

PSI FAMILY NURSE PRACTITIONER (FNP) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://psifamilynursepractitioner.examzify.com>



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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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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 long-term prognosis for most children diagnosed with juvenile rheumatoid arthritis (JRA)?**
 - A. All children have permanent disabilities
 - B. Most achieve complete remission by adulthood
 - C. They will require lifelong medication
 - D. Active disease continues into adulthood

- 2. Cranial Nerve VII is primarily responsible for which action?**
 - A. Vision
 - B. Facial expression
 - C. Balance
 - D. Smell

- 3. Which sign should be assessed first when suspecting appendicitis?**
 - A. Psoas sign
 - B. Rovsing's sign
 - C. McBurney's point tenderness
 - D. Obturator sign

- 4. Which term describes the test used to identify a meniscal tear?**
 - A. Valgus stress test
 - B. McMurray Sign
 - C. Anterior Drawer test
 - D. Posterior Drawer test

- 5. Which condition should education targeted toward the adolescent age group first focus on?**
 - A. Drug abuse
 - B. Alcohol abuse
 - C. Sexual health
 - D. Mental health

- 6. A patient with Type 1 diabetes on NPH and regular insulin experiences early morning high blood glucose. What phenomenon does this exemplify?**
- A. Insulin resistance
 - B. Cortisol deficiency
 - C. The Somogyi effect
 - D. Dawn phenomenon
- 7. Which medication or medication class does NOT have dizziness or vertigo as potential adverse side effects?**
- A. Meclizine (Antivert)
 - B. Gentamicin (Antibiotic)
 - C. Streptomycin (Antibiotic)
 - D. High-dose salicylates
- 8. What underlying condition might predispose a woman to frequent candidal vaginal infections?**
- A. Obesity
 - B. Diabetes
 - C. Hypertension
 - D. Thyroid dysfunction
- 9. An 88-year-old patient presents with right-sided weakness after a fall. What is the most likely diagnosis?**
- A. Seizure
 - B. Right-sided Stroke
 - C. Left-sided Stroke
 - D. Trans ischemic attack
- 10. Which physical exam finding would indicate a serious infection requiring immediate attention in a patient with potential cystitis?**
- A. Abdominal tenderness
 - B. Mild suprapubic tenderness
 - C. Temperature above 100.5°F
 - D. Positive leukocyte esterase

Answers

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

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Explanations

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1. What is the long-term prognosis for most children diagnosed with juvenile rheumatoid arthritis (JRA)?

- A. All children have permanent disabilities
- B. Most achieve complete remission by adulthood**
- C. They will require lifelong medication
- D. Active disease continues into adulthood

The long-term prognosis for most children diagnosed with juvenile rheumatoid arthritis (JRA) indicates that the majority of these children can achieve complete remission by adulthood. Research shows that while JRA can impact daily living and joint function in childhood, many children experience a reduction in symptoms as they grow older. This is often due to the immune system maturing and the disease process changing over time. It's important to note that the potential for complete remission does not mean that some children do not experience persistent symptoms or complications—some may continue to have ongoing issues into adulthood. However, the statistical likelihood of achieving complete remission is a hopeful aspect of the prognosis for most children with JRA. Periodic evaluations and tailored management can significantly improve outcomes, allowing many to lead active and healthy lives as they transition into adulthood.

2. Cranial Nerve VII is primarily responsible for which action?

- A. Vision
- B. Facial expression**
- C. Balance
- D. Smell

Cranial Nerve VII, also known as the facial nerve, primarily controls the muscles responsible for facial expressions. This includes movements that help with a range of actions such as smiling, frowning, and closing the eyes. The facial nerve is also involved in the sensation of taste from the anterior two-thirds of the tongue and carries parasympathetic fibers to glands in the head and neck, including the salivary and lacrimal glands. Thus, the main function of Cranial Nerve VII revolves around motor activities related to facial expression. In contrast, other options focus on entirely different functions. Vision is primarily associated with Cranial Nerve II, which is responsible for sight. Balance is governed mainly by the vestibular component of the eighth cranial nerve, and the sense of smell relates to the first cranial nerve, known as the olfactory nerve. Therefore, the correct answer clearly highlights the specific role of Cranial Nerve VII as it pertains to muscle movement and expression in the face.

