

Certified Registered Nurse First Assistant (CRNFA) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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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. The glossopharyngeal nerve is primarily responsible for which of the following?**
 - A. Taste and salivation**
 - B. Hearing and balance**
 - C. Facial expression**
 - D. Speech and swallowing**
- 2. What essential role do platelets play in the inflammatory phase of wound healing?**
 - A. Formation of a scab**
 - B. Fibrin clot formation**
 - C. Granulation tissue formation**
 - D. Collagen production**
- 3. After head surgery, at what angle should a patient's head be positioned during recovery?**
 - A. 30 degrees**
 - B. 45 degrees**
 - C. 60 degrees**
 - D. 90 degrees**
- 4. What anatomical structure does a Foley catheter primarily address in a male patient during a prostatectomy?**
 - A. Bladder**
 - B. Urethra**
 - C. Rectum**
 - D. Prostate gland**
- 5. In a Nissen fundoplication, how is the fundus of the stomach positioned?**
 - A. Wrapped 180 degrees around the lower esophageal sphincter**
 - B. Wrapped 360 degrees around the esophagus**
 - C. Attached to the diaphragm**
 - D. Secured to the anterior abdominal wall**

- 6. What should be considered during an axillary dissection to prevent complications?**
- A. Ensuring proper lighting**
 - B. Creating enough space to prevent compression of vessels and nerves**
 - C. Maintaining a sterile field**
 - D. Using a larger incision**
- 7. In wound healing, what phase follows the inflammatory phase?**
- A. Maturation phase**
 - B. Hemostasis phase**
 - C. Proliferative phase**
 - D. Regenerative phase**
- 8. During a thyroidectomy, which nerve is at risk?**
- A. Vagus nerve**
 - B. Facial nerve**
 - C. Right and left recurrent laryngeal nerves**
 - D. Phrenic nerve**
- 9. What should an RNFA utilize for exposure during surgical procedures when possible?**
- A. Conventional retractors**
 - B. Fingers**
 - C. Mechanical assist devices**
 - D. Minimally invasive tools**
- 10. Which cranial nerve is responsible for the muscles of chewing?**
- A. Cranial Nerve V**
 - B. Cranial Nerve IV**
 - C. Cranial Nerve VI**
 - D. Cranial Nerve VII**

Answers

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

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Explanations

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1. The glossopharyngeal nerve is primarily responsible for which of the following?

- A. Taste and salivation**
- B. Hearing and balance**
- C. Facial expression**
- D. Speech and swallowing**

The glossopharyngeal nerve, or cranial nerve IX, plays a crucial role in various functions, but it is primarily recognized for its contributions to taste and salivation. This nerve is responsible for providing taste sensations from the posterior one-third of the tongue, which is essential for the perception of flavor and influences the process of eating. Additionally, it contributes to the stimulation of salivary glands, specifically the parotid gland, helping to facilitate digestion and the oral phase of swallowing. The nerve also has a sensory function involved in the detection of blood pressure and oxygen levels in the carotid body, which is important for cardiovascular regulation, but the core functions highlighted in the question relate directly to its role in taste and salivation. In this context, the other options pertain to functions governed by different cranial nerves: hearing and balance are primarily associated with the vestibulocochlear nerve, facial expression is primarily controlled by the facial nerve, and speech and swallowing involve the vagus and hypoglossal nerves. Therefore, the selection of taste and salivation as the primary responsibility of the glossopharyngeal nerve is well-founded and aligns with its established functions.

2. What essential role do platelets play in the inflammatory phase of wound healing?

- A. Formation of a scab**
- B. Fibrin clot formation**
- C. Granulation tissue formation**
- D. Collagen production**

Platelets play a crucial role in the inflammatory phase of wound healing primarily through their involvement in fibrin clot formation. When a tissue injury occurs, platelets are among the first responders to the site of the injury. They aggregate at the wound site, releasing granules that contain growth factors and cytokines, which are essential for promoting healing. One of the key functions of activated platelets is to initiate the clotting process. They interact with proteins in the plasma to form a fibrin mesh that stabilizes the clot, allowing for hemostasis (control of bleeding). This fibrin clot not only serves as a physical barrier to prevent further blood loss but also provides a scaffold for incoming cells essential for the healing process. Fibrin clot formation is vital as it facilitates the subsequent phases of wound healing, including inflammation and tissue repair. It is the foundation upon which other healing processes, such as granulation tissue formation, will occur. While other aspects of healing, such as scab formation, granulation tissue formation, and collagen production, are important, they closely follow the initial clot formation that is primarily supported by platelets and fibrin.

