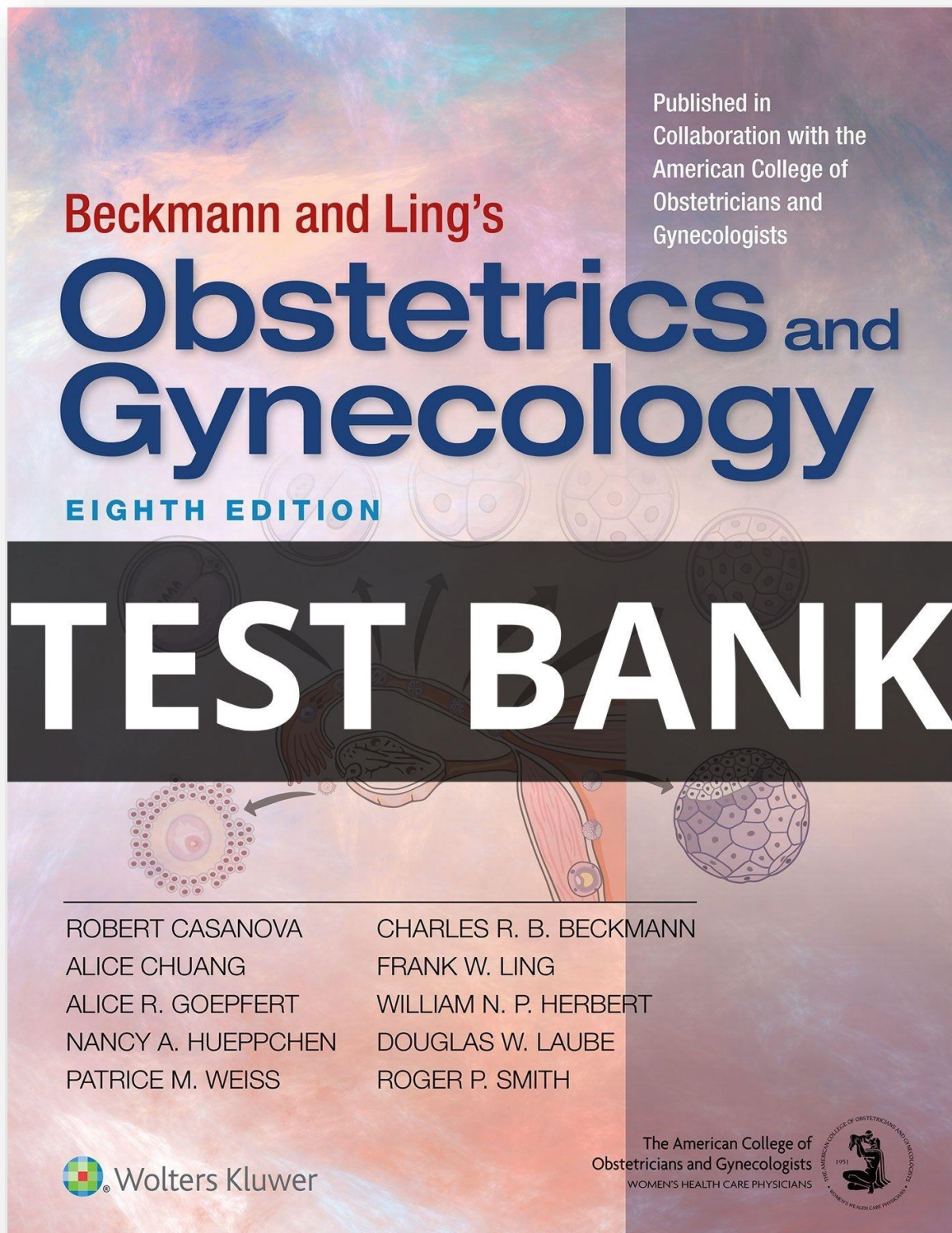


# Test Bank

## Beckmann and Ling's Obstetrics and Gynecology 8th Edition by Dr. Robert Casanova



## **Beckmann and Ling's Obstetrics and Gynecology Edition 8th edition Test Bank**

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## **Beckmann and Ling's Obstetrics and Gynecology Edition 8th edition Test Bank**

### **Chapter 1: Women's Health Examination and Women's Health Care Management**

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1:

Elevating the head of the examining table approximately 30 degrees facilitates

- a. The observation of the patient's responses
- b. The ability of the patient to comfortably look around to distract her from the examination c:
- c. The contraction of the abdominal wall muscle groups, making the examination easier
- d. Comfortable blood pressure measurement
- e. The physician not being distracted by eye contact with the patient

2:

Which of the following uterine positions is most associated with dyspareunia?

