Department of Diagnostic Imaging-Panorama City Age-Specific Characteristics Competency Evaluation Imaging Technologists

- 1. A radiographic protection for an infant includes:
 - A. Collimate to specific area being radiographed
 - B. Shield the patient
 - C. None of the above
 - D. A and B
- 2. When taking a radiograph of an infant, the use of immobilization devices is not necessary.
 - A. True
 - B. False
- 3. Children between the age 3-12 years respond better to:
 - A. Visual cues
 - B. Spoken cues
 - C. Race cars and bright colors
 - D. None of the above
- 4. The cognitive knowledge of an 8 year old child includes:
 - A. Develops concept by use of language
 - B. Has short attention span
 - C. Ties words to action
 - D. Understands simple directions and requests
 - E. All of the above
- 5. A patient is considered an adolescent if s(he) is between these age groups:
 - A. 5-8 years old
 - B. 8-10 years old
 - C. 13-17 years old
 - D. 25-30 years old
- 6. You do not have to explain an imaging procedure to an adolescent because s(he) is old enough to understand imaging tests.
 - A. True
 - B. False
- 7. When taking an x-ray on an adult patient, you should:
 - A. Collimate to the area of anatomical interest being radiographed
 - B. Always shield the patient
 - C. Female patients in the child-bearing age need to be asked of the possibility of pregnancy.
 - D. All of the above
 - E. A and B only

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Department of Diagnostic Imaging-Panorama City Age-Specific Characteristics Competency Evaluation Imaging Technologists POST TEST

- 8. Motor/Sensory adaptation of geriatric patients include:
 - A. Decreased mobility and ability to respond to stimuli
 - B. Decreased visual acuity and hearing loss
 - C. Decreased tolerance to pain
 - D. Hesitant to respond
 - E. All of the above
- 9. Geriatric patients have good mental functions
 - A. True
 - B. False
- 10. Adult patients' cognitive abilities include:
 - A. Increased ability to use abstract thought and logic
 - B. Able to handle hypothetical situations or thought
 - C. A and B
 - D. None of the above

Employee Signature	
Employee Printed Name	
Date	