Musculoskeletal and Medication 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

1. **What is the maintenance dosing frequency of oral dantrolene for spasticity?**

   A. 25 mg once daily

   B. 50 mg twice daily

   C. 100 mg twice daily

   D. 200 mg twice daily

2. **In a comatose client at risk for fat embolism due to a femur and pelvic fracture, which finding is an early sign?**

   A. Increased heart rate and adventitious breath sounds

   B. Decreased heart rate and clear lungs

   C. Low blood pressure and bradycardia

   D. Fever and productive cough

3. **In a three-point gait, which describes the weight-bearing pattern?**

   A. Crutches and the affected leg advance together, then the unaffected leg

   B. The unaffected leg advances first while crutches stay in place

   C. The crutches advance after the uninvolved leg

   D. The affected leg bears weight while crutches move behind

4. **To prevent shoulder stiffness in a client with a left arm cast, which suggestion should be included in teaching?**

   A. Lift the left arm up over the head.

   B. Keep the left arm in a sling at all times.

   C. Avoid movement of the shoulder entirely.

   D. Massage the left shoulder daily.

5. **Before initiating crutch-walking instructions, which data point is essential to collect?**

   A. Balance assessment

   B. Hair color

   C. Shoe size

   D. Favorite music

6. A client has Buck's extension traction applied to the right leg. The nurse should plan which intervention to prevent complications of the device?

A. Elevate the leg above heart level.

B. Inspect the skin on the right leg at least once every 8 hours.

C. Notify physician if pain increases.

D. Apply ointment to skin.

7. Cyclobenzaprine is prescribed for muscle spasms in which region?

A. Cervical spine

B. Lumbar spine

C. Thoracic spine

D. Sacral region

8. Which sign indicates a potential infection under a cast?

A. Increased warmth and redness around the limb

B. Presence of a "hot spot" on the cast

C. Fever and foul odor from the cast

D. Severe itching under the cast

9. The patient is documented as wearing which type of cast for immobilization?

A. A hip spica cast

B. A short leg cast

C. A long arm cast

D. A body cast

10. When NSAIDs such as diclofenac are used with anticoagulants, what is the main safety concern?

A. No interaction

B. Decreased efficacy

C. Increased bleeding

D. Increased renal excretion

Answers

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

Explanations

1. What is the maintenance dosing frequency of oral dantrolene for spasticity?

A. 25 mg once daily

B. 50 mg twice daily

C. 100 mg twice daily

D. 200 mg twice daily

Dantrolene maintenance dosing aims to keep steady drug levels to continuously reduce spasticity without large peaks that can increase side effects. In oral therapy, a common maintenance regimen is 100 mg per dose taken twice daily, providing about 200 mg per day. This dosing schedule helps maintain consistent control of muscle tone while balancing tolerability and safety, since higher peaks can worsen sedation and long-term use requires liver function monitoring. Other options either underrepresent or overstate the typical per-dose amount or frequency, making them less aligned with standard maintenance practice.

2. In a comatose client at risk for fat embolism due to a femur and pelvic fracture, which finding is an early sign?

A. Increased heart rate and adventitious breath sounds

B. Decreased heart rate and clear lungs

C. Low blood pressure and bradycardia

D. Fever and productive cough

The key concept is recognizing early fat embolism syndrome signs in a patient with long-bone fractures. When fat embolism occurs, the first changes are often cardiovascular and pulmonary: the heart rate rises (tachycardia) as the body responds to embolic events, and the lungs show signs of distress such as adventitious breath sounds from developing pulmonary involvement and impaired gas exchange. So why the best choice fits: increased heart rate together with adventitious lung sounds aligns with the early pulmonary and cardiovascular impact of fat emboli. This reflects the body's initial response to embolization, before more overt findings like hypotension or infection signs develop. The other patterns don't fit early fat embolism well. A decreased heart rate with clear lungs contradicts the expected sympathetic response and the presence of pulmonary involvement. Low blood pressure with bradycardia points to different shock types or late-stage issues, not the typical early fat embolism pattern. Fever with productive cough suggests an infectious process rather than the acute embolic event in the lungs. In this scenario, monitoring for tachycardia and any new adventitious lung sounds, along with rising respiratory effort and possible hypoxemia, is essential for early identification and timely supportive treatment.

3. In a three-point gait, which describes the weight-bearing pattern?

A. Crutches and the affected leg advance together, then the unaffected leg

B. The unaffected leg advances first while crutches stay in place

C. The crutches advance after the uninvolved leg

D. The affected leg bears weight while crutches move behind

Three-point gait is used when one leg must not bear weight. In this pattern, the body is supported by the two crutches and the injured leg, which move forward together as a unit. Then the healthy leg advances to complete the step. This sequence—crutches and the affected leg moving forward together, followed by the unaffected leg—protects the injured limb while still allowing forward progression. The other sequences would either move the uninjured leg first or have the crutches lag behind in a way that doesn't provide the required support for a three-point pattern.

4. To prevent shoulder stiffness in a client with a left arm cast, which suggestion should be included in teaching?

A. Lift the left arm up over the head.

B. Keep the left arm in a sling at all times.

C. Avoid movement of the shoulder entirely.

D. Massage the left shoulder daily.

Maintaining shoulder movement is essential to prevent stiffness when a cast is on the arm. Lifting the arm up over the head encourages shoulder flexion and keeps the joint and surrounding muscles flexible, as long as it's safe and allowed by the clinician. Keeping the arm in a sling all the time or avoiding movement entirely would promote stiffness, and while massage can help with circulation, it doesn't keep the shoulder moving within the cast. So, gentle, permitted range-of-motion like overhead lifting helps preserve mobility while the arm heals.

