Jones & Bartlett Learning (JBL) Module 5 Practice Exam (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

1. If a patient with head trauma has a slow pulse, this is most suspicious for what?

A. rapid pulse

B. weak pulse

C. slow pulse

D. irregular pulse

2. A "hip" fracture is actually a fracture of the:

A. Femoral shaft.

B. Proximal femur.

C. Pubic symphysis.

D. Pelvic girdle.

3. In contrast to a cerebral concussion, a cerebral contusion:

A. Results from a laceration to brain tissue.

B. Usually does not cause a loss of consciousness.

C. Does not involve pressure within the skull.

D. Involves physical injury to the brain tissue.

4. When assessing a patient with signs and symptoms of shock, it is important to remember that:

A. Respirations are deep during the early stages of shock

B. Irreversible shock often responds well to a prompt blood transfusion

C. Blood pressure may be the last measurable factor to change in shock

D. Multiple fractures are the most common cause of hypovolemic shock

5. Which statement best describes the clinical severity of external male genitalia injuries in trauma?

A. They are rarely life-threatening.

B. They frequently lead to hypovolemic shock.

C. They often life-threatening.

D. They usually cause permanent damage.

6. A dog bite to a child should be reported to the appropriate authorities, and additional steps include:

A. report the incident to the appropriate authorities.

B. advise rabies shots.

C. administer oxygen via a nonrebreathing mask.

D. ask the child's father to try to locate the dog.

7. In the scenario of a blunt abdominal trauma patient who is unstable with signs of shock and a transport time under 10 minutes, after treating the patient you should:

A. perform a comprehensive secondary assessment.

B. begin documenting the call on the patient care form.

C. forgo the hospital radio report because of his condition.

D. closely monitor him and reassess him frequently.

8. In a trauma patient with suspected spinal injury, which action is most important during initial assessment?

A. Remove the helmet to access the airway.

B. Start an IV line immediately.

C. Check blood glucose.

D. Stabilize the spine and prevent movement.

9. Which part of the nervous system controls voluntary movement?

A. Autonomic

B. Sensory

C. Central

D. Somatic

10. The musculoskeletal system includes bones and which type of muscle?

A. Cardiac muscles

B. Smooth muscles

C. Voluntary (Skeletal) muscles

D. Involuntary muscles

Answers

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

Explanations

1. If a patient with head trauma has a slow pulse, this is most suspicious for what?

A. rapid pulse

B. weak pulse

C. slow pulse

D. irregular pulse

A slow pulse after head trauma points to brainstem involvement from rising intracranial pressure, a pattern known as Cushing's reflex. When ICP increases, the body can respond by raising blood pressure and slowing the heart to maintain cerebral perfusion, producing bradycardia together with irregular respirations. This combination signals that intracranial pressure may be dangerously high and there's a risk of brain herniation, which is why a slow pulse is the most suspicious finding in this scenario. Rapid pulse suggests shock or blood loss, a weak pulse indicates poor perfusion, and an irregular pulse can reflect an arrhythmia or other issues—none of these align as directly with the brainstem distress seen in this context.

2. A "hip" fracture is actually a fracture of the:

A. Femoral shaft.

B. Proximal femur.

C. Pubic symphysis.

D. Pelvic girdle.

Hip fractures involve a break in the proximal part of the femur—the area around the hip joint (the femoral neck and the trochanteric region). The hip joint is where the femoral head fits into the acetabulum of the pelvis, so a fracture in this region is termed a hip fracture. The femoral shaft is farther down the thigh, so a break there isn't called a hip fracture. The pubic symphysis and the pelvic girdle refer to parts of the pelvis, not the proximal femur, so they aren't the location implied by a hip fracture. In clinical practice, hip fractures are typically proximal femur fractures and are especially common in older adults due to osteoporosis, often requiring surgical treatment.

3. In contrast to a cerebral concussion, a cerebral contusion:

A. Results from a laceration to brain tissue.

B. Usually does not cause a loss of consciousness.

C. Does not involve pressure within the skull.

D. Involves physical injury to the brain tissue.

The key idea here is how a cerebral contusion differs from a concussion. A contusion is a bruise inside the brain with actual tissue damage and often bleeding, so it involves physical injury to brain tissue. That tissue damage can lead to swelling and increased intracranial pressure, and it can be associated with loss of consciousness depending on severity. In contrast, a concussion is mainly a functional disturbance—temporary impairment of brain function without gross structural damage visible in the tissue itself. So the best description of a cerebral contusion is that it involves physical injury to brain tissue. The other statements mischaracterize contusions: they are not defined by tearing of tissue (laceration) alone, they can still cause loss of consciousness, and they can involve pressure changes inside the skull due to swelling or bleeding.

4. When assessing a patient with signs and symptoms of shock, it is important to remember that:

A. Respirations are deep during the early stages of shock

B. Irreversible shock often responds well to a prompt blood transfusion

C. Blood pressure may be the last measurable factor to change in shock

D. Multiple fractures are the most common cause of hypovolemic shock

In shock, the body uses compensatory mechanisms to maintain perfusion, so blood pressure can stay normal in the early and compensated stages. Signs like rapid heart rate, cool/clammy skin, rapid breathing, and decreased urine output appear as the body tries to preserve blood flow to vital organs. Because these compensations can keep blood pressure stable until late, blood pressure may be the last measurable change. That makes the idea that blood pressure may be the last factor to change the best statement. Respirations in early shock are usually rapid (tachypnea) as the body tries to improve oxygen delivery, not necessarily deep. The notion that irreversible shock responds well to a prompt blood transfusion isn't accurate—irreversible shock is not salvageable even with aggressive measures. And while trauma from bleeding is a common cause of hypovolemic shock, saying that multiple fractures are the most common cause overstates the specific source of volume loss.

