

DIVE ILLNESSES AND TREATMENTS PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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

<https://diveillnessestreatments.examzify.com>



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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. Tension pneumothorax is distinguished from simple pneumothorax by which sign?**
 - A. Increasing heart rate
 - B. Stable vitals
 - C. Falling blood pressure
 - D. No chest pain

- 2. What is the primary goal of hyperbaric therapy in DCS/AGE?**
 - A. To completely eradicate all nitrogen bubbles immediately.
 - B. To reduce bubble size, limit tissue injury, restore perfusion, and accelerate inert gas elimination.
 - C. To sedate the diver for observation.
 - D. To require surgery.

- 3. In DCS, inert gas bubbles form primarily from which gas?**
 - A. Oxygen
 - B. Carbon dioxide
 - C. Nitrogen
 - D. Helium

- 4. Which description correctly characterizes AGE in the context of diving injuries?**
 - A. AGE Often Presents with Abrupt Neurologic Signs After Rapid Ascent or Barotrauma
 - B. AGE Presents with Chronic Cough
 - C. AGE Occurs Only in Deep-Sea Divers
 - D. AGE Is Indistinguishable from DCS

- 5. Which of the following is a neurological symptom of Decompression Sickness Type 2 after surfacing?**
 - A. Hearing loss
 - B. Coughing
 - C. Tingling
 - D. Marbling

- 6. Which action is NOT part of the recommended hypothermia treatment?**
- A. Get warm
 - B. Monitor vital signs
 - C. Provide soup
 - D. Take a cold shower
- 7. In diagnosing DCS/AGE, imaging is generally considered:**
- A. Definitive.
 - B. Supportive, not definitive.
 - C. Always diagnostic.
 - D. Imaging replaces clinical assessment.
- 8. Which of the following is NOT a CNS Oxygen Toxicity prevention measure?**
- A. Ensure equipment is in good order.
 - B. Observe depth-time limits.
 - C. Avoid excessive exertion.
 - D. Increase oxygen exposure by staying at depth.
- 9. Nitrogen narcosis is commonly encountered at recreational diving depths at around which depth?**
- A. 5 Meters or Shallower
 - B. 10 Meters
 - C. Around 30 Meters (Approximately 100 Feet) or Deeper
 - D. 40 Meters
- 10. What action should be taken if middle ear squeeze is suspected during a dive?**
- A. Cease diving
 - B. Continue descent
 - C. Increase depth
 - D. Ignore

Answers

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

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Explanations

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1. Tension pneumothorax is distinguished from simple pneumothorax by which sign?

- A. Increasing heart rate
- B. Stable vitals
- C. Falling blood pressure**
- D. No chest pain

The sign that separates a tension pneumothorax from a simple one is a drop in blood pressure. When air accumulates under pressure in the chest, it squeezes the heart and great veins, cutting off venous return to the heart. That reduces preload and cardiac output, leading to hypotension and signs of shock, often with rapid heart rate and severe dyspnea. In a simple pneumothorax, the air in the pleural space can cause chest pain and breathing difficulty but usually doesn't compromise circulation to the same extent, so vital signs don't typically plummet. Other options aren't as definitive because tachycardia can occur in both conditions, stable vitals are unlikely in a tension pneumothorax, and chest pain isn't a reliable distinguishing feature.

2. What is the primary goal of hyperbaric therapy in DCS/AGE?

- A. To completely eradicate all nitrogen bubbles immediately.
- B. To reduce bubble size, limit tissue injury, restore perfusion, and accelerate inert gas elimination.**
- C. To sedate the diver for observation.
- D. To require surgery.

Hyperbaric therapy works by applying higher ambient pressure to treat gas-related injuries, so the main aim is to shrink the nitrogen bubbles and improve their removal while protecting tissues. The increased pressure compresses existing bubbles (making them smaller and less obstructive), which helps restore blood flow and limits tissue injury. At the same time, the high-pressure, oxygen-rich environment increases the amount of inert gas that can dissolve in the blood and tissues and then be washed out as the diver breathes normal air or oxygen, speeding inert gas elimination. This combination reduces ongoing damage from bubbles and ischemia and accelerates recovery, rather than trying to instantly eradicate every bubble or addressing other non-therapeutic actions like sedation or surgery.

3. In DCS, inert gas bubbles form primarily from which gas?

- A. Oxygen
- B. Carbon dioxide
- C. Nitrogen**
- D. Helium

When a diver ascends, dissolved gases come out of solution as bubbles. The gas most responsible is nitrogen because air is mostly nitrogen, and under pressure nitrogen dissolves in blood and tissues. As you rise and ambient pressure falls, that dissolved nitrogen supersaturates and forms gas bubbles, causing decompression sickness. Oxygen is metabolized and exhaled, and carbon dioxide is continually off-gassed, so they don't form the characteristic inert-gas bubbles seen in DCS. Helium can be involved only in very deep dives using special gas mixes, but for typical situations the primary bubble-forming inert gas is nitrogen.

4. Which description correctly characterizes AGE in the context of diving injuries?

- A. AGE Often Presents with Abrupt Neurologic Signs After Rapid Ascent or Barotrauma**
- B. AGE Presents with Chronic Cough
- C. AGE Occurs Only in Deep-Sea Divers
- D. AGE Is Indistinguishable from DCS

AGE, or arterial gas embolism, is best described as an event where a rapid ascent or lung barotrauma forces air into the arterial circulation, sending bubbles to the brain and spinal cord. This produces abrupt neurologic signs—such as sudden confusion, dizziness, loss of consciousness, or focal deficits—immediately after surfacing or after a lung injury. That quick, neurological-onset pattern after a dive makes this description the most accurate. Chronic cough isn't typical of AGE, which is an acute event, and AGE is not limited to deep-sea divers—any diver who ascends rapidly or sustains pulmonary barotrauma can be affected. While AGE can overlap with decompression sickness, it is not indistinguishable from it; AGE has a distinctive, sudden neurologic presentation due to arterial bubbles, whereas DCS often presents with joint/muscle pains and skin symptoms that develop more gradually.

