

CERTIFIED SPECIALIST IN GERONTOLOGICAL NUTRITION PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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. Which of the following is NOT a sign of dysphagia?**
 - A. Excessive mouth movement during c/s
 - B. Coughing/Choking and nasal regurgitation
 - C. Excessive drooling and repetitive rocking of tongue
 - D. Hoarse, breathy voice and "dry" vocal quality

- 2. What factors may contribute to a loss of motivation to eat healthfully?**
 - A. Depression due to social isolation
 - B. Financial difficulties
 - C. Impaired cognition
 - D. All of the Above

- 3. Which of the following is NOT a factor that may increase fluid needs?**
 - A. Burns
 - B. Constipation
 - C. Diarrhea
 - D. Hypertension

- 4. Which of the following are risk factors for venous ulcers?**
 - A. Obesity and Inactivity
 - B. Deep-Vein Thrombosis and Trauma
 - C. Family hx of Venous Diseases
 - D. All of the Above

- 5. What is the primary cause of anemia in chronic kidney disease (CKD)?**
 - A. Increased production of EPO by the kidneys leading to decreased production of RBCs
 - B. Increased production of EPO by the kidneys leading to increased production of RBCs
 - C. Decreased production of EPO by the kidneys leading to decreased production of RBCs
 - D. Decreased production of EPO by the kidneys leading to increased production of RBCs

- 6. Which medication is primarily used for appetite stimulation in elderly patients?**
- A. Mirtazapine (Remeron)
 - B. Metformin
 - C. Aspirin
 - D. Simvastatin
- 7. What should be included in a nutrition care plan?**
- A. Only caloric intake
 - B. Time frame for achieving nutritional goals
 - C. Patient's age and gender only
 - D. No specifications needed
- 8. Which temperature range is typically considered the Danger Zone for food safety?**
- A. 0-32 degrees F
 - B. 41-135 degrees F
 - C. 40-140 degrees F
 - D. 50-150 degrees F
- 9. What is the gold standard for diagnosing dysphagia?**
- A. Videoflouroscopy (VFS)
 - B. Modified Barium Swallow Study (MBSS)
 - C. Bedside Swallow Evaluation
 - D. S/Sx
- 10. Which of the following drug(s) may cause hypophosphatemia for enterally fed patients?**
- A. Corticosteroids
 - B. Furosemide
 - C. Sucralfate
 - D. All of the Above

Answers

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

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Explanations

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1. Which of the following is NOT a sign of dysphagia?

- A. Excessive mouth movement during c/s
- B. Coughing/Choking and nasal regurgitation
- C. Excessive drooling and repetitive rocking of tongue
- D. Hoarse, breathy voice and "dry" vocal quality**

Dysphagia, or difficulty swallowing, typically presents with signs related to the physical act of swallowing, the oral and pharyngeal phases. A hoarse, breathy voice and "dry" vocal quality are signs more closely associated with issues involving the larynx or vocal cords rather than the swallowing process itself. These vocal quality changes often suggest potential problems such as laryngeal dysfunction or respiratory issues rather than direct indications of dysphagia. In contrast, the other options pertain more directly to the mechanics of swallowing. Excessive mouth movement can indicate difficulty managing the bolus of food, while coughing and choking suggest that food may be entering the airway instead of the esophagus, a classic sign of swallowing problems. Excessive drooling and a repetitive rocking of the tongue might be indicative of poor oral control necessary for effective swallowing. Understanding these distinctions can help in identifying dysphagia and guiding appropriate interventions, which are crucial in gerontological nutrition practices.

2. What factors may contribute to a loss of motivation to eat healthfully?

- A. Depression due to social isolation
- B. Financial difficulties
- C. Impaired cognition
- D. All of the Above**

The loss of motivation to eat healthfully can stem from a variety of interconnected factors that impact an individual's mental, emotional, and physical state. Addressing each potential contributor can provide a comprehensive understanding of this complex issue. Depression, particularly when coupled with social isolation, can significantly diminish an individual's desire to prepare and consume nutritious foods. The emotional toll of depression can lead to a lack of interest in activities that once brought joy, including cooking and eating, thus leading to poor dietary choices. Social isolation can exacerbate feelings of loneliness and despair, further decreasing the likelihood of seeking healthy food options. Financial difficulties also play a critical role in nutrition motivation. Limited financial resources can restrict access to a variety of healthy foods, making it challenging for individuals to prioritize nutrition in their diet. When financial concerns are paramount, convenient, less nutritious options may become the default, leading to unhealthy eating patterns. Impaired cognition, which may occur due to various conditions such as dementia or other cognitive disorders, can further complicate the ability to plan, shop for, and prepare nutritious meals. Cognitive decline may lead to difficulties in remembering the importance of nutrition or in understanding how to make healthy food choices, resulting in decreased motivation to eat well. Recognizing that all these factors can collectively

