Questions #1-7 refer to the article about mild traumatic brain injury (m-TBI) by Snell and Halter on pages 22-28.

1. Of all the wounds sustained by U.S. military personnel in Iraq and Afghanistan, nearly _____ are located in the head, face, or neck.
   A. one tenth.
   B. one third.
   C. one fourth.
   D. one half.

2. Diagnostic criteria for m-TBI include:
   A. unconsciousness for less than 50 minutes.
   B. a score between 13 and 15 on the Glasgow Coma Scale after 30 minutes.
   C. posttraumatic amnesia lasting no more than 48 hours.
   D. increasing anxiety during a 72-hour period.

3. The percentage of seemingly healthy veterans who returned from the Middle East who met the criteria for m-TBI was between:
   A. 10% and 20%.
   B. 15% and 25%.
   C. 30% and 40%.
   D. 35% and 45%.

4. Physical penetration of fragments anywhere in the body from either an explosive device or other objects that become projectiles during the blast is classified as a ____ injury.
   A. primary.
   B. secondary.
   C. tertiary.
   D. quaternary.

5. Regarding symptoms of posttraumatic stress disorder (PTSD) and m-TBI, hallmark symptoms specific to m-TBI include:
   A. one-sided body weakness and sleep disturbance.
   B. temporary deafness and aphasia.
   C. blurred vision and tinnitus.
   D. headache and impaired balance.

6. As compared to m-TBI, symptoms exclusive to PTSD include:
   A. intrusive memories.
   B. irritability.
   C. mood liability.
   D. confusion.

7. An individual’s ability to effectively regulate fear and anxiety may be due to damage to which of these areas of the brain?
   A. Occipital.
   B. Parietal.
   C. Temporal.
   D. Prefrontal cortex.

Questions #8-13 refer to the article about psychotropc medication-induced rabbit syndrome by Lindsey and Mehalic on pages 31-36.

8. To establish a differential diagnosis of rabbit syndrome (RS), the provider should examine for which of the following involuntary movements?
   A. Rhythmic, repetitive movements of the mouth and jaw.
   B. Twisting and turning motions of the neck and face.
   C. Quick, vertical movements of the lips only.
   D. Circular motions of the oral region, including the tongue.

9. In Chiu et al.’s study, the prevalence rate of RS in three Hong Kong psychiatric sites was reported to be:
   A. 1%.
   B. 1.5%.
   C. 2%.
   D. 2.5%.

10. Catena Dell’Osso et al. concluded that RS, parkinsonism, and tardive dyskinesia are caused by:
    A. a neuroleptic blockade of dopaminergic neurons.
    B. cholinergic hypofunction in the basal ganglia.
    C. an imbalance of cholinergic and dopaminergic function in the hypothalamus.
    D. an unknown mechanism.

11. The greatest number of case reports of RS was associated with:
    A. haloperidol (Haldol®).
    B. fluphenazine (Prolixin®).
    C. chlorpromazine (Thorazine®).
    D. thioridazine (Mellaril®).

12. In addition to antipsychotic drugs, risk factors for RS include:
    A. being a woman.
    B. being between ages 40 and 50.
    C. having a bipolar disorder diagnosis.
    D. having a family history of psychosis.
13. Although the effectiveness of treatment strategies for RS requires additional research, current recommendations include three of the following. Which one is the EXCEPTION?
A. Lower the dosage of antipsychotic medication.
B. Add an anticholinergic medication to the prescription plan.
C. Switch from a typical antipsychotic medication to a newer antipsychotic agent.
D. Withhold all psychotic medication until their half-lives have expired.
Questions #14-20 refer to the article about research involving the doubly vulnerable population of individuals who abuse alcohol by Gwyn and Colin on pages 38-43.

14. Some estimates for hospitalizations related to alcoholism are as high as ____ of all admissions.
A. one third.
B. one fifth.
C. two thirds.
D. two fifths.

15. To identify the presence of alcohol abuse or dependence in a patient, it would be most important for the provider to assess:
A. volume of alcohol consumed.
B. frequency of alcohol consumption.
C. behavioral indicators of addictive disease.
D. previous attempts at being treated for addictive disease.

16. The genetic risk for developing alcohol abuse and dependence is approximately:
A. 10% to 20%.
B. 30% to 40%.
C. 50% to 60%.
D. 70% to 80%.

17. Individuals who abuse alcohol would likely be categorized as having which of these types of vulnerabilities?
A. Deferential.
B. Medical.
C. Economic.
D. Social.

18. The notion that benefits and burdens should be shared equally by all people in an identical manner regardless of particular grouping(s) characterizes the ethical principle of:
A. distributive justice.
B. beneficence.
C. nonmalficence.
D. autonomy.

19. Informed consent includes three of the following essential parts. Which one is the EXCEPTION?
A. Adequate and truthful disclosure of information.
B. Freedom of choice in participation.
C. Comprehension of the information.
D. Signature of witness to information provided.

20. The ethical philosophy in which individuals are treated as an end themselves, not simply a means to an end, is termed:
A. manipulation.
B. deontology.
C. coercion.
D. universality.

Please register me for the Learner-Paced program for 4.0 contact hours.

Name ____________________________
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EVALUATION: Must be completed for contact hour certificate to be awarded.

1. The content of the articles was accurately described by the learning objectives: Yes ☐ ☐ No ☐ ☐
   • Identify service members at risk for mild traumatic head injuries.
   • Recognize the unique symptoms of rabbit syndrome to differentiate it from other movement disorders.
   • Compare the benefits and drawbacks of including people who abuse alcohol as participants in research studies.

2. The content met my educational needs.
3. The content was relevant to my nursing practice.

4. How much time was required to read the articles and take the quiz? 240 265 290 315 340
   (minutes spent)

5. Please list topics you would like to see future activities address: __________________________

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