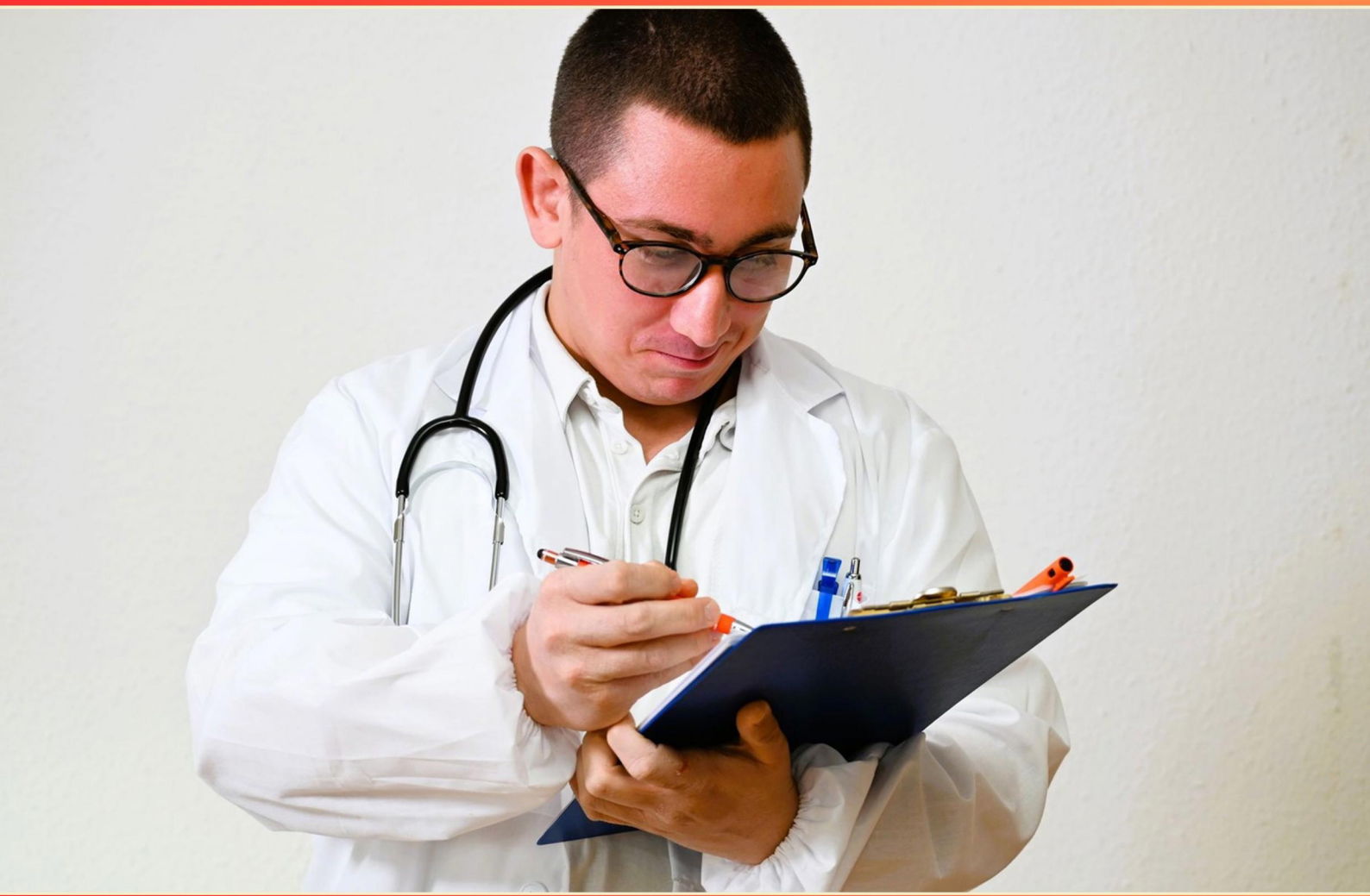
EXTREMITIES LIMITED SCOPE PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR 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.

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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!

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Questions

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1. Which bone forms the long axis of the upper arm?

A. Humerus

B. Radius

C. Ulna

D. Scapula

2. For a lateral projection of the scapula, which condition is necessary for accurate imaging?

A. Spine of scapula parallel to film

B. Unaffected arm raised across chest

C. Central ray centered to the scapular vertebral border

D. Patient breathes shallowly during exposure

3. The medial-oblique projection of the foot demonstrates all of the following except:

A. Ankle joint

B. Tarsal bones

C. Intertarsal joints

D. Intermetatarsal spaces

4. When is urgent orthopedic consultation indicated for pediatric long-bone fractures?

A. Open fractures, neurovascular compromise, displaced physeal injuries, or fractures with growth plate concerns

B. Only non-displaced fractures

C. Minor sprains without fracture

D. Fractures older than age 12 with no growth concerns

5. When performing a lateral projection of the patella, which statement is true?

A. Image receptor must be placed in the bucky tray.

B. Leg is rotated 45 to the affected side.

C. Technique is reduced to prevent overexposing.

D. Inferior-superior axial position is most frequently used.

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6. Which nerve and artery are at risk with fractures near the humeral surgical neck?

