

NEW YORK STATE BASIC EMERGENCY MEDICAL TECHNICIAN (EMT-B) PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

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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. Which signs indicate obvious death?**
 - A. Rigor Mortis and bruising
 - B. Coma and unresponsiveness
 - C. Decomposition and dependent lividity
 - D. Severe trauma and unconsciousness
- 2. What is an obvious indication of a paralyzed limb in a patient with a non-traumatic brain injury?**
 - A. The limb appears swollen
 - B. The limb lacks muscle tone when moved
 - C. The limb is cold to the touch
 - D. The limb displays abnormal movements
- 3. What should be administered to a 62-year-old male with breathing difficulty and low blood pressure?**
 - A. High-concentration oxygen and placed in a position of comfort
 - B. Standard room air in an upright position
 - C. Oxygen via nasal cannula and flat on back
 - D. High-flow oxygen and sitting upright
- 4. Complete airway obstruction can result in:**
 - A. Increased heart rate
 - B. Loss of consciousness
 - C. Shortness of breath
 - D. Cyanosis
- 5. What is the correct compression depth for child CPR?**
 - A. 1 inch
 - B. 1.5 inches
 - C. 2 inches
 - D. 2.5 inches

- 6. When checking the lower extremities of a conscious patient for paralysis, what should the EMS provider do first?**
- A. Ask the patient to wiggle their toes
 - B. Touch the patient's feet and legs and ask if he/she can feel the touch
 - C. Assess for bilateral movement in the legs
 - D. Check for edema in the lower extremities
- 7. What does "distal" mean in anatomical terms?**
- A. Away from the point of attachment
 - B. Toward the midline
 - C. Closer to the point of attachment
 - D. Back
- 8. When spinal injuries are suspected, the EMS provider should FIRST:**
- A. Hyperextend the neck to secure the airway
 - B. Determine the extent of the paralysis
 - C. Apply an extrication collar
 - D. Apply manual stabilization and secure the airway
- 9. In triage, which of the following injuries would be given the highest priority (red)?**
- A. Fractured wrist
 - B. Severe head injury
 - C. Open abdominal wounds
 - D. Severe uncontrolled bleeding
- 10. What is the CPR compression-to-breath ratio for newborns?**
- A. 5 compressions : 1 breath
 - B. 3 compressions : 1 breath
 - C. 15 compressions : 2 breaths
 - D. 30 compressions : 2 breaths

Answers

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

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Explanations

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1. Which signs indicate obvious death?

- A. Rigor Mortis and bruising
- B. Coma and unresponsiveness
- C. Decomposition and dependent lividity**
- D. Severe trauma and unconsciousness

Obvious death is indicated by specific physiological signs that demonstrate the body has ceased all vital functions. Decomposition, which occurs when the body begins to break down following death, is a clear and unmistakable sign that life has ended. Additionally, dependent lividity—also known as hypostasis—refers to the pooling of blood in the lowest parts of the body due to gravity, which typically occurs several hours post-mortem. This pooling of blood creates a discoloration that confirms the absence of circulation and therefore, vital life functions. In contrast, rigor mortis and bruising, while they can be indicators of death under certain circumstances, do not represent obvious, definitive signs by themselves. Rigor mortis can take a few hours to develop and could suggest that death has occurred but does not confirm it beyond doubt without other indicators. Coma and unresponsiveness might indicate a serious medical condition but not necessarily death, as individuals can remain unresponsive for various reasons and still be alive. Severe trauma and unconsciousness also do not definitively indicate death, as a person can be severely injured and still be alive. Thus, the combination of decomposition and dependent lividity provides a clear and undeniable confirmation of death.

