable levels

D. Normal levels

**4. A 57-year-old woman presents with a thyroid mass. What is the most appropriate next step in management?**

A. Reassurance

B. Radionuclide thyroid scan

C. Fine-needle aspiration (FNA)

D. Total thyroidectomy

**5. A 24-year-old male develops multiple vesiculobullous lesions following treatment for which infection?**

A. Mycoplasma pneumoniae

B. Streptococcus pneumoniae

C. Escherichia coli

D. Neisseria gonorrhoeae

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**6. What does PANDAS stand for?**

A. Pediatric autoimmune neuropsychiatric disorder associated with streptococcus

B. Pediatric autoimmune neurological dysfunction and anxiety syndrome

C. Pediatric abnormal neuropsychiatric disorders associated with stress

D. Pediatric and adult neurological disorders associated with streptococcus

**7. Which treatment is important to consider for a patient with onychomycosis who has a history of cellulitis or is diabetic?**

A. Topical antifungal only

B. 3 months of oral terbinafine or itraconazole

C. Immediate nail removal

D. Reassurance with follow-up

**8. What finding would best aid in the confirmation of a respiratory viral infection in the infant with wheezing?**

A. Sweat chloride test

B. Rapid antigen test for RSV

C. CBC with differential

D. Chest ultrasound

**9. A classic case of perianal pruritis in a child is most likely due to which condition?**

A. Trichuriasis

B. Fecal soiling

C. Enterobiasis

D. Atopic dermatitis

**10. What is one common physical examination finding in a child with Legg-Calve-Perthes Disease?**

A. Increased external rotation of the hip

B. Limited internal rotation and abduction of the hip

C. Palpable joint effusion

D. High range of hip motion

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# Answers

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

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# Explanations

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## 1. What laboratory finding is typical in acute myeloid leukemia (AML)?

A. Leukopenia

B. Pancytopenia

C. Thrombocytosis

D. Hypercalcemia

*In acute myeloid leukemia (AML), the typical laboratory finding is pancytopenia. Pancytopenia is characterized by a reduction in the number of all three types of blood cells: red blood cells, white blood cells, and platelets. This result is a consequence of the bone marrow being infiltrated by malignant leukemic cells, which disrupt the normal production of blood cells. Patients with AML often present with symptoms related to the lack of these blood cells, such as anemia (low red blood cell count), increased risk of infections (low white blood cell count), and bleeding or bruising (low platelet count). This combination of findings leads to the diagnosis of pancytopenia, making it a hallmark feature in cases of acute myeloid leukemia. While leukopenia, thrombocytosis, and hypercalcemia can occur in different hematologic or systemic conditions, they are not typical findings associated with AML. Hence, pancytopenia serves as a crucial indicator of the disease and its impact on bone marrow function.*

## 2. What is the mechanism of action of uricosuric medications?

A. Increase renal reabsorption of uric acid

B. Block the reabsorption of uric acid in the renal tubule

C. Stimulate the production of uric acid

D. Enhance the excretion of creatinine

*Uricosuric medications are designed to lower uric acid levels in the body, and they achieve this primarily by blocking the reabsorption of uric acid in the renal tubule. In the kidneys, uric acid is filtered from the blood and then partially reabsorbed back into the bloodstream. Uricosuric agents inhibit transport mechanisms responsible for this reabsorption, resulting in increased uric acid excretion in the urine. This mechanism effectively reduces serum uric acid levels, which is crucial for managing conditions such as gout, where high uric acid levels can contribute to painful joint inflammation. This focus on renal handling of uric acid highlights the distinction of uricosuric medications from other types of drugs that might increase the production of uric acid or enhance the excretion of other substances like creatinine, but not uric acid specifically. Understanding this mechanism is essential for utilizing uricosuric medications effectively in clinical practice.*

