

LEIK Family Nurse Practitioner (FNP) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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. In which condition is the Mini Mental Status Exam particularly useful?**
 - A. Parkinson's disease**
 - B. Alzheimer's disease**
 - C. Major depressive disorder**
 - D. Schizophrenia**
- 2. What type of medication should be avoided for patients with known gastrointestinal distress?**
 - A. NSAIDs**
 - B. Antibiotics**
 - C. Proton pump inhibitors**
 - D. Antidepressants**
- 3. For a 65-year-old arthritic patient with a newly swollen left knee, what is the recommended initial treatment?**
 - A. Quadriceps-strengthening exercises**
 - B. Rest and cold packs**
 - C. Passive range of motion exercises**
 - D. A cool tub bath with warm packs**
- 4. What is a common non-invasive method for evaluating the integrity of the uterus in a woman with suspected ectopic pregnancy?**
 - A. Pelvic ultrasound**
 - B. Magnetic resonance imaging**
 - C. Computed tomography scan**
 - D. Hysteroscopy**
- 5. Which condition is most likely causing scalp tenderness and loss of vision in a 50-year-old male?**
 - A. Cluster headache**
 - B. migraine headache with aura**
 - C. migraine headache without aura**
 - D. Giant cell arteritis**

6. Which medication is NOT known to interact with theophylline?

- A. Erythromycin**
- B. Montelukast (Singulair)**
- C. Phenytoin sodium (Dilantin)**
- D. Cimetidine (Tagamet)**

7. Which of the following is not a symptom associated with acute prostatitis?

- A. Fever and chills**
- B. Tenderness of the scrotum on the affected side**
- C. Perineal pain**
- D. Slow onset of symptoms**

8. What could a 73-year-old with episodic vertigo and weakness be experiencing?

- A. Benign paroxysmal positional vertigo**
- B. Multiple sclerosis**
- C. Transient ischemic attack (TIA)**
- D. Vestibular neuritis**

9. What condition is primarily assessed using the ankle-brachial index (ABI) test?

- A. Venous insufficiency**
- B. Osteoarthritis of the arm or ankle**
- C. Peripheral arterial disease (PAD)**
- D. Rheumatoid arthritis**

10. A new mother is advised on vitamin D supplementation for her breastfed infant. What is the recommended dosage?

- A. 100 IU daily**
- B. 200 IU daily**
- C. 300 IU daily**
- D. No supplementation needed**

Answers

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

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Explanations

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1. In which condition is the Mini Mental Status Exam particularly useful?

- A. Parkinson's disease
- B. Alzheimer's disease**
- C. Major depressive disorder
- D. Schizophrenia

The Mini Mental Status Exam (MMSE) is particularly useful in evaluating cognitive function and assessing the severity of cognitive impairment, especially in conditions like Alzheimer's disease. This condition is characterized by progressive memory loss, disorientation, and a decline in cognitive abilities, making the assessment of these functions critical for diagnosis and monitoring progression. The MMSE consists of various tasks that measure different cognitive domains, such as orientation, attention, calculation, recall, and language, which aligns well with the cognitive deficits seen in Alzheimer's patients. By utilizing the MMSE, healthcare providers can systematically evaluate the patient's cognitive status, which aids in creating a tailored care plan, determining the stage of the disease, and monitoring changes over time. In contrast, while the MMSE may provide some insights into cognitive functioning in conditions like Parkinson's disease, major depressive disorder, or schizophrenia, these diagnoses often involve a broader range of psychiatric or neurological symptoms that the MMSE cannot fully capture. For example, while cognitive changes may be observed in major depressive disorder, they might be reversible with appropriate treatment of the underlying mood disorder, unlike the static trajectory often seen in Alzheimer's disease. Thus, the MMSE is best suited for the specific cognitive assessment required in Alzheimer's disease.

2. What type of medication should be avoided for patients with known gastrointestinal distress?

- A. NSAIDs**
- B. Antibiotics
- C. Proton pump inhibitors
- D. Antidepressants

Non-steroidal anti-inflammatory drugs (NSAIDs) should be avoided in patients with known gastrointestinal distress because they can irritate the gastrointestinal (GI) lining. NSAIDs work by inhibiting cyclooxygenase (COX) enzymes, which play a role in the synthesis of prostaglandins that protect the stomach lining. By reducing prostaglandins, NSAIDs can increase the risk of gastric ulcers and gastrointestinal bleeding, which is particularly concerning for patients who already have existing GI issues. In contrast, the other medications listed have different mechanisms and side effects. Antibiotics can sometimes cause gastrointestinal upset, but they are not specifically contraindicated for patients with GI distress. Proton pump inhibitors are often used to treat conditions like gastroesophageal reflux disease (GERD) or peptic ulcers and are typically safe for patients with GI distress. Antidepressants may have gastrointestinal side effects but are also not universally contraindicated in patients with GI issues, depending on the specific drug and the patient's overall condition. The understanding of NSAIDs' effects on the GI system highlights the importance of carefully considering medication choices for patients with pre-existing gastrointestinal problems to prevent exacerbating their condition.

