

224

Skeletal System

17.3 SKELETAL SYSTEM

Skeletal system consists of a framework of bones and a few cartilages. The system has a significant role in movement shown by the chewing food without the use of teeth and walking around with the help of limb bones. Bone and cartilage are specialised connective tissues. Bone has a very hard matrix due to calcium salts in it and the latter has slightly pliable matrix due to chondroitin salts. In human beings, this system is made up of 206 bones and a few cartilages. It is grouped into two principal divisions: axial and the appendicular skeleton.

Axial skeleton comprises of bones distributed along the main axis of the body. The skull, vertebral column, sternum and ribs constitute the axial skeleton. The skull (Figure 17.6) is composed of two sets of bones -

Frontal bone
Parietal bone
Temporal bone
Occipital bone
Occipital condyle
Mandible
Hyoid bone
Zygomatic bone
Maxilla
Mandible

Figure 17.6 Diagrammatic view of human skull

cranial and facial, that totals to 22 bones. Cranial bones are 8 in number. They form the hard protective outer covering, cranium for the brain. The facial region is made up of 14 skeletal elements which form the front part of the skull. A single U-shaped bone called hyoid is present at the base of the buccal cavity and it is also included in the skull. Each middle ear

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

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	16

SAMPLE

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

SAMPLE

- 1. What are the legal implications of failing to keep appropriate patient records?**
 - A. Increased patient satisfaction
 - B. Potential legal action and disciplinary measures against the nurse
 - C. Reduction in treatment costs
 - D. Improved interprofessional relationships
- 2. How does the CNO define "professional misconduct"?**
 - A. Any type of minor infraction during practice
 - B. Engaging in behavior inconsistent with nursing standards
 - C. Failing to communicate with patients
 - D. Exceeding the nursing scope of practice
- 3. What is the most important aspect of the nurse-patient relationship?**
 - A. Financial stability
 - B. Professional boundaries
 - C. Trust and confidentiality
 - D. Rigidity in patient care practices
- 4. Is it appropriate for an RPN to create a medical directive for narcotic use in patients with chronic pain?**
 - A. Yes. This would be appropriate.
 - B. Yes. This would be in the best interest for the patient's pain management.
 - C. No. Only an RN can use a medical directive in this situation.
 - D. No. This would not be appropriate.
- 5. Define 'collaboration' in nursing practice.**
 - A. Working independently to manage patient care
 - B. Engaging with patients in treatment plans
 - C. Working together with healthcare teams to ensure optimal patient outcomes
 - D. Communicating solely with physicians about patient care

- 6. What rights do clients have regarding their care?**
- A. The right to choose their healthcare provider
 - B. The right to informed consent
 - C. The right to privacy only
 - D. The right to refuse all treatments
- 7. What should a nurse do if they witness a colleague acting unethically?**
- A. Confront the colleague aggressively
 - B. Report the incident to the appropriate authorities in a timely manner
 - C. Turn a blind eye if not directly involved
 - D. Discuss the situation privately without reporting
- 8. Which of the following best describes 'evidence informed practice'?**
- A. It relies solely on client feedback
 - B. It uses multiple sources for decision-making
 - C. It is based on established traditions
 - D. It avoids incorporating research findings
- 9. Which group is NOT typically involved in defining nursing standards?**
- A. Nursing professionals
 - B. Health care administrators
 - C. Policy makers
 - D. Patients and clients
- 10. What is a nurse's obligation when a patient refuses treatment?**
- A. To convince the patient to change their mind
 - B. To respect the patient's decision and document it
 - C. To contact the patient's family for their input
 - D. To administer the treatment anyway if deemed necessary

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What are the legal implications of failing to keep appropriate patient records?

- A. Increased patient satisfaction
- B. Potential legal action and disciplinary measures against the nurse**
- C. Reduction in treatment costs
- D. Improved interprofessional relationships

The choice that reflects the accurate legal implications of failing to keep appropriate patient records is associated with potential legal action and disciplinary measures against the nurse. Proper documentation is a critical aspect of nursing practice and is legally mandated. Patient records serve as a vital legal document that provides evidence of the care provided, the decision-making process, and the communication between healthcare providers. Inadequate or missing records can lead to misunderstandings, impaired continuity of care, and may significantly impact patient safety. When a nurse fails to maintain appropriate patient records, it can result in a lack of accountability, making it challenging to defend against claims of negligence or malpractice. Legal action from patients or their families may arise if there is a failure to document care, as the absence of records makes it difficult to prove that the standard of care was met. Furthermore, regulatory bodies, like the College of Nurses of Ontario, have the authority to impose disciplinary measures, which could include suspension or revocation of a nursing license. Thus, maintaining comprehensive and accurate patient records is essential not only for patient care but also to protect the nurse from legal risks.

