FLIGHT SURGEON MODULE B PRACTICE TEST (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 illusion is described as the movement of a stationary light perceived during darkness (Autokinesis)?

A. Autokinesis

B. Induced Motion

C. Structural Illusion

D. Size/Distance Illusion

2. Which corrective measure is recommended if spatial disorientation is recognized in a two-pilot aircraft?

A. In a two-pilot aircraft, announce spatial disorientation, transfer the controls, use instruments to regain bearing, and cross-check with additional crew.

B. Ignore the disorientation and continue.

C. Request assistance from air traffic control and maintain current attitude.

D. Continue flying with outside visual references only.

3. In Blackhawk and Chinook aircraft, crew members are required to wear what combination of gear?

A. Hearing protection and helmet

B. Hearing protection only

C. Helmet only

D. No protective gear required

4. Above which altitude does progressive deterioration of the body's compensatory abilities typically occur?

A. 11,000 ft

B. 18,045 ft

C. 28,000 ft

D. 6,000 ft

5. Which factor is described as affecting the severity of accelerations due to the axis of acceleration?

A. Impact Direction

B. Rate of Onset

C. Body Area

D. Duration

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6. Which of the following is NOT a visual illusion?

A. False Horizon

B. Flicker Vertigo

C. Relative Motion

D. Autokinesis Illusion

7. A false horizon sensory illusion can cause spatial disorientation by causing the pilot to use the sloping cloud layer as the horizontal reference.

A. True

B. False

C. It Depends

D. Not Sure

8. Which statement best describes a NOT function of sleep?

A. Immune system support and disease recuperation

B. Reduced caloric use

C. Glymphatic clearance of wake-related toxins

D. Increased muscle protein synthesis during wakefulness

9. Which visual deficiency is characterized by unequal curvature causing glare?

A. Astigmatism

B. Hyperopia

C. Myopia

D. Presbyopia

10. What frequently produces smoke in the cockpit?

A. Overheated electronic components

B. Electrical wiring shorts

C. Ruptured coolant lines resulting from either engine overheating or leaking fluid

D. Cabin lighting

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Answers

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

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Explanations

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1. Which illusion is described as the movement of a stationary light perceived during darkness (Autokinesis)?

A. Autokinesis

B. Induced Motion

C. Structural Illusion

D. Size/Distance Illusion

In darkness with few visual references, a stationary light can appear to drift due to autokinesis. Tiny involuntary eye movements create movement on the retina when there's nothing nearby to anchor the image, and the brain interprets that as the light moving even though it isn't. This is a common night-flight cue when staring at a single light source; the effect can be reduced by shifting your gaze to another object or the horizon reference, or by taking brief glances away from the light. This illusion is distinct from Induced Motion, where a moving background or observer makes another object seem to move, and from Size/Distance or Structural Illusions, which involve misperceptions of distance, size, or cues from the cockpit environment rather than motion of a stationary light.

2. Which corrective measure is recommended if spatial disorientation is recognized in a two-pilot aircraft?

A. In a two-pilot aircraft, announce spatial disorientation, transfer the controls, use instruments to regain bearing, and cross-check with additional crew.

B. Ignore the disorientation and continue.

C. Request assistance from air traffic control and maintain current attitude.

D. Continue flying with outside visual references only.

Spatial disorientation happens when your perception of the aircraft's attitude conflicts with reality, so you lose reliable sense of pitch, roll, and bank. In a two-pilot crew, the safest remedy is to immediately communicate the problem, transfer the controls to the other pilot, and rely on the instruments to regain orientation, while both pilots continuously cross-check what the instruments show. So, the pilot who detects the disorientation should call out the issue and hand the controls to the other pilot. The pilot now at the controls uses the attitude indicator, heading indicator, altimeter, airspeed, and vertical speed to establish a stable, coordinated attitude and flight path. As they reestablish and confirm the attitude, the crew member who was disoriented monitors the instruments and verifies the corrections, maintaining a clear, double-check communication loop. This approach minimizes reliance on the vestibular system, which can be misleading in disorienting conditions. Ignoring the disorientation, maintaining the current attitude, or attempting to rely solely on outside visual references are unsafe because they don't restore reliable orientation and can lead to a loss of control.

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3. In Blackhawk and Chinook aircraft, crew members are required to wear what combination of gear?

A. Hearing protection and helmet

B. Hearing protection only

C. Helmet only

D. No protective gear required

The main idea is that rotorcraft crew must have both auditory protection and head protection due to the environment inside Blackhawk and Chinook aircraft. Helicopters produce very high noise levels for extended periods, which can cause immediate and long-term hearing damage. A helmet provides head protection against impacts, debris, and during egress, and often accommodates comms gear and visors. Using only hearing protection leaves the head vulnerable to injuries, while wearing only a helmet does not adequately shield the ears from noise. Therefore, the required combination is both hearing protection and a helmet, giving comprehensive protection for both ears and head.

