

W2 TEAM MEGA BALLERS FC1 PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. If you need a tourniquet but have run out of CATS and no other commercial tourniquets are available, what should you do?**
 - A. Apply direct pressure only
 - B. Create an improvised tourniquet
 - C. Wait for professional help
 - D. Use a belt as a tourniquet

- 2. What is the correct primary dose of TXA to administer?**
 - A. 1g fast IVP over 1 minute
 - B. 2g slow IVP over 1-2 minutes
 - C. 1.5g slow IVP over 30 seconds
 - D. 3g fast IVP over 2 minutes

- 3. During a medical emergency, how is the use of an improvised tourniquet mainly justified?**
 - A. It can be done faster than getting a commercial one
 - B. It is needed when commercial tourniquets are unavailable
 - C. It provides a more effective seal
 - D. It causes less discomfort

- 4. How does neurogenic shock primarily differ from other types of shock?**
 - A. It presents with high blood pressure
 - B. It commonly results in tachycardia
 - C. It is characterized by bradycardia and alertness when supine
 - D. It leads to rapid unconsciousness

- 5. What litter can you use for extrication in a collapsed building?**
 - A. STRETCHER
 - B. Sked
 - C. Backboard
 - D. Reinforced EMS gurney

- 6. Which of the following is NOT a side effect of the King LT/IGEL?**
- A. Sore throat
 - B. Dysphagia
 - C. Infection
 - D. Esophageal rupture
- 7. Which blood type is characterized by the absence of A and B antigens?**
- A. Type B
 - B. Type A
 - C. Type AB
 - D. Type O
- 8. How is player performance monitoring prioritized in W2 Team Mega Ballers FC1?**
- A. By ignoring individual progress
 - B. Through performance tracking technologies
 - C. By evaluating players solely during games
 - D. Through unstructured feedback
- 9. What triage category is assigned to a casualty with a tension pneumothorax?**
- A. Minimal
 - B. Delayed
 - C. Immediate
 - D. Expectant
- 10. If you apply a deliberate tourniquet and then give whole blood or Hextend, what is your next action if the pulse distal to the tourniquet returns?**
- A. Remove the tourniquet
 - B. Loosen the tourniquet
 - C. Leave the tourniquet in place
 - D. Tighten the tourniquet

Answers

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

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Explanations

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1. If you need a tourniquet but have run out of CATS and no other commercial tourniquets are available, what should you do?

- A. Apply direct pressure only
- B. Create an improvised tourniquet**
- C. Wait for professional help
- D. Use a belt as a tourniquet

Creating an improvised tourniquet is the correct approach when you have exhausted your stock of commercial tourniquets like CATS and no other options are available. An improvised tourniquet can be made from common materials such as strips of cloth, bandages, or even a sturdy rope. The essential function is to apply enough pressure above the injury site to effectively halt blood flow from a limb, which is critical in preventing excessive blood loss and stabilizing the patient until professional medical assistance can be obtained. Using direct pressure only may not be sufficient in severe cases of hemorrhage, particularly if arterial blood flow needs to be controlled. Waiting for professional help without attempting to manage the bleeding can be life-threatening if the injury is serious. While using a belt could potentially work, it lacks the ability to create the necessary pressure and can be difficult to secure properly. Therefore, improvising a tourniquet allows you to take immediate action to protect the victim's life effectively.

2. What is the correct primary dose of TXA to administer?

- A. 1g fast IVP over 1 minute
- B. 2g slow IVP over 1-2 minutes**
- C. 1.5g slow IVP over 30 seconds
- D. 3g fast IVP over 2 minutes

The primary dose of tranexamic acid (TXA) for the treatment of severe trauma-related hemorrhage is generally established as 1 gram administered slowly through intravenous push (IVP) over a specific duration. The choice of administering 2 grams slowly over 1-2 minutes can be aligned with certain clinical protocols that allow for higher dosing in specific situations, typically beyond the standard recommendation. Administering this dose slowly helps reduce the risk of potential adverse effects, such as hypotension, which can occur with rapid infusion. Additionally, a slower administration allows for better patient tolerance and the opportunity to monitor for any immediate reactions. In trauma settings, the focus is on maximizing efficacy while ensuring safety, and a 2-gram dose is meant to boost the antifibrinolytic effect of TXA, thereby aiming to improve hemostatic outcomes during critical care situations. The establishment of such a regimen should be based on individual patient needs and clinical context rather than a one-size-fits-all approach. Other choices either suggest faster administration or dosages that may not align with proper dosing practices for TXA, emphasizing the importance of adherence to established guidelines.

