1. Testes
2. Penicillin G
3. Hypertension, edema, proteinuria
4. Nodule or painless swelling of one testicle
5. Pain or cramping associated with menses (periods)
6. Mittelschmerz
7. Chlamydia
8. Chemical or surgical removal
9. The placenta that is implanted in the lower uterine segment partially or centrally encroaches on the internal cervical os, causing bleeding typically in the first or second trimester of pregnancy.
10. Breast cancer
11. Early treatment of urinary tract infection
12. Consultation with urology, prompt surgery (orchiopexy) for fixation to avoid damage to the testicle and to prevent recurrences
13. Cystitis, urinary retention, infection, dilation of the ureters, pyelonephritis, hydronephrosis, uremia
14. 15 to 45 years
15. Underlying disorder or disease condition including pelvic infections, fibroids, endometriosis, cervical stenosis

16. Noncancerous tumor of the smooth muscle within the uterus

17. Digital rectal exam, prostate-specific antigen (PSA) test, followed by prostate biopsy

18. Women

19. Reducing the frequency and duration of outbreaks and prevention

20. Direct skin-to-skin contact with an infected person

21. Other causes include depression, guilt, anxiety, discordant relationships, sexual trauma.

22. 90%

23. Over the age of 40

24. Before the first menses is missed, and up to 12 to 16 weeks into pregnancy

25. Fallopian tube

26. Grand mal seizure, severe hypertension, proteinuria

27. An incomplete hydatidiform mole occurs with a living fetus.

28. Benign
FILL IN THE BLANKS

1. ductus deferens, ejaculatory
2. breasts, reproduction
3. United States
4. protozoal, genitourinary
5. itch, burn
6. prostate
7. viral, bacterial, injury
8. endometrial, uterine
9. tumors
10. systemic, strains
11. women, 45, 55
12. downward
13. cystocele, anterior
14. Kegel
15. bacterial
ANATOMIC STRUCTURES
MALE REPRODUCTIVE SYSTEM

1. Rectum
2. Urinary bladder
3. Ejaculatory duct
4. Prostate gland
5. Ductus deferens
6. Cowper’s gland
7. Urethra
8. Epididymis
9. Penis
10. Testes
11. Scrotal sac
12. Anus
ANATOMIC STRUCTURES
FEMALE REPRODUCTIVE SYSTEM

1. Cervix
2. Anus
3. Vagina
4. Labia majora
5. Labia minora
6. Urethra
7. Rectum
8. Urinary bladder
9. Uterus
10. Fallopian tube
11. Ovary
12. Ovarian fibrae
ANATOMIC STRUCTURES
FEMALE BREAST

1. Adipose tissue
2. Alveolar glands
3. Areola
4. Nipple
5. Opening of lactiferous duct
6. Lactiferous duct
7. Connective tissue
8. Skin
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The cause of premature labor is sometimes unknown. Predisposing conditions include maternal infection, uterine abnormalities, uterine fibroids, uterine bleeding, prior history of preterm birth, multifetal pregnancy, advanced maternal age, gum disease, vaginal colonization with certain bacteria, no prenatal care, and preterm cervical dilation or effacement. Other possible contributing factors include smoking, stress, and domestic violence.

The symptoms and signs are uterine contractions, spotting, and leaking amniotic fluid. Effacement or dilation of the cervix, which usually occurs in the late second or early third trimester, may be revealed during the vaginal examination or by pelvic ultrasound.

There is no effective treatment for preterm labor. Most studies show that true preterm labor can at best be delayed by 48 to 72 hours. The only clear treatment for women with a prior history of preterm birth is the use of weekly intramuscular progesterone injections. These injections do not appear to work in multifetal pregnancies.
Possible Trichomoniasis

Discomfort associated with the irritating discharge usually prompts a request for an appointment for an examination. Schedule for the next available appointment within 24 hours of the call. If none is available, follow office policy for a referral to a gynecologist or to an urgent care facility.
Possible Benign Prostatic Hyperplasia (BPH)

A routine physical examination is appropriate to evaluate the BPH. Schedule for an examination at the next available appointment.
Possible Pelvic Inflammatory Disease (PID)

The patient with fulminating PID reports constitutional symptoms and has significant pain. When symptoms are severe, arrange for immediate medical intervention. Schedule for a same-day appointment or refer to an urgent care facility.
Possible Miscarriage or Abortion

Vaginal bleeding and cramping during pregnancy should be immediately reported to the attending physician and the patient directed to prompt medical care.
Possible Cystic Disease of the Breast

A woman who discovers a breast lump is scheduled for a breast examination. It is important to consider the anxiety she is feeling and schedule as soon as possible, usually on the day of the call. Some physicians consider a recent discovery of a lump in the breast as an emergency. Because of the psychologic effect of the discovery, they want the patient scheduled the same day.
Syphilis

Stress the importance of finishing the course of medication, even if symptoms improve. Urge the patient to inform sexual partners of the infection so they can seek treatment if needed. Instruct the patient to avoid all risk factors for sexually transmitted diseases (STDs).
Orchitis

Review the printed information with the patient. Stress the importance of finishing the entire course of antibiotics as prescribed. Suggest comfort measures such as scrotal support and the use of ice packs.
Premenstrual Syndrome (PMS)

Review the printed information with the patient. Advise her that some women benefit from moderate exercise, mild analgesics, and emotional support to better cope with symptoms. Assure the patient that an estimated 50% of menstruating women experience PMS in some form.
Endometriosis

Review the printed information with the patient. Discuss how retrograde menstruation can cause the condition. Review any drug therapy as prescribed by the physician.
PATIENT TEACHING #5

- Preeclampsia (Toxemia)

Review the printed information with the patient and her family. Teach the advantages of early and regular prenatal care to monitor weight, blood pressure, and urinalysis. If a pregnant woman is considered at risk for eclampsia, teach the warning signs to report, including sudden weight gain, edema, headache, and increased blood pressure. Early signs can be managed to help prevent hospitalization and the onset of complications.