



RMSKS Sonography Exam Prep

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Practice Questions

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1. During an ultrasound-guided joint injection, which of the following represents the most important first step in maintaining aseptic technique?

- A. Positioning the patient
- B. Covering the ultrasound probe
- C. Opening the sterile supplies
- D. Performing proper hand hygiene

2. Which needle visualization technique provides the best visualization of the entire needle during an ultrasound-guided musculoskeletal intervention?

- A. Oblique approach
- B. Out-of-plane (transverse) approach
- C. In-plane (longitudinal) approach
- D. Mixed approach

3. What is the primary role of the sonographer during an ultrasound-guided tendon sheath injection?

- A. Performing the injection independently
- B. Providing real-time imaging guidance
- C. Selecting the medication to be injected
- D. Determining the diagnosis

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4. Following an ultrasound-guided joint aspiration, which postprocedural assessment is most important for the sonographer to document?

- A. Patient's pain level
- B. Room temperature
- C. Patient's clothing
- D. Staff present during procedure



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5. Which of the following is the most appropriate way to prepare an ultrasound probe for use in a sterile procedure?

- A. Apply standard gel without covering
- B. Wipe with an alcohol pad only
- C. Submerge in disinfectant solution
- D. Apply a sterile probe cover

6. What is the most appropriate action for a sonographer to take if they observe signs of vasovagal response during an ultrasound-guided intervention?

- A. Ask the patient to hold their breath
- B. Continue the procedure without interruption
- C. Immediately alert the physician
- D. Increase room temperature

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7. Which of the following complications should be monitored for after an ultrasound-guided corticosteroid injection into a joint?

- A. Immediate hearing loss
- B. Post-injection flare
- C. Vision changes
- D. Hair loss

8. What information should be documented in the sonographer's report following an ultrasound-guided intervention?

- A. Approach used, including needle path and technique
- B. Brand of ultrasound machine only
- C. Room number where procedure was performed
- D. Sonographer's years of experience

9. During an ultrasound-guided aspiration of a Baker's cyst, which patient position typically provides the best access?

- A. Standing with weight on the affected leg
- B. Supine with leg extended
- C. Seated with knee at 90 degrees
- D. Prone with knee slightly flexed



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10. What is the most appropriate gel to use during an ultrasound-guided interventional procedure?

- A. Lubricating jelly
- B. Standard non-sterile gel
- C. Sterile ultrasound gel
- D. Alcohol-based gel

11. Which of the following is NOT typically part of the sonographer's role during an ultrasound-guided platelet-rich plasma (PRP) injection?

- A. Identifying the target structure with ultrasound
- B. Preparing the PRP from the patient's blood sample
- C. Maintaining visualization of the needle tip
- D. Documenting the procedure

12. What should be included in pre-procedural patient education for an ultrasound-guided intervention?

- A. Information about potential post-procedure pain
- B. Details about ultrasound physics
- C. Technical specifications of the needle
- D. The sonographer's training background

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13. Which of the following is the most important safety measure to implement before an ultrasound-guided joint injection?

- A. Test the room lighting
- B. Check the room temperature
- C. Calibrate the ultrasound machine
- D. Verify patient identity and correct procedure site



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14. When assisting with an ultrasound-guided carpal tunnel release, what is the most important structure to help the physician visualize?

- A. The flexor carpi ulnaris tendon
- B. The ulnar artery only
- C. The median nerve
- D. The distal radius

15. What is the primary purpose of using color Doppler during an ultrasound-guided interventional procedure?

- A. To measure the temperature of the tissue
- B. To identify vascular structures to avoid during needle placement
- C. To determine tissue elasticity
- D. To enhance needle visibility exclusively

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16. Which of the following observations during an ultrasound-guided procedure should be immediately reported to the physician?

- A. Unexpected fluid collections appearing during the procedure
- B. Normal anatomical variations
- C. Expected needle reverberation artifacts
- D. Routine machine noise

17. After an ultrasound-guided calcific tendinopathy lavage and aspiration, which post-procedure instruction is most important for the sonographer to reinforce?

- A. Avoid all pain medications
- B. Immediately resume normal activities
- C. Apply constant heat to the area
- D. Limit activity of the affected area for 24-48 hours

18. What is the best approach for the sonographer to maintain needle visibility during deep tissue interventional procedures?

- A. Rapidly move the transducer back and forth
- B. Use maximum acoustic power regardless of depth
- C. Adjust the angle of the transducer to align with the needle path
- D. Always maintain a perpendicular angle to the skin



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19. Which of the following tendons is located on the dorsal aspect of the wrist and is best visualized in the anatomical snuffbox?

