

MODERATE-SEVERE TRAUMATIC BRAIN INJURY (TBI) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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

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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. Osmotherapy in TBI reduces intracranial pressure by:**
 - A. Creating an osmotic gradient to draw fluid from brain tissue into the vasculature
 - B. Increasing cerebral blood flow by vasodilation
 - C. Decreasing CSF production by choroid plexus suppression
 - D. Enhancing neuronal excitability
- 2. Which of the following is considered primary damage in TBI?**
 - A. Seizures
 - B. Infection
 - C. Electrolyte imbalance
 - D. Diffuse axonal injury
- 3. Which statement describes Level VIII's consideration of consequences with minimal assistance?**
 - A. Overestimates/underestimates abilities
 - B. Depressed/irritable, low frustration tolerance
 - C. Argumentative, self-centered
 - D. Thinks about consequences of a decision/action with minimal assistance
- 4. Rehabilitation goals are prioritized for disorders of consciousness in TBI?**
 - A. Establish consistent command-following, enable basic communication, mobilization, and progress toward functional independence
 - B. Focus on passive range of motion only
 - C. Prioritize cosmetic outcomes
 - D. Delay all therapy until full recovery
- 5. In the evaluation of moderate-severe TBI, what does behavioral functioning help assess?**
 - A. Predicts long-term prognosis
 - B. Determines level of physical therapy intensity
 - C. Assesses cognitive status and ability to participate in examination
 - D. Evaluates speech and language deficits only

- 6. Which factors are used to classify the severity of TBI?**
- A. Glasgow Coma Scale score, duration of Loss of Consciousness, and duration of Post-Traumatic Amnesia
 - B. Age, Mechanism of Injury, and CT findings
 - C. Seizure history
 - D. Imaging findings alone
- 7. Which Ranchos Los Amigos level corresponds to Confused-Appropriate?**
- A. Level VI - Confused-Appropriate
 - B. Level V
 - C. Level IV
 - D. Level II
- 8. Which statement is NOT part of the initial management phase for TBI?**
- A. Airway control
 - B. Monitoring oxygenation
 - C. Use of vasopressors to maintain cerebral perfusion
 - D. Neuroimaging only after stabilization
- 9. Which test is primarily used to assess executive function and cognitive flexibility in TBI patients?**
- A. WAIS
 - B. Trail Making Test
 - C. Wisconsin Card Sorting Test
 - D. CRS-R
- 10. Which measures are typically used to assess musculoskeletal integrity in TBI patients?**
- A. MMTs; ROM; Tone
 - B. Balance scales; Gait velocity
 - C. EEG; CT; MRI
 - D. Visual acuity tests; Visual field testing; Vestibular function tests

Answers

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

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Explanations

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1. Osmotherapy in TBI reduces intracranial pressure by:

- A. Creating an osmotic gradient to draw fluid from brain tissue into the vasculature
- B. Increasing cerebral blood flow by vasodilation
- C. Decreasing CSF production by choroid plexus suppression
- D. Enhancing neuronal excitability

Osmotherapy lowers intracranial pressure by creating an osmotic gradient that pulls water out of swollen brain tissue into the bloodstream. In moderate to severe TBI, brain edema increases intracranial pressure and compromises perfusion. Administering a hyperosmolar solution (like mannitol or hypertonic saline) raises the osmolality of the plasma relative to the brain interstitial fluid. This osmotic difference causes water to move from the brain parenchyma into the intravascular space, reducing brain water content and volume, which lowers ICP. Hyperosmolar therapy can also improve cerebral perfusion pressure by expanding intravascular volume (especially with hypertonic saline), but the primary effect is drawing edema fluid out of the brain. Context helps: this is a rapid, temporizing measure for raised ICP; its effect is not permanent and requires careful monitoring of serum osmolality, electrolytes, and volume status to avoid complications such as hyponatremia, hypernatremia, dehydration, or renal issues. Other mechanisms listed don't target edema relief in the brain the same way: increasing cerebral blood flow by vasodilation can raise, not lower, ICP due to increased cerebral blood volume; decreasing CSF production via choroid plexus suppression is not how osmotherapy works; and enhancing neuronal excitability would worsen injury and ICP.

