INTEGUMENTARY AND MUSCULOSKELETAL SYSTEMS – POSITIONING, TRANSFERS, AMBULATION 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. A special wedge-shaped pillow positioned between the legs to immobilize and position the hips and lower extremities, usually used after a hip surgery.

A. Leg Positioner

B. Ankle Boot

C. Hip Brace

D. Abduction Pillow/Wedge

2. Which term describes devices used to assist residents with positioning to maintain proper body alignment?

A. Sims

B. Walker

C. Bone

D. Supportive Devices

3. Which condition is a common type of arthritis affecting hips, knees, fingers, thumbs, and spine?

A. Arthritis

B. Inflammation

C. Blood Clot

D. Osteoarthritis

4. What is the main difference between a sit-to-stand transfer and a stand-pivot transfer, and when is each typically indicated?

A. Sit-to-stand transfers involve pivoting before moving to the destination.

B. Sit-to-stand transfers involve rising to a standing position before moving to the destination; stand-pivot transfers move the patient with a pivot to face the destination, often used when space or surface alignment is limited.

C. Sit-to-stand transfers require lifting with no standing.

D. Stand-pivot transfers require the patient to sit first.

5. Which term refers to devices used to assist with ambulation and body alignment, such as rolled sheets or towels?

A. Supportive Devices

B. Weight Bearing

C. Bone

D. Unaffected

6. Which term describes the protective, supportive framework of the body that stores minerals and houses bone marrow?

A. Cartilage

B. Dermis

C. Bone

D. Tendons

7. Which statement best describes the rationale for using assistive devices like a walker or cane during early ambulation?

A. They provide stability and support, improve balance, enhance safety, and allow gradual progression of weight-bearing

B. They provide instability

C. They are optional

D. They slow progress

8. Before starting ambulation safety, which environmental check should be completed?

A. Clear the path of obstacles, check lighting, ensure floor dry, remove rugs and cords, and verify available handrails

B. Check vitals only

C. Do not move furniture

D. Wash hands

9. In amputee care, what term describes a non-painful sensation in a missing limb?

A. Phantom Pain

B. Residual Limb Pain

C. Phantom Sensation

D. Neuropathic Pain

10. Which body position is a sitting position with the head and shoulders elevated 60-90 degrees?

A. Semi-Fowler's

B. High-Fowler's

C. Prone

D. Lateral

Answers

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

Explanations

1. A special wedge-shaped pillow positioned between the legs to immobilize and position the hips and lower extremities, usually used after a hip surgery.

A. Leg Positioner

B. Ankle Boot

C. Hip Brace

D. Abduction Pillow/Wedge

The key idea here is maintaining hip abduction after surgery to protect the joint. An abduction pillow or wedge is designed to be placed between the legs, keeping the hips and lower extremities held apart. This position prevents adduction and internal rotation that could jeopardize a healing hip and helps maintain a safe alignment, reducing the risk of dislocation during recovery. Other devices don't specifically enforce this abduction between the legs. A leg positioner supports the limb but doesn't guarantee the legs stay separated; an ankle boot stabilizes the foot and ankle rather than the hip; a hip brace provides external support around the joint but isn't the device used to keep the legs abducted with a wedge.

2. Which term describes devices used to assist residents with positioning to maintain proper body alignment?

A. Sims

B. Walker

C. Bone

D. Supportive Devices

The main idea here is that certain items are used to support the body and keep it in proper alignment while resting or aging. The best term for these items is supportive devices because they are specifically designed to provide positioning support, reduce pressure, and maintain joint and spine alignment with pillows, wedges, splints, or other supports. Sims is a body position, not a device. A walker is a mobility aid for ambulation, not specifically for maintaining alignment while resting. Bone isn't a term used for positioning devices. Supportive devices encompass the tools used to hold and support the body in correct alignment, making them the appropriate choice.

3. Which condition is a common type of arthritis affecting hips, knees, fingers, thumbs, and spine?

A. Arthritis

B. Inflammation

C. Blood Clot

D. Osteoarthritis

Osteoarthritis is a common degenerative joint disease caused by wear-and-tear that wears away cartilage in the joints. It most often affects weight-bearing joints and the small joints of the hands, including the hips, knees, fingers, thumbs, and the spine. As cartilage deteriorates, bones rub together, leading to pain with movement, stiffness after rest that improves with activity, crepitus (a grinding sensation), and reduced range of motion. This pattern fits osteoarthritis well, because it centers on mechanical wear in those joints rather than systemic inflammation or other unrelated processes. Arthritis is a broad term for joint inflammation, but osteoarthritis specifically describes this degenerative, age- or use-related joint wear that commonly involves the hips, knees, fingers, thumbs, and spine.

4. What is the main difference between a sit-to-stand transfer and a stand-pivot transfer, and when is each typically indicated?

A. Sit-to-stand transfers involve pivoting before moving to the destination.

B. Sit-to-stand transfers involve rising to a standing position before moving to the destination; stand-pivot transfers move the patient with a pivot to face the destination, often used when space or surface alignment is limited.

