BNURS506 Quiz Answering

Term: Spring 2025
Module 4: Musculoskeletal & Neurologic Systems
Name: Student R

#:	Your Answer	Feedback from Grader	Score
1	I would tell the parents that the doctor is doing a neurological test on the baby, which is the Babinski reflex. The Babinski is a reflex that can help determine if the infant has any neurological injuries. The goal is for your baby's toes to splay apart, which is an indicator that the baby's nervous system is developing appropriately. This is completely normal for your baby at this age. However, if we did this on you, an adult, we would notice that your toes curl down versus the baby's fanned out. Since, you are an adult, your nervous system has matured, and the Babinski reflex goes away. **References:** Campellone, J. V. (2023, January 23). *Babinski reflex*. MedlinePlus. U.S. National Library of Medicine. https://medlineplus.gov/ency/article/003294.htm **Feedback:** This was a great question! I liked the compare and contrast to the question.	Grading Criteria: Identify Babinski test positive in infancy vs adulthood (6 pts) Explanation to parent easy to understand (2 pts) Mention maturation/myelination of nervous system (1 pt) Implication of positive test in adults (*) Proper APA formatting (1 pt) Thanks for the feedback! You did a good job calling out the difference in an adult exam vs an infant exam and in describing the etiology of the difference - the maturation of the nervous system. Your explanation was easy to understand for a non-medical professional. I am not removing points for anyone since I didn't specifically call it out, but it's important to know that while a positive Babinski is a good sign in babies, it is an ominous finding in adults. Please check your APA formatting and lack of in-text citations.	9/ 10

3	Jane's new symptoms show tardive dyskinesia because she is showing classic signs of tongue protrusion, piano-like hand movements, smacking her lips together, and grimacing. These symptoms are usually seen after a long-term use of antipsychotics, which the client has stated that she has taken it for years. The nurse might see that the provider has started to decrease her Haldol dose slowly and while at the same time switching her to a different antipsychotic medication that doesn't interact with her old medication and has lower risk of tardive dyskinesia. Jane's new symptoms might become long-term symptoms if they aren't controlled properly. If tardive dyskinesia isn't treated than it can become permanent, which can affect her speech and eating that can affect her quality of life. **References:** MedlinePlus. (n.d.). *Tardive dyskinesia*. U.S. National Library of Medicine. https://medlineplus.gov/ency/article/000685.htm **Feedback:** Great question! I liked the different parts of the question and scenario. Your question was easy to understand.	Multiple Choice & Rationale: 4/4 Treatment & Rationale: 2/3 Long-term effects: 2/2 APA Format: 0.5/1 Rationale for Point Deduction Treatment: was looking for the specification that the patient would be switched to a 2nd gen antipsychotic or listing a specific antipsychotic that has a lower risk of TD such as Clozaril, pimavanserin, or Seroquel APA Format: no in-text citations Great job picking up on Jane's TD and noting that the symptoms can impact a person's quality of life!	8.5/ 10
5	She is suffering from Carpal Tunnel Syndrome, which involves increased pressure on the median nerves as it travels through the carpal tunnel in the wrist. Carpal tunnel can lead to impaired blood flow, inflammation, and ischemic injury of the nerve. Her symptoms are numbness, tingling and burning pain in her hands, pain radiating up to the elbow, worsening at night, and difficulties at night. Also, her occupation involves her to have repetitive wrist motions and prolonged gripping. Since, she is having these symptoms for a while and has affected her sleeping, she could develop motor deficits that can lead to weakness of her thenar muscles leading to impaired grip and pinch of the hand.	Great answers and pretty straightforward. One advice that I can give is providing answers in a APA-in text citatio format but overall, great job! Just additional reference: According to Asquith Health Collective. (n.d.)., there are several methods used to diagnose Carpal Tunnel Syndrome which includes the following:	10/ 10

