

SAUNDERS MUSCULOSKELETAL PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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 assessment finding would be concerning for a client with a right tibia fracture?**
 - A. Swelling around the fracture site
 - B. Neurological deficits in the toes
 - C. Ability to wiggle the toes)
 - D. Warmth of the leg

- 2. What can indicate that a molded cast is drying properly?**
 - A. The cast feels cool to the touch
 - B. The cast is maintaining its shape
 - C. The client feels warmth in the cast
 - D. The cast appears to be discolored

- 3. When educating a patient with a plaster cast, which precaution should be emphasized?**
 - A. Keep the cast dry at all times
 - B. Report any increase in drainage or interruption in cast integrity immediately
 - C. Change the cast every week
 - D. Ignore itching inside the cast

- 4. What does a subluxation of the shoulder indicate about the joint?**
 - A. It is completely intact.
 - B. It has partially dislocated.
 - C. It is fractured.
 - D. It is dislocated.

- 5. For a client with low back pain radiating down the left posterior thigh, which activity should the nurse inquire about aggravating the pain?**
 - A. Sitting for long periods
 - B. Bending or lifting
 - C. Walking short distances
 - D. Running or jogging

- 6. What should a nurse do if a client is experiencing skin irritation from a cast?**
- A. Completely remove the cast
 - B. Pat the cast edges with adhesive tape
 - C. Apply ice to the skin
 - D. Increase the wearing time of the cast
- 7. What exercises can be performed in right skeletal lower leg traction?**
- A. Pulling up using the trapeze
 - B. Walking on the treadmill
 - C. Jumping jacks
 - D. Performing sit-ups
- 8. What is the priority nursing problem for a client in skeletal leg traction who reports boredom and restlessness?**
- A. Inability to entertain self.
 - B. Pain management.
 - C. Risk of immobility complications.
 - D. Insufficient understanding of treatment plan.
- 9. Which area should be assessed as high risk for pressure and breakdown in a client with skeletal traction?**
- A. Right heel
 - B. Left heel
 - C. Lower back
 - D. Both elbows
- 10. What important teaching point should a nurse include about the use of a thoracolumbosacral orthosis after spinal fusion?**
- A. The device is worn 24/7
 - B. The device is applied before getting out of bed in the morning
 - C. The device should be removed before sleeping
 - D. The device can be adjusted at any time

Answers

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

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Explanations

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1. What assessment finding would be concerning for a client with a right tibia fracture?

- A. Swelling around the fracture site
- B. Neurological deficits in the toes**
- C. Ability to wiggle the toes)
- D. Warmth of the leg

Neurological deficits in the toes following a right tibia fracture signify a potential compromise of nerve function in the lower extremity. This could indicate damage to the peroneal or tibial nerve, which can be associated with the fracture itself, swelling, or associated hematoma formation. Neurological assessment is crucial in this context, and deficits may manifest as tingling, numbness, weakness, or loss of sensation in the toes. These findings are alarming because they could suggest more serious complications, such as nerve injury, that may require immediate medical intervention. In contrast, swelling around the fracture site can be a common and expected finding due to the body's inflammatory response to injury. The ability to wiggle the toes is a good sign, indicating that some nerve function remains intact. Warmth of the leg may reflect increased blood flow as part of the healing process or may indicate minor inflammation, but it does not point to an acute neurological issue. Thus, the presence of neurological deficits is a significant red flag that necessitates further investigation and possible intervention to prevent long-term complications.

2. What can indicate that a molded cast is drying properly?

- A. The cast feels cool to the touch
- B. The cast is maintaining its shape**
- C. The client feels warmth in the cast
- D. The cast appears to be discolored

A molded cast drying properly can be indicated by its ability to maintain its shape. When a cast is newly applied, it is often malleable and begins to harden as it dries. The retention of its shape signifies that the casting material has properly set and solidified, ensuring that it will effectively immobilize the underlying structures, providing the necessary support for healing. Other options suggest different scenarios that may not correlate directly with proper casting techniques. For example, if a cast feels cool to the touch, it may simply indicate that the casting material is in the early stages of curing, but it does not necessarily confirm that it has dried properly. Warmness felt by the client could indicate circulation issues or deterioration of the casting material, which might be concerning. Discoloration of the cast may result from several factors, including moisture or contamination, and does not reflect appropriate drying or a successful molding process. Therefore, the ability of the cast to maintain its original mold shape is the most reliable indicator of proper drying and set.

