

JBL Trauma Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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. What is the most appropriate treatment for a patient with full-thickness burns?**
 - A. Applying moist, sterile dressings to the burned areas**
 - B. Covering the burns with dry, sterile dressings and preventing hypothermia**
 - C. Cooling the burns with sterile saline**
 - D. Peeing away burned clothing from the skin**
- 2. Which of the following statements describes the state of a man whose legs were pinned for 5 hours?**
 - A. A surgeon will respond to amputate the man's legs**
 - B. He will be heavily sedated to prevent pain**
 - C. He will be immediately freed and transported**
 - D. IV fluids may be necessary before he is freed**
- 3. What is the most common cause of shock following major trauma?**
 - A. Head injury**
 - B. Hemorrhage**
 - C. Spinal injury**
 - D. Long bone fractures**
- 4. A patient presents with a painful deformity to the lateral bone of the left forearm. Which bone has been injured?**
 - A. Ulna**
 - B. Radius**
 - C. Clavicle**
 - D. Humerus**
- 5. What type of burns does a patient with reddening and blisters typically have?**
 - A. First-degree burns.**
 - B. Partial-thickness burns.**
 - C. Second-degree burns.**
 - D. Full-thickness burns.**

6. What set of vital signs is least likely to indicate increased intracranial pressure?

- A. BP, 84/42 mm Hg; pulse, 60 beats/min**
- B. BP, 176/98 mm Hg; pulse, 50 beats/min**
- C. BP, 92/60 mm Hg; pulse, 120 beats/min**
- D. BP, 160/72 mm Hg; pulse, 100 beats/min**

7. When caring for an amputated body part, which method is deemed appropriate?

- A. Laying the wrapped body part on a bed of ice**
- B. Placing it directly on ice to prevent tissue damage**
- C. Keeping the part warm to prevent cellular damage**
- D. Keeping the part at room temperature in a plastic bag**

8. What type of injury occurs when a joint is twisted or stretched beyond its normal range of motion?

- A. Sprain**
- B. Strain**
- C. Fracture**
- D. Dislocation**

9. A patient with an abdominal and thoracic injury has pale and cool skin above the injury site. What does this indicate?

- A. Reduced blood circulation**
- B. Increased metabolic activity**
- C. Dehydration**
- D. Low body temperature**

10. When assessing a gunshot wound, what should you routinely look for?

- A. Signs of infection.**
- B. Neurovascular compromise.**
- C. The presence of an exit wound.**
- D. Signs of shock.**

Answers

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

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Explanations

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1. What is the most appropriate treatment for a patient with full-thickness burns?

- A. Applying moist, sterile dressings to the burned areas**
- B. Covering the burns with dry, sterile dressings and preventing hypothermia**
- C. Cooling the burns with sterile saline**
- D. Peeing away burned clothing from the skin**

The most appropriate treatment for a patient with full-thickness burns is to cover the burns with dry, sterile dressings while also working to prevent hypothermia.

Full-thickness burns involve the complete destruction of the skin layers, extending into deeper tissues. Because of this severity, the priority is to cover the wound to protect it from infection and further trauma since any open area can compromise the body's barrier against bacteria. Using dry, sterile dressings helps maintain a moist environment favorable for healing while also shielding the wound from external contaminants. Additionally, preventing hypothermia is crucial in burn treatment, particularly with larger burns that can lead to significant heat loss from the body's surface. In contrast, moist, sterile dressings may not be ideal for full-thickness burns, as these types of burns often require more controlled environments to facilitate healing. Cooling burns with sterile saline is typically recommended for superficial burns to help with pain and cooling but is not appropriate for full-thickness burns which have already lost the protective skin barrier. Removing burned clothing is also important, but it should be done with care and only in areas that are not stuck to the skin, making covering the area correctly the primary concern.

2. Which of the following statements describes the state of a man whose legs were pinned for 5 hours?

- A. A surgeon will respond to amputate the man's legs**
- B. He will be heavily sedated to prevent pain**
- C. He will be immediately freed and transported**
- D. IV fluids may be necessary before he is freed**

When a person is pinned in a traumatic situation like this for an extended period, significant physiological changes can occur due to lack of blood flow and muscle injury. The condition often leads to complications such as crush syndrome, where muscle tissue breaks down and releases toxins into the bloodstream, potentially resulting in severe complications, including acute kidney injury. In this scenario, the administration of IV fluids is crucial before the victim is freed. The fluids help to support circulation, dilute toxins, and maintain kidney function as the man's condition is stabilized. Proper fluid resuscitation is a vital part of the management of someone who has suffered prolonged compression injuries, as it helps to mitigate the effects of metabolic derangement and prepares the body for the potential shock of releasing the pressure. The other options do not accurately capture the necessary interventions or priorities in this type of emergency situation. For instance, while sedation may be needed later, the immediate focus is on fluid replacement and stabilization. Amputation is an extreme measure that would not be taken unless absolutely necessary and would not typically be the first response. Immediate transport without addressing the potential for shock or fluid resuscitation can lead to further complications and deterioration of the patient's condition. Thus, IV fluids are a key consideration in managing the aftermath

