



CLTC Long-Term Care Exam Prep

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Practice Questions

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1. An LPN is caring for a resident with chronic heart failure. Which finding best indicates the heart's reduced ability to pump blood effectively to meet the body's metabolic demands?

- A. Decreased urinary frequency
- B. Increased respiratory rate during sleep
- C. Warm, dry skin on extremities
- D. Edema in the feet and ankles

2. A resident with chronic obstructive pulmonary disease (COPD) has a barrel-shaped chest. This anatomical change is primarily caused by which pathophysiological process?

- A. Strengthening of intercostal muscles from overuse
- B. Increased production of surfactant in the lungs
- C. Air trapping and hyperinflation of the alveoli
- D. Excessive calcium deposition in the rib cage

3. A nurse reviews lab results showing a serum creatinine level of 2.8 mg/dL (normal 0.6-1.2 mg/dL) in a resident with chronic kidney disease. This finding indicates dysfunction in which primary kidney function?

- A. Tubular secretion of potassium
- B. Glomerular filtration of waste products
- C. Production of erythropoietin
- D. Regulation of blood pressure through renin release

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4. An elderly resident with type 2 diabetes has a fasting blood glucose of 245 mg/dL. The nurse understands this indicates which pancreatic dysfunction?

- A. Insufficient insulin production or cellular insulin resistance
- B. Excessive glucagon secretion from alpha cells only
- C. Overproduction of digestive enzymes
- D. Decreased production of somatostatin

5. A resident with osteoporosis is at increased risk for fractures due to which age-related change in bone physiology?

- A. Increased collagen synthesis in bone matrix
- B. Excessive calcium absorption in the intestines
- C. Overproduction of osteoblast cells
- D. Increased bone resorption exceeding bone formation

6. The nurse assesses a stage 3 pressure injury on a resident's sacrum. Understanding the integumentary system, the nurse knows this wound extends through which layers?

- A. Epidermis and partial dermis only
- B. Epidermis only with dermis intact
- C. Epidermis, dermis, and into subcutaneous tissue
- D. Through all layers including muscle and bone

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7. A resident with Parkinson's disease exhibits tremors at rest and muscle rigidity. These symptoms result from degeneration of neurons in which area of the brain?

- A. Hippocampus in the temporal lobe
- B. Substantia nigra in the basal ganglia
- C. Cerebellum in the posterior fossa
- D. Frontal lobe cortex

8. A resident with gastroesophageal reflux disease (GERD) experiences heartburn. The nurse explains this occurs because of malfunction of which anatomical structure?

- A. Lower esophageal sphincter
- B. Pyloric sphincter
- C. Ileocecal valve
- D. Cardiac sphincter of the stomach fundus



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9. An elderly resident has decreased bladder capacity and experiences urinary frequency. This is primarily due to which age-related change in the urinary system?

- A. Strengthening of the external urethral sphincter
- B. Increased glomerular filtration rate
- C. Enlargement of the bladder capacity
- D. Loss of bladder muscle elasticity and tone

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10. A resident with anemia has a hemoglobin level of 8.5 g/dL (normal 12-16 g/dL for women). The nurse understands this will primarily affect which physiological process?

- A. White blood cell production in bone marrow
- B. Carbon dioxide elimination from tissues
- C. Oxygen transport to body tissues
- D. Platelet aggregation and clot formation

11. A resident with emphysema has decreased surface area for gas exchange. This pathological change primarily affects which lung structures?

- A. Bronchial smooth muscle fibers
- B. Alveolar walls and air sacs
- C. Tracheal cartilage rings
- D. Pleural membrane layers

12. The nurse notes a resident's serum potassium level is 6.2 mEq/L (normal 3.5-5.0 mEq/L). Understanding homeostasis, which organ system is primarily responsible for maintaining potassium balance?

- A. Renal system through filtration and excretion
- B. Respiratory system through ventilation
- C. Integumentary system through perspiration
- D. Digestive system through bile secretion

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13. A resident with hypothyroidism reports feeling cold, fatigued, and has gained weight. These symptoms result from decreased production of thyroid hormones, which primarily regulate which body function?

- A. Sodium and water retention
- B. Calcium and phosphate balance
- C. Blood glucose regulation
- D. Metabolic rate and energy production

14. An elderly resident has kyphosis, causing a stooped posture. This condition primarily affects which part of the skeletal system?

