

Advanced Trauma Life Support (ATLS) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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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.

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!

Questions

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1. When should a CT cystogram be performed?
 - A. Suspected head injury
 - B. Suspected bladder or ureter injury
 - C. To check bone injuries
 - D. When a patient has a spinal injury

2. Which technique is used to assess neurological function quickly in a trauma patient?
 - A. Assessing pupillary reaction
 - B. Evaluating vital signs
 - C. Performing a head CT scan
 - D. Application of a cervical collar

3. What is one distinguishing feature of Zone 2 vascular injuries?
 - A. Requires surgical exploration through platysma
 - B. Low mortality risk
 - C. Surprisingly easy access
 - D. Typically managed without surgical intervention

4. When assessing tissue compartment pressures, what threshold indicates a significant risk for muscle and nerve ischemia?
 - A. 20-25 mmHg
 - B. 30-35 mmHg
 - C. 35-40 mmHg
 - D. 40-45 mmHg

5. What should be monitored in patients with potential vascular injury?
 - A. Blood pressure only
 - B. Consciousness
 - C. Oxygen saturation
 - D. Pulse quality and extremity perfusion

6. In a collision, what type of impact is typically more dangerous, particularly for the passenger's side?
- A. Rear-end
 - B. Side impact (t-bone)
 - C. Head-on
 - D. Single vehicle rollover
7. In trauma patients showing hypotension or signs of shock, what is the likely cause?
- A. Severe dehydration
 - B. Internal bleeding
 - C. Heart failure
 - D. Respiratory distress
8. What is essential to include in the social history during trauma assessment?
- A. Allergies
 - B. Occupation and substance use
 - C. Current medications
 - D. Surgical history
9. What is the mortality rate associated with penetrating soft tissue injuries to the neck?
- A. 5%
 - B. 10%
 - C. 15%
 - D. 20%
10. Which chest injuries are considered most concerning in a penetrating trauma situation?
- A. Rib fractures
 - B. Injuries to the great vessels
 - C. Muscle lacerations
 - D. Abdominal injuries

Answers

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

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Explanations

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1. When should a CT cystogram be performed?

- A. Suspected head injury
- B. Suspected bladder or ureter injury**
- C. To check bone injuries
- D. When a patient has a spinal injury

A CT cystogram is specifically utilized when there is a suspicion of bladder or ureter injury. This imaging technique provides high-resolution images of the urinary bladder and can help detect any signs of trauma, such as perforation or laceration. In cases of suspected trauma, particularly after blunt or penetrating abdominal injuries, evaluating the urinary tract is crucial. A CT cystogram can reveal extravasation of contrast material, which indicates a breach in the integrity of the bladder or ureters. This is essential for guiding subsequent management and surgical intervention if necessary. While head injuries, bone injuries, and spinal injuries warrant other imaging modalities, such as CT scans of the head or spine, they do not specifically necessitate a cystogram unless there is a concurrent suspicion of urinary tract involvement. Thus, the most appropriate scenario for performing a CT cystogram is when there is a suspected bladder or ureter injury.

2. Which technique is used to assess neurological function quickly in a trauma patient?

- A. Assessing pupillary reaction**
- B. Evaluating vital signs
- C. Performing a head CT scan
- D. Application of a cervical collar

Assessing pupillary reaction is a quick and effective technique used to gauge neurological function in a trauma patient. The pupils' size, shape, and reactivity to light can provide immediate insights into the patient's neurological status. This method allows healthcare providers to determine if there are any significant neurological deficits or signs of increased intracranial pressure that may warrant further investigation or intervention. Pupillary assessment is part of the primary survey in trauma care, where rapid decisions are crucial. Changes in pupillary reaction can indicate various conditions, such as brain injury, herniation, or the influence of drugs. By using this technique, clinicians can swiftly evaluate the central nervous system's integrity and prioritize treatment according to the findings. Other options like evaluating vital signs, performing a head CT scan, and applying a cervical collar serve different purposes. Vital signs provide overall physiological status but are not specific to neurological function. A head CT scan, while critical for diagnosis, takes time and is not a rapid assessment. The cervical collar is important for spinal protection in trauma but does not directly assess neurological status. Thus, assessing pupillary reaction stands out as the most efficient method for quickly evaluating neurological function in a trauma scenario.

