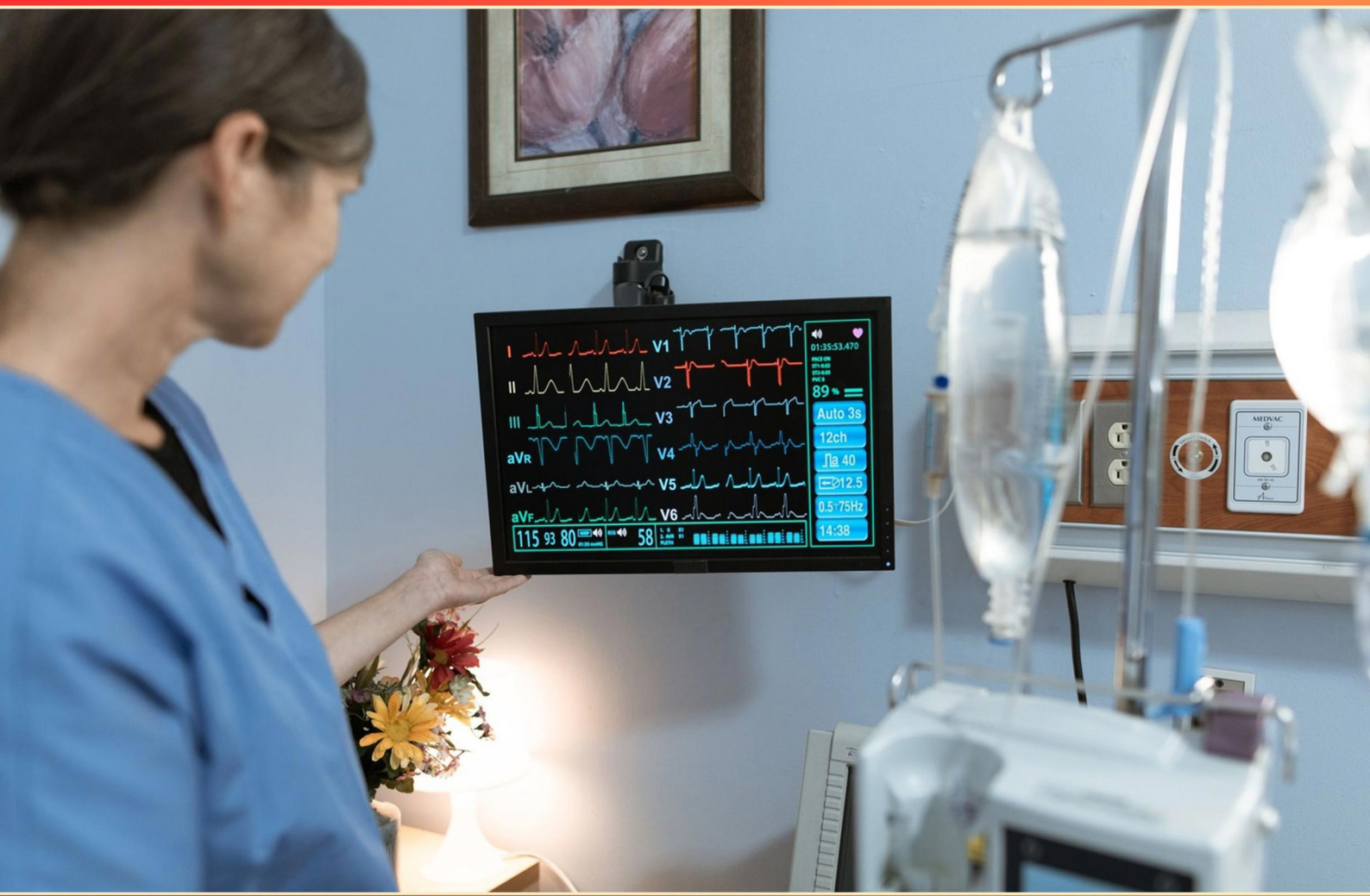
# MICHIGAN CNA SKILLS PRACTICE TEST (SAMPLE)

## STUDY GUIDE




## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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https://michigancnaskills.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. Before assisting a resident to stand, what footwear safety check should be performed?**

A. Ensure non-skid soles are on footwear

B. Ensure socks are on

C. Ensure slippers are warm

D. Ensure shoes are untied

**2. Which statement about indirect care is true?**

A. It focuses only on physical tasks

B. It ignores the resident's safety

C. It uses standard precautions and infection control measures during care

D. It excludes residents' safety concerns

**3. In a partial bath, what should you do with the resident's coverage?**

A. Expose the arms and chest to speed up washing.

B. Keep the resident covered as much as possible with blanket or towels.

C. Remove all clothing at the start.

D. Move to another room.

**4. When undressing a resident, which sequence describes proper technique?**

A. Undress the weak side first.

B. Check the care plan to determine whether undressing should be in a supine or sitting position; undress the strong side first; use bath blanket to maintain dignity; for blouse: unfasten buttons and slide the shirt off the strong arm first; for pants: slide underwear and pants down starting with the strong side.

