AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS (ACOFP) 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

1. Which of the following is not a quadrant in the Hering Cross Method?

A. Height and weight metrics

B. Postural balance

C. Nerve conduction

D. Circulatory patterns

2. In the presence of an upper respiratory infection, the upper cervical viscerosomatic reflex is mediated through which nerve?

A. Trigeminal nerve (CN V)

B. Accessory nerve (CN XI)

C. Hypoglossal nerve (CN XII)

D. Facial nerve (CN VII)

3. Which inspiratory change would be expected with thoracic somatic dysfunction?

A. Diminished negative intrathoracic pressure during inspiration

B. Increased negative intrathoracic pressure during inspiration

C. No change

D. Elevated intrathoracic pressure during expiration

4. AT Still believed that we all possess what we need to heal, and OMT stimulates

A. Inherent forces

B. External energy

C. Genetic predisposition

D. Spiritual energy

5. Compared with controls, PD patients have a higher frequency of which condition?

A. Bilateral occipitoatlantal compression

B. Scoliosis

C. Cervical radiculopathy

D. Thoracic outlet syndrome

6. Visceral autonomic mapping for the ovaries is most consistent with which level and division?

A. Ovaries — T10-T11 Sympathetic

B. Ovaries — S2-S4 Parasympathetic

C. Ovaries — C3-C5 Sympathetic

D. Ovaries — L1-L2 Parasympathetic

7. Which therapy has been shown to yield better results for chronic spinal pain than pain medication?

A. Osteopathic manipulative treatment

B. Chiropractic adjustments

C. Acupuncture

D. Physical therapy

8. The use of osteopathic manipulative treatment (OMT) is recorded using which type of code?

A. CPT code

B. ICD-10 code

C. HCPCS code

D. NDC code

9. Spinal facilitation from somatic dysfunction in which spinal segments results in increased sympathetic tone to the urinary system?

A. T1–T4

B. T10–L2

C. L4–L5

D. S2–S4

10. The empowered patient is best described as a:

A. A collegial team member seeking an effective treatment plan

B. A passive recipient of care

C. A patient who always defers to the clinician

D. A payer-driven decision maker

Answers

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

Explanations

1. Which of the following is not a quadrant in the Hering Cross Method?

A. Height and weight metrics

B. Postural balance

C. Nerve conduction

D. Circulatory patterns

The Hering Cross Method focuses on functional patterns across three core areas that reflect neuromuscular, neural, and circulatory dynamics. Postural balance represents how alignment and neuromuscular control contribute to dysfunction, nerve conduction shows how efficiently neural signals are transmitted and where segmental issues may lie, and circulatory patterns capture blood flow and autonomic regulation affecting tissue state. Height and weight metrics are static anthropometric measurements that do not reveal these dynamic functional relationships, so they are not considered a quadrant in this method.

2. In the presence of an upper respiratory infection, the upper cervical viscerosomatic reflex is mediated through which nerve?

A. Trigeminal nerve (CN V)

B. Accessory nerve (CN XI)

C. Hypoglossal nerve (CN XII)

D. Facial nerve (CN VII)

During an upper respiratory infection, the sensory input from the nose, sinuses, and pharynx travels to the brainstem mainly through the trigeminal nerve. These visceral afferents enter the spinal tract and spinal trigeminal nucleus, where they converge with somatic afferents from the upper cervical region in the trigeminocervical complex. This convergence allows the URI to provoke reflex changes in the upper cervical muscles and fascia, producing viscerosomatic findings in that area. The trigeminal nerve is the carrier of these afferent signals from the upper airway, making it the mediator of the reflex. The other nerves listed don't carry the primary visceral afferent input from the upper airway that triggers this reflex. The accessory nerve is primarily motor to neck muscles, the hypoglossal nerve controls tongue movements, and the facial nerve mainly handles facial muscles and lacrimal/gland functions.

3. Which inspiratory change would be expected with thoracic somatic dysfunction?

A. Diminished negative intrathoracic pressure during inspiration

B. Increased negative intrathoracic pressure during inspiration

C. No change

D. Elevated intrathoracic pressure during expiration

When the thoracic cage has somatic dysfunction, its ability to expand during inhalation is limited. Normally, inspiration enlarges the chest and lowers intrathoracic pressure below atmospheric pressure, pulling air into the lungs. If movement is restricted, the drop in pressure is blunted, so intrathoracic pressure becomes less negative than normal during inspiration. That's why the expected inspiratory change is diminished negative intrathoracic pressure during inspiration. The other options don't fit because they imply either more expansion, no change, or changes during expiration rather than inspiration.

4. AT Still believed that we all possess what we need to heal, and OMT stimulates

A. Inherent forces

B. External energy

C. Genetic predisposition

D. Spiritual energy

The idea AT Still emphasized is that the body has an innate self-healing power that can be awakened or supported. Osteopathic manipulative treatment works by addressing somatic dysfunctions to restore proper structure and function, which in turn allows the body's regulatory systems to operate more effectively. By improving circulation, lymphatic flow, and tissue mobility, OMT taps into the body's own inherent forces—the vis medicatrix naturae—that drive healing from within. External energy or spiritual energy aren't part of this framework, and while genetic predisposition influences how tissues respond, it isn't the active healing force that OMT stimulates.

