

ARTHREX SPORTS IOT 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. Where should all hip arthroscopy portals be made to avoid damage to critical structures?**
 - A. Lateral to the anterior superior iliac spine
 - B. Medial to the pubic tubercle
 - C. Posterior to the greater trochanter
 - D. Distal to the ischial tuberosity
- 2. To deactivate the DualWave Pump, should the shaver be activated or deactivated before pressing the rinse mode button?**
 - A. Deactivated
 - B. Activated
 - C. Either is acceptable
 - D. Only if RINSE is not in use
- 3. Which ligament is connected to the femoral head to help stabilize it?**
 - A. Ligamentum Flavum
 - B. Ligamentum Teres
 - C. Iliofemoral ligament
 - D. Pubo-femoral ligament
- 4. When using a BTB graft for ACLR, what is the maximum recommended length for the femoral bone block?**
 - A. 15mm
 - B. 20mm
 - C. 25mm
 - D. 30mm
- 5. Where is the origin point of the anterolateral ligament (ALL)?**
 - A. Near the lateral epicondyle
 - B. Near the medial epicondyle
 - C. At the patella
 - D. Along the distal femur

- 6. Which meniscus is more C-shaped and has connections with the ACL and the capsule/MCL?**
- A. Medial meniscus
 - B. Lateral meniscus
 - C. Anterior meniscus
 - D. Posterior meniscus
- 7. What is the composition of ArthroFLEX dermal allograft?**
- A. Synthetic dermis
 - B. Human dermis
 - C. Animal dermis
 - D. Cartilage
- 8. What is the low profile height of the Knee Scorpion suture passer jaw?**
- A. 3.0 mm
 - B. 3.2 mm
 - C. 3.5 mm
 - D. 4.0 mm
- 9. What is the angle to use when harvesting from the ASIS with the OsteoAuger Bone Graft Harvesting System?**
- A. 30 degrees lateral from the parasagittal line
 - B. 40 degrees medial from the parasagittal plane
 - C. 25 degrees lateral from the iliac wing
 - D. 15 degrees medial from the iliac crest
- 10. Which anatomical structure does the IT Band work closely with during knee movements?**
- A. Quadriceps muscle
 - B. Hamstring muscles
 - C. Patellar ligament
 - D. Gluteus maximus

Answers

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

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Explanations

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1. Where should all hip arthroscopy portals be made to avoid damage to critical structures?

- A. Lateral to the anterior superior iliac spine**
- B. Medial to the pubic tubercle
- C. Posterior to the greater trochanter
- D. Distal to the ischial tuberosity

The correct answer focuses on the importance of portal placement in hip arthroscopy to minimize risk to critical structures. When portals are made lateral to the anterior superior iliac spine (ASIS), they are positioned in a way that allows for appropriate access to the hip joint while maintaining safety from neurovascular structures. This location is strategically chosen because it provides a clear working area and avoids any potential injury to the femoral nerve and important blood vessels that are situated more medial to the ASIS. By ensuring that portals are lateral to the ASIS, surgeons can perform procedures within the hip joint effectively without compromising surrounding anatomy, especially those critical structures that could lead to complications if damaged. Other locations, such as medial to the pubic tubercle or posterior to the greater trochanter, pose higher risks of injuring vessels or nerves due to their proximity to these structures. Similarly, placing portals distal to the ischial tuberosity may also introduce unnecessary risks associated with navigating around the lower limb's neurovascular supply. Thus, the lateral placement to the ASIS is the optimal choice for preventing damage and enabling successful outcomes in hip arthroscopy.

2. To deactivate the DualWave Pump, should the shaver be activated or deactivated before pressing the rinse mode button?

- A. Deactivated
- B. Activated**
- C. Either is acceptable
- D. Only if RINSE is not in use

To properly deactivate the DualWave Pump, the shaver must be activated before pressing the rinse mode button. This is important because the rinse function is designed to operate effectively only when the shaver is actively running. Activating the shaver ensures that the pump can properly flush the system and clear out any debris or fluids present. When the shaver is off, the rinse mode may not initiate the desired flushing process, potentially leading to inadequate cleaning of the system. Understanding the operational relationship between the shaver and the rinse mode helps in maintaining the equipment effectively and ensures optimal performance during surgical procedures.

3. Which ligament is connected to the femoral head to help stabilize it?

- A. Ligamentum Flavum
- B. Ligamentum Teres**
- C. Iliofemoral ligament
- D. Pubo-femoral ligament

The ligament that connects to the femoral head and plays a crucial role in stabilizing it is the ligamentum teres. This ligament, also known as the ligamentum teres femoris, extends from the acetabulum of the pelvis to the fovea of the femoral head. Although it is a relatively small structure, it is significant for providing stability to the hip joint by helping to maintain the position of the femoral head within the acetabulum during movement. In the context of hip anatomy, the ligamentum teres has a secondary role in providing blood supply to the femoral head via the vessels it contains, particularly in younger individuals. Understanding the function and importance of the ligamentum teres helps clarify its role in joint stability, especially in specific movements and loads placed on the hip joint.

4. When using a BTB graft for ACLR, what is the maximum recommended length for the femoral bone block?

- A. 15mm
- B. 20mm**
- C. 25mm
- D. 30mm

When utilizing a bone-tendon-bone (BTB) graft for anterior cruciate ligament reconstruction (ACLR), the maximum recommended length for the femoral bone block is 20mm. This length is optimal as it provides sufficient bone for secure fixation while allowing for adequate incorporation and healing at the graft site. A bone block that is too long may complicate the surgical procedure, as it can lead to potential interference with surrounding anatomical structures, resulting in an increased risk of complications such as graft failure or improper graft tensioning. Moreover, a 20mm femoral block has been found to achieve a good balance between stability and the potential for integration into the femoral tunnel, promoting better biomechanical properties during recovery and rehabilitation.

