

Care and Prevention of Athletic Injuries Exam 1 Practice (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 principle describes bone remodeling in response to loading?**
 - A. Darcy's Law**
 - B. Bernoulli's Principle**
 - C. Wolff's Law**
 - D. Avogadro's Law**

- 2. A dislocation typically requires what procedure to restore joint alignment?**
 - A. Immobilization**
 - B. Reduction**
 - C. Imaging**
 - D. Casting**

- 3. Abnormal shortening with resistance to stretch is termed?**
 - A. Cramps**
 - B. Spasm**
 - C. Contracture**
 - D. Atrophy**

- 4. Which nerve injury is defined as mildest, with no disruption of axons?**
 - A. Axonotmesis**
 - B. Neurotmesis**
 - C. Neuropraxia**
 - D. Palsy**

- 5. What is the most effective method to avoid heat stress, given that much of acclimatization occurs in the first 5-6 days with two-a-day practices?**
 - A. Hydration alone**
 - B. Gradual Acclimatization**
 - C. Cooling strategies**
 - D. Medication**

- 6. What term describes the failure to use ordinary or reasonable care?**
- A. Negligence**
 - B. Liability**
 - C. Sovereign Immunity**
 - D. Good Samaritan Law**
- 7. Which insurance policy provides for extensive lifetime care for rare, severe injuries?**
- A. Catastrophic Insurance**
 - B. Accident Insurance**
 - C. Health Maintenance Organization**
 - D. Medicare**
- 8. Tendinitis and Tendinosis: which statement is correct?**
- A. Tendinitis = inflammation; Tendinosis = degeneration without inflammation.**
 - B. Tendinitis = degeneration; Tendinosis = inflammation.**
 - C. Tendinosis relates to joint laxity.**
 - D. Both are inflammations**
- 9. What describes discrete, hypersensitive nodules found within a tight band of muscle or fascia?**
- A. Hematomas**
 - B. Myofascial Trigger Points**
 - C. Contusions**
 - D. Atrophy**
- 10. Which federal health insurance is for individuals 65 and older and those with disabilities?**
- A. Medicare**
 - B. Medicaid**
 - C. HMO**
 - D. PPO**

Answers

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

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Explanations

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1. Which principle describes bone remodeling in response to loading?

- A. Darcy's Law
- B. Bernoulli's Principle
- C. Wolff's Law**
- D. Avogadro's Law

Wolff's Law states that bone adapts its density and structure in response to mechanical loading. When a bone experiences regular stress, osteocytes sense the strain and signal osteoblasts to form bone in the areas under load, increasing mass and aligning internal trabeculae with the principal directions of stress. If loading decreases, remodeling shifts toward resorption, weakening bone in under-stressed regions. This mechanism explains why athletes' weight-bearing bones become stronger and why immobilization or spaceflight lead to bone loss—bone remodels to optimize strength for the forces it actually encounters. The other options describe different physical phenomena—fluid flow through porous media, fluid pressure changes with speed, and gas law relationships—not bone remodeling.

2. A dislocation typically requires what procedure to restore joint alignment?

- A. Immobilization
- B. Reduction**
- C. Imaging
- D. Casting

Restoring joint alignment after a dislocation is accomplished through reduction—the controlled manual realignment of the bones back into their proper place. This direct maneuver tackles the displacement causing pain and instability, making it the essential step to reestablish the joint's position. After the joint is reduced, immobilization or a splint/cast is usually used to protect the area while healing, not to reposition the bones. Imaging helps confirm that the alignment is correct before and after reduction but does not realign the joint by itself. So, reduction is the right intervention because it physically brings the bones back into place, while the other options serve mainly to support or confirm after the fact.

