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Question: 1237

When functionally assessing a patient with a history of recurrent falls and known peripheral neuropathy, you conduct a Romberg test. The patient maintains their balance when their eyes are open but immediately loses balance and sways significantly when instructed to close their eyes. What specific pathophysiological deficit does this positive test indicate?

- A. Cerebellar ataxia
- B. Sensory ataxia due to a loss of proprioception
- C. Cognitive decline affecting motor planning
- D. Vestibular dysfunction

Answer: B

Explanation: A positive Romberg test (where balance is maintained with eyes open but lost when eyes are closed) specifically indicates sensory ataxia due to a profound loss of proprioception. With eyes open, the visual system compensates for the lack of spatial input from the lower extremities. However, removing the visual input exposes the underlying sensory deficit in the dorsal columns or peripheral nerves, resulting in an immediate loss of balance.

Question: 1238

Which of the following health habits is most detrimental to a patient with peripheral neuropathy?

- A. Wearing moisture-wicking socks
- B. Walking barefoot at home or on the beach
- C. Eating a high-protein diet
- D. Performing daily low-impact aerobics

Answer: B

Explanation: Walking barefoot is extremely dangerous for patients with neuropathy because they cannot feel foreign objects (nails, glass) or thermal extremes (hot sand). This is a leading cause of unrecognized trauma that leads to infection and amputation.

Question: 1239

During assessment of a bedridden elderly patient, the nurse notes a wound over the sacrum with full-thickness tissue loss, visible subcutaneous fat but no exposed muscle or bone, and slough covering part of

the wound bed. Applying the National Pressure Ulcer Advisory Panel (NPUAP) pressure ulcer staging system, stage this ulcer and recommend basic wound care principles including debridement and moisture balance to align with healing goals.

- A. Stage 4, recommend sharp debridement and negative pressure wound therapy
- B. Unstageable, recommend eschar removal and referral to wound specialist
- C. Stage 3, recommend autolytic debridement and foam dressing
- D. Stage 2, recommend enzymatic debridement and hydrocolloid dressing

Answer: C

Explanation: The NPUAP staging system classifies a pressure ulcer with full-thickness loss exposing subcutaneous fat, without muscle or bone visibility, and presence of slough as Stage 3. Basic wound care principles for this stage include autolytic debridement using the body's enzymes in a moist environment to soften slough, paired with foam dressing to absorb exudate and maintain moisture balance, promoting epithelialization and preventing infection. Stage 2, recommend enzymatic debridement and hydrocolloid dressing applies to partial-thickness loss with intact dermis. Stage 4, recommend sharp debridement and negative pressure wound therapy involves exposed bone or muscle. Unstageable, recommend eschar removal and referral to wound specialist indicates obscured depth due to eschar or slough covering the entire bed.

Question: 1240

A patient with xerotic feet from renal failure complains of itching and cracking. When selecting skin moisturizers, which properties of humectants make them essential in this urea-deficient state? Select all that apply.

- A. Ability to attract and bind water from the environment
- B. Hydration of the stratum corneum to improve flexibility
- C. Occlusive effect to seal in endogenous moisture
- D. Formation of a lipid film to prevent evaporation

Answer: A,B

Explanation: Ability to attract and bind water from the environment addresses the low humidity in xerosis. Hydration of the stratum corneum to improve flexibility reduces cracking and itching. Formation of a lipid film to prevent evaporation is more characteristic of emollients. Occlusive effect to seal in endogenous moisture pertains to barriers like petrolatum.

Question: 1241

For a patient post-amputation due to trauma, requiring prosthetic fitting and gait training, the certified foot care nurse refers to a specialist for device customization. Which provider's responsibilities include

assessing biomechanical alignment and fabricating lower limb prosthetics?

- A. Diabetic educator
- B. Vascular surgeon
- C. Pain management specialist
- D. Orthotist

Answer: D

Explanation: Orthotists evaluate alignment and create custom prosthetics for optimal function post-amputation. Diabetic educators teach self-management but not device fabrication. Pain management specialists control discomfort but not prosthetics. Vascular surgeons perform surgeries but defer fitting to orthotists.

Question: 1242

In a patient with Charcot arthropathy, the image depicts a midfoot collapse with rocker-bottom deformity, highlighting areas prone to friction and shear.



Which principle of offloading should be prioritized when selecting footwear to reduce friction and shear in the depicted deformity?

