

KLOSE TRAINING LYMPHEDEMA 101 PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://kloselymphedema101.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.

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. What is an absolute contraindication for Manual Lymph Drainage (MLD)?**
 - A. Chronic venous insufficiency
 - B. Edema due to venous insufficiency
 - C. Acute infection
 - D. Lymphedema
- 2. Which of the following IS NOT a lymphatic trunk of the upper body?**
 - A. Internal jugular trunks
 - B. Subclavian trunks
 - C. Lumbar trunks
 - D. Broncho-mediastinal trunk
- 3. What are the BASIC components of a comprehensive lymphedema evaluation?**
 - A. History, physical exam, inspection
 - B. Imaging studies, biopsy, lab tests
 - C. Genetic testing, MRI, CT
 - D. Patient interview, blood pressure, pulse
- 4. Which of the following is TRUE about edema in relation to disease?**
 - A. Edema is considered a symptom of an underlying disease
 - B. Lymphedema is considered a symptom and not a disease
 - C. Edema is never related to disease
 - D. Lymphedema is the result of kidney failure only
- 5. Which statement about the CLT's role in garment fitting is true?**
 - A. A DME fitter may not be available to measure the patients
 - B. Physicians rely on CLT's recommendations for garment style and compression level
 - C. The patient will bring concerns and questions about compression garments to the CLT
 - D. All statements are true

- 6. What is the most important process to nourish tissue cells?**
- A. Diffusion
 - B. Filtration
 - C. Osmosis
 - D. Active transport
- 7. What is a noted drawback of water displacement for measuring lymphedema?**
- A. Measuring is cumbersome in large patients with wounds.
 - B. The unit is heavy.
 - C. It uses too much water.
 - D. It is not accurate enough.
- 8. Hemosiderin Staining refers to which description?**
- A. The brownish discoloration resulting from venous insufficiency
 - B. A white patch disease
 - C. A high bilirubin stain
 - D. A purplish rash
- 9. What is the most appropriate type of bandage for patients with lymphedema?**
- A. Short stretch
 - B. Long stretch
 - C. Four-layer system
 - D. Two-layer system
- 10. Which statement best describes the use of compression with exercise for lymphedema?**
- A. Increased lymphatic drainage especially with compression
 - B. No change in drainage with compression
 - C. Compression reduces joint mobility
 - D. Compression worsens lymphedema symptoms

Answers

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

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Explanations

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1. What is an absolute contraindication for Manual Lymph Drainage (MLD)?

- A. Chronic venous insufficiency
- B. Edema due to venous insufficiency
- C. Acute infection**
- D. Lymphedema

When thinking about safety in Manual Lymph Drainage, the highest priority is avoiding treatment during an active infection. An acute infection is an absolute contraindication because moving lymphatic fluid with gentle manual strokes can potentially spread pathogens to regional lymph nodes or into the bloodstream, and the inflamed tissues may be more susceptible to irritation or worsening symptoms. The body is already fighting the infection, and the goal of MLD—to boost lymph flow and immune cell transport—could unintentionally aid dissemination if bacteria are present. Once the infection is treated and resolved, MLD can be resumed as part of a comprehensive lymphedema program. Chronic venous insufficiency or edema driven by venous problems is not an absolute contraindication; MLD can still be used to help improve drainage in many cases. Lymphedema itself is precisely the target for MLD, so it is not a contraindication.

2. Which of the following IS NOT a lymphatic trunk of the upper body?

- A. Internal jugular trunks
- B. Subclavian trunks
- C. Lumbar trunks**
- D. Broncho-mediastinal trunk

The main idea here is which regions different lymphatic trunks drain. Trunks named for their regions carry lymph away from specific areas. Trunks that drain the head and neck, the upper limbs, and the thorax are part of the upper body drainage: for example, the jugular trunks drain the head and neck, the subclavian trunks drain the upper limbs, and the bronchomediastinal trunks drain the thoracic cavity. Lumbar trunks, on the other hand, carry lymph from the lower body—mainly the legs and pelvis—so they are not considered upper-body trunks. They contribute to the lymphatic drainage pathway that leads toward the cisterna chyli and then up the thoracic duct. That's why lumbar trunks are not upper-body lymphatic trunks.

