

# Wound, Ostomy and Continence Nurses Society (WOCN) Practice Exam (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. Why is ultrasonic debridement considered less painful than traditional methods?**
  - A. It involves no contact with the wound surface**
  - B. It uses local anesthetics**
  - C. It is done under sedation**
  - D. Patients report lower discomfort levels**
- 2. What is the effect of cadexomer iodine dressings on bacterial loads?**
  - A. They promote bacterial growth**
  - B. They control bacterial loads without damaging good cells**
  - C. They eliminate all bacteria**
  - D. They are ineffective against bacteria**
- 3. What should be ensured before purchasing footwear for a person with intact sensation?**
  - A. Ensure comfort before purchase**
  - B. Choose bright colors**
  - C. Opt for the trendiest brands**
  - D. Measure only the length of the foot**
- 4. Which of the following is a limitation of removable cast walkers?**
  - A. Provides excellent protection for all foot types**
  - B. Can easily be adjusted to fit**
  - C. Is cost prohibitive for some patients**
  - D. Supports complete immobilization**
- 5. How can MARSI be prevented?**
  - A. Use products that cause skin reactions**
  - B. Apply to wet skin**
  - C. Implement low and slow horizontal removal**
  - D. Apply adhesive with no tension**

- 6. What is Charcot's arthropathy?**
- A. A condition involving normal foot architecture**
  - B. A serious condition resulting from breakdown of foot and ankle bones**
  - C. A mild foot deformity**
  - D. A type of joint inflammation**
- 7. What is the first step in taking an ABI?**
- A. Measure the ankle pressure**
  - B. Rest for at least 10 minutes**
  - C. Record the patient's weight**
  - D. Check the radial pulse**
- 8. What are the common sites for calciphylaxis lesions?**
- A. Hands, feet, and arms**
  - B. Thighs, butt, abdomen, and lower legs**
  - C. Chest, back, and neck**
  - D. Face and scalp**
- 9. What can an imbalance between the lysis and synthesis of collagen fibers lead to?**
- A. Normal scar formation**
  - B. Hypertrophic or keloid formation**
  - C. Enhanced healing process**
  - D. Faster maturation of scars**
- 10. Which of the following is a contraindication to using NPWT?**
- A. Non-infected surgical wounds**
  - B. Necrotic wounds needing debridement**
  - C. Wounds with minimal exudate**
  - D. Granulating wounds**



## **Answers**

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

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## **Explanations**

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**1. Why is ultrasonic debridement considered less painful than traditional methods?**

**A. It involves no contact with the wound surface**

**B. It uses local anesthetics**

**C. It is done under sedation**

**D. Patients report lower discomfort levels**

Ultrasonic debridement is considered less painful than traditional methods primarily because it involves no direct contact with the wound surface. This non-contact technique utilizes high-frequency sound waves to selectively remove devitalized tissue and debris, minimizing trauma to the surrounding healthy tissue and pain receptors. The absence of physical contact reduces the potential for pain during the procedure, making it a more comfortable option for patients compared to traditional methods that may involve scraping or manual manipulation of the wound, which can cause discomfort and pain. While local anesthetics and sedation can contribute to pain reduction in various medical procedures, their use is not fundamental to why ultrasonic debridement itself is less painful. Similarly, reports of lower discomfort levels from patients can be subjective and variable; the key distinction with ultrasonic debridement lies in its non-contact approach, which is the primary reason it is often tolerated better by patients.

**2. What is the effect of cadexomer iodine dressings on bacterial loads?**

**A. They promote bacterial growth**

**B. They control bacterial loads without damaging good cells**

**C. They eliminate all bacteria**

**D. They are ineffective against bacteria**

Cadexomer iodine dressings are designed to effectively manage wound care by controlling bacterial loads while preserving healthy tissue. The unique composition of these dressings allows them to absorb exudate and bacteria, thereby reducing the overall bacterial colony count in the wound bed. This characteristic is crucial because it helps prevent infection and promotes a conducive environment for healing. Additionally, cadexomer iodine releases iodine slowly, which exerts antiseptic properties. This release helps to manage biofilm formation and inhibit the growth of pathogenic microorganisms. Importantly, the formulation is designed to spare the fibroblasts and other essential cells necessary for wound healing, thereby maintaining a balance between antimicrobial action and tissue preservation. This selective action makes cadexomer iodine dressings a valuable tool in wound management, especially in cases with high bacterial loads. It is essential to differentiate between effective control of bacterial presence and complete eradication, as the latter can sometimes be detrimental to wound healing if healthy flora and tissue are adversely impacted.

