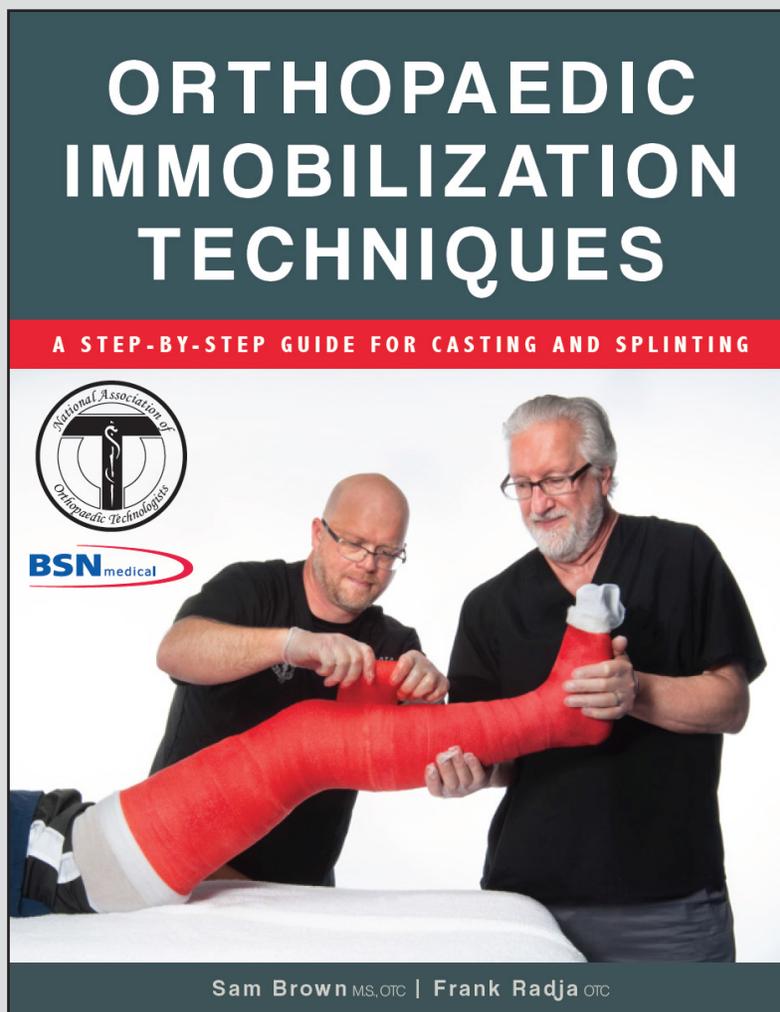


TEST BANK



SAGAMORE
PUBLISHING

1. FUNDAMENTALS OF CASTING AND SPLINTING

EXAMINATION QUESTIONS (* INDICATES CORRECT ANSWER)

SOME QUESTIONS MAY HAVE MULTIPLE ANSWERS

1. Which of the following is not a purpose of splinting:
 - a. provides immobilization
 - b. does not allow for swelling *
 - c. decreases pain
 - d. prevents further injury
2. When wetting a splint prior to application, the water temperature should be:
 - a. 40 degrees
 - b. 60 degrees
 - c. as hot as possible
 - d. room temperature *
3. When applying cast padding, you should start the padding:
 - a. at the site of the injury
 - b. distal to proximal of the injury *
 - c. proximal to distal of the injury
 - d. none of the above
4. Which of the following should be assessed after every splint application:
 - a. neurovascular status distal of the injury *
 - b. neurovascular status proximal of the injury
 - c. range of motion of joints not splinted *
 - d. patient's temperature
5. When determining the proper selection of supplies for upper extremity splints, you should measure the patient's:
 - a. width of elbow
 - b. length of forearm
 - c. width of humerus
 - d. width of hand *
6. Molding a cast after application helps with which of the following?
 - a. pain control
 - b. strength *
 - c. blood flow
 - d. comfort *
7. Which of the following describes an exotherm reaction?
 - a. coolness
 - b. pressure
 - c. swelling
 - d. heat *

