

Medical Technology NBCOT-OTC

Orthopaedic Technologist Certified (OTC) exam

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Question: 1

A patient must have a new leg cast applied. When the original cast is removed, the skin surface is covered with scaly, dry, dead skin. The orthopaedic technologist should

- A. Gently wash the skin.
- B. Brush the skin and apply oil.
- C. Lightly brush off dead skin.
- D. Leave the skin untouched.

Answer: C

Explanation:

When another cast has to be applied, dead skin should be lightly brushed away, but the skin should not be washed nor oil applied because these will only increase the itching and discomfort when the new cast is applied. If there will not be another cast applied, then the skin should be gently washed and oil should be applied and left on to soften the skin so that the dead skin can be easily washed away in another day or two.

Question: 2

A patient in pelvic skin traction is permitted bathroom privileges and asks the orthopaedic technologist to help him get up. The orthopaedic technologist should

- A. Remove the weights and leave the pelvic belt in place.
- B. Remove the pelvic belt, leaving the weights attached.
- C. Remove the weights and then the pelvic belt.
- D. Remove the weights and the pelvic belt and apply a back brace.

Answer: C

Explanation:

When removing a patient from pelvic skin traction, the orthopaedic technologist should first remove the weights and then remove the pelvic belt so he doesn't inadvertently trip over the straps. The patient should be advised to keep his back straight and keep his knees higher than his hips when sitting, even on the toilet. Because patients may become lightheaded after prolonged periods of lying down or with pain medications or muscle relaxants, the technologist should assist the patient to walk and then reapply the pelvic belt and weights when he returns to bed.

Question: 3

A patient has a splint on the wrist and forearm but has developed window edema between the securing straps. In addition to elevating the extremity, which of the following is the best initial solution?

- A. Remove the splint until the edema subsides.
- B. Apply wider straps to better distribute the force.
- C. Leave the straps loose until the edema subsides.
- D. Replace the straps with bias-cut wrapping, from the distal end to the proximal end.

Answer: D

Explanation:

To reduce window edema, the straps should be replaced with bias-cut wrapping, applied from the distal end to the proximal end, until the edema subsides because this evens out the distribution of pressure on the skin. The splint should not be removed or the straps loosened so much that the splint is ineffective, leaving the joint unsupported. Wider straps can distribute force better than narrow straps can, but if they are too wide, they may interfere with the range of motion of unimpaired joints.

Question: 4

A patient is very talkative and, speaking rapidly, gives very long convoluted answers to all questions, making it difficult to obtain an accurate history. The best response for the orthopaedic technologist is to

- A. Allow the person to talk freely for five minutes and then interrupt to briefly summarize and clarify the most important points.
- B. Tell the person that his/her answers are confusing and they need to be shorter.
- C. Allow the person to talk as freely as he/she likes and try to take notes.
- D. Ask the patient if a family member can help to provide a history.

Answer: A

Explanation:

Talkative patients can be difficult to interview, so some direction may be necessary; however, often the best approach is to allow the person to talk freely for about five minutes and then gently interrupt to summarize and clarify the main points they've made during the discourse. While the person talks, the orthopaedic technologist should note the patterns of speech and nonverbal behavior as well as the content to determine if the patient appears tense, confused, or psychotic. The technologist should not exhibit impatience or tell the person that his/her answers are confusing.

Question: 5

Which of the following imaging techniques is the most effective for diagnosing osteomyelitis resulting from an infected traumatic injury?

- A. Standard radiograph.
- B. Computed tomography (CT) scan.
- C. Magnetic resonance imaging (MRI).

D. Ultrasound.

Answer: C

Explanation:

Although all of the listed imaging techniques serve a role, the most effective for diagnosis of osteomyelitis is the MRI because it can show the spread of the infection through the bone and the soft tissue. Diagnosis usually begins with standard radiographs to show the overall anatomy and conditions of the bone. Ultrasound is useful for collections of fluid and soft-tissue involvement. CT scans can show the presence of bony abnormalities, but they are not sensitive to osteomyelitis.

