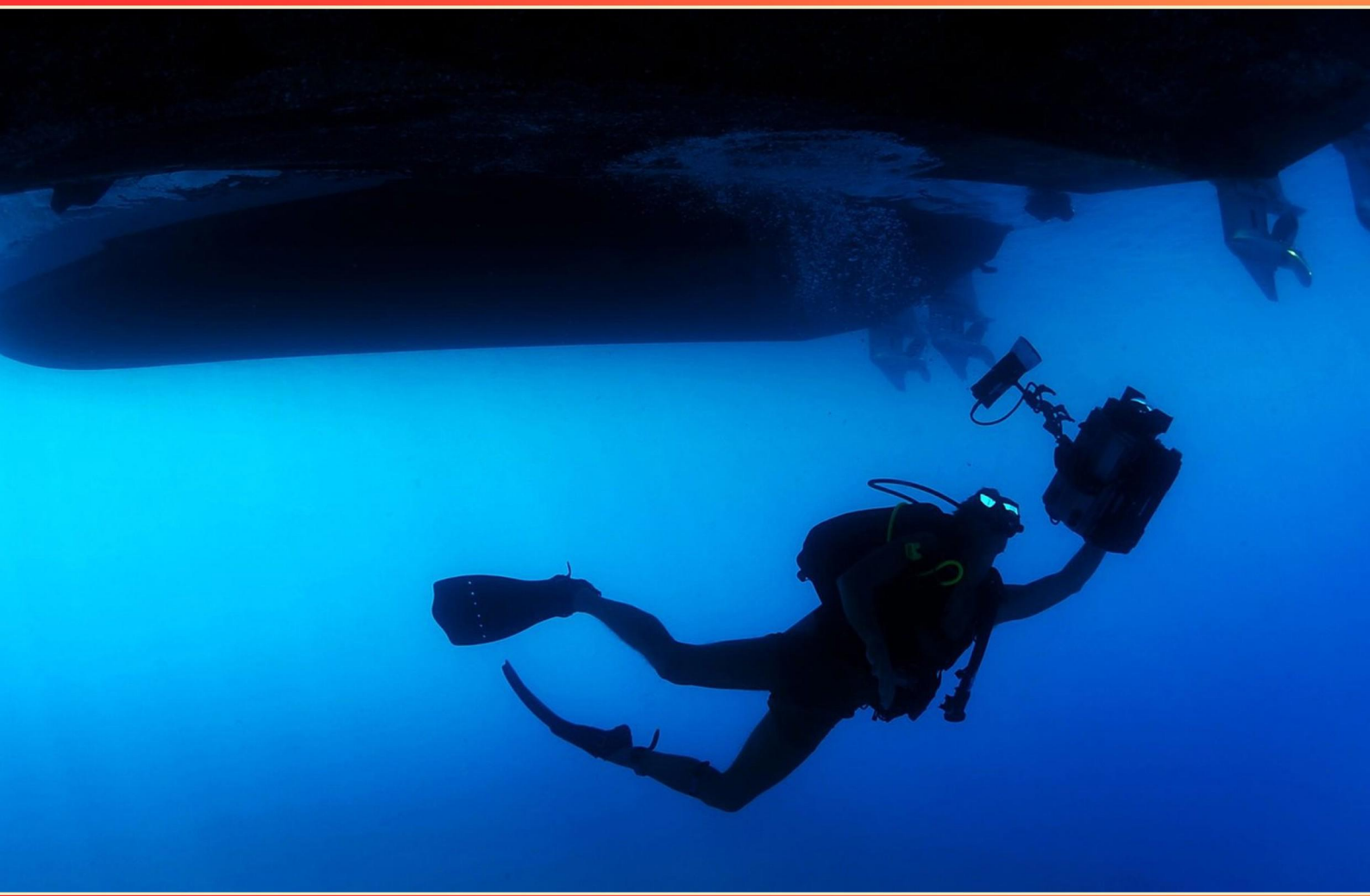
NAVY DIVE MANUAL PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 16

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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. **What is the maximum depth for Treatment Table 8 when treating a symptomatic patient?**

