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Question: 1

What is the most common cause of acute compartment syndrome?

- A. Tibial diaphysis or distal radius fracture
- B. Femoral fracture
- C. Soft-tissue injury
- D. Snake bite

Answer: A

Explanation:

The most common cause of acute compartment syndrome (ACS) is fracture of the tibial diaphysis or distal radius although any fracture may result in ACS. Less than a quarter of cases result from soft tissue injuries. The symptom most indicative of ACS is severe pain out of proportion to that expected for an injury, often unrelieved by analgesia. If ACS is suspected, a cast should be split to reduce pressure, the limb placed at the same level of the heart (raising it above the level of the heart may decrease arterial perfusion and worsen symptoms), and compartment pressure checked.

Question: 2

Which of the following is the most common indication of advanced osteoporosis?

- A. Scoliosis
- B. Low back pain
- C. Wrist fracture
- D. Kyphosis

Answer: D

Explanation:

Kyphosis is the most common indication of advanced osteoporosis and is especially evident in older post-menopausal females. Deterioration and compression of the vertebrae result in the "dowager's hump" with increasing loss of height. About 55% of people over age 50 have osteoporosis. Women, who generally have smaller bones than males, are provided some protection by estrogen, but many lose up to 20% of bone mass in the seven years after menopause. By age 70, men and women usually lose bone at about the same rate.

Question: 3

When assessing a patient's gait, the orthopedic nurse notes that the patient appears unsteady and uncoordinated with a wide base measurement and lifts feet higher than normal while stepping with feet flat onto floor. How is this gait characterized?

- A. Steppage
- B. Ataxia
- C. Parkinsonian
- D. Scissors

Answer: B

Explanation:

Ataxia: Unsteady and uncoordinated with a wide base measurement and feet lifted higher than normal while stepping with feet flat onto floor. Steppage: Dragging or lifting feet high when walking, then slapping feet down, giving the appearance of stair walking. Parkinsonian: Walking with trunk leaning forward with short shuffling gait and slight flexion of both hips and knees but without arm swing. Scissors: Thighs crossing while taking short stiff steps, giving the appearance of someone walking in water.

Question: 4

Children with Duchenne's muscular dystrophy should be assessed for bone density beginning at about what age?

- A. six months
- B. one year
- C. three years
- D. seven years

Answer: C

Explanation:

While recommendations vary, most children with Duchenne's muscular dystrophy are initially assessed at about age three or when children first begin to take steroids because they are at increased risk of osteoporosis and fractures of the vertebrae (which can lead to scoliosis) and long bones of the legs. Corticosteroids may exacerbate the osteoporosis, so bone density should be monitored at least on an annual basis, usually with a DXA scan and spinal X-rays. Serum levels of vitamin D and calcium should also be assessed.

Question: 5

A patient with psoriasis develops marked edema of the fingers and toes (dactylitis). What does this probably indicate?

- A. Infection
- B. Psoriatic arthritis

- C. Circulatory impairment
- D. Allergic response to psoriasis medications

Answer: B

Explanation:

Up to 15% of patients with psoriasis develop psoriatic arthritis. Often the initial indication is marked edema of the fingers and toes (dactylitis), resulting in a "sausage-like" appearance. Psoriatic arthritis may be unilateral or bilateral, and symptoms resemble those of rheumatoid arthritis with painful, swollen, inflamed joints. Characteristic findings with psoriatic arthritis include dactylitis, Achilles tendinitis or plantar fasciitis, and spondylitis.

Question: 6

A patient must wear a wrist immobilization splint, but the splint tends to migrate as the patient moves the fingers and elbow. Which of the following initial measures is indicated to reduce friction force and migration?

- A. Change the size of the splint.
- B. Cover the skin with Stockinet® or elastic tubular bandage (such as Tubigrip®).
- C. Increase the number of straps securing the splint.
- D. Tighten the straps securing the splint.

Answer: B

Explanation:

Some migration is normal with movement because of the friction force between the skin and the splint. Often covering the skin with Stockinets or elastic tubular bandage (such as Tubigrip®) will be sufficient to reduce friction force that results in movement (kinetic friction). Friction force relates to both the coefficient of friction (depending on the material) and contact force (the degree of securing and tightening). The friction coefficient of a splint may be increased by lining the splint with foam or applying additional straps, which increases the force of contact.

Question: 7

For which of the following common complications should an infant with achondroplasia be monitored?

- A. Hydrocephalus and otitis media
- B. Fractures and scoliosis
- C. Impaired vision
- D. Intellectual disability

Answer: A

Explanation:

An infant with achondroplasia should be monitored for the development of hydrocephalus. Other frequent disorders include otitis media, sleep apnea, lordosis, bowed legs, and dental problems. With achondroplasia, the proximal segment of the limbs (upper arms and thighs) is disproportionately short, resulting in an adult height of 58 inches or less. The head is large, with frontal bossing and midface hypoplasia. A small hump (gibbus) may be present in the mid-to-lower back. Mild, generalized hypotonia may be present.

Question: 8

A patient complains of bouts of recurring pain, erythema, and swelling of the base of the right big toe with sudden onset and symptoms persisting 3 to 10 days. What are these symptoms consistent with?

- A. Osteoarthritis
- B. Fibromyalgia
- C. Rheumatoid arthritis
- D. Acute gout

Answer: D

Explanation:

Gout (metabolic arthritis) is a group of conditions associated with a defect of purine metabolism that results in hyperuricemia with oversecretion of uric acid, decreased excretion of uric acid, or a combination. The increased uric acid levels can cause monosodium urate crystal depositions in the joints, resulting in severe articular and periarticular inflammation. Symptoms include abrupt onset of pain with erythema and edema lasting three to ten days, usually involving one joint, such as the base of the big toe, in the beginning episodes.