3. During a medical emergency, how is the use of an improvised tourniquet mainly justified?

- A. It can be done faster than getting a commercial one
- B. It is needed when commercial tourniquets are unavailable**
- C. It provides a more effective seal
- D. It causes less discomfort

The use of an improvised tourniquet is primarily justified in situations where commercial tourniquets are not available. In medical emergencies, particularly those involving severe bleeding from a limb, controlling the blood loss is critical to improve the chances of survival and prevent shock. When access to a commercially made tourniquet is not possible—whether due to time constraints, environmental conditions, or resource limitations—improvised options become essential. The ability to create a tourniquet from readily available materials, such as a belt, rope, or cloth, allows for immediate intervention to stem bleeding, which can be a life-threatening situation. This underscores the necessity of improvisation in emergency medical situations, emphasizing the importance of having basic knowledge about how to effectively use common materials to control bleeding when proper medical supplies are out of reach. Knowing how to apply an improvised tourniquet can make a critical difference in the outcome for an injured person.

4. How does neurogenic shock primarily differ from other types of shock?

- A. It presents with high blood pressure
- B. It commonly results in tachycardia
- C. It is characterized by bradycardia and alertness when supine**
- D. It leads to rapid unconsciousness

Neurogenic shock is primarily characterized by bradycardia and hypotension due to the loss of sympathetic tone after a spinal cord injury or other disruptions to the autonomic nervous system. The body fails to maintain normal vascular tone, leading to vasodilation and decreased blood return to the heart. As a result, many patients exhibit reduced heart rate (bradycardia) rather than the tachycardia typically seen in other forms of shock, such as hypovolemic or cardiogenic shock, where the body compensates for decreased blood volume or cardiac output by increasing heart rate. The ability to remain alert when supine may also present as a unique finding compared to other shock states, where patients are often confused or lethargic due to inadequate perfusion. In contrast, the other options illustrate characteristics not typically associated with neurogenic shock. For instance, high blood pressure is not common in this condition due to the lack of sympathetic response, while tachycardia represents a compensatory mechanism that is not present in neurogenic shock. Rapid unconsciousness might occur in severe cases, but it is more of a general consequence of inadequate cerebral perfusion seen in various types of shock rather than a distinguishing feature of neurogenic shock.

5. What litter can you use for extrication in a collapsed building?

- A. STRETCHER
- B. Sked**
- C. Backboard
- D. Reinforced EMS gurney

The sked, or a sked stretcher, is specifically designed for extrication situations, especially in challenging environments like collapsed buildings. Its unique structure allows it to be easily maneuvered in tight spaces and its flexibility makes it suitable for navigating through debris. The sked's design accommodates a patient in a supine position and allows for secure transport without further risking injury, which is crucial when a person may already be in a precarious situation due to a collapse. While stretchers, backboards, and reinforced EMS gurneys are valuable tools in patient transport and stabilization, they may not offer the same advantages in extrication scenarios. Regular stretchers may be rigid and difficult to maneuver through rubble, backboards can be cumbersome in tight spaces, and gurneys typically require a smooth and clear surface for effective operation. The sked's adaptability in confined and dangerous environments makes it the preferred choice for effectively extricating individuals from collapsed structures.

6. Which of the following is NOT a side effect of the King LT/IGEL?

- A. Sore throat
- B. Dysphagia
- C. Infection**
- D. Esophageal rupture

The correct answer identifies that infection is not commonly considered a direct side effect of the King LT/IGEL airway devices. While the use of these devices can lead to complications, and infections can occur due to any invasive procedure, infection is not a direct or immediate side effect associated specifically with the use of the King LT or IGEL. In contrast, sore throat and dysphagia (difficulty swallowing) are well-documented side effects following the use of these supraglottic airway devices. These side effects often result from irritation or trauma to the throat area due to the insertion of the device. Esophageal rupture is a rare but serious complication that can occur if the device is improperly placed or if excessive force is applied during insertion. However, it is not categorized as a common side effect, which speaks to the broader risks involved with airway management. Thus, while infections can occur in a clinical setting, they aren't an immediate or inherent side effect of using the King LT/IGEL devices compared to the other listed options.

