

AANP Family Nurse Practitioner (FNP) Certification Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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Questions

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- 1. In a client undergoing a Romberg test, what indicates a normal finding?**
 - A. The client sways significantly**
 - B. The client stands with minimal swaying for 5 seconds**
 - C. The client cannot maintain balance**
 - D. The client falls within 2 seconds**
- 2. Which physical sign is associated with Cushing's Syndrome?**
 - A. Goiter**
 - B. Moon face**
 - C. Puffy eyelids**
 - D. Facial flushing**
- 3. How is osteoporosis primarily prevented?**
 - A. Limit calcium intake**
 - B. Avoid weight-bearing exercises**
 - C. Engage in weight-bearing activities**
 - D. Take high doses of vitamin D only**
- 4. What is the primary appearance of actinic keratosis?**
 - A. Waxy, pearly lesion**
 - B. Scaly red to yellow growth**
 - C. Painful raised red nodules**
 - D. Dark pigmented lesion**
- 5. What approach should be taken to prevent further skin irritation in eczema?**
 - A. Avoiding hot water and soaps**
 - B. Using heavy oils**
 - C. Increasing skin exposure to sunlight**
 - D. Regular washing with strong cleansers**

- 6. What condition is linked with cholesteatoma?**
- A. Migraine headaches**
 - B. Chronic sinusitis or otitis media**
 - C. Allergic rhinitis**
 - D. Tinnitus**
- 7. What is the recommended initial treatment for active tuberculosis (TB)?**
- A. Single drug therapy**
 - B. Three-drug regimen**
 - C. Four-drug regimen**
 - D. Directed therapy**
- 8. What behavioral change is recommended for patients with chronic bronchitis?**
- A. Increased exercise without restrictions**
 - B. Smoking cessation**
 - C. Increased caffeine intake**
 - D. Increased salt consumption**
- 9. What is the effect of amylase and lipase levels on a diagnosis of pancreatitis?**
- A. Amylase is more specific than lipase**
 - B. Both become elevated in acute pancreatitis**
 - C. Lipase is less sensitive than amylase**
 - D. Amylase is only elevated in chronic pancreatitis**
- 10. What is the preferred treatment for preeclampsia?**
- A. Immediate delivery of the baby**
 - B. Bed rest, laying on her side**
 - C. Medication to lower blood pressure**
 - D. Increased physical activity**

Answers

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

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Explanations

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1. In a client undergoing a Romberg test, what indicates a normal finding?

- A. The client sways significantly**
- B. The client stands with minimal swaying for 5 seconds**
- C. The client cannot maintain balance**
- D. The client falls within 2 seconds**

A normal finding during a Romberg test is indicated by the client standing with minimal swaying for at least 5 seconds. The test is designed to assess a person's proprioception and balance, which are critical functions of the vestibular and somatosensory systems. When a client stands still with minimal swaying, it suggests that their proprioceptive pathways and vestibular function are intact, allowing them to maintain balance without significant difficulty. In contrast, swaying significantly, being unable to maintain balance, or falling within a short time frame would suggest a problem with balance or proprioception. Therefore, the ability to remain stable for at least 5 seconds while standing indicates a normal response to the test and signifies that these systems are functioning properly.

2. Which physical sign is associated with Cushing's Syndrome?

- A. Goiter**
- B. Moon face**
- C. Puffy eyelids**
- D. Facial flushing**

Cushing's Syndrome is characterized by an excess of cortisol in the body, often leading to a variety of distinct physical signs, one of the most recognizable being moon facies. This refers to a rounded, smooth facial appearance that often gives the face a full and swollen look. The accumulation of fat due to increased cortisol levels tends to create this distinctive appearance, making it a key indicator of Cushing's Syndrome during physical examination. In contrast, the other signs listed do not typically associate with Cushing's Syndrome. A goiter is related to thyroid dysfunction, such as hypo or hyperthyroidism, which does not connect to cortisol levels. Puffy eyelids are not a hallmark of Cushing's Syndrome and can result from various conditions unrelated to hormonal imbalances. Facial flushing is more often associated with conditions like pheochromocytoma or rosacea, rather than the hormonal disturbances seen in Cushing's. Thus, moon face serves as a critical physical sign for clinicians to recognize when suspecting this endocrine disorder.

