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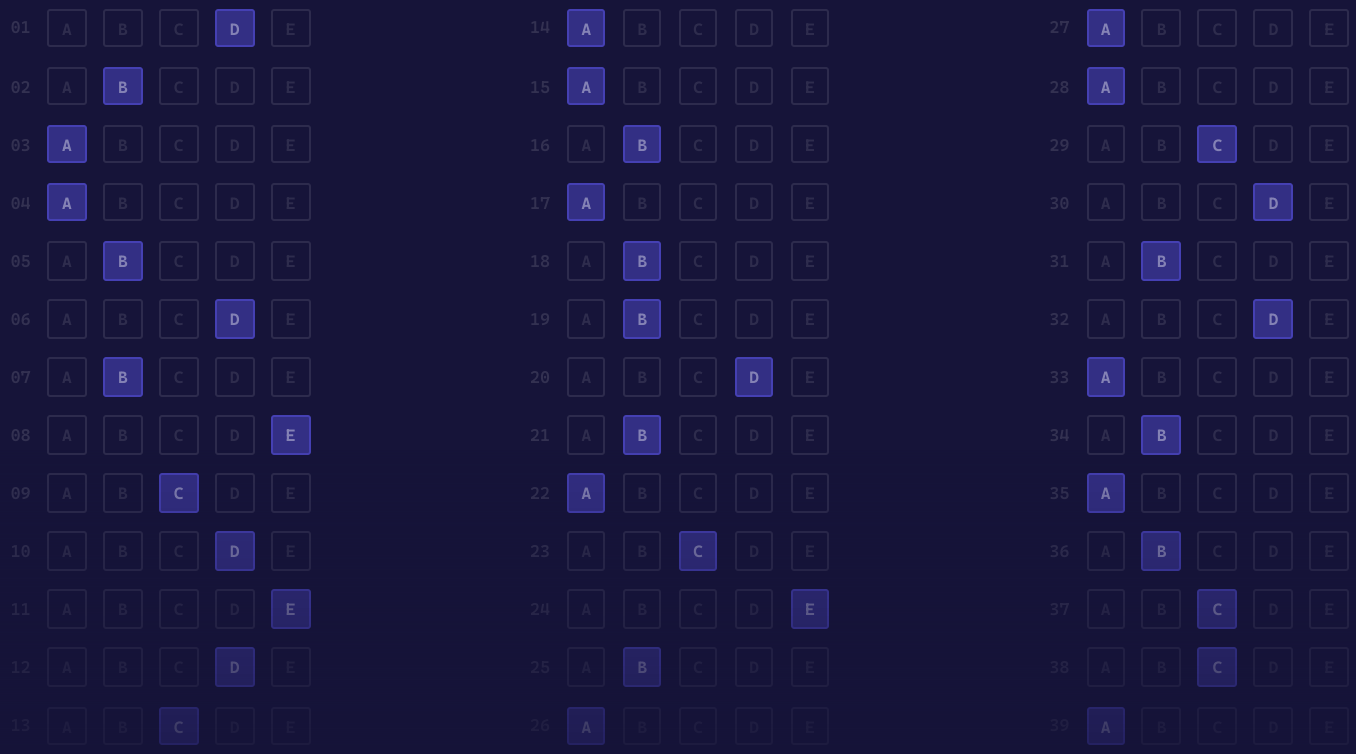

PRACTICE QUESTIONS

Board of Certification/Accreditation (BOC)

WZ9822A8

Mastectomy Fitter Examination

EDITION	QUESTIONS	ISSUED
Demo	9	September 3, 2026

WEB www.mometrix.net

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Before you begin

What this is

9 practice questions for Board of Certification/Accreditation (BOC) `WZ9822A8`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `WZ9822A8`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

Licence

QUESTION 1 MULTIPLE CHOICE

Which of the following structures are preserved during a simple (total) mastectomy? (Choose two.)

A Axillary lymph nodes

B Pectoralis major muscle

C Nipple–areolar complex

D Underlying chest wall musculature

ANSWER B · D

WHY A simple (total) mastectomy removes all breast tissue, the nipple–areolar complex, and skin, but the underlying pectoralis major and minor muscles and the axillary lymph nodes are preserved. A modified radical mastectomy additionally removes axillary lymph nodes, while a radical (Halsted) mastectomy removes both muscles and axillary nodes.

QUESTION 2 MULTIPLE CHOICE

Which of the following are accepted indications for use of an external breast prosthesis (breast form)? (Choose two.)

A Post-mastectomy symmetry following breast conservation surgery with significant volume loss

B Temporary use during radiation therapy to maintain skin contact with the chest wall

C Asymmetry caused by a congenital condition such as Poland syndrome

D Treatment of an active post-operative seroma at the mastectomy site

ANSWER A · C

WHY External breast prostheses are indicated to restore symmetry after mastectomy, after lumpectomy or partial mastectomy with significant volume loss, and for congenital asymmetries such as Poland syndrome or tuberous breast deformity. A seroma is a fluid collection that must be evaluated by the physician — an external form should not be used to 'treat' it, and a form in contact with compromised skin during radiation must be managed specifically under clinical guidance.