3. What is the most common cause of shock following major trauma?

- A. Head injury**
- B. Hemorrhage**
- C. Spinal injury**
- D. Long bone fractures**

Hemorrhage is the most common cause of shock following major trauma due to its significant impact on the body's ability to maintain adequate blood circulation and deliver oxygen to vital organs. In trauma scenarios, particularly when there is significant injury, blood vessels can become compromised, leading to rapid and severe blood loss. This type of shock, known as hypovolemic shock, occurs when the blood volume is insufficient to effectively perfuse the body's tissues. In traumatic incidents, such as motor vehicle accidents or falls from a height, the likelihood of major blood vessel injury or extensive soft tissue damage that leads to bleeding is high. The quick loss of blood volume can result in a cascade of physiological consequences, including decreased cardiac output and cellular hypoxia, ultimately endangering the patient's life if not addressed promptly. While head injury, spinal injuries, and long bone fractures can contribute to shock as well, they are typically not the primary causes when compared to hemorrhage. Head injuries may lead to other complications like increased intracranial pressure, spinal injuries can affect autonomic regulation, and long bone fractures may cause some blood loss but usually not to the extent seen with significant hemorrhage. Consequently, rapid identification and management of hemorrhage are crucial in trauma care to

4. A patient presents with a painful deformity to the lateral bone of the left forearm. Which bone has been injured?

- A. Ulna**
- B. Radius**
- C. Clavicle**
- D. Humerus**

The injury described involves a deformity in the lateral bone of the forearm. The forearm consists primarily of two bones: the radius and the ulna. The radius is located on the lateral side of the forearm when the palms are facing forward (anatomical position), while the ulna is found on the medial side. Given that the question specifies a painful deformity to the lateral bone, the injury clearly pertains to the radius. This bone often sustains injuries due to falls or direct trauma, which can lead to deformities such as fractures, particularly in a scenario involving an impact or stress on the lateral area of the forearm. In contrast, the ulna, while also a component of the forearm, is positioned medially and would not be described as the lateral bone. The clavicle and humerus, although they are arm bones, are not directly involved in the forearm and would not be the focus of an injury characterized by a deformity in that specific region. Thus, identifying the radius as the injured bone is consistent with the anatomical understanding of the forearm's structure.

5. What type of burns does a patient with reddening and blisters typically have?

- A. First-degree burns.**
- B. Partial-thickness burns.**
- C. Second-degree burns.**
- D. Full-thickness burns.**

The presence of reddening and blisters on the skin typically indicates a second-degree burn. This type of burn affects both the outer layer of skin (epidermis) and part of the underlying layer (dermis). The reddening, which is a sign of inflammation, occurs as the body responds to the injury, while blisters form as a protective mechanism, helping to prevent infection and allowing the area to heal. In contrast, first-degree burns primarily affect only the epidermis, resulting in redness and swelling without blister formation. Full-thickness burns extend through all skin layers and can damage underlying tissues, presenting with white, leathery skin rather than redness and blisters. While partial-thickness burns can also involve blistering, the term "second-degree burns" is specifically used to describe those that cause the blistering characteristic of this type of injury.

6. What set of vital signs is least likely to indicate increased intracranial pressure?

- A. BP, 84/42 mm Hg; pulse, 60 beats/min**
- B. BP, 176/98 mm Hg; pulse, 50 beats/min**
- C. BP, 92/60 mm Hg; pulse, 120 beats/min**
- D. BP, 160/72 mm Hg; pulse, 100 beats/min**

In evaluating vital signs for signs of increased intracranial pressure (ICP), certain patterns are indicative. An increase in ICP often results in hypertension (high blood pressure), a decreased heart rate, and changes in respiratory patterns. The set of vital signs indicating a blood pressure of 92/60 mm Hg and a pulse of 120 beats per minute shows a normal to low blood pressure with a relatively high heart rate (tachycardia). This combination is less consistent with increased ICP. Typically, ICP is associated with elevated blood pressure and a decreased heart rate due to the body's compensatory mechanisms reacting to increased pressure in the skull. In contrast, the other vital signs listed tend to align more closely with indicators of increased ICP. A high blood pressure combined with bradycardia (slow pulse) is commonly observed in such conditions. For example, the combination of high blood pressure and a low pulse often suggests that the body's regulatory mechanisms are overwhelmed, which is characteristic of increased ICP. Thus, the combination of vital signs in this instance indicates a physiological response that is less likely to correlate with increased intracranial pressure, making it the correct choice among the options provided.

