Chronic Illness Practice Test (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. **Which of the following is a non-modifiable risk factor for osteoarthritis?**

   A. Bacteria

   B. Diuretics

   C. Aging

   D. Smoking

2. **Which approach provides meaningful sensory input while avoiding overstimulation in Alzheimer's care?**

   A. Provide continuous loud stimuli

   B. Avoid all sensory input

   C. Provide meaningful sensory input but avoid excessive stimulation

   D. Only visual input

3. **Atelectasis is best described as which of the following?**

   A. Collapse of alveoli

   B. Expanding alveoli due to air

   C. Fluid in pleural space

   D. Enlarged lungs

4. **A nurse reviews ABG results for a client with respiratory acidosis. Which finding is most consistent with this condition?**

   A. HCO3- 30 meq/L

   B. PaCO2 50 mmHg

   C. pH 7.45

   D. Potassium 3.3 meq/L

5. **Which is a known side effect of tuberculosis medications that should be monitored?**

   A. Headache

   B. Dizziness

   C. Orange secretions

   D. Nausea and vomiting

6. After subtotal thyroidectomy, in which position should the client be placed?

A. Prone

B. Semi-Fowler's

C. Left lateral decubitus

D. Trendelenburg

7. What is the normal platelet count range?

A. 1,000,000 to 2,000,000

B. 50,000 to 100,000

C. 150,000 to 500,000

D. 750,000 to 1,500,000

8. During an acute asthma attack, which medication would most effectively reduce symptoms?

A. Albuterol via jet nebulizer

B. Cromolyn via MDI

C. Montelukast orally

D. Budesonide via DPI

9. Which set lists the five P's of compartment syndrome?

A. Pain, Pallor, Paresthesia, Pulselessness, Paralysis

B. Pressure, Pallor, Paresthesia, Pulselessness, Paranoia

C. Pain, Paleness, Paresthesia, Pulse, Paralysis

D. Pain, Pallor, Pulsation, Paresthesia, Paralysis

10. Homan's sign reliability and description: which statement is true?

A. Involves dorsiflexion of the foot and is only about 50% accurate

B. A definitive test for DVT

C. A radiologic imaging sign

D. A diagnostic blood test

Answers

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

Explanations

1. Which of the following is a non-modifiable risk factor for osteoarthritis?

A. Bacteria

B. Diuretics

C. Aging

D. Smoking

The main idea here is identifying a risk factor you cannot change. In osteoarthritis, aging is the non-modifiable factor because you can't alter how old you are, and the risk of joint wear and degenerative changes naturally increases with years. With age, cartilage quality can decline, repair processes slow, and bone remodeling around joints can contribute to OA—even in joints that haven't been injured. The other options don't fit as non-modifiable risks. Bacteria are related to infections that can cause septic arthritis, not the typical degenerative OA process. Diuretics are medications and are not a factor that inherently increases the likelihood of developing osteoarthritis. Smoking is a modifiable lifestyle factor; while it impacts overall health, it isn't considered a fixed, non-modifiable risk for OA in the same way aging is.

2. Which approach provides meaningful sensory input while avoiding overstimulation in Alzheimer's care?

A. Provide continuous loud stimuli

B. Avoid all sensory input

C. Provide meaningful sensory input but avoid excessive stimulation

D. Only visual input

Balancing sensory input is key in Alzheimer's care: provide experiences that are meaningful and engaged with the person's memories and preferences, but deliver them at a pace and level that doesn't overwhelm the senses. Meaningful sensory input can support orientation, mood, and engagement, helping reduce confusion and agitation. Overstimulation, such as loud or constant stimuli, tends to trigger distress and restlessness. Conversely, removing all sensory input isolates and can worsen withdrawal and decline. Relying on only one sense, like vision, misses opportunities to connect through other meaningful channels and may not feel personally relevant. The best approach blends sensory experiences that are personally meaningful—gentle music, familiar photos, touch like hand massage, or a comforting scent—while carefully modulating intensity, duration, and timing and allowing breaks when needed. This promotes calm, reduces confusion, and keeps the person engaged without overloading the system.

3. Atelectasis is best described as which of the following?

A. Collapse of alveoli

B. Expanding alveoli due to air

C. Fluid in pleural space

D. Enlarged lungs

Atelectasis is the collapse of alveoli, meaning parts of the lung lose air and deflate, leading to reduced lung volume in the affected area and impaired gas exchange. This collapse happens when air is absorbed from blocked or under-ventilated alveoli, or when external forces compress the lung tissue, such as from mucus plugs, tumors, fluid in the pleural space, or shallow breathing after surgery. The key idea is that the alveoli are not inflated anymore, rather than simply being enlarged or filled with fluid. So why the others don't fit: expanding alveoli would indicate overinflation, not collapse. Fluid in the pleural space describes a pleural effusion, which can contribute to atelectasis by compression but is not the description of atelectasis itself. Enlarged lungs suggest hyperinflation or pathology causing expansion, not the loss of aerated lung units that defines atelectasis.

4. A nurse reviews ABG results for a client with respiratory acidosis. Which finding is most consistent with this condition?

A. HCO3- 30 meq/L

B. PaCO2 50 mmHg

C. pH 7.45

D. Potassium 3.3 meq/L

When respiration is failing, CO2 accumulates and drives acidemia. The body can compensate by retaining bicarbonate (HCO3-) through the kidneys. In acute respiratory acidosis, pH drops with rising CO2; in chronic cases, the pH may stay near normal because the kidneys have increased bicarbonate to buffer the acid. Here, the PaCO2 is elevated at 50 mmHg, showing CO2 retention. The bicarbonate is also elevated at 30 mEq/L, indicating renal compensation. The pH is 7.45, which is at the high end of normal or mildly alkalemic, consistent with compensation rather than an ongoing acidemia. Taken together, this pattern points to chronic respiratory acidosis with metabolic compensation. The low potassium is not specific to this pattern and doesn't define the disorder.

