

# AANP-FNP study guide & AANP-FNP training torrent & AANP-FNP free dumps

## AANP FNP STUDY GUIDE EXAM (QUESTIONS AND ANSWERS) A+ GRADED 2023/2024

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

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get the test AANP-FNP Certification, not only to meet what we have now, but also to constantly challenge and try something new and meaningful.

## Nursing AANP Family Nurse Practitioner (AANP-FNP) Sample Questions (Q73-Q78):

### NEW QUESTION # 73

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. McMurray's test
- C. Tinel's sign
- D. Phalen's maneuver

**Answer: C**

Explanation:

When assessing a 35-year-old female patient who is an administrative assistant and complains of wrist pain, it is prudent to test for carpal tunnel syndrome given her extensive use of computers at work. Carpal tunnel syndrome (CTS) is a condition caused by the compression of the median nerve as it travels through the carpal tunnel in the wrist. Symptoms often include pain, numbness, and tingling in the thumb, index, and middle fingers.

One of the clinical tests used to diagnose CTS is Tinel's sign. This test involves gently tapping (percussing) over the volar (palm side) surface of the wrist, directly over the course of the median nerve. If the tapping elicits tingling or a "pins and needles" sensation in the distribution of the median nerve through the fingers, the test is considered positive.

Tinel's sign is a useful clinical tool because it is simple to perform and does not require any specialized equipment. The sensitivity and specificity of Tinel's sign can vary, but generally, it is reported to have around a 50% accuracy rate. This means that the test is not definitive on its own but is helpful when used in conjunction with other diagnostic tools and clinical assessments.

It is important to differentiate Tinel's sign from other tests used for similar purposes. For example, Phalen's maneuver is another test for CTS that involves flexing the patient's wrists maximally and holding this position to see if it elicits symptoms. The carpal compression test involves applying direct pressure over the carpal tunnel and observing for symptoms. McMurray's test, on the other hand, is used to assess for meniscal tears in the knee, which is unrelated to wrist pathology.

Therefore, when you perform a tap at the volar surface of the wrist on a patient with suspected CTS, you are conducting Tinel's sign. Positive findings in Tinel's test, especially when corroborated with other tests and patient history, can support the diagnosis of carpal tunnel syndrome. This is vital for guiding further management and treatment strategies to alleviate the patient's symptoms and prevent further nerve damage.

### NEW QUESTION # 74

You have a patient who has tripped and fallen on his face and has a tooth fracture. Upon examination you observe a full fracture of the tooth involving the enamel, dentin, and pulp. Pink tissue is seen in the fracture. This fracture would be classified as which of the following?

- A. Ellis I
- B. Ellis III
- C. Ellis II
- D. avulsion

**Answer: B**

Explanation:

The correct classification for the described tooth fracture is an Ellis III fracture. This classification is used to identify tooth fractures that involve the full thickness of the tooth, including the enamel, dentin, and pulp layers.

An Ellis III fracture is more severe than Ellis I or Ellis II fractures because it extends through all three layers of the tooth. The enamel, which is the outermost protective layer of the tooth, is compromised, as is the dentin, which forms the bulk of the tooth structure beneath the enamel. Most critically, the pulp, which contains the tooth's nerve and blood supply, is also exposed. The visibility of pink tissue within the fracture site typically indicates that the pulp is involved and possibly damaged, which can lead to pain, sensitivity, and risk of infection.

The presence of pulp exposure in an Ellis III fracture necessitates prompt and specific treatment to prevent complications such as pulp necrosis or infection that could lead to an abscess or more widespread oral health issues. Management of an Ellis III fracture

generally involves either a root canal procedure to remove the damaged pulp and seal off the tooth or, if the tooth is too severely damaged, extraction. In either case, a dental specialist, such as an endodontist or oral surgeon, would likely be involved in the treatment.

Immediate steps before seeing a specialist should include covering the exposed area to reduce pain and prevent contamination.

Dental wax or temporary dental cement can be applied to seal off the exposure temporarily. Additionally, it is important to advise the patient to avoid chewing with the fractured tooth and to maintain good oral hygiene to minimize further contamination.

Referral to an oral surgeon or endodontist is crucial for proper management of an Ellis III fracture. These specialists can provide the most appropriate treatment options based on the extent of the fracture and the condition of the tooth and surrounding tissues. Timely and appropriate management is essential to optimize outcomes for the patient and preserve as much of the natural tooth structure as possible.

#### NEW QUESTION # 75

Which of the following diagnoses of a red eye is most likely to be associated with constricted pupils?

- A. allergic conjunctivitis
- B. glaucoma
- C. iritis
- D. infectious conjunctivitis

**Answer: C**

Explanation:

When considering the diagnosis of a red eye associated with constricted pupils, iritis, also known as anterior uveitis, is the most likely condition among the options provided. Iritis is an inflammation of the iris, the colored part of the eye, and it often presents with both redness and photophobia, which is a sensitivity to light. As a protective response to light sensitivity and part of the inflammatory process, the pupil often constricts (becomes smaller) in iritis.

