AANP ADULT-GERONTOLOGY PRIMARY CARE NURSE PRACTITIONERS (AGPCNP) PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. **A healthy older adult male has just had a normal yearly physical. What advice should the practitioner give regarding eye examinations?**

   A. Important to undergo a dilated funduscopic examination every 1-2 years

   B. Acceptable to delay examination by an ophthalmologist

   C. Not necessary to undergo an examination

   D. Particularly important to undergo an examination to evaluate for presbyopia

2. **What is the most likely suspected diagnosis in an elderly patient with a progressive decline in cognitive status?**

   A. An occult infection

   B. Myocardial infarction

   C. Alzheimer's dementia

   D. Subdural hematoma

3. **When addressing suspected domestic violence in an adult relationship, what is the appropriate action for a nurse practitioner?**

   A. Just do a physical assessment, not social

   B. Make an assessment of battering

   C. Avoid making a battering assessment; it is legal

   D. Referral to social services only

4. **An older adult female with urinary incontinence might benefit from what type of therapy?**

   A. Behavioral therapy

   B. Medication management

   C. Surgical intervention

   D. Physical therapy

5. **An elderly male farmer presents with a 0.6 inch (1.5 cm) long, oval, pearly nodule on the lower eyelid. What is the most likely diagnosis?**

   A. Actinic keratosis

   B. Chancre of syphilis

   C. Dermatofibroma

   D. Basal cell carcinoma

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6. A 32-year-old patient has a history of symmetrical joint swelling and morning stiffness. What is the most likely diagnosis?

A. Rheumatoid arthritis

B. Osteoarthritis

C. Gouty arthritis

D. Psoriatic arthritis

7. Which test is most appropriate for the initial evaluation of a patient suspected of acute prostatitis?

A. Prostate-specific antigen (PSA)

B. Urinalysis and urine culture

C. Scrotal massage and urine sample

D. CBC with differential

8. Which pharmacotherapeutic option is most important to administer to a patient with a corneal abrasion?

A. Timolol

B. Gentamicin ophthalmic

C. Cromolyn optha

D. Olopatadine

9. A 25-year-old patient presents with decreased mobility and right shoulder pain after extensive house painting with no trauma. What is the next step to aid in diagnosis?

A. X-ray of shoulder

B. Palpate structures around the shoulder

C. MRI of shoulder

D. EMG

10. Which condition is characterized by persistent abdominal discomfort and alterations in bowel habits?

A. Diverticulitis

B. IBS

C. Colorectal cancer

D. Hemorrhoids

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Answers

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1. A
2. C
3. B
4. A
5. D
6. A
7. B
8. B
9. B
10. B

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Explanations

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1. A healthy older adult male has just had a normal yearly physical. What advice should the practitioner give regarding eye examinations?

A. Important to undergo a dilated funduscopic examination every 1-2 years

B. Acceptable to delay examination by an ophthalmologist

C. Not necessary to undergo an examination

D. Particularly important to undergo an examination to evaluate for presbyopia

Encouraging a healthy older adult male to undergo a dilated funduscopic examination every 1-2 years aligns with best practices in preventive healthcare for this population. As individuals age, they become increasingly susceptible to eye conditions such as glaucoma, cataracts, and macular degeneration. A dilated funduscopic examination allows the healthcare provider to thoroughly inspect the retina and optic nerve for signs of these diseases, even in the absence of symptoms, necessitating regular monitoring. Regular eye examinations are crucial, as some eye diseases can progress without noticeable symptoms until significant damage has occurred. Early detection through examinations can lead to timely interventions and treatment, potentially preventing vision loss. Given the risks associated with aging, the recommendation for a dilated examination every 1-2 years is a proactive approach that can help maintain eye health in older adults. Choosing to delay examination or deeming it unnecessary does not consider the increased risk factors associated with aging and the critical role of early detection in preserving vision health. Additionally, while evaluating for presbyopia is important in older adults, it is just one aspect of a comprehensive eye examination, which is why the broader recommendation is preferred.

2. What is the most likely suspected diagnosis in an elderly patient with a progressive decline in cognitive status?

A. An occult infection

B. Myocardial infarction

C. Alzheimer's dementia

D. Subdural hematoma

The most likely suspected diagnosis of Alzheimer's dementia in an elderly patient with a progressive decline in cognitive status is grounded in the characteristic features of this condition. Alzheimer's dementia is the most common form of dementia, particularly in older adults, and is characterized by gradual and progressive memory loss, language difficulties, and changes in behavior and personality. In elderly patients, the differential diagnosis for cognitive decline is broad, but the gradual nature of the decline, as described, strongly aligns with Alzheimer's disease. This condition is typically insidious, with symptoms that often first manifest as forgetfulness or confusion followed by cognitive impairment that interferes with daily living activities. Other conditions listed, such as occult infection and subdural hematoma, while they can lead to cognitive changes, tend to cause more acute changes in mental status. An occult infection may present with confusion or delirium but usually has other accompanying symptoms, such as fever or signs of infection. A subdural hematoma could lead to rapid cognitive decline, but it is usually associated with a specific history of trauma or bleeding tendencies. Myocardial infarction primarily causes cardiovascular symptoms rather than directly impacting cognitive function unless it leads to significant systemic involvement or post-cardiac complications. Therefore, when considering the typical presentation of cognitive

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3. When addressing suspected domestic violence in an adult relationship, what is the appropriate action for a nurse practitioner?

