



# MEDSURG-BC Nurse Exam Prep

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## Practice Questions

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**1. A patient hospitalized for cellulitis has a history of heart failure. The provider orders "ambulate in hall three times daily." Before the morning walk, the patient reports new-onset chest heaviness rated 4/10 and telemetry shows frequent premature ventricular contractions. Which action is appropriate?**

- A. Proceed with the ambulation but shorten the distance
- B. Perform low-intensity bed exercises instead of walking
- C. Administer PRN oxygen and proceed with extreme caution
- D. Immediately defer the activity and notify the provider

**2. A 78-year-old patient deconditioned from prolonged bed rest is preparing for discharge. Using the FITT (Frequency, Intensity, Type, Time) framework, which exercise prescription ensures safety while promoting functional recovery?**

- A. Walking 10 minutes daily at a conversation pace
- B. High-intensity interval training for 20 minutes
- C. Aerobic activity until reaching physical fatigue
- D. Passive range of motion exercises twice weekly

**3. A patient is 24 hours post-operative from a total knee replacement and also reports a flare-up of chronic lower back pain. Which combination of thermal modalities is indicated?**

- A. Continuous cold therapy applied to both locations
- B. Alternating heat and cold on the surgical site
- C. Ice packs to the knee; heating pad to the back
- D. Heating pad to the knee; ice packs to the back

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**4. A patient with chronic insomnia has had limited success with general sleep hygiene advice. The nurse plans to introduce stimulus control as part of Cognitive Behavioral Therapy for Insomnia (CBT-I). Which instruction aligns with this specific intervention?**

- A. Keeping the bedroom environment consistently dark and cool
- B. Avoiding all caffeine intake after 12:00 PM daily
- C. Limiting all fluid intake two hours before bedtime
- D. Exercising in the early morning rather than evening

**5. A patient prescribed warfarin for atrial fibrillation asks about adding herbal supplements to their daily routine. Which product identified by the nurse requires immediate intervention due to a high risk of drug-drug interaction?**

- A. Calcium carbonate
- B. Garlic extract
- C. Vitamin C capsules
- D. Zinc lozenges

**6. A patient recovering from pneumonia currently walks 10 minutes per session without dyspnea. Following the standard "10% rule" for safe progression, what is the maximum appropriate duration for the next week's sessions?**

- A. 20 minutes
- B. 25 minutes
- C. 10 minutes
- D. 11 minutes

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**7. A patient with COPD is experiencing acute anxiety and tachypnea (respiratory rate 28/min) but has stable oxygen saturation. Which breathing technique is most appropriate to reduce autonomic arousal and work of breathing?**

- A. Diaphragmatic breathing at 6 breaths/minute
- B. Rapid shallow breathing to clear carbon dioxide
- C. Progressive muscle relaxation of the extremities
- D. Inspiratory breath holding for ten seconds



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**8. A patient requests a referral for acupuncture to manage chronic pain. During the safety screening, which finding in the patient's medical record represents a contraindication requiring provider consultation?**

- A. Allergy to sulfa antibiotics
- B. Age greater than 75 years
- C. Daily warfarin therapy
- D. History of lumbar laminectomy

**9. A nurse is teaching a patient with chronic insomnia about stimulus control. Which instruction correctly reinforces the association between the bed and sleep to reduce conditioned arousal?**

- A. Read a book in bed until feeling drowsy
- B. Watch television in bed to help relax
- C. Lie quietly in bed with eyes closed
- D. Practice work tasks in bed to tire out

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**10. A post-operative patient is refusing to mobilize due to pain and has shown a decline in functional status over the last 3 days. What is the most appropriate nursing intervention to address the immobility?**

- A. Delay mobilization until pain is absent
- B. Request a physical therapy referral
- C. Enforce strict bed rest for 24 hours
- D. Teach the family passive range of motion

**11. A patient recovering from knee surgery performs prescribed rehabilitation exercises. They report mild discomfort during the final repetitions but maintain proper form. What is the nurse's most appropriate evaluation of this intensity?**

- A. Sign of developing tissue injury
- B. Evidence of improper mechanics
- C. Reason to consult physical therapy
- D. Appropriate therapeutic intensity



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**12. An uninsured patient with chronic back pain requires nonpharmacologic management but cannot afford formal physical therapy. Which recommendation aligns best with social determinants of health and clinical guidelines?**

- A. Community walking program
- B. Referral to outpatient rehabilitation
- C. Private pay massage therapy sessions
- D. Subscription-based yoga application