Question: 9

During the physical examination of a patient, the orthopedic technologist notes nodules on the dorsolateral aspects of the distal interphalangeal joints (Heberden's nodes). What does this finding suggest?

- A. Osteoarthritis
- B. Acute rheumatoid arthritis
- C. Chronic rheumatoid arthritis
- D. Trigger finger

Answer: A

Explanation:

Osteoarthritis: Heberden's nodes on the distal interphalangeal joints are common. Bouchard's nodes on the proximal interphalangeal joints may also occur. Acute rheumatoid arthritis: Joints become painful, swollen, and stiff, but rarely the distal interphalangeal joints.

Chronic rheumatoid arthritis: Fingers develop "swan neck" deformity (hyperextension of the proximal interphalangeal joints with fixed flexion of the distal interphalangeal joints) and boutonniere deformity (flexion of the proximal interphalangeal joint with hyperextension of the distal interphalangeal joint). Trigger finger: Fingers "catch" in flexed position and snap into extension because of nodule in flexor tendon in palm.

Question: 10

A patient who has rheumatoid arthritis and whose functional status is class 3, should be able to perform which of the following?

- A. Limited in ability to carry out all usual activities involving self-care, work and other activities
- B. Can carry out usual activities involving self-care but limited in work and other activities
- C. Can carry out activities of daily living independently
- D. Can carry out usual activities involving self care and work but limited in other activities (housework sports)

Answer: B

Explanation:

Patients with rheumatoid arthritis are classified according to their functional status:

Class I: Can carry out activities of daily living independently.

Class 2: Can carry out usual activities involving self care and work but limited in other activities (housework, sports).

Class 3: Can carry out usual activities involving self care but limited in work and other activities.

Class 4: Limited in ability to carry out all usual activities involving self care, work, and other activities.

Question: 11

A 16-year-old adolescent playing basketball sprains his ankle (grade II, inversion injury). Which treatment is MOST likely?

- A. Analgesia only
- B. Cast application
- C. Surgical repair
- D. RICE (rest, ice, compression, elevation)

Answer: D

Explanation:

RICE therapy (rest, ice, compression, elevation) is the primary treatment for grade I to III sprains. Compression may be achieved through elastic bandage or Aircast ankle brace and is

important to prevent swelling and to support the joint. Ice (30 minutes on and 30 minutes off) along with elevation reduces edema and promotes circulation. Rest with minimal weight bearing and use of crutches for several days helps promote healing and prevent further damage.

Question: 12

For treatment of osteoporosis, which of the following agents stimulates the formation of bone?

- A. Estrogens
- B. Bisphosphonates
- C. Teriparatide
- D. Calcitonin

Answer: C

Explanation:

Teriparatide (Forteo®) is an anabolic agent used to stimulate formation of bone in cortical and cancellous bone surfaces, both filling areas where bone loss has occurred and forming new layers of bone. Teriparatide use is limited to those who are postmenopausal with severe osteoporosis and a history of fracture or a high risk of fracture. The drug is administered per injection daily for up to two years. Estrogens, bisphosphonates, and calcitonin all slow the resorption of bone.

Question: 13

According to the three-step World Health Organization (WHO) "analgesic ladder," a patient complaining of moderate to severe pain unresponsive to NSAIDs may require which of the following medications?

- A. Demerol
- B. Codeine
- C. Morphine
- D. Acetaminophen

Answer: B

Explanation:

Codeine. Systemic medications may be given orally or by injection into muscles, subcutaneous tissue, or veins to control pain. WHO pain classifications include:

Step 1: Mild to moderate pain is treated with aspirin, acetaminophen, and NSAIDs.

Step 2: Moderate to severe pain unrelieved by Step 1 medications may need opioids, such as codeine, tramadol, or Percocet®.

Step 3: Severe pain without relief from Step 1 or Step 2 medications may need stronger opioids, such as morphine, Dilaudid®, or MS-Contin®.

Question: 14

How should a child with juvenile idiopathic/rheumatoid arthritis be positioned in bed?

- A. Pillow under knees and head elevated on two to three pillows
- B. Pillow under knees and no or very low pillow under head
- C. No support under knees but head elevated on two to three pillows
- D. No support under knees and no or very low pillow under head

Answer: D

Explanation:

Children with juvenile idiopathic/rheumatoid arthritis should be positioned with the knees flat (no pillow) and no or a low pillow under the head in order to maintain neck hip, and knee extension. While at rest, splinting the joints (knees, wrists, and hands) may reduce pain and help to prevent flexion contractures. Children should be encouraged to do stretching, ROM, and strengthening exercises when possible. During times of acute inflammation and pain, isometric exercises may be tolerated.

Question: 15

A bedbound patient has a 1.5-inch foam overlay over her mattress. The nurse places her hand under the overlay and finds that the overlay has compressed to 0.75 inch. What does this indicate?

- A. Bottoming out
- B. Adequate support
- C. Excess wear
- D. Moisture retention

Answer: A

Explanation:

Support surface material should provide at least an inch of support under areas to be protected when in use to prevent "bottoming out." (Check by placing hand palm up under overlay below the pressure point.) Static support surfaces are appropriate for patients who can change position without increasing pressure to an ulcer. Dynamic support surfaces are needed for those who need assistance to move or when static pressure devices provide less than an inch of support.

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