

CAMRT Radiography 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. How is patient dose affected when field size is increased, assuming all other factors remain constant?**
 - A. Decreased dose**
 - B. No change in dose**
 - C. Increased dose**
 - D. Varies by patient**

- 2. What is the average adult temperature range in Fahrenheit?**
 - A. 95 - 97 degrees**
 - B. 97 - 99 degrees**
 - C. 98 - 100 degrees**
 - D. 96 - 98 degrees**

- 3. Which type of pathological feature is best demonstrated with the Judet Method?**
 - A. Acetabular fractures**
 - B. Anterior pelvic bone fractures**
 - C. Femoral neck fractures**
 - D. Proximal femur features**

- 4. What adjustment in kVp is recommended for a plaster cast?**
 - A. Increase by 2 - 4 kVp**
 - B. Increase by 5 - 7 kVp**
 - C. Decrease by 3 - 5 kVp**
 - D. No adjustment**

- 5. Which structure acts as a shock absorber in the knee joint?**
 - A. Articular facets**
 - B. Intra-patellar fat pads**
 - C. Menisci**
 - D. Infrapatellar and suprapatellar bursae**

- 6. If a radiography procedure is extended beyond which standard time does the fluoroscopy timer activate?**
- A. 3 minutes**
 - B. 5 minutes**
 - C. 7 minutes**
 - D. 10 minutes**
- 7. What age group is questioned about the possibility of pregnancy according to Radiation Safety guidelines?**
- A. 10 - 45**
 - B. 11 - 55**
 - C. 16 - 60**
 - D. 18 - 50**
- 8. Which of the following is NOT an advantage of digital fluoroscopy photospots?**
- A. Increased patient dose**
 - B. Post processing capabilities**
 - C. Decreased patient dose**
 - D. "Road mapping" capabilities**
- 9. How can one determine if the CR angle was adequate for an axial projection of the clavicle?**
- A. More than 50% of the clavicle appears on the image**
 - B. The medial end is at the level of the 3rd rib**
 - C. The entire clavicle is projected above the ribs**
 - D. Most of the clavicle should be above the ribs and scapula**
- 10. What is the final location for a PICC line?**
- A. Right atrium**
 - B. SVC (Superior vena cava)**
 - C. Left atrium**
 - D. Peripheral vein**

Answers

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

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Explanations

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1. How is patient dose affected when field size is increased, assuming all other factors remain constant?

- A. Decreased dose**
- B. No change in dose**
- C. Increased dose**
- D. Varies by patient**

When the field size is increased, the patient dose increases. This is primarily due to the larger area of tissue exposed to the radiation beam. With a broader field, more of the patient's body is irradiated, which leads to a higher absorption of radiation by the tissues within the expanded field of view. In radiography, as the field size becomes larger while maintaining the same output from the X-ray tube and consistent exposure time, a larger volume of tissue is subjected to the same dose of radiation per unit area. This means that the overall radiation delivered increases, resulting in a higher cumulative dose to the patient. This principle highlights the importance of beam collimation and optimizing field size to minimize unnecessary radiation exposure to the patient while still achieving the necessary diagnostic quality.

2. What is the average adult temperature range in Fahrenheit?

- A. 95 - 97 degrees**
- B. 97 - 99 degrees**
- C. 98 - 100 degrees**
- D. 96 - 98 degrees**

The average adult temperature range typically falls between 97 to 99 degrees Fahrenheit. This range reflects normal physiological variations, accounting for factors such as the time of day, the individual's activity level, and their overall health status. The lower limit of the normal range begins just under 98 degrees, with various studies supporting that a core body temperature around 98.6 degrees Fahrenheit is often cited as an average reference point. Recognizing that normal body temperature can fluctuate slightly from person to person—often merging within that established range—is critical for assessing patient health appropriately. Understanding this range helps healthcare providers identify potential fever or hypothermia, which are both significant considerations in clinical settings.

