

Flex Therapist CEUs

Sacral and Pelvic Ring Injuries

1. Which of the following anatomical structures is not part of the pelvic ring?

- A. Ilium
 - B. Sacrum
 - C. Femur
 - D. Ischium
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2. What factor significantly contributes to the higher occurrence of sacral and pelvic injuries in urban areas?

- A. Low engagement in preventive health measures
 - B. Increased rates of high-energy trauma
 - C. Higher prevalence of osteoporosis
 - D. Greater accessibility to healthcare facilities
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3. Which classification system is used to categorize sacral fractures based on their location and potential neurovascular involvement?

- A. Denis' classification
 - B. Tile's classification
 - C. OTA classification
 - D. Young and Burgess classification
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4. When dealing with sacral and pelvic ring injuries, what is a common complication that may arise due to the anatomical proximity of these structures?

- A. Neurovascular damage
 - B. Muscle hypertrophy
 - C. Rapid bone healing
 - D. Decreased ligament elasticity
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5. Which of the following statements accurately describes the role of the sacroiliac joints in biomechanics?

- A. The sacroiliac joints provide extensive mobility and limited stability.
 - B. The sacroiliac joints allow limited motion while providing significant stability.
 - C. The sacroiliac joints allow rotational movements only.
 - D. The sacroiliac joints are insignificant in weight distribution.
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6. Which factor contributes to the increased risk of pelvic injuries in older adults?

- A. High bone density
 - B. Lower heights of falls
 - C. Increased muscle mass
 - D. Decreased bone density
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7. In the Denis classification of sacral fractures, which zone typically requires surgical intervention due to its complexity?

- A. Zone 1 - Lateral Zone
 - B. Zone 2 - Central Zone
 - C. Zone 3 - Medial Zone
 - D. Zone 1 and 2 - Combined
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8. What is the primary advantage of percutaneous screw fixation in the surgical management of sacral and pelvic ring injuries?

- A. Increases the risk of nerve injury
 - B. Involves large incisions for better access
 - C. Minimizes soft tissue disruption
 - D. Provides less stable fixation compared to open surgery
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9. Which imaging modality is crucial for revealing subtleties in complex pelvic ring injuries when X-rays are insufficient?

- A. Ultrasound
 - B. Magnetic Resonance Imaging (MRI)
 - C. Computed Tomography (CT)
 - D. Bone Scan
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10. In sports-related pelvic injuries, what type is commonly characterized by fractures at muscle attachment sites due to sudden movements?

- A. Avulsion fractures
 - B. Compression fractures
 - C. Shear fractures
 - D. Lateral fractures
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11. In which situation is lumbopelvic fixation more likely to be utilized compared to iliosacral fixation?

- A. Stabilization of sacroiliac joint disruptions with minor instability
- B. Sacral fractures with vertical instability

- C. Treating simple sacral fractures without nerve involvement
 - D. Providing support for low-energy trauma fractures
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12. Which of the following is a potential complication specific to iliosacral or lumbopelvic screw placement?

- A. Chronic post-operative pain from soft tissue injury
 - B. Infection resulting from improper incision management
 - C. Nerve injury due to screw misplacement near sacral roots
 - D. Limited range of motion due to poorly fitted implants
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13. What is a primary benefit of decompression of neural elements in sacral fractures?

- A. Maintaining vascular supply to injured areas
 - B. Relief of neurological symptoms caused by nerve root compression
 - C. Increasing sacral fracture stabilization to enhance healing
 - D. Preventing musculoskeletal compensations
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14. When is nonsurgical management preferred for sacral and pelvic ring injuries?

- A. In cases of high-energy trauma with multiple fractures
 - B. When the fractures are stable and when surgical intervention is not appropriate or necessary
 - C. For vertical shear fractures with significant displacement
 - D. For sacral fractures affecting nerve root function
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15. Which early physical therapy intervention helps both in controlling pain and ensuring basic functional independence?

- A. Progressive resistance training for lower extremities
 - B. Use of pelvic binders to stabilize pelvic fractures
 - C. Gait training with assistive devices
 - D. Intense cardiovascular exercises to maintain fitness
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16. Which of the following is critical when considering joint mobilization techniques for patients with sacral and pelvic ring injuries?

- A. Ensuring minimal movement to prevent further injury
 - B. Targeting flexibility without considering historical fractures
 - C. If there is history of a fracture or there is extensive soft tissue damage
 - D. Focusing on the lumbar spine exclusively
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17. What is a primary focus of conservative management for stable pelvic ring fractures?

- A. Encouraging early high-impact activities to test stability

- B. Allowing natural healing while managing weight-bearing
 - C. Immediate surgical intervention
 - D. Maximizing immobilization to prevent any risks
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18. Which therapeutic approach is recommended for a patient like Lisa with chronic pain and fear of reinjury?

- A. Immediate introduction to high-intensity exercises
 - B. Patient education on chronic pain science coupled with activity restriction
 - C. Graded exposure to activities along with psychological support
 - D. Exclusive focus on pharmacological pain management
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19. What key aspect of rehabilitation should a physical therapist prioritize when working with patients like John to enhance gait stability?

- A. Focus on isometric exercises only for core strengthening
 - B. Gradually increase weight-bearing with emphasis on gait analysis
 - C. Isolate lower extremity strength training
 - D. Rely solely on balance exercises without addressing muscle weakness
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20. What type of intervention aligns best with addressing psychological challenges in patients with sacral injuries?

- A. Exclusive use of cognitive-behavioral therapy for all patients
 - B. Pain management techniques with minimal patient interaction
 - C. Collaborative approach involving education, cognitive strategies, and emotional support
 - D. Strictly focusing on physical symptoms without psychological considerations
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