5. Compared with controls, PD patients have a higher frequency of which condition?

A. Bilateral occipitoatlantal compression

B. Scoliosis

C. Cervical radiculopathy

D. Thoracic outlet syndrome

Parkinson disease often brings dystonic posturing and axial stiffness that alter the way the head and upper neck sit and move. This abnormal muscle tone and sustained neck positioning can narrow and stress the craniocervical junction, leading to increased compression between the skull (occipital region) and the first cervical vertebra. Because this area is directly affected by the characteristic neck rigidity and dystonia of PD, bilateral occipitioatlantal compression occurs more frequently in PD patients than in controls. Other options—scoliosis, cervical radiculopathy, and thoracic outlet syndrome—can occur in the general population for various reasons, but they are not as specifically linked to the motor features of PD as craniocervical junction compression is.

6. Visceral autonomic mapping for the ovaries is most consistent with which level and division?

A. Ovaries — T10-T11 Sympathetic

B. Ovaries — S2-S4 Parasympathetic

C. Ovaries — C3-C5 Sympathetic

D. Ovaries — L1-L2 Parasympathetic

Understanding how visceral autonomic innervation maps to spinal levels helps explain why the ovaries are tied to a thoracic sympathetic level. The ovaries receive sympathetic preganglionic fibers from the mid-thoracic spinal cord, specifically around T10 to T11. These fibers travel with the thoracic splanchnic nerves to prevertebral ganglia and then follow the gonadal vessels to reach the ovaries. Pain and afferent signals from the ovaries are referred to the T10–T11 dermatomes, which aligns with this sympathetic origin. Parasympathetic supply to pelvic organs comes from sacral levels (S2–S4) via the pelvic splanchnic nerves, not from cervical or lumbar/pelvic parasympathetic pathways, so those options don't match ovarian innervation. Therefore, the combination that fits is ovaries with sympathetic fibers at T10–T11.

7. Which therapy has been shown to yield better results for chronic spinal pain than pain medication?

A. Osteopathic manipulative treatment

B. Chiropractic adjustments

C. Acupuncture

D. Physical therapy

The main idea here is that hands-on, structural care can address the root mechanical aspects of chronic spinal pain in a way that medications alone often cannot. Osteopathic manipulative treatment uses specific techniques to improve joint mobility, reduce soft-tissue tension, and restore normal tissue function. By correcting somatic dysfunction and improving biomechanics, it can reduce pain and improve function beyond what pain medications typically achieve, which mainly lessen symptoms without changing mechanical issues. Trials comparing osteopathic manipulative treatment with standard medical care that includes analgesics have shown greater improvements in pain and function with the manual approach, especially over the medium term. The rationale is that once the spine moves more normally and tissues are less tense, pain decreases more consistently and functional ability improves, reducing the need for ongoing medications. While other options like physical therapy, acupuncture, or chiropractic care can also help with spinal pain, the evidence cited in this context supports osteopathic manipulative treatment as the therapy that has demonstrated superior results to pain medication for chronic spinal pain.

8. The use of osteopathic manipulative treatment (OMT) is recorded using which type of code?

A. CPT code

B. ICD-10 code

C. HCPCS code

D. NDC code

OMT is a therapeutic procedure, so its documentation uses a procedure code. The system used for reporting procedures like osteopathic manipulative treatment is CPT. CPT codes specifically define OMT and differentiate by how many body regions are treated. ICD-10 codes, by contrast, are diagnosis codes and explain why the visit occurred, not how the service was performed. HCPCS codes cover other procedures, supplies, and some services not in CPT, but OMT is ordinarily billed with CPT codes. NDC codes are the drug identifiers; they have no role in coding a manual manipulation procedure. When coding in practice, choose the CPT code that matches the number of regions manipulated and, if appropriate, add any relevant modifiers or an accompanying E/M code for the visit.

9. Spinal facilitation from somatic dysfunction in which spinal segments results in increased sympathetic tone to the urinary system?

A. T1–T4

B. T10–L2

C. L4–L5

D. S2–S4

Spinal segments that control the sympathetic output to the urinary system are in the thoracolumbar region, specifically the T10 through L2 levels. When somatic dysfunction occurs at these segments, spinal facilitation can amplify visceral sympathetic reflexes, increasing sympathetic drive to the urinary organs. This outflow to the urinary tract includes pathways like the hypogastric nerves that originate in this T10–L2 range. Heightened sympathetic tone at these levels tends to relax the detrusor muscle (reducing bladder emptying) and tighten the internal urethral sphincter, aligning with how sympathetic activity alters bladder physiology. Other regional options don't fit as well: higher thoracic segments aren't the main source for urinary sympathetic control; the lower lumbar area is less consistently linked to this outflow; and S2–S4 is associated with parasympathetic pelvic innervation, which has the opposite effect on the bladder by promoting contraction. Therefore, T10–L2 best explains increased sympathetic tone to the urinary system.

10. The empowered patient is best described as a:

A. A collegial team member seeking an effective treatment plan

B. A passive recipient of care

C. A patient who always defers to the clinician

D. A payer-driven decision maker

Empowered patients engage as partners in their care, bringing their goals and preferences to the table and collaborating with clinicians to determine an effective treatment plan. They ask questions, weigh options, and understand the benefits and risks so decisions align with what matters to them. This stands in contrast to being a passive recipient, always deferring to the clinician, or being driven by payer concerns rather than patient needs. In practice, empowerment comes from clear communication, good health literacy, and active participation in shared decision making.

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!