3. After head surgery, at what angle should a patient's head be positioned during recovery?

- A. 30 degrees**
- B. 45 degrees**
- C. 60 degrees**
- D. 90 degrees**

The appropriate positioning of a patient's head after head surgery is critical for promoting optimal venous drainage and minimizing intracranial pressure. A head elevation angle of 30 to 45 degrees is commonly recommended following head surgeries. Positioning the head at a 45-degree angle strikes an effective balance between reducing the risk of cerebral edema and facilitating airway management. At this angle, the patient's head is elevated sufficiently to promote venous return from the brain, which can help decrease the likelihood of complications such as increased intracranial pressure. This elevation also assists in maintaining a clear airway and enhances lung expansion, which is important for oxygenation and overall recovery. While some positions, like 60 degrees or higher, may be beneficial in certain contexts, they can lead to increased strain on the neck and less effective drainage. Positioning the head at a lower angle, such as 30 degrees, may not provide enough elevation to address potential neurologic issues adequately. Therefore, a 45-degree angle is typically seen as a middle-ground and is widely practiced in clinical settings following head surgeries.

4. What anatomical structure does a Foley catheter primarily address in a male patient during a prostatectomy?

- A. Bladder**
- B. Urethra**
- C. Rectum**
- D. Prostate gland**

The primary purpose of a Foley catheter in a male patient during a prostatectomy is to address the urethra. During this surgical procedure, which involves the removal of the prostate gland, the urethra is often manipulated or cut. The Foley catheter serves several crucial functions: it provides a means for urine to drain from the bladder in cases where the normal flow is obstructed due to surgical intervention, helps to keep the urethral stoma patent postoperatively, and facilitates accurate monitoring of urine output during recovery. The urethra is particularly important in this context, as it often requires precise management to prevent complications such as urinary retention or leakage. By ensuring that the urethra remains unobstructed and functional after surgery, the Foley catheter contributes significantly to the patient's recovery process and overall surgical outcomes. The other anatomical structures, while relevant to the surgical procedure, do not specifically relate to the function and primary focus of the Foley catheter in the context of a prostatectomy.

5. In a Nissen fundoplication, how is the fundus of the stomach positioned?
- A. Wrapped 180 degrees around the lower esophageal sphincter
 - B. Wrapped 360 degrees around the esophagus**
 - C. Attached to the diaphragm
 - D. Secured to the anterior abdominal wall

In a Nissen fundoplication, the fundus of the stomach is wrapped 360 degrees around the esophagus. This surgical procedure is primarily performed to treat gastroesophageal reflux disease (GERD) by providing a sphincter mechanism that helps prevent acid reflux. The complete wrap around the esophagus creates a new valve mechanism that reinforces the lower esophageal sphincter, thereby improving the closure of the esophagus and reducing the likelihood of acid escaping back into the esophagus from the stomach. The degree of wrap is critical; a complete 360-degree wrap offers optimal results, ensuring effective prevention of reflux while maintaining adequate functionality of the esophagus. This approach allows for a secure and durable modification of the gastroesophageal junction, contributing to the long-term success of the surgery.

6. What should be considered during an axillary dissection to prevent complications?
- A. Ensuring proper lighting
 - B. Creating enough space to prevent compression of vessels and nerves**
 - C. Maintaining a sterile field
 - D. Using a larger incision

During an axillary dissection, it is crucial to focus on creating enough space to prevent compression of vessels and nerves. This technique helps to minimize the risk of injury to the brachial plexus and axillary vessels, which can lead to significant complications such as pain, bleeding, or neurological deficits. Sufficient space allows for proper visualization and handling of tissues, thus facilitating a safer dissection. While aspects such as ensuring proper lighting, maintaining a sterile field, and the size of the incision are also important in surgical practice, they do not directly relate to the specific goal of preventing compression of vital structures. Adequate space is critical to protecting these delicate anatomical components during the procedure, which is why this consideration stands out in the context of preventing complications during an axillary dissection.