A. Radial nerve and profunda brachii artery

B. Axillary nerve and posterior circumflex humeral artery

C. Musculocutaneous nerve and brachial artery

D. Median nerve and radial artery

7. Which fracture pattern is associated with proximal fibula fractures during ankle injuries and carries a risk of syndesmotic injury?

A. Pilon fracture

B. Maisonneuve fracture (proximal fibula fracture with syndesmotic injury)

C. Jones fracture

D. Calcaneal fracture

8. Which bones are located in the wrist?

A. Carpals

B. Metacarpals

C. Tarsals

D. Metatarsals

9. Why are supracondylar humerus fractures in children clinically important?

A. They can injure the brachial artery and median nerve; require urgent evaluation and reduction if displaced.

B. They can injure the radial nerve and ulnar nerve; observation is enough if displaced.

C. They commonly cause shoulder dislocation.

D. They are always non-displaced and do not require urgent treatment.

10. Which maneuver helps diagnose a meniscal tear?

A. Thessaly test

B. McMurray test

C. Apley compression test

D. Lachman test

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Answers

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

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Explanations

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1. Which bone forms the long axis of the upper arm?

A. Humerus

B. Radius

C. Ulna

D. Scapula

The humerus sets the straight, central line of the upper limb. It runs from the shoulder to the elbow as a single long bone, forming the main axis of the upper arm. The radius and ulna are in the forearm, not the upper arm, so they don't define the arm's axis. The scapula is part of the shoulder girdle and sits apart from the long axis of the arm. Hence, the bone forming the long axis of the upper arm is the humerus.

2. For a lateral projection of the scapula, which condition is necessary for accurate imaging?

A. Spine of scapula parallel to film

B. Unaffected arm raised across chest

C. Central ray centered to the scapular vertebral border

D. Patient breathes shallowly during exposure

For a true lateral scapula image you must align the beam with the scapula's center so the anatomy is captured without distortion. Center the central ray to the scapular vertebral border (the medial border) so the beam passes through the middle of the scapula and the image shows the scapular body in profile without excessive overlap from surrounding structures. This precise centering produces a clear, accurate lateral view of the scapula and glenoid. Breathing and arm position can help optimize visibility, but they are secondary to ensuring the central ray hits the medial scapular border. Centering elsewhere can cause foreshortening, clipping, or misrepresentation of the scapular anatomy.

3. The medial-oblique projection of the foot demonstrates all of the following except:

A. Ankle joint

B. Tarsal bones

C. Intertarsal joints

D. Intermetatarsal spaces

The medial oblique view of the foot is aimed at revealing midfoot structures by rotating the foot about 30 degrees medially. This position enhances visualization of the tarsal bones and their articulations, especially the intertarsal joints (such as the junctions between talus, navicular, calcaneus, cuboid, and the cuneiforms) and the spaces between the metatarsals (intermetatarsal spaces). You gain a clearer look at how these bones articulate and how the joints are aligned. However, the ankle joint sits higher up at the tibia-fibula-talus junction and is not well demonstrated in this foot-centered projection. To assess the ankle properly, you'd use an ankle radiograph (for example, an AP ankle or mortise view). So, the structure not demonstrated on this projection is the ankle joint. The other options—the tarsal bones, intertarsal joints, and intermetatarsal spaces—are all visible and well demonstrated in the medial oblique foot view.

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4. When is urgent orthopedic consultation indicated for pediatric long-bone fractures?

A. Open fractures, neurovascular compromise, displaced physeal injuries, or fractures with growth plate concerns

B. Only non-displaced fractures

C. Minor sprains without fracture

D. Fractures older than age 12 with no growth concerns

In pediatric long-bone fractures, urgent orthopedic input is needed when the injury could worsen quickly if not addressed right away. Open fractures require immediate surgical cleaning and stabilization to prevent infection and ensure proper healing. If there are signs of compromised blood flow or nerve function, urgent evaluation is critical to restore perfusion and protect nerves. A displaced growth plate (physeal) injury demands prompt reduction and careful alignment to avoid growth disturbance and deformity. Any fracture near a growth plate or with concern for the physis should be evaluated urgently so growth potential isn't jeopardized. Non-urgent cases—such as non-displaced fractures or minor sprains without growth-plate involvement—can often be managed more conservatively in non-emergency settings.

