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Practice Questions

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1. Which of the following blood pressure readings would be classified as Stage 1 hypertension in an adult patient?

- A. 120/78 mmHg
- B. 115/75 mmHg
- C. 126/79 mmHg
- D. 138/88 mmHg

2. A respiratory rate of 36 breaths per minute would be considered normal in which of the following patients?

- A. School-age child
- B. Adolescent
- C. Newborn infant
- D. Adult patient

3. When measuring blood pressure, which of the following techniques is considered correct?

- A. Having the patient hold their arm unsupported during measurement
- B. Placing the cuff on bare skin, not over clothing
- C. Having the patient lie down with arm below heart level
- D. Taking a single measurement and recording it immediately

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4. Which pulse characteristic is associated with aortic regurgitation?

- A. Water-hammer (collapsing) pulse
- B. Pulsus paradoxus
- C. Pulsus alternans
- D. Pulsus bigeminus



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5. A patient presents with a temperature of 95.1°F (35.1°C). This finding is consistent with:

- A. Normal body temperature
- B. Fever
- C. Heat exhaustion
- D. Mild hypothermia

6. Which of the following pulse rates would be considered tachycardia in an adult patient at rest?

- A. 72 beats per minute
- B. 96 beats per minute
- C. 112 beats per minute
- D. 88 beats per minute

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7. Pulsus paradoxus, an abnormal decrease in systolic blood pressure during inspiration, is most commonly associated with which condition?

- A. Atrial fibrillation
- B. Cardiac tamponade
- C. Aortic stenosis
- D. Hypertrophic cardiomyopathy

8. Which vital sign change would most likely be observed in a patient with significant blood loss?

- A. Increased heart rate
- B. Decreased respiratory rate
- C. Elevated body temperature
- D. Increased diastolic blood pressure

9. The proper technique for measuring respiratory rate includes:

- A. Asking the patient to breathe normally while counting
- B. Counting breaths for 15 seconds and multiplying by 2
- C. Instructing the patient to take deep breaths during counting
- D. Counting breaths for 60 seconds without the patient's awareness



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10. During examination of the eyes, which of the following pupillary responses would be considered abnormal?

- A. Consensual pupillary response in the contralateral eye
- B. Pupillary constriction during accommodation
- C. Unequal pupil size in response to the same light stimulus
- D. Bilateral pupillary constriction in response to light

11. Which structure would be best evaluated using the Weber test during a head examination?

- A. Temporomandibular joint
- B. Auditory function
- C. Ocular movement
- D. Sinus patency

12. When examining a patient with suspected acute sinusitis, which finding would most strongly support this diagnosis?

- A. Facial pain and tenderness on palpation over the affected sinus
- B. Bilateral cervical lymphadenopathy
- C. Reduced visual acuity
- D. Diminished hearing

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13. Which of the following is the correct technique for examining the thyroid gland?

- A. Have the patient lie supine and palpate from the front
- B. Stand in front of the patient and percuss over the thyroid region
- C. Have the patient hyperextend the neck while auscultating the thyroid
- D. Stand behind the seated patient and palpate the gland while the patient swallows



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14. Which cranial nerve is being tested when assessing a patient's ability to identify different smells?

- A. Cranial nerve VII (facial)
- B. Cranial nerve IX (glossopharyngeal)
- C. Cranial nerve I (olfactory)
- D. Cranial nerve V (trigeminal)

15. During inspection of the oral cavity, which of the following findings would be considered abnormal?

- A. Symmetrical tonsillar pillars
- B. White patches on the oral mucosa
- C. Pink gingiva with stippling
- D. Uvula in midline position

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16. Which test is used to assess extraocular muscle function and eye movement?

- A. Cardinal fields of gaze test
- B. Cover-uncover test
- C. Confrontation test
- D. Hirschberg test

17. Which of the following findings during ear examination would suggest otitis media?

- A. Pearly gray tympanic membrane with light reflex
- B. Visible cerumen in the external auditory canal
- C. Normal mobility on pneumatic otoscopy
- D. Red, bulging tympanic membrane

18. Which of the following neck examination findings would be most concerning for potential cervical spine instability?

- A. Mild limitation in lateral rotation
- B. Suboccipital muscle tenderness
- C. Midline cervical tenderness after trauma
- D. Lateral cervical muscle spasm

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19. During examination of a patient's pharynx, which finding would suggest infectious mononucleosis?

- A. Cobblestone appearance of the posterior pharyngeal wall
- B. Exudative pharyngitis with enlarged, erythematous tonsils
- C. Uvular deviation to one side
- D. Palatal petechiae without tonsillar enlargement

20. When palpating the lymph nodes of the neck, which characteristic would be most concerning for potential malignancy?

- A. Fixed, hard, non-tender nodes
- B. Mobile, tender, soft nodes
- C. Small, bilateral, palpable nodes
- D. Mildly enlarged nodes that decrease in size over time

21. Which of the following tests assesses cranial nerve VIII (vestibulocochlear) function during a head and neck examination?