- A. Flexor carpi radialis
- B. Abductor pollicis longus
- C. Palmaris longus
- D. Flexor digitorum superficialis

20. Which musculoskeletal structure of the shoulder appears as a hyperechoic fibrillar band on ultrasound that connects the glenoid labrum to the humerus?

- A. Glenohumeral ligaments
- B. Supraspinatus muscle
- C. Coracoacromial arch
- D. Subdeltoid bursa

21. In ankle ultrasound, which normal anatomical structure appears as an anisotropic, fibrillar, hyperechoic band extending from the calcaneus to the plantar aspect of the foot?

- A. Tibialis anterior tendon
- B. Peroneus longus tendon
- C. Flexor hallucis longus tendon
- D. Plantar fascia

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22. What is the name of the normal hypoechoic structure that separates the quadriceps tendon from the prefemoral fat when imaging the knee?

- A. Patellar tendon
- B. Hoffa's fat pad
- C. Suprapatellar bursa
- D. Medial collateral ligament



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23. Which of the following muscles forms the lateral border of the rotator interval in the shoulder?

- A. Infraspinatus
- B. Supraspinatus
- C. Teres minor
- D. Deltoid

24. When performing an ultrasound of the hip in adults, which structure should be identified as a hypoechoic triangular structure deep to the iliopsoas muscle?

- A. Hip joint capsule
- B. Greater trochanter
- C. Gluteus medius tendon
- D. Tensor fasciae latae

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25. In pediatric patients, which anatomical feature distinguishes their musculoskeletal ultrasound appearance from adults?

- A. Lack of joint capsules
- B. Absence of bursae
- C. Hyperechoic tendons
- D. Prominent growth plates

26. When imaging the ulnar nerve at the elbow, through which anatomical structure does the nerve normally pass?

- A. Guyon's canal
- B. Carpal tunnel
- C. Cubital tunnel
- D. Arcade of Frohse

27. Which structure appears as a thin hyperechoic line covering the femoral head during hip ultrasound?

- A. Labrum
- B. Articular cartilage
- C. Joint capsule
- D. Iliopsoas tendon



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28. In the wrist, which of the following structures appears as an anechoic band-like structure overlying the flexor tendons on ultrasound?

- A. Flexor retinaculum
- B. Median nerve
- C. Ulnar artery
- D. Palmaris longus tendon

29. Which muscles form the rotator cuff of the shoulder?

- A. Trapezius, levator scapulae, rhomboids, and teres major
- B. Deltoid, biceps, triceps, and coracobrachialis
- C. Pectoralis major, pectoralis minor, serratus anterior, and latissimus dorsi
- D. Supraspinatus, infraspinatus, teres minor, and subscapularis

30. When imaging the anterior knee, what is the normal sonographic appearance of the quadriceps tendon?

- A. Isoechoic to surrounding fat with anechoic center
- B. Homogeneously hypoechoic with increased vascularity
- C. Hyperechoic, fibrillar structure with a multilayered appearance
- D. Hyperechoic with acoustic shadowing



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Answer Key & Explanations

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1. D — Performing proper hand hygiene

Proper hand hygiene is the foundational first step in maintaining aseptic technique for any interventional procedure, as it reduces the risk of introducing pathogens into the sterile field.

2. C — In-plane (longitudinal) approach

In-plane (longitudinal) approach aligns the needle with the ultrasound beam, allowing visualization of the entire needle shaft and tip, providing better safety and accuracy during interventional procedures.

3. B — Providing real-time imaging guidance

The sonographer's primary role is to provide real-time imaging guidance that allows the physician to accurately visualize the needle path and ensure proper placement within the tendon sheath.

4. A — Patient's pain level

Documenting the patient's pain level after the procedure is crucial for establishing a baseline for recovery, monitoring for complications, and assessing the effectiveness of the intervention.

5. D — Apply a sterile probe cover

Using a sterile probe cover is essential for maintaining sterility during interventional procedures, as it creates a barrier between the non-sterile probe and the sterile field.

6. C — Immediately alert the physician

Immediately alerting the physician allows for prompt intervention to address the vasovagal response, which could include positioning changes, medication, or procedure discontinuation if necessary.

7. B — Post-injection flare

Post-injection flare is a common complication following corticosteroid injections into joints, characterized by increased pain and inflammation that typically occurs within 24-48 hours after the procedure.

8. A — Approach used, including needle path and technique

Documenting the approach used, including the needle path and technique, is crucial for medical record completeness, allows for procedure replication if needed, and assists in tracking outcomes.

