CHAPTER ONE: INTRODUCTION TO TRAUMA CARE

1. ——— are the leading cause of injury-related death.
   A Firearm-related injuries  B Motor vehicle crashes  C Falls  D Homicides

2. Penetrating Abdominal ——— Index (PATI) is a scoring system designed to quantify the effects of penetrating abdominal injury.
   A Traction  B Turn  C Tension  D Trauma

CHAPTER TWO: PHYSIOLOGIC RESPONSE TO INJURY

3. ——— is a complex process which attempts to maintain integrity of the vascular system.
   A Coagulation  B Homeostasis  C Dilution  D Volume shifting

4. The primary function of ——— is wound healing.
   A cytokines  B eicosanoids  C neutrophils  D macrophages

CHAPTER THREE: AIRWAY MANAGEMENT AND ANESTHESIA

5. Oral intubation requires at least ——— rescuers.
   A four  B three  C two  D five

6. Percutaneous translaryngeal catheter insufflation is also known as “needle cric” or “——— ventilation”.
   A jet  B hose  C tube  D puff

CHAPTER FOUR: INITIAL ASSESSMENT AND RESUSCITATION

7. Regarding trauma resuscitation, the definition of unstable will include patients who are considered metastable (the ———).
   A state of extreme vital signs  B condition of low blood pressure  C capacity to change at any time  D state of remaining the same

8. With the unstable blunt trauma patient, a(n) ——— of the cervical spine is usually ordered to rule out gross deformity only.
   A lateral  B odontoid view  C AP  D RAO

CHAPTER FIVE: SHOCK

9. Vasogenic ——— occurs when vascular resistance is lowered sufficiently to reduce perfusion pressure in peripheral tissue beds.
   A reverse flow  B disintegration  C shock  D degeneration

10. Regarding the manifestations of shock, the “lethal triad” consists of ———, acidosis, and coagulopathy.
    A rapid breathing  B hypoxia  C heat exhaustion  D hypothermia

CHAPTER SIX: DAMAGE CONTROL SURGERY

11. Acidosis is defined as a pH below 7.2 or base deficit exceeding:
    A 8  B 7  C 6.5  D 6

12. Damage control techniques have survival rates around ——— overall and some series report higher survivals with penetrating injuries.
    A 80%  B 60%  C 10%  D 40%

CHAPTER SEVEN: BLOOD AND TRANSFUSION

13. Approximately ——— million units of blood are transfused every year in the United States.
    A 15  B 30  C 40  D 55

14. Patients with severe hypotension (BP < ——— mm Hg) attributable to hemorrhage should receive blood immediately.
    A 70 to 80  B 80 to 90  C 100  D 40 to 50

CHAPTER EIGHT: NUTRITIONAL INTERVENTION

15. Mobilization of lipid stores (———) occurs after trauma.
    A lipogenesis  B gluconeogenesis  C lipolysis  D glycolysis
16. The advent of total —— nutrition (TPN) allowed the provision of complete nutritional support delivered by a central venous catheter.
   A parenteral  B primary  C pediatric  D percentile

CHAPTER NINE: PREHOSPITAL AND AIR MEDICAL CARE

17. Mass casualty triage involves prioritizing patients when needs exceed:
   A greater than 25 patient wait  B federally set resource limits  C available resources  D predetermined resource limits

18. Under-triage (— ——) occurs when a patient who may benefit from trauma center is transported to a setting with fewer resources.
   A upside-down triage  B sufficient reverse  C negative transport  D false negatives

CHAPTER TEN: TEAM ACTIVATION AND ORGANIZATION

19. A —— provides initial evaluation and assessment of injured patients; typically located in small hospitals or clinics in remote areas.
   A Level I trauma center  B Level II trauma center  C Level III trauma center  D Level IV trauma center

20. It is not uncommon for radiographic studies to be performed concomitant with the trauma resuscitation.
   A True  B False