3. Which sign should be assessed first when suspecting appendicitis?

- A. Psoas sign
- B. Rovsing's sign
- C. McBurney's point tenderness**
- D. Obturator sign

When suspecting appendicitis, assessing McBurney's point tenderness is crucial because it provides a direct indication of inflammation in the appendix. McBurney's point is located in the right lower quadrant, approximately one-third of the distance from the anterior superior iliac spine to the umbilicus. Tenderness at this point is a classic sign of acute appendicitis and indicates irritation of the peritoneum covering the appendix. Recognizing the significance of this sign early in the assessment can lead to a more timely diagnosis and intervention. While other signs like the psoas sign, Rovsing's sign, and the obturator sign can also suggest appendicitis, they are generally less specific than McBurney's point tenderness. This makes the latter a more primary focus when first assessing a patient suspected of having appendicitis. Prompt identification of this sign can support clinical decision-making regarding further diagnostic testing and potential surgical intervention.

4. Which term describes the test used to identify a meniscal tear?

- A. Valgus stress test
- B. McMurray Sign**
- C. Anterior Drawer test
- D. Posterior Drawer test

The test used to identify a meniscal tear is known as the McMurray Sign. This examination maneuver is specifically designed to assess for tears in the meniscus of the knee. During the test, the examiner flexes the knee and then rotates it while applying a varus or valgus stress to create tension on the meniscus. A positive test is indicated by a palpable click or pain during the maneuver, suggesting the presence of a meniscal tear. Other tests mentioned, while they are important in assessing knee stability and injury, are focused on different structures or types of injury. The Valgus stress test is used to evaluate the integrity of the medial collateral ligament. Both the Anterior Drawer test and the Posterior Drawer test are designed to assess the stability of the anterior and posterior cruciate ligaments, respectively. These tests do not directly assess for meniscal tears, making the McMurray Sign the appropriate choice for this specific condition.

5. Which condition should education targeted toward the adolescent age group first focus on?

- A. Drug abuse
- B. Alcohol abuse**
- C. Sexual health
- D. Mental health

Focusing education on alcohol abuse is particularly vital in the adolescent age group because of the significant impact that alcohol consumption can have during this critical developmental phase. Adolescence is a time when individuals are forming their identities and social behaviors, and alcohol use can interfere with brain development, leading to long-term cognitive and emotional consequences. Moreover, alcohol is often more accessible to adolescents compared to other substances, and early exposure can increase the likelihood of developing unhealthy drinking patterns later in life. Additionally, educational programs that target alcohol abuse can also encompass the risks associated with binge drinking and how it can lead to dangerous behaviors, including impaired decision-making and increased susceptibility to accidents, violence, and risky sexual behaviors. Addressing alcohol abuse as a priority allows for a multi-faceted approach by integrating discussions around its relationship with other issues such as mental health, drug abuse, and sexual health, thereby providing a comprehensive foundation for adolescent education on these intertwined topics. This approach acknowledges the complexity of adolescence and prepares young individuals to make informed choices regarding their health and well-being.

6. A patient with Type 1 diabetes on NPH and regular insulin experiences early morning high blood glucose. What phenomenon does this exemplify?

- A. Insulin resistance
- B. Cortisol deficiency
- C. The Somogyi effect**
- D. Pawn phenomenon

The scenario describes a patient with Type 1 diabetes who experiences early morning high blood glucose levels, which is indicative of the Somogyi effect. The Somogyi effect, also known as rebound hyperglycemia, occurs when a person experiences a drop in blood glucose levels (hypoglycemia) during the night, often due to the administration of insulin. In response to this hypoglycemic episode, the body releases counter-regulatory hormones, including glucagon, epinephrine, and cortisol, to increase blood sugar levels. As a result, this reaction can lead to high blood glucose levels in the morning. Understanding the Somogyi effect is crucial for managing Type 1 diabetes. It emphasizes the importance of monitoring blood glucose levels during the night and may necessitate adjustments in insulin dosage or timing to prevent hypoglycemia and its subsequent rebound hyperglycemia. This phenomenon underscores the delicate balance in insulin therapy for patients with diabetes and illustrates how hormonal responses can lead to fluctuations in blood glucose levels. Overall, recognizing the Somogyi effect allows healthcare providers to tailor insulin regimens to avoid the cycle of nighttime hypoglycemia followed by morning hyperglycemia.

