Import Settings:

Base Settings: Brownstone Default

Information Field: Complexity

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Information Field: Objective

Highest Answer Letter: D

Multiple Keywords in Same Paragraph: No

**Chapter: Orthopaedic Trauma - Orthopaedic Trauma - TBNK**

**Multiple Choice**

1. Isolated musculoskeletal injuries:

A) generally require high doses of analgesia.

B) are difficult to identify during assessment.

C) prove fatal in a significant number of cases.

D) often result in short- or long-term disability.

Ans: D

Complexity: Moderate

Ahead: Introduction

Subject: Orthopaedic Trauma

Page: 1844

Feedback: Introduction, page 1844

2. Which of the following structures is NOT part of the axial skeleton?

A) Femoral shaft

B) Vertebral column

C) Ribs and sternum

D) Basilar skull and face

Ans: A

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Orthopaedic Trauma

Page: 1845

Feedback: Anatomy and Physiology Review, page 1845

3. The appendicular skeleton is composed of the:

A) bones of the spinal column, scapulae, and clavicles.

B) bones of the upper extremities and the structures of the torso.

C) pectoral girdle, pelvic girdle, and bones of the extremities.

D) thoracic ribs, cervical vertebrae, and bones of the cranium.

Ans: C

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Orthopaedic Trauma

Page: 1845

Feedback: Anatomy and Physiology Review, page 1845

4. The scapula and clavicle maintain stability of the:

A) acromion.

B) olecranon process.

C) acromioclavicular joint.

D) glenohumeral joint.

Ans: D

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Orthopaedic Trauma

Page: 1845

Feedback: Anatomy and Physiology Review, page 1845

5. The \_\_\_\_\_\_\_\_\_\_ supports 90% of the weight of the upper body.

A) pelvis

B) tibia

C) fibula

D) femur

Ans: B

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Orthopaedic Trauma

Page: 1846

Feedback: Anatomy and Physiology Review, page 1846

6. In females, a decrease in bone density is accelerated:

A) by obesity.

B) over age 35.

C) after childbirth.

D) after menopause.

Ans: D

Complexity: Moderate

Ahead: Patterns and Mechanisms of Musculoskeletal Injury

Subject: Orthopaedic Trauma

Page: 1846

Feedback: Patterns and Mechanisms of Musculoskeletal Injury, page 1846

7. When a person jumps from a height and lands on his or her feet, direct trauma occurs to the:

A) tarsals.

B) malleolus.

C) calcaneus.

D) metatarsals.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Fractures

Subject: Orthopaedic Trauma

Page: 1874

Feedback: Pathophysiology, Assessment, and Management of Specific Fractures, page 1874

8. Osteoporosis is MOST accurately defined as a(n):

A) progressive loss of bone marrow.

B) reduced range of motion in the joints.

C) estrogen-related change in bone strength.

D) significant decrease in bone density.

Ans: D

Complexity: Easy

Ahead: Patterns and Mechanisms of Musculoskeletal Injury

Subject: Orthopaedic Trauma

Page: 1846

Feedback: Patterns and Mechanisms of Musculoskeletal Injury, page 1846

9. A pathologic fracture occurs when:

A) an occult medical condition causes abnormal bone weakness.

B) greater-than-usual forces are required to fracture a large bone.

C) a particular mechanism of injury cannot be identified readily.

D) underdeveloped bones sustain a low-impact traumatic injury.