3. Abnormal shortening with resistance to stretch is termed?

- A. Cramps
- B. Spasm
- C. Contracture**
- D. Atrophy

Abnormal shortening with resistance to stretch is called a contracture. A contracture is a fixed or slowly reversible shortening of a muscle or surrounding connective tissue that limits joint range of motion because the tissue has become tighter and less elastic. It often develops after prolonged immobilization, injury, burns, or neuromuscular conditions, leading to a persistent resistance to passive movement. This differs from cramps or spasms, which are sudden, temporary contractions that don't permanently shorten tissue, and from atrophy, which is a loss of muscle mass. Understanding contracture helps explain why stretching and maintaining range of motion are crucial in prevention and rehab.

4. Which nerve injury is defined as mildest, with no disruption of axons?

- A. Axonotmesis**
- B. Neurotmesis**
- C. Neuropraxia**
- D. Palsy**

The key idea is recognizing the mildest form of peripheral nerve injury in the common classification that describes how nerves respond to trauma. Neuropraxia is the mildest type, and it occurs when the nerve's axon remains intact but there is a temporary block in conduction due to focal demyelination or compression. Because the axon itself isn't damaged, there's no Wallerian degeneration, and function often returns quickly once the myelin is repaired and the edema or pressure resolves. This is why it's the best answer here: the scenario describes a temporary loss of function with no axonal disruption. The other types involve actual damage to the axon or the entire nerve structure, leading to longer recovery times and, in some cases, incomplete recovery. Axonotmesis involves axonal disruption with preserved connective tissue; regeneration occurs along the intact pathways but takes time. Neurotmesis is a complete nerve disruption, often requiring surgical repair. Palsy is a clinical manifestation (paralysis) rather than a specific injury pattern. So, neuropraxia fits the description of the mildest injury with no disruption of axons and typically a rapid, complete recovery.

5. What is the most effective method to avoid heat stress, given that much of acclimatization occurs in the first 5-6 days with two-a-day practices?

- A. Hydration alone**
- B. Gradual Acclimatization**
- C. Cooling strategies**
- D. Medication**

Gradual acclimatization through progressive heat exposure is the most effective way to prevent heat stress. When athletes gradually increase heat exposure and training load—especially in settings with two-a-day practices—the body makes key adaptations early, often within the first five to six days. These adaptations include expanded plasma volume, earlier and more efficient sweating, higher sweat rates, and improved skin blood flow, all of which help keep heart rate and core temperature lower for a given effort. As a result, the body becomes better at cooling itself and maintaining performance in hot conditions, reducing the risk of heat illness. Hydration is important, but without this progressive adaptation, fluids alone don't provide the same protective effect. Cooling strategies can help during sessions, but they're supplementary to the body's own adjustments. Medication is not a preventive approach. The best plan is to structure training so heat exposure is introduced gradually, allowing these physiological changes to develop while monitoring for signs of heat stress.

6. What term describes the failure to use ordinary or reasonable care?

- A. Negligence**
- B. Liability**
- C. Sovereign Immunity**
- D. Good Samaritan Law**

Negligence is the failure to use ordinary or reasonable care, which can lead to harm. In athletic settings, it means not acting as a reasonably prudent person would—like neglecting to inspect equipment, ignoring safety protocols, or failing to supervise properly—and that failure results in an injury. For negligence to be established, there are usually four elements: a duty to act with reasonable care, a breach of that duty, causation linking the breach to the injury, and actual damages. Liability refers to legal responsibility for damages and can stem from negligence, but it's the conduct (the failure to act with reasonable care) that is described by negligence. Sovereign immunity protects government entities from certain lawsuits, and Good Samaritan laws offer protection to people who provide emergency assistance from being sued for negligence if they act reasonably. The term that fits the description of the failure to use ordinary or reasonable care is negligence.

