NURSING FOOT CARE 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. Which nerves provide sensation to the plantar surface, and how does neuropathy affect foot care?

A. The deep fibular nerve supplies plantar sensation; neuropathy increases sensation.

B. The tibial nerve branches—the medial and lateral plantar nerves—supply most plantar sensation. Neuropathy reduces protective sensation, increasing ulcer risk and delaying wound detection.

C. The peroneal nerve supplies plantar sensation; neuropathy improves wound detection.

D. The saphenous nerve supplies plantar sensation; neuropathy has no effect on ulcer risk.

2. What are essential infection-control practices in foot care nursing?

A. Hand hygiene, standard precautions, sterile technique for procedures, proper disposal of contaminated materials, and environmental cleanliness.

B. Wearing gloves for all tasks regardless of context.

C. Disinfecting tools after use is unnecessary.

D. Hand hygiene is not required.

3. What is the typical time frame for nail growth to show improvement during antifungal treatment?

A. Nail growth can take months; therapy often lasts for several months.

B. Nails grow in minutes; therapy lasts days.

C. Nails do not grow; therapy is unnecessary.

D. Therapy duration is always exactly 2 weeks.

4. What is the primary purpose of offloading in diabetic foot wound care?

A. Increase activity to promote blood flow.

B. Relieve pressure on the wound to promote healing.

C. Reduce blood sugar.

D. Increase pressure to stimulate tissue growth.

5. How often should one receive a foot care exam?

A. At Least Annually For Low Risk

B. Every Six Months

C. Monthly

D. Every Two Years

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6. Which nursing diagnosis reflects risk due to lack of sensation in the feet?

A. Impaired Physical Mobility

B. Risk for Injury

C. Risk for Impaired Skin Integrity

D. Self Care Deficit

7. The forefoot is composed of which structures?

A. The five toes and metatarsus

B. The tibia and fibula

C. The ankle bones

D. The calcaneus

8. Which factors require immediate referral to a podiatrist or physician rather than at-home care?

A. Suspected deep ulcers

B. Minor dry skin

C. Mild redness that resolves in a day

D. Regular trimming

9. In a patient with edema, what non-pharmacologic strategies support foot care, and what must be considered before applying compression?

A. Elevation and gentle movement; apply compression only if vascular status is adequate and prescribed; monitor for signs of ischemia

B. Elevation and gentle massage; compression always

C. Frequent massage; compression as needed

D. Cold therapy; compression only if pain

10. How many bones are in the adult human foot?

A. 26 bones

B. 33 joints

C. 28 bones

D. 30 bones

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Answers

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

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Explanations

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1. Which nerves provide sensation to the plantar surface, and how does neuropathy affect foot care?

A. The deep fibular nerve supplies plantar sensation; neuropathy increases sensation.

B. The tibial nerve branches—the medial and lateral plantar nerves—supply most plantar sensation. Neuropathy reduces protective sensation, increasing ulcer risk and delaying wound detection.

C. The peroneal nerve supplies plantar sensation; neuropathy improves wound detection.

D. The saphenous nerve supplies plantar sensation; neuropathy has no effect on ulcer risk.

Sensation on the plantar surface is provided mainly by branches of the tibial nerve—the medial plantar nerve and the lateral plantar nerve—which together supply most of the sole and the plantar aspect of the toes. A small area such as the web space between the first and second toes is served by the deep fibular nerve, while the peroneal (fibular) and saphenous nerves cover regions outside the sole. Neuropathy reduces protective sensation on the plantar surface, so injuries or pressure points can occur and go unnoticed. This raises the risk of foot ulcers and delays wound detection. Foot care for someone with neuropathy emphasizes daily inspection of the entire sole, using appropriate, pressure-relieving footwear, proper nail care, avoiding barefoot walking, and promptly addressing any cuts or blisters, along with regular sensory screening to guide prevention.

2. What are essential infection-control practices in foot care nursing?

A. Hand hygiene, standard precautions, sterile technique for procedures, proper disposal of contaminated materials, and environmental cleanliness.

