COMBAT MEDIC 68W: FIELD CRAFT 2 PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://combatmedic68wfieldcraft2.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. **What type of fracture should be suspected if a casualty has CSF draining from nostrils and ears, periorbital ecchymosis, and ecchymosis behind the ears?**

   A. Cervical spine fracture

   B. Basilar skull fracture

   C. Nasal fracture

   D. Mandible fracture

2. **What is the proper course of action for a medic if a patient suffers a severe headache but can communicate?**

   A. Administer high doses of pain relievers

   B. Monitor for additional symptoms

   C. Provide reassurance and observe closely

   D. Withhold any medication

3. **Which layer of the brain membranes is described as the center layer?**

   A. Pia mater

   B. Dura mater

   C. Arachnoid

   D. Cerebellum

4. **What is the outermost brain membrane known for its resilience?**

   A. Dura mater

   B. Arachnoid

   C. Pia mater

   D. Cerebrum

5. **Which symptom is commonly associated with a more severe TBI?**

   A. Headache

   B. Dizziness

   C. Unconsciousness

   D. Confusion

SAMPLE

6. What is the highest point on the shoulder called?

A. Scapula

B. Acromion process

C. Clavicle

D. Humerus

7. What is the minimum abnormal difference in pupil size that might indicate a serious issue?

A. Equal size

B. Less than 1 mm

C. Greater than 1 mm

D. More than 3 mm

8. What additional injuries can result from electrical injuries?

A. Burns only

B. Ruptured tympanic membrane and fractures from muscle contractions

C. Skin abrasions and bruising

D. Heat exhaustion and dehydration

9. What does the pancreas primarily produce and secrete into the small intestine?

A. Hormones only

B. Insulin only

C. Digestive juices

D. Both digestive juices and hormones

10. Which part of the eye is a tough white layer connected to six muscles?

A. Lens

B. Cornea

C. Sclera

D. Retina

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What type of fracture should be suspected if a casualty has CSF draining from nostrils and ears, periorbital ecchymosis, and ecchymosis behind the ears?

A. Cervical spine fracture

B. Basilar skull fracture

C. Nasal fracture

D. Mandible fracture

The presence of cerebrospinal fluid (CSF) draining from the nostrils and ears, accompanied by periorbital ecchymosis (often referred to as "raccoon eyes") and ecchymosis behind the ears (known as Battle's sign), strongly suggests a basilar skull fracture. A basilar skull fracture typically occurs at the base of the skull and is associated with injuries to the meninges, potentially leading to leakage of CSF through the ear or nasal passages. The drainage of CSF is particularly concerning as it indicates a breach in the protective barriers of the brain, which can pose significant risks for infection and further complications. The periorbital ecchymosis is a classic sign that can develop due to blood vessel damage or pooling of blood around the eyes. Similarly, the ecchymosis behind the ears can signal trauma at the base of the skull and the resulting bleeding in these areas. Together, these clinical findings point towards the likelihood of a basilar skull fracture rather than injuries related to the cervical spine or fractures of the nasal or mandible regions, which would not typically present with CSF leakage or the specific bruising patterns described.

2. What is the proper course of action for a medic if a patient suffers a severe headache but can communicate?

A. Administer high doses of pain relievers

B. Monitor for additional symptoms

C. Provide reassurance and observe closely

D. Withhold any medication

When a patient presents with a severe headache but is still able to communicate, the appropriate course of action is to provide reassurance and observe closely. This approach is crucial because while the patient is experiencing significant discomfort, their ability to communicate indicates that they are stable enough for monitoring rather than immediate intervention. Providing reassurance helps to reduce anxiety, which can sometimes exacerbate the perception of pain, allowing the patient to feel supported. Observing closely enables the medic to watch for any changes in the patient's condition or the onset of additional symptoms that might indicate a more serious underlying issue. This vigilant observation is key in determining the best course of action moving forward. Monitoring for additional symptoms alone might miss the opportunity to provide emotional support, which can be particularly important in medical scenarios for patient comfort. Administering high doses of pain relievers might not be appropriate without a comprehensive understanding of the patient's overall condition and potential contraindications, and withholding any medication could be detrimental if the pain becomes unmanageable. Thus, the chosen approach balances patient comfort with careful observation, fostering a thoughtful response to their situation.

