Geriatrics Palmer Exam 2 Practice (Sample)

Study Guide

Everything you need from our exam experts!

Sample study guide. For the full version with hundreds of questions, visit: https://geriatricspalmer2.examzify.com

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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.

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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!

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Questions

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1. Where is pain most commonly felt in intermittent vascular claudication?

A. Calves, thighs or buttocks

B. Hands or arms

C. Neck

D. Abdomen

2. How is pain managed in patients with spinal compression fractures?

A. Topical Analgesics

B. Systemic Analgesics

C. Nerve Blocks

D. Physical Therapy

3. The annulus fibrosus is composed of?

A. Lamellae of fibrous tissue and fibrocartilage forming the ring around the nucleus

B. Blood vessels

C. Nerve tissue

D. Bone tissue

4. What are the upward projections on the lateral margins of the subaxial cervical vertebral bodies called?

A. Uncinate processes

B. Transverse processes

C. Spinous processes

D. Vertebral bodies

5. Dementia is a consequence of normal aging.

A. False

B. Not sure

C. True

D. It depends on education

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6. Which medication categories are listed as treatment for Meniere's syndrome?

A. Antibiotics

B. Antidepressants

C. Antipsychotics

D. Antihistamines, antiemetics, vestibular suppressants

7. Which of the following is an example of a disease or drug that can cause secondary osteoporosis?

A. Hyperparathyroidism; Cushing's disease

B. Hyperparathyroidism; Cushing's disease; Paget's disease; Long term corticosteroid use; Hyperthyroidism; Diabetes (loss of calcium in urine); IBS (calcium not absorbed); Rheumatoid arthritis; SLE; Seizure disorders

C. Only aging

D. High calcium intake

8. Which statement best lists common risk factors for osteoporosis?

A. Family history; Female; White, Asian, or Hispanic; Slender builds; Smoking; Postmenopausal or hysterectomy; Inadequate calcium, vitamin D or protein intake; Inadequate exercise; Sex steroid deficiency

B. Family history; Female; White or Asian; Slender builds; Smoking; Postmenopausal or hysterectomy

C. Family history; Female; White, Asian, or Hispanic; Slender builds; Regular exercise; Adequate calcium intake

D. Family history; Female; White, Asian, or Hispanic; Slender builds; Smoking; Postmenopausal or hysterectomy; Inadequate calcium, vitamin D or protein intake; Inadequate exercise; Sex steroid deficiency

9. What percent of vertebral bone is cancellous bone?

A. 50%

B. 60%

C. 70%

D. 80%

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10. The Dix-Hallpike maneuver is used when?

A. If vertigo is present and BPPV is suspected

B. To diagnose hearing loss

C. To test balance while standing on one leg

D. To measure blood pressure

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Answers

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

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Explanations

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1. Where is pain most commonly felt in intermittent vascular claudication?

A. Calves, thighs or buttocks

B. Hands or arms

C. Neck

D. Abdomen

Pain from intermittent vascular claudication arises when exercising muscles demand more oxygen than narrowed leg arteries can supply. Where the pain is felt reflects which muscles are being ischemic. The calves are most commonly affected because the lower leg muscles (like the gastrocnemius and soleus) are heavily active during walking and are fed by arteries commonly involved in peripheral arterial disease. If the block is higher up in the arteries, you may instead notice pain in the thighs or buttocks. This pain pattern is exertional, typically cramping, and relieved by rest. Other locations listed—hands or arms, neck, or abdomen—do not fit the usual claudication pattern (upper-extremity ischemia is rarer, neck pain isn't typical for limb claudication, and abdominal pain would suggest mesenteric rather than leg ischemia).

