

Specialized Topics in Areas of Radiologic Sciences

P.O. Box 2931 Toledo, Ohio 43606 419-471-1973

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Unit 44

Radiation Protection in Medical

Radiography

by

Mary Alice Statkiewicz Sherer, Paula J. Visconti & E. Russell Ritenour

Sixth Edition

Prepared by: Carolyn J. Frigmanski, M.A., B.S.R.T. ® Founder, S.T.A.R.S.



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Dear Participant,

Welcome to your selected S.T.A.R.S. developed continuing education units!!

This unit consists of the text(s) on the desired topic and a multiple question, short answer post test. This unit has been approved by the American Society of Radiologic Technologists for A.R.R.T. renewal. The number of Category A CE credits is included on the order form and the cover page of the post test of each unit. Our order form and new topics can be viewed online on our web site and always contains the renewal dates if you are interested in checking it out! Please feel free to share this information!

- All unit post test answer sheets must be returned for the designated ce credit in each set.
- Please remember that others may share your published texts & only order post tests to get ce credit too. The ce online tab allows you to print additional post tests or you may order hard copy if you have the designated textbook(s).
- Expired units are listed on the web site so that historical purchases can be used appropriately before expiration dates! Please check the web site periodically for A.S.R.T. updates!
- Always submit post tests BEFORE the expiration date!!

To secure your Category A CE credits, you must complete the reading & post test questions with a 75% or higher score on the individual units within the set. If you have received a 75% or higher score on each post test, we will forward your certificate immediately and keep your post tests for our records. If you did not get a 75% on a post test, we will send it back to you uncorrected for your evaluation and re-submission.

No refund will be provided for unsatisfactory personal performance on any unit purchased.

- You need to return the post test pages only to the following address:
 - S.T.A.R.S. P.O. Box 2931 Toledo, Ohio 43606

You may place a maximum of 5 sheets of post test pages in one standard size business envelope with the current accepted postage amount. Your post test pages will be checked on the same day or within 24 hours or less upon receipt to our office. **DO NOT FAX YOUR POST TESTS** because the A.S.R.T. requires that we must keep original records for 3 years and faxes fade over time!!

Please feel free to contact me at our e-mail address: info@xrayhomestudies.com or at the office at (419) 471 – 1973 Monday through Friday 9 a.m.- 6 p.m. Eastern Standard Time. If I am not available for your call, please leave a message on the answering machine and I will return your call as quickly as possible.

Thank you for choosing S.T.A.R.S. for your continuing education needs.

Sincerely,

Carolyn J. Frigmanski, M.A., B.S.R.T. @ Founder, S.T.A.R.S.

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Editorial Changes Notification for Participants

Some of our self-learning participants purchased the fifth edition of Unit 44: Radiation Protection in Medical Radiography BEFORE the sixth edition was made available to the general public and BEFORE they have submitted the answer sheet for certification evaluation. The content is identical in either edition with a few minor chapter changes as listed below. We continue to evaluate post test answer sheets regardless of the edition used since the educational content remains the same, but the answer location may be in a different chapter number.

The A.S.R.T. also increased the continuing education credits from 15 to 17!

There is no penalty or reduction in Category A ce credits since more than enough questions were prepared for ce credit determination by the A.S.R.T.

The exceptions are listed below for the fifth edition:

| Fifth edition | Please put N/A for questions 9; 40; 41; 45; 70; 73; 79; 86; 89; & 91 |
|---------------|--|
| | on your post test answer sheet. |
| Sixth edition | Please answer all questions since this is the latest published textbook. |

I hope this does not create confusion. It allows other participants to submit a valid answer sheet who may have the fifth edition. The fifth edition will be eliminated in the future since both I and the A.S.R.T. want participants to use current editions even though the content has not be altered significantly. Thank you for your consideration.

Please note: "The American Society of Radiologic Technologists (ASRT) Practice Standards for Medical Imaging and Radiation Therapy, the author of this CE course, and others concerned with radiation protection standards support the position that all patients, whether they have the potential to reproduce or not, should be shielded."



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Dear GXMO,

This home study product was originally developed for radiographers who are registered with the American Registry of Radiologic Technologists (ARRT) and approved by the American Society of Radiologic Technologists (ASRT). Expiration dates were required.

In the spring of 2013, The Ohio Department of Health (ODH) approved it for license renewal for GXMOs. The O.D.H. does NOT require an expiration date on the product. You must complete it BEFORE your license expires to get your approved CE credit!

Please disregard any references to the ASRT on the post test instructional page or answer sheet.

Thank you for selecting S.T.A.R.S. to meet your educational needs!

Sincerely,

Carolyn J. Frigmanski, M.A., B.S.R.T. ®

Founder

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Instructions for Mailing your Continuing Education Post Tests

Complete ALL hard copy unit post tests for the products you purchased in legible printing BEFORE your license expires. Mail is processed the same day it is received.