SAMPLE

3. Which layer of the brain membranes is described as the center layer?

A. Pia mater

B. Dura mater

C. Arachnoid

D. Cerebellum

The center layer of the brain membranes is known as the arachnoid. It is one of the three layers of membranes, collectively called the meninges, that cover and protect the brain and spinal cord. The arachnoid is situated between the outermost layer, which is the dura mater, and the innermost layer, known as the pia mater. The arachnoid serves as a crucial layer as it contains the subarachnoid space filled with cerebrospinal fluid (CSF), which acts as a cushion for the brain, providing a protective barrier against injury and helping to maintain intracranial pressure. In contrast, the dura mater is the tough, outermost membrane, providing a durable protective layer, while the pia mater is the delicate innermost layer that closely adheres to the surface of the brain and spinal cord. The cerebellum, mentioned as a choice, is not a layer of membrane but rather a part of the brain responsible for coordination and balance.

4. What is the outermost brain membrane known for its resilience?

A. Dura mater

B. Arachnoid

C. Pia mater

D. Cerebrum

The outermost brain membrane is known as the dura mater. It is a tough and resilient membrane that provides a protective layer for the brain and spinal cord. The dura mater is composed of dense connective tissue, which affords it durability and the ability to withstand various physical stresses, making it an effective barrier against injury and infection. In addition to its protective qualities, the dura mater also plays a critical role in forming compartments within the skull, helping to stabilize the brain and prevent excessive movement during head trauma. Its position as the outermost layer means it is the first line of defense against external forces that could impact the central nervous system. The other layers of the meninges, which are the arachnoid and pia mater, offer different functions. The arachnoid, for instance, is a web-like structure that provides cushioning and is involved in the circulation of cerebrospinal fluid, while the pia mater is a delicate membrane that closely adheres to the surface of the brain, supplying nutrients and oxygen. The cerebrum refers to the brain's largest part and is not a protective membrane at all. Thus, the distinction of the dura mater as the outermost layer highlights its critical role in protecting the delicate structures of the brain.

5. Which symptom is commonly associated with a more severe TBI?

A. Headache

B. Dizziness

C. Unconsciousness

D. Confusion

Unconsciousness is a symptom commonly associated with a more severe traumatic brain injury (TBI). In cases of severe TBI, the brain may suffer significant damage, which can lead to alterations in consciousness, resulting in loss of awareness, responsiveness, and ability to be aroused. This makes unconsciousness a key indicator of the severity of the injury. In contrast, while headache, dizziness, and confusion can also occur with TBIs, they are often associated with less severe forms. Headaches are widespread and can present in many conditions, not exclusively TBIs, while dizziness is a common symptom but can also occur for various other reasons unrelated to significant brain injury. Confusion can indicate a problem with cognitive function or awareness but does not necessarily mean that the injury is severe, as it can be present in milder TBIs as well. Unconsciousness clearly distinguishes itself as a more critical symptom indicating a more serious level of brain injury.

SAMPLE

6. What is the highest point on the shoulder called?

A. Scapula

B. Acromion process

C. Clavicle

D. Humerus

The highest point on the shoulder is known as the acromion process. The acromion is an extension of the spine of the scapula (shoulder blade) and serves as an important landmark in human anatomy. It forms the highest part of the shoulder and can be palpated easily, making it significant for clinical assessments and shoulder evaluations. Understanding the anatomy and position of the acromion process is essential for various medical evaluations and treatments, as it serves as the point of attachment for muscles and ligaments associated with shoulder movement and stability. This structure also articulates with the clavicle at the acromioclavicular joint, which plays a role in shoulder function and range of motion. Recognizing the acromion's location helps in diagnosing shoulder conditions, guiding injections, and performing surgical procedures.

