MULTIPLE CHOICE. Choose the one alternative that best completes the statement or answers the question.

1) Which of the following best explains the presentation and prognosis of partial spinal cord transection injuries?
   A) The spinal cord functions as an "all or none" conduit for nerve impulses. Therefore, whether cord transection is partial or complete has no practical significance.
   B) Different functions of the spinal tracts are located in anatomically different areas of the spinal cord, resulting in specific patterns of dysfunction depending on the location and mechanism of injury.
   C) Partial cord transections result in only temporary loss of function, because the intact portions of the spinal cord will take over the functions of the injured areas.
   D) The areas of the spinal cord damaged by partial transection can regenerate as long as some cord tissue remains intact at the level of injury.

2) Which of the following statements most accurately compares or contrasts nerve-root injuries and spinal cord injuries?
   A) A nerve-root injury affects one dermatome unilaterally; a spinal cord injury affects one dermatome bilaterally.
   B) A nerve-root injury affects multiple dermatomes unilaterally; a spinal cord injury affects multiple dermatomes bilaterally.
   C) Nerve-root injuries affect one dermatome; spinal cord injuries affect multiple dermatomes.
   D) Nerve-root injuries affect multiple dermatomes; spinal cord injuries affect one dermatome.

3) A patient who was involved in a frontal motor vehicle crash in which his face struck the windshield is most likely to have which of the following types of injuries?
   A) Axial loading
   B) Cervical hyperflexion
   C) Axial distraction
   D) Cervical hyperextension

4) Which of the following statements about spinal immobilization is true?
   A) If your protocols allow selective spinal immobilization, patients at low risk of spinal trauma may be transported with only a cervical collar in place as the use of a long back board is not indicated.
   B) All trauma patients must be placed in full spinal immobilization.
   C) If the mechanism of injury warrants it, manual stabilization of the cervical spine should be employed. However, if your protocols allow selective spinal immobilization, you can release manual stabilization if the risk of spinal injury can be excluded.
   D) Once a patient's cervical spine has been manually stabilized, you must proceed with full spinal immobilization.
5) You are on the scene of a domestic assault in which the female victim defended herself against further attack by stabbing her attacker. Your patient is a 36-year-old male who has been stabbed in the posterior thorax about 1 cm to the right of the spinous process of T-6. Your assessment reveals loss of motor and sensory function on the right side distal to T-6 but intact motor function with some loss of sensation on the left side distal to T-6. Which of the following best explains this patient's presentation?
   A) "Pseudoneurological" deficit to avoid being arrested
   B) Autonomic hyperreflexia
   C) Central cord syndrome
   D) Brown-Sequard Syndrome

6) Which of the following is the proper sequence for securing the patient's body and head to a long backboard?
   A) Secure the head and body simultaneously with the rescuer at the head giving a 4-count.
   B) It depends on the situation, so there is no general guideline for this procedure.
   C) Secure the head first, then the body.
   D) Secure the body first, then the head.

7) Which of the following is noted in the patient with a positive Babinski reflex?
   A) Fanning of the toes with plantar flexion of the great toe
   B) Dorsiflexion of the 2nd to 5th toes with plantar flexion of the great toe
   C) Fanning of the toes with dorsiflexion of the great toe
   D) Plantar flexion of the 2nd to 5th toes with dorsiflexion of the great toe

8) Which of the following spinal cord injuries is LEAST likely to result in residual neurological deficit?
   A) Compression
   B) Contusion
   C) Transection
   D) Laceration

9) Which of the following best describes the goals of manual cervical spine stabilization?
   A) Preventing rotation of the head; avoiding any upward lifting or downward pressure on the cervical spine
   B) Preventing movement of the head in any direction; applying gentle axial pressure to stabilize the vertebral column
   C) Preventing movement of the head in any direction; applying a gentle lifting force of a few pounds to relieve some of the pressure the head exerts on the cervical spine
   D) Keeping the head in an "eyes forward" position; applying enough traction to cause axial unloading, which is 18 to 22 pounds in the average adult

10) Anterior cord syndrome is caused by which of the following mechanisms?
    A) Contusion of the anterior cord caused by blunt trauma
    B) Laceration of the anterior cord caused by bone fragments
    C) Disruption of arterial blood supply to the anterior cord
    D) Tearing of the anterior cord due to hyperextension mechanisms

11) Which of the following is most prominent mechanism of injury associated with spinal cord injuries?
    A) Penetrating injuries
    B) Sports-related injuries
    C) Auto accidents
    D) Falls
12) Your patient is a 17-year-old female who fell from a horse. She is complaining of being unable to move. During your assessment, you have placed her arms at her sides, but her arms keeping returning to a “stick-up” or “hold-up” position. Based on this, which of the following is most likely?
   A) The patient has a spinal cord injury in the midcervical region.
   B) The patient is feigning the injury.
   C) The patient has Brown-Sequard Syndrome.
   D) The patient has a spinal cord injury at T-1.

