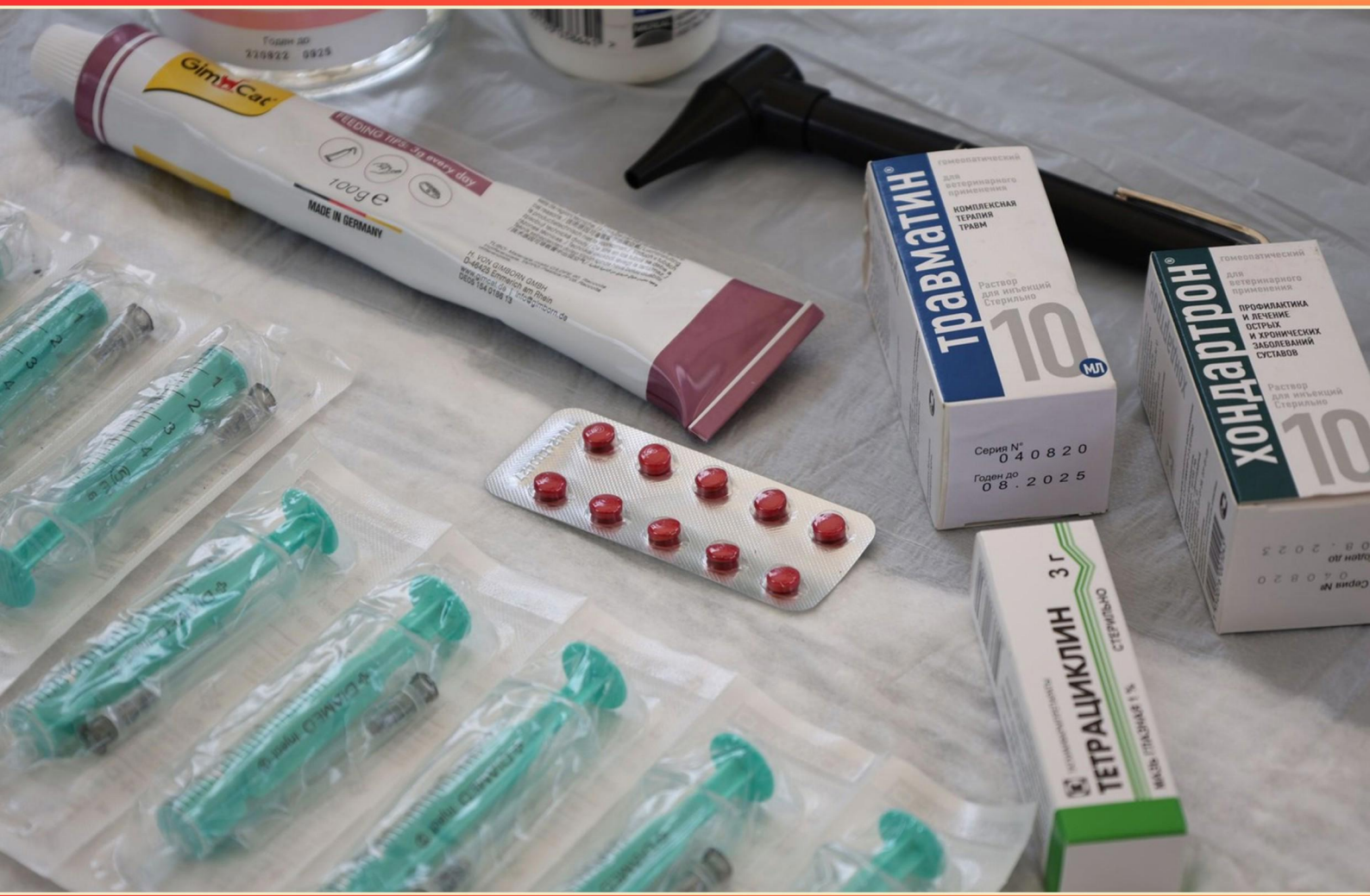
CAMRT RADIOGRAPHY PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://camrtradiography.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 15

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. To reduce back strain when transferring patients, you should?