8. Which of the following is not a characteristic of fiberglass:
 - a. higher cost than plaster
 - b. excellent strength
 - c. slow curing time *
 - d. water resistant
9. Which of the following is not a symptom of compartment syndrome:
 - a. fever *
 - b. pain
 - c. pressure
 - d. swelling
10. Which of the following should should not be performed in the initial steps of a patient complaining of a cast being too tight?
 - a. monovalve the cast
 - b. bivalve the cast
 - c. elevate the extremity above the level of the heart
 - d. completely remove the cast *

2. UPPER EXTREMITY SPLINTS

EXAMINATION QUESTIONS (* INDICATES CORRECT ANSWER)

SOME QUESTIONS MAY HAVE MULTIPLE ANSWERS

1. Which of the following is not an indication for a short arm volar splint?
 - a. post of carpal tunnel release
 - b. wrist and metacarpal fractures
 - c. elbow dislocation *
 - d. wrist sprain
2. The common wrist anatomical position for a thumb spica splint is:
 - a. 10–15 degrees of extension *
 - b. full flexion
 - c. 10–15 degrees of flexion
 - d. full extension
3. The ulnar gutter splint should terminate how far distal to the antecubital space:
 - a. 1/2 inch
 - b. 1.5 inches *
 - c. 3 inches
 - d. 5 inches
4. Which of the following is an indication for the coaptation splint:
 - a. proximal humerus fracture
 - b. radial head fracture
 - c. carpal tunnel release
 - d. mid-shaft humeral fracture *
5. The anatomic position of the elbow for a sugar tong splint is:
 - a. 45 degrees of flexion
 - b. full extension
 - c. full flexion
 - d. 90 degrees of flexion *

3. UPPER EXTREMITY CASTS

EXAMINATION QUESTIONS (* INDICATES CORRECT ANSWER)

SOME QUESTIONS MAY HAVE MULTIPLE ANSWERS

1. For a short arm cast, how many degrees of radial deviation should the wrist be in?
 - a. 10 degrees
 - b. 15 degrees
 - c. full deviation
 - d. no deviation *
2. What is the common anatomic position of the elbow for a long arm cast:
 - a. full extension
 - b. full flexion
 - c. to patient's comfort
 - d. 90 degrees *
3. What anatomic landmark is used for distal termination of a short arm cast:
 - a. palmar crease *
 - b. thumb
 - c. MCP joint
 - d. PIP joint
4. In the intrinsic plus position, what is the common anatomical position of the MCP joints of the fourth and fifth digits?
 - a. 10–15 degrees of flexion
 - b. 30–35 degrees of flexion
 - c. 70–90 degrees of flexion *
 - d. full extension
5. A true Munster cast locks the elbow in what degree of extension?
 - a. 10 degrees
 - b. 30 degrees
 - c. 60 degrees
 - d. 90 degrees *

4. LOWER EXTREMITY SPLINTS

EXAMINATION QUESTIONS (* INDICATES CORRECT ANSWER)

SOME QUESTIONS MAY HAVE MULTIPLE ANSWERS

1. Which of the following is the neutral position of the foot?
 - a. full plantar flexion
 - b. full dorsiflexion
 - c. ankle at 90 degrees and full inversion
 - d. ankle at 90 degrees with no inversion or eversion *
2. For a posterior long leg splint, what is the common anatomic position for the knee?
 - a. full flexion
 - b. full extension
 - c. 45 degrees of flexion
 - d. 10–15 degrees of flexion *
3. Which of the following is not an indication for a posterior splint with stirrups?
 - a. distal femur fracture *
 - b. mid-shaft tibia fracture
 - c. ankle dislocations
 - d. ankle fractures
4. Which of the following is the anatomic landmark used for distal termination of a lower extremity splint?
 - a. DIP joint
 - b. arch of the foot
 - c. ankle joint
 - d. metatarsal heads *
5. If using plaster for splints, what is the minimum amount of layers you should use?
 - a. 1–3
 - b. 5–7
 - c. 10–14 *
 - d. 20–25

5. LOWER EXTREMITY CASTS

EXAMINATION QUESTIONS (* INDICATES CORRECT ANSWER)

