

ATLS Musculoskeletal (MSK) Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2025 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain from reliable sources accurate, complete, and timely information about this product.

SAMPLE

Questions

SAMPLE

- 1. Which prehospital observation is important to document regarding injury?**
 - A. Time of transport**
 - B. Age of the patient**
 - C. Position found while assessing the patient**
 - D. Patient's previous medical history**
- 2. When applying a pressure dressing, what is the correct method?**
 - A. Use a bandage only**
 - B. Hold gauze in place with circumferential elastic bandage**
 - C. Apply multiple loose layers of gauze**
 - D. Use adhesive tape to secure**
- 3. What is the primary goal in treating contusions?**
 - A. To immediately restore mobility**
 - B. To limit function and reduce symptoms**
 - C. To perform surgery if swelling occurs**
 - D. To apply a cast for support**
- 4. What is NOT included in the physical examination aspects of MSK trauma assessment?**
 - A. Checking respiratory function**
 - B. Identifying life-threatening injuries**
 - C. Conducting a systemic review**
 - D. Identifying limb-threatening injuries**
- 5. In what ways can an artery be disrupted in MSK injuries?**
 - A. By external compression only**
 - B. Through blunt trauma resulting in an extremity fracture near an artery**
 - C. Both penetrating wounds and blunt trauma**
 - D. Only through penetrating wounds**

- 6. What is the first step in controlling arterial bleeding?**
- A. Apply a tourniquet**
 - B. Manual pressure to the wound**
 - C. Elevation of the limb**
 - D. Application of ice**
- 7. In musculoskeletal assessment, what does "palpation" help determine?**
- A. The strength of muscles**
 - B. The location of pain, swelling, or abnormalities in tissues**
 - C. Range of motion in a joint**
 - D. Electrical activity in muscles**
- 8. What is a common complication associated with high-velocity missile wounds?**
- A. Minimal tissue damage**
 - B. Increased tetanus risk**
 - C. Low infection risk**
 - D. Increased healing time**
- 9. Which assessment tool is commonly used in evaluating joint function?**
- A. Strength testing**
 - B. Range of motion (ROM) assessment**
 - C. Gait analysis**
 - D. Palpation**
- 10. What does passive ligamentous testing of an affected joint typically reveal?**
- A. Fracture**
 - B. Pain but no instability**
 - C. Instability or laxity**
 - D. Swelling only**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which prehospital observation is important to document regarding injury?

A. Time of transport

B. Age of the patient

C. Position found while assessing the patient

D. Patient's previous medical history

Documenting the position found while assessing the patient is vital as it provides crucial information regarding the circumstances of the injury. This observation can offer insights into the mechanism of the injury, which may influence treatment decisions and outcomes. For instance, if a patient is found in a position that suggests a fall or an accident, it can help healthcare providers understand the force of the injury and anticipate potential complications, such as spinal injuries or fractures. Additionally, the position of the patient can also affect various assessments and interventions that need to be performed. If a patient is in a compromised position, it might require immediate stabilization before transport to a medical facility. Therefore, this documentation can guide healthcare professionals in their initial assessments and preparations for further treatment. While transporting time, patient age, and previous medical history are also important considerations in patient care, they do not provide immediate context related directly to the injury mechanism and potential interventions as effectively as the position found does.

2. When applying a pressure dressing, what is the correct method?

A. Use a bandage only

B. Hold gauze in place with circumferential elastic bandage

C. Apply multiple loose layers of gauze

D. Use adhesive tape to secure

The correct method for applying a pressure dressing involves holding the gauze in place with a circumferential elastic bandage. This technique is effective because it allows for even compression over the wound, which is essential for controlling bleeding and promoting clot formation. The elasticity of the bandage helps to maintain adequate pressure without becoming too tight, which might compromise circulation. When using this method, the gauze is placed directly over the wound first, and then the elastic bandage is wrapped around the gauze and the surrounding area. The bandage should be applied securely but should not impede blood flow to the distal extremities. Other methods, such as using only a bandage or applying multiple loose layers of gauze, do not provide the necessary compression to effectively control bleeding. Using adhesive tape to secure gauze can hold it in place, but it lacks the controlled compression that a circumferential elastic bandage offers, potentially leading to inadequate pressure application. Therefore, using a circumferential elastic bandage is the preferred method for creating an effective pressure dressing.

