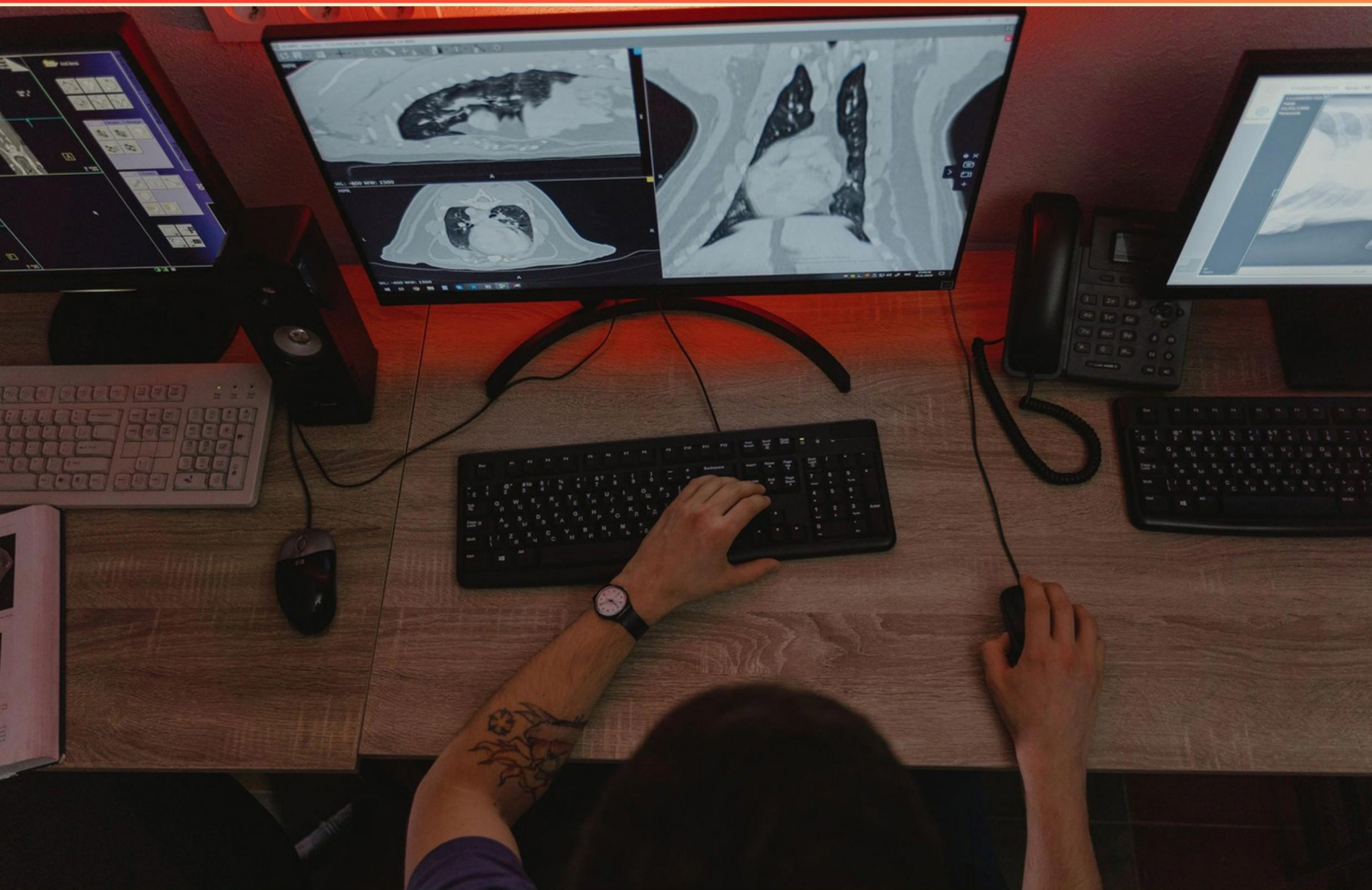


BONTRAGER'S RADIOGRAPHIC POSITIONING PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://bontragersradpositioning.examzify.com>