C. Sit-to-stand transfers require lifting with no standing.

D. Stand-pivot transfers require the patient to sit first.

The key idea is how the body moves during the transfer and what each method requires from space and alignment. In a sit-to-stand transfer, the person goes from sitting to a full standing position first, then moves to the destination. This works best when the person has enough leg strength and balance and there's a clear path forward after standing. In a stand-pivot transfer, the person remains upright and uses a pivot to rotate toward the destination, facing it as they transfer. This approach is handy when space is tight or when the surfaces aren't lined up in a straight path, so a turning, pivoting motion allows the patient to reach the target without needing a long forward walk. So the difference is the movement sequence and technique: rise then move versus move by pivoting while staying upright to face the destination. Sit-to-stand is chosen when standing and stepping are feasible; stand-pivot is chosen when space or surface alignment limits a straight transfer.

5. Which term refers to devices used to assist with ambulation and body alignment, such as rolled sheets or towels?

A. Supportive Devices

B. Weight Bearing

C. Bone

D. Unaffected

Supportive devices are used to assist with ambulation and body alignment. Items like rolled sheets or towels are placed to support limbs, stabilize joints, and position the spine and pelvis correctly during transfers or movement. These tools help maintain proper alignment, reduce strain on the patient and caregiver, and make safe mobilization possible, even when full weight bearing isn't advisable yet. Weight bearing describes how much load a limb can bear, not the tools used to support or align the body. Bone refers to the tissue itself, not a device, and unaffected isn't relevant to positioning or equipment.

6. Which term describes the protective, supportive framework of the body that stores minerals and houses bone marrow?

A. Cartilage

B. Dermis

C. Bone

D. Tendons

Bone forms the protective, supportive framework of the body. It creates the skeleton that supports soft tissues and protects organs, and it stores minerals such as calcium and phosphorus that help regulate their levels in the body. Inside many bones is bone marrow, the tissue that produces blood cells. While cartilage cushions joints, the dermis is a skin layer, and tendons connect muscles to bones, none of these store minerals or house marrow. So the term that fits all parts of the description is bone.

7. Which statement best describes the rationale for using assistive devices like a walker or cane during early ambulation?

A. They provide stability and support, improve balance, enhance safety, and allow gradual progression of weight-bearing

B. They provide instability

C. They are optional

D. They slow progress

Using assistive devices during early ambulation centers on providing stability and safety as a patient rebuilds strength. A walker or cane offers support to the trunk and limbs, helps maintain proper alignment, and enhances balance, which together reduce the risk of falls. This support also allows a controlled, gradual progression of weight-bearing as the patient tolerates it, protecting healing tissues and preventing overloading joints or recently healed areas. In rehab, the goal is to build confidence and mobility while slowly increasing load, rather than leaving the patient unsupported. These devices are not about creating instability or being optional; they are tools to enable safer, more effective early movement and to pace recovery. They do not slow progress—proper use supports steady, progressive gains.

8. Before starting ambulation safety, which environmental check should be completed?

A. Clear the path of obstacles, check lighting, ensure floor dry, remove rugs and cords, and verify available handrails

B. Check vitals only

C. Do not move furniture

D. Wash hands

Environmental safety of the walking area must be ensured before ambulation. The best practice is to clear the path of obstacles, check lighting, ensure the floor is dry, remove rugs and cords, and verify that handrails are available for support. These steps reduce fall risk by removing tripping hazards, improving visibility, providing traction, and giving the person something sturdy to hold onto. Options that focus on vitals or hand hygiene address different aspects of care but do not prepare the environment for safe movement. Not adjusting the surroundings (such as not moving furniture) would leave hazards in place and compromise safety.

9. In amputee care, what term describes a non-painful sensation in a missing limb?

A. Phantom Pain

B. Residual Limb Pain

C. Phantom Sensation

D. Neuropathic Pain

Non-painful sensations in a missing limb are called phantom sensations. After amputation, a person may feel that the limb is still present and experience things like movement, itching, temperature changes, or pressure in that limb. These sensations are normal and separate from pain. Phantom pain, on the other hand, is pain felt in the absent limb; residual limb pain is pain located in the remaining stump, and neuropathic pain is a nerve-related pain that can be burning or shooting. So the term describing a non-painful sensation in a missing limb is phantom sensation.

10. Which body position is a sitting position with the head and shoulders elevated 60-90 degrees?

A. Semi-Fowler's

B. High-Fowler's

C. Prone

D. Lateral

Fowler's positions describe how much the head and torso are elevated. Elevating the head and shoulders between 60 and 90 degrees creates the High-Fowler's position. This upright alignment helps expand the lungs more and makes breathing easier, which is especially helpful if a patient has respiratory distress or needs to be more alert for procedures or feeding, while also reducing the risk of aspiration during eating. The other options don't describe this extent of elevation: semi-Fowler's is a lower elevation (about 30–45 degrees) used for comfort or to reduce back strain, standard Fowler's is roughly 45–60 degrees, prone is lying face down, and lateral is lying on the side.

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://integumentarymusculoskeletalsys.examzify.com

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