NMNC 4310 Mobility Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

Sample study guide. For the full version with hundreds of questions, visit: https://nmnc4310mobility.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. **Imaging for Bell's palsy is commonly used to rule out other conditions. Which imaging modalities are typically used?**

   A. CT and MRI

   B. Ultrasound

   C. X-ray

   D. PET scan

2. **Identify a delegated task for a patient care tech in SCI care?**

   A. Obtain a blood pressure.

   B. Assess the IV site.

   C. Do initial teaching for incentive spirometer.

   D. Turn the patient independently.

3. **The nurse finds the client on the floor, crying for help, with signs of a hip fracture. Which action would the nurse take first?**

   A. Administer pain medication.

   B. Place the affected extremity in traction.

   C. Immobilize the affected extremity.

   D. Notify the primary health care provider on call.

4. **Which of the following is included in tertiary prevention for spinal cord injuries?**

   A. Community education

   B. Deep breathing

   C. DVT prophylaxis

   D. Skin integrity

5. **Which item is appropriate to delegate to a patient care tech for an SCI patient?**

   A. Obtain a blood pressure.

   B. Assess the IV site.

   C. Do initial teaching for incentive spirometer.

   D. Turn the patient independently.

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6. Open reduction procedures for hip fracture repair require:

A. Anesthesia

B. No anesthesia

C. Only local anesthesia

D. External fixation only

7. A client has an open reduction and internal fixation (ORIF) of a fractured hip. The nurse monitors this client for signs and symptoms of a fat embolism. Which client assessment finding reflects this complication?

A. Fever and chest pain

B. Positive Homans sign

C. Loss of sensation in the operative leg

D. Tachycardia and petechiae over the chest

8. Which task is appropriate for delegation to a patient care tech in an SCI patient's care plan?

A. Obtain a blood pressure.

B. Turn the patient independently.

C. Assess the IV site.

D. Do initial teaching for incentive spirometer.

9. Spinal shock is best described as which of the following?

A. A physiological reaction to depression of the cord below the SCI level, causing loss of sensorimotor function and flaccid paralysis

B. Permanent loss of all motor function

C. Immediate onset of spastic reflexes

D. Hyperreflexia with preserved sensation

10. Which complication would the nurse monitor for in a client on strict bed rest for 3 days?

A. Atelectasis

B. Hypotension

C. Constipation

D. Urinary tract infection

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Answers

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

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Explanations

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1. Imaging for Bell's palsy is commonly used to rule out other conditions. Which imaging modalities are typically used?

A. CT and MRI

B. Ultrasound

C. X-ray

D. PET scan

Imaging for Bell's palsy is used to rule out other conditions that can mimic facial nerve weakness, such as tumors, inflammatory or infectious processes, or brainstem/casual pathology. The imaging modalities typically chosen are CT and MRI. CT scans are fast and excellent for evaluating bone and detecting issues in the temporal bone or skull base, such as mastoiditis, fractures, or mass effect from a lesion. MRI, especially with gadolinium, provides superior soft-tissue contrast and lets clinicians follow the facial nerve along its entire course—from the brainstem to the facial canal—to identify nerve enhancement, tumors like vestibular schwannoma, inflammatory processes, or demyelinating disease. Together, CT and MRI cover the main bases: acute bone/structural pathology with CT and soft-tissue/nerve pathology with MRI. Other imaging modalities—ultrasound, X-ray, and PET scan—don't offer the same level of detail for intracranial or intratemporal nerve evaluation and aren't routinely used for this purpose.

