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Topic Break Down

Topic	No. of Questions
Topic 1, General Medical Knowledge	128
Topic 2, Clinical Medical Assisting	58
Topic 3, Administrative Medical Assisting	35
Total	221

QUESTION NO: 1

When applying a cast, the plaster

- A. is applied directly over the skin
- B. is applied over a stockinette
- C. may be applied over an open wound
- D. may be applied before the swelling has gone down

ANSWER: B

Explanation:

is applied over a stockinette is correct because a stockinette forms the initial protective layer between the patient's skin and the cast materials. Before plaster or fiberglass casting material is applied, the affected limb is typically covered with a smooth stockinette, followed by cast padding. This layered approach protects the skin, cushions bony prominences, accommodates minor changes in limb contour, and helps reduce friction and pressure-related skin injury. The stockinette should extend beyond the intended cast edges so it can be folded back over the padding, creating soft, finished cast borders that are more comfortable for the patient. Medical assistants assisting with cast application should help ensure that the stockinette and padding lie flat, without wrinkles or constriction, because smooth application supports patient comfort and safe immobilization. The plaster is then wetted and wrapped over these preparatory layers to create the rigid external support needed to immobilize the injured area. Proper cast-layer preparation is a standard element of safe extremity immobilization and skin protection. See the [Merck Manual procedure for applying a cast](#) and the [NCBI StatPearls review of casting](#).

QUESTION NO: 2

One complete heart beat, combining the contraction and relaxation phases is known as the:

- A. base line cycle
- B. FC.G cycle
- C. electrode cycle
- D. cardiac cycle

ANSWER: D

Explanation:

The correct term is **cardiac cycle**. A cardiac cycle is the complete sequence of events occurring during one heartbeat, beginning with the filling of the cardiac chambers and ending after blood has been ejected and the heart returns to its resting, filling state. It includes diastole, the relaxation phase in which the ventricles fill with blood, and systole, the contraction phase in which the ventricles pump blood into the pulmonary artery and aorta. In clinical practice, understanding this cycle supports accurate interpretation of normal heart function, heart sounds, blood-pressure changes, and electrocardiographic timing. The first and second heart sounds are associated with valve closures at key points in the cardiac cycle, reflecting the coordinated movement of blood through the heart. The cycle repeats continuously to maintain pulmonary and systemic circulation. The National Heart, Lung, and Blood Institute describes the heart's rhythmic pattern of contraction and relaxation as the mechanism that pumps blood throughout the body. Additional physiology detail is available from [StatPearls: Cardiac Cycle](#) and [the National Heart, Lung, and Blood Institute](#).

QUESTION NO: 3

A medical assistant is preparing to perform venipuncture. Which two actions are required by Standard Precautions? Select two.

- A. Perform hand hygiene before donning gloves and after removing them.

- B. Wear gloves because contact with blood is anticipated.
- C. Recap the needle before placing it in a sharps container.
- D. Use the same gloves for another patient if they are not visibly soiled.
- E. Wear a gown for every routine venipuncture regardless of the anticipated exposure.

ANSWER: A B

Explanation:

Hand hygiene and glove use when blood exposure is anticipated are core Standard Precautions. The medical assistant should perform hand hygiene before donning gloves and after removing them because gloves are not a substitute for hand hygiene. Gloves should be worn for venipuncture because contact with blood is reasonably anticipated. Used needles must never be recapped routinely or carried to another location before disposal, and gloves must be changed between patients.

QUESTION NO: 4

While obtaining vital signs, a medical assistant notes that an adult patient's radial pulse is irregular. How should the pulse rate be measured?

- A. Count the pulse for 15 seconds and multiply by 4.
- B. Count the pulse for 30 seconds and multiply by 2.
- C. Count the pulse for a full 60 seconds.
- D. Estimate the pulse rate from the patient's respiratory rate.

ANSWER: C

Explanation:

An irregular pulse should be counted for a full 60 seconds. Shorter counting intervals multiplied to estimate the rate can be inaccurate when the rhythm is not regular. The medical assistant should also observe and document the rhythm and report an unexpected irregularity according to office protocol. Counting for 15 or 30 seconds and multiplying is appropriate only when the pulse rhythm is regular.