CHAPTER ELEVEN: IMAGING OF TRAUMA PATIENTS

21. Standard two-dimensional angiography has been largely replaced by CT angiography in the diagnosis of vascular traumatic injury.
   A True  B False

22. Ideally, an erect chest film is obtained because the anatomic alterations caused by the supine position can simulate:
   A S/C joint separation  B disease  C a different body habitus  D A/C joint separation

CHAPTER TWELVE: INTERVENTIONAL RADIOLOGY

23. Prompt uncomplicated access, usually ———, is a key initial step to angiographic intervention.
   A in the brachial artery  B transfemoral  C in the radial artery  D in the posterior tibial artery

24. Detectable extravasation must occur at ———, although CT may detect pooling contrast material being leaked at a much slower rate.
   A about 2.5 mL/min  B about 1.5 mL/min  C about 0.5 mL/min  D about 3 mL/min

CHAPTER THIRTEEN: SEPSIS IN TRAUMA

25. Sepsis is a broad term including severe sepsis (infection complicated by acute organ dysfunction) and septic shock (———).
   A infection leading to shock  B infection leading to paralysis  C hypothermia leading to shock  D infection leading to death

26. The most common healthcare associated fungal infection is due to ——— species.
   A Klebsiella  B Influenza  C Escherichia coli  D Candida

CHAPTER FOURTEEN: INFECTIONS, ANTIBIOTIC PREVENTION, AND ANTIBIOTIC . .

27. The incidence of infection following injury approaches:
   A 25%  B 15%  C 45%  D 5%

28. ——— is (are) the single most effective means to reduce the spread of infection.
   A Hand hygiene  B Proper use of surgical drapes  C Vaccinations  D Food Safety

CHAPTER FIFTEEN: TRAUMA PAIN MANAGEMENT

29. ——— are the cornerstone of acute severe pain management.
   A Muscle relaxants  B Opioids  C NSAIDs  D Corticosteroids

30. ——— causes the least hemodynamic effects and is the agent of choice for pain relief during resuscitation.
   A Morphine  B Hydromorphone  C Propofol  D Fentanyl

CHAPTER SIXTEEN: VENOUS THROMBOEMBOLISM

31. DVT affects > ——— million people each year in the United States.
   A .5  B 1  C 2.5  D .7
32. In symptomatic patients, duplex ultrasound provides a sensitivity and specificity greater than —— for infrainguinal DVT.
A 55%  B 65%  C 75%  D 95%

CHAPTER SEVENTEEN: OPERATING ROOM PRACTICE

33. A trauma OR table should be capable of radiography and fluoroscopy (i.e. —— table).
A Jackson  B Perugia  C Hamilton  D Smith

34. A trauma OR table should have a minimum of —— suction canisters.
A three  B four  C seven  D ten

CHAPTER EIGHTEEN: DISASTERS, MASS CASUALTY INCIDENTS

35. A(n) —— occurs when the local resources are unable to meet the needs of the event.
A cataclysm  B epidemic  C disaster  D mass casualty

36. Disaster Medical —— Teams (DMATs) designed to be a rapid-response element to supplement local medical care.
A Alert  B Awareness  C Assistance  D Associate

CHAPTER NINTEEN: INJURY PREVENTION

37. Over —— of all US emergency department visits, almost 40 million in total, are related to injury.
A one-tenth  B one-third  C one-eighth  D one-fifth

38. A traditional public health model used to identify and tackle modifiable risk factors for injury includes hosts (———).
A automobiles, firearms, knives  B people and their risky behaviors  C road signs, poor lighting, etc  D high unemployment, etc

CHAPTER TWENTY: REHABILITATION

39. Cardiovascular deconditioning occurs rapidly with any period of:
A tachycardia  B hypoxia  C exertion  D inactivity

40. Prevention of ulceration requires frequent turning of the patient, initially on a schedule of a minimum of every:
A 2 hours  B 4 hours  C 8 hours  D 12 hours