- A. Romberg test
- B. Dix-Hallpike maneuver
- C. Valsalva maneuver
- D. Rinne test

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22. During examination of the temporomandibular joint (TMJ), which finding indicates potential TMJ dysfunction?

- A. Symmetrical jaw opening without deviation
- B. Absence of pain on palpation of the masticatory muscles
- C. Clicking or crepitus during jaw movement
- D. Equal bilateral muscle strength during jaw closure

23. Which of the following properly describes the technique for assessing the corneal reflex?

- A. Ask the patient to close their eyes tightly while attempting to open them
- B. Lightly touch the cornea with a wisp of cotton and observe for a blink response
- C. Shine a light into each eye and observe pupillary constriction
- D. Have the patient follow your finger through the six cardinal fields of gaze



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24. Which finding during examination of the external ear would warrant immediate referral?

- A. Vesicular eruptions on the auricle and in the ear canal
- B. Darwin's tubercle on the helix
- C. Sebaceous cyst on the earlobe
- D. Small amount of cerumen in the ear canal

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25. When assessing the maxillary sinuses during a head examination, which technique is most appropriate?

- A. Percussion over the frontal bone
- B. Transillumination of the orbit
- C. Auscultation over the nasal bridge
- D. Palpation for tenderness over the cheeks below the eyes

26. During examination of the tongue, which abnormal finding might indicate hypoglossal nerve (CN XII) dysfunction?

- A. Papillary atrophy at the lateral borders
- B. Mild coating on the dorsal surface
- C. Deviation to one side upon protrusion
- D. Central fissuring of the dorsal surface

27. Which visual field defect would be detected during confrontation testing if a patient has a pituitary tumor compressing the optic chiasm?

- A. Altitudinal field defect
- B. Bitemporal hemianopsia
- C. Homonymous hemianopsia
- D. Binasal hemianopsia

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28. Which of the following heart sounds is considered abnormal?

- A. S4 (fourth heart sound)
- B. S1 (first heart sound)
- C. S2 (second heart sound)
- D. Normal splitting of S2 during inspiration

29. During percussion of the thorax, a dull sound is most likely to indicate:

- A. Normal lung tissue
- B. Emphysema
- C. Pneumothorax
- D. Pleural effusion

30. Which auscultatory finding is most characteristic of pneumonia?

- A. Pleural friction rub
- B. Decreased breath sounds
- C. Crackles (rales)
- D. Wheezes



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Answer Key & Explanations

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1. D — 138/88 mmHg

Stage 1 hypertension is defined as systolic blood pressure of 130-139 mmHg or diastolic blood pressure of 80-89 mmHg. The reading of 138/88 mmHg falls within this range.

2. C — Newborn infant

In newborn infants, a respiratory rate of 30-60 breaths per minute is considered normal. For adults, normal respiratory rates range from 12-20 breaths per minute, while school-age children typically have rates of 18-30 breaths per minute. A rate of 36 would be abnormally high for an adult but within normal range for a newborn.

3. B — Placing the cuff on bare skin, not over clothing

For proper blood pressure measurement, the patient should be seated with back supported and feet flat on the floor, arm supported at heart level, and should avoid talking during measurement. The cuff should be placed on bare skin, not over clothing.

4. A — Water-hammer (collapsing) pulse

A water-hammer or collapsing pulse (Corrigan's pulse) is characterized by a rapid upstroke and collapse, which is typically found in patients with aortic regurgitation. It represents the rapid ejection of blood followed by rapid runoff due to backward flow across the incompetent aortic valve.

5. D — Mild hypothermia

Hypothermia is defined as a core body temperature below 95°F (35°C). A temperature of 95.1°F (35.1°C) indicates mild hypothermia, which can occur due to environmental exposure, metabolic disorders, or certain medications.

6. C — 112 beats per minute

Tachycardia in adults is defined as a heart rate greater than 100 beats per minute. A resting pulse of 112 bpm would be classified as tachycardia and warrants further investigation.

7. B — Cardiac tamponade

Pulsus paradoxus is an exaggerated drop in systolic blood pressure during inspiration (greater than 10 mmHg). It is classically associated with cardiac tamponade, but can also be found in severe asthma, COPD, and pericarditis.

8. A — Increased heart rate

With significant blood loss, compensatory mechanisms attempt to maintain perfusion to vital organs. This typically results in tachycardia (increased heart rate) as the body tries to maintain cardiac output despite reduced blood volume.

9. D — Counting breaths for 60 seconds without the patient's awareness

To accurately measure respiratory rate, the practitioner should count the number of breaths over a full 60 seconds without the patient's awareness. Patients who are aware their breathing is being monitored may consciously or unconsciously alter their breathing pattern, resulting in an inaccurate measurement.