2. How does the CNO define "professional misconduct"?

- A. Any type of minor infraction during practice
- B. Engaging in behavior inconsistent with nursing standards**
- C. Failing to communicate with patients
- D. Exceeding the nursing scope of practice

The College of Nurses of Ontario (CNO) defines "professional misconduct" primarily as engaging in behavior that is inconsistent with established nursing standards and the expectations of the profession. This definition encompasses a wide range of actions that violate the ethical and professional obligations nurses have towards their patients, colleagues, and the public. This answer highlights the core principle that nursing practice is guided by a set of standards that ensure safe, competent, and ethical care. When a nurse acts contrary to these standards, it can harm patients and undermine public trust in the profession. Such behavior may include any actions that disregard the responsibility to provide care, maintain patient confidentiality, or conduct oneself professionally in all interactions. In contrast, minor infractions, while they could be problematic, do not necessarily rise to the level of misconduct if they do not impede the ability to provide care or breach professional expectations. Similarly, failing to communicate with patients, while serious, is typically dealt with through other mechanisms before considering it professional misconduct unless it reflects a pattern of disregard for professional standards. Lastly, exceeding the nursing scope of practice can indeed lead to professional misconduct, but it is specifically a subset of behavior that falls under the broader definition of actions inconsistent with established nursing standards. Thus, the most comprehensive and encompassing choice

3. What is the most important aspect of the nurse-patient relationship?

- A. Financial stability
- B. Professional boundaries
- C. Trust and confidentiality**
- D. Rigidity in patient care practices

The nurse-patient relationship is fundamentally built on the principles of trust and confidentiality, making it the most essential aspect of that relationship. Trust between a nurse and a patient encourages open communication, allowing the patient to express their concerns, fears, and needs genuinely. This open dialogue is crucial for accurate assessments and for formulating effective care plans. Confidentiality is equally vital, as patients must feel secure that their personal health information will be protected and only shared with appropriate parties involved in their care. When patients trust that their information is kept confidential, they are more likely to engage fully in their care, which can lead to better health outcomes. In contrast, while professional boundaries are important to maintain a therapeutic relationship, they primarily support the development of trust rather than serving as the relationship's foundational element. Financial stability may influence access to care but does not inherently affect the quality or depth of the nurse-patient interaction. Rigidity in patient care practices can hinder flexibility and responsiveness to patient needs, which is counterproductive to fostering a trusting environment. Ultimately, establishing trust and ensuring confidentiality are pivotal in promoting a supportive and effective nurse-patient relationship.

4. Is it appropriate for an RPN to create a medical directive for narcotic use in patients with chronic pain?

- A. Yes. This would be appropriate.
- B. Yes. This would be in the best interest for the patient's pain management.
- C. No. Only an RN can use a medical directive in this situation.
- D. No. This would not be appropriate.**

The appropriate choice indicates that it is not suitable for a registered practical nurse (RPN) to create a medical directive for the use of narcotics in patients with chronic pain. This reflects the legal and professional scope of practice as defined by the College of Nurses of Ontario. RPNs have a specific scope that may limit their ability to initiate or create directives for controlled substances, including narcotics, due to the complexity and risks associated with their use. Creating a medical directive involves not only understanding the pharmacology and risks related to narcotics but also being equipped to assess, monitor, and manage the overall therapeutic plan for chronic pain patients. This level of responsibility usually falls within the scope of practice of registered nurses (RNs) who have more extensive training and education regarding patient assessments, decision-making skills, and the management of complex health issues. By understanding that narcotics are subject to strict regulations and that their use must be carefully managed, it becomes clear that the creation of such a directive is a complex task best directed by an appropriately trained professional, which typically means an RN or a prescribing physician. This ensures that the guidelines devised for the use of narcotics align with professional standards, safety protocols, and the best practice in patient care.

5. Define 'collaboration' in nursing practice.

- A. Working independently to manage patient care
- B. Engaging with patients in treatment plans
- C. Working together with healthcare teams to ensure optimal patient outcomes**
- D. Communicating solely with physicians about patient care

Collaboration in nursing practice fundamentally involves working together with interprofessional healthcare teams to ensure optimal patient outcomes. This approach recognizes that effective healthcare delivery is reliant not only on individual skills but on the collective expertise of various professionals within the healthcare system. By collaborating, nurses can integrate their nursing knowledge and skills with those of other health professionals, such as physicians, pharmacists, and social workers, to create a more holistic and comprehensive care plan for patients. This enhances communication, reduces the risk of errors, and fosters a supportive environment where patient-centered care can thrive. Engaging with patients in treatment plans is an important aspect of collaboration, but it is not the complete definition. Collaboration extends beyond just the patient-nurse dynamic to include effective teamwork among various health professionals. Similarly, while communicating solely with physicians may play a part in the collaborative process, it is too narrow of a focus and does not encompass the full spectrum of interprofessional collaboration essential for achieving the best patient outcomes. The idea of working independently to manage patient care contradicts the very essence of collaboration, which involves joint efforts and shared decision-making.

