APEA Predictor Practice Exam (Sample)

Study Guide

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Questions

1. What are common signs and symptoms of the secondary stage of syphilis?

A. Rash on hands and feet

B. Fever and eye pain

C. Hair loss and weight loss

D. Joint pain and fatigue

2. Which pap smear result is identified as HPV positive?

A. NILM

B. ASC-H

C. HSIL

D. LSIL

3. Which joint condition is often treated with steroid injections?

A. Bursitis

B. Osteoarthritis

C. Rheumatoid arthritis

D. Tendinitis

4. When should screening for group B streptococcus in pregnancy occur?

A. Weeks 30-32

B. Weeks 34-36

C. Weeks 35-37

D. Weeks 38-40

5. In the context of amenorrhea, what does "menarche" refer to?

A. The first menstrual cycle

B. The absence of menses

C. A decline in menstrual flow

D. The onset of menopause

6. What is a characteristic symptom of myasthenia gravis?

A. Joint swelling

B. Severe back pain

C. Muscle weakness of voluntary muscles

D. Numbness in extremities

7. Why is monitoring vital signs important in post-operative care?

A. To evaluate the effectiveness of anesthesia

B. To detect potential complications early

C. To determine dietary needs

D. To establish a routine for care

8. What is the recommended treatment for developmental hip dysplasia in a child under 6 months of age?

A. Surgery

B. Pavlik harness

C. Casting

D. Physical therapy

9. Which ligament is implicated in genu varum?

A. The anterior cruciate ligament

B. The meniscus

C. The lateral collateral ligament

D. The medial collateral ligament

10. Which of the following is critical when assessing skin lesions?

A. Only measure the size of the lesion

B. Assess for changes over time

C. Look for signs of infection only

D. Check the location of the lesion alone

Answers

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

Explanations

1. What are common signs and symptoms of the secondary stage of syphilis?

A. Rash on hands and feet

B. Fever and eye pain

C. Hair loss and weight loss

D. Joint pain and fatigue

Common signs and symptoms of the secondary stage of syphilis predominantly include a rash, which is characteristically seen on various parts of the body, specifically on the trunk, palms of the hands, and soles of the feet. This rash appears as reddish-brown spots and is a significant hallmark of this stage of the infection, indicating systemic involvement. In addition, secondary syphilis often presents with mucous membrane lesions known as mucous membrane pemphigus or condylomata lata, which are wart-like sores. Other systemic symptoms that can present include fever, malaise, and lymphadenopathy, but the prominent rashes on the hands and feet are especially indicative of the condition. This distinct presentation helps differentiate secondary syphilis from other stages or other infections.

2. Which pap smear result is identified as HPV positive?

A. NILM

B. ASC-H

C. HSIL

D. LSIL

In the context of pap smear results, the identification of HPV positivity is often associated with the presence of low-grade squamous intraepithelial lesions (LSIL). LSIL indicates that there are changes in the cells that are typically associated with the presence of human papillomavirus (HPV), particularly types that are classified as low risk. The significance of LSIL lies in the fact that these lesions reflect mild dysplasia and are often transient; however, their presence suggests an increased probability of HPV infection. This connection is important for patient management, as individuals with LSIL are often monitored more closely for potential progression to more severe lesions or cervical cancer. Other pap smear results like NILM (Negative for Intraepithelial Lesion or Malignancy) indicates no abnormal changes, ASC-H (Atypical Squamous Cells, cannot exclude High-grade Squamous Intraepithelial Lesion) suggests the presence of atypical cells that might be associated with high-grade lesions but does not directly indicate HPV positivity, and HSIL (High-Grade Squamous Intraepithelial Lesion) indicates more severe abnormalities but signifies a higher risk rather than confirming HPV presence directly. Thus, LSIL is the result most strongly associated with a

