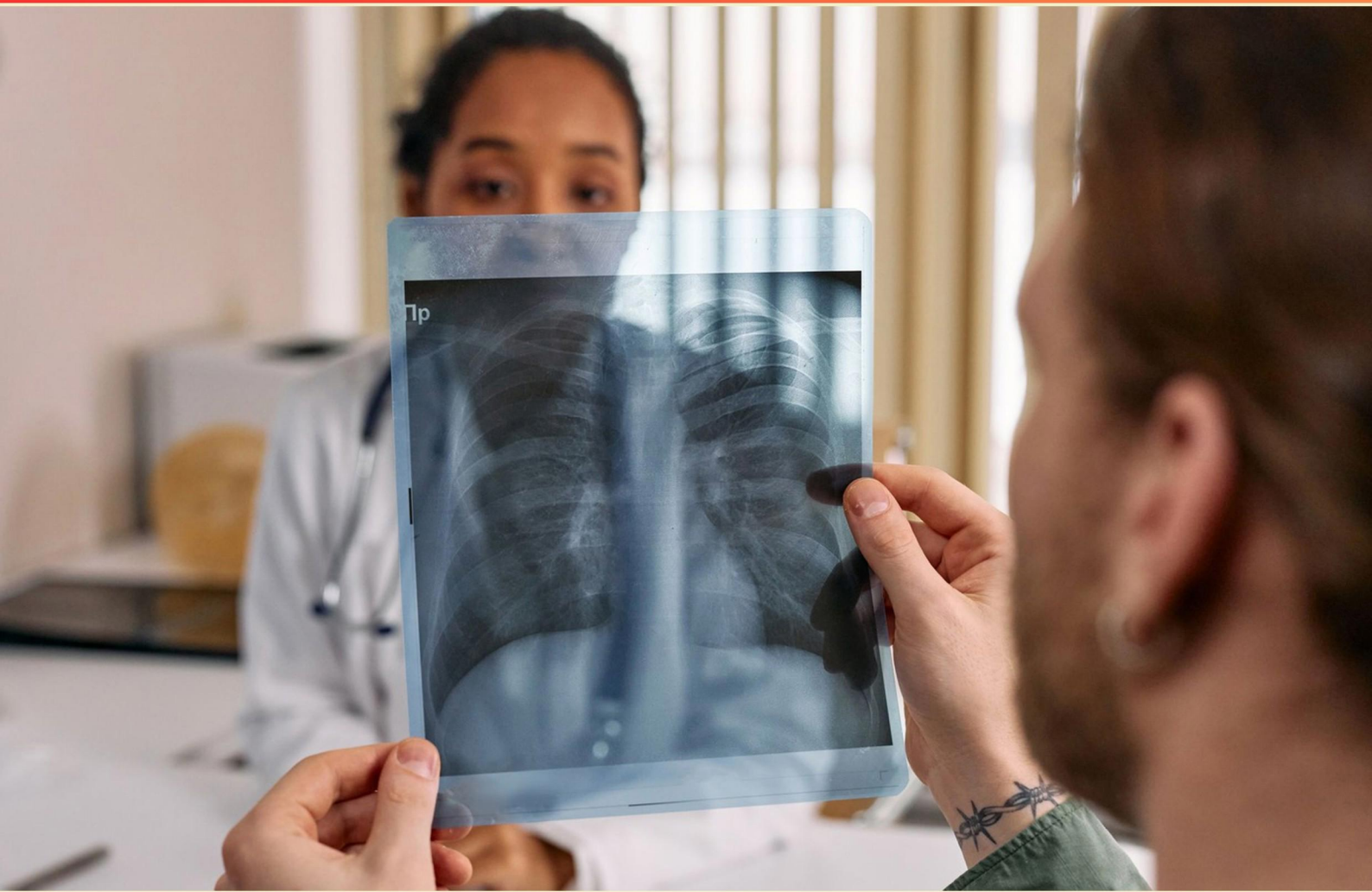


SFMS RADIOLOGY PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. During an adolescent knee fracture, there is often an associated tear of which ligament?**
 - A. PCL tear
 - B. LCL tear
 - C. ACL tear
 - D. MCL tear

- 2. In osteoporotic vertebral compression fractures, which elements are typically preserved?**
 - A. Anterior Elements
 - B. Posterior Elements
 - C. Spinous Processes
 - D. Pedicles

- 3. Which MRI sequence is used to suppress CSF and enhance detection of CNS lesions?**
 - A. FLAIR
 - B. DWI
 - C. T2
 - D. T1

- 4. Which statement best describes a torus fracture?**
 - A. Complete fracture
 - B. Open fracture
 - C. Incomplete fracture
 - D. Displaced fracture