6. What rights do clients have regarding their care?

- A. The right to choose their healthcare provider
- B. The right to informed consent**
- C. The right to privacy only
- D. The right to refuse all treatments

Clients have a fundamental right to informed consent, which is crucial in the healthcare setting. Informed consent means that clients must be provided with comprehensive information about their diagnosis, the nature and purpose of proposed treatments, potential risks and benefits, and any alternative options available. This information empowers clients to make educated choices about their care and treatment. Informed consent is not just about obtaining permission; it is about ensuring that clients fully understand the implications of their decisions. This principle is central to respecting client autonomy and fostering a trusting relationship between healthcare providers and clients. While clients do have the right to choose their healthcare provider and to refuse treatments, informed consent specifically focuses on enabling clients to understand and agree to specific medical interventions. Furthermore, the right to privacy is also essential, but it pertains more to confidentiality and the handling of personal information rather than the direct decision-making process regarding care. Thus, the focus on informed consent captures the essence of clients' rights to participate actively and knowledgeably in their own healthcare decisions.

7. What should a nurse do if they witness a colleague acting unethically?

- A. Confront the colleague aggressively
- B. Report the incident to the appropriate authorities in a timely manner**
- C. Turn a blind eye if not directly involved
- D. Discuss the situation privately without reporting

When a nurse witnesses a colleague acting unethically, reporting the incident to the appropriate authorities in a timely manner is crucial. This action aligns with the professional responsibility nurses have to ensure patient safety and uphold ethical standards. Nurses are accountable for addressing any behavior that could compromise patient care or violate ethical guidelines. Reporting unethical behavior is essential for maintaining the integrity of the nursing profession and protecting patients. It allows for a formal investigation into the incident and ensures that appropriate action can be taken. This approach emphasizes a commitment to professionalism, accountability, and a collaborative effort to address concerns within the healthcare environment. Taking such action is indicative of a proactive stance on ethical practice, which is vital in healthcare settings where patient welfare is paramount. Addressing unethical conduct helps foster an environment of trust, safety, and ethical responsibility among healthcare professionals.

8. Which of the following best describes 'evidence informed practice'?

- A. It relies solely on client feedback
- B. It uses multiple sources for decision-making**
- C. It is based on established traditions
- D. It avoids incorporating research findings

'Evidence informed practice' is characterized by its reliance on a variety of sources to make informed decisions in healthcare. This means that practitioners integrate the best available research evidence with clinical expertise and patient values. By considering multiple sources, including scientific research, clinical guidelines, and patient feedback, nurses can provide care that is not only effective but also tailored to the individual needs of their clients. When making clinical decisions, it is crucial to draw upon a comprehensive understanding of the available evidence, which allows healthcare professionals to address the complexities of patient care effectively. This approach aligns with promoting safe, ethical, and high-quality care, as it encourages the use of critically evaluated information rather than relying solely on personal beliefs, traditions, or anecdotal experiences.

9. Which group is NOT typically involved in defining nursing standards?

- A. Nursing professionals
- B. Health care administrators**
- C. Policy makers
- D. Patients and clients

The correct choice reflects that health care administrators are not typically involved in the direct process of defining nursing standards. Nursing standards are primarily established by those within the nursing profession, which includes nursing professionals who have the expertise and understanding of clinical practices and patient care needs. This group is essential in formulating standards that ensure the safety, quality, and effectiveness of nursing services. Policy makers may have a role in shaping the broader health care regulations that can impact nursing, but they do so within the context of existing standards rather than setting them on their own. Patients and clients often provide valuable feedback that can influence the nature of patient care and standards, but they do not set the standards themselves. Their insights help ensure that standards are patient-centered and address real-world needs in care delivery. In contrast, health care administrators generally focus on organizational aspects, such as staffing models, budgeting, and operational efficiency, making them less involved in the direct creation of nursing standards themselves. Their role is more about implementation and management within the frameworks set by the nursing profession and regulatory bodies.

10. What is a nurse's obligation when a patient refuses treatment?

- A. To convince the patient to change their mind
- B. To respect the patient's decision and document it**
- C. To contact the patient's family for their input
- D. To administer the treatment anyway if deemed necessary

When a patient refuses treatment, the nurse's primary obligation is to respect the patient's decision and document it. This respect for patient autonomy is an essential principle in healthcare, recognizing the right of individuals to make informed decisions about their own care. When patients are competent to make their own choices, they should have the authority to accept or refuse treatment without coercion. Documenting the refusal is critical as it provides a record of the patient's decision, which can be important for legal and ethical reasons. This documentation can also protect the nurse and the healthcare facility from future disputes regarding the patient's care or treatment decisions. While the nurse may engage in dialogue to ensure that the patient is fully informed about their treatment options and the implications of refusing treatment, the ultimate decision lies with the patient. Other actions, like contacting the patient's family or administering treatment against the patient's wishes, can compromise patient autonomy and may not align with ethical standards in nursing practice.

SAMPLE

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://cnojurisprudence.examzify.com>

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

SAMPLE