QUESTION 3 SINGLE CHOICE

A patient who had a modified radical mastectomy six months ago presents with persistent, gradually worsening swelling of the ipsilateral arm. Which complication is the fitter most likely to suspect?

A Cellulitis of the upper extremity

B **Post-mastectomy lymphedema**

C Rotator cuff tendinopathy

D Complex regional pain syndrome type II

ANSWER **B**

WHY Gradual, persistent swelling of the ipsilateral arm following axillary lymph node dissection is the classic presentation of post-mastectomy lymphedema. Cellulitis is typically acute with redness, warmth, and fever; rotator cuff pathology is not related to mastectomy; and CRPS has additional signs (burning pain, trophic skin changes, vasomotor instability) that the stem does not describe.

QUESTION 4 SINGLE CHOICE

A patient with an irregular chest wall contour following mastectomy needs a breast form that can adapt closely to surface irregularities. Which breast form characteristic is most appropriate?

A Symmetrical triangular shape with a flat back

B **Custom-shaped form made from a mold of the chest wall**

C Standard Asymmetrical form with an extended tail

D Lightweight foam leisure form

ANSWER **B**

WHY Custom-shaped (custom-formed) breast prostheses are fabricated from a mold of the individual patient's chest wall and are indicated when significant irregularities, concavities, or scarring prevent a standard form from making full contact. Standard forms, even symmetrical or asymmetrical designs, cannot reliably adapt to unusual chest wall contours.

QUESTION 5 SINGLE CHOICE

During the assessment, the fitter notes a firm, raised, pink scar extending across the mastectomy site that the patient reports is tender and restricts shoulder elevation. Which finding most accurately describes this scar?

A A normal mature scar with no functional impact

B A hypertrophic scar limited to the wound borders, tender on palpation

C A keloid scar extending beyond the original incision

D An atrophic scar with associated tissue loss

ANSWER B

WHY A hypertrophic scar is raised, firm, erythematous, tender, and remains confined within the borders of the original incision. A keloid extends beyond the wound margins into surrounding normal tissue. The fitter should document the findings and coordinate with the referring clinician because scar tenderness and shoulder restriction affect form fit and the need for shoulder relief features.

QUESTION 6 SINGLE CHOICE

When fitting a post-mastectomy bra, the band measurement should be taken

A Loosely around the fullest part of the remaining breast

B Snugly around the rib cage just below the bust line, with the tape level

C Across the apex of the shoulders from one AC joint to the other

D Around the waist at the level of the umbilicus

ANSWER B

WHY Proper band sizing requires a snug (not tight) measurement around the rib cage directly under the bust line, with the tape held level all the way around. Loose measurements at the bust apex yield an unreliable band size, and shoulder or waist measurements are not used for band determination.

QUESTION 7 SINGLE CHOICE

Under Medicare's standard coverage criteria for external breast prostheses following a mastectomy, what is the usual replacement frequency allowed for the breast form itself?

A Every 6 months

B Every 12 months

C Every 24 months, with limited exceptions

D Every 5 years

ANSWER C

WHY Medicare allows replacement of an external breast prosthesis every two years (24 months) under its standard policy, with provisions for earlier replacement when the form is lost, stolen, or irreparably damaged. A separate, more frequent allowance applies to mastectomy bras and certain related supplies. Specific LCDs should always be consulted for the jurisdiction in question.

QUESTION 8 SINGLE CHOICE

A patient asks how to care for her new silicone breast form. Which instruction from the fitter is correct?

A Wash the form in hot water with chlorine bleach to disinfect it after each wear

B Place the form in a protective cover and store it in the original box when not worn

C Pin the form to the inside of the bra to keep it in position during vigorous activity

D Use talc or perfumed body powder directly on the form to keep it dry

ANSWER B

WHY Silicone breast forms should be gently washed with mild soap and lukewarm water, dried with a soft towel, and stored in the protective cover inside the original box so the form retains its shape. Heat, bleach, pins, and perfumed powders can damage the silicone shell or backing and should be avoided.

QUESTION 9 SINGLE CHOICE

At the fitting appointment, the patient becomes tearful and states she feels her body is no longer whole. She denies suicidal ideation. Which response by the fitter is most appropriate?

A Assure her that the prosthesis will make her look exactly as she did before surgery and the feelings will resolve

B Listen empathetically, acknowledge her loss, and provide a referral to a support group or counseling resource

C Change the subject to bra styles to keep the fitting focused and avoid upsetting her further

D Ask her to leave and reschedule when she is feeling more in control

ANSWER B

WHY Grief, altered body image, and changes in self-concept are common psychological responses after mastectomy. The fitter's role is to provide empathetic listening, validate the experience, and connect the patient with appropriate resources such as peer support groups, oncology social workers, or counselors. Promising that a prosthesis will make her 'look exactly as before' minimizes her loss, avoidance obstructs care, and dismissal is inappropriate.