B. Wearing gloves for all tasks regardless of context.

C. Disinfecting tools after use is unnecessary.

D. Hand hygiene is not required.

Infection-control practices in foot care nursing rely on a comprehensive approach to prevent the spread of infection during every interaction and procedure. The foundation is clean hands: performing hand hygiene before and after touching a patient, after removing gloves, and after contact with potentially contaminated materials dramatically reduces the transmission of pathogens. Standard precautions are the guiding framework. Treat all body fluids as potentially infectious and use the appropriate personal protective equipment for the task—gloves for contact with bodily fluids or contaminated materials, masks or eye protection for procedures that pose splashes, and other protections as needed. This mindset protects both the patient and the caregiver across all care activities. Sterile technique is essential for procedures that breach the skin or involve invasive steps, such as wound care, nail debridement, or any manipulation of sterile fields. Maintaining a sterile environment for those procedures minimizes introducing organisms into the skin or wounds, which can prevent serious infections. Proper disposal of contaminated materials is critical to prevent cross-contamination and exposure. Used dressings, swabs, and other disposables should be placed in appropriate biohazard waste containers, and sharps should go into puncture-resistant containers. This keeps the environment safer for everyone. Environmental cleanliness ties everything together. Regular cleaning and disinfection of surfaces, foot basins, equipment, and treatment areas reduce the microbial load and lower the risk of transmitting pathogens between clients. Why this is the best approach: it covers hand hygiene, standard precautions, sterile technique for procedures, safe disposal of contaminated materials, and a clean environment—all the components needed to prevent infection in foot care. Without hand hygiene, or without proper precautions, or without sterile technique and proper disposal, infection risk remains higher. Wearing gloves for every task, claiming disinfection of tools isn't necessary, or saying hand hygiene isn't required would miss essential parts of protecting both patients and staff.

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for the full version with hundreds of practice questions

3. What is the typical time frame for nail growth to show improvement during antifungal treatment?

A. Nail growth can take months; therapy often lasts for several months.

B. Nails grow in minutes; therapy lasts days.

C. Nails do not grow; therapy is unnecessary.

D. Therapy duration is always exactly 2 weeks.

Nail growth is slow, so you won't see noticeable improvement quickly after starting antifungal treatment. The new healthy nail has to grow out from the nail matrix to replace the infected nail, and nails grow only a few millimeters each month (fingernails about 3–4 mm per month; toenails about 1–2 mm per month). Because of this slow growth, treatment is continued for several months to allow the nail to regrow, and visible improvement can take many months—often around six months or more for fingernails and a year or longer for toenails. This is why the typical timeframe is months, not days or a fixed short period.

4. What is the primary purpose of offloading in diabetic foot wound care?

A. Increase activity to promote blood flow.

B. Relieve pressure on the wound to promote healing.

C. Reduce blood sugar.

D. Increase pressure to stimulate tissue growth.

Offloading is about removing the load and shear the wound would otherwise bear during walking. In diabetic feet, especially with neuropathy, a person may not feel ongoing pressure, so the ulcer keeps getting compressed and irritated as they move. Relieving that pressure with protective footwear, casts, or other devices redistributes weight to nonwounded areas, giving the wound a chance to heal and preventing further tissue breakdown. This mechanical relief directly supports healing, rather than changing blood sugar or increasing pressure.

5. How often should one receive a foot care exam?

A. At Least Annually For Low Risk

B. Every Six Months

C. Monthly

D. Every Two Years

Regular foot exams are about catching problems early and preventing ulcers and complications. For someone at low risk, the baseline is to have a foot care exam at least once a year. This yearly check covers skin and nail health, look for calluses, cracks, or deformities, assess sensation and circulation, inspect footwear, and review foot hygiene and care education. If risk factors are present—such as neuropathy, poor blood flow, a history of foot ulcers, or deformities—the exam should happen more frequently, often with every visit or every few months, depending on the level of risk. The options suggesting six months, monthly, or every two years don't align with the standard annual baseline for low-risk individuals.

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6. Which nursing diagnosis reflects risk due to lack of sensation in the feet?