You may want to copy them BEFORE you mail them to the S.T.A.R.S. office to minimize mail delivery complications. They will NOT be returned to you unless you get a 75% or less. If you do NOT get a 75% or better after evaluation, the post tests will be sent back to you with the questions needing a new answer selection. After completing the questions, send them ALL back to the S.T.A.R.S. office for re-evaluation.

Be sure to use the CORRECT postage by having it weighed at the post office if it consists of more than 5 pages. Envelopes with INSUFFICIENT POSTAGE will be sent back to the participant and delay your post test evaluation and certificate creation.

I do NOT accept faxes since faxes fade over time and I need to keep my records for 3 years in case you would get audited by the Ohio Dept. of Health for some reason.

I do NOT accept scanned pages because I do NOT want you putting your private, personal information on the internet. I do NOT open attachments due to the threat of virus contamination that may jeopardize my web site and computerized databases.

Do NOT send your study media i.e. CD, DVD, booklets and/or books back to me.

United States Postal Service (USPS):

If you are using USPS for priority or express mailing, please keep your receipt with the tracking number in case of a problem with the delivery. Please mark the section for NO SIGNATURE REQUIRED for express mail and send it to my home address: Carolyn J. Frigmanski, MA, BSRT (R) 3134 Aldringham Road Toledo, Ohio 43606. The USPS does NOT deliver to my P.O. Box address. Please call to let me know I should be expecting it at 419 471-1973.

FedEx or United Parcel Service UPS:

If you are using these delivery services, please keep your receipts with the tracking number in case of a problem with the delivery. Please mark the section for NO SIGNATURE REQUIRED for express mail and send it to my home address: Carolyn J. Frigmanski, MA, BSRT(R) 3134 Aldringham Road Toledo, Ohio 43606. Please call to let me know I should be expecting it at 419 471-1973.

Thank you very much.



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How to renew your GXMO license in Ohio:

The Ohio Dept. of Health (ODH) requires a minimum of 12 continuing education credits (ceus) to be completed every 2 years (your biennium) BEFORE your license expires. You may do more than 12 ceus, but not less than 12 ceus, if you so choose. Ceus in excess of 12 cannot be carried over to the next biennium.

You will receive a hard copy renewal notice by mail from the ODH 60 days **BEFORE** your license expires. It is your responsibility to amend your personal information to the ODH whenever you change your name, address or place of employment as soon as possible by using the ODH website or contacting the ODH by telephone at 614 752-4319 for assistance. Failure to receive an ODH notice is not an acceptable reason for failing to renew on time. You can add completion of clinical modules to your GXMO license on the ODH web site.

Your ODH notice informs you that you may renew online or request a hard copy form from them. You must have your S.T.A.R.S. certificate(s) of completion immediately available when you renew since your course title(s), number of ceus, and ODH accreditation number(s) and date(s) of completion are printed on it.

You can renew immediately when you receive your notice or you have 30 days to complete the renewal process and payment to the ODH after your license expires. Online renewal requires your credit card for payment. If you chose hard copy renewal, you may submit a check or money order.

You and/or your employer can view and/or print your renewed license on line upon completion of the process. Problems that exist with renewal should be addressed to the ODH by calling for assistance.

S.T.A.R.S. personnel are NOT responsible for your renewal. Please direct any questions or needed assistance with renewal to the ODH personnel.

GXMOs must notify the ODH in writing within 30 days of any changes in the physician providing direct supervision. If your scope of practice changes (e.g. chiropractic to podiatric), a competency form must be completed and submitted to the ODH.

You may also want to check the ODH web site periodically for changes that may have occurred during your biennium and to share this information with your co-workers and/or administrative staff members.

The ODH website is: http://www.odh.ohio.gov/odhPrograms/rp/rlic/ristatus.aspx

Email is: BRadiation@odh.ohio.gov

Thank you very much.



