

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. Which of the following is NOT a structural joint type?**
 - A. Fibrous**
 - B. Cartilaginous**
 - C. Elastic**
 - D. Syndesmosis**

- 2. What is the typical SID distance recommended for imaging AC joints?**
 - A. 150 SID**
 - B. 180 SID**
 - C. 200 SID**
 - D. 220 SID**

- 3. When is a small bowel follow-through considered complete?**
 - A. When the contrast reaches the cecum**
 - B. When the contrast reaches the jejunum**
 - C. When the contrast is fully absorbed**
 - D. When the patient feels no pain**

- 4. What is the melting point of Tungsten?**
 - A. 2500 degrees**
 - B. 3410 degrees**
 - C. 3000 degrees**
 - D. 4000 degrees**

- 5. Dynamic range in a CT detector represents what?**
 - A. Amount of patient exposure**
 - B. Ratio of the largest to smallest signal measured**
 - C. Brightness level of the images**
 - D. Differences in tissue density**

- 6. Where does the greatest source of scatter radiation occur?**
 - A. At the tabletop**
 - B. From the patient**
 - C. At the x-ray tube**
 - D. In the grid**

- 7. Which condition would you most often take inspiration and expiration images for?**
- A. Pneumothorax**
 - B. Asthma**
 - C. Congestive heart failure**
 - D. Chronic bronchitis**
- 8. Which vessel ascends through the cervical transverse foramina?**
- A. Jugular vein**
 - B. Carotid artery**
 - C. Vertebral artery**
 - D. Subclavian artery**
- 9. Which area of the body is most vulnerable to decubitus ulcers?**
- A. Knees**
 - B. Heels**
 - C. Sacrum**
 - D. Scapulae**
- 10. Which specific lumbar spine position is most diagnostic for demonstrating spondylolisthesis at the L5-S1 level?**
- A. Lateral L5-S1 position**
 - B. AP lumbar spine position**
 - C. Oblique lumbar spine position**
 - D. Flexed lateral position**

Answers

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

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Explanations

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1. Which of the following is NOT a structural joint type?

- A. Fibrous**
- B. Cartilaginous**
- C. Elastic**
- D. Syndesmosis**

The correct answer highlights that elastic is not classified as a structural joint type. Structural joint types are defined by the material that binds the bones together and are classified primarily into fibrous, cartilaginous, and synovial joints. Fibrous joints are made up of dense connective tissue, with little or no movement allowed. Examples include sutures in the skull. Cartilaginous joints involve cartilage and allow for more flexibility than fibrous joints but still offer limited movement, such as the joints between the vertebrae. Syndesmosis, a specific type of fibrous joint, is characterized by bones connected by a ligament or interosseous membrane, allowing for slight movement. In contrast, "elastic" does not refer to a recognized category of structural joints. While elastic fibers may be found in various tissues throughout the body, they are not a type of joint structure as recognized in classical joint classification. This reinforces the idea that the primary classifications of joints center around the nature of the connective tissue that holds the bones together rather than other types of fibers or tissues.

2. What is the typical SID distance recommended for imaging AC joints?

- A. 150 SID**
- B. 180 SID**
- C. 200 SID**
- D. 220 SID**

The typical Source-to-Image Distance (SID) recommended for imaging acromioclavicular (AC) joints is 180 SID. This distance is preferred because it helps to minimize the magnification of the anatomy and enhances the sharpness of the radiographic image. By maintaining a longer SID, the divergence of the x-ray beam is reduced, allowing for better detail and improved visualization of the joint structures. It is important to use the appropriate SID as it has a direct impact on image quality. A shorter SID could lead to increased magnification and potential distortion of the anatomy, which may obscure relevant details needed for accurate diagnosis. In contrast, while longer SIDs of 200 or 220 are utilized in some specific imaging situations to obtain additional distance-related benefits, they are generally not standard for routine AC joint imaging, where 180 SID strikes a balance between image quality and practical workflow.

