1. Res ipsa loquitur means…
   a. First, do no harm  b. For the good of the patient
   c. To thine own self be true  d. The thing speaks for itself

2. The uterine arteries branch off from the ____ artery(ies).
   a. Internal iliac  b. Femoral
   c. Inferior pudendal  d. Middle sacral

3. The patient's admission data indicated…
   a. History of uterine cancer  b. Morbid obesity
   c. Significant drug allergies  d. Racing pulse

4. An area of underlying ____ is optimal for placement of the ESU patient-return electrode.
   a. Bone structure  b. Adipose tissue
   c. Scar tissue  d. Muscle

5. The ____ ligaments connect the cervix and vagina to the pelvic wall.
   a. Round  b. Uterosacral
   c. Cardinal  d. Broad

6. Which of the following is true?
   a. A patient's lung function can be compromised while in the lithotomy position.
   b. Rubber catheters may be used as sheaths on active ESU electrodes.
   c. Nerve damage may occur if vasopressin is injected directly into the blood vessel.
   d. Vasoconstricting agent is a commonly used vasoconstricting agent.

7. In ____-degree uterine prolapse, the cervix can be seen outside the introitus.
   a. Second  b. Third
   c. First  d. Fourth

8. Which of the following is not a theoretical model of quality patient care?
   a. APUD  b. CARE
   c. A P O S I T I V E CARE  d. A-PHE

9. ____ is not a benefit of using Trendelenburg's position in this procedure.
   a. Reduced blood flow to pelvis  b. Improved venous drainage
   c. Greater visualization for surgeon  d. Stabilized blood pressure

10. Which of the following is not part of the CARE acronym?
    a. Communication  b. Assessment
    c. Research-based  d. Execution

11. The focus of the circulating role includes:
    a. Patient assessment  b. Management of the sterile field
    c. Developing procedure-specific information  d. Handing off suture

12. The keys to successful patient outcome are:
    a. Positive communication  b. Assessment
    c. Following recommended standards  d. All of the above

13. Risks that may occur when positioning patients in the lithotomy are:
    a. Dislocated disc  b. Hip and knee joint injury
    c. Strained neck  d. Both b and c

14. The uterus is composed of three layers:
    a. Endometrium, myometrium and perimetrium  b. Fundus, broad ligaments and descensus
    c. Broad ligaments, uterosacral ligaments and vagina  d. Uterine suspensory ligaments, cervix and bladder neck

15. The lithotomy position is a modification of the ____ position.
    a. Tredelenburg  b. Dorsal recumbent
    c. Right lateral  d. Kraske

16. The ____ , ____ and ____ play an equal role in the counting procedure.
    a. Anesthesia provider, surgeon and circulator  b. Surgical technologist, surgeon
    c. Surgeon, surgical technologist and physician assistant  d. Surgeon, surgical technologist and anesthesia provider

17. What conditions are involved when the physician obtains a patient’s consent?
    a. No coercion or intimidation  b. Explain proposed surgical procedure
    c. Possible complications explained  d. All of the above

18. ____ describes placing information into a patient's chart.
    a. Standard of care  b. Informed consent
    c. Documentation  d. Legal competence

19. Complications of a vaginal hysterectomy may include:
    a. Wound infection  b. Hernia at trocar site
    c. Vesicovaginal fistula  d. All of the above

20. The ____ sits between the bladder and rectum.
    a. Fallopian tube  b. Ovary
    c. Uterus  d. Bladder

21. ____ is a commonly used vasoconstricting agent.
    a. Vancomycin  b. Oxycontin
    c. Vasopressin  d. Carboprost

22. The primary source of airborne bacteria in the O.R. is the...
    a. Surgical team  b. Patient’s skin
    c. Inadequate air flow  d. Surgical instruments

23. Which common chemical cleaner assists in the breakdown of organic debris?
    a. Ultrasonic cleaning solution  b. Neutral-ph cleaning solution
    c. Enzymatic cleaning solution  d. Moderate-ph cleaning solution

24. ____ is a breach of duty.
    a. Liability  b. Larceny
    c. Assault  d. Negligence

25. The Doctrine of ____ describes each person as responsible for his own conduct.
    a. Forseeability  b. Personal Liability
    c. Borrowed Servant  d. Corporate Negligence

26. Each patient has a right to make decisions about his/her care under ____.
    a. Patient's Bill of Rights  b. Advance directive
    c. Primum nocere  d. Scope of practice

27. Intraoperative heat loss occurs through:
    a. Radiation  b. Convection
    c. Conduction  d. All of the above

28. ____ incisions provide the best cosmetic result.
    a. Vertical  b. Oblique
    c. Transverse  d. Flank

