

1. Your patient presents with pale, waxy legs, weak peripheral pulses, and states he is having difficulty walking great distances due to the pain in his calves. The most appropriate non-invasive test to evaluate his leg vascular flow quality is which of the following exams?
 - a. **Ankle Brachial Index (ABI)**
 - b. Angiogram of the leg with runoff
 - c. Exercise stress test
 - d. Bilateral popliteal blood pressures
2. Your 53 year-old female patient is experiencing shortness of breath and has a diagnosis of pulmonary arterial hypertension. Which ventricle is directly experiencing increased afterload from this disease state?
 - a. Both Right and Left Ventricles
 - b. **Right Ventricle**
 - c. Left Ventricle
 - d. Neither Left or Right Ventricles
3. A patient arrives to the urgent care clinic after several days of crushing chest pain rated 10 out of 10 on a zero to 10 scale with associated left arm numbness and shortness of breath. The pain has lessened over the last 24 hrs to a 4 out of 10. Given the extended duration from onset to presentation, what finding would be expected on the EKG?
 - a. A normal EKG in areas of infarction
 - b. QT prolongation
 - c. P wave inversion
 - d. **Presence of a large Q wave in areas of infarction**
4. An otherwise healthy African American adult male has been diagnosed with hypertension. He has been restricting his salt intake, eating a DASH (Dietary Approaches to Stop Hypertension) diet, and exercising more, but his blood pressure is still elevated. Which is the BEST medication to prescribe him?
 - a. Angiotensin-converting-enzyme inhibitor
 - b. Alpha blocker
 - c. **Calcium channel blocker**
 - d. Beta blocker
5. A nurse practitioner places a 76-year-old patient on nifedipine (Procardia) 10 mg t.i.d. for angina. The patient is unable to remember to take the medication at the scheduled times. The practitioner should:
 - a. **change the dose to extended release 30 mg daily.**
 - b. reinforce the importance of taking the medication.
 - c. discontinue the issue with the patient's daughter.
 - d. increase the dosage to 20 mg b.i.d.
6. The most important diagnostic factor in evaluating angina pectoris is the patient's:
 - a. Physical examination
 - b. History
 - c. Cardiac MRI

- d. Echocardiogram
7. Your patient is complaining of paroxysmal atrial fibrillation. Which medical procedure is commonly used to treat this condition?
- a. Radio frequency ablation of the left ventricular apex
 - b. Overdrive pacing via an epicardial lead
 - c. Placement of biventricular pacing
 - d. Cryoablation of the transition zone of the left pulmonary vein inflow to the left atrium
8. Ophthalmic examination of a patient with a 10-year history of poorly controlled hypertension, despite three-drug-therapy, would most likely reveal:
- a. Arteriolar narrowing
 - b. Drusen bodies
 - c. Increased vascularization
 - d. Optic atrophy
9. An older adult with diabetes mellitus presents with leg cramps. She states that the cramps were worst when walking to the supermarket. If she stops to rest, the pain subsides. The nurse practitioner knows that this patient needs a workup for:
- a. Popliteal aneurism
 - b. Benign nocturnal leg cramps
 - c. Intermittent claudication
 - d. Deep vein thrombosis
10. The inability to fully relax the myocardium during relaxation is a trademark of which of the following diagnoses?
- a. Grade 2 systolic dysfunction
 - b. Diastolic dysfunction
 - c. Systolic heart failure
 - d. Grade 3 systolic dysfunction
11. A 18-year-old woman presents with increased thirst, frequent urination, and unexplained weight loss. Her fasting plasma glucose level is 200 mg/dL. What is the most likely diagnosis?
- a. Diabetes insipidus
 - b. Syndrome of inappropriate Anti Diuretic Hormone (SIADH)
 - c. Type 1 diabetes mellitus
 - d. Cushing's syndrome
12. A 48-year-old female presents with a history of hypothyroidism controlled with levothyroxine (Synthroid). She reports that she has been taking excessive amounts of the drug over the past year, to control her weight. This behavior can cause or aggravate which of the following conditions?
- a. Migraine headaches
 - b. Bradycardia
 - c. Osteoporosis
 - d. Thyroid malignancy
13. A patient presents for recheck of their thyroid-stimulating hormone (TSH). The patient was started on levothyroxine (Synthroid) 50 mcg 8 weeks ago. Today the

