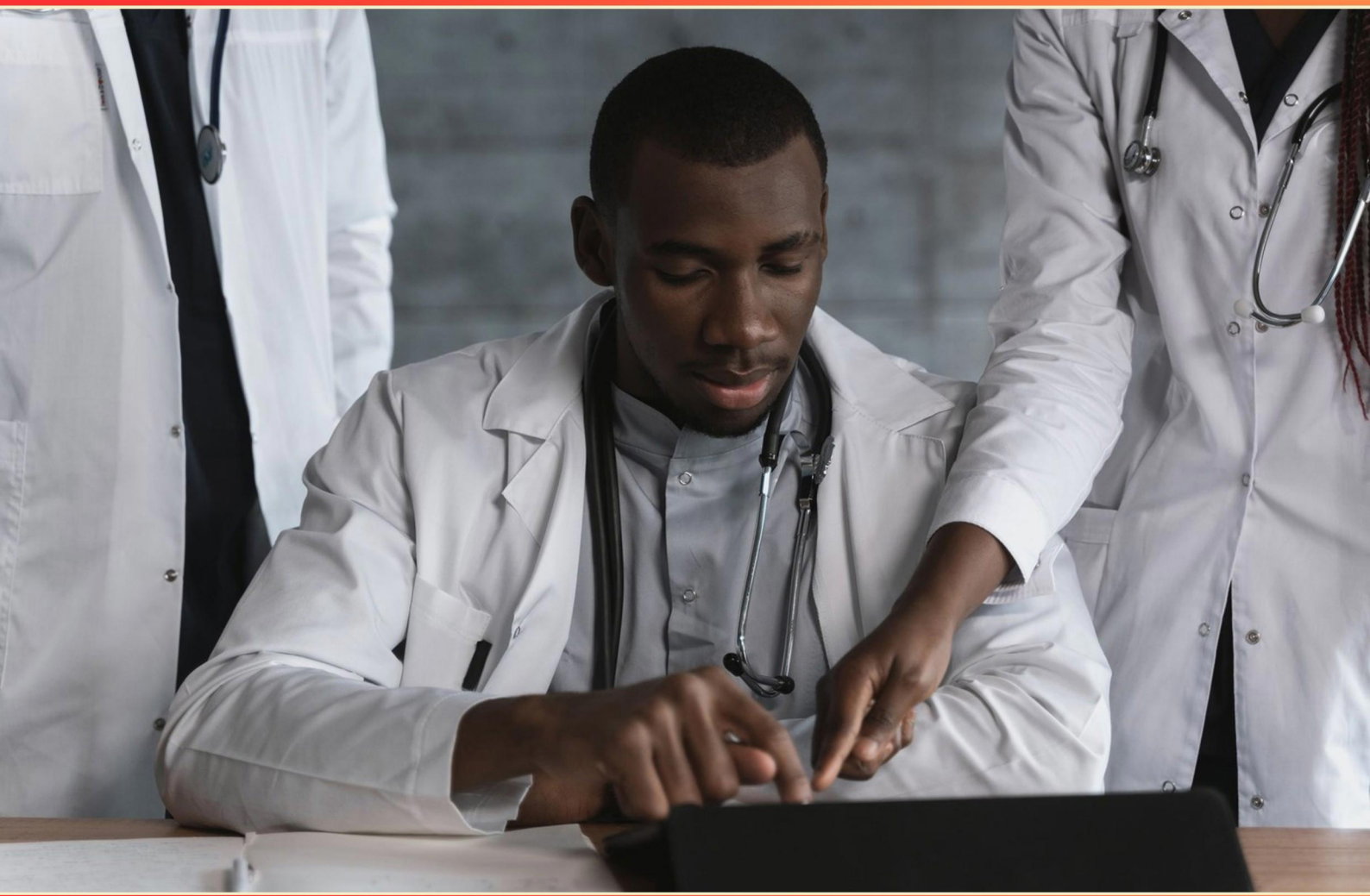
CARE AND PREVENTION CFE PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://carepreventioncfe.examzify.com

Table of Contents

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

1. Why is infection control essential in field wound care?

A. Prevent infection, protect both athlete and clinician, minimize cross-contamination; use sterile dressings, avoid sharing equipment, clean hands before/after.