29. The medical term for removal of the uterus is:
    a. Salpingectomy  b. Hysterectomy
    c. Oophorectomy  d. Myomectomy

30. The prolapse of the bladder causing a bulge in the anterior vaginal wall is called:
    a. Rectocele  b. Cystocele
    c. Enterocele  d. Herniation
### DNR: The Ethics of Resuscitation

1. The ____ allows patients to make choices about the type and extent of medical care received.
   a. Do Not Resuscitate Bill  
   b. Advance Directives Act  
   c. Patient Self-Determination Act  
   d. Texas Natural Death Act

2. Which legally allows parents to withhold life-sustaining treatment from a terminally ill child?
   a. Do Not Resuscitate Bill  
   b. Advance Directives Act  
   c. Patient Self-Determination Act  
   d. Parents do not have this right

3. If a health care provider disregards advance directives clearly set by a patient, consequences could include:
   a. legal charges of battery  
   b. licensing sanctions  
   c. malpractice lawsuits  
   d. all of the above

4. The right of self determination is guaranteed by the _____ in the US Constitution.
   a. 1st Amendment  
   b. 5th Amendment  
   c. 14th Amendment  
   d. 19th Amendment

5. The PSDA requires medical facilities to:
   a. document advance care directives  
   b. comply with state law  
   c. provide patients with written information about choices  
   d. all of the above

6. Which two can legally speak for the patient when they cannot speak for themselves?
   a. living will and a spouse  
   b. durable power of attorney and living will  
   c. PSDA and durable power of attorney  
   d. PSDA and the Advance Directives Act

7. DNR orders in the OR are controversial because:
   a. Malpractice suits may be filed regardless.  
   b. OR professionals are trained to save lives.  
   c. Anesthesia involves the depression of vital systems, requiring resuscitation.  
   d. all of the above

8. Which is NOT one of the five harms identified in the SUPPORT study?
   a. Medical facilities or personnel may be sued.  
   b. The patient’s life may be sustained with an unacceptable quality of life.  
   c. The patient’s rights may be violated.  
   d. Resources may be redirected from activities that could bring greater benefit to other patients.

9. Which of the following are options for perioperative DNR orders?
   a. full resuscitation  
   b. procedure-directed resuscitation  
   c. goal-directed resuscitation  
   d. all of the above

10. What type of documentation is recommended for advance directives?
    a. the role of professional staff  
    b. the role of the patient and family  
    c. specific decisions about advance directives  
    d. all of the above

11. An advanced directive refers to one of two legal documents
    a. Patient Self-Determination Act  
    b. Living will  
    c. Patient’s Bill of Rights  
    d. ASA Guidelines

12. _____ is the study of ethical implications of biological research and applications, especially in the field of medicine.
    a. Moral principles  
    b. Ethics  
    c. Bioethics  
    d. Philosophy

13. _____ replaced the AHA Patients’ Bill of Rights.
    a. Advance Directive  
    b. Patient Care Partnership  
    c. Patient Self-Determination Act  
    d. Code of Ethics

14. Many hospitals have policies that state _____ is suspended during surgery.
    a. Do Not Resuscitate  
    b. PSDA  
    c. Scope of practice  
    d. Informed consent

15. Medical ethics often utilizes a _____ approach.
    a. Relative  
    b. Deontological  
    c. Utilitarian  
    d. Social

16. _____ is the collection and use of data by the hospital to minimize the chance of harm to patients and staff.
    a. Professional liability  
    b. Risk management  
    c. Medical errors  
    d. Documentation

17. Three of the expectations of the Patient Care Partnership include:
    a. High quality care  
    b. Safe environment  
    c. Preservation of privacy  
    d. All of the above

18. _____ consent is not the preferred choice in health care applications.
    a. Informed  
    b. Oral  
    c. Written  
    d. Implied

19. A written consent should include:
    a. Patient’s legal name  
    b. Surgeon’s name  
    c. Procedure  
    d. All of the above

20. The role of every health care provider is based on:
    a. Primum nocere  
    b. Advance Directives  
    c. Evidence-based practice  
    d. Risk management
Gynecologic Surgery: Problems and Complications

1. ____ injuries are more common on the right side.
   a. bladder b. vena cava c. Iliac d. ureter

2. The most common defect in the wall of the vena cava is:
   a. lateral b. circular c. medial d. none of the above

3. Which is used to repair a laceration to the common iliac artery?
   a. Heaney forceps b. hemoclip c. Kocher clamp d. DeBakey clamp

