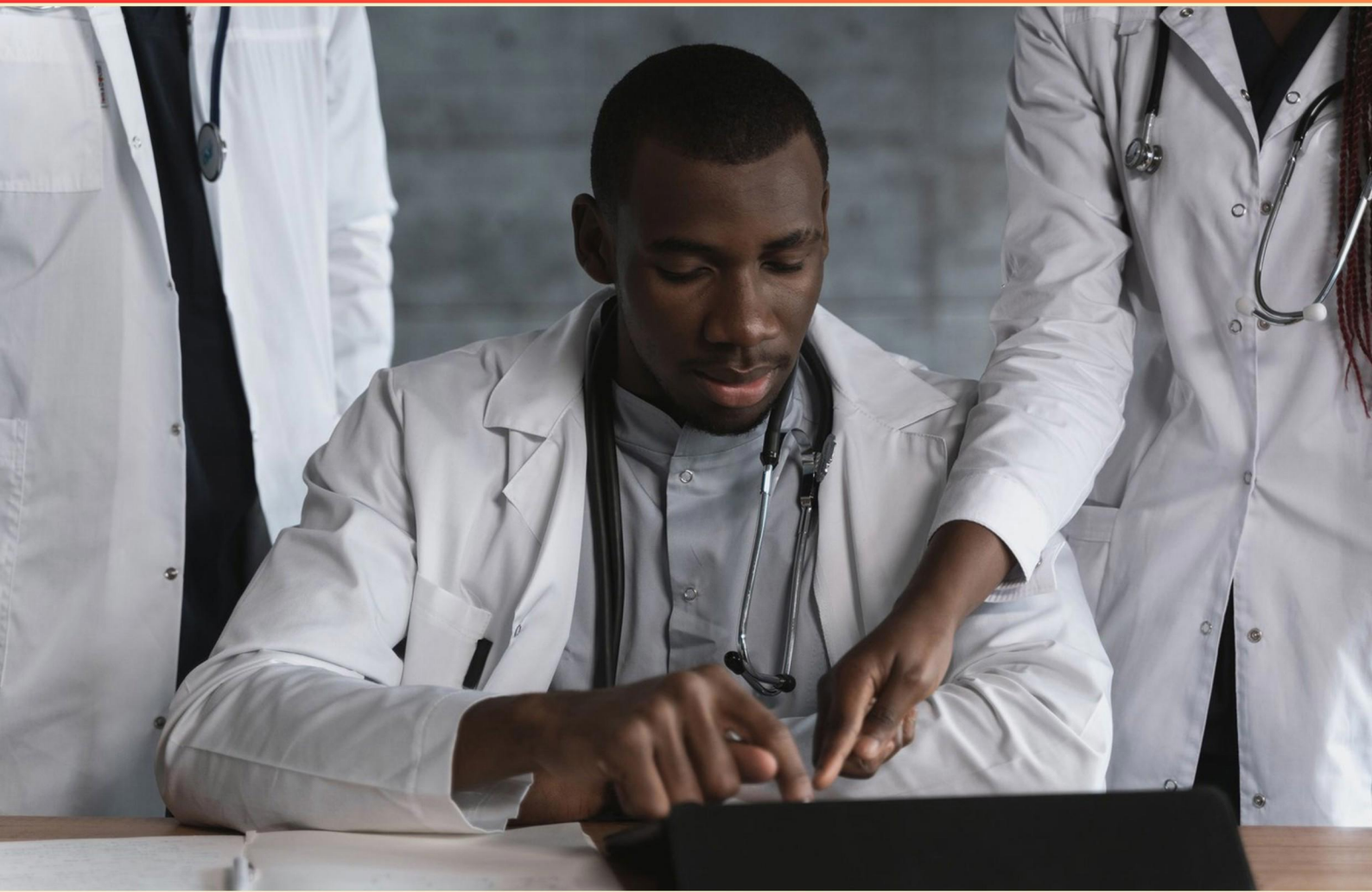


CARE AND PREVENTION CFE PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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 finding suggests a possible spinal injury on the field?**
 - A. Inability to walk or feel extremities after mechanism of injury
 - B. Deformity
 - C. Severe neck or back pain, point tenderness over the neck or spine, numbness/weakness or loss of movement below injury level
 - D. Itchy skin
- 2. How are strains and sprains differentiated on the field?**
 - A. Strain involves ligament injury with swelling and joint laxity; Sprain involves muscle/tendon injury with localized tenderness.
 - B. Strain involves muscle/tendon injury with localized muscle tenderness; Sprain involves ligament injury with swelling and joint laxity.
 - C. Strain is a nerve injury; Sprain is a bone fracture.
 - D. Strain and Sprain are both nerve injuries.
- 3. What is the recommended approach to suspected joint dislocations on the field?**
 - A. Attempt immediate reduction on field.
 - B. Do not attempt reduction; immobilize in the position found; transport; monitor for neurovascular compromise; call EMS.
 - C. Leave it and wait.
 - D. Apply heat.
- 4. Which injury is characterized by swelling and joint laxity due to ligament damage?**
 - A. Sprain
 - B. Strain
 - C. Contusion
 - D. Fracture
- 5. Which of the following signs indicate dehydration in athletes?**
 - A. Numbness in extremities
 - B. Dry mouth but not thirsty
 - C. Clear urine with high hydration
 - D. Thirst, dry mouth, dark urine, fatigue, dizziness

6. Hydration status affects performance by reducing which parameter when dehydrated?

- A. Bone Density
- B. Hemoglobin
- C. Plasma Volume
- D. Muscle Mass

7. What red flags after an injury require urgent medical evaluation?

- A. Severe chest pain, trouble breathing, persistent or worsening headache, numbness/tingling in limbs, loss of consciousness, repeated vomiting, suspected spinal injury.
- B. Mild muscle soreness after activity.
- C. Light-headedness after one hour.
- D. Minor bruise on arm that fades quickly.

8. What is the initial step in first aid for a wound?

- A. Stop bleeding
- B. Apply antibiotic ointment
- C. Irrigate with hydrogen peroxide
- D. Massage around wound

