

FIELD MEDICAL TRAINING BATTALION – EAST (FMTB-E) CLASS 24040 ANNEX A PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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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 location is NOT recommended for needle decompression in a suspected tension pneumothorax?**
 - A. Second intercostal space, midclavicular line
 - B. Fourth intercostal space, anterior axillary line
 - C. First intercostal space, midline
 - D. Between the scapulae

- 2. What is the primary purpose of sterile dressings?**
 - A. Sterile dressings are used only for cosmetic reasons.
 - B. They are always used to deliver antibiotics directly.
 - C. Sterile dressings are free of contaminants and used to reduce infection risk.
 - D. They always stay in place for 24 hours.

- 3. Which pharmacologic agent is commonly used for field analgesia that preserves airway reflexes?**
 - A. Morphine
 - B. Ketamine
 - C. Fentanyl
 - D. Midazolam

- 4. Why is regular scenario-based training important for field medics?**
 - A. It improves decision-making and speed
 - B. It improves decision-making, speed, and teamwork under stress
 - C. It reduces supply usage
 - D. It delays decision-making to ensure caution

- 5. Which element follows Orientation in the standard operations order?**
 - A. Mission
 - B. Execution
 - C. Situation
 - D. Admin & Logistics

- 6. What emphasis should Annex A Class 24040 practice test emphasize for learners?**
- A. Classroom lectures only
 - B. Administrative tasks
 - C. Comprehensive field medical knowledge, decision-making under combat conditions, and evacuation planning
 - D. Hands-on casualty care in simulated combat scenarios
- 7. Which airway is contraindicated in facial trauma?**
- A. Oropharyngeal Airway
 - B. Nasopharyngeal Airway
 - C. Endotracheal Tube
 - D. Laryngeal Mask Airway
- 8. Which airway is indicated for an unresponsive casualty without gag reflex?**
- A. Oropharyngeal Airway
 - B. Nasopharyngeal Airway
 - C. Endotracheal Tube
 - D. Laryngeal Mask Airway
- 9. Which statement best describes the size of a Marine Expeditionary Brigade?**
- A. 8,000-12,000
 - B. 12,000-15,000
 - C. 14,000-17,000
 - D. 18,000-22,000
- 10. Which formation describes a traditional single-file moving formation?**
- A. Fire Team Column
 - B. Fire Team Wedge
 - C. Squad Column
 - D. Squad Echelon

Answers

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

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Explanations

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1. Which location is NOT recommended for needle decompression in a suspected tension pneumothorax?

- A. Second intercostal space, midclavicular line
- B. Fourth intercostal space, anterior axillary line
- C. First intercostal space, midline
- D. Between the scapulae**

When a tension pneumothorax is suspected, the goal is to relieve the intrapleural pressure as quickly as possible by inserting a large-bore needle into the pleural space at a site that is readily accessible and safe. The most reliable anterior sites are the second intercostal space at the midclavicular line or the fourth/fifth intercostal space at the anterior axillary line. These locations provide a direct path to the apex of the pleural space with landmarks that are easier to identify in an emergent, often semi-reclined patient, and they minimize the chance of hitting major structures. The location behind the shoulder blades is not recommended because the posterior chest is obscured by the scapula and thick back muscles, making access difficult and unreliable. The scapula can block entry, and you're likely to miss the pleural space or cause injury, especially in a time-critical situation where rapid decompression is essential.

2. What is the primary purpose of sterile dressings?

- A. Sterile dressings are used only for cosmetic reasons.
- B. They are always used to deliver antibiotics directly.
- C. Sterile dressings are free of contaminants and used to reduce infection risk.**
- D. They always stay in place for 24 hours.