3. How is osteoporosis primarily prevented?

- A. Limit calcium intake
- B. Avoid weight-bearing exercises
- C. Engage in weight-bearing activities**
- D. Take high doses of vitamin D only

Engaging in weight-bearing activities is the primary strategy for the prevention of osteoporosis. Weight-bearing exercises, such as walking, running, dancing, and resistance training, help to stimulate bone formation and improve bone density. When the bones are subjected to stress during these activities, they respond by becoming stronger, which is crucial in reducing the risk of osteoporosis. These activities promote a healthy skeletal structure and are especially important for individuals at risk of a decrease in bone mass. In contrast, limiting calcium intake would be detrimental as calcium is vital for maintaining bone health. Avoiding weight-bearing exercises would also contribute to weakened bones since they lack the necessary stimulus for strengthening. Taking high doses of vitamin D alone, while essential for calcium absorption and bone health, is not sufficient for the prevention of osteoporosis if not combined with weight-bearing activities and adequate calcium intake. Therefore, the most effective approach to osteoporosis prevention is incorporating regular weight-bearing exercises into one's routine.

4. What is the primary appearance of actinic keratosis?

- A. Waxy, pearly lesion
- B. Scaly red to yellow growth**
- C. Painful raised red nodules
- D. Dark pigmented lesion

The primary appearance of actinic keratosis is a scaly, red to yellow growth. Actinic keratosis is a skin condition that arises due to prolonged exposure to ultraviolet (UV) radiation, often from the sun. It typically presents as a rough, dry, or scaly patch on sun-exposed skin. The color can vary but is usually characterized by a reddish hue, and in some cases, the lesions may appear yellowish as they become more keratinized. These lesions are often palpable, and their rough texture is one of the hallmark features, setting them apart from other skin lesions. Being aware of the characteristics of actinic keratosis is essential, as it can potentially progress to squamous cell carcinoma if left untreated. Recognizing and differentiating these growths from other skin conditions is crucial for appropriate management and prevention strategies.

5. What approach should be taken to prevent further skin irritation in eczema?

- A. Avoiding hot water and soaps**
- B. Using heavy oils**
- C. Increasing skin exposure to sunlight**
- D. Regular washing with strong cleansers**

Avoiding hot water and soaps is the best approach to prevent further skin irritation in eczema. Eczema, also known as atopic dermatitis, is characterized by dry, inflamed, and irritated skin. Hot water can strip the skin of its natural oils, leading to increased dryness and exacerbation of eczema symptoms. Soaps, particularly those that are harsh or contain fragrances, can further irritate the skin and disrupt the skin barrier function. By opting for lukewarm water and mild, fragrance-free cleansers, individuals can help maintain skin hydration and minimize irritation. In terms of the other approaches, using heavy oils can provide some moisture but may not adequately address the skin's barrier function if used alone. Increasing skin exposure to sunlight might provide some benefits due to the potential anti-inflammatory effects of sunlight, but it can also lead to additional irritation or damage, especially in sensitive areas. Regular washing with strong cleansers is counterproductive, as it can strip the skin of moisture and worsen irritation. Therefore, avoiding hot water and harsh soaps is crucial for managing eczema effectively.

6. What condition is linked with cholesteatoma?

- A. Migraine headaches**
- B. Chronic sinusitis or otitis media**
- C. Allergic rhinitis**
- D. Tinnitus**

Cholesteatoma is an abnormal skin growth that can develop in the middle section of the ear behind the eardrum. This condition is often associated with chronic middle ear infections, known as chronic otitis media. The chronic inflammation and repeated infections can create a conducive environment for the development of cholesteatoma. Over time, this can lead to the accumulation of skin cells and other debris, resulting in the formation of a cyst-like structure. Individuals with chronic sinusitis may also experience recurrent ear infections due to Eustachian tube dysfunction, which can further contribute to the risk of developing cholesteatoma. Therefore, understanding the link between chronic otitis media (and, consequently, chronic sinusitis due to shared pathophysiological mechanisms) and cholesteatoma is crucial for diagnosis and management. The other conditions listed do not have a direct causal relationship with cholesteatoma, making them less relevant in this context.