2. What is an obvious indication of a paralyzed limb in a patient with a non-traumatic brain injury?

- A. The limb appears swollen
- B. The limb lacks muscle tone when moved**
- C. The limb is cold to the touch
- D. The limb displays abnormal movements

A paralyzed limb in a patient with a non-traumatic brain injury typically lacks muscle tone when moved, which is referred to as hypotonia. This indicates that the brain is not effectively communicating with the muscles in that limb, leading to a significant decrease in muscle tone and control. In patients with paralysis, the affected limb may hang limply and not exhibit the resistance that is normally felt when attempting to move a healthy limb. Neurological conditions can disrupt the motor pathways, resulting in weakness or complete loss of voluntary movement in that area. Swelling in a limb might suggest an injury or circulatory issue rather than paralysis caused by a brain condition. Similarly, a cold limb may indicate a problem with blood circulation or temperature regulation but is not a direct indicator of paralysis. Abnormal movements might be seen in other conditions, such as tremors or spasms, but the key indicator of paralysis is the lack of muscle tone in the affected limb. Thus, the most accurate sign of paralysis in this context is the absence of muscle tone when moved.

3. What should be administered to a 62-year-old male with breathing difficulty and low blood pressure?

- A. High-concentration oxygen and placed in a position of comfort**
- B. Standard room air in an upright position
- C. Oxygen via nasal cannula and flat on back
- D. High-flow oxygen and sitting upright

Administering high-concentration oxygen and positioning the patient in a position of comfort is appropriate for a 62-year-old male experiencing difficulty breathing alongside low blood pressure. High-concentration oxygen is crucial in cases where a patient struggles to breathe, as it helps ensure adequate oxygenation of tissues and organs, which can be compromised in respiratory distress. Placing the patient in a position of comfort, often sitting up or at least propped, can facilitate breathing by allowing the diaphragm more room to function and reducing the workload on respiratory muscles. This position is often more favorable for patients with respiratory distress, as it can alleviate the feeling of breathlessness and make it easier for them to take in air. Other options may not provide the optimal care needed in this scenario. For example, standard room air in an upright position may not supply enough oxygen when breathing is already compromised. Oxygen via nasal cannula while lying flat might hinder the effective movement of the diaphragm, causing further respiratory challenges. High-flow oxygen while sitting upright could be correct in some cases; however, the option of high-concentration oxygen alongside positioning for comfort effectively addresses both the immediate need for oxygen and the psychological comfort that can ease the patient's breathing struggle.

4. Complete airway obstruction can result in:

- A. Increased heart rate
- B. Loss of consciousness**
- C. Shortness of breath
- D. Cyanosis

Complete airway obstruction leads to a significant reduction or cessation of airflow to the lungs. This situation prevents the body from obtaining oxygen, which is critical for sustaining life and maintaining normal physiological functions. As oxygen levels decrease, the body cannot function properly, leading to a state of hypoxia. The brain is especially sensitive to low oxygen levels, and when oxygen supply is insufficient for a prolonged period, it can result in a loss of consciousness. This is often a protective response from the body, as the brain prioritizes its need for oxygen, and by losing consciousness, it may reduce the body's metabolic demands temporarily. While other options like increased heart rate, shortness of breath, and cyanosis may occur as a response to airway obstruction, they do not signify the immediate and life-threatening consequence of airway blockage as effectively as the possibility of loss of consciousness does. Loss of consciousness signals a critical level of oxygen deprivation affecting the brain, making it a fundamental outcome of complete airway obstruction.

5. What is the correct compression depth for child CPR?

- A. 1 inch
- B. 1.5 inches
- C. 2 inches**
- D. 2.5 inches

The recommended compression depth for child CPR is 2 inches. This depth is important to ensure that effective chest compressions are provided, which helps to circulate blood and oxygen to vital organs during cardiac arrest. Compressing to a depth of 2 inches allows for adequate blood flow, creating pressure in the thoracic cavity that is essential for maintaining circulation. It balances the need to compress deep enough to be effective while preventing injury to the child's chest, since children have more pliable ribcages compared to adults. The accuracy of performing compressions to the proper depth is crucial in emergency situations, as it directly impacts the effectiveness of CPR and the chances of survival for the child. Techniques such as ensuring a straight posture and the proper body weight behind each compression aid in reaching this depth consistently.