3. What is one distinguishing feature of Zone 2 vascular injuries?

- A. Requires surgical exploration through platysma
- B. Low mortality risk
- C. Surprisingly easy access
- D. Typically managed without surgical intervention

Zone 2 vascular injuries are those that occur in the neck, specifically between the angles of the mandible and the clavicle. One of the distinguishing features of these injuries is that they typically require surgical exploration through the platysma muscle. This is because vascular structures in this area, such as the carotid artery and jugular veins, are critical and often at significant risk of injury due to trauma. Surgical exploration allows for direct visualization and repair of any damaged vascular structures, which is essential due to the high potential for serious complications, including hemorrhage or neurological deficits. The requirement for direct surgical intervention through the platysma is a fundamental characteristic of managing Zone 2 vascular injuries, as it emphasizes the complexity and severity of such injuries in this region. In contrast, other zones may have different management approaches based on the anatomy involved and the nature of the injuries. Zone 2's unique characteristics underscore the need for careful assessment and appropriate surgical intervention to ensure the best outcomes for severely injured patients.

4. When assessing tissue compartment pressures, what threshold indicates a significant risk for muscle and nerve ischemia?

- A. 20-25 mmHg
- B. 30-35 mmHg
- C. 35-40 mmHg
- D. 40-45 mmHg

The threshold indicating a significant risk for muscle and nerve ischemia when assessing tissue compartment pressures is 35-40 mmHg. This range is critical because pressures exceeding this level indicate that the compartment is under significant stress, potentially compromising blood flow. Once compartment pressures rise above 30 mmHg, there is an increasing concern for ischemic injury, but pressures reaching 35-40 mmHg heighten the urgency for intervention to prevent irreversible damage to the muscle and nerves. Immediate medical action is often necessary at this threshold to alleviate the pressure and restore adequate perfusion to the tissues. Understanding this threshold is vital for timely diagnosis and management of conditions like acute compartment syndrome, ensuring better patient outcomes.

5. What should be monitored in patients with potential vascular injury?

- A. Blood pressure only
- B. Consciousness
- C. Oxygen saturation
- D. Pulse quality and extremity perfusion

Monitoring pulse quality and extremity perfusion is crucial in patients with potential vascular injury because these parameters provide direct insight into the adequacy of blood flow to the limbs. When vascular injury occurs, it can lead to compromised circulation, which may manifest as changes in pulse strength, capillary refill time, and skin temperature. By assessing pulse quality, healthcare providers can determine if there is a significant reduction in blood supply due to the injury. In cases where there is decreased perfusion to an extremity, symptoms might include coolness, pallor, and delayed capillary refill, indicating that intervention may be necessary to prevent tissue ischemia or necrosis. While monitoring blood pressure is important for assessing overall hemodynamic stability, it does not provide specific information about localized perfusion or the integrity of the vascular supply to the extremities. Consciousness and oxygen saturation are also important indicators of overall health but are not specific to assessing potential vascular injuries. Therefore, focusing on pulse quality and extremity perfusion is essential for timely decision-making in trauma management.

6. In a collision, what type of impact is typically more dangerous, particularly for the passenger's side?

- A. Rear-end
- B. Side impact (t-bone)
- C. Head-on
- D. Single vehicle rollover

Side impact, often referred to as a T-bone collision, is considered particularly dangerous, especially for passengers seated on the side of the vehicle that is impacted. This severity arises due to several factors. First, in a side impact collision, the vehicle's frame generally provides less protection compared to front or rear impacts. Most vehicles are designed with crumple zones and stronger structures at the front and rear, where major crash protection features are typically located. When a vehicle is struck on its side, the potential for severe injury to the occupant increases, as there is less distance for the impact forces to dissipate. Additionally, the anatomy of the vehicle itself plays a crucial role. The doors—when impacted—do not offer the same level of protection as the more robust front and rear sections. Even with advancements in side airbags and other safety features, the proximity of the passenger to the point of impact makes injuries to the torso and head more likely. Moreover, the nature of T-bone collisions often involves the striking vehicle traveling at higher speeds than that of a rear-end collision, resulting in a greater force being delivered to the impacted side of the vehicle. Overall, these factors combine to make side impacts one of the most hazardous collision types for passengers, leading