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10. C — Unequal pupil size in response to the same light stimulus

Unequal pupil size (anisocoria) under the same lighting conditions is an abnormal finding that may indicate neurological issues, trauma, or other pathologies affecting the pupils or their neural pathways.

11. B — Auditory function

The Weber test is specifically designed to assess hearing and help differentiate between conductive and sensorineural hearing loss by placing a vibrating tuning fork on the midline of the forehead or vertex of the skull.

12. A — Facial pain and tenderness on palpation over the affected sinus

Facial pain and tenderness upon palpation over the affected sinus, especially the maxillary or frontal sinuses, is a classic finding in acute sinusitis due to inflammation and pressure within the sinus cavities.

13. D — Stand behind the seated patient and palpate the gland while the patient swallows

The proper technique for thyroid examination involves standing behind the seated patient, palpating the thyroid while the patient swallows, which helps distinguish thyroid tissue from other neck structures as it rises during swallowing.

14. C — Cranial nerve I (olfactory)

Cranial nerve I (olfactory) is responsible for the sense of smell. Testing a patient's ability to identify different odors is a direct assessment of olfactory nerve function.

15. B — White patches on the oral mucosa

White patches on the oral mucosa (leukoplakia) are abnormal findings that may indicate precancerous changes, chronic irritation, or other pathologies requiring further investigation.

16. A — Cardinal fields of gaze test

The cardinal fields of gaze test evaluates the six cardinal directions of eye movement, testing all extraocular muscles and their associated cranial nerves (III, IV, and VI).

17. D — Red, bulging tympanic membrane

A red, bulging tympanic membrane is a classic sign of otitis media (middle ear infection) due to inflammation and pressure behind the eardrum from fluid accumulation.

18. C — Midline cervical tenderness after trauma

Midline cervical tenderness, especially after trauma, is a concerning sign that may indicate cervical spine instability or fracture, warranting careful management and imaging.

19. B — Exudative pharyngitis with enlarged, erythematous tonsils

Exudative pharyngitis with enlarged, erythematous tonsils is a classic finding in infectious mononucleosis, often accompanied by other symptoms like fatigue, fever, and lymphadenopathy.

20. A — Fixed, hard, non-tender nodes

Fixed, hard lymph nodes that are non-tender and do not move easily with palpation are concerning for malignancy, as opposed to mobile, tender nodes more typical of infection.

21. D — Rinne test

The Rinne test compares air and bone conduction of sound and is used to assess the auditory portion of cranial nerve VIII function, helping differentiate between conductive and sensorineural hearing loss.



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22. C — Clicking or crepitus during jaw movement

Clicking or crepitus during jaw movement is a common sign of TMJ dysfunction, often related to disc displacement or articular surface irregularities within the joint.

23. B — Lightly touch the cornea with a wisp of cotton and observe for a blink response

The corneal reflex is tested by lightly touching the cornea with a wisp of cotton, which should elicit a blink response. This tests both the sensory component of cranial nerve V and the motor component of cranial nerve VII.

24. A — Vesicular eruptions on the auricle and in the ear canal

Vesicular eruptions on the auricle and in the ear canal, especially if accompanied by pain, suggest herpes zoster oticus (Ramsay Hunt syndrome), which requires prompt antiviral treatment to prevent complications.

25. D — Palpation for tenderness over the cheeks below the eyes

Palpation for tenderness over the maxillary sinuses (located on the cheeks below the eyes) is the most appropriate direct examination technique to assess for maxillary sinusitis or inflammation.

26. C — Deviation to one side upon protrusion

Deviation of the protruded tongue to one side indicates hypoglossal nerve (CN XII) dysfunction on the side to which the tongue deviates, as the functioning muscles on the unaffected side pull the tongue toward the weak side.

27. B — Bitemporal hemianopsia

Bitemporal hemianopsia (loss of the temporal visual fields in both eyes) is the classic visual field defect associated with pituitary tumors that compress the optic chiasm, affecting the crossing fibers from the nasal retina of each eye.

28. A — S4 (fourth heart sound)

S1 and S2 are normal heart sounds. S3 can be normal in children and athletes but is abnormal in adults over 40 years of age. S4 is always abnormal and indicates atrial contraction against a stiff ventricle.

29. D — Pleural effusion

Dullness upon percussion typically indicates fluid or solid tissue underlying the percussed area. This could represent pleural effusion, consolidation, or a mass. Normal lung tissue produces resonance, hyperresonance suggests emphysema, and tympany is associated with air-filled cavities.

30. C — Crackles (rales)

Crackles (rales) are typically heard in pneumonia due to fluid in alveolar spaces. Wheezes suggest bronchospasm, pleural friction rubs indicate pleural inflammation, and bronchial breath sounds may be heard over areas of consolidation but aren't the most characteristic finding.



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