CHAPTER TWENTYONE (A): TRAUMA IN CHILDREN

41. ——— remains the cause of more childhood (ages 1 to 14) deaths than all other childhood diseases combined.
A Unintentional injury  B Noncommunicable disease  C Nutritional condition  D Maternal condition

42. Head injury causes > ——— of pediatric trauma deaths.
A 25%  B 55%  C 75%  D 95%

CHAPTER TWENTYONE (B): TRAUMA IN PREGNANT WOMEN

43. Trauma complicates 6% to 7% of all pregnancies and accounts for ———% of maternal deaths.
A 22  B 70  C 30  D 46

44. Motor vehicle collisions (MVCs) account for ——— of all traumas in pregnant women.
A 10% to 25%  B 35%  C 95%  D 50% to 80%

CHAPTER TWENTYONE (C): TRAUMA IN OLDER ADULTS

45. Decrease in renal cortex mass results in as much as ———% functional cortical loss.
A 25  B 10  C 5  D 70

CHAPTER TWENTYTWO: MECHANISM OF INJURY

46. MVCs cause at least ——— of closed head and spinal cord injuries.
A one-tenth  B half  C one-third  D one-fourth

47. Regarding lateral crashes, greater than ——— of intrusion on the occupant side signify a greater than 20% chance of significant injury.
CHAPTER TWENTYTHREE: TRAUMATIC BRAIN INJURY

48. The ——— is the largest and most well developed portion of the brain.
   A cerebellum  B pons  C cerebrum  D frontal lobe

49. The ——— doctrine states that the total volume of intracranial contents must remain constant because of the rigid bony cranium.
   A Jacobson  B Hamilton  C Pintorelli  D Monro–Kellie

CHAPTER TWENTYFOUR: MAXILLOFACIAL INJURY

50. A ——— is a good screening radiograph for most dentoalveolar trauma.
   A panorex  B panrad  C panphoton  D panoria

51. In edentulous patients, the incidence of subcondylar fractures accounts for ——— of all mandible fractures.
   A 5%  B 20%  C 37%  D 51%

CHAPTER TWENTYFIVE: SPINAL CORD AND SPINAL COLUMN

52. The human spinal cord has ——— segments.
   A 12  B 25  C 31  D 41

53. The sensitivity of plain cervical x-rays to detect fracture is low, showing a sensitivity of 52% versus ——— % for CT.
   A 60  B 98  C 71  D 80

CHAPTER TWENTYSIX: OPHTHALMIC INJURIES

54. Relative ——— pupillary defect (RAPD) is important in characterization of injury.
   A age-related  B afferent  C ambyopia  D astigmatism

55. Of midface, supraorbital, or frontal sinus fractures, ——— % are associated with severe optic nerve injuries.
   A 12  B 1  C 23  D 4

CHAPTER TWENTYSEVEN: NECK TRAUMA

56. The neck is divided into zones in trauma situations. Zone II covers the area from the cricoid to angle of the mandible.
   A True  B False

57. Regarding the plain cervical spine radiograph, pretracheal soft tissue thickness greater than ——— suggests cervical spine fracture.
   A 22 mm at C6  B 14 mm at C3  C 30 mm at C6  D 7 mm at C3

CHAPTER TWENTYEIGHT: THORACIC INJURIES

58. Thoracic injuries are responsible for approximately ——— % of all trauma deaths.
   A 8  B 25  C 32  D 12

59. ——— chest usually results from direct high energy impact.
   A Pummel  B Thompson’s  C Thrash  D Flail

CHAPTER THREYNINE: ABDOMINAL TRAUMA

60. Commonly injured abdominal organs are generally solid organs: liver, spleen, bowel mesentery, or kidney.
   A True  B False

CHAPTER THIRTY: GENITOURINARY INJURIES

61. Approximately 10% of trauma patients sustain a genitourinary (GU) injury, with the ——— most commonly involved.
   A urethra  B ureter  C kidney  D bladder

