1. Athletes typically differ from other patients, in that they are:
   A. Generally very healthy
   B. Usually have few pre-existing general medical issues
   C. May withhold vital information
   D. All of the above are correct
   E. None of the above is correct

2. Which of the following are components of informed consent?
   A. Voluntariness
   B. Discretion
   C. Comprehension
   D. Both A & B are correct
   E. Both A & C are correct

3. Always make the health of the athlete a priority, never do harm, and never impose your authority in a way that impinges on the individual right of the athlete to make his/her own decisions are all ethical standards from which organization’s code of ethics?
   A. American Medical Association (AMA)
   B. National Athletic Trainers’ Association (NATA)
   C. American College of Sports Medicine (ACSM)
   D. International Federation of Sports Medicine (FIMS)

4. The POPE Principle stands for:
   A. Provide - Operate - Practice - Environment
   B. Protect - Offer - Practice - Enable
   C. Pronounce - Obtain - Paradigm - Embrace
   D. Public - Order - Policy - Emulate

5. Select the option which lists the steps of evidence-based practice in the correct order.
   A. Critically evaluate the quality of the evidence; Clearly define a clinical question; Gather the best relevant evidence; Evaluation of result produced by EBM process; Clinical application of the evidence
   B. Evaluation of result produced by EBM process; Critically evaluate the quality of the evidence; Clearly define a clinical question; Gather the best relevant evidence; Clinical application of the evidence
   C. Clinical application of the evidence; Evaluation of result produced by EBM process; Clearly define a clinical question; Gather the best relevant evidence; Critically evaluate the quality of the evidence
   D. Clearly define a clinical question; Gather the best relevant evidence; Critically evaluate the quality of the evidence; Clinical application of the evidence; Evaluation of result produced by EBM process
6. Evidence derived from a “cohort study” is classified on the Oxford Centre for Evidence-Based Medicine scale as:
   A. Level 1
   B. Level 2
   C. Level 3
   D. Level 4
   E. Level 5

7. Which of the following does **not** generally characterize a treatment “**efficacy**” study:
   A. A heterogeneous sample of patient-subjects
   B. Randomized assignment of patient-subjects to groups
   C. Standardized delivery of a specific therapeutic intervention
   D. Data collected by clinician-researchers who have a high degree of expertise

8. Which of the following components was not included in the first definition of evidence-based practice, but has been added to an updated definition of the concept:
   A. Patient Preference
   B. Clinical Presentation
   C. Research Evidence
   D. Clinical Expertise

9. Which of the following correctly represents the **odds** of a “1” resulting from the roll of a die:
   A. \( \frac{.833}{.167} = 5.0 \)
   B. \( \frac{1}{5} = .20 \)
   C. \( \frac{1}{6} = .167 \)

10. Which of the following may be used as an indicator of the accuracy of a prediction model derived from analysis of exposure-outcome association within a cohort of patients:
    A. Sensitivity/Specificity
    B. Odds Ratio
    C. Likelihood Ratio (Positive and/or Negative)
    D. A or B
    E. Any of the above