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| Tit | le: <u>Radiation Protection</u> E. Russell Ritenour | n in Medical Radiography b | y Mary Alice Statkies | wicz Sherer, Paula J. Visconti, & |
|-----------|--|---|---|-----------------------------------|
| Ple Ch | | sheet at the conclusion of this | s post test and return it | to the S.T.A.R.S. office. |
| 1. | | _ produces positively and neg | gatively charged particl | les when passing through matter. |
| | a. Infrared radiation | b. Ultraviolet radiation | c. Ionizing radiation | n d. Visible light |
| 2. | Thea procedures for health sc | ssumes the risk from the expo reening purposes are perform | osure to ionizing radiat ned. | ion when specific imaging |
| | a. radiologist | b. technologist | c. patient | d. physician |
| 3. | Diagnostic efficacy is the | ne degree to which the diagno | stic study accurately re | eveals |
| | a. the presence or absec. soft tissue shadows | nce of disease | b. the organs to be s d. bone density | studied |
| 4. | As low as reasonably ac | hievable (ALARA) is a radia | tion protection princip | le applicable for |
| | a. nursing staff | b. medical doctors | c. patients | d. radiologists & radiographers |
| 5. | Management should per might be lowered. | form periodic | _ to determine how rac | liation exposure in the workplace |
| | a. patient surveys | b. worker seminars | c. exposure audits | d. radiation surveys |
| 6. | Patients can be made to | feel that they are active partic | cipants in their own hea | alth care by utilizing |
| | a. printed directions | b. effective communication | c. asking questions | d. following directions |
| 7. | The radiation workers' r governing the workplace | responsibilities for an effective and performing duties consi | re radiation safety prog stent with | ram include an awareness of rules |
| | a. the job description | b. doctor's orders | c. ALARA | d. universal precautions |
| 8. | The background equival | ent radiation time (BERT) en | nphasizes that radiation | 1 |
| | a. is an innate part of ouc. escapes from our mic | | b. comes from rador d. lingers in x-ray ro | 0 |
| 9. | On the electromagnetic s | spectrum, only x-rays and | are classified a | as ionizing radiation. |
| | a. microwaves | b. infrared c. hig | h level ultraviolet | d. gamma |

| 10. | Ionizing radiation produced from the ator | uces biologic damage while pons composing tissue. | enetrating the body tiss | ues primarily by ejecting |
|-----|---|---|---------------------------|-------------------------------------|
| | a. protons | b. neutrons | c. electrons | d. neutrinos |
| 11. | Ionizing radiation origin | nating from environmental so | urces is called | |
| | a. terrestrial radiation | b. cosmic radiation | c. internal radiation | d. natural background radiation |
| 12. | The term used to descri greater stability is | be an unstable nucleus that en | nits one or more forms | of ionizing radiation to achieve |
| | a. ion pair | b. radionuclide | c. electron shell | d. isotope |
| 13. | Nuclear fuel, atmospher | ric fallout from nuclear weapo n. | ons and medical radiatio | on are all classified as |
| | a. terrestrial | b. cosmic | c. artificial | d. natural |
| Ch | apter 2 | | | |
| 14. | The amount of energy a | bsorbed per unit mass is refer | red to as the | dose. |
| | a. effective | b. absorbed | c. equivalent | d. collateral |
| 15. | A diagnostic x-ray beam target called the | n is produced when a stream o | f high-speed electrons l | bombards a positively charged |
| | a. filament | b. cathode | c. glass window | d. anode |
| 16. | In diagnostic radiology, | the energy of the electrons in | side the x-ray tube is ex | epressed in |
| | a. megavolts | b. volts | c. kilovolts | d. millivolts |
| 17. | The reduction in the num | mber of primary photons in the | e x-ray beam through al | osorption and scatter is called |
| | a. ion reduction | b. attenuation | c. photon absorption | d. transmission reduction |
| 18. | A low energy photon into of the photon is an exam | eracting with an atom with no | energy change and on | ly a slight change in the direction |
| | a. Compton scattering | b. photoelectric absorption | c. pair production | d. coherent scattering |
| 19. | The interaction responsi | ible for most of the scattered r | adiation produced duri | ng radiologic procedures is |
| | a. Compton scattering | b. photoelectric absorption | c. pair production | d. coherent scattering |
| 20. | The most important mod producing useful patient | le of interaction between x-ray images is called | y photons and the atoms | s of the patient's body for |
| | a. Compton scattering | b. photoelectric absorption | c. pair production | d. coherent scattering |
| 21. | The less a given structure | e attenuates radiation, the grea | ater the radiographic | |
| | a. contrast | b. fog | c. density | d. mass |