A. Just do a physical assessment, not social

B. Make an assessment of battering

C. Avoid making a battering assessment; it is legal

D. Referral to social services only

Making an assessment of battering is the appropriate action for a nurse practitioner when addressing suspected domestic violence in an adult relationship. This action is vital because it allows the practitioner to gather comprehensive information about the patient's situation, including any signs of physical harm or psychological distress that may not be immediately apparent. Conducting a thorough assessment enables the nurse practitioner to understand the severity and specifics of the violence being experienced, which is critical for determining the best course of action for the patient's safety and wellbeing. Additionally, assessing for signs of battering involves not only a physical examination but also a careful and compassionate inquiry into the patient's emotional and social circumstances. This holistic approach is essential because it validates the patient's experiences and provides an opportunity for them to disclose their situation in a safe environment. It also opens up pathways for further interventions, referrals to support services, and safety planning, which are crucial in addressing domestic violence. It is important to recognize that simply conducting a physical assessment without evaluating social factors would not provide the complete picture necessary for proper intervention. Avoiding the assessment altogether or solely referring to social services would neglect the immediate healthcare needs of the patient and risk their safety if the situation is not adequately addressed. Thus, a thorough assessment is a critical first step in the response to suspected

4. An older adult female with urinary incontinence might benefit from what type of therapy?

A. Behavioral therapy

B. Medication management

C. Surgical intervention

D. Physical therapy

Behavioral therapy is an effective approach for managing urinary incontinence in older adults, particularly women. This therapy includes techniques such as bladder training, pelvic floor muscle exercises, and lifestyle modifications which can significantly improve symptoms. It focuses on helping patients develop control over their bladder and identifying and avoiding triggers that contribute to incontinence. Using behavioral strategies can empower patients by providing them with practical tools and skills to manage their condition without immediate reliance on medications or invasive procedures, which may have more significant side effects or recovery considerations. Often, these therapies can be initiated quickly, making them a first-line option. While medication management, surgical intervention, and physical therapy may also have roles in treating urinary incontinence, behavioral therapy is often the first recommended approach due to its non-invasive nature and the emphasis on patient education and empowerment.

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5. An elderly male farmer presents with a 0.6 inch (1.5 cm) long, oval, pearly nodule on the lower eyelid. What is the most likely diagnosis?

A. Actinic keratosis

B. Chancre of syphilis

C. Dermatofibroma

D. Basal cell carcinoma

The most likely diagnosis in this scenario is basal cell carcinoma, particularly considering the characteristics of the lesion described. Basal cell carcinoma often presents as a pearly nodule, particularly in sun-exposed areas of the skin, such as the lower eyelid of an elderly male farmer who may have had significant sun exposure throughout his life. The lesion's size and description are typical for basal cell carcinoma, which is known for appearing as a small, shiny, and firm bump. Other common features can include the development of teleangiectasias (small, dilated blood vessels) at the surface. In contrast, actinic keratosis typically appears as rough, scaly patches and would not present as a smooth, pearly nodule. A chancre of syphilis is usually associated with a painless ulcer rather than a nodule and would not be described as pearly. Dermatofibromas usually appear as firm nodules with a brownish hue and lack the pearly characteristics associated with basal cell carcinoma. Thus, the clinical presentation aligns well with basal cell carcinoma, making it the most fitting diagnosis.

6. A 32-year-old patient has a history of symmetrical joint swelling and morning stiffness. What is the most likely diagnosis?

A. Rheumatoid arthritis

B. Osteoarthritis

C. Gouty arthritis

D. Psoriatic arthritis

In the context of the presented symptoms—symmetrical joint swelling and morning stiffness—the most likely diagnosis is rheumatoid arthritis. This condition is characterized by persistent joint symptoms, including swelling and stiffness, which typically worsen in the morning or after periods of inactivity. The symmetrical nature of the joint involvement is also a hallmark of rheumatoid arthritis, distinguishing it from other forms of arthritis. Osteoarthritis, in contrast, usually presents with joint pain that worsens with activity rather than stiffness, and it commonly affects joints asymmetrically. Gouty arthritis is marked by acute attacks of pain and swelling in a single joint, often identified by a sudden onset and the presence of tophi. Psoriatic arthritis can involve joint swelling but often accompanies psoriasis and can manifest with asymmetric joint symptoms. Given the combination of the patient's history and presenting symptoms, rheumatoid arthritis stands out as the most appropriate diagnosis.

