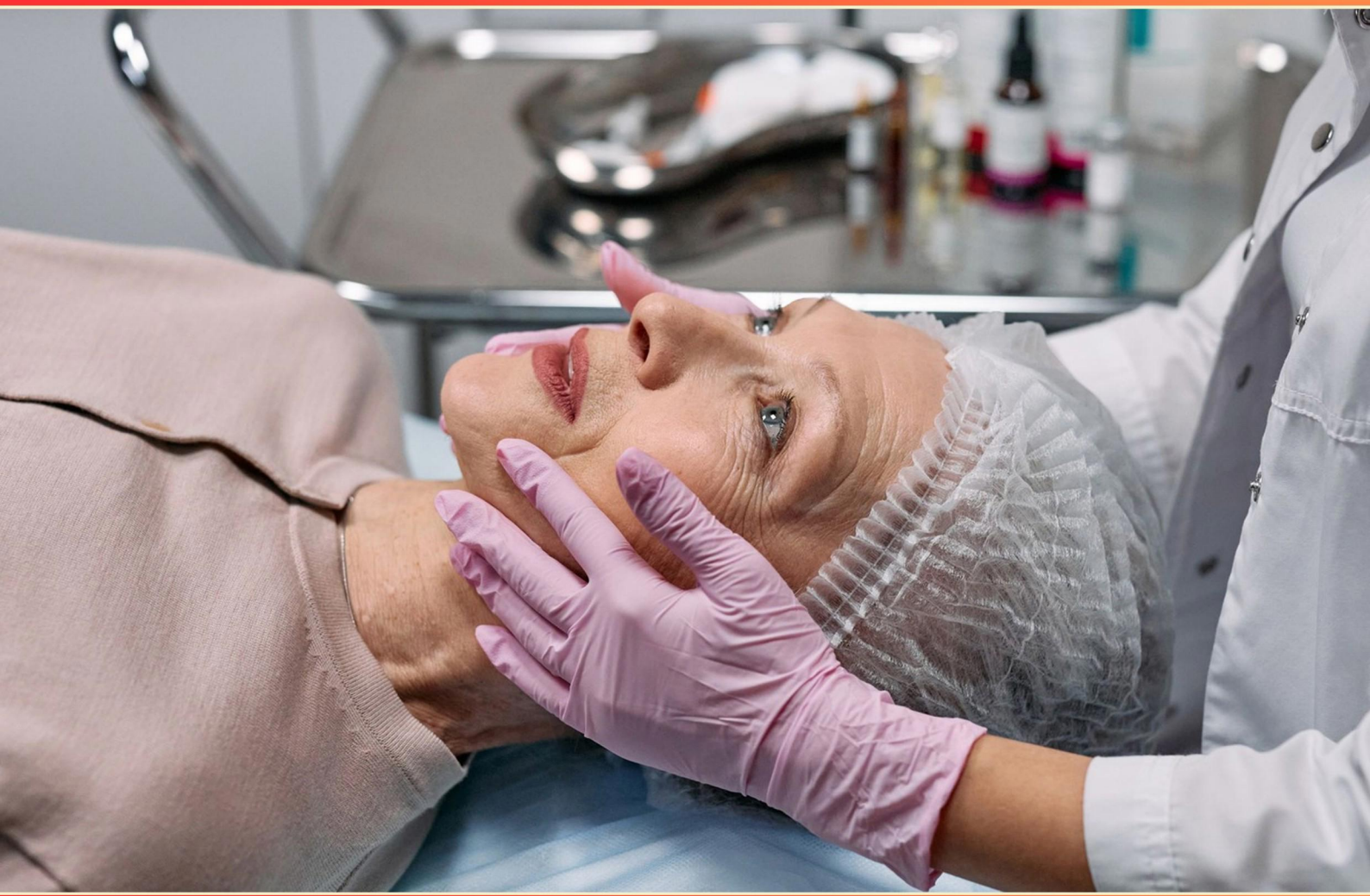
GERIATRICS PALMER EXAM 2 PRACTICE (SAMPLE)

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. How do tremors most commonly present in Parkinson's disease?

A. Action tremor that can be present years before the pill-rolling tremor, usually unilateral

B. Tremor that is bilateral from onset

C. Tremor that disappears with movement

D. Tremor limited to the lips

2. Uncinate processes articulate with the level above to form which joints?

A. Zygapophyseal joints

B. Uncovertebral joints (AKA joints of Luschka)

C. Intervertebral discs

D. Costovertebral joints

3. In OA/DDD, which level is most severely affected?

A. Cervical spine.

B. Thoracic spine.

C. Lumbar L3/L4.

D. Most severe at L5/S1 and progresses upward.

4. As OA/DDD progresses, what happens to disc height?

A. Disc height increases.

B. Disc height fluctuates but not decreases.

C. Disc height decreases.

D. Disc height remains constant.

5. In what demographic is vascular dementia most common?

A. Women under age 60

B. Men and those above age 70

C. Children

D. Women over age 80

6. If one of the three most important risk factors is present, what is the approximate chance of a fall within the next year?

