

SOLO WILDERNESS FIRST RESPONDER PRACTICE EXAM (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. Why is field treatment documentation important in wilderness medicine?**
 - A. For legal and continuity-of-care reasons; include patient details, scene description, interventions, times, responses, and any witnesses.
 - B. Documentation is optional in wilderness settings.
 - C. Record only when asked by authorities.
 - D. Document after the patient is evacuated.
- 2. Which of the following is NOT listed as a criterion for a reliable victim?**
 - A. A&O3
 - B. Sober
 - C. No distracting injury (greater than 5/10)
 - D. Age over 65
- 3. Which elements comprise the essential scene size-up in a wilderness first responder encounter?**
 - A. Personal Safety, Scene Hazards, Mechanism of Injury, Number of Patients, Resources Available, Environmental Conditions, and Need for Additional Help or PPE
 - B. Personal Safety Only
 - C. Assess Scene Hazards and Determine Mechanism of Injury
 - D. The Mechanism of Injury Is the Only Factor in Size-Up
- 4. Which term is used to describe Myocardial Infarction among the listed types of cardiogenic shock?**
 - A. Myocardial Infarction
 - B. Muscle-Heart Death
 - C. Angina Pectoris
 - D. Congestive Heart Failure
- 5. In wilderness emergencies, which approach is appropriate to pediatric medication dosing?**
 - A. Dosing by age
 - B. Dosing medications by weight
 - C. Using adult dosing
 - D. Avoiding medications

6. PUPILS PERRL stands for what?

- A. Pupils Equal, Round, Reactive to Light
- B. Pupils Equal, Round, Readable to Light
- C. Pupils Equal, Rectangular, Reactive to Light
- D. Pupils Equal, Round, Responsive to Light

7. During the secondary survey, what should be reassessed?

- A. Reassess Vital Signs
- B. Reassess Symptoms
- C. Reassess Vital Signs and Symptoms
- D. Skip Reassessment

8. What is the role of cartilage in joints?

- A. Friction reduction and cushioning
- B. Blood cell production
- C. Movement only
- D. Calcium storage

9. Which of the following is not listed as a wound type in the material?

- A. Contusion
- B. Abrasion
- C. Puncture
- D. Burn

10. In order of most to least likely, which sequence is used for injuries: Abrasion, Laceration, Contusion?

- A. Abrasion, Laceration, Contusion
- B. Contusion, Laceration, Abrasion
- C. Laceration, Abrasion, Contusion
- D. Abrasion, Contusion, Laceration

Answers

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

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Explanations

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1. Why is field treatment documentation important in wilderness medicine?

- A. For legal and continuity-of-care reasons; include patient details, scene description, interventions, times, responses, and any witnesses.**
- B. Documentation is optional in wilderness settings.
- C. Record only when asked by authorities.
- D. Document after the patient is evacuated.

Field treatment documentation is essential for ensuring continuity of care and protecting both patient and responders. In wilderness settings, multiple people and providers may be involved, so recording who the patient is, what the scene looked like, what treatments were given, when they were given, how the patient responded, and who witnessed actions creates a clear, shareable record. This detailed account supports accurate handoffs to EMS or hospital staff, guides subsequent care, and helps determine whether timely evacuation and interventions were appropriate. It also provides legal and accountability protection by showing what was done and when, and it supports after-action review and quality improvement. Documentation isn't optional or something to do only when asked; it should be done during and after care, and it should accompany the patient through evacuation to ensure all providers have the same factual foundation.

2. Which of the following is NOT listed as a criterion for a reliable victim?

- A. A&O3
- B. Sober
- C. No distracting injury (greater than 5/10)
- D. Age over 65**

The question tests what makes a casualty reliable during assessment. A reliable victim is someone who can give accurate information and follow instructions, so it's crucial that they can think clearly and communicate effectively. First, being alert and oriented to person, place, and time shows they're mentally engaged and able to provide meaningful history and respond coherently. If they're not oriented, their answers may be confusing or misleading, making them unreliable for important details. Second, being sober matters because substance use can impair memory, judgment, and communication. A drunk or intoxicated person may misreport events or forget details, reducing reliability. Third, having no distracting injuries means they're not overwhelmed by severe pain or other urgent issues that dominate their attention. If pain is extreme or a pressing injury is present, the patient may not be able to focus on questions or instructions, lowering reliability. Age over 65 is not a criterion used to judge reliability. Being older doesn't inherently render someone unreliable; reliability is about current mental status, clarity of communication, and ability to participate in the assessment, not age alone.

3. Which elements comprise the essential scene size-up in a wilderness first responder encounter?

- A. Personal Safety, Scene Hazards, Mechanism of Injury, Number of Patients, Resources Available, Environmental Conditions, and Need for Additional Help or PPE**
- B. Personal Safety Only
- C. Assess Scene Hazards and Determine Mechanism of Injury
- D. The Mechanism of Injury Is the Only Factor in Size-Up

In wilderness first responder practice, the scene size-up must protect you and the patient while quickly gathering the information that shapes every decision. The essential elements are: Personal safety, to ensure you are not put at risk; scene hazards, so you identify immediate dangers in the environment or situation; mechanism of injury, which helps you anticipate likely injuries and complications; number of patients, which drives triage decisions and how many resources or rescuers you need; resources available, to know what tools, equipment, or personnel you have or must request; environmental conditions, since weather, terrain, temperature, and light affect both risk and treatment; and the need for additional help or PPE, so you have the right protection and support. Together, these factors keep the response safe and effective, guiding how you approach the patient, prioritize care, plan transport, and decide when to call for more help or equipment. The other options leave out critical elements or focus on a single factor, which can lead to unsafe decisions or incomplete care.