- a. Midposition, retroflexed
- b. Retroverted, anteflexed
- c. Anteverted, anteflexed
- d. Retroverted, retroflexed
- e. Midpostion, anteflexed

3:

Inquiry concerning adult and child history of sexual abuse should be included in the sexual history

- a. if time permits
- b. in visits where there are suspicious physical findings but not otherwise
- c. in visits where sufficient time is allotted
- d. in all new patient visits
- e. in visits where a specific indication is noted

4:

Peau d'orange change in the breast is associated with

- a. edema of the lymphatics
- b. jaundice
- c. too vigorous breastfeeding
- d. overly tight undergarments
- e. galactorrhea

5:

Which kind of speculum is often most suitable for examination of the nulliparous patient?

- a. Morgan's speculum
- b. Endoscopic speculum
- c. Ling speculum
- d. Graves speculum
- e. Pederson speculum

6:

Which uterine configuration is most difficult to assess for size, shape, configuration, and mobility?

- a. Midposition
- b. Anteverted
- c. There is no difference in difficulty
- d. Retroverted

7:

Which type of speculum is most appropriate for the examination of a parous menstrual woman?

- a. Ling speculum
- b. Graves speculum
- c. Pederson speculum
- d. Endoscopic speculum
- e. Morgan's speculum

8:

Menopause is defined as the cessation of menses for greater than

- a. 9 Months
- b. 36 Months
- c. 12 Months
- d. 18 Months
- e. 24 Months

9:

In a woman describing sufficiently frequent sexual encounters, infertility typically is described as a failure to conceive after

a:

3 months

b:

9 months

c:

12 months

d:

18 months

e:

6 months

10:

During bimanual examination of the adnexa in normal premenopausal women, the ovaries are palpable

a:

all the time

b:

almost never

c:

about one-half of the time

d:

about three-quarters/most of the time

e:

about one-quarter of the time

11:

If a patient becomes uncomfortable with a topic during a history-taking session, the best response of the physician is to

a:

address the patient's discomfort in a positive and supportive manner

b:

discontinue discussion of the topic to avoid further patient discomfort

c:

discontinue discussion to avoid damage to the patient-physician relationship

d:

continue after making a joke to relieve

tension e:

ignore the discomfort and proceed with questioning

12:

Which of the following statements about the steps in the breast examination is correct?

a:

Palpation is done

first b:

Palpation and inspection are done simultaneously

c:

Palpation is only done if inspection is abnormal

d:

Palpation may be done with detailed inspection if a woman is especially modest

e:

Inspection is done first

13:

Questions that promote the physician's fullest understanding of the patient's situation are best characterized as

a:

compassionate

b:

chronological

c:

sympathetic

d:

emphatic

e:

evidence based

14:

The last menstrual period is dated from the

a:

first day of the last normal

period b:

last day of the last normal

period c:

first day of the last bleeding

episode d:

last day of the last bleeding episode



15:

The passage of clots during menstruation

a:

is always abnormal

b:

may be either normal or

abnormal c:

is always normal

d:

is extremely rare

16:

In the abbreviation of the obstetric history-G[1] P[2] [3] [4] [5]-"1" stands for the number of

a:

living children

b: pregnancies

c:

term pregnancies

d:

preterm pregnancies

e:

abortions

17:

In the abbreviation of the obstetric history-G[1] P[2] [3] [4] [5]-"2" stands for the number of

a:

living children

b:

pregnancies

c:

term pregnancies

d:

preterm pregnancies

e:

abortions

18:

In the abbreviation of the obstetric history-G[1] P[2] [3] [4] [5]-"3" stands for the number of

a:

living children

b: pregnancies

c:

term pregnancies

d:

preterm pregnancies

e:

abortions

19:

In the abbreviation of the obstetric history-G[1] P[2] [3] [4] [5]-"4" stands for the number of

a:

living children

b:

pregnancies

c:

term pregnancies

d:

preterm pregnancies

e:

abortions

20:

In the abbreviation of the obstetric history-G[1] P[2] [3] [4] [5]-"5" stands for the number of

a:

living children

b:

pregnancies

c:

term pregnancies

d:

preterm pregnancies

e:

abortions

21:

Tanner's classification with respect to the breast relates to changes in the breast

a:

before and after lactation

b:

associated with malignancy

c:

associated with maturation

d:

associated with galactorrhea

e:

associated with fibrocystic changes

22:

The rectovaginal examination should be performed

a:

after 52 years of age

b:

at the initial patient visit

c:

only for the evaluation of chronic pelvic

pain d:

only when there are symptoms of pelvic

relaxation e:

at intervals of 5 years

23:

In the gynecologic history, it is often possible to distinguish between vaginitis and pelvic inflammatory disease by inquiring about

a: