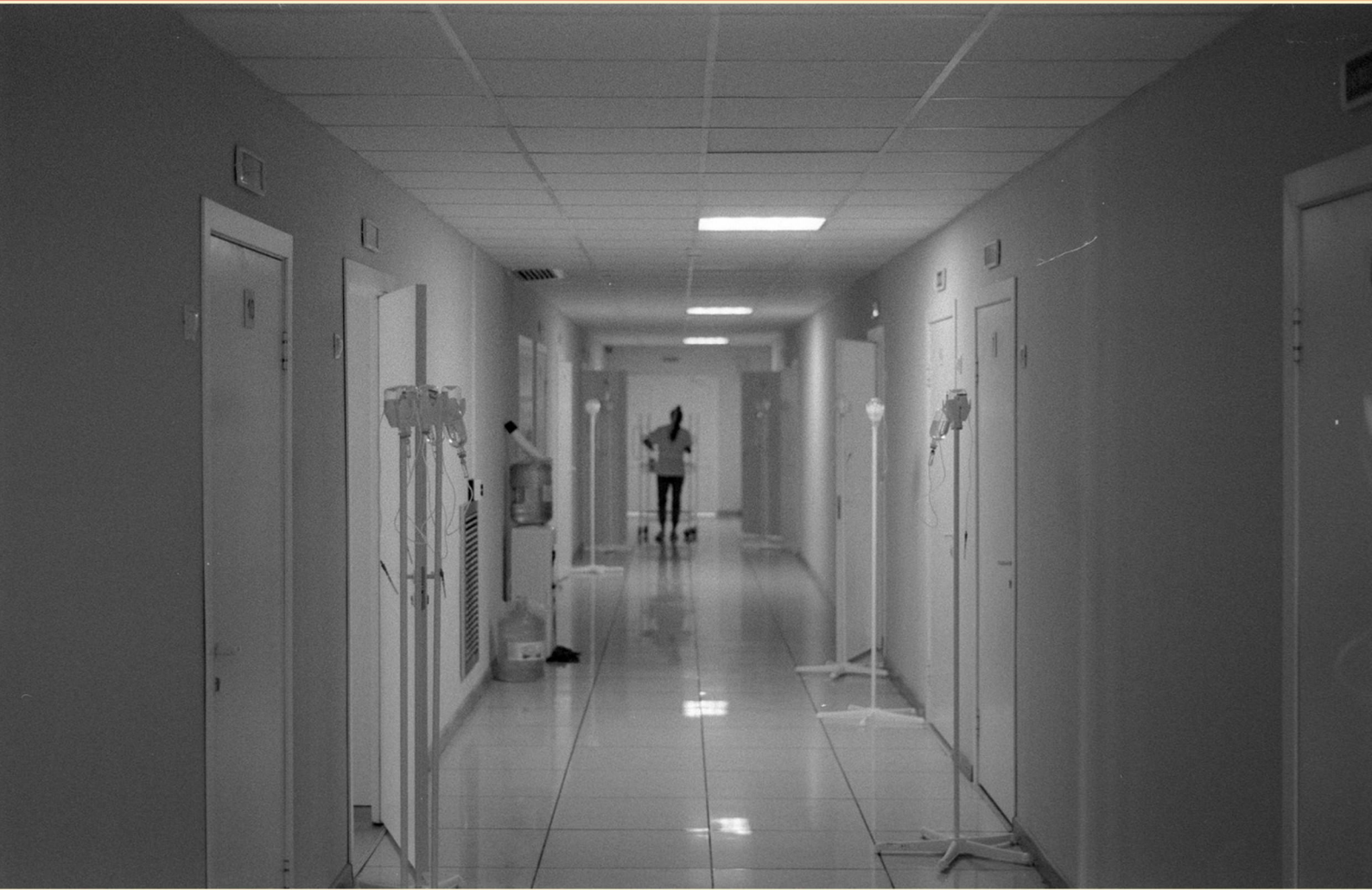


# ADULT-GERONTOLOGY CLINICAL NURSE SPECIALIST (CNS) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



*Prepare with structure. Pass with confidence*



**Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.**

**ALL RIGHTS RESERVED.**

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

# Table of Contents

|                             |    |
|-----------------------------|----|
| Copyright .....             | 1  |
| Table of Contents .....     | 2  |
| Introduction .....          | 3  |
| How to Use This Guide ..... | 4  |
| Questions .....             | 5  |
| Answers .....               | 8  |
| Explanations .....          | 10 |
| Next Steps .....            | 16 |