**3. What should be ensured before purchasing footwear for a person with intact sensation?**

**A. Ensure comfort before purchase**

**B. Choose bright colors**

**C. Opt for the trendiest brands**

**D. Measure only the length of the foot**

Ensuring comfort before purchasing footwear for a person with intact sensation is essential as it directly affects the wearer's daily activities and overall foot health. Shoes that fit well and feel comfortable help prevent potential issues such as blisters, calluses, and foot pain. Individuals with intact sensation can feel discomfort and adjust their footwear accordingly, making comfort a primary concern during selection. While factors like color and brand may appeal to personal style, they do not contribute to the functional aspects of shoe wear. The trendiness of a brand might not align with the individual's specific foot shape or comfort needs, which are paramount for their wellbeing. Additionally, solely measuring the length of the foot overlooks other important factors such as width and arch support, which are crucial for a proper fit. Hence, prioritizing comfort ensures that the footwear meets both the physical requirements and lifestyle of the wearer.

**4. Which of the following is a limitation of removable cast walkers?**

**A. Provides excellent protection for all foot types**

**B. Can easily be adjusted to fit**

**C. Is cost prohibitive for some patients**

**D. Supports complete immobilization**

The limitation of removable cast walkers being cost prohibitive for some patients highlights an important consideration in the accessibility of orthopedic devices. While removable cast walkers can provide significant benefits, such as ease of use and the ability to be adjusted for comfort, the cost associated with them can be a barrier for many individuals. This can affect a patient's ability to comply with treatment recommendations if they cannot afford the necessary equipment. In contrast, the other points demonstrate advantages rather than limitations. For instance, removable cast walkers are designed to accommodate various foot types and are adjustable for a proper fit, which enhances their usability. Additionally, while they provide support and protection, they do not offer complete immobilization, which is often necessary in specific cases of injury or surgery. Thus, the focus on cost underscores a critical limitation that can impact patient care and adherence to therapeutic interventions.

## 5. How can MARSI be prevented?

- A. Use products that cause skin reactions
- B. Apply to wet skin
- C. Implement low and slow horizontal removal**
- D. Apply adhesive with no tension

Preventing Medical Adhesive-Related Skin Injuries (MARSI) is critical for patient safety and comfort. One of the key strategies for prevention is to implement low and slow horizontal removal of adhesive products. This technique is effective because it minimizes trauma to the skin by reducing the force applied during the removal process. When adhesive is removed quickly or at an angle, it can strip the top layers of skin, leading to injury. By gently pulling the adhesive horizontally and slowly, the likelihood of damaging the skin is significantly decreased, thereby protecting the integrity of the skin barrier. Applying adhesive with no tension directly supports skin health, but the method of removal is particularly vital in preventing injury after application. Ensuring that the adhesive is not applied to wet skin also plays a role in optimizing adherence and skin health, but this is more about optimizing product use rather than prevention of MARSI itself through technique. Understanding the methodologies involved in adhesive application and removal is crucial in a clinical setting to enhance patient care and outcomes.

## 6. What is Charcot's arthropathy?

- A. A condition involving normal foot architecture
- B. A serious condition resulting from breakdown of foot and ankle bones**
- C. A mild foot deformity
- D. A type of joint inflammation

Charcot's arthropathy, often referred to as Charcot joint disease, is characterized by the progressive degeneration of bones in the foot and ankle due to a loss of sensation commonly associated with neuropathy, particularly in individuals with diabetes. The condition leads to a breakdown of the foot and ankle bones, resulting in deformities and instability in the affected joints. This process is often insidious; it can progress without significant pain, as the nerve damage impairs sensation in the affected area. Consequently, individuals may not notice the trauma or injury to their feet until significant damage has occurred. This condition can lead to drastic changes in the foot structure and function, making it more difficult for the individual to walk and increasing the risk of further complications, such as ulcerations or infections. A thorough understanding of Charcot's arthropathy is essential for wound care specialists and nurses to properly assess, manage, and create treatment plans for affected patients.