Ans: A

Complexity: Moderate

Ahead: Patterns and Mechanisms of Musculoskeletal Injury

Subject: Orthopaedic Trauma

Page: 1846

Feedback: Patterns and Mechanisms of Musculoskeletal Injury, page 1846

10. Which of the following is the BEST example of an indirect injury?

A) Patellar fracture after the knee strikes an automobile's dashboard

B) Shoulder dislocation secondary to falling on an outstretched hand

C) Fractured ankle after stepping in a hole and twisting the lower leg

D) Dislocated olecranon process following direct trauma to the elbow

Ans: B

Complexity: Moderate

Ahead: Patterns and Mechanisms of Musculoskeletal Injury

Subject: Orthopaedic Trauma

Pages: 1846–1847

Feedback: Patterns and Mechanisms of Musculoskeletal Injury, pages 1846–1847

11. Which of the following musculoskeletal injuries would MOST likely occur together?

A) Scaphoid and femur fractures

B) Calcaneal and c-spine fractures

C) Scapular and clavicular fractures

D) Knee dislocation and tibial fracture

Ans: D

Complexity: Moderate

Ahead: Patterns and Mechanisms of Musculoskeletal Injury

Subject: Orthopaedic Trauma

Page: 1847

Feedback: Patterns and Mechanisms of Musculoskeletal Injury, page 1847

12. What type of fracture occurs at an angle across the bone and is typically caused by direct or twisting force?

A) Spiral

B) Linear

C) Oblique

D) Transverse

Ans: C

Complexity: Easy

Ahead: Pathophysiology

Subject: Orthopaedic Trauma

Pages: 1848–1849

Feedback: Pathophysiology, pages 1848–1849

13. A stress fracture would MOST likely occur when:

A) a person with a relatively weak bone structure does not engage regularly in strenuous activities.

B) a person with large musculature regularly engages in strenuous activity using the upper extremities.

C) the muscle develops faster than the bone and places exaggerated stress on the bone.

D) an underlying medical condition causes progressive weakening of the bones, making them prone to fracture.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology

Subject: Orthopaedic Trauma

Page: 1849

Feedback: Pathophysiology, page 1849

14. The MOST significant immediate risk associated with an open fracture is:

A) infection.

B) hemorrhage.

C) nerve damage.

D) bone marrow loss.

Ans: B

Complexity: Easy

Ahead: Pathophysiology

Subject: Orthopaedic Trauma

Page: 1848

Feedback: Pathophysiology, page 1848

15. In a closed femur fracture, blood loss may exceed \_\_\_\_\_\_\_ before enough pressure develops to tamponade the bleeding.

A) 250 mL

B) 500 mL

C) 750 mL

D) 1,000 mL

Ans: D

Complexity: Moderate

Ahead: Pathophysiology

Subject: Orthopaedic Trauma

Page: 1848

Feedback: Pathophysiology, page 1848

16. The MOST reliable sign of a fracture is:

A) deformity.

B) ecchymosis.

C) localized pain.

D) severe swelling.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology

Subject: Orthopaedic Trauma

Page: 1848

Feedback: Pathophysiology, page 1848

17. Which of the following statements regarding a nondisplaced fracture is correct?

A) Nondisplaced fractures are generally caused by low-energy trauma and are typically not associated with deformity.

B) Nondisplaced fractures occur when a massive compressive force is applied to the bone, causing it to become wedged into another bone.

C) In a nondisplaced fracture, muscles pull the distal fracture fragment alongside the proximal one, causing them to overlap.

D) Nondisplaced fractures are caused by low-energy trauma and occur when the ends of the fracture move from their normal positions.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology

Subject: Orthopaedic Trauma

Page: 1850

Feedback: Pathophysiology, page 1850

18. A patient standing with his or her head cocked toward a knocked-down left shoulder MOST likely has a fracture of the:

A) right clavicle.

B) left shoulder.

C) left clavicle.

D) right shoulder.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology

Subject: Orthopaedic Trauma

Pages: 1850–1851

Feedback: Pathophysiology, pages 1850–1851

19. Eliciting for crepitus during your exam of a deformed extremity:

A) should only be performed if the patient is not in significant pain.

B) may cause further injury to the bone and surrounding soft tissues.

C) should be performed to help confirm the presence of a fracture.

D) is generally not performed, but will likely not cause further injury.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology

Subject: Orthopaedic Trauma

Page: 1851

Feedback: Pathophysiology, page 1851

20. The BEST way to detect deformity or any other abnormality in an injured extremity is to:

A) gently palpate the entire length of the extremity.

B) compare it to the extremity on the opposite side.

C) manipulate the extremity to assess for false motion.

D) reduce any swelling with ice before performing the exam.

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

Subject: Orthopaedic Trauma

Page: 1854

Feedback: Patient Assessment, page 1854

21. A subluxation occurs when:

A) a joint is partially dislocated.

B) a dislocation spontaneously reduces.

C) a fracture occurs through both cortices.

D) dislocated bones are locked in position.

