

Lymphology Association of North America (LANA) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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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. Which factor can exacerbate the symptoms of lipodermatosclerosis?**
 - A. Regular exercise**
 - B. High sodium diet**
 - C. Hydration**
 - D. Elevation of limbs**
- 2. Which pathophysiological processes can cause edema in patients with congestive heart failure (CHF)?**
 - A. Increased colloid osmotic pressure**
 - B. Hypoproteinemia with lymphatic decompensation**
 - C. Increased capillary filtration with lymphatic decompensation**
 - D. Decreased capillary reabsorption**
- 3. What organ dysfunction leads to myxedema?**
 - A. Thyroid**
 - B. Thymus**
 - C. Liver**
 - D. Kidney**
- 4. A sudden increase in body weight, combined with the development of bilateral lower extremity pitting edema, may be indicative of?**
 - A. Lipedema**
 - B. Primary lymphedema**
 - C. Congestive heart failure**
 - D. Myxedema**
- 5. What kind of electrical current is used in bioimpedance?**
 - A. Very high frequency**
 - B. Medium frequency**
 - C. High frequency**
 - D. Low frequency**

6. How frequently should compression garments be replaced?

- A. Every 2 to 3 months**
- B. Every 4 to 6 months**
- C. Every 6 to 8 months**
- D. Annually**

7. What could potentially trigger lymphedema in a patient with a history of breast cancer?

- A. Skin infections or cellulitis**
- B. Regular exercise routines**
- C. Proper nutrition and hydration**
- D. Wearing compression garments**

8. Which general approach is recommended for managing lipodermatosclerosis?

- A. Strict bed rest**
- B. Palliative care**
- C. Prevention of infection**
- D. Only surgical options**

9. Which of these statements about cellulitis is inaccurate?

- A. Cellulitis is caused by a staphylococcus or group A streptococci.**
- B. Cellulitis causes redness, pain, fever, malaise and tenderness.**
- C. Patients with cellulitis should first consult with their CLT before contacting their physician.**
- D. The terms cellulitis and erysipelas are often used interchangeably.**

10. What is the difference between primary and secondary lymphedema?

- A. Primary lymphedema is caused by external factors, while secondary is genetic.**
- B. Primary lymphedema is genetic, while secondary lymphedema is caused by external factors such as surgery or infection.**
- C. Both are caused by genetic factors.**
- D. Primary lymphedema occurs only in infants, while secondary affects adults.**

Answers

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

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Explanations

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1. Which factor can exacerbate the symptoms of lipodermatosclerosis?

- A. Regular exercise**
- B. High sodium diet**
- C. Hydration**
- D. Elevation of limbs**

A high sodium diet can exacerbate the symptoms of lipodermatosclerosis primarily due to its impact on fluid retention and hypertension. Lipodermatosclerosis is a condition characterized by inflammation and fibrosis of the skin and subcutaneous tissue, often associated with venous insufficiency. When dietary sodium intake is high, the body retains more fluid, which can lead to increased venous pressure and further exacerbate the symptoms associated with venous disorders, such as swelling, discomfort, and skin changes. In contrast, regular exercise, proper hydration, and elevation of limbs typically help alleviate symptoms associated with venous insufficiency by promoting better circulation and reducing fluid accumulation in the lower extremities. These factors contribute positively to managing the condition rather than worsening it.

2. Which pathophysiological processes can cause edema in patients with congestive heart failure (CHF)?

- A. Increased colloid osmotic pressure**
- B. Hypoproteinemia with lymphatic decompensation**
- C. Increased capillary filtration with lymphatic decompensation**
- D. Decreased capillary reabsorption**

The correct answer highlights the relationship between increased capillary filtration and lymphatic decompensation as significant mechanisms contributing to edema in patients with congestive heart failure (CHF). In CHF, the heart's reduced ability to pump effectively leads to increased pressure within the vascular system, particularly in the capillaries. This elevated pressure promotes the movement of fluid from the vascular space into the interstitial tissue, resulting in edema. As the body's ability to manage this excess fluid is compromised, lymphatic decompensation can occur. The lymphatic system typically helps to return excess interstitial fluid to circulation; however, when it is overwhelmed or functioning inadequately, the result is an accumulation of fluid in tissues. In summary, the combination of heightened capillary filtration due to increased vascular pressure and the failure of the lymphatic system to cope with the excess fluid creates a significant pathway for edema development in CHF patients. This process underscores the importance of both hemodynamics and lymphatic function in the presence of heart failure.

