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NUTRITION NBNSC Certified Nutrition Support Clinician (CCN) Sample Questions (Q47-Q52):

NEW QUESTION # 47
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 # 48
The maximum heart rate when determining level of exertion is determined by which of the following?

- A. 220 beats per minute minus age
- B. 120 beats per minute plus respiratory rate
- C. 220 beats per minute minus respiratory rate
- D. 120 beats per minute plus age

Answer: A

Explanation:
The maximum heart rate (MHR) is a critical metric used in fitness and health to determine the appropriate level of exertion during physical activity. The most commonly used formula to estimate an individual's MHR is "220 beats per minute minus age." This formula provides a baseline for planning exercise programs and monitoring intensity levels during workouts.
Understanding how this calculation works is straightforward: you subtract the person's age from 220. For example, if you are 30 years old, your estimated maximum heart rate would be 220 - 30, which equals 190 beats per minute. This number represents the highest your heart rate should reach during exercise.
This formula helps ensure that exercise remains within safe heart rate limits, preventing overexertion which can lead to adverse health events, especially in those with underlying heart conditions or other health issues. By staying below this threshold, individuals can maximize the benefits of their workout without exceeding their heart's capability to safely manage the increased workload.
It's important to note that while the "220 minus age" formula is widely used, it provides only an estimate and can vary based on the individual's fitness level, health status, and genetics. Some people might safely exercise at a heart rate closer to their estimated maximum, while others may need to stay at a significantly lower level. Therefore, it is often recommended to consult with healthcare or fitness professionals when designing a personalized workout regimen that involves heart rate targets.
Additionally, the use of heart rate monitors and other fitness technology can help individuals track their heart rates in real time, ensuring they remain within safe and effective ranges tailored to their specific health needs and fitness goals. This practice helps in optimizing workout outcomes and maintaining overall cardiovascular health.

NEW QUESTION # 49
All of the following is true about Green Tea except:

- A. should not be used in large quantities during pregnancy or while nursing
- B. may lower the risk of esophageal, stomach, colon and skin cancer

- C. combats mental fatigue
- D. does not delay the onset of arteriosclerosis

Answer: D

Explanation:
The question provided lists several statements about green tea and asks which one is not true. To address the question correctly, we need to evaluate each statement against known benefits and effects of green tea based on scientific studies and general health guidelines.
The first statement, "combats mental fatigue," is generally true. Green tea contains caffeine, a well-known stimulant that can help in reducing mental fatigue by blocking the inhibitory neurotransmitter adenosine in the brain, which increases the firing of neurons and the concentration of neurotransmitters like dopamine and norepinephrine. This results in improved mood, vigilance, reaction time, and memory.
The statement "does not delay the onset of arteriosclerosis" is the one in question. Arteriosclerosis involves the thickening and hardening of the arteries that can lead to serious cardiovascular diseases. Some studies suggest that the antioxidants in green tea, particularly polyphenols, can help reduce oxidative stress and inflammation, both of which play a role in arteriosclerosis. Thus, this statement is likely false as there is evidence suggesting that green tea can indeed help in delaying arteriosclerosis, making it the correct answer to the question regarding which statement is not true about green tea.
The caution for persons with anxiety disorders or irregular heartbeat to limit their intake to no more than 2 cups daily is valid. This is due to the caffeine content in green tea which can potentially exacerbate anxiety and increase heart rate. Hence, moderation is recommended for individuals with these conditions.
The claim that green tea "may lower the risk of esophageal, stomach, colon, and skin cancer" is backed by various studies that suggest a possible protective effect of green tea's antioxidants, particularly EGCG (epigallocatechin gallate). These components may help in neutralizing harmful free radicals, which can otherwise contribute to cancer development.
Lastly, the advice that green tea "should not be used in large quantities during pregnancy or while nursing" is also accurate. High levels of caffeine, which is present in green tea, can cross the placenta and affect fetal heart rate and growth. It can also be passed through breast milk and might affect a nursing infant.
In summary, the statement that "does not delay the onset of arteriosclerosis" is not true about green tea, considering the evidence supporting its cardiovascular benefits, including potential effects on delaying arteriosclerosis.

NEW QUESTION # 50
The extent to which a measurement in a test is reproducible is known as which of the following?