3. What are the BASIC components of a comprehensive lymphedema evaluation?

- A. History, physical exam, inspection**
- B. Imaging studies, biopsy, lab tests
- C. Genetic testing, MRI, CT
- D. Patient interview, blood pressure, pulse

A comprehensive lymphedema evaluation begins with gathering the patient's history, performing a thorough physical examination, and inspecting the affected tissues. The history reveals when the swelling started, how it has progressed, and potential contributing factors such as cancer treatments, surgeries, infections, obesity, venous disease, or thyroid or kidney issues. This helps distinguish lymphedema from other causes of swelling and guides initial management decisions. The physical examination provides objective information about the edema itself—its distribution, whether it is unilateral or bilateral, and whether it is pitting or non-pitting—along with functional impact and signs of skin or tissue changes. Measuring limb dimensions or volumes and assessing range of motion, soft-tissue texture, and signs of infection (redness, warmth, pain) help determine severity and urgency of care. Inspection then focuses on the skin and subcutaneous tissue for clues of chronic lymphatic overload, such as thickened skin, hyperkeratosis, fibrosis, or papillomatosis, and for evidence of frequent cellulitis risks. Imaging studies, biopsy, and laboratory tests are not part of the basic evaluation because they're used selectively to clarify uncertain cases, rule out other conditions, or plan complex interventions. They provide additional detail when needed but are not the fundamental elements needed to establish the presence and characterize the edema initially. Likewise, while vital signs like blood pressure and pulse can inform overall health, they don't define the core assessment of lymphedema.

4. Which of the following is TRUE about edema in relation to disease?

- A. Edema is considered a symptom of an underlying disease**
- B. Lymphedema is considered a symptom and not a disease
- C. Edema is never related to disease
- D. Lymphedema is the result of kidney failure only

Edema occurs when fluid collects in the tissues because something is disturbing the body's normal fluid balance or lymphatic drainage. Because many diseases—such as heart failure, kidney disease, liver disease, venous insufficiency, or inflammatory processes—can disrupt forces that move fluid out of vessels or impair lymphatic return, edema is typically a sign pointing to an underlying problem rather than a disease in itself. Treating edema effectively means addressing that root cause and also applying measures to reduce swelling. The other ideas aren't accurate for this concept. Lymphedema is a specific condition caused by impaired lymphatic flow, not just a symptom, so saying it's only a symptom misses its distinct nature. Edema isn't unrelated to disease—it's commonly linked to disease processes. And lymphedema isn't caused solely by kidney failure; it stems from lymphatic dysfunction, which often has different causes.

5. Which statement about the CLT's role in garment fitting is true?

- A. A DME fitter may not be available to measure the patients
- B. Physicians rely on CLT's recommendations for garment style and compression level
- C. The patient will bring concerns and questions about compression garments to the CLT**
- D. All statements are true

The key idea is that the CLT is the go-to person for the patient's questions and concerns about compression garments. Because these garments are worn daily and must fit well, feel comfortable, and function effectively in everyday activities, patients naturally bring up issues like fit, comfort, donning and doffing, skin reactions, and how the garment affects movement. The CLT addresses these concerns directly, guides the patient through style and compression level choices that will work in daily life, and teaches proper use and care. This focus on the patient's needs and questions makes the statement about the patient bringing concerns to the CLT the most accurate reflection of the CLT's role in garment fitting. In other settings, a DME fitter might be involved or physicians might rely on input from the CLT, but these relationships vary by clinic and case. The most consistent and central point across contexts is the patient-CLT interaction for addressing questions and concerns.