4. Which of the following postoperative complications typically occur during the first 48 hours?
   a. incisional hernia b. pelvic hematoma c. hemorrhage d. all occur within 48 hours

5. Which typically occurs on the third postoperative day?
   a. urinary tract fistula b. paralytic ileus c. urinary incontinence d. incisional hernia

6. Which symptom is mismatched?
   a. obstruction: nausea and vomiting b. ileus: delayed onset (more than 72 hours)
   c. obstruction: progressively severe cramps d. ileus: bowel sounds absent or reduced

7. In which type of shock does intrinsic pump failure exist?
   a. cardiogenic b. extracardiac obstructive c. hypovolemic d. distributive

8. Which classification of hypovolemic shock is mismatched?
   a. Class 4: marked tachypnea b. Class 2: 750-1500 ml blood loss
   c. Class 1: normal capillary refill d. Class 3: Heart rate <100

9. Which infection syndrome is associated with organ dysfunction, hypoperfusion or hypotension?
   a. bacteremia b. infection c. severe sepsis d. systemic inflammatory response syndrome

10. Which is the most important risk factor for postoperative infection?
    a. obesity b. immunocompromise c. intraoperative blood loss d. failure to use prophylactic antibiotics

11. ____ is at higher risk of injury because of its position to the uterus and other female pelvic structures.

12. When major bleeding occurs, only the ____ vein can not be tied off.

13. An inadequate circulating blood volume resulting from hemorrhage or acute volume depletion results in ____ shock.

14. ____ may result in anemia if allowed to continue.
    a. Early complications b. Paralytic ileus c. Slow bleeding d. Incisional hernia

15. Most of the cases of sepsis are caused by ____.
    a. Gram negative organisms b. Indwelling catheters c. Burns d. Chemotherapy

16. Shock affects up to 300,000 patients. Of those, ____ will die.
    a. 20-30% b. 40-60% c. 10-15% d. 70-80%

17. ____ complications are related to the time a patient was under anesthesia.

18. Atelectasis is often accompanied by:
    a. Transient pyrexia b. Dry cough c. Chest pains d. All of the above

19. ____ is an acute clinical syndrome characterized by hypoperfusion.
    a. Cardiac arrest b. Stroke c. Shock d. Sepsis

20. ____ is the precursor to septic shock.
### Improving Access to Health Care for Children

1. Currently, approximately _____ children are living in poverty in the United States.
   - a. 235,000
   - b. 600,000
   - c. 20 million
   - d. 18 million

2. _____ is one of the biggest problems that affect access to health care services.
   - a. Complicated applications
   - b. Parental unemployment
   - c. Lower child age
   - d. Insurance

3. The official poverty level for a family of four is:
   - a. $40,000
   - b. $20,650
   - c. $60,000
   - d. $16,000

4. _____ is the ability to see or know in advance, the ability to reasonably anticipate that harm or injury may result because of certain acts of omissions.
   - a. Doctrine of Corporate Negligence
   - b. Doctrine of Forseeability
   - c. Doctrine of Personal Liability
   - d. Doctrine of the Reasonably Prudent Man

5. Primum non nocere means:
   - a. The thing speaks for itself
   - b. Let the master answer
   - c. Above all, do no harm
   - d. Any civil wrong

6. SCHIP has been used to:
   - a. Try to achieve universal health for all children
   - b. Include the individuals with critical health care conditions
   - c. Exclude families earning over $25,000
   - d. Include families with incomes up to 400% above the federal poverty level

7. When a health institution is negligent for failing to ensure that an acceptable level of care is provided falls under:
   - a. Doctrine of Personal Liability
   - b. Respondeat superior
   - c. Doctrine of Corporate Negligence
   - d. Res ipsa loquitur

8. When several states turned their Medicaid programs over to HMOs, the following resulted:
   - a. Decreases in covered therapy
   - b. Longer wait times to see physicians
   - c. Elimination of some services
   - d. All of the above

9. In the United States, _____ children use Medicaid as their primary insurance.
   - a. 700,000
   - b. 20 million
   - c. 25 million
   - d. 235,000

10. Physician participation in public programs reached _____:
    - _____ accepted all Medicaid/SCHIP patients.
    - a. 30%, 45%
    - b. 65%, 70%
    - c. 89%, 67%
    - d. 48%, 50%

11. Half of the children living in poverty are uninsured.
    - a. True
    - b. False

    - a. 10 million
    - b. 25 million
    - c. 5 million
    - d. 30 million

13. Factors associated with greater child participation in Medicaid include:
    - a. Lower household income
    - b. Parental unemployment
    - c. Parental health insurance coverage
    - d. All of the above

