COMPREHENSIVE GERIATRIC ASSESSMENT AND CARE STRATEGIES 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. Which device is easy to use and includes a seat for resting?

A. Offset Cane

B. Straight Cane

C. Two-Wheeled Walker

D. Four-Wheeled Walker

2. Which of the following best describes palliative care?

A. End-of-life care prioritizing patient wishes.

B. Focuses on patient comfort and symptom management.

C. Only for patients with cancer.

D. Is irrelevant to geriatrics.

3. Hospice qualification typically requires which life expectancy?

A. One year.

B. At least six months but not more than two years.

C. Life expectancy must be six months or less.

D. No specific life expectancy requirement.

4. Which screening tool is commonly used to assess delirium in older adults?

A. Confusion Assessment Method (CAM)

B. Mini-Cog

C. Geriatric Depression Scale

D. Functional Reach Test

5. Which statement best describes the focus of palliative care in practice?

A. Focuses on curing disease at all costs.

B. Primarily used only in hospice.

C. No involvement of family.

D. Focuses on patient comfort and symptom management.

6. Advance care planning documents typically include which items?

A. Health care proxy and living will.

B. Pet medical records.

C. Travel itinerary.

D. Digital passwords.

7. Which funding method is designed to cover long-term care costs in ALF and nursing facilities?

A. Long-Term Care Insurance

B. Private Pay

C. Medicare Part A

D. Medicaid

8. Which option correctly identifies an Instrumental Activity of Daily Living (IADL)?

A. Activities of Daily Living

B. Basic self-care tasks

C. Mobility tasks only

D. Managing finances and transportation

9. Which practice is NOT recommended during wound cleaning?

A. Rinse with sterile saline.

B. Use gentle soap and water; avoid antiseptics.

C. Use plain water with minimal cleansing.

D. Use antiseptics for wound cleaning.

10. Which statement about falls is true?

A. Falls are defined as unintentional descent to the ground, possibly with loss of consciousness

B. Falls are only due to environmental hazards

C. Falls can never be prevented

D. Falls are defined as intentional lowering to the ground

Answers

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

Explanations

1. Which device is easy to use and includes a seat for resting?

A. Offset Cane

B. Straight Cane

C. Two-Wheeled Walker

D. Four-Wheeled Walker

For easy use with a built-in resting option, a four-wheeled walker (rollator) is the best fit. It provides stable support with easy-to-operate brakes and smooth-rolling wheels, making ambulation simpler for many older adults. The key advantage is the built-in seat, which lets the person rest briefly between movements without needing to stop and find a separate chair or bench. This feature is particularly helpful for those who fatigue quickly or have limited endurance. Canes, whether offset or straight, offer support but no seating, so they don't provide a built-in place to rest. A two-wheeled walker may be lightweight and easier to maneuver, but not all models include a seat, and it typically doesn't offer the same level of stability or rest convenience as a four-wheeled walker. That built-in seat is what makes the four-wheeled walker the easiest to use for resting during tasks.

2. Which of the following best describes palliative care?

A. End-of-life care prioritizing patient wishes.

B. Focuses on patient comfort and symptom management.

C. Only for patients with cancer.

D. Is irrelevant to geriatrics.

Palliative care centers on relieving suffering and improving quality of life for people with serious illness by actively managing symptoms and providing support to patients and families. The best description is that it focuses on patient comfort and symptom management, addressing physical pain and distress as well as psychological, social, and spiritual needs. It can be introduced at any stage of illness and often runs alongside disease-modifying treatments, not only when death is near. It is not limited to cancer and is highly relevant to geriatrics, where multiple chronic conditions and complex symptom burdens are common.

3. Hospice qualification typically requires which life expectancy?

A. One year.

B. At least six months but not more than two years.

C. Life expectancy must be six months or less.

D. No specific life expectancy requirement.

The main idea here is prognosis-based eligibility for hospice. To enroll in hospice, a patient is typically considered eligible if a physician (often two certify) determines a life expectancy of six months or less if the disease runs its usual course. This six-month-or-less criterion centers care on comfort and quality of life for those at the terminal stage, rather than curative treatment. A prognosis of about one year would exceed the six-month limit, making it inconsistent with standard hospice criteria. A window of six months to two years implies a longer expected survival than allowed, so it doesn't fit the rule. The statement that there's no specific life expectancy requirement is incorrect because a prognosis is precisely what determines hospice eligibility. In practice, patients can be recertified for continued hospice if they still meet criteria, but the initial qualification hinges on the six-month-or-less life expectancy.

4. Which screening tool is commonly used to assess delirium in older adults?

A. Confusion Assessment Method (CAM)

B. Mini-Cog

C. Geriatric Depression Scale

D. Functional Reach Test

Delirium screening in older adults hinges on recognizing an abrupt change in attention and awareness that fluctuates over time. The Confusion Assessment Method is designed exactly for this, using a brief algorithm to determine if delirium is present by confirming acute onset and inattention plus either disorganized thinking or altered level of consciousness. When these features are present, delirium is identified quickly, which is essential for timely management and prevention of complications. The tool is valued because it can be administered relatively fast after focused training, and it has strong validation in hospitalized and long-term care settings with older patients. The other tools listed serve different purposes: Mini-Cog screens for cognitive impairment or dementia, the Geriatric Depression Scale screens for depressive symptoms, and the Functional Reach Test assesses balance and fall risk. So, the Confusion Assessment Method is the most appropriate and commonly used delirium screening tool in older adults.