3. For a 65-year-old arthritic patient with a newly swollen left knee, what is the recommended initial treatment?

- A. Quadriceps-strengthening exercises**
- B. Rest and cold packs**
- C. Passive range of motion exercises**
- D. A cool tub bath with warm packs**

For a 65-year-old arthritic patient presenting with a newly swollen left knee, the recommended initial treatment is focused on minimizing inflammation and managing pain. Resting the knee helps alleviate pressure on the joint, which can reduce swelling and discomfort. Utilizing cold packs is particularly effective in this scenario, as the cold temperature can help constrict blood vessels, thereby decreasing blood flow to the inflamed area, which helps to control swelling and numbs pain. Implementing rest and cold therapy serves as a foundational approach in the management of acute arthritis symptoms. This conservative treatment allows the joint to recover while also providing symptomatic relief. It's essential, especially in elderly patients, to prioritize treatments that avoid exacerbating the condition. Other methods, such as active exercises or heat application, might be beneficial as the situation evolves, but they are generally considered after the initial inflammation and acute pain have been managed. Engaging in quadriceps-strengthening exercises or passive range of motion exercises typically comes later in the rehabilitation process when the acute symptoms have settled down.

4. What is a common non-invasive method for evaluating the integrity of the uterus in a woman with suspected ectopic pregnancy?

- A. Pelvic ultrasound**
- B. Magnetic resonance imaging**
- C. Computed tomography scan**
- D. Hysteroscopy**

Pelvic ultrasound is a common non-invasive method used to evaluate the integrity of the uterus, particularly in the context of suspected ectopic pregnancy. This imaging technique allows healthcare providers to visualize the uterus and surrounding structures, helping to confirm or rule out ectopic pregnancy by detecting whether a fetus is located within the uterine cavity or in an abnormal location, such as the fallopian tubes. Pelvic ultrasound is preferred due to its accessibility, safety (no radiation exposure), and effectiveness in providing immediate answers in an emergency setting. It can show the presence of an intrauterine gestational sac, and if the sac is not located within the uterus, it raises suspicion for ectopic pregnancy, warranting further evaluation and management. Other imaging options, like magnetic resonance imaging and computed tomography, are less commonly utilized for this purpose due to their increased cost, longer time for results, and, in the case of computed tomography, exposure to radiation, which is not ideal for assessments involving potential pregnancy complications. Hysteroscopy, while useful for direct visualization of the uterine cavity, is an invasive procedure and not typically used as a first-line evaluation for suspected ectopic pregnancy. Hence, pelvic ultrasound remains the preferred choice for its effectiveness, safety, and non-invasive nature.

5. Which condition is most likely causing scalp tenderness and loss of vision in a 50-year-old male?

- A. Cluster headache**
- B. migraine headache with aura**
- C. migraine headache without aura**
- D. Giant cell arteritis**

The condition most likely causing scalp tenderness and loss of vision in a 50-year-old male is giant cell arteritis. This is an inflammatory disease that affects the large and medium-sized blood vessels, particularly the temporal arteries, which run along the side of the head. Patients often experience symptoms such as scalp tenderness or pain when brushing their hair, as well as vision changes, which can include blurry vision, sudden vision loss, or even permanent vision impairment if untreated. In individuals over 50, the risk for giant cell arteritis increases, making it a critical consideration when a patient presents with the accompanying symptoms. Additionally, this condition can lead to serious complications, such as permanent blindness, if not diagnosed and treated promptly. The other options generally do not present with both scalp tenderness and loss of vision. Cluster headaches are characterized by severe, unilateral pain but do not typically involve scalp tenderness or significant vision loss. Migraines, whether with aura or without, can cause a variety of neurological symptoms, but loss of vision and scalp tenderness are not the primary features associated with these conditions.

6. Which medication is NOT known to interact with theophylline?

- A. Erythromycin**
- B. Montelukast (Singulair)**
- C. Phenytoin sodium (Dilantin)**
- D. Cimetidine (Tagamet)**

Montelukast (Singulair) is a leukotriene receptor antagonist that is primarily used in the management of asthma and allergic rhinitis. It functions by blocking substances in the body called leukotrienes, which are involved in the inflammatory response in asthma. Theophylline is a methylxanthine that has a bronchodilator effect and is used for respiratory conditions such as asthma and COPD. Montelukast does not have a significant pharmacokinetic interaction with theophylline, meaning it does not affect the metabolism or efficacy of theophylline in the same way that other medications do. This makes montelukast a suitable choice for patients being treated with theophylline, as it can be safely prescribed without the concerns that accompany other medications that interact with theophylline, affecting its clearance and increasing the risk of toxicity. In contrast, erythromycin, phenytoin sodium, and cimetidine are known to interact with theophylline. Erythromycin can inhibit the hepatic enzymes that metabolize theophylline, leading to increased plasma concentrations. Phenytoin can alter the metabolism of theophylline, and cimetidine can also inhibit its metabolism, leading to similar increases in theophylline levels.