QUESTION NO: 5

The branch of medicine which uses radionuclides in the diagnosis and treatment of disease is:

- A. computerized
- B. manipulative
- C. listening with a stethoscope
- D. feeling a part with the hand
- E. nuclear medicine

ANSWER: E

Explanation:

Nuclear medicine is the medical specialty that uses radionuclides, also called radioactive isotopes, for both diagnosis and treatment. In diagnostic nuclear medicine, a radiopharmaceutical is administered to the patient and its distribution or function within the body is detected with specialized imaging equipment. This permits clinicians to evaluate physiologic processes,

such as blood flow, organ function, metabolism, and bone activity, rather than only viewing anatomy. Nuclear medicine also has therapeutic applications because certain radionuclides can deliver targeted radiation to diseased tissue. Examples include radionuclide treatments used for thyroid disorders and selected cancers. The Nuclear Regulatory Commission describes nuclear medicine as using radioactive materials for diagnosis, treatment, and research, while the Society of Nuclear Medicine and Molecular Imaging identifies the field as a specialty devoted to molecular imaging and radionuclide therapy. These diagnostic and therapeutic uses of radionuclides directly match the definition in the question. See the [U.S. Nuclear Regulatory Commission overview of medical uses of radioactive materials](#) and the [Society of Nuclear Medicine and Molecular Imaging description of nuclear medicine](#).

QUESTION NO: 6

A medical assistant is obtaining a blood specimen from a patient with no known infection. Which two actions are appropriate infection-control measures? Select two.

- A. Wear gloves during the venipuncture.
- B. Activate the safety device and place the needle in a sharps container immediately after use.
- C. Recap the needle with two hands before disposal.
- D. Carry the used needle to a distant sharps container after collecting all supplies.
- E. Omit hand hygiene because the patient has no known communicable disease.

ANSWER: A B

Explanation:

Standard Precautions apply to all patients, regardless of a known diagnosis. The medical assistant should wear gloves when blood exposure is anticipated and activate the safety device immediately after withdrawing the needle before disposing of it in an approved sharps container. Hand hygiene is also required. Recapping a used needle and carrying an exposed needle across the room increase the risk of needlestick injury.

QUESTION NO: 7

Tiny microscopic projections in the wall of the small intestine, which absorbs nutrients into the blood stream are called:

- A. rugae
- B. villus; villi
- C. uvula
- D. pylorus

ANSWER: B

Explanation:

The correct answer is **villus; villi**. A villus (plural, villi) is a tiny fingerlike projection lining the mucosa of the small intestine. Villi greatly increase the intestinal surface area available for absorption, allowing digested nutrients to pass efficiently from the intestinal lumen into the body. Each villus contains a network of blood capillaries that receives many water-soluble nutrients, including monosaccharides and amino acids, and a central lymphatic vessel called a lacteal that participates in absorption of dietary fats. The epithelial cells covering villi also possess microvilli, which further expand the absorptive surface. This specialized structure is essential because most nutrient absorption takes place in the small intestine, particularly the jejunum. Correctly identifying villi is important in clinical anatomy and physiology because conditions that damage or flatten them can substantially impair nutrient absorption. See the National Institute of Diabetes and Digestive and Kidney Diseases overview of the digestive system at [NIDDK: Your Digestive System & How It Works](#) and the small-intestine anatomy description from [StatPearls, Anatomy, Abdomen and Pelvis: Small Intestine](#).

QUESTION NO: 8

The first sound heard when taking the blood pressure is:

- A. venous pressure
- B. diastolic pressure
- C. recurrence of symptoms
- D. recovery from disease
- E. systolic pressure

ANSWER: E

Explanation:

Systolic pressure is correct because, during manual blood-pressure measurement, the cuff is inflated above the pressure needed to temporarily occlude the brachial artery and is then slowly deflated. The first clear, repetitive tapping sound heard through the stethoscope is the first Korotkoff sound (Korotkoff phase I). Its appearance means that arterial blood is beginning to pass through the compressed artery during ventricular contraction. The pressure shown on the manometer at that first sound is documented as the systolic blood pressure—the upper number in a blood-pressure reading.

Accurate identification of this point requires a properly sized cuff, correct patient positioning, placement of the stethoscope over the brachial artery, and gradual cuff deflation. The American Heart Association describes systolic blood pressure as the arterial pressure when the heart beats and recommends using the onset of Korotkoff sounds when auscultating blood pressure. This technique is central to obtaining a clinically useful manual blood-pressure measurement. See the [American Heart Association's blood-pressure information](#) and the [NCBI StatPearls review of Korotkoff sounds](#).