2. How is pain managed in patients with spinal compression fractures?

A. Topical Analgesics

B. Systemic Analgesics

C. Nerve Blocks

D. Physical Therapy

Pain from spinal compression fractures is best managed with a multimodal approach that aims to relieve discomfort while preserving function and minimizing medication-related risks in older adults. Topical analgesics offer localized relief with minimal systemic absorption, which can be advantageous for patients who are already taking multiple medications or who are sensitive to systemic effects. They can be used as an adjunct to systemic analgesics to help reduce superficial tenderness over the fracture site and support early mobilization and rehabilitation. In more severe or persistent cases, systemic analgesics, nerve blocks, or procedures like vertebral augmentation may be added, and physical therapy helps restore strength and mobility. Thus, the topical option fits as a safe, adjunctive part of a broader pain management plan.

3. The annulus fibrosus is composed of?

A. Lamellae of fibrous tissue and fibrocartilage forming the ring around the nucleus

B. Blood vessels

C. Nerve tissue

D. Bone tissue

The annulus fibrosus is a tough ring made of concentric lamellae of fibrous tissue and fibrocartilage that surround the nucleus pulposus. The collagen-rich lamellae are arranged in alternating oblique directions in successive layers, which gives the ring great strength to resist twisting and to contain the nucleus under load. This fibrous, fibrocartilaginous structure is not primarily made of blood vessels, nerve tissue, or bone—the latter two are separate tissues in the spine, with bone forming vertebral bodies and endplates and blood vessels/nerve fibers limited to surrounding tissues.

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4. What are the upward projections on the lateral margins of the subaxial cervical vertebral bodies called?

A. Uncinate processes

B. Transverse processes

C. Spinous processes

D. Vertebral bodies

Uncinate processes are the hook-shaped projections on the superolateral margins of the subaxial cervical vertebral bodies (typically C3–C7). They form uncovertebral joints with the vertebra above, helping to stabilize the cervical spine and guide motion by limiting lateral translation and guiding flexion and extension. These projections are a distinctive feature of the cervical spine and can develop osteophytes with aging, contributing to foraminal narrowing and possible radicular symptoms. Transverse, spinous, and vertebral bodies refer to other structures: transverse processes project laterally with the vertebral artery foramina in some levels; spinous processes are the posterior bony projections; vertebral bodies are the main anterior weight-bearing portions.

5. Dementia is a consequence of normal aging.

A. False

B. Not sure

C. True

D. It depends on education

Normal aging can bring slower processing and occasional memory slips, but dementia is not a normal part of aging. Dementia is a progressive syndrome in which there is significant decline in memory and other cognitive abilities—often in multiple domains like language and executive function—that interferes with daily activities. It results from underlying diseases such as Alzheimer's, vascular disease, Lewy body disease, or other neuropathologies, not from aging itself. While age increases the risk and prevalence rises with older ages, many people never develop dementia. Factors like education can influence performance on cognitive tests through cognitive reserve, but they do not make dementia a normal aging outcome. So the statement is not true.

6. Which medication categories are listed as treatment for Meniere's syndrome?

A. Antibiotics

B. Antidepressants

C. Antipsychotics

D. Antihistamines, antiemetics, vestibular suppressants

The key idea is symptomatic management of vertigo and associated nausea during a Menière's attack. Antihistamines help curb vertigo by dampening vestibular signals. Antiemetics directly address the nausea and vomiting that often accompany spinning vertigo. Vestibular suppressants—which include various drugs that reduce vestibular system activity—further lessen dizziness and imbalance during attacks. Together, these categories target the most bothersome acute symptoms of Menière's: vertigo and nausea. Antibiotics, antidepressants, and antipsychotics are not standard treatments for the syndrome itself, so they don't fit as primary therapy for this condition.

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7. Which of the following is an example of a disease or drug that can cause secondary osteoporosis?