5. When performing a lateral projection of the patella, which statement is true?

A. Image receptor must be placed in the bucky tray.

B. Leg is rotated 45 to the affected side.

C. Technique is reduced to prevent overexposing.

D. Inferior-superior axial position is most frequently used.

In a lateral patella view, the main idea is to use the lowest exposure factors that still yield a diagnostic image, because the patella is a small, high-contrast structure and excessive technique can wash out bone detail and increase the dose without improving image quality. So the best choice is to reduce technique to prevent overexposing. Positioning also matters: this view requires a true lateral with the knee flexed so the patella sits in profile and the patellofemoral joint is clearly demonstrated. Rotating the leg or misaligning the patella would blur or misplace the structure, reducing diagnostic value. The inferior-superior axial (tangential) projection is a different view used specifically to evaluate the patellofemoral articulation from below, not the lateral patella projection. While using the bucky tray can be common to take advantage of a grid, the key point for this view is accurate lateral positioning and appropriate exposure, not a fixed requirement about receptor placement.

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6. Which nerve and artery are at risk with fractures near the humeral surgical neck?

A. Radial nerve and profunda brachii artery

B. Axillary nerve and posterior circumflex humeral artery

C. Musculocutaneous nerve and brachial artery

D. Median nerve and radial artery

Fractures near the humeral surgical neck threaten the structures that pass directly posterior to the humerus in that region. The axillary nerve wraps around the surgical neck together with the posterior circumflex humeral artery as they travel through the quadrangular space. When a fracture occurs there, both can be damaged, leading to deltoid weakness and sensory changes over the region supplied by the axillary nerve, with potential vascular implications for the shoulder area. The radial nerve and the profunda brachii artery travel in the radial groove along the humerus, so they are more at risk with midshaft fractures, not injuries around the surgical neck. The musculocutaneous nerve lies in the anterior arm, piercing the coracobrachialis, and is not a structure that travels with the posterior aspect of the surgical neck. The median nerve and radial artery are associated with more distal, anterior-arm/forearm relationships and are not the key structures at the surgical neck.

7. Which fracture pattern is associated with proximal fibula fractures during ankle injuries and carries a risk of syndesmotic injury?

A. Pilon fracture

B. Maisonneuve fracture (proximal fibula fracture with syndesmotic injury)

C. Jones fracture

D. Calcaneal fracture

This pattern is about how an external-rotation ankle injury can fracture the proximal fibula while also tearing the distal tibiofibular syndesmosis. That combination is called a Maisonneuve fracture. The force from the ankle travels up the interosseous membrane, so you get a spiral break high in the fibula and, at the same time, instability of the syndesmosis at the ankle. Because the syndesmosis stabilizes the ankle mortise, its injury risks instability if not recognized and treated, even if the visible ankle fracture isn't obvious at first. So the best answer is the pattern that links a proximal fibula fracture with syndesmotic injury. The other options describe fractures at different bones or locations that don't involve this proximal fibula–syndesmosis pattern.

8. Which bones are located in the wrist?

A. Carpals

B. Metacarpals

C. Tarsals

D. Metatarsals

Wrist bones are the carpal bones—the eight small bones arranged in two rows that form the wrist and connect the forearm to the hand, enabling wrist movement. The metacarpals are the five long bones of the palm between the wrist and fingers; the tarsals are the ankle bones; the metatarsals are the bones of the foot between the ankle and toes. So the bones located in the wrist are the carpals.

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9. Why are supracondylar humerus fractures in children clinically important?

A. They can injure the brachial artery and median nerve; require urgent evaluation and reduction if displaced.

B. They can injure the radial nerve and ulnar nerve; observation is enough if displaced.

C. They commonly cause shoulder dislocation.

D. They are always non-displaced and do not require urgent treatment.

Displaced supracondylar fractures in children are clinically important because the distal fragment can compromise the neurovascular bundle in the elbow, especially the brachial artery and the median nerve. These structures sit in front of the elbow, so a displaced fracture can stretch, compress, or injure them, leading to signs of poor hand perfusion (pale, cool hand, weak or absent pulse) and motor or sensory deficits in the median nerve distribution (such as trouble with thumb opposition and sensation over the lateral palm and first three fingers). Because loss of blood flow or neural function can quickly become permanent, urgent evaluation and reduction are needed when the fracture is displaced to restore alignment and perfusion. After reduction, reassessing circulation and nerve function is crucial, and persistent issues may require surgical management. While nerve injuries to the radial or ulnar nerves can occur, they are not the primary, immediate concern in this scenario, and shoulder dislocation is not a typical result of a supracondylar fracture. Non-displaced fractures may be managed nonoperatively, but displaced ones demand prompt action to protect the limb.

10. Which maneuver helps diagnose a meniscal tear?

A. Thessaly test

B. McMurray test

C. Apley compression test

D. Lachman test

Diagnosing a meniscal tear relies on a maneuver that directly stresses the torn edge of the meniscus as the knee moves, causing the torn fragment to catch between the femur and tibia. The McMurray test does this by flexing the knee, then rotating the tibia while extending the knee, using external rotation with valgus stress to test the medial meniscus or internal rotation with varus stress to test the lateral meniscus. A positive sign is a painful click or a palpable/ audible pop along the joint line, sometimes with locking, which is highly indicative of a meniscal tear. Other tests mainly assess other structures (like the ACL) or provide broader meniscal information with less specificity, so this maneuver is the best choice for diagnosing a meniscal tear.

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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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