

American College of Osteopathic Family Physicians (ACOFP) Practice Test (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. Which statement most accurately describes the TART criteria for somatic dysfunction?**
 - A. The TART criteria include tenderness to palpation, asymmetry of position, restriction of motion, and tissue texture change**
 - B. The TART criteria include temperature changes only**
 - C. TART includes stiffness only**
 - D. TART includes skin color changes**

- 2. Which statement best describes the mechanical stress associated with pubic symphysis dysfunction?**
 - A. Superior/inferior shear**
 - B. Anterior/posterior shear**
 - C. Medial/lateral shear**
 - D. Rotational shear**

- 3. Scoliotic curvatures rotate toward which side?**
 - A. Toward the concavity**
 - B. Toward the convexity**
 - C. Away from the convexity**
 - D. Neither**

- 4. What term describes impaired or altered function of related components of the neuromuscular system that is treatable by OMT?**
 - A. Somatic dysfunction**
 - B. Neuromuscular disorder**
 - C. Viscerosomatic dysfunction**
 - D. Arthrogenic impairment**

- 5. Piriformis muscle spasm is commonly linked with which dysfunction?**
 - A. Posterior sacrum with sacroiliac somatic dysfunction**
 - B. Anterior sacrum with lumbar radiculopathy**
 - C. Iliopsoas strain**
 - D. Gluteus medius strain**

- 6. The area of somatic dysfunction that maintains the total pattern is called**
- A. Primary dysfunction**
 - B. Secondary dysfunction**
 - C. Tertiary dysfunction**
 - D. Global dysfunction**
- 7. Diabetic neuropathy, postherpetic neuralgia, and phantom limb pain are examples of what type of pain?**
- A. Neuropathic pain**
 - B. Nociceptive pain**
 - C. Psychogenic pain**
 - D. Referred pain**
- 8. The ventricles\’ sympathetic innervation originates from which spinal levels?**
- A. T1-T2**
 - B. T3-T4**
 - C. T5-T6**
 - D. C8-T1**
- 9. Which factors affect the interpretation of touch in a clinical encounter?**
- A. Body language**
 - B. Personal space**
 - C. Eye contact**
 - D. All of the above**
- 10. Which mechanism is most commonly implicated in chondromalacia patellae leading to anterior knee pain?**
- A. Overuse**
 - B. Direct trauma**
 - C. Infection**
 - D. Degenerative disease**

Answers

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

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Explanations

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1. Which statement most accurately describes the TART criteria for somatic dysfunction?

- A. The TART criteria include tenderness to palpation, asymmetry of position, restriction of motion, and tissue texture change**
- B. The TART criteria include temperature changes only**
- C. TART includes stiffness only**
- D. TART includes skin color changes**

TART criteria describe what clinicians palpate when evaluating somatic dysfunction in osteopathic practice. The four components are Tissue texture changes, Asymmetry, Restriction of motion, and Tenderness. Tissue texture changes refer to palpable alterations in the tissue—such as bogginess, thickening, edema, or other changes in the consistency of the skin and fascia. Asymmetry means a relative difference in structure or motion between paired regions or along the spine or pelvis. Restriction of motion points to a limited range of motion in a joint or segment due to somatic dysfunction. Tenderness is pain provoked by palpation of a region. The statement that lists all four components—tenderness, asymmetry, restriction of motion, and tissue texture change—is the best description of TART. Temperature changes, stiffness alone, or skin color changes can occur with dysfunction but are not part of the TART fourfold criteria.

2. Which statement best describes the mechanical stress associated with pubic symphysis dysfunction?

- A. Superior/inferior shear**
- B. Anterior/posterior shear**
- C. Medial/lateral shear**
- D. Rotational shear**

The main idea is how the pubic symphysis tends to move under load. The pubic symphysis is a midline joint with ligaments that tightly constrain translation, so when forces pass through the pelvis, the most common and meaningful motion is a vertical slide of the two pubic bones relative to each other—one bone moving slightly upward while the other moves downward. This vertical, or superior/inferior, shear is the type of mechanical stress most associated with pubic symphysis dysfunction, especially when ligaments are lax or strained (as can happen with pregnancy or pelvic instability). The joint's anatomy and supporting ligaments resist anterior-posterior translation, lateral movement, and rotation more effectively, so those directions are less characteristic of dysfunction at this joint. In clinical terms, pain and dysfunction at the pubic symphysis often reflect that vertical shear stress, rather than side-to-side or rotational forces, being at play.

3. Scoliotic curvatures rotate toward which side?

- A. Toward the concavity
- B. Toward the convexity**
- C. Away from the convexity
- D. Neither

In scoliosis the spine not only bends sideways but also twists. The vertebrae along the curve rotate toward the outside of the bend, meaning toward the convex side. That rotary deformity causes the ribs on the convex side to protrude, creating the rib hump you see (especially when the patient bends forward in the Adam's forward bend test). So the rotation is toward the convexity. It wouldn't rotate toward the concave side or away from the convexity.

4. What term describes impaired or altered function of related components of the neuromuscular system that is treatable by OMT?

- A. Somatic dysfunction**
- B. Neuromuscular disorder
- C. Viscerosomatic dysfunction
- D. Arthrogenic impairment

Somatic dysfunction is the term used in osteopathic medicine for impaired or altered function of related components of the neuromuscular system that is treatable by OMT. It describes a functional disturbance of muscles, fascia, nerves, and joints that limits motion and affects tissue texture, which can be improved with manual techniques. Diagnostically, osteopathic palpation looks for TART signs—tenderness, asymmetry, restricted motion, and tissue texture changes—to identify somatic dysfunction and guide treatment. The other terms describe broader or different concepts: neuromuscular disorder is a general disease category not specifically defined by responsiveness to OMT; viscerosomatic dysfunction involves visceral issues causing somatic changes; arthrogenic impairment implies joint-centered pathology that isn't the same functional neuromuscular disturbance targeted by OMT.