Ans: A

Complexity: Easy

Ahead: Pathophysiology

Subject: Orthopaedic Trauma

Page: 1851

Feedback: Pathophysiology, page 1851

22. A dislocation is considered an urgent injury because of its potential to cause:

A) neurovascular compromise.

B) significant internal bleeding.

C) severe hemodynamic instability.

D) proximal sensory and motor loss.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology

Subject: Orthopaedic Trauma

Page: 1851

Feedback: Pathophysiology, page 1851

23. The sudden twisting of a joint beyond its normal range of motion, causing a temporary subluxation, is called a:

A) strain.

B) sprain.

C) dislocation.

D) fracture-dislocation.

Ans: B

Complexity: Easy

Ahead: Pathophysiology

Subject: Orthopaedic Trauma

Page: 1851

Feedback: Pathophysiology, page 1851

24. Immediate pain from the heel to the calf and a sudden inability for plantar flexion of the foot is MOST indicative of:

A) acute tendonitis.

B) ligament disruption.

C) a dislocated ankle.

D) Achilles tendon rupture.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Ligament Injuries and Dislocations

Subject: Orthopaedic Trauma

Page: 1877

Feedback: Pathophysiology, Assessment, and Management of Ligament Injuries and Dislocations, page 1877

25. Signs of bursitis include all of the following, EXCEPT:

A) warmth.

B) swelling.

C) deformity.

D) erythema.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Nontraumatic Musculoskeletal Disorders

Subject: Orthopaedic Trauma

Page: 1879

Feedback: Pathophysiology, Assessment, and Management of Nontraumatic Musculoskeletal Disorders, page 1879

26. In contrast to osteoarthritis, rheumatoid arthritis:

A) is a disease of the joints that occurs as they age and begin to wear.

B) generally does not respond well to anti-inflammatory medication therapy.

C) is a systemic inflammatory disease that affects joints and other body systems.

D) causes severe pain secondary to crystallized uric acid accumulation in a joint.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Nontraumatic Musculoskeletal Disorders

Subject: Orthopaedic Trauma

Page: 1878

Feedback: Pathophysiology, Assessment, and Management of Nontraumatic Musculoskeletal Disorders, page 1878

27. When assessing a multisystems trauma patient, it is MOST important to:

A) administer an analgesic promptly to minimize pain.

B) avoid being distracted by visually impressive injuries.

C) splint swollen, painful extremities as soon as possible.

D) only splint fractures involving long bones at the scene.

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

Subject: Orthopaedic Trauma

Page: 1852

Feedback: Patient Assessment, page 1852

28. Closed bilaterally fractured femurs can result in internal blood loss of up to:

A) 1,000 mL.

B) 1,500 mL.

C) 2,000 mL.

D) 3,000 mL.

Ans: D

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Orthopaedic Trauma

Page: 1858

Feedback: Emergency Medical Care, page 1858

29. After ensuring your own safety, your next priority when caring for a patient with an extremity injury is to:

A) prevent further injury.

B) assess neurovascular function.

C) splint the injured extremity.

D) administer an analgesic.

Ans: A

Complexity: Moderate

Ahead: Patient Assessment

Subject: Orthopaedic Trauma

Pages: 1852–1853

Feedback: Patient Assessment, pages 1852–1853

30. Which of the following is NOT one of the 6 Ps of musculoskeletal injury assessment?

A) Pallor

B) Parasthesias

C) Pulselessness

D) Passive extension

Ans: D

Complexity: Easy

Ahead: Patient Assessment

Subject: Orthopaedic Trauma

Page: 1854

Feedback: Patient Assessment, page 1854

31. When assessing distal pulses in a patient with a lower extremity injury, it is MOST important to:

A) suspect severe shock if a unilateral pulse deficit is present.

B) compare the strength of the pulses in both lower extremities.

C) remember that most people do not have a palpable pedal pulse.

D) count the pedal pulse rate and compare it to the radial pulse rate.

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

Subject: Orthopaedic Trauma

Page: 1855

Feedback: Patient Assessment, page 1855

32. During your assessment of a patient with a femur fracture, you discover a rapidly expanding hematoma on the medial aspect of his thigh. What should you suspect?