4. Above which altitude does progressive deterioration of the body's compensatory abilities typically occur?

A. 11,000 ft

B. 18,045 ft

C. 28,000 ft

D. 6,000 ft

As you climb, the partial pressure of oxygen in the air falls, so the body relies on quick compensatory responses—mainly increasing ventilation and heart rate—to keep delivering oxygen to tissues. These mechanisms can handle a lot, but they have a limit. Above roughly 18,000 feet (about 5.5 km), the usual ways the body compensates begin to fail in a progressive way, and oxygen delivery to tissues can no longer be maintained effectively. That's why you see a deterioration in performance and mental and physical function if oxygenation isn't supplemented or the environment isn't pressurized. This threshold sits higher than very common lower-altitude adjustments (where compensations still effectively maintain function) and lower than extreme high-altitude scenarios that require specialized gear. So the altitude around 18,045 feet marks where compensatory abilities start to deteriorate in a progressive fashion.

5. Which factor is described as affecting the severity of accelerations due to the axis of acceleration?

A. Impact Direction

B. Rate of Onset

C. Body Area

D. Duration

The key idea is that how severe an acceleration feels to the body depends on the direction the force is applied relative to your body's orientation and restraints. Accelerations along different axes load the body in different ways, so the same magnitude of force can cause different stresses on the spine, chest, or abdomen depending on the direction. The way restraints and seating transmit energy also varies by direction, shaping the peak forces experienced and the injury risk. That's why the factor describing how accelerations are affected by the axis of acceleration is the direction of the impact itself. Rate of onset, duration, and which body area is exposed also matter, but they describe other aspects, not the axis direction.

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6. Which of the following is NOT a visual illusion?

A. False Horizon

B. Flicker Vertigo

C. Relative Motion

D. Autokinesis Illusion

Visual perceptual errors in flight come from how the eyes and brain interpret visual cues when attitude or motion is ambiguous. False horizon is a classic example: if the true horizon is obscured or confusing, your brain can misread your aircraft's pitch or bank, leading to improper control inputs. Flicker vertigo occurs when rapid flickering lights stimulate the visual system and vestibular inputs, triggering dizziness or disorientation. Autokinesis is the illusion where a stationary light in darkness appears to move, even though it isn't, due to sustained fixation and eye movements. Relative motion, on the other hand, is not a misperception. It describes the actual motion of one object relative to another because both are moving. In flight, you may see ground features or other objects seem to move relative to your aircraft, but that movement is real relative motion, not a deceptive illusion produced by sensory input.

7. A false horizon sensory illusion can cause spatial disorientation by causing the pilot to use the sloping cloud layer as the horizontal reference.

A. True

B. False

C. It Depends

D. Not Sure

When visual cues are unreliable, the brain can misinterpret what is truly horizontal. A sloping cloud layer can look like a horizon, but it isn't level. If a pilot treats that sloped layer as the true horizon, they'll instinctively roll to align the aircraft with it, meaning they end up in an unintended bank or attitude even though the aircraft isn't actually level. This misperception is a classic visual illusion that leads to spatial disorientation, especially in poor visibility when there's no real horizon to rely on. The safer response is to ignore the misleading cue and rely on the attitude instruments to confirm the aircraft's actual attitude, maintaining proper cross-checks and reference to the instruments.

8. Which statement best describes a NOT function of sleep?

A. Immune system support and disease recuperation

B. Reduced caloric use

C. Glymphatic clearance of wake-related toxins

D. Increased muscle protein synthesis during wakefulness

Sleep supports restorative processes that sustain the body's defenses and repair work. Immune function is bolstered during sleep, helping disease resistance. The glymphatic system, which clears wake-related waste from the brain, is more active in sleep, especially deep sleep, promoting brain health. Energy use is minimized during sleep, allowing resources to be redirected toward repair and maintenance. Growth hormone release during slow-wave sleep drives muscle protein synthesis and tissue repair, mostly happening while you're asleep. The idea that sleep would increase muscle protein synthesis during wakefulness doesn't fit this pattern, since the wake period is when activity, feeding, and energy expenditure dominate and sleep-driven anabolic processes aren't in play.

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9. Which visual deficiency is characterized by unequal curvature causing glare?

A. Astigmatism

B. Hyperopia

C. Myopia

D. Presbyopia

Unequal curvature of the cornea or lens causes light to be focused at more than one point on the retina, producing blur and glare. This uneven refractive power along different meridians is what defines astigmatism. In contrast, hyperopia (farsightedness) means light focuses behind the retina, myopia (nearsightedness) means it focuses in front of the retina, and presbyopia is the age-related loss of the eye's ability to accommodate for near vision. Astigmatism is corrected with lenses that are cylindrical (toric), which balance the unequal meridional powers to yield a single clear focal point on the retina.

10. What frequently produces smoke in the cockpit?

A. Overheated electronic components

B. Electrical wiring shorts

C. Ruptured coolant lines resulting from either engine overheating or leaking fluid

D. Cabin lighting

Smoky conditions in the cockpit are most often linked to the cooling or fluid systems coming into contact with hot engine areas. When coolant lines rupture or leak, the hot coolant spills onto hot engine components or exhaust areas. The fluid rapidly vaporizes and smokes, creating visible smoke and a distinctive odor. Engine overheating makes these lines more likely to fail, so a rupture from overheating or fluid leakage is a common source of cockpit smoke. While overheating electrical components or wiring faults can also produce smoke, they're less frequently encountered as the primary cause in typical cockpit smoke scenarios. Cabin lighting by itself would not generate smoke.

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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:

https://flightsurgeonmodb.examzify.com

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

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