7. In trauma patients showing hypotension or signs of shock, what is the likely cause?

- A. Severe dehydration
- B. Internal bleeding**
- C. Heart failure
- D. Respiratory distress

In trauma patients who present with hypotension or signs of shock, internal bleeding is a highly likely cause due to the mechanisms involved in traumatic injuries. Trauma can often lead to significant vascular injury, resulting in hemorrhage. When blood volume decreases due to internal bleeding, the heart is not able to maintain adequate cardiac output, leading to hypotension. This condition often occurs in severe trauma scenarios, such as motor vehicle accidents or falls from heights, where major blood vessels can be damaged, or organs can be lacerated. The body responds to this significant blood loss with compensatory mechanisms initially; however, as the bleeding continues and the volume decreases, these compensatory mechanisms can fail, leading to shock. While severe dehydration, heart failure, and respiratory distress can all lead to hypotension, they are not as directly associated with trauma as internal bleeding is. Severe dehydration typically develops over time and is less common in acute trauma settings. Heart failure might be a concern if the patient has a history of cardiac issues, but it is not the primary concern in the context of acute trauma. Respiratory distress can complicate trauma cases, but it does not directly cause the hypotension that stems from a loss of blood volume following internal bleeding. Thus, internal bleeding is the

8. What is essential to include in the social history during trauma assessment?

- A. Allergies
- B. Occupation and substance use**
- C. Current medications
- D. Surgical history

Including occupation and substance use in the social history during trauma assessment is essential because these factors can significantly influence the patient's overall health status and potential risks associated with their injuries. Understanding a patient's occupation can provide insights into the types of injuries they may have sustained and any specific hazards they might have encountered in their work environment. For example, individuals in physically demanding jobs may be more prone to certain types of trauma. Substance use is equally critical to assess, as it can affect both the presentation and management of injuries. Knowledge of potential intoxication or substance withdrawal can inform medical decisions, such as the need for additional monitoring or specific interventions. Additionally, substance use can complicate the healing process and impact a patient's response to treatment. In contrast, while allergies, current medications, and surgical history are important components of a patient's medical history, they do not specifically reflect the social context that could contribute to the circumstances surrounding the trauma. Therefore, focusing on occupation and substance use offers vital insights that enhance the assessment and treatment planning for trauma patients.

9. What is the mortality rate associated with penetrating soft tissue injuries to the neck?

- A. 5%
- B. 10%
- C. 15%
- D. 20%

The mortality rate associated with penetrating soft tissue injuries to the neck is indeed around 10%. This statistic reflects the significant risk associated with such injuries due to the presence of vital structures, including major blood vessels, the trachea, and the esophagus in the neck region. Penetrating injuries can lead to devastating complications, such as massive hemorrhage from the carotid or jugular veins, airway compromise, and injury to the cervical spine or nerves, all of which contribute to the overall risk of death. Understanding this mortality rate is crucial for medical professionals in trauma care, as the swift assessment and management of neck injuries can be life-saving. A comprehensive approach that includes rapid stabilization, airway management, and surgical intervention when necessary can significantly influence outcomes in these critical cases.

10. Which chest injuries are considered most concerning in a penetrating trauma situation?

- A. Rib fractures
- B. Injuries to the great vessels
- C. Muscle lacerations
- D. Abdominal injuries

In a penetrating trauma situation, injuries to the great vessels are particularly concerning due to their potential to cause rapid and life-threatening hemorrhage. The great vessels, which include the aorta, superior and inferior vena cavae, pulmonary arteries, and pulmonary veins, are critical for maintaining hemodynamic stability. Damage to these structures can lead to significant blood loss either externally or internally, and can rapidly result in shock and even cardiovascular collapse. Additionally, injuries to the great vessels often require immediate surgical intervention to control the bleeding and stabilize the patient. The urgency of addressing such injuries cannot be overstated, as the time to surgical repair directly impacts survival rates. While rib fractures, muscle lacerations, and abdominal injuries can also be serious, they typically do not carry the same immediate risk of massive hemorrhage or require the same level of urgent intervention as great vessel injuries in the context of penetrating trauma. This distinction highlights the critical nature of understanding the spectrum of injuries encountered in trauma cases and prioritizing treatment based on the potential for life-threatening complications.

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://atls.examzify.com>

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

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