**7. What is the first step in taking an ABI?**

- A. Measure the ankle pressure
- B. Rest for at least 10 minutes**
- C. Record the patient's weight
- D. Check the radial pulse

Resting the patient for at least 10 minutes before measuring the Ankle-Brachial Index (ABI) is an essential first step. This rest period helps ensure that the blood flow to the lower extremities is stabilized, allowing for more accurate and reliable pressure readings. During this time, any leg muscle activity that could temporarily increase blood flow can settle, providing a baseline for measurement. Establishing proper conditions for accurate measurement is crucial, as factors like recent activity can influence the results, potentially leading to misinterpretation of arterial health. By having the patient at rest, the clinician can avoid the pitfalls of transient changes in blood pressure caused by activity and ensure that the ABI reflects the patient's true vascular status. Thus, initiating the ABI process with this foundational step enhances the validity of the results, leading to better diagnoses and treatment plans for those with potential vascular issues.

**8. What are the common sites for calciphylaxis lesions?**

- A. Hands, feet, and arms
- B. Thighs, butt, abdomen, and lower legs**
- C. Chest, back, and neck
- D. Face and scalp

The correct response identifies the most common sites for calciphylaxis lesions as the thighs, buttocks, abdomen, and lower legs. Calciphylaxis, a serious condition primarily seen in patients with end-stage kidney disease or metabolic disorders, typically manifests in areas with a higher concentration of adipose tissue and is often associated with compromised blood flow. These anatomical regions are prone to the development of painful, ischemic wounds due to the vascular calcification that characterizes this condition. Lesions frequently occur in these areas due to their capability of developing deeper tissue injuries, and their location often corresponds with significant metabolic and vascular issues that patients with calciphylaxis face. Recognizing the characteristic sites of these lesions can aid in early diagnosis and management of the condition, contributing to better patient outcomes. The other options list areas that are less commonly associated with calciphylaxis lesions, underscoring the importance of understanding typical lesion distribution for effective clinical assessment.

**9. What can an imbalance between the lysis and synthesis of collagen fibers lead to?**

- A. Normal scar formation**
- B. Hypertrophic or keloid formation**
- C. Enhanced healing process**
- D. Faster maturation of scars**

An imbalance between the lysis and synthesis of collagen fibers can lead to hypertrophic or keloid formation because these conditions arise when there is excessive collagen production or insufficient degradation of collagen fibers. In a normal healing process, there is a balance between collagen synthesis, where the body produces new collagen to heal tissue, and lysis, where old or excess collagen is broken down. When the synthesis of collagen exceeds the lysis, especially during the maturation phase of wound healing, it results in excess collagen accumulation, leading to the development of raised, thickened scars known as hypertrophic scars or keloids. These types of scars extend beyond the original wound border in the case of keloids and remain raised even after the wound has healed. Understanding this balance is crucial for wound care and management, as interventions can be designed to optimize the healing process and minimize the risk of aggressive scar formation.

**10. Which of the following is a contraindication to using NPWT?**

- A. Non-infected surgical wounds**
- B. Necrotic wounds needing debridement**
- C. Wounds with minimal exudate**
- D. Granulating wounds**

Using negative pressure wound therapy (NPWT) has specific indications and contraindications based on the nature of the wound and the healing process. One key contraindication for NPWT is necrotic wounds that require debridement. This is because NPWT can create a vacuum that may lead to further necrosis if dead tissue is present, as it might impede healthy tissue granulation and lead to complications. In such cases, it is crucial to first perform debridement to remove the necrotic tissue, allowing for proper healing before NPWT is applied. The other options presented do not represent contraindications for using NPWT. Non-infected surgical wounds may benefit from NPWT to promote healing, while wounds characterized by minimal exudate typically do not present a risk for NPWT application as they can still be managed with appropriate settings. Granulating wounds can also be effectively treated with NPWT to support granulation tissue formation and further wound healing. Understanding these distinctions is essential for effective wound management.



## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://woundostomyandcontinencenurses.examzify.com>**

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