9. In the field, which finding suggests a suspected ACL tear?

- A. No swelling
- B. Pain only during rest
- C. A history of a pop and instability
- D. Absence of instability

10. What is the initial field management for a contaminated wound?

- A. Apply direct pressure to control bleeding and cover with sterile dressing
- B. Irrigate the wound with antiseptic solution only
- C. Remove any dressings to examine the wound
- D. Apply heat to the wound

Answers

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

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Explanations

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1. Which finding suggests a possible spinal injury on the field?

- A. Inability to walk or feel extremities after mechanism of injury
- B. Deformity
- C. Severe neck or back pain, point tenderness over the neck or spine, numbness/weakness or loss of movement below injury level

D. Itchy skin

The key idea is that spinal injuries often present with both local spinal signs and neurological changes. Severe neck or back pain with pinpoint tenderness along the spine signals possible damage to the vertebral structures, while numbness, weakness, or loss of movement below the injury level suggests involvement of the spinal cord or nerve pathways. The combination of these signs provides the strongest cue that a spinal injury may be present on the field. Among the options, the statement that includes both severe neck/back pain, point tenderness over the neck or spine, and numbness/weakness or loss of movement below the injury level best fits this pattern. It covers immediate local injury indicators and potential neurological impairment, making it the most reliable sign of a possible spinal injury. Itchy skin, on the other hand, is not a typical indicator of spinal injury. If a spinal injury is suspected, prioritize immobilizing the person, minimizing movement, and calling for emergency medical help.

2. How are strains and sprains differentiated on the field?

- A. Strain involves ligament injury with swelling and joint laxity; Sprain involves muscle/tendon injury with localized tenderness.

B. Strain involves muscle/tendon injury with localized muscle tenderness; Sprain involves ligament injury with swelling and joint laxity.