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**13. A patient is 4 hours postoperative following an ankle repair and reports throbbing pain. Which nonpharmacologic intervention should the nurse prioritize immediately to reduce inflammation?**

- A. Deep tissue massage to the calf
- B. Transcutaneous electrical stimulation
- C. Ice packs and elevation
- D. Application of warm compresses

**14. A patient starting sleep restriction therapy for chronic insomnia reports feeling increased daytime sleepiness during the first week. What is the nurse's best response regarding this finding?**

- A. Indication to stop the therapy
- B. Sign of underlying sleep apnea
- C. Adverse reaction requiring consult
- D. Evidence of incorrect implementation

**15. During postoperative ambulation, a patient recovering from lumbar fusion reports new numbness in the foot and demonstrates a foot drop. What is the nurse's priority action?**

- A. Administer PRN analgesic medication
- B. Stop activity and consult
- C. Continue with contact guard assist
- D. Apply a brace and proceed slowly

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**16. A patient with diabetic neuropathy requests a heating pad for leg pain. The nurse declines this request based on which safety principle regarding heat application?**

- A. Likelihood of worsening neuropathy
- B. Interference with glucose metabolism
- C. Promotion of bacterial proliferation
- D. Burn risk due to sensory loss

**17. A hospitalized patient requests their personal acupuncturist perform a session in the room. Before permitting this, what is the nurse's priority administrative action?**

- A. Verify credentials and order
- B. Obtain patient informed consent
- C. Review hospital visitation policy
- D. Assess for bleeding contraindications

**18. An 82-year-old patient reports chronic difficulty maintaining sleep and daytime fatigue. According to current clinical guidelines for older adults, which intervention is the preferred first-line treatment?**

- A. Diphenhydramine administration
- B. Sleep hygiene education only
- C. CBT for insomnia
- D. Low-dose sedative hypnotics

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**19. A patient rehabilitating from a hip fracture reports "no improvement" in pain, yet the nurse notes sit-to-stand repetitions have increased from 3 to 8 over one week. How should the nurse interpret this data?**

- A. Pain scale indicates treatment failure
- B. Rehabilitation plan requires regression
- C. Subjective report invalidates the gains
- D. Analgesic regimen requires escalation

**20. A patient with chronic back pain uses a TENS unit. Which statement best describes the appropriate role of this modality in the comprehensive care plan?**

- A. Replacement for pharmacotherapy
- B. Adjunct to support activity
- C. Primary mode of pain management
- D. Substitute for physical exercise



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**21. During a cardiac rehabilitation session, a patient walking on a treadmill reports a new sensation of pressure in the jaw. The heart rate is 112 beats/minute. What is the nurse's priority action?**

- A. Administer sublingual nitroglycerin
- B. Decrease treadmill speed by 50 percent
- C. Document findings as expected exertion
- D. Stop the exercise immediately

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**22. A nurse is teaching diaphragmatic breathing to a patient with anxiety. Which instruction ensures the correct mechanics to effectively increase vagal tone?**

- A. Inhale slowly to expand abdomen
- B. Breathe rapidly into the upper chest
- C. Contract abdominal muscles firmly
- D. Hold breath for 15 seconds after inhaling

**23. A pre-operative patient reports taking garlic and ginkgo biloba daily. Surgery is scheduled for 3 days from now. What is the nurse's best action?**

- A. Take them with a sip of water on surgery morning
- B. Double the dose to prevent post-op infection
- C. Stop taking the supplements immediately
- D. Continue taking them until the day of surgery

**24. A patient reports painful neck muscle spasms three days after a whiplash injury. Which nonpharmacologic modality is most indicated for this subacute phase?**

- A. Cold compression therapy
- B. Strict cervical immobilization
- C. High-velocity neck manipulation
- D. Aggressive resistance training

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**25. A patient hospitalized with acute low back pain has rested for 24 hours. Which activity goal is most appropriate for the second day?**

- A. Transfer to a chair for meals only
- B. Gentle ambulation as tolerated
- C. Strict bed rest with bathroom privileges
- D. High-intensity core strengthening

**26. An older adult with chronic insomnia has not improved after 4 weeks of sleep hygiene education. What is the next evidence-based recommendation?**

- A. Recommend nightly diphenhydramine administration
- B. Advise accepting wakefulness as a normal aging process
- C. Prescribe a high-dose sedative-hypnotic agent
- D. Refer for cognitive behavioral therapy