3. What organ dysfunction leads to myxedema?

- A. Thyroid**
- B. Thymus**
- C. Liver**
- D. Kidney**

Myxedema is a condition that results from severe hypothyroidism, which is a dysfunction of the thyroid gland. In this state, the thyroid does not produce enough thyroid hormones, primarily thyroxine (T4) and triiodothyronine (T3), which are essential for regulating metabolism and various bodily functions. In cases of myxedema, the lack of these hormones leads to an accumulation of glycosaminoglycans (such as hyaluronic acid) in the extracellular tissues. This accumulation results in the characteristic swelling seen in myxedema. The skin and other tissues become thickened and can exhibit a puffy appearance. Myxedema can also cause a wide range of systemic symptoms, including fatigue, weight gain, cold intolerance, dry skin, hair loss, and cognitive impairment. Thus, dysfunction of the thyroid gland is directly linked to the development of myxedema, making it the correct answer in this context.

4. A sudden increase in body weight, combined with the development of bilateral lower extremity pitting edema, may be indicative of?

- A. Lipedema**
- B. Primary lymphedema**
- C. Congestive heart failure**
- D. Myxedema**

A sudden increase in body weight, along with the onset of bilateral lower extremity pitting edema, is most suggestive of congestive heart failure. In this condition, the heart's ability to pump blood effectively is impaired, leading to fluid buildup in various parts of the body, particularly the lower extremities. The pitting edema occurs when excess fluid accumulates in the tissues, and when pressure is applied to the swollen area, a temporary indentation is left. This symptom is commonly associated with congestive heart failure due to fluid retention caused by the heart's reduced pumping efficiency. Additionally, the sudden weight gain reflects the retention of fluids rather than an increase in body fat, which is characteristic in cases of heart failure. Other options present different scenarios: lipedema typically presents with a disproportionate accumulation of fat primarily in the lower body but does not usually result in the rapid weight gain or pitting edema associated with heart failure. Primary lymphedema generally has a more gradual onset and is usually unilateral or asymmetric, while myxedema relates primarily to severe hypothyroidism and manifests with non-pitting edema rather than the bilateral pitting observed here. Therefore, the combination of sudden weight gain and bilateral pitting edema strongly points to congestive heart failure.

5. What kind of electrical current is used in bioimpedance?

- A. Very high frequency
- B. Medium frequency
- C. High frequency
- D. Low frequency**

Bioimpedance employs a low-frequency alternating current to assess body composition and fluid distribution. This low frequency is crucial because it allows for better measurement of intracellular and extracellular fluids, enhancing the accuracy of lymphatic assessments. At low frequencies, the electrical impedance of the tissues can be measured with respect to how the different compartments (such as the fluid in the lymphatic system) react to the current. In this context, low-frequency current effectively penetrates various tissue types, allowing practitioners to obtain insights into fluid levels and distribution within the body, making it particularly effective in managing conditions such as lymphedema. Higher frequencies tend to penetrate less deeply into tissues and can alter the distribution of currents, leading to less reliable readings for lymphatic assessments. Thus, the choice of low frequency is intentional to optimize the diagnostic capabilities of bioimpedance in understanding lymphatic health and function.

6. How frequently should compression garments be replaced?

- A. Every 2 to 3 months
- B. Every 4 to 6 months**
- C. Every 6 to 8 months
- D. Annually

The recommended frequency for replacing compression garments is every 4 to 6 months. This timeframe is based on several key factors, including the wear and tear that occurs with regular use, the loss of elasticity over time, and the garment's effectiveness in maintaining the desired level of compression. Compression garments are primarily designed to provide support and improve venous return by exerting graduated pressure on the limbs. Over time, with repeated washing and daily wear, the material can become stretched, resulting in a decrease in the garment's ability to apply the necessary pressure. Additionally, skin oils, perspiration, and laundering can all contribute to the degradation of the fabric and elasticity. Replacing the garments within the 4 to 6 month window ensures that patients continue to receive the therapeutic benefits associated with adequate compression. This is particularly important for individuals managing conditions such as lymphedema or venous insufficiency, where consistent compression plays a significant role in their treatment and symptom management. Regularly updating compression garments helps maintain their effectiveness and ultimately enhances patient outcomes.