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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. An upright position with the arms abducted, palms forward, and head forward describes which position?**
 - A. Anatomic position
 - B. Fowler's position
 - C. Supine position
 - D. Prone position

- 2. Which carpal bone is distal row and articulates with the 3rd metacarpal?**
 - A. Capitate
 - B. Scaphoid
 - C. Lunate
 - D. Hamate

- 3. The function of the knee menisci is to absorb shock.**
 - A. Not applicable
 - B. Not sure
 - C. True
 - D. False

- 4. The term pelvic girdle refers to the total pelvis including the sacrum and coccyx.**
 - A. False
 - B. True
 - C. Partially true
 - D. Not sure

- 5. In the Camp-Coventry method, to which anatomical landmark is the CR centered?**
 - A. Popliteal crease
 - B. Patellar apex
 - C. Medial malleolus
 - D. Lateral femoral epicondyle

- 6. A person's body habitus represents a specific type of projection. True or False?**
- A. True
 - B. False
 - C. Not specified
 - D. Sometimes
- 7. The base or proximal portion of the 5th metatarsal is a common fracture site of the foot.**
- A. Not common
 - B. Rare
 - C. True
 - D. False
- 8. Jugular notch is located on which part of the sternum?**
- A. Manubrium
 - B. Body
 - C. Xiphoid process
 - D. Jugular notch (location)
- 9. Primary term for the superior margin of the sternum?**
- A. Manubrium
 - B. Xiphoid process
 - C. Sternal angle
 - D. Jugular notch
- 10. Which landmark lies at the level of T9-T10?**
- A. Inferior costal margin
 - B. Iliac crest
 - C. ASIS
 - D. Xiphoid process

Answers

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1. A
2. A
3. C
4. A
5. A
6. B
7. C
8. A
9. D
10. D

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Explanations

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1. An upright position with the arms abducted, palms forward, and head forward describes which position?

A. Anatomic position

B. Fowler's position

C. Supine position

D. Prone position

Anatomical position is the standard reference posture used in anatomy and radiography. It means you stand erect, face forward, with arms at the sides and palms facing forward, feet together and parallel. The description given—upright with the head forward and the palms forward—matches that baseline orientation, which is why this is the best answer. The emphasis is on the upright stance, forward-facing head, and palms facing forward, all defining features used to describe body positions. The other options describe different postures: Fowler's position is semi-upright with the upper body elevated; supine is lying on the back; prone is lying face down.

2. Which carpal bone is distal row and articulates with the 3rd metacarpal?

A. Capitate

B. Scaphoid

C. Lunate

D. Hamate

Capitate is the distal-row carpal bone that articulates with the base of the third metacarpal. It sits centrally in the distal carpal row and forms the carpometacarpal joint with the bases of the 2nd, 3rd, and 4th metacarpals, making it the primary link to the middle finger. The scaphoid and lunate are in the proximal row and do not articulate with the third metacarpal, and the hamate mainly articulates with the 4th and 5th metacarpals. So the capitate best fits the description.

3. The function of the knee menisci is to absorb shock.

A. Not applicable

B. Not sure

C. True

D. False

Understanding how the knee distributes load explains why this statement is true. The menisci are two crescent-shaped fibrocartilaginous cushions between the femoral condyles and the tibial plateau. Their main job is to absorb and distribute forces when the knee bears weight. By converting the relatively small, curved articular surfaces into a larger, congruent contact area, they spread axial loads more evenly across the joint, reducing peak stresses on the articular cartilage. This load distribution helps protect the joint during weight bearing and movement. In addition to shock absorption, the menisci enhance joint stability and lubrication by improving congruity and guiding motion. So, saying the knee menisci absorb shock is accurate, reflecting a key aspect of their function in maintaining knee joint health.

4. The term pelvic girdle refers to the total pelvis including the sacrum and coccyx.

A. False

B. True

C. Partially true

D. Not sure

The pelvic girdle is the hip girdle formed by the two hip bones (each made up of ilium, ischium, and pubis) that attach the lower limbs to the trunk. It does not include the sacrum and coccyx, which are part of the vertebral column and form the posterior part of the pelvic ring. The total pelvis, or bony pelvis, does include the sacrum and coccyx along with the two hip bones. So the statement is false because the girdle itself refers only to the hip bones, not the sacrum and coccyx.