**27. A 78-year-old patient is being discharged with a prescribed home walking program to improve conditioning. Which instruction should the nurse prioritize to ensure patient safety?**

- A. Stop if dizziness or chest pain occurs
- B. Walk rapidly to maximize heart rate response
- C. Carry handheld weights to improve arm strength
- D. Continue through mild pain to build endurance

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**28. An inpatient receiving a continuous heparin infusion requests acupuncture therapy for management of chronic back pain. What is the nurse's best response regarding the safety of this intervention?**

- A. Suggest deep tissue massage instead
- B. Approve for superficial insertion
- C. Defer due to bleeding risk
- D. Allow if the provider is licensed



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**29. A patient with an acute flare of rheumatoid arthritis presents with hot, swollen joints. Which provider order should the nurse question as inappropriate for this specific clinical presentation?**

- A. Gentle range of motion exercises
- B. Intermittent cold pack application
- C. Scheduled anti-inflammatory medication
- D. Frequent rest periods during the day

**30. A patient recovering from a hip fracture is preparing for discharge. Which specific exercise intervention best promotes functional independence and safety within the home environment?**

- A. Supine gluteal muscle squeezing
- B. Perform sit-to-stand repetitions
- C. Isotonic quadriceps muscle setting
- D. Passive ankle range of motion



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## Answer Key & Explanations

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### 1. D — Immediately defer the activity and notify the provider

New-onset chest heaviness and PVCs indicate cardiac instability. Safety guidelines mandate deferring activity during acute symptoms. Proceeding with ambulation or performing bed exercises risks exacerbating the potential cardiac event.

### 2. A — Walking 10 minutes daily at a conversation pace

The correct answer is walking 10 minutes daily at a conversation pace. For deconditioned patients, the FITT framework prioritizes low intensity (permitting conversation) and manageable duration to build tolerance without exceeding pain thresholds or cardiac reserves. High-intensity interval training or working to the point of fatigue (distractors) increases injury risk in this population. Focusing solely on bed rest fails to reverse deconditioning. The prescription must balance activity with the patient's low baseline tolerance.

### 3. C — Ice packs to the knee; heating pad to the back

Cold therapy reduces inflammation and bleeding in acute surgical sites (first 48–72 hours). Heat promotes blood flow and relaxation for chronic muscle tension. Applying heat to fresh wounds increases bleeding risk, while ice is less effective than heat for chronic tension.

### 4. A — Keeping the bedroom environment consistently dark and cool

Stimulus control aims to re-associate the bed with rapid sleep onset. Patients must leave the bedroom if unable to sleep after 20 minutes to break conditioned arousal. Sleep hygiene tips (limiting fluids or caffeine) do not address the behavioral conditioning specific to this intervention.

### 5. B — Garlic extract

The correct answer is garlic extract. Several herbal supplements, notably the "4 Gs" (Garlic, Ginkgo, Ginger, Ginseng), possess antiplatelet properties that can significantly potentiate the anticoagulant effect of warfarin, increasing the risk of spontaneous bleeding. While other supplements like Vitamin C, zinc, or probiotics (distractors) may have minor interactions or lack evidence of harm, garlic extract presents a well-documented safety hazard that necessitates counseling to prevent adverse hemorrhagic events.

### 6. D — 11 minutes

The correct answer is 11 minutes. Safe exercise progression guidelines generally recommend increasing the frequency, intensity, or duration by no more than 10% per week to prevent injury and relapse. 10% of 10 minutes is 1 minute, making the new target 11 minutes ( $10 \times 1.10 = 11$ ). Distractors suggesting 15 or 20 minutes represent aggressive increases (50-100%) that risk overexertion, while maintaining 10 minutes does not facilitate progressive reconditioning.

### 7. A — Diaphragmatic breathing at 6 breaths/minute

Diaphragmatic breathing (6 breaths/minute) stimulates the vagus nerve, reducing autonomic arousal and improving efficiency. This is a first-line intervention for respiratory anxiety. Rapid breathing worsens gas exchange, and breath holding causes hypoxia. Progressive muscle relaxation is often too complex during acute distress.



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**8. C — Daily warfarin therapy**

The correct answer is daily warfarin therapy. Acupuncture involves the insertion of needles, which carries a risk of bleeding and hematoma formation. Patients on anticoagulants (like warfarin) or antiplatelet agents are at increased risk, and this therapy is often contraindicated or requires specialized modification. Hypertension, age, or a history of surgery (distractors) are not absolute contraindications for acupuncture. The nurse must identify the bleeding risk as the priority safety concern.