A) Fasciitis

B) Arterial injury

C) Venous thrombus

D) Compartment syndrome

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

Subject: Orthopaedic Trauma

Page: 1855

Feedback: Patient Assessment, page 1855

33. The goal of prehospital pain control in a patient with a musculoskeletal injury should be to:

A) use cryotherapy instead of narcotic analgesics.

B) sedate the patient with diazepam or lorazepam.

C) diminish the patient's pain to a tolerable level.

D) give enough analgesia to make the patient pain-free.

Ans: C

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Orthopaedic Trauma

Page: 1858

Feedback: Emergency Medical Care, page 1858

34. Swelling and inflammation associated with musculoskeletal injuries are reduced:

A) if cold packs are applied during the acute stage of the injury.

B) if an appropriate dose of a narcotic analgesic is administered.

C) when heat therapy is used within 48 to 72 hours after the injury.

D) if a vasodilator drug is given within 12 hours following the injury.

Ans: A

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Orthopaedic Trauma

Page: 1858

Feedback: Emergency Medical Care, page 1858

35. Correctly splinting an injured extremity:

A) typically provides complete pain relief without the need to administer narcotic analgesia.

B) effectively reduces swelling and inflammation by shunting blood away from the injured area.

C) eliminates the need to elevate the extremity because immobilization causes blood stasis.

D) helps to control internal bleeding by allowing clots to form where vessels are damaged.

Ans: D

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Orthopaedic Trauma

Page: 1858

Feedback: Emergency Medical Care, page 1858

36. The FIRST step in splinting a musculoskeletal injury involves:

A) thoroughly assessing range of motion.

B) exposing and assessing the injury site.

C) assessing distal neurovascular functions.

D) straightening the injury if it is angulated.

Ans: B

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Orthopaedic Trauma

Page: 1859

Feedback: Emergency Medical Care, page 1859

37. The MOST practical method of splinting multiple fractures in a critically injured patient is to:

A) apply vacuum splints en route to the hospital.

B) splint the axial skeleton using a scoop stretcher.

C) use air splints so you can visualize the injuries.

D) sedate the patient before applying any splints.

Ans: B

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Orthopaedic Trauma

Page: 1859

Feedback: Emergency Medical Care, page 1859

38. You should NOT apply a pneumatic splint on a patient if he or she:

A) has an open fracture in which bone ends are exposed.

B) is experiencing severe pain despite narcotic analgesia.

C) has a closed fracture involving the lower leg or forearm.

D) experienced a fracture or dislocation involving a major joint.

Ans: A

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Orthopaedic Trauma

Page: 1861

Feedback: Emergency Medical Care, page 1861

39. The likelihood of experiencing systemic complications from a musculoskeletal injury is related to all of the following factors, EXCEPT the:

A) patient's overall health.

B) anatomic location of the injury.

C) splinting method used in the field.

D) degree of force that caused the injury.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Complications of Musculoskeletal Injuries

Subject: Orthopaedic Trauma

Page: 1863

Feedback: Pathophysiology, Assessment, and Management of Complications of Musculoskeletal Injuries, page 1863

40. Which of the following is NOT an intervention the paramedic can perform to help reduce the risk of long-term disability following a musculoskeletal injury?

A) Prehospital fracture reduction

B) Prevention of gross contamination

C) Pain reduction with cold and analgesia

D) Transport to an appropriate medical facility

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Complications of Musculoskeletal Injuries

Subject: Orthopaedic Trauma

Page: 1863

Feedback: Pathophysiology, Assessment, and Management of Complications of Musculoskeletal Injuries, page 1863

41. Compartment syndrome occurs when:

A) metabolic waste products accumulate within a large hematoma that develops near a fracture site.

B) yellow and red bone marrow seep from a fractured bone, resulting in excessive soft tissue swelling.

C) blood accumulates in the medullary canal of a bone, resulting in decreased oxygenation of the bone tissue.

D) pressure in the fascial compartment leads to impaired circulation, sensory changes, and progressive muscle death.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Complications of Musculoskeletal Injuries

Subject: Orthopaedic Trauma

Page: 1864

Feedback: Pathophysiology, Assessment, and Management of Complications of Musculoskeletal Injuries, page 1864

42. The return of myoglobin to the systemic circulation following a crush injury would result in all of the following conditions, EXCEPT:

A) a decreased pH.

