

URINARY INCONTINENCE PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://urinaryincontinence.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.

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 TVT stand for in the context of midurethral slings?**
 - A. Tensioned vaginal tape
 - B. Transobturator vaginal tape
 - C. Tension-free vaginal tape with a knot
 - D. Tension-free vaginal tape
- 2. Which statement is not typically part of nocturia evaluation?**
 - A. Bladder diary
 - B. Sleep disorder assessment
 - C. Glucose tolerance test
 - D. Urinalysis
- 3. Which of the following best describes the overall aim of pelvic floor therapy for stress incontinence?**
 - A. Improved urinary symptoms and demonstrated ability to contract the pelvic floor with high adherence
 - B. Universal cure in all patients
 - C. No improvement regardless of adherence
 - D. Worsening symptoms requiring catheterization
- 4. Detrusor overactivity vs impaired contractility: which statement is true?**
 - A. Involuntary contractions during filling
 - B. Absence of contractions during filling with urge
 - C. Contractions only during voiding
 - D. No change in detrusor pressure during filling
- 5. Which statement differentiates mixed urinary incontinence from pure stress incontinence in terms of leakage triggers?**
 - A. Pure stress incontinence leaks primarily with physical effort and coughing or sneezing, with minimal or no urgency.
 - B. Leakage occurs only with an urge to void.
 - C. Mixed incontinence includes leakage with both urgency and physical activity.
 - D. Overflow incontinence leaks due to incomplete bladder emptying.

6. What is bladder training?

- A. A surgical procedure to reduce bladder capacity.
- B. A behavioral therapy to increase bladder capacity and reduce urge by scheduled voiding and urge suppression techniques.
- C. A pharmacologic regimen to suppress detrusor contractions.
- D. A diagnostic imaging technique.

7. The external urethral sphincter provides which type of control?

- A. Voluntary
- B. Involuntary
- C. Both
- D. None

8. Which imaging modalities are used in evaluating urinary incontinence as indicated?

- A. CT scan always.
- B. Ultrasound or MRI as indicated.
- C. X-ray only.
- D. No imaging used.

9. Which component assesses bladder outlet function during urodynamics?

- A. Postvoid residual
- B. Cystometry
- C. Uroflowmetry
- D. Pressure-flow study

10. What is the mechanism of action of mirabegron and what is a common side effect?

- A. A muscarinic receptor antagonist that reduces bladder contractions; dry mouth.
- B. A beta-1 adrenergic agonist that increases bladder contractions.
- C. A PDE-5 inhibitor that relaxes smooth muscle.
- D. A beta-3 adrenergic agonist that relaxes the detrusor to increase capacity; common side effects include hypertension and tachycardia.

Answers

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

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Explanations

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1. What does TVT stand for in the context of midurethral slings?

- A. Tensioned vaginal tape
- B. Transobturator vaginal tape
- C. Tension-free vaginal tape with a knot
- D. Tension-free vaginal tape**

The concept tested is understanding sling terminology. TVT stands for tension-free vaginal tape, describing a midurethral sling placed under the urethra with no intentional tension on the urethra itself. This "tension-free" approach relies on the tape's position and surrounding tissue for support, reducing the risk of obstruction or voiding problems that can come from pulling or tensioning the urethra. The other descriptions don't fit: a tensioned tape would exert force on the urethra; a transobturator vaginal tape is a different sling route (TOT); and a knot on the tape isn't part of the standard TVT design.

2. Which statement is not typically part of nocturia evaluation?

- A. Bladder diary
- B. Sleep disorder assessment
- C. Glucose tolerance test**
- D. Urinalysis

Nocturia evaluation focuses on identifying factors that drive nighttime urination and awakenings, so you look at patterns of urine production, sleep quality, and urinary tract health. A bladder diary is key because it records when you void and how much you void, helping distinguish whether the night-time urination comes from true bladder overactivity, high urine production at night (nocturnal polyuria), or other patterns. Sleep disorder assessment matters because many awakenings are due to sleep problems like sleep apnea or insomnia, which can trigger or amplify perceived nocturnal voiding even if the bladder isn't the primary issue. A urinalysis is routinely done to rule out infections, blood, or glucose in the urine, any of which could explain symptoms or point to an underlying condition that needs management. The glucose tolerance test isn't typically part of the standard nocturia workup because it mainly assesses how the body handles glucose over time and is used to diagnose diabetes or glucose intolerance in a broader metabolic context. In nocturia, you'd usually screen for diabetes with simpler tests (like fasting glucose or HbA1c) if indicated by other findings, rather than performing a full glucose tolerance test as a routine step.