2. Identify a delegated task for a patient care tech in SCI care?

A. Obtain a blood pressure.

B. Assess the IV site.

C. Do initial teaching for incentive spirometer.

D. Turn the patient independently.

Understanding delegation in this setting means recognizing which tasks can be reliably performed by a patient care tech without independent clinical decision-making. Measuring blood pressure is a routine monitoring task that a patient care tech is trained to perform under supervision. It provides essential data for the care team, and the nurse can interpret the value and respond if it's outside the expected range. This fits the delegated role because it requires basic technique and consistency, not new clinical judgments. Assessing an IV site, on the other hand, requires clinical judgment to identify signs of complication such as infiltration, phlebitis, or infection. That assessment falls under nursing evaluation and is not typically delegated to a patient care tech. Initial teaching for an incentive spirometer involves educating the patient on the device, technique, and ensuring understanding, which is considered instruction that licensed staff provide. A PCT might reinforce instructions later, but the initial, comprehensive teaching is not the delegated task. Turning the patient is part of routine care, but doing it independently, especially in spinal cord injury care, often requires coordination and supervision to protect safety and maintain precautions. Because of that, it's not as clearly delegated as routine vital signs. So, measuring blood pressure stands out as the appropriate delegated task in this context.

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3. The nurse finds the client on the floor, crying for help, with signs of a hip fracture. Which action would the nurse take first?

A. Administer pain medication.

B. Place the affected extremity in traction.

C. Immobilize the affected extremity.

D. Notify the primary health care provider on call.

When a hip fracture is suspected, the most immediate priority is to immobilize the affected leg to prevent movement that could worsen displacement, worsen bleeding, or damage nerves and vessels. Keeping the limb in its current position and preventing any twisting or wringing minimizes further injury and reduces pain, while you arrange further care. The nurse should use a splint or improvised immobilization as available, support the limb to maintain alignment, and avoid trying to straighten or realign the leg. After immobilization, you would proceed with further steps such as providing pain relief per protocol and notifying the primary health care provider to arrange imaging and definitive treatment. Giving pain medication first could mask assessment findings and delaying immobilization, and applying traction isn't a first-action measure in this emergency scenario, while notifying the provider is important but comes after stabilization.

4. Which of the following is included in tertiary prevention for spinal cord injuries?

A. Community education

B. Deep breathing

C. DVT prophylaxis

D. Skin integrity

Tertiary prevention after a spinal cord injury focuses on reducing long-term complications and maximizing function as the person reintegrates into daily life. The core idea is to support ongoing self-management and adaptation in the community to prevent further problems. Community education fits this best because it empowers patients and families with the knowledge and resources they need to care for themselves long-term. It includes instruction on home exercise programs, skin care and pressure ulcer prevention, bowel and bladder management, recognizing warning signs, and how to access community supports and follow-up care. This kind of education directly facilitates safe, independent living and reduces the risk of future health issues, which is the essence of tertiary prevention. Deep breathing is mainly an acute strategy to prevent pneumonia during initial recovery, and DVT prophylaxis is an urgent preventive measure during the early, inpatient phase. While skin integrity is very important for ongoing health, the question highlights education and long-term community management as the representative element of tertiary prevention.

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5. Which item is appropriate to delegate to a patient care tech for an SCI patient?

A. Obtain a blood pressure.

B. Assess the IV site.

C. Do initial teaching for incentive spirometer.

D. Turn the patient independently.

Delegation should cover routine, noninvasive data collection and basic care tasks, while more complex assessments and teaching stay with the nurse. Obtaining blood pressure fits this because it is an objective, straightforward measurement that the patient care tech can perform and then report the results to the nurse for interpretation and action. Assessing the IV site requires nursing assessment skills to judge for infiltration, phlebitis, or infection and to decide on care changes. Initial teaching for an incentive spirometer involves educating the patient on proper technique and ensuring understanding, which is a teaching responsibility of the nurse. Turning the patient, especially with spinal cord injury, carries safety considerations and often requires supervision or nursing involvement to ensure proper positioning and precautions. So, the most appropriate task to delegate is obtaining the blood pressure.

6. Open reduction procedures for hip fracture repair require:

A. Anesthesia

B. No anesthesia

C. Only local anesthesia

D. External fixation only

Open reduction of a hip fracture involves surgically exposing the fracture, aligning the bone fragments, and fixing them in place. This is invasive and painful, so anesthesia is needed to prevent pain, keep the patient still, and provide muscle relaxation to allow precise realignment. General anesthesia is commonly used, sometimes with regional techniques like spinal or epidural anesthesia plus sedation, to ensure comfort and safety throughout the procedure. Local anesthesia alone wouldn't cover the deeper tissues and would leave the patient in pain, making the operation impractical. External fixation is not typically used for open reduction of hip fractures because it cannot provide the necessary exposure, stability, or internal hardware fixation required.

