

CARE AND PREVENTION OF ATHLETIC INJURIES EXAM 1 PRACTICE (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

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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 condition is prevented by being rested, adopting local time, avoiding alcohol, and using caffeine when traveling west?**
 - A. Circadian Dysrhythmia (Jet Lag)
 - B. Seasonal Affective Disorder
 - C. Acute Insomnia
 - D. Travel Fatigue

- 2. Which item is not typically part of a secondary survey?**
 - A. Immediate imaging in the field.
 - B. Head-to-toe examination.
 - C. Vital signs.
 - D. Neurological status.

- 3. A sudden blow to the body that causes capillary or blood vessel hemorrhage is a?**
 - A. Hematoma
 - B. Atrophy
 - C. Contusion
 - D. Contracture

- 4. Which condition is described by a red, raised rash with prickling sweat?**
 - A. Heat Rash (Prickly Heat)
 - B. Heat Syncope
 - C. Exertional Heat Exhaustion
 - D. Exertional Heatstroke

- 5. What are common signs of a rotator cuff or shoulder instability injury?**
 - A. Pain with overhead activity, weakness, decreased ROM, and possible instability or gives way; positive special tests
 - B. Pain in the knee, swelling of the ankle, fever
 - C. Shortness of breath and chest pain
 - D. Headache and visual changes

- 6. Why is accounting for age and growth important in youth athletic injuries?**
- A. Growth plates are vulnerable; different healing rates; require modification of rehab and risk of physeal injuries.
 - B. Healing rates are the same as adults.
 - C. Rehab is unnecessary.
 - D. Age is irrelevant.
- 7. In SOAP documentation, which section captures the patient's own description of the injury and symptoms?**
- A. Assessment/Diagnosis
 - B. Plan for treatment
 - C. Subjective history
 - D. Objective findings
- 8. Which nerve injury is typically the most mild with no axon disruption?**
- A. Neuropraxia
 - B. Axonotmesis
 - C. Neurotmesis
 - D. Palsy
- 9. What is the recommended prevention/treatment approach for heat cramps?**
- A. Rest
 - B. Hydration only
 - C. Fluids/electrolytes; stretching; ice massage
 - D. Medications
- 10. In bone physiology, which concept is associated with adapting structure to load, such as increased density with greater loading?**
- A. Wolff's Law
 - B. Hooke's Law
 - C. Ohm's Law
 - D. Darcy's Law

Answers

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

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Explanations

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1. Which condition is prevented by being rested, adopting local time, avoiding alcohol, and using caffeine when traveling west?

- A. Circadian Dysrhythmia (Jet Lag)**
- B. Seasonal Affective Disorder
- C. Acute Insomnia
- D. Travel Fatigue

Jet lag is a disruption of the body's circadian rhythm after crossing time zones. When you travel west, your internal clock tends to run later than the local time, making you feel sleepy during the day and restless at night as you try to adapt. Being well rested reduces accumulated sleep debt, which helps your brain tolerate the shift more smoothly. Adopting the destination's local time—going to sleep and waking at appropriate hours, eating on the new schedule, and exposing yourself to the local day-night cues—provides strong signals to reset your internal clock to the new time zone. Avoiding alcohol helps because it can fragment sleep and dehydrate you, slowing the adjustment. Caffeine, used during daytime hours, can combat sluggishness and help you stay alert as your body shifts, but using it too late can interfere with nighttime sleep and hinder adaptation. Together, these strategies support faster entrainment of the circadian system to the new time zone, reducing jet lag.

2. Which item is not typically part of a secondary survey?

- A. Immediate imaging in the field.**
- B. Head-to-toe examination.
- C. Vital signs.
- D. Neurological status.

In the secondary survey, after life-threatening issues are addressed in the primary survey, the focus is a structured, comprehensive assessment to find remaining injuries. This includes a detailed head-to-toe physical examination, obtaining a history, and ongoing monitoring of vital signs and neurological status to catch problems that aren't immediately obvious and to track any changes. Imaging in the field isn't a standard part of this step. Imaging requires equipment, time, and often a controlled environment, and the priority during the secondary survey is to complete a thorough clinical assessment and stabilize the patient if needed. Decisions about imaging are typically made after initial stabilization, in a hospital setting, guided by the findings from the secondary survey. That's why the other elements—head-to-toe examination, vital signs, and neurological status—are integral to the secondary survey, while immediate field imaging is not.

3. A sudden blow to the body that causes capillary or blood vessel hemorrhage is a?

- A. Hematoma
- B. Atrophy
- C. Contusion**
- D. Contracture

A blunt blow to soft tissue causes rupture of small blood vessels, leading to blood leaking into the surrounding tissue and producing a bruise. This describes a contusion. A hematoma is a localized collection of blood that pools in tissue or a space and can accompany a contusion but is a specific buildup of blood rather than the immediate bruising from capillary bleeding. Atrophy and contracture are long-term conditions related to tissue wasting or permanent shortening, not acute bleeding from a sudden impact. In managing a contusion, apply protection, cold to limit bleeding and swelling, compress as needed, and elevate the area, with monitoring for any signs that would require medical evaluation.

4. Which condition is described by a red, raised rash with prickling sweat?

- A. Heat Rash (Prickly Heat)
- B. Heat Syncope
- C. Exertional Heat Exhaustion
- D. Exertional Heatstroke

Heat rash occurs when sweat ducts become blocked in hot, humid conditions, causing a red, raised rash with a prickling or tingling sensation as sweat gets trapped under the skin. This prickly, irritated feeling and the localized rash fit the description given. It's typically limited to areas where sweat collects or where clothing traps heat, rather than involving systemic symptoms. In contrast, heat syncope is fainting or dizziness from heat and dehydration without a skin rash. Exertional heat exhaustion presents with generalized heat stress signs such as heavy sweating, fatigue, weakness, nausea, and a higher heart rate, with skin that is moist but not a localized rash. Exertional heatstroke is a medical emergency characterized by altered mental status or unconsciousness and a core temperature well above normal, with skin that can be very hot and either dry or moist, but again not just a red raised rash with prickling sensations. So the description best matches heat rash, also known as prickly heat.