4. Which term is used to describe Myocardial Infarction among the listed types of cardiogenic shock?

- A. Myocardial Infarction
- B. Muscle-Heart Death**
- C. Angina Pectoris
- D. Congestive Heart Failure

In cardiogenic shock, the event that damages heart muscle due to lack of blood supply is called a myocardial infarction, commonly known as a heart attack. This term is the standard medical description for death of heart muscle from ischemia. In this context, the term describing the event itself is myocardial infarction. Other options aren't correct descriptors: "Muscle-Heart Death" isn't a recognized medical term; Angina pectoris refers to chest pain from ischemia but not to tissue death; Congestive heart failure describes a pumping failure state that can result after an MI, but it is not the infarction itself.

5. In wilderness emergencies, which approach is appropriate to pediatric medication dosing?

- A. Dosing by age
- B. Dosing medications by weight**
- C. Using adult dosing
- D. Avoiding medications

Weight-based dosing is the best approach for pediatric meds because how a drug acts in the body scales with body size. A child's weight directly influences how much of the drug distributes, how quickly it's cleared, and the resulting therapeutic level. Relying on age alone is unreliable since two kids of the same age can have very different weights, leading to underdosing or overdosing if you guess from age. In the wilderness, you estimate weight and then give the dose as milligrams per kilogram (mg/kg). This tailors the amount to the child's size and helps avoid harm from overdosing or inefficacy from underdosing. Adult dosing isn't appropriate for children because it can easily exceed safe levels, and avoiding medications simply because dosing is tricky isn't correct when a properly dosed option exists. Use reliable field weight-estimation methods (like length-based tools) to guide the calculation, and verify your math and safety margins as part of the care.

6. PUPILS PERRL stands for what?

- A. Pupils Equal, Round, Reactive to Light**
- B. Pupils Equal, Round, Readable to Light
- C. Pupils Equal, Rectangular, Reactive to Light
- D. Pupils Equal, Round, Responsive to Light

PERRL is a quick check of the nervous system focused on the pupils. It stands for Pupils Equal, Round, Reactive to Light. Pupils Equal means the two pupils are the same size, which suggests symmetric cranial nerve function. Round describes the typical shape; irregular or unevenly shaped pupils can indicate trauma or disease. Reactive to Light means both pupils constrict when light is shined into the eyes, showing a normal reflex pathway from the eye to the brain and back out to the eye. This combo is a simple, rapid way to screen for potential head injury or neurological issues in the field. The other phrasing options use terms that aren't standard or describe a different concept (Readable, rectangular, or Responsive instead of Reactive to Light), so they don't convey the same clinical meaning.

7. During the secondary survey, what should be reassessed?

- A. Reassess Vital Signs
- B. Reassess Symptoms
- C. Reassess Vital Signs and Symptoms**
- D. Skip Reassessment

During the secondary survey, you keep a constant check on how the patient is doing by repeating both objective measurements and what the patient reports feeling. Vital signs give you objective evidence of how well circulation and respiration are supporting life—things like heart rate, breathing rate and effort, blood pressure, and mental status. Symptoms capture the patient's subjective experience—pain, dizziness, shortness of breath, weakness, numbness, or nausea—that numbers alone may not reveal. By reassessing both categories, you can detect changes early, adapt care, and decide on the need for ongoing monitoring, treatment, or evacuation. Reassessing only one set or skipping reassessment risks missing evolving problems, so checking both is essential.

8. What is the role of cartilage in joints?

A. Friction reduction and cushioning

B. Blood cell production

C. Movement only

D. Calcium storage

The main idea is that cartilage in joints provides a smooth, low-friction surface and acts as a cushion during movement. In a joint, the ends of the bones are covered with articular cartilage, which slides so bones can move with minimal resistance. Its hydrated, resilient matrix helps absorb shocks and distribute loads across the joint, protecting the bones from wear and tear during activities. Cartilage is avascular, meaning it lacks its own blood supply, so it relies on surrounding joint fluid and regular movement to nourish its cells and stay healthy. Blood cell production happens in bone marrow, not cartilage. Movement isn't caused by cartilage but is enabled by muscles and joints working together; cartilage makes movement smoother by reducing friction. Calcium storage occurs in bone, not cartilage.

9. Which of the following is not listed as a wound type in the material?

A. Contusion

B. Abrasion

C. Puncture

D. Burn

The idea here is how wounds are categorized in the material. It lists wound types by the way the skin is damaged: a contusion is a bruise from blunt force with bleeding under the skin but no open wound, an abrasion is a superficial scraping of the skin, and a puncture is a small, deep entry wound from a pointed object. Burns fall into a different category—thermal or chemical injuries—not a wound type in that list. Burns have their own depth, surface area, and care considerations, separate from the mechanical wound types above. So burn is the item that is not listed as a wound type.

10. In order of most to least likely, which sequence is used for injuries: Abrasion, Laceration, Contusion?

A. Abrasion, Laceration, Contusion

B. Contusion, Laceration, Abrasion

C. Laceration, Abrasion, Contusion

D. Abrasion, Contusion, Laceration

In outdoor injuries, abrasions tend to be the most common skin injury because sliding or rubbing against rough ground frequently damages only the outer skin layer. Lacerations occur when a sharp object cuts the skin, which happens less often than abrasions in typical wilderness settings. Contusions come from blunt impact and bruising, but among these three types, blunt hits are not as universally frequent as friction injuries, so contusions are the least likely of the three. So the most to least likely sequence is abrasion, then laceration, then contusion.

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://solowildernessfirstresponder.examzify.com>

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

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