| 22. | The interaction that resu | ılts when the energy of the inc | ident photon is at least | 1.022 megaelectron volts is |
|-----|--|--|---|---|
| J | a. Compton scattering | b. photoelectric absorption | c. pair production | d. coherent scattering |
| 23. | In positron emission ton unstable because they co | nography (PET) scanning, the ontain too many | source of the positrons | s are atomic nuclei that are |
| | a. neutrons | b. protons | c. neutrinos | d. electrons |
| 24. | The process in which a lenergy is called | high-energy photon collides w | ith the nucleus of an at | com absorbing all of the photon's |
| | a. photodisintigration | b. annihilation radiation | c. positron decay | d. photon instability |
| Cha | apter 3 | | | |
| 25. | The first reported Ameri | ican fatality from exposure to | ionizing radiation was | |
| | a. Herbert Crookes | b. Thomas Edison | c. Bertha Roentgen | d. Clarence Dally |
| 26. | As early as 1910, many exposure called | radiologists and dentists devel | loped a reddening of th | e skin as a result of occupational |
| | a. radiokeratitis | b. radiodermatitis | c. erythematosis | d. skin lesions |
| 27. | From 1900 to 1930, the | unit in use for measuring radia | ation exposure was call | led the |
| | a. skin erythema dose | b. absorbed dose | c. effective dose | d. equivalent dose |
| 28. | In 1928 the Second Inter | rnational Congress of Radiolo | gy accepted the | as a unit of exposure. |
| | a. rad | b. roentgen | c. sievert | d. curie |
| 29. | Nausea, fatigue, and loss | s of hair are considered to be _ | effects of | f exposure to ionizing radiation. |
| | a. somatic | b. latent | c. acute | d. needless |
| 30. | The dose is specific biologic damage | is a radiation dose below whice. | h an individual has a n | egligible chance of sustaining |
| | a. threshold | b. safe | c. tolerance | d. occupational |
| 31. | The international system | standardizing the interchange | e of units among all bra | unches of science is called |
| | a. International Radiationc. International Units of | | b. International Systed. International Syste | em of Units em of Weights & Measures |
| 32. | By the 1950's the toleran | nce dose for radiation protection | on purposes was chang | ed to |
| | a. maximum permissiblec. maximum exposure d | , , | b. maximum occupat d. maximum absorbe | ` , |
| 33. | The term measuring the | overall risk arising from whole | e body irradiation of bi | ologic tissue is called |
| | a. absorbed dose | b. equivalent dose | c. whole dose | d. effective dose |

| 34. | The internationally acc | epted unit for the measuremen | t of exposure to x-rad | liation and gamma radiation is |
|--|---|--|---|-------------------------------------|
| | a. sievert (Sv)c. radiation absorbed of | lose (rad) | b. "radiation-equiv d. Roentgen (R) | ralent man" (Rem) |
| 35. | dose is the human due to exposure | he quantity that attempts to sun e to ionizing radiation. | nmarize the overall po | otential for biologic damage to a |
| | a. Equivalent | b. Exposure | c. Effective | d. Absorbed |
| 36. | The repre an electrical current of | sents the quantity of electrical of ampere is used. | charge flowing past a | point in a circuit in 1 second when |
| | a. sievert | b. gray | c. coulomb | d. rad |
| 37. | The amount of energy | per unit mass absorbed by the i | rradiated object is cal | lled the |
| | a. absorbed dose | b. equivalent dose (D) | c. exposure (X) | d. effective dose (EfD) |
| 38. | Rads can easily be con | verted into the equivalent numl | per of grays by dividi | ng the rads by |
| | a. 50 | b. 2 | c. 100 | d. 1000 |
| 39. | The term used to descrionizing radiation | ibe radiation exposure of a pop | ulation or group from | a low doses of different sources of |
| | a. equivalent dose | b. collective effective dose | c. effective dose | d. exposure rate |
| Cha | apter 4 | • | | |
| 40. | When a protective lead | d apron is used, the dosimeter s | hould be worn | |
| | a. outside the apron atc. under the apron at c | | b. outside the apron | |
| 41. The radiation-dosimetry film contained in the radiographic film packet is sensitive to dos low as 0.1 mSv to as high as millisieverts (mSv). | | | sensitive to doses ranging from as | |
| | a. 5 | b. 50 | c. 500 | d. 5,000 |
| 42. | The amount of radiatic value of a control film | on to which the dosimetry film of a similar optical density on | was exposed is deterra | mined by locating the exposure |
| | a. densitometer | b. sensitometer | c. control curve | d. characteristic curve |
| 43. | The main advantage of record of personnel ex | the film badge is that the radio posure. | ographic film itself co | onstitutes a permanent |
| | a. written | b. legal | c. institutional | d. government |
| 44. | The most sensitive type | e of personnel dosimeter is call | ed a | |
| | a. film badgec. pocket ionization ch | amber | b. optically stimula d. thermoluminesce | ted luminescence (OSL) |