5. Which statement best describes the focus of palliative care in practice?

A. Focuses on curing disease at all costs.

B. Primarily used only in hospice.

C. No involvement of family.

D. Focuses on patient comfort and symptom management.

The focus of palliative care is on relieving suffering and improving quality of life through thoughtful symptom control, psychosocial and spiritual support, and coordinated care, rather than pursuing a cure at all costs. It can be provided alongside disease-directed treatments and at any stage of a serious illness, not only at the end of life or in hospice. Family involvement is an integral part of the approach, with caregivers and loved ones included in goals, plans, and decision-making. This makes the emphasis on patient comfort and symptom management the best description of palliative care in practice. The idea of solely curing disease, limiting palliative care to hospice, or excluding family does not fit how palliative care is actually implemented.

6. Advance care planning documents typically include which items?

A. Health care proxy and living will.

B. Pet medical records.

C. Travel itinerary.

D. Digital passwords.

Advance care planning centers on who makes medical decisions for you if you can't speak for yourself and what kind of medical care you want in that situation. The two foundational pieces are a health care proxy and a living will. A health care proxy designates a trusted person to make medical decisions on your behalf when you're unable to communicate, ensuring your values guide those choices. A living will lays out your preferences for treatment—what you would want or refuse in scenarios like resuscitation, life-sustaining measures, or other interventions—so clinicians and families know your wishes in advance. Together, they help ensure care aligns with your goals and reduce uncertainty for loved ones during difficult times. Items such as pet medical records, travel itineraries, or digital passwords aren't about medical decision-making or treatment preferences, so they aren't part of advance care planning documents.

7. Which funding method is designed to cover long-term care costs in ALF and nursing facilities?

A. Long-Term Care Insurance

B. Private Pay

C. Medicare Part A

D. Medicaid

Long-term care costs in assisted living facilities and nursing facilities are best addressed by a policy that is built specifically for ongoing care expenses. Long-term care insurance is designed to provide benefits for extended care, covering services both in custodial and skilled settings, and helps offset the high daily costs of living in those environments. It fills the gap left by general health coverage, which typically focuses on acute or short-term needs, and it protects assets from rapid depletion due to protracted care. Medicare Part A, by contrast, finances only a limited period of skilled nursing after a qualifying hospital stay and does not cover long-term custodial care. Medicaid can pay for long-term care for those who qualify based on income and assets, but it is a needs-based program with strict eligibility rules and is not structured as a universal solution for all older adults. Private pay means paying out of pocket without a dedicated insurance framework, which can be financially burdensome over time. So the funding method specifically designed to cover long-term care costs in ALFs and nursing facilities is long-term care insurance.

8. Which option correctly identifies an Instrumental Activity of Daily Living (IADL)?

A. Activities of Daily Living

B. Basic self-care tasks

C. Mobility tasks only

D. Managing finances and transportation

Instrumental activities of daily living are the tasks that enable independent living beyond basic self-care, involving planning, organization, and use of services. Managing finances and transportation fits this category because it requires cognitive skills, problem-solving, and interacting with systems (banks, travel networks) to live independently. In contrast, basic self-care tasks like bathing, dressing, and feeding are ADLs, not IADLs. Mobility tasks—moving around, transferring, walking—are also considered ADLs. So, the example that represents an IADL is managing finances and transportation.

9. Which practice is NOT recommended during wound cleaning?

A. Rinse with sterile saline.

B. Use gentle soap and water; avoid antiseptics.

C. Use plain water with minimal cleansing.

D. Use antiseptics for wound cleaning.

Cleaning a wound should remove debris and bacteria without damaging the healing tissue. Gentle cleansing with sterile saline is ideal because it flushes out contaminants without harming cells involved in repair. Using mild soap and water is also acceptable when done gently and rinsed well, and plain water with minimal cleansing can be sufficient for many wounds. The reason antiseptics aren't recommended for routine wound cleaning is that many antiseptics can be cytotoxic to healing cells like keratinocytes and fibroblasts, irritate the wound bed, and delay epithelialization, potentially slowing the healing process. They may be appropriate in specific situations under clinician guidance, but not for standard cleaning.

10. Which statement about falls is true?

A. Falls are defined as unintentional descent to the ground, possibly with loss of consciousness

B. Falls are only due to environmental hazards

C. Falls can never be prevented

D. Falls are defined as intentional lowering to the ground

Falls are events in which a person comes to rest on the ground or a lower level unintentionally, and they may occur with or without loss of consciousness. The unintentional nature is the defining feature, which is why this statement is correct. It distinguishes a fall from deliberate actions like sitting down or lowering yourself on purpose. Falls can result from a mix of intrinsic factors such as balance and gait problems, dizziness, medications, or cognitive issues, as well as environmental hazards, but they are not limited to environmental causes. Importantly, many falls can be prevented through multifactorial strategies—strength and balance training, medication review, vision correction, and home safety modifications—so the notion that falls can never be prevented is incorrect, and the idea that they are intentional is also incorrect.

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://compgeriatricassmtcarestrat.examzify.com

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