   A. 165 fsw

   B. 225 fsw

   C. 200 fsw

   D. 180 fsw

2. **What is the standard pressure for an open circuit scuba cylinder?**

   A. 2,000 psi

   B. 2,500 psi

   C. 3,000 psi

   D. 3,500 psi

3. **What should be done first when treating a diver with Type I symptoms in recompression chambers?**

   A. Perform a medical examination

   B. Administer immediate IV fluids

   C. Begin decompression at the surface

   D. Place the diver on supplemental air

4. **Which two methods are commonly used by divers for equalization?**

   A. Valsalva maneuver and Equalize grip

   B. Frenzel maneuver and Valsalva maneuver

   C. Able's technique and Frenzel maneuver

   D. Sneeze method and Valsalva maneuver

5. **If a diver has stayed on the surface for 1 to 5 minutes and a recompression chamber is available, what action should be taken?**

   A. Return the diver to the previous depth

   B. Place the diver in the recompression chamber and complete decompression

   C. Continue surface activities without intervention

   D. Transfer the diver to another location

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6. What is the last water stop depth for all in-water decompressions?

A. 10 feet

B. 15 feet

C. 20 feet

D. 25 feet

7. What can cause decompression sickness (DCS)?

A. Rapid ascent from depth

B. Overexertion during diving

C. Low oxygen levels

D. High carbon dioxide levels

8. What is a contingency plan in diving?

A. A strategy for achieving dive objectives

B. A plan for unexpected events that may occur during a dive

C. A schedule for equipment maintenance before diving

D. A preparation guide for pre-dive inspections

9. Which procedure is applicable for divers' depth gauge readings at altitude?

A. Referencing sea level depth tables

B. Consulting a Diving Medical Officer

C. Correcting to actual depths

D. Using a standard dive computer

10. What is the recommended maximum depth a patient can be compressed for Treatment Table 6?

A. 145 fsw

B. 165 fsw

C. 180 fsw

D. 200 fsw

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Answers

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

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Explanations

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1. What is the maximum depth for Treatment Table 8 when treating a symptomatic patient?

A. 165 fsw

B. 225 fsw

C. 200 fsw

D. 180 fsw

Treatment Table 8 is specifically designed for treating symptomatic patients suffering from decompression sickness or arterial gas embolism. The maximum depth for this treatment table is set at 225 feet of sea water (fsw). This depth allows for appropriate management and mitigation of symptoms that may occur due to the nitrogen build-up in the tissues or gases in the bloodstream. When treating a symptomatic patient at this depth, the treatment strategy involves gradually reducing pressure and controlling ascent rates while monitoring the patient's response to therapy, ensuring the necessary protocols are followed to maximize the chance of recovery. The depth of 225 fsw is instrumental because it provides the recommended pressure for achieving a therapeutic effect, thus facilitating effective treatment and reducing the risk of complications associated with deep dives. In contrast, the other suggested depths (165 fsw, 200 fsw, and 180 fsw) do not align with established treatment protocols for symptomatic cases as outlined in the Navy Dive Manual. These depths may apply to other tables or conditions but do not meet the criteria for Treatment Table 8 for symptomatic patients.

2. What is the standard pressure for an open circuit scuba cylinder?

A. 2,000 psi

B. 2,500 psi

C. 3,000 psi

D. 3,500 psi

The standard pressure for an open circuit scuba cylinder is 3,000 psi. This pressure allows divers to store a sufficient volume of breathing gas in a compact and manageable cylinder, supporting safe and effective underwater operations. Scuba tanks are commonly designed to hold gas at this pressure, ensuring that divers can breathe comfortably while diving without the risk of running out of air too quickly. While options like 2,000 psi or 2,500 psi may represent pressures found in some older or smaller tanks, and 3,500 psi is generally associated with technical diving or specialized tanks, 3,000 psi is the most prevalent standard for recreational scuba diving cylinders. This is key in providing divers the ability to safely conduct their activities without compromising on the air supply needed for decompression and emergencies.

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3. What should be done first when treating a diver with Type I symptoms in recompression chambers?

