

ABC ORTHOTIC & PROSTHETIC PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

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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. Which of the following is a requirement for a custom AFO/KAFO in addition to the non- ambulatory requirements for Medicare?**
 - A. Condition expected to be permanent or longstanding
 - B. Must be completed in under 15 minutes
 - C. Must be made from soft materials
 - D. Requires patient to be actively ambulating
- 2. According to Medicare, what four justifications are needed for a wedge addition to a shoe?**
 - A. Support, stabilization, equalized weight distribution, or balance
 - B. Comfort, aesthetics, additional height, and grip improvement
 - C. Weight loss assistance, balance improvement, enhanced mobility, and aesthetics
 - D. Price reduction, material efficiency, cushioning, and support
- 3. What additional component accompanies an opponens orthosis for treating an ulnar nerve lesion at the wrist?**
 - A. Wrist extension support
 - B. MP stop
 - C. Thumb immobilization
 - D. Frontal plane stability
- 4. Which muscles provide pelvic stabilization during single limb balance?**
 - A. Hip adductors and gluteus maximus
 - B. Hip abductors: gluteus medius, gluteus minimus, tensor fascia latae
 - C. Quadriceps and hamstrings
 - D. Calf muscles and hip internal rotators
- 5. In an AFO, which rocker is most affected by trimming the footplate proximal to the met heads?**
 - A. The first rocker
 - B. The second rocker
 - C. The third rocker
 - D. The fourth rocker

- 6. In slipped capital femoral epiphysis, which movements are typically restricted?**
- A. External rotation and adduction
 - B. Abduction, flexion, and internal rotation
 - C. Extension and internal rotation
 - D. Adduction, abduction, and extension
- 7. If a patient reports discomfort with a device fabricated at another facility, which action should you take?**
- A. Advise them to return to the original facility
 - B. Offer immediate structural repairs
 - C. Provide a new device right away
 - D. Suggest they adjust the fit themselves
- 8. What damage occurs in a Dens 3 Chance fracture?**
- A. Only the anterior column
 - B. Posterior and middle columns to vertebral body
 - C. Anterior and middle columns with disarticulation
 - D. All columns extensively
- 9. 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
- 10. Which muscle is primarily responsible for eccentrically controlling dorsiflexion?**
- A. Gastrocnemius
 - B. Quadriceps
 - C. Dorsiflexors
 - D. Soleus

Answers

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

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Explanations

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1. Which of the following is a requirement for a custom AFO/KAFO in addition to the non- ambulatory requirements for Medicare?

- A. Condition expected to be permanent or longstanding**
- B. Must be completed in under 15 minutes
- C. Must be made from soft materials
- D. Requires patient to be actively ambulating

The requirement that the condition is expected to be permanent or longstanding is crucial for justifying the need for a custom ankle-foot orthosis (AFO) or knee-ankle-foot orthosis (KAFO). This is because Medicare guidelines specify that for orthotic devices to be covered, the patient's condition must not be temporary or the result of a short-term condition that is likely to resolve. By demonstrating that the condition is chronic or permanent, healthcare providers can substantiate the medical necessity for a custom orthosis, which involves a more complex and individualized fabrication process compared to standard devices. The requirement for the condition to be longstanding ensures that the orthosis is not only appropriate but also effectively contributes to the long-term management of the patient's mobility needs. In the context of orthotic prescriptions, this reinforces the idea that the device is intended for ongoing use rather than a transient solution. In contrast, other considerations, like the duration of time taken to complete the orthosis or the material used, do not impact the necessity criteria for coverage by Medicare. Therefore, a focus on the permanence of the condition establishes a clear rationale for the device's usage and its long-term benefit to the patient.

