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, palor, and flushing
   c. Hypertension, tachycardia, flushing, and hyperventilation
   d. Hypotension, tachycardia, palor, 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