A. Perform a medical examination

B. Administer immediate IV fluids

C. Begin decompression at the surface

D. Place the diver on supplemental air

In the case of a diver exhibiting Type I symptoms, the first priority is to perform a medical examination. This is crucial because Type I decompression sickness, also known as "the bends," can manifest with a variety of symptoms affecting different bodily systems. Conducting a thorough medical examination allows healthcare providers to assess the severity of the symptoms and determine the appropriate course of action that aligns with the diver's specific condition. Identifying the exact symptoms and understanding their implications is critical before any treatment begins. This examination will facilitate informed decisions regarding the need for recompression and the level of medical intervention required. It sets the foundation for effective and safe treatment in the recompression chamber. In contrast, administering IV fluids or placing the diver on supplemental air may be necessary later, but these actions should follow the initial assessment. Similarly, starting decompression at the surface without fully understanding the diver's condition could exacerbate their symptoms or lead to improper treatment. The initial medical examination is foundational to ensuring the diver receives optimal care tailored to their needs.

4. Which two methods are commonly used by divers for equalization?

A. Valsalva maneuver and Equalize grip

B. Frenzel maneuver and Valsalva maneuver

C. Able's technique and Frenzel maneuver

D. Sneeze method and Valsalva maneuver

The correct answer identifies two widely recognized equalization techniques used by divers: the Frenzel maneuver and the Valsalva maneuver. The Valsalva maneuver is a widely practiced technique where a diver closes their mouth, pinches their nose, and gently exhales while keeping the throat closed. This action increases the pressure in the throat and helps to open the Eustachian tubes, allowing for equalization of pressure in the middle ear with the external environment. This method is effective and commonly taught to divers for managing pressure changes during descent. The Frenzel maneuver, on the other hand, is a more advanced technique that is often favored by experienced divers, especially in situations where rapid descents occur. In this technique, a diver uses the tongue and throat muscles to compress air into the Eustachian tubes. The advantage of the Frenzel maneuver is that it allows for equalization to occur with less force, which can help prevent barotrauma, particularly in deeper dives or during rapid changes in depth. Both techniques are essential for maintaining ear health and comfort while diving, enabling divers to effectively manage the changes in pressure that occur as they descend and ascend.

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5. If a diver has stayed on the surface for 1 to 5 minutes and a recompression chamber is available, what action should be taken?

A. Return the diver to the previous depth

B. Place the diver in the recompression chamber and complete decompression

C. Continue surface activities without intervention

D. Transfer the diver to another location

Placing the diver in the recompression chamber to complete decompression is the appropriate action because this process mitigates the risks associated with decompression sickness (DCS) that can occur after a diver has been at the surface after diving. When divers ascend too quickly or spend insufficient time at the required depths during their decompression stops, nitrogen can form bubbles in their bloodstream and tissues, leading to serious health complications. Using a recompression chamber allows for controlled environmental conditions where pressures can be safely increased, facilitating the elimination of excess nitrogen from the diver's body. This helps to reduce the likelihood of DCS symptoms manifesting, especially after even minimal surface durations in some circumstances. Returning the diver to a previous depth or transferring them elsewhere may expose them to further risk without providing the necessary treatment to address any potential inert gas accumulation. Continuing surface activities without intervention could disregard the diver's safety and may result in serious health consequences. Thus, utilizing the recompression chamber for complete decompression is the best practice in this scenario.

6. What is the last water stop depth for all in-water decompressions?

A. 10 feet

B. 15 feet

C. 20 feet

D. 25 feet

The last water stop depth for all in-water decompressions is 20 feet. This depth serves as a critical point in the decompression schedule, allowing divers to ensure that they are sufficiently off-gassing and decreasing their risk of decompression sickness as they ascend. Decompression stops are strategically placed to provide divers with the opportunity to safely release inert gases that have accumulated during their dive. The 20-foot stop is effective because it is shallow enough to reduce the ambient pressure on the diver's body, facilitating the release of these gases while still allowing for adequate safety measures before reaching the surface. Establishing a final stop at 20 feet ensures that divers can perform necessary final checks, monitor symptoms, and manage any residual nitrogen in a controlled environment, significantly enhancing overall safety during the ascent process.

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7. What can cause decompression sickness (DCS)?