A. 12%

B. 6%

C. 25%

D. 50%

7. Herpes Zoster typically involves which distribution?

A. Bilateral symmetric involvement

B. Isolated oral mucosa involvement

C. Generalized vesicular eruption

D. Unilateral dermatomal distribution, usually thoracic nerve roots

8. Creutzfeldt-Jakob disease is caused by what agent?

A. A slowly progressive neurodegenerative disease caused by beta-amyloid plaques

B. A rare and rapidly fatal brain disease caused by prions

C. A reversible metabolic encephalopathy due to thyroid dysfunction

D. An autoimmune demyelinating disease

9. Postural or orthostatic hypotension is associated with which clinical feature?

A. Headache and fever

B. Flushed skin and tachycardia

C. Dizziness on standing

D. Polyuria

10. An intake of 1200-1500 mg of calcium daily increases the risk of which of the following?

A. Osteoporosis

B. Hypertension only

C. No increased risk

D. Kidney stones, cardiovascular disease and stroke

Answers

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

Explanations

1. How do tremors most commonly present in Parkinson's disease?

A. Action tremor that can be present years before the pill-rolling tremor, usually unilateral

B. Tremor that is bilateral from onset

C. Tremor that disappears with movement

D. Tremor limited to the lips

Parkinsonian tremor is classically a rest tremor that begins on one side and may precede other motor symptoms. It is often described as a pill-rolling tremor and is most evident when the limb is at rest. A hallmark feature is that it diminishes or disappears with intentional movement, meaning the tremor is not present during purposeful action. This unilateral onset early in the disease can later become bilateral as Parkinsonism progresses. Tremor limited to the lips is not typical, and bilateral onset from the start is less common in early disease. So the most characteristic presentation is a rest tremor that fades with movement, usually starting unilaterally.

2. Uncinate processes articulate with the level above to form which joints?

A. Zygapophyseal joints

B. Uncovertebral joints (AKA joints of Luschka)

C. Intervertebral discs

D. Costovertebral joints

Uncovertebral joints, also known as joints of Luschka, are formed when the uncinate processes on the inferior aspect of a cervical vertebra articulate with the superior surface of the vertebra above. This arrangement is a feature of the cervical spine, typically from C3 to C7. These joints provide lateral stability and help guide and limit certain movements, especially flexion and extension while restricting lateral flexion. They are not the facet (zygapophyseal) joints, which occur between the superior and inferior articular processes and sit more posteriorly; they are not intervertebral discs, which lie between the vertebral bodies; and they are not costovertebral joints, which connect ribs to vertebrae. With aging, these joints can develop osteophytes and degenerative changes that may impinge nearby neural structures.

3. In OA/DDD, which level is most severely affected?

A. Cervical spine.

B. Thoracic spine.

C. Lumbar L3/L4.

D. Most severe at L5/S1 and progresses upward.

Degenerative changes in the spine accumulate where loading and motion are greatest, and the lumbosacral junction bears the heaviest load. L5-S1 transfers the body's weight to the pelvis and experiences substantial flexion–extension and shear forces, so the disc there degenerates most severely first. This leads to disc height loss, facet joint osteoarthritis, and possible nerve compression at that level. As degeneration progresses, the altered mechanics place more stress on the levels above, causing the disease to ascend the lumbar spine. The thoracic region is shielded by the rib cage and has less motion, and while the cervical spine can develop OA/DDD, the most severe level overall is the L5–S1 junction with upward progression.

4. As OA/DDD progresses, what happens to disc height?

A. Disc height increases.

B. Disc height fluctuates but not decreases.

C. Disc height decreases.

D. Disc height remains constant.

As OA/DDD progresses, discs lose water and structural integrity, so disc height diminishes. The nucleus pulposus becomes desiccated and loses proteoglycans, reducing its osmotic swelling pressure and ability to maintain height. Over time, annulus degeneration, endplate changes, and osteophyte formation accompany these changes, all contributing to a thinner disc space. Imaging typically shows reduced disc height as these degenerative processes advance, rather than the disc becoming taller, staying the same, or fluctuating without decrease.