| | a. Geiger-Muller (GI)c. proportional count | • | b. ionization cham d. radioisotope con | ber-type survey meter (cutie pie) |
|-----|---|---|---|---|
| Ch: | apter 5 | | | |
| 46. | Cells are made of | , the chemical build | ding material for all livin | ng things. |
| | a. proteins | b. protoplasm | c. enzymes | d. amino acids |
| 47. | All con | mpounds contain carbon. | | |
| | a. organic | b. inorganic | c. structural | d. complex |
| 48. | Molecules produced w | when amino acids form into le | ong, chainlike molecular | complexes are called |
| | a. carbohydrates | b. lipids | c. proteins | d. nucleic acids |
| 49. | The chemical link con | necting each amino acid in the | he molecular complex th | at form proteins is called |
| | a. protein synthesis | b. amino connectors | c. protein ties | d. peptide bonds |
| 50. | proteins furbeing altered themselve | nction as organic catalysts a res. | ffecting the rate or speed | d of chemical reactions without |
| | a. Structural | b. Building | c. Enzymatic | d. Acidic |
| 51. | The term used in radia while delivering a less | tion therapy when there is ar than cell killing, repairable, | n attempt to deliver enou equivalent dose to surro | gh radiation to kill cancerous cells unding healthy tissue is called |
| | a. survival dose | b. therapeutic ratio | c. repairable ratio | d. lethal target dose |
| 52. | The body's primary de | efense mechanism against int | fections and disease once | e the skin has been penetrated is |
| | a. lymphocytes | b. antibodies | c. antigens | d. white blood cells |
| 53. | The primary molecular | r energy source for the cell is | S | |
| | a. glucose | b. protein | c. carbohydrate | d. lipid |
| 54. | Lipids are organic | built from smaller c | hemical structures. | • |
| | a. chains | b. macromolecules | c. compounds | d. helixes |
| 55. | The smaller structures | that make up the large, comp | plex nucleic acid macror | nolecules are called |
| | a. monosaccharides | b. glycerin | c. nucleotides | d. carbohydrates |
| 66. | The deoxyribonucleic | acid (DNA) macromolecule | is composed of two long | chains composed of |
| νο. | | | | |

| 57. | The molecule that leaves | s the cell nucleus, enters the c | ytopl | asm and directs the | e protein building process is |
|-----|---|---|-------------|--|-----------------------------------|
| | a. DNA | b. ribonucleic acid (RNA) | c. 1 | messenger RNA | d. transfer RNA |
| 58. | The total amount of DN | A contained within the chrom | osom | nes of a human bei | ng is called the |
| | a. genetic coding | b. human genome | c. | genetic mapping | d. human genetic code |
| 59. | Acids, bases and salts fo | und in the body and in nature | inde | pendent of living t | hings are categorized as |
| | a. pyrimidines | b. organic compounds | c. 1 | nitrogenous bases | d. inorganic compounds |
| 60. | The process in which the | e cell must expend energy to p | pump | substances into ar | nd out of itself is termed |
| | a. active transport | b. particle transport | с. | osmosis | d. hydration |
| 61. | The cytoplasm contains | large amounts of all the cell's | s mol | ecular components | with the exception of |
| | a. mitochondria | b. endoplasmic reticulum | c. : | ribosomes | d. DNA |
| 62. | In both mitosis and meio | osis, DNA replicates during th | ne sta | ge called | |
| | a. anaphase | b. telophase | c. : | interphase | d. metaphase |
| 63. | Chromosome damage ca | nused by radiation can be eval | luated | d during | |
| | a. anaphase | b. telophase | c. : | interphase | d. metaphase |
| 64. | Male and female reprodu | active cells (germ cells) each | conta | ain chromoson | nes at the beginning of meiosis. |
| | a. 46 | b. 23 | c. | 92 | d. 92 |
| Cha | apter 6 | | | | |
| 65. | Ionizing radiation damag | ges living systems by removin | ng | from tl | ne molecular structures of cells. |
| | a. neutrons | b. electrons | c. | protons | d. photons |
| 66. | The type of radiation int from the production of f | eraction with biologic tissue of tree radicals is called | causi | ng damage primari | ly through an indirect action |
| | a. "high-linear transfer ofc. "low-linear transfer e | | | alpha particle abso low-energy neutro | • |
| 67. | Low-LET radiation gene | erally causes sublethal damage | e to I | ONA and reversible | e cellular damage to |
| | a. structural proteins | b. therapeutic enzymes | c. | repair enzymes | d. proteins |
| 68. | The term used to describ biologic reaction is know | pe the relative capabilities of r | radiat | ion with different | LETs to produce a particular |
| | • | | | | |