A. Rapid ascent from depth

B. Overexertion during diving

C. Low oxygen levels

D. High carbon dioxide levels

Decompression sickness (DCS), commonly referred to as "the bends," primarily occurs when a diver ascends too quickly from depth. During a dive, divers breathe compressed air, which increases the amount of nitrogen dissolved in their body tissues and bloodstream. As a diver ascends, the pressure decreases, and nitrogen comes out of solution and forms bubbles if the ascent is too rapid. These bubbles can cause various symptoms, ranging from joint pain and dizziness to more severe neurological issues when they form in the bloodstream or tissues. While overexertion during diving can contribute to fatigue or increase the body's nitrogen uptake, it is not a direct cause of DCS. Low oxygen levels can affect a diver's performance and safety but do not lead to decompression sickness. Similarly, high carbon dioxide levels can result from poor breathing practices and can cause other issues but do not directly cause DCS. Therefore, the rapid ascent from depth is the primary mechanism through which decompression sickness can develop, as it directly impacts the nitrogen levels in the body.

8. What is a contingency plan in diving?

A. A strategy for achieving dive objectives

B. A plan for unexpected events that may occur during a dive

C. A schedule for equipment maintenance before diving

D. A preparation guide for pre-dive inspections

A contingency plan in diving is fundamentally a plan for unexpected events that may occur during a dive. This is crucial because diving can involve various risks and uncertainties, from equipment failure to unexpected changes in environmental conditions. The essence of a contingency plan is to ensure that divers are prepared to respond effectively to emergencies, which can range from a diver experiencing medical distress to losing communication with the surface or encountering hazardous marine life. By having a contingency plan in place, divers can minimize risks and improve their safety during operations. Such plans often include predefined procedures for emergencies, roles of each team member, and communication protocols. They serve as a safety net that allows divers to act quickly and efficiently in crisis situations. In the context of the other options, achieving dive objectives refers to the primary goals of the dive operation, while a maintenance schedule focuses on equipment readiness rather than unexpected situations. A preparation guide for pre-dive inspections is crucial for ensuring that all gear is functioning correctly before going underwater but does not address unforeseeable incidents that could arise during the dive. Thus, the correct answer emphasizes the proactive nature of being prepared for surprises that divers may encounter.

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9. Which procedure is applicable for divers' depth gauge readings at altitude?

A. Referencing sea level depth tables

B. Consulting a Diving Medical Officer

C. Correcting to actual depths

D. Using a standard dive computer

The procedure for divers' depth gauge readings at altitude requires correcting to actual depths. This is crucial because depth gauges are typically calibrated based on sea level conditions. As divers operate at altitude, the atmospheric pressure changes, affecting their depth measurements. By applying a correction factor, divers can adjust their depth readings to reflect the actual underwater depth they are experiencing. This ensures safer diving and proper planning for decompression procedures, as altitude can significantly impact nitrogen absorption in the body. In contrast, referencing sea level depth tables would not provide accurate information since those tables account for standard atmospheric pressure, which varies at altitude. Consulting a Diving Medical Officer might be advisable for health-related inquiries or specific dive plans but does not pertain to the technical adjustment of depth gauge readings. Using a standard dive computer is beneficial, but these devices may also require configurations or adjustments to account for altitude effects, emphasizing the importance of correcting to actual depths for precision in dive planning and safety.

10. What is the recommended maximum depth a patient can be compressed for Treatment Table 6?

A. 145 fsw

B. 165 fsw

C. 180 fsw

D. 200 fsw

The correct answer is 165 fsw, which aligns with the guidelines established in dive medicine protocols for hyperbaric treatments. Treatment Table 6 is specifically designed for managing certain types of decompression sickness and arterial gas embolism. In these situations, maintaining the appropriate depth is crucial for the effectiveness of the treatment. At 165 fsw, the pressure is sufficient to facilitate the resorption of nitrogen bubbles present in the body, which is a key part of the treatment guided by this table. The protocol also dictates specific intervals and pressure levels that optimize the patient's recovery. In diving medicine, exceeding this depth could lead to complications, such as increased risk of barotrauma or other physiological stress on the patient, making adherence to the established depth limits vital for safe and effective treatment.

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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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