

NPLEX Minor Office Procedures Practice Test (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

- 1. Which infestation is described as very pruritic, especially at night, with burrows on hands, wrists, elbows, axilla, umbilicus, groin/penis?**
 - A. Scabies-mite**
 - B. Lice infestation**
 - C. Bedbugs**
 - D. Demodex mites**

- 2. What is your ddx: Infection of the dermis and subcutaneous tissue following trauma or skin lesions.**
 - A. Cellulitis**
 - B. Abscess**
 - C. Erysipelas**
 - D. Impetigo**

- 3. Which internal chronic diseases may cause urticaria?**
 - A. Anemia**
 - B. Thyroid disease, cancer, and lupus**
 - C. Diabetes mellitus**
 - D. Hypertension**

- 4. Characteristic lesion in erythema multiforme is**
 - A. Targetoid lesions with central vesicle**
 - B. Linear clusters of vesicles along Blaschko**
 - C. Crescent-shaped patches**
 - D. Urticarial wheals**

- 5. Which of the following is a sign of local anesthesia cardiovascular toxicity?**
 - A. Shivering**
 - B. Hypotension**
 - C. Syncope**
 - D. Sweating**

- 6. Which of the following are causes of hematoma formation?**
- A. Failure to establish adequate hemostasis**
 - B. Presence of dead space intraoperatively**
 - C. Coagulopathies**
 - D. All of the above**
- 7. What is bupivacaine used for?**
- A. Topical skin anesthesia**
 - B. Intra-articular injection**
 - C. Nerve block, spinal and epidural**
 - D. Oral analgesia**
- 8. Which statement about the vertical mattress stitch is true?**
- A. Promotes eversion of tissue**
 - B. Tends to invert tissue**
 - C. Eliminates the risk of infection**
 - D. Requires no anesthetic**
- 9. A poxvirus infection seen in children with small, harmless skin growths that start as a dimple and later enlarge, waxy with a central pit, and can spread person-to-person is:**
- A. Molluscum contagiosum**
 - B. Herpes simplex**
 - C. Varicella**
 - D. Hand-foot-mouth disease**
- 10. What is your ddx: Superficial cellulitis involving lymphatics. Usually caused by group A beta-hemolytic Streptococcus pyogenes (GAS). Painful, raised sharply demarcated 'orange peel' lesion.**
- A. Erysipelas**
 - B. Abscess**
 - C. Cellulitis**
 - D. Impetigo**

Answers

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

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Explanations

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1. Which infestation is described as very pruritic, especially at night, with burrows on hands, wrists, elbows, axilla, umbilicus, groin/penis?

A. Scabies-mite

B. Lice infestation

C. Bedbugs

D. Demodex mites

This describes scabies, caused by the itch-inducing *Sarcoptes scabiei* mite. The hallmark is very pruritic skin only modestly visible as tiny burrows or serpiginous tracks in the skin, especially in the webs of fingers and between fingers, then on the wrists, elbows, axillae, and extending to areas like the umbilicus and groin. The itch is driven by a hypersensitivity reaction to the mites, their eggs, and feces, and it tends to be worse at night when the person is resting and the mites are more active or when scratching becomes more noticeable. Understanding the pattern helps distinguish it from similar problems: lice infestations itch but mostly on hair-bearing areas and don't produce the classic burrows; bedbugs cause nocturnal bites rather than persistent burrows; Demodex mites typically affect the face and are associated with different presentation such as facial telangiectasias or rosacea-like symptoms.

2. What is your ddx: Infection of the dermis and subcutaneous tissue following trauma or skin lesions.

A. Cellulitis

B. Abscess

C. Erysipelas

D. Impetigo

Cellulitis is an infection of the dermis and subcutaneous tissue that typically follows a break in the skin from trauma or a skin lesion. It presents with diffuse, spreading redness, warmth, swelling, and tenderness, and the borders are often ill-defined as the infection expands. Fever or malaise may accompany it when deeper tissue involvement is significant. This pattern—deeper skin infection after barrier disruption—best fits cellulitis. By contrast, an abscess is a localized collection of pus with fluctuance; erysipelas involves the upper dermis and superficial lymphatics with a sharply demarcated, raised edge; and impetigo is an epidermal infection presenting with superficial vesicles and honey-colored crusts.

3. Which internal chronic diseases may cause urticaria?

- A. Anemia
- B. Thyroid disease, cancer, and lupus**
- C. Diabetes mellitus
- D. Hypertension

Urticaria arises when mast cells in the skin release histamine, creating the welts, itchy lesions. In some cases, ongoing systemic diseases—especially those involving immune dysfunction or cancer—can drive this process. Autoimmune thyroid disease and systemic lupus erythematosus are known to be associated with chronic urticaria because autoantibodies and inflammatory mediators can trigger mast cell activation or maintain a state of heightened immune reactivity. Cancer can be linked too, sometimes as a paraneoplastic phenomenon or through chronic inflammation that sustains histamine release. That's why thyroid disease, cancer, and lupus are plausible internal chronic conditions that may cause urticaria. By contrast, hypertension, diabetes mellitus, and anemia are not typically direct drivers of chronic urticaria, so they're not considered common etiologies for this symptom.

4. Characteristic lesion in erythema multiforme is

- A. Targetoid lesions with central vesicle
- B. Linear clusters of vesicles along Blaschko**
- C. Crescent-shaped patches
- D. Urticarial wheals

Erythema multiforme is defined by its distinctive target (iris) skin lesions. These are concentric rings with a central area that may be vesicular or necrotic, giving a three-zone appearance. This target pattern on the skin is the hallmark feature and helps distinguish EM from other rashes. The other descriptions don't fit EM: vesicles arranged along Blaschko lines point to Blaschko-linear dermatoses, crescent-shaped patches aren't the typical target lesions, and urticarial wheals describe hives that are usually transient and itchy.

