FIELD INTERNSHIP STUDENT DATA ACQUISITION PROJECT (FISDAP) TRAUMA PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 mechanism of injury indicates the highest likelihood of spinal injury?

A. Penetration injury to the upper torso

B. Restrained patient in a motor vehicle collision

C. Dislocated arm while playing basketball

D. Gunshot wound to the lower thigh

2. Which sign indicates the need for immediate intervention in a trauma patient with abdominal injuries?

A. Alert and oriented

B. Pale, cool, clammy skin

C. Severe abdominal tenderness

D. Normal respiratory rate

3. A 49 year old male has burns on the front of both arms and his entire chest above the costal margin. What percentage of burns did he receive?

A. 27

B. 9

C. 18

D. 13.5

4. What is most life threatening for an adult patient?

A. Bubbling wound to the chest

B. Bowel evisceration

C. Active bleeding from the forehead

D. Compound tibia fracture

5. What is considered a life-threatening fracture due to the risk of excessive blood loss?

A. Mandible fracture

B. Radial fracture

C. Femur fracture

D. Tibia fracture

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6. After an explosion, if a patient suffers crush injuries to the lower extremities, how should these injuries be classified?

A. Primary

B. Tertiary

C. Initial

D. Secondary

7. You arrive at the scene of a gunshot victim with optimal breathing. What is the first step in treating this patient?

A. Hold pressure, raise the patient's arm

B. Apply direct pressure first

C. Immediately apply a tourniquet

D. Attempt to control bleeding with a bulky dressing

8. What are common signs and symptoms of shock?

A. Increased heart rate, increased respirations, hypotension

B. Decreased heart rate, increased respirations, hypotension

C. Increased heart rate, decreased respirations, hypertension

D. Decreased heart rate, increased respirations, hypertension

9. Which patient would it be appropriate to perform only a focused physical examination instead of a rapid trauma assessment?

A. A 42 year old male who complains of neck "stiffness" after a moderate speed collision

B. An 82 year old male who is unconscious with minor scrapes and scratches after a 2-foot fall

C. An alert 13-year-old male who fell off his skateboard and is now presenting with a deformed lower leg

D. A 22 year old female who complains of severe wrist pain after tripping in her kitchen

10. What is the characteristic of a subdural hematoma?

A. Consists of bleeding between the dura mater and cranium

B. Are rarely caused by trauma

C. Are rarely a serious event for patients in this age group

D. Consists of bleeding between the dura mater and arachnoid mater

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Answers

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

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Explanations

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1. Which mechanism of injury indicates the highest likelihood of spinal injury?

A. Penetration injury to the upper torso

B. Restrained patient in a motor vehicle collision

C. Dislocated arm while playing basketball

D. Gunshot wound to the lower thigh

The choice indicating the highest likelihood of spinal injury is reinforced by the nature of motor vehicle collisions and the forces encountered during such events. In a motor vehicle collision, especially for a restrained patient, the mechanisms of deceleration and impact can exert tremendous forces on the spine. These forces can lead to various types of spinal injuries, including fractures and dislocations, as the vertebrae and spinal cord are subjected to stress during abrupt stops or collisions. When a person is restrained, the seatbelt helps to keep them in place, but it can also transfer forces directly to the spine in a crash. The combination of rapid deceleration, the potential for the body to move in ways that exceed normal range of motion, and the impact against hard surfaces significantly increases the risk of spinal trauma. In contrast, mechanisms like penetration injuries to the upper torso can certainly cause spinal injuries, but they are generally less common than traumatic injuries resulting from motor vehicle collisions. Athletic injuries, such as a dislocated arm from playing basketball, typically do not involve the spine unless a fall or other significant trauma occurs. Lastly, gunshot wounds to the lower thigh primarily affect the lower extremities and, while serious, do not necessarily implicate spinal injuries. Therefore, the situation involving a restrained

2. Which sign indicates the need for immediate intervention in a trauma patient with abdominal injuries?

A. Alert and oriented

B. Pale, cool, clammy skin

C. Severe abdominal tenderness

D. Normal respiratory rate

The presence of pale, cool, clammy skin in a trauma patient indicates shock or a significant physiological stress response, which can be critical in cases of abdominal injuries. This sign suggests that the patient may be experiencing circulatory compromise, often due to internal bleeding or fluid loss, which can rapidly lead to life-threatening conditions. Immediate intervention is necessary to address the underlying cause, stabilize the patient's condition, and prevent further deterioration. In trauma situations, vital signs and physical examination findings are crucial indicators of a patient's state. While severe abdominal tenderness may also prompt concern and further evaluation, it is not as immediate an indicator of life-threatening conditions as changes in skin color and temperature, which could point to shock. Likewise, being alert and oriented or having a normal respiratory rate may provide some information about the patient's overall status but do not reflect the urgency for intervention needed in the context of serious abdominal injuries.

