

AANP-FNP Latest Exam & Nursing New AANP-FNP Test Tips: AANP Family Nurse Practitioner (AANP-FNP) Exam Pass Once Try

AANP FNP Latest Practice Exam 2025-2026 With Correct Verified Answers

Tanner Stage 2 - **correct answer**>>increased rugae of scrotum, testes enlarge. Breast bud. Straight sparse hair.

Tanner Stage 3 - **correct answer**>>Penis elongates. Pencil penis. Scrotal color darkens. Breast tissue and areola are one mound. Darkened hair, starts to curl.

Tanner 4 - **correct answer**>>Penis thickens and increases in size. Areola/nipple separate for secondary mound. Curly hair, not on medial thigh.

When does menarche begin? - **correct answer**>>After Tanner stage 2, within 1-2 years. Delayed puberty if no secondary sexual characteristics by 12-13 in girls and 14 in boys.

Trisomy 21 - **correct answer**>>Down Syndrome. Risk with advanced maternal age. Microcephaly, flat nose, hypotonia, simian crease.

Marfan's Syndrome - **correct answer**>>Pectus excavatum. Tall, wide arm span. Risk of MVP, aneurysm, aortic regurgitation. Do not clear for sports.

Turner's Syndrome - **correct answer**>>FEMALE. Lymphedema in utero, webbed neck, LD, widely spaced nipples, HTN coarctation of aorta.

Klinefelter's Syndrome - **correct answer**>>Extra X in males. More feminine. Will see in puberty. Infertile, hypogonadism, low testosterone. Tall, lanky, underdeveloped sexually.

Caput succedaneum - **correct answer**>>Sutures cross midline, spreads.

Cephalohematoma - **correct answer**>>Sutures do not cross midline, more significant.

When does anterior fontanelle close? - **correct answer**>>18 months

When does posterior fontanelle close? - **correct answer**>>2-3 months

Abnormal red reflex - **correct answer**>>Black or white. Retinoblastoma, cataracts, osteogenesis perfecta. White specks in down syndrome.

Edward's Syndrome - **correct answer**>>Trisomy 18. Small mouth. High pitched cry.

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>> AANP-FNP Latest Exam <<

TrainingQuiz AANP-FNP Dumps PDF Format - Nursing AANP-FNP Exam Questions

It is seen as a challenging task to pass the AANP-FNP exam. Tests like these demand profound knowledge. The Nursing AANP-

FNP certification is absolute proof of your talent and ticket to high-paying jobs in a renowned firm. AANP Family Nurse Practitioner (AANP-FNP) AANP-FNP test every year to shortlist applicants who are eligible for the AANP-FNP exam certificate.

Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q91-Q96):

NEW QUESTION # 91

Which of the following skin lesions is present in up to 80 to 90% of Black, Asian, Hispanic, and Native American infants?

- A. Mongolian spots
- B. faun tail nevus
- C. erythema toxicum
- D. milia

Answer: A

Explanation:

The correct answer to the question regarding which skin lesion is present in up to 80 to 90% of Black, Asian, Hispanic, and Native American infants is "Mongolian spots." Mongolian spots are a type of congenital dermal melanocytosis, where melanocytes, the cells responsible for skin pigment, are located deeper than usual in the skin. These spots are named after the Mongol people of East and Central Asia, where the condition was first described, but the term is considered outdated and potentially offensive in modern contexts.

The appearance of Mongolian spots is typically characterized by blue to black-colored patches or stains on the skin. These spots are usually flat and can vary in size and shape. Although they can appear anywhere on the body, they are most commonly found on the lumbosacral area, which includes the lower back and buttocks. This prevalent location is one reason why they are frequently observed during newborn examinations.

Mongolian spots are more commonly seen in infants of certain ethnicities, including those of Black, Asian, Hispanic, and Native American descent, affecting up to 80 to 90% of these populations. The high incidence rate in these groups contrasts with their occurrence in Caucasian infants, where they are much less common.