7. What is the minimum abnormal difference in pupil size that might indicate a serious issue?

A. Equal size

B. Less than 1 mm

C. Greater than 1 mm

D. More than 3 mm

A difference in pupil size, known as anisocoria, can signal underlying neurological issues. A difference greater than 1 mm in pupil size can suggest potential problems, such as an increase in intracranial pressure, traumatic brain injury, or other serious conditions affecting the central nervous system. Pupils that are equal in size typically indicate normal neurological function, making this option not indicative of a serious issue. A pupil size difference of less than 1 mm is generally considered within the normal range, varying among individuals and usually does not point to a pathology. A difference of more than 3 mm could represent a significant neurological event as well, but the threshold for clinical concern typically lies at greater than 1 mm rather than jumping to more than 3 mm. Recognizing a difference greater than 1 mm helps in identifying patients who may require further assessment and potentially urgent medical intervention. Understanding these thresholds is crucial for recognizing when to escalate care in a clinical setting.

SAMPLE

8. What additional injuries can result from electrical injuries?

A. Burns only

B. Ruptured tympanic membrane and fractures from muscle contractions

C. Skin abrasions and bruising

D. Heat exhaustion and dehydration

When considering the consequences of electrical injuries, it is critical to understand that the impact can extend beyond just burns. The correct choice highlights that electrical injuries can lead to ruptured tympanic membranes and fractures, which are primarily caused by violent muscle contractions induced by the electrical current. When a person is exposed to an electrical current, various physiological responses can occur, including tetany, where muscle contractions do not relax. This intense contraction can result in physical trauma, such as fractures, especially if the person falls or is jolted. Additionally, the sudden changes in pressure within the body due to the intense contraction can lead to ruptured tympanic membranes. The ears, being sensitive and delicate structures, can rupture if subjected to the pressure changes from muscle activity triggered by electrical shock. The other options listed do not encompass the full range of potential additional injuries associated with electrical shocks. While burns are a common direct result, they do not represent the range of bodily harm that can occur from electrical exposure. The particular injuries highlighted in the correct choice are specific to the dynamics of electrical injuries and their interactions with bodily functions.

9. What does the pancreas primarily produce and secrete into the small intestine?

A. Hormones only

B. Insulin only

C. Digestive juices

D. Both digestive juices and hormones

The pancreas plays a crucial role in the digestive system as well as in the regulation of blood sugar levels. Its primary function in relation to the small intestine is to produce and secrete digestive juices, which contain enzymes that are vital for the digestion of carbohydrates, proteins, and fats. In addition to these digestive juices, the pancreas produces important hormones such as insulin and glucagon, which are secreted into the bloodstream to help regulate blood sugar levels. While these hormones are not secreted directly into the small intestine, their production is integral to the overall function of the pancreas in maintaining metabolic balance. Thus, acknowledging both the digestive function through the secretion of digestive juices and the hormonal role underscores the comprehensive role of the pancreas in digestion and metabolic regulation, making the choice that encompasses both aspects the most accurate representation of the pancreas's primary functions.

10. Which part of the eye is a tough white layer connected to six muscles?

A. Lens

B. Cornea

C. Sclera

D. Retina

The sclera is the tough white layer of the eye that provides structural support and protection. It serves as the outermost layer of the eyeball and is made of dense connective tissue, which is why it is both tough and resilient. Additionally, the sclera connects to six muscles that are responsible for controlling eye movement. These muscles allow the eye to move in different directions, enabling visual tracking and coordination with head movements. In contrast, the lens is a transparent structure that focuses light onto the retina, while the cornea is the clear, front part of the eye that also helps with focusing light but does not connect to muscles. The retina, on the other hand, is the inner layer of the eye that contains the photoreceptors for sight. Therefore, the sclera is uniquely identified by its toughness, color, and role in muscle attachment, making it the correct answer.

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://combatmedic68wfieldcraft2.examzify.com

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

SAMPLE