- 5. What is the typical treatment for a meniscal tear?**
 - A. Physical therapy only
 - B. Immediate surgical repair
 - C. Antibiotics
 - D. Conservative therapy

- 6. In football, which joint injury is commonly encountered?**
- A. AC joint injury
 - B. ACL tear
 - C. Labral tear
 - D. Rotator cuff tear
- 7. Which statement best lists the risk factors for contrast-induced nephropathy?**
- A. Dehydration, young age, obesity, smoking
 - B. Pre-existing renal impairment and dehydration only
 - C. Diabetes and hypertension
 - D. Pre-existing renal impairment, diabetes, dehydration, advanced age
- 8. Don't confuse _____ for foot fracture?**
- A. Ossicles
 - B. Navicular fracture
 - C. Metatarsal fracture
 - D. Talus fracture
- 9. The typical chest X-ray radiation dose is approximately:**
- A. 1.0 mSv
 - B. 10 mSv
 - C. 0.1 mSv
 - D. 0.01 mSv
- 10. If there is any abnormality on a CXR, the X-ray is described as?**
- A. Normal XRay
 - B. Abnormal XRay
 - C. Not sure
 - D. Inconclusive

Answers

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

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Explanations

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1. During an adolescent knee fracture, there is often an associated tear of which ligament?

- A. PCL tear
- B. LCL tear
- C. ACL tear**
- D. MCL tear

In adolescents, knee injuries from fractures often involve an avulsion at the tibial spine where the ACL attaches. The force that would tear the ACL in adults tends to pull off a bone fragment in skeletally immature patients because the bone is the weaker link. That's why a tibial spine avulsion fracture commonly accompanies an ACL tear. The other ligaments—PCL, MCL, or LCL—are less typically involved with this fracture pattern and are more linked to different injury mechanisms, so they aren't the usual associated lesion here.

2. In osteoporotic vertebral compression fractures, which elements are typically preserved?

- A. Anterior Elements
- B. Posterior Elements**
- C. Spinous Processes
- D. Pedicles

The key pattern in osteoporotic vertebral compression fractures is that the injury produces a wedge deformity with loss of anterior vertebral height while the posterior structures stay intact. Osteoporosis weakens the cancellous bone mainly in the anterior two-thirds of the vertebral body, so it collapses upward and forward under load, but the posterior elements—which include the pedicles, laminae, facets, and spinous process—remain preserved. This preservation of the posterior elements helps keep the spinal canal clear and distinguishes these fractures from more unstable patterns like burst fractures, where posterior elements can be disrupted or retropulsed fragments encroach on the canal. Therefore, the elements typically preserved are the posterior elements.

3. Which MRI sequence is used to suppress CSF and enhance detection of CNS lesions?

- A. FLAIR**
- B. DWI
- C. T2
- D. T1

The main idea is to reveal lesions that are hidden when CSF is bright on standard T2-weighted views. Fluid-attenuated inversion recovery (FLAIR) accomplishes this by using an inversion pulse with a timing chosen to null the CSF signal. When CSF signal is suppressed, the bright T2 signals from pathology near the ventricles or along the brain surface stand out more clearly, making demyelinating plaques, edema, gliosis, and other CNS lesions easier to detect. In practice, CSF becomes dark on a FLAIR image while other tissues with longer T2 relaxation remain relatively bright, so periventricular and cortical-subcortical lesions appear conspicuously hyperintense against the suppressed CSF background. This is why FLAIR is favored for detecting CNS lesions, especially in conditions like multiple sclerosis. Other sequences either show CSF as bright (like standard T2) or do not specifically suppress CSF, so they are less effective at highlighting these lesions near CSF spaces.

4. Which statement best describes a torus fracture?

- A. Complete fracture
- B. Open fracture
- C. Incomplete fracture**
- D. Displaced fracture

A torus fracture is a buckle-type injury of a pediatric long bone after bending, which makes it an incomplete fracture. The cortex on the compression side buckles without a full-thickness break through the bone, so one side remains continuous while the other curves. On radiographs you see a bulging or raised cortex at the metaphysis with no fracture line traversing both cortices. Because the bone hasn't separated or displaced and the skin isn't involved, it is not an open or displaced fracture. This distinguishes it from complete fractures, and from greenstick fractures where a crack occurs on one side with angulation or bending on the other.