- C. Strain is a nerve injury; Sprain is a bone fracture.
- D. Strain and Sprain are both nerve injuries.

The key idea is identifying which tissue is injured: muscle/tendon versus ligament. On the field, you'll see strain signs as pain concentrated in the muscle or its tendon, with localized tenderness and sometimes weakness when the muscle is used. Sprains show injury to a ligament, so the joint area tends to swell and may feel unstable or "loose" when the joint is tested or stressed. In practical terms, if the pain and tenderness are centered in a muscle region and the joint isn't loose, it's more consistent with a strain. If swelling is present around a joint and the joint shows laxity or instability, a sprain is more likely.

3. What is the recommended approach to suspected joint dislocations on the field?

- A. Attempt immediate reduction on field.
- B. Do not attempt reduction; immobilize in the position found; transport; monitor for neurovascular compromise; call EMS.**
- C. Leave it and wait.
- D. Apply heat.

When a joint dislocation is suspected on the field, the priority is to protect the limb and get proper care quickly. Do not try to reduce the dislocation yourself; reductions performed by someone without training and the right equipment can cause additional injury, such as worsening fractures, nerve or blood vessel damage, or further soft-tissue injury. Instead, immobilize the limb in the position found using a rigid splint or sling, keeping it as still as possible to prevent further harm. Check distal neurovascular status—pulse, sensation, and motor function—before immobilization and again after to catch any changes early. Transport the athlete promptly to a medical facility, continuing to monitor for neurovascular compromise during the trip and calling EMS if needed. Use cold therapy to reduce swelling if available, and avoid applying heat in the acute phase, since heat can increase swelling and pain. The goal is to stabilize and get professional reduction performed safely.

4. Which injury is characterized by swelling and joint laxity due to ligament damage?

- A. Sprain**
- B. Strain
- C. Contusion
- D. Fracture

When a joint injury presents with swelling and looseness, it points to damage of the ligaments that stabilize the joint. A sprain is precisely this: the ligaments are stretched or torn, leading to inflammation (swelling) and a sense that the joint is unstable or lax because the connective tissue that normally keeps the bones in place is compromised. Strains involve muscle or tendon tissue, bringing pain and possible weakness but not typically joint looseness. Contusions are bruises to soft tissue and may swell, but they don't injure the ligaments to the point of causing joint laxity. Fractures are breaks in a bone, which cause severe pain and possible deformity, and involve the bone rather than the ligament.

5. Which of the following signs indicate dehydration in athletes?

- A. Numbness in extremities
- B. Dry mouth but not thirsty
- C. Clear urine with high hydration
- D. Thirst, dry mouth, dark urine, fatigue, dizziness**

Dehydration shows up in athletes when body fluids drop enough to affect performance and brain function, so signs like thirst, dry mouth, dark urine, fatigue, and dizziness reflect that fluid loss and reduced blood volume. Thirst is the body's urgent cue to drink; dry mouth accompanies low saliva as hydration status declines. Dark, concentrated urine indicates the kidneys are conserving water, producing less, more concentrated urine. Fatigue comes from less effective blood flow and cooling, and dizziness can result from lower blood volume and electrolyte shifts during exertion. The other signs don't fit dehydration as reliably: numbness in the extremities isn't a typical dehydration cue and points more toward nerve or circulation issues; a dry mouth without throat thirst is possible in some people but not as clear a signal as thirst itself; clear urine with high hydration clearly suggests adequate fluids, not dehydration.

6. Hydration status affects performance by reducing which parameter when dehydrated?

- A. Bone Density
- B. Hemoglobin
- C. Plasma Volume
- D. Muscle Mass

When you're dehydrated, the fluid portion of your blood, the plasma, is lost, so plasma volume drops. This lowers venous return to the heart and reduces stroke volume. To maintain cardiac output, the heart rate increases, which raises fatigue and makes performance decline sooner. Less plasma also means the body has less capacity to transport heat and deliver nutrients to working muscles, worsening endurance and heat tolerance. Bone density and muscle mass aren't acutely reduced by short-term dehydration, and hemoglobin concentration often appears higher due to hemoconcentration (less plasma diluting it), not lower. So the parameter that truly decreases with dehydration and directly impacts performance is plasma volume.