3. When is a small bowel follow-through considered complete?

- A. When the contrast reaches the cecum**
- B. When the contrast reaches the jejunum**
- C. When the contrast is fully absorbed**
- D. When the patient feels no pain**

A small bowel follow-through is considered complete when the contrast reaches the cecum. This indicates that the contrast material has traversed the entire small bowel, moving through the duodenum and jejunum before entering the ileum and finally reaching the cecum, which is the point where the small bowel connects to the large intestine. Evaluating the journey of contrast to the cecum ensures that the entire small intestine has been visualized adequately, which is the primary goal of this imaging procedure. The other scenarios do not signify a complete study. If the contrast only reaches the jejunum, it implies that the examination is incomplete, as the entire small bowel has not been assessed. Contrast absorption is part of the physiological process post-imaging but does not denote the completion of the follow-through itself. Likewise, the patient's comfort level, such as feeling no pain, is not an indicator of the study's completion; rather, imaging success is determined by the anatomical progression of the contrast through the small bowel.

4. What is the melting point of Tungsten?

- A. 2500 degrees**
- B. 3410 degrees**
- C. 3000 degrees**
- D. 4000 degrees**

The melting point of tungsten is widely recognized as approximately 3410 degrees Celsius. This high melting point makes tungsten an ideal choice for applications that require materials to withstand extreme temperatures, such as in lighting filaments, aerospace components, and various high-temperature environments. Tungsten's unique properties, including its high density and resistance to thermal expansion, contribute to its extensive use in specialized fields. The other temperatures provided do not accurately reflect tungsten's melting characteristics, as they are either significantly lower or higher than the established value.

5. Dynamic range in a CT detector represents what?

- A. Amount of patient exposure**
- B. Ratio of the largest to smallest signal measured**
- C. Brightness level of the images**
- D. Differences in tissue density**

The dynamic range in a CT detector refers to the ratio of the largest to smallest signal that can be accurately measured by the detector. This is important because it indicates the detector's ability to capture and differentiate between varying levels of x-ray intensity that result from different tissues in the body. A wide dynamic range allows for better contrast and detail in imaging, enabling the detection of subtle differences in anatomical structures. The other choices refer to different aspects of radiography. The amount of patient exposure relates to the radiation dose a patient receives during imaging but does not define dynamic range. Brightness level of images pertains to the display and interpretation of the CT images rather than the measurement capabilities of the detector itself. Lastly, differences in tissue density refer to how differing types of tissues absorb x-rays but is not a direct measure of the dynamic range of the detector.

6. Where does the greatest source of scatter radiation occur?

- A. At the tabletop**
- B. From the patient**
- C. At the x-ray tube**
- D. In the grid**

The greatest source of scatter radiation occurs from the patient. When x-rays interact with the body's tissues, they can be deflected in various directions, resulting in scatter radiation. This is particularly significant during radiographic imaging, as a considerable amount of x-ray photons are absorbed, while others are scattered away from the primary beam. The amount of scatter generated depends on factors such as the patient's size, the composition of the tissues being imaged, and the energy of the x-rays. Understanding that the patient is the primary source of scatter helps radiographers implement effective shielding and techniques to minimize unnecessary exposure to both patients and staff. The other options, while related to radiation in some manner, do not contribute as significantly to scatter radiation as the patient. The tabletop can absorb some radiation but is not a significant source of scatter. The x-ray tube emits radiation but is responsible for the primary beam rather than scatter. Grids are used to absorb scatter radiation in order to enhance image quality, but they do not produce scatter themselves.