It's important to note that Mongolian spots are generally harmless and usually fade or disappear completely by school age, typically around the age of five to seven years. They do not require any treatment as they are not associated with any disease or health condition. However, their presence should be documented in medical records to avoid confusion with bruising or other skin conditions, which might otherwise lead to unnecessary investigations.

In summary, Mongolian spots are benign skin markings that are particularly prevalent among infants of Black, Asian, Hispanic, and Native American heritage. Their recognition is crucial for proper pediatric care and for avoiding misinterpretations of their significance.

NEW QUESTION # 92

Your assessment of a patient reveals a speech disturbance in which the patient is unable to comprehend spoken words and phrases. This is known as which of the following?

- A. Broca's aphasia
- B. fluent aphasia
- C. nonfluent aphasia
- D. global aphasia

Answer: B

Explanation:

The correct answer to the assessment of a patient who reveals a speech disturbance characterized by an inability to comprehend spoken words and phrases is fluent aphasia, specifically linked to an issue in Wernicke's area of the brain. This condition is also known as Wernicke's aphasia.

Wernicke's aphasia arises from damage to the posterior section of the superior temporal gyrus in the brain, which is crucial for language comprehension. Patients with this type of aphasia typically produce speech that is fluent-grammatically correct with normal rate and intonation-but it often lacks meaning or is filled with nonsensical words and phrases. This is because while their ability to produce speech remains intact, their language comprehension abilities are impaired.

Additionally, individuals with Wernicke's aphasia may demonstrate difficulty in repeating phrases or naming objects, which is a reflection of their inability to process language correctly. Despite producing fluent speech, they often do not understand spoken language directed at them and are unaware of their own errors in speech.

It is important to differentiate this from other types of aphasia such as Broca's aphasia, where patients typically have broken speech

but retain better comprehension, or global aphasia where both production and understanding of language are severely affected. In clinical assessments, recognizing these differences aids in pinpointing the specific areas of brain damage and tailoring appropriate therapy and interventions for the patient.

NEW QUESTION # 93

You suspect that your 19-year-old male patient has testicular torsion because he has reported a sudden onset of severe unilateral scrotal pain with noticeable swelling of the ipsilateral testicle. Because you want to rule out other causes you consider ordering an ultrasound. To help you decide whether an ultrasound is needed you use the TWIST scoring system. All but which of the following are part of this scoring system?

- A. nausea/vomiting
- B. testis swelling
- C. low-riding testis
- D. absent cremasteric reflex

Answer: C

Explanation:

The TWIST scoring system is used primarily to evaluate the likelihood of testicular torsion, a serious condition in which the spermatic cord becomes twisted, cutting off blood supply to the testicle. This system helps determine the urgency of intervention and whether imaging like ultrasound is necessary before proceeding with potential surgical exploration. The TWIST score includes several clinical findings, each assigned points based on their association with testicular torsion. The components of the TWIST score are as follows: ****Testis Swelling:**** Swelling of the testicle is a common symptom of testicular torsion due to edema and venous engorgement caused by the twisting of the spermatic cord. The presence of swelling contributes points to the TWIST score, indicating a higher likelihood of torsion.

****High-Riding Testis:**** Contrary to a low-riding testis, a high-riding position of the testicle is indicative of torsion. This occurs because the twisting of the spermatic cord can shorten its length, pulling the testicle upwards. This is a significant indicator within the TWIST scoring system.

****Nausea/Vomiting:**** These symptoms can be associated with testicular torsion due to the severe pain and reflex sympathetic response. The presence of nausea or vomiting increases the TWIST score, suggesting a greater probability of torsion.

****Absent Cremasteric Reflex:**** The cremasteric reflex involves the contraction of the cremaster muscle, which pulls the testicle upward when the inner thigh is stroked. An absent reflex is highly suggestive of testicular torsion because the reflex arc may be interrupted by the torsion.