13) A patient who had a spinal cord T-4 injury 2 years ago calls 911 for pounding headache, blurred vision, and flushing. On arrival, vital signs include a blood pressure of 240/120 and pulse of 58. What is this condition called?
   A) Malignant hypertension
   B) Spinal shock
   C) Brown-Sequard’s Syndrome
   D) Autonomic Hyperreflexia Syndrome

14) Your patient is a 30-year-old male who was playing a backyard game of football and was tackled forcefully from the left side at the level of the shoulder. Based on this mechanism of injury, you should suspect which of the following patterns?
   A) Compression fractures of the thoracic spine
   B) Compression fractures on the left side of the cervical spine; torn ligaments on the right side of the cervical spine
   C) Subluxation of one or more thoracic vertebrae
   D) An axial distraction injury of the cervical region

15) Which of the following groups is at highest risk for spinal cord injuries?
   A) Males, ages 30-45
   B) Males, ages 8-16
   C) Males, ages 16-30
   D) Females, ages 16-30

16) Which of the following medications is NOT warranted in the prehospital management of patients with spinal cord injuries?
   A) Atropine
   B) Methylprednisolone (Solu-Medrol)
   C) Dopamine (Intropin)
   D) Diazepam (Valium)

17) Which of the following places the patient’s spine in a neutral position?
   A) 1 to 2 inches of padding under the head and a rolled blanket under the knees
   B) 1 to 2 inches of padding under the head
   C) A rolled blanket under the knees
   D) None of the above

18) Which of the following is a function of the sympathetic nervous system?
   A) Increased heart rate
   B) Sexual functioning
   C) Constriction of the pupils
   D) Digestion

19) Which of the following is NOT included in the prehospital neurological examination of the patient with a potential spinal cord injury?
   A) Wrist extension
   B) Hip flexion
   C) Finger abduction/adduction
   D) Plantar flexion
20) Which of the following statements about the patient in neurogenic shock is NOT true?  
   A) Signs of hypovolemic shock may be masked.  
   B) The patient's heart rate may be normal.  
   C) Neurogenic shock may be temporary, even if spinal cord injury is permanent.  
   D) Unopposed sympathetic nervous system stimulation results in generalized pallor and diaphoresis.
1) B
   Diff: 2   Page Ref: 1005
   Objective: 13

2) C
   Diff: 1   Page Ref: 1007
   Objective: 4

3) D
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   Objective: 3

4) C
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   Objective: 19

5) D
   Diff: 2   Page Ref: 1006
   Objective: 14

6) D
   Diff: 1   Page Ref: 1025
   Objective: 12

7) C
   Diff: 1   Page Ref: 1011
   Objective: 14

8) B
   Diff: 1   Page Ref: 1005
   Objective: 4

9) C
   Diff: 2   Page Ref: 1016
   Objective: 19

10) C
    Diff: 1   Page Ref: 1005
    Objective: 13

11) C
    Diff: 1   Page Ref: 1001
    Objective: 1

12) A
    Diff: 2   Page Ref: 1012
    Objective: 14

13) D
    Diff: 2   Page Ref: 1006
    Objective: 18

14) B
    Diff: 2   Page Ref: 1003
    Objective: 3

15) C
    Diff: 1   Page Ref: 1001
    Objective: 1

16) B
    Diff: 1   Page Ref: 1026
    Objective: 15

17) A
    Diff: 2   Page Ref: 1015
    Objective: 19

18) A
    Diff: 1   Page Ref: 1006
    Objective: 2

19) B
    Diff: 1   Page Ref: 1010
    Objective: 6

20) D
    Diff: 2   Page Ref: 1006
    Objective: 13
EPC Ch 24 Quiz w-key

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