7. What is the recommended initial treatment for active tuberculosis (TB)?

- A. Single drug therapy**
- B. Three-drug regimen**
- C. Four-drug regimen**
- D. Directed therapy**

The recommended initial treatment for active tuberculosis (TB) is a four-drug regimen. This approach is based on the need to effectively combat the *Mycobacterium tuberculosis* bacteria and prevent the development of drug-resistant strains. The standard four-drug therapy typically includes isoniazid, rifampin, pyrazinamide, and ethambutol. The four-drug regimen is crucial because TB can be caused by strains that are resistant to certain medications. Using multiple drugs at the start of treatment increases the chances of targeting the bacteria effectively and reduces the risk of resistance developing. The therapy is designed to achieve a rapid decline in bacillary load and ultimately cure the infection while minimizing transmission risk to others. This comprehensive strategy addresses various aspects of TB treatment, including the need for both efficacious and safe management, as well as the public health implications of controlling the spread of this infectious disease.

8. What behavioral change is recommended for patients with chronic bronchitis?

- A. Increased exercise without restrictions**
- B. Smoking cessation**
- C. Increased caffeine intake**
- D. Increased salt consumption**

Smoking cessation is a critical behavioral change recommended for patients with chronic bronchitis. Chronic bronchitis, characterized by inflammation of the bronchial tubes and excessive mucus production, is primarily caused or exacerbated by tobacco smoke. Continuing to smoke can further irritate the airways, worsen symptoms, and lead to more severe respiratory issues, including the progression of chronic obstructive pulmonary disease (COPD). Quitting smoking can lead to significant improvements in lung function, a decrease in symptom severity, and better overall quality of life for patients. It is often the most effective intervention to halt the progression of the disease and improve respiratory health. Furthermore, smoking cessation can also reduce the risk of complications associated with chronic bronchitis, such as frequent infections and respiratory failure. The other choices do not provide the same level of benefit: increased exercise may be beneficial but typically should be tailored and monitored; increased caffeine intake does not address the underlying issues related to bronchitis; and increasing salt consumption could potentially worsen fluid retention and is not advisable for patients with respiratory issues.

9. What is the effect of amylase and lipase levels on a diagnosis of pancreatitis?

- A. Amylase is more specific than lipase**
- B. Both become elevated in acute pancreatitis**
- C. Lipase is less sensitive than amylase**
- D. Amylase is only elevated in chronic pancreatitis**

In the context of diagnosing pancreatitis, both amylase and lipase are enzymes that can indicate pancreatic inflammation when elevated. In acute pancreatitis, the levels of these enzymes typically rise as a response to the damage occurring in the pancreas. While both enzymes are useful markers, lipase is often favored in clinical practice because it is more specific to pancreatic damage and tends to remain elevated longer than amylase after an episode of pancreatitis. The elevation of both amylase and lipase indicates pancreatic involvement; however, lipase is particularly valued for its greater specificity and longer duration of elevation, which assists in making a more accurate diagnosis. For this reason, the statement that both enzymes become elevated in acute pancreatitis is correct and reflects their role in the diagnostic process. The other options incorrectly portray the relationship and utility of these enzymes in diagnosing pancreatitis. Amylase does not have greater specificity than lipase, which is ideally utilized for that purpose. Moreover, lipase is generally considered more sensitive than amylase in acute cases. Lastly, amylase can be elevated in both acute and chronic pancreatitis, not solely in chronic cases. Thus, the understanding of both enzymes' roles and their elevation patterns is crucial for proper diagnosis and management

10. What is the preferred treatment for preeclampsia?

- A. Immediate delivery of the baby**
- B. Bed rest, laying on her side**
- C. Medication to lower blood pressure**
- D. Increased physical activity**

The preferred treatment for preeclampsia varies depending on the severity of the condition and gestational age. In many cases, especially if the pregnancy is at term and the preeclampsia is severe, the immediate delivery of the baby is prioritized. However, if the preeclampsia is mild and the gestational age is not sufficient for delivery, careful management is essential. Laying on her side can help improve blood flow and potentially lower blood pressure due to increased venous return and reduced pressure on the major blood vessels. It is a supportive measure often recommended as part of the management plan to alleviate symptoms and decrease the risk of complications for both the mother and baby. While medication to lower blood pressure is also a common intervention for managing the condition, the primary approach to mitigate the impact of mild preeclampsia, particularly in outpatient settings, typically includes lifestyle modifications such as rest and positioning strategies. Increased physical activity is not recommended during the management of preeclampsia as it can elevate blood pressure and pose risks to both the mother and fetus. In summary, while immediate delivery is often necessary in severe cases, bed rest and side positioning are considered crucial for managing mild cases and symptom control, thereby supporting better outcomes