7. In wound healing, what phase follows the inflammatory phase?

- A. Maturation phase**
- B. Hemostasis phase**
- C. Proliferative phase**
- D. Regenerative phase**

In wound healing, the phase that follows the inflammatory phase is the proliferative phase. This phase is characterized by processes that lead to the formation of new tissue and the development of granulation tissue, which is essential for wound closure and healing. During this phase, several key biological processes occur, including angiogenesis (the formation of new blood vessels), collagen synthesis, and epithelialization (the re-epithelialization of the wound surface). In the proliferative phase, fibroblasts play a crucial role, as they produce collagen and extracellular matrix components that provide structural integrity to the healing wound. The growth factors released during the inflammatory phase stimulate the fibroblasts and other cells, guiding the transition into the proliferative phase where tissue repair and regeneration take place. The other phases, while important to the overall wound healing process, do not directly follow the inflammatory phase. The hemostasis phase occurs first to stop bleeding, the maturation phase follows the proliferative phase, and although the regenerative phase is sometimes referred to in wound healing, it is typically synonymous with the proliferative phase or can indicate ongoing healing processes. Therefore, identifying the proliferative phase accurately reflects the continuum of wound healing after the inflammatory response.

8. During a thyroidectomy, which nerve is at risk?

- A. Vagus nerve**
- B. Facial nerve**
- C. Right and left recurrent laryngeal nerves**
- D. Phrenic nerve**

During a thyroidectomy, the right and left recurrent laryngeal nerves are particularly at risk due to their anatomical proximity to the thyroid gland. These nerves branch off from the vagus nerve and travel in close association with the thyroid. Their primary function is to provide motor innervation to the intrinsic muscles of the larynx, which are crucial for voice production and swallowing. Damage to these nerves during a thyroidectomy can lead to complications such as vocal cord paralysis, resulting in hoarseness or loss of voice, as well as potential difficulties with breathing and swallowing. The surgical technique involves careful identification and preservation of these nerves to minimize the risk of injury. Understanding the anatomy and function of the recurrent laryngeal nerves is essential for practitioners involved in thyroid surgery. While the vagus nerve and other listed nerves also have important roles and potential impacts if affected during surgery, the recurrent laryngeal nerves are uniquely vulnerable during thyroid procedures, making them the primary concern in this specific context.

9. What should an RNFA utilize for exposure during surgical procedures when possible?

- A. Conventional retractors**
- B. Fingers**
- C. Mechanical assist devices**
- D. Minimally invasive tools**

Utilizing fingers for exposure during surgical procedures can enhance the surgeon's ability to visualize and access the surgical site. The tactile feedback provided by the fingers is invaluable for delicate dissection and maneuvering around intricate anatomical structures. This method allows for a more nuanced understanding of tissue textures and boundaries, which can ultimately contribute to safer and more efficient surgical procedures. While conventional retractors and mechanical assist devices have their uses, they can sometimes hinder the surgeon's direct contact with the tissues and may not offer the same degree of dexterity or adaptability that fingers provide. Minimally invasive tools, while advantageous in certain contexts, often require specific techniques and setups that may not facilitate the same level of direct engagement with the tissue as fingers can. Therefore, the use of fingers is often preferred when it is appropriate and safe to do so in order to optimize both exposure and the surgical outcome.

10. Which cranial nerve is responsible for the muscles of chewing?

- A. Cranial Nerve V**
- B. Cranial Nerve IV**
- C. Cranial Nerve VI**
- D. Cranial Nerve VII**

Cranial Nerve V, known as the trigeminal nerve, is responsible for the muscles of chewing. It is the largest of the cranial nerves and has three major branches that provide sensory innervation to the face and motor function to the muscles responsible for mastication. The motor fibers from this nerve innervate the masseter, temporalis, and pterygoid muscles, which are essential for the chewing process. In contrast, Cranial Nerve IV (trochlear nerve) is primarily responsible for controlling the superior oblique muscle of the eye, facilitating movement of the eye down and inward. Cranial Nerve VI (abducens nerve) controls the lateral rectus muscle of the eye, allowing for lateral movement. Cranial Nerve VII (facial nerve) mainly innervates the muscles of facial expression and has a role in taste sensations from the anterior two-thirds of the tongue, but it is not directly involved in the mechanics of chewing. Thus, the correct answer highlights the specific and vital role of the trigeminal nerve in the process of mastication.

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://crnfa.examzify.com>

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