

# AANP Adult Gerontology Primary Care Nurse Practitioner Practice (Sample)

## Study Guide



**Everything you need from our exam experts!**

**This is a sample study guide. To access the full version with hundreds of questions,**

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**SAMPLE**

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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.

# 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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## **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.**

## **7. Use Other Tools**

**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**

- 1. Which sign is indicative of appendicitis when pain is elicited in the right lower quadrant?**
  - A. Murphy's Sign**
  - B. Rovsing's Sign**
  - C. Babinski Sign**
  - D. Courvoisier's Sign**
- 2. What is a common symptom of benign prostatic hyperplasia (BPH)?**
  - A. Increased libido**
  - B. Nocturia**
  - C. Urinary retention**
  - D. Frequent urination during daytime only**
- 3. What type of murmur is associated with mitral regurgitation?**
  - A. Low pitched**
  - B. Midsystolic ejection**
  - C. Blowing and high pitched**
  - D. Harsh and noisy**
- 4. Which organism is NOT one of the three most common bacterial causes of diarrhea?**
  - A. Salmonella**
  - B. Campylobacter**
  - C. Escherichia coli**
  - D. Shigella**
- 5. What is the recommended first line of treatment for hypertension in older adults?**
  - A. Diuretics**
  - B. Calcium channel blockers**
  - C. ACE inhibitors**
  - D. Lifestyle modifications**



- 6. What does Turner's sign indicate when present in a patient?**
- A. Appendicitis**
  - B. Internal bleeding**
  - C. Retroperitoneal bleeding**
  - D. Heart failure**
- 7. The Drawer Sign is used to assess which condition?**
- A. Knee instability**
  - B. Wrist fracture**
  - C. Shoulder impingement**
  - D. Hip dysplasia**
- 8. What is an important nursing consideration when administering ACE inhibitors?**
- A. Monitor for signs of hyperglycemia**
  - B. Monitor blood pressure and renal function**
  - C. Administer with grapefruit juice**
  - D. Evaluate for a history of hypertension**
- 9. For which condition is a high-protein diet contraindicated in older adults?**
- A. Heart disease**
  - B. Chronic kidney disease (CKD)**
  - C. Diabetes**
  - D. Hypertension**
- 10. What side effect is associated with Methimazole?**
- A. Hypertension**
  - B. Granulocytopenia**
  - C. Weight gain**
  - D. Hypoglycemia**

## **Answers**

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

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## **Explanations**

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**1. Which sign is indicative of appendicitis when pain is elicited in the right lower quadrant?**

**A. Murphy's Sign**

**B. Rovsing's Sign**

**C. Babinski Sign**

**D. Courvoisier's Sign**

Rovsing's Sign is a clinical indication of appendicitis. It is assessed by palpating the left lower quadrant of the abdomen, which can cause referred pain to the right lower quadrant—a common area where appendicitis symptoms are felt. When pressure is applied to the left side, if the patient reports pain in the right lower quadrant, it suggests irritation of the peritoneum, consistent with appendicitis. The other signs mentioned serve different purposes in clinical examinations. Murphy's Sign is associated with gallbladder issues, particularly cholecystitis; it involves observing for pain upon palpation of the right upper quadrant as the patient inhales. The Babinski Sign is a neurological reflex primarily used to assess function of the corticospinal tract and is not directly related to abdominal pain or appendicitis. Courvoisier's Sign indicates a blockage of the common bile duct and is noted as the presence of a palpable gallbladder due to bile duct obstruction, which also does not relate to appendicitis. Thus, Rovsing's Sign specifically points to appendicitis when pain is elicited in the right lower quadrant.

**2. What is a common symptom of benign prostatic hyperplasia (BPH)?**

**A. Increased libido**

**B. Nocturia**

**C. Urinary retention**

**D. Frequent urination during daytime only**

Nocturia is a common symptom of benign prostatic hyperplasia (BPH). This condition typically leads to an enlarged prostate, which can compress the urethra and disrupt normal urinary function. As a result, individuals with BPH often experience increased frequency of urination during the night, leading them to wake multiple times to urinate. Nocturia can significantly affect the quality of life due to disturbed sleep patterns. Other symptoms of BPH may include urgency, frequency of urination during the day, and a hesitant or weak urine stream. While urinary retention can occur, it is not as frequently reported in the early stages of BPH as nocturia is. Increased libido is generally not associated with BPH and may not reflect the underlying issues caused by the enlarged prostate. Frequent urination during the day alone, without nocturnal symptoms, does not capture the full impact of BPH on bladder function.

