

Beckmann and Ling's Obstetrics and Gynecology Edition 9th edition Test Bank

Table of Contents:

SECTION I General Obstetrics and Gynecology

- Chapter 1 Women's Health Examination and Women's Health Care Management
 - Chapter 2 The Obstetrician–Gynecologist's Role in Screening and Preventive Care
 - Chapter 3 Ethics, Liability, and Patient Safety in Obstetrics and Gynecology
 - Chapter 4 Embryology and Anatomy
-

SECTION II Obstetrics

- Chapter 5 Maternal–Fetal Physiology
 - Chapter 6 Preconception and Antepartum Care
 - Chapter 7 Genetics and Genetic Disorders in Obstetrics and Gynecology
 - Chapter 8 Intrapartum Care
 - Chapter 9 Abnormal Labor and Intrapartum Fetal Surveillance
 - Chapter 10 Immediate Care of the Newborn
 - Chapter 11 Postpartum Care
 - Chapter 12 Postpartum Hemorrhage
 - Chapter 13 Multifetal Gestation
 - Chapter 14 Fetal Growth Abnormalities: Intrauterine Growth Restriction and Macrosomia
 - Chapter 15 Preterm Labor
 - Chapter 16 Third-Trimester Bleeding
 - Chapter 17 Premature Rupture of Membranes
 - Chapter 18 Post-term Pregnancy
 - Chapter 19 Ectopic Pregnancy and Abortion
-

SECTION III Medical and Surgical Disorders in Pregnancy

- Chapter 20 Endocrine Disorders
 - Chapter 21 Gastrointestinal, Renal, and Surgical Complications
 - Chapter 22 Cardiovascular and Respiratory Disorders
 - Chapter 23 Hematologic and Immunologic Complications
 - Chapter 24 Infectious Diseases
 - Chapter 25 Neurologic and Psychiatric Disorders
-

SECTION IV Gynecology

- Chapter 26 Contraception
 - Chapter 27 Sterilization
 - Chapter 28 Vulvovaginitis
 - Chapter 29 Sexually Transmitted Infections
 - Chapter 30 Pelvic Support Defects, Urinary Incontinence, and Urinary Tract Infection
 - Chapter 31 Endometriosis
 - Chapter 32 Dysmenorrhea and Chronic Pelvic Pain
 - Chapter 33 Disorders of the Breast
 - Chapter 34 Gynecologic Procedures
 - Chapter 35 Human Sexuality
 - Chapter 36 Sexual Assault and Domestic Violence
-

SECTION V Reproductive Endocrinology and Infertility

- Chapter 37 Reproductive Cycles
- Chapter 38 Puberty

Chapter 39 Amenorrhea and Abnormal Uterine Bleeding
Chapter 40 Hirsutism and Virilization
Chapter 41 Menopause
Chapter 42 Infertility
Chapter 43 Premenstrual Syndrome and Premenstrual Dysphoric Disorder

SECTION VI Gynecologic Oncology and Uterine Leiomyoma

Chapter 44 Cell Biology and Principles of Cancer Therapy
Chapter 45 Gestational Trophoblastic Neoplasia
Chapter 46 Vulvar and Vaginal Disease and Neoplasia
Chapter 47 Cervical Neoplasia and Carcinoma
Chapter 48 Uterine Leiomyoma and Neoplasia
Chapter 49 Cancer of the Uterine Corpus
Chapter 50 Ovarian and Adnexal Disease

Beckmann and Ling's Obstetrics and Gynecology Edition 9th edition Test Bank

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

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