- A. High-top boots with rigid sole to immobilize the ankle
- B. Low-heel shoes with soft insoles for cushioning
- C. Rocker-bottom sole shoes to facilitate propulsion and minimize midfoot pressure
- D. Wide-toe box shoes with breathable mesh for ventilation

Answer: C

Explanation: The rocker-bottom deformity increases midfoot pressure and shear during rollover in gait, so rocker-bottom sole shoes facilitate smooth propulsion, redistributing forces anteriorly and posteriorly while reducing peak plantar pressures by up to 30-50% in Charcot feet, preventing callus and ulceration; high-top boots with rigid sole to immobilize the ankle may stabilize but not address midfoot shear; low-heel

shoes with soft insoles for cushioning provide general comfort but fail to alter gait dynamics; wide-toe box shoes with breathable mesh for ventilation prevent moisture but do not offload the collapsed midfoot.

Question: 1243

Which of the following symptoms is indicative of paronychia?

- A. Yellowing of the toenails
- B. Thickened skin on the sole of the foot
- C. Blisters between the toes
- D. Redness and swelling around the nail

Answer: D

Explanation: Paronychia presents with redness and swelling around the nail, often due to infection or irritation, distinguishing it from other conditions.

Question: 1244

A patient presents with a foot ulcer and reports a history of smoking. Which vascular assessment is most important in this case?

- A. Palpation of pulses
- B. Ankle-brachial index (ABI)
- C. Doppler ultrasound
- D. Capillary refill time

Answer: B

Explanation: The ankle-brachial index (ABI) is crucial for assessing vascular health in a patient with a history of smoking, as smoking significantly increases the risk of peripheral vascular disease, which can affect healing.

Question: 1245

Tobacco cessation impact on arterial ulcer: mechanism? (Select all that apply)

- A. Improves microvascular flow
- B. Reduces platelet aggregation
- C. Enhances oxygen delivery
- D. Increases inflammation

Answer: A,B,C

Explanation: Nicotine vasoconstricts, CO binds hemoglobin; cessation restores perfusion, reduces hypercoagulability.

Question: 1246

Which of the following lifestyle modifications can help prevent foot complications in older adults? (Select all that apply)

- A. Engaging in regular low-impact exercise.
- B. Maintaining a healthy weight.
- C. Reducing fluid intake to prevent swelling.
- D. Avoiding high-sugar foods.

Answer: A,B,D

Explanation: Engaging in regular low-impact exercise, maintaining a healthy weight, and avoiding high-sugar foods can help prevent foot complications in older adults. These modifications promote overall health and reduce the risk of conditions that can negatively impact foot health. Reducing fluid intake is generally not advisable, as adequate hydration is essential for circulation and health.

Question: 1247

Patient warfarin, foot laceration history. Risk from anticoagulant?

- A. Excessive bleeding
- B. Neuropathy
- C. Edema
- D. Thrombosis

Answer: A

Explanation: Warfarin prolongs clotting, risking hemorrhage in minor foot trauma; INR history guides debridement safety.

Question: 1248

What is the most effective way to prevent callous formation on the feet?

- A. Wearing loose shoes

- B. Using harsh soaps
- C. Regularly moisturizing the feet
- D. Avoiding foot inspections

Answer: C

Explanation: Regularly moisturizing the feet helps to soften the skin and prevent the formation of callouses by maintaining skin integrity and hydration.

Question: 1249

What is the primary function of "Lipids" (like ceramides and fatty acids) in the stratum corneum?

- A. They provide the pigment for the skin
- B. They act as the "mortar" between "bricks" (cells) to prevent water loss
- C. They sense temperature changes
- D. They synthesize collagen

Answer: B

Explanation: The "Bricks and Mortar" model of the skin describes the corneocytes as bricks and the intercellular lipids (ceramides, cholesterol, fatty acids) as the mortar. This lipid matrix is essential for the skin's permeability barrier, preventing water from escaping and irritants from entering. Collagen is synthesized in the dermis, not the stratum corneum.

Question: 1250

A patient with rheumatoid arthritis describes foot pain as aching and stiff, particularly in the morning, lasting over an hour, suggesting a musculoskeletal origin. To thoroughly assess this pain type during lower extremity evaluation, which multimodal methods should the certified foot care nurse incorporate to guide anti-inflammatory therapy? (Select all that apply)

- A. Range of motion testing with goniometer measurements
- B. Semmes-Weinstein monofilament testing for sensation
- C. Joint palpation for tenderness and crepitus
- D. Visual inspection for synovial thickening

Answer: A,C,D

Explanation: Joint palpation for tenderness and crepitus detects inflammation and degeneration typical in rheumatoid arthritis, where grating sensations indicate cartilage wear. Range of motion testing with goniometer measurements quantifies limitations, such as reduced ankle dorsiflexion below 20 degrees. Visual inspection for synovial thickening identifies boggy swelling around metatarsophalangeal joints. Semmes-Weinstein monofilament testing for sensation is more for neuropathic assessment.

