

# ABC Orthotic & Prosthetic Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

## 1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

## 2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

## 3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

## 4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

## 5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

## 6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

## Questions

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1. The distal aspect of the tibia articulates with which two bones?
  - A. Fibula and calcaneus
  - B. Talus and fibula
  - C. Talus and cuneiforms
  - D. Fibula and femur
  
2. What deficit is primarily responsible for causing a foot slap during gait?
  - A. Deficit of hip flexors
  - B. Deficit of dorsiflexors working eccentrically
  - C. Deficit of ankle plantarflexors
  - D. Deficit of knee extensors
  
3. Which muscle is responsible for extension at the MCP joint of the fingers?
  - A. Flexor digitorum
  - B. Extensor carpi radialis
  - C. Extensor digitorum
  - D. Flexor pollicis longus
  
4. What is an underlying cause of torticollis?
  - A. Nerve damage
  - B. Tightness of the sternocleidomastoid
  - C. Broken collarbone
  - D. Weakness in the neck muscles
  
5. What is the role of the ulnar nerve with respect to wrist flexors?
  - A. Innervates the flexors for abduction
  - B. Innervates the flexors for wrist extension
  - C. Innervates the flexor carpi ulnaris
  - D. Innervates the extensors of the thumb

6. What is the significance of capillary refill in a vascular evaluation?
- A. Indicates depth of wound
  - B. Assesses pulse quality
  - C. Shows blood flow adequacy
  - D. Detects infection load
7. What are the primary functions of weight acceptance in gait?
- A. Shock absorption and limb stabilization
  - B. Forward travel and acceleration
  - C. Shock absorption, limb stabilization, forward travel without interruption, balance on one limb
  - D. Synchronized movement of arms and legs
8. What four indications are necessary for a LSO or TLSO to be covered by Medicare?
- A. Support a broken bone, facilitate healing after injury, reduce pain by restricting motion, and support weak or deformed spine
  - B. Enhance mobility, prevent falls, stabilize with a waist belt, and reduce swelling
  - C. Help maintain posture, improve circulation, provide mild restriction, and alleviate cramps
  - D. Promote exercise, enhance cosmetic appearance, restrict diet, and offer temperature regulation
9. Which phase of gait represents approximately 60% of the gait cycle?
- A. Swing phase
  - B. Stance phase
  - C. Initial contact phase
  - D. Mid stance phase
10. What is the typical limit for degrees of radial deviation in the wrist?
- A. 10 to 15 degrees
  - B. 15 to 20 degrees
  - C. 20 to 25 degrees
  - D. 25 to 30 degrees

## Answers

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1. B
2. B
3. C
4. B
5. C
6. C
7. C
8. A
9. B
10. C

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## Explanations

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1. The distal aspect of the tibia articulates with which two bones?

- A. Fibula and calcaneus
- B. Talus and fibula
- C. Talus and cuneiforms
- D. Fibula and femur

The distal aspect of the tibia articulates with the talus and fibula. This anatomical relationship is essential for the function of the ankle joint. At the ankle, the tibia and fibula form a syndesmosis, providing stability, while the distal end of the tibia bears weight and forms a joint with the talus, which is crucial for movement. The talus is the primary bone in the foot that connects with the tibia and fibula, allowing for the transfer of forces from the leg to the foot during activities such as walking, running, and jumping. This joint connection is vital for maintaining proper alignment and function of the entire lower extremity. Understanding this anatomy is foundational for both assessment and treatment in orthotic and prosthetic practice, particularly regarding issues related to ankle stability and function.

2. What deficit is primarily responsible for causing a foot slap during gait?

- A. Deficit of hip flexors
- B. Deficit of dorsiflexors working eccentrically
- C. Deficit of ankle plantarflexors
- D. Deficit of knee extensors

A foot slap during gait is primarily caused by a deficit of dorsiflexors working eccentrically. During the stance phase of walking, the ankle needs to transition smoothly from a dorsiflexed position (the foot raised) to a plantarflexed position (the foot preparing to push off). The dorsiflexors, particularly the tibialis anterior, are responsible for controlling this motion by engaging eccentrically to lower the foot gently towards the ground. When this eccentric control is impaired, the foot cannot descend smoothly, leading it to slap against the ground upon initial contact. As a result, the foot makes a loud, slapping noise, which is characteristic of this gait abnormality. Proper functioning of the dorsiflexors is crucial for appropriate foot placement during the gait cycle. Understanding this mechanism helps in recognizing and addressing common walking problems that can arise from lower extremity weakness or neurological conditions affecting muscle control.

