

CT20 MANAGEMENT OF TRAUMA PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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. Which action is explicitly part of the management of a head injury?**
 - A. Administer antibiotics
 - B. Measurement of pupillary response
 - C. Defibrillation
 - D. Diaphragmatic pacing

- 2. Which of the following is an associated complication of abdominal injuries?**
 - A. Nausea
 - B. Headache
 - C. Fever
 - D. Organ dysfunction

- 3. Which statement best describes the role of accurate reporting mechanisms in trauma management?**
 - A. NWS promote a learning culture rather than blame if mistakes are made
 - B. NWS focus on reducing reporting to save resources
 - C. NWS encourage blaming individuals for mistakes
 - D. NWS provide no guidance on incident reporting

- 4. A thermal injury occurs by energy transfer to tissues, such as contact with an oven tray.**
 - A. By energy transfer to the body's tissues, causing necrosis and an associated inflammatory reaction such as contact with an oven tray.
 - B. By chemical exposure to acids.
 - C. By electrical conduction alone.
 - D. By cold exposure.

- 5. Which statement about using Injury Severity Score to classify major trauma is correct?**
 - A. Injury Severity Score is used to classify major trauma, with a threshold over 15.
 - B. Age alone determines traumatic severity.
 - C. It only assesses injuries to the head.
 - D. It predicts the exact outcome for each patient.

- 6. Which statement correctly describes the zone that surrounds the zone of coagulation and is salvageable with resuscitation?**
- A. Zone of stasis.
 - B. Zone of hyperaemia.
 - C. Zone of coagulation.
 - D. Zone of infiltration.
- 7. Monoplegia is:**
- A. Paralysis of both arms and legs
 - B. Loss of sensation
 - C. Paralysis of the lower body
 - D. Paralysis restricted to one limb or region of the body
- 8. Which of the following is true about the mnemonic RED FLAPS TWELVE?**
- A. It is used for the rapid assessment of neurological status.
 - B. It assesses airway patency.
 - C. It is used for systematic assessment of Breathing, chest and neck.
 - D. It is used to decide hospital admission.
- 9. Which of the following represents a complication of thoracic injuries causing air in soft tissues?**
- A. Hypotension
 - B. Surgical emphysema
 - C. Evisceration
 - D. Urinary incontinence
- 10. Which component is included in the thoracic assessment?**
- A. Inspection, Percussion, Palpation and Auscultation of the thoracic area
 - B. Administration of analgesia only
 - C. Percussion and palpation only
 - D. CT scanning

Answers

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

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Explanations

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1. Which action is explicitly part of the management of a head injury?

- A. Administer antibiotics
- B. Measurement of pupillary response**
- C. Defibrillation
- D. Diaphragmatic pacing

Measuring the pupillary response is a fundamental part of head injury management because it gives immediate information about brainstem function and potential changes in intracranial pressure. The pupils' size and reaction to light are quick bedside clues to how well the nervous system is functioning after trauma. Nonreactive or unequal pupils can indicate deterioration or impending herniation, prompting urgent actions such as imaging, airway protection, and interventions to control intracranial pressure. The other options don't fit as routine, explicit steps in head injury care: antibiotics aren't automatically given for head injury unless there's an open or contaminated skull fracture or penetrating injury; defibrillation is used for cardiac arrest or certain arrhythmias, not as part of head injury management; diaphragmatic pacing isn't a standard management step for head injury.

2. Which of the following is an associated complication of abdominal injuries?

- A. Nausea
- B. Headache
- C. Fever
- D. Organ dysfunction**

Abdominal trauma can injure any organ in the cavity, and the most important linked complication is organ dysfunction. When organs are damaged—whether solid organs like the liver, spleen, or kidneys, or hollow ones like the intestines or stomach—their ability to function properly is compromised. Bleeding from an injured solid organ can lead to hypovolemia and poor perfusion, quickly causing systemic organ dysfunction. Injury to hollow organs may release contents into the peritoneal cavity, causing peritonitis, sepsis, and widespread bodily dysfunction. The result is a clinical picture where the organs aren't able to perform their normal tasks, signaling a serious complication that requires urgent evaluation and management. Nausea, headache, or fever can occur with trauma for various reasons, such as pain, dehydration, or later infection, but they are not the direct, primary complication associated with abdominal injury in the acute sense like organ dysfunction is.

3. Which statement best describes the role of accurate reporting mechanisms in trauma management?

- A. NWAS promote a learning culture rather than blame if mistakes are made**
- B. NWAS focus on reducing reporting to save resources
- C. NWAS encourage blaming individuals for mistakes
- D. NWAS provide no guidance on incident reporting

Accurate reporting mechanisms in trauma management are most valuable when they foster a learning culture that focuses on improving the system rather than punishing people. When staff feel safe to report mistakes or near-misses, the team can analyze what happened without fear, identify root causes in processes, communication, or equipment, and make changes that prevent recurrence. This non-punitive, learning-driven approach leads to tangible safety and quality improvements across trauma care, from prehospital handovers to in-hospital protocols. For organizations like NWAS, this means robust incident reporting, debriefs, safety alerts, and feedback loops that turn data into actionable changes, strengthening patient care overall. Reducing reporting to save resources or blaming individuals runs counter to this approach and misses the chance to fix systemic issues; lack of guidance on reporting also keeps risks hidden and unaddressed.

4. A thermal injury occurs by energy transfer to tissues, such as contact with an oven tray.

A. By energy transfer to the body's tissues, causing necrosis and an associated inflammatory reaction such as contact with an oven tray.

