

ANIMAL CHIROPRACTIC MODULE 1 PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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

<https://animalchiromodule1.examzify.com>



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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 component of the chiropractic physical exam?**
 - A. Pulse oximetry
 - B. Spinal temp
 - C. Thermal imaging
 - D. Neurological exam
- 2. Which ligament lies along the dorsal surface of the vertebral bodies from the axis to the coccyx and is rich in pain fibers, associated with pain from herniated disks?**
 - A. Annulus fibrosus
 - B. Nucleus pulposus
 - C. Dorsal longitudinal ligament
 - D. Ventral longitudinal ligament
- 3. Which part of the intervertebral disk is the central soft portion that is the main shock absorber and lacks nerves and blood supply?**
 - A. Nucleus pulposus
 - B. Annulus fibrosus
 - C. Ligamentum flavum
 - D. Dorsal longitudinal ligament
- 4. When the base of the sacrum moves posteriorly, which motion unit is primarily affected?**
 - A. Lumbosacral
 - B. Sacroiliac joints
 - C. Lumbar
 - D. Pelvis
- 5. What is the primary ligament for stabilizing and supporting the spinal column?**
 - A. Supraspinous ligament
 - B. Ligamentum flavum
 - C. Interspinous ligament
 - D. Intertransverse ligaments

- 6. Which statement about owner education is most accurate in post-treatment care?**
- A. It is optional and not necessary.
 - B. It has little effect on outcomes.
 - C. Clear owner education promotes adherence to home care and follow-up.
 - D. It should be delivered only at the initial visit.
- 7. Kyphosis of the lumbar spine is commonly known as which term?**
- A. Jumper's bump
 - B. Roach back
 - C. Hunter's bump
 - D. Anal gland disease
- 8. Which item is NOT typically documented in the initial treatment note?**
- A. Weather during the appointment.
 - B. The full patient identity, presenting issue, exam findings, imaging results, treatment plan, techniques used, response to treatment, owner instructions, and follow-up plan.
 - C. The animal's vaccination schedule.
 - D. The owner's favorite color.
- 9. If individuals are using 1 inch mats in stalls, there should be at least how many inches of shavings?**
- A. 1-2
 - B. 0-1
 - C. 3-4
 - D. 5-6
- 10. Which species has 18 thoracic vertebrae?**
- A. Equine
 - B. Bovine
 - C. Canine
 - D. Feline

Answers

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

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Explanations

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1. Which of the following is a component of the chiropractic physical exam?

- A. Pulse oximetry
- B. Spinal temp**
- C. Thermal imaging
- D. Neurological exam

Assessing nervous system function is central to a chiropractic physical exam because spine health and neural signaling go hand in hand. The neurological exam evaluates how the nervous system is functioning, including motor strength, reflexes, sensation, and coordination. In animals, this also includes gait and proprioception. This helps determine whether issues are truly musculoskeletal or involve nerve pathways, guiding safe and effective adjustment planning. Pulse oximetry measures oxygen saturation and isn't routinely part of a spinal-focused exam. Spinal temperature and thermography are used by some practitioners as adjunct tools, but they are not standard, universally accepted components of the typical chiropractic physical examination.

2. Which ligament lies along the dorsal surface of the vertebral bodies from the axis to the coccyx and is rich in pain fibers, associated with pain from herniated disks?

- A. Annulus fibrosus
- B. Nucleus pulposus
- C. Dorsal longitudinal ligament**
- D. Ventral longitudinal ligament

The dorsal longitudinal ligament is the structure that runs along the back (dorsal) surface of the vertebral bodies from the axis downward. It is richly innervated by pain-sensing nerves (sinuvertebral nerves), so when a disc herniates posteriorly and material irritates or inflames this ligament, pain is generated and can be felt as back pain or referred pain within the spine. This makes the dorsal longitudinal ligament a key source of discogenic pain. The other structures described have different roles or locations: the annulus fibrosus is the tough outer ring of the disc, not a ligament along the spinal dorsal surface; the nucleus pulposus is the gel-like center of the disc; and the ventral longitudinal ligament lies on the front (ventral) surface of the vertebral bodies, not along the back.

3. Which part of the intervertebral disk is the central soft portion that is the main shock absorber and lacks nerves and blood supply?

- A. Nucleus pulposus**
- B. Annulus fibrosus
- C. Ligamentum flavum
- D. Dorsal longitudinal ligament

The central soft portion is the nucleus pulposus. Its gelatinous, water-rich composition lets it evenly distribute compressive loads, making it the main shock absorber between vertebrae. In adults, it lacks nerves and blood vessels, so it receives nutrients by diffusion from the adjacent vertebral endplates rather than through blood vessels. The surrounding annulus fibrosus forms the tough outer ring that contains the nucleus and provides tensile strength; its outer layers have nerve endings, which is why injury there can be painful. The other two structures are ligaments, not parts of the disk's central portion.