SAMPLE

# 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

SAMPLE

- 1. How does mentoring differ from preceptorship, according to the role of a CNS?**
  - A. More focused on assessment of performance
  - B. Less focused on supervision
  - C. More focused on role-modeling
  - D. Less instructional
- 2. Free radicals are known to cause each of the following EXCEPT:**
  - A. Extensive cellular damage to DNA
  - B. Lipid oxidation damaging phospholipids
  - C. DNA strand breaks and base modifications
  - D. Decrease of the thinning of bones
- 3. What symptom would NOT typically be expected in a patient with acute angle-closure glaucoma?**
  - A. Retinal detachment
  - B. Mid-dilated pupil
  - C. Cloudy-looking cornea
  - D. Cupping of the optic nerve
- 4. What aspect is crucial when developing a care plan for geriatric patients?**
  - A. Focusing on the latest medical technology
  - B. Involving family in the decision-making process
  - C. Standardizing care for all patients
  - D. Avoiding patient preferences
- 5. What type of memory is involved when recalling how to perform a learned task such as dressing?**
  - A. Recent memory
  - B. Working memory
  - C. Implicit and procedural memory
  - D. Remote memory

- 6. For a patient treated for Bell's palsy, when should Helen NOT be referred to another physician?**
- A. If the case is severe
  - B. If the patient has altered taste
  - C. If acute otitis media occurs
  - D. If the patient has a corneal abrasion
- 7. Which condition can contribute to urinary incontinence?**
- A. Diabetes
  - B. Enlarged prostate
  - C. Menopause
  - D. All of the above
- 8. What is it called when an emergency department asks ambulances to bypass their hospital due to crowding?**
- A. Diversion
  - B. Handing off
  - C. Dumping
  - D. Boarding
- 9. How long does Proscar (finasteride) take to show effectiveness for benign prostatic hypertrophy?**
- A. Immediately
  - B. 2-3 months
  - C. Up to 6 months
  - D. 1 year
- 10. Which of the following medications is considered to have the least side effects for elders?**
- A. Tricyclic antidepressants
  - B. Selective serotonin reuptake inhibitors
  - C. Serotonin-norepinephrine reuptake inhibitors
  - D. Dopamine-norepinephrine reuptake inhibitors

## **Answers**

SAMPLE

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

SAMPLE

## **Explanations**

SAMPLE

**1. How does mentoring differ from preceptorship, according to the role of a CNS?**

- A. More focused on assessment of performance**
- B. Less focused on supervision
- C. More focused on role-modeling
- D. Less instructional

*The distinction between mentoring and preceptorship within the context of the Clinical Nurse Specialist (CNS) role is centered on the nature and purpose of the interaction. Mentoring typically involves a broader developmental relationship where a mentor guides and supports a mentee's personal and professional growth over an extended period. This relationship emphasizes the importance of role-modeling and sharing experiences to foster skills and confidence. While assessment of performance is a component of both mentoring and preceptorship, it is more pronounced in preceptorship. Preceptors primarily focus on teaching, evaluating skills in real-time, and ensuring that the learner meets specific competencies necessary for their role. Mentoring, in contrast, is not predominantly about assessing performance; rather, it is about nurturing and facilitating growth. In summary, the correct option highlights that mentoring encompasses a more holistic approach to development, which is less focused on the direct assessment of performance and more on fostering growth, understanding, and skill development in a broader context.*

**2. Free radicals are known to cause each of the following EXCEPT:**

- A. Extensive cellular damage to DNA
- B. Lipid oxidation damaging phospholipids
- C. DNA strand breaks and base modifications
- D. Decrease of the thinning of bones**

*Free radicals are highly reactive molecules that can cause a variety of cellular damage through oxidative stress. The other options reflect well-documented consequences of free radical activity in the body. Extensive cellular damage to DNA occurs when free radicals interact with DNA molecules, leading to mutations, which can contribute to cancer and other genetic disorders. This effect on DNA structure and function underscores the significance of free radicals in aging and disease processes. Lipid oxidation involves free radicals reacting with lipids, particularly the phospholipids that make up cellular membranes. This reaction can compromise membrane integrity and cellular function, leading to further cellular damage and contributing to the pathophysiology of a range of diseases, particularly cardiovascular and neurodegenerative disorders. DNA strand breaks and base modifications are critical forms of damage that free radicals can inflict. These alterations can disrupt the normal replication and expression of genes, ultimately influencing cellular functions and promoting diseases. In contrast, the option regarding the decrease of the thinning of bones does not correlate with free radical activity. While oxidative stress can play a role in bone density and health, a decrease in bone thinning would not be commonly attributed to free radicals. Bone thinning, as seen in conditions like osteoporosis, is influenced more by factors such as hormonal changes, nutrient deficits*