QUESTION NO: 9

A subdivision of the brain that consists of medulla, pons, and midbrain, located between the spinal cord and the cerebrum is called the:

- A. brainspan
- B. brainstorm
- C. brainstem
- D. cortex

ANSWER: C

Explanation:

The correct answer is **brainstem**. The brainstem is the inferior portion of the brain that connects the spinal cord with higher brain structures, including the cerebrum. Its three primary anatomical components are the midbrain, pons, and medulla oblongata. This location makes it a major pathway for ascending sensory information traveling toward the brain and descending motor commands traveling to the spinal cord and body.

In addition to serving as a communication pathway, the brainstem contains essential neural centers involved in automatic functions necessary for life. These include regulation of respiration, heart rate, blood pressure, swallowing, arousal, and sleep-wake functions. The medulla is continuous with the spinal cord, the pons lies above the medulla, and the midbrain is the uppermost portion of the brainstem. Recognizing these three structures as parts of the brainstem is a core anatomical concept for clinical personnel because injury or dysfunction in this region can affect vital autonomic functions and consciousness. See the [NCBI StatPearls overview of neuroanatomy of the brainstem](#) and the [Encyclopaedia Britannica brainstem reference](#).

QUESTION NO: 10

A medical assistant is assisting with a sterile procedure. Which two situations contaminate the sterile field? Select two.

- A. A nonsterile person reaches over the sterile field.
- B. Sterile supplies are kept above waist level and in view.
- C. The far flap of a sterile package is opened away from the body first.
- D. Moisture soaks through the wrapper beneath a sterile item.
- E. A sterile item is placed in the center of a dry sterile field.

ANSWER: A D

Explanation:

A sterile field is considered contaminated if a nonsterile person reaches over it or if moisture passes through a sterile barrier. Reaching over the field can allow microorganisms from clothing or skin to fall onto sterile items. Moisture can cause strike-through contamination by allowing microorganisms to travel through the material. Keeping sterile items above waist level and opening the far flap of a sterile package away from the body are appropriate sterile-field practices.

QUESTION NO: 11

Which of the following are characteristics of infantile eczema?

- A. usually appears in the first year of life
- B. In all cases, it resolves permanently by 3 years of age
- C. is associated with a great increase in sebaceous activity producing an excessively oily skin
- D. associated with red, raised, pruritic, scaling areas on the cheeks and scalp; the diaper area is often spared

ANSWER: A D

Explanation:

Infantile eczema, more commonly called atopic dermatitis, frequently starts during infancy, with many affected children developing symptoms in the first year of life. The condition is defined by itching and eczematous inflammation: skin may appear red, dry, rough, scaly, and raised in patches or plaques. In infants, involvement of the cheeks and scalp is characteristic, and lesions may also occur on the trunk and extensor surfaces of the limbs. The diaper region is commonly spared, likely because occlusion and retained moisture in that area can support the skin barrier. These clinical features help distinguish the typical infant pattern from later childhood patterns, in which the flexural creases of the elbows and knees are more commonly involved. Atopic dermatitis has a relapsing course, so symptom severity and visible skin findings may vary over time. The American Academy of Dermatology describes atopic dermatitis as an itchy inflammatory skin disease that commonly begins in childhood, while the American Academy of Family Physicians reviews its characteristic age-related distribution and morphology. See the [American Academy of Dermatology overview of atopic dermatitis](#) and the [American Academy of Family Physicians clinical review](#).

QUESTION NO: 12

A medical assistant sustains a needlestick injury immediately after administering an injection. Which two actions should the medical assistant take first? Select two.

- A. Wash the puncture site promptly with soap and water.
- B. Report the exposure immediately according to office policy.
- C. Squeeze the puncture site forcefully to increase bleeding.

D. Recap the needle before placing it in the sharps container.

E. Wait until the end of the shift to report the injury.

ANSWER: A B

Explanation:

The exposed site should be washed promptly with soap and water, and the injury must be reported immediately according to the employer's exposure-control plan. Prompt reporting permits timely medical evaluation, documentation, and consideration of post-exposure management. The medical assistant should not squeeze the puncture site to make it bleed, recap the used needle, or delay reporting until the end of the workday.

QUESTION NO: 13

A patient asks that records be faxed to a specialist outside the practice. Which two actions should the medical assistant take to protect patient confidentiality? Select two.

- A. Send the complete chart to any fax number provided verbally by the patient.
- B. Verify that an appropriate authorization or other valid basis for disclosure is present.
- C. Include unrelated records because the specialist may want them later.
- D. Confirm the specialist's fax number using a reliable source before transmission.
- E. Rely on a fax cover sheet instead of verifying the intended recipient.

