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Question: 1

An infant with a clubfoot is receiving progressive plaster casts, and he needs to have the current cast removed. The best method to remove the cast is to

- A. Use a cast cutter while he is sleeping.
- B. Soak the cast in warm water with 1 tbsp. of vinegar for 1 hour.
- C. Soak the cast in warm water with 1 tbsp. vinegar for 10 minutes.
- D. Use a cast cutter while the parents hold the child.

Answer: B

Explanation:

The best method to remove a cast from an infant or small child is to soak the cast in warm water until the plaster begins to soften and dissolve. The child can be placed in a small tub of warm water with about 1 tbsp. of vinegar added for an hour or so, and then the wrapping can be unrolled and removed. Parents should be advised to do this before the appointment time because using a cast cutter on an infant's cast can cause distress.

Question: 2

When the orthopaedic technologist is assessing an elderly patient's functional ability, which test is used specifically to indicate the risk of falls?

- A. Katz Activities of Daily Living (ADL) scale.
- B. Timed Up and Go (TUG).
- C. Functional Ability Rating Scale.
- D. Instrumental Activities of Daily Living.

Answer: B

Explanation:

The Timed Up and Go (TUG) test evaluates the time a patient requires to stand from a chair with armrests, walk three meters, turn, return, and sit back down. Those patients requiring 214 seconds are at risk for falls. The Katz ADL test evaluates normal activities, such as bathing, dressing, transferring, walking, using the toilet, grooming, and eating and includes timed tests for various activities. Instrumental Activities of Daily Living evaluates ADLs as well as the ability to manage affairs (including finances), arrange transportation, use prosthetic devices, shop, and use the telephone. The Functional Ability Rating Scale evaluates limitations in major life activities, such as self-care, communication, self-direction, the ability to live independently, learning, and the ability to handle economic affairs.

Question: 3

When conducting an assessment of the range of motion of the thoracic and lumbar spine, a normal extension when standing is

- A. 70 to 90 degrees.
- B. 30 to 45 degrees.
- C. 20 degrees.
- D. 30 degrees.

Answer: D

Explanation:

A normal extension of the thoracic and lumbar spine is 30 degrees when standing and 20 degrees if lying in the prone position. To test for extension with the patient standing, the patient should stand with the feet apart for stability and with the pelvis stabilized and the technologist applying resistance between the patient's scapulae, and then the patient bends backward as far as possible. The range of motion should also include tests for flexion (70 to 90 degrees), lateral movement (35 degrees), and rotation (30 to 45 degrees).

Question: 4

Which of the following is the correct position for the patient during application of a figure-eight clavicle strap for a right clavicular fracture?

- A. Sitting in the upright attention position.
- B. Leaning forward.
- C. Supine.
- D. Left-lying.

Answer: A

Explanation:

The patient should sit upright in the attention position for application of the figure-eight clavicle strap because this keeps the bones in proper alignment; however, the patient may require pain medication prior to assuming this position and may need to do so slowly. Prior to application of the strap, the arm and hand on the fracture side should be assessed for neurological or vascular impairment, noting color, temperature, sensation, numbness or tingling, motor function, and strength of pulses.

Question: 5

A 30-year-old patient in good physical condition with a non-weight-bearing cast is

preparing for discharge. Which method of ambulation is usually indicated?

- A. Ambulation with four-wheeled Roll-A-Bout walker.
- B. Ambulation with pickup or two-wheeled walker.
- C. Crutch walking, three-point gait.
- D. Crutch walking, four-point gait.

Answer: C

Explanation:

A patient in good physical condition with a non-weight-bearing cast is usually instructed in crutch walking with a three-point gait. The four-point gait is used with a partial-weight-bearing cast. Elderly patients and patients with poor balance or an inability to use crutches may use walkers. Two-wheeled or pickup walkers are easy to control, but ambulation is slower because the person must step toward the walker, advance the walker, and then step again. The Roll-A-Bout walker may be used for those who are unable to manage crutches, but it requires weight bearing on the knee.

Question: 6

During the initial history to assess a patient for possible arthritis, he complains of stiffness in the knees and hips. The most important follow-up question to aid in diagnosis is

- A. "How long does the stiffness persist after a period of inactivity?"
- B. When did the stiffness begin?"
- C. What do you mean when you say 'stiffness'?"
- D. "Do you have any skin conditions?"

Answer: A

Explanation:

Because the stiffness after a period of inactivity is of short duration (such as a few minutes) with degenerative arthritis and tends to persist for a half hour or longer with inflammatory arthritis, including rheumatoid arthritis, "How long does the stiffness persist after a period of inactivity?" is the most important follow-up question. Other questions should include whether the patient also experiences swelling tenderness, or erythema of joints, has limitations of movement, generalized symptoms (such as chills and fever), or skin conditions (such as a butterfly rash).



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