FLIGHT SURGEON COURSE (FSC) MODULE E PRACTICE TEST (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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

1. If an in-flight asthma exacerbation persists after initial measures, what is the recommended action?

A. Descent to a lower altitude

B. Continue at current altitude

C. Administer supplemental oxygen and prepare for descent if symptoms persist

D. Evacuate by air medical transport

2. What are the Role 3 USAF assets?

A. CCATT and AFTH

B. EMEDS Health Response Team (HRT) and CP-EMEDS

C. EMEDS+10, EMEDS+25, Air Force Theater Hospital (AFTH)

D. FRSS and EMEDS+10

3. What is the MEDEVAC planning criterion for flight time?

A. 40 minutes

B. 60 minutes

C. 30 minutes

D. 50 minutes

4. When is a preflight exercise stress test indicated for aircrew?

A. In presence of risk factors for coronary disease; not routine for all

B. For all aircrew annually

C. Only after a cardiac event

D. Not routine for any

5. Which symptom is most characteristic of ear barotrauma during ascent or descent?

A. Shortness of breath

B. Ear pain

C. Rash

D. Abdominal pain

6. Type I decompression sickness symptom is most characteristic:

A. Neurologic symptoms

B. Inner ear symptoms

C. Pulmonary symptoms

D. Musculoskeletal pain

7. Medical assets lose their protected status when they are not exclusively engaged in which activities?

A. They always retain protected status regardless

B. They are not exclusively engaged in medical activities (searching, collecting, transporting, or treating the wounded or sick, or in disease prevention)

C. They are captured by the enemy

D. They become neutral parties

8. What type of hypoxia is caused by reduced inspired oxygen partial pressure at altitude?

A. Anemic hypoxia

B. Stagnant hypoxia

C. Hypoxic (Hypoxemic) hypoxia

D. Histotoxic hypoxia

9. Which of the following is included in Role II capabilities?

A. Combat Lifesaver training

B. Packed red blood cells

C. Antimalarial prophylaxis

D. Basic dental cleaning

10. What is a common method for color vision screening in aviation?

A. Snellen eye chart

B. Visual field perimetry

C. MRI

D. Ishihara color plates test

Answers

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

Explanations

1. If an in-flight asthma exacerbation persists after initial measures, what is the recommended action?

A. Descent to a lower altitude

B. Continue at current altitude

C. Administer supplemental oxygen and prepare for descent if symptoms persist

D. Evacuate by air medical transport

When an in-flight asthma exacerbation doesn't respond to initial treatment, improving oxygen delivery quickly is the priority. Descending to a lower altitude increases the ambient oxygen partial pressure you're exposed to, which helps raise the patient's blood oxygen saturation and reduces hypoxemia. This rapid improvement in oxygenation can make ongoing bronchodilator therapy more effective and buys time to continue treatment while arranging for closer medical evaluation or landing at the nearest suitable airport for definitive care if needed. Staying at the same altitude leaves the cabin's lower oxygen environment unchanged and can allow symptoms to deteriorate, while air medical evacuation is reserved for cases where stabilization isn't achievable in flight.

2. What are the Role 3 USAF assets?

A. CCATT and AFTH

B. EMEDS Health Response Team (HRT) and CP-EMEDS

C. EMEDS+10, EMEDS+25, Air Force Theater Hospital (AFTH)

D. FRSS and EMEDS+10

Role 3 care in the USAF provides theater-level medical care with surgical capability and inpatient treatment close to the point of injury. The assets that make up this level are Expeditionary Medical System packages and the Air Force Theater Hospital, all designed to deliver definitive trauma care within the deployed environment. EMEDS+10 and EMEDS+25 are the smaller, mobile hospital packages that bring resuscitation, surgery, and inpatient services to the forward area, with increasing capacity and capability as you move from 10 to 25 beds. The Air Force Theater Hospital is the larger, more capable facility within the theater, offering extensive surgery, critical care, imaging, labs, and long-term inpatient care. Together, these assets establish the full hospital-level capability required for Role 3 care. Other listed assets operate in different roles or contexts. For example, a Critically Care Air Transport Team focuses on moving patients rather than establishing or operating a hospital; Health Response Team and CP-EMEDS refer to other small-scale or specialized medical configurations, not the core Role 3 hospital system; and a Forward Resuscitative Surgical System provides rapid, forward surgical capability but does not constitute the theater-level hospital structure used for definitive care.

3. What is the MEDEVAC planning criterion for flight time?

A. 40 minutes

B. 60 minutes

C. 30 minutes

D. 50 minutes

A fixed, brief one way flight time window guides MEDEVAC planning to keep casualties moving toward definitive care quickly and to allow effective enroute medical support. This timeframe is chosen to minimize physiological deterioration during transport while keeping the evacuation mission feasible with available aircraft, crew, and medical assets. If the planned flight time would exceed this window, planners adjust the plan—such as rerouting, staging at forward facilities, or using ground transport for portions—to avoid delaying definitive care. The idea is that staying within this short, practical window maintains the balance between speed and safety, which is why the standard planning criterion points to a brief maximum flight time.