3. Which of the following best describes the overall aim of pelvic floor therapy for stress incontinence?

- A. Improved urinary symptoms and demonstrated ability to contract the pelvic floor with high adherence
- B. Universal cure in all patients**
- C. No improvement regardless of adherence
- D. Worsening symptoms requiring catheterization

Pelvic floor therapy aims to reduce leakage by strengthening and coordinating the muscles you use to control urine and by teaching you how to activate them reliably. The best description of its overall aim is to help you experience improved urinary symptoms and to demonstrate the ability to contract the pelvic floor correctly with strong adherence to the exercise program. When you can consistently perform an effective pelvic floor contraction and keep up with the training, many people notice fewer leaks and better control. It's important to recognize that this therapy doesn't guarantee a cure for everyone. Outcomes vary based on factors like the severity of leakage, underlying pelvic floor tissue integrity, and how well the exercises are followed. The other options describe outcomes that aren't typical goals of a conservative pelvic floor program—universal cure in all patients, no improvement regardless of adherence, or worsening to the point of needing catheterization—so they don't fit the intended aim of this therapy.

4. Detrusor overactivity vs impaired contractility: which statement is true?

- A. Involuntary contractions during filling**
- B. Absence of contractions during filling with urge
- C. Contractions only during voiding
- D. No change in detrusor pressure during filling

The main idea here is how the detrusor behaves during bladder filling versus emptying. Detrusor overactivity means the bladder muscle makes involuntary contractions while you are still filling, which produces urgency and can lead to leakage before you reach the bathroom. This pattern—involuntary contractions during the filling phase—best matches the statement that is true. In contrast, impaired detrusor contractility refers to weak or absent contractions during voiding, causing poor emptying, not unusual activity during filling. The other statements describe scenarios that don't fit detrusor overactivity: no contractions during filling with an urge would imply a mismatch between sensation and action, contractions only during voiding don't reflect the common filling-phase contractions of DO, and no change in detrusor pressure during filling describes normal storage rather than involuntary activity.

5. Which statement differentiates mixed urinary incontinence from pure stress incontinence in terms of leakage triggers?

- A. Pure stress incontinence leaks primarily with physical effort and coughing or sneezing, with minimal or no urgency.
- B. Leakage occurs only with an urge to void.
- C. Mixed incontinence includes leakage with both urgency and physical activity.**
- D. Overflow incontinence leaks due to incomplete bladder emptying.

The thing being tested is how leakage triggers distinguish mixed urinary incontinence from pure stress incontinence. Mixed incontinence involves leakage driven by both urgency (a sudden need to void) and physical activity that increases abdominal pressure. Pure stress incontinence, on the other hand, leaks mainly with effort, coughing, or sneezing, and urgency is minimal or absent. So the best statement is that mixed incontinence includes leakage with both urgency and physical activity. That captures the dual triggers that define mixed, whereas pure stress is about leakage with exertion alone. Leakage only with an urge describes pure urge incontinence, not mixed; overflow incontinence involves leakage from incomplete bladder emptying and is a different pattern; and pure stress describes leakage due to abdominal pressure without an urge component. In practice, recognizing both components in mixed incontinence guides combined treatment approaches.

6. What is bladder training?

- A. A surgical procedure to reduce bladder capacity.
- B. A behavioral therapy to increase bladder capacity and reduce urge by scheduled voiding and urge suppression techniques.**
- C. A pharmacologic regimen to suppress detrusor contractions.
- D. A diagnostic imaging technique.

