

JBL TRAUMA PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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

<https://jbltrauma.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. A patient with abdominal trauma exhibits referred pain to the left shoulder. What is the likely injury?**
 - A. Lacerated bowel
 - B. Injury to the kidney
 - C. Perforated stomach
 - D. Ruptured spleen

- 2. In a situation where a young man has multiple injuries after a fall, what provides the best chance for survival?**
 - A. Request an ALS ambulance.
 - B. Keep him warm and elevate his legs.
 - C. Rapidly transport him to a trauma center.
 - D. Administer high-flow oxygen early.

- 3. What is the GCS score of a trauma patient who opens eyes to pain, moans, and withdraws from palpation?**
 - A. 7
 - B. 8
 - C. 9
 - D. 10

- 4. What is critical to assess after log-rolling an unresponsive patient?**
 - A. Breathing adequacy.
 - B. Pulse rate.
 - C. Blood pressure.
 - D. Consciousness level.

- 5. What immediate action is indicated for an unresponsive patient with multi-system trauma showing inadequate breathing?**
 - A. Assist ventilations while controlling active bleeding.
 - B. Prepare for rapid transport without evaluation.
 - C. Request additional personnel for support.
 - D. Administer fluids rapidly through an IV.

- 6. Which condition is indicated by blood draining from the ears or nose after a head injury?**
- A. Normal reactive bleeding
 - B. Skull fracture
 - C. Minor concussion
 - D. Soft tissue injury
- 7. A patient with a closed head injury shows symptoms. What is his Glasgow Coma Scale (GCS) score?**
- A. 6
 - B. 7
 - C. 8
 - D. 9
- 8. 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
- 9. What is the most likely cause of collapse in a baseball player struck in the chest?**
- A. Rupture of the aorta.
 - B. Myocardial contusion.
 - C. Ventricular fibrillation.
 - D. Shearing of the vena cava.
- 10. During treatment of burns, what critical treatment step should be included?**
- A. Initiate rehydration with high concentrations of fluids.
 - B. Cover the burn area with duct tape or cloth.
 - C. Apply topical ointments before transport.
 - D. Ensure air circulation to avoid hypothermia.

Answers

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

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Explanations

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1. A patient with abdominal trauma exhibits referred pain to the left shoulder. What is the likely injury?

- A. Lacerated bowel
- B. Injury to the kidney
- C. Perforated stomach
- D. Ruptured spleen**

The presence of referred pain to the left shoulder in a patient with abdominal trauma often indicates an injury related to the spleen. This occurs due to the anatomical connections and the way the body interprets pain signals. The left shoulder pain is referred from the diaphragm, which shares nerve pathways with the left shoulder's sensory nerve supply. Specifically, the phrenic nerve, which innervates the diaphragm, also mediates sensory input from the shoulder area. In cases of a ruptured spleen, the trauma may lead to blood accumulating in the peritoneal cavity, which can irritate the diaphragm and phenomically trigger referred pain to the shoulder region. This is a classic sign known as Kehr's sign, which is commonly associated with splenic injury. The other options may lead to various abdominal symptoms or pain, but they do not typically result in shoulder pain as a referred symptom due to the lack of direct anatomical or nerve connection similar to that of a splenic injury. A lacerated bowel, an injury to the kidney, or a perforated stomach often manifest discomfort or pain in the abdominal area without the referral to the shoulder, as they do not engage the diaphragm in the same manner as a splenic rupture would.

2. In a situation where a young man has multiple injuries after a fall, what provides the best chance for survival?

- A. Request an ALS ambulance.
- B. Keep him warm and elevate his legs.
- C. Rapidly transport him to a trauma center.
- D. Administer high-flow oxygen early.**

Administering high-flow oxygen early is crucial in a trauma situation involving multiple injuries due to its impact on oxygenation and overall survival. When a person experiences significant trauma, there is an increased risk of hypoxia (low oxygen levels in the blood), which can lead to organ failure and worsen the patient's condition. Providing high-flow oxygen helps to quickly improve the oxygen saturation in the blood, supporting tissue perfusion and vital organ function. This is particularly important in trauma cases where blood loss and potential respiratory compromise can occur. High-flow oxygen also supports the body's metabolism and is essential in scenarios where internal bleeding or significant injuries could lead to shock. By ensuring the patient receives adequate oxygen, medical professionals can mitigate the risks associated with hypovolemic shock and other complications that arise from severe trauma. While rapidly transporting the patient to a trauma center is critical, ensuring he has adequate oxygenation first can stabilize his condition and improve outcomes during transport. Similarly, keeping him warm and elevating his legs might help with comfort and some physiological responses but do not address potential life-threatening issues like hypoxia. Requesting an ALS ambulance is also important for advanced care, but immediate oxygenation is a priority to enhance survival chances.

