

TMC RESPIRATORY CARE BOARDS PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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 does a low sodium level typically indicate?**
 - A. Excessive hydration
 - B. Fluid loss or gain
 - C. Increased respiratory rate
 - D. Normal fluid balance
- 2. What causes coarse crackles in lung sounds?**
 - A. Lung hyperinflation
 - B. Large airway secretions
 - C. Normal respiratory flow
 - D. Reduced lung capacity
- 3. What diagnostic test is commonly used to determine upper airway obstruction in a child?**
 - A. CT scan of the throat
 - B. Lateral neck x-ray of the child
 - C. Chest x-ray
 - D. Endoscopy
- 4. What does an increase in eosinophils primarily indicate?**
 - A. Allergic reactions effect on WBCs
 - B. Infectious disease response
 - C. Autoimmune disorder activity
 - D. Normal physiological response
- 5. What is the purpose of transillumination in infants?**
 - A. To evaluate skin conditions
 - B. To assess lung inflation and detect pneumothorax
 - C. To measure blood oxygen saturation
 - D. To check for congenital heart defects
- 6. How is sinus tachycardia typically treated?**
 - A. Administering beta-blockers
 - B. Administering oxygen
 - C. Defibrillation
 - D. Cardioversion

- 7. In conditions that display ashen or pallor skin, which underlying issue is most likely involved?**
- A. Chronic fever
 - B. Anemia or blood loss
 - C. Dehydration
 - D. Keloids
- 8. What laboratory result indicates a healthy level of white blood cells?**
- A. High white blood cell count
 - B. Low white blood cell count
 - C. Normal white blood cell count
 - D. Fluctuating white blood cell count
- 9. In lung disorders, what may be observed in the hemodynamic pressures?**
- A. CVP decreased, PAP increased, PCWP normal or decreased
 - B. CVP increased, PAP increased, PCWP normal or decreased
 - C. CVP normal, PAP increased, PCWP increased
 - D. CVP increased, PAP normal, PCWP decreased
- 10. What is the initial action required for treating wheezes?**
- A. Administration of antibiotics
 - B. Use of bronchodilators
 - C. Intubation
 - D. Chest physiotherapy

Answers

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

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Explanations

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1. What does a low sodium level typically indicate?

- A. Excessive hydration
- B. Fluid loss or gain**
- C. Increased respiratory rate
- D. Normal fluid balance

A low sodium level, also known as hyponatremia, typically indicates a disturbance in the body's fluid balance. While the condition can arise from various causes, the relationship it has with fluid loss or gain is significant. When there is excessive fluid in the body, it can dilute sodium levels, leading to hyponatremia. Conversely, conditions that result in significant fluid loss can also affect sodium concentrations, but more commonly, a low sodium level reflects an excess of water in relation to sodium. Excessive hydration can lead to hyponatremia because it dilutes the sodium in the bloodstream. However, this condition indicates that the body has an imbalance between sodium and water rather than simply excessive hydration. Increased respiratory rate is generally not directly related to sodium levels and can be a response to many physiological changes but is not a primary indicator of sodium status. Finally, normal fluid balance would be reflected by normal sodium levels, making low sodium incompatible with a state of normal fluid balance. Therefore, the connection between sodium levels and fluid balance underscores why the correct understanding points toward fluid loss or gain as the primary concept associated with low sodium levels.

2. What causes coarse crackles in lung sounds?

- A. Lung hyperinflation
- B. Large airway secretions**
- C. Normal respiratory flow
- D. Reduced lung capacity

Coarse crackles, also known as coarse rales, are typically caused by the presence of secretions in the larger airways. As air passes through these secretions during breathing, it creates a sound that is described as bubbling or cracking. This is particularly common in conditions where there is an accumulation of mucus, such as pneumonia, bronchitis, or pulmonary edema. The connection between coarse crackles and large airway secretions lies in the fact that these secretions disrupt the normal airflow and create turbulence, leading to the characteristic crackling sound. In contrast, lung hyperinflation, normal respiratory flow, and reduced lung capacity do not contribute to the production of coarse crackles. Lung hyperinflation may produce other types of lung sounds like wheezes, while normal respiratory flow would show no abnormal sounds at all. Reduced lung capacity might lead to different respiratory issues or sounds, but not specifically coarse crackles. Thus, the presence of large airway secretions is directly linked to the occurrence of coarse crackles, making it the correct answer.