62. Most (——— %) of the bladder injuries are associated with gross hematuria.
   A 83  B 75  C 95  D 55

CHAPTER THIRTYONE: ORTHOPEDIC TRAUMA, FRACTURES, AND DISLOCATIONS

63. Pediatric fractures are classified according to their physical (growth plate) involvement (Salter–Hatzburger classification).
   A True  B False
64. Regarding classification of open fractures (Gustilo and Anderson), ——— involves moderate energy, > 1 cm with flap or avulsion wound.
A Type IV  B Type I  C Type III  D Type II

CHAPTER THIRTYTWO: PERIPHERAL VASCULAR INJURIES
65. In urban trauma centers, peripheral vascular injuries are most commonly (———) caused by penetrating trauma.
A 75% to 80%  B 55%  C 98%  D 64%

66. Peripheral nerve injuries are present in up to ——— % of patients with extremity vascular trauma.
A 50  B 25  C 43  D 88

CHAPTER THIRTYTHREE: BURNS / INHALATION INJURY
67. In severe burns (> ——— % TBSA), it is optimal to obtain central venous access early before massive swelling and edema occur.
A 10  B 20  C 30  D 40

68. ——— injury is the most frequent cause of death in thermal injuries.
A Inhalation  B Burn  C Scald  D Heat rupture

CHAPTER THIRTYFOUR: PRIORITIES IN THE ICU CARE - ADULT TRAUMA PATIENT
69. Approximately ——— of critically injured patients remain in the ICU for more than 72 hours.
A one-half  B one-third  C one-fifth  D one-eighth

70. Thoracic bioimpedance derives information from electrodes placed on the ——— chest and neck.
A left lateral  B right lateral  C anterior  D posterior

CHAPTER THIRTYFIVE: MULTIPLE ORGAN DYSFUNCTION SYNDROME
71. The Acute Pathophysiology and Chronic Health Evaluation (APACHE II) score of 25 carries a ——— % mortality.
A 20  B 30  C 40  D 50

72. Given no extraneous circumstances (e.g., ST elevation MI, continued bleeding), a ——— is preferred threshold for transfusion.
A hemoglobin trigger of ≤4.0 g/dL  B hemoglobin trigger of ≤7.0 g/dL  C hemoglobin trigger of ≤3.0 g/dL  D hemoglobin trigger of ≤9.0 g/dL

CHAPTER THIRTYSIX: CARDIOVASCULAR DISEASE AND MONITORING
73. ——— is the most common etiology of shock after injury.
A Heart problems  B Hemorrhage  C Vascular changes  D Nerve damage

74. ——— echocardiography (TTE) examines parasternal, apical, subcostal, and suprasternal windows.
A Transtracheal  B Transternal  C Transthoracic  D Transtubule

CHAPTER THIRTYSEVEN: ACUTE KIDNEY INJURY
75. AKI occurs in ——— of critically ill trauma patients, with mortality ranging from 22% to 95.3%.
A 6.3% to 8%  B 6.3% to 12%  C 6.3% to 19%  D 6.3% to 27%

76. Active urine sediment (very rare) with RBC casts is diagnostic of vasculitis or glomerulonephritis.
A True  B False

CHAPTER THIRTYEIGHT: ACUTE RESPIRATORY FAILURE AND MECH. VENTILATION
77. Hypoxemic respiratory failure (Type ———) is defined as arterial partial pressure of oxygen (PaO2) < 60 mm Hg on room air.
A I  B II  C III  D IV

78. CMV (——— mechanical ventilation mode) may result in diaphragmatic inactivity, promoting atrophy, and contractility dysfunction.
A collateral  B controlled  C concurrent  D clinical

CHAPTER THIRTYNINE: ABDOMINAL COMPARTMENT SYNDROME, OPEN . .
A 21% to 38%  B 2% to 15%  C 42% to 68%  D 25% to 32%

80. IAH is defined by a sustained increase in IAP of ——— or more.
A 2 mm Hg  B 25 mm Hg  C 30 mm Hg  D 12 mm Hg
CHAPTER FORTY: LIVER FAILURE