## 3. What factor of maternal serum alpha-feto-protein level might indicate a possible abnormality?

A. Low levels

B. High levels

C. Stable levels

D. Normal levels

*High levels of maternal serum alpha-feto-protein (AFP) can indicate potential abnormalities during pregnancy. This protein is produced by the fetal liver, and its levels can be measured in the mother's blood during the second trimester. Elevated levels of AFP can be associated with several conditions, including neural tube defects (such as spina bifida) and abdominal wall defects (like omphalocele). Additionally, high AFP levels may signal multiple gestations or certain fetal conditions that require further investigation. It is important to note that while elevated levels can signal these issues, they should be interpreted in conjunction with other diagnostic tests and clinical findings, as not all cases of high AFP will indicate a serious problem, and some elevated levels can be seen in normal pregnancies as well. The identification of these high levels prompts caregivers to consider further diagnostic imaging or assessments to determine the health and development of the fetus.*

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## 4. A 57-year-old woman presents with a thyroid mass. What is the most appropriate next step in management?

A. Reassurance

B. Radionuclide thyroid scan

C. Fine-needle aspiration (FNA)

D. Total thyroidectomy

*In the evaluation of a thyroid mass, fine-needle aspiration (FNA) is the most appropriate next step in management. FNA is a minimally invasive procedure used to obtain a tissue sample from the thyroid nodule, which is crucial for determining the nature of the mass. The indications for an FNA are particularly relevant in cases such as the one described, where the patient is 57 years old. At this age, the risk of thyroid malignancy increases, especially if the nodule is solid, exhibits abnormal characteristics on ultrasound, or if there are associated symptoms such as hoarseness or difficulty swallowing. The results of the FNA can provide critical information about whether the mass is benign or malignant, which will guide subsequent management decisions. Other approaches such as reassurance may overlook the need for further evaluation, whereas a radionuclide thyroid scan, while informative in some cases, is not routinely employed as an initial step for thyroid masses. Total thyroidectomy is a more invasive procedure reserved for cases where cancer is diagnosed or highly suspected, making it an inappropriate first-line approach without a definitive diagnosis from FNA. Thus, FNA stands out as a necessary and appropriate first step in managing a thyroid mass, especially in a patient with risk factors for*

## 5. A 24-year-old male develops multiple vesiculobullous lesions following treatment for which infection?

A. Mycoplasma pneumoniae

B. Streptococcus pneumoniae

C. Escherichia coli

D. Neisseria gonorrhoeae

*The development of multiple vesiculobullous lesions in response to treatment is indicative of a hypersensitivity reaction that can occur after antibiotic therapy, particularly with certain drugs. Mycoplasma pneumoniae infections have been associated with a phenomenon called "erythema multiforme," which can manifest as vesiculobullous eruptions. Antimicrobial treatments, such as those involving beta-lactams or macrolides, can sometimes trigger such reactions in predisposed individuals. In this context, the lesions are likely a result of the body's immune response to Mycoplasma pneumoniae or a related drug reaction rather than directly caused by the organism itself. Other infections listed do not typically provoke such skin reactions after treatment. For instance, Streptococcus pneumoniae, Escherichia coli, and Neisseria gonorrhoeae infections do not have this specific association with vesiculobullous lesions following treatment, making Mycoplasma pneumoniae the most plausible answer regarding the clinical presentation described.*

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## 6. What does PANDAS stand for?

A. Pediatric autoimmune neuropsychiatric disorder associated with streptococcus

B. Pediatric autoimmune neurological dysfunction and anxiety syndrome

C. Pediatric abnormal neuropsychiatric disorders associated with stress

D. Pediatric and adult neurological disorders associated with streptococcus

*PANDAS stands for Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus. This condition is characterized by the sudden onset of obsessive-compulsive symptoms and/or tics, often following a streptococcal infection, such as strep throat. The condition is believed to result from an autoimmune response where antibodies produced against the streptococcal bacteria mistakenly attack the brain, leading to neuropsychiatric symptoms. Understanding this terminology is crucial for recognizing the association between streptococcal infections and the development of certain neuropsychiatric disorders in children, which can significantly impact their treatment and management. This definition encapsulates the essence of the disorder, focusing on both the pediatric aspect and its connection to streptococcal infection.*

## 7. Which treatment is important to consider for a patient with onychomycosis who has a history of cellulitis or is diabetic?

