

ORTHOPAEDIC NURSES CERTIFICATION BOARD (ONCB) METABOLIC/ INFLAMMATORY/TUMORS PRACTICE EXAM (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. What is the drug of choice for treating polymyalgia rheumatica?**
 - A. Disease-modifying agent
 - B. Corticosteroid
 - C. Antimalarial agent
 - D. Nonsteroidal anti-inflammatory drug (NSAIDs)

- 2. What benefit does regular exercise provide for patients with rheumatoid arthritis?**
 - A. It increases pain levels significantly
 - B. It has no effect on inflammatory markers
 - C. It reduces inflammatory markers and improves function
 - D. It leads to a decrease in overall mobility

- 3. Which patient population is primarily at risk for developing osteomalacia?**
 - A. Active athletes
 - B. Post-menopausal women
 - C. Individuals with sunlight exposure
 - D. Those with malabsorption syndromes

- 4. What dietary factor is commonly associated with the development of rickets in children?**
 - A. Parents' vegetarian diet
 - B. Child's poor vitamin C intake
 - C. Child's recent treatment with corticosteroids
 - D. Parents' residence in southern U.S.

- 5. What is one of the primary benefits of calcium and vitamin D supplementation in osteoporotic patients?**
 - A. Improves joint lubrication
 - B. Increases muscle mass
 - C. Helps maintain bone density
 - D. Reduces inflammatory markers

- 6. Which type of bone cancer often leads to fractures and pain?**
- A. Multiple myeloma
 - B. Giant cell tumor
 - C. Ewing sarcoma
 - D. Osteosarcoma
- 7. What crystals are associated with gout?**
- A. Calcium phosphate crystals
 - B. Monosodium urate crystals
 - C. Calcium oxalate crystals
 - D. Urate crystals
- 8. Which organ is most commonly affected by systemic lupus erythematosus (SLE)?**
- A. Liver
 - B. Pancreas
 - C. Lung
 - D. Kidney
- 9. A 13-year-old patient presents with fever and increased ESR. What condition is likely confirmed by bone marrow biopsy?**
- A. Osteosarcoma
 - B. Ewing's sarcoma
 - C. Multiple myeloma
 - D. Schwannoma
- 10. Following chemotherapy for osteosarcoma, what hematopoietic change increases the patient's risk for infection?**
- A. Neutropenia
 - B. Leukocytosis
 - C. Thrombocytopenia
 - D. Anemia

Answers

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

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Explanations

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1. What is the drug of choice for treating polymyalgia rheumatica?

- A. Disease-modifying agent
- B. Corticosteroid**
- C. Antimalarial agent
- D. Nonsteroidal anti-inflammatory drug (NSAIDs)

Polymyalgia rheumatica (PMR) is an inflammatory disorder characterized by muscle pain and stiffness, typically in the shoulders and hips. The primary treatment for PMR involves the use of corticosteroids, which are effective in quickly alleviating the symptoms. Corticosteroids work by significantly reducing inflammation, thereby providing rapid relief of pain and improvement in mobility. Corticosteroids are particularly beneficial in PMR due to the condition's underlying inflammatory nature. When initiated, corticosteroids usually lead to a significant and swift clinical improvement, which is a hallmark of PMR treatment. Other treatments, while they may play a role in overall management, do not address the acute inflammatory response as effectively as corticosteroids do. For instance, disease-modifying agents are generally more suited for chronic autoimmune conditions rather than for the immediate treatment required in PMR. Therefore, selecting corticosteroids as the drug of choice aligns with established treatment protocols for PMR, emphasizing their role in controlling inflammation and providing symptom relief.

2. What benefit does regular exercise provide for patients with rheumatoid arthritis?

- A. It increases pain levels significantly
- B. It has no effect on inflammatory markers
- C. It reduces inflammatory markers and improves function**
- D. It leads to a decrease in overall mobility

Regular exercise is highly beneficial for patients with rheumatoid arthritis as it plays a crucial role in reducing inflammatory markers and improving overall function. Engaging in consistent physical activity helps to enhance joint mobility, increase muscle strength, and promote better overall physical fitness. This improvement in physical condition can lead to a reduction in stiffness and swelling in the joints, which are common symptoms associated with rheumatoid arthritis. Additionally, exercise contributes to better circulation and can help manage pain perception through the release of endorphins, which can act as natural pain relievers. The positive effects of regular exercise extend beyond just physical benefits; they can also improve mental health and quality of life, which is vital for individuals dealing with chronic conditions like rheumatoid arthritis. Thus, the comprehensive impact of regular physical activity supports joint function and mitigates some of the disease's debilitating effects.