	One method to diagnose Carpal Tunnel Syndrome is asking for her medical history, physical examination and Tinel's sign, which is tapping on the median nerve to see if it causes tingling in the fingers. It would also be important to get some imaging done. Carpal Tunnel Syndrome could be developed by fluid equilibrium within the body is changed or direct neuropathic factors are present. The associated risk factors could be wrist arthrosis, inflammatory arthritis, and fractures of distal radius. **References:** Johns Hopkins Medicine. (n.d.). *Carpal tunnel syndrome*. https://www.hopkinsmedicine.org/health/conditions-and-diseases/carpal-tunnel-syndrome **Feedback:** Great question! Your question was well written, and the questions were easy to follow. I like that you included a picture as well, it was really helpful.	· Medical history: They'll ask about your symptoms, when they started, and how they affect your daily life. · Physical examination: Your Physiotherapist or Chiropractor will check your hand, wrist, arm, and neck for signs of carpal tunnel syndrome. · Specific tests: There are several tests that can help diagnose carpal tunnel syndrome, such as: · Tinel's sign: Tapping on the median nerve to see if it causes tingling in the fingers · Phalen's maneuver: Holding the wrists in a flexed position to see if it causes symptoms · Two-point discrimination test: Checking if you can feel two separate points of pressure close together · Nerve conduction studies: These tests measure how well your median nerve is working. Imaging tests: In some cases, X-rays, ultrasound, or MRI scans may be recommended	

7	The patient has lumbar disc herniation with sciatic nerve involvement due to the patient experiencing sharp, shooting pain that radiates from his lower back down his leg to his ankle to his toes. He is experiencing tingling and numbness in his toes. A specific symptom that would raise immediate concern is loss of bowel or bladder control. Cauda Equina Syndrome is a condition that can cause pressure on the nerves at the bottom of the spinal cord. This is a medical emergency that can lead to permanent disability. The cauda equina is a collection of nerves at the bottoms of the spinal cord, which provides motor and sensory function of the legs, bladder and bowel. Key symptoms would include severe low back pain, numbness/weakness in one/both legs, loss of sensation around the anus and genitals, and bowel and bladder dysfunction. **References:** Wiseman, D. (2024, April 5). *Cauda equina syndrome*. American Association of Neurological Surgeons. https://www.aans.org/patients/conditions-treatments/cauda-equina-syndrome **Feedback:** This was an interesting question to answer. I never thought about how small of thing can become such a big issue. I feel that a lot of people have sciatic pain and there are main ways to help us prevent injury especially in the medical field. Great question!	Congratulations! You mentioned everything I was looking for. Just a reminder: in a multiple-choice question, always indicate the correct answer by the corresponding letter.	10/ 10
9	Based on the observations listed with uncle, slow movement, reduced facial expression, soft voice, stooped posture, resting tremor, and reduced arm swing, he could have Parkinson's disease. "Parkinson's disease is a progressive movement disorder of the brain nervous system" (NIH, 2023). The primary symptoms of Parkinson's Disease is tremors/shaking often in a person's hand, rigidity, which is moving in slow, jerky movements, bradykinesia, slowing down of	Good work. You successfully identified the diagnosis. I am taking off 0.5 points, only because I wanted you to explain that Parkinson's Disease is made by clinical diagnosis, and that while a DaT scan can aid in this diagnosis, it is not definitive. Good work overall! I appreciate your feedback as well.	9.5/ 10

