

PLATINUM TRAUMA PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 sequence best aligns with standard management for a patient with suspected cervical spine injury after a fall?**
 - A. Check vital signs and monitor
 - B. Manual stabilization, airway, C-collar, backboard, rapid transport.
 - C. Remove helmet and transport
 - D. Immediate on-scene full treatment

- 2. Why might pulmonary contusion be missed on initial chest X-ray?**
 - A. Contusions may evolve and become apparent later
 - B. X-ray is more sensitive early than CT
 - C. They always appear immediately
 - D. They cannot occur

- 3. What are the steps for bleeding control in a laceration?**
 - A. Elevation, direct pressure, then tourniquet
 - B. Ice pack then rest
 - C. Direct pressure only
 - D. Direct pressure pressure dressing tourniquet (if direct pressure doesn't work)

- 4. What is the primary role of a pelvic binder in pelvic fractures?**
 - A. Stabilizes pelvis to reduce bleeding and buys time for definitive management
 - B. Fixes pelvic fractures permanently
 - C. Immobilizes the patient for transport
 - D. Delays surgery for 24 hours

- 5. Which of the following best describes signs of a hemothorax?**
 - A. Decreased breath sounds on the affected side with shock and no external bleeding
 - B. Hyperresonant percussion on the affected side
 - C. Clear breath sounds with stable vitals
 - D. Audible wheeze bilaterally

6. In the Rule of Nines, if both anterior and posterior trunks are burned, what is the total TBSA represented by the trunk region?
- A. 36%
 - B. 18%
 - C. 72%
 - D. 9%
7. In hemorrhagic shock, what is the target MAP before hemorrhage control?
- A. MAP around 90
 - B. MAP around 60 mmHg
 - C. MAP around 80-100
 - D. MAP around 40
8. An Injury Severity Score (ISS) above what value is commonly used to define major trauma?
- A. 10
 - B. 20
 - C. 15
 - D. 25
9. What are the indications for external stabilization in pelvic fracture?
- A. All pelvic fractures require external stabilization
 - B. Hemodynamically unstable patient with signs of pelvic fracture or significant pelvic pain; apply binder and proceed with imaging
 - C. Only fractures with open wounds
 - D. In stable patients only
10. Which statement correctly describes the relationship between AIS and ISS?
- A. AIS measures overall body injury severity; ISS sums all injuries
 - B. AIS measures patient physiologic response at presentation
 - C. AIS assesses individual injuries; ISS aggregates top three AIS scores (squared)
 - D. AIS is used to predict long-term outcomes only

Answers

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

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Explanations

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1. Which sequence best aligns with standard management for a patient with suspected cervical spine injury after a fall?

- A. Check vital signs and monitor
- B. Manual stabilization, airway, C-collar, backboard, rapid transport.**
- C. Remove helmet and transport
- D. Immediate on-scene full treatment

The main idea is to prevent any movement of the cervical spine while preparing for transport, with airway protection as needed. Start by in-line, manual stabilization of the head and neck in a neutral position to stop movement. While maintaining that stabilization, assess and support the airway and breathing, providing ventilation if required. After stabilization and airway management, apply a rigid cervical collar to lock the neck in place and then secure the patient to a long spine board to keep the entire spine immobilized during transport. Finally, proceed with rapid transport to a facility equipped to manage spinal injuries. This approach minimizes the risk of worsening a cervical spine injury during movement and ensures timely definitive care. Choosing options that involve only monitoring without immobilization, removing protective devices, or delaying immobilization for full on-scene treatment could increase the chance of secondary injury.

2. Why might pulmonary contusion be missed on initial chest X-ray?

- A. Contusions may evolve and become apparent later**
- B. X-ray is more sensitive early than CT
- C. They always appear immediately
- D. They cannot occur

Pulmonary contusion often isn't visible right away because the injury causes edema and small hemorrhages that take time to develop to radiographically detectable levels. After blunt trauma, an initial chest X-ray can appear normal or show only subtle changes, while the edema and hemorrhage evolve over hours. As these changes become more pronounced, patchy air-space opacities emerge, revealing the contusion. CT is more sensitive early on and can pick up smaller or early injuries that a plain X-ray misses, which is why the contusion might be detected later on X-ray but could be seen sooner with CT. So the reason it can be missed initially is that contusions may evolve and become apparent later.

3. What are the steps for bleeding control in a laceration?

- A. Elevation, direct pressure, then tourniquet
- B. Ice pack then rest
- C. Direct pressure only
- D. Direct pressure pressure dressing tourniquet (if direct pressure doesn't work)**

The essential idea is a stepwise approach to stopping a laceration bleed. Begin with direct pressure on the wound to compress the vessels and slow the bleed, which also starts clot formation. Then add a pressure dressing to maintain that pressure and protect the wound while bleeding decreases. If the bleeding keeps going despite direct pressure, escalate to a tourniquet as a last resort to stop arterial flow to the limb. Use a tourniquet only on a limb, tight enough to stop the bleed, and note the time of application. This sequence—direct pressure, then a pressure dressing, then a tourniquet if needed—balances effective control with caution to tissue safety.

