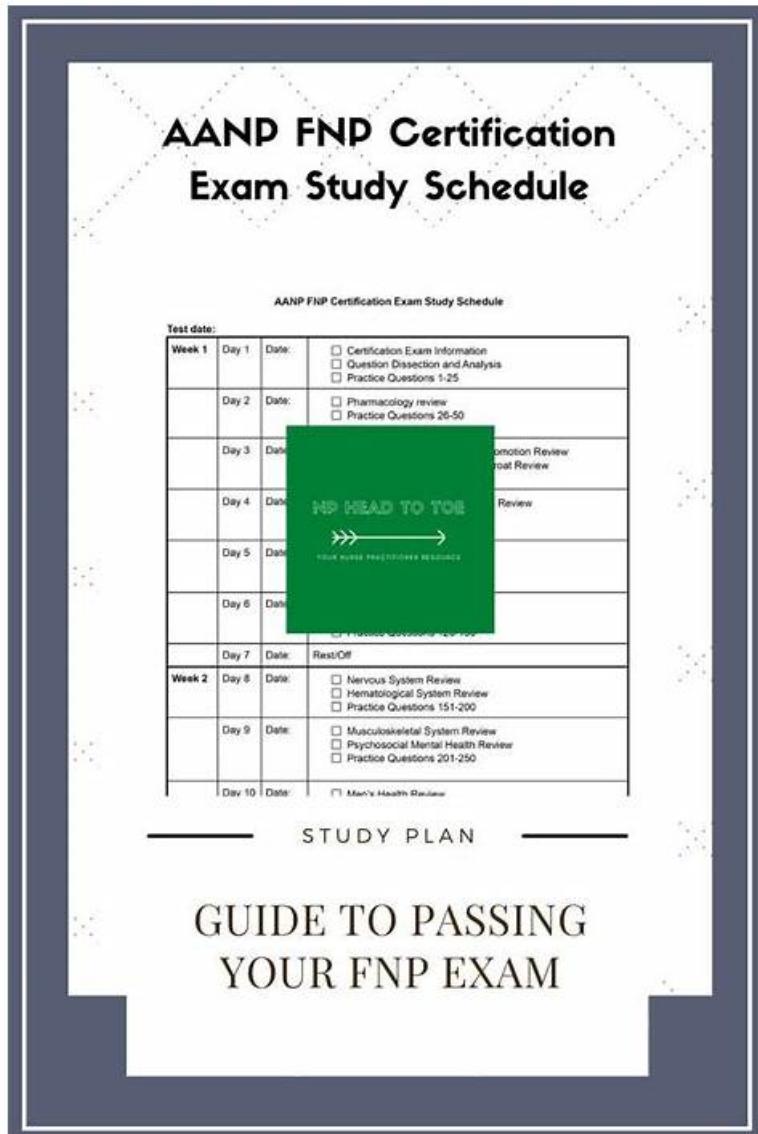


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Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q94-Q99):

NEW QUESTION # 94

Which of the following patients is most likely to have severe joint symptoms as a result of Fifth disease?

- A. a 5-month old female infant
- B. a 15-year-old boy
- **C. a 43-year-old female in otherwise good health**
- D. an elderly male

Answer: C

Explanation:

Fifth disease, also known as erythema infectiosum, is primarily caused by parvovirus B19. This common viral infection often affects children, manifesting as a mild rash on the face, trunk, and limbs. Though typically benign in children, the disease can present differently in adults.

In adults, particularly those in good health without underlying immunodeficiency, Fifth disease can lead to more pronounced joint symptoms. These symptoms include pain and swelling, most frequently affecting the hands, feet, and knees. Unlike the presentation in children, adults, especially women, might experience these joint symptoms with little or no accompanying rash.

The immune response in adults compared to children may account for the variation in symptom presentation. Adults' immune systems can react more aggressively to the infection, leading to more significant inflammation in the joints. This heightened inflammatory response is why adults, particularly women, are more likely to experience severe arthralgia or arthritis as a consequence of the infection.

Given this information, a 43-year-old female in good health is statistically more likely to experience severe joint symptoms from Fifth disease compared to a 5-month-old infant, a 15-year-old boy, or even an elderly male. Women tend to have a higher prevalence of autoimmune diseases, which might influence the more intense immune response to parvovirus B19, thereby increasing the likelihood and severity of joint symptoms.

In conclusion, while Fifth disease is commonly a mild condition in children, in adults, especially middle-aged women, it can lead to significant joint discomfort. This distinction in symptom manifestation between different age groups and sexes is crucial for accurate diagnosis and management of the condition.

NEW QUESTION # 95

Your 62-year-old female patient was diagnosed with subscapular bursitis. The most likely cause of this is that she works on an assembly line using a repeated back-and-forth motion. You are using several conservative measures to treat this but after 6 weeks, results are minimal. What is your next step for this patient?

- A. massage
- B. antimicrobial therapy
- C. appropriate exercise
- **D. intrabursal corticosteroid injection**

Answer: D

Explanation:

The recommended next step for a 62-year-old female patient diagnosed with subscapular bursitis, especially after conservative measures such as physiotherapy, rest, and NSAIDs have shown minimal improvement, is an intrabursal corticosteroid injection. Subscapular bursitis involves inflammation of the bursa located beneath the scapula. This condition is commonly seen in individuals who perform repetitive activities, such as working on an assembly line with repeated back-and-forth motions.

Intrabursal corticosteroid injections are commonly used when conservative treatments fail to provide relief. Corticosteroids are potent anti-inflammatory agents that can effectively reduce inflammation and pain within the bursa. The injection is administered directly into the bursa to maximize its effectiveness while minimizing systemic side effects.