B) metabolic alkalosis.

C) hyperkalemia.

D) renal dysfunction.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Complications of Musculoskeletal Injuries

Subject: Orthopaedic Trauma

Pages: 1864–1865

Feedback: Pathophysiology, Assessment, and Management of Complications of Musculoskeletal Injuries, pages 1864–1865

43. The risk of a pulmonary embolism following musculoskeletal trauma is HIGHEST in patients with:

A) upper extremity fractures that result in lengthy hospital admissions.

B) pelvic and lower extremity injuries that lead to prolonged immobilization.

C) numerous rib fractures who are taking anticoagulant medications.

D) any proximal long bone fracture that occurred greater than 72 hours prior to medical intervention.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Complications of Musculoskeletal Injuries

Subject: Orthopaedic Trauma

Page: 1865

Feedback: Pathophysiology, Assessment, and Management of Complications of Musculoskeletal Injuries, page 1865

44. Common signs and symptoms of an acute pulmonary embolism include all of the following, EXCEPT:

A) pulmonary edema.

B) pleuritic chest pain.

C) right-sided heart failure.

D) tachycardia and tachypnea.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Complications of Musculoskeletal Injuries

Subject: Orthopaedic Trauma

Page: 1865

Feedback: Pathophysiology, Assessment, and Management of Complications of Musculoskeletal Injuries, page 1865

45. You arrive at the scene of a motorcycle crash and find the rider lying supine approximately 20 feet from his bike; he is still wearing his helmet. As you approach him, you note that he has bilaterally deformed femurs. You should:

A) immediately stabilize both lower extremities.

B) remove his helmet and apply a cervical collar.

C) manually stabilize his head and assess his airway.

D) carefully straighten his legs and assess distal pulses.

Ans: C

Complexity: Moderate

Ahead: Patient Assessment

Subject: Orthopaedic Trauma

Pages: 1852–1853

Feedback: Patient Assessment, pages 1852–1853

46. A 40-year-old woman has an unstable pelvis following a motor vehicle crash. She is conscious but confused. Her blood pressure is 80/50 mm Hg, pulse is 120 beats/min and weak at the radial arteries, and respirations are 24 breaths/min and shallow. After starting at least one large-bore IV line, you should:

A) run it wide open until her systolic blood pressure is greater than 100 mm Hg.

B) administer a 250-mL normal saline bolus and then reassess her blood pressure.

C) set the IV flow rate to keep the vein open unless her systolic blood pressure falls below 70 mm Hg.

D) give enough isotonic crystalloid fluids to improve her mental status and radial pulse quality.

Ans: D

Complexity: Difficult

Ahead: Emergency Medical Care

Subject: Orthopaedic Trauma

Page: 1858

Feedback: Emergency Medical Care, page 1858

47. A 60-year-old woman slipped and fell on an icy sidewalk and landed on her outstretched hand. Your assessment reveals that she has an obvious Colles fracture. The patient denies any other injuries and is conscious and alert. Her vital signs are stable and she describes her pain as a 2 on a scale of 0 to 10. Given this patient's current status, the MOST appropriate way to treat her injury involves:

A) gently straightening the fracture site and then applying a splint.

B) administering analgesia and then properly splinting her injury.

C) giving her a sedative for pain relief and then applying an air splint.

D) manually stabilizing her wrist as your partner applies a vacuum splint.

Ans: B

Complexity: Difficult

Ahead: Emergency Medical Care

Subject: Orthopaedic Trauma

Pages: 1858–1859

Feedback: Emergency Medical Care, pages 1858–1859

48. A young man has an isolated injury to his left lower leg. Your assessment reveals obvious deformity and ecchymosis. Distal circulation, as well as motor and sensory functions, are grossly intact, and the patient is hemodynamically stable. In addition to stabilizing the suspected fracture site, you should:

A) carefully palpate to elicit crepitus.

B) immobilize the knee and the ankle.

C) apply a traction splint for pain relief.

D) place a chemical heat pack over the injury.

