

# ATLS MUSCULOSKELETAL (MSK) 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.

# 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. What may X-rays reveal in cases of joint and ligament injuries?**
  - A. Only soft tissue damage
  - B. No acute osseous issues
  - C. Always a complete fracture
  - D. Internal bleeding
- 2. What are two common causes of musculoskeletal injuries?**
  - A. Infection and swelling
  - B. Trauma and overuse
  - C. Genetics and age
  - D. Diet and hydration
- 3. What is osteoarthritis?**
  - A. A progressive inflammatory condition
  - B. A degenerative joint disease
  - C. An autoimmune disorder
  - D. A type of infection in the joints
- 4. What electrolyte imbalance is commonly associated with crush syndrome?**
  - A. Hyperkalemia
  - B. Hypokalemia
  - C. Hyponatremia
  - D. Hyponatremia
- 5. What aspect of history-taking considers the patient's pre-injury status?**
  - A. Activity level
  - B. Mechanism of injury
  - C. Psychological evaluation
  - D. Demographic information
- 6. What are signs of an infected wound in the context of musculoskeletal injuries?**
  - A. Pain, tingling, and numbness
  - B. Redness, increased warmth, swelling, and discharge
  - C. Palpable crepitus and joint stiffness
  - D. Muscle weakness and atrophy

**7. What is the recommended angle for flexing the knee when immobilizing a leg injury?**

- A. 5 degrees of flexion
- B. 10 degrees of flexion
- C. 15 degrees of flexion
- D. 20 degrees of flexion

**8. What defines open fractures and joint injuries?**

- A. No communication with the external environment
- B. Presence of a closed wound without soft tissue damage
- C. Any communication between the external environment and joint
- D. Only fractures with minimal tissue damage

**9. Which principle applies for splinting joint injuries?**

- A. Can be delayed until the patient is stable
- B. Might be omitted if not life-threatening
- C. Must be done only in the hospital
- D. Only splint if visibly fractured

**10. What is the common treatment for a dislocated shoulder?**

- A. Reduction and immobilization followed by rehabilitation
- B. Surgery to repair the joint
- C. Complete bed rest
- D. Application of a hot compress

## **Answers**

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

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## **Explanations**

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## 1. What may X-rays reveal in cases of joint and ligament injuries?

- A. Only soft tissue damage
- B. No acute osseous issues**
- C. Always a complete fracture
- D. Internal bleeding

X-rays are a vital imaging tool used to assess joint and ligament injuries, primarily focusing on the bony structures. When considering what X-rays may reveal, they typically can demonstrate acute osseous issues, such as fractures or dislocations. However, in many cases of joint injuries, especially related to ligaments, X-rays may not show any acute findings related to bone structures. As a result, it is common to have situations where a ligament injury occurs without any visible bone damage – meaning the X-ray may indeed show "no acute osseous issues" even when there is significant soft tissue injury. This is particularly true in injuries like sprains or tears, where the injury is soft tissue in nature and does not involve the bone. While X-rays can show complete fractures, they do not always reveal the full extent of soft tissue injuries or internal bleeding, as these require other imaging modalities like MRI or CT scans for proper evaluation. Therefore, the primary takeaway is that while X-rays are crucial in diagnosing bone-related issues, they may not capture every aspect of a joint or ligament injury, specifically the absence of acute bony abnormalities.

## 2. What are two common causes of musculoskeletal injuries?

- A. Infection and swelling
- B. Trauma and overuse**
- C. Genetics and age
- D. Diet and hydration

Trauma and overuse are widely recognized as prevalent causes of musculoskeletal injuries. Trauma generally refers to any physical injury resulting from an external force; this can include incidents such as falls, accidents, or sports-related injuries. Such events may lead to fractures, sprains, and strains among other injuries. Overuse, on the other hand, occurs when repetitive stress is applied to a body part over time, leading to conditions such as tendinitis or stress fractures. This type of injury is particularly common among athletes and individuals engaged in repetitive tasks, where the cumulative impact can overwhelm the musculoskeletal system's ability to recover. While other factors like infection and swelling can contribute to musculoskeletal conditions, they are not primary causes of injuries. Similarly, genetics and age may influence an individual's predisposition to injury or the healing process, but they do not directly cause musculoskeletal injuries. Diet and hydration are important for overall health and recovery but are not direct causes of injury.

