

AANP LIGHTNING ROUND PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. 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.

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. 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!

Questions

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- 1. A preschool child with fever, cough, coryza, conjunctivitis, and morbilliform rash in an unimmunized setting is most likely diagnosed as which disease?**
 - A. Rubella
 - B. Measles
 - C. Roseola
 - D. Varicella
- 2. Which of the following is a risk factor for ectopic pregnancy?**
 - A. Prior ectopic pregnancy
 - B. Tubal ligation
 - C. Pelvic inflammatory disease
 - D. All of the above
- 3. Long-term hydroxychloroquine use increases the risk of which complication?**
 - A. Retinal toxicity
 - B. Nausea
 - C. Neuropathy
 - D. Hearing loss
- 4. Before starting hydroxychloroquine, what screening is recommended due to retinal toxicity risk?**
 - A. Eye exam
 - B. Chest X-ray
 - C. ECG
 - D. Kidney function test
- 5. Herniated disc with sciatica is typically worse with which posture?**
 - A. Standing
 - B. Lying flat
 - C. Sitting
 - D. Walking

- 6. The pain in tennis elbow is located on which part of the elbow?**
- A. Medial epicondyle
 - B. Capitellum
 - C. Olecranon
 - D. Lateral epicondyle
- 7. A middle-aged woman presents with symmetric color changes in the fingertips that cycle from white to blue to red, often triggered by cold. What condition is being described?**
- A. Buerger's disease
 - B. Raynaud's phenomenon
 - C. Cryoglobulinemia
 - D. Erythromelalgia
- 8. Which term is another name for tennis elbow?**
- A. Medial epicondylitis
 - B. Lateral epicondylitis
 - C. Olecranon bursitis
 - D. Cubital tunnel syndrome
- 9. How long after starting levothyroxine should thyroid function be rechecked?**
- A. 2 weeks
 - B. 4-6 weeks
 - C. 12 weeks
 - D. 6-8 weeks
- 10. Seborrheic keratosis is best described as which?**
- A. Contagious
 - B. Malignant and rapidly growing
 - C. Benign and asymptomatic
 - D. Painful and pruritic

Answers

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

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Explanations

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1. A preschool child with fever, cough, coryza, conjunctivitis, and morbilliform rash in an unimmunized setting is most likely diagnosed as which disease?

- A. Rubella
- B. Measles**
- C. Roseola
- D. Varicella

The key idea is recognizing the classic presentation of measles. The combination of fever with cough, coryza, and conjunctivitis—the three C's—along with a morbilliform (maculopapular) rash is highly characteristic of measles. In measles, fever is typically prominent and the rash begins on the face and hairline and spreads downward. Koplik spots on the oral mucosa can be a helpful, pathognomonic clue, though they're not always seen. In an unimmunized child, this pattern is especially suggestive because vaccination dramatically reduces measles incidence, so the appearance of this constellation strongly points to measles rather than other rash illnesses. Why the others fit less well: rubella can cause a milder fever and rash but usually features prominent lymphadenopathy and is less likely to have the pronounced conjunctivitis and the "three C's" combination; roseola starts with high fever that breaks before a rash appears and does not typically include prominent cough or conjunctivitis; varicella presents with vesicular lesions in various stages of healing rather than a morbilliform rash. So, the fever with the 3 C's and a morbilliform rash in an unimmunized preschooler best fits measles.

2. Which of the following is a risk factor for ectopic pregnancy?

- A. Prior ectopic pregnancy
- B. Tubal ligation
- C. Pelvic inflammatory disease
- D. All of the above**

Risk factors for ectopic pregnancy come from conditions that damage the fallopian tubes or disrupt normal embryo transport. A prior ectopic pregnancy indicates existing tubal damage, which stays a risk for recurrence. Tubal ligation can still allow conception, but when it occurs the implantation is more likely to be tubal because the normal uterine pathway is altered, making ectopic implantation more probable. Pelvic inflammatory disease causes scarring and adhesions in the tubes, hindering the fertilized egg's passage to the uterus and increasing the chance of implantation outside the uterus. Since each of these factors independently raises the risk, all of the above are risk factors for ectopic pregnancy.

3. Long-term hydroxychloroquine use increases the risk of which complication?

- A. Retinal toxicity**
- B. Nausea
- C. Neuropathy
- D. Hearing loss

Retinal toxicity is the long-term complication most associated with hydroxychloroquine. The drug tends to accumulate in pigment-containing tissues of the eye, and chronic exposure can damage the retinal pigment epithelium and photoreceptors, leading to irreversible retinopathy that may progress even after stopping the medication. Risk increases with higher total dose and longer duration of therapy, and is also influenced by factors like kidney impairment. Because early toxicity can be asymptomatic, regular eye screening is essential—baseline evaluation when starting treatment and annual or more frequent testing (including visual fields and OCT) after several years or if risk factors are present. The classic late finding is bull's-eye maculopathy. Nausea is a common, non-ocular side effect; neuropathy and hearing loss are not typical long-term complications of hydroxychloroquine.