It is essential to inform the patient about the potential side effects and complications associated with corticosteroid injections. Commonly, patients may experience soreness and discomfort at the injection site for a few days. Although less common, there are risks of tissue atrophy and severe inflammatory reactions at the injection site. These side effects are rare but should be discussed so

that the patient can make an informed decision.

Following the injection, the patient should be monitored for improvement and any adverse reactions. If symptoms persist or worsen, further diagnostic evaluation may be necessary to reassess the condition and consider alternative treatments or interventions. Additionally, modifying the patient's work environment and activities to reduce repetitive strain on the affected area can help prevent recurrence of the condition.

NEW QUESTION # 96

A 33-year-old Caucasian woman is in the clinic inquiring about sexual activity during pregnancy. She is 7 months pregnant and concerned that it will place her pregnancy at an increased risk. The nurse practitioner has determined there have been no risk factors to date, so the NP's knowledge suggests that:

- A. There is no increased risk to the pregnancy.
- B. This may increase the risk of cardiovascular abnormalities in the fetus.
- C. This may increase the risk of pre-term labor.
- D. This may stimulate labor and, therefore, should be avoided.

Answer: A

Explanation:

When discussing sexual activity during pregnancy, many pregnant women, like the 33-year-old Caucasian patient mentioned, often express concerns regarding the safety and impact of such activities on their pregnancy. It is crucial to address these concerns with accurate information and reassurance based on current medical understanding and the specific circumstances of the pregnancy.

In general, for a pregnancy that has been progressing without complications, there is no increased risk associated with engaging in sexual activity. The human body is designed to protect the developing fetus throughout the pregnancy, and normal sexual activity does not typically interfere with this process. The amniotic fluid, strong uterine muscles, and the mucus plug at the cervix all serve to protect the fetus from infection and physical harm.

However, it is essential for pregnant women to be aware of certain signs that should prompt them to avoid sexual activity and seek medical advice. These include symptoms like vaginal discharge that is unusual in color or smell, any form of vaginal bleeding, or the rupture of the membranes (commonly known as water breaking). These symptoms could indicate potential complications, and abstaining from sexual activity while these are evaluated and managed is prudent.

In a small percentage of pregnancies where complications are present, such as placenta previa, preterm labor, or a history of miscarriages, a healthcare provider might advise against sexual intercourse. This caution is due to the potential for physical stimulation of the lower uterine segment during intercourse, which could theoretically lead to contractions or increased pressure on the cervix. Additionally, the hormonal changes triggered by orgasm, which include the release of oxytocin, can potentially stimulate uterine contractions. While in most pregnancies this is not a concern and does not lead to pre-term labor, in specific high-risk cases, this could be a factor contributing to early labor.

In conclusion, for most pregnancies that are progressing without any complications, sexual activity is considered safe and does not increase the risk to the pregnancy. Pregnant women should maintain open communication with their healthcare providers about their specific situations. This will help ensure that any potential risks are appropriately managed and that the pregnancy can continue safely while also accommodating the natural aspects of the patient's life, including sexual activity.

NEW QUESTION # 97

You have a 35-year-old female patient who is complaining of wrist pain. She is an administrative assistant who does a great deal of computer work in her job. You will test her for carpal tunnel syndrome. When you tap at the volar surface of the wrist you are performing which of the following tests?

- A. carpal compression maneuver
- B. Phalen's maneuver
- C. McMurray's test
- D. Tinel's sign

Answer: D

NEW QUESTION # 98

our patient has been diagnosed with Parkinson's disease. He has been taking carbidopa and levodopa orally for 10 days and is concerned that it is not helping to control his symptoms. What would be the appropriate response to his concern?

- A. Tell the patient that it takes 1 to 2 months before the medication is effective in controlling symptoms.
- B. Immediately notify his health care provider that the medication has not been effective.
- C. Ask the patient if he is adhering to the recommended diet.
- D. Make sure that the patient is taking the medication properly.

Answer: A

Explanation:

Parkinson's disease is a chronic and progressive neurological disorder that primarily affects motor function due to the loss of dopamine-producing brain cells. The medications carbidopa and levodopa are commonly prescribed to manage the symptoms of Parkinson's disease. Levodopa is a precursor of dopamine, which means it can be converted into dopamine in the brain, thus supplementing the decreased levels of this neurotransmitter. Carbidopa is combined with levodopa to prevent the early conversion of levodopa to dopamine outside the brain, which enhances its effectiveness and reduces side effects.

When a patient starts taking carbidopa and levodopa, it's essential to understand that the response to this treatment doesn't occur immediately. Initially, the body may need time to adjust to the medication, and the brain's remaining dopamine-producing cells may take time to respond to the increased availability of levodopa. This adjustment period can vary significantly among individuals.

Typically, it can take anywhere from 1 to 2 months to observe notable improvements in the symptoms. In some cases, it might even require up to 6 months for the full effects of the medication to manifest.

Given that your patient has only been on carbidopa and levodopa for 10 days, it is quite early to expect significant changes in symptoms. It is essential to manage the patient's expectations and reassure them that this timeline is normal. During this period, the healthcare provider should monitor the patient's progress and make any necessary adjustments to the dosage. Additionally, ensuring that the patient adheres to the medication schedule and follows any dietary recommendations can also influence the effectiveness of the treatment.

Therefore, the appropriate response to your patient's concern about the medication not helping yet would be to reassure him that it typically takes 1 to 2 months, and sometimes longer, to see improvements. Encourage him to continue taking the medication as prescribed and to keep a record of his symptoms to discuss during follow-up visits. This ongoing monitoring and communication with the healthcare provider are crucial for adjusting treatment plans and managing the symptoms of Parkinson's disease effectively.

NEW QUESTION # 99

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