

SAUNDERS MUSCULOSKELETAL PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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	16

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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. What intervention might a nurse consider for a client complaining of pain under a cast?**
 - A. Reapplying the cast tighter
 - B. Cutting a window in the cast
 - C. Administering pain medication
 - D. Removing the cast entirely

- 2. Before a fracture reduction procedure, which actions should the nurse take?**
 - A. Administer prescribed analgesics
 - B. Explain the procedure to the client
 - C. Obtain informed consent
 - D. All of the above

- 3. What is the main cause of osteomalacia in adults?**
 - A. Excess calcium intake
 - B. Vitamin D deficiency
 - C. Dehydration
 - D. Bone overexertion

- 4. After a right below-knee amputation, which complication is a diabetic client at highest risk for?**
 - A. Infection of the stump
 - B. Separation of the wound edges
 - C. Fracture of the remaining limb
 - D. Delayed healing of the incision

- 5. A client with a fractured femur and pelvic fractures should be monitored for which signs/symptoms?**
 - A. Decreased heart rate and increased blood pressure
 - B. Muscle spasms and swelling
 - C. Tachycardia and hypotension
 - D. Localized pain and redness

- 6. Which symptom should a nurse monitor closely in a patient with a hip fracture in traction?**
- A. Pain relief measures
 - B. Mobility and range of motion
 - C. Absence of muscle spasms
 - D. Signs of neurovascular compromise
- 7. In the care plan for a client in Buck's traction, which finding should the nurse monitor for potential complications?**
- A. Increased muscle strength
 - B. Weak pedal pulses
 - C. Elevated heart rate
 - D. Improved range of motion
- 8. A client with pelvic fractures is at risk for which changes in vital signs?**
- A. Bradycardia and hypertension
 - B. Hypotension and tachycardia
 - C. Normal vital signs
 - D. Rapid respiration and elevated blood pressure
- 9. What is the most appropriate initial intervention for a client with an open fracture of the right tibia?**
- A. Check the neurovascular status of the area distal to the extremity
 - B. Apply a tourniquet above the fracture site
 - C. Administer pain medication immediately
 - D. Immobilize the fracture with a splint
- 10. What actions should the UAP take to ensure safe ambulation of a client?**
- A. Instruct the client to lie down during ambulation
 - B. Ensure the client wears nonskid shoes
 - C. Leave the room during the ambulation
 - D. Allow the client to ambulate unassisted

Answers

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

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Explanations

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1. What intervention might a nurse consider for a client complaining of pain under a cast?

- A. Reapplying the cast tighter
- B. Cutting a window in the cast**
- C. Administering pain medication
- D. Removing the cast entirely

When a client experiences pain under a cast, one appropriate intervention is to cut a window in the cast. This procedure allows the healthcare provider to assess the underlying skin and soft tissue for any signs of complications, such as swelling or pressure sores, which could be causing the pain. It can also relieve pressure from the cast, providing immediate comfort to the client. Creating a window in the cast does not compromise the cast's overall effectiveness in immobilizing the injured area, provided it is done carefully. This approach aims to alleviate discomfort without fully removing the cast, which might be necessary if the situation requires direct intervention to address potential complications. On the other hand, reapplying the cast tighter could worsen the pain if swelling is the issue, as increased pressure can lead to further complications. Administering pain medication may provide temporary relief, but it does not address the underlying cause of the pain. Removing the cast entirely is usually a last resort reserved for specific situations where continued immobilization is no longer feasible or safe.

2. Before a fracture reduction procedure, which actions should the nurse take?

- A. Administer prescribed analgesics
- B. Explain the procedure to the client
- C. Obtain informed consent
- D. All of the above**

Before a fracture reduction procedure, it's essential for the nurse to take several preparatory steps to ensure the patient's comfort, understanding, and legal compliance. Administering prescribed analgesics is important to help manage pain, which can make the procedure more tolerable for the patient. Explaining the procedure to the client provides an opportunity for them to understand what will happen, alleviating anxiety and enabling them to provide informed consent. This step is integral to patient education and fosters a sense of security and trust. Obtaining informed consent is a legal and ethical requirement prior to any medical procedure. This process ensures that the patient is fully aware of the risks, benefits, and alternatives before agreeing to the procedure. Taking all of these actions—administering analgesics, explaining the procedure, and obtaining informed consent—creates a comprehensive approach to patient care that addresses physical comfort, understanding, and legal considerations. Hence, all these actions together are crucial for successful preparation for the procedure.