- A. Cervical vertebrae and atlas
- B. Lumbar vertebrae and sacrum
- C. Thoracic vertebrae of the spine
- D. Coccyx and pelvic bones

15. A resident with peripheral arterial disease has decreased pedal pulses and cool lower extremities. The nurse understands this results from which circulatory problem?

- A. Increased venous return from lower legs
- B. Decreased arterial blood flow to extremities
- C. Excessive capillary permeability
- D. Overactive sympathetic vasoconstriction

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16. A resident's laboratory results show a blood urea nitrogen (BUN) of 45 mg/dL (normal 7-20 mg/dL). This elevated value most likely indicates dysfunction in which organ?

- A. Kidneys
- B. Liver
- C. Heart
- D. Pancreas



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17. A resident with Alzheimer's disease has progressive memory loss and confusion. The nurse understands this neurodegenerative disease primarily affects which brain structure responsible for memory formation?

- A. Thalamus
- B. Medulla oblongata
- C. Pons
- D. Hippocampus

18. A resident with cirrhosis has abdominal distention due to ascites. This fluid accumulation occurs primarily because of which altered liver function?

- A. Excessive bile secretion into intestines
- B. Increased production of clotting factors
- C. Decreased albumin production and portal hypertension
- D. Overproduction of glucose stores

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19. The nurse assesses diminished breath sounds in the lower lobes of an immobile resident's lungs. Understanding respiratory anatomy, this finding suggests which complication?

- A. Hyperinflation of upper lung lobes only
- B. Atelectasis or mucus accumulation in dependent lung areas
- C. Excessive surfactant production in alveoli
- D. Strengthening of diaphragmatic muscle tone

20. A resident with chronic venous insufficiency has brown discoloration and edema in the lower legs. The nurse understands this results from which pathophysiological change in the venous system?

- A. Incompetent venous valves causing blood pooling and increased pressure
- B. Excessive arterial blood flow to lower extremities
- C. Decreased capillary permeability in leg tissues
- D. Overactive lymphatic drainage from legs



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21. When should the LPN/LVN perform hand hygiene when caring for a resident with a urinary catheter?

- A. Only when hands are visibly soiled
- B. Only before the procedure begins
- C. Only after completing the entire shift
- D. Before touching the resident and immediately after removing gloves

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22. A resident in a long-term care facility has been diagnosed with Clostridium difficile infection. Which precaution should the nurse implement?

- A. Airborne precautions with N95 respirator
- B. Droplet precautions with surgical mask
- C. Contact precautions with soap and water hand washing
- D. Standard precautions only with alcohol-based hand sanitizer

23. A practical nurse finds a resident lying on the floor beside the bed. What is the FIRST action the nurse should take?

- A. Immediately lift the resident back into bed
- B. Assess the resident for injuries and level of consciousness
- C. Call the family to report the incident
- D. Complete an incident report form

24. Which intervention is the BEST alternative to physical restraints for a confused resident who frequently attempts to get out of bed?

- A. Place the bed in the lowest position with floor mats beside the bed
- B. Apply bilateral soft wrist restraints to the bed rails
- C. Administer sedative medication every 4 hours
- D. Keep all four bed rails raised at all times

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25. A fire alarm sounds in a long-term care facility. Using the RACE protocol, what does the 'A' represent?

- A. Assist - help residents to safety
- B. Assess - determine the location of the fire
- C. Announce - notify all staff of the emergency
- D. Alarm - activate the fire alarm system

26. When transferring a heavy resident from bed to wheelchair, which body mechanics principle should the nurse follow to prevent injury?

- A. Twist the torso while lifting to turn the resident
- B. Stand with feet together and bend forward at the waist
- C. Keep feet shoulder-width apart and bend at the knees
- D. Keep legs straight and use back muscles to lift

27. A resident with tuberculosis is admitted to the long-term care facility. Which type of isolation room is required?

- A. Positive pressure room with standard filtration
- B. Negative pressure room with HEPA filtration
- C. Regular private room with door closed
- D. Semi-private room with curtain separation

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28. After administering an insulin injection, the nurse should dispose of the used syringe in which manner?