B. By chemical exposure to acids.

C. By electrical conduction alone.

D. By cold exposure.

Thermal injury happens when energy is transferred as heat into the body's tissues, causing cell death (necrosis) and an inflammatory response. In a scenario like touching a hot oven tray, heat flows into the skin by conduction, raising tissue temperature and damaging cells, which leads to redness, swelling, pain, and tissue necrosis in the affected area. This mechanism is distinct from chemical burns, which occur from caustic substances causing tissue damage through chemical reactions rather than heat; electrical burns, which involve current and can injure deeper tissues along the current path; and frostbite from cold exposure, which damages tissue by freezing rather than heat transfer. Hence, energy transfer as heat causing necrosis and inflammation best describes a thermal injury like contact with a hot tray.

5. Which statement about using Injury Severity Score to classify major trauma is correct?

A. Injury Severity Score is used to classify major trauma, with a threshold over 15.

B. Age alone determines traumatic severity.

C. It only assesses injuries to the head.

D. It predicts the exact outcome for each patient.

The main idea is understanding how Injury Severity Score (ISS) classifies major trauma. ISS is an anatomical scoring system that uses the Abbreviated Injury Scale (AIS) to rate injuries in different body regions. It takes the three most severely injured regions, squares each AIS score, and sums them to give a score from 1 to 75. A threshold often used to designate major trauma is an ISS greater than 15, which helps identify patients who require urgent, high-level trauma care and resources. This framing matters because ISS reflects injury burden across the body, not just one area or a patient's age. Age alone doesn't determine trauma severity, even though it influences prognosis. It also isn't limited to head injuries; it assesses multiple body regions. And while a higher ISS correlates with worse outcomes, the score does not predict the exact outcome for an individual patient.

6. Which statement correctly describes the zone that surrounds the zone of coagulation and is salvageable with resuscitation?

A. Zone of stasis.

B. Zone of hyperaemia.

C. Zone of coagulation.

D. Zone of infiltration.

In tissue injury, three concentric zones describe how far damage extends and what can still be saved. The center, the zone of coagulation, has irreversible cellular death. Surrounding it is the zone of stasis, where cells are stressed and perfusion is reduced but not permanently damaged—these tissues can be saved if blood flow and oxygen delivery are restored promptly. The outermost area is the zone of hyperemia, with increased blood flow and inflammation, which typically recovers as part of the healing process. So the zone around the zone of coagulation that is salvageable with resuscitation is the zone of stasis.

7. Monoplegia is:

- A. Paralysis of both arms and legs
- B. Loss of sensation
- C. Paralysis of the lower body
- D. Paralysis restricted to one limb or region of the body**

Monoplegia is paralysis confined to a single limb or region. It results from disruption of the motor pathways specifically supplying that limb, so movement is lost in one limb while the rest of the body remains functional. This can occur with a focal brain lesion affecting the area that controls that limb or with a peripheral nerve injury affecting only that limb. The defining idea is the restriction to one limb, not both sides or all limbs. In contrast, paralysis of both arms and legs describes quadriplegia; paralysis of the lower body describes paraplegia; and loss of sensation refers to a sensory problem rather than a motor deficit.

8. Which of the following is true about the mnemonic RED FLAPS TWELVE?

- A. It is used for the rapid assessment of neurological status.
- B. It assesses airway patency.
- C. It is used for systematic assessment of Breathing, chest and neck.**
- D. It is used to decide hospital admission.

The main idea is that RED FLAPS TWELVE is a trauma-focused memory aid used to guide a thorough, systematic check of the patient's breathing and the thorax and neck region. It helps clinicians move through the breathing assessment in a structured way—looking at how well the patient is ventilating, identifying chest wall injuries, deformities, wounds, or signs like subcutaneous emphysema, and evaluating the neck for anything that could threaten airway or breathing, including signs suggesting cervical spine injury. This makes it a tool to ensure nothing in the breathing, chest, or neck areas is missed during resuscitation, fitting into the trauma survey workflow. It's not primarily about rapid neurological status or about deciding hospital admission, and while airway patency is part of breathing, the mnemonic emphasizes a broader chest-and-neck systematic evaluation.

9. Which of the following represents a complication of thoracic injuries causing air in soft tissues?

- A. Hypotension
- B. Surgical emphysema**
- C. Evisceration
- D. Urinary incontinence

Air collecting in the soft tissues of the chest and neck, known as subcutaneous emphysema, is a recognized complication after thoracic trauma. It happens when air escapes from the lung or airways and tracks into the subcutaneous layers, producing a crackling sensation or crepitus. This condition is often called surgical emphysema and signals a breach in the airway or lung, such as from a pneumothorax or tracheobronchial injury, and it warrants careful assessment and monitoring. The other options don't fit because hypotension points to shock from blood loss or poor circulation, evisceration is protrusion of abdominal contents through a wound, and urinary incontinence is not related to chest injuries or air tracking into tissues.

10. Which component is included in the thoracic assessment?

- A. Inspection, Percussion, Palpation and Auscultation of the thoracic area**
- B. Administration of analgesia only
- C. Percussion and palpation only
- D. CT scanning

In trauma care, the thoracic assessment is done with a systematic, bedside exam using four modalities: inspection, palpation, percussion, and auscultation. Inspection allows you to notice chest wall deformities, asymmetry of movement, wounds, or signs of respiratory distress. Palpation helps detect tenderness, crepitus from broken ribs or subcutaneous emphysema, and any instability of the chest wall. Percussion helps differentiate air from fluid or solid tissue, offering clues about pneumothorax or hemothorax. Auscultation reveals abnormal breath sounds, such as diminished or absent sounds, rales, or wheezes, which point to contusion, pneumothorax, or other thoracic injury. This combination ensures you don't miss injuries that are visible, tactile, air/fluid related, or auscultatory in nature. Analgesia alone is a treatment step, not a diagnostic component, and CT scanning is imaging rather than part of the bedside physical exam.

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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:

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

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