The main idea is that sterile dressings are designed to protect the wound by providing a barrier free of contaminants, which helps reduce infection risk. Because they are sterile, they minimize the chance of introducing bacteria into the wound. Beyond that protective barrier, dressings also manage the wound environment by absorbing drainage and cushioning the wound, which supports healing and helps prevent further injury from friction or trauma. While some dressings may be medicated, their primary function isn't to deliver antibiotics—that would be a separate treatment step. And the duration they stay in place isn't fixed; changes are based on the wound's condition, drainage, and the specific dressing used.

3. Which pharmacologic agent is commonly used for field analgesia that preserves airway reflexes?

- A. Morphine
- B. Ketamine**
- C. Fentanyl
- D. Midazolam

Preserving airway reflexes while providing effective analgesia in the field relies on using an agent that does not significantly depress breathing or motor control of the airway. Ketamine fits this role because it provides analgesia and a dissociative state without causing the airways to relax or the patient to stop breathing. It also tends to maintain spontaneous ventilation and can even bronchodilate, which is helpful in trauma and respiratory-prone conditions. In contrast, opioids like morphine and fentanyl blunt the respiratory center and can reduce airway protective reflexes, increasing the risk of hypoventilation or airway compromise in field settings. A benzodiazepine such as midazolam sedates but does not provide meaningful analgesia and can further depress respiration, especially if combined with other depressants. Because of these factors, ketamine is the best choice for field analgesia when keeping airway reflexes intact is important.

4. Why is regular scenario-based training important for field medics?

- A. It improves decision-making and speed
- B. It improves decision-making, speed, and teamwork under stress**
- C. It reduces supply usage
- D. It delays decision-making to ensure caution

Regular scenario-based training puts field medics in realistic, time-pressured situations where they must assess injuries, decide on the best course of action, and act quickly while coordinating with teammates. This kind of practice builds quick pattern recognition and stable decision-making under stress, so when real emergencies happen, there's less hesitation and more consistency in how care is delivered. It also strengthens teamwork and clear communication, because responders rehearse roles, handoffs, and collaborative problem-solving under the same kinds of constraints they'll face in the field. The combination of faster decisions and coordinated action under stress is what reliably improves outcomes in chaotic environments where every second counts and resources are limited. As for the other ideas, training to save a little supply might happen as a bonus from improved efficiency, but it isn't the primary purpose of scenario-based drills. Delaying decisions would be detrimental in urgent care, so scenarios are designed to reduce hesitation, not widen it.

5. Which element follows Orientation in the standard operations order?

- A. Mission
- B. Execution
- C. Situation**
- D. Admin & Logistics

Understanding how the operation is framed starts with Orientation, which gets you positioned in time and space. The next step is to assess the Situation, which lays out the actual context you're operating within: where you are, what forces you're up against or with, the terrain and weather, time pressure, risks, and any constraints or assets you have at hand. This situational awareness tells you what is realistically possible and how the task should be pursued, guiding the development of a viable plan. Once the Situation is clear, you define the Mission to state what needs to be accomplished and why, then move into the details of how to execute and how to support the operation. Admin & Logistics comes into play to ensure you have the supplies, transportation, and sustainment needed, but it relies on the situational understanding to be effective.

6. What emphasis should Annex A Class 24040 practice test emphasize for learners?

- A. Classroom lectures only
- B. Administrative tasks
- C. Comprehensive field medical knowledge, decision-making under combat conditions, and evacuation planning**
- D. Hands-on casualty care in simulated combat scenarios

The emphasis should be on integrating field medical knowledge with rapid decision-making in combat-like conditions and careful planning for evacuation. In real battlefield settings, you're not only applying medical skills; you must assess signs and triage under stress, decide how to stabilize and prioritize casualties, and coordinate or execute evacuation to higher care while contending with threats, limited resources, and changing conditions. A practice test that centers on comprehensive field medical knowledge, decision-making under combat conditions, and evacuation planning mirrors what learners will actually encounter and trains them to think and act cohesively rather than focusing on one narrow aspect. Classroom lectures alone don't translate to real-world performance. Administrative tasks don't address medical decision-making or casualty care. Hands-on casualty care in simulated scenarios is essential, but without the evacuation planning and high-stakes decision-making component, it remains incomplete. The strongest emphasis ties together knowledge, critical thinking under pressure, and the logistics of moving patients to definitive care, which is exactly what this test should prepare students to do.

