# AXONICS ENTRANCE 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

**1. What % of patients that are given a medication for AB, will discontinue it within 6 months?**

A. 60%

B. 70%

C. 80%

D. 90%

**2. How do hazard analysis and risk assessment differ?**

A. Hazard analysis identifies potential hazards; risk assessment evaluates severity and probability to quantify risk

B. Hazard analysis measures patient satisfaction; risk assessment measures device lifespan

C. Hazard analysis tests software; risk assessment tests hardware

D. Hazard analysis is about marketing; risk assessment is about regulatory submission

**3. Which of the following best describes why sterile technique affects implant safety?**

A. It prevents infection and maintains a safe operative environment.

B. It ensures faster wound healing.

C. It guarantees device longevity.

D. It improves battery efficiency.

**4. Which statement best describes intention-to-treat analysis?**

A. Includes all randomized participants in the groups to which they were assigned, regardless of adherence.

B. Excludes noncompliant participants.

C. Only analyzes those who completed per protocol.

D. Focuses on post-hoc analyses.

**5. What is the difference between a rechargeable SNM system and a non-rechargeable one for patients?**

A. Rechargeable requires regular charging; non-rechargeable requires surgical battery replacement when depleted.

B. Rechargeable is implanted externally

C. Non-rechargeable does not require any maintenance

D. There is no difference in maintenance

**6. What is a common method to monitor SNM device functioning overnight?**

A. Device telemetry via clinician programmer to review battery status, impedance, and event logs.

B. Patient diaries alone.

C. Imaging studies.

D. Blood tests.

**7. What is the purpose of titration curves in SNM programming?**

A. To identify thresholds and optimal settings that balance symptom control with comfort.

B. To calculate battery life.

C. To determine device MRI safety.

D. To decide surgical approach for implantation.

**8. What is the most direct effect of increasing stimulation amplitude in SNM?**

A. Decreased perceived stimulation intensity and symptom relief.

B. Increased perceived stimulation intensity and potentially greater symptom relief.

C. No change in sensation.

D. Sensation changes unrelated to stimulation.

**9. Which sacral nerve root is primarily targeted by sacral neuromodulation to treat lower urinary tract symptoms?**

A. S3 nerve root

B. S2 nerve root

C. S4 nerve root

D. L5 nerve root

**10. How does post-implant follow-up typically proceed in SNM therapy?**

A. Immediate device removal

B. Initial activation with titration of amplitude, then scheduled follow-ups to optimize settings.

C. No follow-up required

D. Only annual imaging

# Answers

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

# Explanations

## 1. What % of patients that are given a medication for AB, will discontinue it within 6 months?

A. 60%

B. 70%

C. 80%

D. 90%

*The main idea here is how often patients stop a new medication within the first six months. In real-world use, many people have trouble sticking with a new therapy because of side effects, not feeling an immediate benefit, cost, or a complicated dosing schedule. This pattern of substantial early drop-off is common, so a figure around 80% reflects that heavy attrition during the first half year. It highlights why proactive support after starting a medication is crucial—monitoring side effects, clarifying expected benefits, simplifying the regimen, and addressing barriers to ongoing use. While some patients do remain on treatment beyond six months, the overall tendency is for a large majority to discontinue early, which is why 80% is the best match among the options.*

## 2. How do hazard analysis and risk assessment differ?

A. Hazard analysis identifies potential hazards; risk assessment evaluates severity and probability to quantify risk

B. Hazard analysis measures patient satisfaction; risk assessment measures device lifespan

C. Hazard analysis tests software; risk assessment tests hardware

D. Hazard analysis is about marketing; risk assessment is about regulatory submission

*Hazard analysis identifies what could cause harm. It's about spotting potential hazards and hazardous situations related to the device, its use, labeling, and foreseeable misuse—without judging how likely or how severe those harms are yet. Risk assessment uses that list to judge how serious and how likely each hazard is. It evaluates the severity of the harm if it occurs and the probability or frequency of its occurrence, often considering exposure and detectability. This step yields a risk level to guide whether controls are needed and how effective those controls are, including assessing residual risk after applying safety measures. For example, in a medical device, hazard analysis might flag risks like electrical overstimulation, insulation failure, lead fracture, or infection. The risk assessment would then assign levels for how severe the harm could be and how likely each hazard is, helping determine appropriate design changes, labeling, or protective measures to bring overall risk to an acceptable level.*

**3. Which of the following best describes why sterile technique affects implant safety?**

A. It prevents infection and maintains a safe operative environment.

B. It ensures faster wound healing.

C. It guarantees device longevity.

D. It improves battery efficiency.

*Sterile technique reduces the risk of infection by keeping the surgical field free of bacteria, which is the direct way it protects implant safety. In implant procedures, an infection can disrupt tissue healing around the device, lead to implant loosening or failure, and even cause serious systemic illness. Bacteria can form a biofilm on implant surfaces, making infections hard to treat and compromising the device's function. By ensuring skin antisepsis, sterile gloves and instruments, proper draping, and minimal contamination, the chance of introducing pathogens is minimized, preserving a safe environment for the implant to be placed. While good healing, device longevity, and battery performance are important, they are not guaranteed by sterility alone; they depend on many factors beyond preventing infection. The key impact of sterile technique is preventing infection, thereby directly supporting implant safety.*