14. Causes of lack of access to care are:
    - a. Public insurance
    - b. Location of service provider
    - c. Lack of transportation
    - d. All of the above

15. _____ is a trend in mobile health clinics.
    - a. Telemedicine
    - b. Public transportation
    - c. Additional funding
    - d. Increase in staff

16. Medically fragile children present conditions that leave them technologically dependent.
    - a. True
    - b. False

17. In many states, when HMOs have been given responsibility for Medicaid, the result has been a decrease in needed therapy.
    - a. True
    - b. False

18. _____ of Americans believe national health care should be initiated.
    - a. 49%
    - b. 73%
    - c. 85%
    - d. 27%

19. _____ of uninsured children are from poor and near-poor families.
    - a. 43%
    - b. 28%
    - c. 84%
    - d. 66%

20. In a study, only _____ of providers participate in public programs.
    - a. 89%
    - b. 62%
    - c. 44%
    - d. 54%
### Palliative Care Education in the Acute Care Setting

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| **1. In the study 83% identified a lack of education in which area?** | a. hospice care  
 b. pain management  
 c. palliative care  
 d. patient/family communication |
| **2. The major difference between palliative and hospice care is:** | a. a care team is involved  
 b. the families needs are addressed  
 c. patient’s prognosis is less than six months  
 d. pain control is limited |
| **3. _____ is the key factor to successfully implementing proper protocol.** | a. education  
 b. staff buy in  
 c. physician support  
 d. hospital mandate |
| **4. Which department was not surveyed?** | a. oncology  
 b. ER  
 c. MICU  
 d. SICU |
| **5. In the 1995 SUPPORT survey, the utilization of trained nurse clinicians to facilitate communication with patients produced _____ in the patient’s pattern of care.** | a. some improvement  
 b. significant improvement  
 c. a significant decline  
 d. no statistical change |
| **6. According to the SUPPORT study, _____ % of hospitalized dying patients experienced _____ unrelieved pain to their deaths.** | a. 25%, minor to moderate  
 b. 30%, severe  
 c. 50%, moderate to severe  
 d. 80%, minor to moderate |
| **7. One out of every _____ patients are identified for psychosocial counseling.** | a. 5  
 b. 8  
 c. 10  
 d. 12 |
| **8. In which department of the study hospital did 100% of the staff surveyed recognize the need for psychosocial counseling?** | a. SICU  
 b. MICU  
 c. ONC  
 d. none of the departments |
| **9. Patients with progressive illnesses may experience:** | a. insomnia and depression  
 b. nausea and difficulty breathing  
 c. financial difficulties  
 d. all of the above |
| **10. Patients and family members may experience the need for _____:** | a. meaning and purpose  
 b. forgiveness  
 c. love and relatedness  
 d. all of the above |
| **11. Which of the following, according to the data that was collected, is an essential component of palliative care?** | a. Pain management  
 b. Surgical management  
 c. Psychosocial management  
 d. Curative management |
| **12. Hospice care is focused on providing care to individuals who have been identified by a doctor as having a life expectancy of less than _____ months.** | a. 2  
 b. 4  
 c. 6  
 d. 8 |
| **13. Palliative care is event and _____ driven.** | a. staff  
 b. patient  
 c. family-member  
 d. diagnostic |
| **14. The cornerstone of palliative care is to make sure that patients do not suffer from _____ symptoms.** | a. complex  
 b. undefined  
 c. chronic  
 d. uncontrolled |
| **15. The core disciplinary team should include:** | a. radiologist  
 b. social worker  
 c. pathologist  
 d. anesthesia provider |
| **16. Which of the following phases involves the patient deciding upon his/her care plan?** | a. Phase 1  
 b. Phase 2  
 c. Phase 3  
 d. Phase IV |
| **17. Which of the following are methods of pain management?** | a. Pharmacological  
 b. Music therapy  
 c. Imagery  
 d. All the above |
| **18. In the SUPPORT findings it was reported that _____ % of hospitalized dying patient only had moderate to severe unrelieved pain.** | a. 50  
 b. 37  
 c. 25  
 d. 12 |
| **19. The development of _____ tools aids the health care team in identifying when a patient has entered the terminal phase.** | a. psychosocial  
 b. pastoral care  
 c. prognostication  
 d. palliative care |
| **20. Varying patient care models should be exclusive and only one patient care plan should be followed by the health care team.** | a. True  
 b. False |
| **21. A primary observation of the research is that _____ percent of respondents to the survey did not think formal or written material for hospital staff in regard to palliative care existed.** | a. 18  
 b. 36  
 c. 54  
 d. 72 |
| **22. When is it best to establish patient-centered goals and a palliative patient-care plan?** | a. Patient is admitted to hospital  
 b. Hospice is contacted  
 c. Patient enters terminal stage  
 d. Family requests intervention |
| **23. Which of the following statements describes the difference between palliative and hospice care?** | a. Palliative care focus is on terminal illness; hospice focus is on serious illness  
 b. Palliative care focus is on curing the patient; hospice focus is on making the patient comfortable  
 c. Palliative care focus is on serious illness; hospice focus is on terminal illness  
 d. Palliative and hospice care is focused totally on meeting the needs of the patient’s family |
| **24. Which of the following has been identified as providing an opportunity for cross-disciplinary communication to occur regarding the patient’s goals for care?** | a. Grand rounds  
 b. Keystone rounds  
 c. Patient referrals between departments  
 d. Primary care physician communicating with each department |
| **25. The Reuters study reported that family end-of-life orders often do not exist for hospice care patients.** | a. True  
 b. False |
| **26. The study identified that attending physicians and residents are not adequately trained in relation to pain management and end-of-life care.** | a. True  
 b. False |
| **27. A recommendation is that the initial phase of palliative care will be based upon patient consultation overseen by the:** | a. patient’s attending physician  
 b. director of pharmacological services  
 c. patient’s choice of pastoral care  
 d. director of palliative care services |
| **28. What the study found that the ability of hospital staff to recognize the patient’s need for psychosocial counseling is:** | a. consistent among all departments  
 b. not able to be determined from survey results  
 c. variable from department to department  
 d. meeting patient satisfaction |
| **29. A recommended resource for education for physicians is:** | a. EPEC  
 b. AMA  
 c. ACS  
 d. UNIPAC |
| **30. Which of the following is a palliative care model?** | a. Hospice home-care nurses  
 b. Multidisciplinary home-care support teams  
 c. In-patient hospice care  
 d. All the above |
1. ____ connects the larynx and the hyoid bone with the sternum anteriorly.
   a. Diagastric muscle  b. Sternoceleidomastoid muscle  
   c. Platysma muscle  d. Strap muscles