A. Hyperparathyroidism; Cushing's disease

B. Hyperparathyroidism; Cushing's disease; Paget's disease; Long term corticosteroid use; Hyperthyroidism; Diabetes (loss of calcium in urine); IBS (calcium not absorbed); Rheumatoid arthritis; SLE; Seizure disorders

C. Only aging

D. High calcium intake

Secondary osteoporosis comes from another medical condition or from medications that alter bone metabolism, rather than from aging alone. The option that lists multiple diseases and drugs fits this idea because each item is a recognized contributor to bone loss: Hyperparathyroidism raises parathyroid hormone, which drives bone resorption. Cushing's disease exposes the body to excess cortisol, which reduces osteoblast activity and increases bone breakdown. Long-term corticosteroid use is a classic cause of secondary osteoporosis for the same reason. Hyperthyroidism speeds up bone turnover, often with a net loss of bone mass. Diabetes can lead to calcium wasting in the urine and other metabolic changes that weaken bone. IBS with calcium malabsorption lowers calcium and vitamin D availability for bone formation. Rheumatoid arthritis and SLE involve chronic inflammation and frequent steroid use, both of which promote bone loss. Seizure disorders may involve anticonvulsant therapies that interfere with vitamin D metabolism and calcium balance. Paget's disease involves abnormal bone remodeling and can contribute to weaker bone structure. In contrast, primary osteoporosis is driven mainly by aging and estrogen deficiency, and high calcium intake does not cause osteoporosis.

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8. Which statement best lists common risk factors for osteoporosis?

A. Family history; Female; White, Asian, or Hispanic; Slender builds; Smoking; Postmenopausal or hysterectomy; Inadequate calcium, vitamin D or protein intake; Inadequate exercise; Sex steroid deficiency

B. Family history; Female; White or Asian; Slender builds; Smoking; Postmenopausal or hysterectomy

C. Family history; Female; White, Asian, or Hispanic; Slender builds; Regular exercise; Adequate calcium intake

D. Family history; Female; White, Asian, or Hispanic; Slender builds; Smoking; Postmenopausal or hysterectomy; Inadequate calcium, vitamin D or protein intake; Inadequate exercise; Sex steroid deficiency

Osteoporosis risk rises when genetic, hormonal, nutritional, and lifestyle factors all contribute to bone loss, so a comprehensive list should include all the major contributors. The statement that best reflects this includes family history; female sex; White, Asian, or Hispanic ancestry; slender body habitus; smoking; postmenopausal status or hysterectomy; inadequate intake of calcium, vitamin D, or protein; insufficient exercise; and sex steroid deficiency. Each piece fits a known risk factor: family history and being female relate to biology that reduces peak bone mass and accelerates loss; certain ethnicities have lower bone density on average; a slender build means less bone mass to begin with; smoking is associated with higher bone resorption and poorer calcium handling; postmenopausal status or hysterectomy lowers estrogen, a key protector of bone; inadequate calcium, vitamin D, or protein directly impairs bone maintenance; lack of exercise reduces the stimulus for bone formation; and sex steroid deficiency accelerates bone loss. The other options omit several of these risks or include factors that protect bone, such as regular exercise or adequate calcium, which would not be emphasized as risk factors.

9. What percent of vertebral bone is cancellous bone?

A. 50%

B. 60%

C. 70%

D. 80%

The main idea is how vertebral bone is built: a thin, strong outer cortical shell surrounds a large, porous inner cancellous (trabecular) network. That interior lattice provides most of the bone's metabolic activity and its ability to absorb and distribute loads. In the vertebral body, cancellous bone makes up about 60% of the bone tissue, with the remaining roughly 40% being cortical bone. This arrangement explains why trabecular bone is particularly vulnerable in osteoporosis, and why loss of this spongy interior can lead to vertebral compression issues while the outer cortical shell remains comparatively intact.

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10. The Dix-Hallpike maneuver is used when?

A. If vertigo is present and BPPV is suspected

B. To diagnose hearing loss

C. To test balance while standing on one leg

D. To measure blood pressure

Dix-Hallpike is a provocative positioning test used to diagnose benign paroxysmal positional vertigo (BPPV) by reproducing vertigo and a characteristic nystagmus when the head is moved into specific positions. It's used when a patient has vertigo and BPPV is suspected, because the maneuver specifically elicits the vertigo and the typical eye movements associated with displaced otoliths in the posterior semicircular canal. It's not a test for hearing loss, nor a stand-on-one-leg balance test, nor a blood pressure measurement.

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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://geriatricspalmer2.examzify.com

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

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