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3. A 49 year old male has burns on the front of both arms and his entire chest above the costal margin. What percentage of burns did he receive?

A. 27

B. 9

C. 18

D. 13.5

To calculate the percentage of the body burned, the "Rule of Nines" is typically used in adults. According to this rule, the body is divided into sections, each representing approximately 9% of the total body surface area. In this case, the individual has burns on the front of both arms and the entire chest above the costal margin. The front of one arm accounts for about 4.5%, so the front of both arms would total 9%. The chest, which is considered to be 18% of the total body surface area, includes the upper torso and effectively doubles if considering only the anterior aspect above the costal margin. Calculating the total: - Front of both arms: 9% - Entire anterior chest: 18% Adding these together gives a total burn percentage of 27%. However, since the question appears to ask about the percentage of burns, it is actually assessed as 18% for just the chest being burned when considering the surface area effectively involved in the injury. Thus, if we consider the entire assessment for the front of the arms and upper chest region, a burn area totaling 18% accurately reflects the overall severity of burns for this particular patient based on the provided details.

4. What is most life threatening for an adult patient?

A. Bubbling wound to the chest

B. Bowel evisceration

C. Active bleeding from the forehead

D. Compound tibia fracture

In the context of trauma assessment, a bubbling wound to the chest, commonly referred to as a "sucking chest wound," can be extremely life-threatening due to its potential to compromise the patient's respiratory system and lead to air entering the pleural space. This type of injury can result in pneumothorax or tension pneumothorax, which are critical conditions that can quickly deteriorate a patient's ability to breathe adequately. When air enters the pleural cavity, it can cause the lung on the affected side to collapse, leading to respiratory failure if not addressed promptly. The fact that the wound is bubbling indicates that air is being sucked in and out of the pleural space with the patient's breathing, which can exacerbate the problem. Immediate intervention is crucial, often requiring the application of an occlusive dressing to seal the wound and prevent air from entering through the chest wall, along with further medical treatment. In assessing other options, while bowel evisceration is indeed a severe injury, it is typically not immediately life-threatening compared to a compromised airway or breathing. Active bleeding from the forehead could certainly be concerning, especially if it involves significant trauma to major blood vessels, but it generally does not pose an immediate threat to life relative to the devastating

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5. What is considered a life-threatening fracture due to the risk of excessive blood loss?

A. Mandible fracture

B. Radial fracture

C. Femur fracture

D. Tibia fracture

A femur fracture is considered life-threatening due to the potential for significant blood loss. The femur is a large bone in the thigh, and when it is fractured, particularly in the context of a traumatic injury, it can result in substantial hemorrhage. This is primarily because the femoral artery runs close to the femur, and a fracture can disrupt this major vessel, leading to profuse bleeding. The volume of blood that can be lost from a femur fracture is significant enough to compromise hemodynamic stability and lead to shock if not managed promptly. In cases of severe trauma, such as motor vehicle accidents or falls from height, the risk of such a fracture occurring alongside vascular injury is heightened. While fractures of other bones, like the mandible, radius, or tibia, can also be serious and require medical attention, they generally do not pose the same immediate risk for massive hemorrhage as a femur fracture does. Thus, understanding the anatomical and physiological implications of each fracture type is crucial for recognizing which injuries may lead to life-threatening situations.

6. After an explosion, if a patient suffers crush injuries to the lower extremities, how should these injuries be classified?

A. Primary

B. Tertiary

C. Initial

D. Secondary

The classification of injuries resulting from an explosion involves understanding the mechanisms of injury associated with such traumatic events. Crush injuries to the lower extremities in the context of an explosion are categorized as tertiary injuries. Tertiary injuries occur when a person is thrown by the force of an explosion and subsequently impacts with a solid object, which can lead to crush injuries among other forms of trauma. This is distinct from primary injuries, which are the result of the direct blast wave; secondary injuries that occur from flying debris hitting the body; and initial injuries, which are not a commonly recognized classification in this context. Thus, labeling lower extremity crush injuries as tertiary accurately reflects the nature of the injury's origin, given the dynamics of the explosion that thrust the individual into danger. Understanding this classification helps medical professionals assess and manage trauma effectively in patients who have experienced such catastrophic events.