3. Which joint condition is often treated with steroid injections?

A. Bursitis

B. Osteoarthritis

C. Rheumatoid arthritis

D. Tendinitis

Bursitis is often treated with steroid injections because this condition involves inflammation of the bursa, a small fluid-filled sac that helps reduce friction between tissues of the body. When bursitis occurs, usually in joints such as the shoulder, elbow, or hip, the inflammation can lead to pain and restricted movement. Administering corticosteroids directly into the affected bursa can significantly reduce inflammation and pain, providing patients with relief and allowing them to resume normal activities. While other conditions like osteoarthritis, rheumatoid arthritis, and tendinitis can also be treated with steroid injections, bursitis is particularly well-suited for this intervention as it targets the specific area of inflammation directly. In cases of osteoarthritis and rheumatoid arthritis, the treatment approach often includes a broader range of therapies, such as disease-modifying agents or non-steroidal anti-inflammatory drugs (NSAIDs), in addition to steroid injections. Tendinitis may also benefit from steroid injections, but often additional rest and physical therapy are recommended as primary treatments.

4. When should screening for group B streptococcus in pregnancy occur?

A. Weeks 30-32

B. Weeks 34-36

C. Weeks 35-37

D. Weeks 38-40

Screening for group B streptococcus (GBS) in pregnancy is typically recommended between weeks 35 to 37 of gestation. This timing is crucial because it allows healthcare providers to identify women who are carriers of GBS shortly before the onset of labor. Identifying GBS carriers at this stage enables timely administration of intrapartum antibiotics, significantly reducing the risk of GBS infection in the newborn during delivery. This window of screening maximizes the likelihood that the test results will be relevant for the upcoming labor, ensuring that any necessary precautions can be taken to protect both the mother and the infant. Testing too early may not accurately reflect the GBS status at the time of delivery, as a woman's GBS status can change as the pregnancy progresses. Thus, the chosen timeframe aligns well with clinical guidelines aimed at optimizing maternal and neonatal outcomes.

5. In the context of amenorrhea, what does "menarche" refer to?

A. The first menstrual cycle

B. The absence of menses

C. A decline in menstrual flow

D. The onset of menopause

Menarche refers to the first occurrence of menstruation in an individual, marking an important milestone in a person's reproductive life. This event typically signals the onset of puberty and indicates that the body has begun to produce the hormones necessary for ovulation and menstrual cycles. Understanding menarche is crucial in the context of amenorrhea, as it aids in identifying whether an individual has yet begun to menstruate, thereby allowing for accurate assessments of menstrual health and potential underlying issues. Other terms related to menstrual health, such as the absence of menses, a decline in menstrual flow, and the onset of menopause, serve different roles in understanding menstrual function and disorders but are distinct from the concept of menarche itself.

6. What is a characteristic symptom of myasthenia gravis?

A. Joint swelling

B. Severe back pain

C. Muscle weakness of voluntary muscles

D. Numbness in extremities

Myasthenia gravis is primarily characterized by muscle weakness that affects voluntary muscles. This condition results from an autoimmune process where antibodies attack acetylcholine receptors at the neuromuscular junction, leading to impaired communication between nerves and muscles. Consequently, individuals with myasthenia gravis often experience fluctuating muscle weakness that typically worsens with activity and improves with rest. Symptoms usually start in the eye muscles and can progress to involve other areas such as facial muscles, swallowing muscles, and limb muscles. Muscle weakness may lead to difficulties in tasks requiring sustained effort, such as climbing stairs, lifting objects, or even maintaining facial expressions. The other symptoms mentioned, such as joint swelling, severe back pain, and numbness in extremities, are not characteristic of myasthenia gravis. Joint swelling is associated with inflammatory conditions like arthritis, severe back pain can result from various spinal issues, and numbness typically indicates nerve-related problems rather than the specific neuromuscular dysfunction seen in myasthenia gravis. Thus, muscle weakness of voluntary muscles is the hallmark feature of this condition.