3. Which muscle is responsible for extension at the MCP joint of the fingers?

- A. Flexor digitorum
- B. Extensor carpi radialis
- C. Extensor digitorum
- D. Flexor pollicis longus

The muscle responsible for extension at the metacarpophalangeal (MCP) joints of the fingers is the extensor digitorum. This muscle plays a critical role in enabling hand function by facilitating the straightening of the fingers at the MCP joints. When the extensor digitorum contracts, it pulls on the tendons attached to the fingers, resulting in extension. In contrast, other muscles listed serve different primary functions. The flexor digitorum is primarily involved in flexing the fingers at the MCP and interphalangeal joints. The extensor carpi radialis mainly contributes to wrist extension and not directly to the extension of the fingers at the MCP joints. Meanwhile, the flexor pollicis longus is dedicated to flexing the thumb, not the fingers. Thus, the extensor digitorum is uniquely positioned and specifically designed to execute extension at the MCP joints, making it the correct answer in this context.

#### 4. What is an underlying cause of torticollis?

- A. Nerve damage
- B. Tightness of the sternocleidomastoid**
- C. Broken collarbone
- D. Weakness in the neck muscles

An underlying cause of torticollis is the tightness of the sternocleidomastoid muscle. This muscle plays a crucial role in head movement and position, and when it becomes tight or shortened, it results in a tilt of the head toward the affected side while the chin may turn toward the opposite side. This condition can occur for various reasons, such as muscle injury, abnormal positioning during pregnancy, or even congenital factors. Understanding the mechanics of how the sternocleidomastoid functions helps clarify why its tightness leads to torticollis. This muscle contracts to facilitate head rotation and tilting, so when it is impacted by tightness, it constrains the normal range of motion, causing the characteristic head posture associated with torticollis. Other potential causes, such as nerve damage, a broken collarbone, or weakness in the neck muscles, do not directly lead to the muscular imbalance seen in torticollis as tightly as the effect of the sternocleidomastoid muscle's condition.

#### 5. What is the role of the ulnar nerve with respect to wrist flexors?

- A. Innervates the flexors for abduction
- B. Innervates the flexors for wrist extension
- C. Innervates the flexor carpi ulnaris**
- D. Innervates the extensors of the thumb

The ulnar nerve plays a significant role in the motor function of certain wrist flexors, particularly the flexor carpi ulnaris. This muscle is crucial for wrist flexion and also assists in the ulnar deviation of the wrist. By innervating the flexor carpi ulnaris, the ulnar nerve contributes to the overall functionality of the wrist, allowing for movements that require flexing and adjusting the position of the hand. The relationship between the ulnar nerve and the flexor carpi ulnaris highlights the specific responsibility this nerve has in the flexor compartment of the forearm. Unlike other muscles, such as the flexor carpi radialis, which is innervated by the median nerve, the unique innervation pattern by the ulnar nerve underscores its specialized role in hand and wrist movements. In contrast, the other choices do not accurately represent the function of the ulnar nerve concerning wrist flexors, as they either involve muscles that are not innervated by the ulnar nerve or pertain to movements that the ulnar nerve is not responsible for. Understanding the role of specific nerves and the muscles they innervate is essential for grasping the complexities of upper extrem

6. What is the significance of capillary refill in a vascular evaluation?

- A. Indicates depth of wound
- B. Assesses pulse quality
- C. Shows blood flow adequacy
- D. Detects infection load

Capillary refill is a crucial assessment in vascular evaluations because it provides valuable information about blood flow adequacy to the extremities and skin. When a healthcare professional applies pressure to a nail bed or skin until it blanches, and then releases that pressure, capillary refill time is measured by the duration it takes for color to return to the blanched area. A normal capillary refill time (usually less than two seconds) indicates that blood is flowing sufficiently to that area, which suggests good perfusion and vascular health. In contrast, a delayed capillary refill could indicate compromised blood flow, which may result from various vascular issues, such as arterial occlusion or shock. Thus, the significance of capillary refill in vascular evaluation lies primarily in its ability to indicate the adequacy of blood flow, which is vital for diagnosing and managing conditions that may affect circulation.