3. Which patient population is primarily at risk for developing osteomalacia?

- A. Active athletes
- B. Post-menopausal women
- C. Individuals with sunlight exposure
- D. Those with malabsorption syndromes**

Osteomalacia is primarily associated with a deficiency in vitamin D, which is crucial for the body's ability to absorb calcium and phosphate. Patients with malabsorption syndromes often struggle to adequately absorb essential nutrients, including vitamin D, from their diet. Conditions such as celiac disease, Crohn's disease, or chronic pancreatitis can impair the intestinal absorption of fats and fat-soluble vitamins, leading to vitamin D deficiencies. This deficiency can subsequently result in impaired bone mineralization, characteristic of osteomalacia. In contrast, active athletes may have a higher demand for certain nutrients and physical conditioning but are generally not at an increased risk for osteomalacia unless they have specific dietary deficiencies. Post-menopausal women face an increased risk of osteoporosis due to hormonal changes, especially a decline in estrogen, but this does not specifically correlate to osteomalacia. Lastly, while individuals with regular sunlight exposure typically synthesize sufficient vitamin D through sunlight, they are less likely to experience osteomalacia compared to those with absorption issues. Thus, the population facing significant risk for developing osteomalacia is indeed those with malabsorption syndromes.

4. What dietary factor is commonly associated with the development of rickets in children?

- A. Parents' vegetarian diet**
- B. Child's poor vitamin C intake
- C. Child's recent treatment with corticosteroids
- D. Parents' residence in southern U.S.

The correct answer is associated with the parents' vegetarian diet because it can lead to vitamin D deficiency if not properly managed. Rickets is primarily caused by a deficiency of vitamin D, calcium, or phosphate in the diet, which is crucial for developing strong bones in children. If parents adhere to a vegetarian diet without ensuring their child's adequate intake of these essential nutrients, particularly vitamin D—commonly obtained from fortified foods or sunlight exposure—this can significantly increase the risk of rickets. Moreover, the vegetarian diet, while healthy, may lack certain nutrients necessary for bone health if it's not well-balanced. Considering that children may have additional dietary restrictions or preferences, this dietary factor can be pivotal in their risk for developing rickets. In contrast, poor vitamin C intake, recent corticosteroid treatment, and simply residing in the southern U.S. are not directly linked to rickets. Vitamin C is more associated with scurvy than rickets, while corticosteroids may affect bone health but do not specifically cause rickets. Living in the southern U.S. might actually provide more sunlight exposure, which could help prevent vitamin D deficiency.

5. What is one of the primary benefits of calcium and vitamin D supplementation in osteoporotic patients?

- A. Improves joint lubrication
- B. Increases muscle mass
- C. Helps maintain bone density**
- D. Reduces inflammatory markers

Calcium and vitamin D supplementation plays a crucial role in maintaining bone health, especially in osteoporotic patients. One of the primary benefits of these supplements is their ability to help maintain bone density. Calcium is a vital mineral that is essential for building and maintaining strong bones. When calcium levels are insufficient, the body may begin to use existing bone tissue to maintain calcium levels in the bloodstream, leading to a decrease in bone density and an increase in fracture risk. Vitamin D is equally important, as it enhances the intestinal absorption of calcium, thus ensuring that sufficient calcium is available for the mineralization of bone. Adequate levels of vitamin D also play a role in bone remodeling, a process that is essential for maintaining bone density and overall bone health. Together, calcium and vitamin D supplementation can help to slow down the progression of osteoporosis and reduce the risk of fractures by maintaining or improving bone density in osteoporotic patients. This makes it a key component of the management strategy for individuals with weakened bone structure due to osteoporosis.

6. Which type of bone cancer often leads to fractures and pain?

- A. Multiple myeloma
- B. Giant cell tumor
- C. Ewing sarcoma
- D. Osteosarcoma**

Osteosarcoma is a type of bone cancer that primarily affects the long bones and typically occurs in adolescents and young adults. It is characterized by aggressive growth and a tendency to invade surrounding tissues. One of the hallmark symptoms associated with osteosarcoma is pain in the affected area, which can be severe and persistent. The rapid growth of the tumor can weaken the structural integrity of the bone, making it more susceptible to fractures, even with minor injuries or normal activities. The combination of pain and the propensity to fracture is significant in osteosarcoma because it often prompts individuals to seek medical attention. Early diagnosis is critical, as the disease requires aggressive treatment, often involving surgery and chemotherapy. The other types of bone cancer mentioned may lead to pain as well, but osteosarcoma is particularly notorious for its association with fractures due to the destructive nature of the tumor and its location in weight-bearing bones.