3. When educating a patient with a plaster cast, which precaution should be emphasized?

- A. Keep the cast dry at all times
- B. Report any increase in drainage or interruption in cast integrity immediately**
- C. Change the cast every week
- D. Ignore itching inside the cast

Emphasizing the importance of reporting any increase in drainage or interruption in cast integrity is critical for several reasons. A plaster cast is designed to immobilize and protect an injured area, but it can also create a warm, moist environment that can lead to complications such as infection or skin breakdown if not monitored properly. If there is an increase in drainage, it could be a sign of worsening injury or infection, signaling that medical evaluation is needed. Similarly, interruption in cast integrity—such as cracking, softening, or any significant changes—can compromise the support the cast offers, leading to improper healing or additional injury. The ability to respond promptly to these signs is essential in providing effective care and ensuring a good outcome for the patient. While keeping the cast dry is important to maintain its integrity and function, it is secondary to addressing changes in the patient's condition, as these indicate direct health threats. Changing the cast every week is unnecessary and impractical unless specified by a healthcare professional, and ignoring itching can lead to complications such as skin irritation or infection, which should also be managed appropriately.

4. What does a subluxation of the shoulder indicate about the joint?

- A. It is completely intact.
- B. It has partially dislocated.**
- C. It is fractured.
- D. It is dislocated.

A subluxation of the shoulder indicates that the joint has partially dislocated. This means that the head of the humerus has moved out of its normal position within the glenoid socket but has not completely dislocated. In a partial dislocation, the joint maintains some contact between the surfaces, which is why it is distinguished from a complete dislocation. In a complete dislocation, the joint surfaces are entirely separated, leading to a different set of clinical implications and treatment protocols. A subluxation often presents with pain and a feeling of instability but may allow for some range of motion, depending on how far the joint is out of place. Understanding this condition is crucial for proper diagnosis and management in musculoskeletal practice.

5. For a client with low back pain radiating down the left posterior thigh, which activity should the nurse inquire about aggravating the pain?

- A. Sitting for long periods
- B. Bending or lifting**
- C. Walking short distances
- D. Running or jogging

For a client experiencing low back pain that radiates down the left posterior thigh, it is important to identify activities that can exacerbate such symptoms. Bending or lifting is particularly relevant because these movements can place significant stress on the lumbar spine and its associated structures. When bending or lifting, the biomechanics of the spine are challenged, which may lead to further compression of nerve roots or the disc, especially if there is an underlying condition such as a herniated disc or sciatica. These actions can aggravate existing nerve irritation or inflammation, leading to increased pain that radiates into the leg due to the anatomical pathways of the sciatic nerve. The other activities listed may not necessarily provoke pain to the same degree. Sitting for long periods can lead to discomfort but typically does not augment acute pain as aggressively as bending or lifting. Walking short distances generally promotes mobility and can even help alleviate stiffness. Running or jogging, while potentially impactful, may not be as significant in exacerbating pain in someone presenting with this specific symptom profile. Therefore, focusing on bending or lifting provides the most insight into activities likely to worsen the client's low back pain and associated symptoms.

6. What should a nurse do if a client is experiencing skin irritation from a cast?

- A. Completely remove the cast
- B. Pat the cast edges with adhesive tape**
- C. Apply ice to the skin
- D. Increase the wearing time of the cast

When a client is experiencing skin irritation from a cast, the appropriate action is to pat the cast edges with adhesive tape. This strategy helps create a smoother edge, which can reduce friction and irritation against the skin. The tape acts as a barrier, preventing further rubbing that could exacerbate the skin condition. Other options would not effectively address the problem. Completely removing the cast without medical guidance could compromise the healing process of the underlying injury or fracture. Applying ice directly to the skin can lead to further irritation and may not be advisable; ice should not come into direct contact with the cast material and may cause moisture accumulation, which can worsen skin irritation. Increasing the wearing time of the cast does not resolve irritation and could lead to further discomfort and potential skin breakdown. Thus, using adhesive tape to protect the edges of the cast is the most effective and appropriate intervention for managing skin irritation in this scenario.