C. Remove clothes from the weak side first.

D. Undress the strong side first.

**5. What should you do with the transfer belt after the transfer to chair is complete?**

A. Remove transfer belt

B. Leave belt on

C. Tie belt to wheelchair

D. Keep belt around resident's waist

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**6. During feeding, how often should fluids be offered?**

A. Every bite

B. Every 5 bites

C. Every 3 bites

D. Only at end

**7. During ROM of the knee and ankle, what should you do if the client verbalizes pain?**

A. Continue ROM until pain subsides

B. Discontinue ROM immediately

C. Stop and rest for two minutes before continuing

D. Report pain to supervisor after therapy

**8. What is the first step when transferring from bed to a chair or wheelchair?**

A. Check the care plan to determine if resident has an affected or weak side

B. Position the chair next to the bed

C. Lock the wheels of the wheelchair

D. Stand in front of the resident

**9. When changing a resident to a side-lying position, which step should be performed first?**

A. Roll the resident onto their side.

B. Give the resident the call light.

C. Raise the bed if needed for work.

D. Place a pillow under the resident's back.

**10. Which action is not part of the Modified Bed Bath for the face and one arm?**

A. Wash eyes with a wet washcloth, no soap, using a fresh area of cloth for each stroke.

B. Wash the face after washing the eyes.

C. Discontinue the bath if the client verbalizes pain.

D. Proceed to wash the arm after washing the face.

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# Answers

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

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# Explanations

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## 1. Before assisting a resident to stand, what footwear safety check should be performed?

A. Ensure non-skid soles are on footwear

B. Ensure socks are on

C. Ensure slippers are warm

D. Ensure shoes are untied

*Before assisting a resident to stand, the most important footwear safety check is that the shoes have non-slip (non-skid) soles. Non-slip soles provide traction on the floor, reducing the chance of slipping as the resident shifts weight and stands, which helps prevent falls during transfers. Socks alone don't offer grip and can still slip on slick surfaces. Slippers can be loose or poorly fitted and may slip off or bunch, creating a tripping hazard. The warmth of slippers isn't a safety factor for standing and transferring. While securing laces and ensuring proper overall footwear are important, the key feature that directly lowers fall risk in this situation is a non-slip sole.*

## 2. Which statement about indirect care is true?

A. It focuses only on physical tasks

B. It ignores the resident's safety

C. It uses standard precautions and infection control measures during care

D. It excludes residents' safety concerns

*Indirect care is about actions that support safety and a clean, prepared care environment, not direct hands-on treatment. The true statement is that standard precautions and infection control measures are used during care, because practices like hand hygiene, using PPE, cleaning and disinfecting equipment, and keeping the area safe and orderly protect both residents and staff and are applied with every care activity. This emphasis on safety and infection control remains essential whether you're assisting with daily activities or preparing a resident's room. Thinking indirect care is limited to physical tasks, or that safety isn't part of it, would miss how these duties are meant to protect overall well-being.*

## 3. In a partial bath, what should you do with the resident's coverage?

A. Expose the arms and chest to speed up washing.

B. Keep the resident covered as much as possible with blanket or towels.

C. Remove all clothing at the start.

D. Move to another room.

*During a partial bath, the priority is the resident's privacy and comfort. You should keep the resident covered as much as possible with a blanket or towels, exposing only the area you are washing. This protects dignity, helps maintain body warmth, and reduces distress while you complete the necessary cleansing. After washing the exposed area, promptly redrape to preserve modesty. Exposing too much of the body or removing all clothing isn't appropriate for a partial bath and can lead to coldness and discomfort. Moving the resident to another room isn't needed for a routine partial bath and can disrupt their sense of safety.*

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## 4. When undressing a resident, which sequence describes proper technique?

A. Undress the weak side first.

B. Check the care plan to determine whether undressing should be in a supine or sitting position; undress the strong side first; use bath blanket to maintain dignity; for blouse: unfasten buttons and slide the shirt off the strong arm first; for pants: slide underwear and pants down starting with the strong side.

C. Remove clothes from the weak side first.

D. Undress the strong side first.

*When undressing a resident, safety and dignity come from following the care plan and starting with the stronger side. Checking the plan tells you whether the resident should be undressed while lying down or sitting, and any specific steps to protect a weaker side or joints. Beginning with the strong side makes the process smoother and safer: you have better control of the garment, you can guide it off the body without pulling on a weaker, more fragile limb, and you reduce the risk of causing discomfort or injury. For a blouse, unfasten the buttons and slide the shirt off the arm on the strong side first, then remove from the weaker side. This keeps the weaker side supported and minimizes strain, since you're lifting and maneuvering the garment away from the body through the stronger limb. For pants, slide the underwear and pants down starting with the strong side. By addressing the strong side first, you can carefully release the garment and lower it without forcing the weaker leg to move awkwardly, which helps maintain alignment and privacy throughout the process. Using a bath blanket to preserve dignity while you work is a simple, important touch that reduces exposure while you change the clothing.*

