

MUSCULOSKELETAL AND MEDICATION PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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 outcome would indicate improvement in joint function after DMARD therapy?**
 - A. Reduction in joint swelling within 1 day
 - B. Immediate complete pain relief
 - C. Increased range of motion in the affected joints 3 months into therapy
 - D. Radiographic healing within 2 weeks
- 2. Which autoimmune arthritis typically presents with symmetric joint swelling and prolonged morning stiffness?**
 - A. Osteoarthritis
 - B. Rheumatoid arthritis
 - C. Gout
 - D. Ankylosing spondylitis
- 3. A client with rheumatoid arthritis taking acetylsalicylic acid 5 g daily would demonstrate understanding by reporting which symptom?**
 - A. Ring-ing in the ears
 - B. Headache
 - C. Dizziness
 - D. Nausea
- 4. Cyclobenzaprine should be avoided in patients with which condition?**
 - A. Angle-closure glaucoma
 - B. Migraine
 - C. Hyperlipidemia
 - D. Celiac disease
- 5. A client with a left arm fracture reports severe, diffuse pain unrelieved by analgesics. What should the nurse do?**
 - A. Notify the registered nurse.
 - B. Call the physician directly
 - C. Increase analgesic dose without consult
 - D. Apply heat to the area

- 6. Before starting TNF inhibitors for inflammatory arthritis, which infection screening is essential?**
- A. Tuberculosis (TB) screening
 - B. Hepatitis C screening
 - C. HIV testing
 - D. Malaria screening
- 7. Which HLA type is commonly associated with ankylosing spondylitis?**
- A. HLA-B27
 - B. HLA-DR4
 - C. HLA-B8
 - D. HLA-DR2
- 8. In a patient taking dantrolene, a markedly elevated LDH would prompt which action?**
- A. Continue the current treatment plan
 - B. Notify the primary health care provider
 - C. Ignore the result
 - D. Switch to a different medication
- 9. Cyclobenzaprine is prescribed for muscle spasms in which region?**
- A. Cervical spine
 - B. Lumbar spine
 - C. Thoracic spine
 - D. Sacral region
- 10. What daily dose of acetylsalicylic acid is typical for rheumatoid arthritis?**
- A. 2 g daily
 - B. 6 g daily
 - C. 8 g daily
 - D. 4 g daily

Answers

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

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Explanations

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1. Which outcome would indicate improvement in joint function after DMARD therapy?

- A. Reduction in joint swelling within 1 day
- B. Immediate complete pain relief
- C. Increased range of motion in the affected joints 3 months into therapy**
- D. Radiographic healing within 2 weeks

Improvement in joint function with DMARD therapy is best shown by an increase in the joints' range of motion over time. DMARDs work by modulating the underlying inflammatory process and slowing structural damage, but their effects on function emerge gradually. A few days of swelling reduction or sudden pain relief aren't typical with DMARDs, and radiographic healing happens over a longer period, not within a couple of weeks. When you see the affected joints move more freely—an improved range of motion—several months into therapy, that reflects better control of inflammation and less functional impairment, indicating the treatment is working.

2. Which autoimmune arthritis typically presents with symmetric joint swelling and prolonged morning stiffness?

- A. Osteoarthritis
- B. Rheumatoid arthritis**
- C. Gout
- D. Ankylosing spondylitis

Symmetric swelling of multiple joints with prolonged morning stiffness points to an autoimmune inflammatory arthritis where the immune system targets the synovium. This pattern is classic for rheumatoid arthritis, which tends to involve many joints on both sides (often small joints of the hands and wrists) and stiffness that lasts for an hour or more in the morning, reflecting ongoing synovial inflammation. In contrast, osteoarthritis is a degenerative, usually asymmetric process that causes brief morning stiffness and tends to affect weight-bearing joints and the DIP joints with bony overgrowths. Gout typically presents as acute, very painful, unilateral joints (often the big toe) rather than a symmetric polyarthritis. Ankylosing spondylitis mainly targets the spine and sacroiliac joints with inflammatory back pain and enthesitis, with peripheral joint involvement being less prominent early on.

3. A client with rheumatoid arthritis taking acetylsalicylic acid 5 g daily would demonstrate understanding by reporting which symptom?

- A. Ring-ing in the ears**
- B. Headache
- C. Dizziness
- D. Nausea

High-dose aspirin can affect the inner ear, leading to ototoxicity. At about 5 g daily, ringing in the ears (tinnitus) is a classic early sign of salicylate toxicity and indicates the body is responding to the high dose. This symptom is more specific to aspirin's effects on the ear than the others, which can arise from many causes. While nausea, dizziness, or headaches can occur with aspirin use, tinnitus specifically points to cochlear involvement from high-dose salicylates and should prompt clinical assessment and possible adjustment of therapy.

4. Cyclobenzaprine should be avoided in patients with which condition?

A. Angle-closure glaucoma

B. Migraine

C. Hyperlipidemia

D. Celiac disease

The key concept is that cyclobenzaprine has anticholinergic effects that can dilate the pupil and reduce drainage in the eye. In angle-closure glaucoma, this dilation can push the iris against the drainage angle, sharply increasing intraocular pressure. That makes angle-closure glaucoma a contraindication for cyclobenzaprine. Other conditions listed—migraine, hyperlipidemia, celiac disease—do not create the same acute risk with this medication, so they aren't the primary reason to avoid it.