3. What is the GCS score of a trauma patient who opens eyes to pain, moans, and withdraws from palpation?

- A. 7
- B. 8**
- C. 9
- D. 10

To determine the Glasgow Coma Scale (GCS) score for the trauma patient, we assess three components: eye opening, verbal response, and motor response. In this scenario, the patient opens their eyes only to pain, which corresponds to a score of 2 for eye opening. The patient's response includes moaning, indicating a verbal response that is not intelligible, receiving a score of 2. Finally, the patient withdraws from palpation, which denotes a purposeful motor response, giving a score of 4. When we sum these scores: - Eye Opening: 2 - Verbal Response: 2 - Motor Response: 4 Adding these together gives a total GCS score of 8. This score reflects the patient's level of consciousness and neurological function, indicating a moderate level of impairment. A GCS score in this range necessitates close monitoring and potentially urgent medical assessment.

4. What is critical to assess after log-rolling an unresponsive patient?

- A. Breathing adequacy.**
- B. Pulse rate.
- C. Blood pressure.
- D. Consciousness level.

After log-rolling an unresponsive patient, assessing breathing adequacy is critical because the primary concern in any unresponsive patient is to ensure that they are still able to breathe effectively. Log-rolling can potentially disrupt the airway, particularly if the patient has any injuries or if they were in a position that might obstruct their breathing. Evaluating the breathing adequacy allows healthcare providers to quickly identify if the patient is unable to ventilate properly, which may necessitate immediate intervention such as repositioning, opening the airway, or providing assisted ventilation. While monitoring pulse rate, blood pressure, and consciousness level are also important assessments, they come after ensuring that the patient's airway is secure and that they can breathe adequately. Breathing is fundamental to survival, thus making it the priority assessment immediately following any movement of an unresponsive patient.

5. What immediate action is indicated for an unresponsive patient with multi-system trauma showing inadequate breathing?

A. Assist ventilations while controlling active bleeding.

B. Prepare for rapid transport without evaluation.

C. Request additional personnel for support.

D. Administer fluids rapidly through an IV.

Assisting ventilations for an unresponsive patient with multi-system trauma and inadequate breathing is crucial for ensuring oxygen delivery to vital organs. Inadequate breathing means that the patient is either not breathing effectively on their own or not at all, leading to hypoxia. Prioritizing ventilatory support helps in maintaining adequate oxygenation and can prevent further deterioration of the patient's condition. This action is especially critical in the context of multi-system trauma, where the patient may have severe injuries affecting their ability to breathe. Controlling active bleeding is also essential, as uncontrolled hemorrhage can rapidly lead to shock and organ failure. However, if the patient cannot breathe adequately, addressing ventilatory needs takes precedence to ensure survival while simultaneously managing the hemorrhage afterward. In this scenario, rapid transport without thorough evaluation would not be appropriate, as the immediate life threats must be addressed beforehand. Requesting additional personnel could be beneficial, but it does not directly provide the necessary life-saving care required in this critical scenario. Rapid IV fluid administration is important in treating shock, but if the patient cannot breathe, they will not be able to effectively utilize oxygen, which is vital in trauma care. Thus, focusing on assisting with ventilations while controlling active bleeding is the most appropriate immediate action