3. What diagnostic test is commonly used to determine upper airway obstruction in a child?

- A. CT scan of the throat
- B. Lateral neck x-ray of the child**
- C. Chest x-ray
- D. Endoscopy

A lateral neck x-ray is a highly effective diagnostic tool for assessing upper airway obstruction, particularly in children. This imaging technique provides a clear view of the soft tissue structures of the neck, allowing for visualization of potential obstructions such as swelling (often due to croup or infectious processes), foreign bodies, or anatomical abnormalities. The lateral neck x-ray is especially valuable because it can reveal the characteristic narrowing of the upper airway that is associated with specific conditions, such as epiglottitis or croup. This test minimizes radiation exposure while still providing critical information about the state of the upper airway, making it especially suitable for use in pediatric patients who are more sensitive to radiation. Other diagnostic tests, while useful in different contexts, do not offer the same specific insights into upper airway obstruction. For instance, a CT scan of the throat provides detailed images but involves higher radiation exposure and is not commonly used as a first-line approach due to accessibility and the need for sedation in young children. A chest x-ray focuses on the lungs and may not effectively show upper airway issues, while endoscopy, although informative, is an invasive procedure that may not be necessary when less invasive imaging is available and sufficient for diagnosis.

4. What does an increase in eosinophils primarily indicate?

- A. Allergic reactions effect on WBCs**
- B. Infectious disease response
- C. Autoimmune disorder activity
- D. Normal physiological response

An increase in eosinophils is primarily associated with allergic reactions. Eosinophils are a type of white blood cell that play a crucial role in the body's immune response, particularly in combating parasites and mediating allergic responses. When the body encounters allergens, such as pollen, pet dander, or certain foods, the immune system activates and produces more eosinophils to help manage the reaction. This elevation in eosinophil levels is a marker of allergic conditions, including asthma, allergic rhinitis, and eczema. While eosinophils can also be involved in responses to certain infectious diseases, particularly those caused by parasitic infections, their primary function is commonly linked to allergic mechanisms rather than direct responses to infectious agents or autoimmune activity. Therefore, recognizing eosinophilia as a hallmark of allergic reactions is essential in clinical settings to inform diagnosis and treatment strategies.

5. What is the purpose of transillumination in infants?

- A. To evaluate skin conditions
- B. To assess lung inflation and detect pneumothorax**
- C. To measure blood oxygen saturation
- D. To check for congenital heart defects

Transillumination in infants is primarily used to assess lung inflation and detect conditions like pneumothorax. During this procedure, a light source is placed against the skin, typically on the chest. If there is normal lung inflation, light will pass through the thoracic cavity. However, in the presence of a pneumothorax, where air is present in the pleural space, the light will not transmit as effectively, resulting in a dimmer or completely blocked light appearance. This technique is particularly useful because it is non-invasive and can provide immediate information about the state of the lungs. It is important in infants who may not be able to communicate signs of distress, and this quick assessment can guide further diagnostic and therapeutic interventions. While the other options may involve assessments related to infants, they do not relate directly to the specific use of transillumination. For example, evaluating skin conditions is typically done through visual inspection rather than this technique, measuring blood oxygen saturation is performed using oximetry, and checking for congenital heart defects usually involves other evaluations such as echocardiography or physical examination of heart sounds. Thus, the specificity of using transillumination makes it uniquely suited for identifying lung-related issues like pneumothorax.

6. How is sinus tachycardia typically treated?

- A. Administering beta-blockers
- B. Administering oxygen**
- C. Defibrillation
- D. Cardioversion

Sinus tachycardia is a condition characterized by an increased heart rate originating from the sinus node, typically over 100 beats per minute, while maintaining a normal rhythm and P wave morphology. The treatment primarily focuses on addressing the underlying cause rather than simply aiming to lower the heart rate. Administering oxygen may be considered supportive if the tachycardia results from hypoxia or respiratory distress. However, the first-line treatment often involves correcting any precipitating factors, such as dehydration, anemia, or fever. In more stable scenarios where there's no immediate threat to cardiovascular stability, monitoring and reassurance may be the initial steps taken. The use of beta-blockers is common for managing certain arrhythmias and conditions where you want to control the heart rate, but it's essential to identify if the sinus tachycardia is a physiological response to stress or other underlying issues before using these agents. Defibrillation and cardioversion are typically reserved for life-threatening arrhythmias, specifically those that are not stable, such as ventricular tachycardia or atrial fibrillation with rapid ventricular response, rather than for sinus tachycardia itself, which is usually a benign condition in many contexts. Therefore, while oxygen can be beneficial in specific