81. Fulminant hepatic failure (FHF) is synonymous with acute liver failure (ALF).
   A True  B False

82. PH (portal hypertension) is defined as a portal pressure gradient between the portal vein and hepatic veins of greater than:
   A 12 mm Hg  B 5 mm Hg  C 2 mm Hg  D 25 mm Hg

CHAPTER FORTYONE: SUPPORT OF THE ORGAN DONOR

83. Once life support is withdrawn, the general time window for procurement is approximately ——— minutes for the liver.
   A 45  B 120  C 180  D 30

84. Progression from brain death to somatic death results in the loss of ——— of potential donors.
   A 35% to 40%  B 20% to 30%  C 10% to 20%  D 2% to 5%

CHAPTER FORTYTWO: ACCIDENTAL AND THERAPEUTIC HYPOTHERMIA, COLD . .

85. Severe hypothermia is classified primarily by the patient’s core temperature – below:
   A 28°C  B 18°C  C 10°C  D 23°C

86. Between ——— of severely injured trauma patients become hypothermic.
   A 10% and 20%  B 21% and 50%  C 51% and 62%  D 63% and 70%

CHAPTER FORTYTHREE: INTRODUCTION TO EMERGENCY GENERAL SURGERY . .

87. Dehydration is consistent with a BUN/Cr ratio of:
   A ≥ 20:2  B ≥ 40:1  C ≥ 30:1  D ≥ 20:1

88. Biliary scintigraphy is useful to assess the biliary tree and function of the:
   A small intestine  B pancreas  C gallbladder  D spleen

CHAPTER FORTYFOUR: PREPARATION, INITIAL RESUSCITATION, AND . .

89. Hypotension in the setting of trauma is often arbitrarily defined as a systolic blood pressure below ——— mm Hg.
   A 90  B 70  C 80  D 65

90. Prothrombin ——— concentrates (PCCs) contain varying amounts of Factor II, VII, IX, X, and proteins C and S.
   A complex  B combined  C calcified  D circulatory

CHAPTER FORTYFIVE: ACUTE ABDOMEN IN ICU PATIENTS

91. Intra-abdominal pathology necessitating surgical intervention occurs in approximately ——— admitted to the intensive care unit.
   A 9% of patients  B 4% of patients  C 14% of patients  D 20% of patients

92. US is not sensitive to ascites and intra-abdominal fluid collections (e.g., abscess).
   A True  B False

CHAPTER FORTYSIX: BOWEL OBSTRUCTION

93. A ——— bowel obstruction occurs when the lumen is totally occluded and does not allow passage of air or fluid.
   A partial  B complete  C simple  D complex

94. ——— occurs when a segment of intestine twists about its mesentery.
   A Closed loop obstruction  B Partial bowel obstruction  C Complicated loop obstruction  D Volvulus

CHAPTER FORTYSEVEN: GASTROINTESTINAL BLEEDING

95. More recent estimates place the incidence of upper GI bleeding at ——— per 100,000 population annually.
   A 5  B 12  C 54  D 89

96. Mallory——— tears occur at the gastroesophageal junction (most will stop spontaneously).
   A Winkler  B Walter  C Weiss  D Weber

CHAPTER FORTYEIGHT: ACUTE PANCREATITIS

97. Excessive alcohol consumption and gallstone disease account for ——— of cases of acute pancreatitis.
   A 70% to 80%  B 20% to 30%  C 40% to 50%  D 55% to 65%
CHAPTER FORTY-NINE: BILIARY TRACT DISEASE

98. An impacted large stone in Hartmann’s pouch may mechanically obstruct the bile duct (——— syndrome).
   A Matheson’s  B Mirizzi’s  C Mason’s  D Maurer’s

99. Cholecystenteric fistula occurs in ——— of patients with acute cholecystitis.
   A 38%  B 14%  C 1% to 2%  D 7%

CHAPTER FIFTY: APPENDICITIS

100. Approximately ——— people a year in the United States develop appendicitis.
    A 12,000  B 25,000  C 120,000  D 250,000