Question: 6

When assessing a patient's gait, the orthopaedic technologist notes that the patient appears unsteady and uncoordinated with a wide base measurement, and he lifts his feet higher than normal while stepping with the feet flat onto the floor. This gait is characterized as

- A. Steppage.
- B. Ataxia.
- C. Parkinsonian.
- D. Scissors.

Answer: B

Explanation:

Unsteady and uncoordinated with a wide base measurement and feet lifted higher than normal while stepping with the feet flat onto the floor. Steppage: Dragging or lifting the feet high when walking, then slapping the feet down, giving the appearance of stair walking. Parkinsonian: Walking with the trunk leaning forward with a short, shuffling gait and slight flexion of both hips and knees but without arm swing. Scissors: Thighs crossing while taking short, stiff steps, giving the appearance of someone walking in water.

Question: 7

When assessing a patient's level of interest in activities, which of the following information is most essential?

- A. Type of activity, past interest, recent past interest, current participation, and future interest in participation.
- B. Type of activity and availability of activity resources.
- C. Type of activity, cost of activity, and feasibility of participation.
- D. Type of activity, physical ability, and current interest.

Answer: A

Explanation:

Assessment of a patient's level of interest in activities should include the type of activity, past interest (10 years), recent interest (1 year), current participation, and future interest in participation to gain the full picture. Reviewing a checklist of activities with the patient is better than simply asking about activities because recall may be better than production. Activities of interest in the past provide valuable information because sometimes patients stop activities due to disabilities rather than a lack of interest. Current participation and future interests are especially important in planning interventions.

Question: 8

During an interview with an adolescent, the boy ignores the orthopaedic technologist and continues to play a video game on an electronic tablet. The orthopaedic technologist should begin by

- A. Telling the boy to put his tablet away.
- B. Asking a question and then remaining silent until the boy looks up.
- C. Asking the boy if he is feeling anxious about the interview.
- D. Asking the boy what kinds of apps he likes.

Answer: D

Explanation:

Asking the boy what kind of apps he likes is a good approach because establishing rapport with an adolescent is often critical to gaining cooperation. A few minutes spent discussing things of interest to the youth is time well spent. The orthopaedic technologist should avoid being confrontational (telling the boy to put his tablet away), and the silent treatment is usually not effective. Adolescents are often self-conscious and resistive to talking about feelings and may be more cooperative if the interview remains less formal.

Question: 9

How many major reflexes should the occupational technologist assess when evaluating the musculoskeletal system?

- A. Three.
- B. Four.
- C. Five.
- D. Six.

Answer: C

Explanation:

Five major reflexes should be assessed when evaluating the musculoskeletal system:

Biceps: Arm flexed at the elbow with the examiner's thumb placed horizontally over biceps tendon with percussion to examiner's thumb.

Brachioradialis: Forearm resting on the leg or the examiner's forearm with percussion to radius at 2 to 5 cm above the wrist.

Triceps: Arm flexed at the elbow with percussion to triceps tendon, about 2 to 5 cm above elbow.
Patellar: Knee bent and leg dangling, with percussion to patellar tendon (directly below the patella).
Achilles tendon: Leg dangling and foot dorsiflexed, percussion to the Achilles tendon right above the heel.

Question: 10

A patient is to have side arm skin traction for a fracture of the left humerus. Where are the traction tapes applied?

- A. To the upper arm, extending past the elbow and to the forearm, extending to the wrist.
- B. To the forearm, extending beyond the hand.
- C. To the forearm, extending to the wrist.
- D. To the upper arm, extending past the elbow, and to the forearm, extending beyond the hand.

Answer: D

Explanation:

For side arm skin traction, sets of traction tapes are applied to both the forearm and the upper arm with the upper arm traction tapes extending past the elbow and attached to a spreader and pulley weight equipment to exert a horizontal pull on the humerus. Forearm traction tapes extend beyond the hand and are attached to a spreader and pulley weight equipment to provide a lateral or upward pull and to suspend the arm in a vertical position.

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