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7. Which test is most appropriate for the initial evaluation of a patient suspected of acute prostatitis?

A. Prostate-specific antigen (PSA)

B. Urinalysis and urine culture

C. Scrotal massage and urine sample

D. CBC with differential

The most appropriate test for the initial evaluation of a patient suspected of acute prostatitis is urinalysis and urine culture. This is because acute prostatitis is often accompanied by urinary symptoms, including dysuria, frequent urination, and urinary obstruction. Urinalysis helps identify the presence of white blood cells, bacteria, and other indicators of infection in the urine, which can suggest that prostatitis is present. A urine culture is critical for confirming the presence of specific pathogens responsible for the infection and determining the most effective antibiotic treatment. While other tests may be used in different contexts, they are not as specific or helpful in the immediate assessment of acute prostatitis. For instance, prostate-specific antigen (PSA) testing can be affected by various conditions and is not specifically indicative of prostatitis. Scrotal massage may not only be uncomfortable but is also not a standard initial diagnostic tool for prostatitis. A complete blood count (CBC) with differential can provide information about the overall systemic response to infection but does not specifically diagnose prostatitis or identify the causative agent. Thus, urinalysis and urine culture are the most direct and reliable approaches for evaluating patients suspected of acute prostatitis.

8. Which pharmacotherapeutic option is most important to administer to a patient with a corneal abrasion?

A. Timolol

B. Gentamicin ophthalmic

C. Cromolyn optha

D. Olopatadine

In the context of treating a corneal abrasion, the most important pharmacotherapeutic option is Gentamicin ophthalmic. Corneal abrasions are injuries to the outer layer of the cornea, and they can leave the eye vulnerable to infections, especially if the abrasion is large or if there is associated foreign body trauma. Gentamicin is an antibiotic that can help prevent and treat potential bacterial infections in the cornea. It is effective against a variety of gram-negative and some gram-positive bacteria, making it a suitable choice to ensure that bacterial pathogens do not complicate the healing process of the corneal abrasion. While the other options may have their uses in ophthalmic treatment, Gentamicin's role in infection prevention is critical in the context of a corneal abrasion. Timolol is primarily used for managing intraocular pressure in conditions like glaucoma, while Cromolyn is an anti-allergic agent not indicated for acute injuries. Olopatadine, being an antihistamine, is also focused on allergic reactions rather than addressing the immediate concern of infection associated with a corneal abrasion. Thus, Gentamicin ophthalmic stands out as the essential choice for protecting the eye from potential bacterial infection after such an injury.

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9. A 25-year-old patient presents with decreased mobility and right shoulder pain after extensive house painting with no trauma. What is the next step to aid in diagnosis?

A. X-ray of shoulder

B. Palpate structures around the shoulder

C. MRI of shoulder

D. EMG

Palpating the structures around the shoulder provides valuable diagnostic information and is a logical next step in assessing the cause of the patient's symptoms. This physical examination technique allows the clinician to identify areas of tenderness, swelling, and potential localized sources of pain. By palpating the shoulder, the clinician can gather information about musculoskeletal issues such as rotator cuff injuries, bursitis, or tendinopathy, which are common in patients who engage in repetitive overhead activities, such as house painting. While imaging options like X-rays and MRIs can certainly aid in diagnosis, they are typically utilized when there is a clear suspicion of a structural abnormality or when the initial assessment does not lead to a clear diagnosis. EMG is mainly indicated for evaluating nerve function and is not the first consideration in this scenario. Moving forward with palpation can help determine whether further imaging is necessary based on the findings, ensuring a more targeted and efficient approach to diagnosis.

10. Which condition is characterized by persistent abdominal discomfort and alterations in bowel habits?

A. Diverticulitis

B. IBS

C. Colorectal cancer

D. Hemorrhoids

Irritable Bowel Syndrome (IBS) is characterized by persistent abdominal discomfort along with alterations in bowel habits, such as diarrhea, constipation, or a combination of both. This condition is often diagnosed based on the presence of symptoms rather than through specific tests, as there are no structural abnormalities observable on standard imaging or endoscopy. The hallmark of IBS is a chronic nature of symptoms, with patients often experiencing episodes that may relate to dietary triggers or stress. The abdominal discomfort associated with IBS is typically relieved by bowel movements, which further underscores its distinct nature compared to other gastrointestinal conditions. In contrast, diverticulitis often presents with localized abdominal pain, fever, and changes in bowel habits due to inflammation or infection of diverticula. Colorectal cancer may cause changes in bowel habits as well, but it is usually accompanied by more severe symptoms, including weight loss, bleeding, or a change in stool caliber. Hemorrhoids may lead to discomfort and alterations in bowel habits primarily due to pain or bleeding but do not present with the persistent abdominal discomfort characteristic of IBS. Thus, the defining features of persistent abdominal discomfort combined with changes in bowel habits distinctly align with IBS, making it the correct choice.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

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We wish you the very best on your exam journey. You've got this!

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