7. What crystals are associated with gout?

- A. Calcium phosphate crystals
- B. Monosodium urate crystals**
- C. Calcium oxalate crystals
- D. Urate crystals

The association of gout with monosodium urate crystals is based on the underlying pathophysiology of the condition. Gout is characterized by hyperuricemia, which leads to the deposition of these crystals in the joints and surrounding tissues. When uric acid levels in the blood become excessively high, it can crystallize, forming monosodium urate crystals. These crystals trigger an inflammatory response when deposited in joint spaces, resulting in the classic symptoms of gout such as pain, redness, swelling, and warmth in the affected joints. Understanding that uric acid is the end product of purine metabolism in the body helps to clarify why these particular crystals are linked to gout. High levels of purines, which are found in certain foods and beverages, can elevate uric acid levels. Other crystal types mentioned, such as calcium phosphate and calcium oxalate crystals, are associated with different conditions (like calcium pyrophosphate dihydrate for pseudogout or calcium oxalate kidney stones). Therefore, recognizing the specific link between monosodium urate crystals and gout is crucial for understanding the disease's mechanisms and how it manifests clinically.

8. Which organ is most commonly affected by systemic lupus erythematosus (SLE)?

- A. Liver
- B. Pancreas
- C. Lung
- D. Kidney**

Systemic lupus erythematosus (SLE) is a complex autoimmune disease that can affect multiple organs in the body, but the kidneys are the most commonly involved organs. This condition leads to a specific form of kidney disease known as lupus nephritis, which is characterized by inflammation of the kidneys that can result in a range of issues, including proteinuria (excess protein in the urine), hematuria (blood in the urine), and even progressive kidney dysfunction if left untreated. The renal involvement in SLE occurs because the immune system produces antibodies that target the body's own tissues, leading to inflammation and damage within the kidneys. This vulnerability significantly impacts the disease's management and prognosis, making renal assessment a key component in monitoring patients with SLE. Other organs can indeed be affected by SLE, including the skin, joints, lungs, and heart, but the kidneys are particularly notable due to the frequency of involvement and the potential for serious complications. Thus, the kidney stands out as the most commonly impacted organ in patients with systemic lupus erythematosus.

9. A 13-year-old patient presents with fever and increased ESR. What condition is likely confirmed by bone marrow biopsy?

- A. Osteosarcoma
- B. Ewing's sarcoma**
- C. Multiple myeloma
- D. Schwannoma

In this scenario, the symptoms of fever and increased erythrocyte sedimentation rate (ESR) point toward an inflammatory or neoplastic process. Ewing's sarcoma is a type of primitive neuroectodermal tumor that typically affects children and adolescents and is characterized by localized pain, swelling, and systemic symptoms such as fever. Bone marrow biopsy in cases of Ewing's sarcoma can reveal infiltration by malignant cells, which supports the diagnosis. This tumor is notable for its aggressive behavior and the presence of characteristic translocations visible on genetic testing, which can sometimes accompany histological findings from a biopsy. The age of the patient, combined with the clinical presentation, aligns well with Ewing's sarcoma being a strong contender as the underlying condition suggested. In contrast, osteosarcoma is typically associated with localized pain and may not prominently feature systemic symptoms like fever and elevated ESR. Multiple myeloma is more common in adults and would be less likely in a 13-year-old; it usually presents with bone pain, anemia, and other systemic features but is rare at this age. Schwannoma, a nerve sheath tumor, does not typically present with systemic symptoms like fever or elevated ESR, making it an unlikely diagnosis for the patient.

10. Following chemotherapy for osteosarcoma, what hematopoietic change increases the patient's risk for infection?

- A. Neutropenia**
- B. Leukocytosis
- C. Thrombocytopenia
- D. Anemia

Neutropenia is the correct answer because it refers to a significant reduction in the number of neutrophils, which are a type of white blood cell essential for fighting off infections. Following chemotherapy for osteosarcoma, patients often experience neutropenia as a side effect due to the myelosuppressive effects of the drugs used in treatment. Neutrophils play a crucial role in the innate immune response, particularly against bacterial infections. When their levels drop below a certain threshold, the body's ability to combat infections diminishes, thereby increasing the patient's risk for severe infections. Leukocytosis, characterized by an increased white blood cell count, does not inherently increase the risk of infection; rather, it often indicates an ongoing response to an infection or other stressors in the body. Thrombocytopenia, which involves low platelet counts, is primarily associated with an increased bleeding risk rather than infection risk. Anemia, a decrease in red blood cells, affects oxygen transport in the body and does not directly correlate with increased susceptibility to infections. Thus, neutropenia is a specific condition following chemotherapy that significantly heightens the risk of infection.

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://oncb-metabolic.examzify.com>

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

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