### 3. What is osteoarthritis?

- A. A progressive inflammatory condition
- B. A degenerative joint disease**
- C. An autoimmune disorder
- D. A type of infection in the joints

Osteoarthritis is defined as a degenerative joint disease. It primarily involves the breakdown of cartilage in the joints, leading to pain, stiffness, and reduced mobility over time. This condition is characterized by wear and tear on the joints, often associated with aging and repetitive stress on the joints, rather than inflammation, which distinguishes it from other forms of arthritis. The term "degenerative" reflects the nature of the disease as it progressively worsens, with the cartilage deteriorating and sometimes leading to bone changes. While there may be inflammatory components involved, particularly in later stages of the disease, the fundamental pathology of osteoarthritis revolves around the degeneration of joint structures. In contrast to the other options, osteoarthritis is not primarily inflammatory (which would be more characteristic of rheumatoid arthritis), nor is it an autoimmune disorder where the body's immune system attacks its own tissues. It also does not involve joint infections, which are distinct conditions that can cause inflammation but have different underlying causes and treatments. Thus, identifying osteoarthritis as a degenerative joint disease encapsulates its key characteristics accurately.

### 4. What electrolyte imbalance is commonly associated with crush syndrome?

- A. Hyperkalemia**
- B. Hypokalemia
- C. Hypernatremia
- D. Hyponatremia

Crush syndrome, which can occur after prolonged compression of muscle tissue, often leads to significant disruptions in electrolyte balance. One of the most notable effects of this condition is the release of potassium from damaged cells into the bloodstream, resulting in hyperkalemia. When muscle cells are crushed, they release their intracellular contents, including potassium, into the systemic circulation. Hyperkalemia can pose serious health risks, including the potential for cardiac arrhythmias and other cardiovascular complications. This electrolyte disturbance is a critical factor to monitor in patients who have experienced severe trauma or prolonged compression injuries, making the recognition of hyperkalemia pivotal in the management of crush syndrome. The other choices present varying electrolyte disturbances but do not have the strong association with crush syndrome that hyperkalemia does. Hypokalemia refers to low potassium levels and is not typically observed immediately in crush syndrome. Hypernatremia and hyponatremia pertain to sodium levels and, although they can occur in different clinical settings, they are not characteristic outcomes of crush syndrome. Thus, hyperkalemia stands out as the key electrolyte imbalance linked to this condition.

## 5. What aspect of history-taking considers the patient's pre-injury status?

- A. Activity level**
- B. Mechanism of injury
- C. Psychological evaluation
- D. Demographic information

*The aspect of history-taking that considers the patient's pre-injury status is their activity level. Understanding a patient's activity level before the injury provides valuable insight into their baseline function and physical capabilities. It helps clinicians assess how the injury has impacted their daily life and readiness for rehabilitation. This information can aid in developing a tailored treatment plan and setting realistic recovery goals. While the mechanism of injury is crucial for understanding how the injury occurred, it does not directly address the patient's status prior to the event. Psychological evaluation focuses on the mental and emotional aspects of the patient, which are important but separate from their physical pre-injury status. Demographic information, such as age or sex, is relevant for overall assessment but does not specifically indicate the activities or physical state of the patient before the injury occurred.*

## 6. What are signs of an infected wound in the context of musculoskeletal injuries?

- A. Pain, tingling, and numbness
- B. Redness, increased warmth, swelling, and discharge**
- C. Palpable crepitus and joint stiffness
- D. Muscle weakness and atrophy

*In the context of musculoskeletal injuries, signs of an infected wound typically include redness, increased warmth, swelling, and discharge. These symptoms indicate an inflammatory response to infection. Redness occurs due to increased blood flow to the area as part of the body's immune response, while warmth is a result of this increased blood flow and metabolic activity at the site. Swelling, or edema, develops from fluid accumulation due to inflammation. Discharge may present as pus or other exudate, which can indicate the presence of pathogens and the body's efforts to clear them. Other options, while relevant to musculoskeletal injuries, do not specifically indicate an infection. Pain, tingling, and numbness can be associated with nerve involvement or injury, rather than infection. Palpable crepitus and joint stiffness typically refer to mechanical issues or joint pathology, not necessarily infection. Muscle weakness and atrophy might suggest disuse or chronic conditions but are not direct signs of an infected wound. Therefore, the presence of redness, warmth, swelling, and discharge are key indicators of infection in wounds related to musculoskeletal injuries.*