7. Which insurance policy provides for extensive lifetime care for rare, severe injuries?

- A. Catastrophic Insurance**
- B. Accident Insurance**
- C. Health Maintenance Organization**
- D. Medicare**

Catastrophic insurance is designed to protect against extremely high, life-long costs that come from rare but severe injuries or illnesses. When a person sustains a serious injury, rehab, long-term medical care, and assistive equipment can add up to amounts far beyond what standard health plans cover or what typical policy limits allow. Catastrophic coverage steps in to provide substantial, ongoing benefits to handle those extended care needs over a person's lifetime. This kind of policy is specifically meant for scenarios where the medical costs are unpredictable and potentially lifelong, making it possible for someone to receive continuous treatment, therapy, home modifications, or specialized equipment without exhausting personal resources or basic insurance benefits. In contrast, accident insurance usually pays fixed benefits for injuries from accidents but doesn't guarantee prolonged care or long-term coverage. An HMO focuses on primary and preventive care within a network and isn't tailored to extremely high lifetime care costs. Medicare offers broad government-backed health coverage for older adults or certain disabled individuals, but it isn't designed to cover the ongoing, lifetime care costs that come with rare, severe injuries in the way catastrophic insurance is. So, when the goal is to secure extensive lifetime care for severe, uncommon injuries, catastrophic insurance is the best fit because it targets those long-term, high-cost needs beyond standard coverage.

8. Tendinitis and Tendinosis: which statement is correct?

- A. Tendinitis = inflammation; Tendinosis = degeneration without inflammation.**
- B. Tendinitis = degeneration; Tendinosis = inflammation.**
- C. Tendinosis relates to joint laxity.**
- D. Both are inflammations**

Distinguishing inflammatory tendon pathology from chronic degenerative changes is what this item tests. Tendinitis describes inflammation of the tendon, usually after acute overuse, with classic inflammatory signs and pain with movement. Tendinosis, on the other hand, is a chronic degeneration of tendon tissue—disorganized collagen, mucoid degeneration, and neovascularization—that typically occurs without an active inflammatory process. Thus, the statement that tendonitis is inflammation and tendinosis is degeneration without inflammation is the best description. This distinction matters for treatment: tendinitis-like presentations may benefit from strategies that address inflammation early on, while tendinosis relies more on loading and remodeling of the tendon rather than anti-inflammatory measures. The other ideas either imply degeneration with inflammation, link tendinosis to joint laxity, or claim both are inflammations, which does not fit the standard understanding.

9. What describes discrete, hypersensitive nodules found within a tight band of muscle or fascia?

- A. Hematomas**
- B. Myofascial Trigger Points**
- C. Contusions**
- D. Atrophy**

The main idea here is recognizing myofascial trigger points. These are discrete, hypersensitive nodules that sit within a taut band of muscle or fascia. They're felt as small knots that hurt when pressed and can produce pain that's felt locally or referred to other areas. This description matches exactly: a tight, banded muscle with a tender, pinpoint nodule. Hematomas are localized collections of blood after an injury and typically present with swelling, bruising, and discoloration rather than a fixed, tender knot within a tight muscle. Contusions are similar bruises to soft tissue and cause tenderness and swelling but don't describe a discrete nodular point in a taut band. Atrophy refers to a loss of muscle bulk from disuse or nerve issues and does not involve nodules or taut bands. So, the discrete nodules within a tight band of muscle or fascia are best described as myofascial trigger points.

10. Which federal health insurance is for individuals 65 and older and those with disabilities?

A. Medicare

B. Medicaid

C. HMO

D. PPO

Medicare is the federal health insurance program that serves people 65 and older and also provides coverage for individuals with certain disabilities. Most people qualify for Medicare as they reach age 65, having paid into Social Security through payroll taxes. It also covers younger individuals who have been on Social Security Disability Insurance for a specified period due to disability. Medicare helps with hospital care (Part A) and medical services (Part B), and there are additional parts for prescription drugs (Part D) and for private plans that offer expanded coverage (Part C, Medicare Advantage). Medicaid, in contrast, is a needs-based program for people with low income and is run jointly by states and the federal government. HMOs and PPOs are types of managed care plan structures, not federal health insurance on their own. Therefore, the option described is Medicare.

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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://careprevathleticinjuries1.examzify.com>

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

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