**3. What symptom would NOT typically be expected in a patient with acute angle-closure glaucoma?**

- A. Retinal detachment**
- B. Mid-dilated pupil
- C. Cloudy-looking cornea
- D. Cupping of the optic nerve

*In acute angle-closure glaucoma, the primary symptoms arise from a sudden increase in intraocular pressure due to the blockage of aqueous humor drainage. Typical symptoms associated with this condition include severe eye pain, mid-dilated or fixed pupil, cloudy cornea due to edema, and visual disturbances. The symptom that would not typically be expected in acute angle-closure glaucoma is retinal detachment. While retinal detachment can occur due to various factors and might present with symptoms like flashes of light or a shadow in the visual field, it is not a direct symptom of acute angle-closure glaucoma. Instead, acute angle-closure glaucoma is characterized more by changes within the anterior segment of the eye. Mid-dilated pupils are common in acute angle-closure glaucoma due to the involvement of the iris and the ciliary body, leading to a non-reactive or poorly reactive pupil. The cloudy cornea results from swelling associated with increased intraocular pressure, and cupping of the optic nerve is a long-term consequence of unmanaged glaucoma rather than an acute symptom.*

**4. What aspect is crucial when developing a care plan for geriatric patients?**

- A. Focusing on the latest medical technology
- B. Involving family in the decision-making process**
- C. Standardizing care for all patients
- D. Avoiding patient preferences

*Involving family in the decision-making process is crucial when developing a care plan for geriatric patients due to the significant role that family members often play in the lives and care of older individuals. Family involvement can enhance communication, ensure that the patient's history and preferences are taken into account, and help align the care plan with the values and desires of both the patient and their loved ones. Additionally, family members can provide vital support and assistance in managing the patient's care and monitoring their health status. In geriatric care, patient autonomy and engagement are essential. Including family members fosters a collaborative approach that respects the patient's wishes while leveraging the support system around them. This integration addresses the complexities often seen in older adults, including cognitive impairments, chronic conditions, and the social dynamics that influence health outcomes. The other options may not adequately address the comprehensive needs of geriatric patients. Focusing solely on the latest medical technology may overlook the unique preferences or values of elderly patients, while standardizing care fails to recognize the individual variability in health status and personal needs. Ignoring patient preferences can lead to dissatisfaction with care and poorer health outcomes, as it does not honor the patient's voice in their treatment plan.*

**5. What type of memory is involved when recalling how to perform a learned task such as dressing?**

- A. Recent memory
- B. Working memory
- C. Implicit and procedural memory**
- D. Remote memory

*Recalling how to perform a learned task, such as dressing, involves implicit and procedural memory. This type of memory is responsible for skills and actions that have been learned through repetition and practice, allowing individuals to carry out tasks automatically without conscious thought. Implicit memory refers to the unconscious recognition and retrieval of learned information, making it possible for a person to dress themselves without actively recalling the specific steps involved. Procedural memory, a subset of implicit memory, specifically handles motor skills and procedures, which aligns perfectly with the task of dressing. This type of memory enables individuals, even those with cognitive impairments, to perform basic daily activities effectively because these skills often become ingrained through habitual performance. In contrast, recent memory, working memory, and remote memory do not directly encompass the automaticity and skilled execution of learned motor tasks in the same way that implicit and procedural memory do.*

**6. For a patient treated for Bell's palsy, when should Helen NOT be referred to another physician?**

- A. If the case is severe
- B. If the patient has altered taste**
- C. If acute otitis media occurs
- D. If the patient has a corneal abrasion

*To understand the context of when a patient with Bell's palsy should not be referred to another physician, consider the nature and common course of the condition. Bell's palsy is primarily characterized by a sudden onset of facial weakness or paralysis, often occurring on one side of the face, and it can sometimes present with altered taste due to the proximity of the facial nerve to taste sensation pathways. Choosing to not refer Helen for altered taste is justified as altered taste is a common and usually benign symptom associated with Bell's palsy. It often resolves during the recovery phase and does not typically indicate the need for further medical intervention. In most cases, patients with Bell's palsy are monitored for their symptoms, and while altered taste may be bothersome, it usually does not warrant a referral unless accompanied by other more concerning signs or symptoms. In contrast, severe cases, acute otitis media, and corneal abrasions pose more complex challenges that may require the attention of another specialist. Severe cases may need specialized treatment protocols or interventions, acute otitis media can complicate recovery, and corneal abrasions require ophthalmologic evaluation to prevent complications such as infection or vision impairment. Thus, it's clear that altered taste does not signify a need for a referral in the*