7. In conditions that display ashen or pallor skin, which underlying issue is most likely involved?

- A. Chronic fever
- B. Anemia or blood loss**
- C. Dehydration
- D. Keloids

The presence of ashen or pallor skin is most commonly associated with anemia or blood loss because a reduced level of red blood cells or hemoglobin results in decreased oxygen delivery to the tissues, leading to a noticeable change in skin color. When there is insufficient red blood cell volume or a decreased ability of these cells to carry oxygen, the skin can take on a pale appearance. This is particularly evident in conditions such as iron deficiency anemia, where there is not enough iron to produce healthy red blood cells, or in acute blood loss scenarios where there is a rapid reduction in red blood cell count. In contrast, chronic fever can lead to flush or reddened skin due to increased blood flow in response to the body's attempts to fight infection. Dehydration can cause skin to appear dry and potentially grayish but typically does not cause a dramatic pallor. Keloids, which are raised scars that form due to excessive tissue growth during healing, do not have an effect on skin color related to systemic issues like anemia. Thus, the condition that most directly correlates with ashen or pallor skin is indeed anemia or blood loss, making it the most likely underlying issue in this scenario.

8. What laboratory result indicates a healthy level of white blood cells?

- A. High white blood cell count
- B. Low white blood cell count
- C. Normal white blood cell count**
- D. Fluctuating white blood cell count

A normal white blood cell count reflects a healthy immune system capable of effectively responding to infections and other health issues. The reference range for white blood cell counts typically falls between approximately 4,000 and 11,000 cells per microliter of blood, though this can vary by laboratory and specific patient factors. When the white blood cell count is within this normal range, it indicates that the body is maintaining an adequate level of immune response without experiencing undue stress from infections, inflammation, or other pathological conditions. Values outside of this range—whether too high or too low—can suggest underlying health problems, such as infections, bone marrow issues, or autoimmune disorders. Therefore, the presence of a normal white blood cell count is a strong indicator of overall health in relation to the immune system.

9. In lung disorders, what may be observed in the hemodynamic pressures?

- A. CVP decreased, PAP increased, PCWP normal or decreased
- B. CVP increased, PAP increased, PCWP normal or decreased**
- C. CVP normal, PAP increased, PCWP increased
- D. CVP increased, PAP normal, PCWP decreased

In the context of lung disorders, the observation of hemodynamic pressures plays a crucial role in understanding the patient's cardiovascular and respiratory status. When conditions such as pulmonary hypertension, heart failure, or various lung disorders arise, they can lead to specific changes in these pressures. When central venous pressure (CVP) is observed to be increased, this often indicates that there is an elevation in the volume load or pressure returning to the right side of the heart, which can occur in the presence of fluid overload or right heart failure typically associated with lung diseases. This is critical because it helps assess the cardiac function, particularly how the right heart is managing the increased blood flow from the systemic circulation. The pulmonary artery pressure (PAP) rising in this scenario suggests that there is increased resistance to blood flow through the pulmonary circulation, often seen in conditions like pulmonary embolism or obstructive lung disease. This elevated pressure reflects the stress placed on the right ventricle and provides insight into the severity of the lung disorder. The pulmonary capillary wedge pressure (PCWP) in this context is typically normal or even decreased, as it is more reflective of left atrial pressures under certain lung disease conditions. In cases of lung disorders without significant left heart involvement, the PC

10. What is the initial action required for treating wheezes?

- A. Administration of antibiotics
- B. Use of bronchodilators**
- C. Intubation
- D. Chest physiotherapy

The initial action required for treating wheezes is the use of bronchodilators. Wheezes are often indicative of bronchoconstriction or narrowing of the airways, which can occur in conditions such as asthma or chronic obstructive pulmonary disease (COPD). Bronchodilators work by relaxing the smooth muscles of the airways, which helps to open them up and improve airflow. This leads to a reduction in wheezing and improves breathing. In contrast, antibiotics may be used to treat infections that could lead to wheezing, but they are not an immediate treatment for the wheezing itself. Intubation is a more invasive procedure typically reserved for severe respiratory failure when other interventions have failed, and chest physiotherapy is primarily aimed at helping to clear secretions rather than directly addressing the airway constriction causing wheezing. Therefore, the immediate and effective choice for addressing wheezes is the administration of bronchodilators.

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://tmcrestatorycareboards.examzify.com>

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

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