Orthopedic Gadgets Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

Sample study guide. For the full version with hundreds of questions, visit: https://orthopedicgadgets.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.

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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!

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Questions

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1. Which traction is used for S-Type scoliosis?

A. Halo-Pelvic Traction

B. Halo-Femoral Traction

C. Bryant Traction

D. Boot Cast Traction

2. Which cast is commonly used for a distal femur fracture with callus formation?

A. Pantalon Cast

B. Cast Brace

C. Frog Cast

D. Night Splint

3. Which traction is used for C type scoliosis?

A. Halo-Femoral Traction

B. Buck's Extension Traction

C. Halo-Pelvic Traction

D. Dunlop Traction

4. Which pelvic cast is used for pelvic affection?

A. Frog Cast

B. Night Splint

C. Single Hip Spica Cast

D. Pantalon Cast

5. Which traction uses foam instead of plaster and is indicated for post-poliomyelitis with residual paralysis of the hip and knee?

A. Modified Buck's Extension Traction

B. Head Halter Traction

C. Pelvic Girdle Traction

D. Bohler Braun Splint

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6. For a simple wrist and finger fracture with no wound or infection, which cast is commonly used?

A. Hanging Cast

B. Munster/Fuenster Cast

C. Short Arm Posterior Mold

D. Short Arm Circular Cast

7. Which brace is used for scoliosis with affection of T9 and above?

A. Four Poster Brace

B. Milwaukee Brace

C. Yamamoto Brace

D. Knight Taylor Brace

8. Which cast is used for fracture of the neck of the humerus or recurrent shoulder dislocation?

A. Abduction Splint/Airplane Cast

B. Sugar Tong

C. Long Arm Circular Cast

D. Functional Cast

9. Which cast is used for fracture of the upper portion of the humerus and shoulder joint?

A. Shoulder Spica Cast

B. Sugar Tong

C. Short Arm Circular Cast

D. Hanging Cast

10. The Short Leg Brace is indicated for which condition?

A. Congenital clubfoot

B. Wrist drop

C. Radial nerve injury

D. Clubfoot

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Answers

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

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Explanations

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1. Which traction is used for S-Type scoliosis?

A. Halo-Pelvic Traction

B. Halo-Femoral Traction

C. Bryant Traction

D. Boot Cast Traction

Traction for scoliosis aims to slowly realign the spine by applying a steady pull along its length using skeletal anchors. For an S-shaped curve, where two curves interact to form a single, longer deformity, you want a setup that can pull the spine from both ends with good control. Halo-femoral traction uses a halo ring fixed to the skull and a traction point in the femur, with a device between them that applies a long, continuous pull along the spine. This configuration lets the spine be gradually guided toward midline, correcting both curves in a coordinated way as the traction is increased over time. It provides effective, controlled correction and is less invasive than halo-pelvic traction, which is reserved for more severe, rigid curves. Other forms, like Bryant traction, are typically used in very young children for different indications, and boot cast traction is not used for scoliosis.

2. Which cast is commonly used for a distal femur fracture with callus formation?

A. Pantalon Cast

B. Cast Brace

C. Frog Cast

D. Night Splint

Fracture healing requires stabilizing the broken ends while allowing the healing tissue to mature. When callus forms, it indicates that the fracture has gained stability, so immobilization can be transitioned from a rigid cast to a cast brace. The cast brace keeps the knee and distal femur aligned but allows controlled movement, which helps prevent knee stiffness and makes care and hygiene easier. It also supports gradual progression of weight bearing as healing continues. Other options aren't standard for this scenario because they don't provide the same balance of stability and controlled motion needed after callus formation, and a night splint is intended for other regions (like the foot) rather than the knee and femur.

3. Which traction is used for C type scoliosis?

A. Halo-Femoral Traction

B. Buck's Extension Traction

C. Halo-Pelvic Traction

D. Dunlop Traction

Long-axis traction is used to progressively straighten a severe, rigid scoliosis. Halo-pelvic traction gives anchors at the skull and the pelvis, so weights can pull along the entire spine rather than just a segment. This setup distributes the forces across the whole curve, allowing gradual correction over days to weeks and reducing the risk of turning or stressing the spinal cord compared with shorter or less stable traction. In a C-type scoliosis, where the curve is typically single and quite stiff, this dual-anchor traction provides the most effective and controlled alignment by translating the traction along the spine's length. Other traction methods exist for different injuries or regions and don't offer the same stable, full-spine longitudinal pull needed for this deformity.

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4. Which pelvic cast is used for pelvic affection?

A. Frog Cast

B. Night Splint

C. Single Hip Spica Cast

D. Pantalon Cast

When you need to immobilize the pelvis and hips for a pelvic problem, the cast chosen is one that provides broad stabilization across the pelvis and both legs. The pantaloon cast, a pants-type hip spica, is designed to encase the trunk and both legs in a single immobilizing construct. This makes it ideal for pelvic affection because it restricts movement around both hip joints and the pelvis, helping to maintain alignment and promote healing in bilateral or pelvic-area conditions. In contrast, a frog cast holds the hips in a frog-like abducted and flexed position and is used for specific hip procedures or reductions, not for general pelvic immobilization. A single hip spica cast covers only one side, which isn't sufficient when the pelvis or both hips require stabilization. A night splint targets the foot or ankle, not the pelvis. So the pantaloon cast is the best fit for pelvic affection due to its comprehensive pelvic and bilateral hip immobilization.

5. Which traction uses foam instead of plaster and is indicated for post-poliomyelitis with residual paralysis of the hip and knee?