7. What are the primary functions of weight acceptance in gait?

- A. Shock absorption and limb stabilization
- B. Forward travel and acceleration
- C. Shock absorption, limb stabilization, forward travel without interruption, balance on one limb
- D. Synchronized movement of arms and legs

The primary functions of weight acceptance during gait are critical for efficient and effective ambulation. Weight acceptance refers to the initial phase of the gait cycle when the foot makes contact with the ground and the body weight is transferred onto that limb. Shock absorption is vital during weight acceptance as it helps to reduce the impact forces transmitted through the lower extremities, thus protecting the joints and skeletal system from injury. Limb stabilization is equally important, allowing for a stable base of support from which the individual can control their movements and maintain posture. Forward travel refers to the movement of the body in the direction of gait, which is essential for progressing through the walking cycle without interruption. This forward motion is crucial for effective gait patterns, enabling seamless transitions between phases of walking. Additionally, maintaining balance on one limb is essential as the individual shifts their weight, providing the necessary stability to prevent falls and maintain an upright posture. This combination of functions allows for coordinated and efficient movement during walking, making it crucial for individuals in their daily activities.

8. What four indications are necessary for a LSO or TLSO to be covered by Medicare?

- A. Support a broken bone, facilitate healing after injury, reduce pain by restricting motion, and support weak or deformed spine
- B. Enhance mobility, prevent falls, stabilize with a waist belt, and reduce swelling
- C. Help maintain posture, improve circulation, provide mild restriction, and alleviate cramps
- D. Promote exercise, enhance cosmetic appearance, restrict diet, and offer temperature regulation

The correct choice highlights the primary medical reasons for which a lumbar-sacral orthosis (LSO) or thoraco-lumbar-sacral orthosis (TLSO) is deemed medically necessary and thereby eligible for coverage by Medicare. Support for a broken bone is crucial because LSO and TLSO are often used in the treatment of spinal fractures, providing the necessary immobilization that aids in healing. The facilitation of healing after an injury underscores the orthosis's role in stabilizing the spine and preventing further injury, which is vital in the recovery process. Reducing pain by restricting motion is another key function of these devices. By limiting movement in specific areas, LSOs and TLSOs help alleviate discomfort associated with various spinal conditions, further contributing to patient recovery and comfort. Lastly, supporting a weak or deformed spine is integral for patients with conditions like scoliosis or degenerative spine diseases. These orthoses provide structural support to maintain spinal alignment and prevent further deformity, thereby enhancing the patient's quality of life and functionality. This focus on medical necessity reflects Medicare's coverage criteria, which prioritize devices that directly address injury treatment, pain management, and structural stability of the spine. Other options provided either address aspects that are not aligned with medical necessity or involve

9. Which phase of gait represents approximately 60% of the gait cycle?

- A. Swing phase
- B. Stance phase
- C. Initial contact phase
- D. Mid stance phase

The stance phase of gait represents approximately 60% of the entire gait cycle. It is the portion of the walking cycle in which the foot is in contact with the ground, supporting the body's weight. The stance phase can be further broken down into several sub-phases, including initial contact, loading response, mid-stance, terminal stance, and pre-swing. The majority of the time spent in the gait cycle occurs during this phase, highlighting its critical role in maintaining balance, stability, and weight transfer during walking. Understanding this percentage is crucial for those involved in orthotics and prosthetics, as it informs the design and functionality of devices that need to accommodate the mechanics of this phase, ensuring that they provide adequate support and facilitate natural movement patterns during gait.

10. What is the typical limit for degrees of radial deviation in the wrist?

- A. 10 to 15 degrees
- B. 15 to 20 degrees
- C. 20 to 25 degrees
- D. 25 to 30 degrees

The typical range for degrees of radial deviation in the wrist is generally considered to be around 20 to 25 degrees. This movement occurs when the wrist is bent towards the thumb side, and it is essential for various functional tasks that require wrist positioning and gripping. Understanding this range is important for various applications in orthotics and prosthetics as it helps clinicians assess wrist function and develop appropriate interventions. Normal radial deviation allows for optimal hand and wrist function, which is crucial for daily activities. Recognizing the typical limits helps practitioners identify abnormalities and make informed decisions regarding treatment options. Thus, the choice that specifies 20 to 25 degrees aligns well with the accepted anatomical and functional parameters for wrist movement.

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## Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).

Or visit your dedicated course page for more study tools and resources:

<https://abcorthoticprosthetic.examzify.com>

We wish you the very best on your exam journey. You've got this!

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