7. Why is monitoring vital signs important in post-operative care?

A. To evaluate the effectiveness of anesthesia

B. To detect potential complications early

C. To determine dietary needs

D. To establish a routine for care

Monitoring vital signs in post-operative care is crucial primarily because it enables the early detection of potential complications. After surgery, patients may experience a range of changes in their physiological parameters, and these changes can signal problems such as infection, bleeding, or respiratory distress. For instance, an abnormal increase in heart rate or blood pressure may indicate pain or anxiety, while a decrease could suggest hypovolemia or shock. Likewise, changes in respiratory rate and depth can provide insight into the patient's pulmonary status, particularly if anesthesia has impacted their breathing. Timely recognition of these changes allows healthcare providers to intervene quickly, potentially preventing more serious outcomes and ensuring the patient's safety and recovery process. This proactive approach is essential in post-operative care, as complications can arise unexpectedly and escalate rapidly.

8. What is the recommended treatment for developmental hip dysplasia in a child under 6 months of age?

A. Surgery

B. Pavlik harness

C. Casting

D. Physical therapy

The recommended treatment for developmental hip dysplasia in a child under 6 months of age is the Pavlik harness. This method is favored because it allows for the hip joint to be held in a stable and optimal position for proper development while maintaining a range of motion. The harness ensures that the hip is positioned in flexion and abduction, which helps guide the femoral head into the acetabulum, fostering normal hip development and alignment over time. Surgery is typically considered when non-surgical options like the Pavlik harness are unsuccessful or if the diagnosis is made at a later stage. Casting may be used in older infants or in cases that do not respond to the Pavlik harness; however, it is not the first line of treatment for infants under 6 months. Physical therapy is usually not the primary intervention for developmental hip dysplasia but may be incorporated later to address any delayed milestones due to the condition. Thus, the Pavlik harness is the most appropriate and effective initial treatment for infants in this age group.

9. Which ligament is implicated in genu varum?

A. The anterior cruciate ligament

B. The meniscus

C. The lateral collateral ligament

D. The medial collateral ligament

Genu varum, commonly known as bowlegs, occurs when the knees are positioned away from each other while the feet are together. This condition can often put stress on the lateral aspect of the knee joint and can be associated with various changes in the ligaments and structures around the knee. The lateral collateral ligament (LCL) is particularly relevant here as it provides stability to the outer (lateral) side of the knee. In cases of genu varum, the increased angle at the knee joint can lead to excessive tension on the LCL, which is necessary for maintaining lateral stability while the knee is under the stress of the abnormal alignment. This ligament can be stretched or even injured if the condition is significant or if there is associated trauma. While other ligaments like the anterior cruciate ligament (ACL) or medial collateral ligament (MCL) play essential roles in knee stability, they are more closely associated with other forms of knee instability or injury rather than specifically being implicated in genu varum. The meniscus, while important for knee function and structure, does not directly correlate with the deformity caused by genu varum. Therefore, the lateral collateral ligament's role in resisting the forces exerted on the outer knee during this condition makes it the

10. Which of the following is critical when assessing skin lesions?

A. Only measure the size of the lesion

B. Assess for changes over time

C. Look for signs of infection only

D. Check the location of the lesion alone

Assessing skin lesions requires a comprehensive approach, and evaluating changes over time is a crucial aspect of this assessment. Monitoring a lesion's characteristics—such as size, shape, color, and texture—can provide valuable insights into whether it is stable, evolving, or exhibiting concerning features suggestive of malignancy or other conditions. Changes over time are indicative of the behavior of the lesion; for example, a benign mole may remain static, while an atypical or malignant lesion may change in appearance, prompting further investigation or intervention. This longitudinal assessment helps healthcare providers identify any potential risks early, allowing for timely management and treatment. In contrast, measuring only the size of a lesion without considering changes over time may miss critical indicators of progression. Focusing solely on signs of infection or only on the lesion's location also overlooks other vital aspects that contribute to a thorough evaluation of the lesion's nature and potential implications for the patient's health. Therefore, the assessment of changes over time emerges as the most comprehensive and relevant approach in the evaluation of skin lesions.