- A. distribution
- B. replication
- C. validity
- D. reliability

Answer: D

Explanation:
Reliability is an essential concept in the field of psychometrics, testing, and measurement theory, which refers to the consistency or repeatability of a measure or test. The question posed queries the term that describes the extent to which a measurement in a test is reproducible when the same methods or instruments are used under the same conditions. The correct answer to this question is "reliability." Reliability can be assessed in various ways, depending on the type of test and the context in which it is used. Common methods for evaluating reliability include test-retest reliability, inter-rater reliability, and internal consistency reliability. Test-retest reliability measures how consistent the results of a test are over time by administering the same test to the same group on two different occasions. Inter-rater reliability assesses the degree to which different raters or observers give consistent estimates of the same phenomenon. Internal consistency reliability, often measured by Cronbach's alpha, examines the consistency of results across items within a test.
Contrasting reliability with validity, another key concept in measurement theory, is helpful for deeper understanding. While reliability refers to the consistency of a measure, validity refers to the accuracy of a measure, i.e., whether the test measures what it claims to measure. A test can be reliable without being valid if it consistently measures something consistently but not what it is supposed to measure.
In practical terms, high reliability is crucial for the effectiveness of tests in educational settings, clinical assessments, and research. For example, in educational testing, if a test like the SAT were not reliable, scores could vary significantly from one administration to another, leading to unfair outcomes and misinterpretations of a student's abilities. In clinical settings, unreliable measures could lead to incorrect diagnoses or ineffective treatment plans.
It is also important to note that while striving for high reliability, one must also consider other aspects of test design and implementation, such as validity, fairness, and practicality. Balancing these elements ensures that the test not only provides consistent

results but also fair and accurate assessments that can be practically implemented in real-world scenarios. Overall, understanding and ensuring the reliability of measurements is fundamental to the integrity and usefulness of any test or measurement tool used in various fields such as psychology, education, medicine, and social sciences.

NEW QUESTION # 51
Avoiding foods that are contaminated with harmful bacteria, viruses, parasites, toxins and chemicals is vital for healthy eating. All of the following are recommendations for food safety except:

- A. cook foods to a safe temperature to kill microorganisms
- B. clean hands, food contact surfaces and all fruits and vegetables
- C. chill perishable foods promptly
- D. keep raw, cooked and ready-to-eat foods together

Answer: D

Explanation:
The question focuses on identifying which of the listed options is not a recommendation for food safety. To clarify, here's an expanded explanation of each option in relation to food safety principles:
Option 1: Clean hands, food contact surfaces, and all fruits and vegetables This option is a fundamental food safety recommendation. Cleaning your hands frequently, especially before handling food, helps prevent the transfer of harmful bacteria and other pathogens. Similarly, cleaning food contact surfaces (like countertops and cutting boards) and thoroughly washing all fruits and vegetables before eating or cooking them can significantly reduce the risk of foodborne illnesses.
Option 2: Keep raw, cooked, and ready-to-eat foods together This option is incorrectly listed as a food safety measure; in fact, it represents a common food safety violation. Keeping raw, cooked, and ready-to-eat foods together can lead to cross-contamination. Raw foods, especially meats, can harbor pathogens that are eliminated during cooking. If these raw foods come into contact with foods that are already cooked or will be eaten raw, they can transfer these pathogens, increasing the risk of foodborne illness.
Option 3: Cook foods to a safe temperature to kill microorganisms Cooking foods to the appropriate temperatures is crucial for food safety. Different types of foods require different cooking temperatures to ensure that any harmful bacteria and other pathogens are destroyed. For example, poultry should be cooked to an internal temperature of 165°F (74°C), ground meats to 160°F (71°C), and most seafood to 145°F (63°C).
Option 4: Chill perishable foods promptly Chilling perishable foods promptly is essential to prevent bacterial growth. Foods that are left at room temperature can enter the "danger zone" (between 40°F and 140°F or 4°C and 60°C), a temperature range where bacteria can multiply rapidly. Refrigerating perishable foods quickly ensures they remain at a safe temperature, thereby reducing the risk of spoilage and foodborne illness.
Conclusion Among the options provided, the only one that does not align with standard food safety practices is keeping raw, cooked, and ready-to-eat foods together. This option should be avoided to maintain food safety, as it poses a significant risk for cross-contamination and the spread of foodborne pathogens.

NEW QUESTION # 52
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