Ans: B

Complexity: Difficult

Ahead: Emergency Medical Care

Subject: Orthopaedic Trauma

Pages: 1858–1859

Feedback: Emergency Medical Care, pages 1858–1859

49. A 19-year-old man experienced direct trauma to his left elbow. Your assessment reveals gross deformity and ecchymosis. His arm is pink and warm, and he has a strong radial pulse. Your transport time to the hospital will be delayed. You should:

A) splint the elbow in the position found and reassess distal circulation.

B) carefully straighten the arm to facilitate placement of a vacuum splint.

C) apply a sling and swathe to immobilize the injury and then apply heat.

D) administer fentanyl for pain relief and then carefully straighten the arm.

Ans: A

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Orthopaedic Trauma

Pages: 1858–1859

Feedback: Emergency Medical Care, pages 1858–1859

50. You have applied board splints to a suspected lower leg fracture in a young woman and have given her fentanyl for pain. En route to the hospital, the patient states that the pain is excruciating. Further narcotics fail to relieve the pain. Reassessment of the injured area reveals that the overlying skin is taut and the pedal pulse is weak. You should:

A) start a second IV line and administer 1 mEq/kg of sodium bicarbonate.

B) remove the splint to prevent excessive swelling of the extremity.

C) loosen the splint, elevate the leg, apply ice, and notify the hospital.

D) remove the board splints, apply an air splint, and then reassess her.

Ans: C

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Complications of Musculoskeletal Injuries

Subject: Orthopaedic Trauma

Pages: 1863–1864

Feedback: Pathophysiology, Assessment, and Management of Complications of Musculoskeletal Injuries, pages 1863–1864

51. A 45-year-old man was cutting down a large tree when it collapsed, pinning him at the thighs. The patient's wife found him approximately 4 hours after the incident. The patient is conscious and in severe pain. His blood pressure is 128/68 mm Hg, pulse is 120 beats/min and regular, and respirations are 22 breaths/min with adequate depth. In addition to supplemental oxygen and cardiac monitoring, which of the following treatments should you provide BEFORE the tree is removed from his legs?

A) Two large-bore IV lines with a 3- to 4-L crystalloid bolus and 1 mEq/kg of sodium bicarbonate

B) A large-bore IV line set to keep the vein open and 10 mL of a 10% solution of calcium chloride

C) IV therapy with a crystalloid fluid bolus and albuterol via nebulizer or mucosal atomizer device

D) An IV of normal saline, fluid restriction, and amiodarone if the ECG shows a widened QRS complex

Ans: C

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Complications of Musculoskeletal Injuries

Subject: Orthopaedic Trauma

Page: 1865

Feedback: Pathophysiology, Assessment, and Management of Complications of Musculoskeletal Injuries, page 1865

52. A 68-year-old woman presents with an acute onset of dyspnea and sharp chest pain. Her medical history is significant for a hip replacement 2 weeks ago. The patient is conscious and alert, with a blood pressure of 112/58 mm Hg, pulse rate of 90 beats/min and irregular, and respirations of 22 breaths/min and labored. Which of the following treatment interventions is MOST appropriate for this patient?

A) Pharmacologically assisted intubation and IV therapy

B) Oxygenation and ventilation support and rapid transport

C) 324 mg of aspirin and ventilation support with a bag-mask

D) Supplemental oxygen and elevation of the lower extremities

Ans: B

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Complications of Musculoskeletal Injuries

Subject: Orthopaedic Trauma

Page: 1865

Feedback: Pathophysiology, Assessment, and Management of Complications of Musculoskeletal Injuries, page 1865

53. A 71-year-old man slipped on wet grass and landed on his left side. He denies losing consciousness before or after the fall and is presently conscious and alert. He complains of pain to his left hip and in his neck. Your assessment reveals a hematoma to the left side of his head and an external rotation and shortening of his left leg. His vital signs are stable. The MOST appropriate treatment for this patient includes:

A) spinal motion restriction precautions, stabilization of his hip with a traction splint, an IV of normal saline, 5 µg/kg of fentanyl, and transport.

B) supplemental oxygen, application and inflation of the PASG to stabilize his hip, an IV line of lactated Ringer solution, midazolam to relieve his pain, and transport.

C) placing him on a scoop stretcher and stabilizing his hip with pillows, applying a cervical collar, starting an IV line set to keep the vein open, and transport.