5. Which of the following is a neurological symptom of Decompression Sickness Type 2 after surfacing?

- A. Hearing loss
- B. Coughing
- C. Tingling**
- D. Marbling

Neurological involvement from Decompression Sickness Type 2 happens when nitrogen bubbles affect the nervous system after surfacing. Tingling is a classic sign because it reflects abnormal sensory nerve activity—paresthesias—that can occur when bubbles irritate or disrupt nerves in the brain, spinal cord, or peripheral nerves. This type of symptom points to nerve or CNS involvement, which is the hallmark of Type 2. Hearing loss can occur with inner ear involvement but is not a universal neurological symptom and is more about vestibular or auditory nerve irritation. Coughing signals pulmonary involvement, not the nervous system. Marbling is a skin sign from cutaneous involvement, not a nervous-system issue. So tingling best exemplifies the neurological effects of Type 2 DCS after surfacing. If this sign appears, treat as suspected DCS and seek urgent hyperbaric care.

6. Which action is NOT part of the recommended hypothermia treatment?

- A. Get warm
- B. Monitor vital signs
- C. Provide soup
- D. Take a cold shower**

When treating hypothermia, the focus is on preventing further heat loss and starting safe rewarming while watching vital signs closely. Getting warm is part of that process: move the person to a warm, dry place, remove wet clothing, and cover with blankets or use warming devices to raise their temperature gradually. Monitoring vital signs is essential because it lets you track how the person is responding and catch any signs of deterioration early. Providing soup or warm fluids can help with rewarming and energy, as long as the person is conscious and able to swallow safely. Taking a cold shower is not part of recommended treatment because it would worsen cooling, increasing heat loss and dropping core temperature.

7. In diagnosing DCS/AGE, imaging is generally considered:

- A. Definitive.
- B. Supportive, not definitive.**
- C. Always diagnostic.
- D. Imaging replaces clinical assessment.

Imaging is supportive, not definitive in diagnosing DCS/AGE. The diagnosis rests on the clinical picture—symptoms after a dive or ascent—because there isn't a single imaging sign that confirms DCS or AGE in every case. Gas bubbles and secondary tissue effects can be transient or nonspecific, and imaging findings may be normal early or in milder forms. Imaging helps by showing complications (such as brain or spinal involvement, pulmonary issues, or other conditions that could mimic DCS/AGE) and by guiding treatment, but it cannot replace clinical judgment. Urgent management—high-flow oxygen and recompression therapy—should not wait for imaging results, and when imaging is obtained, it is used to support or refine the assessment rather than serve as the sole diagnostic proof.

8. Which of the following is NOT a CNS Oxygen Toxicity prevention measure?

- A. Ensure equipment is in good order.
- B. Observe depth-time limits.
- C. Avoid excessive exertion.
- D. Increase oxygen exposure by staying at depth.**

The main idea is preventing CNS oxygen toxicity by controlling how much oxygen you breathe under pressure. CNS toxicity happens when the partial pressure of oxygen in the breathing mix becomes too high, especially underwater. To prevent it, you keep oxygen exposure within safe limits through careful planning of depth and time (following depth-time limits), make sure equipment is functioning properly so you don't have accidental hyperoxia, and avoid excessive exertion which can raise oxygen demand and risk. Increasing oxygen exposure by staying at depth, however, raises the ambient pressure and the partial pressure of oxygen, which heightens the risk rather than preventing it.

9. Nitrogen narcosis is commonly encountered at recreational diving depths at around which depth?

- A. 5 Meters or Shallower
- B. 10 Meters
- C. Around 30 Meters (Approximately 100 Feet) or Deeper**
- D. 40 Meters

Nitrogen narcosis happens when the nitrogen you breathe under pressure starts to affect nerve function. As you dive deeper, the ambient pressure increases, and more nitrogen dissolves in your tissues, which can alter brain signaling and feel like intoxication. In recreational diving, this narcotic effect typically becomes noticeable around thirty meters (about a hundred feet) or deeper. At shallower depths, the nitrogen partial pressure isn't high enough to produce noticeable symptoms for most divers. Because of this, the depth around thirty meters is the common onset point, though individual sensitivity can vary. Symptoms can include euphoria, impaired judgment, slowed thinking, and reduced coordination. If narcosis appears, the practical response is to ascend to a shallower depth, which reduces the nitrogen pressure and usually relieves the symptoms quickly.

10. What action should be taken if middle ear squeeze is suspected during a dive?

A. Cease diving

B. Continue descent

C. Increase depth

D. Ignore

Ear barotrauma from rapid pressure change during descent must be managed by stopping the dive to prevent further worsening of the middle-ear pressure. When middle ear squeeze is suspected, ceasing the descent allows the diver to avoid increasing the pressure on the tympanic membrane, which could lead to rupture or more serious injury. If possible, attempt gentle equalization and, once safe, begin a controlled ascent to relieve the pressure. Ignoring the symptoms or continuing to dive would raise the risk of damage, while increasing depth would worsen the squeeze. Seek medical evaluation if symptoms persist.

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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://diveillnessestreatments.examzify.com>

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

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