B. It is optional.

C. Only for dirty wounds.

D. To keep cost down.

2. What do the quadriceps do?

A. Knee flexion

B. Knee extension & hip flexion

C. Hip extension

D. Plantarflex the foot

3. Second Impact Syndrome (SIS) is defined as what?

A. a second concussion that occurs before the first signs have resolved

B. a mild knee sprain

C. a second concussion received before the signs and symptoms of the first concussion have been resolved; a life-threatening emergency

D. dehydration-related illness

4. What is the purpose of a staged timeline with milestones in rehabilitation planning?

A. To minimize documentation

B. To accelerate return to sport without criteria

C. To focus only on ROM

D. To provide a structured progression with milestones and objective criteria for progression and return-to-play

5. The quadriceps are located in which region of the body?

A. Posterior thigh muscles

B. Anterior thigh muscles

C. Calf muscles

D. Shoulder muscles

6. What is the principle of return-to-play (RTP) after concussion?

A. Gradual, stepwise return to activity under medical clearance, with resolution of symptoms at each stage; no return to contact sport while symptoms persist.

B. Return immediately if pain is bearable

C. Rest only for 24 hours then resume full activity

D. Return after one week regardless of symptoms

7. Heat therapy in acute injuries is generally not recommended because it may...

A. Not recommended for acute injuries; promotes vasodilation and may increase swelling

B. Reduces swelling quickly

C. Should always be used first for acute injuries

D. Has no effect on swelling

8. Which is a common risk factor for overuse injuries in youth athletes?

A. Adequate rest

B. Rapid growth

C. Cross-training

D. Supervised programs

9. In the field, when a fracture is suspected, what is the correct splinting approach?

A. Move the limb to a comfortable position, remove footwear, then apply a tourniquet if bleeding.

B. Elevate the limb above the heart, then apply ice packs and transport.

C. Stabilize above and below the injury, immobilize in the position found, apply padded splints, check distal circulation and sensation, secure with bandages, avoid removing footwear, and transport.

D. Immediately bend the joints to assess movement before splinting.

10. What is the standard on-field approach to evaluating an unconscious athlete?

A. Check for a pulse only and wait for EMS.

B. Check responsiveness, open airway, provide rescue breaths if trained, perform CPR if no pulse, call EMS; monitor until help arrives.

C. Shake vigorously and shout for a response; do not check airway.

D. Immediately transport to hospital without assessment.

Answers

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

Explanations

1. Why is infection control essential in field wound care?

A. Prevent infection, protect both athlete and clinician, minimize cross-contamination; use sterile dressings, avoid sharing equipment, clean hands before/after.

B. It is optional.

C. Only for dirty wounds.

D. To keep cost down.

Infection control in field wound care reduces infection risk and stops pathogens from spreading while you're treating a wound. The best practice is to use sterile dressings, avoid sharing equipment, and clean hands before and after handling the wound. These steps create barriers and reduce opportunities for microbes to move between surfaces, hands, and the wound, protecting both the athlete and the clinician and helping the wound heal without complications. In contrast, treating infection control as optional, applying it only to dirty wounds, or prioritizing cost over safety would leave patients vulnerable to infection and cross-contamination.

2. What do the quadriceps do?

A. Knee flexion

B. Knee extension & hip flexion

C. Hip extension

D. Plantarflex the foot

The quadriceps' main job is to straighten the knee—knee extension—by pulling on the patella and tibia. One member of this group, the rectus femoris, crosses both the hip and knee joints, so it can also assist with hip flexion. This means the quadriceps as a group primarily extend the knee, with a contributing hip-flexion action from the biarticular rectus femoris. The other options describe actions produced by different muscles (knee flexion by the hamstrings, hip extension by glutes/hamstrings, plantarflexion by the calves), so they don't fit as the main functions of the quadriceps.