5. What are common signs of a rotator cuff or shoulder instability injury?

- A. Pain with overhead activity, weakness, decreased ROM, and possible instability or gives way; positive special tests
- B. Pain in the knee, swelling of the ankle, fever
- C. Shortness of breath and chest pain
- D. Headache and visual changes

Pain with overhead activity, weakness, and decreased range of motion reflect the shoulder being irritated or injured, often from a rotator cuff tear or tendinopathy and from instability of the glenohumeral joint. The sensation of instability or the shoulder giving way happens when the stabilizing structures are compromised, so the joint feels unsteady during movement. Positive special tests are clinical maneuvers that reliably reproduce the same painful or weak response, helping confirm a problem with the rotator cuff or with shoulder stability. The other options describe symptoms that aren't related to the shoulder (knee and ankle issues, cardiopulmonary symptoms, or headaches with visual changes), so they don't fit this scenario.

6. Why is accounting for age and growth important in youth athletic injuries?

- A. Growth plates are vulnerable; different healing rates; require modification of rehab and risk of physeal injuries.
- B. Healing rates are the same as adults.
- C. Rehab is unnecessary.
- D. Age is irrelevant.

In youth athletes, growth plates (the physes) are still open, so the skeleton is more susceptible to injury at those sites. This makes physeal injuries and apophyseal traction injuries a real concern because damage to the growth plate can alter future limb length or alignment if not managed properly. Healing in the growing skeleton also doesn't follow adult patterns exactly—the rate and pattern of remodeling can vary with age and stage of maturation, and some injuries that seem to heal quickly still require careful long term follow up to ensure the growth process isn't disrupted. Because of this, rehab and return-to-play plans must be tailored to a developing body: loading is progressed gradually, stresses across the growth plates are protected, and decisions about how and when to return depend on maturation, imaging findings, and functional readiness. Recognize that youths may experience growth related injuries like tibial tubercle or calcaneal apophysitis, which illustrate why age and growth must guide evaluation and rehab.

7. In SOAP documentation, which section captures the patient's own description of the injury and symptoms?

- A. Assessment/Diagnosis
- B. Plan for treatment
- C. Subjective history**
- D. Objective findings

The patient's own description of what happened and what they're feeling goes in the subjective history. This section captures the chief complaint, mechanism of injury, onset and timing, location, quality and intensity of pain, and any other symptoms in the patient's own words, along with relevant history (previous injuries, meds, allergies, activity level). This information guides how you interpret the injury and plan the exam and treatment. Objective findings are what you measure or observe during the exam (like swelling, ROM, strength, and special tests), while the assessment is your clinical interpretation and the plan outlines the next steps. So the patient's description of their injury and symptoms is best documented in the subjective history.

8. Which nerve injury is typically the most mild with no axon disruption?

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

The key idea is the different severities of nerve injuries. Neuropraxia is the mildest type and is defined by a transient blockage of nerve conduction without any disruption to the axon itself. The nerve fibers remain intact, including the axon and the surrounding connective tissue, so there is no Wallerian degeneration. Recovery happens quickly once the compression or demyelination resolves, typically over days to weeks, because the axon and its pathways are still intact and only the myelin or local nerve environment has been affected. In contrast, axonotmesis involves disruption of the axon while the connective tissue scaffold remains, leading to Wallerian degeneration distal to the injury and slower, longer recovery as axons regrow through the preserved nerve sheath. Neurotmesis means complete nerve disruption, often with damage to supporting structures, resulting in poor spontaneous recovery without surgical repair. Palsy is a general term for weakness or paralysis and doesn't specify the level of structural nerve injury. So, the most mild injury with no axon disruption is neuropraxia.

9. What is the recommended prevention/treatment approach for heat cramps?

- A. Rest
- B. Hydration only
- C. Fluids/electrolytes; stretching; ice massage**
- D. Medications

Heat cramps come from dehydration and loss of electrolytes through sweating, which makes muscles misfire and cramp. The best approach to both prevent and treat them is to replace the fluids and electrolytes lost during sweating, use gentle stretching of the cramped muscle to relieve the spasm, and apply ice massage to reduce pain and tighten the muscle. Rest alone or relying on fluids without electrolytes isn't enough, and medications aren't part of standard management.

10. In bone physiology, which concept is associated with adapting structure to load, such as increased density with greater loading?

A. Wolff's Law

B. Hooke's Law

C. Ohm's Law

D. Darcy's Law

Bone adapts its structure to the loads it experiences, a process captured by Wolff's Law. When a region of bone experiences increased mechanical loading, the bone remodels to become denser and stronger in that area. Osteocytes sense the strain from loading and trigger signaling that shifts the balance toward bone formation by osteoblasts and remodeling in the high-strain regions. Over time, this results in greater density and stiffness where the forces are greatest. If loading is reduced, bone resorption increases and density can decline. Context helps: athletes who engage in regular weight-bearing activity often show higher bone density in load-bearing sites, while astronauts in microgravity environments lose bone mass due to reduced mechanical stimuli. The other concepts aren't about bone remodeling—Hooke's Law describes a general elastic stress-strain relationship, and the remaining laws pertain to electrical flow and fluid movement, not how bone adapts to functional demands.

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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:

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

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