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7. A client has an open reduction and internal fixation (ORIF) of a fractured hip. The nurse monitors this client for signs and symptoms of a fat embolism. Which client assessment finding reflects this complication?

A. Fever and chest pain

B. Positive Homans sign

C. Loss of sensation in the operative leg

D. Tachycardia and petechiae over the chest

Fat embolism syndrome can occur after orthopedic trauma or surgery when fat droplets from the bone marrow enter the bloodstream and travel to the lungs and other organs. It usually shows up 24–72 hours after injury or fixation and often presents with respiratory distress, neurologic changes, and a pinpoint petechial rash on the chest and upper body. Tachycardia is a common response to hypoxia and stress. The finding of tachycardia with petechiae over the chest best reflects fat embolism because the chest rash is a classic sign of microemboli in the skin and the heart rate rise indicates systemic stress from the embolic process. The other options point to different issues—fever with chest pain could be infection or other cardiopulmonary problems, a positive Homans sign suggests deep vein thrombosis, and loss of sensation in the operative leg indicates nerve or vascular injury—not fat embolism.

8. Which task is appropriate for delegation to a patient care tech in an SCI patient's care plan?

A. Obtain a blood pressure.

B. Turn the patient independently.

C. Assess the IV site.

D. Do initial teaching for incentive spirometer.

Delegation decisions hinge on assigning routine, noninvasive tasks that follow clear protocols and don't require clinical judgment. Taking a patient's blood pressure fits this nicely for an SCI patient: it's a straightforward vital sign that a trained patient care tech can perform, with the nurse interpreting the result and acting as needed. Turning the patient independently isn't ideal here because safe turning in an SCI patient requires assessment of mobility limitations, skin condition, and spinal precautions, which demand supervision to prevent injury. Assessing the IV site requires nursing judgment to identify infiltration, infection, or IV complications. Initial teaching for an incentive spirometer involves education and technique demonstration that typically falls to the nurse or respiratory therapist, with the PCT providing reinforcement only after initial instruction. So, obtaining a blood pressure is the appropriate task to delegate.

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9. Spinal shock is best described as which of the following?

A. A physiological reaction to depression of the cord below the SCI level, causing loss of sensorimotor function and flaccid paralysis

B. Permanent loss of all motor function

C. Immediate onset of spastic reflexes

D. Hyperreflexia with preserved sensation

Spinal shock is a temporary suppression of all neural activity below the level of spinal injury. This causes loss of motor and sensory function and results in flaccid paralysis with absent reflexes in the regions served by the damaged cord. It isn't permanent; over hours to weeks the reflexes can return and may become spastic as the spinal circuits recover and lose supraspinal inhibition. The description that emphasizes a transient depression of the cord leading to sensorimotor loss and flaccid paralysis best fits this phase. The other options describe scenarios that don't match spinal shock: permanent motor loss, immediate spastic reflexes, or hyperreflexia with preserved sensation.

10. Which complication would the nurse monitor for in a client on strict bed rest for 3 days?

A. Atelectasis

B. Hypotension

C. Constipation

D. Urinary tract infection

Immobilization leads to shallow breathing and poor clearance of respiratory secretions, which increases the risk of atelectasis during days of strict bed rest. The lung areas may collapse from hypoventilation, lowering oxygenation, so the nurse monitors for changes like new or diminished breath sounds, faster breathing, or decreasing oxygen saturation. Prevention centers on deep breathing and coughing, incentive spirometry, frequent turning, and adequate fluids. Other problems such as constipation or urinary tract infection can occur with immobility, but atelectasis is the most immediate respiratory risk in the first few days.

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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://nmnc4310mobility.examzify.com

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

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