5. In the Camp-Coventry method, to which anatomical landmark is the CR centered?

A. Popliteal crease

B. Patellar apex

C. Medial malleolus

D. Lateral femoral epicondyle

Centering the CR at the popliteal crease is what makes the Camp-Coventry view yield a clean, tangential image of the patellofemoral joint when the knee is flexed about 40 degrees. This projection specifically targets the femoropatellar articulation, so aiming the beam through the popliteal crease aligns the CR with the joint space and minimizes superimposition of surrounding structures. Using a landmark like the patellar apex, the medial malleolus, or the lateral femoral epicondyle would not align the beam to the patellofemoral joint in this view, risking an oblique or unfocused image.

6. A person's body habitus represents a specific type of projection. True or False?

A. True

B. False

C. Not specified

D. Sometimes

The key idea is that projection and body habitus describe two different things: projection is the direction the X-ray beam travels and how the anatomy is laid out on the image receptor (for example, AP, PA, oblique, lateral). Body habitus, on the other hand, describes the patient's size and body type (such as slender, average, or broader), which influences technique settings and how anatomy fills the image receptor, but it does not define a projection. So the statement is not correct because habitus does not specify a projection. It affects how you set exposure and position to optimize image quality, but the projection itself is about beam direction, not the patient's body type. The other options don't fit because they imply some conditional or undefined relationship, whereas the relationship is simply that habitus is not a projection.

7. The base or proximal portion of the 5th metatarsal is a common fracture site of the foot.

- A. Not common
- B. Rare
- C. True**
- D. False

The base or proximal portion of the 5th metatarsal is a common fracture site because inversion injuries of the foot often pull on the peroneus brevis tendon, which attaches to that tuberosity and can avulse a fragment. This makes avulsion fractures of the base a frequent radiographic finding after foot trauma. In practice you'll also hear about a Jones fracture, which is a fracture a little farther along the bone (metaphyseal diaphyseal junction), but that's a different site and doesn't contradict the idea that the base region is commonly fractured. So stating that the base/proximal portion is a common fracture site is true.

8. Jugular notch is located on which part of the sternum?

- A. Manubrium**
- B. Body
- C. Xiphoid process
- D. Jugular notch (location)

The sternum has three parts: the broad upper portion called the manubrium, the central portion known as the body, and the small inferior xiphoid process. The jugular notch, or suprasternal notch, is a shallow depression located at the superior border of the sternum where the manubrium begins. That places it on the manubrium. The body lies below, and the xiphoid process is at the bottom, so they don't contain this notch.

9. Primary term for the superior margin of the sternum?

- A. Manubrium
- B. Xiphoid process
- C. Sternal angle
- D. Jugular notch**

The term for the superior margin of the sternum is the jugular notch, also called the suprasternal notch. This palpable depression sits at the very top of the sternum, between the medial ends of the clavicles, marking the upper border where the manubrium begins. It's a key surface landmark used in radiographic positioning and clinical assessments because it helps orient the sternum and nearby structures. By contrast, the manubrium is simply the upper portion of the sternum, not the margin; the xiphoid process is the inferior tip; and the sternal angle is the junction between the manubrium and the body, not the margin.

10. Which landmark lies at the level of T9-T10?

- A. Inferior costal margin
- B. Iliac crest
- C. ASIS

D. Xiphoid process

The key idea is using surface landmarks to estimate the underlying vertebral level for positioning and orientation. The xiphoid process sits at the lower end of the sternum and, in the typical adult, its tip aligns with the T9–T10 vertebral level. That makes it a reliable landmark for locating the upper abdominal and diaphragmatic region on radiographs. Other landmarks point to different levels: the inferior costal margin marks the lower edge of the rib cage, generally well below T9–T10; the anterior superior iliac spine sits around the lower lumbar region near L4–L5; and the iliac crest is around L4. Because these do not correspond to T9–T10, the xiphoid process is the best match for that level.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://bontragersradpositioning.examzify.com>

We wish you the very best on your exam journey. You've got this!

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