7. Which medication or medication class does NOT have dizziness or vertigo as potential adverse side effects?

- A. Meclizine (Antivert)**
- B. Gentamicin (Antibiotic)
- C. Streptomycin (Antibiotic)
- D. High-dose salicylates

Meclizine, commonly known as Antivert, is indeed used to treat and prevent dizziness and vertigo associated with motion sickness and balance disorders. It works by blocking certain signals in the brain that trigger these sensations, which means it is more likely to cause drowsiness or sedation rather than being free from dizziness as a potential adverse effect. Conversely, gentamicin and streptomycin are aminoglycoside antibiotics that can cause vestibular toxicity, leading to dizziness and vertigo. These adverse effects are quite significant due to the ototoxic potential of these medications, which can affect balance. High-dose salicylates, such as aspirin, can also result in tinnitus and hearing disturbances, which may manifest as dizziness or vertigo, particularly at higher doses. Understanding the side effect profiles of these medications is crucial, as it reflects their pharmacological mechanisms and potential toxicities, ensuring safe prescribing practices and effective patient management in clinical settings.

8. What underlying condition might predispose a woman to frequent candidal vaginal infections?

- A. Obesity
- B. Diabetes**
- C. Hypertension
- D. Thyroid dysfunction

Frequent candidal vaginal infections are often associated with several underlying conditions, with diabetes being a significant factor. In individuals with diabetes, especially when it is poorly controlled, elevated blood sugar levels can create an environment that is conducive to yeast proliferation. Glucose in the vaginal secretions can serve as a nutrient source for Candida, leading to increased colonization and infection. In addition, diabetes can impact the immune system, impairing the body's ability to fight infections effectively. The combination of high glucose levels and a compromised immune response enhances the risk of recurrent candidal infections. Therefore, it is essential for healthcare providers to consider blood sugar management and the overall metabolic state when evaluating a patient with recurrent yeast infections. Other conditions, such as obesity, might have indirect associations with increased risk due to lifestyle factors, but diabetes is more directly linked to the pathophysiological mechanisms that lead to these infections.

9. An 88-year-old patient presents with right-sided weakness after a fall. What is the most likely diagnosis?

- A. Seizure
- B. Right-sided Stroke
- C. Left-sided Stroke**
- D. Trans ischemic attack

In this scenario, the most appropriate diagnosis for an 88-year-old patient presenting with right-sided weakness after a fall is a left-sided stroke. The reason for this is based on the principles of neuroanatomy and the fact that motor function is typically contralateral; that is, a problem in one hemisphere of the brain affects function on the opposite side of the body. When a patient exhibits weakness on the right side, it suggests there may be issues in the left hemisphere of the brain, which controls the right side of the body. Strokes can result from various conditions, such as obstruction of blood flow (ischemic stroke) or bleeding (hemorrhagic stroke). Furthermore, considering the age of the patient, strokes become more prevalent, and the occurrence of sudden weakness following a fall is characteristic of a cerebrovascular event. A transient ischemic attack (TIA) could also present with similar symptoms, but TIAs are usually temporary and resolve quickly, while in this case, the persistence of right-sided weakness would indicate a more definitive cerebrovascular accident such as a stroke. In conclusion, the left-sided stroke is the most likely diagnosis in this case due to the presentation of right-sided weakness following a fall in an elderly patient.

10. Which physical exam finding would indicate a serious infection requiring immediate attention in a patient with potential cystitis?

- A. Abdominal tenderness
- B. Mild suprapubic tenderness**
- C. Temperature above 100.5°F
- D. Positive leukocyte esterase

In the scenario presented, the finding that would indicate a serious infection requiring immediate attention is mild suprapubic tenderness. Suprapubic tenderness, especially when accompanied by other symptoms, could suggest a more significant underlying issue, such as a progressing urinary tract infection (UTI) that may lead to complications like pyelonephritis, especially if the patient is showing additional signs of systemic infection. While abdominal tenderness may indicate various conditions, it does not specifically point towards an urgent infection in the same way mild suprapubic tenderness does in the context of urinary issues. Similarly, a temperature above 100.5°F, although indicative of a possible infection, could occur in a wide range of less severe conditions and is not a definitive marker of serious infection on its own. A positive leukocyte esterase is a useful marker for the presence of white blood cells in urine, suggesting infection, but again does not necessarily indicate immediate intervention compared to the significance of suprapubic tenderness, which can reflect direct bladder involvement and the potential for a more threatening infection. In sum, mild suprapubic tenderness provides critical insight into possible cystitis complications that could rapidly escalate if not promptly addressed.

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://psifamilynursepractitioner.examzify.com>

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

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