	movement, where the person's face is less expressive, and postural instability that shows changes in posture (NIH, 2023). The diagnosis would be made after seeing a neurologist. A DaTscan is used to get an image of the brain showing dopamine, which can help confirm Parkinson's disease. The doctor could prescribe carbidopa-levodopa, which is a common medication used for Parkinson's Disease. Initial treatment for him would be to be prescribed carbidopa-levodopa to help with dopamine levels and reduce motor symptoms. Physical therapy would also be beneficial to him to help improve mobility, gait, and balance. Exercise can help improve his quality of life (Fox et al, 2018). **References:** National Institutes of Health. (2023). *Parkinson's disease information page*. https://www.ninds.nih.gov/health-information/disorders/parkinsons-disease Fox, S. H., et al. (2018). The movement disorder society evidence-based medicine review update: Treatments for the motor symptoms of parkinson's disease**.** *Movement Disorders*, 33(8), 1248–1266. https://doi.org/10.1002/mds.27372 **Feedback:** Good question. You did a great job with including the picture. The picture really helped understand the scenario and get a visual of it.		
11	FAST is an acronym that stands for facial drooping, arm weakness, speech difficulty, and time. This is a quick stroke assessment used to identify signs of a possible stroke. The LAMS, stands for Los Angeles Motor Scale, which is a brief and quick stroke severity scale. It is designed for paramedics and pre-hospital personnel to identify potential stroke. The scale assesses facial droop, arm drift, and grip strength. Each item is scored with a range from 0-5. A higher score indicates a possible stroke. Based on her symptoms of left sided facial droop, left arm weakness, and aphasia, the stroke is affecting the right side of her brain. Since, the left side	Excellent concise answer. I think you meant this, but each item in the LAMS is scored 1 or 2 points, with a possible total score of 0-5. And the LAMS score is an indicator of not only a stroke but a large vessel occlusion (LVO), in which the patient should be brought to a stroke center capable of mechanical thrombectomy. I deducted a 0.25 point for not mentioning LVO. Otherwise	9.75/ 10

	of her body is being affected, the stroke is affecting the right side of her brain, which is the right middle cerebral artery that controls motor function and facial movement on her left side of the body. A CTA could potentially show a clot or narrowing in her right middle cerebral artery. Two options for the patient can be intravenous thrombolysis and mechanical thrombectomy. **References:** University of Calgary, Cumming School of Medicine. (n.d.). *Los angeles motor scale (LAMS) scoring*. https://cumming.ucalgary.ca/sites/default/files/teams/239/RESEARCH/los-angeles-motor-scale-lams-1.pdf **Feedback:** I have never heard about the LAMS before, so it was nice to learn something new. I'm not really familiar with stroke related things, so this question made me learn a lot of new things.	excellent work for not being familiar with stroke things!	
13	Compartment syndrome is where increased pressure within a muscle compartment restricts blood flow, which can cause nerve and muscle damage. It will be important to assess the 6 P's for compartment syndrome. The 6 P's are: pain, pallor, paresthesia, pulselessness, poikilothermia, and paralysis. Assess for pain to the injury or pain that is unrelieved by medication, assess pallor by checking the skin color of fingers if they appear pale/dusky, assess paresthesia by asking patient is he is experiencing numbness and tingling in his fingers or hands, assess for paralysis by asking patient to move his finger, assess if his limbs are cool to touch compared to his other arm, and then check his pulse by either palpating or using a doppler to check his radial pulse. The treatment for compartment syndrome is fasciotomy, which involves cutting the fascia to relieve pressure in the muscle compartment. Since, the	Nursing assessments to rule out compartment syndrome include: - Evaluate for pain that is out of proportion to the injury, and/or unrelieved by analgesics and worsened by movement of Tony's fingers - Assess for numbness, tingling - Assess for motor weakness. - Pulse assessment is important but likely impeded by Tony's cast. - Cap refill of the fingers	10/ 10

	patient has an acute compartment syndrome it is important to do the procedure, so that the patient doesn't have nerve damage, muscle death and loose his limb due to insufficient circulation and perfusion. **References:** StatPearls. (2023). *Acute compartment syndrome*. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK448124/ **Feedback:** Great and interesting question. I remember vaguely learning about this, but this question helped refresh my memory on compartment syndrome. Question was well written and easy to understand.	- Assess for swelling - Assess for changes in color/palor of the skin - Temperature: assess for coolness of the skin (poikilothermia) 8/8 - cap refill is an important nursing assessment that was missed but you get full points for providing detailed assessment information If Tony's symptoms persist after removal or bi-valving the cast, the definitive treatment for compartment syndrome is emergent decompressive fasciotomy. In this procedure the fascia is surgically opened to relieve pressure in the affected limb/compartment, thus restoring perfusion and preventing irreversible damage. Untreated compartment syndrome can lead to muscle necrosis, permanent motor/sensory deficits, and loss of the affected limb. (2/2 points)	
15	The diagnosis is most likely gout based on his symptoms of sudden pain, red, shiny, swelling in his right big toe, and he had beer, traditional pork and liver dish. First line medication would be NSAIDs. Since, client's big toe is swollen and is having pain, giving him an ani-inflammatory would help with this gout flare up.	#1: Correct diagnosis and correct identification of provoking factors mentioned in patient's history. I took off 0.5 pts because I was looking for the mention of a "gout flare" or "acute gouty arthritis" – 3.5/4 pts	9/ 10