4. What is the primary role of a pelvic binder in pelvic fractures?

- A. Stabilizes pelvis to reduce bleeding and buys time for definitive management
- B. Fixes pelvic fractures permanently
- C. Immobilizes the patient for transport
- D. Delays surgery for 24 hours

The main idea is that a pelvic binder provides temporary stabilization to reduce pelvic bleeding and buy time for definitive treatment. By wrapping around the pelvis, it compresses the pelvic ring, decreases space for bleeding, and limits movement of fracture fragments, which helps control hemorrhage during initial resuscitation. This is a temporizing measure, not a permanent fix, and it creates a window to pursue definitive care such as external fixation or pelvic angiography with embolization. It isn't primarily about permanent fixation, immobilizing for transport, or delaying surgery; it's about stabilizing to control bleeding while arranging definitive management.

5. Which of the following best describes signs of a hemothorax?

- A. Decreased breath sounds on the affected side with shock and no external bleeding
- B. Hyperresonant percussion on the affected side
- C. Clear breath sounds with stable vitals
- D. Audible wheeze bilaterally

Blood in the pleural space after chest trauma causes the affected lung to collapse or fail to expand fully, so you hear decreased or absent breath sounds on that side and the area often feels dull on percussion. If the bleeding is significant, the patient can go into shock from intrathoracic blood loss, even when there's no external injury. That combination—diminished breath sounds on the injured side with signs of shock and no external bleeding—is classic for a hemothorax. In contrast, a hyperresonant percussion note points toward air in the pleural space (pneumothorax), not blood. Clear breath sounds with stable vitals wouldn't fit an intrathoracic bleeding scenario, and an audible wheeze bilaterally suggests airway reactivity or obstruction rather than blood in the chest.

6. In the Rule of Nines, if both anterior and posterior trunks are burned, what is the total TBSA represented by the trunk region?

- A. 36%
- B. 18%
- C. 72%
- D. 9%

In the Rule of Nines, the torso is divided into two parts: the front (anterior trunk) and the back (posterior trunk), and each of these parts accounts for 18% of the total body surface area. If both are burned, you add the two 18% portions together. That yields 36% TBSA for the trunk overall. So, the trunk region represented when both anterior and posterior parts are burned totals 36%. (For context, other regions: head and neck 9%, each upper limb 9%, each lower limb 18%, perineum 1%.)

7. In hemorrhagic shock, what is the target MAP before hemorrhage control?

- A. MAP around 90
- B. MAP around 60 mmHg**
- C. MAP around 80-100
- D. MAP around 40

In hemorrhagic shock, the goal before hemorrhage control is to use permissive hypotension, aiming for a mean arterial pressure around 60 mmHg. This level is low enough to avoid pushing blood pressure up to where it would force more bleeding and disrupt clots, yet high enough to maintain perfusion to vital organs like the brain and kidneys. If you push the pressure higher, you risk continuing or worsening the hemorrhage and developing complications from over-resuscitation. If you let it fall too low (much below 60), organs can suffer ischemia, leading to rapid deterioration. So, around 60 mmHg strikes a balance between keeping essential organ perfusion and minimizing ongoing bleeding until definitive hemorrhage control is achieved.

8. An Injury Severity Score (ISS) above what value is commonly used to define major trauma?

- A. 10
- B. 20
- C. 15**
- D. 25

The concept here is how injury severity scores guide the classification of major trauma. The Injury Severity Score (ISS) sums the squares of the highest AIS scores from three different body regions, giving a range from 0 to 75. In practice, an ISS above 15 is the commonly used threshold to define major trauma because it reflects multiple significant injuries across different regions and is associated with higher mortality and greater resource needs. Therefore, the value that defines major trauma when exceeded is 15. Lower thresholds would include fewer severely injured patients, while higher thresholds would miss many who still require major trauma care.

9. What are the indications for external stabilization in pelvic fracture?

- A. All pelvic fractures require external stabilization
- B. Hemodynamically unstable patient with signs of pelvic fracture or significant pelvic pain; apply binder and proceed with imaging**
- C. Only fractures with open wounds
- D. In stable patients only

External stabilization is used as a temporary, hemorrhage-control measure when a pelvic fracture is suspected in a patient who is hemodynamically unstable or has significant pelvic pain. The pelvic binder compresses the pelvic ring, helping reduce pelvic volume and tamponade venous bleeding, which can buy crucial time for resuscitation and definitive control of hemorrhage. After applying the binder, imaging is pursued to define the injury and guide next steps, such as angiographic embolization or pelvic packing if bleeding persists. This approach is not for every pelvic fracture—stability matters, so not all patients require external stabilization, and open wounds alone do not mandate it.

10. Which statement correctly describes the relationship between AIS and ISS?

- A. AIS measures overall body injury severity; ISS sums all injuries
- B. AIS measures patient physiologic response at presentation
- C. AIS assesses individual injuries; ISS aggregates top three AIS scores (squared)**
- D. AIS is used to predict long-term outcomes only

AIS assigns severity to each individual injury on a 1–6 scale, with separate ratings for different body regions. The ISS uses those per-injury scores by taking the three most severely injured body regions and summing the squares of their AIS scores. This setup—per-injury assessment with an aggregated, region-based overall score—is why the statement describing AIS as assessing individual injuries and ISS as aggregating the top three AIS scores (squared) is the best fit. For example, if the head injury is AIS 4, the chest injury AIS 3, and an extremity injury AIS 2, the ISS would be $4^2 + 3^2 + 2^2 = 29$. This framework isn't about measuring physiologic response at presentation, which is a different type of assessment, nor does it claim that AIS/ISS predict long-term outcomes exclusively. It also isn't a simple sum of all AIS scores; it specifically uses the top three injuries from distinct body regions and squares their AIS scores to emphasize the impact of the most severe injuries.

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://platinumtrauma.examzify.com>

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

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