- A. Place uncapped in a puncture-resistant sharps container immediately
- B. Recap the needle and place in the regular trash bin
- C. Break off the needle and flush down the toilet
- D. Return the syringe to the medication cart for later disposal

29. Which finding during a room safety assessment indicates an immediate fall risk that requires correction?

- A. Non-slip footwear placed beside the bed
- B. Call light within reach on the bedside table
- C. Night light plugged in near the doorway
- D. Wet floor near the bathroom entrance



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30. A resident's room temperature is measured at 65 degrees Fahrenheit. The resident is elderly and has poor circulation. What should the nurse do?

- A. Open the window to improve air circulation
- B. Document the temperature as within normal range
- C. Adjust the thermostat to increase room temperature to at least 71 degrees
- D. Turn on the ceiling fan to distribute heat



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Answer Key & Explanations

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1. D — Edema in the feet and ankles

Decreased cardiac output leads to compensatory mechanisms including fluid retention by the kidneys, resulting in dependent edema (swelling in feet and ankles). This is a direct result of the heart's inability to pump blood efficiently, causing blood to back up in the venous system.

2. C — Air trapping and hyperinflation of the alveoli

In COPD, chronic air trapping occurs because damaged alveoli lose their elasticity and airways collapse during exhalation. This leads to hyperinflation of the lungs, causing the chest to become barrel-shaped as the anteroposterior diameter increases.

3. B — Glomerular filtration of waste products

Creatinine is a waste product filtered by the glomeruli in the kidneys. Elevated serum creatinine indicates the glomerular filtration rate is decreased, meaning the kidneys are not effectively filtering waste products from the blood.

4. A — Insufficient insulin production or cellular insulin resistance

In type 2 diabetes, the pancreatic beta cells either do not produce sufficient insulin or the body's cells become resistant to insulin. Elevated fasting glucose indicates inadequate insulin effect, preventing glucose from entering cells for energy use.

5. D — Increased bone resorption exceeding bone formation

Osteoporosis occurs when bone resorption (breakdown) by osteoclasts exceeds bone formation by osteoblasts, resulting in decreased bone density and increased fracture risk. This imbalance is common in aging, especially post-menopausal women.

6. C — Epidermis, dermis, and into subcutaneous tissue

A stage 3 pressure injury involves full-thickness skin loss extending through the epidermis and dermis into the subcutaneous tissue (fat layer). Muscle, tendon, and bone are not exposed in stage 3 injuries.

7. B — Substantia nigra in the basal ganglia

Parkinson's disease is caused by degeneration of dopamine-producing neurons in the substantia nigra, part of the basal ganglia. This dopamine deficiency leads to the characteristic tremors, rigidity, and bradykinesia seen in Parkinson's disease.

8. A — Lower esophageal sphincter

The lower esophageal sphincter (LES) normally prevents stomach acid from flowing back into the esophagus. In GERD, the LES relaxes inappropriately or weakens, allowing acidic gastric contents to reflux into the esophagus, causing heartburn.

9. D — Loss of bladder muscle elasticity and tone

With aging, the bladder muscle (detrusor) loses elasticity and tone, reducing bladder capacity. The bladder cannot hold as much urine, leading to increased urinary frequency and urgency in elderly individuals.



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10. C — Oxygen transport to body tissues

Hemoglobin in red blood cells is responsible for binding and transporting oxygen from the lungs to body tissues. Low hemoglobin means reduced oxygen-carrying capacity, leading to tissue hypoxia and symptoms like fatigue and shortness of breath.

11. B — Alveolar walls and air sacs

Emphysema destroys the walls of alveoli, causing them to merge into larger air spaces. This reduces the total surface area available for gas exchange between air and blood, impairing oxygenation.

12. A — Renal system through filtration and excretion

The kidneys regulate potassium balance by filtering potassium from the blood and either reabsorbing it or excreting it in urine based on the body's needs. Elevated potassium (hyperkalemia) often indicates impaired kidney function.

13. D — Metabolic rate and energy production

Thyroid hormones (T3 and T4) are the primary regulators of metabolic rate in the body. Decreased thyroid hormone production slows metabolism, leading to weight gain, cold intolerance, fatigue, and other symptoms of hypothyroidism.

14. C — Thoracic vertebrae of the spine

Kyphosis is an excessive outward curvature of the thoracic spine, creating a hunched or stooped appearance. It is common in elderly individuals due to osteoporosis, vertebral compression fractures, or degenerative changes in the spine.