2. Which of the following is considered primary damage in TBI?

- A. Seizures
- B. Infection
- C. Electrolyte imbalance
- D. Diffuse axonal injury

In traumatic brain injury, primary damage is the tissue disruption that happens at the moment of impact due to mechanical forces, such as rapid acceleration-deceleration, rotation, and direct blows. Diffuse axonal injury is a classic example of this kind of damage because the shearing forces physically tear or damage axons across widespread areas of the brain, especially at gray-white matter junctions. This primary injury disrupts neural connections right away and often leads to profound unconsciousness or coma, reflecting the immediate impact on brain structure. Seizures, infection, and electrolyte imbalances are typically secondary phenomena. Seizures can occur after the brain has already been injured and can worsen injury through metabolic demand and hypoxia. Infection arises from medical care and devices used during recovery, not from the initial mechanical hit. Electrolyte imbalances arise from the brain's dysregulated environment and supportive care after injury. These develop after the injury and contribute to secondary injury cascades rather than representing the initial tissue disruption. So, the correct choice highlights an injury caused directly by the trauma forces itself, rather than by subsequent processes.

3. Which statement describes Level VIII's consideration of consequences with minimal assistance?

- A. Overestimates/underestimates abilities
- B. Depressed/irritable, low frustration tolerance
- C. Argumentative, self-centered

D. Thinks about consequences of a decision/action with minimal assistance

Level VIII represents purposeful, appropriate functioning with minimal assistance. A key part of this level is the ability to think ahead, plan, and weigh the consequences of actions before acting, using insight and past experience to guide choices while needing little prompting. The statement about considering the consequences of a decision or action with minimal assistance directly reflects this high level of executive function, independence, and judgment. The other descriptions describe mood changes, misjudgment of one's own abilities, or more passive/socially inappropriate patterns that are not the defining feature of Level VIII.

4. Rehabilitation goals are prioritized for disorders of consciousness in TBI?

A. Establish consistent command-following, enable basic communication, mobilization, and progress toward functional independence

- B. Focus on passive range of motion only
- C. Prioritize cosmetic outcomes
- D. Delay all therapy until full recovery

The main idea here is that rehabilitation for disorders of consciousness after TBI should aim to restore function through an active, engaging, and progressive approach. Establishing consistent command-following demonstrates that the person is reliably processing and responding to stimuli, which is a sign of improving cognitive-motor integration and a gateway to more complex therapy. Enabling basic communication is essential because it lets the patient express needs, indicate pain or discomfort, and participate in decisions about care and therapy—without communication, progress stalls. Mobilization helps prevent deconditioning, reduces the risk of complications like contractures and pressure injuries, and supports neuroplastic changes by coupling movement with cognitive and sensory input. Progress toward functional independence ties these elements together into meaningful daily activities, guiding the rehab plan toward real-world skills such as self-care, safety, and community participation. Early, active rehabilitation also aligns with how recovery from brain injury often unfolds. Waiting for full recovery before starting therapy misses a critical window for learning and brain reorganization, whereas a team-based, multispecialty approach can optimize arousal, attention, and responsiveness while gradually increasing task complexity. Focusing only on passive range of motion misses the cognitive and functional aspects, and prioritizing cosmetic outcomes or delaying therapy ignores the goals that matter most for lasting recovery.

5. In the evaluation of moderate-severe TBI, what does behavioral functioning help assess?

- A. Predicts long-term prognosis
- B. Determines level of physical therapy intensity
- C. Assesses cognitive status and ability to participate in examination**
- D. Evaluates speech and language deficits only

Behavioral functioning in this context reflects how alert, attentive, cooperative, and engaged the patient is during assessment. In moderate-to-severe TBI, these behavioral factors directly determine whether cognitive testing can be meaningfully performed and how to interpret the results. If a patient is withdrawn, agitated, distractible, or unable to follow commands, it's hard to gauge true cognitive abilities like attention, memory, and executive function, and it may necessitate adjusting the testing approach or waiting for a more suitable state of arousal. So assessing behavioral functioning helps decide what cognitive tests are feasible and how to interpret their findings, and it informs planning for rehabilitation and care. It's not primarily about predicting long-term prognosis, which involves a broader set of factors; it isn't about choosing the intensity of physical therapy, which hinges more on motor function and endurance; and it isn't focused solely on speech and language deficits, which are a separate domain within the overall evaluation.