7. Which condition would you most often take inspiration and expiration images for?

- A. Pneumothorax**
- B. Asthma**
- C. Congestive heart failure**
- D. Chronic bronchitis**

Taking inspiration and expiration images is particularly useful for diagnosing pneumothorax because this condition involves air in the pleural space, which can be best visualized by comparing images taken at full inspiration and full expiration. When a patient inhales, the lung expands, and any air that has entered the pleural space can create a visible difference on the radiographs. During expiration, the lung volume decreases, and any shifts or changes in the position of the mediastinum can also be observed. This contrast between the two phases of breathing provides crucial information regarding the presence and size of the pneumothorax, enabling accurate assessment and diagnosis. In contrast, while the other conditions may benefit from imaging, they do not specifically require both inspiration and expiration views to the same extent for diagnosis. For example, asthma primarily involves reversible airway obstruction, which might be assessed through various modalities rather than needing distinct phases of respiration. Similarly, congestive heart failure and chronic bronchitis can be evaluated adequately with standard imaging techniques without necessarily differentiating between inspiratory and expiratory phases. Thus, pneumothorax stands out as requiring this specific approach in imaging for effective diagnosis.

8. Which vessel ascends through the cervical transverse foramina?

- A. Jugular vein**
- B. Carotid artery**
- C. Vertebral artery**
- D. Subclavian artery**

The vertebral artery is the vessel that ascends through the cervical transverse foramina. This anatomical feature is significant because the cervical transverse foramina are openings in the cervical vertebrae (C1 to C7) through which the vertebral arteries travel as they ascend towards the base of the skull. This pathway allows the vertebral arteries to supply blood to the brain, particularly the posterior parts, including the cerebellum and brainstem. In contrast, the jugular vein primarily drains blood from the head and neck; it does not pass through the transverse foramina. The carotid artery, which is responsible for supplying blood to the anterior and middle parts of the brain, runs within the carotid sheath and does not pass through these foramina either. The subclavian artery branches off before the vertebral artery and supplies areas such as the arms, but it does not ascend within the cervical vertebrae. Thus, the vertebral artery is uniquely positioned and functionally important for cerebrovascular circulation, making it the correct answer.

9. Which area of the body is most vulnerable to decubitus ulcers?

- A. Knees**
- B. Heels**
- C. Sacrum**
- D. Scapulae**

The sacrum is the area of the body most vulnerable to decubitus ulcers, commonly known as pressure ulcers or bedsores. This susceptibility arises from several factors. The sacrum is a bony prominence that bears weight when a person is lying down, particularly in the supine position. When pressure is applied to any part of the body and is not relieved, blood flow to that area can become restricted. This leads to tissue ischemia, and if pressure persists, it can result in skin breakdown. Additionally, the sacral area is typically subjected to continuous pressure, especially in immobile patients or those who are bedridden. The skin overlying the sacrum is often thinner and more prone to injury than other areas, compounding the risk. Factors such as moisture, friction, and shear can further affect the integrity of the skin in this area. While other locations such as the heels, knees, and scapulae can also develop pressure ulcers, the sacrum remains the most common site due to its anatomical and physiological vulnerabilities. Recognizing this can help healthcare providers implement preventative measures effectively, such as frequent repositioning and skin care.

10. Which specific lumbar spine position is most diagnostic for demonstrating spondylolisthesis at the L5-S1 level?

- A. Lateral L5-S1 position**
- B. AP lumbar spine position**
- C. Oblique lumbar spine position**
- D. Flexed lateral position**

The lateral L5-S1 position is particularly useful for demonstrating spondylolisthesis at the L5-S1 level due to its ability to provide a clear profile view of the lumbar vertebrae. This position allows for the visualization of the lateral aspect of L5 and the sacral base, which is critical in assessing lateral displacement that characterizes spondylolisthesis. The anatomy is best demonstrated in this specific view, as it helps in identifying any slippage of the vertebrae, which is essential for diagnosing the condition accurately. In contrast, the AP lumbar spine position is more suited for viewing the vertebrae in an anterior-posterior alignment and may not provide the necessary detail regarding the position of the L5 vertebra concerning the sacrum. The oblique lumbar spine position emphasizes the intervertebral foramina and zygapophyseal joints but may not be as effective for viewing the specific alignment and displacement of the lumbar vertebrae themselves in cases of spondylolisthesis. The flexed lateral position, while useful for certain conditions, does not offer the same level of diagnostic clarity for spondylolisthesis at this level as the dedicated lateral L5-S1 position. Thus,

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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