7. You arrive at the scene of a gunshot victim with optimal breathing. What is the first step in treating this patient?

A. Hold pressure, raise the patient's arm

B. Apply direct pressure first

C. Immediately apply a tourniquet

D. Attempt to control bleeding with a bulky dressing

For a gunshot wound with adequate breathing, control external bleeding first by applying firm, direct pressure over the wound. This compresses the injured vessels and is the simplest initial method for slowing or stopping hemorrhage. If bleeding is severe or does not stop with pressure, use a tourniquet for an extremity wound; a bulky dressing can help hold pressure in place. Raising the arm is not a substitute for direct pressure.

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8. What are common signs and symptoms of shock?

A. Increased heart rate, increased respirations, hypotension

B. Decreased heart rate, increased respirations, hypotension

C. Increased heart rate, decreased respirations, hypertension

D. Decreased heart rate, increased respirations, hypertension

The correct answer identifies the typical physiological responses the body exhibits in response to shock. Increased heart rate and increased respiratory rate occur as the body tries to compensate for inadequate circulation and oxygen delivery to the tissues. This compensatory mechanism is commonly referred to as the body's attempt to maintain homeostasis when under stress. Hypotension, or low blood pressure, is also a hallmark sign of shock as the body's fluid volume or vascular resistance decreases, leading to insufficient perfusion of vital organs. These signs reflect the body's failure to maintain adequate blood flow and oxygenation to tissues, which is critical in the management of trauma patients. The other options present combinations of signs and symptoms that do not accurately reflect the physiological response to shock. For instance, a decreased heart rate is not consistent with shock, as it usually indicates better perfusion and is not a compensatory mechanism. Similarly, hypertension does not align with the typical signs of shock, where blood pressure tends to drop due to low blood volume or impaired vascular function. Recognizing these specific signs and symptoms is critical for early identification and management of shock in trauma patients.

9. Which patient would it be appropriate to perform only a focused physical examination instead of a rapid trauma assessment?

A. A 42 year old male who complains of neck "stiffness" after a moderate speed collision

B. An 82 year old male who is unconscious with minor scrapes and scratches after a 2-foot fall

C. An alert 13-year-old male who fell off his skateboard and is now presenting with a deformed lower leg

D. A 22 year old female who complains of severe wrist pain after tripping in her kitchen

The appropriate scenario for conducting only a focused physical examination involves a patient who presents with an isolated injury and is stable enough that a rapid trauma assessment, which involves a head-to-toe evaluation often reserved for patients with potential life-threatening conditions, is unnecessary. In this case, the 22-year-old female with severe wrist pain after tripping in her kitchen is likely dealing with a specific injury that does not suggest significant trauma to other critical areas of the body. The mechanism of injury (tripping) and the presence of a single area of concern (the wrist) allow for a focused examination. Such an examination can efficiently assess the injury and determine the appropriate treatment without unnecessary delays that might occur during a more extensive assessment. In contrast, the other patients have more complex situations that warrant a rapid trauma assessment. The 42-year-old male with neck stiffness after a collision presents the possibility of spinal injuries, requiring a thorough evaluation. The 82-year-old male, being unconscious even after a minor fall, indicates potential systemic issues or hidden injuries that need immediate attention. Finally, the 13-year-old male with a deformed lower leg raises concerns about serious injuries, possibly including fractures or other complications that might affect overall stability. Hence, their conditions necessitate a

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10. What is the characteristic of a subdural hematoma?

A. Consists of bleeding between the dura mater and cranium

B. Are rarely caused by trauma

C. Are rarely a serious event for patients in this age group

D. Consists of bleeding between the dura mater and arachnoid mater

A subdural hematoma is defined as a collection of blood that occurs between the dura mater and the arachnoid mater, which are two of the protective membranes surrounding the brain. This condition typically arises from the tearing of bridging veins due to acceleration-deceleration forces, often seen in trauma scenarios, such as falls or motor vehicle accidents. When a subdural hematoma occurs, it can lead to increased intracranial pressure and might compress the brain itself, resulting in significant neurological implications. The positioning of the bleeding in this specific space distinguishes it from other types of intracranial hemorrhages, such as epidural hematomas, which occur between the dura mater and the skull. While the other options provide various insights, they do not accurately reflect the anatomical and clinical characteristics of a subdural hematoma. This makes the correct identification of its location significant for diagnosis and management in cases of traumatic brain injuries.

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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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