**3. What type of murmur is associated with mitral regurgitation?**

- A. Low pitched
- B. Midsystolic ejection
- C. Blowing and high pitched**
- D. Harsh and noisy

Mitral regurgitation commonly produces a murmur that is characterized as blowing and high-pitched. This type of murmur results from the backflow of blood from the left ventricle into the left atrium during ventricular systole. The sound produced is often described as a "holosystolic" or "continuous" murmur, indicating it can be heard throughout the entirety of systole, beginning with the first heart sound and ending with the second heart sound. Additionally, the blowing quality is a reflection of the turbulent flow of blood through the mitral valve, which is not functioning properly due to structural defects, dilation of the left ventricle, or similar causes. The high-pitched nature of the sound can be attributed to the characteristics of the blood flow dynamics in the heart. Understanding the characteristics of heart murmurs is crucial for accurate clinical assessment and diagnosis. In this context, distinguishing the murmur of mitral regurgitation from other types of murmurs, such as those associated with stenosis (which may have a different pitch and quality), is important for providing effective patient care.

**4. Which organism is NOT one of the three most common bacterial causes of diarrhea?**

- A. Salmonella
- B. Campylobacter
- C. Escherichia coli**
- D. Shigella

Escherichia coli, while a significant pathogen associated with gastrointestinal issues, is often thought of in terms of specific pathogenic strains, such as Enterohemorrhagic E. coli (EHEC), which is linked to outbreaks of hemolytic uremic syndrome (HUS) and severe diarrhea. However, when considering the broader context of bacterial causes of diarrhea, Salmonella, Campylobacter, and Shigella are typically cited as the leading organisms responsible for gastroenteritis in the general population. Salmonella is well-known for causing infections primarily through contaminated food and often leads to severe gastrointestinal symptoms. Campylobacter is frequently associated with undercooked poultry and is the most common bacterial cause of diarrhea in many developed countries. Shigella, on the other hand, is primarily transmitted through contaminated water or food and is notorious for causing dysentery-like symptoms. Thus, while E. coli is indeed a common bacteria, particularly in its pathogenic forms causing illness, it does not rank among the top three overall bacterial causes of diarrhea when considering the more prevalent and widely recognized pathogens. This distinction helps clarify why Escherichia coli is the correct choice in the context of this question.

**5. What is the recommended first line of treatment for hypertension in older adults?**

- A. Diuretics**
- B. Calcium channel blockers**
- C. ACE inhibitors**
- D. Lifestyle modifications**

Lifestyle modifications are indeed recognized as the foundational approach for managing hypertension, particularly in older adults. These modifications include dietary changes, such as adopting a low-sodium diet, increasing physical activity, reducing alcohol intake, and managing stress. They can often lead to significant improvements in blood pressure and overall health status without the immediate need for pharmacotherapy. This approach is especially critical in older adults, who may have unique responses to medications and a higher likelihood of polypharmacy due to comorbidities. Beginning with lifestyle changes can provide a non-invasive way to control blood pressure and can often reduce the need for medications altogether, or at least minimize the dosage and potential adverse effects associated with pharmacological treatments. While medications like diuretics, calcium channel blockers, and ACE inhibitors are effective treatments for hypertension and often used in practice, particularly when lifestyle modifications do not achieve adequate control, the emphasis on non-pharmacological interventions as the first line reflects a comprehensive understanding of patient care, prioritizing safety and holistic management.

**6. What does Turner's sign indicate when present in a patient?**

- A. Appendicitis**
- B. Internal bleeding**
- C. Retroperitoneal bleeding**
- D. Heart failure**

Turner's sign refers to the appearance of bruising on the flanks of the body, which can indicate the presence of retroperitoneal bleeding. This sign is often associated with conditions that result in bleeding into the retroperitoneal space, such as a ruptured abdominal aortic aneurysm, trauma, or pancreatitis. The bluish discoloration occurs due to the leakage of blood from the retroperitoneal space into the surrounding soft tissues. The presence of Turner's sign is clinically significant as it helps in the assessment and diagnosis of underlying conditions that may require immediate medical intervention. It serves as a visual cue that there is a serious issue that may be causing internal bleeding, specifically in the retroperitoneal area, necessitating further diagnostic evaluation such as imaging studies to confirm the source of bleeding. In contrast, while signs of internal bleeding may present in various ways and include equally serious conditions, Turner's sign specifically corresponds to bleeding in the retroperitoneal space rather than other areas such as intraperitoneal bleeding associated with appendicitis, which would not present this sign. Therefore, the indication of Turner's sign is predominantly linked to retroperitoneal bleeding.