## 5. What should you do with the transfer belt after the transfer to chair is complete?

A. Remove transfer belt

B. Leave belt on

C. Tie belt to wheelchair

D. Keep belt around resident's waist

*Transfer belts are used to guide and support a resident during a transfer, not to stay on afterward. Once the resident is safely seated in the chair and stable, the belt should be removed. Leaving the belt on can cause skin irritation or pressure, may rub against clothing or the chair, and can get caught or cause entanglement, increasing the risk of a problem during ongoing care. Tying the belt to the wheelchair or keeping it around the waist also creates entrapment or movement restrictions. Removing it promptly keeps the resident comfortable and reduces safety risks, and then you can store or inspect the belt for wear before its next use.*

## 6. During feeding, how often should fluids be offered?

A. Every bite

B. Every 5 bites

C. Every 3 bites

D. Only at end

*Fluids should be offered at a steady, moderate interval during the meal to support safe swallowing and hydration. Providing liquids after a few bites helps lubricate the mouth and throat and gives the resident time to chew and swallow each bite, reducing the risk of choking or aspiration. Offering fluids with every bite can interrupt the swallowing process and increase choking risk, while waiting until the end leaves the mouth dry and can worsen dehydration. If fluids are offered too infrequently, the resident may not stay adequately hydrated during the meal. This balanced approach keeps swallowing safe and hydration on track throughout eating.*

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## 7. During ROM of the knee and ankle, what should you do if the client verbalizes pain?

A. Continue ROM until pain subsides

B. Discontinue ROM immediately

C. Stop and rest for two minutes before continuing

D. Report pain to supervisor after therapy

*Pain during knee and ankle range-of-motion shows movement is no longer safe for the joint. The correct move is to discontinue the ROM immediately to prevent further injury or tissue irritation. Pain is a signal to stop and reassess rather than push through. After stopping, assess the client's pain level and location, check for any visible signs like swelling, and follow your facility's policy to notify the supervising nurse or therapist and document what happened. Depending on guidance, ROM may be adjusted or deferred to a later session. Continuing anyway or waiting to see if the pain subsides could lead to more harm, which is why stopping right away is the safest choice.*

## 8. What is the first step when transferring from bed to a chair or wheelchair?

A. Check the care plan to determine if resident has an affected or weak side

B. Position the chair next to the bed

C. Lock the wheels of the wheelchair

D. Stand in front of the resident

*Standing in front of the resident puts you in the safest, most controllable position to begin the transfer. From this spot you can guide their movement, monitor their balance, and provide support as they start to stand, using your legs to lift rather than bending your back. It keeps their center of gravity close to yours, which reduces the risk of falls for both of you and lets you respond quickly if they begin to slip or need assistance. Once you're in that position, you can proceed with the other safety steps (like positioning the chair and securing wheels) while maintaining control throughout the transfer.*

## 9. When changing a resident to a side-lying position, which step should be performed first?

A. Roll the resident onto their side.

B. Give the resident the call light.

C. Raise the bed if needed for work.

D. Place a pillow under the resident's back.

*The main idea here is setting up the environment for safe, ergonomic repositioning. The first step before turning a resident to a side-lying position is to raise the bed to a comfortable working height. When the bed is at the right height, you can keep your back straight and bend at the hips and knees, not your back, which protects your spine and reduces strain. This also helps you control the resident's movement more securely and prevents slipping or dropping them during the turn. After the bed is raised, you would proceed with turning the resident to their side and then place pillows or supports to maintain alignment and comfort, while keeping the call light within reach. The other actions—giving the call light, or placing a pillow under the back—are important steps later in the process or for comfort, but they don't create the safe setup your body needs to perform the move correctly.*

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**10. Which action is not part of the Modified Bed Bath for the face and one arm?**

A. Wash eyes with a wet washcloth, no soap, using a fresh area of cloth for each stroke.

B. Wash the face after washing the eyes.

C. Discontinue the bath if the client verbalizes pain.

D. Proceed to wash the arm after washing the face.

*The main idea here is the specific order and methods used in a Modified Bed Bath for the face and one arm. The procedure is done in a set sequence: clean eyes first with a wet washcloth and no soap, using a fresh cloth area for each stroke to prevent cross-contamination; then wash the face after the eyes; and finally wash the arm, moving from shoulder to hand. This order and the careful use of clean cloths are what the skill expects you to demonstrate. Discontinuing the bath if the client verbalizes pain is not listed as a procedural step in this washing sequence. Pain is a safety concern that would normally prompt you to pause and inform the nurse, but the actual steps of the Modified Bed Bath focus on the correct sequence and technique of washing, not on making a decision about stopping the bath based on pain within the steps themselves. So that action isn't part of the defined procedure.*

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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://michigancnaskills.examzify.com

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

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