15. B — Decreased arterial blood flow to extremities

Peripheral arterial disease involves narrowing or blockage of arteries, usually due to atherosclerosis, which reduces blood flow to the extremities. Decreased arterial perfusion causes weak pulses, cool skin, and inadequate oxygen delivery to tissues.

16. A — Kidneys

BUN measures the amount of urea nitrogen in the blood, a waste product of protein metabolism that is normally filtered by the kidneys. Elevated BUN indicates the kidneys are not effectively filtering and excreting waste products.

17. D — Hippocampus

The hippocampus, located in the temporal lobe, is essential for forming new memories and spatial navigation. Alzheimer's disease causes atrophy and neuronal death in the hippocampus early in the disease process, leading to memory impairment.

18. C — Decreased albumin production and portal hypertension

The liver produces albumin, a protein that helps maintain oncotic pressure to keep fluid in blood vessels. In cirrhosis, decreased albumin production and increased portal vein pressure cause fluid to leak into the abdominal cavity, forming ascites.

19. B — Atelectasis or mucus accumulation in dependent lung areas

Immobility and shallow breathing can cause mucus and fluid to accumulate in dependent lung areas (lower lobes), leading to atelectasis (partial lung collapse) or pneumonia. This results in diminished breath sounds in the affected areas.



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20. A — Incompetent venous valves causing blood pooling and increased pressure

In chronic venous insufficiency, incompetent valves in leg veins allow blood to pool rather than return efficiently to the heart. This increased venous pressure causes fluid to leak into tissues (edema) and red blood cells to break down, depositing hemosiderin that causes brown skin discoloration.

21. D — Before touching the resident and immediately after removing gloves

Hand hygiene must be performed both before and after any patient contact, including procedures like catheter care. This is a fundamental infection control practice that prevents transmission of microorganisms to and from the patient.

22. C — Contact precautions with soap and water hand washing

C. difficile requires contact precautions, which include gown and gloves for all patient contact. Additionally, hand washing with soap and water (not alcohol-based sanitizer) is required because alcohol does not kill C. difficile spores.

23. B — Assess the resident for injuries and level of consciousness

The priority is to assess the resident for injuries before moving them. This ensures appropriate intervention and prevents further harm. The nurse should check level of consciousness, pain, visible injuries, and ability to move extremities before proceeding.

24. A — Place the bed in the lowest position with floor mats beside the bed

A low bed with floor mats reduces fall risk without restricting the resident's movement or autonomy. This is a restraint alternative that maintains safety while preserving dignity and rights. Physical restraints should only be used as a last resort.

25. D — Alarm - activate the fire alarm system

In the RACE fire safety protocol, 'A' stands for Alarm - activate the fire alarm system. The complete sequence is: Rescue (remove residents from danger), Alarm (activate alarm), Contain (close doors to contain fire and smoke), and Extinguish/Evacuate (extinguish if safe or evacuate).

26. C — Keep feet shoulder-width apart and bend at the knees

Keeping feet shoulder-width apart and bending at the knees provides a stable base of support and uses the large leg muscles instead of the back muscles. This proper body mechanics technique prevents musculoskeletal injuries, particularly to the lower back.

27. B — Negative pressure room with HEPA filtration

Tuberculosis requires airborne precautions with a negative pressure room that has at least 6-12 air exchanges per hour and air exhausted to the outside or through HEPA filtration. This prevents the spread of airborne particles containing Mycobacterium tuberculosis.

28. A — Place uncapped in a puncture-resistant sharps container immediately

Used needles and syringes must be disposed of immediately in a puncture-resistant sharps container without recapping to prevent needlestick injuries. Recapping needles significantly increases the risk of accidental needlestick injuries.

29. D — Wet floor near the bathroom entrance

Wet floors create an immediate slip and fall hazard and must be addressed immediately. The area should be dried, marked with warning signs, and residents should be redirected. This is a priority safety intervention in fall prevention.



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30. C — Adjust the thermostat to increase room temperature to at least 71 degrees

Elderly residents and those with poor circulation are at increased risk for hypothermia. The recommended room temperature for long-term care facilities is 71-81 degrees Fahrenheit. The nurse should adjust the thermostat to provide a comfortable, safe environment.



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