| 69. | The term used to identify a solitary atom or a combination of atoms that behave as an extremely reactive single entity as a result of a presence of an unpaired electron is called a | | | | |
|-----|--|---|--|------------------------------------|--|
| | a. free radical | b. alpha particle | c. beta particle | d. photon | |
| 70. | The presence of | in biologic tissues mal | ces the damaged produ | ced by free radicals permanent. | |
| | a. nitrogen | b. hydrogen | c. sodium | d. oxygen | |
| 71. | Indirect action of ionizing | g radiation refers to the effect | s produced by reactive | free radicals created by the | |
| | a. recombination of hydc. interaction with DNA | | b. interaction of radia d. damaged enzyme | | |
| 72. | The severing of one of the | ne DNA sugar phosphate chair | n side rails is called a | | |
| | a. point mutation | b. covalent cross link | c. base change | d. cleaved chromosome | |
| 73. | Irradiation that occurs ea | arly in interphase, before DNA | synthesis takes place, | may | |
| | a. effect only one daughterc. effect each daughter | | b. effect separate chrd. have no effect | omatids | |
| 74. | The target theory states t | hat an irradiated cell will die a | after exposure only if _ | molecules are inactivated. | |
| | a. carbohydrate | b. protein | c. DNA | d. enzyme | |
| 75. | The term used to identify | y cell death without attempting | g division during interp | phase is | |
| | a. instant death | b. reproductive death | c. genetic death | d. apoptosis | |
| 76. | Relatively small doses o | f radiation can cause | death after one o | r more cell divisions. | |
| | a. reproductive | b. mitotic | c. programmed | d. instant | |
| 77. | A classic method of disp | laying the sensitivity of a part | icular type of cell to ra | diation is called the | |
| | a. cell sensitivity curve | b. sensitivity/survival curve | c. survival logarithm | d. cell survival curve | |
| 78. | | the radiosensitivity of cells as their degree of differentiation | | to their reproductive activity and | |
| | a. Marshall Proportionac. Law of Maturity and | | b. Law of Bergonie & d. Cell Sensitivity Th | | |
| 79. | Human beings who rece | ive a whole-body dose in exce | ss of may | die within 30 to 60 days. | |
| | a. 500 rads | b. 50 Gy | c. 500 Gy | d. 50 rads | |
| Cha | pter 7 | | | | |
| 80. | The term used to describ radiation is called | | ion soon after humans | receive high doses of ionizing | |
| , | a. late | b. delayed | c. early | d. chronic | |

| 81. | The period when sy become visible is ca | mptoms that affect the hematoralled the | poietic, gastrointestinal | and cerebrovascular systems |
|-----|--|---|---|--------------------------------------|
| | a. latent period | b. manifest illness stage | c. prodromal perio | od d. initial stage |
| 82. | Follow-up studies or radiation syndrome | of the survivors of the atomic bo (ARS) have demonstrated late | mbing of Hiroshima and | nd Nagasaki who did not die of acute |
| | a. stochastic | b. nonstochastic | c. mutational | d. genetic |
| 83. | The | _ system is the most radiosensit | ive vital organ system i | in human beings. |
| | a. gastrointestinal | b. cerebrovascular | c. reproductive | d. hematopoietic |
| 84. | The | form of ARS results when the | ere is an exposure of 50 | Grays or more of ionizing radiation. |
| | a. gastrointestinal | b. cerebrovascular | c. reproductive | d. hematopoietic |
| 85. | With medical suppo | ort, human beings have tolerated | l doses as high as | Grays (Gy). |
| | a. 6 | b. 8.5 | c. 20 | d. 30 |
| 86. | Lethal dose (LD) ch promptly and the pa | narted as/ is more accur | rate for human beings w tial symptoms. | hen medical treatment is given |
| | a. 50/30 | b. 10/30 | c. 50/60 | d. 100/60 |
| 87. | cells hadose of ionizing rad | ave a better prospect for recove iation | ry in the repair and reco | overy of cells receiving a sublethal |
| | a. Oxygenated | b. Hypoxic | c. Nerve | d. Blood |
| 88. | Permanent sterility of both sexes. | will most likely result from a ra | diation dose of or _ | Grays to the reproductive organs |
| | a. 0.5/1 | b. 1/2 | c. 3/4 | d. 5/6 |
| 89. | The cell stage in wh | ich chromosome damage cause | d by radiation damage i | is called |
| | a. prophase | b. telophase | c. anaphase | d. metaphase |
| Cha | pter 8 | | | • |
| 90. | Biological effects ar | re observed only when the | level or o | lose is reached. |
| | a. threshold | b. nonthreshold | c. stochastic | d. nonstochastic |
| 91. | Stochastic somatic e | effects are also called | effects. | · , |
| | a. probabilistic | b. problematic | c. deterministic | d. early |
| 92. | Cancer and genetic | disorders are examples of | effects that pro | bably do not have a threshold. |
| | a. nonstochastic | | c. acute | |