5. Which is a known side effect of tuberculosis medications that should be monitored?

A. Headache

B. Dizziness

C. Orange secretions

D. Nausea and vomiting

Rifampin, a common tuberculosis medication, often causes orange discoloration of bodily secretions such as urine, sweat, and tears. This effect is expected and should be monitored because it can alarm patients or stain contact lenses and fabrics, but it is not harmful. Educating patients about this change helps ensure adherence and prevents unnecessary concern. While headaches, dizziness, or nausea/vomiting can occur with many drugs, they are not distinctive to TB therapy and don't point to the same specific drug effect as orange secretions.

6. After subtotal thyroidectomy, in which position should the client be placed?

A. Prone

B. Semi-Fowler's

C. Left lateral decubitus

D. Trendelenburg

Airway protection is the priority after thyroid surgery. Elevating the head of the bed to about 30-45 degrees (semi-Fowler's) helps keep the airway open by reducing neck edema and allowing drainage from the surgical site, which makes breathing easier and lowers the risk of airway obstruction from swelling or a hematoma. This position also promotes better venous drainage from the head and neck. Positions like lying flat, turning onto the abdomen, or placing the patient with the legs dependent can place pressure on the neck, hinder airway management, or worsen edema. Trendelenburg increases venous pressure in the head and neck, aggravating swelling, while non-elevated or other awkward positions don't provide the same airway advantage.

7. What is the normal platelet count range?

A. 1,000,000 to 2,000,000

B. 50,000 to 100,000

C. 150,000 to 500,000

D. 750,000 to 1,500,000

The main concept here is understanding the normal range of platelets that keep bleeding balanced without promoting clots. In healthy adults, the platelet count is typically between about one hundred fifty thousand and five hundred thousand per microliter of blood. This window supports effective clotting when needed but avoids excessive clot formation. Counts well below this range, such as around fifty to a hundred thousand, raise the risk of spontaneous or easy bleeding because there aren't enough platelets to form a plug. Counts well above the range, near or above five hundred thousand, can increase the risk of thrombosis and related complications because there are too many platelets available to form clots. So the middle range is the best fit for a normal, healthy state. Some references note a slightly narrower upper limit, but for most exams the standard answer is the range up to about five hundred thousand per microliter.

8. During an acute asthma attack, which medication would most effectively reduce symptoms?

A. Albuterol via jet nebulizer

B. Cromolyn via MDI

C. Montelukast orally

D. Budesonide via DPI

In an acute asthma attack, the immediate goal is to reverse bronchoconstriction and open the airways quickly. Short-acting beta-2 agonists like albuterol provide rapid bronchodilation by stimulating beta-2 receptors on airway smooth muscle, which raises cAMP inside the cells and causes the muscles to relax. Delivering albuterol as a jet nebulizer ensures the medicine reaches the airways efficiently and can be used even when breathing is labored or when the patient has difficulty coordinating an inhaler. This provides fast symptom relief. The other options don't offer that quick relief. Cromolyn stabilizes mast cells and mainly helps prevent mediator release; it has little effect during an active attack. Montelukast blocks leukotriene receptors but takes days to weeks to work, so it's for long-term control rather than immediate relief. Budesonide is an inhaled corticosteroid that reduces inflammation, but it doesn't work rapidly enough to help during an acute episode and is used for chronic control.

9. Which set lists the five P's of compartment syndrome?

A. Pain, Pallor, Paresthesia, Pulselessness, Paralysis

B. Pressure, Pallor, Paresthesia, Pulselessness, Paranoia

C. Pain, Paleness, Paresthesia, Pulse, Paralysis

D. Pain, Pallor, Pulsation, Paresthesia, Paralysis

In compartment syndrome, rising pressure inside a muscle compartment reduces blood flow, so the body shows a progression of signs that clinicians memorize. Pain is the first and most important clue—often out of proportion to exam findings and worsened by stretching the involved muscles. Paresthesias reflect nerve irritation from the pressure. Pallor appears as perfusion drops and the skin looks pale. Pulses may still be present early, but their loss indicates more severe ischemia and is a late finding. Paralysis is also a late sign, signaling significant muscle and nerve injury. The set that includes Pain, Pallor, Paresthesia, Pulselessness, and Paralysis matches these classic signs in correct terms and order of appearance, making it the best match. The other sets include nonclinical items or use terms that aren't standard parts of the five P framework (for example, a nonmedical symptom, or using pulse or pulsation instead of pulselessness).

10. Homan's sign reliability and description: which statement is true?

A. Involves dorsiflexion of the foot and is only about 50% accurate

B. A definitive test for DVT

C. A radiologic imaging sign

D. A diagnostic blood test

Homan's sign is a clinical test where the foot is passively dorsiflexed (the ankle flexed upward toward the shin) with the leg extended; if this maneuver provokes calf pain, it's considered a positive sign. It historically suggested a deep vein thrombosis, but its usefulness is limited. The key point is that it's not very reliable—roughly half of true DVT cases show this sign, and many people without DVT may experience calf discomfort from other causes during dorsiflexion. Because of this limited accuracy, it cannot be considered a definitive test for DVT, and it's not a radiologic imaging sign or a diagnostic blood test. In practice, diagnosis relies on imaging such as duplex ultrasonography, with D-dimer testing used to help assess probability rather than to diagnose on its own. So the statement that it involves dorsiflexion of the foot and is only about 50% accurate best captures its description and its limited reliability.

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://chronicillness.examzify.com

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