2. The cervical branch of the facial nerves innervates the ____.
   a. Corner of the mouth  b. Anterior belly of the diagastric muscle  
   c. Platysma  d. Vocal cords

3. The recurrent laryngeal nerve ____.
   a. Ascends along the tracheoesophageal groove  
   b. Travels superior and deep to the submandibular gland  
   c. Moves from the skull base  d. Resides in the carotid sheath

4. The _____ branches in the neck and has its own _____ sheath.
   a. Jugular vein, jugular  b. Carotid artery, carotid  
   c. Lingual nerve, external  d. Cervical chain, carotid

5. Three major structures of the neck are:
   a. External carotid artery, vagus nerve and spinal accessory nerve  
   b. Hyoid bone, submandibular gland and superior thyroid  
   c. Pharynx, larynx and trachea  d. External jugular vein, strap muscles and hypoglossal nerve

6. Level _____ lymph nodes are within the _____.
   a. I, submental  b. II, lower jugular  
   c. VI, middle jugular  d. IV, sternocleidomastoid muscle

7. _____ involves removal of all cervical lymph node groups.
   a. Modified neck dissection  b. Radical neck dissection  
   c. Selective neck dissection  d. Thyroidectomy

8. A modified radical neck dissection extends from _____ to _____.
   a. Mastoid tip to mastoid tip  b. Diagastric muscle to midline of the neck  
   c. Mandible to clavicle  d. Sternoceleidomastoid muscle to above the clavicle

9. _____ identifies the size of the tumor, lymph node involvement and metastasis.
   a. X-ray  b. Tumor staging  
   c. Palpation  d. Biopsy

10. Lateral neck dissection involves the en block removal of levels _____, _____, and _____.
    a. I, II and III  b. I, II and VI  
    c. II, III and IV  d. III, IV and V

11. Which of the following muscles is not considered a part of the group of strap muscles?
    a. Sternohyoid  b. Digastric  
    c. Omohyoid  d. Thyrohyoid

12. When identifying a tumor the “T” represents the:
    a. site of nodal metastasis  b. size of the nodes  
    c. size and depth of the tumor  d. extent of metastasis

13. Which of the following is a branch of the external carotid artery?
    a. Ascending pharyngeal  b. Anterior cerebral  
    c. Stapedial  d. Ascending cervical

14. The Level III lymph nodes are the:
    a. middle jugular  b. anterior cervical  
    c. posterior triangle  d. submental and submandibular