5. Where is the origin point of the anterolateral ligament (ALL)?

- A. Near the lateral epicondyle**
- B. Near the medial epicondyle
- C. At the patella
- D. Along the distal femur

The anterolateral ligament (ALL) originates near the lateral epicondyle of the femur. This structure plays a significant role in the stability and mechanics of the knee, particularly in limiting tibial rotation and providing support against anterolateral instability. Its proximity to the lateral epicondyle allows it to connect effectively with other structures in the area that contribute to knee function. This anatomical positioning is crucial for proper joint alignment and enhances the overall function of the knee, especially during activities that involve twisting and pivoting motions. The other options do not accurately describe the origin of the ALL. The medial epicondyle is associated with structures on the inner side of the knee, the patella is the kneecap and does not have a direct relationship to the ALL, and the distal femur is too general an area and does not pinpoint the specific origin of this ligament. Understanding the correct origin point of the ALL is vital for comprehending its role in knee stability and the impact of injuries or surgical interventions.

6. Which meniscus is more C-shaped and has connections with the ACL and the capsule/MCL?

- A. Medial meniscus**
- B. Lateral meniscus
- C. Anterior meniscus
- D. Posterior meniscus

The medial meniscus is more C-shaped compared to the lateral meniscus, which has a more circular shape. This anatomical structure is also significant because it has attachments to the anterior cruciate ligament (ACL) and the medial collateral ligament (MCL), as well as connections to the joint capsule. These attachments contribute to the stability of the knee joint, playing a pivotal role in load distribution and cushioning during movement. The C-shape of the medial meniscus allows it to fit snugly within the knee joint, maintaining its position during ranges of motion and supporting the joint's overall function. Its connections with the ACL and MCL are crucial for the stability of the knee, especially during activities that involve twisting or pivoting. In contrast, the lateral meniscus, while also important for knee function, does not exhibit the same C-shaped profile and does not have direct attachments to the ACL or the MCL, which differentiates it from the medial meniscus in terms of both structure and function.

7. What is the composition of ArthroFLEX dermal allograft?

- A. Synthetic dermis
- B. Human dermis**
- C. Animal dermis
- D. Cartilage

ArthroFLEX dermal allograft is specifically composed of human dermis. This type of allograft is derived from donated human skin tissue and is processed to maintain the structural integrity of the dermal layer while ensuring it is safe for transplant. The use of human dermis allows for a more biocompatible graft that can integrate well with the patient's own tissues when used in surgical procedures, particularly in orthopedic applications. The biological properties of human dermis contribute to its effectiveness in supporting the healing process and enhancing outcomes in various surgical interventions. The graft is typically preserved and processed to reduce the risk of disease transmission while retaining the essential qualities of the dermal tissue.

8. What is the low profile height of the Knee Scorpion suture passer jaw?

- A. 3.0 mm
- B. 3.2 mm**
- C. 3.5 mm
- D. 4.0 mm

The Knee Scorpion suture passer is specifically designed for minimal invasiveness and optimal performance during arthroscopic procedures. The low profile height of the Jaw at 3.2 mm allows it to maneuver effectively in tight spaces around the knee joint, facilitating easier access to the surgical site without compromising the surrounding structures. This particular measurement ensures that the device can be utilized in complex anatomical locations, enhancing the surgeon's ability to engage with the tissues accurately. The emphasis on low profile design is critical, as it reduces the risk of tissue trauma, improves visualization, and augments the overall efficiency of suture passing during knee procedures.

9. What is the angle to use when harvesting from the ASIS with the OsteoAuger Bone Graft Harvesting System?

- A. 30 degrees lateral from the parasagittal line
- B. 40 degrees medial from the parasagittal plane**
- C. 25 degrees lateral from the iliac wing
- D. 15 degrees medial from the iliac crest

The angle to use when harvesting from the Anterior Superior Iliac Spine (ASIS) with the OsteoAuger Bone Graft Harvesting System is 40 degrees medial from the parasagittal plane. This specific angle is important because it allows for optimal access to the bone while minimizing damage to surrounding soft tissue structures and ensuring effective harvest of bone graft material. In procedures involving bone graft harvesting, attention to angle is critical to achieve effective results without complications. The medial approach helps align the harvesting tool properly with the anatomical structures, providing a clear pathway to the desired bone without compromising nearby tissues. When considering the other options, they either place the harvesting angle incorrectly or do not align with best practice strategies for bone graft harvesting from the ASIS. Each improper angle could lead to less effective harvesting, increased risk of complications, or inadequate bone graft quality.

10. Which anatomical structure does the IT Band work closely with during knee movements?

- A. Quadriceps muscle
- B. Hamstring muscles
- C. Patellar ligament
- D. Gluteus maximus**

The iliotibial (IT) band is a long strip of connective tissue that runs down the outside of the thigh, and it plays a significant role in stabilizing the knee joint during movement. One of the major muscles that contributes to the function of the IT band is the gluteus maximus. The gluteus maximus, being the largest muscle in the buttocks, originates in the pelvis and has a direct attachment to the IT band. This connection allows the gluteus maximus to help control the position and movement of the hip joint, which is closely linked to knee stability. As the gluteus maximus contracts, it pulls on the IT band, contributing to the stability of the lateral aspect of the knee during activities such as running, walking, and climbing. While the quadriceps and hamstring muscles also interact with knee movements, they are primarily responsible for knee flexion and extension rather than directly working with the IT band. The patellar ligament connects the patella to the tibia and serves a different function related to the knee joint than that of the IT band. Thus, the close functional relationship between the IT band and the gluteus maximus during knee movements supports the selection of this specific answer.

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://arthrexsportsiot.examzify.com>

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

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