In contrast, a ****Low-Riding Testis**** is not part of the TWIST scoring system. This condition typically does not correlate with the clinical picture of testicular torsion. In the scenario described in the question, a low-riding testis is incorrectly identified as a symptom of torsion, which is why it does not contribute to the TWIST score.

When evaluating a patient suspected of having testicular torsion, it is crucial to perform a thorough clinical examination and apply the TWIST scoring system accurately. Immediate referral to a urological surgeon for further evaluation and possible surgical intervention is critical, as testicular torsion is a urological emergency that requires prompt treatment to save the affected testicle and preserve fertility.

NEW QUESTION # 94

If movement is going toward the body it would be considered _____?

- A. Adduction
- B. Distal
- C. Proximal
- D. Abduction

Answer: A

Explanation:

The question refers to a specific type of movement relative to the midline of the body. In anatomical terms, movements that bring a limb or other part closer to the sagittal plane (the plane that divides the body into left and right halves) are classified as adduction. Therefore, if the movement is going toward the body, it is considered ****adduction****.

****Adduction**** is often confused with ****abduction****, which is essentially the opposite. Abduction is the movement that takes a limb or other part away from the midline of the body. For example, raising your arms sideways away from your body is an abduction movement.

To further clarify, these terms are also relative to other anatomical directional terms such as ****distal**** and ****proximal****.

Distal refers to a body part that is further away from the center of the body (or from the point of attachment of a limb to the body), whereas **proximal** refers to a body part that is closer to the center of the body (or to the point of attachment). Therefore, in the context of your original question, if movement is going toward the body, it is definitively termed as **adduction**. This terminology helps in understanding movement patterns, especially in fields like anatomy, physical therapy, and sports science.

NEW QUESTION # 95

You are assisting in the emergency room with a patient who is having a posterior nosebleed. You might recommend each of the following measures to control the posterior epistaxis except for which one?

- **A. firm pressure on the area**
- B. embolization
- C. posterior nasal packing
- D. direct cauterization

Answer: A

Explanation:

In the management of a patient experiencing a posterior nosebleed, various medical interventions can be recommended to control the bleeding. However, the effectiveness of these interventions depends on whether the nosebleed is anterior or posterior.

Understanding the difference between these two types of epistaxis is crucial in choosing the appropriate treatment method.

Posterior nosebleeds, which account for approximately 5-10% of all nosebleeds, originate from the back portions of the nose where the blood vessels are larger and thus potentially more difficult to manage. These types of bleeds are often more severe and may require advanced medical interventions.

The common treatments for posterior epistaxis include: 1. **Direct Cauterization**: This process involves using heat or a chemical agent to burn the bleeding vessel, sealing it to stop the bleeding. This method is effective for accessible bleeding sites and can be performed under local anesthesia. 2. **Posterior Nasal Packing**: This involves placing a special gauze or an inflatable balloon in the nasal cavity to apply pressure directly to the source of the bleeding. This is often used when cauterization is not possible or effective. 3. **Embolization**: This is a more invasive procedure where materials are used to block the bleeding vessel through an endovascular approach. It is typically reserved for severe cases or when other interventions have failed. 4. **Surgery**: In some severe cases, surgical intervention might be necessary to directly ligate (tie off) the bleeding vessels.

On the other hand, firm pressure on the area, generally applied by pinching the soft part of the nose, is a technique usually recommended for anterior nosebleeds. Anterior nosebleeds originate from the front part of the nasal septum and are typically less severe. Applying pressure helps to compress the bleeding vessels, which can control the bleeding effectively in many cases of anterior epistaxis.

Therefore, in the context of treating a posterior nosebleed, recommending firm pressure on the nasal area is generally ineffective. This method does not adequately address the deeper, more posteriorly located sources of bleeding. Instead, the treatments listed under options such as direct cauterization, posterior nasal packing, embolization, or surgery are more appropriate and effective for managing a posterior nosebleed. Hence, the correct answer to the question of which measure might not be recommended for controlling posterior epistaxis is "firm pressure on the area."

NEW QUESTION # 96

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