7. When caring for an amputated body part, which method is deemed appropriate?

- A. Laying the wrapped body part on a bed of ice**
- B. Placing it directly on ice to prevent tissue damage**
- C. Keeping the part warm to prevent cellular damage**
- D. Keeping the part at room temperature in a plastic bag**

When caring for an amputated body part, the appropriate method involves laying the wrapped body part on a bed of ice. This technique is crucial because keeping the amputated part cool is essential to prevent tissue damage and to preserve the viability of the tissue for possible reattachment. Wrapping the amputated part carefully in a clean, dry cloth or gauze prevents direct contact with ice and helps to maintain the integrity of the tissue while still providing the necessary cooling effect. This method balances the need to keep the tissue cold without causing frostbite, which can occur if the skin comes into direct contact with ice. In contrast, placing the part directly on ice may lead to ice burn and cellular damage due to extreme cold. Keeping the part warm could lead to rapid deterioration of the tissue, making it unsuitable for reattachment. Storing it at room temperature in a plastic bag does not provide any cooling protection, which is crucial for preserving the tissue. Thus, wrapping and laying it on a bed of ice is the most effective approach to ensure the best chance for successful reattachment or preservation of the amputated part.

8. What type of injury occurs when a joint is twisted or stretched beyond its normal range of motion?

- A. Sprain**
- B. Strain**
- C. Fracture**
- D. Dislocation**

A sprain occurs when the ligaments that connect bones at a joint are twisted or stretched beyond their normal range of motion. This can happen during activities that involve sudden changes in direction or impact, leading to damage or tearing of the ligaments. Sprains typically result in pain, swelling, and limited joint function. In contrast, a strain involves injury to muscles or tendons rather than ligaments, resulting from overstretching or overexertion. A fracture refers to a break in a bone, which is a different type of injury altogether. A dislocation occurs when a bone is forced out of its normal position in a joint, which may also involve sprains but is a specific condition distinct from a sprain. Understanding these distinctions helps clarify the nature of the injury and facilitates proper treatment and recovery strategies.

9. A patient with an abdominal and thoracic injury has pale and cool skin above the injury site. What does this indicate?

- A. Reduced blood circulation**
- B. Increased metabolic activity**
- C. Dehydration**
- D. Low body temperature**

The pallor and coolness of the skin above the injury site suggest a reduction in blood circulation to that area. When there is decreased blood flow, usually due to compromised vascular integrity or shock, the skin loses its warmth and color, leading to a pale and cool appearance. This can occur in the presence of significant injuries that affect blood supply, such as bleeding or trauma, which diverts blood away from the skin to preserve essential organ perfusion. Increased metabolic activity typically manifests as flushed or warm skin due to increased blood flow and heat production, which is contrary to what is observed in this scenario. Dehydration can also affect skin appearance but usually leads to more generalized dryness and less immediate indicators of reduced circulation in the context of injury. Low body temperature could contribute to cool skin, but the specific context of abdominal and thoracic injuries suggests that the primary issue is related to compromised circulation rather than a systemic condition such as hypothermia. This makes the indication of reduced blood circulation the most relevant and accurate interpretation of the skin findings.

10. When assessing a gunshot wound, what should you routinely look for?

- A. Signs of infection.**
- B. Neurovascular compromise.**
- C. The presence of an exit wound.**
- D. Signs of shock.**

When assessing a gunshot wound, it is essential to look for the presence of an exit wound. The identification of an exit wound provides critical information about the trajectory of the bullet, potential internal injuries, and the overall severity of the wound. In many cases, the existence of both an entrance and an exit wound can indicate that there has been significant tissue damage and potential organ involvement along the path of the bullet. Additionally, assessing for an exit wound can help in evaluating the possible need for surgical intervention and can guide the clinician in managing other complications that may arise as a result of the wound. This assessment should be done carefully, as exit wounds are often larger and more irregular than entrance wounds, which can also provide insights into the type of ammunition involved. Other considerations in gunshot wound assessments include signs of infection, neurovascular compromise, and signs of shock. While these factors are important in the overall evaluation and management of the patient, the direct assessment of the exit wound is crucial for understanding the specifics of the ballistic trauma and guiding immediate treatment decisions.

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://jbltrauma.examzify.com>

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

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