3. Which type of pathological feature is best demonstrated with the Judet Method?

- A. Acetabular fractures**
- B. Anterior pelvic bone fractures**
- C. Femoral neck fractures**
- D. Proximal femur features**

The Judet Method is specifically designed to assess the acetabulum, particularly for identifying acetabular fractures. This technique utilizes specific oblique projections that allow for enhanced visualization of the acetabular anatomy and any potential fractures. By positioning the patient in a way that optimally highlights the acetabulum, radiologists can better discern the extent and type of fractures present. While other options like anterior pelvic bone fractures and various types of femur fractures are important in radiography, the unique capability of the Judet Method to focus on the anatomy and pathology of the acetabulum makes it the best choice for demonstrating acetabular fractures. This specialized approach is crucial for accurate diagnosis and treatment planning for injuries involving the hip joint.

4. What adjustment in kVp is recommended for a plaster cast?

- A. Increase by 2 - 4 kVp**
- B. Increase by 5 - 7 kVp**
- C. Decrease by 3 - 5 kVp**
- D. No adjustment**

When dealing with radiographic imaging of a plaster cast, an increase in kilovolt peak (kVp) is necessary due to the increased density and thickness that the cast material adds to the area being imaged. Plaster casts are typically dense and can absorb more radiation than soft tissue, which means that to adequately penetrate the cast and provide a clear image of the underlying structures, an increase in the kVp setting is required. The recommended adjustment of 5 - 7 kVp is based on the typical attenuation properties of the plaster material, which is denser than soft tissue. This adjustment compensates for the higher absorption of X-rays, ensuring that sufficient penetration occurs. Failure to increase the kVp adequately might result in underexposed images that lack clarity or detail. Adjustments beyond this range may lead to overexposure, which could negatively impact the diagnostic quality of the images. Understanding these principles allows a radiographer to make the necessary technical adjustments for optimal imaging outcomes in circumstances where body composition changes, such as when a patient has a plaster cast.

5. Which structure acts as a shock absorber in the knee joint?

- A. Articular facets**
- B. Intra-patellar fat pads**
- C. Menisci**
- D. Infrapatellar and suprapatellar bursae**

The menisci play a crucial role in the knee joint by acting as shock absorbers. These C-shaped cartilaginous structures, located between the femur (thigh bone) and tibia (shin bone), help to distribute the load across the knee joint during weight-bearing activities. They enhance stability and provide a cushioning effect that helps to protect the bones from the stresses associated with movement and impact. In addition to shock absorption, the menisci contribute to the congruence of the joint surfaces, allowing for smoother articulation during motion. They also assist in the lubrication of the joint by aiding in the movement of synovial fluid. While other structures listed, such as the articular facets, intra-patellar fat pads, and bursae, have important roles in joint function and stability, they do not specifically serve as the primary shock absorbers like the menisci do.

6. If a radiography procedure is extended beyond which standard time does the fluoroscopy timer activate?

- A. 3 minutes**
- B. 5 minutes**
- C. 7 minutes**
- D. 10 minutes**

The fluoroscopy timer is designed to enhance patient safety by preventing excessive radiation exposure during procedures that utilize fluoroscopy. In many jurisdictions and according to various safety standards, the timer is programmed to activate an alert when the cumulative fluoroscopy time reaches or exceeds 5 minutes. This alert serves as a reminder for operators and healthcare professionals to reassess the need for continued fluoroscopic imaging and to consider the potential risks associated with prolonged exposure. This is particularly important in radiographic procedures that may involve complex imaging and longer durations, as the accumulation of dose can increase the risk of radiation-induced injuries. The standard time of 5 minutes is widely recognized and serves as a benchmark that aligns with safety guidelines from organizations focused on radiation safety and patient care. Understanding this interval is essential for radiologic technologists and healthcare providers to ensure they are monitoring radiation exposure effectively during procedures.