101. ———% of “grossly normal” appendices have microscopic pathology.
    A 38%  B 14%  C 1% to 2%  D 7%

CHAPTER FIFTY-ONE: ESOPHAGUS, STOMACH, AND DUODENUM

102. ——— syndrome is post-emic esophageal perforation.
    A Joseph’s  B Boerhaave’s  C Wilkerson’s  D Antwerp’s

103. Duodenal and pyloric channel perforations are the most common sites of peptic ulcer perforation.
    A True  B False

CHAPTER FIFTY-TWO: INFLAMMATORY DISEASES OF THE INTESTINES

104. Endoscopic ——— cholangiopancreatography (ERCP) carries a risk of perforation between 0.5% and 2%.
    A residual  B retrograde  C return  D reverse

105. Closure rate of an ECF is ——— with conservative management.
    A 10% to 40%  B 85%  C 60%  D 1% to 5%

CHAPTER FIFTY-THREE: ACUTE ANORECTAL PAIN

106. Anal fissure is rarely the cause of acute anal pain.
    A True  B False

107. Pilonidal disease typically presents:
    A in infants  B in older women  C in puberty or young adulthood  D after 50 years of age

CHAPTER FIFTY-FOUR: SOFT TISSUE INFECTION

108. NSTIs (——— soft tissue infections) are known by many names including gas gangrene and Fournier’s gangrene.
    A nominal  B negative  C nodular  D necrotizing

CHAPTER FIFTY-FIVE: VASCULAR EMERGENCIES

109. An aneurysm is a permanent localized dilatation of a vessel that creates a ——— % or greater increase in its expected normal diameter.
    A 15  B 35  C 20  D 50

110. Patients with AEF (aortoenteric ———) may present with life-threatening hemorrhage.
    A fissure  B fibroids  C fistula  D factor

CHAPTER FIFTY-SIX: HERNIAS

111. An estimated ——— million hernia repairs occur each year worldwide. Of those, 5% to 15% are repaired emergently.
    A 20  B 10  C 5  D 70

112. Incisional hernias develop in ——— of patients who undergo midline laparotomy.
    A 1% to 4%  B 13% to 20%  C 22% to 30%  D 31% to 40%

CHAPTER FIFTY-SEVEN: OBSTETRIC AND GYNECOLOGIC EMERGENCIES

113. Extrauterine pregnancies may occur in the cervix, abdomen, cornua of the uterus, ovary, or in a previous cesarean scar.
    A True  B False

114. Spontaneous abortion is defined as loss of the pregnancy prior to ——— weeks of gestation.
    A 15  B 32  C 8  D 20
CHAPTER FIFTY-EIGHT: LAPAROSCOPIC TREATMENT OF THE ACUTE ABDOMEN

115. Acute abdominal pain is defined as any medium or severe abdominal pain of less than ——— days duration.
A  12  B  14  C  3  D  7

116. In Hinchey I and ——— stages, medical treatment for complicated diverticular disease is usually effective in controlling symptoms.
A  IVa  B  IIa  C  IIIb  D  IIc

CHAPTER FIFTYNINE: MISCELLANEOUS PROCEDURES

17. Anterior dislocation is the most common type of hip dislocation.
A  True  B  False

118. Regarding the post-procedural care of an ankle dislocation, the ankle should be splinted at ——— degrees.
A  110  B  45  C  90  D  25

CHAPTER SIXTY: SCORING FOR INJURY AND EMERGENCY SURGERY

119. The ——— Injury Scale (AIS) was developed in 1969 by a Joint Committee of the American Medical Association.
A  Abbreviated  B  Access  C  Attribute  D  Acute

120. The ——— Coma Scale (GCS) scoring system is one of the most widely used and accepted trauma scoring systems.
A  Glasgow  B  Gackstetter  C  Giannotti  D  Griffey
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