3. Which of the following is NOT a factor that may increase fluid needs?

- A. Burns
- B. Constipation
- C. Diarrhea
- D. Hypertension**

Fluid needs in individuals, particularly in the context of gerontological nutrition, can vary based on several physiological factors and health conditions. Burns increase fluid needs significantly due to the loss of fluids and proteins through damaged skin and the metabolic response of the body to injury. Increased body temperature and perspiration can also contribute to elevated fluid requirements in burn patients. Constipation can lead to increased fluid requirements, as adequate hydration is crucial for bowel health. Sufficient fluid intake helps to soften stool and promote regular bowel movements, thereby alleviating constipation. Diarrhea is well known for increasing fluid needs as it results in significant fluid loss. The body requires additional fluids to compensate for the electrolytes and water lost during episodes of diarrhea, which is crucial for maintaining hydration and overall body function. Hypertension, however, does not inherently increase fluid needs. In fact, managing fluid intake may be critical for individuals with hypertension, as excessive fluid can exacerbate the condition by leading to increased blood volume and further elevating blood pressure. Therefore, it is important for individuals with hypertension to monitor and possibly limit their fluid intake depending on their specific health recommendations. Understanding these distinctions is essential for appropriately addressing hydration needs in older adults, ensuring they receive adequate fluid intake without

4. Which of the following are risk factors for venous ulcers?

- A. Obesity and Inactivity
- B. Deep-Vein Thrombosis and Trauma
- C. Family hx of Venous Diseases
- D. All of the Above**

Venous ulcers are a common complication of chronic venous insufficiency, and a variety of risk factors can contribute to their development. The first set of risk factors includes obesity and inactivity. Obesity can increase pressure in the veins of the legs, making it harder for blood to return to the heart. Inactivity contributes to poor circulation, which can exacerbate venous problems and increase the likelihood of ulcers. Deep vein thrombosis (DVT) and trauma are significant factors as well. DVT can damage the veins and lead to chronic venous insufficiency, a primary condition associated with venous ulcer formation. Trauma can also directly lead to skin breakdown, especially in individuals with compromised venous return. A family history of venous diseases indicates a genetic predisposition, which can also play a role in the likelihood of developing venous ulcers. Individuals with family histories may have inherited structural issues with their veins that increase their risk. Since all these factors play a crucial role in the development of venous ulcers, recognizing each contributes to understanding the multifactorial nature of this condition. Thus, identifying and addressing these risk factors is essential in both prevention and treatment strategies for venous ulcers.

5. What is the primary cause of anemia in chronic kidney disease (CKD)?

- A. Increased production of EPO by the kidneys leading to decreased production of RBCs
- B. Increased production of EPO by the kidneys leading to increased production of RBCs
- C. Decreased production of EPO by the kidneys leading to decreased production of RBCs**
- D. Decreased production of EPO by the kidneys leading to increased production of RBCs

Anemia in chronic kidney disease (CKD) primarily results from decreased production of erythropoietin (EPO) by the kidneys. EPO is a hormone essential for the stimulation of red blood cell (RBC) production in the bone marrow. In the context of CKD, as the kidneys become impaired, their ability to synthesize and release EPO diminishes. Consequently, this leads to a decline in red blood cell production, resulting in anemia. Patients with CKD often exhibit signs of anemia due to this lack of EPO. Additionally, other factors contributing to anemia in this population include iron deficiency and the effects of uremia, which can influence red blood cell lifespan and production. Understanding this mechanism underscores the importance of monitoring and managing anemia in patients with CKD, particularly considering therapeutic interventions such as EPO-stimulating agents that can improve the anemic condition. The other options do not accurately represent the physiological processes involved in CKD-related anemia. They either mischaracterize the role of EPO or suggest an incorrect mechanism of action regarding red blood cell production.

6. Which medication is primarily used for appetite stimulation in elderly patients?

- A. Mirtazapine (Remeron)**
- B. Metformin
- C. Aspirin
- D. Simvastatin

Mirtazapine, also known as Remeron, is primarily used for appetite stimulation in elderly patients. This medication is an atypical antidepressant that has been shown to have sedative effects and can increase appetite, making it beneficial for older adults who may be experiencing weight loss or decreased food intake due to depression, illness, or other factors related to aging. Mirtazapine's action on specific serotonin and norepinephrine receptors helps to enhance appetite by modulating neurotransmitter levels that influence hunger and satiety. This can be particularly important in the geriatric population, where maintaining a healthy weight and proper nutritional intake is crucial for overall health and well-being. The other medications mentioned, such as Metformin, are primarily used for managing blood sugar levels in diabetes; Aspirin, which is used for pain relief and cardiovascular protection; and Simvastatin, deployed to manage cholesterol levels, do not have a role in stimulating appetite. Therefore, they would not effectively address the issue of appetite stimulation in elderly patients.

