

Radiologist RSV training quiz (correctable to 100%)

- 1) Limitations of teleradiology in theater are all of the following EXCEPT:
  - a) Bandwidth
  - b) COM/Security
  - c) Technologic capability
  - d) Business rules
  - e) Proper AE titles, DICOM headers
  
- 2) There are established baseline CT protocols and should be followed, especially early in the rotation.
  - a) True
  - b) False
  
- 3) Concerning penetrating and perforating injuries from blast injuries, which of the following is true?
  - a) Penetrating injuries have entrance and exit wounds
  - b) Perforating injuries have entrance and exit wounds
  - c) Neither penetrating / perforating injuries have entrance and exit wounds
  - d) Both penetrating / perforating injuries have entrance and exit wounds
  - e) None of the above are true
  
- 4) There are several types of explosive ordinance worthy of being familiar with. Which of the following is FALSE concerning types of explosive devices our patients may be injured by?
  - a) IED: Improvised Explosive Device
  - b) VB-IED: Vehicle-Borne Improvised Explosive Device
  - c) SIM: Self Injected Mortar
  - d) RPG: Rocket Powered Grenade
  - e) EFP (Explosive Formed Penetrator): concave copper plates.
  
- 5) Which of the following is/are a type/description of explosion injury?
  - a) Primary: Blast wave: hollow organs essentially burst due to overpressure
  - b) Secondary: Debris vs. body (most common, IED, other blasts)
  - c) Tertiary: Body thrown against hard objects (walls, objects)
  - d) Quaternary (or miscellaneous): Fire, smoke, crushing
  - e) All of the above are types of blast injury
  
- 6) Concerning missile wound ballistics, which of the following are true?
  - a) When a bullet first enters the body, it stops tumbling and starts spinning
  - b) When a bullet first enters the body, it stops spinning and starts tumbling
  - c) Bullets typically tumble once inside the body, turning on their long axis 180
  - d) Bullets do not tumble or spin once inside the body
  - e) Both b and c are true

- 7) High velocity projectiles do less damage to the body since they travel faster
- True
  - False
- 8) Who needs to be notified when both CT scanners break down?
- PAD
  - Only MCC, they will let everyone else know
  - ER doc, Trauma czar, SOD
  - All of the above
  - None of the above
- 9) During surges and masscal, which CT images should be pushed to Medweb?
- All studies, all reconstructions
  - US soldiers, Iraqi and coalition forces
  - All US soldiers
  - Only fine reconstructions
  - None of the above
- 10) During trauma codes, but not surges / masscal, which CT images should be pushed to Medweb?
- All studies
  - All US soldiers
  - Iraqi and coalition forces
  - Per CT protocol all US troops (not all reconstructions)
  - None of the above
- 11) If a local is in the ED from the field with evidence of surgery/ wound closure that looks less than professional, what is the next step?
- Get chest x-ray first, as always
  - Allow ER Dr. to assess ABCDE's
  - Allow techs to expose
  - All of the above
  - None of the above
- 12) Military working dogs (MWD) can have any imaging procedure a human can have.
- True
  - False
- 13) MWD will be triaged as any human would.
- True
  - False
- 14) Patient is reportedly inbound to the ED with an RPG projectile sticking out of their abdomen.
- Bring them to the main trauma bay for immediate KUB
  - Allow ER Dr. to assess ABCDE, allow techs to expose

- c) Make sure patient is not brought to ER and that EOD is alerted
  - d) Roll patient direct to CT for content determination
  - e) None of the above
- 15) A negative non-con head CT rules out TBI
- a) True
  - b) False
- 16) ATLS algorithms call for CXR, Pelvis, C-Spine cross table lateral and FAST. Which of the following is NOT true?
- a) Rarely do the cross table lateral since we often do a PanScan (head to pubes CT)
  - b) Radiographs should be taken in the order dictated by ATLS, and ER doc and SOD direction. They do not need to be run through the CR reader in the same order, however.
  - c) Extremities are important to take and run, however, Chest and Pelvis CR should be run separately and first on as many patients possible
  - d) A CXR on another patient may be more important than continuing with Pelvis and extremities on a patient already started
  - e) All the above are true
- 17) FAST is useful in combat triage. Which of the following are true?
- a) FAST is done only by ER docs and rules out any abdominal free fluid
  - b) FAST is done by ER docs and/ or radiologists and rules out free fluid
  - c) FAST is for ruling out significant abdominal free fluid, or pericardial effusion, to help triage to OR vs. CT
  - d) US can be used to evaluate small PTX.
  - e) All the above are true
- 18) What exam should be performed for an isolated GSW to the axilla?
- a) PanScan
  - b) PanScan with CTA neck
  - c) PanScan with CTA Chest
  - d) PanScan with CTA Chest and neck
  - e) CTA Chest and neck
- 19) Indications for L-S CT in combat hospital?
- a) R/O HNP or severe DJD for occupational determination
  - b) R/O Cauda Equina Syndrome
  - c) Radiculopathy in worker that cannot perform job
  - d) Subacute grade 2 weakness
  - e) Radiculopathy in worker that can perform job