5. Piriformis muscle spasm is commonly linked with which dysfunction?

- A. Posterior sacrum with sacroiliac somatic dysfunction**
- B. Anterior sacrum with lumbar radiculopathy**
- C. Iliopsoas strain**
- D. Gluteus medius strain**

The main idea here is how piriformis spasm relates to sacral and sacroiliac mechanics. The piriformis muscle originates from the sacrum and crosses the SI region to attach on the femur, so when the sacrum is dysfunctional—especially posteriorly—sacral/SI mobility is altered. That change tensions the piriformis and can trigger spasms. In osteopathic thinking, posterior sacral dysfunction with sacroiliac somatic dysfunction fits this pattern and is a common driver of piriformis spasm, producing buttock or sciatic-type symptoms without nerve-root pathology. The other choices don't align as directly with this mechanism: an anterior sacrum with lumbar radiculopathy implies nerve root irritation rather than a muscle that tightens from sacral mechanics; iliopsoas or gluteus medius strains describe issues in other hip or pelvic muscles that don't specifically explain the piriformis muscle's link to sacral mechanics.

6. The area of somatic dysfunction that maintains the total pattern is called

- A. Primary dysfunction**
- B. Secondary dysfunction**
- C. Tertiary dysfunction**
- D. Global dysfunction**

In somatic dysfunction, a single region often acts as the driver that keeps the whole pattern going. This initiating site is the primary dysfunction. It maintains the total pattern by sending abnormal proprioceptive signals and sustaining reflex muscle hypertonicity, as well as contributing fascial and joint restrictions that pull other areas into the pattern. The other areas change mainly as compensations to this driver; those are the secondary dysfunctions. Sometimes longer-term adaptations to the primary problem become more entrenched and are called tertiary dysfunctions, while global dysfunction would imply widespread issues not anchored to one initiating site. So, the area that maintains the entire pattern is the primary dysfunction.

7. Diabetic neuropathy, postherpetic neuralgia, and phantom limb pain are examples of what type of pain?

- A. Neuropathic pain**
- B. Nociceptive pain**
- C. Psychogenic pain**
- D. Referred pain**

Neuropathic pain is caused by damage or dysfunction of the nerves themselves, so pain signals can persist or appear without ongoing tissue injury. In diabetic neuropathy, long-standing high blood sugar damages peripheral nerves, leading to burning, tingling, or shooting pains. Postherpetic neuralgia follows nerve damage from shingles, leaving ongoing neural pain even after the rash clears. Phantom limb pain arises after amputation when remaining nerves and brain circuits continue to generate pain signals despite the limb's absence. These pains are often described as burning, shooting, or electric-shock-like and may include allodynia or hyperalgesia. This contrasts with nociceptive pain, which comes from actual tissue injury activating intact pain receptors, or psychogenic pain and referred pain, which involve other mechanisms or mislocalized pain.

8. The ventricles\’ sympathetic innervation originates from which spinal levels?

- A. T1-T2**
- B. T3-T4**
- C. T5-T6**
- D. C8-T1**

Sympathetic input to the heart comes from the upper part of the thoracic spinal cord. Preganglionic neurons in the intermediolateral cell columns of these upper thoracic levels send fibers into the sympathetic chain and then out to the heart via the cardiac plexus. The ventricular myocardium is primarily innervated by postganglionic fibers that originate from the first two thoracic segments, traveling with the cardiopulmonary and thoracic cardiac nerves to reach the ventricles. Higher thoracic levels contribute less directly, and levels outside the upper thorax (such as C8-T1) are more involved with other regions like the neck and upper limb. Therefore, T1-T2 provides the main sympathetic innervation to the ventricles.

9. Which factors affect the interpretation of touch in a clinical encounter?

- A. Body language**
- B. Personal space**
- C. Eye contact**
- D. All of the above**

Interpreting touch in a clinical encounter depends on the surrounding nonverbal cues that accompany it. Body language conveys how the patient is feeling and how receptive they are to touch; open posture and relaxed demeanor tend to make touch feel welcoming, while defensive postures or turning away can signal discomfort or distrust. Personal space matters because people have different comfort zones and cultural expectations; stepping too close or touching without clear consent can be perceived as invasive, even with good intentions. Eye contact also shapes how touch is received, signaling attention and empathy; steady, appropriate gaze can reassure, whereas avoidant or overly intense eye contact can make touch feel abrupt or coercive. Because each of these factors influences how touch is interpreted, the best choice is all of the above.

10. Which mechanism is most commonly implicated in chondromalacia patellae leading to anterior knee pain?

- A. Overuse**
- B. Direct trauma**
- C. Infection**
- D. Degenerative disease**

Repetitive microtrauma to the patellofemoral cartilage from overuse is the most common mechanism leading to chondromalacia patellae and anterior knee pain. When the knee is repeatedly bent and loaded—think running, jumping, stairs, or deep squats—the contact forces under the patella increase. Over time, this repetitive stress wears and softens the articular cartilage, causing fissuring and pain with activities that load the front of the knee. Factors that can amplify this process include patellar maltracking or strength imbalances in the quadriceps, which concentrate stress on the patellofemoral surface. While a direct blow or trauma can cause cartilage injury, it is not the typical mechanism. Infection would present with systemic or joint-threatening signs and is not the usual driver of this condition. Degenerative changes from osteoarthritis are more common with aging and are not the classic driver of chondromalacia patellae in younger, active individuals.

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://acofp.examzify.com>

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

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