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NUTRITION NBNSC Certified Nutrition Support Clinician (CCN) Sample Questions (Q63-Q68):

NEW QUESTION # 63

A caliper is used to measure which of the following?

- A. frame
- B. skinfold thickness
- C. height
- D. lean tissue

Answer: B

Explanation:

A caliper is a versatile tool used in various measurements, but one of its specific applications is in measuring skinfold thickness. This measurement technique is particularly important in the fields of health and fitness, where it is used to estimate an individual's body fat percentage.

Skinfold thickness refers to the measurement of the layer of fat just under the skin, known as subcutaneous fat. By measuring the thickness of this layer at specific locations on the body, health professionals can estimate the total body fat of a person. These measurements are taken at standardized points on the body, which can include areas like the abdomen, triceps, back, and thigh.

The process involves pinching the skin and fat away from the underlying muscle and bone and using the caliper to measure the thickness of the pinched fold. Calipers are designed to apply a standardized pressure to the skinfold, which ensures that the measurements are consistent and reliable. The values obtained from these measurements are then used in equations or reference tables to estimate body fat percentage.

This method of estimating body fat is popular due to its cost-effectiveness and relative ease of use compared to other methods like hydrostatic weighing or DEXA scans. However, the accuracy of skinfold measurements can depend on the skill of the person conducting the assessment and the quality of the caliper used.

In summary, while calipers can be used for various measurements, including dimensions of objects in engineering and manufacturing, in the context of health and fitness, they are specifically utilized to measure skinfold thickness. This measurement helps in estimating the body fat percentage, which is a crucial component in assessing an individual's health and fitness status.

NEW QUESTION # 64

There are practice-specific SOPs and SOPPS that have been developed. Published currently are standards for all of the following except:

- A. oncology nutrition care
- B. diabetes care
- C. not extended care settings
- D. functional medicine

Answer: C

Explanation:

The question is asking to identify which area does not currently have published standards among the given options. The options provided are "functional medicine," "not extended care settings," "diabetes care," and "oncology nutrition care." Based on the information provided, the standards that have been published currently cover functional medicine, extended care settings, diabetes care, and oncology nutrition care. Additionally, the standards also include pediatric nutrition, nephrology care, and education of dietetics practitioners.

Since the options "functional medicine," "diabetes care," and "oncology nutrition care" are explicitly mentioned as areas for which standards have been published, they are not the correct answer.

The phrase "not extended care settings" suggests a negation of extended care settings, implying that standards for extended care settings might not exist. However, according to the provided details, standards for extended care settings have indeed been published.

Thus, the confusion arises from the repeated phrase "not extended care settings" which seems to be a typographical or formatting error in the question. Since the provided text confirms that standards for extended care settings have been published, none of the options correctly answer the question under usual circumstances as all listed areas have published standards.

Therefore, the correct answer should ideally indicate that all the mentioned areas do have published standards, suggesting either a problem with the question or a requirement for clarification/reformulation of the options provided.

NEW QUESTION # 65

Serum is:

- A. the result of random samples or timed collections of feces
- B. the fluid from blood centrifuged with anticoagulants
- C. the fluid from blood after blood cells and clots are removed
- D. scrapings and biopsy samples

Answer: C

Explanation:

Serum is a component of blood that is obtained after the removal of blood cells and the clotting factors. To understand what serum is, it's crucial to know how it is derived from blood. Blood consists of several components including red blood cells, white blood cells, platelets, and plasma. When blood is drawn and allowed to clot, the solid components (blood cells and clotting factors) form a clot, and the remaining liquid is what is known as serum.

This process can be facilitated by centrifugation, where the blood is spun at high speeds, causing the heavier components like blood cells and clotting factors to separate and settle at the bottom, leaving the serum as the supernatant fluid. It is essential that anticoagulants are not used in this process because their presence prevents clotting, leading instead to the creation of plasma, not serum.

Serum plays a significant role in medical diagnostics. It is commonly used in laboratory assessments as it serves as a rich source of

biomarkers-substances that can be measured to assess the health of an individual. For instance, serum levels of glucose, cholesterol, proteins, and hormones can provide valuable insights into a person's metabolic processes and whether they are within normal ranges or indicative of a disease.

Furthermore, serum is used in the detection of antibodies indicating infections, autoimmune disorders, and exposure to certain pathogens. Therefore, it is a crucial tool in both clinical diagnosis and management of various medical conditions. It helps in the evaluation, diagnosis, and monitoring of patients in a broad spectrum of healthcare settings.

NEW QUESTION # 66

Humans carry _____ TAS1R taste receptor genes in a single cluster on chromosome 1.

- A. 0
- B. 1
- C. 2
- D. 3

Answer: C

Explanation:

P1 Humans carry 3 TAS1R taste receptor genes in a single cluster on chromosome 1. *P2* These genes are responsible for encoding the taste receptors that detect sweetness and umami (a savory taste). Specifically, the three genes are TAS1R1, TAS1R2, and TAS1R3. TAS1R1 and TAS1R3 combine to form the receptor for umami taste, whereas TAS1R2 and TAS1R3 combine to form the receptor that detects sweet tastes. This gene arrangement allows humans to perceive a range of tastes derived from different combinations of these receptors. *P3* The proteins encoded by these genes belong to the class C group of G-protein coupled receptors (GPCRs), which are characterized by their large N-terminal extracellular domains. These domains have a structure similar to a Venus flytrap, which is crucial for the function of these receptors. The "Venus flytrap" module enables the receptor to bind to tastants (taste-provoking chemical substances), such as sugars, peptides, and amino acids, leading to taste perception. *P4* The presence of these genes in a single cluster on chromosome 1 suggests a streamlined evolutionary path for taste detection mechanisms in humans, emphasizing the importance of taste in survival and food selection. This clustering also facilitates coordinated regulation of taste receptor expression, ensuring that these crucial proteins are synthesized in appropriate amounts and locations, depending on the body's dietary needs and the environment.

NEW QUESTION # 67

The primary regulator of fluid intake is

- A. Active transport.
- B. Ratio of fat to skeletal muscle.
- C. Thirst.
- D. Serum potassium level.

Answer: C

Explanation:

The correct answer to the question "The primary regulator of fluid intake is" is "Thirst." Thirst is a critical physiological response that serves as the main regulator of our body's fluid intake. It is triggered by various mechanisms that monitor the hydration status and the osmotic pressure of the body.

When there is a decrease in the body's water level, whether through sweating, excretion, or simple evaporation, the osmotic pressure of the extracellular fluid (ECF) increases. This increased osmotic pressure is detected by osmoreceptors in the hypothalamus, a region in the brain responsible for regulating thirst. As a result, these receptors trigger the sensation of thirst, compelling an individual to drink fluids and restore the body's optimal hydration level.

Additionally, the sensation of thirst can be exacerbated by the drying of the mucous membranes in the mouth and throat. When there is insufficient saliva production due to low fluid volume in the body, these membranes become dry, further intensifying the feeling of thirst. This serves as a physical reminder to replenish the body's water supply.

Thirst is a more immediate and direct regulator of fluid intake compared to other potential factors like serum potassium levels or the ratio of fat to skeletal muscle. While these factors can influence fluid balance and distribution in the body, they do not directly trigger the acute, conscious desire to drink water in the way that the physiological response of thirst does. Thirst is therefore recognized as the primary and most effective mechanism for maintaining fluid homeostasis in the body.

NEW QUESTION # 68

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