5. Which statement best describes the clinical severity of external male genitalia injuries in trauma?

A. They are rarely life-threatening.

B. They frequently lead to hypovolemic shock.

C. They often life-threatening.

D. They usually cause permanent damage.

The key idea here is that injuries to external male genitalia in trauma are not typically life-threatening. In most trauma scenarios, the main risks to life come from injuries to the chest, abdomen, pelvis, head, or major vessels—areas that can disrupt breathing, circulation, or brain function. External genital injuries can bleed and be very painful, and they may require careful treatment and follow-up, but they do not usually threaten a patient's life on their own. That's why the statement describing these injuries as rarely life-threatening is the best fit. The other options imply a level of danger that isn't common: while significant bleeding can occur, hypovolemic shock from genital injuries alone is uncommon; these injuries are not typically life-threatening by themselves; and although some injuries can lead to long-term issues, they do not usually cause permanent damage in the majority of cases.

6. A dog bite to a child should be reported to the appropriate authorities, and additional steps include:

A. report the incident to the appropriate authorities.

B. advise rabies shots.

C. administer oxygen via a nonrebreathing mask.

D. ask the child's father to try to locate the dog.

Reporting the incident to the appropriate authorities is essential because it starts the public health response needed after a dog bite. This lets authorities assess rabies risk, determine the dog's vaccination status, and decide whether the animal should be observed or quarantined. It also ensures the child receives proper medical evaluation and follow-up care, including wound management and tetanus considerations. The other options aren't appropriate universal steps. Rabies vaccination decisions are made by medical professionals after a risk assessment, and not every bite automatically requires immediate shots. Oxygen administration isn't a standard response to a dog bite. And asking the child's father to locate the dog bypasses public health processes and can delay or compromise necessary safety actions.

7. In the scenario of a blunt abdominal trauma patient who is unstable with signs of shock and a transport time under 10 minutes, after treating the patient you should:

A. perform a comprehensive secondary assessment.

B. begin documenting the call on the patient care form.

C. forgo the hospital radio report because of his condition.

D. closely monitor him and reassess him frequently.

In this scenario, the priority is rapid transport with ongoing monitoring. An unstable blunt abdominal trauma patient in shock needs to move quickly to definitive care, so you don't perform a lengthy secondary survey or get bogged down with detailed documentation on scene. After initial treatment, you should keep a close eye on vital signs, level of consciousness, perfusion, and trend any changes, reassessing frequently as you prepare for transport. This vigilant reassessment allows you to detect early deterioration and intervene as needed during the short ride. At the same time, provide a concise, focused radio report to the receiving facility so they're prepared, and keep documentation brief and relevant to the transport and interventions already performed. The idea isn't to skip reporting, but to avoid delaying transport or a full secondary assessment in an unstable patient; you prioritize continuous monitoring and rapid transfer.

8. In a trauma patient with suspected spinal injury, which action is most important during initial assessment?

A. Remove the helmet to access the airway.

B. Start an IV line immediately.

C. Check blood glucose.

D. Stabilize the spine and prevent movement.

Protecting the spine by preventing movement is the key priority when a trauma patient may have a spinal injury. Any movement can worsen a fracture and escalate a potentially devastating spinal cord injury, so you maintain in-line stabilization, keep the neck immobilized with a cervical collar, and secure the patient to a backboard during assessment and transport. This stabilizing step allows you to address airway and breathing with precautions while minimizing the risk of causing further harm to the spine. The decision to remove a helmet is situational and generally avoided unless it's necessary to manage the airway or perform life-saving procedures, and done with careful technique by trained personnel because removing it can cause neck movement. While establishing an IV or checking glucose are important in trauma care, they don't tackle the immediate risk of secondary spinal injury. The most important action is to stabilize the spine and prevent movement.

9. Which part of the nervous system controls voluntary movement?

A. Autonomic

B. Sensory

C. Central

D. Somatic

Voluntary movement is driven by the somatic nervous system, a branch of the peripheral nervous system. It carries motor commands from the brain and spinal cord to skeletal muscles, allowing you to consciously decide to move and to perform actions like waving a hand or walking. The autonomic nervous system handles involuntary functions such as heartbeat and digestion, not deliberate muscle actions. The sensory system deals with sensing and processing input from the environment, while the central nervous system (brain and spinal cord) serves as the processing center that plans and coordinates movements. The somatic system is the direct pathway that executes voluntary muscle activity, making it the best answer.

10. The musculoskeletal system includes bones and which type of muscle?

A. Cardiac muscles

B. Smooth muscles

C. Voluntary (Skeletal) muscles

D. Involuntary muscles

Skeletal muscles are the muscles that move the bones, and they are under voluntary control, meaning you decide when to use them. The musculoskeletal system combines bones with these skeletal muscles to enable movement, support, and posture. Cardiac muscle forms the heart and works automatically (involuntary), while smooth muscle is found in the walls of organs and vessels and is also involuntary. Because the question pairs bones with the muscle type that moves them, the correct fit is skeletal muscle—the voluntary type.

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://jblmodule5.examzify.com

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