6. Which condition is indicated by blood draining from the ears or nose after a head injury?

A. Normal reactive bleeding

B. Skull fracture

C. Minor concussion

D. Soft tissue injury

Blood draining from the ears or nose after a head injury is a significant clinical sign that may indicate a skull fracture, particularly a basal skull fracture. This situation occurs due to the trauma disrupting the delicate structures of the skull, which may cause a rupture of blood vessels within or around the cranial cavity. When these vessels rupture, blood can leak through the ear canal (otorrhea) or the nasal passages (rhinorrhea). This symptom is critical in the assessment of a head injury, as it points to potential underlying damage that may compromise the brain or spinal cord. Recognizing this condition is vital in emergency settings for prioritizing further diagnostic imaging and treatment to prevent serious complications, such as intracranial hemorrhage or infection. Other conditions, such as normal reactive bleeding, minor concussions, or soft tissue injuries, do not typically present with blood draining from these areas after a head injury. Normal reactive bleeding would not be associated with trauma, while minor concussions often lack such alarming symptoms. Soft tissue injuries would usually involve only the outer layers of the head and would not lead to blood leaking from the ears or nose. Recognizing the signs and symptoms associated with skull fractures is essential for proper management and intervention.

7. A patient with a closed head injury shows symptoms. What is his Glasgow Coma Scale (GCS) score?

- A. 6
- B. 7
- C. 8
- D. 9**

A GCS score of 9 is indicative of a moderate level of impairment in consciousness following a closed head injury. The Glasgow Coma Scale evaluates three key areas: eye opening, verbal response, and motor response. Each area gives a score that reflects the patient's responsiveness and neurological status. A score of 9 suggests that the patient may have impaired responsiveness but still retains some level of consciousness. For instance, a score within this range typically indicates that the patient opens their eyes in response to voice, makes inappropriate verbal responses, and demonstrates some localized movement in response to pain. Understanding the implications of the GCS score helps in anticipating the level of care required for the patient and the potential for recovery. Lower scores, such as those below 9, would indicate significantly reduced consciousness and responsiveness, which could lead to a requirement for more intensive medical intervention or monitoring. Thus, a GCS score of 9 reflects a crucial transitional state that guides treatment decisions.

8. 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.

9. What is the most likely cause of collapse in a baseball player struck in the chest?

- A. Rupture of the aorta.
- B. Myocardial contusion.
- C. Ventricular fibrillation.**
- D. Shearing of the vena cava.

Collapse in a baseball player struck in the chest is most likely caused by ventricular fibrillation. This occurs when an impact at a critical moment in the cardiac cycle leads to a disruption in the heart's electrical rhythm, resulting in chaotic and ineffective contractions. In cases of blunt force trauma to the chest, such as being hit by a baseball, the heart can be affected if the impact occurs during the T wave of the cardiac cycle. This timing can precipitate ventricular fibrillation, a condition that rapidly leads to the loss of effective circulation and can result in sudden cardiac arrest. The likelihood of ventricular fibrillation as the cause of collapse is further supported by the fact that the heart is especially vulnerable to disruptions in its rhythm during this moment. Other causes, such as rupture of the aorta, while serious, typically involve other types of trauma and would present with different symptoms and mechanisms of collapse. Myocardial contusion, while a possible outcome of blunt trauma, may not lead to immediate collapse as effectively as ventricular fibrillation. Shearing of the vena cava is a severe condition that usually relates to major trauma, and less common in sports-related impacts. Understanding the mechanism of how chest impacts can affect heart rhythm is crucial in recognizing emergency situations in sports and

10. During treatment of burns, what critical treatment step should be included?

- A. Initiate rehydration with high concentrations of fluids.
- B. Cover the burn area with duct tape or cloth.
- C. Apply topical ointments before transport.
- D. Ensure air circulation to avoid hypothermia.**

Ensuring air circulation to avoid hypothermia is a crucial step in the treatment of burns because burn injuries can lead to significant fluid loss and a compromised ability to maintain body temperature. When a person suffers burns, especially extensive ones, they can lose heat rapidly due to the exposed, damaged skin. Inadequate body temperature can lead to hypothermia, which can complicate the patient's overall condition and impair recovery. Maintaining an appropriate temperature is vital during the initial assessment and treatment phases. Air circulation can help keep the patient from overheating or becoming too cold, especially if they are in a cooler environment. This step should be balanced with the need to protect the burn area, which may also require covering to prevent contaminants from causing infections, although that would typically involve sterile dressings rather than duct tape or cloth. Other treatment measures, such as rehydration and applying topical ointments, are also important, but the immediate concern, particularly in the context of acute burn management, is to stabilize the patient, which includes maintaining their temperature through air circulation and appropriate coverings.

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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