15. When performing neck surgery what instrument set is essential to have available in the operating room?
    a. Craniotomy  b. LeFort  
    c. Cardiothoracic  d. Tracheotomy

16. During neck dissection procedures which of the following nerves must be identified and preserved?
    a. Zygomatic  b. Lingual  
    c. Buccal  d. Mental

17. Which of the following grafts is used by some surgeons to cover the carotic artery for protection?
    a. Dermal  b. Polytetrafluoroethylene  
    c. Gore-Tex  d. Dacron

18. When performing a radical neck dissection and modified radical neck dissection the sternocleidomastoid muscle is excised.
    a. True  b. False

19. The “bloody triangle” involves the area between the:
    a. sternocleidomastoid muscle and superior belly of omohyoid muscle  
    b. mandible and digastric muscle  
    c. sternocleidomastoid muscle and superior internal jugular vein  
    d. carotid artery triangle

20. Elective supraomohyoid neck dissections are performed for patients with tumors affecting the:
    a. larynx and oropharynx  b. posterior upper neck  
    c. thyroid and cervical trachea  d. floor of the mouth or tongue
### Surgery of the Head and Neck: Oral Surgery and Fracture Management

1. Glossectomy involves removal of the:
   - a. glottis  
   - b. tonsils  
   - c. tongue  
   - d. teeth

2. A ____ may be used as a pressure dressing on a repaired defect.
   - a. skin graft  
   - b. bolster  
   - c. patient's tongue  
   - d. mouth props

3. If an oral lesion is difficult to access, which is performed?
   - a. mandibulotomy  
   - b. UPPP  
   - c. mandibular split  
   - d. either a or c

4. During the procedure to split the lip, what may be marked?
   - a. maxilla  
   - b. vermilion  
   - c. mental foramen  
   - d. lesion

5. The advantage of removal of a smaller portion of the mandible is:
   - a. the patient can undergo dental rehabilitation  
   - b. a tracheotomy is not performed  
   - c. a skin graft is not necessary  
   - d. all of the above

6. A major complication of mandibular reconstruction is:
   - a. airway obstruction  
   - b. loss of skin graft  
   - c. osteomyelitis  
   - d. fracture of the mandible

7. Which procedure is used to treat obstructive sleep apnea?
   - a. glossectomy  
   - b. tracheotomy  
   - c. uvulopalatopharyngoplasty  
   - d. superficial parotidectomy

8. A tripod fracture involves which structure?
   - a. zygomatic arch  
   - b. lateral maxilla  
   - c. infraorbital rim  
   - d. all of the above

9. Which fracture and instrument set is mismatched?
   - a. tripod: eye plastic set  
   - b. zygomatic: arch bar set  
   - c. mandibular: Caldwell Luc set  
   - d. maxilla: Caldwell Luc and arch bar sets

10. If arch bars are being placed, the surgical team must be ready to perform a:
    - a. tonsillectomy  
    - b. tracheostomy  
    - c. lip split procedure  
    - d. mandibular split

11. Which of the following procedures may be performed just before the glossectomy?
    - a. Tracheotomy  
    - b. Tonsillectomy  
    - c. Esophagoscopy  
    - d. Uvuleectomy

12. If a skin graft and bolster dressing have been used in conjunction with a glossectomy the nasogastric tube can usually be removed on the ____ postoperative day.
    - a. 1  
    - b. 3  
    - c. 5  
    - d. 7

13. Which of the following would be used for flap repair of an extensive floor-of-mouth lesion?
    - a. Deltoit  
    - b. Pectoralis major  
    - c. Gluteus maximus  
    - d. Trapezius

14. When performing an extensive floor-of-mouth resection what is done to prevent strictures after the wound is closed and healing?
    - a. ‘V’ is made in the chin incision  
    - b. Z-plasty is performed  
    - c. Rotation graft is performed  
    - d. Split-thickness graft is placed

15. Which of the following is a post-operative complication of simple resection of a floor-of-mouth lesion?
    - a. Osteomyelitis of the mandible  
    - b. Loss of speech  
    - c. TMJ disorder  
    - d. Loss of the tip of the tongue

16. Which of the following procedures may be performed in conjunction with a UPPP?
    - a. Rhinoplasty  
    - b. Septoplasty  
    - c. Partial glossectomy  
    - d. Mentoplasty

17. What instrument is used during a zygomatic fracture repair to elevate the bone?
    - a. Freer elevator  
    - b. Skin hook  
    - c. Urethral sound  
    - d. Pean clamp