7. What should be included in a nutrition care plan?

- A. Only caloric intake
- B. Time frame for achieving nutritional goals**
- C. Patient's age and gender only
- D. No specifications needed

The inclusion of a time frame for achieving nutritional goals in a nutrition care plan is crucial because it helps create clear objectives and allows for monitoring progress over time. Setting a specific time frame enables the individual and the healthcare provider to assess the effectiveness of the dietary interventions and make timely adjustments as necessary. This approach not only promotes accountability but also enhances motivation, as patients can see their advancement toward their nutritional goals. A nutrition care plan should be holistic and tailored to the individual's needs, which cannot be accomplished by focusing solely on caloric intake or demographic information like age and gender. While these factors might inform dietary recommendations, they are insufficient on their own without a defined strategy for achieving improvements in nutritional health. Additionally, having no specifications in a nutrition care plan would lead to ambiguity and make it challenging to evaluate the effectiveness of the interventions put in place. Therefore, establishing a timeline for reaching nutritional goals is essential for successful outcomes in nutrition care.

8. Which temperature range is typically considered the Danger Zone for food safety?

- A. 0-32 degrees F
- B. 41-135 degrees F**
- C. 40-140 degrees F
- D. 50-150 degrees F

The Danger Zone for food safety refers to the temperature range in which bacteria can grow rapidly in food, increasing the risk of foodborne illness. The temperature range that is universally recognized as the Danger Zone is between 40 degrees Fahrenheit and 140 degrees Fahrenheit. Within this range, food should not be left out for extended periods because pathogenic bacteria can double in number in as little as 20 minutes. It is essential for food safety to keep hot food above 140 degrees Fahrenheit and cold food below 40 degrees Fahrenheit to minimize the risk of bacterial growth. This temperature guideline is crucial for maintaining safe food handling practices, particularly for vulnerable populations such as older adults, who may be more susceptible to foodborne illnesses. The other temperature ranges mentioned do not align with this established safety standard. For example, temperatures below 32 degrees Fahrenheit indicate freezing conditions, which can prevent bacterial growth, while ranges above 140 degrees Fahrenheit are considered safe for hot foods. Understanding these temperature guidelines is vital for anyone involved in nutrition and food safety, especially when preparing meals for older adults.

9. What is the gold standard for diagnosing dysphagia?

- A. Videofluoroscopy (VFS)**
- B. Modified Barium Swallow Study (MBSS)
- C. Bedside Swallow Evaluation
- D. S/Sx

Videofluoroscopy (VFS) is recognized as the gold standard for diagnosing dysphagia because it provides a dynamic, real-time assessment of swallowing function. This imaging technique allows clinicians to visualize the entire swallowing process, from the oral phase through to the esophageal phase. As patients consume barium-coated food or liquid, VFS captures images that help identify any abnormalities in the anatomy and mechanics of swallowing, such as aspiration, residue, and any structural issues. This detailed visual representation makes it easier to assess not only the swallowing mechanism but also the specific stages at which dysphagia may occur. Consequently, healthcare providers can make informed decisions regarding treatment plans, dietary modifications, and appropriate interventions based on the findings from the VFS. In contrast, while other assessment methods like the Modified Barium Swallow Study (MBSS) provide important information, they do not have the same level of detail or diagnostic reliability as VFS. The bedside swallow evaluation is useful for initial screenings, but it lacks the comprehensive visual detail needed for a definitive diagnosis. Similarly, the assessment of signs and symptoms alone is insufficient for accurately diagnosing dysphagia without further confirmatory testing. Thus, VFS stands out as the preferred method for diagnosing this condition effectively.

10. Which of the following drug(s) may cause hypophosphatemia for enterally fed patients?

- A. Corticosteroids
- B. Furosemide
- C. Sucralfate
- D. All of the Above**

Hypophosphatemia, or low levels of phosphate in the blood, can occur in enterally fed patients due to various medications that may affect phosphate metabolism or absorption. Corticosteroids can lead to alterations in renal handling of phosphate and potentially increase urinary phosphate loss. They might also be involved in reducing intestinal absorption of phosphate, especially if there is a high intake of calories without adequate phosphate levels in enteral formulas. Furosemide, a loop diuretic, has a prominent effect on renal excretion of electrolytes, including phosphate. It can promote the loss of phosphate through urine, which may lead to hypophosphatemia, particularly in patients already at risk. Sucralfate, commonly used for managing peptic ulcers, can bind to phosphate in the intestines, potentially reducing phosphate absorption. This mechanism can also contribute to lowered blood phosphate levels, especially in enterally fed patients who may have limitations in dietary phosphorus. Together, all these agents can contribute to the development of hypophosphatemia in enterally fed patients, as they interfere with phosphate balance in the body. Therefore, stating that all of the listed drugs may cause hypophosphatemia is accurate, as they each have mechanisms that can reduce phosphate.

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://gerontologicalnutrition.examzify.com>

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

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