2. According to Medicare, what four justifications are needed for a wedge addition to a shoe?

- A. Support, stabilization, equalized weight distribution, or balance**
- B. Comfort, aesthetics, additional height, and grip improvement
- C. Weight loss assistance, balance improvement, enhanced mobility, and aesthetics
- D. Price reduction, material efficiency, cushioning, and support

The justification for a wedge addition to a shoe according to Medicare includes the need for support, stabilization, equalized weight distribution, or balance. Each of these components plays a vital role in improving a patient's mobility and overall foot health. Support is essential to provide the necessary structure for the foot, helping to alleviate pain and prevent further complications. Stabilization helps maintain proper alignment of the foot and ankle, which can prevent injuries and promote better movement patterns. Equalized weight distribution is crucial in reducing pressure on specific areas of the foot, which can be particularly beneficial for individuals with certain foot conditions or deformities. Balance is a critical aspect of mobility; wedge additions can aid in enhancing a person's balance, especially if they suffer from conditions that impair their ability to stabilize themselves. Other options present factors that may be beneficial but do not align with Medicare's criteria for justifying the addition of a wedge to a shoe. For instance, aesthetics and grip improvement are not focused on the essential functional benefits that the wedge provides in terms of support and stabilization to address specific medical needs.

3. What additional component accompanies an opponens orthosis for treating an ulnar nerve lesion at the wrist?

- A. Wrist extension support
- B. MP stop**
- C. Thumb immobilization
- D. Frontal plane stability

When treating an ulnar nerve lesion at the wrist, the inclusion of a metacarpophalangeal (MP) stop is essential for effective management and rehabilitation. The ulnar nerve primarily affects the intrinsic muscles of the hand responsible for fine motor control and grip strength, particularly those that control the movement of the fingers. An opponens orthosis is designed to support and position the hand while allowing the thumb to function effectively, which is vital in maintaining the dexterity and grasp necessary for daily activities. Incorporating an MP stop helps to limit the motion of the proximal interphalangeal (PIP) joint, preventing hyperextension or excessive flexion that could compromise the healing process or worsen the symptoms associated with the ulnar nerve lesion. This stabilization aids in protecting the ulnar nerve functioning by maintaining optimal hand positioning, enabling the patient to regain or maintain functional use of the hand while minimizing the risk of further injury or exacerbation of symptoms related to the nerve. Overall, the MP stop supports the therapeutic goals aligned with the treatment of ulnar nerve lesions, making it a necessary component of the orthosis.

4. Which muscles provide pelvic stabilization during single limb balance?

- A. Hip adductors and gluteus maximus
- B. Hip abductors: gluteus medius, gluteus minimus, tensor fascia latae**
- C. Quadriceps and hamstrings
- D. Calf muscles and hip internal rotators

The hip abductors, specifically the gluteus medius, gluteus minimus, and tensor fascia latae, play a crucial role in pelvic stabilization during single limb balance. When standing on one leg, these muscles contract to prevent the pelvis from tilting to the opposite side. The gluteus medius and minimus are particularly important because they stabilize the hip joint and control the alignment of the pelvis. This stability is essential for maintaining balance and preventing excessive hip drop on the unsupported side, which can lead to instability and fall risk. These muscles work in conjunction to provide a stable base of support, allowing for efficient movement and weight transfer through the limb that is in contact with the ground. Their function is especially critical in activities like walking, running, and various forms of exercise where balance is tested. Other muscle groups, such as the hip adductors or knee extensors and flexors, do not primarily focus on stabilizing the pelvis in the same manner under single-limb conditions. Therefore, the hip abductors are the primary contributors to pelvic stability in this context.

5. In an AFO, which rocker is most affected by trimming the footplate proximal to the met heads?

- A. The first rocker
- B. The second rocker
- C. The third rocker**
- D. The fourth rocker

Trimming the footplate of an ankle-foot orthosis (AFO) proximal to the metatarsal heads primarily affects the third rocker. The rockers of the foot are conceptualized points of rotation during the gait cycle, and each rocker corresponds to specific phases of foot movement. The first rocker, which corresponds to the initial contact and loading response phases, facilitates heel strike and promotes forward progression. The second rocker becomes prominent during mid-stance, allowing for weight transfer from the heel to the forefoot. The third rocker comes into play during terminal stance, where the forefoot and toes begin to propel the body forward. By trimming the footplate proximal to the met heads, you change the geometry and function of the AFO during the terminal stance phase. This modification can lead to an earlier lift-off of the forefoot during gait, enhancing or altering the push-off dynamics usually created by the third rocker. Consequently, since the action occurs primarily at the forefoot, which is directly influenced by how the footplate is shaped at the met heads, the third rocker is the most affected by this adjustment. The fourth rocker is not typically considered in this context, as it involves the nuances of the toe-off phase and is further influenced by the toe