3. What is the primary goal in treating contusions?

- A. To immediately restore mobility
- B. To limit function and reduce symptoms**
- C. To perform surgery if swelling occurs
- D. To apply a cast for support

The primary goal in treating contusions is to limit function and reduce symptoms. Contusions, which are often the result of a direct blow or impact, can lead to pain, swelling, and bruising. The immediate focus of treatment is to manage these symptoms effectively, allowing the body to heal naturally. By limiting function temporarily, healthcare providers can help minimize further injury and allow the inflammatory processes that occur after a contusion to take place without additional stress on the injured area. This approach encourages proper healing and can prevent complications such as chronic pain or prolonged disability. Rest, ice, compression, and elevation (RICE) are key components of initial management, which fit within the framework of reducing symptoms while allowing time for recovery. The emphasis is on conservative management rather than aggressive treatments or interventions that may not be necessary at this stage.

4. What is NOT included in the physical examination aspects of MSK trauma assessment?

- A. Checking respiratory function**
- B. Identifying life-threatening injuries
- C. Conducting a systemic review
- D. Identifying limb-threatening injuries

The focus of a musculoskeletal (MSK) trauma assessment is primarily on evaluating injuries specific to the musculoskeletal system, such as fractures, dislocations, and soft tissue injuries. The assessment emphasizes identifying and addressing injuries that could threaten the integrity and function of limbs, as well as recognizing life-threatening conditions that may arise from these injuries. Checking respiratory function is not a direct component of the MSK exam. Although it is critical to ensure that the patient's airway and breathing are stable, especially in trauma settings, this aspect typically falls under the primary assessment protocols outlined in trauma care, which prioritize airway, breathing, and circulation (the ABCs). The MSK examination itself concentrates more on the physical examination of the affected areas, identifying limb-threatening injuries, and undertaking systemic reviews that consider how the injuries may affect overall bodily function. In summary, while assessing respiratory function is undeniably important in the broader context of trauma evaluation, it does not specifically fall under the physical examination scope of examining musculoskeletal injuries.

5. In what ways can an artery be disrupted in MSK injuries?

- A. By external compression only**
- B. Through blunt trauma resulting in an extremity fracture near an artery**
- C. Both penetrating wounds and blunt trauma**
- D. Only through penetrating wounds**

An artery can be disrupted in musculoskeletal injuries through both penetrating wounds and blunt trauma. This dual mechanism of injury is crucial to understand because it highlights the variety of ways that vascular compromise can occur in the context of musculoskeletal trauma. Penetrating wounds, such as those from gunshot or stab injuries, can directly sever or lacerate an artery, leading to significant hemorrhage and potential ischemia in the affected limb. The immediate and severe nature of this type of injury often requires urgent surgical intervention to repair or ligate the artery. Blunt trauma, on the other hand, can also cause arterial injury, particularly in scenarios where a fracture occurs close to major vascular structures. For instance, a fracture of the femur or the humerus may lead to vascular injury from the sharp edges of the fractured bone or from the swelling and hematoma that can occur with the injury. This mechanism may not be immediately apparent and can develop complications later, making it important for healthcare providers to monitor for signs of compromised blood flow. Understanding that both penetrating and blunt trauma can result in arterial disruption is essential for effective assessment and management of musculoskeletal injuries, allowing for timely interventions to prevent long-term complications.

6. What is the first step in controlling arterial bleeding?

- A. Apply a tourniquet**
- B. Manual pressure to the wound**
- C. Elevation of the limb**
- D. Application of ice**

The first step in controlling arterial bleeding is to apply manual pressure to the wound. This method directly addresses the source of bleeding by compressing the injured area, which can help immediately slow or stop the flow of blood. This technique is critical in emergency situations where quick action is needed to prevent significant blood loss and stabilize the patient. While the other options may have their places in managing blood loss, they are typically secondary interventions. Applying a tourniquet is appropriate in cases where direct pressure is not effective or when dealing with severe extremity injuries, but it's not the first action. Elevation of the limb can assist in reducing blood flow to the area, but its effectiveness may be limited in severe bleeding. Application of ice can help reduce swelling or pain, but it does not directly address the blood flow. Therefore, manual pressure remains the most immediate and effective initial response in controlling arterial bleeding.