3. Second Impact Syndrome (SIS) is defined as what?

A. a second concussion that occurs before the first signs have resolved

B. a mild knee sprain

C. a second concussion received before the signs and symptoms of the first concussion have been resolved; a life-threatening emergency

D. dehydration-related illness

Second Impact Syndrome happens when a second concussion occurs before the signs and symptoms of the first concussion have resolved, leading to rapid brain swelling that can be life-threatening. The danger lies in hitting the brain while it's still vulnerable after an initial concussion; even a minor additional impact can cause the brain to swell quickly, raise pressure inside the skull, and potentially result in severe damage or death. This is why immediate removal from play and medical clearance are essential, with a careful return-to-play process only after full recovery. The other choices describe conditions that are not related to this brain-injury scenario—knee sprain and dehydration-related illness—so they don't capture the specific, dangerous combination of timing and emergency risk that defines SIS.

4. What is the purpose of a staged timeline with milestones in rehabilitation planning?

A. To minimize documentation

B. To accelerate return to sport without criteria

C. To focus only on ROM

D. To provide a structured progression with milestones and objective criteria for progression and return-to-play

A staged timeline with milestones is designed to create a structured, criterion-based path through rehabilitation, guiding progression and return-to-play only when meaningful, objective criteria are met. This approach ensures tissue healing, neuromuscular control, strength, and functional capability are developed in a controlled, progressive manner before advancing. Milestones provide clear targets (for example, symmetry in strength, pain-free range of motion, successful functional tests, and sport-specific abilities), so decisions about advancing are based on facts, not guesswork or time alone. This reduces the risk of re-injury by ensuring readiness is demonstrated across multiple domains, not just one. The other options don't fit because they either minimize the importance of documentation, push for rapid return without criteria, or focus too narrowly on a single aspect like range of motion. The structured, milestone-driven plan integrates multiple aspects of recovery and uses objective criteria to determine when it's appropriate to progress or return to sport.

5. The quadriceps are located in which region of the body?

A. Posterior thigh muscles

B. Anterior thigh muscles

C. Calf muscles

D. Shoulder muscles

The essential idea here is where the muscle group sits on the body. The quadriceps are a group of four muscles that lie on the front of the thigh, in the anterior thigh region. Their location in the front of the leg is why they're described as anterior thigh muscles and they mainly extend the knee. In contrast, the posterior thigh houses the hamstrings (back of the thigh), the calf muscles are in the lower leg, and shoulder muscles are up at the upper body near the shoulder. So, the quadriceps are best described as located in the anterior thigh region.

6. What is the principle of return-to-play (RTP) after concussion?

A. Gradual, stepwise return to activity under medical clearance, with resolution of symptoms at each stage; no return to contact sport while symptoms persist.

B. Return immediately if pain is bearable

C. Rest only for 24 hours then resume full activity

D. Return after one week regardless of symptoms

Return-to-play after a concussion should be a gradual, stepwise process guided by symptoms and medical clearance. The idea is to advance only when the brain has shown no worsening of symptoms at the current level, and to clear each stage before moving to the next. This protects against re-injury and helps ensure full recovery. In practice, you start with low-intensity activity and slowly increase exposure through stages, such as light aerobic activity, sport-specific drills, non-contact practice, then full contact if cleared, and only then return to game play. A key rule is that you must be symptom-free at each stage before progressing, and no return to contact sports while symptoms persist. Why the other ideas don't fit: pushing to return as soon as pain is bearable can mask ongoing brain injury and lead to relapse; resting for a short period and then resuming full activity ignores the need for a controlled, monitored progression; waiting a fixed week regardless of symptoms doesn't account for individual recovery differences and can either delay needed activity or risk re-injury if done too early.