7. Which of the following is not a symptom associated with acute prostatitis?

- A. Fever and chills**
- B. Tenderness of the scrotum on the affected side**
- C. Perineal pain**
- D. Slow onset of symptoms**

In the context of acute prostatitis, the symptoms typically manifest quite suddenly rather than gradually. Acute prostatitis is characterized by inflammation of the prostate gland, often as a result of a bacterial infection, and it usually presents with a range of symptoms that occur rapidly. Common symptoms include fever and chills, scrotal tenderness, and perineal pain, all of which develop quickly due to the sudden onset of infection and inflammation. The slow onset of symptoms is generally not associated with acute prostatitis. Instead, it is more characteristic of chronic prostatitis or other urological issues, where symptoms can develop over a longer period. Recognizing that acute prostatitis symptoms appear suddenly helps in differentiating it from other conditions that may have more gradual presentations. Understanding these nuances in symptomatology is important for accurate diagnosis and appropriate management of patients suspected to have prostatitis.

8. What could a 73-year-old with episodic vertigo and weakness be experiencing?

- A. Benign paroxysmal positional vertigo**
- B. Multiple sclerosis**
- C. Transient ischemic attack (TIA)**
- D. Vestibular neuritis**

The presentation of episodic vertigo and weakness in a 73-year-old patient raises significant concern for cerebrovascular issues, particularly a transient ischemic attack (TIA). A TIA can manifest with brief episodes of neurological dysfunction due to temporary disruption of blood flow to the brain, which aligns with the patient's symptoms of episodic vertigo and weakness. Vertigo may arise from vestibular involvement, while weakness could suggest compromised motor function, often seen in vascular events. Given the patient's age and the transient nature of the symptoms, a TIA is a critical condition to consider, as it serves as a warning sign for potential stroke risks. In contrast, benign paroxysmal positional vertigo primarily causes vertigo related to changes in head position, without significant weakness. Multiple sclerosis, although it can cause vertigo and weakness, typically involves a more chronic pattern along with additional neurological deficits not indicated here. Vestibular neuritis usually manifests with persistent vertigo, often associated with nausea but does not typically cause weakness. Therefore, the combination of episodic vertigo and weakness strongly supports the consideration of a TIA as the most likely diagnosis in this scenario.

9. What condition is primarily assessed using the ankle-brachial index (ABI) test?

- A. Venous insufficiency**
- B. Osteoarthritis of the arm or ankle**
- C. Peripheral arterial disease (PAD)**
- D. Rheumatoid arthritis**

The ankle-brachial index (ABI) is a simple, non-invasive test used primarily to assess for peripheral arterial disease (PAD). This condition occurs when there is a narrowing or blockage of the arteries that supply blood to the legs, often due to atherosclerosis. The ABI test compares the blood pressure in the patient's ankle with the blood pressure in the arm. A lower ABI indicates reduced blood flow to the legs, which is characteristic of PAD. The ABI is a reliable indicator of arterial health and is used both for diagnosis and to help determine the severity of PAD. In patients with suspected PAD, an ABI value of less than 0.90 typically suggests significant arterial occlusion and increased risk for cardiovascular events. While other conditions are important in nursing practice, they do not involve the same assessment of blood flow and pressure comparison between the limbs as done in the ABI test. Venous insufficiency, for example, pertains to the function of veins and is assessed through different methods. Osteoarthritis and rheumatoid arthritis are both joint conditions that do not directly relate to arterial health or the assessment provided by the ABI.

10. A new mother is advised on vitamin D supplementation for her breastfed infant. What is the recommended dosage?

- A. 100 IU daily**
- B. 200 IU daily**
- C. 300 IU daily**
- D. No supplementation needed**

The recommended dosage for vitamin D supplementation in breastfed infants is 400 IU daily. This level is necessary to ensure adequate vitamin D levels for healthy bone development and to prevent rickets, particularly because breast milk may not provide sufficient vitamin D for infants. In this scenario, while the dosage listed in the chosen answer does not match the current guidelines, it is important to underline that the appropriate response would align with the established standard of 400 IU rather than the options provided. Infants who are exclusively breastfed are at risk for vitamin D deficiency, and supplementation is essential for those infants to support their overall health and prevent deficiencies. Understanding that the correct dosage should be reflective of the latest guidelines is crucial, as recommendations can vary. The importance of vitamin D in maintaining healthy calcium and phosphate levels, and its role in supporting immune function, especially in breastfed infants, emphasizes the necessity of proper supplementation.

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://leikfamilynursepracticioner.examzify.com>

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

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