6. When checking the lower extremities of a conscious patient for paralysis, what should the EMS provider do first?

- A. Ask the patient to wiggle their toes
- B. Touch the patient's feet and legs and ask if he/she can feel the touch**
- C. Assess for bilateral movement in the legs
- D. Check for edema in the lower extremities

The first step in checking the lower extremities of a conscious patient for paralysis is to assess sensation by touching the patient's feet and legs and asking if they can feel the touch. This is crucial because evaluating sensation can help determine if there are nerve function issues that could indicate paralysis or other neurological conditions. Assessing sensation before movement is essential, as the ability to feel is a significant indicator of neurological function. If a patient cannot sense touch, it can lead to further evaluation and management of possible underlying issues. After establishing the patient's sensory response, other assessments, such as checking for movement or edema, can be performed to get a fuller picture of the patient's condition. This methodical approach enhances the accuracy of your assessment and allows for timely interventions if needed.

7. What does "distal" mean in anatomical terms?

- A. Away from the point of attachment**
- B. Toward the midline
- C. Closer to the point of attachment
- D. Back

In anatomical terms, "distal" refers to a position that is farther away from the point of attachment of a limb or organ to the body. This term is commonly used in contrast to "proximal," which indicates a position that is closer to the point of attachment. For example, when discussing the arm, the hand is considered distal to the elbow because it is further away from the attachment of the arm to the torso. Understanding these directional terms is essential for accurate communication in medical and anatomical contexts, as they help describe the location of structures in relation to each other.

8. When spinal injuries are suspected, the EMS provider should FIRST:

- A. Hyperextend the neck to secure the airway
- B. Determine the extent of the paralysis
- C. Apply an extrication collar
- D. Apply manual stabilization and secure the airway**

When spinal injuries are suspected, prioritizing patient stabilization is essential before any further interventions. Applying manual stabilization of the head and neck is critical as it minimizes any potential movement that could exacerbate a spinal injury. This action helps to protect the spinal cord while ensuring that the airway is secured. After this step, other interventions, such as applying an extrication collar, can follow. However, manual stabilization must occur first to keep the spine in a neutral position and limit any movement that could lead to further injury. Ensuring that the airway is secure is also paramount, especially in trauma cases, as compromised airway management can have dire consequences. The emphasis on stability and maintaining a secure airway underscores the principle of providing safe and effective patient care in emergency situations.

9. In triage, which of the following injuries would be given the highest priority (red)?

- A. Fractured wrist
- B. Severe head injury
- C. Open abdominal wounds
- D. Severe uncontrolled bleeding**

In triage, the highest priority injuries are those that pose an immediate threat to life and require urgent medical intervention. Severe uncontrolled bleeding is categorized as a critical condition because it can lead to rapid blood loss and potentially death if not addressed immediately. The body requires a sufficient blood volume to maintain circulation and organ function, and uncontrolled bleeding significantly compromises this. In contrast, the other injuries, while serious, do not typically present the same level of immediate risk to life. A fractured wrist, for example, is painful and limiting but does not threaten life in the short term. A severe head injury and open abdominal wounds are certainly serious conditions that need attention, but they might not be as immediately life-threatening as uncontrolled bleeding, especially in a triage scenario where resources and time are limited. Thus, within the triage system, severe uncontrolled bleeding is prioritized to ensure the highest possible chance of survival for the patient.

10. What is the CPR compression-to-breath ratio for newborns?

- A. 5 compressions : 1 breath
- B. 3 compressions : 1 breath**
- C. 15 compressions : 2 breaths
- D. 30 compressions : 2 breaths

In newborn CPR, the priority is to provide ventilation more frequently because many newborn arrests are due to respiratory problems rather than primary cardiac causes. The recommended pattern is three chest compressions for every one rescue breath. This 3:1 ratio keeps oxygen being delivered to the lungs while still providing chest compressions to circulate oxygenated blood, with a rate of about 100–120 compressions per minute and breaths given after every third compression. This is different from older children and adults, where single rescuers often use 30 compressions to 2 breaths, and two-rescuer pediatric CPR uses 15:2. The 3:1 ratio is specifically suited to the newborn's physiology and the typical cause of arrest in that age group.

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://newyorkstate-embt.examzify.com>

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

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