7. Heat therapy in acute injuries is generally not recommended because it may...

A. Not recommended for acute injuries; promotes vasodilation and may increase swelling

B. Reduces swelling quickly

C. Should always be used first for acute injuries

D. Has no effect on swelling

In the acute phase, the goal is to limit swelling and further tissue damage. Heat promotes vasodilation, which increases blood flow to the injured area. That extra flow can lead to more edema, more inflammation, and possibly more pain in the first days after injury. Because of this, heat is not recommended initially; cold therapy is preferred to constrict vessels, reduce swelling, and limit metabolic demand and tissue damage. Heat can be useful later on, during subacute or chronic stages, when swelling has subsided and the tissues benefit from increased blood flow to promote healing and reduce stiffness.

8. Which is a common risk factor for overuse injuries in youth athletes?

A. Adequate rest

B. Rapid growth

C. Cross-training

D. Supervised programs

Rapid growth stretches and stresses the developing body in ways that can set the stage for overuse injuries. When a youth athlete experiences a growth spurt, bones can lengthen quickly while muscles, tendons, and ligaments grow more slowly. This creates imbalances and tight tissues, so repetitive activities—running, jumping, throwing—place extra traction on growth plates and tendons. The result is a higher likelihood of stress injuries with insufficient recovery between sessions or when training loads rise. Adequate rest, cross-training, and supervised, progressive programs help reduce risk by giving the body time to adapt and by varying stresses on different tissues. So, while rest, cross-training, and proper supervision are protective, rapid growth is the factor that commonly increases risk for overuse injuries in youth athletes.

9. In the field, when a fracture is suspected, what is the correct splinting approach?

A. Move the limb to a comfortable position, remove footwear, then apply a tourniquet if bleeding.

B. Elevate the limb above the heart, then apply ice packs and transport.

C. Stabilize above and below the injury, immobilize in the position found, apply padded splints, check distal circulation and sensation, secure with bandages, avoid removing footwear, and transport.

D. Immediately bend the joints to assess movement before splinting.

When a fracture is suspected in the field, the priority is to prevent movement of the injured part to protect nerves, blood vessels, and surrounding tissues and to enable safe transport. The best approach is to stabilize the limb above and below the injury and immobilize it in the position found, since moving it can cause further damage or misalignment. Use padded splints that extend beyond the joints on either side to distribute pressure and prevent pressure points. Check distal circulation and sensation before and after splinting to confirm there's still adequate blood flow and nerve function, and then secure everything with bandages or wraps without cutting off circulation. Keep the footwear in place if possible, because removing it can cause unnecessary movement and worsen swelling or fracture alignment. Then transport promptly. This approach minimizes harm while maintaining stability for transport.

10. What is the standard on-field approach to evaluating an unconscious athlete?

A. Check for a pulse only and wait for EMS.

B. Check responsiveness, open airway, provide rescue breaths if trained, perform CPR if no pulse, call EMS; monitor until help arrives.

C. Shake vigorously and shout for a response; do not check airway.

D. Immediately transport to hospital without assessment.

When someone is unconscious on the field, the priority is to quickly determine if they can respond and whether they're breathing and circulating. Start by checking responsiveness and, if there's no response, open the airway and assess breathing. If you're trained, provide rescue breaths to supply oxygen; if there's no pulse, begin CPR immediately to maintain blood flow. At the same time, call EMS so advanced help and an AED can arrive. Monitor the athlete until help takes over. This sequence—check responsiveness, open airway, provide ventilations if trained, start CPR if there's no pulse, call EMS, and monitor—focuses on restoring oxygen delivery and circulation as fast as possible while securing professional backup. If you're not trained or uncomfortable with breaths, perform hands-only CPR and still call EMS.

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!