6. What is the most important process to nourish tissue cells?

- A. Diffusion**
- B. Filtration
- C. Osmosis
- D. Active transport

The main idea is how substances move from blood to tissue cells to supply them with nutrients. Diffusion is the primary way nutrients and gases like oxygen and glucose reach tissue cells. These small molecules diffuse down their concentration gradients from the capillary plasma into the surrounding interstitial fluid and then into cells. This passive process happens wherever gradients exist and doesn't require energy, making it the most consistent mechanism for nourishing cells across many tissues. Filtration involves bulk movement of fluid driven by hydrostatic pressure and contributes to exchange, but it's about fluids rather than delivering solutes directly to cells. Osmosis handles water movement based on osmotic gradients, not the delivery of nutrients. Active transport is important for moving specific substances against their gradient, but it's selective and energy-dependent, not the general method by which most cells receive nourishment.

7. What is a noted drawback of water displacement for measuring lymphedema?

- A. Measuring is cumbersome in large patients with wounds.**
- B. The unit is heavy.
- C. It uses too much water.
- D. It is not accurate enough.

Water displacement measures limb volume by submerging the limb and observing how much water is displaced. This method is precise under controlled conditions, but it hinges on fully submerging the limb. For very large limbs or when there are wounds or dressings, submersion becomes cumbersome or unsafe—fitting a large limb into the tank, protecting wounds, and avoiding contamination can be difficult and uncomfortable. Because of these practical hurdles, the method isn't feasible in such scenarios, making it the notable drawback. The other options don't capture this primary limitation: the amount of water isn't the central issue, accuracy isn't inherently poor when done properly, and the measurement unit being heavy isn't a practical concern.

8. Hemosiderin Staining refers to which description?

A. The brownish discoloration resulting from venous insufficiency

B. A white patch disease

C. A high bilirubin stain

D. A purplish rash

Hemosiderin staining is the brownish skin discoloration that occurs when venous insufficiency causes blood to leak into the skin and iron from the breakdown of red blood cells is deposited as hemosiderin. This iron pigment settles in the dermis, giving the skin a tan to brown tint, most noticeably around the ankles and lower legs. It's a sign of venous hypertension and stasis. This differs from white patches (depigmented areas), yellow staining from high bilirubin (jaundice), or a purplish rash (often from bleeding into the skin or inflammatory processes), which involve different colors and underlying mechanisms.

9. What is the most appropriate type of bandage for patients with lymphedema?

A. Short stretch

B. Long stretch

C. Four-layer system

D. Two-layer system

Compression aims to move fluid with activity while protecting tissues at rest. Short-stretch bandages are non-elastic, so they stay relatively loose when you're still, giving low resting pressure. When you move, muscle contractions increase the pressure under the bandage, creating high working pressure that helps propel lymph fluid out of the swollen limb toward the trunk. This dynamic effect makes them especially effective for lymphedema because the bandage supports lymph drainage without continuously squeezing tissues when you're not active. Long-stretch bandages, being highly elastic, generate high resting pressure even at rest, which can be uncomfortable and may impede blood flow or aggravate tissue sensitivity in lymphedema. The idea behind short-stretch systems (including two-layer or four-layer configurations) is that the non-elastic bandage provides the right balance of low resting pressure and high working pressure to maximize fluid movement with activity while protecting the skin. So the most appropriate type is short-stretch, because it leverages the muscle pump during movement to reduce edema with safer, lower resting pressure.

10. Which statement best describes the use of compression with exercise for lymphedema?

A. Increased lymphatic drainage especially with compression

B. No change in drainage with compression

C. Compression reduces joint mobility

D. Compression worsens lymphedema symptoms

Combining compression with exercise enhances lymphatic drainage by supporting the muscle pump and adding external pressure that helps move fluid into the lymphatic system. When you contract muscles during activity, they squeeze lymphatic vessels and push lymph upward. Wearing a compression garment adds external pressure, which increases the driving force for lymph to flow toward larger vessels and nearby lymph nodes. This dual action reduces fluid buildup in the affected limb, often improving comfort and function during movement. In contrast, thinking that there would be no change, or that compression would simply limit movement or worsen symptoms, doesn't fit how the lymphatic system responds to these therapies. Properly fitted compression during activity is designed to preserve or improve range of motion and typically helps lessen swelling rather than aggravating it.

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://kloselymphedema101.examzify.com>

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

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