7. Which blood type is characterized by the absence of A and B antigens?

- A. Type B
- B. Type A
- C. Type AB
- D. Type O**

Type O blood is characterized by the absence of both A and B antigens on the surface of red blood cells. This means that individuals with Type O blood do not have the specific proteins present that would classify their blood as type A or type B. Consequently, Type O is often referred to as the universal donor type, as it can be given to individuals of any blood type without causing an immune reaction due to the missing antigens. In contrast, Type A blood has A antigens, Type B has B antigens, and Type AB has both A and B antigens. This distinction is important in blood transfusions, as the presence or absence of these antigens can trigger an immune response if mismatched blood types are mixed. Therefore, Type O blood's unique characteristic of lacking A and B antigens is what defines it and makes it crucial in transfusion medicine.

8. How is player performance monitoring prioritized in W2 Team Mega Ballers FC1?

- A. By ignoring individual progress
- B. Through performance tracking technologies**
- C. By evaluating players solely during games
- D. Through unstructured feedback

Performance monitoring in W2 Team Mega Ballers FC1 is prioritized through the utilization of performance tracking technologies. This approach ensures that detailed and objective measurements of player performance are collected and analyzed over time. Technologies such as wearables, video analysis, and data analytics provide insights into various aspects of a player's performance, including speed, agility, endurance, and skill execution. By relying on these technologies, the team can identify trends, strengths, and areas for improvement in a systematic manner. This data-driven approach allows coaches to tailor training programs and strategies to enhance individual and collective performance. In contrast, ignoring individual progress undermines the development of players and leads to a lack of personalized coaching. Evaluating players only during games doesn't capture the full scope of their abilities and potential growth, as practice performance and other factors contribute significantly to overall development. Unstructured feedback lacks the precision and reliability that performance tracking technologies offer, resulting in less effective performance monitoring and coaching strategies.

9. What triage category is assigned to a casualty with a tension pneumothorax?

- A. Minimal
- B. Delayed
- C. Immediate**
- D. Expectant

A casualty with a tension pneumothorax is assigned to the immediate triage category because this condition presents a life-threatening emergency that requires urgent intervention. Tension pneumothorax occurs when air becomes trapped in the pleural space and exerts pressure on the lungs and heart, leading to respiratory distress and hemodynamic instability. This situation can rapidly deteriorate if not treated promptly, as it can cause a collapse of the lung, decreased oxygenation, and compromised blood circulation. Immediate medical intervention, typically through needle decompression followed by chest tube placement, is critical to alleviate the pressure and restore normal respiratory and cardiovascular function. In contrast, other triage categories such as minimal, delayed, and expectant are intended for situations where the urgency of care is less critical. Individuals in the minimal category can wait for care without risk of rapid deterioration, those classified as delayed require care but can safely wait a brief period, and expectant cases involve injuries so severe that survival is unlikely, thus prioritizing resources for those more likely to survive. Therefore, the classification of tension pneumothorax as immediate reflects the necessity for swift action to save the casualty's life.

10. If you apply a deliberate tourniquet and then give whole blood or Hextend, what is your next action if the pulse distal to the tourniquet returns?

- A. Remove the tourniquet
- B. Loosen the tourniquet
- C. Leave the tourniquet in place

D. Tighten the tourniquet

In a scenario where you have applied a deliberate tourniquet and administered whole blood or Hextend, the appropriate next action if the pulse distal to the tourniquet returns is to tighten the tourniquet. This is essential because the return of the pulse suggests that blood flow may be returning to the affected area, which could lead to further bleeding or the re-establishment of circulation that could compromise the effectiveness of the tourniquet. Tightening the tourniquet ensures that the pressure remains sufficient to control hemorrhage. It helps in maintaining the occlusion of the artery and prevents any potential complications from the restoration of blood flow, particularly if the bleeding source has not yet been adequately addressed or if the injury remains severe. This action is critical in emergency situations to stabilize the patient and prevent further deterioration until advanced medical care can be provided. In contrast, removing or loosening the tourniquet could compromise the effectiveness of hemorrhage control, potentially leading to life-threatening blood loss. Leaving the tourniquet in place without taking further action may not adequately secure the situation if there is a risk of continued bleeding. Thus, tightening the tourniquet is a vital response to ensure the safety and stability of the patient.

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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://w2teammegaballersfc1.examzify.com>

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

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