

ADVANCED CASE TOPICS INDIVIDUAL READINESS ASSURANCE TEST (IRAT) 2 PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. According to the PowerPoint, which word is NOT spoken at the VA?**
 - A. Adjustment
 - B. Manipulation
 - C. Diagnosis
 - D. Subluxation
- 2. In the multidisciplinary practice example, the chiropractor owned what percentage of the practice?**
 - A. 10%
 - B. 25%
 - C. 49%
 - D. 70%
- 3. Who oversees the practices and steps in on more complicated cases in the example?**
 - A. Medical Director/MD
 - B. Nurse Practitioner
 - C. Chiropractor
 - D. Practice Manager
- 4. Mutual respect means only respecting people with higher titles.**
 - A. True
 - B. It depends on context
 - C. False
 - D. All team members deserve mutual respect
- 5. In the nursing home example, CNAs are not useful because they rarely see the patient.**
 - A. Not specified
 - B. True
 - C. Always essential
 - D. False

- 6. Which statement about involving patients and families is true?**
- A. Including the patient and family can help improve safety.
 - B. Including them does not affect safety.
 - C. They should be kept out of safety discussions.
 - D. They should only be informed after decisions are made.
- 7. What is the overall purpose of the described team meeting process?**
- A. To coordinate patient care and ensure the whole picture is considered
 - B. To increase documentation only
 - C. To limit patient contact
 - D. To delay decision making
- 8. A true interprofessional team is best described as:**
- A. Two or more people who work independently toward separate goals
 - B. A group with no defined roles
 - C. A patient and family member team
 - D. Two or more people who interact toward common goals with assigned roles
- 9. Feedback should be specific, meaning it should relate to**
- A. The Person's attitude
 - B. The overall performance
 - C. A specific task or behavior
 - D. The team dynamics
- 10. Huddles are not useful for adjusting plans.**
- A. True
 - B. Sometimes
 - C. False
 - D. Not useful

Answers

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

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Explanations

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1. According to the PowerPoint, which word is NOT spoken at the VA?

- A. Adjustment
- B. Manipulation
- C. Diagnosis
- D. Subluxation**

The idea here is how the VA uses clinical language. In VA settings, terms like diagnosis describe a formal medical conclusion, while adjustment and manipulation refer to hands-on care used in musculoskeletal treatment. Subluxation, however, is a term rooted in chiropractic theory and isn't a standard, universally accepted medical diagnosis in the VA's language. Because of that, it isn't spoken in the VA context, making it the one term that doesn't fit with the others.

2. In the multidisciplinary practice example, the chiropractor owned what percentage of the practice?

- A. 10%
- B. 25%
- C. 49%**
- D. 70%

Ownership shares shape how decisions get made in a multidisciplinary practice. In this example, the chiropractor owns 49% of the practice, which is a substantial minority stake. That level of ownership gives him considerable influence and a strong voice in governance and profits, but he does not have unilateral control. The remaining ownership is held by others, which means major decisions typically require collaboration and consensus among the partners. This setup supports a true multidisciplinary model where multiple disciplines share leadership and responsibility. Smaller stakes like 10% or 25% would limit his influence and allow others to drive decisions more easily, not reflecting the described collaborative arrangement. A 70% ownership would imply majority control by the chiropractor, which would tilt governance away from shared leadership.

3. Who oversees the practices and steps in on more complicated cases in the example?

- A. Medical Director/MD**
- B. Nurse Practitioner
- C. Chiropractor
- D. Practice Manager

In cases that are more complex, the clinician who provides overall clinical accountability for how care is delivered is the Medical Director. This role sets clinical standards, creates and approves treatment pathways, and guides decision-making when situations go beyond routine care. They review complex cases, ensure adherence to best practices and safety protocols, and serve as the go-to source for escalation and coordination across the team. A nurse practitioner may manage many patient encounters within their scope, but they don't typically have the practice-wide accountability for complex cases. A chiropractor focuses on care within a specific scope, not supervising the entire clinical process. A practice manager handles administrative operations, not clinical oversight.

4. Mutual respect means only respecting people with higher titles.

- A. True
- B. It depends on context
- C. False**
- D. All team members deserve mutual respect

Mutual respect means treating everyone with dignity and listening to them, regardless of their position or title. Respect isn't earned only by someone with a higher title; it's a baseline expectation in any team to acknowledge others' contributions and opinions. If respect were limited to higher-status individuals, the culture would become hierarchical and could stifle collaboration and psychological safety. In practice, you show respect to peers, subordinates, and leaders by being fair, attentive, and constructive, and by valuing diverse perspectives. While boundaries and professional standards matter, the core idea is that all team members deserve respect.