Question: 1251

An obese 55-year-old patient with venous insufficiency and stasis dermatitis asks about preventive skin care to avoid ulceration. The patient smokes one pack daily and has limited mobility. Which preventive skin care strategies are most appropriate to emphasize? (Select all that apply)

- A. Use of breathable compression garments as prescribed to manage venous hypertension
- B. Continued smoking as it has no impact on venous return
- C. Daily application of emollient-rich moisturizers to maintain skin hydration and barrier function
- D. Elevation of legs above heart level for 30 minutes multiple times daily to reduce edema

Answer: A,C,D

Explanation: Emollients prevent cracking and fissures in dry, compromised skin; leg elevation reduces venous pooling and edema; graduated compression addresses underlying venous hypertension. Smoking exacerbates vascular compromise and delays healing, so cessation counseling is essential rather than continuation.

Question: 1252

In a scenario involving a 62-year-old female with rheumatoid arthritis and lower extremity edema, the nurse considers compression therapy for a chronic venous ulcer. However, the patient reports severe pain on palpation and has a history of peripheral neuropathy. Select all contraindications that would preclude compression therapy. (Select all that apply)

- A. Decompensated heart failure
- B. Acute deep vein thrombosis
- C. Well-controlled diabetes
- D. Severe arterial insufficiency with ABI 0.5

Answer: A,B,D

Explanation: Acute deep vein thrombosis risks embolus mobilization with compression, decompensated heart failure could worsen fluid overload, and severe arterial insufficiency with ABI 0.5 increases ischemia risk, all making compression unsafe in this context.

Question: 1253

PPE guidelines during debridement include:

- A. Mask and eye protection

- B. Gloves (sterile if invasive)
- C. Gown if splash risk
- D. Hand hygiene pre/post
- E. Shoe covers

Answer: A,B,C,D

Explanation: Full barrier PPE and hygiene prevent cross-contamination/biohazard exposure.

Question: 1254

Monofilament insensible at 3/10 sites, vibratory absent at ankle.

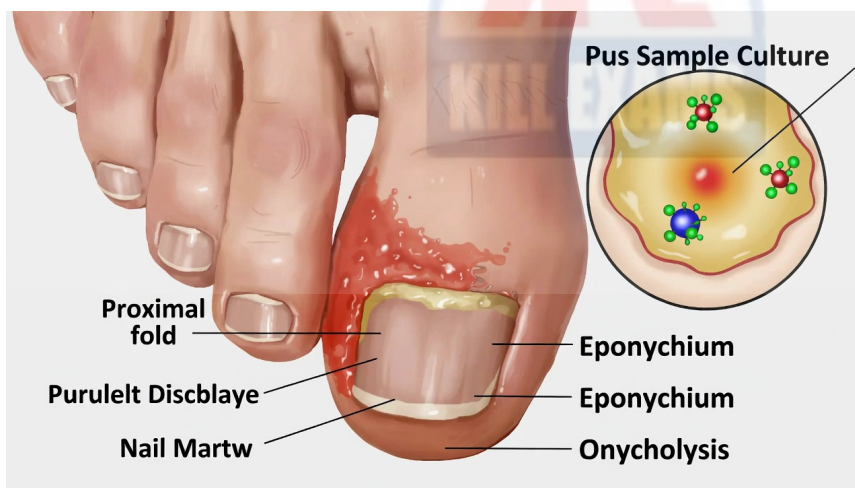
- A. Motor normal
- B. Sensory neuropathy
- C. Autonomic spared
- D. Proprioception intact

Answer: B

Explanation: 10g monofilament tests protective sensation (insensible >2 sites abnormal); vibratory large fiber sensory loss indicates neuropathy.

Question: 1255

In caring for a patient with paronychia, the nurse notes acute inflammation around the nail fold.



What is the priority intervention using topical medications for this dermatological issue?

- A. Using dimethicone barrier to prevent spread
- B. Antiseptic cleanser and emollient

C. Applying antibiotic ointment like mupirocin 2% after warm soaks

D. Humectant with urea for hydration

Answer: C

Explanation: Applying antibiotic ointment like mupirocin 2% after warm soaks is priority for paronychia, targeting bacterial infection (often Staphylococcus), reducing inflammation and pus, and facilitating healing of the nail fold. Antiseptic cleanser and emollient support but lack direct antimicrobial action. Humectant with urea for hydration is irrelevant to infection. Using dimethicone barrier to prevent spread protects but doesn't treat the cause.



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