D) supplemental oxygen, spinal motion restriction precautions, an IV line of normal saline, stabilization of his hip with pillows, fentanyl if needed, and transport.

Ans: D

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Specific Fractures

Subject: Orthopaedic Trauma

Page: 1871

Feedback: Pathophysiology, Assessment, and Management of Specific Fractures, page 1871

54. A 17-year-old man jumped from a second-story balcony and landed on his feet. He complains of pain to both of his heels and knees. Your assessment reveals swelling and ecchymosis to both of his feet. His vital signs are stable and he is breathing without difficulty. In addition to caring for his lower-extremity injuries, it is MOST important that you:

A) administer high-flow supplemental oxygen.

B) apply spinal motion restriction precautions.

C) try to determine why he jumped from the balcony.

D) start a large-bore IV line of an isotonic crystalloid.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Fractures

Subject: Orthopaedic Trauma

Page: 1874

Feedback: Pathophysiology, Assessment, and Management of Specific Fractures, page 1874

55. Avascular necrosis is a major complication of a fracture of which bone?

A) Scaphoid

B) Metacarpal

C) Calcaneus

D) Clavicle

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Fractures

Subject: Orthopaedic Trauma

Page: 1867

Feedback: Pathophysiology, Assessment, and Management of Specific Fractures, page 1867

56. Pain and tenderness in the anatomic snuffbox is a classic finding in fractures of which bone?

A) Clavicle

B) Scaphoid

C) Calcaneus

D) Metacarpal

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Fractures

Subject: Orthopaedic Trauma

Page: 1868

Feedback: Pathophysiology, Assessment, and Management of Specific Fractures, page 1868

57. An open-book pelvis fracture has the potential for massive blood loss because:

A) the femoral vein is often injured.

B) the femur is usually also fractured.

C) the volume of the pelvis is increased.

D) the abdominal aorta is often injured.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Fractures

Subject: Orthopaedic Trauma

Page: 1869

Feedback: Pathophysiology, Assessment, and Management of Specific Fractures, page 1869

58. A 20-year-old female has a midshaft humeral fracture. Assessment reveals the presence of wrist drop. What should you suspect?

A) Radial nerve injury

B) Radial artery injury

C) Brachial nerve injury

D) Brachial artery compression

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Fractures

Subject: Orthopaedic Trauma

Page: 1866

Feedback: Pathophysiology, Assessment, and Management of Specific Fractures, page 1866

59. Which of the following statements regarding open-book pelvic fractures is correct?

A) Bleeding into the pelvic cavity is generally less than 2 liters.

B) Despite IV fluids, patients may remain hypotensive in the field.

C) Prehospital treatment should focus on relieving the patient’s pain.

D) Stabilization involves applying lateral pressure to the iliac crests.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Fractures

Subject: Orthopaedic Trauma

Pages: 1870–1871

Feedback: Pathophysiology, Assessment, and Management of Specific Fractures, pages 1870–1871

60. Which of the following patients is at greatest risk for developing rhabdomyolysis?

A) Stroke patient lying on her back who was not found for 5 hours

B) Agitated patient who has not slept in more than 72 hours

C) Patient who was already dehydrated when he fractured his wrist

D) Patient with a femur fracture whose pain is not reduced by narcotics

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Complications of Musculoskeletal Injuries

Subject: Orthopaedic Trauma

Page: 1864

Feedback: Pathophysiology, Assessment, and Management of Complications of Musculoskeletal Injuries, page 1864

61. Which of the following is typically the first complaint in a patient who is developing compartment syndrome?

A) Absent distal pulses

B) Numbness and tingling

C) Pallor to the extremity

D) Disproportionate pain

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Complications of Musculoskeletal Injuries

Subject: Orthopaedic Trauma

Page: 1864

Feedback: Pathophysiology, Assessment, and Management of Complications of Musculoskeletal Injuries, page 1864

62. Treatment for suspected compartment syndrome includes:

A) IV boluses of a crystalloid solution.

B) elevating the extremity above the heart.

C) calcium chloride to prevent rhabdomyolysis.

D) warm packs over the affected extremity.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Complications of Musculoskeletal Injuries

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