| 93. | An embryologic or birt | h defect is an example of a _ | | event. |
|------|--|--|--------------------------------|---|
| | a. deterministic | b. stochastic | c. threshold | d. nonthreshold |
| 94. | A risk predic | ets that a specific number of e | excess cancers will occu | ur as a result of exposure. |
| | a. relative | b. statistical | c. probable | d. absolute |
| 95. | is the mo | st important late stochastic e | ffect caused by exposur | e to ionizing radiation. |
| | a. Erythema | b. Desquamation | c. Cancer | d. Epilation |
| 96. | Radium poisoning was | experienced by a population | of | |
| | a. watch-dial painters | b. miners | c. children | d. bomb victims |
| 97. | Biologic effects of ioniz | zing radiation on future gener | rations are termed | effects. |
| | a. futuristic | b. genetic | c. chronic | d. acute |
| 98. | The organisms used in | ionizing radiation experiment | ts to determine heredita | ry effects were |
| | a. cats & dogs | b. bees & spiders | c. pigs & chickens | d. mice & flies |
| Cha | apter 9 | | • | |
| 99. | The federal agency that interest of national secu | has the authority to control trity is called the | he possession, use and I | production of atomic energy in the |
| | a. Environmental Proteb. Nuclear Regulatory | | | dministration (FDA) ety & Health Admin. (OSHA) |
| 100 | . The day-to-day supervi | sion of a facility's radiation | safety program is a resp | onsibility of |
| | a. OSHAc. radiation safety com | mittee (RSO) | b. radiation safety cod. FDA | ommittee (RSC) |
| 101 | The as low as reasonabl respect to the relationsh | y achievable (ALARA) conc ip between ionizing radiation | ept presents an extreme and | ly conservative model with |
| | a. potential risk | b. biologic effects | c. patient dose | d. occupational dose |
| 102 | .The frequency of occurr | rence of high-dose determinis | stic effects is | to the dose. |
| | a. directly proportional | b. inversely proportional | c. non-threshold | d. nonlinear |
| 103 | The possibility of inducindustry is termed | ing a radiogenic cancer or ge | netic defect after irradia | ation in the medical imaging |
| | a. vulnerability | b. assumed probability | c. risk | d. cumulative effect |
| 104. | An annual occupational | effective dose limit of | mSv has been establ | lished for the whole body. |
| | a. 10 | b. 20 | c. 30 | d. 50 |

Chapter 10 105. X-ray tube housing construction must meet requirements to prevent excessive _____ a. secondary b. remnant c. leakage d. scatter 106. The patient's skin surface should be at least ____ cm below the collimator. a. 5 b. 10 c. 15 d. 20 107.In most states regulatory standards require accuracy of ______% of the SID with PBL. a. 1 b. 2 c. 3 d. 4 108._____ filtration includes the glass envelope, insulating oil and the glass window. a. inherent b. added c. total d. structural 109. The _____ filter can be used when performing chest radiographs. a. wedge b. angular c. added d. trough 110. _____ rare -earth film-screen image receptor systems increases quantum mottle. a. Slower b. Newer c. Regular/Par d. Faster 111. Patient dose increases whenever _____ grid ratios are utilized. a. lower b. higher c. focused d. parallel 112. The term _____indicates the rows and columns of numeric values in a digital image. a. bit b. pixel c. matrix d. byte 113. Pixel size may be as small as ____ micrometers. a. 50 b. 100 c. 200 d. 300 114. The input phosphor is constructed of _____ a. amorphous silicon b. cesium iodide c. silver halide d. rare-earth 115.A primary protective barrier of ___ mm lead equivalent is required for an image intensifier unit. a. 0.5 b. 1.0 c. 1.5 d. 2.0 116. The time to onset of permanent epilation from fluoroscopy is a. 1 week b. 2 weeks c. 3 weeks d. 4 weeks

Chapter 11

| 117. Motion that occurs due to a | patient's lack of control is called |
|----------------------------------|-------------------------------------|
|----------------------------------|-------------------------------------|

- a. voluntary motion
- b. involuntary motion
- c. a spasm
- d. peristalsis

| 118. A gonadal s | hield eliminates the radiograph | er's need to palpate the | e patient's anatomy. |
|---|--|---|--|
| a. flat | b. shaped | c. clear | d. shadow |
| 119.Radiographic contrast | is as kVp incre | eases and mAs decrease | es. |
| a. optimized | b. increased | c. magnified | d. reduced |
| 120. A | program includes monitor equip | ing and maintenance of oment. | fall processing and image display |
| a. radiation control | b. quality assurance | c. quality control | d. physics control |
| 121. The estimated GSD for | r the U.S. population is about | millisieverts (mS | Sv) or millirem (mrem). |
| a. 0.1/10 | b. 0.20/20 | c. 0.3/30 | d. 0.4/40 |
| 122. The most common m | easurement of milliroentgens p from the x-ray tube targ | oer milliampere-second get. | is at a distance of inches |
| a. 40 | b. 36 | c. 30 | d. 25 |
| 123. Dose reduction in ma | mmography can be achieved b | у | |
| a. using lower atomicb. converting to digita | | c. limiting the numb d. x-raying the breas | |
| 124. Dissemination of info | rmation on pediatric CT dose 1 | reduction among variou | s specialties is provided by the |
| a. Pediatric Campaign | b. Pediatric CT Program | c. Peds CT Program | d. Image Gently Campaign |
| 125. Fetal dose calculation | s should be performed by | | <i>,</i> |
| a. a radiologist | b. a radiologic physicist | c. a biomedical engir | neer d. a radiographer |
| Chapter 12 | | - | |
| 126. The National Council personnel to receive an | on Radiation Protection and M nd "an annual occupational effo | easurements (NCRP) pective dose (EfD)" of _ | ermit diagnostic imagingmillisieverts (mSv). |
| a. 25 | b. 50 | c. 100 | d. 500 |
| 127. The cumulative effecti | ve dose (CumEfD) for whole b | oody for radiation work | ers is mSv x your age. |
| a. 10 | b. 15 | c. 20 | d. 25 |
| 128. During a diagnostic ex | amination the patient produces | s scattered radiation due | e to the effect. |
| a. classical | b. coherent | c. Compton | d. photoelectric |
| 129. The inverse square law | (ISL) expresses the relationsh | ip between distance an | d |
| a. quality | b. intensity | c. time | d. exposure |