The other conditions listed, such as allergic conjunctivitis, infectious conjunctivitis, and glaucoma, have different effects on the pupil. Allergic and infectious conjunctivitis primarily affect the conjunctiva, which is the outermost layer of the eye and the inner surface of the eyelids. These conditions are characterized by redness, itching, and discharge, but typically do not affect the size of the pupil, which usually remains normal.

On the other hand, glaucoma, particularly acute angle-closure glaucoma, can also present with a red eye but is typically associated with a dilated pupil, not a constricted one. In acute angle-closure glaucoma, the increase in intraocular pressure can lead to a mid-dilated and non-reactive pupil. This is a distinguishing feature from iritis, where the pupil is constricted and might show a more reactive response to light despite the discomfort it causes.

Thus, among the given choices, iritis is distinctly associated with constricted pupils due to its inflammatory nature and the body's response to minimize exposure to light, which can exacerbate the pain and discomfort associated with the condition. This symptom helps differentiate it from other types of red eye conditions where the pupil size remains normal or becomes larger.

#### NEW QUESTION # 76

An 80-year-old patient presents with a history of infection. He is obese and his chief complaint is fatigue and thirst. What test should be run?

- A. Serum cholesterol.
- B. Serum albumin.
- C. Blood glucose.
- D. Hemoglobin.

**Answer: C**

Explanation:

The correct test to run for an 80-year-old patient who presents with fatigue, thirst, obesity, and a history of infection is a blood glucose test. This recommendation is based on several factors that align with the common symptoms and risk factors associated with diabetes mellitus, particularly type 2 diabetes.

First, the age of the patient is a significant factor. Glucose intolerance increases with age, making older patients more susceptible to diabetes. As individuals age, their insulin sensitivity typically decreases, and pancreatic function may deteriorate, both of which can contribute to elevated blood glucose levels.

Second, the patient's obesity further compounds the risk. Obesity is a well-known risk factor for the development of type 2 diabetes. Excess body fat, especially in the abdominal area, is linked to decreased insulin sensitivity, meaning that the body needs more insulin to help glucose enter cells. This state of insulin resistance is a precursor to diabetes.

Third, the symptoms of fatigue and thirst are classic signs of diabetes. Fatigue in diabetes can result from the body's inability to properly use glucose for energy due to insulin resistance or lack of insulin production. Thirst is a result of high blood sugar levels, which cause dehydration by pulling excess water into the urine as the body attempts to remove the surplus glucose.

Lastly, the history of infection could also be relevant. In people with undiagnosed or poorly controlled diabetes, high blood sugar levels can impair the immune system, making infections more frequent or severe.

Therefore, measuring the blood glucose levels will provide critical information about whether the patient's symptoms might be related to diabetes. Monitoring and managing blood glucose is essential for diagnosing diabetes and preventing its complications. Other tests like serum cholesterol, serum albumin, and hemoglobin might be useful for a complete metabolic profile and assessment, but given the specific presentation and risk factors described, the blood glucose test is the most immediately relevant and informative in this scenario.

#### NEW QUESTION # 77

When examining your patient you find that he has a speech disturbance in which his speech is slow and he finds it hard to express thoughts although his comprehension remains intact. This type of speech disturbance is which of the following?

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

**Answer: A**

Explanation:

The speech disturbance described in the question is classified as nonfluent aphasia, more specifically associated with impairment in Broca's area of the brain. Nonfluent aphasia, also known as Broca's aphasia, is characterized by slow, laborious speech that is difficult to produce. Individuals with this condition often exhibit a struggle to form complete sentences and express their thoughts verbally. Despite these challenges in speech production, their ability to understand language remains intact, which distinguishes nonfluent aphasia from other types of language disorders.

In nonfluent aphasia, patients typically know what they want to say but face significant difficulties in verbalizing their thoughts. This is reflective of the impairment in Broca's area, located in the frontal lobe of the brain, which is crucial for speech production and processing. The speech produced is often telegraphic, lacking in function words (like "is" or "the") and mainly consisting of content words such as nouns and verbs. This makes the speech appear "nonfluent" or halted.

Moreover, individuals with nonfluent aphasia might also experience impairments in other aspects of language use, such as writing, which is often as laborious as their spoken language. However, their comprehension abilities are typically preserved. They can understand spoken language and are able to engage with others to some extent, acknowledging that they understand even though they cannot respond fluidly.

It's important to differentiate nonfluent aphasia from other types of aphasia such as fluent (Wernicke's) aphasia, where speech remains fluent and grammatically correct but often lacks meaning or relevance; and global aphasia, where both the production and comprehension of language are severely impaired. The specific characteristic of nonfluent aphasia - impaired speech production with intact comprehension - is key to diagnosing and managing this condition appropriately.

Understanding the nature of nonfluent aphasia helps in tailoring communication methods with affected individuals and planning appropriate therapeutic interventions that focus on gradually improving speech production and helping patients find alternative ways to communicate effectively.

#### NEW QUESTION # 78

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