## 7. Which condition can contribute to urinary incontinence?

- A. Diabetes
- B. Enlarged prostate
- C. Menopause
- D. All of the above**

Urinary incontinence can be influenced by several underlying conditions, each contributing in its own way. Diabetes is known to affect the nerves that control bladder function, leading to conditions such as diabetic neuropathy, which can contribute to both urgency and incontinence. This condition often results in an inability to sense a full bladder or to respond appropriately during the need to urinate. An enlarged prostate, or benign prostatic hyperplasia (BPH), is common in older men and can obstruct the urethra, leading to urinary retention and overflow incontinence. As the prostate enlarges, it may compress the bladder, causing increased urinary urgency and frequency, contributing further to incontinence issues. Menopause also plays a significant role, particularly in women. Hormonal changes during menopause can lead to decreased estrogen levels, which are crucial for maintaining the health of the tissues in the urinary tract. This can lead to weakening of the pelvic floor muscles and support structures, resulting in stress incontinence as well as increased overactive bladder symptoms. Given that each of these conditions – diabetes, enlarged prostate, and menopause – can independently contribute to urinary incontinence, the most comprehensive answer reflects that all of these factors can contribute to this common issue. Thus, selecting all of the

## 8. What is it called when an emergency department asks ambulances to bypass their hospital due to crowding?

- A. Diversion**
- B. Handing off
- C. Dumping
- D. Boarding

When an emergency department requests ambulances to bypass their facility due to overcrowding, it is referred to as "diversion." This term is used to manage patient flow and ensure that those who are brought to the emergency department can receive timely and effective medical care. During periods of high patient volume, a hospital may need to divert incoming ambulances to other facilities that have the capacity to accept new patients safely. This practice is essential in maintaining the quality of care and responding adequately to incoming emergencies. It is important to understand that while diversion is a necessary measure during peak times, it also raises concerns about access to emergency care and the overall healthcare system's capacity. In contrast, options like handing off pertain to the transfer of patient responsibility between healthcare providers, dumping would suggest the inappropriate transfer of patients to another facility, and boarding involves the extended wait times for admitted patients in the emergency department while awaiting inpatient beds.

**9. How long does Proscar (finasteride) take to show effectiveness for benign prostatic hypertrophy?**

- A. Immediately
- B. 2-3 months
- C. Up to 6 months**
- D. 1 year

*Proscar (finasteride) is an alpha-5 reductase inhibitor that is commonly used to treat benign prostatic hypertrophy (BPH). Its mechanism of action involves the inhibition of the conversion of testosterone to dihydrotestosterone (DHT), which is a key factor in prostatic growth. The time frame for observing the benefits of Proscar in patients with BPH is typically around 6 months. This duration allows sufficient time for the drug to effectively lower the levels of DHT and lead to a reduction in prostatic size and improvement in urinary symptoms. Although some patients may notice improvements within the first few months of treatment, full therapeutic effects generally manifest around the 6-month mark. Patients should be counseled on the potential for gradual improvement, rather than expecting immediate relief, which aligns with the pharmacological understanding of finasteride's action and its impact on prostatic tissue. This timeline also helps manage patient expectations and reinforces the importance of adherence to the prescribed treatment course for optimal results.*

**10. Which of the following medications is considered to have the least side effects for elders?**

- A. Tricyclic antidepressants
- B. Selective serotonin reuptake inhibitors**
- C. Serotonin-norepinephrine reuptake inhibitors
- D. Dopamine-norepinephrine reuptake inhibitors

*Selective serotonin reuptake inhibitors (SSRIs) are often considered to have the least side effects for older adults compared to other classes of antidepressants. This is due to their favorable safety profile and lower risk of anticholinergic side effects, which can be particularly problematic in the elderly population. SSRIs work by increasing serotonin levels in the brain, which can help alleviate symptoms of depression and anxiety. They tend to have a more favorable side effect profile, including less sedation and cognitive impairment, which are critical considerations in older adults who may be more vulnerable to these effects. Additionally, SSRIs are generally associated with a lower risk of cardiovascular complications, which is an important consideration in this age group given the prevalence of cardiovascular disease among older adults. In contrast, tricyclic antidepressants (TCAs) have a higher likelihood of causing anticholinergic side effects, sedation, and cardiotoxicity, making them less suitable for elderly patients. Similarly, serotonin-norepinephrine reuptake inhibitors (SNRIs) and dopamine-norepinephrine reuptake inhibitors may cause increased blood pressure or other cardiovascular issues, as well as other adverse effects that can be particularly challenging for the older population. Thus, SSRIs are often the recommended first-line*

## 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://ag-cns.examzify.com>

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

SAMPLE