5. A client with a left arm fracture reports severe, diffuse pain unrelieved by analgesics. What should the nurse do?

A. Notify the registered nurse.

B. Call the physician directly

C. Increase analgesic dose without consult

D. Apply heat to the area

Severe, unrelieved pain after a fracture can signal a serious complication such as compartment syndrome, where swelling compromises nerves and blood flow. The best immediate action is to notify the registered nurse so they can perform a focused neurovascular assessment and determine whether urgent physician involvement or a rapid-response is needed. Increasing the analgesic dose without an order or applying heat wouldn't address the underlying issue and could mask or worsen the problem. In the meantime, perform ongoing neurovascular checks (pulses, sensation, movement, cap refill), keep the limb immobilized and at heart level, remove any constrictive items, and document the patient's pain and findings. Prompt escalation helps ensure timely evaluation and treatment.

6. Before starting TNF inhibitors for inflammatory arthritis, which infection screening is essential?

A. Tuberculosis (TB) screening

B. Hepatitis C screening

C. HIV testing

D. Malaria screening

Because TNF inhibitors disrupt a key part of the immune response that keeps latent tuberculosis in check, screening for TB before starting therapy is essential. TNF helps form and maintain granulomas that contain Mycobacterium tuberculosis; blocking TNF can allow latent TB to reactivate, potentially causing serious disease. The usual approach is a TB skin test or an interferon-gamma release assay (IGRA), plus a chest X-ray to exclude active TB. If latent TB is detected, treatment for latent TB is started before or around the time of TNF inhibitor initiation to reduce the risk of reactivation. Hepatitis C, HIV, and malaria screening aren't universally required upfront for TNF inhibitors, though risk-based testing may be appropriate depending on local guidelines and patient risk factors. The critical, must-do infection check is TB screening.

7. Which HLA type is commonly associated with ankylosing spondylitis?

- A. HLA-B27**
- B. HLA-DR4
- C. HLA-B8
- D. HLA-DR2

Genetic involvement is the key idea here: ankylosing spondylitis has a strong association with HLA-B27, a specific molecule in the immune system's MHC class I group. Having HLA-B27 greatly increases the risk of developing the condition, and in many patients with ankylosing spondylitis this marker is present. It helps explain why the disease tends to run in families and why certain patterns of inflammation in the spine and sacroiliac joints occur. The presence of HLA-B27 is not absolute—not everyone with it will develop the disease, and some people with the disease may be HLA-B27 negative—yet it remains the most notable genetic association. The other HLA types are linked with different autoimmune diseases, not the classic presentation of ankylosing spondylitis, so they are not the best clue for this condition.

8. In a patient taking dantrolene, a markedly elevated LDH would prompt which action?

- A. Continue the current treatment plan
- B. Notify the primary health care provider**
- C. Ignore the result
- D. Switch to a different medication

A markedly elevated LDH in a patient taking dantrolene points to possible muscle injury, such as malignant hyperthermia or rhabdomyolysis. LDH is released from damaged cells, and when muscle tissue is breaking down rapidly, LDH levels rise. In the context of dantrolene, this is especially concerning because malignant hyperthermia is a life-threatening emergency that requires immediate attention. Therefore, the appropriate action is to notify the primary health care provider so they can promptly evaluate the patient, order pertinent tests (like CK, electrolytes, and renal function), and adjust treatment as needed. Continuing the same plan or ignoring the result could allow a dangerous reaction to progress, and changing medications should be guided by a clinician after assessment.

9. Cyclobenzaprine is prescribed for muscle spasms in which region?

- A. Cervical spine**
- B. Lumbar spine
- C. Thoracic spine
- D. Sacral region

Cyclobenzaprine is a centrally acting skeletal muscle relaxant used for short-term relief of acute muscle spasms that accompany musculoskeletal conditions. The cervical spine is a common site of acute muscle spasm from neck strain or whiplash, so this region is the best fit for the typical indication of the drug. By acting in the central nervous system to reduce motor neuron activity, it decreases muscle tone and helps relieve pain and stiffness in the neck, allowing movement and therapy to proceed more comfortably. While muscle relaxants can be used for spasms in other areas, exams often frame the classic presentation around cervical muscle spasm, making the neck the most fitting choice.

10. What daily dose of acetylsalicylic acid is typical for rheumatoid arthritis?

- A. 2 g daily
- B. 6 g daily
- C. 8 g daily
- D. 4 g daily**

High-dose aspirin is used in rheumatoid arthritis to achieve an anti-inflammatory effect, not just pain relief. For this purpose, the typical daily amount is in the gram range, commonly about 4 g per day, usually given in divided doses to keep blood levels steady and reduce stomach irritation. Doses around 2 g daily may not provide enough anti-inflammatory effect, while going up to 6 g or more increases the risk of gastrointestinal irritation, bleeding, and salicylate toxicity without a proportional gain in benefit. So 4 g daily represents the balanced, commonly used amount for anti-inflammatory treatment in RA.

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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://muscoskeletalmedication.examzify.com>

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

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