7. What could potentially trigger lymphedema in a patient with a history of breast cancer?

- A. Skin infections or cellulitis**
- B. Regular exercise routines**
- C. Proper nutrition and hydration**
- D. Wearing compression garments**

Skin infections or cellulitis are recognized as potential triggers for lymphedema in patients with a history of breast cancer. This is primarily due to the fact that skin infections can compromise the integrity of the lymphatic system. When an infection occurs, inflammation may result, which can impair lymphatic drainage or exacerbate existing lymphatic dysfunction. In patients who have undergone surgical procedures, such as lymph node removal or radiation therapy associated with breast cancer treatment, the risk of lymphedema is significantly increased. Any additional strain on the lymphatic system, such as that caused by an infection, can lead to a higher likelihood of fluid accumulation in the tissues, thereby resulting in lymphedema. In contrast, regular exercise routines, proper nutrition and hydration, and wearing compression garments are generally beneficial and recommended for patients at risk of lymphedema. Regular exercise can promote lymph fluid circulation, proper nutrition and hydration support overall health and tissue function, and compression garments can help maintain lymphatic flow and reduce fluid buildup.

8. Which general approach is recommended for managing lipodermatosclerosis?

- A. Strict bed rest**
- B. Palliative care**
- C. Prevention of infection**
- D. Only surgical options**

The management of lipodermatosclerosis, which is characterized by the thickening of the skin and underlying tissue typically associated with venous insufficiency, emphasizes the prevention of infection as a general approach. This is critical since the condition can lead to skin breakdown and the potential for infection due to impaired lymphatic drainage and changes in skin integrity. By focusing on infection prevention, healthcare providers can help maintain skin integrity and prevent complications that could arise from open wounds or skin lesions. Strategies may include educating patients about proper skin care, monitoring for signs of infection, and managing any existing venous insufficiency effectively to reduce the risk of skin changes. The other approaches, while they may have their place in a comprehensive treatment plan, do not serve as primary interventions. Strict bed rest does not adequately address the underlying issues associated with lipodermatosclerosis and may not be practical or beneficial for most patients. Palliative care is focused on providing relief from symptoms and improving the quality of life but does not directly intervene in preventing complications related to the skin. Surgical options may be considered in severe cases, yet they are not the cornerstone of the management strategy for lipodermatosclerosis in general.

9. Which of these statements about cellulitis is inaccurate?

- A. Cellulitis is caused by a staphylococcus or group A streptococci.**
- B. Cellulitis causes redness, pain, fever, malaise and tenderness.**
- C. Patients with cellulitis should first consult with their CLT before contacting their physician.**
- D. The terms cellulitis and erysipelas are often used interchangeably.**

The reason this statement is considered inaccurate is that while consulting with a certified lymphedema therapist (CLT) may be beneficial for patients managing lymphedema or other lymphatic conditions, it is not the first step for addressing cellulitis, which is a potentially serious bacterial skin infection. When someone exhibits symptoms of cellulitis, the immediate course of action should be to contact a healthcare provider, such as a physician. A timely medical evaluation is essential, as cellulitis often requires medical treatment with antibiotics to prevent complications. The other statements accurately describe cellulitis. It is indeed caused by bacteria such as staphylococcus or group A streptococci, and typical symptoms include redness, pain, fever, malaise, and tenderness. Furthermore, while cellulitis and erysipelas are related conditions characterized by skin infections, they are not exactly the same, yet the terms are frequently used interchangeably, which is a common feature of how medical terminology is utilized.

10. What is the difference between primary and secondary lymphedema?

- A. Primary lymphedema is caused by external factors, while secondary is genetic.**
- B. Primary lymphedema is genetic, while secondary lymphedema is caused by external factors such as surgery or infection.**
- C. Both are caused by genetic factors.**
- D. Primary lymphedema occurs only in infants, while secondary affects adults.**

Primary lymphedema is specifically linked to genetic factors that lead to abnormalities in the lymphatic system. This can be the result of congenital conditions or inherited traits that affect lymphatic development, resulting in an insufficient lymphatic system that does not function properly. On the other hand, secondary lymphedema develops as a consequence of external factors that disrupt the lymphatic system. This includes causes such as surgical removal of lymph nodes, radiation therapy, infections, trauma, and conditions such as obesity or cancer that can impair lymphatic drainage. The distinction is crucial in understanding the etiology and management of lymphedema, as primary lymphedema usually arises without any external injury or disease, whereas secondary lymphedema is often preventable or manageable depending on the underlying cause. Recognizing this difference assists healthcare professionals in diagnosing and treating lymphedema effectively.

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://lymphologyassociationofnorthamerica-lana.examzify.com>

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

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