6. Which factors are used to classify the severity of TBI?

- A. Glasgow Coma Scale score, duration of Loss of Consciousness, and duration of Post-Traumatic Amnesia
- B. Age, Mechanism of Injury, and CT findings**
- C. Seizure history
- D. Imaging findings alone

Severity is best understood as the overall impact and prognosis of the brain injury, which is often gauged by age, mechanism of injury, and CT findings. Age matters because older patients generally have less brain reserve and more comorbidities, leading to slower or poorer recovery and more complications. Mechanism of injury conveys the energy transferred to the brain and helps predict injury patterns—from focal contusions to diffuse damage—affecting how severe the injury is likely to be. CT findings provide an objective snapshot of structural damage, such as hemorrhages, contusions, edema, or mass effect, which directly reflects injury burden and urgency of intervention. Together, these factors give a practical way to stratify severity and guide early management. While functional scales like the Glasgow Coma Scale with duration of loss of consciousness and post-traumatic amnesia are important, this combination emphasizes prognosis-related factors that are frequently used to classify severity in many clinical and research contexts.

7. Which Ranchos Los Amigos level corresponds to Confused-Appropriate?

A. Level VI - Confused-Appropriate

B. Level V

C. Level IV

D. Level II

Confused-Appropriate is the designation used for Level VI on the Ranchos Los Amigos scale. At this stage, the person is awake and able to follow simple commands, with responses that are appropriate to the present situation. They show goal-directed behavior and improved attentional control, but memory for recent events and the ability to anticipate future needs can still be impaired. They can perform familiar daily tasks with cues and prompts and typically require moderate supervision and structure to stay on task. Distractions and some confusion about past events may occur, but overall behavior is more organized and purposeful than in earlier stages. This level marks a transition toward greater independence, even though ongoing cognitive and memory limitations remain.

8. Which statement is NOT part of the initial management phase for TBI?

A. Airway control

B. Monitoring oxygenation

C. Use of vasopressors to maintain cerebral perfusion

D. Neuroimaging only after stabilization

The key idea is that early TBI care focuses on preventing secondary brain injury by securing the airway, ensuring good oxygenation, and preserving cerebral perfusion. Airway control prevents hypoxia and ventilation problems that worsen brain injury. Monitoring and maintaining adequate oxygenation avoids hypoxemia that can escalate injury. If blood pressure drops, vasopressors are used to keep cerebral perfusion pressure (CPP) from falling, since $CPP = MAP - ICP$ and adequate CPP supports ongoing brain blood flow. Neuroimaging fits into this early phase because a CT scan of the head is typically obtained soon after stabilization of the airway and breathing to rapidly identify hemorrhage, edema, contusions, or shifts that might need urgent intervention. Saying imaging is done only after stabilization implies delaying it beyond the initial evaluation, which isn't accurate for acute management. Imaging is integrated into the initial assessment to guide timely decisions, not postponed until stabilization is fully complete. So, the statement about neuroimaging being done only after stabilization does not align with the early-management approach, while airway control, oxygenation monitoring, and using vasopressors to maintain CPP are all fundamental parts of the initial phase.

9. Which test is primarily used to assess executive function and cognitive flexibility in TBI patients?

A. WAIS

B. Trail Making Test

C. Wisconsin Card Sorting Test

D. CRS-R

Executive function and cognitive flexibility involve adapting strategies and shifting mental sets when rules change. The Wisconsin Card Sorting Test is designed to probe exactly that: you sort cards by an initially learned rule that changes without warning, so you must infer the new rule from feedback and then switch to it. This requires flexible thinking, monitoring errors, and updating plans—core aspects of executive control that are often impaired after traumatic brain injury, especially with frontal-lobe involvement. The test yields measures like categories achieved and perseverative errors, which reflect how well someone can revise their approach in the face of changing rules. The other tests serve different purposes: the WAIS is a broad intelligence measure, the Trail Making Test assesses set-shifting and processing speed but is more of a quick screening, and the CRS-R evaluates consciousness in coma, not executive function.

10. Which measures are typically used to assess musculoskeletal integrity in TBI patients?

A. MMTs; ROM; Tone

B. Balance scales; Gait velocity

C. EEG; CT; MRI

D. Visual acuity tests; Visual field testing; Vestibular function tests

Assessing musculoskeletal integrity after traumatic brain injury centers on how the muscles and joints are functioning, specifically strength, range of motion, and tone. Manual muscle testing estimates how much force a muscle can produce, highlighting weakness or asymmetry. Range of motion checks reveal limitations and potential contractures in joints, while assessing tone identifies abnormalities such as spasticity or abnormal resistance to movement. Together, these measures give a direct picture of the musculoskeletal system's status and guide rehab decisions like strengthening, stretching, and tone management. Other options focus on functional performance (balance and gait), brain imaging or electrophysiology (EEG, CT, MRI), or sensory systems (visual and vestibular testing), which are not direct assessments of musculoskeletal integrity.

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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://moderateseveretbi.examzify.com>

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

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