

Medical Professional

*NBCE-Part-I
National Board of Chiropractic Examiners Examination*



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Question: 1

Breathing that is temporarily halted after a normal expiration is called

- A. Dyspnea.
- B. Apnea.
- C. Hyperpnoea.
- D. Eupnoea.

Answer: B

Explanation:

Apnea is an interference or temporary disruption in breathing after a normal expiration. This condition may occur during sleeping, especially in severely overweight or obese individuals. Dyspnea is difficulty breathing, often as a result of increased carbon dioxide levels in the blood (hypoventilation). Hyperpnoea is an increase in the level of breathing in order to improve oxygenation. This is also called hyperventilation. The term eupnoea describes a normal breathing pattern with typical respiratory rate of approximately 12 to 17 breaths per minute. Cheyenne-Stokes respiration is the type of labored, abnormal breathing seen most often in an individual who is close to death.

Question: 2

Which of the following is NOT a step in the formation of urine?

- A. Reabsorption
- B. Filtration
- C. Tubular secretion
- D. Renal clearance

Answer: D

Explanation:

Urine formation occurs in the nephron. Urine is comprised of water, electrolytes, nitrogenous waste, toxins, and other components. The first step in the formation of urine is filtration. This occurs due to a pressure gradient from the glomerular into the Bowman's capsule. Water and other solutes such as urea, chloride, and glucose are removed from the plasma in order to be filtered. The next step is reabsorption, which occurs in the proximal convoluted tubules. The majority of the water and other solutes that have been through the filtration process are moved back into circulation. A small volume is then left to enter the loop of Henley. Next reabsorption occurs in the loop of Henley, then in the distal tubules and collecting ducts. The final step in urine formation is tubular secretion when urea is secreted by diffusion in the loop of Henley. Ions such as

hydrogen, potassium, and ammonium are also secreted by the distal tubules.

Question: 3

Which of the following is NOT a major function of the liver?

- A. Metabolism of carbohydrates
- B. Storage of bile
- C. Breakdown of ammonia into urea
- D. Filtering various toxins and waste products for removal from the body

Answer: B

Explanation:

The liver is one of the most important organs in the human body. A person can live with a liver that is functioning at 10% of capacity; however, survival is not possible without any liver function. The liver is extremely important in many metabolic processes including the conversion of galactose and fructose into glucose. It also plays a major role in gluconeogenesis and glycogenolysis. Transamination and deamination of amino acids also occurs in the liver as well as synthesis of nonessential amino acids. Fatty acid oxidation occurs in the liver. The liver also produces many proteins, blood clotting factors, and enzymes as well as helping with the conversion of many vitamins. It provides storage for many vitamins including fat-soluble vitamins (A, D, E, K) and minerals, and it also produces and secretes bile. Bile is stored in the gall bladder. The liver metabolizes various steroids and provides detoxification for many drugs and toxins. The liver acts as a filter by removing various waste products and bacteria.

Question: 4

Protein anabolism and fat mobilization are direct actions of which of the following hormones?

- A. Prolactin
- B. Oxytocin
- C. Growth hormone
- D. Adrenocorticotrophic hormone

Answer: C

Explanation:

Growth hormone is produced by the pituitary gland. The direct action of growth hormone (also known as somatotropin) is to stimulate growth. This is done directly by promoting protein anabolism, which in turn leads to growth and development of new cells, muscles, bones, and many other types of tissues. Growth hormone (GH) also directly affects fat metabolism by stimulating the release of lipids from the adipose tissue. GH indirectly causes a rise in blood glucose levels because it causes the body to use lipids as the primary source of energy rather than glucose. A deficiency of GH during childhood can lead to short stature.

Question: 5

The conversion of glucose to pyruvic acid is called

- A. Glycolysis.
- B. Glucogenesis.
- C. Gluconeogenesis.
- D. Glycogenolysis.

Answer: A

Explanation:

Glycolysis is an anaerobic pathway that occurs within cells. This process converts glucose into adenosine triphosphate (for energy) and pyruvic acid. This pathway does not require oxygen. Pyruvic acid is then converted into lactic acid as a byproduct of glycolysis. This step enables additional ATP to be produced. Glycolysis produces enough energy to fuel only a few seconds to a couple of minutes of high intensity exercise such as sprinting. When lactic acid builds up in the muscles, the lactate threshold is reached and muscle pain and burning result. Glycolysis is considered an inefficient energy pathway.

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