4. When the base of the sacrum moves posteriorly, which motion unit is primarily affected?

- A. Lumbosacral**
- B. Sacroiliac joints
- C. Lumbar
- D. Pelvis

When the sacrum's base moves posteriorly, the direct interface that bears the change is the junction between the last lumbar vertebra and the sacrum. That L5–S1 area forms the lumbosacral motion unit, so a posterior motion of the sacral base primarily alters how this specific joint moves and carries load. The sacroiliac joints can be affected secondarily by changes in sacral tilt, but they are not the primary unit involved. The broader lumbar region or the pelvis isn't the main focus here because the key movement at stake is the relative motion between L5 and S1.

5. What is the primary ligament for stabilizing and supporting the spinal column?

- A. Supraspinous ligament
- B. Ligamentum flavum**
- C. Interspinous ligament
- D. Intertransverse ligaments

The ability of the spine to stay stacked and aligned during movement relies on ligaments that connect bone to bone and limit excessive motion. The ligamentum flavum is the best match here because it spans between the laminae of adjacent vertebrae and is rich in elastic fibers. This elasticity allows it to stretch during flexion and then recoil to help restore proper spacing and curvature, which helps maintain the posterior aspect of the spinal canal and supports overall spinal stability. Other ligaments in the list mainly limit motion in specific directions: the supraspinous and interspinous ligaments help limit flexion along the back, while the intertransverse ligaments stabilize lateral bending. However, the ligamentum flavum's position between the vertebral arches and its elastic properties give it a unique role in preserving vertebral alignment and canal integrity, making it the most influential stabilizing structure among these options.

6. Which statement about owner education is most accurate in post-treatment care?

- A. It is optional and not necessary.
- B. It has little effect on outcomes.
- C. Clear owner education promotes adherence to home care and follow-up.**
- D. It should be delivered only at the initial visit.

Clear owner education supports adherence to home care and follow-up by giving owners a concrete, understandable plan for what to do at home, why each step matters, and when to seek help. When owners know exactly how to perform prescribed exercises, apply therapies, manage activity, and monitor for warning signs, they're much more likely to follow through consistently. This improves healing and reduces complications because the treatment plan is carried out as intended and problems are caught early through timely rechecks. Effective education should be tailored to the owner's language, literacy, and daily routine, and can include demonstrations, written handouts, and a teach-back approach to confirm understanding. It also needs to be reinforced at every visit, not just at the initial one, so adherence stays strong as recovery progresses.

7. Kyphosis of the lumbar spine is commonly known as which term?

- A. Jumper's bump
- B. Roach back**
- C. Hunter's bump
- D. Anal gland disease

Kyphosis is an exaggerated rounding of the spine. When that curvature appears in the lumbar region, veterinarians commonly call it roach back. This term highlights the visible arch along the lower back rather than a specific bony swelling. Other terms like jumper's bump or hunter's bump describe localized changes in the dorsal spinous processes from repetitive strain, not the overall curvature of the lumbar spine. Anal gland disease is unrelated to spinal posture.

8. Which item is NOT typically documented in the initial treatment note?

- A. Weather during the appointment.
- B. The full patient identity, presenting issue, exam findings, imaging results, treatment plan, techniques used, response to treatment, owner instructions, and follow-up plan.**
- C. The animal's vaccination schedule.
- D. The owner's favorite color.

Documentation in the initial treatment note should capture a complete clinical snapshot of the patient and the plan for care. The best answer represents the type of detailed, clinically relevant information you would expect to see: the full patient identity, presenting issue, exam findings, imaging results, treatment plan, techniques used, response to treatment, owner instructions, and follow-up plan. This thorough record ensures clear communication across providers, supports continuity of care, and creates a verifiable history of what was done and what is expected next. Nonclinical details like the weather during the appointment or the owner's personal preferences have no bearing on clinical management and are not typically included in the treatment-focused note. Vaccination history can appear in the chart, but it is usually stored in the preventive history or separate vaccination records rather than in the core initial treatment note.

9. If individuals are using 1 inch mats in stalls, there should be at least how many inches of shavings?

- A. 1-2
- B. 0-1
- C. 3-4**
- D. 5-6

When stall mats are only 1 inch thick, you still need a bedding depth that provides cushioning and moisture absorption. Three to four inches of shavings on top of the mats gives a comfortable, dry surface while keeping urine moisture down and reducing odor. Too little bedding, like 0-1 or 1-2 inches, won't cushion joints or absorb moisture effectively. Excessive depth, such as 5-6 inches, isn't typically necessary and can be wasteful to maintain. So, three to four inches is the recommended depth.

10. Which species has 18 thoracic vertebrae?

A. Equine

B. Bovine

C. Canine

D. Feline

The number of thoracic vertebrae is specific to each species and generally matches the number of ribs in that region. The horse has 18 thoracic vertebrae, which aligns with its 18 pairs of ribs and the large, well-developed thoracic cavity. This higher count is characteristic and contrasts with bovines, canines, and felines, which typically have 13 thoracic vertebrae. Understanding this helps with locating spinal segments and palpation landmarks during examination and chiropractic assessment. Therefore, the species with 18 thoracic vertebrae is the horse.

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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://animalchiromodule1.examzify.com>

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

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