18. The amount of postoperative narcotic given to a patient that has undergone a UPPP must be carefully controlled in order to avoid:
    - a. respiratory depression  
    - b. depressing the cough reflex  
    - c. decreased peristalsis  
    - d. patient mood changes

19. Which of the following incisions is used for the internal fixation of a maxillary fracture?
    - a. Incision through the palate of the mouth  
    - b. Caldwell Luc  
    - c. Direct incision over fracture  
    - d. Brow incision

20. Which of the following sizes of steel wire is often used for arch bar placement?
    - a. 20- or 22-gauge  
    - b. 24- or 26-gauge  
    - c. 28- or 30-gauge  
    - d. 32- or 35-gauge
1. During extension, this structure prevents hyperextension of the knee
   a. PCL
   b. ACL
   c. MCL
   d. LCL

2. If the tibial component is internally rotated, it will _____ the Q-angle.
   a. Decrease
   b. Not affect
   c. Increase
   d. None of the above

3. The reasoning for using a mini-incision (MIS) approach is
   a. The approach everts the patella
   b. Smaller skin incision
   c. The knee extensor mechanism is not disturbed
   d. All of the above

4. The pes anserine muscle group is made up of all of the following except:
   a. Sartorius
   b. Gracilis
   c. Semitendinosus
   d. Soleus

5. The surgeon will release the deep medial collateral ligament off the tibia during this deformity
   a. Varus
   b. Valgus
   c. Flexion contracture
   d. ACL rupture

6. Hypoplasia of the lateral femoral condyle and flexion contracture of the knee is associated with this deformity?
   a. Varus
   b. Valgus
   c. Flexion contracture
   d. Osteophytes

7. During a lateral retinacular release, this artery must be avoided
   a. Superior lateral geniculate artery
   b. Superior medial geniculate artery
   c. Circumflex artery
   d. Femoral artery

8. Which of the following methods are recommended to reduce the chances of contamination during a total joint replacement?
   a. Minimize the number of personnel in the room
   b. Use of laminar flow-vertical and horizontal
   c. Use of body exhaust systems (space suits)
   d. All of the above

9. The _____ keeps the femur from being displaced anteriorly on the tibia or the tibia from being displaced posteriorly on the femur
   a. ACL
   b. MCL
   c. PCL
   d. LCL

10. The unhappy triad “of O’ Donoghue,” or (terrible triad) refers to an injury to all the following except:
    a. Lateral collateral
    b. Tibial collateral ligament
    c. ACL
    d. Medial meniscus

11. Which of the following categories of knee implants is used to replace the medial and lateral surfaces of the femur and tibia?
    a. Unconstrained
    b. Bicompartmental
    c. Fully constrained
    d. Unicompartmental

12. The tibial components are centered on the _____ border of the tibial tubercle.
    a. lateral
    b. superior
    c. medial
    d. inferior

13. Which of the following is accomplished to correct lateral patellar subluxation?
    a. Lateral retinacular release
    b. Internal rotation of the femoral component
    c. Internal rotation of the tibial component
    d. Patellar tendon release

14. Which of the following is the proximal attachment of the sartorius muscle?
    a. Proximal tibia
    b. Base of patella
    c. Tibial tuberosity
    d. Iliac spine

15. Which of the following anatomical structures is first viewed when entering the knee joint when performing an arthroscopy?
    a. Transverse ligament
    b. Vastus lateralis
    c. Coronary ligaments
    d. Ligamentum mucosum

16. Which of the following is a potential complication associated with the lateral retinacular release?
    a. Damage to the fibular collateral ligament
    b. Patellofemoral instability
    c. Devascularization of the patella
    d. Varus deformity once prostheses are in place

17. Wound closure should be accomplished with the knee in _____ degree of flexion.
    a. 10
    b. 15
    c. 25
    d. 35

18. The initial opening in the femoral canal is accomplished with a _____ inch drill bit.
    a. 1/4
    b. 3/8
    c. 3/4
    d. 3/16

19. When preparing the sterile back table the CST should ensure that a _____ thickness saw blade is available for use.
    a. 0.050
    b. 0.10
    c. 0.15
    d. 0.20

20. The initial opening in preparation for the tibial stem is made with a _____ inch drill bit.
    a. 1/8
    b. 5/16
    c. 1/2
    d. 3/16
A Teamwork Approach to Quality Patient Care in the Operating Room

<table>
<thead>
<tr>
<th>a</th>
<th>b</th>
<th>c</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DNR: The Ethics of Resuscitation

<table>
<thead>
<tr>
<th>a</th>
<th>b</th>
<th>c</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Gynecologic Surgery: Problems and Complications