ANSWER: B D

Explanation:

The medical assistant should verify that there is an appropriate authorization or other valid basis for the disclosure under office policy and should confirm the specialist's fax number using a reliable source before transmission. These steps reduce the risk of releasing protected health information to an unauthorized recipient. Sending records to an unverified number or including more information than requested can create an unnecessary privacy risk. A fax cover sheet alone does not replace verification of the recipient and authorization requirements.

QUESTION NO: 14

A provider orders amoxicillin 375 mg orally. The medication available is amoxicillin 250 mg per 5 mL. How many milliliters should the medical assistant prepare?

- A. 5 mL
- B. 6 mL
- C. 7.5 mL
- D. 10 mL

ANSWER: C

Explanation:

The correct amount is 7.5 mL. The available concentration is 250 mg in 5 mL. Using the calculation $375 \text{ mg} \times 5 \text{ mL} \div 250 \text{ mg}$ gives 7.5 mL. Medication calculations should be completed carefully and the medication, dose, route, patient identity, and order should be verified before administration according to office policy and the medical assistant's authorized role.

QUESTION NO: 15

A medical assistant discovers that an incorrect telephone number was entered in a patient's electronic medical record earlier that day. Which two actions are appropriate when correcting the record? Select two.

- A. Enter the correct telephone number using the authorized amendment process.
- B. Use the medical assistant's own login to document the correction.
- C. Delete the original entry so that no record of the error remains.
- D. Ask another staff member to make the correction under that person's login.
- E. Create a second patient record containing the corrected telephone number.

ANSWER: A B

Explanation:

The medical assistant should correct the telephone number using the electronic health record's designated correction process and preserve the integrity of the original entry through the system audit trail. The correction should identify who made it and when, as required by the record system and office policy. Deleting or concealing the original entry, or using another person's login, compromises the legal integrity and security of the medical record.

QUESTION NO: 16

If a patient who has complained of chest pain collapses in the office you should:

- A. immediately begin chest compressions
- B. be sure the patient is breathless and pulseless before administering CPR
- C. call an ambulance
- D. check the patient's chart to see what medication they are taking

ANSWER: B

Explanation:

Be sure the patient is breathless and pulseless before administering CPR is correct because CPR is indicated for a patient in cardiac arrest: an unresponsive patient with no normal breathing (or only gasping) and no definite pulse. A trained healthcare professional should rapidly assess responsiveness, breathing, and the carotid pulse simultaneously, limiting the pulse check to no more than 10 seconds. If there is no definite pulse and breathing is absent or abnormal, CPR should begin immediately, while emergency medical services and an automated external defibrillator are activated or brought to the patient. This assessment is especially important following chest-pain symptoms, since those symptoms can precede sudden cardiac arrest. Prompt recognition of cardiac arrest, early high-quality compressions, rapid defibrillation when indicated, and activation of the emergency response system are core links in the adult cardiac-arrest chain of survival. The American Heart Association's guidance for healthcare professionals directs rescuers to start CPR when a pulse cannot definitely be felt within 10 seconds in an unresponsive person who is not breathing normally. See the [American Heart Association CPR and ECC Guidelines](#) and its [Basic Life Support training resources](#).

QUESTION NO: 17

Another name for myocardial infarction is:

- A. tachycardia
- B. aortic aneurysm

C. ventricular fibrillation

D. heart attack

ANSWER: D

Explanation:

“Heart attack” is the common clinical term for myocardial infarction. A myocardial infarction occurs when blood flow through a coronary artery is reduced or completely blocked long enough to deprive a region of the myocardium—the heart’s muscle tissue—of oxygen. Without prompt restoration of blood flow, myocardial cells are injured and may die. In most cases, the underlying process is coronary artery disease: atherosclerotic plaque in a coronary artery ruptures or erodes, a blood clot forms at that site, and the clot obstructs blood flow. The resulting myocardial damage makes this an urgent medical emergency. Medical assistants should recognize that suspected heart-attack symptoms, such as chest pressure or discomfort, shortness of breath, diaphoresis, nausea, or pain radiating to the arm, jaw, back, or shoulder, require immediate escalation according to office protocol and emergency response procedures. The term myocardial infarction may be used in medical documentation, test results, and provider communication, whereas “heart attack” is widely understood by patients and the public. The American Heart Association describes a heart attack as an interruption of blood flow to part of the heart muscle, and MedlinePlus identifies myocardial infarction as the medical term for this event. See [American Heart Association: About Heart Attacks](#) and [MedlinePlus: Heart Attack](#).