**9. A — Read a book in bed until feeling drowsy**

Stimulus control prevents negative associations between the bed and wakefulness. Patients should go to another room if unable to sleep. Activities like reading, watching TV, or lying awake in bed reinforce wakefulness in the sleep environment and should be avoided.

**10. B — Request a physical therapy referral**

Requesting a physical therapy referral is best when patients show functional decline or reluctance. PT provides specialized mobilization and progressive loading to prevent deconditioning. Enforcing bed rest worsens outcomes and increases complication risks like DVT. Increasing opioids or teaching passive ROM fails to address the functional mechanics and safety assessments required to reverse the patient's decline.

**11. D — Appropriate therapeutic intensity**

Mild discomfort that does not cause a breakdown in form or mechanics falls within the tolerated threshold for therapeutic exercise intensity. The goal is to challenge the tissue without causing sharp pain or injury. Distractors suggest failure or injury, but mild discomfort is expected during rehabilitation progression. Immediate regression or consultation is reserved for sharp, disabling pain or inability to perform the movement correctly.

**12. A — Community walking program**

Community walking programs are evidence-based, low-cost, and accessible interventions that address social determinants of health by removing financial barriers. Guidelines support active movement strategies for chronic back pain. Private sessions, apps, or gym equipment impose financial burdens that may reduce adherence for an uninsured patient. Referral to outpatient rehab may also incur unmanageable costs depending on local charity care availability.

**13. C — Ice packs and elevation**

In the immediate postoperative period (first 48-72 hours), the priority is reducing inflammation and edema using RICE (Rest, Ice, Compression, Elevation). Cold therapy constricts vessels to limit bleeding and swelling. Heat is contraindicated immediately post-op as it increases blood flow and swelling. Passive ROM may be restricted, and massage or TENS are secondary adjuncts, not the primary means to control acute surgical inflammation.

**14. A — Indication to stop the therapy**

Sleep restriction therapy initially reduces total sleep time to build homeostatic sleep pressure, which often results in transient daytime sleepiness during the first few weeks. This is an expected part of the process, not a failure or adverse reaction. Patients must be educated to expect this phase before improvements in sleep consolidation occur. It is not a sign of apnea or a reason to discontinue the evidence-based protocol.

**15. B — Stop activity and consult**

New neurologic deficits (such as numbness or motor weakness like foot drop) are red flags indicating potential nerve compression or injury. The priority is to stop the activity immediately and consult the provider to prevent



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permanent damage. Continuing activity, even with assistance or bracing, ignores the acute change in neurologic status. Documentation is necessary but is not the immediate priority action for a new deficit.

**16. D — Burn risk due to sensory loss**

Heat application is contraindicated in areas of impaired sensation (such as in diabetic neuropathy) because the patient cannot accurately sense temperature, leading to a high risk of burns. While heat can increase edema, the primary safety concern in this context is thermal injury. Heat generally aids perfusion and muscle relaxation, so it does not worsen neuropathy or interfere with glucose metabolism directly.

**17. A — Verify credentials and order**

To ensure patient safety and adhere to facility policy, external practitioners must have verified credentials and a provider's order (privileges) to treat an inpatient. This ensures the therapy doesn't conflict with the medical plan and that the practitioner is licensed. Patient consent and visitation policies are relevant but secondary to the regulatory and safety requirement of credentialing and provider authorization.

**18. C — CBT for insomnia**

Cognitive Behavioral Therapy for Insomnia (CBT-I) is the guideline-recommended first-line treatment, addressing underlying behaviors without medication side effects. Sedative-hypnotics and antihistamines are high-risk in older adults (Beers Criteria) due to confusion and fall risks. Sleep hygiene alone is typically insufficient for chronic insomnia cases.

**19. A — Pain scale indicates treatment failure**

Objective functional improvements (increased repetitions) indicate that rehabilitation is effective and progress is being made, even if subjective pain perception lags behind. Relying solely on subjective reports can obscure genuine functional recovery. This discrepancy does not invalidate the patient's pain experience, but functionally, the patient is not regressing or failing treatment. Pain scores often improve later than function.

**20. B — Adjunct to support activity**

TENS (Transcutaneous Electrical Nerve Stimulation) is indicated as a nonpharmacologic adjunct to facilitate participation in active rehabilitation. It is not a cure, a replacement for exercise, or a substitute for all pharmacotherapy. Its primary value lies in temporarily reducing pain perception to allow the patient to engage in functional activity and therapy, which provides long-term benefit.