**7. What is the recommended angle for flexing the knee when immobilizing a leg injury?**

- A. 5 degrees of flexion
- B. 10 degrees of flexion**
- C. 15 degrees of flexion
- D. 20 degrees of flexion

*The recommended angle for flexing the knee when immobilizing a leg injury is 10 degrees of flexion. This slight flexion is important because it helps to reduce the tension on the knee joint and surrounding muscles, allowing for a more comfortable and stable position during immobilization. Maintaining the knee in slight flexion can also help protect the ligaments and tendons from unnecessary strain while ensuring that blood circulation is adequate. Additionally, the slight flexion enables easier positioning for transport and assessment of any other injuries that may be present. Immobilizing the knee at too great an angle, such as fully extended or more flexed, may lead to increased muscle tightness and discomfort, potentially complicating later assessments or treatment plans. Therefore, a 10-degree flexion is optimal for both safety and comfort during the immobilization of leg injuries.*

**8. What defines open fractures and joint injuries?**

- A. No communication with the external environment
- B. Presence of a closed wound without soft tissue damage
- C. Any communication between the external environment and joint**
- D. Only fractures with minimal tissue damage

*Open fractures and joint injuries are characterized by any communication between the external environment and the fracture or joint. This means that there is a break in the skin, which results in the potential exposure of bone and/or joint structures to outside contaminants. The presence of this communication increases the risk of infection and can significantly impact the management and prognosis of the injury. In contrast, the other definitions provided do not accurately capture the essence of what constitutes an open fracture or joint injury. The absence of communication with the external environment describes a closed fracture, while the presence of a closed wound without soft tissue damage suggests a stable injury that does not warrant the classification as open. Lastly, referring to only fractures with minimal tissue damage does not address the crucial factor of the skin's integrity. Open fractures can vary significantly in the amount of soft tissue damage, and even an injury that seems minimal can still be classified as open if it meets the criteria of external communication.*

**9. Which principle applies for splinting joint injuries?**

- A. Can be delayed until the patient is stable**
- B. Might be omitted if not life-threatening
- C. Must be done only in the hospital
- D. Only splint if visibly fractured

*The principle that splinting for joint injuries can be delayed until the patient is stable emphasizes the importance of prioritizing overall patient assessment and management before addressing specific musculoskeletal injuries. In emergency settings, the primary focus should be on securing the patient's airway, breathing, and circulation, often referred to as the ABCs of trauma care. While splinting is essential for preventing further injury, managing pain, and promoting healing, it is crucial to ensure that the patient is medically stable first. This allows medical personnel to address more critical life-threatening conditions before attending to joint injuries. Therefore, this principle underscores the hierarchical approach to trauma care, where stabilization of the whole patient takes precedence over treatment of individual injuries. In practice, splinting may still need to be done promptly if there is a risk of exacerbating the injury or if the injury could lead to complications, but the core concept remains that it should not delay necessary life-saving measures.*

## 10. What is the common treatment for a dislocated shoulder?

A. Reduction and immobilization followed by rehabilitation

B. Surgery to repair the joint

C. Complete bed rest

D. Application of a hot compress

*The most common treatment for a dislocated shoulder involves reduction and immobilization followed by rehabilitation. This approach begins with the reduction process, where the dislocated shoulder is carefully manipulated back into its proper position. This is typically done under sedation or anesthesia to relieve pain and ensure a safe procedure. After the shoulder is successfully reduced, immobilization is crucial to allow the joint to heal while preventing further injury. This is often achieved using a sling or other supportive device to keep the shoulder stable and protect it during the initial healing phase. Once the immobilization phase is complete and healing has progressed, rehabilitation exercises become important. This step helps restore flexibility, strength, and function to the shoulder, reducing the risk of re-dislocation and aiding in a full recovery. Other treatment options, such as surgery, are generally reserved for cases where there are associated injuries to the surrounding structures or if there are recurrent dislocations that cannot be managed through conservative treatment. Complete bed rest and hot compresses are not appropriate as they do not address the primary issue of the dislocation itself and may delay recovery.*

## 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](mailto: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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