5. Which of the following is a sign of local anesthesia cardiovascular toxicity?

- A. Shivering
- B. Hypotension**
- C. Syncope
- D. Sweating

Cardiovascular toxicity from local anesthesia occurs when enough anesthetic enters the bloodstream to directly depress the heart and blood vessels, causing vasodilation and reduced myocardial contractility. This leads to a fall in blood pressure, so hypotension is a hallmark sign of cardiovascular involvement. Shivering is more related to CNS or thermoregulatory responses, sweating is an autonomic response not specific to cardiovascular toxicity, and syncope can occur if blood pressure or heart rhythm collapses but is not the direct sign of cardiovascular toxicity itself.

6. Which of the following are causes of hematoma formation?

- A. Failure to establish adequate hemostasis**
- B. Presence of dead space intraoperatively**
- C. Coagulopathies**
- D. All of the above**

Hematoma formation after a procedure happens when blood collects in tissue due to factors that allow ongoing bleeding or blood pooling. The main contributors are a failure to achieve adequate hemostasis, the presence of dead space created during surgery, and underlying coagulopathies. If hemostasis isn't properly achieved, vessels continue to bleed or ooze into the surgical site, making a hematoma more likely. Dead space provides a potential cavity where blood can accumulate; if tissue planes aren't adequately closed or packed, blood has room to pool rather than being compressed out or reabsorbed. Coagulopathies, whether from inherent clotting disorders or from medications that impair clot formation, reduce the body's ability to form a stable clot, increasing both the chance of bleeding and the volume of hematoma that can develop. Because each of these mechanisms can independently and synergistically contribute to hematoma formation, all of the above are valid causes. Addressing risk involves meticulous hemostasis, eliminating dead space when possible, and correcting any coagulopathy or adjusting anticoagulant/antiplatelet therapy as appropriate.

7. What is bupivacaine used for?

- A. Topical skin anesthesia**
- B. Intra-articular injection**
- C. Nerve block, spinal and epidural**
- D. Oral analgesia**

Bupivacaine is a long-acting amide local anesthetic that works by blocking voltage-gated sodium channels in nerve membranes, stopping nerve impulse conduction. Its potency and slow dissociation give it a prolonged duration of anesthesia, which is ideal for regional techniques. The main clinical uses are nerve blocks and neuraxial anesthesia—spinal and epidural—where it provides intraoperative anesthesia and extended postoperative analgesia, commonly including obstetric epidurals for labor. It's not typically used for straightforward topical skin anesthesia or for oral analgesia, and while intra-articular use is possible, the most recognized and tested role is in regional and neuraxial anesthesia. Be mindful of its cardiotoxicity risk with high systemic levels, which is managed by careful dosing and sometimes adding epinephrine to limit systemic absorption.

8. Which statement about the vertical mattress stitch is true?

- A. Promotes eversion of tissue**
- B. Tends to invert tissue**
- C. Eliminates the risk of infection**
- D. Requires no anesthetic**

The main idea here is how the vertical mattress stitch affects the orientation of the wound edges. This stitch is built with a deep bite that travels away from the edge and exits near the edge on the opposite side, followed by a near bite close to the surface on the same side. When you tie it, the deep portion pulls tissue from the deeper layers toward the center, while the superficial bite anchors near the skin surface. This combination tends to draw the wound edge inward, producing inversion of the tissue at the margin rather than eversion. That's why this technique is noted for providing strong deep-tissue support and good edge control, but it often results in inverted edges if tightened aggressively or used inappropriately for skin closures. It does not eliminate infection risk, and suturing typically requires local anesthesia, so those statements are not correct.

9. A poxvirus infection seen in children with small, harmless skin growths that start as a dimple and later enlarge, waxy with a central pit, and can spread person-to-person is:

- A. Molluscum contagiosum**
- B. Herpes simplex**
- C. Varicella**
- D. Hand-foot-mouth disease**

Molluscum contagiosum is a poxvirus infection that presents with small, discrete, firm, dome-shaped papules on children's skin that often have a central dimple or umbilication. These lesions start tiny and gradually enlarge, taking on a waxy appearance with a central pit, and they are easily spread from person to person through direct skin contact or shared objects. The infections are usually harmless and tend to resolve on their own over several months to years, though scratching can spread lesions to nearby areas. The central umbilication described is a hallmark feature distinguishing molluscum contagiosum from other viral rashes. Herpes simplex would typically show painful grouped vesicles on an erythematous base, not waxy umbilicated papules. Varicella involves crops of vesicles at different stages across the body, not a uniform set of central-pitted papules. Hand-foot-mouth disease presents with vesicles on hands, feet, and oral mucosa, again with a different distribution and appearance.

10. What is your ddx: Superficial cellulitis involving lymphatics. Usually caused by group A beta-hemolytic Streptococcus pyogenes (GAS). Painful, raised sharply demarcated 'orange peel' lesion.

A. Erysipelas

B. Abscess

C. Cellulitis

D. Impetigo

Erysipelas is a superficial cellulitis that involves the upper dermis and lymphatic vessels. The classic picture is a bright red, painful plaque with a clearly defined, raised edge that advances as the infection spreads, producing the sharply demarcated border described. Group A Streptococcus pyogenes is the typical organism. The distinctive edge and superficial lymphatic involvement explain the “orange peel”-like texture and the severe, well-defined margin. This differentiates erysipelas from cellulitis (which tends to have less distinct borders and deeper tissue involvement), abscess (pus collection with fluctuance), and impetigo (epidermal infection with crusts rather than a dermal-lymphatic, raised plaque).

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://nplexminorofficeprocedures.examzify.com>

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