3. What is the main cause of osteomalacia in adults?

- A. Excess calcium intake
- B. Vitamin D deficiency**
- C. Dehydration
- D. Bone overexertion

Vitamin D deficiency is the primary cause of osteomalacia in adults. Osteomalacia is characterized by the softening of bones due to the improper mineralization of osteoid, which is the unmineralized organic matrix of bone. Vitamin D plays a crucial role in bone health by facilitating the absorption of calcium and phosphate from the diet, both of which are essential for maintaining healthy bone mineralization. When there is insufficient vitamin D, which can occur due to factors such as lack of sunlight exposure, limited dietary intake, or certain medical conditions affecting absorption, the body is unable to effectively absorb the necessary minerals. This deficiency leads to a decrease in bone mineral density and can cause symptoms such as bone pain and an increased risk of fractures, which are characteristic of osteomalacia. In contrast, excess calcium intake, dehydration, and bone overexertion do not directly cause osteomalacia. Excessive calcium may lead to different complications, dehydration affects overall health but not specifically bone mineralization, and overexertion of bones primarily pertains to stress fractures rather than the softening associated with osteomalacia. Thus, understanding the fundamental role of vitamin D in bone health is key to comprehending the pathophysiology of osteomalacia.

4. After a right below-knee amputation, which complication is a diabetic client at highest risk for?

- A. Infection of the stump
- B. Separation of the wound edges**
- C. Fracture of the remaining limb
- D. Delayed healing of the incision

The highest risk complication for a diabetic client after a right below-knee amputation is infection of the stump. Diabetes can impair the body's immune response and slow healing due to reduced blood flow and nerve function. This means that infections can develop more easily in the surgical area, as the body's ability to fight off pathogens is compromised. Furthermore, the risk of developing infections is exacerbated by the presence of diabetes, as the elevated blood glucose levels can promote bacterial growth. Infections can lead to serious implications, including delayed healing or even further complications that may necessitate additional surgeries. While separation of the wound edges, fracture of the remaining limb, and delayed healing of the incision are concerns related to postoperative complications, the immediate and significant risk of infection stands out, especially given the context of the client's pre-existing diabetic condition.

5. A client with a fractured femur and pelvic fractures should be monitored for which signs/symptoms?

- A. Decreased heart rate and increased blood pressure
- B. Muscle spasms and swelling
- C. Tachycardia and hypotension**
- D. Localized pain and redness

The choice indicating the need to monitor for tachycardia and hypotension is crucial in the context of fractures, particularly with femur and pelvic injuries. These types of fractures can lead to significant internal bleeding due to the proximity of major blood vessels and the large volume of blood contained within the pelvic area. This can result in hypovolemic shock, where the body's circulatory system is compromised due to decreased blood volume. Tachycardia, or an increased heart rate, is often the body's compensatory response to maintain adequate circulation and blood flow when there is a loss of blood volume. Hypotension, or low blood pressure, typically occurs as the volume of circulating blood decreases, leading to insufficient pressure to keep blood flowing to vital organs. Therefore, monitoring for these signs is essential to quickly identify and manage potential complications such as shock or hemorrhage. The other choices, while they might also develop in the context of fractures, do not appropriately reflect the immediate critical risks associated with femur and pelvic fractures. For example, decreased heart rate and increased blood pressure are generally not expected physiological responses to significant trauma or hemorrhage. Muscle spasms and swelling can occur but are not as critical as monitoring for vital signs related to blood loss. Local

6. Which symptom should a nurse monitor closely in a patient with a hip fracture in traction?

- A. Pain relief measures
- B. Mobility and range of motion
- C. Absence of muscle spasms
- D. Signs of neurovascular compromise**

Monitoring for signs of neurovascular compromise is crucial in a patient with a hip fracture in traction due to the risk of complications related to impaired blood flow or nerve function. A hip fracture can lead to potential compression of the neurovascular structures in the area, especially when traction is applied. Symptoms of neurovascular compromise may include changes in sensation, increased pain, pallor, coolness of the extremity, or diminished pulses. Early detection of these signs is vital to prevent severe complications such as limb ischemia or permanent nerve damage. While monitoring pain relief, mobility, and muscle spasms is important for overall patient care, it is the neurovascular status that requires close observation to ensure the integrity of the circulatory and nervous systems remains intact, especially in the context of potential complications that could arise from a fracture and traction application. In this situation, prioritizing neurovascular checks can help ensure timely interventions if a compromise is identified.