4. When is a preflight exercise stress test indicated for aircrew?

A. In presence of risk factors for coronary disease; not routine for all

B. For all aircrew annually

C. Only after a cardiac event

D. Not routine for any

The key idea is selective screening for coronary risk. A preflight exercise stress test is used to uncover inducible ischemia in aircrew who have risk factors for coronary disease, so it helps determine if someone can safely handle the demands of flight without failing under stress. It's not done routinely for everyone because many asymptomatic individuals with no risk factors won't benefit from the test, and universal testing can lead to false positives, unnecessary follow-ups, and resource strain. So testing is indicated when risk factors for coronary disease are present, rather than as a universal annual screen. Post-event clearance can involve broader evaluation, but the standard approach remains targeted testing based on risk factors rather than testing all aircrew or testing only after a cardiac event.

5. Which symptom is most characteristic of ear barotrauma during ascent or descent?

A. Shortness of breath

B. Ear pain

C. Rash

D. Abdominal pain

Ear barotrauma happens when rapid changes in ambient pressure during ascent or descent aren't matched by equalizing the pressure in the middle ear. The most characteristic symptom is ear pain, caused by the pressure difference across the tympanic membrane as air trapped in the middle ear is compressed or expands. This can also produce a feeling of fullness and sometimes temporary hearing changes or tinnitus. Other options don't fit because shortness of breath relates to lung or airway issues, a rash is unrelated to pressure changes, and abdominal pain isn't connected to middle-ear barotrauma. To reduce risk, use pressure-equalizing techniques like swallowing, yawning, or the Valsalva maneuver during changes in altitude, and seek care if pain is severe or persistent.

6. Type I decompression sickness symptom is most characteristic:

A. Neurologic symptoms

B. Inner ear symptoms

C. Pulmonary symptoms

D. Musculoskeletal pain

Type I decompression sickness is the milder form that mainly involves the musculoskeletal system and skin. The feature that best fits this category is joint and muscle pain—the classic "bends" from nitrogen bubbles forming in tissues around joints. Neurologic symptoms, inner ear disturbances, and pulmonary issues point toward the more severe Type II DCS, so they are not as characteristic of Type I.

7. Medical assets lose their protected status when they are not exclusively engaged in which activities?

A. They always retain protected status regardless

B. They are not exclusively engaged in medical activities (searching, collecting, transporting, or treating the wounded or sick, or in disease prevention)

C. They are captured by the enemy

D. They become neutral parties

Medical assets are protected only as long as they are used exclusively for medical purposes. If a unit or transport starts doing non-medical activities—such as searching for the wounded, collecting supplies, transporting non-medical goods, or treating or aiding in ways not strictly medical—the protection can be withdrawn. This rule exists to prevent medical assets from being misused as cover for military operations and to keep humanitarian relief neutral. Other conditions like being captured by the enemy or becoming a neutral party do not determine protection in the same way; the essential factor is how the asset is used.

8. What type of hypoxia is caused by reduced inspired oxygen partial pressure at altitude?

A. Anemic hypoxia

B. Stagnant hypoxia

C. Hypoxic (Hypoxemic) hypoxia

D. Histotoxic hypoxia

At altitude the barometric pressure drops, so the partial pressure of inspired oxygen falls. That reduces alveolar and arterial oxygen tension, meaning less O2 is carried and delivered to tissues. This is hypoxic (hypoxemic) hypoxia—the problem is insufficient oxygen in the blood due to low inspired O2, not a lack of hemoglobin, poor blood flow, or a cellular inability to use oxygen. Anemic hypoxia would involve reduced carrying capacity from low or abnormal Hb; stagnant hypoxia from impaired circulation; and histotoxic hypoxia from cellular use failure.

9. Which of the following is included in Role II capabilities?

A. Combat Lifesaver training

B. Packed red blood cells

C. Antimalarial prophylaxis

D. Basic dental cleaning

Packed red blood cells are included in Role II capabilities because forward stabilization facilities must be able to perform limited resuscitation for hemorrhagic shock. Having blood products on hand allows rapid transfusion to trauma patients, a critical step before evacuation to higher-level care. Combat Lifesaver training is field-based training for nonmedical soldiers, not a medical facility capability. Antimalarial prophylaxis is preventive medicine provided to reduce infection risk, not a specific Role II service. Basic dental cleaning is a routine dental service, which is not a standard Role II function in most deployments.

10. What is a common method for color vision screening in aviation?

A. Snellen eye chart

B. Visual field perimetry

C. MRI

D. Ishihara color plates test

Color vision screening in aviation focuses on quickly identifying red-green color deficiencies, since these are the most common and can affect recognizing cockpit and aviation signals that use color coding. The Ishihara color plates test presents a series of plates with numbers or patterns formed by colors that color-normal vision sees as one thing, while red-green deficiencies see a different figure or cannot identify it at all. This makes it a quick, standardized screening tool that fits nicely into medical examinations for pilots, allowing a rapid pass/fail assessment and guiding whether more detailed testing is needed. In contrast, a Snellen eye chart checks visual acuity (sharpness of vision), not color discrimination; visual field perimetry assesses the extent of the field of view; and MRI is unrelated to testing color perception.

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://fscmode.examzify.com

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