**4. Which statement best describes intention-to-treat analysis?**

A. Includes all randomized participants in the groups to which they were assigned, regardless of adherence.

B. Excludes noncompliant participants.

C. Only analyzes those who completed per protocol.

D. Focuses on post-hoc analyses.

*Intention-to-treat analysis includes every participant as originally randomized, regardless of whether they adhered to the treatment or completed the study. This preserves the benefits of randomization and mirrors real-world practice, where not everyone follows the protocol exactly. It avoids bias that can come from excluding nonadherent participants and tends to provide a more conservative estimate of a treatment's effectiveness. In contrast, analyses that exclude noncompliant participants or only analyze those who completed the protocol can overestimate effects because the groups may no longer be comparable. Post-hoc analyses are exploratory and not the same as the original randomized comparison. When using intention-to-treat, researchers still need to address missing data appropriately to avoid introducing new biases.*

## 5. What is the difference between a rechargeable SNM system and a non-rechargeable one for patients?

A. Rechargeable requires regular charging; non-rechargeable requires surgical battery replacement when depleted.

B. Rechargeable is implanted externally

C. Non-rechargeable does not require any maintenance

D. There is no difference in maintenance

*The main idea here is how the device's energy is replenished and how that affects what the patient has to do over time. A rechargeable SNM system uses a battery that you replenish with an external charger. The patient will need to charge the implanted generator regularly to keep therapy going, so maintenance involves charging sessions rather than surgeries. A non-rechargeable SNM has a battery inside that isn't recharged. When that battery runs out, the generator powers down and must be surgically replaced with a new one to restore therapy. This distinction drives two very different patient experiences: regular charging versus periodic surgical replacements. That's why this option fits best. The statement reflects the practical difference in upkeep between the two types. The other choices are off because rechargeable devices are not implanted externally, non-rechargeable devices do require maintenance (replacement surgeries), and there is a difference in maintenance between the two.*

## 6. What is a common method to monitor SNM device functioning overnight?

A. Device telemetry via clinician programmer to review battery status, impedance, and event logs.

B. Patient diaries alone.

C. Imaging studies.

D. Blood tests.

*Direct device telemetry and interrogation is the standard way to monitor SNM device functioning overnight. Using a clinician programmer to interrogate the implanted generator provides objective, time-stamped data on how the device is performing. You can review battery status to estimate remaining life, check lead impedance to confirm the integrity of the stimulation circuit, and examine event logs that record delivered therapy, parameter changes, and safety events. This combination gives a precise picture of overnight performance, detecting issues such as battery depletion, lead problems, or unusual stimulation patterns that a patient diary or subjective report might miss. Imaging studies reveal anatomy but not functional performance, and blood tests don't reflect how the device is operating.*

## 7. What is the purpose of titration curves in SNM programming?

A. To identify thresholds and optimal settings that balance symptom control with comfort.

B. To calculate battery life.

C. To determine device MRI safety.

D. To decide surgical approach for implantation.

*In SNM programming, titration curves show how symptom control changes as you adjust the stimulation amplitude. They help you find the smallest amount of stimulation that provides meaningful relief and the level at which additional increases stop adding benefit or start causing discomfort. By mapping this relationship, you identify the threshold where relief begins and the optimal setting where symptoms are controlled with acceptable comfort and without wasting battery life. This focused tuning ensures effective symptom management tailored to the patient. It isn't about battery life calculations, MRI safety, or surgical planning.*

## 8. What is the most direct effect of increasing stimulation amplitude in SNM?

A. Decreased perceived stimulation intensity and symptom relief.

B. Increased perceived stimulation intensity and potentially greater symptom relief.

C. No change in sensation.

D. Sensation changes unrelated to stimulation.

*Increasing stimulation amplitude in sacral neuromodulation directly raises the intensity of the electrical stimulation delivered to the sacral nerves. That stronger stimulation activates more nerve fibers and strengthens the neuromodulatory signal to the pelvic floor and bladder control pathways, so you typically perceive a stronger sensation and may achieve greater symptom relief. Of course, too high an amplitude can be uncomfortable, so settings are balanced for relief and comfort. If the amplitude is too low, activation is insufficient and symptoms persist.*

## 9. Which sacral nerve root is primarily targeted by sacral neuromodulation to treat lower urinary tract symptoms?

A. S3 nerve root

B. S2 nerve root

C. S4 nerve root

D. L5 nerve root

*Sacral neuromodulation treats lower urinary tract symptoms by altering the nerve signals that regulate the bladder and sphincter. The third sacral nerve root is the primary target because it has a strong influence on the detrusor reflex and is the most reliable site for a stimulating lead to modulate the bladder's storage and emptying function. Stimulating this root helps reduce unwanted detrusor contractions, increases bladder capacity, and improves coordination with the sphincter, leading to better symptoms. The sacral roots S2 and S4 also participate in bladder control, but S3 is the main site chosen for consistent, effective modulation. The L5 nerve root is a lumbar nerve and not involved in this sacral modulation.*

## 10. How does post-implant follow-up typically proceed in SNM therapy?

A. Immediate device removal

B. Initial activation with titration of amplitude, then scheduled follow-ups to optimize settings.

C. No follow-up required

D. Only annual imaging

*Post-implant follow-up in sacral neuromodulation centers on getting the device working for the patient and then fine-tuning it. After implantation, the stimulator is activated and there's an initial amplitude titration to achieve symptom relief while keeping stimulation comfortable. From there, scheduled follow-ups are used to optimize the settings—adjusting amplitude, pulse width, and frequency as needed, checking impedance and battery status, and making any lead programming adjustments if the response changes. This process happens over weeks to months to maximize symptom control and ensure the therapy remains tolerable and effective. Immediate removal, no follow-up, or relying only on imaging would not support achieving or maintaining the intended therapeutic benefit.*

# 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://axonicsentrance.examzify.com

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