A. Topical antifungal only

B. 3 months of oral terbinafine or itraconazole

C. Immediate nail removal

D. Reassurance with follow-up

*In the context of treating onychomycosis, especially in patients with a history of cellulitis or diabetes, oral antifungal medications such as terbinafine or itraconazole are critical. These systemic treatments are more effective than topical options, particularly for individuals at higher risk for complications due to their underlying health conditions. Patients with diabetes and a history of cellulitis can develop severe foot infections; thus, it is essential to address the fungal infection aggressively. Oral antifungal therapy targets the infection more effectively compared to topical treatments, which may not penetrate deeply enough into the nail bed and surrounding tissues to clear the infection in more challenging cases. The recommended duration of therapy, often around three months, is based on the slow growth of nails and the time required for new, healthy nail growth to replace the infected one. This comprehensive approach is crucial for preventing possible complications such as recurrent cellulitis or persistent fungal infections, which can have significant health implications for patients with diabetes or a history of skin infections. Other options such as immediate nail removal, while sometimes useful in severe instances, may not be necessary for all cases of onychomycosis, especially when effective systemic treatments are available. Reassurance with follow-up may not be adequate as it does*

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## 8. What finding would best aid in the confirmation of a respiratory viral infection in the infant with wheezing?

A. Sweat chloride test

B. Rapid antigen test for RSV

C. CBC with differential

D. Chest ultrasound

*The rapid antigen test for respiratory syncytial virus (RSV) is particularly valuable in confirming a respiratory viral infection in infants who present with wheezing. RSV is a common cause of bronchiolitis and other respiratory illnesses in young children, especially infants under one year of age, and can lead to wheezing and difficulty breathing. This test is designed specifically to detect the presence of RSV antigens in a nasal swab specimen quickly, allowing for timely diagnosis and management. Early identification of RSV can help guide treatment options and parental education regarding the illness. Other tests listed, such as the sweat chloride test, are used to diagnose cystic fibrosis and are not relevant for confirming viral respiratory infections. Complete blood count (CBC) with differential may assess for signs of bacterial infection or immune response, but it is not specific for viral infections. Chest ultrasound is not typically employed for diagnosing respiratory infections in this context; it is more useful for evaluating structural abnormalities or complications related to respiratory issues. Therefore, the rapid antigen test for RSV is the most appropriate choice for confirming a respiratory viral infection in an infant with wheezing.*

## 9. A classic case of perianal pruritis in a child is most likely due to which condition?

A. Trichuriasis

B. Fecal soiling

C. Enterobiasis

D. Atopic dermatitis

*Perianal pruritus in children is most commonly associated with enterobiasis, which is an infection caused by the pinworm, Enterobius vermicularis. This condition is particularly prevalent in children due to the transmission route, which often involves hand-to-mouth contact following fecal contamination. The classic presentation includes intense itching around the anus, especially at night when female pinworms lay their eggs. This inability to resist scratching can lead to secondary infections and further complications if not treated. While trichuriasis, fecal soiling, and atopic dermatitis can also present with some form of anal discomfort or itching, they do not typically present in the same classic manner as enterobiasis. Trichuriasis is more associated with intestinal symptoms and is less common. Fecal soiling, while it can lead to skin irritation, is often the result of other underlying issues such as constipation. Atopic dermatitis more commonly manifests on other areas of the skin rather than specifically causing perianal symptoms.*

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**10. What is one common physical examination finding in a child with Legg-Calve-Perthes Disease?**

A. Increased external rotation of the hip

B. Limited internal rotation and abduction of the hip

C. Palpable joint effusion

D. High range of hip motion

*In children with Legg-Calve-Perthes Disease, limited internal rotation and abduction of the hip are characteristic findings during a physical examination. This condition involves a disruption of blood supply to the femoral head, leading to avascular necrosis. As the disease progresses, it results in increased stiffness and a reduced range of motion, particularly in internal rotation and abduction, which are crucial movements of the hip joint. The reduction in these motions occurs due to the inflammatory changes and associated pain that limit the child's ability to move the hip freely. When assessing a child suspected of having this condition, clinicians look for signs of restricted movement as part of the overall evaluation, as it is indicative of the underlying pathology affecting the hip joint. This is why the finding of limited internal rotation and abduction is pivotal in diagnosing Legg-Calve-Perthes Disease.*

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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://uvafamilymedicine.examzify.com

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

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