7. Which airway is contraindicated in facial trauma?

- A. Oropharyngeal Airway
- B. Nasopharyngeal Airway**
- C. Endotracheal Tube
- D. Laryngeal Mask Airway

In facial trauma, the nasal route is unsafe. A nasopharyngeal airway travels through the nasal cavity and nasopharynx, and if there's facial fracture or a basilar skull fracture, it can be driven into the cranial cavity, causing brain injury, CSF leak, serious bleeding, or infection. Because of this risk, a nasopharyngeal airway is contraindicated in facial trauma. When airway management is needed, rely on routes that don't pass through the nose. An oropharyngeal airway can be used if the patient is unconscious and lacks a gag reflex, while definitive airway control is achieved with endotracheal intubation. A laryngeal mask airway may be used as a temporizing measure in some cases, but it does not protect the airway like an endotracheal tube.

8. Which airway is indicated for an unresponsive casualty without gag reflex?

A. Oropharyngeal Airway

B. Nasopharyngeal Airway

C. Endotracheal Tube

D. Laryngeal Mask Airway

When someone is unconscious and lacks a gag reflex, the priority is keeping the airway open. An oropharyngeal airway accomplishes this by holding the tongue away from the back of the throat, preventing obstruction and allowing ventilation or easier bag-valve-mask support. It's designed for use in unresponsive patients who do not have a gag reflex, so it can be inserted quickly without triggering gagging. Inserting it correctly involves sliding the device in with the tip toward the hard palate (often inserted upside down) and then rotating it as it passes the tongue so the curved portion sits in the pharynx and the flange rests at the lips. This bypasses the tongue's tendency to fall back and block the airway. The other options aren't as appropriate here: a nasopharyngeal airway is more suitable when there might be a gag reflex or nasal/Basal skull concerns and is more challenging to place in an already unresponsive patient who lacks gag reflex; an endotracheal tube or laryngeal mask airway are advanced airways that require more training and equipment and are not the first-line choice in this scenario. The key idea is using a simple airway adjunct that safely maintains patency in an unconscious patient without gag reflex.

9. Which statement best describes the size of a Marine Expeditionary Brigade?

A. 8,000-12,000

B. 12,000-15,000

C. 14,000-17,000

D. 18,000-22,000

A Marine Expeditionary Brigade is an intermediate-sized MAGTF designed for sustained, self-contained operations, larger than a MEU but smaller than a MEF. It typically numbers about fourteen to seventeen thousand Marines and sailors, which makes it capable of executing major operations on its own for a period without outside support. The force is built around a reinforced Ground Combat Element (often an infantry regiment or two battalions), a capable Aviation Combat Element (Marine Aircraft Group), and a Logistics Combat Element to sustain operations, all under a general officer-level command. This combination explains why the size range around 14,000–17,000 is the best description of a MEB.

10. Which formation describes a traditional single-file moving formation?

A. Fire Team Column

B. Fire Team Wedge

C. Squad Column

D. Squad Echelon

Single-file moving formations place elements one after another in a straight line, which is ideal for narrow terrain, doorways, or urban streets where width is limited and quick, orderly movement is crucial. For a fire team, the traditional way to move in this single-file arrangement is the fire team column. It keeps the team compact, makes it easy for the team leader to pace and direct the movement, and ensures each member remains in line of sight and within the unit's field of fire. The wedge is a security formation that places team members in a triangular pattern for front and flank observation, not a straight line. An echelon shifts the group to one side for cross-cover and field of view, and a squad column describes moving a larger unit in a line, which isn't the standard single-file arrangement used for a single fire team.

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://fmtbecclass24040annexa.examzify.com>

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

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