A. Pull the patient

B. Push the patient

C. Hold the patient away from your body and lift

D. Bend at the waist and pull

2. When observing the radial tuberosity in profile on a lateral elbow, what position is the patient's hand in?

A. Hand positioned with palm flat

B. Hand positioned in a fist

C. Hand positioned with palm facing up

D. Hand karate chopped

3. What is the recommended weight/volume percentage of barium for single contrast GI studies?

A. 10-20%

B. 20-30%

C. 30-50%

D. 50-70%

4. What is the CT number for bone?

A. 20

B. 0

C. 1000

D. -200

5. What is the appropriate position for a patient undergoing an AP abdomen exam if they cannot stand?

A. Supine chest, supine abdomen, and left lateral decubitus abdomen

B. Supine abdomen and upright chest

C. Dorsal decubitus abdomen and supine chest

D. Supine abdomen and right lateral decubitus

SAMPLE

6. What is the average adult temperature range in Celsius?

A. 34 - 36 degrees

B. 36 - 37 degrees

C. 38 - 39 degrees

D. 35 - 37 degrees

7. How does increasing the grid ratio affect scatter?

A. Increases scatter

B. Reduces scatter

C. No effect on scatter

D. Has an unpredictable effect

8. A low GFR and creatinine level typically indicate what?

A. Increased kidney function

B. Decreased kidney function

C. Stable kidney function

D. Optimal kidney function

9. Which term describes the range of attenuation values that can be detected in a CT system?

A. Dynamic range

B. Image contrast

C. Spatial resolution

D. Signal to noise ratio

10. In a lateral L5/S1 lumbosacral x-ray, if the central ray is directed 5 cm anterior to the ASIS and 4 cm inferior to the iliac crest, what will be the outcome?

A. The central ray will be well superior to the L5/S1 junction

B. The central ray will be well anterior to the L5/S1 junction

C. The central ray will be well posterior to the L5/S1 junction

D. The central ray will be correctly centered to the L5/S1 junction

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. To reduce back strain when transferring patients, you should?

A. Pull the patient

B. Push the patient

C. Hold the patient away from your body and lift

D. Bend at the waist and pull

Pulling a patient during a transfer is the recommended method because it aligns with proper body mechanics aimed at reducing back strain. When you pull rather than push, you can maintain a more upright posture, which helps to preserve the natural curvature of your spine. This positioning minimizes the risk of injury by allowing you to engage your larger thigh muscles, which are more effective for the task than the smaller muscles in your back. Using a pulling technique facilitates better control of the patient's movement and allows you to transfer the weight of the patient more safely towards your body. This transfer of weight reduces the leverage against your back and lowers the chances of straining or injuring yourself during the movement. Other techniques, such as bending at the waist and pulling or holding the patient away from your body and lifting, can place significant stress on your back. Lifting the patient while holding them away from your body requires more force and can lead to biomechanical disadvantage, resulting in increased risk of back injury. Similarly, pushing a patient can lead to instability and requires more forceful exertion, which is not advisable for safety.

2. When observing the radial tuberosity in profile on a lateral elbow, what position is the patient's hand in?

A. Hand positioned with palm flat

B. Hand positioned in a fist

C. Hand positioned with palm facing up

D. Hand karate chopped

When the radial tuberosity is observed in profile on a lateral elbow radiograph, this positioning indicates that the patient's hand is placed so that the palm is flat against the examination surface. This specific positioning helps to achieve the desired alignment of the forearm and elbow, allowing for the optimal visualization of the radial tuberosity in relation to the humerus and ulna. The radial tuberosity, which is an anatomical landmark on the radius, is positioned medially to the head of the radius. By having the palm flat, the forearm is placed in a neutral rotation that minimizes superimposition of the anatomical structures, thereby making the radial tuberosity clearly visible. Positioning the hand in other ways—such as making a fist, having the palm facing up, or performing a karate chop—would alter the alignment of the radius and ulna and could obscure the view of the radial tuberosity, resulting in a suboptimal radiographic image. Therefore, the flat palm position is essential for accurate assessment and diagnosis in lateral elbow imaging.