Bladder training is a behavioral therapy that aims to increase how much urine the bladder can hold and reduce daily urges by teaching scheduled voiding and ways to suppress sudden urges. The approach starts with regular bathroom visits at fixed intervals, chosen to be longer than the person's current typical voiding frequency, and then gradually lengthens those intervals as control improves. When a strong urge appears before the planned time, techniques such as slow breathing, gentle pelvic floor muscle contractions, and distraction help suppress the urge long enough to reach the next scheduled void. Keeping a voiding diary helps tailor the schedule and track progress. Over time, this retrains the bladder to accommodate more urine and reduces detrusor overactivity, leading to fewer urgency and leakage episodes. It's a non-surgical, non-pharmacologic strategy, unlike surgical procedures, drug regimens, or imaging techniques.

7. The external urethral sphincter provides which type of control?

- A. Voluntary**
- B. Involuntary
- C. Both
- D. None

The external urethral sphincter provides voluntary control because it is made of skeletal muscle that you can consciously tighten or relax. Innervation comes from the pudendal nerve, part of the somatic nervous system, giving you deliberate control to hold urine or release it when you choose. In contrast, the internal urethral sphincter is smooth muscle under autonomic (involuntary) control, so it operates without conscious input. Thus the external sphincter's role is to allow voluntary control over urination.

8. Which imaging modalities are used in evaluating urinary incontinence as indicated?

- A. CT scan always.
- B. Ultrasound or MRI as indicated.**
- C. X-ray only.
- D. No imaging used.

Imaging in urinary incontinence is used selectively, guided by the patient's symptoms and the suspected underlying problem. Ultrasound is a common first choice because it's safe, readily available, and can quantify post-void residual urine, assess for stones, hydronephrosis, or pelvic organ prolapse. This helps determine whether there's a mechanical or functional issue contributing to leakage. MRI provides detailed soft-tissue information when more precision about the pelvic floor, urethral sphincter, or complex anatomy is needed—such as suspected intrinsic sphincter deficiency, significant prolapse with associated tissue damage, masses, or fistulas. It's used when ultrasound can't answer the questions or when a deeper evaluation is required. CT scans aren't routine for evaluating incontinence; they're reserved for specific scenarios like evaluating stones with unclear results, trauma, or when cross-sectional detail of the kidneys and urinary tract is necessary. Plain X-rays offer limited information and don't adequately assess functional or soft-tissue aspects of continence. So, imaging is applied "as indicated," with ultrasound or MRI covering most common needs depending on the clinical picture.

9. Which component assesses bladder outlet function during urodynamics?

- A. Postvoid residual
- B. Cystometry
- C. Uroflowmetry
- D. Pressure-flow study**

The key idea is that outlet function during voiding is best understood by how the bladder pressure relates to the flow of urine. This is captured with a pressure-flow study, where detrusor pressure is measured at the same time as the actual urine flow during voiding. The pattern helps distinguish obstruction from weak bladder contraction: high detrusor pressure with low flow points to bladder outlet obstruction (at the bladder neck or urethra); high pressure with good flow suggests the outlet is functioning well; low detrusor pressure with low flow points to detrusor underactivity rather than obstruction. Other tests have different roles—uroflowmetry records flow rate alone, cystometry focuses on storage and outlet behavior during filling and voiding but not the pressure-flow relationship, and postvoid residual indicates how much urine remains after voiding without assessing dynamic outflow.

10. What is the mechanism of action of mirabegron and what is a common side effect?

- A. A muscarinic receptor antagonist that reduces bladder contractions; dry mouth.
- B. A beta-1 adrenergic agonist that increases bladder contractions.
- C. A PDE-5 inhibitor that relaxes smooth muscle.
- D. A beta-3 adrenergic agonist that relaxes the detrusor to increase capacity; common side effects include hypertension and tachycardia.**

Mirabegron works by activating beta-3 adrenergic receptors in the bladder detrusor muscle. This receptor stimulation causes relaxation of the detrusor during the filling phase, increasing bladder capacity and reducing urgency and incontinence episodes. It isn't an antimuscarinic that blocks acetylcholine receptors to reduce contractions, and it isn't a PDE-5 inhibitor or a beta-1 agonist. The cardiovascular side effects—hypertension and tachycardia—stem from beta-adrenergic stimulation of the heart and blood vessels.

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://urinaryincontinence.examzify.com>

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

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