## Chapter 7 - Spinal Column and Spinal Cord Injuries Test Questions

- 1. Spinal cord injury is significant in the United States because:
  - a. Despite low incidence, it carries a high economic burden
  - b. Primarily is the result of a violent event
  - c. Reduced life expectancy is common
  - d. It primarily occurs in older persons
- 2. The Autonomic Nervous System (ANS) is important in acute spinal cord injury because:
  - a. The parasympathetic branch is disrupted producing neurogenic shock
  - b. The sympathetic branch is disrupted producing neurogenic shock
  - c. The hypothalamus is injured producing neurogenic shock
  - d. The ANS is not important because it is part of the peripheral nervous system
- 3. The five major mechanisms of injury are:
  - a. Flexion, extension, axial loading, distraction, and laceration
  - b. Concussion, flexion, extension, rotation, and penetration
  - c. Flexion, extension, axial loading, rotation and penetration
  - d. Flexion, extension, concussion, distraction, and penetration
- 4. Central cord syndrome is:
  - a. A result of forces producing an injury in the periphery of the spinal cord
  - b. Most commonly occurs in older persons with degenerative changes of the cervical spine
  - c. Characterized by a disproportionate loss of lower extremity versus upper extremity function
  - d. Most often associated with penetrating injuries
- 5. The sensorimotor exam is performed:
  - a. To evaluate function of the lateral corticospinal, the lateral reticulospinal, and the lateral spinothalamic tracts
  - b. To assess sensory and motor function and strength bilaterally
  - c. Upon admission only to help localize level of injury
  - d. Routinely to assist patient's in recognizing the extent of their injury

- 6. The cardiovascular consequences of neurogenic shock include:
  - a. Hypertension, tachycardia, and hyperthermia
  - b. Hypotension, bradycardia, and hypothermia
  - c. Hypotension, tachycardia, and hyperthermia
  - d. Hypertension, bradycardia, and hyperthermia
- 7. The signs and symptoms of autonomic dysreflexia include:
  - a. Hypotension, tachycardia, sweating, and pallor
  - b. Hypertension, bradycardia, pallor, and flushing
  - c. Hypertension, tachycardia, flushing, and hyperventilation
  - d. Hypotension, tachycardia, pallor, and goosebumps
- 8. Frequent respiratory assessment is important in acute spinal cord injury because:
  - a. Loss of defensive respiratory muscles places them at high risk for respiratory failure
  - b. Arterial blood gas results can be inaccurate in these patients
  - c. They frequently develop phrenic innervation, which can be worsened by the use of steroids
  - d. It is the third leading cause of death for quadriplegic patients
- 9. Which of the following statements is true regarding acute spinal cord injury and deep venous thrombosis?
  - a. Infrequently at risk for DVT
  - b. Patients are at greatest risk the first two weeks post-injury
  - c. Prophylaxis need only be managed with anti-coagulation
  - d. All patients must have a prophylactic vena cava filter placed
- 10. Gastrointestinal management of a patient with an acute spinal cord injury should include:
  - a. Gastric decompression, steroids, and gastric prophylaxis
  - b. Gastric decompression, steroids, and bowel stimulants
  - c. Gastric decompression, delayed nutrition due to risk of ileus, and bowel stimulants
  - d. Gastric decompression, gastric prophylaxis, early enteral feedings, and bowel stimulants
- 11. Unopposed vagal outflow places the acute spinal cord injured patient at greater risk for ulcer formation.
  - a. True
  - b. False

- 12. Which of the following statements are true regarding bladder management of the acute spinal cord injured patient?
  - a. Initial management avoids placement of an indwelling catheter
  - b. Bladder management is dependent upon level of injury, lifestyle, and gender
  - c. Urinary tract infections are an infrequent complication for SCI patients
  - d. 4000 ml/day fluid ingestion is encouraged during bladder training
- 13. A urinary tract infection (UTI) is definitively diagnosed by the presence of bacteriuria in SCI patients.
  - a. True
  - b. False
- 14. Musculoskeletal implications of spinal cord injury include:
  - a. Flaccidity, spasticity, and increased bone density
  - b. Spasticity, heterotopic ossification, and contractures
  - c. Heterotopic ossification, contractures and increased bone density
  - d. Flaccidity, contractures, and increased bone density
- 15. In acute spinal cord injury, pain is:
  - a. Not an issue due to the loss of sensation
  - b. Should be treated with long-acting medications
  - c. Is frequently exacerbated by fear and anxiety
  - d. Should not be treated to preserve exam
- 16. Chronic pain is a significant issue for spinal cord injured patients because:
  - a. It may enhance ability to perform ADLs
  - b. Medication side effects are imagined
  - c. It diminishes the quality of life
  - d. It is not "real" pain
- 17. Which of the following statements regarding sexual function of the cervical spinal cord injured person is true?
  - a. Persons retain their psychogenic abilities
  - b. Females cannot experience normal fertility and pregnancy
  - c. Most males can achieve erection, but will not experience reflexive ejaculation
  - d. The physical act of intercourse remains impossible for most individuals