**7. The Drawer Sign is used to assess which condition?**

- A. Knee instability**
- B. Wrist fracture**
- C. Shoulder impingement**
- D. Hip dysplasia**

The Drawer Sign is a physical examination maneuver specifically utilized to evaluate knee instability, particularly in cases of anterior or posterior cruciate ligament (ACL or PCL) injuries. When a clinician performs this test, they are assessing the amount of movement in the tibia relative to the femur. An excessive forward movement of the tibia indicates potential injury to the ACL, while excessive backward movement suggests a possible PCL injury. This assessment is crucial for determining the integrity of the knee joint and guiding further management or intervention. The other options do not relate to the Drawer Sign. Wrist fractures are assessed through different physical examination techniques, including palpation for tenderness and stability tests of wrist ligaments. Shoulder impingement involves evaluating range of motion and specific tests to elicit symptoms such as Hawkins-Kennedy or Neer's test. Lastly, hip dysplasia involves assessing the hip joint, often through maneuvers such as the Ortolani and Barlow tests in infants or physical exam techniques focused on hip mobility in older patients. Thus, the Drawer Sign is distinctly relevant to knee instability and does not apply to conditions affecting the wrist, shoulder, or hip.

**8. What is an important nursing consideration when administering ACE inhibitors?**

- A. Monitor for signs of hyperglycemia**
- B. Monitor blood pressure and renal function**
- C. Administer with grapefruit juice**
- D. Evaluate for a history of hypertension**

Monitoring blood pressure and renal function is crucial when administering ACE inhibitors. ACE inhibitors, such as lisinopril or enalapril, are primarily used to manage hypertension and heart failure. They work by inhibiting the angiotensin-converting enzyme, which reduces the production of angiotensin II, leading to vasodilation and a decrease in blood pressure. When initiating treatment with ACE inhibitors, close attention is needed to ensure that blood pressure is lowered to the desired therapeutic range and to avoid potential hypotension, especially in patients who are on diuretics or have volume depletion. Furthermore, these medications can affect kidney function, so monitoring renal parameters such as serum creatinine and electrolyte levels is essential. An increase in serum creatinine can indicate renal impairment, which can be precipitated by the medication, primarily in individuals with pre-existing renal conditions or those with dehydration. This focus on blood pressure and renal assessment ensures safe and effective management of the patient's condition while minimizing risks associated with ACE inhibitor therapy.



**9. For which condition is a high-protein diet contraindicated in older adults?**

- A. Heart disease**
- B. Chronic kidney disease (CKD)**
- C. Diabetes**
- D. Hypertension**

A high-protein diet is contraindicated in chronic kidney disease (CKD) for older adults because such diets can exacerbate the progression of kidney damage. In individuals with CKD, the kidneys are already compromised in their ability to filter waste products and excess protein. When protein is consumed in high amounts, it leads to the production of more nitrogenous waste, which the kidneys must filter. This added burden can worsen kidney function and increase complications associated with the disease, such as fluid overload, electrolyte imbalances, and metabolic acidosis. Therefore, managing protein intake is crucial in preserving kidney function and slowing disease progression in older adults with CKD. In conditions like heart disease, diabetes, and hypertension, while diet management is important and may require specific recommendations, they do not present the same level of direct contraindication regarding high-protein intake as chronic kidney disease does.

**10. What side effect is associated with Methimazole?**

- A. Hypertension**
- B. Granulocytopenia**
- C. Weight gain**
- D. Hypoglycemia**

Methimazole is an antithyroid medication commonly used in the treatment of hyperthyroidism, particularly in conditions such as Graves' disease. One of the more serious side effects associated with this medication is granulocytopenia, which refers to a decrease in the number of granulocytes, a type of white blood cell essential for fighting infections. This reduction can lead to an increased risk of infections due to the compromised immune response. Granulocytopenia occurs because methimazole can negatively affect the bone marrow's ability to produce healthy white blood cells. It is critical for healthcare providers to monitor complete blood counts regularly in patients receiving methimazole to detect any potential hematological complications early. In contrast, the other options such as hypertension, weight gain, and hypoglycemia are not commonly associated with methimazole treatment. Hypertension may arise from other factors unrelated to this medication, while weight gain can be linked to a variety of metabolic changes, notably when hyperthyroidism is treated and the metabolism slows down. Hypoglycemia is more relevant to medications that increase insulin release or affect glucose metabolism directly, which is not the primary action of methimazole. Therefore, granulocytopenia stands out as the significant and well-documented side effect related

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://aanp.examzify.com>**

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