7. What exercises can be performed in right skeletal lower leg traction?

- A. Pulling up using the trapeze
- B. Walking on the treadmill
- C. Jumping jacks
- D. Performing sit-ups

Right skeletal lower leg traction is a method used to stabilize and align fractures or injuries in the lower leg, allowing for proper healing while minimizing movement. In this context, exercises that are appropriate would focus on gentle movements that do not place stress or load on the affected limb. Pulling up using the trapeze is an exercise that allows for controlled pulling force while keeping the lower leg stable in traction. This helps maintain upper body strength and mobility without exacerbating the injury. It is crucial for patients on traction to engage in activities that facilitate strength and flexibility without compromising the healing process of the lower leg. In contrast, while walking on the treadmill, jumping jacks, and performing sit-ups involve more dynamic movements or load-bearing activities, they are not suitable in this scenario. These exercises can increase risk of injury or impede healing by placing unnecessary stress on the skeletal structure in traction. Ultimately, the correct choice enables safe engagement during rehabilitation.

8. What is the priority nursing problem for a client in skeletal leg traction who reports boredom and restlessness?

- A. Inability to entertain self.
- B. Pain management.
- C. Risk of immobility complications.
- D. Insufficient understanding of treatment plan.

In the context of a client in skeletal leg traction experiencing boredom and restlessness, focusing on the inability to entertain oneself is crucial because these feelings can significantly impact the patient's overall psychological well-being and compliance with treatment. When patients report boredom, it often indicates a lack of engagement and stimulation, which can lead to further emotional distress, ultimately affecting their physical recovery. Addressing the psychological needs of the patient is essential for a holistic approach to care. While pain management, risk of immobility complications, and understanding the treatment plan are all important aspects of care, the immediate concern in this case is the patient's mental state. Engaging the patient in activities or providing strategies to alleviate boredom can help improve their comfort level, increase satisfaction with care, and promote adherence to their treatment regimen. This mental engagement can also indirectly contribute to better physical recovery by alleviating feelings of restlessness that might lead to complications related to immobility.

9. Which area should be assessed as high risk for pressure and breakdown in a client with skeletal traction?

- A. Right heel
- B. Left heel**
- C. Lower back
- D. Both elbows

In a client with skeletal traction, the left heel should be assessed as high risk for pressure and breakdown due to the positioning and the effects of traction on the body. Skeletal traction can lead to prolonged immobility and the inability to shift weight, which increases the risk of pressure ulcers, particularly on bony prominences. The heel, being a notable pressure point when a patient is in a supine position, is at risk because the weight of the body, combined with the pressure from any external devices or the traction apparatus, can impede blood flow to the tissues in that area. Therefore, consistent assessment and preventive measures, such as repositioning and the use of pressure-relief devices, are crucial to avoid skin breakdown. While the other options, such as the right heel and both elbows, may also be areas of concern, the left heel in the context of skeletal traction is particularly vulnerable, making it essential to monitor this area closely for signs of pressure injury.

10. What important teaching point should a nurse include about the use of a thoracolumbosacral orthosis after spinal fusion?

- A. The device is worn 24/7
- B. The device is applied before getting out of bed in the morning**
- C. The device should be removed before sleeping
- D. The device can be adjusted at any time

When discussing the use of a thoracolumbosacral orthosis (TLSO) after spinal fusion, it is crucial to emphasize that the device is to be applied before getting out of bed in the morning. This teaching point is important because the TLSO is designed to provide support and stability to the spine following surgery. By putting on the device before rising from bed, the patient helps ensure their spine is adequately supported during movements that may exert stress on the surgical area. This timing is especially critical since getting out of bed may involve movements that could jeopardize the healing process if the spine is not properly immobilized and supported. Thus, reinforcing the importance of wearing the TLSO before engaging in activities helps patients maintain appropriate spinal alignment and prevent potential complications during the recovery phase. In this context, wearing the device 24/7 may not always be practical or recommended in every case, and there might be guidelines on when it can or cannot be removed, especially during sleep. Adjustments to the device should also ideally be made by a healthcare professional rather than the patient themselves, ensuring proper fit and function.

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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