- TSH is 10.5 $\mu\text{U}/\text{mL}$ [normal = 0.4-2.5 $\mu\text{U}/\text{mL}$]. Based on this lab work, which is the most appropriate action?
- Change to Armour Thyroid 50 mcg daily.
 - Decrease levothyroxine (Synthroid) to 25 mcg daily.
 - Increase levothyroxine (Synthroid) to 75 mcg daily.
 - Keep levothyroxine (Synthroid) at 50 mcg daily.
14. Which of the following is the most common cause of Cushing's Syndrome?
- Long term excessive glucocorticoid use
 - Ectopic ACTH secretion
 - ACTH-producing pituitary adenoma
 - Adrenal adenoma
15. Pheochromocytoma is best diagnosed by which of the following tests:
- 24-hour urine for catecholamines/metanephrines and plasma metanephrines
 - Plasma metanephrines with blood pressure values
 - Adrenal CT/MRI
 - Blood pressure values and adrenal CT/MRI
16. A 33-year-old woman presents with intermittent palpitations, anxiety, and heat intolerance. Her thyroid function tests reveal low TSH and high free T4. What is the most likely diagnosis?
- Hyperthyroidism
 - Thyroiditis
 - Hypothyroidism
 - Graves' disease
17. All the following are factors associated with a development of type II diabetes EXCEPT:
- peripheral vascular disease
 - delivering an infant greater than 9 lbs.
 - weight greater than 20% of ideal body weight
 - positive family history
18. An adult female presents with a chief complaint of fatigue and weight gain. She states that she doesn't feel like herself. A diagnosis of hypothyroidism is suspected. Which of the following physical findings would support this diagnosis?
- Palpitation, bradycardia, and constipation
 - Tachycardia, exophthalmos, brittle hair
 - Diarrhea, tachycardia, and hypoactive deep tendon reflexes
 - Dry skin, bradycardia, and hypoactive deep tendon reflexes
19. After confirming your patient is hypercortisolemic, a critical part of the diagnostic work up is to do which next?
- Refer to surgery
 - Order ACTH level
 - Order MRI of brain
 - Order adrenal MRI
20. A patient with diabetes mellitus who is taking insulin presents for a follow up. The patient's blood glucose log reveals wide variations in readings, as well as

- numerous episodes of hyperglycemia and hypoglycemia. Which is the nurse practitioner's best therapeutic intervention?
- Increase the overall insulin dose
 - Instruct the patient to start daily exercise
 - Decrease the overall insulin dose
 - Refer the patient for diet teaching
21. An elderly patient is being admitted to the skilled nursing facility and is being screened for the risk of falling. Which of the following information would trigger a complete falls assessment?
- Living alone and having mild dementia
 - Osteoarthritis in the hips and knees
 - Medication regimen including acetaminophen for pain and a calcium channel blocker
 - A history of two or more falls in the prior year
22. How should a nurse practitioner evaluate if palliative care is effective?
- An out of hospital "Do not resuscitate" order is in place.
 - Advanced directives have been discussed and signed.
 - The symptoms causing discomfort are lessened.
 - The illness or disease is in remission.
23. Which is best performed to assess the risk for fall in an 88-year old adult?
- PHQ-2 questionnaire
 - Get up and go test
 - Global screening assessment
 - Clock-drawing test
24. Which of the following gastrointestinal changes is associated with normal aging?
- Increased salivation
 - Decreased incidence of gallstones
 - Increased esophageal emptying
 - Decreased production of gastric acid
25. A 90-year-old female is brought to the clinic by her neighbor. She states that everything is fine, but the nurse practitioner notes that she has poor hygiene and bruises on her trunk. The neighbor is concerned that the patient often has no money to buy food, despite income from social security and a coal miner's pension. The nurse practitioner suspects abuse. Which of the following is the nurse practitioner obligated to do next?
- Report the case to the proper authorities.
 - Tell the neighbor to check on the woman daily and report back.
 - Call the patient's family and inquire about the concerns.
 - Document the data and report the information to risk management.
26. A 42-year-old female presents with large watery frequent stools. She also reports abdominal pain and cramping, bloating and gas. What is the primary management for this patient?
- Antibiotic treatment
 - Upper and lower endoscopy for further evaluation
 - Probiotics and antibiotic treatment

- d. Fluid and electrolyte management, self-limiting
27. An older adult has a follow-up fasting lipid panel 6 months after making therapeutic lifestyle changes. LDL=205mg/dL (Normal=<100mg/dL), HDL=44mg/dL, and triglycerides=180mg/dL (Normal-<150mg/dL). The patient is placed on statin therapy. Two months later, the patient presents for follow-up and complains of body aches. In addition to creatine phosphokinase (CPK), which of the following tests should the nurse practitioner order?
- reatine phosphokinase (CPK) electrophoresis
 - Serum calcium levels
 - BUN and creatinine
 - Liver transaminase (AST and ALT) levels
28. The best medication for a patient who presents with irritable bowel syndrome with cramping is:
- bismuth subsalicylate (Pepto-Bismol).
 - aluminum/magnesium hydroxide (Maalox).
 - lactulose (Kristalose).
 - dicyclomine (Bentyl).
29. A patient states that his girlfriend was recently diagnosed with hepatitis, and he tests positive for hepatitis C. He expresses fear of the diagnosis because his father died after a liver transplantation. Which existing information in the patient's history is the most significant factor in the progression of liver failure?
- intermittent acetaminophen intake
 - chronic alcohol intake
 - Lack of fluid intake
 - Lack of exercise
30. A 38-year-old male presents to the ER with complaints of abdominal pain, intermittent diarrhea, and has a positive occult blood. A stool culture is done which does not show any organism growth. His CRP and fecal calprotectin are elevated, and a colonoscopy is performed with biopsy which shows changes consistent with Crohn's disease, which are mild. What of the following represent the first line of treatment for this illness?
- Immunomodulators
 - NSAID's and acetaminophen
 - 5-ASA, antibiotics, corticosteroids
 - Anti-TNF
31. A 63-year-old male presents with a suspected lower GI bleed. He reports passing frank small amounts of blood several times today. He denies use of NSAID's or blood thinners. What questions would be important to ask to further differentiate your diagnosis?
- Is there pain associated with passing of stool
 - All options are appropriate
 - Changes in bowel habits
 - When was his last colonoscopy?
32. An adult female with rheumatoid arthritis presents to the office for a follow up. She is currently taking methotrexate and over the counter Ibuprofen. Today she