| a. safety | b. secondary | c. primary | d. universal | |
|---|--|---------------------------------------|---------------------------------------|------|
| | n factors of distance and shieldir ter by standing at a degree | | the radiographer will receive the am. | |
| a. 15 | b. 45 | c. 90 | d. 180 | |
| | bilization is necessary and mech n who should be used while wea | | | |
| | y exposed coworker nally exposed person | b. the medical rad | | • |
| 133.The weekly radiatio | n use of a diagnostic x-ray unit i | s called its | | |
| a. workload (W) | b. use factor | c. occupancy fact | or d. productivity factor | |
| Chapter 13 | | • | | |
| 134 have the s | ame number of protons within th | ne nucleus but have d | ifferent numbers of neutrons. | , |
| a. Radioisotopes | b. Isotopes | c. Neutrinos | d. Positrons | |
| 135. The radioactive iso | tope used to deliver radiation the | crapy to cancer patien | ts with metastasis to the bone is | |
| a. iodine-125 | b. technetium-99m | c. fluorine-18 | d.strontium-89 | |
| 136. Most isotopes gene | rated by | immediately get rid | of their excess energy. | |
| a. electron capture | b. annihilation radiation | c. beta decay | d. metastable decay | |
| 137. The most important | isotope in positron emission tor | nography (PET) scan | ning today is | |
| a. fluorine-18 | b. Technetium-99m | c. iodine-123 | d. iodine-131 | |
| 138. The radioactive trac reveal their location | , | y to glucose and will | be metabolized by cancerous cell | s to |
| a. fluorine-18 | b. strontium-89 | c. iodine –123 | d. fluorodeoxyglucose (FDC | ું) |
| _ | of a dirty bomb, the individual as contamination levels is the | at the receiving facilit | y who would be available or | |
| a. administratorc. radiologist | | b. chief of staff d. radiation safety | y officer (RSO) | |
| 140. During an emergene millisieverts (mSv). | cy situation, individuals engaged | l in lifesaving activiti | es have a dose limit of | |
| a. 50 | b. 100 | c. 250 | d. 500 | |
| | | | • | |



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Answer Sheet for: Unit 44: Radiation Protection in Medical Radiography by Mary Alice Statkiewicz Sherer, Paula J. Visconti & E. Russell Ritenour

Please place your lettered selection for each question in the respective box and return ONLY this post test sheet to S.T.A.R.S.

| 1. | 11. | 21. | 31. | 41. | 51. | 61. |
|-----|-----|-----|-----|-----|-----|-----|
| 2. | 12. | 22. | 32. | 42. | 52. | 62. |
| 3. | 13. | 23. | 33. | 43. | 53. | 63. |
| 4. | 14. | 24. | 34. | 44. | 54. | 64. |
| 5. | 15. | 25. | 35. | 45. | 55. | 65. |
| 6. | 16. | 26. | 36. | 46. | 56. | 66. |
| 7. | 17. | 27. | 37. | 47. | 57. | 67. |
| 8. | 18. | 28. | 38. | 48. | 58. | 68. |
| 9. | 19. | 29. | 39. | 49. | 59. | 69. |
| 10. | 20. | 30. | 40. | 50. | 60. | 70. |

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Please place your lettered selection for each question in the respective box and return ONLY this post test sheet to S.T.A.R.S.

| 80. | 90. | 100. | 110. | 120. | 130. | 140. |
|-----|-----|------|------|------|------|------|
| 79. | 89. | 99. | 109. | 119. | 129. | 139. |
| 78. | 88. | 98. | 108. | 118. | 128. | 138. |
| 77. | 87. | 97. | 107. | 117. | 127. | 137. |
| 76. | 86. | 96. | 106. | 116. | 126. | 136. |
| 75. | 85. | 95. | 105. | 115. | 125. | 135. |
| 74. | 84. | 94. | 104. | 114. | 124. | 134. |
| 73. | 83. | 93. | 103. | 113. | 123. | 133. |
| 72. | 82. | 92. | 102. | 112. | 122. | 132. |
| 71. | 81. | 91. | 101. | 111. | 121. | 131. |