1. A carotid artery dissection typically results from tearing of the tunica ____________:
   a. Intima
   b. Media
   c. Adventitia
   d. Tunica externa

2. When an artery dissects, the layers of the artery:
   a. Split open, allowing uncontrolled hemorrhage
   b. Only balloon outward along a weak spot
   c. Separate and allow blood to collect
   d. Collapse, preventing distal blood flow

3. Arteries are comprised of how many tissue layers?
   a. 2
   b. 3
   c. 4
   d. 5

4. Which area of the spine is at greatest risk for bony injury?
   a. Cervical
   b. Thoracic
   c. Lumbar
   d. Sacral

5. You are providing first response care at a high school track meet when you observe a pole-vaulter slip and land half-on and half-off the safety mat, with his head twisted awkwardly. He is screaming in pain and trying to move. Your most immediate action is to:
   a. Open the airway and assess breathing
   b. Perform manual c-spine stabilization
   c. Move the patient into a position of comfort
   d. Obtain a SAMPLE history and vital signs

6. You are assessing a 17-year-old hockey player who slid head-first into the boards. The patient displays antegrade amnesia and keeps repeating the same questions. You suspect he has a:
   a. Diffuse axonal brain injury
   b. Increasing intracranial pressure
   c. Brain confusion
   d. Traumatic brain injury

7. You receive a late-night 9-1-1 call to the home of a 15-year-old female who was dropped during cheerleading practice. She has developed a severe headache and blurred vision. During your physical exam you note right-sided weakness and bruit in the left carotid artery. This patient likely has:
   a. Traumatic brain injury
   b. Intracranial hemorrhage
   c. Carotid artery dissection
   d. Cluster migraines

8. The Cincinnati Stroke Scale evaluates the patient for:
   a. Headache, arm drift, mental status changes
   b. Headache, arm drift, facial droop
   c. Arm drift, facial droop, normal speech
   d. Arm drift, abnormal speech, headache

9. Following a traumatic brain injury, a patient is at risk for developing:
   a. Increased intracranial pressure
   b. Brain confusion
   c. Early onset Alzheimer’s disease
   d. Concussion

10. Which of the following findings is diagnostic for traumatic brain injury after a blow to the head?
    a. Skull fracture
    b. Amnesia
    c. Nausea
    d. Headache

11. Which of the following patients has most likely experienced a traumatic brain injury?
    a. 35-year-old male who was ejected from his car, is awake, can tell you everything about the accident, and has a 4-inch laceration on his scalp
    b. 23-year-old female who began having seizures during a biology lecture, struck her head against the floor and has a forehead hematoma
    c. 17-year-old female who fell 15 feet from her tree stand while hunting, landed on her back and has severe neck pain, but denies loss of consciousness
    d. 29-year-old male who tripped, struck his head on a table as he fell, had a seizure, but is now awake and says he feels fine

12. What does a bruit signify?
    a. Carotid dissection
    b. Aneurysm
    c. Turbulent blood flow
    d. Arterial constriction

13. Which of the following is true about management of a patient with traumatic brain injuries?
    a. Restrict sleep for 24 hours
    b. Stabilize the spine
    c. Monitor ICP
    d. Avoid pain medications that mask serious symptoms

14. The earliest symptom of neurologic effects from a carotid dissection is:
    a. Facial droop
    b. Headache
    c. Hemiparesis
    d. Blurred vision

15. A 16-year-old football player was struck while attempting to catch the football and his face mask became caught in mud as he twisted during his fall. The patient is complaining of throbbing anterior neck pain. Which of the following is a late assessment finding consistent with carotid dissection?
    a. Carotid bruit
    b. Weak carotid pulse
    c. Bruising and tenderness
    d. Unilateral numbness

16. The left carotid artery arises from:
    a. Left subclavian artery
    b. Right subclavian artery
    c. Arch of the aorta
    d. Brachiocephalic trunk

17. What is the carotid triangle?
    a. Neurovascular bundle which contains the carotid artery that travels along the length of the trachea
    b. Protective space between the neck muscles which protects the carotid artery, vein and nerve
Choose your appropriate license level:  

- BLS
- ALS

|   | 1. a | b | c | d | 6. a | b | c | d | 11. a | b | c | d | 12. a | b | c | d | 16. a | b | c | d | 17. a | b | c | d | 18. a | b | c | d | 19. a | b | c | d | 20. a | b | c | d |
| 2. | a | b | c | d | 7. a | b | c | d | 13. a | b | c | d | 14. a | b | c | d | 19. a | b | c | d | 20. a | b | c | d |
| 3. | a | b | c | d | 8. a | b | c | d | 15. a | b | c | d |
| 4. | a | b | c | d | 9. a | b | c | d |
| 5. | a | b | c | d | 10. a | b | c | d |

Date Test Completed (REQUIRED INFORMATION) _______________________

TEST EVALUATION

In order to receive CE credit, CECBEMS requires you to complete the following evaluation on the CE test you just completed.

1. Did the authors meet the article’s objectives?  
   Yes ✗  Somewhat ❑  No ❑

2. Did the article meet your learning needs?  
   Yes ✗  Somewhat ❑  No ❑

3. Was the article well written and organized?  
   Yes ✗  Somewhat ❑  No ❑

4. What topics would you like to see covered in the future?  

You must provide your state of license and license number, level/type of license and the date the test was completed in order for your test to be processed. North Carolina providers: Please list DOB instead of license number.

A self-addressed, stamped envelope must accompany your submission.

Name __________________________________________________________

Address _________________________________________________________

City ____________________________  State __________________________  Zip __________

Agency __________________________________________________________

Telephone _______________________________________________________

E-mail __________________________________________________________

State of License and License # ____________________________  Exp. Date __________

Level/Type of License ____________________________  Exp. Date __________

National Registry # ______________________________________________

National Registry Reregistration Date ____________________________

Method of Payment

- VISA  ❑  MasterCard  ❑  AmEx  Card Number ____________________________  Exp. Date ______

- Check (Make payable to EMS Magazine)  Check Number ______

Signature _______________________________________________________

Number of Tests Submitted ___ x $6.95 = TOTAL DUE ___________________

Date Test Completed (REQUIRED INFORMATION) _______________________

This continuing education activity is approved by EMS Magazine, an organization accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS), for 1.5 CEUs.