7. What age group is questioned about the possibility of pregnancy according to Radiation Safety guidelines?

- A. 10 - 45**
- B. 11 - 55**
- C. 16 - 60**
- D. 18 - 50**

The correct age group questioned about the possibility of pregnancy according to Radiation Safety guidelines is typically defined as those who might be of childbearing potential, which generally includes individuals between the ages of 11 and 55. This range is significant as it encompasses the onset of menstruation through the age of potential menopause, where a woman's fertility is a consideration before undergoing radiological procedures that could pose risks to a developing fetus. Safety guidelines prioritize asking about pregnancy within this age range to ensure that adequate precautions are taken to protect both the patient and any potential fetus from unnecessary radiation exposure. Proper assessment of pregnancy status is a crucial aspect of radiology practice, especially for procedures that utilize ionizing radiation.

8. Which of the following is NOT an advantage of digital fluoroscopy photospots?

- A. Increased patient dose**
- B. Post processing capabilities**
- C. Decreased patient dose**
- D. "Road mapping" capabilities**

Digital fluoroscopy photospots are advanced imaging techniques that offer several advantages, such as post-processing capabilities, decreased patient dose, and the ability to perform "road mapping." The option identifying increased patient dose stands out as not being an advantage because one of the primary goals of digital fluoroscopy is to reduce radiation exposure to patients while maintaining image quality. Digital systems use advanced technologies that allow for lower radiation doses compared to traditional fluoroscopy. Post-processing capabilities enhance the ability to manipulate and analyze images after they are acquired, improving diagnostic accuracy and the potential for better patient management. Similarly, "road mapping" capabilities allow for enhanced visualization during procedures by creating a persistent image that guides interventional techniques, showcasing the utility and precision of this technology without the downside of increased radiation exposure. Therefore, the identification of increased patient dose as an advantage is incorrect in the context of digital fluoroscopy photospots.

9. How can one determine if the CR angle was adequate for an axial projection of the clavicle?

- A. More than 50% of the clavicle appears on the image**
- B. The medial end is at the level of the 3rd rib**
- C. The entire clavicle is projected above the ribs**
- D. Most of the clavicle should be above the ribs and scapula**

The determination of whether the central ray (CR) angle was adequate for an axial projection of the clavicle primarily involves evaluating the position and visibility of the clavicle in relation to the surrounding anatomy. The statement regarding most of the clavicle being projected above the ribs and the scapula indicates that the CR angle has effectively raised the clavicle into a more horizontal position. This occurrence allows for improved visualization and minimizes superimposition of the clavicle over the ribs and scapula, which is essential for accurate assessment of the clavicle's condition or any potential injuries. In a well-performed axial projection, it is expected that the majority of the clavicle will be clearly above the ribs, thus indicating that the CR angle was sufficient to avoid obscuring the anatomical structure with overlying tissues. This positioning reduces the chances of diagnostic errors that can occur when parts of the clavicle are not adequately visualized. The other potential choices offer varying insights into the positioning of the clavicle but do not align as closely with the essential goal of ensuring maximum clarity for diagnostic purposes. For example, simply showing more than half of the clavicle or having the medial end at a specific rib level does not fully ensure the visibility needed to assess the clavicle accurately, nor does

10. What is the final location for a PICC line?

- A. Right atrium**
- B. SVC (Superior vena cava)**
- C. Left atrium**
- D. Peripheral vein**

The final location for a Peripherally Inserted Central Catheter (PICC) line is the superior vena cava (SVC). This placement is crucial because the SVC is a large central vein that carries blood from the upper body to the heart, specifically draining into the right atrium. Inserting a PICC line into the SVC enables efficient medication administration, parenteral nutrition, and blood draws, minimizing irritation to peripheral veins and allowing for long-term access. This positioning also reduces the risk of complications that can arise from peripheral venous access, such as phlebitis or infiltration, especially when dealing with irritant medications. While peripheral veins are the entry point for the PICC line and the right atrium is part of the heart where the blood ultimately flows, neither of these represents the final resting place of the catheter. The left atrium is not involved in the pathway of a PICC line and is anatomically separate from the pathways used for peripheral access lines. Therefore, the SVC is the correct and final destination for a PICC line.

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://camrtradiography.examzify.com>

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

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