**21. D — Stop the exercise immediately**

Stopping exercise immediately is the priority because jaw pressure is a common anginal equivalent indicating potential myocardial ischemia. Cessation allows for stability assessment and infarction prevention. Continuing monitoring or slowing down are unsafe as they ignore instability signs. While nitroglycerin may be needed, stopping the activity is the immediate safety step to prevent cardiac injury.

**22. A — Inhale slowly to expand abdomen**

The correct answer is to inhale slowly to expand the abdomen. Effective diaphragmatic breathing requires slow rates (4–6 breaths/min) and abdominal engagement to stimulate the vagus nerve and reduce autonomic arousal. Distractor 1 promotes hyperventilation and arousal. Distractor 2 describes a paradoxical movement that inhibits diaphragm descent. Distractor 3 creates unnecessary tension. Distractor 4 describes chest breathing, which does not effectively engage the parasympathetic response.

**23. C — Stop taking the supplements immediately**

The correct answer is to stop taking the supplements immediately. Garlic and ginkgo biloba inhibit platelet



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aggregation and increase bleeding risk; while stopping 1-2 weeks prior is ideal, stopping now is better than continuing. Distractor 1 increases bleeding risk during the procedure. Distractor 2 is unsafe given the upcoming surgery. Distractor 3 ignores the NPO status and the bleeding risk. Distractor 4 would dangerously potentiate bleeding effects.

#### **24. A — Cold compression therapy**

The correct answer is to apply moist heat. In the subacute phase (>48 hours), heat helps relax muscle spasms and improve blood flow, whereas cold is primarily for acute inflammation. Distractor 1 is more appropriate for the immediate acute injury phase. Distractor 2 can lead to further stiffness and deconditioning. Distractor 3 is aggressive and may worsen the injury. Distractor 4 is contraindicated while spasms are present.

#### **25. B — Gentle ambulation as tolerated**

The correct answer is gentle ambulation as tolerated. Graduated activity prevents deconditioning and stiffness associated with prolonged bed rest, which is no longer recommended for acute back pain. Distractor 1 promotes deconditioning and sick-role behavior. Distractor 2 is too aggressive for the acute pain phase. Distractor 3 risks complications like VTE and muscle atrophy. Distractor 4 is insufficient to maintain mobility.

#### **26. D — Refer for cognitive behavioral therapy**

The correct answer is referral for cognitive behavioral therapy for insomnia (CBT-I). CBT-I is the first-line treatment for chronic insomnia, addressing underlying maladaptive behaviors, unlike meds which carry risks. Distractor 1 presents safety risks (falls, confusion) in older adults. Distractor 2 (antihistamines) has anticholinergic side effects dangerous for elderly patients. Distractor 3 ignores the treatable condition. Distractor 4 is inappropriate due to high adverse event profiles.

#### **27. A — Stop if dizziness or chest pain occurs**

Stopping if dizziness or chest pain occurs is the priority. Recognizing warning signs of exercise intolerance prevents falls or cardiac events. Rapid walking, carrying weights, or ignoring pain encourages unsafe exertion levels. Walking on uneven terrain significantly increases fall risk for elderly patients initiating a new program.

#### **28. C — Defer due to bleeding risk**

Acupuncture is generally deferred due to bleeding risks. Therapeutic anticoagulation increases the risk of hematoma or bleeding at insertion sites. Allowing treatment, even by licensed providers, ignores this medical contraindication. Scheduling around dosing does not mitigate the continuous effect of a drip. Deep tissue massage is also often contraindicated due to bruising risks.

#### **29. A — Gentle range of motion exercises**

Heavy resistance training is inappropriate during acute flares, as aggressive strengthening exacerbates joint damage and pain; treatment focuses on rest. Gentle range of motion maintains mobility without stress. Cold packs reduce inflammation. Anti-inflammatory medications are standard management. Energy conservation is essential during active disease.

#### **30. B — Perform sit-to-stand repetitions**

Sit-to-stand repetitions are function-specific, directly mimicking essential daily tasks like transferring from a chair or toilet. Isotonic quadriceps setting is a non-functional isolation exercise. Passive ankle range of motion does not address hip mobility. Upper body ergometer cycling improves cardiovascular endurance, not transfer skills. Gluteal squeezing is a non-weight-bearing isolation exercise.



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