7. In musculoskeletal assessment, what does "palpation" help determine?

- A. The strength of muscles**
- B. The location of pain, swelling, or abnormalities in tissues**
- C. Range of motion in a joint**
- D. Electrical activity in muscles**

Palpation is a critical aspect of musculoskeletal assessment that involves using the hands to examine the body. This technique helps identify the location of pain, swelling, or abnormalities in tissues by allowing the examiner to feel for changes in texture, temperature, or firmness in the muscles, joints, and surrounding structures. Through palpation, a healthcare provider can detect areas of tenderness, swelling from fluid accumulation, or abnormalities like lumps or heat that may indicate inflammation or injury. This tactile feedback is invaluable in diagnosing conditions and understanding the overall musculoskeletal health of the patient. It is a direct way to gather information about the patient's condition that may not be evident through visual inspection alone. The other options, while important aspects of musculoskeletal assessment, do not directly pertain to the primary purpose of palpation. For instance, assessing muscle strength typically involves resistance testing rather than manual examination. Measuring the range of motion in a joint requires specific movements to be performed by the patient rather than feeling the joint. Evaluating electrical activity in muscles is conducted through techniques such as electromyography, which involves monitoring electrical impulses rather than relying on physical touch.

8. What is a common complication associated with high-velocity missile wounds?

- A. Minimal tissue damage**
- B. Increased tetanus risk**
- C. Low infection risk**
- D. Increased healing time**

High-velocity missile wounds are typically associated with significant and complex tissue damage. This kind of trauma can disrupt not only the skin and muscle but also bones and internal organs depending on the trajectory of the missile. One of the recognized complications from such wounds is an increased risk of tetanus. Tetanus is caused by a bacterial toxin that affects the nervous system and can lead to severe muscle spasms. It is particularly a concern in high-energy injuries where there may be extensive tissue damage and contamination. The environment of a high-velocity missile injury can introduce various pathogens, including the *Clostridium tetani* bacteria, into deep tissues, especially if there is a delay in wound care. Moreover, the conditions associated with high-velocity injuries - such as devitalized tissue and potentially open fractures - can create a conducive environment for these bacteria, increasing the overall risk of tetanus. Thus, prophylactic measures against tetanus are crucial in the management of these types of injuries. Other options like minimal tissue damage, low infection risk, and increased healing time do not accurately reflect the nature of high-velocity missile wounds, as they generally result in considerable tissue trauma and a higher risk of infections, complicating the healing process.

9. Which assessment tool is commonly used in evaluating joint function?

- A. Strength testing**
- B. Range of motion (ROM) assessment**
- C. Gait analysis**
- D. Palpation**

The range of motion (ROM) assessment is the most commonly used tool for evaluating joint function because it directly measures the ability of a joint to move through its full path. This process involves assessing the angles through which a joint can flex, extend, rotate, or perform other movements, which provides critical information about the functional capability of that joint. Joint function is crucial for daily activities and overall mobility, and an accurate assessment of ROM can help identify limitations or impairments due to conditions such as arthritis, injuries, or post-operative states. Maintaining a full range of motion is essential for preserving joint health and function, as restrictions can lead to compensatory mechanics that may eventually result in further issues. Other options, while valuable in their own right, serve different purposes in a comprehensive assessment. Strength testing focuses on the muscle's ability to generate force but does not specifically measure the joint's range of motion. Gait analysis evaluates how a person walks, which can indicate broader musculoskeletal issues but does not isolate joint function. Palpation involves assessing the texture, temperature, and tenderness of tissues but primarily helps in identifying soft tissue problems rather than quantifying joint movement capabilities. Each of these assessments provides useful information, but the ROM assessment is specifically targeted at understanding joint

10. What does passive ligamentous testing of an affected joint typically reveal?

- A. Fracture**
- B. Pain but no instability**
- C. Instability or laxity**
- D. Swelling only**

Passive ligamentous testing is a technique used to assess the integrity of the ligaments surrounding a joint. This testing typically involves manipulating the joint while the patient is relaxed, allowing the examiner to evaluate the passive stability provided by the ligaments. When instability or laxity is revealed during this testing, it indicates that the ligaments are not providing adequate support to maintain proper joint function. This can be due to ligamentous injury, such as sprains or tears, which compromise the structural stability of the joint. The identification of instability or laxity is crucial, as it helps differentiate between an isolated ligamentous injury and other conditions affecting joint function, such as fractures or potential for further joint dislocation. In contrast, the absence of instability may be associated with other findings, such as pain, which could indicate that there is no laxity but rather an injury that might cause discomfort during movement. However, this would not typically be classified under passive ligamentous testing results since the focus here is on the stability versus laxity of the joint. Swelling may also be present in various joint injuries but does not specifically contribute to determining the ligamentous integrity in this context. Thus, the emphasis on identifying instability or laxity during passive ligamentous testing is critical for