9. D — Prone with knee slightly flexed

Prone position with the knee slightly flexed provides optimal access to a Baker's cyst, which is typically located in the posterior aspect of the knee, while keeping the patient comfortable.

10. C — Sterile ultrasound gel

Sterile ultrasound gel is required during interventional procedures to maintain the sterile field and prevent introduction of microorganisms, which could lead to infection.

11. B — Preparing the PRP from the patient's blood sample

Preparing the PRP from the patient's blood sample is typically performed by laboratory personnel or specialized equipment operators, not the sonographer, who focuses on imaging guidance.



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12. A — Information about potential post-procedure pain

Information about potential post-procedure pain is essential for setting realistic expectations and ensuring proper post-procedure care, which improves patient satisfaction and compliance.

13. D — Verify patient identity and correct procedure site

Verifying patient identity and the correct procedure site is the most fundamental safety measure to prevent wrong-patient or wrong-site procedures, which are serious patient safety events.

14. C — The median nerve

The median nerve is the critical structure in carpal tunnel procedures, and clear visualization helps prevent nerve injury during the intervention, which is a serious potential complication.

15. B — To identify vascular structures to avoid during needle placement

Color Doppler helps identify vascular structures that should be avoided during needle placement, reducing the risk of vascular complications such as bleeding or hematoma formation.

16. A — Unexpected fluid collections appearing during the procedure

Unexpected fluid collections appearing during the procedure could indicate vascular injury or other complications requiring immediate physician attention and potential change in approach.

17. D — Limit activity of the affected area for 24-48 hours

Limiting activity for 24-48 hours after the procedure allows the treated tendon to heal properly and reduces the risk of complications such as tendon rupture or increased inflammation.

18. C — Adjust the angle of the transducer to align with the needle path

Adjusting the angle of the transducer to align with the needle path maximizes ultrasound beam reflection from the needle, improving visibility especially during deep tissue procedures.

19. B — Abductor pollicis longus

The abductor pollicis longus tendon is located on the dorsal aspect of the wrist and is best visualized in the anatomical snuffbox during musculoskeletal ultrasound examination. It's an important landmark when scanning this region.

20. A — Glenohumeral ligaments

The glenohumeral ligaments appear as hyperechoic fibrillar bands on ultrasound that connect the glenoid labrum to the humerus. They provide stability to the shoulder joint and are important to evaluate during shoulder ultrasound.

21. D — Plantar fascia

The plantar fascia appears as an anisotropic, fibrillar, hyperechoic band extending from the calcaneus to the plantar aspect of the foot. It's typically 2-4 mm thick at its calcaneal attachment.

22. C — Suprapatellar bursa

The suprapatellar bursa is a normal hypoechoic structure that separates the quadriceps tendon from the prefemoral fat when imaging the knee. A small amount of fluid in this bursa is considered normal.

23. B — Supraspinatus

The supraspinatus muscle forms the lateral border of the rotator interval in the shoulder. The rotator interval is bounded medially by the subscapularis tendon and laterally by the supraspinatus tendon.



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24. A — Hip joint capsule

The hip joint capsule appears as a hypoechoic triangular structure deep to the iliopsoas muscle during ultrasound examination of the hip in adults. This is an important landmark when evaluating for joint effusion.

25. D — Prominent growth plates

Prominent growth plates are a distinguishing feature in pediatric musculoskeletal ultrasound. They appear as hypoechoic bands at the ends of long bones and should not be mistaken for fractures or other pathologies.

26. C — Cubital tunnel

The ulnar nerve normally passes through the cubital tunnel at the elbow. This is an important anatomical relationship to understand when performing ultrasound of this region to evaluate for nerve compression or subluxation.

27. B — Articular cartilage

The articular cartilage of the femoral head appears as a thin hyperechoic line covering the femoral head during hip ultrasound. This is an important structure to evaluate, especially in pediatric patients.

28. A — Flexor retinaculum

The flexor retinaculum appears as an anechoic band-like structure overlying the flexor tendons on ultrasound of the wrist. It forms the roof of the carpal tunnel and is an important landmark when evaluating this region.

29. D — Supraspinatus, infraspinatus, teres minor, and subscapularis

The rotator cuff of the shoulder is formed by four muscles: supraspinatus, infraspinatus, teres minor, and subscapularis (often remembered by the acronym SITS). These muscles are essential for shoulder stability and are commonly evaluated with ultrasound.

30. C — Hyperechoic, fibrillar structure with a multilayered appearance

The normal quadriceps tendon appears as a hyperechoic, fibrillar structure with a multilayered appearance on ultrasound. It represents the conjoined tendon of the four components of the quadriceps muscle.



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