<table>
<thead>
<tr>
<th>a</th>
<th>b</th>
<th>c</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mark one box next to each number. Only one correct or best answer can be selected for each question.
Directions: Complete all 8 answer keys for the exams. Include your check or money order made payable to AST or complete credit card information with the appropriate amount and mail to AST, Attn: CE credits, 6 West Dry Creek Circle, Suite 200, Littleton, CO 80120-8031. If paying by credit card, you can fax in the answer keys and credit card payment to AST at 303-694-9169.
Membership Application

6 West Dry Creek Circle • Suite 200 • Littleton, CO 80120-8031
Phone: 800.637.7433 • Fax: 303.694.9169 • www.ast.org

YES ▶ I want to take advantage of all the benefits of membership in the Association of Surgical Technologists today.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Apt. #</td>
<td>Zip</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
<td>Work Phone</td>
<td></td>
</tr>
<tr>
<td>Certification #</td>
<td>ST</td>
<td>CST</td>
</tr>
<tr>
<td>E-Mail</td>
<td>School (If currently enrolled)</td>
<td>Graduation Date</td>
</tr>
</tbody>
</table>

I wish to purchase the Silver Package $222.50 (includes shipping & handling).
For first time certification only. Package does not include membership.

I was recruited by (Member Name) | Member #

Have you ever been a member of our association? ○ Yes ○ No
If yes, under what name were you a member?

Please Check The Appropriate Box For Membership Dues (All Include State Assembly Dues)

Active: ○ $80 for 1 year
An Active Member must include a copy of their certification certificate or card.

Associate: ○ $80 for 1 year
An Associate Member is a surgical technologist, but is not certified by the National Board of Surgical Technology and Surgical Assisting (formerly LCC-ST).

Student: ○ $45 for 1 year
A Student Member must provide the name of the school they are enrolled in and a graduation date.

Affiliate: ○ $80 for 1 year
Affiliate Members include Autotransfusionists, Labor and Delivery Techs, Cardiac Cath Tech, Anesthesiology Techs, Central Sterile Supply Techs, O.R. Managers, Aides, Schools, Instructors, Employers or Manufacturers/Sales Reps of health care related companies.

Retired/Disabled: ○ $45 for 1 year
A Retired Member must include proof that they are over the age of 65. A Disabled Member must include proof of permanent disability.

Join AST Today! ▼

PAY NOW
Click the “PAY NOW” button if you wish to pay online. You will be taken immediately to our online payment center.

PAYMENT INFORMATION
○ Check or money order enclosed ○ Bill my credit card
○ VISA ○ MASTER CARD ○ AMEX

Card #
Expiration Date

Signature

The profession needs your assistance!
Help us obtain vital information that benefits you, your colleagues and your pocketbook. Please fill out this brief survey so we can obtain vital information that will assist us promote the profession and advance the salary levels of practitioners across the country.

HIGHEST EDUCATION LEVEL ACHIEVED — choose only one
○ On the job trained (high school/GED) ○ Currently enrolled as an ST student
○ ST certificate or diploma (1 year) ○ ST associate degree (2 years)
○ BA/BS (other than nursing) ○ MA/MS (other than nursing)
○ Nursing ADN, diploma, BSN, or MSN ○ Other ________________

OCCUPATIONAL SPECIALTY — Where do you spend the most time? choose only one
○ Scrub technologist ○ Retired
○ Central supply ○ O.R. supervisor
○ Circulator/asst, circulator ○ Sales/mfg. rep
○ Surgical assistant ○ Not currently working
○ ST instructor/prog. director ○ Other ________________
○ Purchasing

PRIMARY SURGICAL SPECIALTY — Where do you spend the most time? choose only one
○ Cardiovascular surgery ○ Ophthalmic surgery ○ Thoracic surgery
○ ENT surgery ○ Organ procurement ○ Tissue surgery
○ General surgery ○ Orthopedic surgery ○ Transplant surgery
○ Gynecological surgery ○ Pediatric surgery ○ Veterinary surgery
○ Neurosurgery ○ Peripheral vascular surgery ○ Other ________________
○ Obstetric surgery ○ Plastic/reconstructive surgery ○ Do not specialize
○ Podiatric surgery

HOURLY SALARY (not including overtime) choose only one
○ Less than $9.00 ○ $17.00-$18.99
○ $9.00-$10.99 ○ $19.00-$20.99
○ $11.00-$12.99 ○ $21.00-$22.99
○ $13.00-$14.99 ○ $23.00-$24.99
○ $15.00-$16.99 ○ $25.00 or more

REV 06/08