SAMPLE

3. What is the recommended weight/volume percentage of barium for single contrast GI studies?

A. 10-20%

B. 20-30%

C. 30-50%

D. 50-70%

The recommended weight/volume percentage of barium for single contrast gastrointestinal (GI) studies is typically 30-50%. This range is optimal because it provides a sufficient density of the barium sulfate suspension needed to effectively outline the GI tract during imaging. Barium must be dense enough to absorb X-rays and create a clear contrast against surrounding tissues, allowing for better visualization of structures such as the esophagus, stomach, and intestines. When considering the other ranges, 10-20% may not provide adequate contrast for clear imaging, as the barium content would be too low to effectively coat and delineate the GI tract. A 20-30% concentration, while slightly more effective than the lower range, still may not achieve the ideal contrast necessary for a comprehensive examination. Conversely, concentrations of 50-70% are typically too viscous and can lead to problems with passage through the digestive system, increasing the risk of complications such as impaction. Therefore, the 30-50% range strikes a balance between providing good contrast for visualization while maintaining adequate flow and safety during the procedure.

4. What is the CT number for bone?

A. 20

B. 0

C. 1000

D. -200

The CT number for bone is defined by its high density, which results in a significantly high value on the Hounsfield scale, which is utilized in computed tomography (CT) imaging. Bone is considerably denser than soft tissue and water, resulting in a CT number around +1000. This density is due to the mineral content in bone, primarily calcium, which absorbs more X-ray radiation compared to less dense substances. In contrast, water is assigned a CT number of 0 on this scale, and fat typically has negative values, while air has significantly low values. Understanding the CT numbers assigned to various substances is crucial in interpreting CT images effectively, as they provide information on the composition and density of the tissues being scanned. This knowledge is vital for radiographers when making assessments based on CT images.

5. What is the appropriate position for a patient undergoing an AP abdomen exam if they cannot stand?

A. Supine chest, supine abdomen, and left lateral decubitus abdomen

B. Supine abdomen and upright chest

C. Dorsal decubitus abdomen and supine chest

D. Supine abdomen and right lateral decubitus

When a patient cannot stand for an AP abdomen exam, use a dorsal decubitus abdomen projection. Lying on the back with a horizontal beam lets any free intraperitoneal air rise to the upper abdomen, making it visible similarly to an upright view and providing a reliable indication of free air when standing isn't possible. Imaging the chest in a supine position complements the abdominal view by giving a thoracic perspective without requiring the patient to stand, preserving diagnostic information while accommodating limited mobility. This combination specifically targets the need to detect possible free air and assess gas patterns in the abdomen under non-ideal conditions. Other arrangements either rely on upright positioning or don't optimize the detection of free air for a non-ambulatory patient, so they're not as appropriate for this scenario.

SAMPLE

6. What is the average adult temperature range in Celsius?

A. 34 - 36 degrees

B. 36 - 37 degrees

C. 38 - 39 degrees

D. 35 - 37 degrees

The average adult temperature range in Celsius is generally recognized as being between 36 and 37 degrees. This range reflects what is considered a normal body temperature for healthy adults. It's important to note that while individual variations can exist due to factors such as time of day, age, and activity level, this range encompasses the commonly accepted norm. The normal body temperature is often cited as 37 degrees Celsius (98.6 degrees Fahrenheit), but it can reasonably fluctuate based on the conditions mentioned. This scientific understanding of body temperature is essential in clinical settings for assessing health, as deviations from this range can indicate potential health issues. Understanding these temperature norms helps radiographers and healthcare professionals provide accurate assessments and interventions based on temperature readings.