4. Before starting hydroxychloroquine, what screening is recommended due to retinal toxicity risk?

- A. Eye exam**
- B. Chest X-ray
- C. ECG
- D. Kidney function test

Retinal toxicity risk from hydroxychloroquine makes baseline eye screening essential. An eye exam with a dilated fundus examination establishes a starting reference for the retina and macula, and clinicians often add tests like automated visual field testing and OCT to detect early, subtle changes that may indicate toxicity. This allows you to monitor for damage over time and catch it before it progresses. The other tests—chest X-ray, ECG, and kidney function—do not assess retinal health and aren't used to screen for this particular adverse effect.

5. Herniated disc with sciatica is typically worse with which posture?

- A. Standing
- B. Lying flat
- C. Sitting**
- D. Walking

Posture changes disc pressure and nerve compression. Sitting, especially with forward flexion (slouching), increases intradiscal pressure and narrows the spaces where the nerve roots exit the spine. This makes the bulging disc press more on the sciatic nerve, intensifying leg pain. Lying flat unloads the spine and reduces pressure, often relieving symptoms. Standing and walking involve less flexion, so they're usually less provocative than sitting, but the classic radicular pain from a herniation is most aggravated by sitting.

6. The pain in tennis elbow is located on which part of the elbow?

- A. Medial epicondyle
- B. Capitellum
- C. Olecranon
- D. Lateral epicondyle**

Tennis elbow pain localizes to the lateral epicondyle, the outer bony prominence of the humerus where the common extensor tendon attaches (notably the extensor carpi radialis brevis). Repetitive wrist extension and gripping load stress this tendon, leading to tendinopathy and tenderness at that specific site. Context helps: pain at the medial epicondyle would point to golfer's elbow from the common flexor tendon, while the olecranon is the tip of the elbow where bursitis or fracture can cause pain, and the capitellum is a joint surface, not a tendon origin. Therefore, the pain in tennis elbow is best explained by involvement of the lateral epicondyle.

7. A middle-aged woman presents with symmetric color changes in the fingertips that cycle from white to blue to red, often triggered by cold. What condition is being described?

- A. Buerger's disease
- B. Raynaud's phenomenon**
- C. Cryoglobulinemia
- D. Erythromelalgia

Raynaud phenomenon involves an exaggerated vasospastic response of the small vessels in the digits, especially to cold or stress. The classic pattern is a triphasic color change: white from abrupt vasoconstriction and reduced blood flow, blue from deoxygenation during sustained constriction, and red on reperfusion when blood flow returns. This sequence is most often symmetric and commonly presents in middle aged women, and it can be primary or secondary to an underlying connective tissue disease. The other conditions don't fit this triphasic, cold-triggered pattern: Buerger's disease causes inflammatory occlusion with ischemic damage and often ulcers in smokers; cryoglobulinemia involves vasculitis with symptoms like purpura and arthralgias; erythromelalgia produces burning pain and redness that worsens with warmth, not cold.

8. Which term is another name for tennis elbow?

- A. Medial epicondylitis
- B. Lateral epicondylitis**
- C. Olecranon bursitis
- D. Cubital tunnel syndrome

Tennis elbow is caused by overuse of the wrist extensor tendons at the outer elbow, a condition known as lateral epicondylitis. The tendons that lift and move the wrist attach at the lateral epicondyle of the humerus, and repetitive gripping or wrist extension—common in tennis and similar activities—leads to tendinopathy and pain at that outer elbow site. You'll often see pain with resisted wrist extension and pain when palpating the outside of the elbow. In contrast, medial epicondylitis, or golfer's elbow, involves degeneration at the inner elbow where the wrist flexor muscles attach, causing pain on the inside of the elbow with wrist flexion. Olecranon bursitis is swelling over the bursa at the tip of the elbow, presenting as painless or painful swelling, sometimes after a fall or prolonged pressure. Cubital tunnel syndrome is ulnar nerve compression at the elbow, causing numbness or tingling in the ring and little fingers and sometimes hand weakness.

9. How long after starting levothyroxine should thyroid function be rechecked?

- A. 2 weeks
- B. 4-6 weeks
- C. 12 weeks
- D. 6-8 weeks**

After starting levothyroxine, the body needs time to reach a new hormonal steady state. Levothyroxine has a half-life of about a week, so it takes several weeks for levels to stabilize and for the pituitary to adjust its TSH output. Rechecking thyroid function at 6–8 weeks allows TSH and free T4 to reflect the new dose and helps guide safe dose adjustments. If checked too early, results can be misleading because hormones haven't settled; waiting longer (e.g., 12 weeks) may delay needed changes if symptoms persist. Therefore, 6–8 weeks is the appropriate interval for rechecking.

10. Seborrheic keratosis is best described as which?

- A. Contagious
- B. Malignant and rapidly growing
- C. Benign and asymptomatic
- D. Painful and pruritic

Seborrheic keratosis is a common, benign skin lesion that typically appears in older adults and has a waxy, "stuck-on" look. It is usually asymptomatic and not contagious, and it does not metastasize or grow aggressively. Pain or itching is not a defining feature, though irritation from rubbing can occur, it is not itself painful or pruritic. Therefore, the best description is that it is benign and asymptomatic. The other options don't fit because the lesion is not contagious, not malignant or rapidly growing, and not characteristically painful or itchy.

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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.

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

<https://aanplightningground.examzify.com>

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

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