A. Modified Buck's Extension Traction

B. Head Halter Traction

C. Pelvic Girdle Traction

D. Bohler Braun Splint

In post-polio with residual paralysis of the hip and knee, the goal is to keep the limb in extension while protecting the skin and allowing gentle, adjustable traction. The Modified Buck's extension traction does this with a foam-lined boot instead of plaster, so the traction force is transmitted along the leg while cushioning the limb. The foam reduces pressure points, improves comfort, and makes it easier to monitor skin and adjust the traction as needed, all while maintaining extension at both joints to prevent flexion contractures and support rehabilitation. The other options don't fit this scenario because they target different regions or use different methods: a head halter applies traction to the neck, not the hip or knee; pelvic girdle traction focuses on pelvic mechanics and often uses traditional materials rather than foam; and the Bohler–Braun splint is a splint/traction setup used for other limb injuries and isn't the foam-based method described for post-polio hip–knee management.

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6. For a simple wrist and finger fracture with no wound or infection, which cast is commonly used?

A. Hanging Cast

B. Munster/Fuenster Cast

C. Short Arm Posterior Mold

D. Short Arm Circular Cast

Immobilizing a simple wrist and finger fracture requires a method that holds the wrist and hand rigidly in place so the bones can align and heal without moving. A short arm cast that goes fully around the forearm and wrist provides total-contact stabilization, locking the radiocarpal and midcarpal joints in a single, uniform band. This 360-degree support minimizes movement in all planes and distributes pressure evenly, which is ideal for uncomplicated fractures. Other options serve different purposes or scenarios. A traction or hanging cast is more about pulling on the limb and isn't routinely used for simple wrist fractures. The Münster/Fuenster cast is a non-circumferential design with openings to accommodate swelling or skin concerns, so it offers less rigid immobilization. A short arm posterior mold provides support mainly from the back and may not control movement as effectively as a full circular wrap. In a straightforward wrist and finger fracture without wounds or infection, the full circular short arm cast is the standard choice because it offers reliable, comprehensive stabilization.

7. Which brace is used for scoliosis with affection of T9 and above?

A. Four Poster Brace

B. Milwaukee Brace

C. Yamamoto Brace

D. Knight Taylor Brace

When the curve's apex sits high in the thoracic spine, you need a brace that reaches into the upper thorax to control rotation and provide corrective forces where the spine is most unstable. The Yamamoto brace is designed to engage the upper thoracic region, extending stabilization up toward the neck/upper thorax, which makes it well suited for scoliosis with the apex around T9 or higher. This upper-level support helps translate the corrective pressure across the curve's highest point and maintain alignment as you grow, which is why it's the best choice for high-thoracic curves. Other braces tend to focus on mid- to lower-thoracic and lumbar regions or are older, bulkier designs that don't target the upper thorax as effectively.

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8. Which cast is used for fracture of the neck of the humerus or recurrent shoulder dislocation?

A. Abduction Splint/Airplane Cast

B. Sugar Tong

C. Long Arm Circular Cast

D. Functional Cast

Stabilizing the shoulder joint for a neck of the humerus fracture or recurrent dislocation relies on holding the arm in abduction to keep the humeral head centered in the glenoid and to reduce strain on the anterior structures of the capsule and ligaments. The abduction splint, also called an airplane cast, positions the arm away from the body (abduction, sometimes with slight external rotation). This alignment minimizes forces that could displace the fracture fragments or provoke another dislocation, promoting healing and joint stability. The other casts are used for different injuries: a sugar tong immobilizes the forearm and elbow, a long arm circular cast typically immobilizes the elbow and forearm, and a functional cast is designed for certain distal forearm fractures where some movement is allowed. None of these provide the specific abducted position needed to protect the shoulder joint in these injuries.

9. Which cast is used for fracture of the upper portion of the humerus and shoulder joint?

A. Shoulder Spica Cast

B. Sugar Tong

C. Short Arm Circular Cast

D. Hanging Cast

When a fracture involves the upper part of the humerus and the shoulder joint, immobilizing the shoulder girdle is essential to prevent movement at the glenohumeral joint during healing. A shoulder spica cast accomplishes this by wrapping from the chest around the shoulder and upper arm, effectively immobilizing both the shoulder and proximal arm. The other options don't provide that global immobilization of the shoulder. A sugar-tong splint or a short arm circular cast mainly stabilize the elbow and forearm and don't control shoulder motion. The hanging cast is designed for cases where different segments of the arm are immobilized but does not reliably immobilize the shoulder joint itself. Therefore, the shoulder spica cast is the appropriate choice for fractures involving the upper humerus and shoulder.

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10. The Short Leg Brace is indicated for which condition?

A. Congenital clubfoot

B. Wrist drop

C. Radial nerve injury

D. Clubfoot

The main idea is that a Short Leg Brace is used to immobilize and position the foot and ankle to preserve correction of a foot deformity after initial treatment. In clubfoot, the foot is turned inward and downward, and after the corrective casting or manipulation, the brace helps hold the foot in the corrected alignment during growth. By restricting movement at the ankle and subtalar joints, it prevents relapse and supports ongoing improvement. This makes clubfoot the best fit for a Short Leg Brace. The other options involve different parts of the body or conditions the brace wouldn't address—wrist drop and radial nerve injury are upper-extremity issues, not foot/ankle deformities, and while congenital clubfoot is the birth-presented form of the same condition, the brace is specifically used to manage that foot deformity rather than anything in the arm.

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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:

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

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