QUESTION NO: 18

An insurance claim is denied because the patient’s policy was inactive on the date of service. Which two actions should the medical assistant take before resubmitting the claim? Select two.

- A. Verify current coverage and eligibility information with the payer.
- B. Confirm the patient’s subscriber and demographic information.
- C. Resubmit the original claim without reviewing the denial.
- D. Change the date of service to a date when coverage was active.
- E. Replace the diagnosis code with an unrelated covered diagnosis.

ANSWER: A B

Explanation:

The medical assistant should verify the patient’s current insurance coverage and confirm that the demographic and subscriber information in the practice record is accurate. If active coverage is identified, the claim can be corrected and submitted according to payer requirements. Simply resubmitting the unchanged claim does not resolve an inactive-coverage denial. Changing a date of service or diagnosis to obtain payment would be inaccurate and improper.

QUESTION NO: 19

While obtaining a 12-lead EKG, a medical assistant notices that the tracing has baseline movement while the patient is talking and shivering. Which two actions should the medical assistant take first? Select two.

- A. Increase the machine calibration setting.
- B. Ask the patient to remain still and avoid talking during the tracing.
- C. Provide warmth if the patient is shivering.
- D. Document the tracing as normal because the electrodes are attached.
- E. Remove all electrodes and discontinue the procedure.

ANSWER: B C

Explanation:

Patient movement, talking, and muscle tremor can create somatic artifact that interferes with an EKG tracing. The medical assistant should instruct the patient to remain still and avoid talking, then provide warmth or a blanket if shivering is contributing to the artifact. Repeating the tracing after these corrections helps obtain an interpretable result. Changing the calibration setting or documenting the tracing as normal would not correct the source of the artifact.

QUESTION NO: 20

Immediately after an injection, a patient reports throat tightness and becomes visibly distressed. Which two findings are most consistent with anaphylaxis and require immediate emergency action? Select two.

- A. Wheezing or difficulty breathing
- B. Swelling of the lips or tongue
- C. Mild soreness at the injection site
- D. Temporary fatigue without respiratory symptoms
- E. A small bruise at the injection site

ANSWER: A B

Explanation:

Difficulty breathing and swelling of the lips or tongue are potentially life-threatening signs of anaphylaxis because they may indicate airway involvement. The medical assistant should activate the office emergency response, notify the provider, and follow emergency protocol. Local soreness at an injection site and mild fatigue may occur after an injection but do not by themselves indicate anaphylaxis.

QUESTION NO: 21

A medical assistant is giving preprocedure instructions to a patient with limited English proficiency. Which two actions best support accurate communication? Select two.

- A. Arrange for a qualified medical interpreter.
- B. Ask the patient to explain the instructions back in their own words through the interpreter.
- C. Ask a young family member to interpret the instructions.
- D. Speak more loudly and repeat the same English instructions.
- E. Provide instructions only after the patient signs a form declining interpretation.

ANSWER: A B

Explanation:

A qualified medical interpreter should be used to support accurate, confidential communication when language assistance is needed. The medical assistant should also use teach-back by asking the patient, through the interpreter, to explain the instructions in the patient's own words. Relying on an untrained family member can create errors and confidentiality concerns, especially for important medical information. Speaking more loudly does not overcome a language barrier.

QUESTION NO: 22

Of the following, which could not legally act as an agent for another patient?

- A. the parent of a child
- B. a guardian
- C. a minor for their younger sister
- D. all of the choices

ANSWER: C

Explanation:

a minor for their younger sister is the correct answer because authority to make health-care decisions for another person ordinarily requires legal capacity and a recognized source of authority, such as parenthood, guardianship, or a validly executed health-care proxy. A minor generally does not have the legal capacity to consent to medical treatment or to serve as another individual's personal representative solely on the basis of being an older sibling. Therefore, the sibling relationship by itself does not authorize the minor to make medical decisions, access protected health information, or provide legally effective consent for the younger sister. In day-to-day clinical practice, medical assistants should confirm the identity and authority of the person accompanying a pediatric patient and follow office policy before accepting consent or disclosing information. Health-care decision-making authority can vary by state and may be affected by specific legal arrangements, such as court-appointed guardianship; however, no such authority is stated here. HHS explains that, in most circumstances, a parent or legal guardian is treated as a minor patient's personal representative under HIPAA, subject to applicable law: [HHS guidance on personal representatives](#). Additional federal guidance on minors and consent considerations is available from [HHS HIPAA FAQ](#).