7. How does increasing the grid ratio affect scatter?

A. Increases scatter

B. Reduces scatter

C. No effect on scatter

D. Has an unpredictable effect

Increasing the grid ratio has a direct effect on the management of scatter radiation during radiographic imaging. Higher grid ratios are designed to absorb more scattered photons while allowing the primary beam to pass through with less attenuation. This is due to the increased height of the lead strips relative to the space between them, which effectively increases the amount of scatter that is absorbed. When a radiographic grid is employed, it works by selectively absorbing the scattered radiation that would otherwise degrade image quality. By increasing the grid ratio, the grid becomes more effective at eliminating scatter, resulting in a clearer and more diagnostic radiographic image. This is particularly important in procedures where high-quality images are essential, such as in areas with high densities or where contrast is critical. Thus, a higher grid ratio can significantly reduce the amount of scatter that affects the image, enabling improved contrast and sharper images, which are critical to accurate diagnosis in radiography.

8. A low GFR and creatinine level typically indicate what?

A. Increased kidney function

B. Decreased kidney function

C. Stable kidney function

D. Optimal kidney function

GFR reflects how well the kidneys are filtering waste from the blood. When GFR is low, the kidneys aren't filtering effectively, indicating decreased kidney function. Creatinine is a waste product cleared by the kidneys, and as filtration decreases, creatinine levels in the blood tend to rise, which supports the interpretation of reduced kidney function. Therefore, a low GFR points to decreased kidney function, whereas higher, stable, or optimal function would not produce a low GFR.

SAMPLE

9. Which term describes the range of attenuation values that can be detected in a CT system?

A. Dynamic range

B. Image contrast

C. Spatial resolution

D. Signal to noise ratio

The term that describes the range of attenuation values that can be detected in a CT system is dynamic range. In the context of computed tomography (CT), dynamic range refers to the spectrum of different X-ray attenuation values that can be accurately measured and differentiated by the system. This range is crucial for obtaining high-quality images, as it determines the ability of the CT scanner to discern between various tissues with different densities (such as fat, muscle, organs, and pathological areas). Dynamic range is integral to image quality because it affects how the scanner captures the nuances of tissue differences. A wider dynamic range allows for more subtle variations in attenuation to be displayed, which enhances the diagnostic capability of the CT images. In contrast, image contrast typically pertains to the difference in shading between various structures within the image rather than the detection capabilities of the system itself. Spatial resolution refers to the ability of the system to distinguish small details in the image, while signal to noise ratio relates to the level of detail versus the background noise in the images rather than the range of attenuation values detectable by the system.

10. In a lateral L5/S1 lumbosacral x-ray, if the central ray is directed 5 cm anterior to the ASIS and 4 cm inferior to the iliac crest, what will be the outcome?

A. The central ray will be well superior to the L5/S1 junction

B. The central ray will be well anterior to the L5/S1 junction

C. The central ray will be well posterior to the L5/S1 junction

D. The central ray will be correctly centered to the L5/S1 junction

In a lateral L5/S1 lumbosacral x-ray, accurately positioning the central ray is crucial for obtaining an optimal image that clearly demonstrates the L5/S1 junction. The typical positioning for this projection involves centering the central ray at a point that allows for effective visualization of the intervertebral space between the fifth lumbar vertebra and the sacrum. When the central ray is directed 5 cm anterior to the anterior superior iliac spine (ASIS) and 4 cm inferior to the iliac crest, this positioning places the central ray too far forward in the anteroposterior plane relative to the L5/S1 junction. As a result, the beam will not efficiently penetrate the area needed for imaging, which is more posterior. This outcome confirms that the central ray is well anterior to the L5/S1 junction, leading to a less than optimal image of the area being examined. Proper interpretation and setup are essential for successful radiographic examinations, highlighting the importance of accurate measurements and positioning in radiography.

SAMPLE

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://camrtradiography.examzify.com

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

SAMPLE