7. In the care plan for a client in Buck's traction, which finding should the nurse monitor for potential complications?

- A. Increased muscle strength
- B. Weak pedal pulses**
- C. Elevated heart rate
- D. Improved range of motion

Monitoring weak pedal pulses in a client in Buck's traction is crucial because it can indicate potential vascular complications. Buck's traction is often used to stabilize fractures, particularly in the lower extremities, and maintaining adequate blood circulation is vital for healing and limb health. Weaker or diminished pedal pulses can signal reduced blood flow, which may result from circulatory issues such as compartment syndrome or a vascular occlusion. By checking the pedal pulses regularly, the nurse can assess the vascular status of the patient's leg. If there are concerns regarding blood flow, appropriate interventions can be initiated swiftly to prevent further complications. Other findings, such as increased muscle strength, elevated heart rate, or improved range of motion, do not directly indicate potential complications associated with Buck's traction. Increased muscle strength is typically not expected during traction, heart rate changes may occur for various reasons unrelated to the traction, and improved range of motion is not immediately relevant in the context of a client who is stabilizing a fracture. Therefore, focusing on pedal pulses is vital for monitoring the patient's circulatory system and ensuring their safety.

8. A client with pelvic fractures is at risk for which changes in vital signs?

- A. Bradycardia and hypertension
- B. Hypotension and tachycardia**
- C. Normal vital signs
- D. Rapid respiration and elevated blood pressure

In the case of pelvic fractures, patients often experience significant blood loss due to potential injuries to the pelvic vessels. The loss of blood volume can lead to decreased blood pressure, resulting in hypotension. To compensate for this drop in blood pressure, the body typically increases the heart rate, leading to tachycardia. This physiological response is a critical mechanism to maintain adequate perfusion and oxygen delivery to vital organs. In contrast, other choices either suggest normal vital signs or combinations of vital signs that are not typically associated with pelvic fractures. For instance, bradycardia and hypertension would not align with the body's compensatory responses following significant trauma and blood loss. Rapid respiration with elevated blood pressure might suggest a different underlying issue unrelated to the specific circumstances of pelvic fracture injuries. Thus, hypotension and tachycardia are the expected vital sign changes in this situation, making them the correct answer.

9. What is the most appropriate initial intervention for a client with an open fracture of the right tibia?

- A. Check the neurovascular status of the area distal to the extremity**
- B. Apply a tourniquet above the fracture site
- C. Administer pain medication immediately
- D. Immobilize the fracture with a splint

The most appropriate initial intervention for a client with an open fracture of the right tibia is to check the neurovascular status of the area distal to the extremity. This step is crucial because it assesses the blood flow and nerve function beyond the site of the fracture. An open fracture has a higher risk of vascular or nerve injury due to the exposed bone and surrounding tissues. Ensuring that there is adequate circulation and sensation in the distal extremity informs the medical team about the severity of the injury and helps guide further treatment. Understanding the neurovascular status can also help in identifying any complications that may arise, such as compartment syndrome, which can occur when swelling or bleeding increases pressure within a closed anatomical space, potentially compromising blood supply and nerve function. By checking this status first, appropriate and timely interventions can be made to minimize complications and improve outcomes. While other actions, such as creating immobilization or managing pain, are important, they may be secondary to ensuring that the patient's neurovascular integrity is intact. Checking the neurovascular status establishes a baseline for further interventions and can provide critical information that influences treatment decisions.

10. What actions should the UAP take to ensure safe ambulation of a client?

- A. Instruct the client to lie down during ambulation
- B. Ensure the client wears nonskid shoes**
- C. Leave the room during the ambulation
- D. Allow the client to ambulate unassisted

To ensure safe ambulation of a client, it is essential for the Unlicensed Assistive Personnel (UAP) to ensure that the client wears nonskid shoes. Nonskid shoes provide important traction, reducing the risk of slipping and falling during ambulation. This is particularly crucial for clients who may have mobility issues, are at risk for falls, or are just beginning to regain strength and balance. Nonskid footwear helps create a secure grip on various surfaces, enhancing stability. This action demonstrates a proactive approach to safety and contributes positively to the overall mobility experience of the client. Providing proper footwear is a fundamental yet vital part of fall prevention strategies alongside observational support and appropriate supervision. In contrast, the other options would not contribute positively to the client's safety during ambulation. For instance, instructing the client to lie down during ambulation is counterproductive, as ambulation cannot occur while lying down. Leaving the room would remove necessary supervision and could put the client at risk. Allowing the client to ambulate unassisted could also lead to accidents, especially if the client is not fully capable of maintaining their balance. Therefore, ensuring the use of nonskid shoes is the most effective action the UAP can take to enhance safety during ambulation.

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://saundersmusculoskeletal.examzify.com>

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

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