A. Impaired Physical Mobility

B. Risk for Injury

C. Risk for Impaired Skin Integrity

D. Self Care Deficit

Loss of sensation in the feet increases risk for injury because injuries can occur without the person noticing—blisters, burns, cuts, or pressure ulcers can develop and go untreated. In nursing diagnoses, Risk for Injury is used when there is a potential for physical harm due to a specific factor like sensory loss. Therefore this option best captures the vulnerability created by numb feet. The other diagnoses describe existing problems rather than the potential for harm from sensory impairment: Impaired Physical Mobility describes a current limitation in movement; Risk for Impaired Skin Integrity would focus on skin breakdown risk from factors such as pressure or moisture but not specifically the sensory deficit; Self Care Deficit relates to difficulty performing activities of daily living, not the general safety risk from lack of sensation. To manage this risk, implement safety measures and foot care: inspect feet daily, keep skin intact, wear protective footwear, avoid hot water and extreme temperatures, and promptly report injuries.

7. The forefoot is composed of which structures?

A. The five toes and metatarsus

B. The tibia and fibula

C. The ankle bones

D. The calcaneus

Forefoot refers to the front portion of the foot—the area that bears the toes and the long bones that connect them to the midfoot. It includes the five toes (phalanges) and the five metatarsal bones. The tibia and fibula are leg bones, not part of the foot. The ankle bones and the calcaneus belong to the hindfoot/ankle region, not the forefoot. So the forefoot is best described by the toes plus the metatarsals—the five toes and metatarsal bones.

8. Which factors require immediate referral to a podiatrist or physician rather than at-home care?

A. Suspected deep ulcers

B. Minor dry skin

C. Mild redness that resolves in a day

D. Regular trimming

Recognizing when a foot problem signals deeper tissue involvement and infection that cannot be safely managed at home is the key idea. A suspected deep ulcer requires immediate referral to a podiatrist or physician because it indicates tissue loss and potential spread, raising risks of infection, osteomyelitis, and poor healing. Professional evaluation allows accurate wound assessment, possible debridement, appropriate infection control, and imaging if needed, which can prevent progression and complications. In contrast, minor dry skin can be managed with regular moisturizers and gentle cleansing, and a small amount of redness that resolves quickly is often benign and watchful waiting is appropriate. Regular trimming is part of routine foot care when done safely, but it does not signal an urgent need for specialist referral unless it involves breaks in skin, signs of infection, or new severe symptoms. Seek urgent care if there is drainage, increasing redness or swelling, warmth, fever, or new pain, as these can indicate an infection or deeper tissue involvement.

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9. In a patient with edema, what non-pharmacologic strategies support foot care, and what must be considered before applying compression?

A. Elevation and gentle movement; apply compression only if vascular status is adequate and prescribed; monitor for signs of ischemia

B. Elevation and gentle massage; compression always

C. Frequent massage; compression as needed

D. Cold therapy; compression only if pain

Reducing edema in the feet involves approaches that improve venous return and protect the skin. Elevating the legs helps lower the hydrostatic pressure in the feet, encouraging fluid to move back toward the heart. Gentle movement, such as ankle pumps or light walking, activates the calf muscle pump and supports circulation without causing tissue damage or irritation. Before applying any compression, it's essential to confirm that arterial blood flow is adequate. Compression can be very helpful for edema, but if there is significant arterial insufficiency, it can reduce blood flow further and risk tissue ischemia. That's why a clinician's prescription and an assessment of vascular status are required. While wearing compression, watch for signs of ischemia—cool or pale skin, diminished or absent distal pulses, numbness or tingling, increased pain, or a change in color or temperature—and stop or adjust compression if these occur. The other options introduce elements that aren't best practice for edema management or omit the important vascular check. Gentle massage is not the primary non-pharmacologic strategy here, and cold therapy is not a standard edema-control measure; compression should not be used indiscriminately without ensuring adequate arterial perfusion.

10. How many bones are in the adult human foot?

A. 26 bones

B. 33 joints

C. 28 bones

D. 30 bones

In an adult, the foot contains 26 bones. This is made up of seven tarsal bones in the hindfoot and midfoot, five metatarsal bones in the midfoot, and fourteen phalanges in the toes. The big toe has two phalanges (proximal and distal), while each of the other four toes has three (proximal, middle, distal). So the total is 7 + 5 + 14 = 26. Sometimes questions mix in the number of joints or bones in other parts of the leg, but this item asks for bones, not joints. The foot does have many joints—around the upper 30s—but that's a separate count.

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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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