5. In the nursing home example, CNAs are not useful because they rarely see the patient.

- A. Not specified
- B. True
- C. Always essential
- D. False**

Frequent, hands-on interaction with residents is what makes CNAs invaluable in a nursing home. They're at residents' sides for daily tasks—bathe, dress, feed, assist with mobility, and help with toileting—so they routinely observe changes in condition, mood, intake, hydration, skin integrity, and safety. Because they see residents many times a day, CNAs can notice subtle shifts early and promptly relay them to licensed staff, enabling quicker assessment and intervention. This daily presence supports consistent care, supports care plans, and helps prevent complications. So the idea that CNAs aren't useful because they rarely see the patient doesn't align with how care is delivered; their role is essential and built on continuous, close contact with residents.

6. Which statement about involving patients and families is true?

- A. Including the patient and family can help improve safety.**
- B. Including them does not affect safety.
- C. They should be kept out of safety discussions.
- D. They should only be informed after decisions are made.

Involving patients and families in safety efforts strengthens safety by bringing in their perspective, knowledge of daily routines, and firsthand concerns. They can notice issues staff might miss, ask clarifying questions about plans, and help confirm that safety steps fit the patient's needs and goals. This collaboration promotes clearer communication, reduces the chance of miscommunication, and supports timely reporting of potential risks, which collectively reduces the likelihood of harm and enhances the overall care experience. Excluding them misses important information and can create a sense that safety is not a shared responsibility. Saying it doesn't affect safety contradicts the real-world impact of engagement, and waiting to inform them until after decisions are made can lead to misunderstandings and missed opportunities to prevent problems.

7. What is the overall purpose of the described team meeting process?

- A. To coordinate patient care and ensure the whole picture is considered
- B. To increase documentation only
- C. To limit patient contact
- D. To delay decision making

The main idea is to coordinate patient care by bringing the whole team together to see the patient as a complete picture. In these meetings, different professionals share updates, align goals, and plan who will do what, while anticipating barriers so the treatment plan makes sense to everyone involved. It's not about adding more documentation for its own sake; the aim is to streamline communication and ensure the care plan reflects all relevant factors. It's not about limiting patient contact or delaying decisions; rather, shared, timely discussion helps move decisions forward and keeps the patient at the center of planning.

8. A true interprofessional team is best described as:

- A. Two or more people who work independently toward separate goals
- B. A group with no defined roles
- C. A patient and family member team
- D. Two or more people who interact toward common goals with assigned roles

Effective interprofessional collaboration hinges on multiple professionals from different disciplines actively working together toward a shared goal with clearly defined roles. This description captures both the collaborative interaction toward common patient-centered objectives and the assignment of specific responsibilities so each member knows what they contribute, who coordinates efforts, and how care is coordinated. When people work independently toward separate goals, there's no team integration. A group with no defined roles lacks structure and accountability. A team that includes only a patient and a family member, while valuable for patient-centered care, doesn't represent professionals from diverse disciplines with assigned professional roles collaborating toward shared clinical outcomes.

9. Feedback should be specific, meaning it should relate to

- A. The Person's attitude
- B. The overall performance
- C. A specific task or behavior
- D. The team dynamics

Feedback that is specific ties comments to a concrete task or observable behavior rather than to vague impressions. When you name exactly what happened and how it affected the outcome, the person can understand what to adjust and how to measure improvement. For example, noting that during the meeting you spoke for several minutes without inviting questions, which left the team unsure of next steps, gives a clear behavior to modify and a way to assess progress next time. Attitude as a focus can be vague and hard to change in concrete terms, and overall performance is too broad to guide specific improvement. Talking about team dynamics shifts attention away from the individual action and toward the group context, which isn't as actionable for changing a specific behavior. Focusing on a specific task or behavior provides a precise, actionable path for growth.

10. Huddles are not useful for adjusting plans.

- A. True
- B. Sometimes
- C. False
- D. Not useful

Huddles are about quick, focused synchronization that lets a team adjust its plan based on what's happened since the last check-in. The idea is to surface progress, blockers, and changes in priority so everyone can reallocate work, reorder tasks, or shift deadlines for the day. Because information can change rapidly, these short meetings provide the perfect moment to update the plan and align on what comes next. When blockers or new information come up, the team can promptly re-prioritize and replan, ensuring the work stays on the most relevant path. That's why stating that huddles aren't useful for adjusting plans misses the point—their core purpose is to enable quick plan changes and ongoing alignment. If a huddle drifts into long problem-solving, it loses some value, but kept brief it continually supports targeted adjustments to the day's work.

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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.

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

<https://advcase topicsirat2.examzify.com>

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

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