5. What is the typical treatment for a meniscal tear?

- A. Physical therapy only
- B. Immediate surgical repair
- C. Antibiotics
- D. Conservative therapy**

Managing a meniscal tear typically starts with nonoperative care. Many tears, especially small or degenerative ones, improve with time and a focused rehab program rather than immediate surgery. The goal is to relieve pain and swelling and restore knee function, often using a combination of rest and activity modification, ice, compression, elevation, and nonsteroidal anti-inflammatory drugs for pain control. A structured physical therapy plan is central, emphasizing gradual ROM restoration, quadriceps and hamstring strengthening, and improved knee stability and proprioception. Bracing or activity modification may be used as needed, with a stepwise return to activity as symptoms allow. Surgery is considered if symptoms persist despite adequate conservative treatment, if there are mechanical symptoms like locking, or in select younger patients with tears likely to benefit from repair. Antibiotics have no role in treating a meniscal tear.

6. In football, which joint injury is commonly encountered?

- A. AC joint injury**
- B. ACL tear
- C. Labral tear
- D. Rotator cuff tear

In football, blunt shoulder trauma is common, and the acromioclavicular joint is especially vulnerable when the shoulder takes a direct hit or when a player falls onto the tip of the shoulder. This mechanism frequently leads to an AC joint injury, or shoulder separation, which is a classic and common joint injury in contact sports. Clinically, there's localized pain over the top of the shoulder and sometimes a visible step-off if the injury is severe; X-rays may show widening of the AC joint or a widened coracoclavicular distance. The other options involve different joints or conditions. An ACL tear is a knee injury, not a shoulder joint issue, though it's also common in football. A labral tear and a rotator cuff tear are shoulder problems too, but they're less typically the classic acute joint injury seen with football collisions than an AC joint separation.

7. Which statement best lists the risk factors for contrast-induced nephropathy?

- A. Dehydration, young age, obesity, smoking
- B. Pre-existing renal impairment and dehydration only
- C. Diabetes and hypertension
- D. Pre-existing renal impairment, diabetes, dehydration, advanced age**

The main idea is that the kidneys become more susceptible to injury from iodinated contrast when certain risk factors are present. Pre-existing renal impairment reduces the kidney's ability to handle extra stress, so even a standard amount of contrast can push it toward acute injury. Diabetes adds risk through diabetic nephropathy and microvascular disease, which compromise renal blood flow and resilience. Dehydration lowers overall renal perfusion and concentrates contrast in the tubules, increasing toxicity. Advanced age comes with decreased nephron reserve and more frequent comorbidity, making kidney injury easier to trigger. Together, these factors cover the strongest, most consistently implicated risks for contrast-induced nephropathy. Other options omit one or more of these critical elements (for example, excluding pre-existing kidney disease or dehydration, or focusing on age alone without diabetes), so they don't capture the full risk profile as effectively. In practice, minimizing risk involves ensuring hydration, limiting contrast volume, and avoiding nephrotoxic medications when possible.

8. Don't confuse _____ for foot fracture?

- A. Ossicles**
- B. Navicular fracture
- C. Metatarsal fracture
- D. Talus fracture

Don't confuse ossicles for a foot fracture. On foot radiographs, normal small bone pieces called ossicles can appear as separate fragments with smooth, well-corticated margins. They sit in predictable places (for example, accessory bones near the navicular region or other known sites) and are benign variants. A true fracture, by contrast, shows an irregular or sharp lucent line through the cortex, may cross the bone, and can be displaced or accompanied by swelling. The question highlights the need to recognize that ossicles are not fractures, whereas the other options describe actual fractures of the navicular, metatarsals, or talus, which would present with cortical disruption rather than a smooth, corticated fragment.

9. The typical chest X-ray radiation dose is approximately:

- A. 1.0 mSv
- B. 10 mSv
- C. 0.1 mSv**
- D. 0.01 mSv

A chest X-ray uses a very small amount of radiation because the image needs only enough signal to show the lungs, heart, and mediastinum with sufficient contrast, and modern digital detectors are efficient at converting x-rays to image. For a standard single-view chest radiograph, the typical effective dose is about 0.1 mSv. This aligns with how low the dose is compared with other imaging modalities (CT chest commonly around several mSv). If an additional view is taken, the dose rises but still remains in the tenths of a millisievert range, not anywhere near 1 or 10 mSv. A value like 0.01 mSv would generally be too low to yield a diagnostic image with current equipment. Therefore, 0.1 mSv best represents the typical dose for a routine chest radiograph.

10. If there is any abnormality on a CXR, the X-ray is described as?

- A. Normal XRay
- B. Abnormal XRay**
- C. Not sure
- D. Inconclusive

When a chest X-ray shows anything outside the expected normal appearance, the report uses the term abnormal chest X-ray. This category covers a wide range of findings, from mild atelectasis or small fluid blisters to infiltrates, edema, effusion, pneumothorax, nodules, or masses. If there is no abnormality, the film would be described as normal. "Inconclusive" is used when the image quality or limited information prevents a definite call, not when an abnormality is present. So the best description for detecting any abnormality is simply abnormal.

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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:

<https://sfmsradiology.examzify.com>

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

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