6. In slipped capital femoral epiphysis, which movements are typically restricted?

- A. External rotation and adduction
- B. Abduction, flexion, and internal rotation**
- C. Extension and internal rotation
- D. Adduction, abduction, and extension

*In slipped capital femoral epiphysis (SCFE), the condition typically leads to a displacement of the femoral head due to slippage at the growth plate. As a result, the alignment and position of the femur are altered, leading to characteristic restrictions in joint movement. The correct response highlights that abduction, flexion, and internal rotation are movements that are typically restricted in patients with SCFE. Specifically, when the femoral head slips, the normal biomechanics of the hip joint are compromised. This results in pain and limitations, particularly in these three movements: - ****Abduction**** is affected because the displaced femoral head may no longer articulate properly with the acetabulum, limiting the ability to move the leg away from the body. - ****Flexion**** is restricted as the altered position of the femoral head can make it uncomfortable or painful to bend the hip. - ****Internal rotation**** is particularly restricted due to the anatomical changes and resultant pain when attempting to rotate the leg inward. Understanding these restrictions is essential for assessing and managing SCFE, as they provide key indicators for diagnosis and guide treatment interventions.*

7. If a patient reports discomfort with a device fabricated at another facility, which action should you take?

- A. Advise them to return to the original facility**
- B. Offer immediate structural repairs
- C. Provide a new device right away
- D. Suggest they adjust the fit themselves

When a patient reports discomfort with a device made at another facility, the best action is to refer them back to the original fabricating facility. That facility has the exact prescription details, fabrication notes, alignment data, and any modification history needed to accurately assess and address fit, socket issues, or mechanical problems. They can determine whether the discomfort stems from fit, material faults, or alignment and make changes within the device's documented specifications and warranty. As the current clinician, you should evaluate safety and comfort and coordinate care, but avoid performing repairs, issuing a replacement device, or instructing the patient to self-adjust a device you did not fabricate, since that could introduce risk and liability.

8. What damage occurs in a Dens 3 Chance fracture?

- A. Only the anterior column
- B. Posterior and middle columns to vertebral body**
- C. Anterior and middle columns with disarticulation
- D. All columns extensively

In a Dens 3 Chance fracture, significant damage occurs primarily to the posterior and middle columns of the vertebral body. This type of fracture typically involves a transverse fracture that affects the bony structures of the vertebra, leading to instability and potential disruption of surrounding ligaments and supportive elements. The posterior column includes structures such as the lamina, facet joints, and spinous processes, while the middle column consists of the vertebral body and surrounding intervertebral disks. When both of these columns are compromised, it can lead to increased risk of spinal instability and neurologic injury. Understanding the involvement of these specific columns is crucial for determining appropriate management and surgical intervention for the fracture, as each column plays a vital role in spinal stability and function. Damage to only the anterior column, such as suggested in another option, would not adequately describe the Dens 3 Chance fracture, as this type of injury is characterized by more extensive involvement rather than exclusively affecting a single column. The option indicating disarticulation or extensive involvement of all columns does not align with the specific nature of a Dens 3 fracture, which has defined patterns of injury rather than an all-encompassing destruction.

9. 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.

10. Which muscle is primarily responsible for eccentrically controlling dorsiflexion?

- A. Gastrocnemius
- B. Quadriceps
- C. Dorsiflexors**
- D. Soleus

The muscle primarily responsible for eccentrically controlling dorsiflexion is the group known as the dorsiflexors. This group includes muscles such as the tibialis anterior, which play a crucial role in managing the position of the foot during the gait cycle, particularly when the heel strikes the ground. During the stance phase of walking, as the foot lowers to the ground, the dorsiflexors must work eccentrically to control the descent of the foot. This control prevents the foot from dropping excessively, which helps maintain balance and proper biomechanics throughout movement. The eccentric action is essential for controlling the rate of dorsiflexion and stabilizing the ankle joint. In contrast, the other muscle groups mentioned do not focus primarily on controlling dorsiflexion. The gastrocnemius and soleus are primarily responsible for plantarflexion, allowing the foot to push down and providing propulsion during walking. The quadriceps, while significant in controlling knee extension, do not play a primary role in dorsiflexion control. Therefore, the dorsiflexors are the correct answer as they are specifically activated for this function during locomotion.

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.

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

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

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