5. Before initiating crutch-walking instructions, which data point is essential to collect?

A. Balance assessment

B. Hair color

C. Shoe size

D. Favorite music

The essential data point before starting crutch-walking instructions is a balance assessment. Understanding how well the person can stand, maintain upright posture, and control their movements tells you whether it's safe to begin crutch training, what gait pattern to teach, and what precautions or supports are needed. A balance check looks at static and dynamic stability, the ability to bear weight and shift weight smoothly, and how they respond to small perturbations. If balance is insufficient, you'd adjust the plan, possibly use extra support, or delay certain steps to prevent falls and ensure a safer progression. Hair color has no bearing on balance or gait training; shoe size might affect comfort or crutch fit but doesn't determine readiness to initiate crutch walking; favorite music isn't relevant to the safety or technique of the activity.

6. A client has Buck's extension traction applied to the right leg. The nurse should plan which intervention to prevent complications of the device?

A. Elevate the leg above heart level.

B. Inspect the skin on the right leg at least once every 8 hours.

C. Notify physician if pain increases.

D. Apply ointment to skin.

With Buck's extension traction, the skin is directly drawing against the traction apparatus, making skin breakdown a primary and preventable complication. Regularly inspecting the skin on the leg—at least every eight hours—lets you catch early signs of pressure, redness, blistering, or breakdown and intervene promptly (repositioning, padding adjustments, or medical assessment) to keep the skin intact and prevent ulcers. Elevating the leg above heart level would disrupt the intended traction and can reduce its effectiveness, so it isn't the preventive focus. Notifying the physician if pain increases is important for detecting problems, but it's a reactive step rather than a routine preventive measure for skin complications. Applying ointment to the skin isn't appropriate because it can interfere with skin traction, adhesives, and moisture balance, increasing the risk of maceration or slippage.

7. Cyclobenzaprine is prescribed for muscle spasms in which region?

A. Cervical spine

B. Lumbar spine

C. Thoracic spine

D. Sacral region

Cyclobenzaprine is a centrally acting skeletal muscle relaxant used for short-term relief of acute muscle spasms that accompany musculoskeletal conditions. The cervical spine is a common site of acute muscle spasm from neck strain or whiplash, so this region is the best fit for the typical indication of the drug. By acting in the central nervous system to reduce motor neuron activity, it decreases muscle tone and helps relieve pain and stiffness in the neck, allowing movement and therapy to proceed more comfortably. While muscle relaxants can be used for spasms in other areas, exams often frame the classic presentation around cervical muscle spasm, making the neck the most fitting choice.

8. Which sign indicates a potential infection under a cast?

A. Increased warmth and redness around the limb

B. Presence of a "hot spot" on the cast

C. Fever and foul odor from the cast

D. Severe itching under the cast

A localized hot spot on the cast is the best clue that something may be wrong underneath. Casts trap heat and moisture, so when infection or skin breakdown begins under the cast, it creates a noticeable area that feels significantly warmer than the surrounding cast material. That discrete warmth is an early, specific indicator that something is amiss beneath the cast and warrants prompt medical evaluation to prevent complications. General warmth and redness around the limb can occur with normal healing, swelling, or cast pressure and aren't as specific to infection. Fever with a foul odor from the cast points to infection, but it reflects a more systemic or advanced problem, not the earliest sign. Severe itching under the cast is common and usually due to dry skin or irritation, not infection.

9. The patient is documented as wearing which type of cast for immobilization?

A. A hip spica cast

B. A short leg cast

C. A long arm cast

D. A body cast

Immobilizing the hip requires a cast that spans the trunk and both legs to prevent movement at the hip joint. A hip spica cast does exactly that, immobilizing the hips and part of the pelvis by extending from the chest or abdomen down to the legs. This type is commonly used after hip fractures, hip dislocations, or certain hip surgeries to maintain alignment during healing, especially in children. Other casts are designed for different regions: a short leg cast covers only the foot and lower leg; a long arm cast covers the arm; a body cast would immobilize much of the torso and limbs but isn't specifically used to stabilize the hip joint.

10. When NSAIDs such as diclofenac are used with anticoagulants, what is the main safety concern?

A. No interaction

B. Decreased efficacy

C. Increased bleeding

D. Increased renal excretion

The key idea is that combining NSAIDs with anticoagulants raises the risk of bleeding. NSAIDs like diclofenac inhibit an enzyme (COX-1) that helps platelets clump together, so they impair primary hemostasis. They also irritate the stomach lining and can cause ulcers, which increases the chance of GI bleeding. Anticoagulants, on the other hand, slow down the blood's ability to clot by affecting the coagulation cascade. When both drugs are used together, you get two pathways toward bleeding: impaired platelet plug formation from the NSAID and reduced clot formation from the anticoagulant. This combination makes even minor injuries more likely to bleed and can lead to major bleeding, especially in the GI tract. So the main safety concern is increased bleeding. The other options don't capture that dual, bleeding-centric risk: the interaction isn't about no interaction, it isn't about decreased efficacy of the anticoagulant, and increased renal excretion isn't the central issue here. If this combination is necessary, careful risk assessment and strategies to minimize bleeding risk should be considered.

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://muscoskeletalmedication.examzify.com

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