7. What red flags after an injury require urgent medical evaluation?

- A. Severe chest pain, trouble breathing, persistent or worsening headache, numbness/tingling in limbs, loss of consciousness, repeated vomiting, suspected spinal injury.
- B. Mild muscle soreness after activity.
- C. Light-headedness after one hour.
- D. Minor bruise on arm that fades quickly.

Red flags after an injury are signs that something serious could be going on inside the body and needs urgent medical evaluation. Severe chest pain or trouble breathing could be from a heart or lung injury and demands quick assessment. A persistent or worsening headache after an injury may indicate a concussion or brain bleed, which can worsen if not treated promptly. Numbness or tingling in the limbs points to possible nerve or spinal cord involvement, which requires immediate care to prevent lasting damage. Loss of consciousness is a strong warning sign of a possible head injury or other urgent problem. Repeated vomiting after an injury can signal brain injury or increasing pressure inside the skull, and a suspected spinal injury requires urgent evaluation to protect the spinal cord. In contrast, milder signs like muscle soreness after activity, light-headedness after some time, or a small bruise that fades quickly are not typically urgent red flags and can be monitored unless they worsen or are accompanied by other concerning symptoms. If any red flags appear, seek prompt medical care.

8. What is the initial step in first aid for a wound?

- A. Stop bleeding
- B. Apply antibiotic ointment
- C. Irrigate with hydrogen peroxide
- D. Massage around wound

Stopping bleeding is the first priority in wound care. By applying direct pressure with a clean cloth or sterile gauze, you help the blood to clot and prevent excessive blood loss. If bleeding continues, keep applying pressure, add more gauze on top without removing the soaked layer, and, if possible, elevate the injured part to reduce flow. After the bleeding is under control, you can move on to cleaning and dressing the wound. Use clean water to flush out dirt and debris, and then cover with a sterile dressing. Avoid using hydrogen peroxide as the initial step, since it can irritate and damage tissue. Antibiotic ointment is optional and typically applied after cleaning and only as advised; massaging around the wound is not helpful and could cause harm.

9. In the field, which finding suggests a suspected ACL tear?

- A. No swelling
- B. Pain only during rest
- C. A history of a pop and instability**
- D. Absence of instability

A sudden pop at the moment of injury with the knee feeling unstable or giving way is the strongest clue for an ACL tear. The ACL's job is to stabilize the knee by preventing the tibia from moving forward and by resisting rotational forces. When it tears, the knee often feels unstable, especially during twisting or pivoting movements, and many patients remember an audible pop. Swelling can occur, but the combination of a pop and instability is the most telling field sign. Signs like no swelling, pain only at rest, or no instability don't fit the typical ACL injury pattern, since instability is a key feature of an ACL tear.

10. What is the initial field management for a contaminated wound?

- A. Apply direct pressure to control bleeding and cover with sterile dressing**
- B. Irrigate the wound with antiseptic solution only
- C. Remove any dressings to examine the wound
- D. Apply heat to the wound

The main idea here is that the first priority in managing a contaminated wound in the field is to stop bleeding and protect the wound from further contamination. Applying direct pressure to the wound with a clean dressing helps form a clot and reduce blood loss, and then covering it with a sterile dressing creates a barrier against infection. Irrigating with an antiseptic solution alone isn't ideal because many antiseptics can irritate or damage tissue in the wound; the initial clean irrigation, if anything is used, should be with clean water or saline rather than antiseptic solutions. Removing existing dressings can disrupt the forming clot and re-expose the wound to contaminants, increasing bleeding and infection risk. Applying heat is not appropriate for the initial management, as heat can increase bleeding and tissue irritation. So, the best initial action is to apply direct pressure to control bleeding and cover the wound with a sterile dressing.

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://carepreventioncfe.examzify.com>

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

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