	I would educate the patient on avoiding alcohol and high purine foods because this can increase his gout flare ups. Also, the patient should be educated on staying well hydrated, elevating his swollen limb, and reduce any joint stress by staying active and exercise. **References:** Khanna, D., Fitzgerald, J. D., Khanna, P. P., Bae, S., Singh, M. K., Neogi, T., et. al. (2012). American College of Rheumatology Guidelines for Management of Gout: Systematic Nonpharmacologic and Pharmacologic Therapeutic Approaches to Hyperuricemia. *Arthritis care & research*, 64(10), 1431–1446. https://doi.org/10.1002/acr.21772 **Feedback:** This is something that one of my clients deals with, so I only know a little bit of information about it. This was a great way to learn more about gout and learn what medications could be prescribed for gout.	#2: Correct identification of medication – 2/2 pts #3: Correct identification of nonpharmacologic strategy to include in patient's education – 2/2 pts References: 0.5 pt In-text citations:0/0.5 pt Great job on answering the questions, I took off 0.5 pts due to the absence of in-text citations and 0.5 pts from the answer to question 1. Thank you for the feedback.	
17	Gary has a tibial shaft facture, which is common injury in motor vehicle accidents. The two types of classifications are spiral or comminuted. A spinal pattern is a curved fractured and comminuted pattern is where the bone is broken into three or more pieces. Two nonpharmacological pain management strategies that could be used for Gary would be elevating his injured leg to help reduced any swelling and then applying cold packs every 20 minutes or so to help reduce inflammation and pain. Another thing Gary can do is use tv/music to try to distract him from the pain. IMN stands for intramedullary nailing which is where a metal rod is inserted into the tibia to stabilize and align the fracture. **References:** Thompson, H. J., Koutsogiannis, P., Jahangir, A. (2023). *Tibia Fractures Overview*. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK513267/	Awesome job in recognizing that Gary sustained a fracture! Specifically, this is an oblique femur fracture. The question I asked didn't specifically ask for the location of the fracture because I know that can be difficult with the majority of nurses not being able to interpret an X-ray (that's the radiologist's job!). Some clues that would point to this being the femur would be the femoral head proximal to the injury, as well as the ischium. You additionally identified the two nonpharmacological interventions I was looking for, ice and elevation, which I'm sure will be	10/ 10

	Feedback: Interesting question. I don't really know much about fractures, so this was a great way to learn information about this.	augmented by a little distraction from TV and music. Great job in accurately identifying what IMN is, too! Thank you so much for your feedback; it is greatly appreciated!	
19	John has osteomyelitis. Osteomyelitis is when bacteria invades the bone tissue making it inflamed. Since, John has type 2 diabetes and peripheral vascular disease, this makes it hard for his body to fight the infection and heal the wound. Medications that can be used for this would be antibiotics, mainly IV antibiotics to help treat the specific bacteria on his foot and any pain medications to manage the infection and inflammation. Two things I would discuss with John is that he should look at his feet daily to see if there are any cuts or blisters and to make sure that they are properly taken care of, secondly, tell him to try to make some lifestyle changes by quitting smoking and controlling his blood sugar. **References:** Darouiche, R. O. (2019). *Osteomyelitis*. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK513267/ **Feedback:** Good question! I learned a lot from answering the four different questions!		/ 10