SOME QUESTIONS MAY HAVE MULTIPLE ANSWERS

1. A short leg cast is indicated for fractures of all but which of the following:
 - a. tibia
 - b. fibula
 - c. talus
 - d. Fifth metatarsal *
2. How many inches on the proximal side does the short leg cast terminate from the tibial tubercle?
 - a. 1 inch proximal
 - b. at the tibial tubercle
 - c. 1 inch distal *
 - d. 2 inches distal
3. On all lower extremity casts, what anatomical area must be evaluated for “soft spots” prior to the patient leaving the treatment area:
 - a. anterior tibia
 - b. posterior tibia
 - c. calcaneal *
 - d. plantar aspect *
4. The equinus cast is indicated for:
 - a. tibial fractures
 - b. fibula fractures
 - c. talus fractures
 - d. nonoperative achilles tendon rupture *
5. For a long leg cast, what is the common anatomic position for the knee?
 - a. full flexion
 - b. full extension
 - c. 45 degrees of flexion
 - d. 10–15 degrees of flexion *

6. COMPLICATIONS OF CASTING AND SPLINTING

EXAMINATION QUESTIONS (* INDICATES CORRECT ANSWER)

SOME QUESTIONS MAY HAVE MULTIPLE ANSWERS

1. Which of the following does not contribute to a thermal injury after cast application?
 - a. high temperature of dip water
 - b. applying multiple layers of fiberglass
 - c. range of motion *
 - d. placing a pillow under the cast as it dries
2. Univalving a plaster cast has been shown to reduce underlying pressures by as much as:
 - a. 30%
 - b. 40% *
 - c. 60%
 - d. 90%
3. What is the most common mistake to prevent pressure sores?
 - a. applying too much cast padding *
 - b. use of traction during application
 - c. using plaster materials
 - d. using fiberglass materials
4. Wounds caused by medical treatment may lead to all but which of the following?
 - a. serious decline in overall health
 - b. infections
 - c. amputations
 - d. decreased time of immobilization *
5. What is the proper mechanism for use of a cast saw?
 - a. in and out cuts *
 - b. dragging the saw
 - c. circular cuts
 - d. none of the above
6. If a cast saw blade becomes very hot, you should:
 - a. continue cutting
 - b. let the cast saw cool down for at least an hour
 - c. frequently let the cast saw cool before continuing *
 - d. place the saw in cold water
7. After a cast or splint has been applied, which of the following can lead to a loss of fracture reduction?
 - a. edema reduction *
 - b. cast or splint removal *
 - c. range of motion in noninjured joints
 - d. none of the above

8. After a cast or splint has been applied, what is the first assessment that should be evaluated?
 - a. patient's temperature
 - b. neurovascular status distal to the injury *
 - c. neurovascular status on opposite limb
 - d. patient's lab work
9. What is the first measure to be used if a patient complains that a cast is too tight?
 - a. univalve or bivalve cast *
 - b. window the cast
 - c. apply dry heat
 - d. completely remove the cast
10. Which patients are not considered high risk for casting and splinting?
 - a. patients with spinal cord injuries
 - b. sedated patients
 - c. developmentally delayed patients
 - d. adolescent patients *

EXAMINATION QUESTIONS (* INDICATES CORRECT ANSWER)

SOME QUESTIONS MAY HAVE MULTIPLE ANSWERS

1. Which of the following is not an advantage of FCT cast therapy?
 - a. quick and easy application
 - b. no need for a cast saw
 - c. bandage can be adjusted throughout treatment
 - d. bandage cannot be adjusted throughout treatment *
2. With the application of the FCT cast, what should be placed directly in contact with the patient's skin?
 - a. regular cast padding
 - b. Delta Terry-Net *
 - c. stockinette
 - d. Delta-Cast Conformable
3. How does Delta-Dry contribute to the patient's hygiene?
 - a. allows the patient to shower
 - b. dries quickly
 - c. reduces itching
 - d. all of the above *
4. Total contact casting is prescribed for which of the following:
 - a. tibial fractures
 - b. nondisplaced fibula fractures
 - c. stress fractures
 - d. diabetic ulcers *
5. What is the name of the BSN total contact casting kit?
 - a. Cutimed *
 - b. TCC kit
 - c. diabetic offloader
 - d. Optimed