5. In what demographic is vascular dementia most common?

A. Women under age 60

B. Men and those above age 70

C. Children

D. Women over age 80

Vascular dementia is caused by cerebrovascular disease, so its risk increases with age and with prior vascular events like strokes. Because age is a major driver and some vascular risk factors are more prevalent in men, the demographic most commonly affected is men who are over 70. Younger groups (under 60 or children) and even older women have lower overall incidence, even though risk climbs with age for everyone. So the combination of male sex and age above 70 captures the group most commonly affected.

6. If one of the three most important risk factors is present, what is the approximate chance of a fall within the next year?

A. 12%

B. 6%

C. 25%

D. 50%

Even a single major risk factor for falls in older adults markedly increases the chance of falling within the next year. Among the three strongest risk factors—prior falls, gait impairment, and balance impairment—having one of them raises the annual fall risk to about 12%. This gives a sense of how much risk climbs from baseline when a single risk factor is present. If another major risk factor is added, the risk goes up to roughly 25%; with all three factors, about half of individuals may fall within a year. This underlines why identifying even one risk factor prompts preventive actions like balance and strength training, gait assessment, medication review, and home safety modifications.

7. Herpes Zoster typically involves which distribution?

A. Bilateral symmetric involvement

B. Isolated oral mucosa involvement

C. Generalized vesicular eruption

D. Unilateral dermatomal distribution, usually thoracic nerve roots

Herpes zoster results from reactivation of latent varicella-zoster virus in a sensory ganglion. This inflammation affects the sensory nerve fibers of a single dorsal root, so the rash appears as a painful vesicular eruption that follows the fibers of one dermatome. Because it involves one ganglion, the distribution is unilateral and stays on one side of the body, typically with a belt-like pattern around the trunk. The thoracic dermatomes are the most commonly involved, though any dermatome can be affected (including trigeminal distribution in the face). That's why the classic description is a unilateral dermatomal distribution, usually thoracic nerve roots. Bilateral symmetrical involvement, isolated oral mucosa involvement, or a generalized vesicular eruption do not fit the typical pattern of herpes zoster.

8. Creutzfeldt-Jakob disease is caused by what agent?

A. A slowly progressive neurodegenerative disease caused by beta-amyloid plaques

B. A rare and rapidly fatal brain disease caused by prions

C. A reversible metabolic encephalopathy due to thyroid dysfunction

D. An autoimmune demyelinating disease

Creutzfeldt-Jakob disease is a prion disease—the brain condition is caused by misfolded prion proteins that propagate by converting normal prion proteins into the abnormal form. These prions drive spongiform degeneration of brain tissue, producing a rapidly progressive dementia with myoclonus and ataxia, and the illness is almost always fatal. This stands in contrast to Alzheimer's disease, which involves beta-amyloid plaques; to reversible metabolic encephalopathy from thyroid dysfunction; and to autoimmune demyelinating diseases like multiple sclerosis. Prions are unique infectious proteins that contain no nucleic acid, and they can appear in sporadic, familial, iatrogenic, or variant forms.

9. Postural or orthostatic hypotension is associated with which clinical feature?

A. Headache and fever

B. Flushed skin and tachycardia

C. Dizziness on standing

D. Polyuria

Postural or orthostatic hypotension presents when standing causes a drop in cerebral perfusion, leading to dizziness or lightheadedness. When you stand, gravity reduces venous return; if the autonomic reflexes or circulating volume can't compensate, the brain doesn't get enough blood briefly, so you feel dizzy. This is the hallmark feature, especially in older adults who may have dehydration, medications, or autonomic dysfunction contributing to the problem. The other options don't reflect the movement-related drop in blood pressure: headache with fever suggests infection or inflammation, flushed skin with tachycardia points to other causes like fever or vasodilation, and polyuria is not a defining symptom of orthostatic hypotension.

10. An intake of 1200-1500 mg of calcium daily increases the risk of which of the following?

A. Osteoporosis

B. Hypertension only

C. No increased risk

D. Kidney stones, cardiovascular disease and stroke

Consuming calcium at levels around 1200–1500 mg daily can introduce certain health risks beyond bone benefits. Excess calcium, especially from supplements, can raise the likelihood of kidney stones because more calcium is filtered into the urine and can crystallize. At the same time, some studies have linked calcium supplements to higher risk of cardiovascular events, including stroke, possibly due to vascular calcification or shifts in calcium balance that affect arterial health. Dietary calcium, by contrast, tends to carry less of this risk, which is why the adverse associations are more tied to supplements than to foods. Osteoporosis would be better addressed by adequate calcium intake, so it's not the risk here. Hence, the combination of kidney stones and cardiovascular issues best explains the increased risk with this level of calcium intake.

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!